



The Global Tobacco Surveillance System (GTSS) provides a rich source of reliable information that is critical for achieving effective tobacco control in countries. In particular, the GTSS is a strong support for implementation of the WHO Framework Convention on Tobacco Control. Oftentimes however, there is a need to find more effective ways to bring this information to policy-makers, stakeholders and other end users.

The Participant's Workbook for the Workshop on using Tobacco Control Data for Policies and Programmes has been developed to guide surveillance and police officers in systematically thinking about application of data. The tools that are used in the Workbook have been adopted from various quality improvement training programmes including the Field Management Training Programme of the US Centers for Disease Control and Prevention and the Health Promotion Leadership Training Programme of WHO in the Western Pacific Region.

This workbook was developed and pre-tested by WHO Regional Office for the Western Pacific.

The Spanish version was also adapted and used by the National Institute of Public Health from Mexico during the workshop "*Uso de información para la Política y Acción sobre la Exposición al Humo de Tabaco de Segunda Mano*".

This material was adapted and produced by the Pan American Health Organization/World Health Organization – PAHO/WHO.

Financial support for the production of this document was provided by the United States Center for Disease Control and Prevention.

Workshop on using Tobacco Control Data for Policies and Programs

Workshop Outline

Session A	Introduction	2
Session B	Case Study	3
Session C	Tobacco Control Spidergram	4
Session D	Prioritizing Three Areas for Improvement	6
Session E	Matrix for Selecting Action Areas	7
Session F	Traffic Lights for Tobacco Control	9
Session G	Influence and Interest Grid	11
Session H	Identifying Barriers	13
Session I	Fishbone Diagram	15
Session J	Countermeasures	17
Session K	Country Project Proposal (Writing)	19

Session A: Introduction

Objective: To get to know each other and share experiences

Instructions:

1- Write down 3 keywords that best describe you.

Who am I? (3 keywords)

2- Look at all the pictures that are displayed around the room and select the one that best captures where you are in your tobacco control journey and how it reflects your expectations from this workshop.

Key questions:

Where am I in my tobacco control journey?

What do I expect from the workshop?

Session B: Case Study

Here we provide examples from an imaginary country. You should work on your real case.

Ameriland case study <i>Tobacco Data</i> Ameriland is a low income country with a population of 5 million people. Fifty percent of the population lives in rural areas, where the production of tobacco is a major source of income. Cigarettes are manufactured in two cities and mainly consumed domestically. The tobacco industry has strong lobbying power and commonly interferes with the policies on tobacco control. <u>Global Adult Tobacco Survey</u>: Adult smoking prevalence for men is 60% and is about 3% for women. <u>Global Youth Tobacco Survey</u>: Youth smoking prevalence in boys is 7% and in girls is 4%. Smoking prevalence is increasing in young girls due to aggressive advertisement by the tobacco industry. Knowledge of harmful tobacco effects is very limited. For example, only 20% of the population knows that tobacco use is associated with heart disease.	<i>Policies</i> Although Countryland ratified the WHO FCTC, no national comprehensive tobacco control law is in place. A few cities have local regulations on smoke-free public places but none of these cities have 100% smoke-free environments in both public places and workplaces. There are no regulations for warning labels on cigarettes packages. There is a ban on sale to minors, but it is not effectively enforced. <i>Programs</i> World No Tobacco Day advocacy campaigns Tobacco control programs in schools GYTS GATS Cessation programs available in a few hospitals
---	--

