

INDEX OF TOBACCO CONTROL SUSTAINABILITY

A TOOL TO MEASURE THE SUSTAINABILITY
OF NATIONAL TOBACCO CONTROL PROGRAMMES



ACKNOWLEDGEMENTS

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TOBACCO CONTROL AT THE UNION

For the last 10 years we have been working with governments and civil society around the globe providing technical assistance to help introduce and implement policies that are proven to reduce tobacco use – and the disease and poverty it causes.

Since 2007 we have worked in more than 50 countries impacting two-thirds of the world's smokers.

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INDEX OF TOBACCO CONTROL SUSTAINABILITY



**A TOOL TO ASSESS AND
GUIDE NATIONAL TOBACCO
CONTROL PROGRAMMES
TO BECOME SUSTAINABLE**

CONCEPT

The Index of Tobacco Control Sustainability (ITCS) is a tool to assess and guide national tobacco control programmes to become sustainable. It comprises a series of 31 indicators that have a critical influence on national capacity to deliver effective and sustainable tobacco control into the future. The ITCS was first produced in 2016 following publication of research by The Union in April that year.¹ This update adds specificity to the first and pre-requisite indicator, regarding MPOWER, to assist countries with their assessments.

The ITCS identifies the structures, policies and resources that a country already has in place, and thus its progress towards establishing a sustainable national tobacco control programme. Importantly the ITCS also identifies gaps in the structures, policies and resources that are required to sustain a national tobacco control programme.

The greater the number of indicators a country has in place, the greater its ITCS score. The higher the score the more likely a country is to have a sustainable tobacco control programme.

The ITCS assessment is only the start of the process; the critical work then begins – planning how to fill the system gaps identified and then working to achieve this. The ITCS does not assess the effectiveness of the structures, policies and resources a country may have in place, rather it assesses whether they are present or absent. It is designed to identify and enable the development of these key building blocks.

For these components to deliver effectively and reduce tobacco consumption it is essential that they are well implemented – the World Health Organization's Framework Convention on Tobacco Control² has an international monitoring process that supports countries to achieve this. The ITCS is a complementary tool to be used in association with the existing WHO FCTC supports and processes.

CONTEXT

The ITCS was developed at the start of The Union's second decade working in international tobacco control. As a partner in the Bloomberg Initiative to Reduce Tobacco Use we work with governments and civil society in low- and middle-income countries to help introduce and implement policies proven to reduce tobacco use – namely WHO's MPOWER measures.

The MPOWER package is a range of six practical measures designed to help countries implement effective tobacco control. In the 88 countries that had adopted at least one MPOWER policy at the highest level between 2007 and 2014, Levy et al (2016) calculated that almost 22 million projected smoking-attributable deaths (SADs) had been averted.³

Globally much progress has been made to reduce tobacco use since the WHO FCTC came into force in 2005. It remains the only health treaty under the auspices of WHO.² There are now 180 Parties to the WHO FCTC. Many of these countries have developed or strengthened tobacco control laws and policies to make these compliant to the treaty. A major boost for this work in low- and middle-income countries has been funding from Bloomberg Philanthropies and the Gates Foundation.⁴

Despite this good progress, the work is far from complete. Tobacco use remains the greatest preventable cause of premature death worldwide: it kills more than seven million people each year, two-thirds of whom live in low- and middle-income countries.⁵

And even as tobacco control policies take effect, the tobacco industry develops new tactics to counter these trends and recruits new, young users. Adoption and implementation of the most effective tobacco control policies vary considerably between countries.

The uptake of certain impactful policies, such as tobacco taxation reform and preventing tobacco industry interference in public health policymaking, is slow.

With the specific inclusion of tobacco control in the United Nations' Sustainable Development Goals⁶ this important part of public health policy is firmly on the agenda. In this context the ITCS was developed – to assist governments and civil society to sustain tobacco control into the future.

Our work has always been with a view to establishing effective, robust public health systems after the initial period of donor funding and technical support has ended. Having worked in more than 50 countries over the last 10 years, the need for sustainability in tobacco control programmes has become increasingly clear. We have found that such sustainability is multi-factorial and is not solely dependent upon financial resources.

