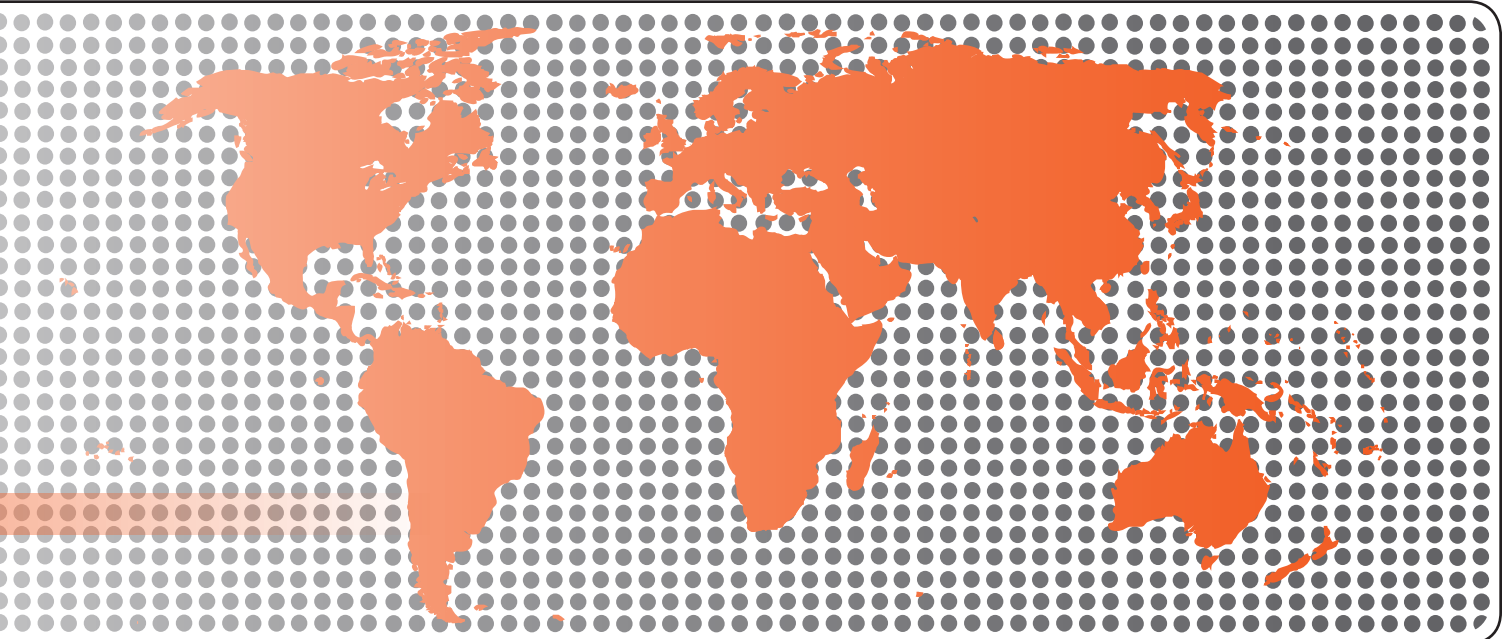


GTSS Global Adult Tobacco Survey (GATS)



Country Engagement Process



Global Adult Tobacco Survey (GATS) Country Engagement Process

Version 3.0
December 2011

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1. Introduction

The Global Adult Tobacco Survey (GATS), a component of the Global Tobacco Surveillance System (GTSS), is the global standard for systematically monitoring adult tobacco use and tracking key tobacco control indicators. GATS is a nationally representative household survey of adults 15 years of age or older, using a consistent and standard protocol across countries. It is intended to enhance the capacity of countries to design, implement, and evaluate tobacco control and prevention programs. It will also assist countries to fulfill their obligations under the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). To further assist countries in addressing selected demand-related articles of the WHO FCTC, WHO developed the MPOWER package, which is comprised of six evidence-based tobacco control measures:



- 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

GATS is intended to generate comparable data within and across countries, and monitor the key indicators of the MPOWER package. The purpose of this document is to provide guidance to partner agencies in effective implementation of GATS.