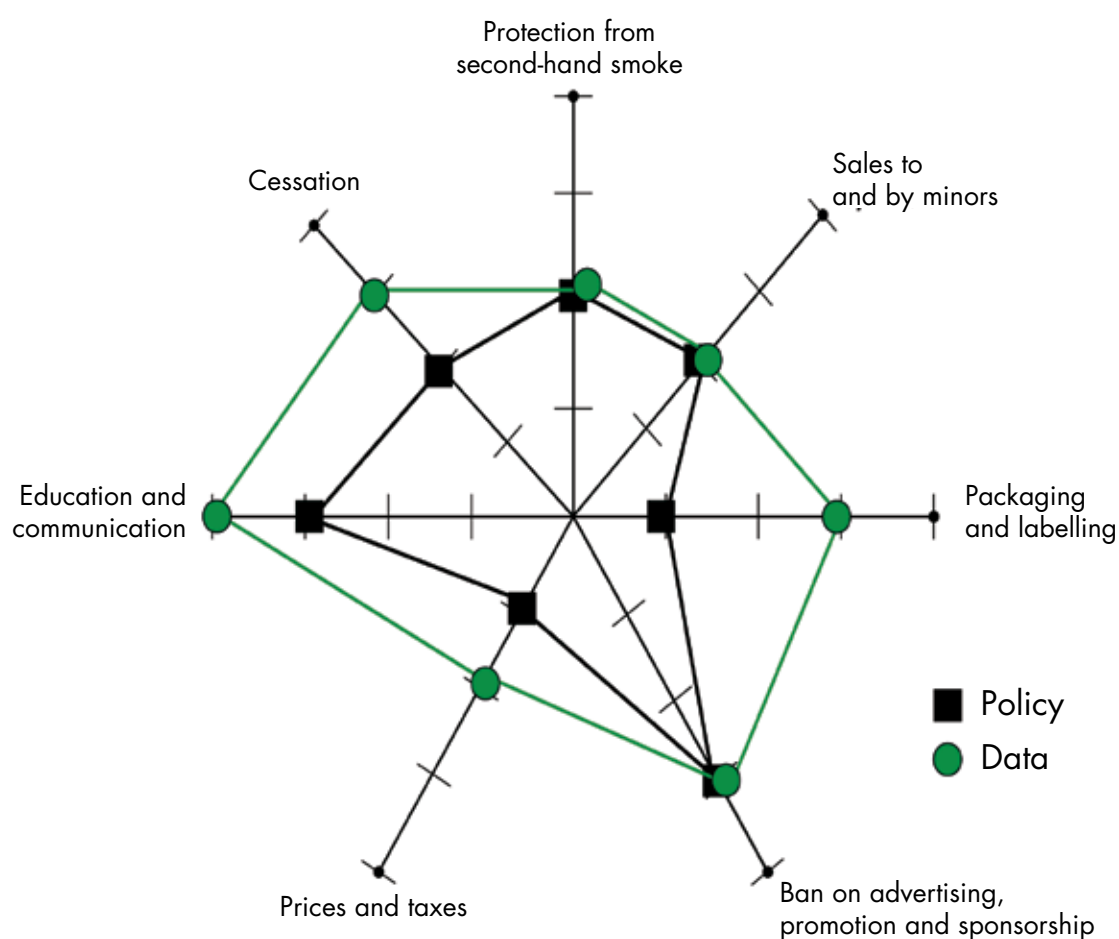
Session C: Tobacco Control Spidergram

Objective: To undertake a rapid assessment of strengths and weaknesses in data application for selected action areas.

Instructions: Place a black square to mark on a scale of 1 to 4 the extent to which there are policies and programmes pertaining to each action area.

Place a green circle to mark on a scale of 1 to 4 the extent to which you currently use data for the corresponding action area.

