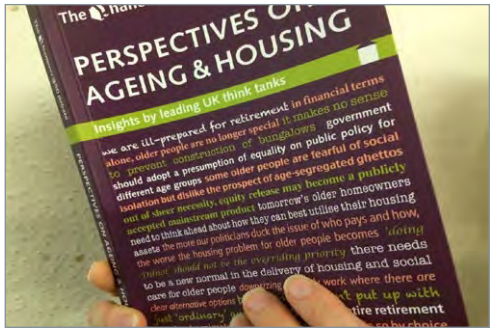
Myriad Editions

Myriad Editions is an independent publishing house and design agency based in Brighton, UK. Founded in 1993, it has won international acclaim for its award-winning *State of the World* atlas series. Working with specialist authors and NGOs, our highly skilled team of editors, designers and cartographers has developed a fast and effective way of conveying large amounts of information through the medium of the map and other graphic forms. Myriad designs and produces a range of reports using infographics, tables, charts and other forms of visual analysis, as appropriate, offers editorial expertise and graphic skills, creating maps and graphics that reveal the trends and patterns concealed within data.

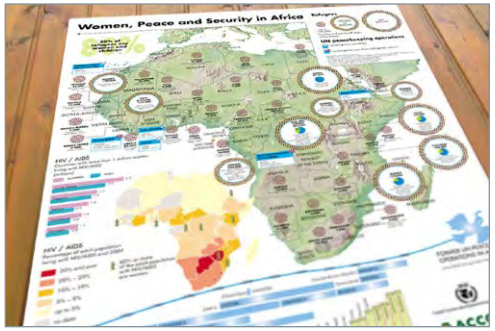
Our key personnel have worked together on projects involving maps and graphics since 1999. This has created a strong and dedicated team, adept at managing large-scale, complex projects on a tight schedule.

Our aim is to help disseminate information for public benefit and to provide tools to effect positive social change. We seek to publish innovative works of educational, cultural, and community value. We are adept at creating essential, cost-effective resources for the general reader and students, for academic and professional users alike.

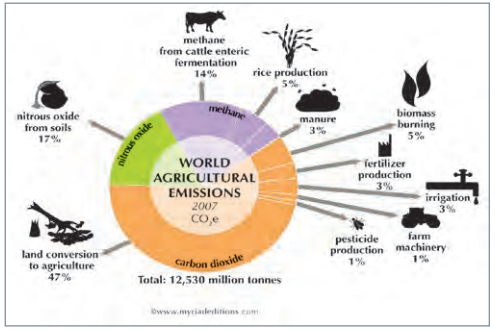


Reports

Atlases



Posters



Infographics

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Recent projects

Our regular commissions for special projects by UN and other organizations reflect a track record of fruitful collaborations with:

FDI World Dental Federation: *The Challenge of Oral Disease* (2015)

Centers for Disease Control (CDC): *The Global Adult Tobacco Survey* (2015) and *Report of China City Tobacco Survey 2013–14* (2015)

Nile Basin Initiative: *State of the River Nile Basin 2012* (2012)

American Cancer Society (both in four languages: English, French, Spanish and Chinese): *The Tobacco Atlas* 2nd edition (2006); *The Cancer Atlas* (2006)

The World Bank (all in three languages: English, French and Spanish): *miniAtlas of Global Development* (2004); *Green miniAtlas* (2004); *miniAtlas of Millennium Development Goals* (2005); *miniAtlas of Human Security* (2008)

World Health Organization: *The Tobacco Atlas* (2002) plus editions in Simplified and Traditional Chinese; *Inheriting the World: The Atlas of Children's Health and the Environment* (2004); *The Atlas of Heart Disease and Stroke* (2004)

UNICEF: *Mapping India's Children: UNICEF in Action* (2004); *India's Children* five briefing pamphlets (2006); five years of annual maps included in UNICEF's *The State of the World's Children*.

Myriad's own *State of the World Atlas* series is well known, highly regarded and distributed internationally by publishers that include Penguin and the University of California Press in the USA, Earthscan in the UK, Éditions Autrement in France and Maruzen in Japan.

Testimonials

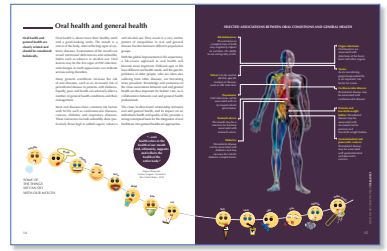
1) Centers for Disease Control (CDC)

"The Atlas has arrived and we are delighted to see the final product. We appreciate your incredible patience and willingness to work with us across several reviews, edits and timezones. We continue to be impressed with the innovative ways of Myriad's data depiction. I know it was a bit of a sprint the whole way through, but the Myriad team's support was critical to pulling this off in record time. Thank you. It has been our pleasure to collaborate with you."

DR SAMIRA ASMA
Associate Director, Global Tobacco Control Program
Centers for Disease Control (CDC), Atlanta
770-488-5487 / samira.asma@cdc.hhs.gov

2) FDI World Dental Federation

"I also would like to thank you and your entire team for a great collaboration. What we say in the acknowledgements is in fact completely true: we were privileged to work with the experienced team at Myriad Editions; we admired their patience and creativity and hope that they like the result of the work as much as we do!"



DR HABIB BENZIAN
Director of Development and Public Health
FDI World Dental Federation, France
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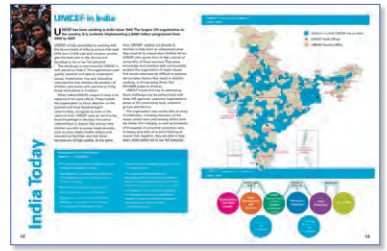
3) UNICEF

"Myriad devised a new graphic concept for us and delivered beautifully designed and printed books on time and within budget. You have an exceptionally intelligent team who can identify creative solutions to a shifting brief. You completely understood our need for an advocacy tool and designed with this in mind, focusing on the primary goal of communication and never losing sight of this priority. You are all extremely professional – and good-humored with it."



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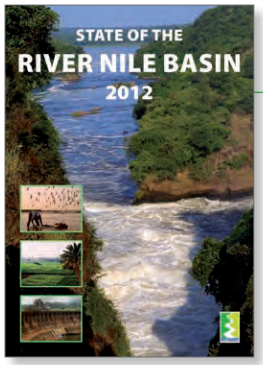


Groundwater quality

The quality of groundwater in the Nile region is highly variable, and depends on numerous factors such as the type of rock, type of water source, the residence time of water, and level of anthropogenic influence. There are a number of features common to all the aquifer systems, but also differences between them.