Partners and Partner Roles

Partners and partner roles in GATS include the following:

- National governments provide leadership and coordination at the country level;
- WHO provides global, regional and in-country leadership as well as monitoring of global tobacco control policy implementation;
- CDC, a WHO Collaborating Center for Global Tobacco Surveillance, provides technical assistance for implementation of the surveillance system;
- Johns Hopkins Bloomberg School of Public Health (JHSPH) provides technical assistance on data analysis and reporting;
- RTI International provides training and technical assistance in electronic data collection;
- CDC Foundation provides resources and program support.

Funding for GATS is provided by the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies. Funding for China and selected countries in Africa is provided by the Bill and Melinda Gates Foundation.

GATS Process

The GATS process is organized into two broad categories; the introductory country engagement process and a series of technical workshops or missions.

2. Introductory Country Engagement

The introductory engagement process begins with the GATS partners inviting the country to participate and join the initiative. This process starts with the introduction of the survey to the Ministry of Health (MoH) and key officials from the national government to seek their commitment to participate in the survey and the support available from the partner organizations. Two formal letters are expected: a) The MoH will formally express its interest and commitment to participate in the initiative and nominate the GATS implementing agency (GIA) in accordance to the criteria outlined in the *GATS Implementing Agency Selection Guidelines*, and, b) The GIA will respond and formally express its commitment to the MoH to undertake the survey as per the GATS standard protocol. If needed, GATS partners may plan an introductory mission to a country to meet country officials from national governments, MoH, and potential GIA to assess country's interest and formalize the nomination of implementing agency. The formal letters of commitment will be coordinated by the respective WHO Regional Office (RO) in collaboration with the Country Office (CO). The WHO Regional Surveillance Officers (RSO) will coordinate this process in collaboration with WHO Country Office, Headquarters and GATS partners.

The GIA will be requested to provide documentation regarding their eligibility to undertake GATS as defined in the *GATS Implementing Agency Selection Guidelines* and/or the GIA will be requested to make a formal presentation to MoH and WHO CO as appropriate. In either instance, documentation which contains a summary report on GIA's response to the eligibility criteria outlined in the *GATS Implementing Agency Selection Guidelines* should be attached to the letter that will be sent from MoH to GATS partners.

After the political commitment is received by the GATS partners, a series of technical workshops or missions are held to plan and implement GATS. These workshops or missions are organized by technical experts representing the GATS partner organizations, MoH and the GIA.

3. Technical Workshops or Missions

Technical workshops begin following the country's formal expression of interest to implement GATS. A series of five workshops are organized as follows:

- 3.1 Orientation to GATS Standard Operating Procedures and Proposal Development
- 3.2 Pretest Training and Implementation
- 3.3 Full Survey Training for Fieldwork and Data Management
- 3.4 Sample Weighting, Quality Assurance, Data Analysis and Reporting
- 3.5 Release and Dissemination

Technical workshops include relevant experts from GATS partner organizations and national experts from MoH, GIA and tobacco control program. The WHO RSO, in consultation with the CO, is responsible for organizing these workshops in consultation with relevant national and GATS partners.

A Data to Program and Policy Intervention workshop following successful release in each country will also be organized by in-country and international partners.

3.1 Orientation to GATS Standard Operating Procedures and Proposal Development

The orientation provides a forum for technical exchange with the GATS partners and experts to meet with the representatives from the participating countries responsible for coordinating and implementing the surveys. The orientation will provide an in-depth overview of the entire GATS process which includes introduction to the technical elements of the GATS Comprehensive Standard Protocol and Guidelines for Proposal Development. The process will also allow participants to focus on the adaptation of the GATS standard protocol to the country situation (in particular, adaptation of the GATS questionnaire and review of sample design options), develop a country specific plan and timeline for the GATS process and will provide a step-by-step guide on proposal development, submission, review and funding.

