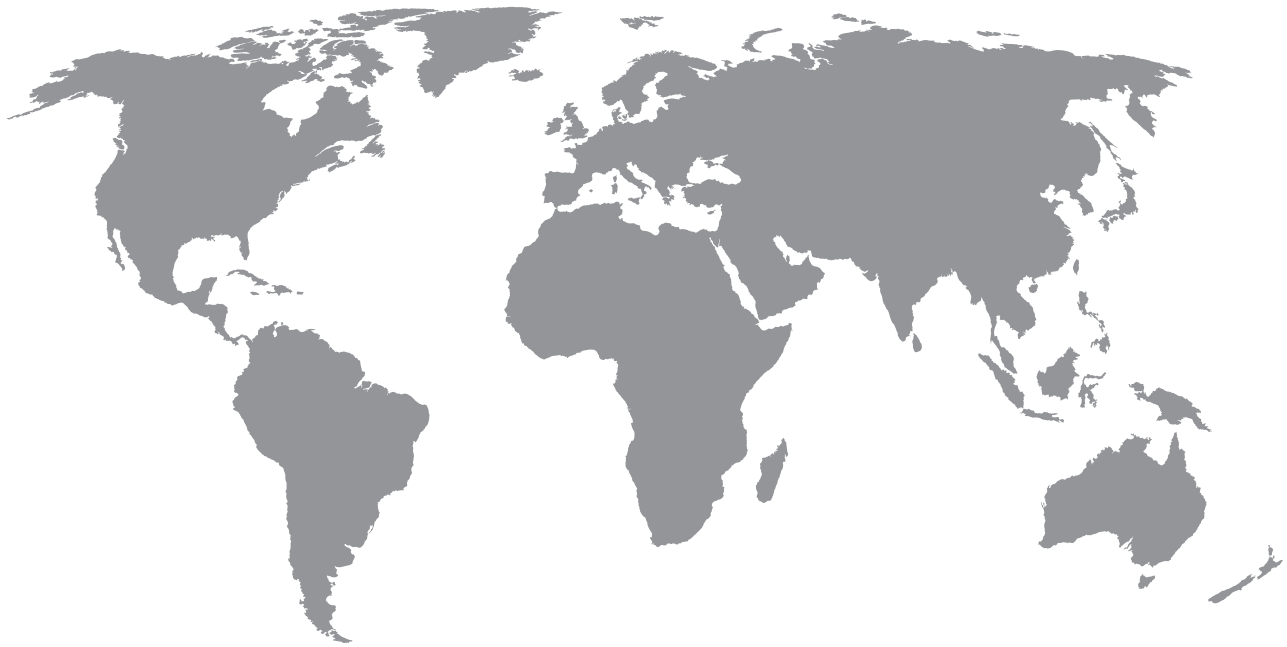
Global Adult Tobacco Survey (GATS)



Data Release Policy

Global Adult Tobacco Survey (GATS)
Data Release Policy

September 2020

Global Adult Tobacco Survey (GATS)
Comprehensive Standard Protocol

GATS Questionnaire
Core Questionnaire with Optional Questions
Question by Question Specifications

GATS Sample Design
Sample Design Manual
Sample Weights Manual

GATS Fieldwork Implementation
Field Interviewer Manual
Field Supervisor Manual
Mapping and Listing Manual

GATS Data Management
Programmer's Guide to General Survey System
Core Questionnaire Programming Specifications
Data Management Implementation Plan
Data Management Training Guide

GATS Quality Assurance: Guidelines and Documentation

GATS Analysis and Reporting Package
Fact Sheet Templates
Country Report: Tabulation Plan and Guidelines
Indicator Definitions

GATS Data Release and Dissemination
Data Release Policy
Data Dissemination: Guidance for the Initial Release of the Data

Suggested Citation

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Acknowledgements

GATS Collaborating Organizations

- United States Centers for Disease Control and Prevention (CDC)
- CDC Foundation
- Johns Hopkins Bloomberg School of Public Health (JHSPH)
- RTI International
- World Health Organization (WHO)

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Disclaimer: The views expressed in this manual are not necessarily those of the GATS collaborating organizations.

