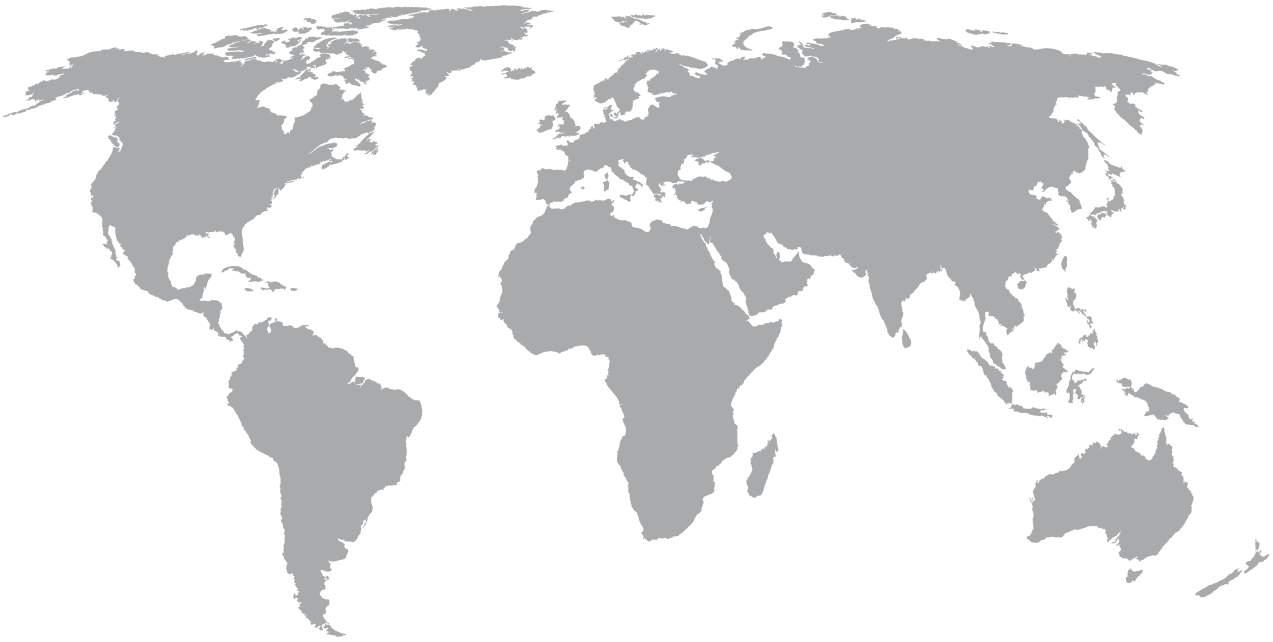
Global Adult Tobacco Survey (GATS)



Country Engagement Process

Global Adult Tobacco Survey (GATS)
Country Engagement Process

September 2020

Global Adult Tobacco Survey (GATS)
Comprehensive Standard Protocol

GATS Questionnaire
Core Questionnaire with Optional Questions
Question by Question Specifications

GATS Sample Design
Sample Design Manual
Sample Weights Manual

GATS Fieldwork Implementation
Field Interviewer Manual
Field Supervisor Manual
Mapping and Listing Manual

GATS Data Management
Programmer's Guide to General Survey System
Core Questionnaire Programming Specifications
Data Management Implementation Plan
Data Management Training Guide

GATS Quality Assurance: Guidelines and Documentation

GATS Analysis and Reporting Package
Fact Sheet Templates
Country Report: Tabulation Plan and Guidelines
Indicator Definitions

GATS Data Release and Dissemination
Data Release Policy
Data Dissemination: Guidance for the Initial Release of the Data

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GATS Collaborating Organizations

- United States Centers for Disease Control and Prevention (CDC)
- CDC Foundation
- Johns Hopkins Bloomberg School of Public Health (JHSPH)
- RTI International
- World Health Organization (WHO)

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Disclaimer: The views expressed in this manual are not necessarily those of the GATS collaborating organizations.

Contents

1. Introduction

Tobacco use is a major preventable cause of premature death and disease worldwide, with approximately 1.4 billion people age 15 years or older using tobacco[1]. Furthermore, more than 8 million people die each year due to tobacco-related illnesses[2]. If current trends continue, tobacco use may kill a billion people by the end of this century, and it is estimated that more than three quarters of these deaths will be in low- and middle-income countries[3]. An efficient and systematic surveillance mechanism is essential to monitor and manage the epidemic.

The ***Global Adult Tobacco Survey*** (GATS), a component of Global Tobacco Surveillance System (GTSS), is a global standard for systematically monitoring adult tobacco use and tracking key tobacco control indicators. GATS is a nationally representative household survey of adults 15 years of age or older using a standard core questionnaire, sample design, and data collection and management procedures that were reviewed and approved by international experts. GATS is intended to enhance the capacity of countries to design, implement and evaluate tobacco control interventions.

