

# M Monitor tobacco use and prevention policies

## Commitments of Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC)<sup>1</sup>

- Establish surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption (Fig. 1 and 2) and exposure to tobacco smoke.
- Integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at regional and international levels.

- use scientifically valid data collection and analysis methods.
- have sufficiently large numbers of respondents.
- conduct surveys at regular intervals to capture trends.
- promote data dissemination for advocacy and policy change.
- when possible, incorporate tobacco surveillance into surveys for noncommunicable diseases.<sup>2</sup>

## Global evidence

Good surveillance systems:

- use standardized instruments and questions.

Beyond surveillance of consumption patterns and knowledge, attitudes and behaviours, optimal monitoring of the tobacco epidemic includes tracking tobacco control policy compliance and impact, as well as assessing outcomes, such as tobacco-related mortality and disease burden. This requires the

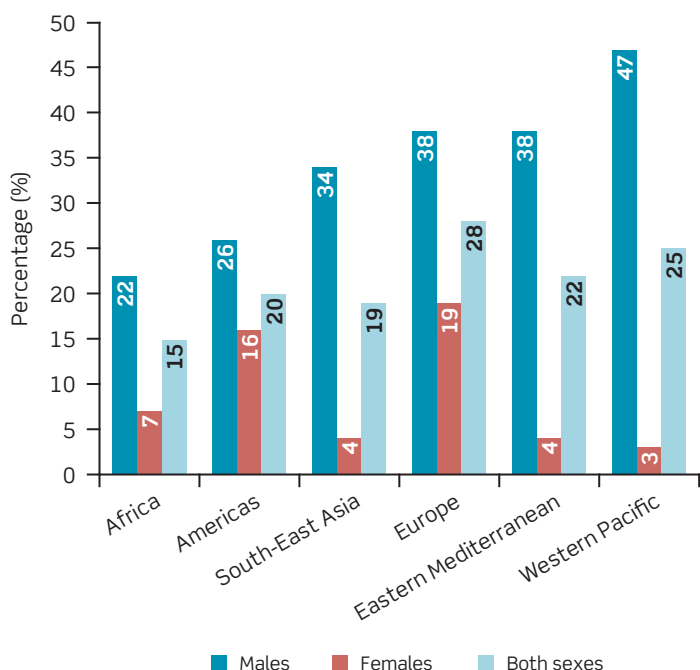


Fig. 1 Regional comparison: smoking prevalence in WHO regions (adults 15+ years, 2011)

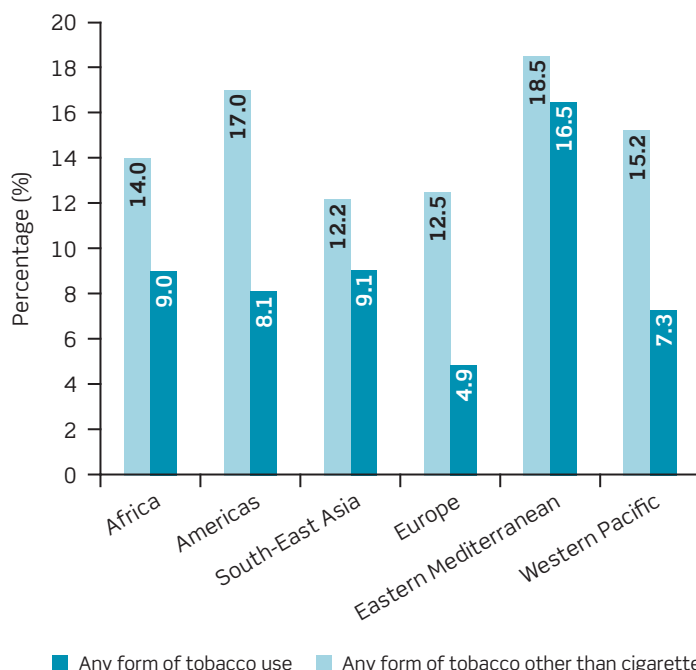


Fig. 2 Regional comparison: tobacco use in WHO regions (youth 13-15 years, Global Youth Tobacco Survey (GYTS))

Source: WHO Report on the global tobacco epidemic 2015. Geneva: World Health Organization; 2015.

systematic and periodic collection of both quantitative and qualitative data.

## Regional status and data (highlights)<sup>3</sup>

- All 22 countries in the Eastern Mediterranean Region have completed the Global Youth Tobacco Survey (GYTS), a school-based survey of students aged 13–15 years, at least once.
- Jordan has completed the GYTS five times since 1999.
- Egypt, Qatar and Pakistan completed the Global Adult Tobacco Survey.
- Egypt, Islamic Republic of Iran, Kuwait, Pakistan, Qatar and occupied Palestinian territory are ranked among the highest achieving countries in the world for tobacco surveillance.<sup>4</sup>
- All 19 Parties to the WHO FCTC in the Region provide data on tobacco control policy implementation.
- All countries in the Region contribute data to estimate the impact of tobacco on mortality and burden of disease.

## Actions needed

- Invest in a robust surveillance system to collect good data over regular intervals.
- Disseminate the data to catalyse action for full WHO FCTC implementation.

## Facts and fallacies: the truth about surveillance

**Fallacy:** Surveillance is too expensive, especially for developing countries.

**Fact:** Good surveillance requires significant investment in capital, infrastructure and capacity. However, strategies exist to make surveillance feasible, even in developing countries. Standardized questions about tobacco use and implementation of MPOWER measures to reduce tobacco use can be

embedded in existing population-based surveys or censuses.<sup>2</sup> Partnerships with national statistics offices or universities can expand surveillance capacity. Channeling tobacco tax revenues to help augment surveillance resources is another option. Because local data are critical to drive tobacco control policies, finding creative options to strengthen tobacco surveillance is likely to yield a positive impact and is a worthwhile endeavour for all countries.

**Fallacy:** Surveillance is important only in developed countries where the tobacco epidemic is well advanced.

**Fact:** Surveillance is essential in all countries, regardless of the stage of the tobacco epidemic and socioeconomic status. In fact, surveillance is especially critical in developing countries, where the epidemic is in its earlier stages, to track the speed of progression of the epidemic and to gauge the effectiveness of tobacco control efforts in reducing tobacco consumption. Experience with the Global Tobacco Surveillance System (GTSS) has demonstrated the feasibility and importance of conducting good surveillance, even in the least developed countries.<sup>5</sup>

**Note:** The GTSS collects tobacco-related data through four surveys: the GYTS; the Global School Personnel Survey (GSPS); the Global Health Professions Student Survey (GHPSS); and the GATS.

For details, go to: <http://www.cdc.gov/tobacco/global/gtss/index.htm>, accessed 17 June 2015.

## References

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