

WHO FCTC Secretariat's Knowledge Hub on
TOBACCO SURVEILLANCE



NATIONAL INSTITUTE
FOR HEALTH AND WELFARE

KEY FACTS ABOUT THE KNOWLEDGE HUBS

- Knowledge Hubs are meant to be catalysts for sharing experiences and knowledge and to help building capacity in their respective areas of expertise among the Parties to the FCTC and other relevant partners.
- The first Knowledge Hub became operational in Australia in 2014.
- The work of the Knowledge Hubs is facilitated and coordinated by the WHO FCTC Secretariat.
- The National Institute for Health and Welfare (THL) functions as a Knowledge Hub on surveillance, in line with Article 20 of the FCTC. It is a part of a network of six Knowledge Hubs that assist Parties in the implementation of the Convention, including addressing the challenges they face.

KEY CHALLENGES IN THE IMPLEMENTATION OF THE FCTC

- Interference from tobacco industry
- Deficit of resources and capacities
- Weak intersectoral approach and international cooperation
- Poor adequacy of countries' legal framework and prioritization of trade and investment laws over public health
- Failure to engage whole-of-society
- Shortage of research systems and data, weak surveillance, and under-utilization of available resources and data

ESTABLISHED KNOWLEDGE HUBS

- Knowledge Hub on waterpipes (Lebanon)
- Knowledge Hub on taxation (South Africa)
- Knowledge Hub on surveillance (Finland)
- Knowledge Hub on international cooperation (Uruguay)
- Knowledge Hub on smokeless tobacco (India)
- Knowledge Hub on trade and tobacco (Australia)

The WHO FCTC Secretariat has a web platform, hosting the websites of the Knowledge Hubs, at <http://untobaccocontrol.org/kh/>

THE KNOWLEDGE HUB ON SURVEILLANCE AT THL

WHY IS THL FOCUSING ON TOBACCO SURVEILLANCE?

- THL wants to strengthen the implementation of Article 20 of the WHO FCTC.
- THL is an expert on epidemiological surveillance
There is a demand for:
 - broader coverage in surveillance
 - improved accuracy of surveillance
 - comparable data
 - improved consistency of surveillance
 - cost-effective approaches to surveillance
- The National Institute for Health and Welfare (THL) is the flagship research and development agency in Finland in the area of health and welfare.
- THL operates under the auspices of the Ministry of Social Affairs and Health.
- THL has strong international recognition and experience in public health, including non-communicable disease control and prevention and, particularly, promotion of epidemiological surveillance and health-in-all-policies approach.
- Finland renders strong and long standing support to the implementation of the WHO Framework Convention on Tobacco Control.

- A Memorandum of Understanding was signed between the WHO FCTC Secretariat and THL in December 2013.
- The Knowledge Hub at THL became operational in 2015.
- The task of the Knowledge Hub at THL is to support the implementation of the Convention internationally in areas of tobacco surveillance and health-in-all-policies approach
- The Knowledge Hub at THL performs its functions in accordance with the work plan agreed with the Convention Secretariat and, where appropriate, as requested by and in coordination with the Convention Secretariat.

WORKING METHODS

- Data collection and analysis
- Production and dissemination of materials
- Training, workshops and consultations
- Advocacy
- Visibility
- Collaboration between the Knowledge Hubs

THL and international **TOBACCO** surveillance initiatives

In 2014, THL carried out a EU funded project aiming to improve the implementation of tobacco control and, particularly, the epidemiological surveillance of tobacco use in a southeastern European country. During this project a model for reliable and sustainable tobacco monitoring and data collections systems was developed.

The project

- Analyzed thoroughly the existing data collection systems
- Held workshops and study tours for professionals and decision-makers on data collection and the economic and health burden caused by smoking
- Prepared a guideline with indicators
- Gave recommendations to improve surveillance in practice

While a country can have good institutional capacity and high methodological competence to carry out regular monitoring, the surveys may lack continuity, coordination and sustainable funding. The recommendations given concerned enhanced prioritization of the tobacco epidemic at the political level, appropriation of tobacco tax revenues to fund systematic surveying, and improvement of the data collection system.