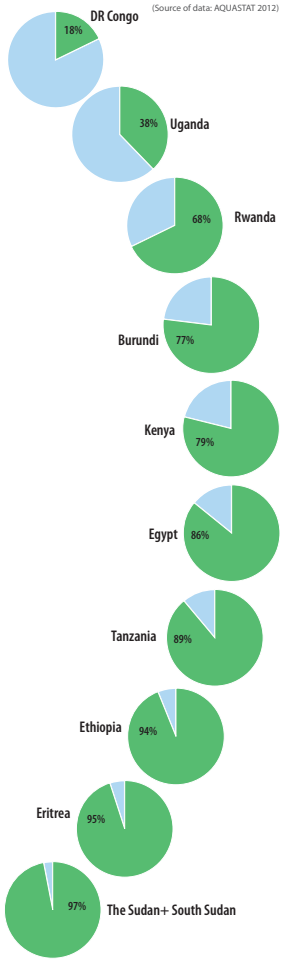
In general, the groundwaters across the region are fresh and fit for human consumption with respect to physico-chemical quality. There are some localized cases of high salinity and naturally elevated levels of iron and manganese in the groundwater. There are also isolated cases where the physico-chemical quality is potentially harmful to human health.

With respect to bacteriological quality, the picture is mixed, with some sources being contaminated with bacteria of faecal origin and others being totally free of contamination. Bacterial contamination does not occur naturally but as a result of anthropogenic influence. Across the basin, elevated levels of nitrates occasionally occur from poor domestic waste disposal and agriculture (farm animals and fertilizers). This is most severe near large urban areas located close to shallow aquifers and is most common in the downstream parts of the basin.

In the Precambrian basement rock systems in the Nile Equatorial Lakes region, groundwater is mainly of calcium-magnesium sulphate and calcium-magnesium bicarbonate type. It is mostly fresh and suitable for human consumption except for areas where there are high levels of iron and manganese. Water in the Ethiopian Highlands is also fresh and naturally good for human consumption. There are some localized exceptions where there are high levels of mineralization (from more reactive rock types), high salinity, and high levels of sulphides, arsenic, fluoride, and iodine. The waters are calcium-magnesium bicarbonates, calcium-magnesium sulphates, and calcium chlorides types.

Water in the Nubian sandstone aquifer system is mainly of sodium bicarbonate type, with calcium and magnesium bicarbonate types near recharge zones. The waters are largely fit for human consumption except where water is highly mineralized. The Umm Ruwaba is the second most important groundwater aquifer in The Sudan following the Nubian sandstone aquifer. The aquifer is mostly fit for consumption but there are areas where salinity may exceed 5,000 mg/L. In Egypt, as in the other parts of the basin, groundwater is mostly fit for human consumption: total dissolved solids are mostly below 1,500 mg/L. However, there are areas where salinity tends to be much higher, such as at the eastern and western margins of the Nile Valley and Nile Delta aquifers. Groundwater in the northern peripheries of the Nile Delta has elevated salinity levels due to an additional factor: salt-water intrusion from the sea.

AGRICULTURAL WATER WITHDRAWALS
As percentage of total water withdrawal
latest data 2000–10



TOWARDS INCREASING WATER STRESS

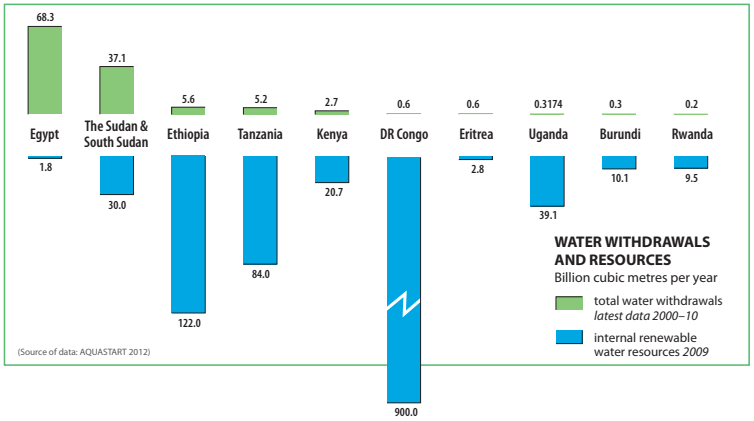
The renewable Nile waters are now almost fully used for various productive purposes, although water utilization differs greatly among countries and sectors. Currently, the dominant use of Nile runoff is by the downstream riparians, with little of the river flows in the upstream reaches used.

Irrigated agriculture in Egypt and The Sudan represents the single most important water consumer. Extensive irrigation systems with a combined acreage well exceeding 4.5 million hectares exist in the Nile Delta, along the Nile Valley in Egypt and northern Sudan, and around the confluence of the Blue and White Nile near Khartoum. Formal irrigation in the other riparians is very limited and is estimated at less than 50,000 hectares.

A number of hydropower facilities have been established, although total installed capacity is still well below its potential. Hydropower is considered a non-consumptive water user; although it alters the downstream flow regime, it does not reduce flow volume. However, the loss of water through evaporation from the various reservoirs in the Nile system (such as lakes Nasser, Merowe, Jebel Aulia, Kashm el Girba, and Roseires) is very significant.

Water use for domestic and industrial purposes is relatively small. In spite of an estimated 232 million people living within the Nile catchment, water for domestic and industrial use is estimated at some 2.0 billion cubic metres (BCM) per year.

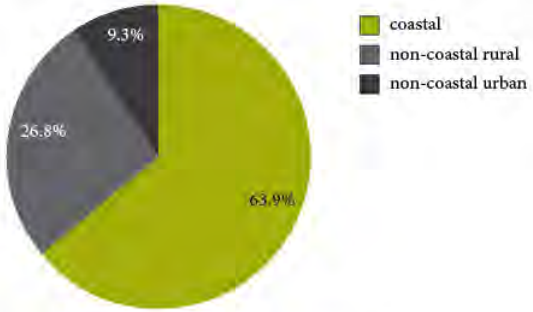
A number of concurrent developments point to increasing water stress in the Nile Basin. First, the demand curve is continuing its steady rise due to ongoing population growth and economic development. Secondly, the upper riparians – up to now barely using Nile waters –



le move over long distances, the draw of the coast and the
ns strong

ement of older people from London to areas outside the rrounding counties suggest that coastal and rural areas are . Over 90 per cent of people making long-distance moves and its surrounding areas) moved to local authorities that e coast.

Figure 7:
Proportion of types of local authority areas moved to by people aged 65 and over from London (excluding counties adjacent to London)[30]



The top 10 destinations for these movers also demonstrate the draw of seaside resorts.

Top 10 destinations for older movers [31]	
	Local authority
1	Reigate and Banstead
2	Arun
3	Cornwall
4	Wiltshire UA
5	Eastbourne
6	Brighton & Hove
7	Chichester
8	Wealden
9	Worthing
10	Rother

Most long-distance moves from London were to villages and small towns in rural areas. Data on migration trends across the country also support these findings: in 2011, 73,400 people aged over 65 years moved into local authorities designated as rural areas.

