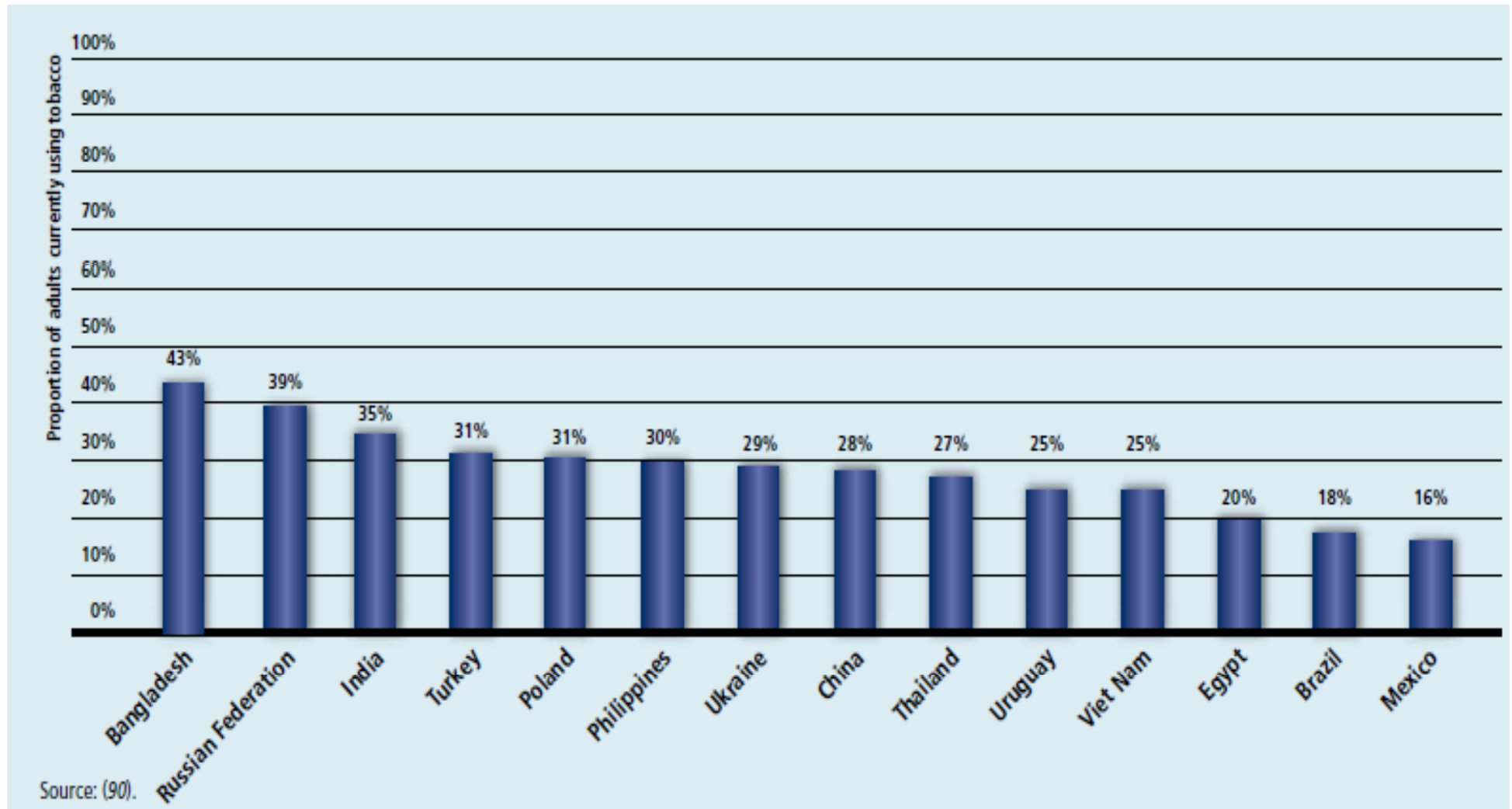


Relevance of the Global Adult Tobacco Survey to Tobacco Control Policies Based on WHO FCTC & MPOWER