Specifically, the orientation topics will include the following:

- Overview of tobacco epidemic and importance of monitoring and surveillance
- Introduction to GATS Standard Comprehensive Protocol
 - GATS Core Questionnaire and optional questions and adaptation to country situation
 - GATS Sample Design and adaptation to country situation and drafting the sampling framework
 - Expert reviews of the standard protocol by the GATS Questionnaire Review Committee (QRC) and Sample Review Committee (SRC).
- Proposal development and funding guidelines for pretest and full survey implementation
- Plans for pretest implementation
- Capacity of the GIA to establish electronic data collection mechanism
 - Infrastructure and support needs for handheld training and data collection
 - Data management needs and resources
- Timeline for completing the entire GATS process, communication and progress tracking mechanisms

Participants to the orientation will include a MoH tobacco control focal point, GIA project manager, GIA sampling and data management experts, and a representative from the WHO country office. The GATS partners will organize multi-country orientation workshops. In certain circumstances when an orientation workshop has to be organized for a single country, the WHO RSO will organize the workshop in consultation with country representatives and GATS partners. The orientation workshop will be approximately 5 days.

3.2 Pretest Training and Implementation

The Pretest Training and Implementation workshop will provide technical exchange and training on implementing the GATS adapted questionnaire. In consultation with the WHO RSO, the CDC country focal point and data management experts will provide technical assistance during the pretest training. Prior to the pretest implementation workshop, it is important for the GATS implementing agency to submit the GATS proposal, have the contract approved, and receive the funds. The pretest training and implementation workshop will be approximately 8 to 10 days.

3.3 Full Survey Training

Once the GIA expresses its readiness (by adapting and finalizing the GATS questionnaire, obtaining final approval of the sample design, completing mapping and listing, and finally, having the handhelds programmed for the survey), a full survey training for fieldwork and data management will be organized by the implementing agency to prepare its fieldworkers to conduct the survey and/or train the trainers and field staff.

A full survey training for fieldwork and data management will be organized by the GIA to prepare its fieldworkers to conduct the survey and/or train the trainers and field staff. The GATS project manager from GIA, in coordination with the WHO RSO and CO, CDC country focal point, and data management expert, will organize the training workshop. Approximate duration of this training workshop can range from 5 to 8 days.

3.4 Sample Weighting, Quality Assurance (QA), Data Analysis and Reporting

This workshop aims to provide technical exchange on sample weighting procedures, quality assurance processes, and in the development of a data analysis plan and drafting of country fact sheet and report. During this workshop, the data weighting and quality assurance will be reviewed and approved by the two expert committees: GATS Sample Review Committee (SRC) and the Analysis Review Committee (ARC) to ensure accuracy, scientific rigor, and standardization. The workshop is coordinated by the WHO RSO in collaboration with GIA and CDC country focal point. Approximate duration of this workshop can range from 5 to 8 days.

3.5 Release and Dissemination

The GIA will collaborate with MoH and partners to set a date for the release of the GATS Fact Sheet and Country Report. MoH and GATS partners will collaborate with GIA and national tobacco control networks on media release and dissemination.

Finally, a Data to Tobacco Control Program and Policy Intervention workshop will be planned at the conclusion of the release.