MPOWER MEASURES

MONITOR TOBACCO USE AND PREVENTION POLICIES

PROTECT PEOPLE FROM TOBACCO SMOKE

OFFER TO HELP QUIT TOBACCO USE

WARN ABOUT THE DANGERS OF TOBACCO

ENFORCE BANS ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP

RAISE TAXES ON TOBACCO

HOW IT WORKS

The ITCS is a set of 31 indicators: policies, structures and resources that are critical or important factors for a sustainable national tobacco control programme. The indicators are weighted and listed in descending order based upon their relative importance.

The methodology for developing the ITCS is set out in full in the paper: Index of Tobacco Control Sustainability (ITCS): A Tool to Measure the Sustainability of National Tobacco Control Programmes.

The assessment process can be summarised as follows:

- **Using the indicator definitions assessors discuss whether the particular indicator is present or absent in their country**
- **When an indicator is present the points allocation for that indicator are given; if the indicator is absent then it scores zero**
- **The points for all of the separate indicators are added together to provide a total score**

Note: Please keep in mind that the ITCS assesses whether the fundamental structures are in place to provide sustainability to tobacco control efforts in a country, even if the level / application needs to be improved. So even if the structure, law or policy exists and is not well implemented or is judged to be at a weak level, it is still 'present' even if further action is needed.

THE ITCS:

- Provides a snapshot in time of a country's national tobacco control sustainability, and can show the development of tobacco control over time
- Identifies the **presence or absence** of key structures, policies and resources that are critical indicators of tobacco control sustainability
- Identifies the overall level of national tobacco control sustainability

THE ITCS DOES NOT:

- Indicate the quality of implementation of the policies and structures in place, or the work that is required to ensure these are effective and that a country meets its WHO FCTC obligations



The primary intention for the ITCS is that it be used by bodies such as national tobacco control units, national advisory committee working groups, and national tobacco control coalitions to assess and monitor the sustainability of their tobacco control programmes and plan action accordingly.

The recommended mode of completing an assessment is to assemble a group including representatives from a range of government and non-governmental organisations who have tobacco control knowledge and an interest in developing their national tobacco control programmes. The group can be facilitated to discuss each indicator and arrive at consensus on whether it should, according to the definitions (pages 8-10), be rated present or absent. They can then make an action plan to address the gap areas identified.

Indicators fit into three categories to help assessors identify areas of strength and weakness:

- Policy
- Structure
- Finance

A sample assessment summary is included at the end of this document as a further aid to the post-assessment planning process.

THE INDEX

INDICATORS		Present (P)/ Absent (A)	Weighted Score	Country Score
1.	Pre-requisite Indicator: >4 MPOWER policies in place		9	
2.	National tobacco control budget (annual)		7	
3.	National tobacco control law		6	
4.	National budget allocation for tobacco control capacity-building		6	
5.	Tobacco taxation >75% of retail sales price		6	
6.	Tobacco taxation increases faster than inflation plus gross domestic product growth		6	
7.	National tobacco control unit		5	
8.	Civil society tobacco control network		5	
9.	Civil society representation in national tobacco control advisory committees		5	
10.	Health promotion fund for, or including, tobacco control		5	
11.	National policy against tobacco industry corporate social responsibility		5	
12.	Tobacco-related mortality and morbidity recording system		5	
13.	National evaluation framework in place		5	
14.	Evaluation built into all major policy implementation plans		5	
15.	National tobacco control strategy		4	
16.	Tobacco control and non-communicable diseases form part of national health policy		4	
17.	Tobacco control forms part of national development plan		4	
18.	Human resource for implementation (national)		4	
19.	Global Tobacco Surveillance System surveys		4	
20.	Inter-governmental co-ordination mechanism		3	
21.	Capacity-building plan for tobacco control personnel		3	
22.	Developmental assistance funding includes tobacco control		3	
23.	Code of conduct for government officials and staff		3	
24.	Ministry of health WHO FCTC Article 5.3 policy		3	
25.	WHO FCTC Article 5.3 policy across all ministries		3	
26.	Economic and social tobacco costs data		3	
27.	National focal point post		3	
28.	National advisory committee		2	
29.	Capacity-building plans on research and evaluation		2	
30.	Mass media campaigns funded		1	
31.	Capacity-building plan for non tobacco control specific personnel		1	
Total Score			130	