Example: Spidergram for Ameriland



Policies and Programmes Scale

(■ Black Squares)

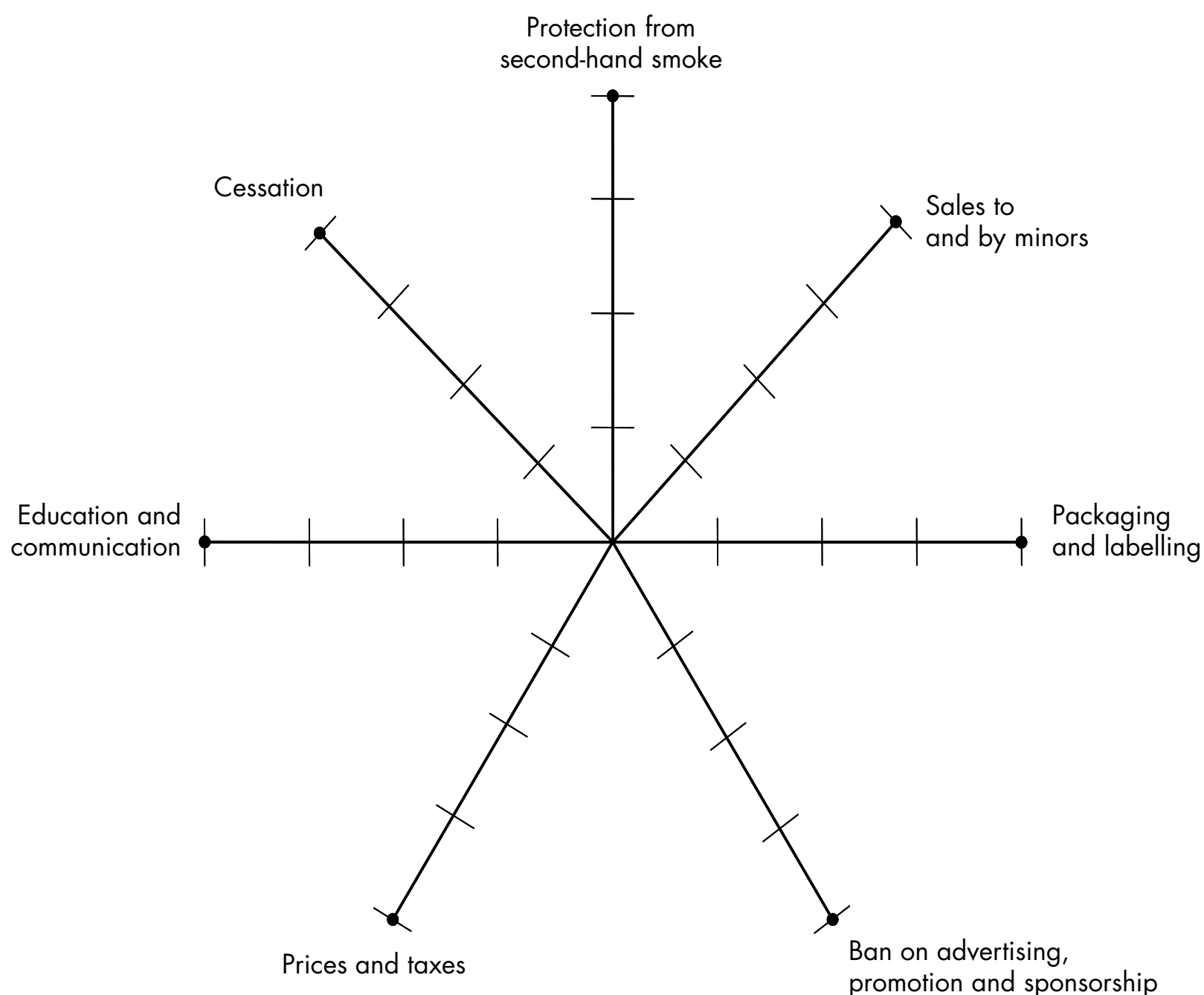
- 1– No legislation, policies or programs according to WHO FCTC
- 2– No legislation, policies or occasional interventions/programs
- 3– Legislation/policies present but not implemented or/enforcement needs to be strengthened
- 4– Policies and programs according to WHO FCTC present with satisfactory implementation/enforcement