Contents

1. Introduction

Tobacco use is a major preventable cause of premature death and disease worldwide, with approximately 1.4 billion people age 15 years or older using tobacco[1]. Furthermore, more than 8 million people die each year due to tobacco-related illnesses[2]. If current trends continue, tobacco use may kill a billion people by the end of this century, and it is estimated that more than three quarters of these deaths will be in low- and middle-income countries[3]. An efficient and systematic surveillance mechanism is essential to monitor and manage the epidemic.

The ***Global Adult Tobacco Survey*** (GATS), a component of Global Tobacco Surveillance System (GTSS), is a 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 standard core questionnaire, sample design, and data collection and management procedures that were reviewed and approved by international experts. GATS is intended to enhance the capacity of countries to design, implement and evaluate tobacco control interventions.

GATS manuals provide systematic guidance on the design and implementation of the survey.

In order to maximize the efficiency of the data collected from GATS, a series of manuals has been created. These manuals are designed to provide countries with standard requirements as well as several recommendations on the design and implementation of the survey in every step of the GATS process. They are also designed to offer guidance on how a particular country might adjust features of the GATS protocol in order to maximize the utility of the data within the country. In order to maintain consistency and comparability across countries, following the standard protocol is strongly encouraged.

1.1 Overview of the Global Adult Tobacco Survey

GATS is designed to produce national and sub-national estimates among adults across countries. The target population includes all non-institutionalized men and women 15 years of age or older who consider the country to be their usual place of residence. All members of the target population will be sampled from the household that is their usual place of residence.

The GATS interview is composed of two parts: *Household Questionnaire* and *Individual Questionnaire*. These questionnaires are administered using an electronic data collection device.

GATS uses a geographically clustered multistage sampling methodology to identify the specific households that Field Interviewers will contact. First, a country is divided into Primary Sampling Units, segments within these Primary Sampling Units, and households within the segments. Then, a random sample of households is selected to participate in GATS.

[1] World Health Organization. WHO report on the global tobacco epidemic, 2019: Offer help to quit tobacco use. Geneva, Switzerland: World Health Organization; 2019. https://apps.who.int/iris/bitstream/handle/10665/326043/9789241516204-eng.pdf?ua=1

[2] GBD 2017 Risk Factor Collaborators. Global, regional, and national comparative risk assessment of 84 behavioural, environmental and occupational, and metabolic risks or clusters of risks for 195 countries and territories, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Seattle, WA: Institute for Health Metrics and Evaluation; 2018.

[3] Mathers, C.D., and Loncar, D. Projections of Global Mortality and Burden of Disease from 2002 to 2030. *PLoS Medicine*, 2006, 3(11):e442.

The GATS interview consists of two parts: the *Household Questionnaire* and the *Individual Questionnaire.* The *Household Questionnaire* (household screening) and the *Individual Questionnaire* (individual interview) will be conducted using an electronic data collection device.

At each address in the sample, Field Interviewers will administer the *Household Questionnaire* to one adult who resides in the household. The purposes of the *Household Questionnaire* are to determine if the selected household meets GATS eligibility requirements and to make a list, or roster, of all eligible members of the household. Once a roster of eligible residents of the household is completed, one individual will be randomly selected to complete the *Individual Questionnaire*. The *Individual Questionnaire* asks questions about background characteristics; tobacco smoking; electronic cigarettes; smokeless tobacco; cessation; secondhand smoke; economics; media; and knowledge, attitudes, and perceptions about tobacco.

1.2 Use of this Manual

The purpose of the *GATS Data Release Policy* is to define GTSS partners' roles formally, affirm the policies and procedures for data collection and processing, and state the conditions regarding release of the GATS data. Statement of these policies will also ensure standardization of procedures and serve as a reference guide for the implementation and dissemination of surveys.