INDICATOR DEFINITIONS



1. >4 MPOWER POLICIES IN PLACE

Countries must have a minimum of 4 MPOWER measures in place at the highest level of achievement*, according to their status in the most recent WHO Report on the Global Tobacco Epidemic (http://www.who.int/tobacco/global_report/2017/en/). For more detailed information on the criteria applied to assess countries' policies, please refer to Technical Note I of the latest WHO Report on the Global Tobacco Epidemic.

Note: This is an update of the indicator definition used in the 2016 ITCS report with the aim of ensuring the strongest MPOWER policy levels are used as the standard, and to signpost those undertaking assessments to the single key data source.

***MPOWER highest levels of achievement are defined here. A country must have at least four of the seven measures, at the levels described below, to attain this Index indicator:**

Monitor tobacco use and prevention policies

1. Recent, representative and periodic data for both adults and youth.

Protect people from tobacco smoke

2. All public places completely smoke-free (or at least 90 percent of the subnational population covered by complete smoke-free legislation).

Offer help to quit tobacco use

3. National quit line, and both nicotine replacement therapy and some cessation services cost-covered.

Warn about the dangers of tobacco

4. Health warnings: Large, graphic health warnings with all appropriate characteristics.
5. Mass media campaigns: National campaign conducted with at least seven appropriate characteristics including airing on TV and/or radio.

Enforce bans on tobacco advertising, promotion and sponsorship

6. Ban on all forms of direct and indirect advertising.

Raise taxes on tobacco

7. At least 75 percent of retail price is tax.

2. NATIONAL TOBACCO CONTROL BUDGET (ANNUAL)

An annual allocation of funds within the government budget, set as an amount per capita and proportionate to the size of the population, based on the recommended level of US \$ 0.11 per capita.⁴ This level should be considered a lower threshold for middle-income countries and a minimum for high-income countries.

Note: It is recognised that countries with very large populations may currently be making a substantial allocation to a national tobacco control budget, but not yet meeting recommended levels. Targets to progress towards this level over time should be set and can be boosted by mechanisms such as health promotion funds or similar, as outlined by indicator 10.

3. NATIONAL TOBACCO CONTROL LAW

National legislation on tobacco control, enforceable across the whole country. This law may include either multiple areas of tobacco control or just a single area.

Note: A law regulating multiple aspects of tobacco control is preferable and should be a national goal, however the ITCS is assessing whether having a legal framework in place establishes the legal principle of protecting public health by regulating tobacco. This may then be built upon with amendments and supplementary laws.

4. NATIONAL BUDGET ALLOCATION FOR TOBACCO CONTROL CAPACITY-BUILDING

A specific amount of the national tobacco control budget is earmarked for capacity-building in tobacco control.

Note: For ITCS purposes 'capacity-building' is defined as the process by which awareness, knowledge and skills in relation to tobacco control are provided to stakeholders. This capacity-building goes beyond clinical training in cessation, and must encompass wider aspects of MPOWER.

5. TOBACCO TAXATION >75% OF RETAIL SALES PRICE

Tobacco taxation is one of the most powerful of the policies for reducing tobacco consumption.⁷ Indicators 5 and 6 are complementary; each is a crucial mechanism for ensuring tobacco taxation is set, and remains at an appropriate level. The first: tobacco taxation more than 75 percent of retail sales price is to ensure that tobacco products are priced substantially higher as compared to other items.

