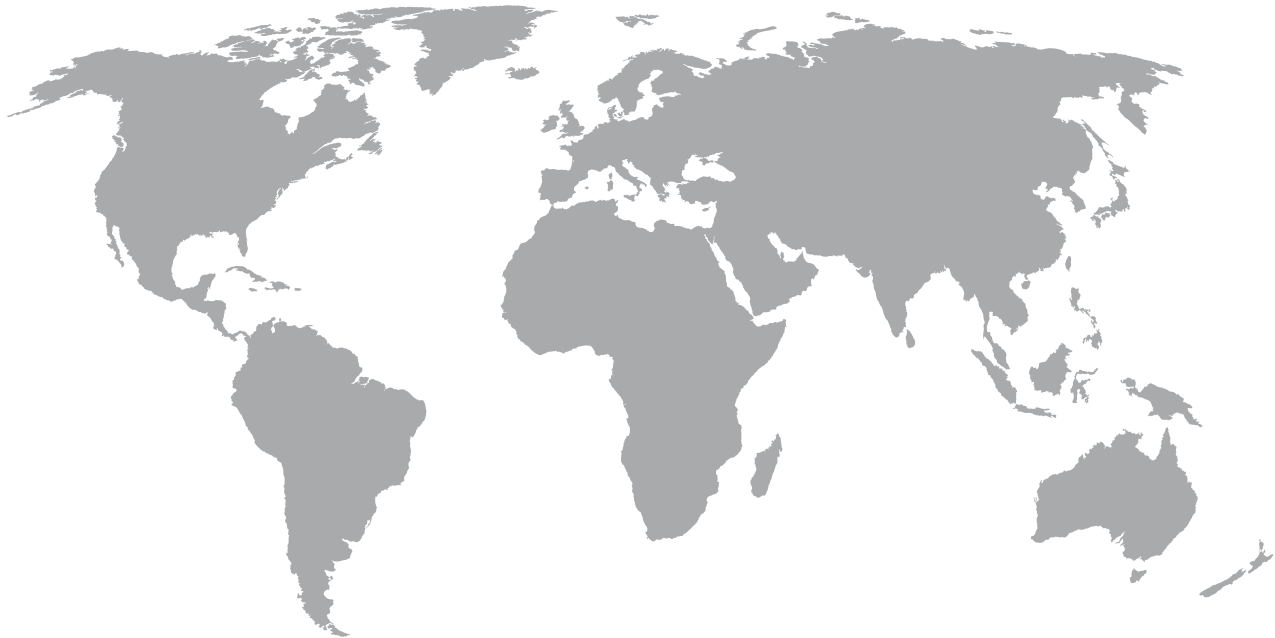




Global Adult Tobacco Survey (GATS)



**Data Dissemination:
Guidance for the Initial Release of the Data**

Global Adult Tobacco Survey (GATS)

Data Dissemination

Guidance for the Initial Release of the Data

September 2020

Global Adult Tobacco Survey (GATS)

Comprehensive Standard Protocol

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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



Suggested Citation: Campaign for Tobacco-Free Kids. *Global Adult Tobacco Survey (GATS): Data Dissemination: Guidance for the Initial Release of the Data*. September 2020.

Acknowledgements

GATS Collaborating Organizations

- Campaign for Tobacco-Free Kids
- United States Centers for Disease Control and Prevention (CDC)
- CDC Foundation
- International Union Against Tuberculosis and Lung Disease (The Union)
- Johns Hopkins Bloomberg School of Public Health
- RTI International
- Vital Strategies
- World Health Organization (WHO)

Financial Support

Financial support was provided by the *Bloomberg Initiative to Reduce Tobacco Use* through the CDC Foundation with a grant from Bloomberg Philanthropies.

If you would like assistance with your GATS dissemination and communication efforts, please contact the Campaign for Tobacco-Free Kids by sending an email to: info@tobaccofreekids.org. **Please insert GATS in the subject line.**

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

Contents

<i>Chapter</i>	<i>Page</i>
Introduction	7
Planning the Release of GATS Data	11
Step 1: Map Out Overall Goal of GATS Data Dissemination	11
Step 2: Establish Partnerships	12
Step 3: Officially Release GATS Data	14
Press Conference Preparation	14
Press Conference Follow-up	18
Conclusion	19
Dissemination Tactics – Case Studies	20
CASE STUDY 1. Uganda: Collaborating with Key Partners on Release and Follow-up Events (July 2014)	20
CASE STUDY 2. The Philippines: Using the Second Round of GATS as a Call to Action for Strengthening Tobacco Control Policies (March 2017)	22
CASE STUDY 3. India: Influencing National Policy with State Level Data and Releases for GATS-2 (June 2017)	24
GATS Frequently Asked Questions	26
What is GATS?	26
Who are the national partners and international partners in GATS?	26
Why monitor tobacco use among adults?	26
What topics are covered in GATS?	26
What can be accomplished with GATS at the country level?	26
How does GATS relate to the World Health Organization’s Framework Convention on Tobacco Control (WHO FCTC) and the WHO MPOWER package?	27
When will GATS data become publicly available?	27
When will GATS be repeated?	27
What is the role of the Data Coordinating Center (DCC)?	27
How is GATS different from other surveys?	28
What are the requirements for countries to be a part of GATS and the Global Tobacco Surveillance System?	28
How does a country get involved in GATS?	28
What is the mechanism for countries that partially or fully fund GATS and wish to be a part of GTSS?	28
What mechanisms other than the stand-alone GATS are available to countries to monitor tobacco use?	28
Appendix A: GATS Release WorkPlan	30
Appendix B: Example of GATS Press Release	31
Appendix C: Example of GATS Media Advisory	32
Appendix D: Example of GATS Event Invitation	33
Appendix E: Examples of GATS Twitter Posts	34
Appendix F: Example of GATS Facebook Post	35
Appendix G: Example of GATS Blog	36
Appendix H: Example of GATS Infographic	37

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 tobacco¹. Furthermore, more than 8 million people die each year due to tobacco-related illnesses². 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 countries³. 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

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 consists of two parts: the *Household Questionnaire* and the *Individual Questionnaire*. The *Household Questionnaire* (household screening) and the *Individual*



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.

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.

The availability of GATS data helps countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC)⁴ by using a consistent and standard protocol to generate comparable data within and across countries. GATS provides an opportunity to motivate government officials and legislators to increase their efforts to implement evidence-based strategies to reduce tobacco use.

The data produced by GATS enables countries to have a clear understanding of:

- the nature, magnitude, and distribution of tobacco use in the country;
- knowledge, attitudes, and perceptions that influence tobacco use; and
- the context/environment that influences tobacco use.

GATS provides quantifiable evidence of the patterns of tobacco use within the adult population.

Such information allows a country to make projections about tobacco-related health and economic consequences. The ability to use GATS data to address tobacco-related problems makes GATS a powerful tool for demonstrating the urgency of strong action to prevent and reduce tobacco use.

Because GATS surveillance data also track the contextual factors that influence use, GATS data can be used to guide decision-making about strategies to decrease use. Once interventions to decrease use have been implemented, GATS can be used to track the effectiveness of these interventions and adjust strategies as needed.

For example, in countries where more than one GATS has been conducted, results have been used to celebrate progress, underscore ongoing calls for strong policy intervention, and/or pinpoint areas for attention. Having access to accurate and organized data will enhance tobacco prevention planning and maximize the overall effectiveness of efforts to reduce tobacco use and its negative consequences.

In most countries, the Ministry of Health is the lead on the dissemination of GATS data, but multiple government agencies and other in-country partners should be engaged in supporting dissemination.



“Things get done only if the data we gather can inform and inspire those in a position to make a difference.”

Michael J. Schmoker (1996). “Results: The Key to Continuous School Improvement.” Assn for Supervision & Curriculum

⁴ The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is a treaty adopted in 2003 that aims to “protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.” <http://www.who.int/fctc/en/>

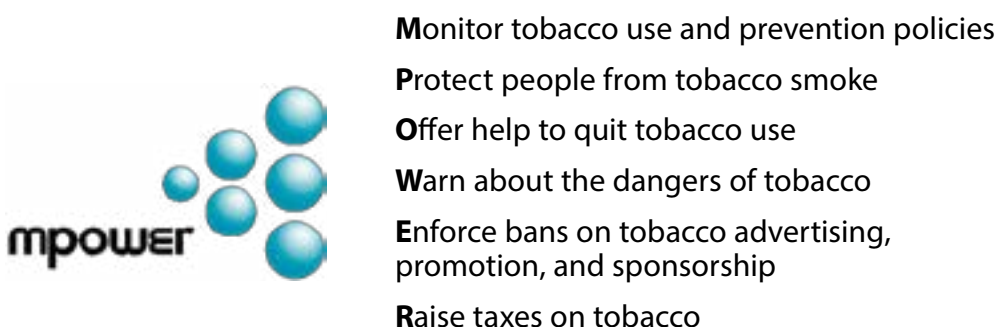
By working at the early stages of the GATS process to form partnerships with other government agencies – Ministries of Education or Information, for example – the Ministry of Health can ensure an effective communications strategy for launching GATS is in place along with a longer-term plan to ensure that GATS informs all of the government’s public communications about tobacco use, tobacco control and other relevant issues.