The data release policy was developed as result of a series of discussions among GTSS partners. The oversight for GTSS is provided by the GTSS Management Committee, which consists of the World Health Organization (WHO), the United States Centers for Disease Control and Prevention (CDC), and the CDC Foundation. The GTSS Management Committee meets annually to provide oversight and direction, enhance effective implementation, ensure sustainability, and evaluate effectiveness of the surveys.

2. Roles in the GATS Process

The Global Adult Tobacco Survey (GATS) functions as a multi-partner initiative that represents global, regional, and national organizations. Each partner organization plays a unique role and contributes towards implementation of all aspects of the GATS process. Countries are expected to use the survey to guide the development, implementation, and evaluation of their tobacco control programs as part of their national capacity building process. Also, with the adoption of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), GATS is one of the primary data sources for countries to use in the monitoring of key WHO FCTC articles.

2.1 WHO Headquarters

The role of WHO Headquarters (HQ) is to provide a global policy framework, including norms and standards, for implementing and using GATS data. In particular, WHO HQ encourages the generation, translation and dissemination of GATS data in order to support the development of ethical and evidence-based policies and assessments of health trends.

WHO HQ facilitates the GATS process by coordinating all phases of GATS implementation, providing technical support, and funding sustainable institutional capacity building in collaboration with partners, such as Centers for Disease Control and Prevention, RTI International, Johns Hopkins School of Public Health, and other institutions. Additionally, WHO HQ maintains a publicly accessible microdata repository to promote access to GATS data. The WHO HQ works closely with the WHO Regional Offices (ROs) and WHO Country Offices (COs) and provides global coordination for GATS implementation across the regions. Additionally, WHO HQ collaborates with its partners and WHO ROs to provide technical support to countries for data analysis and dissemination.

2.2 WHO Regional Offices

The role of WHO ROs in GATS is to facilitate planning, organization and implementation by coordinating with WHO HQ as well as global and national partners within their respective regions and with each of the WHO COs. This role includes, but is not limited to:

- Promoting political commitment;
- Urging countries to implement the survey in their respective regions; and
- Facilitating data dissemination.

Furthermore, ROs work collaboratively with partners to facilitate technical exchange and to enhance country capacity in all phases of the GATS implementation process, including prioritizing participation of countries and administering resources and funding.

2.3 WHO Country Offices

The role of WHO COs is to facilitate the introduction of GATS to national governments, to ensure political commitment, monitor and coordinate all phases of survey implementation with WHO ROs, WHO HQ, and global and regional partners. WHO COs facilitate the establishment of the GATS in-country coordinating committee under the direction and oversight of each country's Ministry of Health (MoH), and assist the

Ministry in the selection and nomination of the GATS Implementing Agency (IA). WHO COs collaborates with CDC, WHO ROs, and WHO HQ to facilitate technical exchange and strengthen country surveillance capacity in all phases of GATS implementation and dissemination.

2.4 Centers for Disease Control and Prevention

The United States Centers for Disease Control and Prevention (CDC) is the WHO Collaborating Centre for Global Tobacco Control Surveillance and the Data Coordinating Center for the GTSS, including GATS. CDC provides technical expertise and supports the GATS process, including developing standard protocols (questionnaire content and sample selection), pretesting, fieldwork implementation, data management and processing, and global data release. Additionally, the CDC assists countries, in collaboration with other GTSS partners to enhance capacity in data release, dissemination and translation to evidence-based action.

2.4.1 Data Coordinating Center

CDC is the designated Data Coordinating Center and repository of the GTSS data, including GATS, at an international level. The Data Coordinating Center provides data management, quality assurance, standardization, and data repository functions along with provisioning data sharing, release, and dissemination. This coordination function is vital to the continued success of GATS in two ways:

- Countries can be assured that their data will receive high quality support;
- A coordinated process will enable standardized analyses which will be important to the direction and development of global tobacco programs and policies. Countries with multiple rounds of data can be assured that their trend analyses will be grounded in strong and consistent statistical procedures and practices.