The standard method for benchmarking taxation is to use either the most sold brand or an average price across all brands sold in a country. This data on tobacco is often collected by ministries of health and finance and reported to the WHO.⁷ WHO computes the share of excise and total taxes in the retail price of the most widely sold brand of cigarettes, and classifies countries where total tax comprises at least 75 percent of the retail price of cigarettes as being at the highest level of achievement of the MPOWER measure 'Raise tobacco taxes'. An example of the calculation can be found in the technical notes of the WHO Report on the Global Tobacco Epidemic.⁸

6. TOBACCO TAXATION INCREASES FASTER THAN INFLATION PLUS REAL PER CAPITA GROSS DOMESTIC PRODUCT (GDP) GROWTH

Countries have a stake in reducing the affordability of tobacco products. One way to do this is to ensure that increases in tobacco tax exceed both inflation and the growth rate of real per capita GDP – this is the purpose of this second taxation indicator. An increase in gross domestic product per capita per price of 100 packs indicates that it takes more income to buy a pack, and/or the price of cigarettes has increased faster than prices of other goods (inflation) so cigarettes are less affordable. An example of the affordability of cigarettes can be found in the WHO Report on the Global Tobacco Epidemic.⁹

7. NATIONAL TOBACCO CONTROL UNIT

A government unit of staff, mandated by law, designated specifically to develop, lead and manage national tobacco control policy, plans and implementation. The unit staff hold permanent government positions.

8. CIVIL SOCIETY TOBACCO CONTROL NETWORK

A national level coalition or network of civil society organisations that work on, or have an interest in, tobacco control. The coalition or network is independent of government and exists to enable collaboration amongst civil society organisations working together to reduce tobacco use.

9. CIVIL SOCIETY REPRESENTATION IN NATIONAL TOBACCO CONTROL ADVISORY COMMITTEES

Civil society membership of one or more representatives is formally required in policy, law, or a related notification, for each official national committee established on tobacco control. This includes any national advisory committees relating directly or indirectly to tobacco control convened by government, as well as any specific or short-life committees.

10. HEALTH PROMOTION FUND FOR, OR INCLUDING, TOBACCO CONTROL

A health promotion fund or any other body mandated and acting as a permanent national mechanism. This should be established in law, specifically for funding health activities on an ongoing basis, and receiving funds from a source other than the mainstream government budget, such as a specific type of earmarked taxation, or fines or levies.

11. NATIONAL POLICY AGAINST TOBACCO INDUSTRY CORPORATE SOCIAL RESPONSIBILITY

National legislation or policy exists to address and limit corporate social responsibility programmes by the tobacco industry.

Note: Corporate social responsibility can be used by the tobacco industry as a loophole to circumvent tobacco advertising, promotion and sponsorship bans. The range of policies extends from an outright ban on tobacco industry corporate social responsibility programmes (the ideal level) to more limited regulation that restricts promotion of corporate social responsibility by the tobacco industry.

12. TOBACCO-RELATED MORTALITY AND MORBIDITY RECORDING SYSTEM

A national data system enabling collection of data on mortality and morbidity associated with tobacco use based on clinical patient records.

Note: This does not need to be tobacco control specific or purpose-built, but must be capable of providing epidemiologists with a dataset of tobacco use data relating to the national population.

13. NATIONAL EVALUATION FRAMEWORK IN PLACE

An official national framework that sets out a plan for evaluation across the full range of current tobacco control policy and implementation. This framework should be a public document and be part of, or sit alongside, the national tobacco control strategy.

14. EVALUATION BUILT INTO ALL MAJOR POLICY IMPLEMENTATION PLANS

Evaluation mechanisms are integrated with each key tobacco control policy and programme, enabling monitoring and assessment of progress and effectiveness.

15. NATIONAL TOBACCO CONTROL STRATEGY

An official national strategy on tobacco control, approved by government, and developed in collaboration with other stakeholders. This document sets out a roadmap of actions, timescales and targets to be undertaken by various stakeholders with the aim of reducing tobacco consumption.

16. TOBACCO CONTROL AND NON-COMMUNICABLE DISEASES FORM PART OF THE NATIONAL HEALTH POLICY

Both tobacco control and non-communicable disease reduction strategies and targets are formally included in national health policy.

17. TOBACCO CONTROL FORMS PART OF NATIONAL DEVELOPMENT PLAN

A national development plan is the strategy document produced by low- and middle-income country governments to identify their priorities for international aid support. Tobacco control should be identified as one of the national priorities for aid funding to improve population health.