Civil society tobacco control advocates will find many uses for the data as they work toward the adoption and implementation of effective tobacco control policies. Thus, these advocates also have a strong interest in ensuring that GATS data is widely disseminated and understood. As critical stakeholders in reducing tobacco use, tobacco control advocates can play an important role in dissemination efforts following the release of data. Ideally, the GATS communication and dissemination strategies of government and civil society are complementary and, in some cases, actively coordinated.

Additional components of data dissemination that are well-suited to partners are discussed in a companion guide, **Using the Global Adult Tobacco Survey (GATS) Data To Strengthen Tobacco Control Efforts: Guidance For Tobacco Control Advocates.**⁵

The guidance and recommendations offered in this document should be considered general in nature. As individuals work to develop a data dissemination approach for their country, they are advised and encouraged to tailor this guidance to the cultures and contexts in which they work.

The WHO has developed MPOWER⁶, a technical assistance package of six evidence-based policies aimed at reversing the tobacco epidemic. The six MPOWER strategies are:



GATS results are presented according to the MPOWER framework on data dissemination materials including the fact sheet, executive summary and country report. The MPOWER framework can therefore be used to structure and emphasize critical “call to action” messages.

⁵ This companion guide provides guidance to tobacco control partners on how to use GATS data findings to draw attention to tobacco as an issue and advocate for effective tobacco control policy
https://www.tobaccofreekids.org/assets/global/pdfs/en/GATS_NGO_guide_en.pdf

⁶ The WHO Framework Convention on Tobacco Control (WHO FCTC) and its guidelines provide the foundation for countries to implement and manage tobacco control. To help make this a reality, WHO introduced the MPOWER package of tobacco control measures. These measures are intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, contained in the WHO FCTC.
<http://www.who.int/tobacco/mpower/en/>

In addition to this guide, additional documents and information to assist in the dissemination process include:

- **GATS Fact Sheets** – The standalone fact sheet provides an overview of the survey and key findings. It features highlights of survey results on tobacco use, cessation, second-hand smoke, economics, media, and knowledge and attitudes about use. The individual country fact sheet will include the most recent GATS data that will be released.
- **GATS Comparison Fact Sheet** – The comparison fact sheet will include a comparison of all the previous GATS available in the country.
- **Executive Summary** – The Executive Summary synthesizes the key points of the survey, including a synopsis of the methodology, key findings and indicators, as well as policy implications and recommendations.
- **GATS Country Report** – The full report details the country's tobacco burden in terms of prevalence of tobacco use, trends in use, the health and economic impacts of use, current tobacco control policies, GATS methodology, results and key findings, and recommendations for action. This document contains all of the GATS data from the country survey. Everyone involved with planning and disseminating the data should become familiar with the content of this report.
- **Public Use Data Sets (PUDS)**: All GATS data sets are released to the public within one year of the initial release of data and this has a great potential for continued press coverage and dissemination among partners.
- **Frequently Asked Questions (FAQs)** – The FAQs provide additional information about GATS and may be helpful in answering questions you may receive from the media and others.
- **Using The Global Adult Tobacco Survey (GATS) Data To Strengthen Tobacco Control Efforts: Guidance For Tobacco Control Advocates** – This companion guide focuses on how partnering with civil society organizations can assist in the dissemination and use of tobacco surveillance data. The report can be downloaded at: https://www.tobaccofreekids.org/assets/global/pdfs/en/GATS_NGO_guide_en.pdf
- **WHO Reports on the Global Tobacco Epidemic** - A series of reports presenting detailed information about MPOWER measures with all country-specific data, which are intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco, contained in the WHO FCTC. The WHO Reports and other MPOWER brochures and resources can be downloaded at: www.who.int/tobacco/publications/en/

If you would like assistance with your GATS dissemination and communication efforts, please contact the Campaign for Tobacco-Free Kids by sending an email to: info@tobaccofreekids.org. Please insert GATS in the subject line.

Planning the Release of GATS Data

Because of its potential to impact tobacco control efforts, dissemination strategies for the GATS data should be carefully planned. Prior to the release of the GATS data, the Ministry of Health, as the primary agency, should identify the goals of dissemination and identify tobacco control partners that may play important roles in the dissemination effort. The three steps below are intended to provide a roadmap and guidance on these elements of GATS data dissemination, as well as suggestions and tools for launching the release of the data.

STEP 1: Map Out Overall Goal of GATS Data Dissemination



KEY POINT: The overall goal of data dissemination is to highlight the extent of tobacco use in a country and generate support for tobacco control policies among key audiences

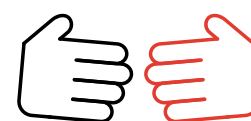
The dissemination of GATS data is rooted in the belief that educating key audiences about the nature of tobacco use and its impact on long-term health will lead to the development and/or improvement of tobacco control policies that address these problems. With this understanding, dissemination activities should focus on sharing information about:

- **Data on tobacco use** – This includes data on use patterns, cessation attempts, and exposure to second-hand smoke.
- **Data on attitudes, knowledge, and risk factors** – This includes data on attitudes about tobacco use, knowledge about harms, and exposure to other risk factors such as tobacco advertising and easy access to tobacco products.
- **Policy-based solutions for reducing tobacco use** – Data dissemination efforts should include information about effective tobacco control policies to reduce tobacco use such as those recommended in the MPOWER model.

To optimally use GATS data, it is critical that individuals involved in developing and implementing tobacco control goals and programs for their country become familiar with the data and key findings and think about how the data supports arguments for effective tobacco control. Findings that could be considered inconclusive or debatable should be treated carefully, and only strong or conclusive data should be highlighted during data dissemination. Inconclusive data, if disseminated, should be recognized as such.

As countries release second or subsequent rounds of GATS, this same guidance applies. However, it is particularly important for the Ministry of Health to consider how results that document progress, a stalling, or even backtracking, serve goals.

The GATS data can be released in steps as part of both ongoing efforts to build support for tobacco control over time and to show the need for specific tobacco control efforts under consideration at a particular point in time.



Potential Partners

- Ministry of Health
- Ministries of Education, Finance, Youth, Women, etc.
- Healthcare and patient advocacy groups
- Civil society groups that focus on health, women, youth and child welfare issues

To take full advantage of potential opportunities, the Ministry of Health should consider developing a dissemination plan that covers a 12- to 24-month period and includes phased releases of data. Dissemination goals should be established for the various phases of the release.

For example, the Ministry of Health may focus its initial dissemination efforts on prevalence data and key findings about each topic in order to present a broad overview of tobacco control in the country. In this case, the initial goal may be to educate key audiences about the extent of the problem and the need for strong tobacco control policies such as those specified in the MPOWER model.

Later, the Ministry of Health and/or its tobacco control partners might release more detailed data that supports the need for a specific tobacco control policy. For instance, if a smoke-free ban is under consideration, educating the policymakers about the extent of exposure to second-hand smoke should be identified as a data dissemination goal, and the data related to that topic would become the focus of the next phase of dissemination.

Another approach could be subsequent release of subnational or state level data (if available), which could pinpoint where stronger tobacco control policies, or better implementation of policies, is needed.

STEP 2: Establish Partnerships



KEY POINT: Effective data dissemination requires partnerships with organizations, stakeholders, and individuals that can broaden the reach of dissemination and improve the overall effectiveness of communication efforts

In most countries, the primary agency responsible for dissemination of GATS data is the Ministry of Health. In a few countries, a non-governmental organization (NGO) may be the primary disseminator. Regardless of who assumes the leadership role, dissemination efforts should engage the agencies, organizations and experts that helped to develop the GATS instruments and data collection plan.

The plan should also incorporate partnerships with other groups that share similar or related goals. These partnerships will enhance and extend dissemination efforts by “opening doors” for communication with their own constituents as well as key audiences.