Other areas see 'older new arrivals' too

Perhaps because of the predominance of short-distance moves, many areas that are destinations for older movers do not have large existing communities of old people. For example, analysts at the Office for National Statistics identified Cambridge and Oxford as cities that are home to low proportions of older people.[32] Yet our analysis suggests that from London alone, these cities are seeing a high number of new arrivals of older migrants. It is therefore important to recognise that not all older migrants are following established routes and trends.

Key findings

These findings demonstrate that, while less mobile than other age-groups, older people are nevertheless a mobile group. Though most moves are to locations close by, thousands of older people are making what are likely to be major long-distance moves each year. On the whole, the movement of older people appears to follow accentuated versions of trends observable among all age-groups, particularly that of people leaving the North and moving to the South. Internal migration to and from London is the area where movement between older and younger age-groups differs most strikingly.

Our analysis shows there is some truth in the stereotypes about where older people move to. People aged over 65 do tend to move to areas where there is already a large proportion of older people, particularly coastal areas, and to move from urban areas to small rural destinations. However, the data are also clear that movement patterns are more varied than this: older people move to areas across the country, including areas without a history of older in-migration.

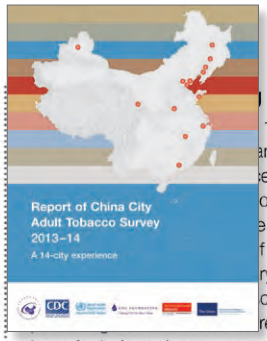
Who migrates and why?

These findings remain incomplete without an understanding of the factors behind them. In order to inform proposals for more effective responses to the migration of older people, the next section will explore how these trends differ between groups and what lies behind these trends.

Who migrates?

The age of migrants

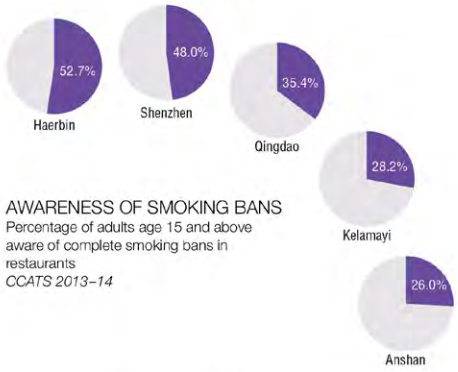
Post-retirement migration does not happen uniformly across old age. The relationship between movement and age is U-shaped. Data from the British Household Panel Survey[33] show that, for both men and women, those in late middle age or who have just retired (aged 54–64) and those in the highest age bracket (80 and over) were most likely to move (see Figure 8).



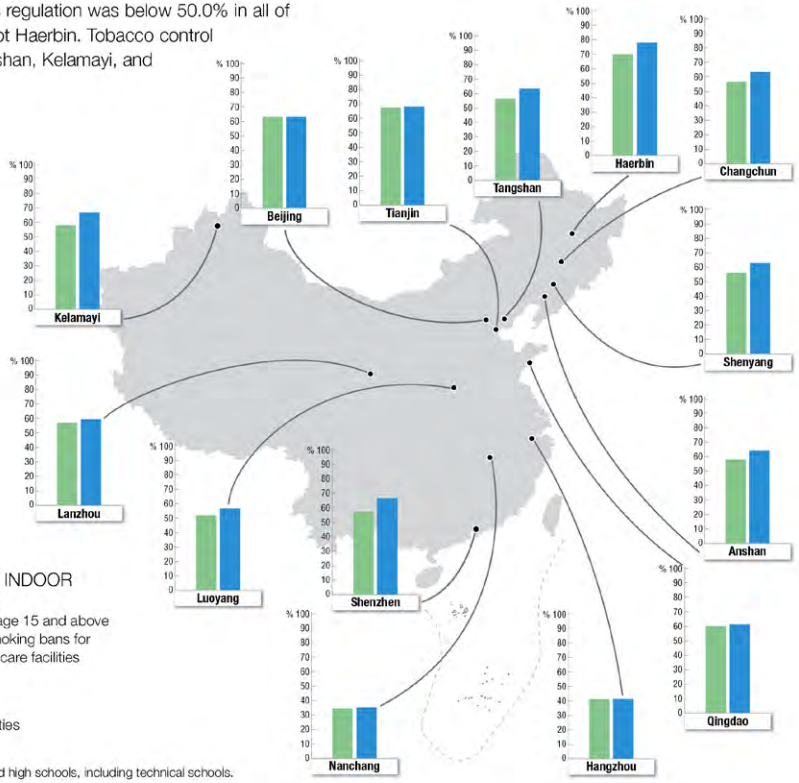
Bans

14 cities were asked
ny regulations prohibiting
es in the city where they
onal Health and Family
Ministry of Education
f hospitals and all areas
ry, secondary, and high
chools, be smoke free, the
re aware of these smoking bans for indoor places was not very high. The lowest levels of awareness for such regulations in health care facilities and schools were 34.1% and 35.2% respectively (both found in Nanchang), and the highest were 69.7% and 77.9% respectively (both found in Haerbin).

Prior to the survey, Anshan, Haerbin, Kelamayi, Qingdao, and Shenzhen had tobacco control regulations in place that prohibited smoking completely in restaurants, but awareness of this regulation was below 50.0% in all of these cities except Haerbin. Tobacco control regulations in Anshan, Kelamayi, and Qingdao also prohibited smoking in bars/nightclubs, but the level of awareness was only 24.0% in Qingdao, 19.5% in Anshan, and 13.5% in Kelamayi.



AWARENESS OF SMOKING BANS
Percentage of adults age 15 and above aware of complete smoking bans in restaurants
CCATS 2013–14



AWARENESS OF INDOOR SMOKING BANS
Percentage of adults age 15 and above aware of complete smoking bans for indoor areas in health care facilities and schools*
CCATS 2013–14

health care facilities
schools

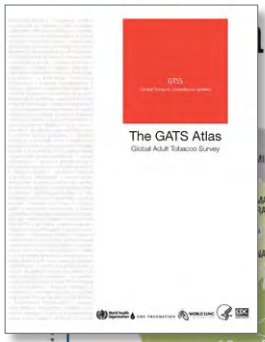
*: primary, secondary, and high schools, including technical schools.

Tobacco Marketing and Anti-Tobacco Messages

Tobacco advertising, promotion, and sponsorship (TAPS) can attract new tobacco users, increase current smokers' consumption, weaken a smoker's intention to quit, and cause quitters to relapse. Research demonstrated that prohibiting all forms of TAPS reduces tobacco use and is a cost-effective tobacco control measure (NCI, 2008).

The present survey investigated the exposure to seven forms of TAPS activities among adults in the past 30 days, as well as the penetration rate of local tobacco control campaigns.