2.5 National Governments

National governments participate in GATS by making a political commitment to ensure sustainability for surveillance and monitoring of tobacco control, committing resources, establishing the GATS in-country coordinating committee, and supporting the GATS partners in the process of selecting the GATS IA. National governments shall ensure, to the extent possible, that no tobacco-related interest will influence the GATS process. National governments also ensure that the country's report is completed in a timely manner following the conclusion of GATS. In addition, governments are also responsible for establishing mechanisms to disseminate and use the GATS data within a context of a national tobacco surveillance system, developing and implementing tobacco control initiatives, and monitoring WHO FCTC activities and articles.

2.6 GATS Implementing Agency

The GATS IA is the agency nominated and selected by national governments with input from GATS partners to implement the survey. In some countries, a single IA is selected to implement all phases of the GATS process (protocol adaptation [questionnaire and sample design], pretest, fieldwork implementation, data management and processing, weighting and statistical analysis, reporting, and data dissemination). In other countries, there may be multiple IAs with responsibility for selected phases of the GATS process (e.g., Agency X for protocol adaptation; Agency Y for pretest, fieldwork, data management

and processing, statistical analysis and reporting; Agency X and/or Agency Z for data analysis, country report, and data dissemination).

The IA that is responsible for fieldwork implementation, data management, and processing will host the GATS National Data Center (NDC). The NDC will house the country level data for repository, management, and processing.

2.7 CDC Foundation

The CDC Foundation provides resources and program oversight for development and implementation of GATS.

2.8 Johns Hopkins Bloomberg School of Public Health

Johns Hopkins Bloomberg School of Public Health (JHSPH), in collaboration with the WHO and CDC, provides training and technical assistance in the analysis of GATS data to guide intervention.

2.9 RTI International

RTI International provides software development, training, and technical assistance in electronic data collection and handheld device operation for GATS.

3. GATS Process

The GATS process consists of six stages, including the introductory country engagement mission and five technical missions[1]. GATS technical committees have been established to review and approve each country's protocol, including questionnaire adaptation and sample design.

3.1 Country Engagement

The country engagement aims to meet with the officials of national governments, ensure the country's commitment to undertaking GATS, discuss establishment of the GATS in-country coordinating committee, and review the most appropriate IA or IAs.

Following the engagement, the national government's MoH sends a formal communication to the GATS partners regarding their commitment to undertake GATS and selecting the IA or IAs. The MoH also sends a formal notification to the IA or IAs to implement GATS according to the standard protocol. The MoH establishes the GATS in-country coordinating committee.

3.2 Orientation Workshop

The Orientation Workshop (protocol adaptation) includes meeting with the representatives of the IA or IAs to review the standard protocol including country questionnaire adaptation, sample design and sample selection, handheld technology for data collection, timeline and budget to implement all phases of the GATS process; finalize pretest proposal; and review guidelines for full proposal development.

Following the workshop, a GATS pretest proposal is submitted by the IA to the CDC Foundation, WHO, and CDC. CDC coordinates the review, evaluation, and approval of the GATS protocol (questionnaire adaptation and sample design) by the established GATS Questionnaire and Sample Design Committees. CDC coordinates with WHO and associate partners to plan pretest training and data collection by using handheld technology as per GATS standard protocol and implementing instructions.

3.3 Pretest Training and Implementation

The pretest training and implementation includes training the interviewers from the IA on the standard field procedures, ensuring pretest implementation by using the handheld technology for data collection, debriefing and reviewing the GATS questionnaire adaptation, and making necessary recommendations for full implementation.

Following the pretest training and implementation, the IA will coordinate with WHO and CDC to finalize the GATS sample design and selection. The GATS full implementation proposal is submitted by the IA to the CDC Foundation, WHO, and CDC. The IA coordinates with CDC and WHO to plan training and data collection by using handheld technology as per GATS standard protocol and implementing instructions.

[1] GATS Process Chart, 2020.

3.4 Fieldwork and Data Management

The third technical mission (fieldwork and data management) involves training the trainers for fieldwork, assessing readiness for main fieldwork, and implementing data collection and management procedures. The IA is responsible for all aspects of the fieldwork and data management.