In order to maximize the efficiency of the data collected from GATS, a series of manuals has been created. These manuals are designed to provide countries with standard requirements as well as several recommendations on the design and implementation of the survey in every step of the GATS process. They are also designed to offer guidance on how a particular country might adjust features of the GATS protocol in order to maximize the utility of the data within the country. In order to maintain consistency and comparability across countries, following the standard protocol is strongly encouraged.

GATS manuals provide systematic guidance on the design and implementation of the survey.

1.1 Overview of the Global Adult Tobacco Survey

GATS is designed to produce national and sub-national estimates among adults across countries. The target population includes all non-institutionalized men and women 15 years of age or older who consider the country to be their usual place of residence. All members of the target population will be sampled from the household that is their usual place of residence.

GATS uses a geographically clustered multistage sampling methodology to identify the specific households that Field Interviewers will contact. First, a country is divided into Primary Sampling Units, segments within these Primary Sampling Units, and households within the segments. Then, a random sample of households is selected to participate in GATS.

The GATS interview is composed of two parts: *Household Questionnaire* and *Individual Questionnaire*. These questionnaires are administered using an electronic data collection device.

[1] World Health Organization. WHO report on the global tobacco epidemic, 2019: Offer help to quit tobacco use. Geneva, Switzerland: World Health Organization; 2019. https://apps.who.int/iris/bitstream/handle/10665/326043/9789241516204-eng.pdf?ua=1

[2] GBD 2017 Risk Factor Collaborators. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Seattle, WA: Institute for Health Metrics and Evaluation; 2018.

[3] Mathers, C.D., and Loncar, D. Projections of Global Mortality and Burden of Disease from 2002 to 2030. *PLoS Medicine*, 2006, 3(11):e442.

The GATS interview consists of two parts: the *Household Questionnaire* and the *Individual Questionnaire.* The *Household Questionnaire* (household screening) and the *Individual Questionnaire* (individual interview) will be conducted using an electronic data collection device.

At each address in the sample, Field Interviewers will administer the *Household Questionnaire* to one adult who resides in the household. The purposes of the *Household Questionnaire* are to determine if the selected household meets GATS eligibility requirements and to make a list, or roster, of all eligible members of the household. Once a roster of eligible residents of the household is completed, one individual will be randomly selected to complete the *Individual Questionnaire*. The *Individual Questionnaire* asks questions about background characteristics; tobacco smoking; electronic cigarettes; smokeless tobacco; cessation; secondhand smoke; economics; media; and knowledge, attitudes, and perceptions about tobacco.

1.2 Use of These Guidelines

The GATS country engagement process is organized into two broad categories; the introductory country engagement process and a series of technical workshops or missions. This document provides details about both topics.

1.3 Partners and Partner Roles

Partners and partner roles in GATS include the following:

- National governments provide leadership and coordination at the country level;
- World Health Organization (WHO) provides global, regional, and in-country leadership as well as monitoring of global tobacco control policy implementation;
- United States Centers for Disease Control and Prevention (CDC), a WHO Collaborating Center for Global Tobacco Surveillance, provides technical assistance for implementation of the surveillance system;
- Johns Hopkins Bloomberg School of Public Health (JHSPH) provides technical assistance on data analysis and reporting;
- RTI International provides training and technical assistance in electronic data collection; and
- CDC Foundation provides resources and program support.

Funding for GATS is provided by the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies; the Bill & Melinda Gates Foundation; and various governmental agencies.

2. Introductory Country Engagement

The introductory engagement process begins with the GATS partners inviting the country to participate and join the GATS initiative (see *Section 4.2.1* for a letter of invitation template). This process starts with the introduction of the survey to the Ministry of Health (MoH) and key officials from the national government to seek their commitment to participate in the survey and offer the support available from the partner organizations. Two formal letters are expected:

1. The MoH will formally express its interest and commitment to participate in the initiative and nominate the GATS implementing agency (IA) in accordance to the criteria outlined in the *GATS Implementing Agency Selection Guidelines*. (See *Section 4.2.2* for a letter of commitment template.)

2. The nominated IA will respond and formally express its commitment to the MoH to undertake the survey as per the GATS standard protocol.

If needed, GATS partners may plan an introductory mission to a country to meet country officials from national governments, MoH, and potential IA to assess country's interest and formalize the nomination of implementing agency. The formal letters of commitment will be coordinated by the respective WHO Regional Office (RO) in collaboration with the WHO Country Office (CO). The WHO Regional Surveillance Officers (RSO) will coordinate this process in collaboration with the WHO CO, WHO headquarters, and GATS partners.