James Rarick
Technical Officer
WHO Tobacco Free Initiative
Western Pacific Regional Office



Prevalence of Adult Tobacco Use in the 14 countries that completed the GATS, 2008-2010



Makes it possible to set targets for reducing prevalence of tobacco use

- Policy development and implementation -
WHO FCTC Demand Reduction Measures



WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2011
Warning about the dangers of tobacco

fresh and alive
mpower

monitor tobacco use and prevention policies

protect people from tobacco smoke

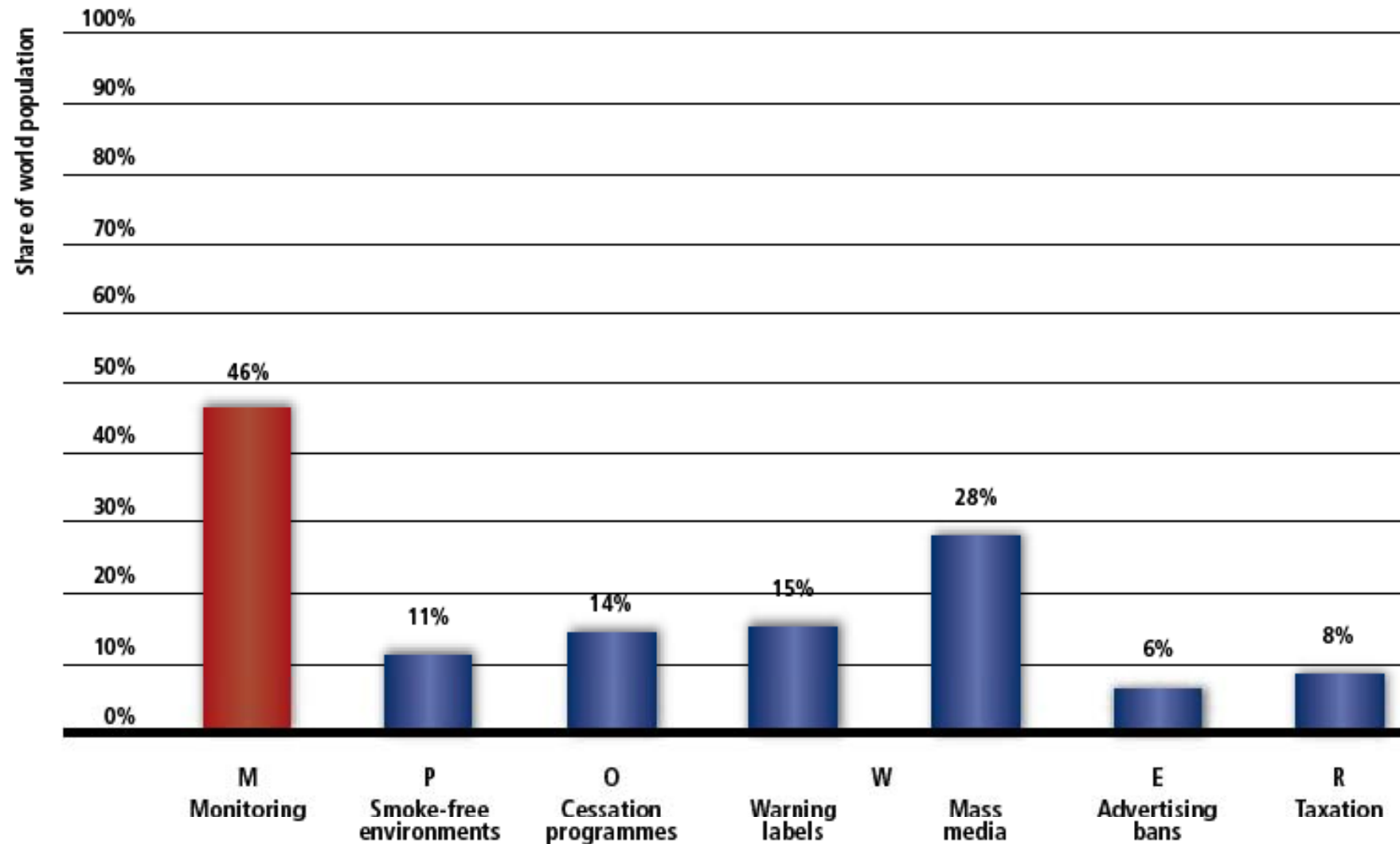
offer help to quit tobacco use

Warn about the dangers of tobacco

enforce bans on tobacco advertising, promotion and sponsorship

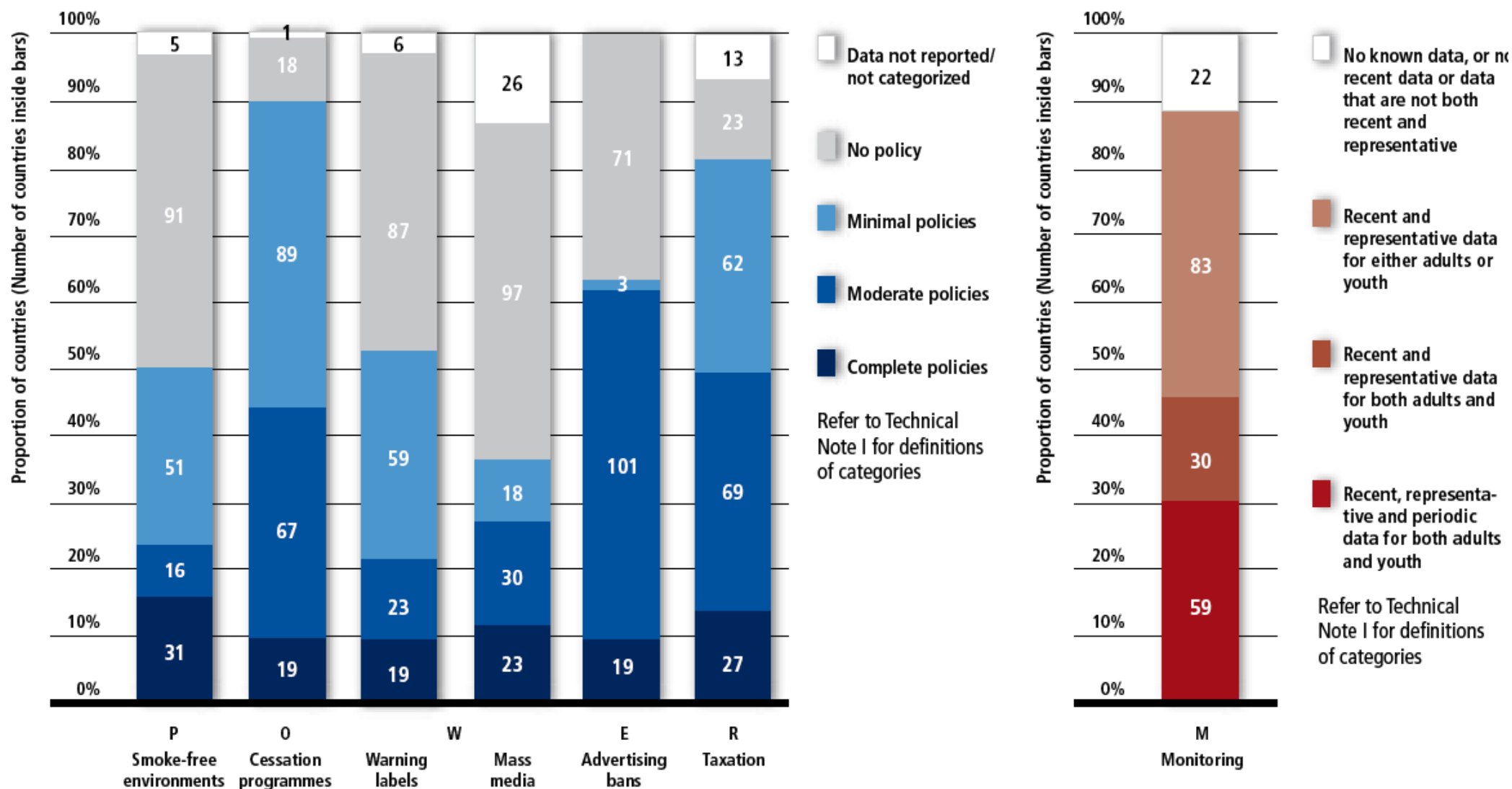
raise taxes on tobacco

SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2010



Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level; for the definitions of these highest categories refer to Technical Note I.

THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2010



Improved Planning for the Future

Country Tobacco Surveillance Profile:



Philippines

	2000	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
ADULT Surveys		✓		✓						✓				★ 2013 or 2014					★ 2018 or 2019		
YOUTH Surveys	✓				✓			✓				✓				★ 2015 or 2016					
“M” Rating									3		4			4		4		4		4	



Regional Action Plan (2010-2014) for the Tobacco Free Initiative in the Western Pacific (RAP)

VISION: Tobacco free people, communities and environments

MISSION: To advocate, enable and support complete implementation of the WHO Framework Convention on Tobacco Control

GOAL: To attain the *lowest possible tobacco use prevalence* and the *highest level of protection from second-hand smoke*



