

Monitor tobacco use and prevention policies

The *WHO Framework Convention on Tobacco Control* states:

Article 20

The Parties shall establish ... surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke.

... Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at regional and international levels ...

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Monitoring is a critical tobacco control activity

Population-based national and international monitoring data are necessary to effectively plan and implement the WHO Framework Convention on Tobacco Control (WHO FCTC).

Only through accurate measurement can problems caused by tobacco be understood and interventions be effectively managed and improved.

Monitoring can provide policy-makers and public health authorities with essential information on:

- The extent of the tobacco epidemic in a country
- Subgroups in need of tailored policies and programmes
- Public awareness of the epidemic and attitudes towards tobacco control

- Changes in tobacco use following implementation of policies and programmes
- Government enforcement and societal compliance with tobacco control policies, including tax collection and tax evasion, smoke-free places, and advertising and marketing bans
- Tobacco industry practices that may increase tobacco use or hinder implementation of tobacco control policies and programmes

Monitoring is also essential to evaluate the effectiveness of MPOWER implementation. Currently, monitoring systems are weak in many low- and middle-income countries, where tobacco use is rising fastest.

Many countries do not have monitoring data

All countries need effective tobacco surveillance systems. However, many countries lack national smoking prevalence data for adults and youth, or have older data or data that are not representative.

Data on other aspects of the epidemic – such as tobacco-related disease and death, the economic costs of tobacco use, public attitudes towards tobacco control and the extent of tobacco marketing – are also inadequate.

Assessment of tobacco use and its impact must be strengthened, as monitoring at both global and country-by-country levels is critical to understanding and contributing to the information base necessary to reverse the tobacco epidemic.