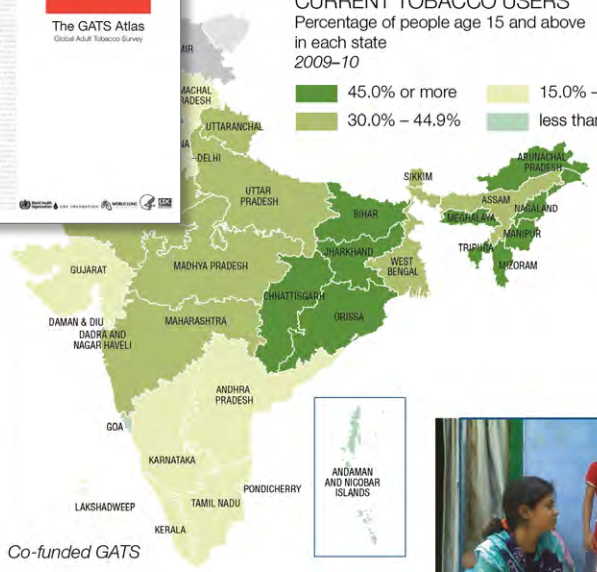
l Highlights: South-East Asia



CURRENT TOBACCO USERS

Percentage of people age 15 and above in each state
2009–10

45.0% or more
30.0% – 44.9%
15.0% – 29.9%
less than 15.0%



Co-funded GATS

Highest number of **smokeless tobacco** users (**206 million**) among 22 GATS countries

Enforcement of the national **comprehensive tobacco control law** needs further **strengthening**

National, regional, and state-specific estimates are available

▲ *Survey interview in progress in India.*

THAILAND

2009, Co-funded GATS repeat survey, 2011

30% — **30%** of men smoke **manufactured cigarettes** and **27%** smoke **hand-rolled cigarettes** — 27%

85% — A law to **increase** the **size** of the **health warning** on the front of packaging from 50% of area to **85%** was passed in 2014

Has a **comprehensive tobacco control law** in place

Tobacco taxes **fund** the tobacco control programs
Repeated the GATS survey in 2011

WHO South-East Asia Region
country has completed GATS
other region
not applicable

BANGLADESH

2009

43% — **Highest** tobacco use prevalence (**43%**) and smokeless tobacco use (**27%**) among 22 GATS countries — 27%

29% — **Highest** percentage of **women** using tobacco (**29%**) – predominantly smokeless

21% — **21%** of men are **bidi** smokers

▲ *Survey interview in progress in Indonesia.*

INDONESIA

2011

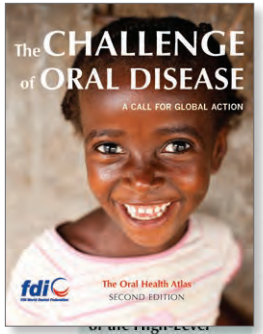
67% — **Highest male smoking** prevalence among 22 GATS countries

78% — **Highest** percentage of adults exposed to **secondhand smoke** at home

Highest percentage of adults **noticing cigarette company sponsorship** of sporting events and cigarette advertisements on TV, billboards and in stores

Since GATS, the 2012 legislation has **restricted** outdoor **tobacco advertising** and sponsorship

Not yet a party to the **WHO FCTC**



Oral health and NCDs

A common action plan

Noncommunicable diseases (NCDs) are the leading cause of death and disability, responsible for over two-thirds of all deaths, 80 percent of which occur in low- and middle-income countries. The four main NCDs are cancer, diabetes and cardiovascular and chronic respiratory diseases. Oral diseases are important NCDs: untreated tooth decay is the single most prevalent and preventable disease, and oral cancer among the 10 most common cancers.

The underlying causes of NCDs are social, economic and environmental determinants, including poverty, unemployment, discrimination, and lack of education and inequitable trade policies; and common risk factors such as tobacco and alcohol use, lack of physical activity and unhealthy diets high in salt, saturated fat and free sugars. Oral diseases share all of these underlying determinants and risk factors with the other major NCDs. The Common Risk Factor Approach provides the basis for the inclusion of oral diseases in NCD prevention and control programmes.

The growing burden of NCDs worldwide was recognized by the UN High-Level Meeting on the Prevention and Control of NCDs in 2011 which committed member states to a comprehensive range of actions to address NCDs. Paragraph 19 of the resulting political declaration explicitly mentions oral diseases as sharing the same determinants as the other NCDs.

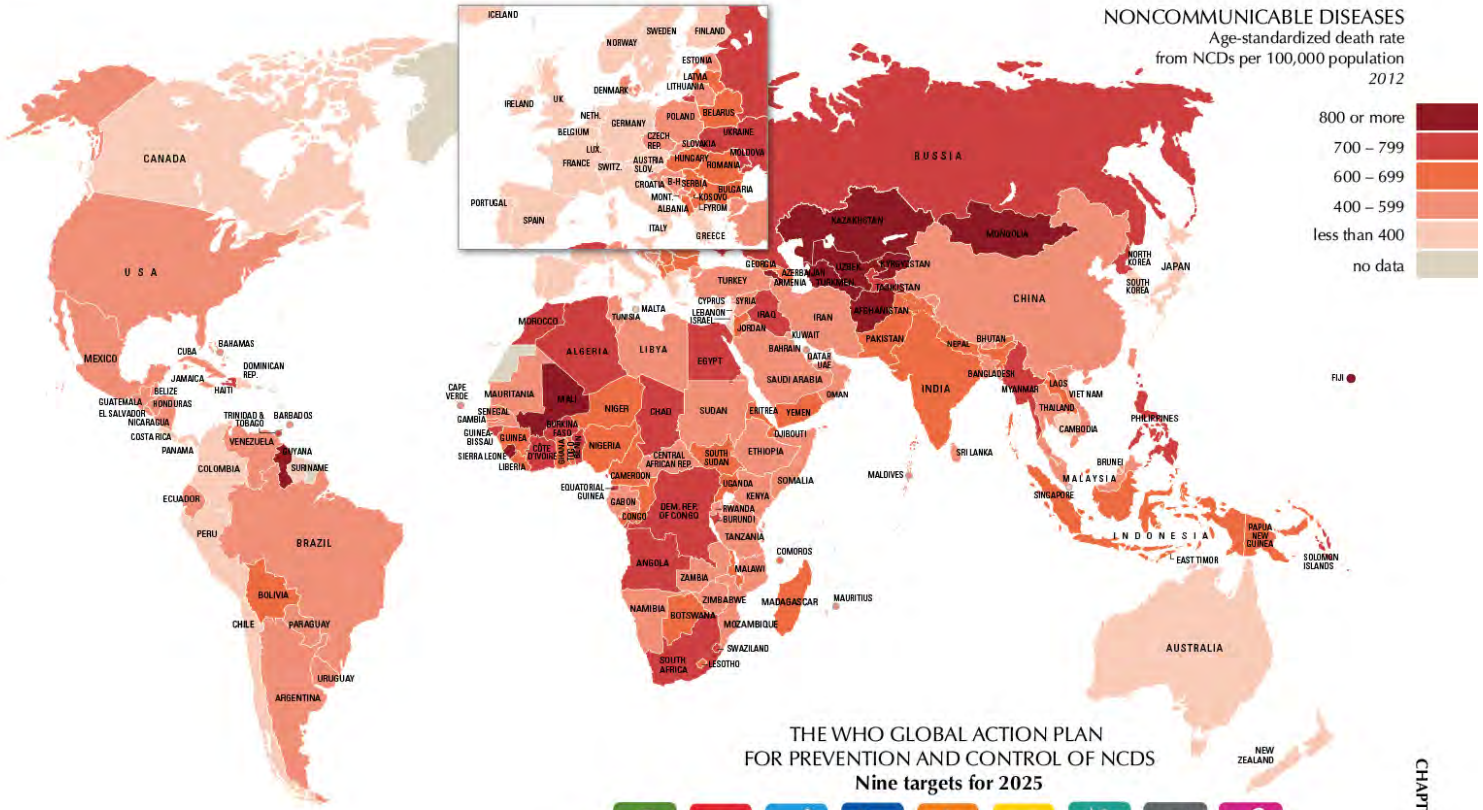
WHO's World Health Assembly adopted a global action plan in 2013 to bring about a reduction in the global NCD burden. Although many countries have subsequently developed specific policies, the 2014 UN progress review revealed that more must be done. Continued advocacy for the integration of oral diseases into these national action plans is essential if reductions in oral health inequalities and the burden of oral disease are to be achieved.

Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases

We, Heads of State and Government and representatives of States and Governments…

1 Acknowledge that the global burden and threat of noncommunicable diseases constitutes one of the major challenges for development in the 21st century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals;

19 Recognize that renal, oral and eye diseases pose a major health burden for many countries and that these diseases share common risk factors and can benefit from common responses to NCDs.



COST OF ACTION *V* INACTION ON NCDS

In low- and middle-income countries

Action

US$11 billion a year estimated cost of implementing **Global Action Plan**

Inaction

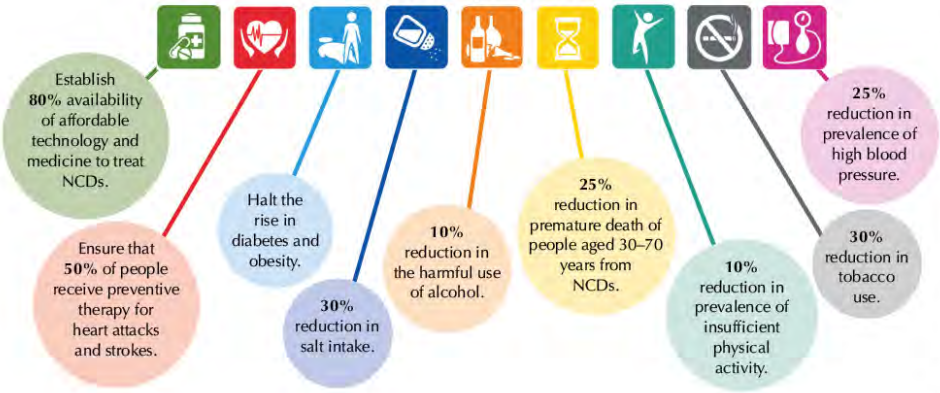
US$7 trillion

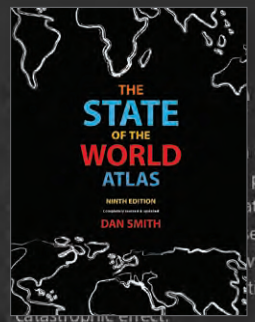
over 15 years

estimated loss of productivity and price of healthcare if no action is taken

THE WHO GLOBAL ACTION PLAN FOR PREVENTION AND CONTROL OF NCDS

Nine targets for 2025





energy. As countries get richer
point comes when their
atural resources and industry to
ectors. Most energy comes from
whose extraction and use
times with
catastrophic effect.

The climate-change risks of continuing to emit so much carbon by using oil, gas, and coal have led to interest in alternatives. Because each has benefits and drawbacks, the lobbies for and against each one have cogent arguments. Nuclear power can look good from a climate perspective, less so when viewed through the lens of hazardous waste. Biofuels seem environmentally responsible, but producing them takes so much energy it is not clear how big the gain is, and they also take land out of food production. The wind, waves, tide, and sun are all sources of unending energy, but it has not so far been feasible to harness them on the necessary scale.

Whatever differences these energy sources make, the key alternative in the end may well turn out to be simply using less.

1970–2011
human population
nearly
doubled
while number of
cars grew
fivefold

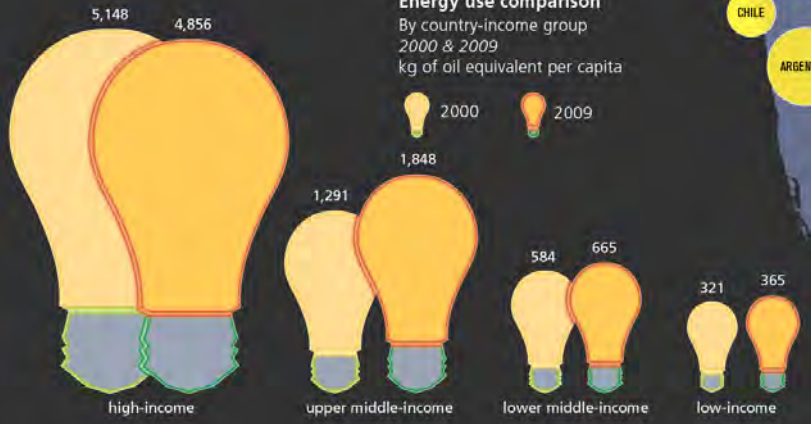
Total energy use
Amount used per year
2009
○ = 10 million tonnes of oil equivalent

Energy used per capita
2009
kg of oil equivalent
5,000 or more · 3,000 – 4,999 · 1,000 – 2,999 · fewer than 1,000

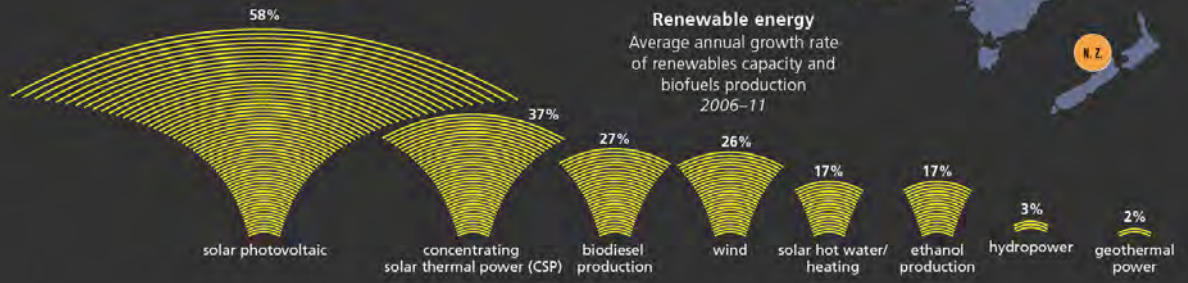
CANADA 254
USA 2,163
MEXICO 175
CUBA
REST OF THE AMERICAS
T. & T.
VENEZUELA
COLOMBIA
ECUADOR
PERU
BRAZIL 240
up 20% 2004–09
CHILE
ARGENTINA