Three Point Strategy of the RAP 2010-2014

1 Promote and advocate for complete WHO FCTC Implementation

2 Mobilize for public action

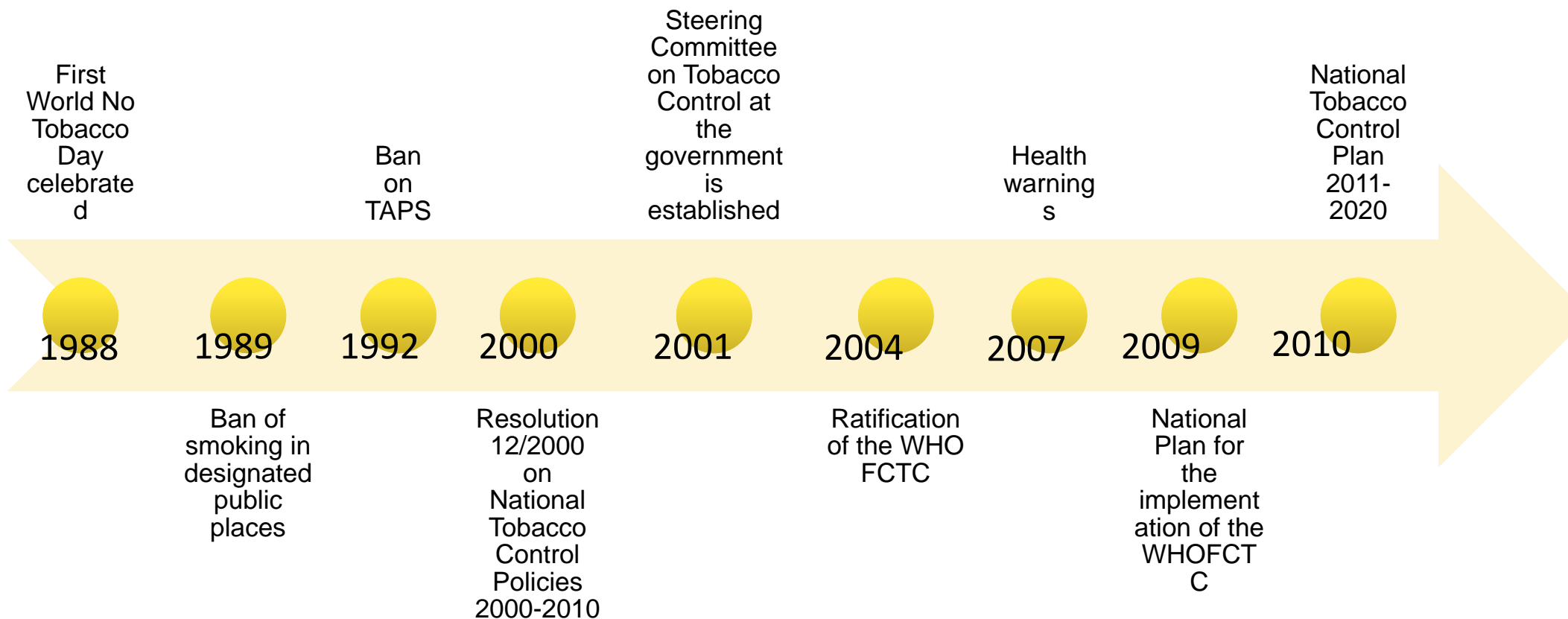
3 Strengthen organizational capacity

1. Legislation and policies
2. Tobacco taxation
3. Governance and local enforcement
4. Alliance and partnerships