4. Resources

4.1



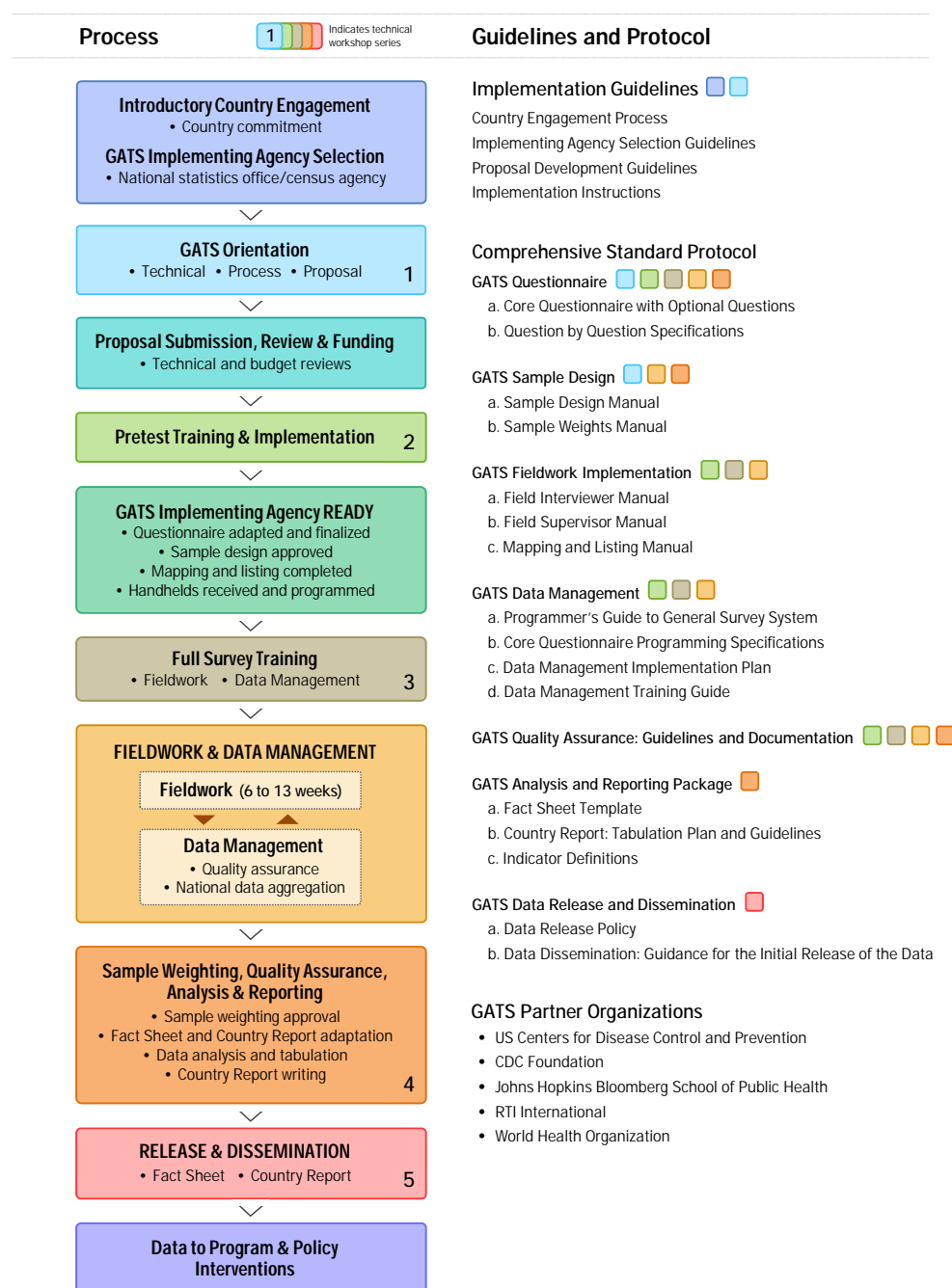
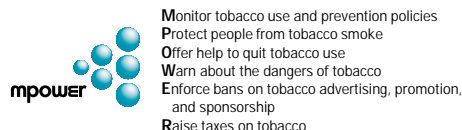
GATS Process Chart

Global Adult Tobacco Survey

The Global Adult Tobacco Survey (GATS) is the global standard to systematically monitor adult tobacco use and track key tobacco control indicators.

GATS is a nationally representative household survey of adults 15 years of age or older, using a standard protocol. It is intended to generate comparable data within and across countries. GATS enhances countries' capacity to design, implement and evaluate tobacco control interventions.

GATS aims to assist countries address selected demand-related articles of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). It will further support the WHO MPOWER policy package which includes:



4.2 GATS Comprehensive Standard Protocol

GATS Questionnaire

- a. Core Questionnaire with Optional Questions
- b. Question by Question Specifications

GATS Sample Design

- a. Sample Design Manual
- b. Sample Weights Manual

GATS Fieldwork Implementation

- a. Field Interviewer Manual
- b. Field Supervisor Manual
- c. Mapping and Listing Manual

GATS Data Management

- a. Programmer's Guide to General Survey System
- b. Core Questionnaire Programming Specifications
- c. Data Management Implementation Plan
- d. Data Management Training Guide

GATS Quality Assurance: Guidelines and Documentation

GATS Analysis and Reporting Package

- a. Fact Sheet Template
- b. Country Report: Tabulation Plan and Guidelines
- c. Indicator Definitions