UK 197
IRELAND
NORWAY
SWEDEN
FINLAND
DEN.
NETHERLANDS
BELGIUM
GERMANY 319
POLAND
BELARUS
RUSSIA 647
REST OF EUROPE
CZECH REPUBLIC
SLOVAKIA
UKRAINE 115
KAZAKHSTAN
FRANCE 256
SWITZ.
AUSTRIA
HUNGARY
ROMANIA
TURKMEN.
UZBEK.
AZER.
ITALY 165
BULGARIA
TURKEY
SERBIA
SPAIN 127
PORTUGAL
GREECE
SYRIA
IRAQ
IRAN 216
PAKISTAN
REST OF MIDDLE EAST
ISRAEL
KUWAIT
QATAR
MOROCCO
ALGERIA
LIBYA
EGYPT
SAUDI ARABIA 158
UAE
OMAN
CÔTE D'IVOIRE
NIGERIA 108
SUDAN
ETHIOPIA
D.R. CONGO
KENYA
REST OF AFRICA
TANZANIA
ANGOLA
SOUTH AFRICA 144
NORTH KOREA
SOUTH KOREA 229
CHINA 2,257
up 40% 2004–09
JAPAN 472
INDIA 676
up 20% 2004–09
H.K. SAR
REST OF ASIA
VIETNAM
PHILIPPINES
THAILAND 103
BANG.
BURMA
MALAYSIA
SING.
INDONESIA 202
AUSTRALIA 131
N. Z.

Energy use comparison
By country-income group
2000 & 2009
kg of oil equivalent per capita

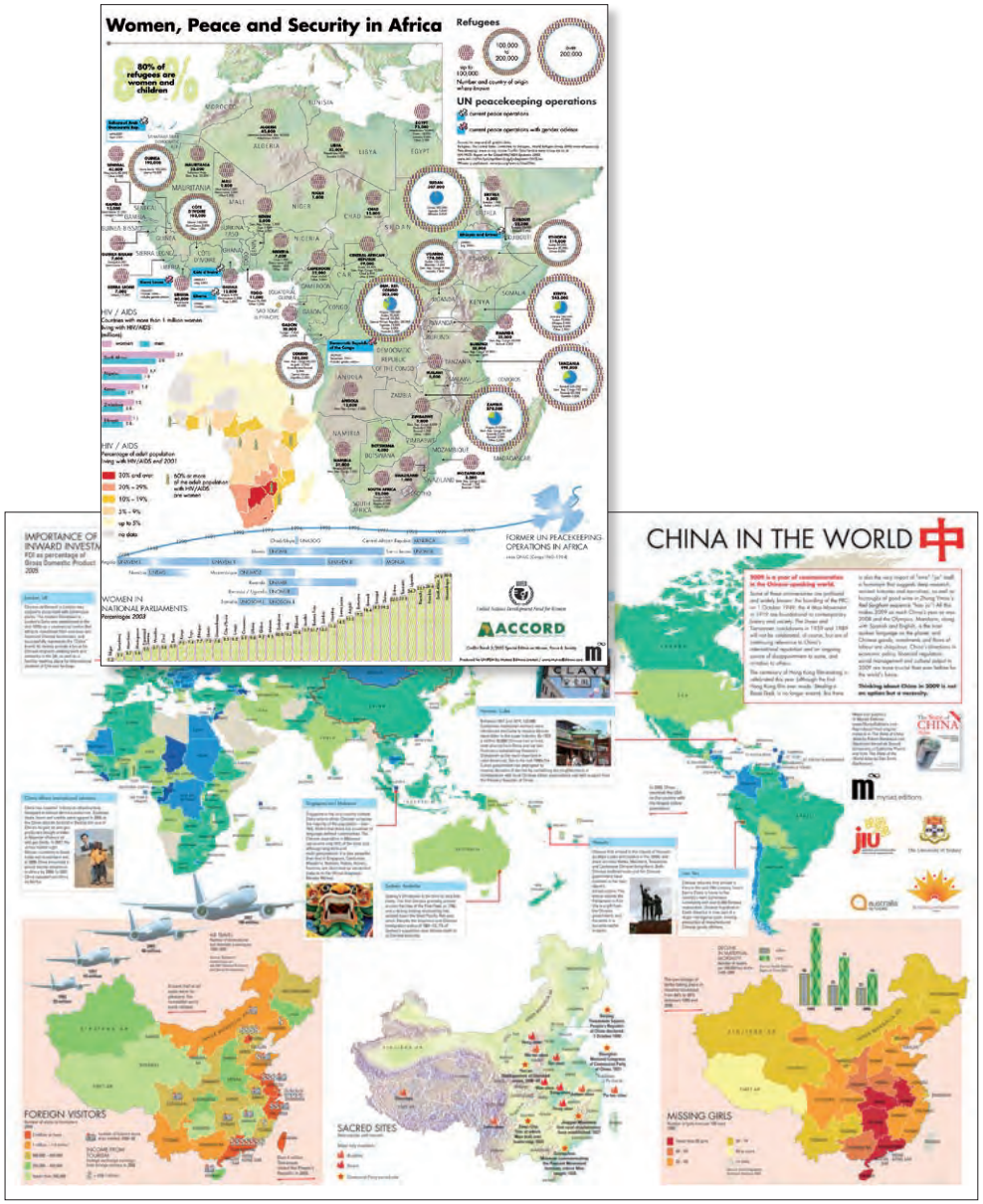


Renewable energy
Average annual growth rate of renewables capacity and biofuels production
2006–11