5. Investment planning and resource management
6. Leadership training and human resource development
7. Surveillance, monitoring and knowledge management
8. Public awareness, education, communication and advocacy
9. Treatment of tobacco dependence

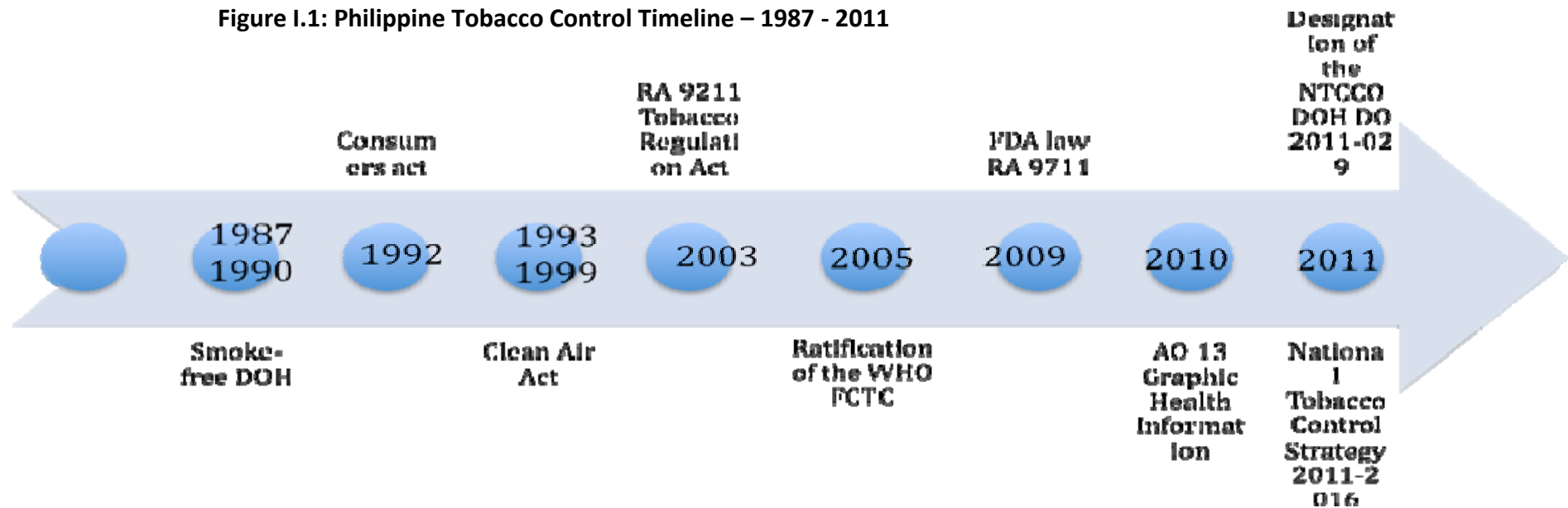


24 years of progressive efforts for tobacco control in Viet Nam...