GATS Data Release and Dissemination

- a. Data Release Policy
- b. Data Dissemination: Guidance for the Initial Release of the Data

Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey (GATS)

Available at: www.cdc.gov/tobacco/global

4.3 Correspondence/Letter Templates and Examples

Following are templates and examples of letters of engagement and commitment to serve as a guide:

Templates

- 4.3.1 *Introductory Letter from GATS Partners to MoH*
- 4.3.2 *Introductory Letter from MoH to GIA*
- 4.3.3 *Commitment Letter from MoH to GATS Partners*
- 4.3.4 *Commitment Letter from GIA to MoH*

Examples

- 4.3.5 *Commitment Letter from MoH Malaysia to GATS Partners*
- 4.3.6 *Commitment Letter from MoH Thailand to GATS Partners*
- 4.3.7 *Commitment Letter and Nomination of GIA from MoH Turkey to GATS Partners*
- 4.3.8 *Introductory Letter from MoH Turkey to GIA Requesting Participation in GATS*

4.3.1 Introductory Letter from GATS Partners to MoH

[NAME]

[TITLE]

Ministry Of Health [COUNTRY]

[ADDRESS]

Subject: Introducing and Inviting MoH [COUNTRY] Participation in the Global Adult Tobacco Survey (GATS)

Dear [NAME]:

On behalf of the World Health Organization (WHO), it is my pleasure to introduce you to a global initiative to monitor adult tobacco use.

As you may already know that many countries in the world, including [COUNTRY] have been implementing surveys to monitor tobacco use among adults, however, there was no global protocol to consistently monitor adult tobacco use and track key tobacco control indicators.

In 2007, WHO and the U.S. Centers for Disease Control and Prevention (CDC) led the development of a Global Adult Tobacco Survey (GATS) protocol in consultation with 40 experts in surveillance and tobacco control. GATS became part of the Global Tobacco Surveillance System (GTSS), which included three school based surveys: Global Youth Tobacco Survey (GYTS), Global School Personnel Survey (GSPS), and Global Health Professions Student Survey (GHPSS). Please find enclosed GTSS information.

[COUNTRY] has already implemented GYTS, GSPS, and GHPSS. Tobacco use still remains the leading preventable cause of premature disease and death. Systematic monitoring of this epidemic is essential to managing it.

GATS is a nationally representative survey of adults 15 years of age or older, using a consistent and standard protocol across countries. It is intended to enhance countries' capacity to design, implement, and evaluate tobacco control and prevention programs. In addition, it aims to assist countries in tracking the WHO Framework Convention on Tobacco Control (FCTC) and the WHO MPOWER Technical Package.

GATS is funded by the Bloomberg Initiative to Reduce Tobacco Use, a program of Bloomberg Philanthropies [NOTE: USE THE BILL AND MELINDA GATES FOUNDATION IF APPROPRIATE]. As of [MONTH, YEAR], GATS has been successfully implemented in [NUMBER] countries and expanded to [NUMBER] countries in [YEAR].

[COUNTRY] was identified by the partners to implement GATS in [YEAR]. Given your leadership in tobacco control, and in view of the above, we would like to extend an invitation to you to participate in this initiative. We would also like to mention that both technical and financial support would be provided and we also encourage contributions from the MoH if you so desire.

Please find enclosed two documents: *GATS Country Engagement Process* and *GATS Implementing Agency Selection Guidelines*. If you have any further questions, please let us know.

We look forward to hearing from you at your earliest convenience.

Sincerely,

WHO (WR)

Copy: WHO Region / WHO HQ / CDC / CDC Foundation

Encl: GTSS Brochure / *GATS Country Engagement Process* / *GATS Implementing Agency Selection Guidelines*

4.3.2 *Introductory Letter from MoH to GIA*

[NAME]

[TITLE]

Statistical Agency [COUNTRY]

[ADDRESS]

Subject: Introducing the Global Adult Tobacco Survey (GATS) to [AGENCY, COUNTRY]

Dear [NAME]:

On behalf of the World Health Organization (WHO), it is my pleasure to introduce you to a global initiative to monitor adult tobacco use.