Health-related advocacy groups are obvious potential partners since they are likely to be skilled at working to improve public health and possess a high level of credibility among anticipated target audiences. These groups may include cancer societies, and groups that focus on lung health and the protection of children. Because these partners understand the importance of tobacco control, they may be more inclined to participate in dissemination activities. Most governmental agencies and other health-related agencies have existing connections to health-related advocacy groups, so reaching out to them should not be difficult.

Partnering with other government agencies, such as the Ministries of Education, Women’s Affairs, Youth, Finance and so on will also enhance dissemination as these other government agencies will be able to reach key constituents.

As potential partners are identified, the Ministry of Health should identify the role each partner may play to support the dissemination goal(s). Effective or meaningful partnerships are defined by clear, complementary roles for each partner. For example, a partnering public health advocacy organization may assume the role of an advocate and issue strong calls for action.

It should also be expected that partners will engage their own constituents and leverage their existing relationships and reputation to support tobacco control initiatives that can be boosted by the dissemination of GATS data. For example, if a partner has considerable influence with a policymaker, the partner should be engaged in meetings with the policymaker. Or, if a partner is well known to the general public, it may be appropriate to engage the partner in generating public support for tobacco control.

Partners may also operate, have access to, or produce e-mail lists, websites, or publications that could be useful to dissemination efforts.

Knowing how partners will be engaged in dissemination work will indicate whether they should receive training or other kinds of assistance to help them perform their tasks well or if they will need little or no assistance. However, it is fair to assume that most partners will need a thorough orientation on the types of data contained in GATS as well as important findings.

Once there is an understanding of how each potential partner can help achieve the dissemination goal(s), representatives of the Ministry of Health should meet with potential partners to brief them on GATS, request their involvement, and gain their commitment to partner in this effort.

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These briefings should include discussion of:

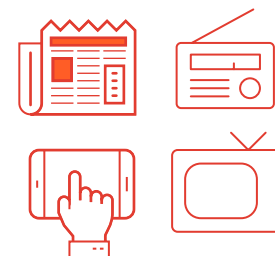
- 1) The purpose of GATS and its history in the country.
 - 2) Key GATS data findings.
 - 3) GATS data dissemination goals and why they are important.
 - 4) How a partnership would serve the organization's mission.
 - 5) How the partner's role is envisioned.
-

Of course, the meeting should include adequate time to address the potential partnering organization's questions, concerns, and suggestions.

Once a partnership is established, it is generally a good idea to acknowledge the partnership in future meetings and publicly recognize partners when appropriate.

Please refer to the companion guide **Using The Global Adult Tobacco Survey (GATS) Data To Strengthen Tobacco Control Efforts: Guidance For Tobacco Control Advocates⁷** for more information about potential roles for partners, planning tools and templates for dissemination materials.

⁷ This document provides guidance to tobacco control advocates on how to use GATS data findings to draw attention to tobacco as an issue and advocate for effective tobacco control policy.
http://www.global.tobaccofreekids.org/files/pdfs/en/GATS_NGO_guide_en.pdf



Media engagement includes the following types of coverage:

- Earned media, which means convincing a media outlet to cover your issue.
- Paid media, which entails paying for a media outlet to present your issue or carry your advertisement.
- Owned media, which requires that you create and disseminate content over your own website, blog or other channels you control.
- Social media, which includes using Facebook, Twitter, YouTube and other interactive platforms to create attention and generate dialogue.

STEP 3: Officially Release GATS Data



KEY POINT: The GATS data should be officially released in a manner that will gain the attention of the public, media and policymakers

GATS data dissemination should begin with an official release of GATS data. This official release should be oriented primarily toward media, policymakers and decision-makers. Preparing for such an event will require careful attention to pre-event planning as well as event follow-up. It should involve strategically using partners to ensure that policymakers' attention to tobacco use, tobacco health consequences, and the need for better tobacco control continue in the weeks and months following the release.

The Ministry of Health (or GATS lead) should consider hosting a press conference to announce GATS findings. Press conferences have the potential to reach a large audience if reporters from many national, local and international media outlets are invited to attend. Since GATS is a critical survey in the country but also part of a multi-country, international initiative, a GATS press conference is likely to be considered newsworthy and draw reporter attendance and coverage.

Press Conference Preparation

Preparing for the GATS press conference will involve focusing on the event's content and execution. This includes developing messages, identifying speakers, notifying the press, preparing information for the press, posting information on government websites, as well as circulating information and key messages via social media.

- **Messages and Statements** – The most important audience for the GATS press conference will be policymakers and decision-makers. Consequently, careful consideration should be given to the overall messages and specific statements delivered during the event. Messages should not just highlight a problem; they should also draw attention to its solution. As a “call to action,” press conference statements should be clear and concise, connect with the target audience, and compel action. It is not unusual for one person to be tasked with drafting all of the statements for the press conference so that a common theme and consistent core messages are evident across all speakers. Of course, prepared statements should be shared with speakers well in advance of the event so that they can become more comfortable delivering the information. Messages developed for the press conference should be used and repeated throughout all elements of GATS public communications.
- **Presenters** – Presenters should not only be comfortable speaking before the press, they should also be knowledgeable about the GATS data and have credibility among key audiences. In some countries, it may be a good idea for partners to speak at the press conference to underscore the “call to action” message with perspectives and credibility that are rooted in first-hand experience dealing with tobacco-related illnesses. Regardless of who the presenters are, they should understand the importance of remaining focused and “on point” during the press conference. That is, when responding to questions, they should be vigilant about stating and restating key messages, as well as redirecting off-point questions back to the core message. Presenters often appreciate an opportunity to participate in a press conference rehearsal beforehand.

-
- **Notifying the Press** – A **media advisory** alerts the media to an upcoming event in a succinct way. It specifies what will happen, who will be there, why it is important, and when and where it will occur. At least one week before the GATS data release press conference, a media advisory should be forwarded to media outlets by email, fax, or postal mail. It is a good idea to follow-up the media advisory with a **telephone call and/or post on social media to media** outlets and journalists within a couple of days before the event to encourage attendance.
 - A **press release** should be issued on the day of the event. A press release is a written statement directed at members of the news media that announces news and encourages journalists to cover the story. Written somewhat like a news article, it includes background information about GATS, key findings, quotes and opportunities for government to act based on the data. The media press release about the GATS findings should be timed to occur the day of the press conference.
 - **Media Kits** – Media kits are packets of background information to make reporting a news event easy for reporters. For the GATS press conference, the media kit should include basic information about the survey, relevant fact sheets, the press release, brief biographies of speakers, copies of speakers' remarks, statistics and graphics, information about effective tobacco control policy, and contact information for follow-up information.
 - **Ministry of Health Website** – The GATS press conference should occur in conjunction with a web-based release of GATS data. The Ministry of Health should post information about survey findings on its website and social media platforms. At a minimum, the Ministry of Health's website should contain the Fact Sheets, the Executive Summary, the Country Report, the WHO FCTC Adopted Guidelines⁸, and the WHO reports on the global tobacco epidemic⁹ that detail progress on global tobacco control according to the MPOWER policy framework. All information should be posted on the Ministry's website the day of the event. Providing links to the regional WHO website on the GATS findings will help in a wider dissemination of the results.
 - **Social Media Communications** – Social media complements dissemination efforts and should therefore be fully aligned and integrated into the overall dissemination objective and messaging. Developing posts for Facebook, Twitter and other widely-used social media platforms is vital to extending the exposure of the data to wider audiences and building public awareness of the findings. Tweets can be sent out before the press conference, for example, to build anticipation; during the event as live posts; and after to emphasize the key takeaways and calls to action from the report. Breaking down the most important statistics into **infographics** and compelling **visuals**, as well as coordinating these shareable posts with partners will provide ongoing and engaging content to build urgency for action. Social media posts should be prepared and ready

⁸ These are the texts of each of the guidelines adopted and acknowledged by the Conference of Parties (COP) as a valuable tool in implementation of the FCTC.

https://www.who.int/fctc/treaty_instruments/adopted/guidel_2011/en/

⁹ The WHO reports on the global tobacco epidemic have been published biannually since 2009. Each report documents country progress adopting and implementing effective tobacco control policies. See

https://www.who.int/tobacco/global_report/en/

before the day of the release and must be consistent with the overall core message and theme of the call to action.

Finally, when preparing for the press conference, planners should attend to logistical, audio-visual, and practical details. Planners should be sure to:

- Schedule the event for a day, time, location, and duration that is convenient for reporters.
- Include interesting visuals that would work well on television such as background logos, props, and banners or enlarged photographs.
- Make available a media kit table and a press sign-in sheet requesting journalists' contact information including social media handles.
- Instruct participants and staff to arrive at the press conference location well before the scheduled start time.

