

# Tobacco surveillance

## Monitoring the epidemic

Tobacco use is increasing globally, particularly in developing countries, and rates among youth and women are on the rise in many places. Tobacco surveillance monitors the tobacco epidemic to track tobacco use and its consequences. The data gathered can be used to inform tobacco control and health services planning.

Tobacco surveillance provides policy-makers and health authorities with information on:

- ▶ the extent of the tobacco epidemic in a country
- ▶ tobacco-related death and disease
- ▶ the economic costs of tobacco use
- ▶ subgroups in need of tailored policies and programmes
- ▶ public awareness of, and attitudes towards, tobacco use and tobacco control
- ▶ changes in tobacco use following implementation of tobacco control policies and programmes
- ▶ enforcement of, and compliance with, tobacco control policies including smoke-free policies, advertising bans and tax collection
- ▶ tobacco industry practices that might hinder tobacco control or increase tobacco use, such as marketing or advocacy
- ▶ implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).

Article 20 of the WHO FCTC requires its Parties to regularly collect national data on the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. However, many countries still are not yet collecting such data, even for smoking prevalence.

## Global Tobacco Surveillance System

Collection of data through surveys is an important component of surveillance systems. In 1998, WHO, the United States Centers for Disease Control and Prevention (CDC) and the Canadian Public Health

Association began development of the Global Tobacco Surveillance System (GTSS) to track trends over time in tobacco-related knowledge, attitudes, behaviours and environmental influences.

The purpose of the GTSS is to enhance the capacity of countries to design, implement and evaluate their national comprehensive tobacco action plan and to monitor the key articles of the WHO FCTC. The GTSS includes the collection of tobacco-specific data for both youths (13–15 years) and adults (15 years and older) through four surveys.

- ▶ The Global Youth Tobacco Survey (GYTS) focuses on youths aged 13–15 and collects information in schools.
- ▶ The Global School Professionals Survey (GSPS) surveys teachers and administrators from the same schools that participate in the GYTS.
- ▶ The Global Health Professions Students Survey (GHPSS) focuses on third-year students pursuing degrees in dentistry, medicine, nursing and pharmacology.
- ▶ The Global Adult Tobacco Survey (GATS), a household survey, monitors tobacco use among adults.

GTSS implementation in the Eastern Mediterranean Region started in 1999. Since then, it is being implemented in countries of the Eastern Mediterranean Region on a regular basis. GATS is currently being implemented only in Egypt.

## Other WHO tobacco surveillance tools

In addition to the GTSS, WHO conducts a variety of risk factor surveys that contain sections on tobacco use and exposure. These include:

- ▶ Global School Health Survey (GSHS)
- ▶ WHO CINDI (Countrywide Integrated Noncommunicable Disease Intervention) surveys



**World Health Organization**

Regional Office for the Eastern Mediterranean

- ▶ the WHO STEPwise Approach to Chronic Disease Risk Factor Surveillance (WHO STEPS)
- ▶ WHO World Health Surveys.

WHO is also working with countries to regularly monitor tobacco-related mortality and other outcomes. In 2012, WHO global report: Mortality attributable to tobacco was published with country-specific data on adult deaths attributable to tobacco by major communicable and noncommunicable causes by age and gender. It focuses on 2004 the year immediately prior to the adoption of the WHO FCTC.

## Strengthening tobacco surveillance

Tobacco surveillance surveys should use scientifically-correct collection and analysis methods. Surveys should use random population-based samples of sufficient size to allow accurate estimates of tobacco use for the country as a whole and among major subpopulations (including by age, gender, income and region). They should also be undertaken at regular intervals to allow the measurement of changes over time.

Tobacco use surveys should use consistent and standardized methods to allow comparisons with other surveys. WHO and its partners has developed a core set of tobacco indicators and associated questions for inclusion in national and other surveys that collect tobacco data. Standardized questions can be added to existing surveys.

Survey partners with technical expertise can be enlisted to help ensure scientifically-correct methods are followed. Furthermore, data from tobacco surveillance needs to be disseminated widely so that they inform policies and programmes that strengthen tobacco control.

## Best practices and the way forward

Tobacco surveillance must be strengthened because the information obtained is essential to reversing the tobacco epidemic. To do this, there needs to be:

- ▶ the establishment of national surveillance programmes for tobacco consumption and related social, economic and health indicators
- ▶ the integration of tobacco surveillance into national, regional and global health surveillance programmes so that data are comparable and can be analysed at regional and international levels
- ▶ standardized and scientific protocols for tobacco surveillance
- ▶ international collaboration and exchange of information
- ▶ wide dissemination of surveillance results
- ▶ capacity-building on conducting surveys and using their results.