As you may already know that many countries in the world, including [COUNTRY] are have been implementing surveys to monitor tobacco use among adults, however, there was no global protocol to consistently monitor adult tobacco use and track key tobacco control indicators.

In 2007, WHO and the U.S. Centers for Disease Control and Prevention (CDC) led the development of a Global Adult Tobacco Survey (GATS) protocol in consultation with 40 experts in surveillance and tobacco control. GATS became part of the Global Tobacco Surveillance System (GTSS), which included three school based surveys: Global Youth Tobacco Survey (GYTS), Global School Personnel Survey (GSPS), and Global Health Professions Student Survey (GHPSS). Please find enclosed GTSS information.

[COUNTRY] has already implemented GYTS, GSPS, and GHPSS. Tobacco use still remains the leading preventable cause of premature disease and death. Systematic monitoring of this epidemic is essential to managing it.

GATS is a nationally representative household survey that will enable countries to collect data on adult tobacco use and key tobacco control measures. Results from GATS will assist countries in formulating, tracking and implementing effective tobacco control strategies. The target population includes males and females 15 years of age or older, with an approximate sample size of 4000 (rural/urban). WHO and CDC are available to provide technical assistance during the planning and implementation of the survey.

Given the expertise in survey design and implementation of [COUNTRY AGENCY], we would like to request that you consider participating in this initiative by being the nodal agency to implement GATS in [COUNTRY] in [YEAR], in consultation with the Ministry of Health.

Please find enclosed information on GATS and agency selection guidelines for your consideration. If you have any questions, please contact [NAME + CONTACT INFORMATION].

Sincerely,

Ministry Of Health

Copy:

Encl: GATS Brochure / *GATS Implementing Agency Selection Guidelines*

4.3.3 Commitment Letter from MoH to GATS Partners

[NAME]

Office of the WHO Representative to [COUNTRY]

[ADDRESS]

Subject: Global Adult Tobacco Survey (GATS) in [COUNTRY]

Dear [NAME]:

I am writing to you in reference to the proposed implementation of the Global Adult Tobacco Survey (GATS) in [COUNTRY]. The Ministry of Health is pleased to confirm its commitment to conducting this survey and has agreed to implement GATS in [YEAR]. In support of that commitment, the Ministry of Health has nominated the [STATISTICAL OR SURVEILLANCE AGENCY] to serve as the implementing agency for GATS. This agency has expressed its readiness and availability to conduct the survey in [YEAR]. The Ministry of Health has considered the following criteria prior to nominating the [STATISTICAL OR SURVEILLANCE AGENCY]:

1. Experience in conducting national household and health surveys and /or census;
2. Previous work with Ministry of Health;
3. Availability to conduct GATS within the desired timeframe;
4. Access to the necessary human resources and infrastructure required to conduct a national household survey;
5. Access to, or ability for, generating an updated national sampling frame that covers the entire country. The statistical agency should also be able to perform a probability sample in accordance with guidelines outlined in the *GATS Sample Design Manual*;
6. Capability for implementing standardized procedures;
7. Commitment to use the *Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey* in future, ongoing national surveys where appropriate; and
8. Commitment to repeat GATS in the future.

Please find enclosed a copy of a summary report documenting the eligibility of GIA as defined in the *GATS Implementing Agency Selection Guidelines*.

During the review of the potential GATS implementing agencies, [STATISTICAL OR SURVEILLANCE AGENCY] demonstrated an unparalleled capacity for conducting GATS in [COUNTRY]. The Ministry of Health is confident that the agency possesses the ability to implement the survey in accordance with the standards set forth in the *GATS Comprehensive Standard Protocol* and proposal of [STATISTICAL OR SURVEILLANCE AGENCY] will conform to the standards outlined in the *GATS Implementing Agency Selection Guidelines*.

We look forward to receiving the formal proposal and budget from the [STATISTICAL OR SURVEILLANCE AGENCY] and subsequent consideration and acceptance of [STATISTICAL OR SURVEILLANCE AGENCY] as the GATS implementing agency in [COUNTRY] by the World Health Organization's Contract Review Committee.

