

HISTORY SAYS:

“Measure the distances. Estimate the expenses. Evaluate the forces. Assess the possibilities. Plan for victory.”

General Sun Tzu, *Art of War*, China, Circa 500 BCE

Tobacco control has evolved over the last 30 years from sporadic acts by activists and isolated action by some governments to a mainstream public health issue, with known, proven, cost-effective measures. Needed now is a coherent public health strategy designed to reduce tobacco consumption, involving international, regional, national, and local actors involved in strategic planning, policy-oriented research, capacity building, funding, enforcement, and evaluation.

Surveillance is essential to support sound policy. Almost half of all countries have monitoring systems enhanced by research initiatives such as GYTS, GATS, and STEPS. Yet research on tobacco continues to be underfunded throughout the world.



CORE FUNDING FOR THE DEVELOPMENT AND IMPLEMENTATION OF PUBLIC HEALTH POLICY MUST COME FROM GOVERNMENTS THEMSELVES. In addition to academic research, various philanthropic organizations have funded policy-oriented research and tobacco control projects. As of press time, Bloomberg Philanthropies has funded many projects in more than 40 countries. Philanthropist Michael Bloomberg and the Bill and Melinda Gates Foundation's commitment of \$500 million over seven years (2006–2013) more than triples the available resources to control tobacco in low- and middle-income countries.

The UN High-Level Meeting on noncommunicable diseases in 2011 offered a unique opportunity to move tobacco forward strategically in the framework of other NCD issues, such as cancer, diabetes, heart disease, chronic lung disease, physical activity, alcohol, and unhealthy diets (see Chapter 22 – *Rights and Treaties*).

Field worker administers the Global Adult Tobacco Survey, *Nassau, 2008*

! “If you can't measure it, you can't manage it.”
Marketing maxim

Public Health Strategy

To mobilize public action on priority health issues, those involved with the process must identify several points:

The problem and the scale of the problem. Monitoring and surveillance including prevalence, health, economic impact, actions taken, experience, and lessons learned from other countries.

The public health objectives, and how these should be framed.

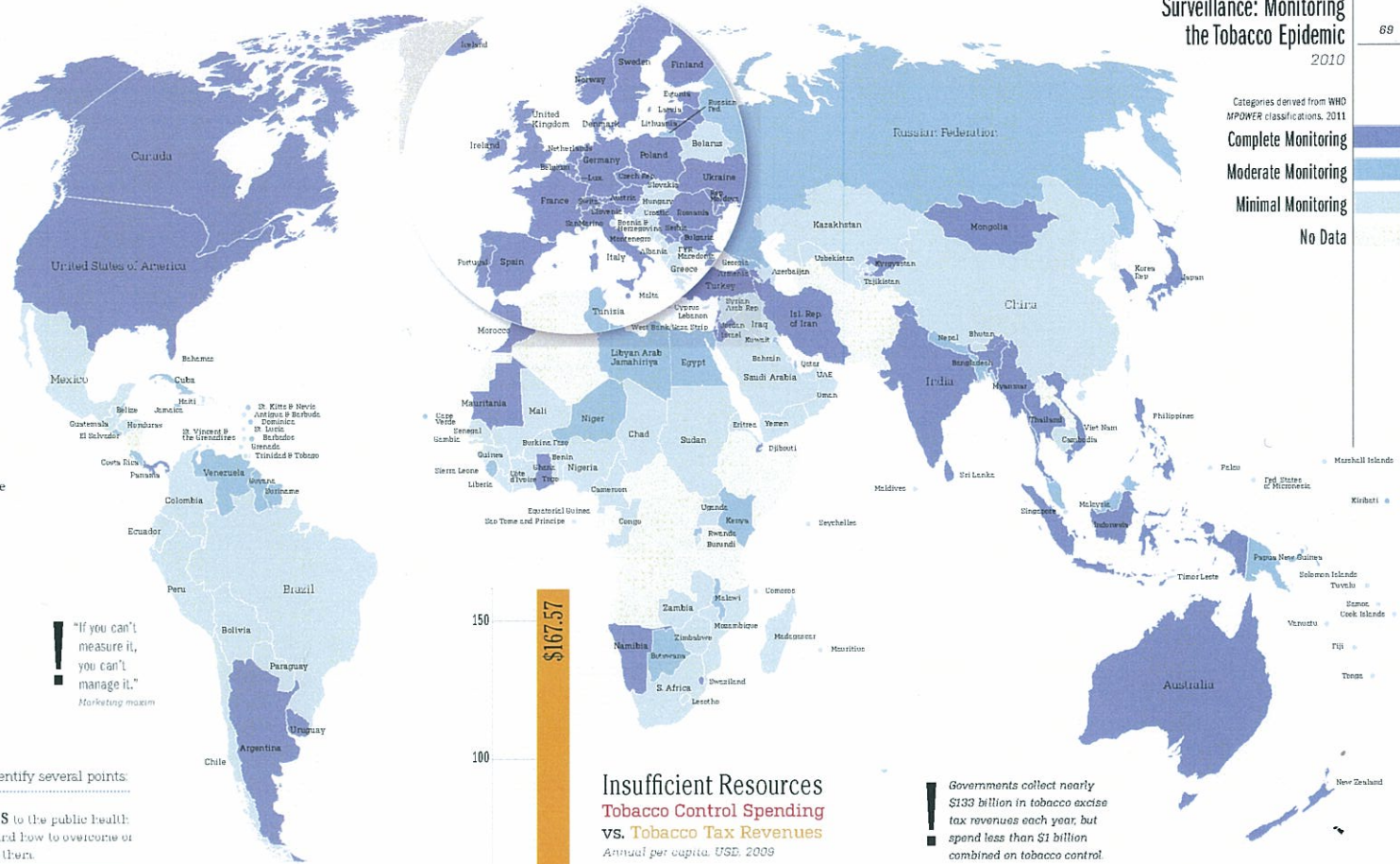
The key decision makers, to whom they answer, if they can be influenced, and how.

Groups or individuals to be involved (inside and outside government) and how these may be most effectively used; whether there should be a coalition and how it could be managed; whether anyone should not be included; what roles are assigned to the leaders; what budget is required; and who should oversee it.

Obstacles to the public health objectives and how to overcome or circumvent them.

Strengths and weaknesses of the opposition's position and how to respond to it.

Media advocacy objectives.



Surveillance: Monitoring the Tobacco Epidemic 2010

Categories derived from WHO MPOWER classifications, 2011

- Complete Monitoring
- Moderate Monitoring
- Minimal Monitoring
- No Data