The press conference planning tool on the next page will help to organize and manage all of the main details that contribute to a successful event.

Dissemination Options for GATS Release



Press Conference



Press Release



Paid Advertisement



Opinion Editorial in Newspaper



Blog Post



Media Roundtable



Radio and/or TV Talk Show



Social Media



SMS-Outreach

**THIS DISSEMINATION PLANNING TOOL WILL HELP TO ORGANIZE AND MANAGE
THE MAIN DETAILS THAT CONTRIBUTE TO MAPPING OUT A PLANNED DISSEMINATION TIMELINE**

Data Release Task Responsibility	Timeline for Completion	
Determine key messages for the press conference		
Determine day, time and location of press conference		
Identify and secure speakers (no more than 4)		
Work with partners to determine series of post-press conference follow-up activities		
Draft statements and share with speakers and provide speakers with opportunity to rehearse statements/ practice fielding questions		
Determine and create press conference visuals		
Prepare GATS data findings and other information for posting on the internet and social media platforms		
Prepare social media messages, infographics, and calendar for postings before, during, and after the launch event		
Prepare and send media advisory one week before the press conference		
Prepare media kits		
Prepare and send press release on the day of press conference		
Inform speakers and staff when to arrive at press conference location		
Post GATS findings on the internet on the day of the release		
Designate media liaison to address questions that surface after		
Conduct press conference		
Post shareable social media messages during the press conference as "live posts."		

Press Conference Follow-up

The press conference is only the beginning of GATS data dissemination. It is important that policymakers and decision-makers continue to hear about the problems of tobacco use and tobacco health consequences and be reminded about what they can do to prevent these problems.

After releasing the GATS data, the Ministry of Health should repeatedly follow-up with:

A. The Media – For its part, the Ministry of Health should be prepared to respond to questions about GATS findings or tobacco control after the press conference has concluded. It is a good idea to have a designated individual within the Ministry assigned to either respond to questions that may be asked in the future, or link reporters to individuals within the Ministry who can respond to questions. As always, whenever questions are addressed, the spokesperson should try to respond with answers that keep the audience focused on the main messages of the dissemination effort.

B. Social Media – Social media communications aimed at engaging the media, policymakers, and the general public can extend the conversation about GATS results and needed actions to strengthen tobacco control for weeks and months after the release, leading to greater public support for the policy change agenda. In addition, social media messages that are crafted to generate public engagement and that are strategically timed, can help inform policymakers about the public's support for tobacco control. Social media communications must be consistent, engaging, and aligned with the overall core message and theme of the call to action. Targeting posts to the social media handles of specific media houses, journalists, policymakers, and influencers can be helpful. Asking followers to re-post, share and comment will create an opportunity to actively solicit followers to engage with the content. Utilizing data visualization – infographics – is an effective tool to capture the audience's attention as the message is simplified and easier to recall.

C. Tobacco Control Partners – In some countries it may be inappropriate for government agencies and officials to advocate for stronger tobacco control measures. However, it may be more appropriate for partnering organizations to do so. Consequently, it is a good idea to include relevant stakeholders not only in the planning and execution of the initial press conference, but also in press conference follow-up activities. The companion guide, *Using The Global Adult Tobacco Survey (GATS) Data To Strengthen Tobacco Control Efforts: Guidance For Tobacco Control Advocates*, addresses what partnering organizations can do as part of the follow-up activity for the GATS data dissemination press conference. Some of those activities could include writing opinion articles and/or letters to the editors of news media outlets, engaging the public on social media, and organizing community events to highlight the GATS findings and implications.

D. Policymakers – Ministry representatives should also set up meetings with officials in other government agencies after the press conference in order to provide more in-depth briefing on the GATS findings. Decisions about which agencies/individuals to meet with should be based on whether they exercise power or influence over tobacco control policy. The Ministry should consider whether dissemination partners should also be invited to participate in these briefings. The companion guide *Using The Global Adult Tobacco Survey (GATS) Data To Strengthen Tobacco Control Efforts: Guidance For Tobacco Control Advocates* addresses how to prepare for these meetings.

“In the end, it’s important to be informed by the evidence, not numbed by the numbers. Put the faces on data.”

Hargreaves, A. & Fullan, M. (2012). “Professional capital: Transforming teaching in every school” Teachers College Press.

Conclusion



Effective tobacco control efforts around the globe have resulted from carefully crafted strategies and campaigns designed to spur action. GATS data dissemination will play a critical role in any effort to change tobacco control policy in the countries in which data is collected.

Data alone will not be enough to improve tobacco control progress.

Effective data dissemination is rooted in having clearly stated goals and requires rallying partners to help communicate important messages to key audiences that have the power, authority, or influence to change tobacco control policy.

GATS data dissemination by the Ministry of Health is essential to changing tobacco control policies around the world. It is hoped that the information and guidance provided in this document will help to inform the initial release of the GATS data and provide a basis for further dissemination tasks.

If you would like assistance with your GATS dissemination and communication efforts, please contact the Campaign for Tobacco-Free Kids by sending an email to: info@tobaccofreekids.org. Please insert GATS in the subject line.

Dissemination Tactics

Case Studies

CASE STUDY 1.

Uganda: *Collaborating with Key Partners on Release and Follow-up Events (July 2014)*

Uganda became a Party to the WHO Framework Convention on Tobacco Control in 2007. In an effort to safeguard public health and regulate the tobacco industry in Uganda, the Ministry of Health, in close collaboration with civil society organizations and key stakeholders, introduced a draft Tobacco Control Act to the Ugandan Parliament in 2012 to comply with Treaty obligations.

The Ministry of Health as well as civil society groups considered the implementation of the GATS in 2013 critical to overall effort to secure passage of the Act. In an effort to make timely use of results, the Ministry of Health decided to release the GATS results in July 2014, releasing the GATS Executive Summary and fact sheet. (The release of the much longer complete GATS Country report was released on November 2015). The GATS findings showed:

- Over **62%** of adults exposed to secondhand smoke in bars and nightclubs. 
- Over **30%** of smokers reported having thought about quitting after noticing warning labels. 
- About **9 in 10** favored a law prohibiting all advertisements of tobacco products. 

The Ministry of Health and partners used these results to push for the comprehensive tobacco control legislation that had been introduced two years earlier but appeared stalled in the legislature. This legislation called for 100% smoke-free public places without exception; a ban on the display of tobacco products at point of sale; pictorial health warnings covering 75% of front and back of packaging; restriction of smoking within 100 metres from any indoor public place, indoor workplace, and any public transport facility; and a comprehensive ban on tobacco advertising, promotion and sponsorship.

The Ministry of Health and partners collectively developed a common core message that was aligned with the tobacco control policy goal. The core message was further broken down to focus on key policy areas including:

- **Smoke-free:** *Passage of comprehensive smoke-free policies that cover all public places and workplaces to fully protect non-smokers from exposure to SHS & help smokers to reduce cigarette consumption is needed.*
- **Graphic health warnings:** *Implementation of strong graphic warning labels will stop young people from starting to smoke and motivate smokers to quit.*
- **TAPS:** *Banning all tobacco advertising, promotion and sponsorship will reduce tobacco use and prevent young people from starting to smoke.*

Uganda GATS Release Core Message:

Based on strong evidence from the 2013 GATS, we urge policymakers to pass the Uganda Tobacco Control Bill into law and protect present and future generations of Ugandans from death, disease and disability due to tobacco use and exposure.

The Uganda GATS results were released in July 2014 with a series of offline and online public events extensively covered by the media. Both offline and online communication channels were used to ensure wide dissemination of the results and call to action. These channels included paid and earned broadcast and print media, social media and SMS-text messages.

