

Joint Submission to the Secretariat and Steering Committee of Measurement and Accountability for Results in Health

Comments on Health Measurement and Accountability post-2015: A Common Roadmap

Submitted 22 April 2015

We, the undersigned institutions and organisations, welcome the opportunity to provide our views and recommendations on the proposed *Roadmap* toward strengthening countries' health information systems.

Comprehensive national health information systems, as well as accountability platforms, will be key to effectively respond to health threats, including the rising burden of non-communicable diseases (NCDs).

NCDs, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are already a leading cause of mortality globally and the NCD burden is projected to grow, particularly in developing countries (1). Tobacco use is the one risk factor common to the main groups of NCDs and is entirely preventable (2).

We note that the draft *Roadmap* proposes that data on tobacco use prevalence be collected through household surveys (pp. 6 and 10). We support efforts to improve the coverage and quality of work which is already being undertaken. Furthermore, there is a need to recognise data already being collected in this area, much of it via the official infrastructure created under the WHO Framework Convention on Tobacco Control (FCTC) (3).

At the same time, information on tobacco use prevalence must be accompanied by data on implementation of effective tobacco control policies, which are essential to reduce tobacco use, and tobacco industry efforts, including marketing (4), to prevent such policies. A unique feature of the tobacco epidemic is that after more than half a century of research and analysis, we know how to reduce this burden. Effective, evidence-based, population-wide strategies are included in the WHO FCTC, an international treaty to which 179 countries and the European Union have become Parties, as of 31 March 2015 (5).

The WHO FCTC has been recognised as one of the means of implementation under the proposed Goal 3 of the Sustainable Development Goals (SDGs) (6) hence its implementation should be systematically monitored as part of national health information systems. The World Health Organization (WHO) has repeatedly emphasized that "monitoring tobacco use and tobacco control measures is critical to effectively addressing the epidemic and assessing the effects of global tobacco control" (7).

Data on tobacco use, as well as on tobacco control, are already collected by countries and WHO. Parties to the FCTC submit updates on their tobacco control policies to the Convention Secretariat every two years as part of their treaty obligations (8). This information includes, among others, national tobacco control legislation, domestic tobacco production, retail sales, exports and imports of various tobacco products, duty-free sales and any available data on trade flows of illicit tobacco products (9).

Furthermore, a series of international surveys of tobacco use among adults and children has been rolled out globally, particularly among low and middle income countries. Simultaneously, when it

comes to monitoring tobacco prices and tax measures, WHO collects the prices of the highest selling brand of cigarettes, the cheapest brand and the Marlboro brand, as well as information on the taxation of cigarettes and revenues from tobacco taxation (10).

Finally, Guidelines for implementation of Article 5.3 of the FCTC highlight the need to collect data on tobacco industry conduct, including its well documented efforts to prevent the implementation of effective tobacco control policies (11). Tobacco industry interference has been identified as the greatest barrier to progress in tobacco control. Collecting data on such efforts is therefore integral to ensuring progress in tackling NCDs (12).

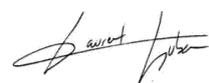
We, therefore, recommend that the *Roadmap* explicitly encourage countries, as part of their health information systems, to collect data on: 1) tobacco use prevalence, 2) tobacco control policies, and 3) tobacco industry interference and marketing. Existing mechanisms established via the WHO FCTC should be fully utilized to ensure compatibility across countries, thereby enabling data comparisons.

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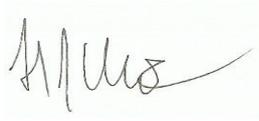
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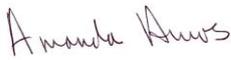
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References:

(1) World Health Organization (WHO). 2014. Global Status Report on Noncommunicable Diseases. WHO: Switzerland.

(2) Beaglehole R et al. 2011. Priority actions for the non-communicable disease crisis. The Lancet, Volume 377, Issue 9775, 1438 – 1447.

(3) WHO Framework Convention on Tobacco Control (FCTC) Article 20.3 (a) reads “Each Party shall endeavour to establish progressively a national system for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators”

(4) In this submission we refer to tobacco industry marketing to include four elements: product, place, promotion and price

(5) List of all Parties to the WHO FCTC is available at:

https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mtdsg_no=IX-4&chapter=9&lang=en

(6) United Nations General Assembly. 2014. Report of the Open Working Group of the General Assembly on Sustainable Development Goals. Report A/68/970; text of the proposed target 3.a reads “Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate”

(7) WHO. 2013. WHO report on the global tobacco epidemic 2013: Enforcing bans on tobacco advertising, promotion and sponsorship. WHO: Geneva. Page 51

(8) WHO FCTC. 2012. Update and harmonization of reporting arrangements under the WHO Framework Convention on Tobacco Control. Decision FCTC/COP4(16)

(9) WHO FCTC Official Reporting Instrument available at:

http://www.who.int/fctc/reporting/reporting_instrument/en/

(10) WHO. 2013. WHO report on the global tobacco epidemic 2013: Enforcing bans on tobacco advertising, promotion and sponsorship. WHO: Geneva.

(11) WHO FCTC. 2013. WHO Framework Convention on Tobacco Control: guidelines for implementation Article 5.3; Article 8; Articles 9 and 10; Article 11; Article 12; Article 13; Article 14 – 2013 edition. WHO: Geneva. Page 1-16

(12) Gilmore A B et al. 2015. Exposing and addressing tobacco industry conduct in low-income and middle-income countries. The Lancet, Volume 385 , Issue 9972 , 1029 – 1043.