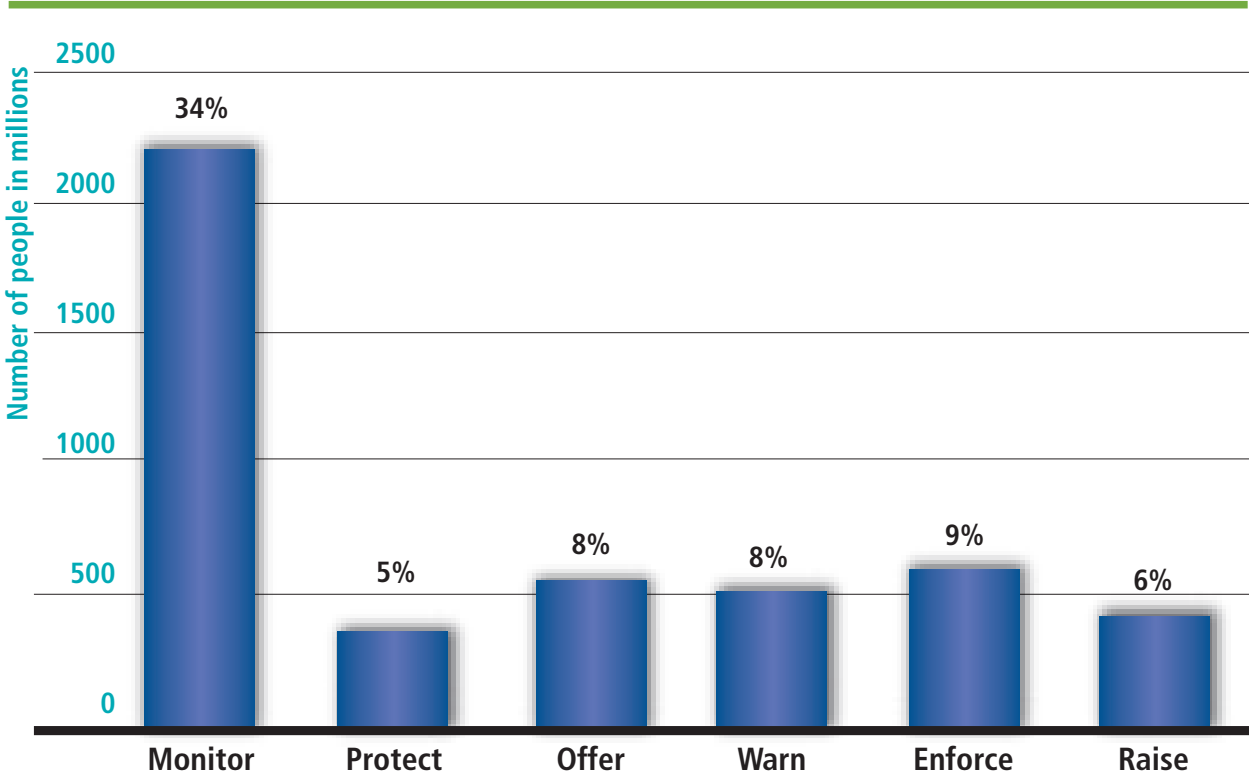
Monitoring must be scientifically valid

Any monitoring system must use standardized and scientifically valid data collection and analysis practices.

Surveys that use a random population-based sample of sufficiently large size can provide accurate estimates of tobacco use at the national level within an acceptable margin of error. Moreover, surveying a sufficiently large sample enables accurate estimates of smoking prevalence among major subpopulations – classified by age, gender, income, region and other sociodemographic characteristics.

Surveys should be implemented at regular intervals to ensure that changes in the epidemic are measured.

PERCENTAGE OF GLOBAL POPULATION COVERED BY **mpower**, 2008



Data from 2008. Source: WHO Report on the Global Tobacco Epidemic, 2009. Implementing smoke-free environments. Geneva, World Health Organization, 2009.

Monitor Monitor tobacco use and prevention policies

Protect Protect people from tobacco smoke

Offer Offer help to quit tobacco use

Warn Warn about the dangers of tobacco

Enforce Enforce bans on tobacco advertising, promotion and sponsorship

Raise Raise taxes on tobacco

The WHO Framework Convention on Tobacco Control (WHO FCTC) is the pre-eminent global tobacco control instrument, which contains legally binding obligations for its Parties and provides a comprehensive direction for tobacco control policy at all levels. WHO introduced the MPOWER package of measures to assist in the country-level implementation of effective measures to reduce the demand for tobacco, contained in the WHO FCTC.

Additional resources on this topic are available at www.who.int/tobacco/mpower/publications



Conducting effective surveys

Surveys can be conducted on tobacco use alone, or can be combined with surveys on other health issues of interest to a country’s government.

Standardized questions about tobacco use prevalence and implementation of MPOWER measures to reduce tobacco use can be embedded in existing population-based surveys or censuses.

Surveys should be repeated at regular intervals, using the same survey questions and sampling and data analysis techniques. This enables data from different surveys to be comparable, allowing accurate evaluation of the impact of interventions over time.

Partners can assist with surveys

Statistically valid surveys can be expensive to conduct. Costs rise further if large populations are surveyed on a number of different measures.

Survey partners with sufficient technical capacity – such as national statistics offices, universities and private research firms – can be enlisted. These partners can support monitoring activities, including survey administration and data collection, management and analysis.



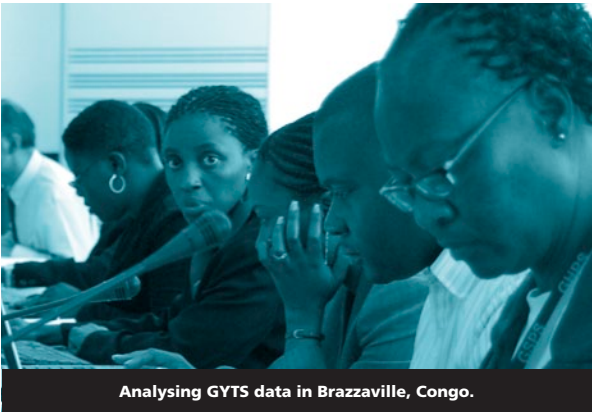
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Consistent data collection

Standardized questions and surveillance measures are vital. It is important to coordinate with tobacco control partners to ensure the development of consistent surveys.