The IA will be requested to provide documentation regarding their eligibility to undertake GATS as defined in the *GATS Implementing Agency Selection Guidelines* and/or the IA will be requested to make a formal presentation to MoH and the WHO CO, as appropriate. In either instance, documentation that contains a summary report on IA's response to the eligibility criteria outlined in the *GATS Implementing Agency Selection Guidelines* should be attached to the letter that will be sent from MoH to GATS partners.

After the political commitment is received by the GATS partners, a series of technical workshops or missions are held to plan and implement GATS. These workshops or missions are organized by technical experts representing the GATS partner organizations, MoH and the IA.

3. Technical Workshops or Missions

Technical workshops begin following the country's formal expression of interest to implement GATS. A series of five workshops are organized as follows:

3.1 Orientation to GATS Standard Operating Procedures and Proposal Development

3.2 Pretest Training and Implementation

3.3 Full Survey Training for Fieldwork and Data Management

3.4 Sample Weighting, Quality Assurance (QA), Data Analysis and Reporting

3.5 Release and Dissemination

Technical workshops include relevant experts from GATS partner organizations and national experts from MoH, IA and tobacco control program. The WHO RSO, in consultation with the WHO CO, is responsible for organizing these workshops in consultation with relevant national and GATS partners. (The *GATS Process Chart* in *Section 4.1* outlines the steps in implementing GATS including the workshops.)

3.1 Orientation to GATS Standard Operating Procedures and Proposal Development

The orientation provides a forum for technical exchange with the GATS partners and experts to meet with the representatives from the participating countries responsible for coordinating and implementing the surveys. The orientation will provide an in-depth overview of the entire GATS process, which includes introduction to the technical elements of the GATS Comprehensive Standard Protocol and Guidelines for Proposal Development. The process will also allow participants to focus on the adaptation of the GATS standard protocol to the country situation (in particular, adaptation of the GATS questionnaire and review of sample design options), develop a country-specific implementation plan and timeline for the GATS process and will provide a step-by-step guide on proposal development, submission, review and funding.

Specifically, the orientation topics will include the following:

- Overview of tobacco epidemic and importance of monitoring and surveillance
- Introduction to GATS Comprehensive Standard Protocol
    - GATS Core Questionnaire and optional questions and adaptation to country situation
    - GATS Sample Design and adaptation to country situation and drafting the sample design proposal
    - Expert reviews of the adapted protocol by the GATS Questionnaire Review Committee (QRC) and Sample Review Committee (SRC)
- Proposal development and funding guidelines for pretest and full survey implementation
- Plans for pretest implementation
- Capacity of the IA to establish electronic data collection mechanism
    - Infrastructure and support needs for handheld training and data collection
    - Data management needs and resources
- Timeline for completing the entire GATS process, communication and progress tracking mechanisms

Participants of the orientation will include a MoH tobacco control focal point, IA project manager, IA sampling and data management experts and a representative from the WHO country office, as needed. The GATS partners will organize multi-country orientation workshops. In certain circumstances when an orientation workshop must be organized for a single country, the WHO RSO will organize the workshop in consultation with country representatives and GATS partners. The orientation workshop will be approximately 5 days.

3.2 Pretest Training and Implementation

The Pretest Training and Implementation workshop will provide technical exchange and training on field-testing the country-adapted GATS questionnaire and implementing the proposed field-plan. In consultation with the WHO RSO, the CDC country focal point and data management experts will provide technical assistance during the pretest training. Prior to the pretest implementation workshop, it is important for the GATS implementing agency to submit the full GATS proposal, have the funding contract approved, and receive the appropriate funds. The Pretest Training and Implementation workshop will be approximately 8 to 10 days.

3.3 Full Survey Training for Fieldwork and Data Management

Once the IA expresses its readiness (by adapting, pretesting and finalizing the GATS questionnaire, obtaining final approval of the sample design, completing mapping and listing, and finally, having the handhelds programmed for the survey), a full survey training for fieldwork and data management will be organized by the implementing agency to prepare its fieldworkers to conduct the survey and/or train the trainers and field staff.

The GATS project manager from IA, in coordination with the WHO RSO and WHO CO, the CDC country focal point and data management expert, will organize the training workshop. Approximate duration of this training workshop can range from 5 to 8 days.

3.4 Sample Weighting, Quality Assurance, Data Analysis and Reporting

After the data collection, this workshop aims to provide a venue for technical exchange on sample weighting procedures, quality assurance processes, finalization of data analysis and tables and drafting of country fact sheet and report. Prior to this workshop, the data weighting and quality assurance will be reviewed and approved by the GATS Sample Review Committee (SRC) to ensure accuracy, scientific rigor and standardization. The workshop is coordinated by the WHO RSO in collaboration with the IA and CDC country focal point. Approximate duration of this workshop can range from 3 to 5 days.