Following the fieldwork and data management, each country's NDC will provide data consolidation, perform weighting consistent with GATS standard guidelines and recommendations, and share data with DCC During the entire data management process, WHO and CDC are available to provide any technical exchange requested by the IA.

3.5 Analysis and Reporting Workshop

The analysis and reporting workshop involves strengthening countries' abilities to analyze their data and complete the report. A team of experts will collaborate with countries to provide technical support and training. Topics for the workshop include data analysis, factsheet(s), executive summary and report writing, and planning for data release and dissemination.

3.6 Data Release and Dissemination

The data release and dissemination involves strengthening countries' capacity and providing hands-on training in data dissemination and translation to evidence-based action.

4. Data Collection and Processing

4.1 Data Collection

The IA should facilitate and ensure the completion of GATS data collection within a specified period of 8 to 13 weeks. GATS field data from both household and individual questionnaires will be transferred and aggregated at the NDC on a frequent basis according to the country's particular data management plan. Standard data collection and management procedure is summarized in the *GATS Data Management Implementation Plan*[1], on the basis of the following documents: *GATS Core Questionnaire with Optional Questions*[2], *GATS Question by Question Specifications*[3], *GATS Sample Design Manual*[4], *GATS Quality Assurance: Guidelines and Documentation*[5], and *GATS Programmer's Guide to General Survey System*[6].

Each country should designate a data manager/specialist who serves as a focal point. This focal point is responsible for monitoring data collection, conducting data aggregation and for sharing data with the Data Coordinating Center on an as agreed basis to allow for tracking and quality control.

If there is an existing official data release policy observed by the IA, it will supersede the comparable elements of the GATS data release policy in agreement with partners.

4.2 Data Processing

Following completion of the GATS data collection, two separate procedures outlined below will be operationalized for sharing data with the Data Coordinating Center. The country is responsible for:

- Sharing the raw record-level data excluding any confidential information with the Data Coordinating Center. The Data Coordinating Center will secure backup files of GATS data for all countries.
- Generating weights in accordance with standard GATS sampling, stratification, and weighting procedures, and sharing related documentation on generated weights.
- Sharing the weighted data and supporting information, including the codebook and/or variable dictionary. The Data Coordinating Center will conduct final quality assurance, including weighting of data.

[1] Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Data Management Implementation Plan*. Atlanta, GA: Centers for Disease Control and Prevention, 2020.
[2] Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Core Questionnaire with Optional Questions*. Atlanta, GA: Centers for Disease Control and Prevention, 2020.
[3] Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Question by Question Specifications*. Atlanta, GA: Centers for Disease Control and Prevention, 2020.
[4] Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Sample Design Manual*. Atlanta, GA: Centers for Disease Control and Prevention, 2020.
[5] Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Quality Assurance: Guidelines and Documentation*. Atlanta, GA: Centers for Disease Control and Prevention, 2020.
[6] Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Programmer's Guide to General Survey System*. Atlanta, GA: Centers for Disease Control and Prevention, 2020.

4.3 Data Analysis and Reporting

Data analysis and reporting are primarily the responsibility of the participating countries. It is recommended that countries follow standard analysis and reporting templates[7] and share the draft preliminary tables and reports with WHO and CDC for review. The finalized country tables and reports should be made available within three months after the analysis workshop. WHO and CDC will process the country data by using a standardized procedure across all countries to create a global dataset for analysis, cross-country report, and public data release.

[7] Global Adult Tobacco Survey Collaborative Group. *Global Adult Tobacco Survey (GATS): Analysis and Reporting Package*. Atlanta, GA: Centers for Disease Control and Prevention, 2020.

5. Data Release

5.1 Publications

GATS standard publications include, but are not limited to, the following:

- Individual country fact sheet,
- Comparison country fact sheet (if two or more rounds of GATS data are available),
- Executive summary,
- Country report,
- Country articles, and
- Presentations.