In 2015, the FCTC Conference of the Parties set up an ad hoc expert group on FCTC impact assessment to measure the 10-year implementation of the FCTC. Based on the findings, an analytical report, recommendations and guidance will be prepared to step up the implementation of the FCTC and to strengthen its impacts. The impact assessment expert group, being coordinated by the Convention Secretariat, will report to the 7th Conference of the Parties in November 2016, and the report will be made available among the papers of the Conference. THL has followed closely and supported the work of the expert group. A preparatory meeting was hosted by THL in 2013. The chairperson of the expert group is THLs' former Director General, Professor Pekka Puska.



Global and national examples of tobacco

SURVEILLANCE AND MONITORING

The **FCTC Reporting System** was established in 2006 in line with Article 21 of the Convention to collect periodic reports from each Party regarding the progress in implementation of the Convention. Besides, the reports enable the Parties to learn from each others' experiences in implementing the Convention. The Parties' reports are available from the database at: <http://apps.who.int/fctc/implementation/database/>.

The **Global Tobacco Surveillance System** (GTSS) aims to enhance country capacity to design, implement, and evaluate tobacco control interventions, and monitor key articles of the WHO FCTC. GTSS includes the collection of data through four surveys: the **Global Youth Tobacco Survey** (GYTS); **Global School Personnel Survey**

(GSPS); **Global Health Professions Student Survey** (GHPS) and **Global Adult Tobacco Survey** (GATS). The World Health Organization (WHO), the Centre for Disease Control (CDC), and the Canadian Public Health Association (CPHA) began development of GTSS in 1999. CDC is the World Health Organization Collaborating Center for Global Tobacco Surveillance and the technical agency for GTSS.

The **International Tobacco Control Policy Evaluation Project** (the ITC Project) is the first international research program for the systematic evaluation of psychosocial and behavioural impacts of key policies of the WHO FCTC at the population level. The ITC Project is conducting longitudinal cohort surveys in 28 countries and includes over 100 tobacco control collaborators.

FINNISH STUDIES

Health Behavior and Health among the Finnish Adult Population Survey

- A postal annual survey among the working-age population (15–64-year-olds) for planning public health policy and health promotion programs

School Health Promotion (SHP) Study

- Nationwide monitoring of the health and well-being of Finnish 14–20-year-old adolescents
- Every second year, app. coverage 200,000 respondents, response rate at 70–80%
- Widely used for monitoring trends by region and gender, and provides basis for evaluation and planning

Regional Health and Well-being Study

- Aims to support municipalities in planning and evaluating their services
- Collects data which is not found in registers
- Nationwide, up to 150,000 respondents, in different languages

National FinHealth (former FINRISK) Study

- Since 1972, every five years
- Independent, random and representative population samples from different parts of Finland – almost 6,500 people in 2012

ADVICE FOR TOBACCO SURVEILLANCE AT NATIONAL LEVEL

In 2014, THL implemented an EU funded project on tobacco control. One of the outputs were the guidelines on tobacco monitoring. Below are a few key insights from the document:

- Tobacco monitoring should be done systematically, at least biennially.
- Comparability is crucial.
- Household interview ensures high participation but is expensive. Alternatively, postal questionnaires and/or web-based surveys can be utilized.
- The sample needs to be nationally representative and the sample size should be calculated separately.
- Core indicators - prevalence and tendencies in tobacco use in different age groups and by gender; frequency, type and history of tobacco use; data on knowledge, attitudes and practices related to tobacco use, as well as data on tobacco use in special population groups, such as health professionals, teachers and pregnant women; exposure to environmental tobacco smoke among the general population, and among children in particular; tobacco growing, manufacturing and trade, tobacco taxation and tobacco-related morbidity and mortality.

The full version of the guidelines is available at the Knowledge Hub website: <http://untobaccocontrol.org/kh/surveillance/>

CONTACT INFORMATION



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