Copy: GATS Partners

Encl: Summary report

4.3.4 Commitment Letter from GIA to MoH

[NAME]

[TITLE]

Ministry of Health [COUNTRY]

ADDRESS

Subject: Global Adult Tobacco Survey (GATS) in [COUNTRY]

Dear [NAME]

I am writing in reference to your letter dated [DATE] requesting the [NAME: NATIONAL STATISTICAL AGENCY] to undertake the implementation of the Global Adult Tobacco Survey (GATS) in [COUNTRY]. Following careful consideration of the request and review of the criteria set forth in the *GATS Implementing Agency Selection Guidelines*, we are pleased to inform you that we agree to participate in this initiative and are available to implement GATS in [YEAR]. We have considerable expertise, infrastructure and resources to implementing national household surveys. In addition, we have access to national sampling frame, trained personnel, technical expertise and capability to implement standard procedures as outlined in the *GATS Implementing Agency Selection Guidelines* and GATS Comprehensive Standard Protocol.

As you already know, we have conducted a number of national health and household surveys and are interested to add standard tobacco questions where possible as outlined in the document *Tobacco Questions for Surveys: A Subset of Key Questions from the Global Adult Tobacco Survey* that was shared with us.

To proceed with next steps, we assign [NAME] as the focal point for this initiative from our organization. [NAME] can be contacted at [EMAIL; TELEPHONE].

We look forward to be a part of this important initiative and collaborate with national and international partners.

Copy:

4.3.5 Commitment Letter from MoH Malaysia to GATS Partners

	KETUA PENGARAH KESIHATAN MALAYSIA DIRECTOR GENERAL OF HEALTH MALAYSIA	Kementerian Kesihatan Malaysia Arau-12, Blok 17, Kompleks 1 Pusat Perubatan Kerajaan Persekutuan 62500 Putrajaya Tel: 603-89335424 Faks: 603-89395542 Email: kesihatan@kemk.kem.gov.my
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(9) dlm. KKM-171/BKP/08/40/0592
30th June 2010

Dr. Corinne Capuano
Office of the WHO Representative for
Brunei Darussalam, Malaysia and Singapore
P.O. Box 12550
50782 Kuala Lumpur.

Dear Dr. Capuano,

**GLOBAL ADULT TOBACCO SURVEY (GATS) PHASE 2 COUNTRIES
PROPOSAL 2010-2011**

Thank you for your letter (ICP/TF1/001) dated 10th June 2010 regarding the
above matter.

2. The Ministry of Health of Malaysia agrees that the Global Adult Tobacco
Survey (GATS) would provide valuable current information regarding tobacco
use. The results of this survey would complement available statistics on tobacco
use derived from the recent National Health & Morbidity Survey in 2006.

3. We are therefore interested to participate in the Phase 2 of the Global
Adult Tobacco Survey (GATS) project and will provide all the necessary support
and cooperation to facilitate its implementation.

4. For further information, kindly contact Dr. Lokman Hakim bin Sulaiman,
Director of Disease Control, MOH (e-mail address: lokman.hakim@moh.gov.my).

Thank you.

Yours sincerely,



TAN SRI DATO' SERI DR. HJ. MOHD ISMAIL MERICAN
Director General of Health, Malaysia.


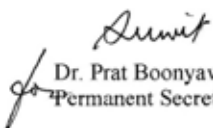


c.c.: Undersecretary
Policy and International Relations Division
Ministry of Health, Malaysia.

RECEIVED

30 JUN 2010

World Health Organization
Representative Office for Brunei Darussalam,
Malaysia & Singapore

4.3.6 Commitment Letter from MoH Thailand to GATS Partners

No. 0224.01/3363		Ministry of Public Health Tivanond Road, Nonthaburi 11000, Thailand Tel : 66 2590 1368 Fax : 66 2591 8562, 66 2590 1374
๓๗ July B.E. 2550 (2007)		
Dear Dr. Jayawickramarajah,		
Subject: <u>Global Adult Tobacco Survey in Thailand</u>		
Further to our letter No. 0224.0113154 dated 17 July 2007 informed you that the Ministry of Public Health has agreed to join the Global Adult Tobacco Survey Initiative and implementation of GATS in Thailand.		
We are pleased to send you a copy of the Ministry of Public Health's order "Appointment of the Global Adult Tobacco Survey Steering Committee" enclosed for your information.		
Your kind cooperation in the matter would be highly appreciated.		
Yours sincerely,		
 Dr. Prat Boonyawongvirot Permanent Secretary		
		