18. HUMAN RESOURCE FOR IMPLEMENTATION (NATIONAL)

Permanent government staff posts funded from the health budget specifically to work on tobacco control at national level. This includes staff within a national tobacco control unit.

Staff positions may be full or part time and should be dedicated to lead and guide national implementation of the tobacco control strategy.

19. GLOBAL TOBACCO SURVEILLANCE SYSTEM SURVEYS

A country should have undertaken at least one round of either the Global Adult Tobacco Survey or the Global Youth Tobacco Survey and should have a repeat of one of the surveys identified in the national strategy or action plan to take place within a given timeframe.

Note: The Global Tobacco Survey System is an internationally recognised and standardised process for monitoring tobacco use (www.cdc.gov/tobacco/global/gtss). Some countries may have their own national surveys, however we have opted to assess using the Global Tobacco Survey System internationally standardised survey tools, which are of verified quality and robustness and importantly enable the constructive comparisons between countries that can be a spur to tobacco control development.

20. INTER-GOVERNMENTAL CO-ORDINATION MECHANISM

A national level committee (or other appropriate structure) that enables communication and collaboration between relevant government ministries on tobacco control – health, finance, industry, commerce, agriculture, education, for example. This should be a permanent structure within government.

21. CAPACITY-BUILDING PLAN FOR TOBACCO CONTROL PERSONNEL

Government budget allocation specifically earmarked for capacity-building (training, competency development, and updating of knowledge and skills in relation to current developments in the field) of staff whose job specifically entails a remit to work on tobacco control.

22. DEVELOPMENT ASSISTANCE FUNDING INCLUDES TOBACCO CONTROL

Development assistance is international funding support, sometimes known as 'aid funding', received by low- and middle-income countries to achieve specific national development goals within a national development plan. By including tobacco control as a national priority within this plan some of the development assistance funding received can be specifically allocated for tobacco control and contribute to achieving the Sustainable Development Goals.

23. CODE OF CONDUCT FOR GOVERNMENT OFFICIALS AND PERSONNEL

This is a general code of conduct for government staff that regulates all relationships, links, communication and funding between government employees and external organisations and corporations. The code of conduct sets down terms on which these external organisation and corporation links may take place, requiring them to be publicly declared, for example. The code is not specific to tobacco control but would include government interactions with the tobacco industry.

24. MINISTRY OF HEALTH WHO FCTC ARTICLE 5.3 POLICY

Article 5.3 of the WHO FCTC requires governments to protect tobacco control policies from the commercial and vested interests of the tobacco industry. An Article 5.3 policy within the ministry of health is critical. This means that the government sets rules to achieve this in law or official policy. Two vital aspects are:

- i. To insulate policy development and implementation from tobacco industry involvement and interference.
- ii. To ensure transparency of any interactions that do occur. Interactions are only allowed if strictly necessary for regulation of the industry and its products – communication with the tobacco industry on how it must apply a new policy, for example.

25. WHO FCTC ARTICLE 5.3 POLICY ACROSS ALL MINISTRIES

Beyond the ministry of health, various ministries relate to and contribute to tobacco control policy, for example education, trade, industry, environment, agriculture. It is therefore important that each relevant ministry also understands and abides by the same rules as ministry of health officials. This will ensure insulation and transparency, as above, so that the tobacco industry cannot seek to influence tobacco control policy through another government ministry.



26. ECONOMIC AND SOCIAL TOBACCO USE COSTS DATA

Data on the costs of tobacco use to the economy and society should be available to enable a full understanding of the national impact of tobacco use. National surveys should include questions to capture such costs and enable national quantification and understanding. Examples include economic loss due to morbidity and mortality due to tobacco; household budget loss to tobacco; substitution of family spending on quality nutrition and family welfare due to tobacco expenditure.

27. NATIONAL FOCAL POINT POST

A government staff member with specific responsibility for leading and co-ordinating national tobacco control under the national strategy. This post ideally should lead and be based within the national tobacco control unit. When a specific unit does not exist the post should be clearly identified as the national focal point for tobacco control.

28. NATIONAL ADVISORY COMMITTEE

The primary national committee to steer the direction of national tobacco control policy and strategy, and with a leading role to ensure effective implementation. This committee is constituted by government and supported by the tobacco control unit and focal point. It includes stakeholders from a range of government departments and non-governmental organisations.