The GATS partners agree on the following regarding their own use of approved country data:

1. For internal country level dissemination and presentations (e.g., government officials, ministries) and for policy purposes, there are no restrictions on data use.
2. For external presentations (e.g., professional audiences, professional conferences, and meetings that require abstract submission), the country, WHO and CDC must be informed during the first year after approval of the final data.
3. For publications (e.g., peer-reviewed articles, abstracts, print and web-based reports), the country, WHO and CDC must be informed during the first year after approval of the final data.

Any other use of a country's data within the first year requires approval by the country, WHO and CDC. Other interested entities should work with these partners regarding publication and presentation of data to ensure that proper credit be given to all GATS partners and funding agencies.

5.1.1 Country Fact Sheets

Each country is responsible for preparation of that country's fact sheet (and comparison fact sheet if applicable), following the GATS standard fact sheet template. The individual country fact sheet will include the most recent GATS data that will be released and the comparison fact sheet will include a comparison of all the previous GATS available in the country. The country will send the fact sheet to WHO and CDC for review and finalization. The country should also obtain official government agreement prior to its public release.

5.1.2 Executive Summary

Each country is responsible for preparing their Executive Summary following the GATS executive summary template. The Executive Summary synthesizes the key points of the survey, including a synopsis of the methodology, key findings and indicators, as well as policy implications and recommendations. The country will send the executive summary to WHO CO, WHO RO and CDC for review and finalization.

5.1.3 Country Reports

When the country report is finalized by the corresponding IA, the national government is responsible for its release. Copies of the final country report are sent to WHO, CDC, and associate partners. The final country report is due within one year of initial data release, and will subsequently be made available for public use.

5.1.4 Country Articles

Countries can initiate the writing of articles on any specific topic with a view to publish in peer-reviewed or other journals. Countries may seek collaboration with the partnering agencies in preparing articles, and they will decide which individuals to credit and the sequence of authors' names in published articles.

5.1.5 Presentations

To facilitate presentation of GATS data at conferences, fact sheets for each country will be placed on the related GATS partner web sites. The fact sheets provide extensive information that may be used in any scientific presentation on the condition that appropriate credits are provided. If new information becomes available from the data file, then the standard fact sheet template must be followed.

5.1.6 Cross-Country Articles

A GATS collaborative group may write a cross-country report. The group should include national and global partners and other agencies. The group may also add other experts according to the topic and need. A draft of the report should be circulated to all GATS technical partners, any others deemed appropriate, and all countries involved for approval before final release of report.

5.1.7 WHO or CDC Logo

According to WHO and CDC regulations and policies, the use of the name and emblem of WHO or CDC by national governments, research coordinators, or any other entities when publishing or presenting GATS data requires explicit permission from WHO and/or CDC. Note that the use of the name and emblem of WHO and/or CDC by third parties is strictly regulated and is not allowed other than in the case of a joint publication with WHO and/or CDC. In order to bear the CDC logo and/or WHO logo, documents must complete the CDC and/or WHO clearance process prior to publication.