Dr. P.T. Jayawickramarajah WHO Representative to Thailand c/o Ministry of Public Health Tivanond Road, Nonthaburi 11000		
Encl: As stated		
 ๓๗ ๓๐๖		

4.3.7 Commitment Letter and Nomination of GIA from MoH Turkey to GATS Partners

REPUBLIC OF TURKEY
MINISTRY OF HEALTH
Department of Foreign Affairs

Our reference:

26.10.2007* 5099

Dr. Marc Danzon
Regional Director
Regional Office for Europe
World Health Organization

Dear Dr. Danzon,

I am writing to you in reference to the recent visit of the representatives of the World Health Organization, Centre for Disease Control and Prevention, CDC Foundation and the Bloomberg Foundation on 21-26 October 2007 to introduce the Global Adult Tobacco Survey (GATS) to be implemented in Turkey. I am pleased to inform you that the Ministry of Health has agreed to implement the aforementioned survey in 2008.

The Ministry of Health will collaborate with national tobacco control agencies and the Turkish Statistical Institution (TUIK) in order to establish an inter-country GATS Coordination Committee for planning the implementation of the survey and data analysis, dissemination and utilization of data for tobacco control programmes.

Given the experience of the Turkish Statistics Institution in conduction such comprehensive household surveys, the Ministry of Health confirms the nomination of the TUIK to implement GATS in Turkey.

If you may need further questions, please do not hesitate to contact me.

We look forward to collaborating with you in this important endeavour.

Yours Sincerely,


Dr. Turan Buzgan
Deputy Undersecretary

W.H.O. EURO LIAISON OFFICE Ankara/Turkey	
DATE 27.10.2007	No: 499
FILE: Tobacco Control (BGI)	
LO	AA

web site: www.saglik.gov.tr e-mail: didb@saglik.gov.tr
Tel: (+90-312) 585 22 50-585 22 55 Fax: (+90-312) 4339885 Sıhhiye-Ankara

4.3.8 *Introductory Letter from MoH Turkey to GIA Requesting Participation in GATS*

President
Turkish Statistical Institute
Prime Ministry Republic of Turkey
Necatibey Cad. No: 114
06100 Bakanliklar
Ankara, Turkey

October, 23, 2007

Subject: Global Adult Tobacco Survey (GATS) in Republic of Turkey

Dear President:

I am writing in reference to the recent visit by the representatives of the World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), the CDC Foundation and the Bloomberg Foundation to introduce the Global Adult Tobacco Survey (GATS) to be implemented in Turkey.

As you may know, GATS is a part of the Global Initiative to Reduce Tobacco Use funded by the Bloomberg Foundation in partnership with WHO, CDC, CDC Foundation and the Johns Hopkins Bloomberg School of Public Health and the 14 participating countries. Republic of Turkey is part of this initiative and has been invited to participate in implementing GATS.

GATS is a nationally representative household adult survey that will enable countries to collect data on adult tobacco use and key tobacco control measures. Results from GATS will assist countries in formulating, tracking, and implementing effective tobacco control strategies. The target population includes males and females 15 years of age or older with an approximate sample size of 8000 (rural/urban). This survey will be funded by the CDC Foundation through WHO Country Office. CDC is available to provide technical assistance during the planning and implementation of the survey.

Given the expertise in survey design and implementation of the Turkish Statistical Institute, we would like to request that you consider participating in this initiative by being the nodal agency to implement GATS in Turkey in 2008 in consultation with the Ministry of Health.

Please find enclosed information on GATS and proposal development guidelines for your consideration.

If you have any questions, please contact Dr. [NAME], WHO Country Focal Point [EMAIL], [PHONE].

We look forward to hearing from you.

Enclosure



GLOBAL TOBACCO SURVEILLANCE SYSTEM (GTSS)