29. CAPACITY-BUILDING PLANS ON RESEARCH AND EVALUATION

The national strategy includes activities to build capacity for tobacco control research and evaluation. This will strengthen and ensure the effectiveness of national tobacco control policy, strategy and implementation. A budget should also be assigned to deliver this.

30. MASS MEDIA CAMPAIGNS FUNDED

Mass media campaigns are a key component of an effective national tobacco control programme. Funds specifically to deliver this should be assigned in the government's annual tobacco control budget.

31. CAPACITY-BUILDING PLAN FOR NON TOBACCO CONTROL SPECIFIC PERSONNEL

The national strategy should allocate a budget to deliver capacity-building for personnel whose role is not focused on tobacco control, but who have important indirect involvement. For example: environmental health inspectors and police enforcing tobacco control law; officials within ministries of finance and trade who have a key role in tobacco taxation and customs regulation; media professionals who interpret and communicate issues, investigating and presenting facts to the public. Awareness, knowledge and training in tobacco control are critical for those fulfilling these roles.

AIMS AND LIMITATIONS



The central purpose of the ITCS is to ensure the critical building blocks for tobacco control sustainability are in place. The ITCS will be most effectively used in conjunction with the core international processes for WHO FCTC monitoring and the Global Tobacco Surveillance Systems.

The rationale for the ITCS' binary rating system: **present/absent** places emphasis on ensuring critical structures, policies and resources are in place. This enables assessment to take place across vastly varied countries. And it clearly identifies gaps. Our overarching aim is to enable

countries to draw out the information needed to strengthen and sustain their tobacco control systems.

Nonetheless we recognise that this binary rating system cannot reflect the complex realities of tobacco control. While 'policies', 'structures' and 'resources' may sound 'black and white', in practice some factors are open to interpretation and judgement calls are required. If the sum of evidence suggests that an indicator is not fully present then it must be rated absent – this is a prompt for progress. The recommendation is that countries convene multi-stakeholder focus groups to discuss

the **presence or absence** of indicators. The binary rating system precludes judgements about the quality or implementation of a policy, resource or structure.

If the process to put a policy, structure, or resource in place is underway at the time of the assessment it should be considered 'absent' until the policy, resource or structure is formally in place. In this way an ITCS assessment should be viewed as a 'snapshot in time', capturing a moment in an evolving situation. Repeat assessments can be useful for gauging progress over time.

THRESHOLDS

The ITCS provides an overall indication of the level of sustainability of tobacco control in a country within the bands set out in Figure 1.

The sustainability level was set based on the results of a first round of country assessments completed in 2016 by 24 countries with the world's largest smoker populations, spanning every world region and including low-, middle- and high-income countries.¹

In order to be considered sustainable, a country must score 100 or more and have at least four MPOWER policies in place at the highest levels of achievement as classified by WHO.

A country with a high ITCS score may still have gaps in its policies and structures. Completing an assessment identifies these gaps and creates a baseline from which to work.

Having established that these building blocks are in place countries must then ensure that they are functioning at a level that will reduce tobacco use effectively. Policies that were initially established at a lower level must be strengthened to reduce tobacco consumption, and budgets allocated for tobacco control must be maintained.

Countries that score below the threshold of tobacco control sustainability require further efforts to put in place the structures and policies that will improve the durability of national tobacco control. These countries can use the ITCS assessment to identify gaps and to prioritise future actions.



FIGURE 1: ITCS THRESHOLDS

COMPLETE AN ASSESSMENT



Our goal in creating this tool is to assist any country in their vital tobacco control work – to ensure precious funds and resources for public health are invested with greatest efficiency and impact, securing greater physical and economic health for nations globally.

Feedback so far has indicated that undergoing an assessment gives countries an holistic overview of their national tobacco control programme, and can draw relatively disparate projects and stakeholders together. This in itself can help progress towards sustainability as overlap between organisations can be identified and resources used more strategically.

As countries complete assessments over time, achievements can be reported across media which also helps build awareness for, and support of national efforts to reduce tobacco use and protect and promote health.