Key indicators are included in the Global Adult Tobacco Survey (GATS), a nationally representative household survey, which feeds into the Global Tobacco Surveillance System.

The Global Youth Tobacco Survey (GYTS) is a school-based survey of students aged 13–15 years that also informs the Global Tobacco Surveillance System.



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There are two key questions when surveying prevalence of tobacco use:

- What types of tobacco are used?
- How many people use tobacco?

Key indicators for monitoring the baseline and impact of tobacco control policies include:

- Exposure to second-hand smoke in public places, at work and at home
- Price paid for tobacco and purchase location
- Exposure to tobacco advertising
- Exposure to tobacco pack warning labels and anti-tobacco counter advertising
- Beliefs about the health harms of tobacco
- Physician advice to quit and cessation attempts

The proportion of former smokers (people who have ever smoked regularly and have quit) is a useful indicator of progress in tobacco control.

Studies for effective tobacco control

For the effective development and implementation of tobacco control policies and to increase stakeholder support, a range of localized studies may also prove useful. These could include:

- Assessments of government enforcement of tobacco control policies, and tobacco industry and societal compliance with them
- Polls to measure public acceptance of tobacco control initiatives and perceived levels of compliance with policies
- Epidemiologic studies to determine the burden of tobacco-related illness and death and the impact of tobacco control interventions on health

Economic research can provide important information on both tobacco use and the impact of tobacco control policy. Examples include:

- Studies to determine the economic impact of particular tobacco control policies, including gains associated with reductions in tobacco-related death and ill-health
- Estimates of per capita consumption of tobacco, based on sales, tax, manufacturing, import and export data
- Studies to determine the economic costs of smoking and second-hand smoke, from direct medical expenses as well as productivity losses
- Calculation of revenues generated by tobacco excise taxes and disbursements for tobacco control programs



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Monitoring the tobacco industry is important for effective adaptation of tobacco control policy. Key issues include:

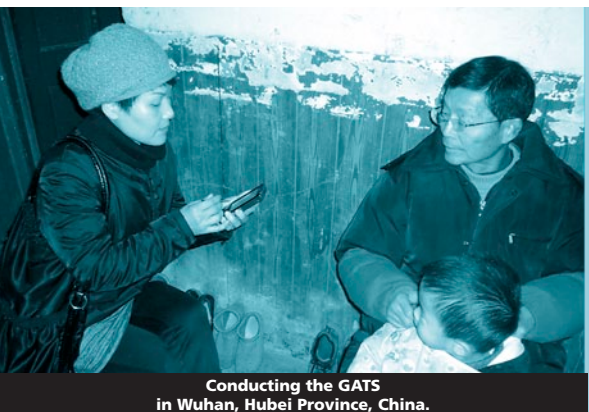
- The extent and type of tobacco advertising, marketing and promotional activities – including tobacco industry sponsorship of public and private events
- Tobacco industry interference with the development and implementation of effective tobacco control measures

National and global collaboration is needed

To maintain an effective monitoring system, collaboration is needed – within countries and internationally – among health practitioners, economists, epidemiologists, data managers, government officials and many others.

GATS can guide efforts to collect internationally comparable data.

GATS surveys use common sampling procedures, core questionnaires and data management across countries.



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Publicize findings

Data that highlight the burden of tobacco use, as well as the status and effectiveness of tobacco control policy implementation, should be emphasized.

Data from monitoring can become critical evidence to promote stronger policies.

Findings should be disseminated through government policy papers, academic publications and mass media (news reports, as well as paid media).

Broad dissemination of survey findings allows governments, country leadership and civil society to use them to develop tobacco control policies. This also helps build capacity for effective policy development, implementation and enforcement.

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