



Expert meeting on tobacco surveillance (with reference to Article 20 of the Convention), 11-13 December 2017, Helsinki, Finland

Summary observations

The experts identified three broad categories of Parties based on the implementation of Article 20, specifically, on the level of tobacco monitoring and surveillance and availability of data. Further, experts identified needs and tools to assist the Parties in different categories.

Parties with very little or no systematic data collection in the last 10 years were identified as the priority group. The Parties in this group may typically have some relevant data, but the data collection has been ad-hoc or part of different initiatives, resulting in non-comparable and potentially unreliable data. Parties in this group often lack policy implementation data.

The key measure to assist Parties in this group is sensitizing the WHO FCTC focal point and other key stakeholders in the country for seeking political engagement and allocation of sufficient resources for baseline research. The needs assessment missions by the Convention Secretariat should be utilized to better support the implementation of the Article 20.

Parties should also be encouraged to seek and establish collaboration within the country with different non-communicable disease programs, as well as communicable disease programs, to include relevant tobacco-related indicators in the data collections of these programs. Especially in the low and middle income countries, tuberculosis and HIV-programs may provide surveillance instruments potentially beneficial to national tobacco surveillance.

In establishing research programmes and surveillance systems, support to Parties could be provided by the WHO FCTC Secretariat's Knowledge Hub on Surveillance, as well as the other Knowledge Hubs in the areas of their expertise. The Knowledge Hub on Surveillance could provide basic guidance on tobacco monitoring and surveillance, and conduct suitable trainings, primarily internet-based ones, for example e-learning tools. The Knowledge Hub on Surveillance could collect and share best practices among the Parties and highlight success stories, focusing on low-cost solutions.

Identifying local champions for augmenting and supporting WHO FCTC focal points in matters related to the implementation of the Article 20 would be important. All Knowledge Hubs could assist in finding communicable and non-communicable disease experts and supporters who may not be tobacco specialists. The Knowledge Hubs should become connectors or brokers of information or expertise, close to the country where the problem exists. This would require better collaboration and information exchange also between the Knowledge Hubs.

The second group identified was the **Parties with partial data**. There were multiple ways of defining this group, but the common theme was the need for additional data. The Parties who

have relevant and sufficient data, for instance from regular household surveys, but lack human and financial resources to analyze it and disseminate the findings, were also included in this category.

These Parties were seen to benefit most from information exchange and assistance, and support in situation analysis of the available data sources and resources, in establishing coordination at national or regional level, and in establishing standardized methodology, including key indicators, for the systematic tobacco monitoring and surveillance. The Knowledge Hub on Surveillance could provide assistance in defining the national core indicators, and in identifying the gaps in surveillance, for instance by assisting with regional reports related to the level of tobacco monitoring and surveillance.

The third group consisted of **Parties that have good representative, population based surveys** where there is data on tobacco consumption, and prevalence, separately for adult and youth, and preferably on sub-populations (by socio-demographic characteristics). The data is collected every 4-5 years at a minimum; best performing countries will have at least annual data. Countries in this group should also have some data on tobacco control policies. Methodology and key indicators are standardized, and the surveillance instruments have the possibility to respond to policy-needs.

The Parties in this group would benefit from encouragement to participate in cross-national surveys, not only national surveys, and to collect data on new and emerging products. The Parties should work with governments and donors that support research, capacity building, sustainability of data sources and surveillance systems, and if sustainability of data is under threat, advocate for it to be maintained. Integrating tobacco-specific questions into other relevant data collections, such as into maternal health surveillance, is also an area of further development. The Parties in this group could also assist Parties in the other groups.

As the priority task of the Knowledge Hub on Surveillance was seen to support the countries that belong to the first group, the tasks of the Knowledge Hub with regards the countries with good data would relate more to advising on study or survey design, encouraging cross-national comparisons and supporting joint grant proposals, for example to the EU.

In addition to discussions of the definitions and needs for support in these three groups, the experts addressed guiding Parties in including the WHO FCTC measures and indicators in their progress in the implementation of the **Sustainable Development Goals (SDGs)** and their reporting. All the Knowledge Hubs should work together to promote a better understanding of SDG target 3.a and how it may be utilized as a vehicle for stronger tobacco surveillance – this could be a position paper or a report, for example.

The FCTC Secretariat and WHO are co-custodians of the indicator of SDG target 3.a (see below the target 3.a and its indicator).

- 3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate.
- 3.a.1 Age- standardized prevalence of current tobacco use among persons aged 15 years and older.

At COP6, Parties were requested to consider setting, by 2015, a national target to reduce tobacco use thus contributing to the reduction of NCD. The baseline monitoring year is 2010.

The two co-custodians (WHO and FCTC Secretariat) could bring Parties/countries together and raise awareness of the fact that FCTC implementation is one of the SDG targets. The co-custodians should also encourage Parties to develop their own national targets related to SDG target 3.a and discuss what their data needs are to monitor this target and the process of reaching it. Entities and bodies who run surveys in countries need to also be aware of SDG target 3.a and identify ways on how to feed into its monitoring. Such process should be conducted through Parties' FCTC focal points.

Finally, as a general point, countries in Group 3 – with good data and experience – should assist, through the KH and directly, other countries in their monitoring and surveillance efforts. Setting up of a south-south and triangular cooperation group on tobacco surveillance would also be advisable. States non-Parties that have good experience in monitoring and surveillance, such as USA, Argentina and Switzerland, among others, should also be involved in the process.