To find out more about completing an ITCS assessment contact The Union's Department of Tobacco Control: tobaccofreeunion@theunion.org

We recommend that countries complete an assessment every couple of years to track progress towards sustainability.

ASSESSMENT SUMMARY EXAMPLE

PROGRESSING

ITCS TOTAL
80/130

SUSTAINABILITY INDICATORS ACHIEVED

POLICY

- National law

Note: the national law is exclusively on tobacco advertising at the time of ITCS assessment, however a more far-reaching national law covering other policies is anticipated in later 2016.*

STRUCTURE

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Human resource for implementation
- Capacity-building plan for tobacco control specific personnel
- Global Tobacco Surveillance System
- Tobacco control included in the national development plan

FINANCE

- Mass media campaigns are funded
- National tobacco control capacity-building budget allocated

SUSTAINABILITY INDICATORS FOR FURTHER DEVELOPMENT

POLICY

- Remaining MPOWER policies
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- Law against tobacco industry corporate social responsibility
- Article 5.3 in ministry of health policy and across all ministries

Note: For countries such as this where the government owns / manages the tobacco industry a context-specific Article 5.3 policy is critical to insulate health policy and tobacco control while a context-specific policy on tobacco industry corporate social responsibility is also required.

STRUCTURE

- National advisory committee, and to include civil society official representation
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Development assistance funding including tobacco control
- Capacity-building plan for non tobacco control specific personnel

FINANCE

- National allocated budget specifically for tobacco control

Note: The government has a specific earmarked budget for tobacco control however, while substantial, it is not yet at the level to address the per capita requirement of the large population.

- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation, and including tobacco control in development assistance funding may assist in providing a sustainable national budget

REFERENCES

1. Jackson-Morris, A., & Latif, E. (2016). Index of tobacco control sustainability (ITCS): a tool to measure the sustainability of national tobacco programmes. *Tobacco Control*, 1-9. doi:<http://dx.doi.org/10.1136/tobaccocontrol-2015-052799>
2. World Health Organization (2003). WHO Framework Convention on Tobacco Control. Geneva: World Health Organization.
3. Levy, DT., Yuan, Z., Luo, Y. & Mays, D. (2016). Seven years of progress in tobacco control: an evaluation of the effect of nations meeting the highest level MPOWER measures between 2007 and 2014. *Tobacco Control* Published Online First: 12 December 2016. doi: [10.1136/tobaccocontrol-2016-053381](https://doi.org/10.1136/tobaccocontrol-2016-053381)
4. Ross, H., Stoklosa, M. (2012). Development assistance for global tobacco control. *Tobacco Control*, 21(15), 465-470. doi: <http://dx.doi.org/10.1136/tc.2011.043380>
5. GBD Tobacco Collaborators (2017). Smoking prevalence and attributable disease burden in 195 countries and territories, 1990-2015: a systematic analysis from the Global Burden of Disease study 2015. *The Lancet*, 389 (10082), 1885-1906. doi: [http://dx.doi.org/10.1016/S0140-6736\(17\)30819-X](http://dx.doi.org/10.1016/S0140-6736(17)30819-X)
6. The United Nations. Goal 3: Ensure healthy lives and promote well-being for all at all ages. Goal 3 targets. Retrieved September 9, 2016, from The UNDP Sustainable Development Goals: [http:// www.un.org/sustainabledevelopment/health/](http://www.un.org/sustainabledevelopment/health/)
7. World Health Organization (2015). WHO Report on the Global Tobacco Epidemic, 2015: Raising Taxes on Tobacco. Global Report. Geneva: World Health Organization.
8. World Health Organization. (2015b). Technical Note III: Tobacco Taxes in WHO member States. Retrieved September 16, 2016, from WHO report on the global tobacco control epidemic: http://www.who.int/tobacco/global_report/2015/technicalnote3.pdf?ua=1
9. World Health Organization (2015c). Appendix II: Tobacco Taxes and Prices. Retrieved September 16, 2016, from WHO report on the global tobacco control epidemic: http://www.who.int/tobacco/global_report/2015/appendix2.pdf?ua=1

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