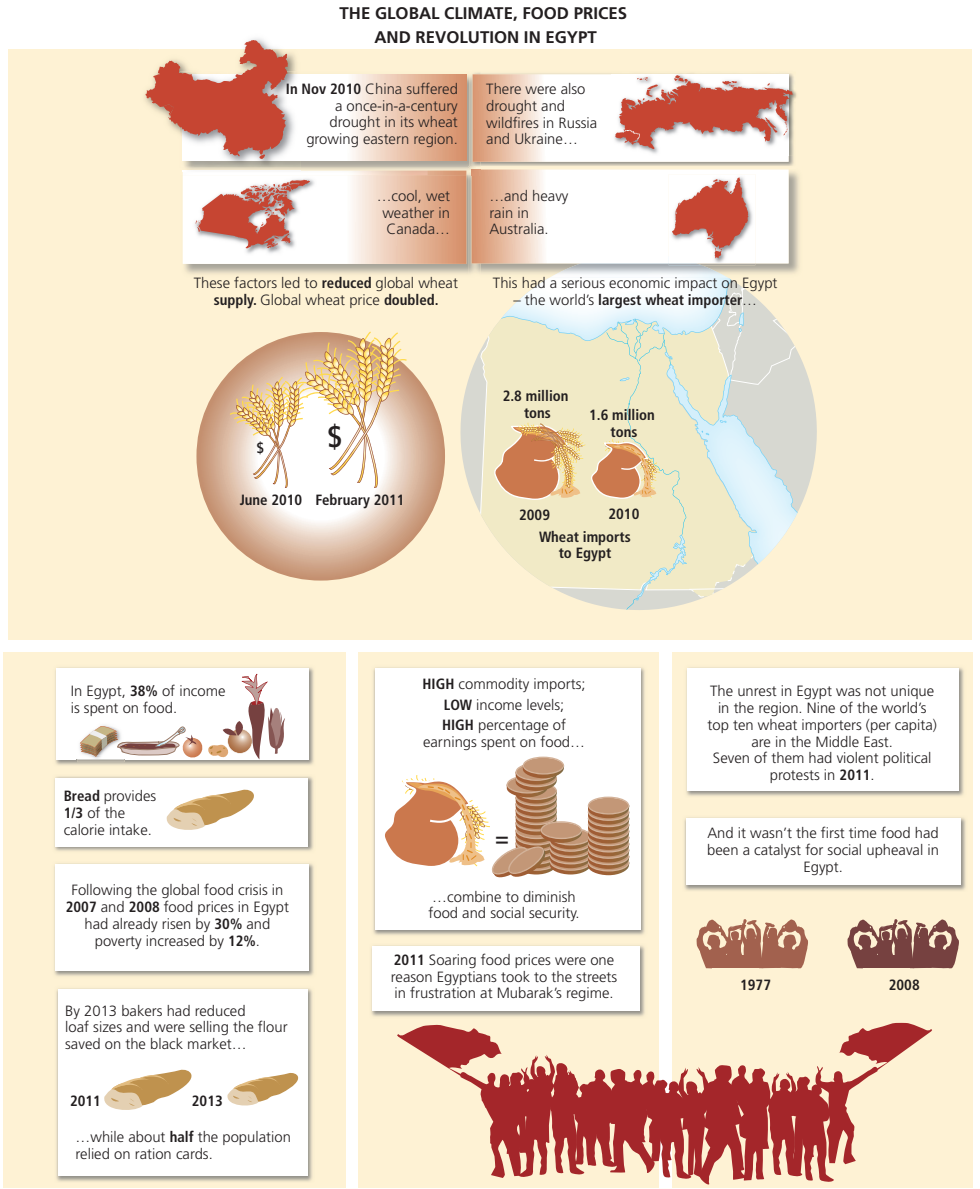


116 Climate Change ▶

Posters



Infographics



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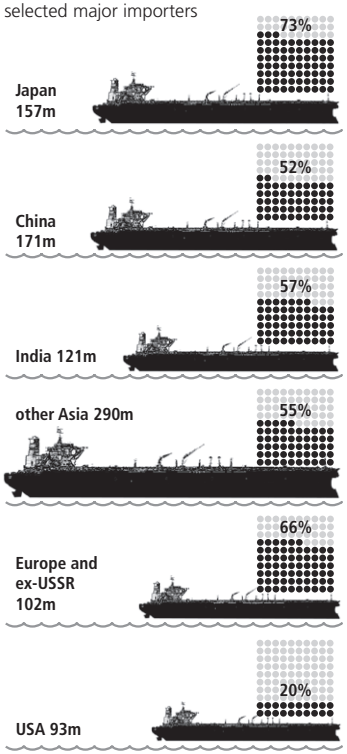
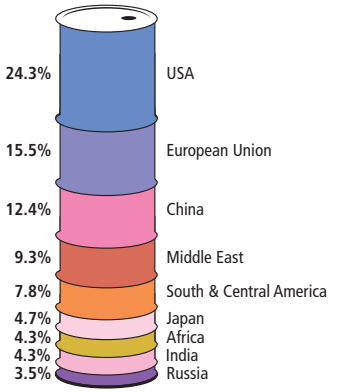
IMPORTS FROM MIDDLE EAST

Volume of oil imported from Middle East (tonnes) and as percentage of total oil imports
2014
selected major importers



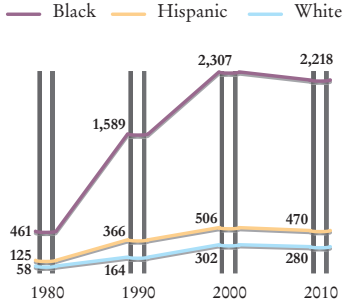
OIL CONSUMPTION WORLDWIDE

Share of world total
2014



RACIAL DISPARITY IN USA

Incarceration per 100,000 in population
1980–2010

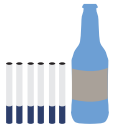


ORAL HEALTH FACTS

The average **5-year survival rate** of patients with **oral cancer** is about **50%**.

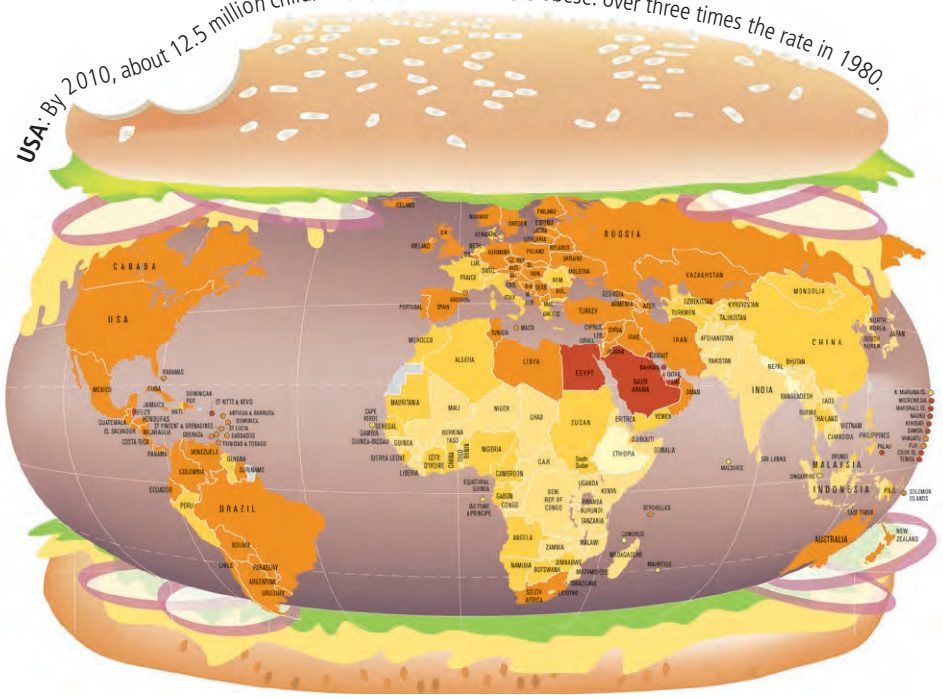
Only **19** countries in the world consume less than the recommended **25g** (or 5 teaspoons) of **sugar** per person per day.