Data Usage Scale

(● Green Circles)

- 1– Data not used or unknown
- 2– Data occasionally used
- 3– Data frequently used
- 4– Data systematically used

Tobacco Control Spidergram



Questions:

What is the real situation regarding legislation/programs/interventions in the selected action areas?
To what extent are the available data used to develop/improve legislation/programs/interventions?

Policies and Programmes Scale

(■ Black Squares)

- 1– No legislation, policies or programs according to WHO FCTC
- 2– No legislation, policies or occasional interventions/programs
- 3– Legislation/policies present but not implemented or/enforcement needs to be strengthened
- 4– Policies and programs according to WHO FCTC present with satisfactory implementation/enforcement

Data Usage Scale

(● Green Circles)

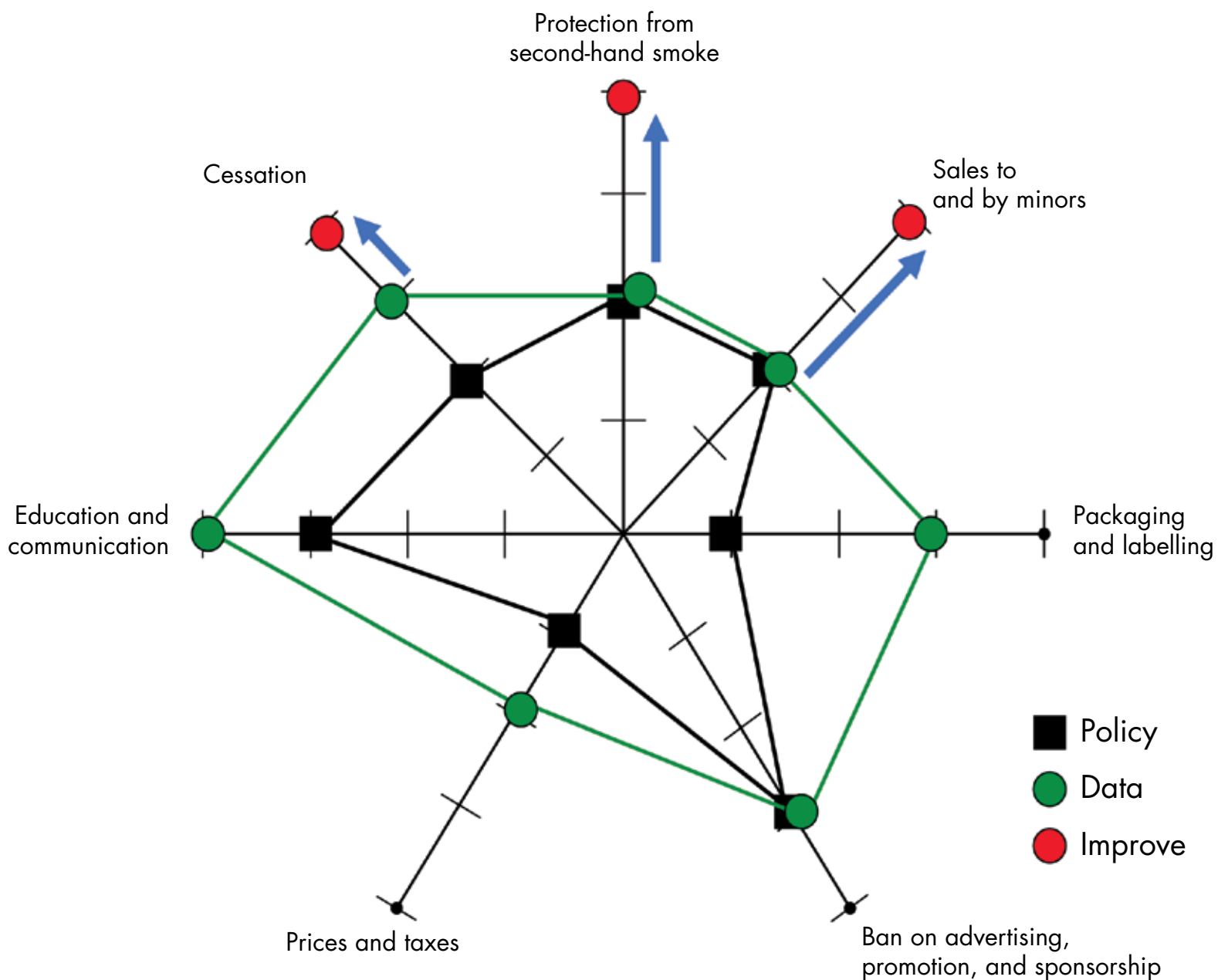
- 1– Data not used or unknown
- 2– Data occasionally used
- 3– Data frequently used
- 4– Data systematically used

Session D: Prioritizing Three Areas for Improvement

Objective: To select three priority action areas that can be improved.

Instructions: Review the spidergram you made in the previous exercise and identify three domains where you want to improve. Draw red circles at the end of the spider legs where you need to improve. Extend the legs with blue markers to show the extent of improvement.

Example: Spidergram for Ameriland



Session E: Matrix for Selecting Priority Action Area

Objective: To select one of the three action areas to improve the use of data for tobacco control policies and programs for your country

Instructions: Write down the reason for improvement for each action area based on local conditions. Assess on a scale of 0 to 5 its possible impact and opportunity.

After multiplying both columns, the highest score will identify the area that most needs improvement in your country. Identify the audiences that need to access your data in order to improve in that area. Why are these audiences important? Are they able to create a 'ripple effect' and disseminate your data further? Why or why not?

Example: Action Area Selection Matrix for Countryland

Action Areas	Reason for Improvement	Impact 0-5	Opportunity 0-5	Total X/25
Protection from second-hand smoke	Very few cities have comprehensive smoke-free places/policies	5	5	25
Sale to minors	High proportion of minors buy cigarettes in stores and are not prohibited from purchasing	4	5	20
Cessation	Few hospitals provide cessation programs	3	4	12
Audiences that need to be reached for the selected area: Media, policy makers, professional groups (restaurant and hotel owners), researchers				

How do you evaluate impact and opportunity?

Impact: Level of change in the tobacco epidemic achieved if action is taken now

Opportunity: Political opportunity or public demand for action now (e.g. deadlines for compliance with WHO FCTC articles).

Action area selection matrix by country

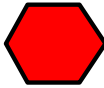
Action Areas	Reason for Improvement	Impact 0-5	Opportunity 0-5	Total X/25

Audiences that need to be reached for the selected area:

Session F: Traffic Lights for Tobacco Control

Objective: Identify the key audiences you need to contact and find out if they have access to the currently available data on tobacco control measures.

Instructions: Write the key audiences on the left column. Color the right column according to the level of knowledge of the available information.