Pre-release tactics included:

- Selecting the release launch date in conjunction with other government officials and partners; preparing decision-makers and the public with media interviews and social media posts using 2011 Uganda Global Youth Tobacco Survey (GYTS) data; and issuing a media advisory in advance of events advising journalists of the urgency of the GATS results.
 - Producing fact sheets on tobacco control in clear language translated into the four main local languages and shared with the media and on social media.
-

Release day activities included:

- A GATS release breakfast attended by over 150 participants from the government, civil society, academia and the media; an event featuring high-level participants as speakers and contributors including the Minister of State for Health, the Director-General of Health Services, Members of Parliament, the WHO Country Representative, the Center Manager at the Centre for Tobacco Control in Africa, and representatives from the Office of the Prime Minister and the Center for Disease Control and Prevention.
 - Media outreach to ensure substantial media coverage including: a press conference attended by over 30 journalists from 15 broadcast and print media houses; focus on journalists covering a variety of issues such as health, business, lifestyle, religion and other related issues; a media kit including a copy of the GATS Executive Summary, the GATS fact sheet, a press release and contact information for spokespeople; one-on-one interviews with broadcast and print journalists.
 - Public engagement through social media content including blogs and an infographic shared across the social media platforms of the Ministry of Health and partners; and a unique hashtag – #GatsUG – shared across the social media platforms.
-

Post-release activities included:

- A paid media strategy where partnering NGOs commissioned the state broadcasting service to air a live talk show on the tobacco control bill, and partners organized two other live call-in talk shows the week after the GATS release on privately owned FM radio and television stations. Callers expressed concern at the alarming GATS data. The NGOs also placed a paid advertorial in the newspaper.
- International partners, including WHO and the Campaign for Tobacco-Free Kids, put out press releases focused on the core message.
- Partners organized media dialogues with key decision-makers including a Parliamentary Press Association media dialogue bringing together 58 parliamentary journalists and the parliamentary mover of the bill; a Breast Feeding Week media dialogue in collaboration with the Uganda Civil Society Coalition including 50

journalists, nutritionists, and representatives from the Office of the Prime Minister; a media dialogue including 20 journalists representing all the media houses in Arua District – the main regional urban center for the largest tobacco growing region – as well as local municipal and district health and agricultural officers.

All of the activities above emphasized the core message included in all the speakers' talking points, promotional materials, social media posts and other communications tools and materials.

On July 28, 2015, the Uganda Parliament passed a strong tobacco control bill, which included 100% smoke-free public places; graphic health warnings of 65%; a comprehensive ban on TAPS; no sales of cigarettes permitted within 50 meters of educational, health, cinemas, police, prisons or other places where children are cared for; and no sale of tobacco products to any person under the age of 21.

CASE STUDY 2.

The Philippines: Using the Second Round of GATS as a Call to Action for Strengthening Tobacco Control Policies (March 2017)

In 2012, the Philippines passed the Sin Tax Reform Act which introduced higher tobacco excise rates and simplified the tobacco tax structure, culminating in a unitary excise tax rate in January 2017 and additional annual increases of 4 percent thereafter.

The findings from the second round GATS conducted in the Philippines provided a timely opportunity to highlight the impact of the Sin Tax Reform Act, including a drop of nearly 20 percent in adult tobacco use between the first GATS in 2009 and second GATS in 2015.

.....
GATS-2 dissemination tactics included:

- Celebrating the enormous decrease in adult tobacco use, crediting the Sin Tax Reform Act as the driving force behind the decrease.
- A high-level press conference to announce the findings and frame the narrative with strong messaging and statements. Panel members at the press conference included the Department of Health Secretary, the Department of Finance Assistant Secretary, the WHO Philippines Country Representative, and a representative of the WHO Headquarters Tobacco Control Economics Unit.
- A set of core messages were used across all communications events and in all materials drawing attention to the bold actions taken by the government to address the tobacco epidemic while clearly stating that more action on tobacco control is necessary. Sample quotes from the press conference illustrating these core messages follow on the next page.





**Dr. Paulyn Jean Rosell-Ubial,
Department of Health Secretary**

"We need to sustain and protect our gains in tobacco taxation, expand the scope of smoke-free policies, and intensify our warnings against tobacco use."

"While the taxation measures imposed on tobacco products since 2013 have made these products less affordable and less accessible, there are still too many Filipinos who shell out substantial amount of their monthly income to support their smoking habit."

"There is still much to be done in our country's efforts to limit and curtail tobacco use, especially for our economically disadvantaged countrymen who are the most affected with diseases linked to long use of tobacco products."



**Dr. Gundo Weiler,
WHO Country Representative in the Philippines**

"While this is truly a great achievement, we need to redouble our efforts and intensify the interventions that have been proven to be effective."

"The outstanding results of the GATS affirm that the Philippines has achieved a level of international best practice, with the largest number of smokers that have quit in a short period of time in the Western Pacific. I congratulate the Philippine government, the health and finance departments, who have worked together to make this happen."



**Ma. Teresa Habitan,
Department of Finance Assistant Secretary**

"At the same time, the tax reform brought an increase in the funds available for health programs."

"With the 32 billion pesos tax collected in December 2012 as the base, 70.4 billion pesos were collected in 2013 (1st year of "sin tax" collection), 75.5 billion pesos were collected in 2014; and 100 billion pesos were collected in 2015."



**Dr. Bungon Ritthiphakdee, Executive Director,
The Southeast Asia Tobacco Control Alliance (SEATCA)**

"The Philippine Sin Tax Reform implemented in 2012 is a shining example for other countries. The GATS results should encourage the Philippine government to maintain the current unitary tax structure and further increase rates to make tobacco products less affordable."

In December 2017, Congress adopted provisions in a new tax reform initiative known as TRAIN to ensure additional modest tobacco excise tax increases beyond the four percent called for in the Sin Tax Reform Act.

CASE STUDY 3.

India: *Influencing National Policy with State Level Data and Releases for GATS-2 (June 2017)*

The Cigarettes and Other Tobacco Products (COTPA), 2003 is the comprehensive law governing tobacco control in India. Tobacco users in India – which became a Party to the WHO Framework Convention on Tobacco Control in 2004 – use diverse forms of smoked and smokeless tobacco products including bidis, cigarettes and gutkha. India's National Tobacco Control Programme (NTCP), under the Ministry of Health and Family Welfare, facilitates implementation of tobacco control laws in States and Districts.

India conducted its first round of GATS in 2009-2010. Findings from the second round of GATS, conducted in 2016-2017, documented a 17 percent relative reduction in adult tobacco use. GATS-2 was conducted in all 30 states and two Union Territories, reflecting a significant investment by the government to understand the nature of the tobacco epidemic in India and to track key tobacco control indicators. The data ultimately revealed diversity in tobacco prevalence between states; variations in types of tobacco used across states; and varying levels of implementation of the NTCP in the states.

The government's overall goal in releasing GATS-2 data was to strengthen the national and sub-national governments' capacity to implement tobacco control policies and implement sustainable tobacco control programs. Goals also included sensitizing relevant stakeholders and engaging with highest level policymakers at various levels; providing a platform for NTCP officials at state and district levels to review their performance and brainstorm on successes and gaps; and generate earned media and visibility at the national and state levels.

To achieve these goals, the government decided to develop an initial National GATS Fact Sheet release in the country, which generated extensive media coverage prior to the state level releases. After the initial release of national data, state level information releases were planned that included fact sheets and work with sub-national governments to organize state data releases. Collaboration among governments and organizations was essential to the success of this complex but strategic release, and necessitated the following elements: It is important to note that this type of planning (for staggered state level releases) was strategically included in the plan at the beginning of the GATS process.

- Leadership from the Ministry of Health & Family Welfare with implementation support by World Health Organization Country Office for India.
- Unique partnerships with State Tobacco Control Cells, the Voluntary Health Association of India (an NGO), local civil society organizations and the Tata Institute of Social Sciences, GATS-2 implementing agency.
- Release events staggered over appropriate timelines across the states.



-
- A state-specific dissemination strategy, with release events staggered over appropriate timelines across the states.
 - States which performed well shared their strategies and release events as a learning and self-reflection platform for other states.
 - Release events involved State Health Ministers, senior bureaucrats and media.
 - States hosted roundtable discussions on the data with city and local governments.
 - Data was analyzed to identify gaps and develop revised state level tobacco control strategies.

This unprecedented success of the GATS-2 launch strategy provided a strong boost to tobacco control efforts at national and state levels. Positive outcomes of this approach included strengthened political commitment and resolve of NTCP officials; improved ties between national and state health and other officials and stronger support from state officials for national tobacco control program; sensitization of more than 2,000 diverse local stakeholders through the state level activities; more than 300 earned media stories generated in national and regional media; new resolve in the states to plan afresh and support tobacco control strategies.

Following the release in the large states, India's Ministry of Health released the Country Report and Public Use Dataset. The Country Report generated another wave of media coverage and awareness of the need for progress in reducing tobacco use. The Country Report and all other materials disseminated were packaged in a box resembling a cigarette box with 100% graphic warning image.

GATS Frequently Asked Questions



What is GATS?

The Global Adult Tobacco Survey (GATS) is a standardized global survey used to systematically monitor adult tobacco use and track key tobacco control indicators. GATS is a nationally representative household survey of adults aged 15 years and older, using a consistent and standard protocol which enables unprecedented cross-country and change-over-time comparisons for countries that repeat the survey. GATS is a component of the Global Tobacco Surveillance System (GTSS) which also includes: the Global Youth Tobacco Survey (GYTS), Tobacco Questions for Surveys (TQS), and Tobacco Questions for Surveys of Youth (TQS-Youth).