Alcohol and **tobacco** are major **risk factors** for **cancers** of the mouth, larynx, pharynx and oesophagus, and for **periodontal disease.**



A **healthy diet**, low in sugar, salt and fat, and high in **fruit and vegetables** contributes to reducing the risk of oral diseases, obesity and other noncommunicable diseases.

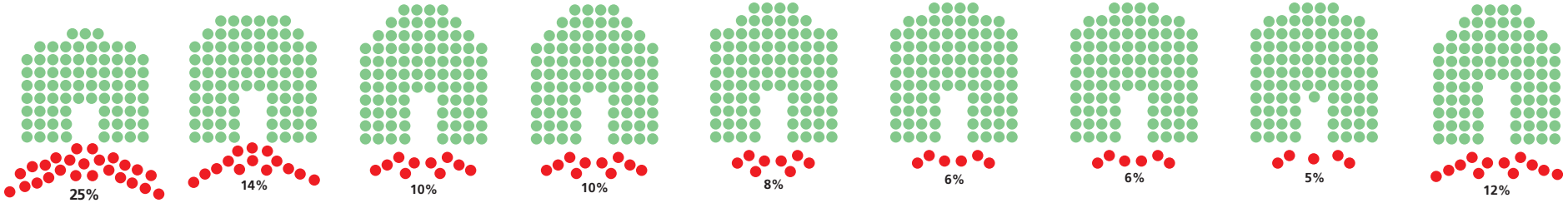
□se of fluorides is among the **top 10** greatest public health achievements ever (according to □S Centers for □isease Control)



Children not in school

Percentage of school-age children not attending school by region
2009 or latest available data

- not in school
- in school



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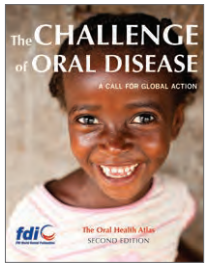
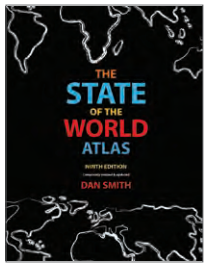
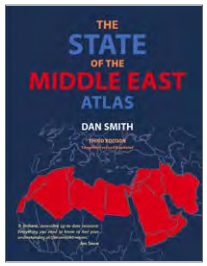
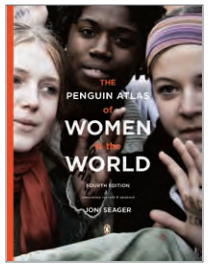
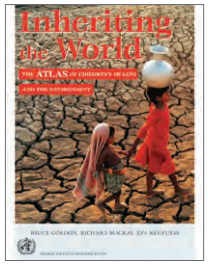
Myriad team

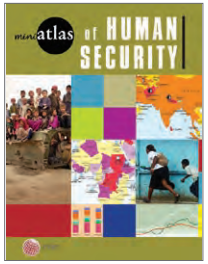


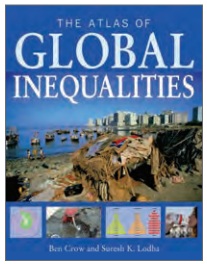


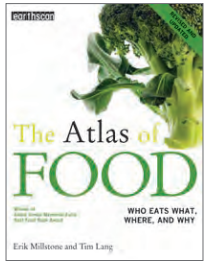


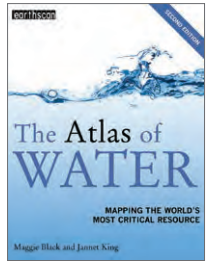


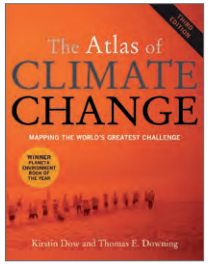


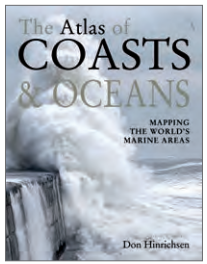


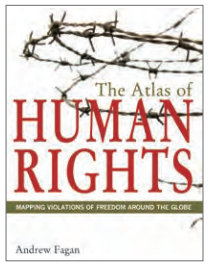


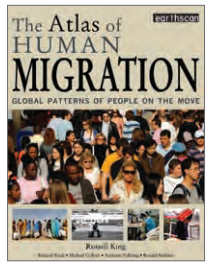


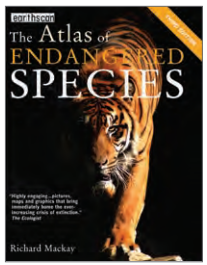


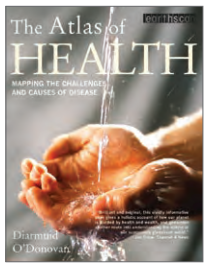


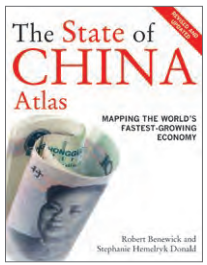


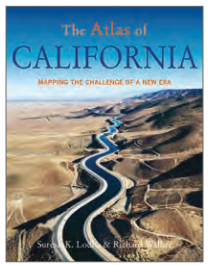


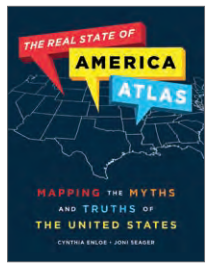








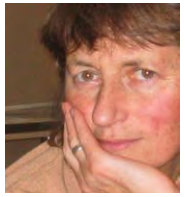




Candida Lacey, Managing Director

Candida joined Myriad in 1994, after completing a DPhil from the University of Sussex and working in trade and academic publishing. She was appointed MD in 2000, and has since built up the atlas series, forging partnerships with international publishers, NGOs and UN organizations.

Corinne Pearlman, Creative Director



Corinne has fostered Myriad's graphic profile and guided its online development since 1993. A graphic designer herself, she is responsible for the overall design needs of Myriad and edits the series of documentary graphics.

Isabelle Lewis, Senior Designer

Isabelle Lewis is a skilled graphic designer with many years expertise of topographical, political and historical mapping and cartography and infographic design. Her most recent work includes the design of *The Challenge of Oral Disease*.

A native French speaker, she also project manages the foreign editions of our publications and is responsible for typesetting or overseeing the placement of text.

Jannet King, Senior Editor

Jannet joined Myriad in 1999, and has extensive experience as an editor and project manager of all Myriad's atlases and reports for UN and other organizations. Her attention to detail and ability to keep to a tight schedule have been acknowledged and praised by every client.

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