...and in the Philippines

Figure I.1: Philippine Tobacco Control Timeline – 1987 - 2011



Capacity Assessment Methodology

Key Informant Interviews

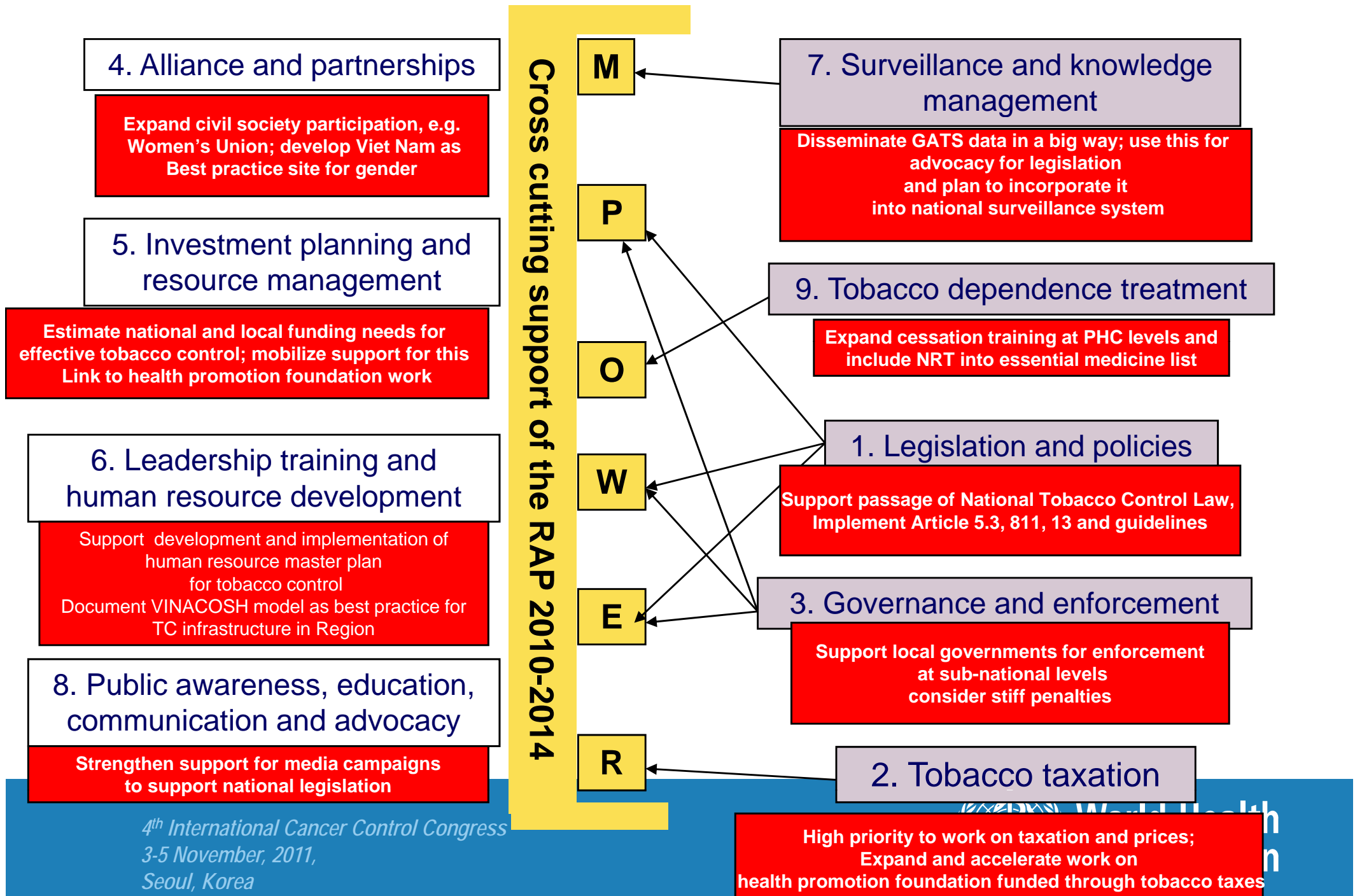
- 69 individuals in 54 institutions
- Government Agencies (MOH, MOET, MOIT, MOCT,)
- Provincial People's Committee
- Non-Government Organizations
- National Assembly - Legislation Committee and Social Affairs Committee
- Members of Drafting Committee for the TC draft Law