Who are the national partners and international partners in GATS?

National partners include the ministry of health as the lead coordinating agency for GATS and either the national statistical organization or a renowned survey institute as the implementing agency. International partners include the World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC), Johns Hopkins Bloomberg School of Public Health, RTI International, and the CDC Foundation.

Why monitor tobacco use among adults?

Tobacco is the leading preventable cause of premature disease and death worldwide. Tobacco control requires an effective surveillance mechanism to monitor trends in prevalence and other key indicators such as smoke-free environments, advertising bans, and cessation. Surveillance and monitoring are important public health tobacco use tools. They provide critical information to strengthen programs and policies, and to evaluate their effectiveness. “If you can’t measure it, you can’t manage it.”

What topics are covered in GATS?

The GATS core questionnaire collects information on respondents’ background characteristics, tobacco use (smoking and smokeless tobacco), use of electronic cigarettes, cessation, secondhand smoke exposure, economic situation, mass media exposure, and knowledge, attitudes and perceptions towards tobacco use. There are also additional optional questions covering other topics including the use of heated tobacco products.

What can be accomplished with GATS at the country level?

Countries will have nationally representative data on tobacco use among their adults and on key measures of tobacco control. In addition, the data collected can be compared within countries having multiple rounds of data and across countries that implemented GATS. Thus, the survey results can be used to better understand comparative patterns of tobacco use within and between countries. These can be used to create more effective control programs and monitor the impact of these programs. Over time, GATS will provide detailed information on a range of tobacco-control topics, including cessation, secondhand smoke,

GATS Frequently Asked Questions

economics, media, and knowledge, attitudes, and perceptions. Countries will also have an opportunity to be a part of GTSS.

How does GATS relate to the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) and the WHO MPOWER package?

GATS assists countries in fulfilling their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO developed MPOWER, a technical package of selected demand reduction measures contained in the WHO FCTC:



Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion, and sponsorship

Raise taxes on tobacco

When will GATS data become publicly available?

GATS data will be made available to the public on the GTSS data website one year after the initial results have been released by the national government. Data approval by the Data Coordinating Center (DCC) is necessary before release of the public use data set (PUDS).

When will GATS be repeated?

Countries are encouraged to repeat the survey every 4-5 years.

What is the role of the Data Coordinating Center (DCC)?

CDC serves as the Data Coordinating Center and depository of GTSS data. The DCC provides data management, quality assurance, standardization, and data repository functions along with provisioning data sharing, release and dissemination. The DCC ensures the following:

- Individual countries can be assured their data will receive high quality support;
- As countries begin to repeat surveys, they will be assured that their analysis of trends will be grounded in strong and consistent statistical procedures and practices; and
- A coordinated process will enable standardized analysis which will be important to the direction and development of global tobacco control programs and policies.

GATS Frequently Asked Questions



How is GATS different from other surveys?

GATS is a stand-alone, in-depth tobacco survey using a standard and consistent protocol (questionnaire, sample design, training, data collection and management, quality assurance, and data analysis and reporting). Data are collected face-to-face using handheld computers. Using a standard set of GATS questions will improve the comparability of survey estimates over time and harmonize these estimates with the results of international tobacco surveillance and monitoring activities.

What are the requirements for countries to be a part of GATS and the Global Tobacco Surveillance System?

To be a part of GATS, countries must adhere to the scientific and technical requirements of the GATS comprehensive standard protocol. This means that the country must have its proposed questionnaire on tobacco use approved by a GATS expert review committee. In addition, the sample review committee will examine the sample design, sample weights, quality assurance measures, and plan for analysis of the data obtained.

How does a country get involved in GATS?

If a country is interested in implementing GATS it should contact the WHO Regional Office or the CDC.

What is the mechanism for countries that partially or fully fund GATS and wish to be a part of GTSS?

Countries may decide to fully or partially fund the implementation of GATS. However, to be part of the GTSS, countries must adhere to the technical and scientific requirements of the GATS comprehensive standard protocol. Technical assistance and review of the protocol and its approval by experts are available from WHO and CDC for all countries.

What mechanisms other than the stand-alone GATS are available to countries to monitor tobacco use?

To promote systematic monitoring of tobacco use, countries around the world can use a standard subset of 22 questions selected from the GATS Core Questionnaire entitled "*Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey (GATS)*." Using these questions will help countries improve the comparability of their national survey estimates over time and harmonize them with findings from international tobacco surveillance and monitoring activities. Within their existing national surveys, countries can add their own tobacco module and/or incorporate the standard subset of 22 GATS questions. Data collected using TQS, however, may not generate comparable global estimates with GATS due to methodological differences.

Appendix A: GATS Release WorkPlan

Fact Sheet & Executive Summary - Sample Release Timeline								
Activities	Organization and POC	Roles & Responsibility	Months Until Release					
			6	5	4	3	2	1
Finalize fact sheet and executive summary								
Determine if translation is a factor and if it is, adjust timeline								
Review draft for accuracy of figures, text, and translation								
Send final draft to partners for review								
Set deadline for final feedback								
Conduct revisions based on partner feedback								
Review after final changes are made								
Obtain CDC and Policy Clearance								
Submit for graphic formatting (if needed)								
Print fact sheet and executive summary								
Ship materials to release event venue and copies to various partners								
Release Event Logistics								
Decide on release format								
- Fact sheet								
- Fact sheet + executive summary								
- Fact sheet + executive summary + country report								
Create a global coordination group involving MoH, WHO, country agencies, CTFK, and CDC								
Assemble in-country planning committee for logistical support and execution								
Organize follow-up conference call to discuss release plans and confirm needs from partners								
Efforts to request for high-level official to preside over the GATS release								
Official meetings with MoH to aim for approval of report, finalize date, agreement on dissemination strategy								
Confirm date of the GATS release								
Submit release event budget (for external funds only)								
Media support meeting to discuss finalization of messages, strategies, and ensure proper media support								
Develop a media plan								
- Journalist training on GATS								
- Refine messages for media								
- Availability of spokespeople for interviews								
- Press conference								
- Media invitation and outreach lists								
- Social media								
- Retain PR agency if necessary								
- Pitching to international media?								
Secure a venue for release event								
Arrange for key speakers (e.g., LOIs)								
Arrange travel for CDC staff (e.g., LOIs)								
Draft an agenda								
Plan post-release activities								
Prepare speaker presentations (if needed)								
Plan detailed talking points/key messages for speakers								
Share talking points/key messages with high level organizers								
Press packet with supporting materials:								
- Factsheet + executive summary								
- Press release in [Language]								
- Key messages and target audience list								
Release event on-site logistic check								

GATS Fact Sheet & Executive Summary Release

GATS Fact Sheet & Executive Summary Release

1st Point of Contact for Initial Release Event:

2nd Point of Contact for Initial Release Event:

Appendix B: Example of GATS Press Release

WHO is revamping its digital presence.
Come and try our new website.

Go to new site

X

World Health Organization
Western Pacific Region

WHO Representative Office
Philippines



About WHO in the Philippines Areas of work Health topics Publications and information resources Media centre

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More than one million Filipinos have quit tobacco use

Joint DOH-DOF-WHO Press Release

MANILA, 20 MARCH 2017 - The Philippine Department of Health (DOH) said on Monday/March 20 that a number of tobacco control interventions, particularly tobacco taxation has led to a significant drop in current smokers from 17 million (2009) to 15.9 million (2015). The Tobacco Tax Reform Law of 2012 was also called an "anti-cancer tax" that has a significant health outcome and has increased funds available for health.

"This figure represents a relative reduction of close to 20% of smokers or in simpler terms, one million Filipinos have quit tobacco use --- the biggest decline we have seen in Philippine history, and we can do more to stop the suffering caused by this epidemic." Other measures that have contributed to the decline in smoking are graphic health warnings, local ordinances and advocacy of the health sector in strong partnership with civil society.

This notable reduction in tobacco use translates to a million Filipinos at lower risk for cancer, heart disease asthma and chronic obstructive pulmonary disease, Philippine health officials said.

The 2015 Philippines' Global Adult Tobacco Survey (GATS) reported that currently only 15.9 Filipino adults currently smoked tobacco products -- 40.3 among men and 5.1 % among women. Smoking among women declined by close to 50% - also a sign that measures to counteract smoking among women are working.