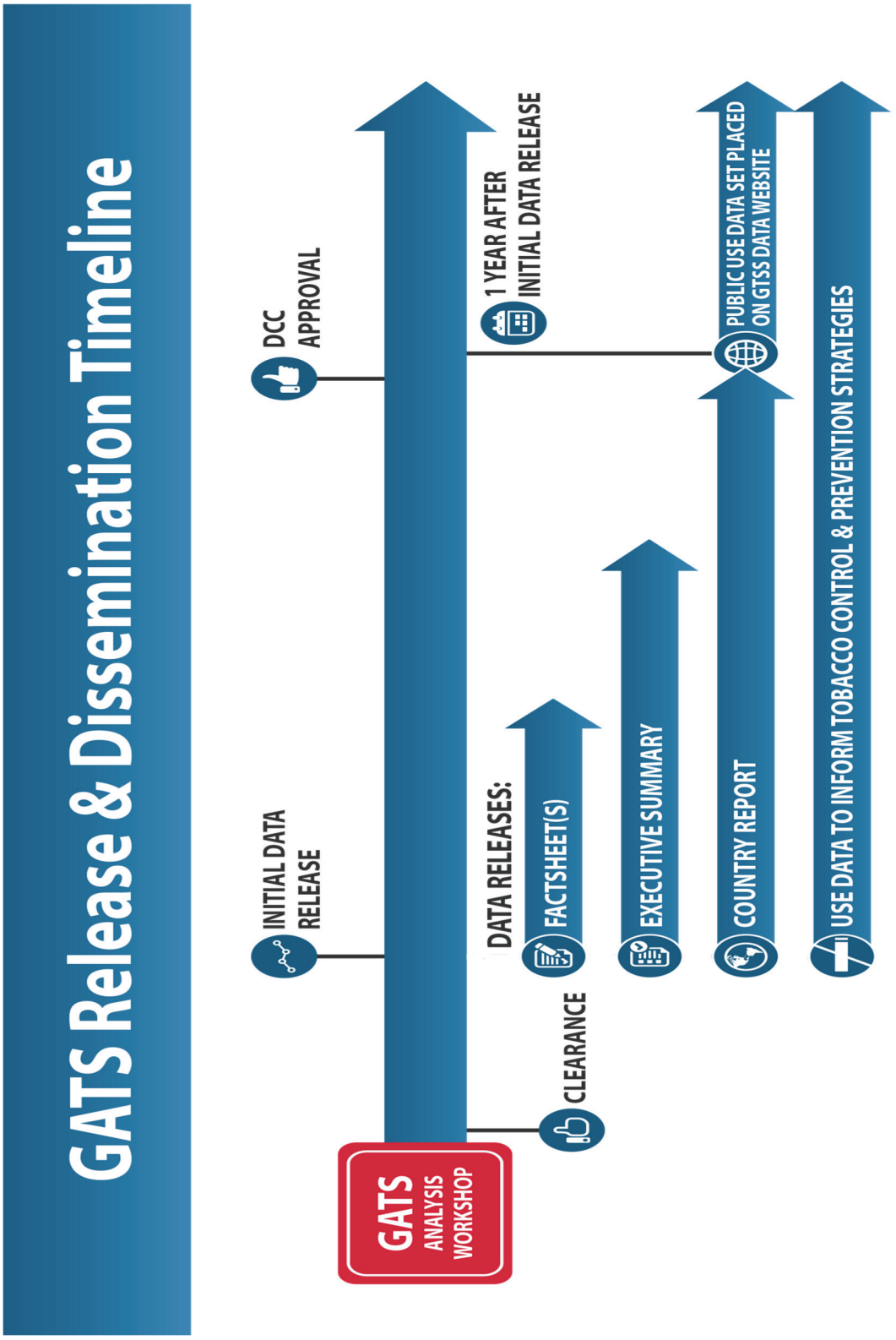
5.2 Public Use Data Release

Below are two specific issues defining public use data release:

1. Products and data to release:
    a. **Data to Release** – All GATS data related to tobacco questions with the exception of any confidential information.
    b. **Public Use Data Set (PUDS)** – GATS data sets related to tobacco questions with the exception of any confidential information. These include data sets in SPSS, SAS and STATA versions.
    c. **Codebook** – showing each variable name, the response categories, and its value.
2. Timeframe for release of the products and data:
    a. GATS data will be made available to the public on the GTSS data website 1 year after the initial results have been released by the national government.
    b. Data approval by the Data Coordinating Center is necessary before data release.

Should you have any queries, please email GTSSINFO@CDC.GOV.

6. GATS Release and Dissemination Timeline



7. Abbreviations

CDC	U. S. Centers for Disease Control and Prevention
FCTC	Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GTSS	Global Tobacco Surveillance System
IA	Implementing Agency
JHSPH	John Hopkins Bloomberg School of Public Health
MoH	Ministry of Health
NDC	National Data Center
RTI	RTI International
WHO	World Health Organization
WHO COs	World Health Organization Country Offices
WHO HQ	World Health Organization Headquarters
WHO ROs	World Health Organization Regional Offices

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