Key Audience	
Policy makers	
Local officials and enforcers	
Researchers	
Civil society, NGOs	
Health professionals	
Media	
General public	
Organized groups and Networks of professionals	



Don't know the data



Know some of the data



Know the data

Traffic Lights for Tobacco Control

Key Audience	
	
	
	
	
	
	
	
	
	
	
	



Don't know the data



Know some of the data



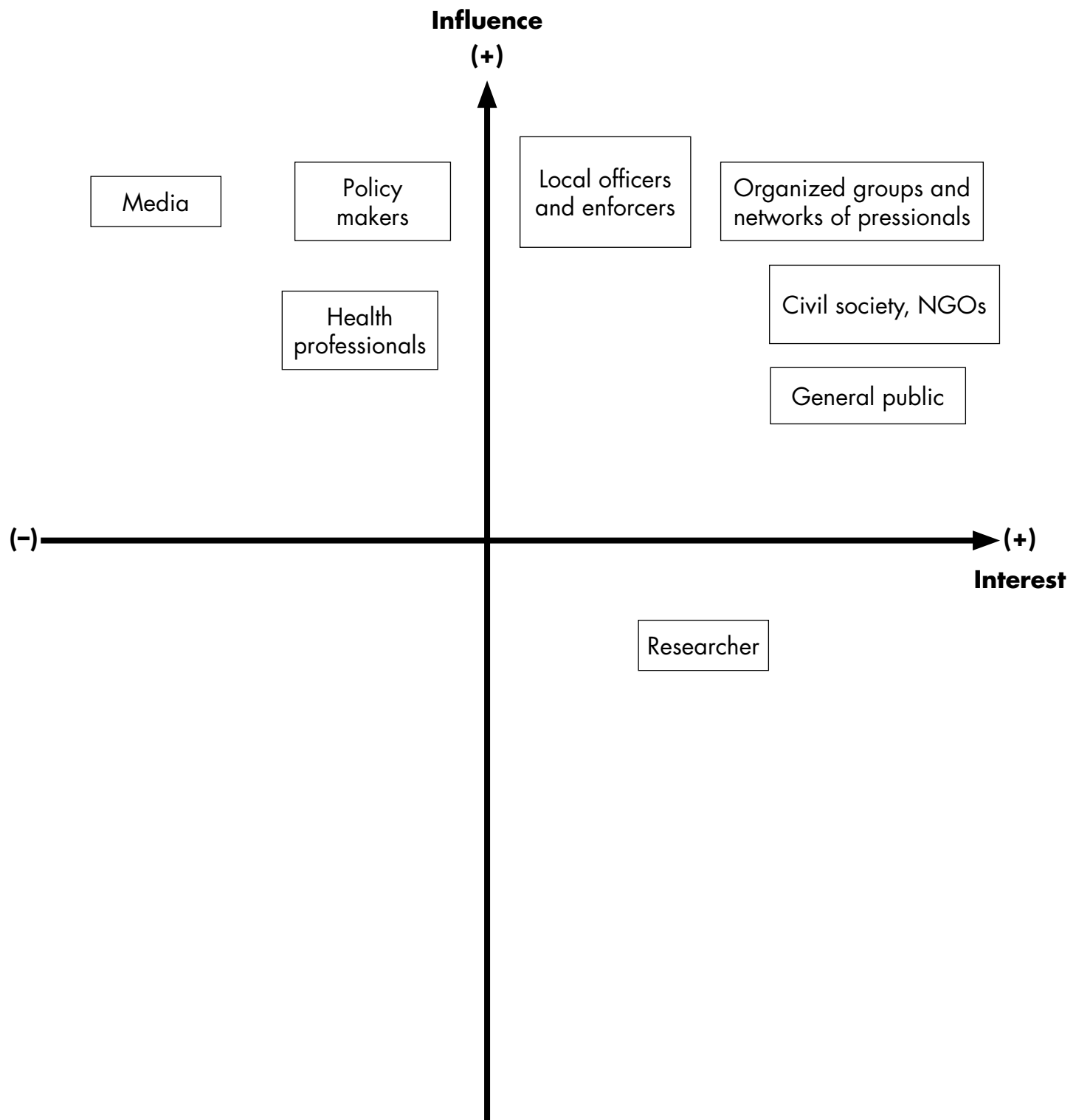
Know the data

Session G: Influence and Interest Grid

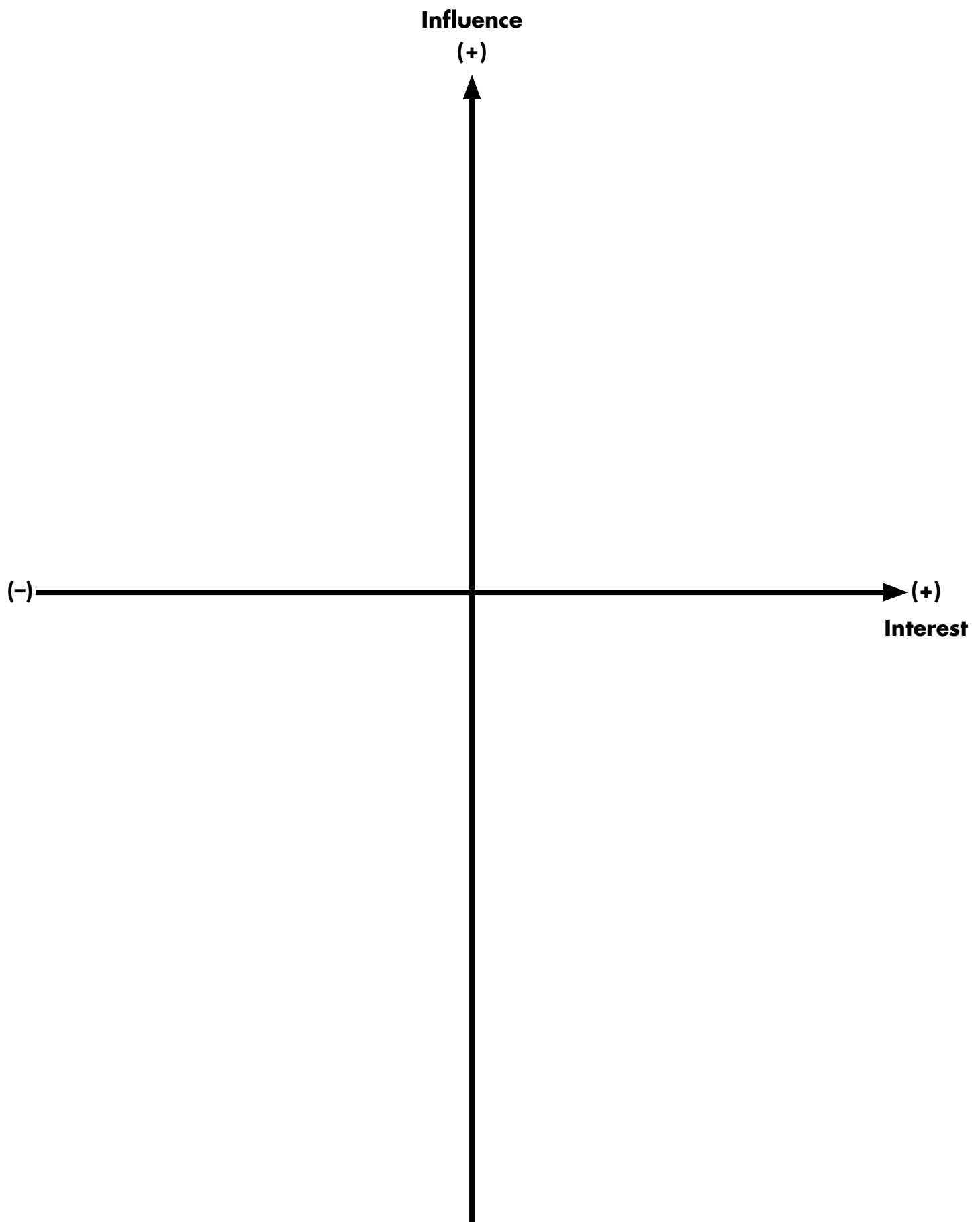
Objective: To map key audiences according to their levels of influence and interest.

Instructions: Write down each audience you identified in the previous exercise. Try to position them on the grid according to their level of influence and interest.

Example for Countryland



Influence and Interest Grid



Session H: Identifying Barriers

Objective: To identify common barriers to using tobacco control data for policies and programs in a specific action area. Identify a barrier to your top priority.

Instructions: Write down barriers to using data for tobacco control policies and programs in the chart. Review the list and vote for the barriers and delete for the next round those with least votes. Do it again a 2nd and 3rd time until you reach the most important barrier.

Example: List of Barriers – Results for Ameriland

Barriers	1 st vote	2 nd vote	3 rd vote
Lack of mechanisms for providing data for policy makers	5	5	6
Lack of advocacy	3	3	—
No routine monitoring tobacco use and second-hand smoke (surveillance system)	1	—	—
No clear guidelines and instruction of data collection at the local level	1	—	—
Lack of knowledge and skills for using data in policy- and decision-making to protect population from second-hand smoke	5	7	9