Health Secretary Paulyn Jean Rosell-Ubial also said that the 2015 GATS shows that 3 out of 4 smokers in the Philippines wants to quit and that families and health providers should support Filipinos who want to get out of nicotine addiction. "We need to sustain and protect our gains in tobacco taxation, expand the scope of smoke-free policies and intensify our warnings against tobacco use."

Secretary Ubial expressed concern that while exposure to cancer-causing second hand smoke had declined significantly in public transport, government offices and workplaces --- exposure to smoking in bars and nightclubs is as high as 86.3%, and in restaurants 33.6% - posing a threat to the health of non-smoking workers in bars, nightclubs and restaurants. She also warned families against going to restaurants where smoking is still allowed indoors, even in smoking designated areas --- "second hand smoke circulates in any enclosed area, it is carcinogenic; therefore smoking designated areas in restaurants threaten the health of children and senior citizens, in particular", she added.

"The Philippines, as party to the WHO Framework Convention on Tobacco Control (FCTC) should comply with Article 8 of the Treaty that calls for a complete ban on smoking in public places. The Philippines has taken positive measures that led to the doubling of the prices of tobacco products and the imposition of strict labeling requirements on cigarette packs. In support of President Duterte's desire to replicate Davao City's strict enforcement of smoke-free policies we need to do more to prevent 87,000 annual deaths among Filipinos, which are more than the number of deaths due to HIV/AIDS, tuberculosis and malaria combined leading to an annual economic loss of approximately Php 188 billion from tobacco-related hospitalization and productivity losses", the Secretary added.

"The Department of Health stands firmly behind all initiatives that impose smoking bans in public places where non-smokers become unwillingly exposed to second-hand smoke. It is incumbent on both the national and local governments to protect the health of all Filipinos who choose not to be exposed to cancer-causing substances in second hand smoke." Secretary Ubial said.

Share

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Panel members at the press conference include Finance Assistance Secretary Maria Teresa Heblan, Health Secretary Paulyn Jean Rosell-Ubial, WHO Philippine Representative Walter Guinco and Dr. Jean Tesche, of the WHO Headquarters Tobacco Control Economics Unit
WHO/GIF Lizardo

HEALTH UGANDA

The WordPress.com site for media advocacy on health in Uganda



about us / resources / tobacco control campaign in uganda

UHCA IN ACTION



UGANDA HEALTH COMMUNICATION ALLIANCE

Plot 18, Martyrs Way Ntinda
P.O. Box 38600 Kampala
Uganda
www.healthuganda.org
+256-414-689-523
Work: 8:30am - 5pm
Days: Monday - Friday

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UGANDAN MINISTRY OF HEALTH TO LAUNCH GATS REPORT

July 2, 2014 · by UGANDA HEALTH COMMUNICATION ALLIANCE (UHCA) · in Uncategorized

This just in.....

The Ministry of Health and the Centre for Disease Control are set to launch the Global Adult Tobacco Survey on the 4th of July 2014.

The event will be covered by local media and invited are also civil society and tobacco control advocates.

Will report soon on fact sheets and data received at the launch.

Tags: Tobacco control, tobacco in uganda, UHCA

← Health ministry calls for increase in tobacco taxes Over one million smokers in Uganda →

One response to "Ugandan Ministry of Health to launch GATS report"

 **Daguma T R** July 2, 2014 at 4:44 pm [Reply](#)

This is very timely especially that the Tobacco Control Bill is before a committee of parliament.

Search

BLOGROLL

- Discuss
- Second hand smoke effect on you
- Tobacco bill debate
- Tobacco made expensive
- WHO asks government to raise taxes on cigarettes

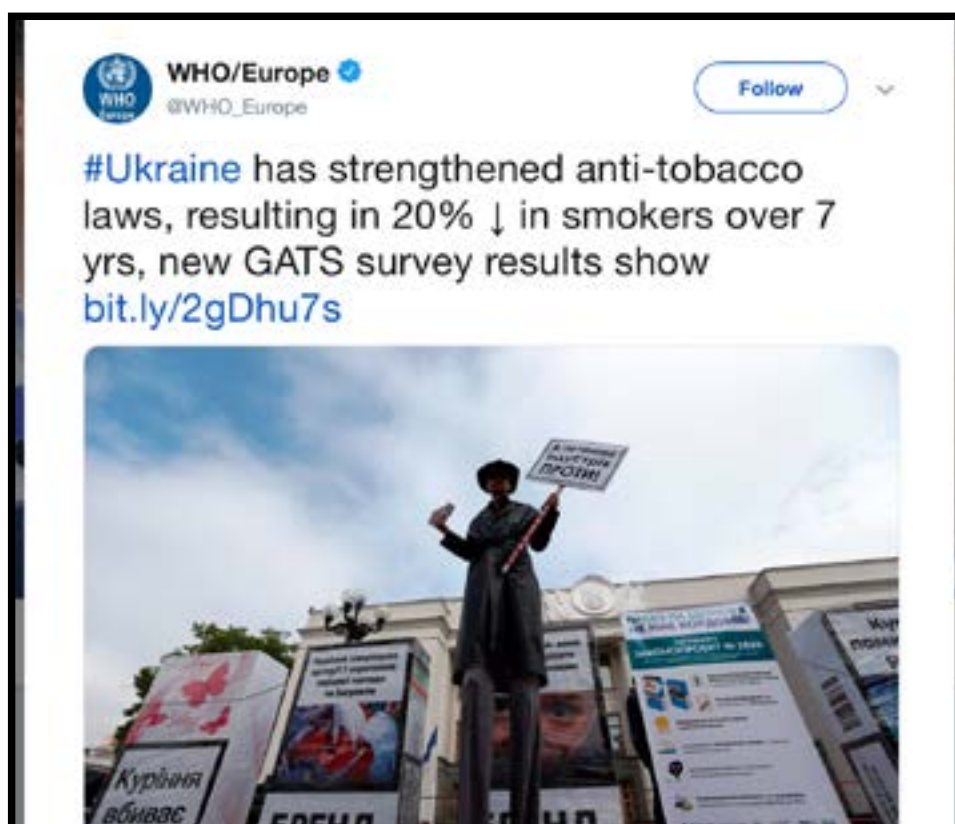
META

- Register
- Log in

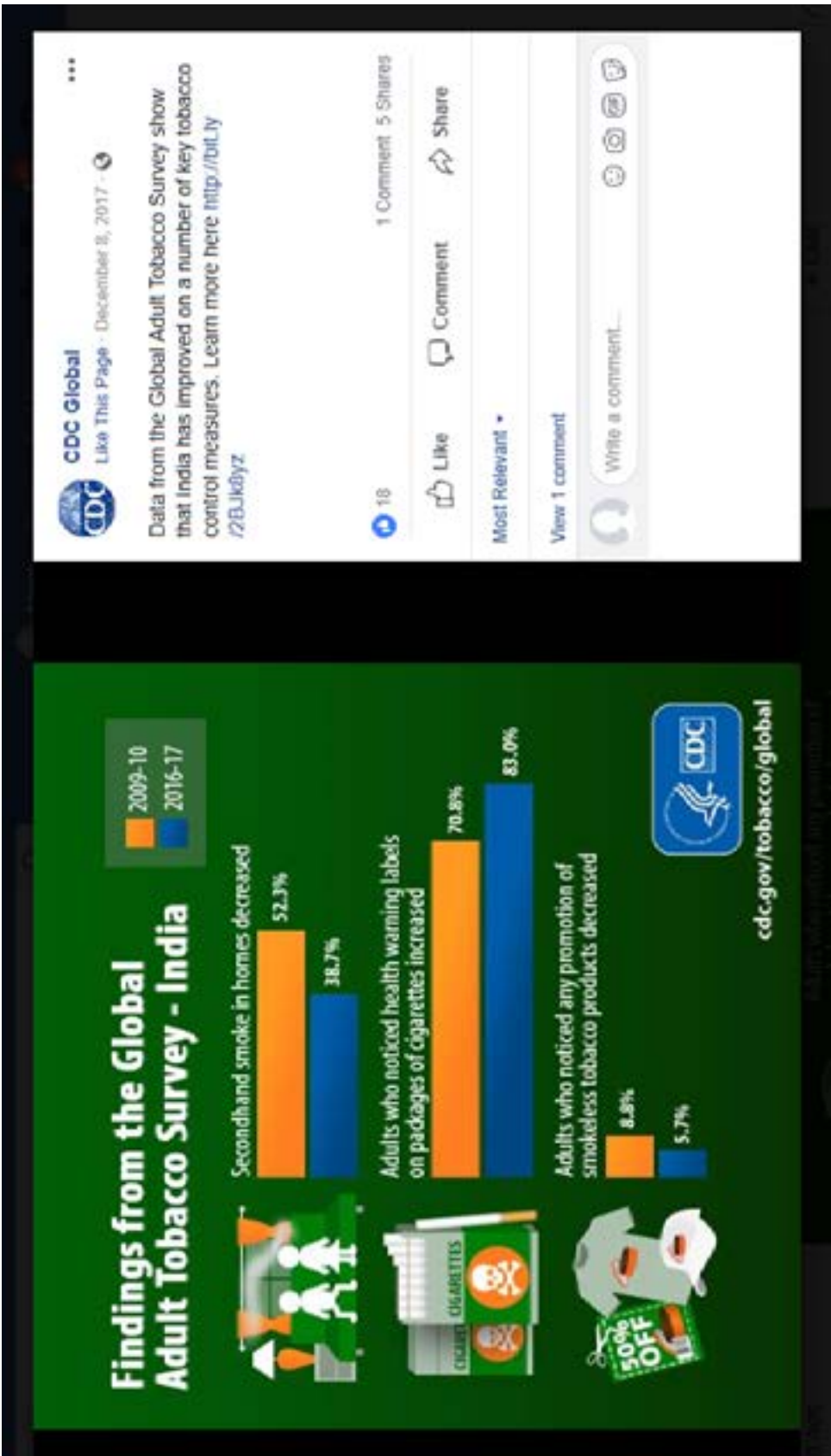
Appendix D: Example of GATS Event Invitation