3.5 Release and Dissemination

The IA will collaborate with the MoH and partners to set a date for the release of the GATS Fact Sheet and Country Report. The MoH and GATS partners will collaborate with the IA and national tobacco control networks on media release and dissemination.

In addition, at the conclusion of the release, a Data-2-Action workshop might be planned by in-country and international partners. (Refer to the *GATS Data Dissemination Manual* for details on Data-2-Action workshops.)

4. Resources

4.1 GATS Process Chart

4.2 Correspondence/Letter Templates

The following sections include templates for letters of invitation and commitment.

4.2.1 Letter of Invitation Template

[NAME]
[TITLE]
Ministry of Health [COUNTRY]
[ADDRESS]

Subject: Introducing and Inviting Ministry of Health of [COUNTRY] to Participate in the Global Adult Tobacco Survey (GATS) Round [XX]

Dear [NAME]:

On behalf of the World Health Organization (WHO), it is my pleasure to invite you to conduct the Global Adult Tobacco Survey (GATS) Round [XX].

In 2007, the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) lead the development of the GATS protocol in consultation with 40 experts in surveillance and tobacco control. Since its inception, GATS has become the global standard in monitoring tobacco use and key tobacco control indicators.

GATS is a nationally representative survey of adults 15 years of age or older, using a consistent and standard protocol across countries and over time. It is intended to enhance countries' capacity to design, implement, and evaluate tobacco control and prevention programs. In addition, it aims to assist countries in tracking the WHO Framework Convention on Tobacco Control (FCTC) and the WHO MPOWER Technical Package.

As of [DATE], [NUMBER] countries have completed one round of GATS and [NUMBER] countries have completed at least two rounds of GATS. However, tobacco use remains the leading preventable cause of premature death and disease in the world. Systematic and ongoing monitoring of the disease is essential to effectively managing the epidemic.

[COUNTRY] has been identified by the GATS partners to implement GATS Round [XX] in [YEAR]. Given your organizations' leadership in tobacco control and [COUNTRY] commitment to GTSS, we would like to invite [COUNTRY] to conduct GATS Round [XX]. We are committed to providing technical support for survey implementation.

[If indicated]: GATS is funded by [DONOR], through the CDC Foundation. We are committed to providing partial funding for the survey; however, we kindly request that the Ministry of Health contribute to the survey implementation cost.

Please find enclosed two documents: GATS Country Engagement Process and GATS Implementing Agency Selection Guidelines. If you have additional questions, please let us know.

We look forward to hearing from your agency regarding GATS implementation in [YEAR].

Sincerely,

WHO Representative (WR)

Copy: WHO Region/CDC/CDC Foundation

4.2.2 Letter of Commitment Template

[NAME]
Office of the WHO Representative to [COUNTRY]
[ADDRESS]

Subject: Global Adult Tobacco Survey (GATS) in [COUNTRY]

Dear [NAME]:

I am writing to you in reference to the proposed implementation of the Global Adult Tobacco Survey (GATS) in [COUNTRY]. The Ministry of Health is pleased to confirm its commitment to conducting this survey and has agreed to implement GATS in [YEAR]. In support of that commitment, the Ministry of Health has nominated the [STATISTICAL OR SURVEILLANCE AGENCY] to serve as the implementing partner for GATS. This agency has expressed readiness and availability to conduct the survey in [YEAR]. The Ministry of Health has considered the following criteria prior to nominating the [STATISTICAL OR SURVEILLANCE AGENCY]:

1. Experience in conducting national household and health surveys and/or census;
2. Previous work with the Ministry of Health;
3. Availability to conduct GATS within the agreed upon timeframe;
4. Access to the necessary human resources and infrastructure required to conduct a national household survey;
5. Access to, or ability for, generating an updated national sampling frame that covers the entire country;
6. Capability for implementing standardized procedures; and
7. Commitment to ongoing tobacco surveillance.

During the review of potential GATS implementing agencies, [STATISTICAL OR SURVEILLANCE AGENCY] demonstrated a strong capacity for conducting GATS. The Ministry or Health is confident that the agency possesses the ability to implement the survey in accordance with the standards set forth in the GATS Comprehensive Standard Protocol.

We look forward to receiving the formal proposal and budget from the [STATISTICAL OR SURVEILLANCE AGENCY] and working closely with the GATS partners to implement the survey in [YEAR].

Yours sincerely,

Global Adult Tobacco Survey (GATS)