Identifying Barriers

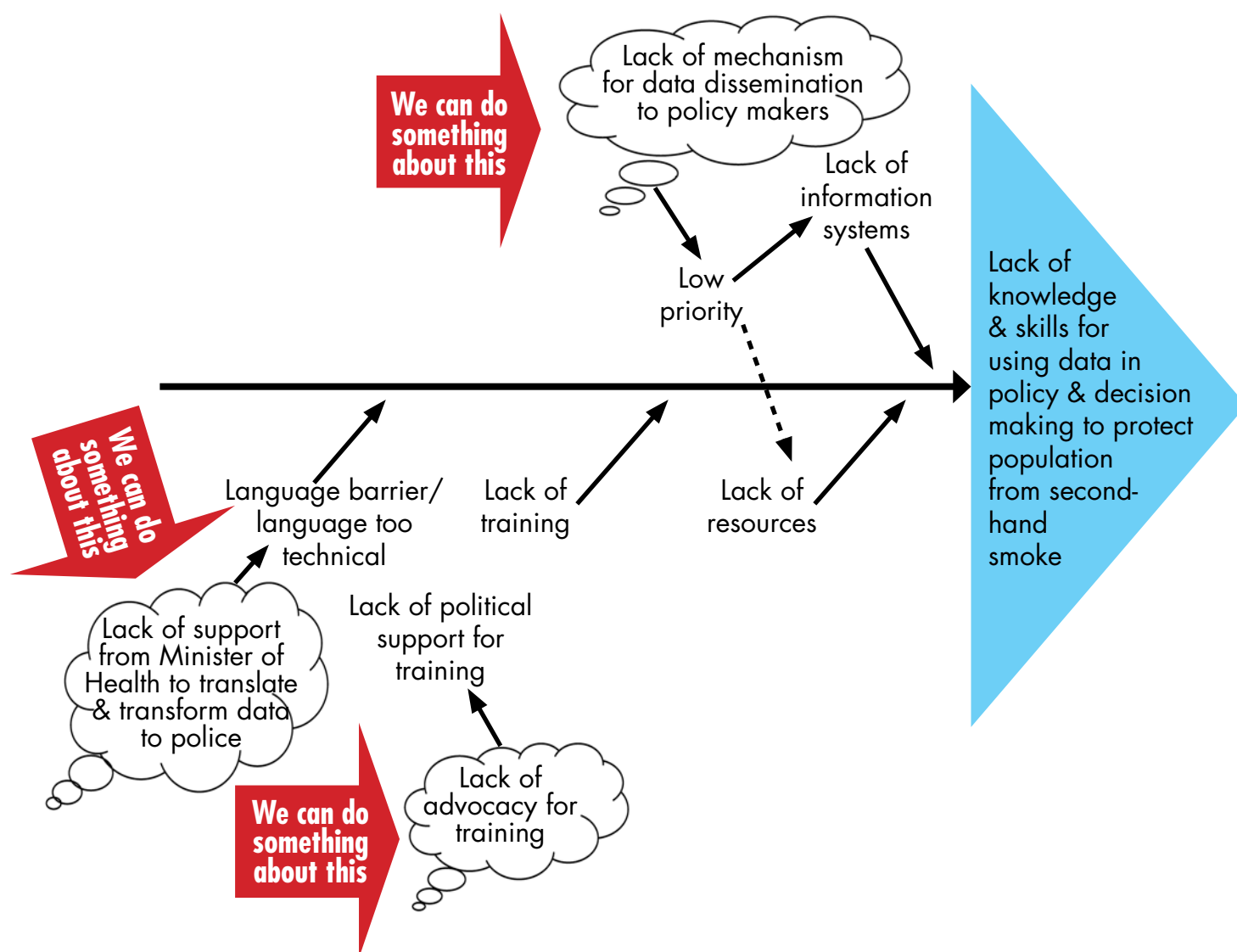
Barriers	1 st vote	2 nd vote	3 rd vote

Session I: Fishbone Diagram

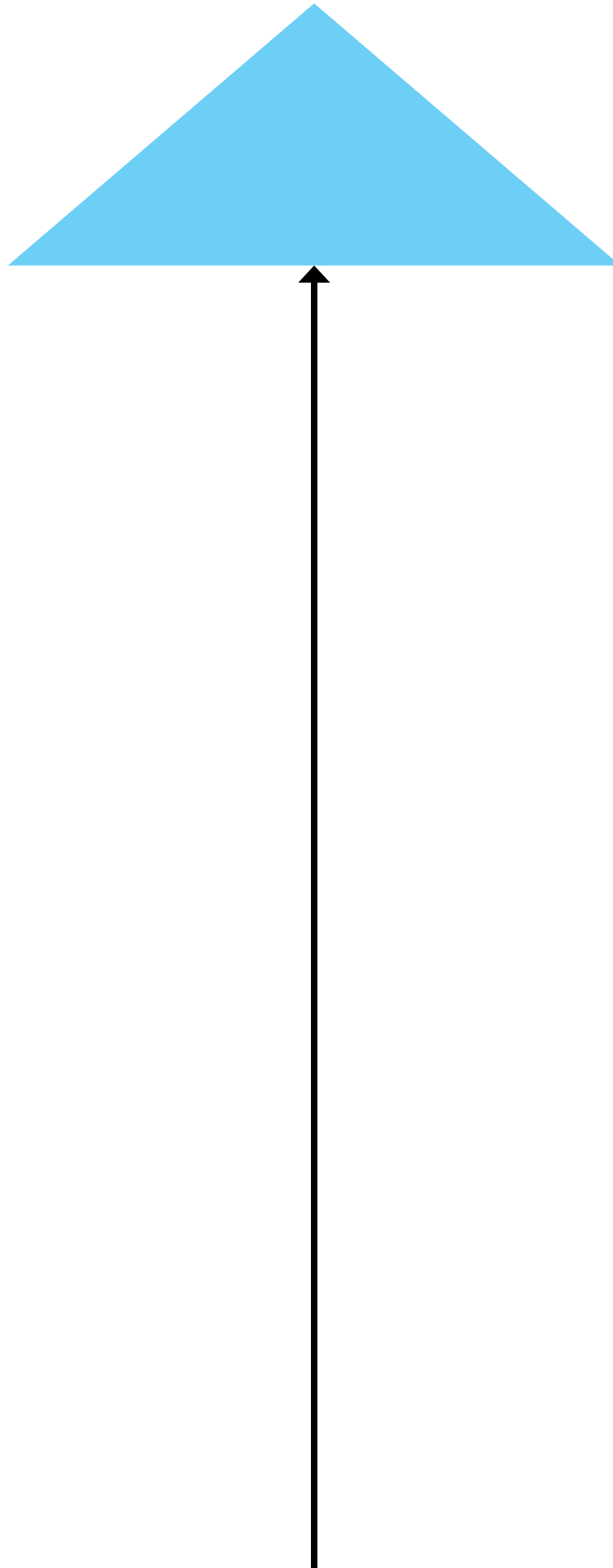
Objective: To identify the main root cause to the priority barrier selected

Instructions: Using the fishbone diagram on the next page, try to understand the main root cause of the selected barrier. Draw a lateral fishbone identifying a cause to the barrier. Ask yourself why this cause exists. Proceed in identifying causes until you find a root cause that you can change, modify, or mitigate and then draw a cloud around it.

Example: Fishbone Diagram – Results for Ameriland



Fishbone Diagram



Session J: Countermeasures

Objective: To identify a countermeasure that maybe applied to counteract the main root cause of the priority barrier selected.

Instructions: Think about a countermeasure to address the main root cause of the barrier. What are the country-specific actions to address the barrier?

Revise the traffic lights and think about the most effective countermeasure in reaching your key audiences.

Think about practical methods that can be used to implement the countermeasure and complete the chart. Complete the countermeasure matrix and assess the effectiveness and feasibility of each method on a scale of 0 to 5. Multiply both parameters to get your overall score.

Example: Countermeasures Matrix for Ameriland

Barrier	Causes	Countermeasures	Practical methods	Effectiveness x Feasibility = Overall		
				5/5	5/5	x/25
Lack of knowledge and skills for using data in policy and decision making to protect population from SHS	Lack of mechanism for data dissemination to policy makers	Establish/Improve mechanism for data dissemination to policy makers	Establish working group	5	5	25
			Assessment of the current situation of data/information system	5	3	15
			Develop routine data indicator for surveillance of tobacco control in second-hand smoke	5	4	20