Appendix E: Examples of GATS Twitter Posts



Appendix F: Example of GATS Facebook Post



U.S. RESOURCES >

GLOBAL

ADVOCACY TOOLS

ENGLISH ▾

f

🐦

RESOURCES >

>

CAMPAIGN for Tobacco-Free Kids

THE PROBLEM ▾

WHAT WE DO ▾

GET INVOLVED ▾

ABOUT US ▾

MEDIA ▾

BLOG

TOBACCO UNFILTERED

Q

New Survey: Indonesia Has Highest Male Smoking Rate in the World

September 12, 2012



Indonesia has the highest male smoking rate among countries surveyed to date, according to results from the nation's first Global Adult Tobacco Survey (GATS) released today.

The survey underscored the scope of Indonesia's tobacco epidemic, which is fueled by cheap cigarettes, rampant tobacco advertising and weak government policies to reduce tobacco use. Smoking kills at least 200,000 people in Indonesia each year.

GATS is a standardized survey that has been conducted in 15 low- and middle-income countries with high rates of tobacco use. Highlights from the Indonesia survey include:

- Two-thirds of Indonesian males — 67 percent — smoke tobacco.
- 61 million Indonesians currently use tobacco, almost all of whom smoke tobacco.
- Among people who visit restaurants, 85.4 percent are exposed to tobacco smoke, while among those who use public transportation, 70 percent are exposed.
- Almost all adults (82.5 percent) reported seeing cigarette advertising or promotions in the last month, far exceeding exposure levels from any other country surveyed.
- Nearly 50 percent of current smokers plan to or are thinking about quitting; however, only 10.5 percent plan to quit within the next 12 months.
- Overall, four in five Indonesians believed that smoking causes serious illness (85.0 percent), specifically heart attacks (81.5 percent) and lung cancer (84.7 percent). However, knowledge of other specific illnesses caused by smoking was low: premature birth (49.5 percent), stroke (45.5 percent) and chronic obstructive pulmonary disease (36%).

An [Associated Press story](#) on the survey results describes the unrestrained tobacco marketing causing this epidemic: giant billboards promoting cigarettes, commercials on television and before movies in theatres, and tobacco industry sponsorship of sporting events and concerts. Many countries prohibit such marketing, but it is still allowed under Indonesia's lax laws.

'We have failed in protecting our people,' Indonesian Health Minister Nafsiah Mboli told the AP. 'We have been defeated by the tobacco industry... we don't want this, we cannot accept this because our job is to protect people from cigarettes.'

The survey report calls on Indonesia to take swift action and implement proven tobacco control policies to reduce tobacco's deadly grip on the country. Indonesia is the only country in Southeast Asia that has not signed the World Health Organization Framework Convention on Tobacco Control, the world's first public health treaty. The treaty requires ratifying countries to implement evidence-based measures to reduce tobacco use and exposure to secondhand smoke.

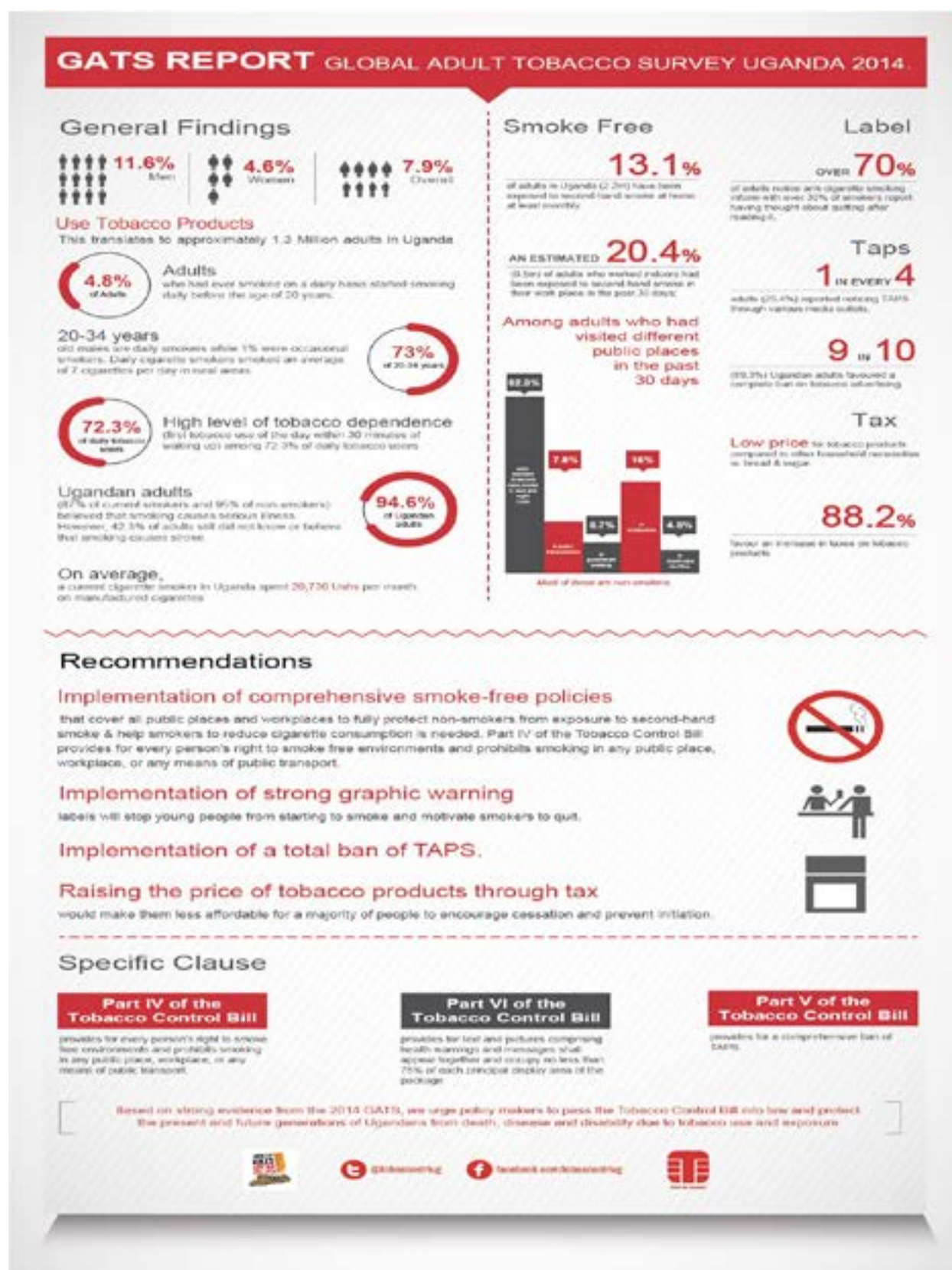
Download a [fact sheet summarizing the Indonesia survey](#).

About this blog

We blog news and information about the global movement to reduce tobacco use and its devastating toll.

We expose the tobacco industry's deceitful practices and chronicle the work of advocates in the United States and around the globe who are battling the world's leading cause of preventable deaths.

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Global Adult Tobacco Survey (GATS)