Records Review

- Studies/ Surveys conducted
- Policy Note/ Papers
- Issuance, Guidelines, Memoranda
- IEC Materials
- Project Proposals & Documents
- Laws & Legislations

Framework for interface between the RAP 2010-2014

and MPOWER in Viet Nam



Tobacco Free Plan-*it* in the Philippines



A tool for planning and managing tobacco control programs

Module 1: Setting Priorities and Goals

Module 2: Finding Solutions

Module 3: Evaluation



Community Tobacco Use and Exposure Profile

- **What is the magnitude of**
 - tobacco use
 - exposure to SHS – public places (schools, gov't. agencies, health facilities, public transport, restaurants, bars and malls)
 - SHS – home
- Exposure to advertising, promotion, sponsorship
- Availability of services to quit
- Exposure to warnings and community education programs
- Easy access - single stick and sale to minors
- What are the issues / barriers to tobacco control?
- What are the health resources available?
- Sources of data – **GATS, GYTS**, NDHS, PhilHealth, SWS, CBMIS, etc.

The Basic Priority Rating System (BPRS)

Provides the opportunity to:

- Identify explicit factors to be considered in setting priorities
- Organize the factors into groups that are weighted relative to each other
- Modify the factors as needed
- Score each individually



Scholarly Articles based on GATS Findings

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 60 / No. 20

May 27, 2011

World No Tobacco Day — May 31, 2011

Tobacco use is the leading preventable cause of death; this year approximately 5 million persons worldwide will die from tobacco-related heart attacks, strokes, cancers, and other diseases (1). Sponsored by the World Health Organization (WHO), World No Tobacco Day is observed

Cigarette Package Health Warnings and Interest in Quitting Smoking — 14 Countries, 2008–2010

The World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) requires health warnings on tobacco product packages sold in countries that ratified the WHO FCTC treaty (1). These warnings are expected to 1)



Cigarette Package Warning Labels and Interest in Quitting Smoking: The Global Adult Tobacco Survey in 14 Countries, 2008-2010

- First to provide results for all 14 countries that participated in the GATS.
- While the majority of smokers noticed warning labels in all 14 countries, it is notable that women in India, China and Viet Nam were much less likely to notice warnings than men.
- May reflect the lower rate of literacy among women in these countries.
- educational level was associated with not noticing warnings in some countries.
- These findings emphasize the importance of using effective methods to communicate the risks of smoking to all cigarette smokers.



Strong graphic health warnings should be introduced, occupying 50% of front and rear of cigarette packs.

- Viet Nam should take a firm position to implement pictorial health warnings which occupied 50% or more of the principal displayed areas and on upper part of the packs.
- Use a set of 6 to 10 samples of health warnings with strong images of harmful consequences of smoking. New set of warning every one or two years to refresh.
- Revised Article 13. 4: “The government is to decide on further increase on the size of the health warnings to 50% in the future based on the requirements of tobacco control and per the proposal from Minister of Health”.