			Ensure regular dissemination through media	5	2	10
	Lack of advocacy	Conduct advocacy campaign	Set up advocacy working group in collaboration with NGOs	5	3	15
			Develop advocacy package on SHS	5	5	25
			Training of professionals, working group members using WHO MPOWER training materials	5	5	25
			Organize advocacy meetings with city and provincial governors	5	3	15

Effectiveness: the practical method will result in significant change toward overcoming the barrier.

Feasibility: resources (material, human, and time) are available and accessible for taking the action needed.

Countermeasure

[illegible]

Session K: Country Project Proposal

Objective: To develop a proposal for a country project according to the guidelines provided by the facilitators.

Instructions: Prepare an action plan based on the template.

Example: Country Project Proposal – Results for Ameriland

Project Proposal: Prevention and protection from second-hand smoking						
Project Title: Improve knowledge and skills for using data in policy and decision making to protect population from second- hand smoke						
Priority Barrier: Lack of knowledge and skills for using data in policy and decision making						
Countermeasure	Practical Method	Indicator	Date Due	Expected Outcome	Cost	Source of Funds
Establish/Improve mechanism for data dissemination to policy makers	Establishing working group	1	Sep 2009	Working group established		Ministry of Health
	Assessment of the current situation of data/information system	1	Nov 2009	Assessment completed		Donor
Conduct advocacy campaign	Develop advocacy package on SHS	1	Nov 2009	Advocacy package developed		Ministry of Health
	Training of professionals, working group members using WHO MPOWER training materials	1	Jan 2010	Training conducted		Donor

Project Proposal

[illegible]

Instructions

If you choose, you can prepare your own detailed project work plan based on the template.

[illegible]



www.paho.org