

WORKSHOP ON “TOBACCO QUESTIONS FOR SURVEYS (TQS): DATA ANALYSIS & DISSEMINATION”

16-17 August 2017

Ankara, Republic of Turkey

Welcoming Speech by H.E. Ambassador Musa KULAKLIKAYA, Director General of SESRIC

Distinguished Participants, Ladies and Gentlemen,

Assalamu Alaikum wa Rahmatullahi wa Barakatuhu,

It is a great pleasure for me to welcome you all to the **Workshop on Tobacco Questions for Surveys (TQS): Data Analysis and Dissemination**.

I also want to extend my sincere thanks and appreciation to the **World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC) and National Foundation for the Centers for Disease Control and Prevention (CDC Foundation)** for providing their support and valuable knowledge through their distinguished experts.

I am full of hope that this Workshop will be beneficial in providing information and technical support to the OIC member countries especially to the countries who are newly engaged in the TQS Integration Project and countries that have completed data collection and require additional support for analysis.

Distinguished Participants,

The **tobacco epidemic** is one of the biggest public health threats and it kills more than 7 million people a year. According to the World Health Organization (WHO), more than 6 million of those deaths are the result of direct tobacco use while around 890,000 are the result of non-smokers being exposed to second-hand smoke.

The second hand smoke causes numerous health problems in adults, pregnant women, infants and children including respiratory and cardiovascular diseases.

Globally, more than a third of all people are regularly exposed to the harmful effects of smoke. This exposure is responsible for about 600,000 deaths per year and about 1% of the global burden of disease worldwide. This risk factor is prevalent in practically every region of the world.

In OIC countries, total number of smokers has increased: In 2015, there were 213 million people smoked tobacco as compared to 160 million in 2000. As a result, OIC countries account for 21% of total smokers in the world in 2015. Against to this background, **we believe that surveillance is the key. Robust monitoring helps countries to tailor best policies to combat the tobacco epidemic.**

Tobacco Questions for Surveys (TQS) was developed with a view to incorporating the globally standardized tobacco questions into the ongoing national and international surveys. The subset of key questions from the Global Adult Tobacco Survey (GATS) is meant to improve comparability of tobacco data over time by harmonizing tobacco surveillance activities across various ongoing surveys. TQS is a component of the Global Tobacco Surveillance System (GTSS), which was developed by the World Health Organization (WHO), the Centre for Disease Control and Prevention (CDC), and other partners to assist countries in establishing tobacco control surveillance and monitoring programs.

To this end, SESRIC signed a **Memorandum of Agreement (MoA) with CDC Foundation** in September 2014. Under this MoA, SESRIC engages with the OIC member countries to **encourage the integration of TQS questions into ongoing surveys by offering technical consultation and funding assistance**. Through this collaboration, it is expected that the integration of TQS into the framework of ongoing surveys in OIC member countries will serve as a mechanism to harmonize and standardize the monitoring of key tobacco control indicators regularly and promote sustainability and integration with other risk factors surveillance initiatives.

Ladies and Gentlemen,

At the beginning, **15 OIC Member Countries (Albania, Azerbaijan, Cameroon, Egypt, Indonesia, Jordan, Kazakhstan, Malaysia, Mauritania, Morocco, Senegal, Sudan, Tajikistan, Tunisia and Uganda)** have been selected for a pilot study.

From the targeted countries, **7 of them (Azerbaijan, Cameroon, Egypt, Indonesia, Mauritania, Senegal and Tajikistan)** affirmed their commitment to integrate TQS into their ongoing national surveys and also ensure the regular implementation and collection of the TQS data.

Moreover, SESRIC has also received commitment from **Chad, Cote d'Ivoire, Gambia, Sierra Leone, Mali, Niger and Togo**.

From the 14 committed countries, 8 of them have fully completed the project, namely **Azerbaijan, Egypt, Indonesia, Mauritania, Mali, Niger, Senegal and Togo** and in the near future we are expecting to receive the completed TQS results from **Cote d'Ivoire, Gambia, Sierra Leone and Tajikistan**.

In order to increase the level of participation of OIC countries in the TQS integration project, **three additional member countries** have also been approached namely **Gabon, Palestine and Suriname**.

Taking this opportunity, I would also like to welcome **Gabon and Palestine** for accepting our proposal to integrate TQS into their ongoing surveys. We are looking forward for them to joining our TQS integration project.

Distinguished Participants,

Before concluding my remarks, I would like to express once again my sincere thanks to the WHO, CDC, and CDC Foundation for providing us the support to improve the national surveys of our member countries in terms of tobacco related questions.

I wish you very productive deliberations, and pray to Allah Almighty to help us and guide our steps to improve prosperity and welfare in our societies.

Wassalamu Alaykum we Rahmatullahi we Barakatuhu