From policy to practice: lessons learned from two regional consultations on strengthening the implementation of tobacco control policies in India.

Vivek Dsouza¹, Pragati Hebbar¹, ²

¹ Chronic Conditions and Public Policies Cluster, Institute of Public Health, Bengaluru, Karnataka, India.
² Department of Health Promotion, Maastricht University (CAPHRI), Maastricht, The Netherlands.

Thursday 24th November 2022

The Global Health Network Conference 2022, University of Cape Town, South Africa
Background

Tobacco use kills approximately 8 million people globally and > 1.3 million Indians each year.

Tobacco use prevalence in India

- Almost 267 million tobacco users.
- 10.7% of adults smoke (men 19.0%; women 2.0%)
- Majority of adults smoke bidis (7.7% overall)
- 38.7% of adults exposed to second hand smoke at home.
- 21.4% of adults use smokeless tobacco (men 29.6%; women 12.8%)

Source: Global Adult Tobacco Survey Round 2 (India)
Background

Major tobacco control laws and policies in India

- Cigarettes and Other Tobacco Products Act (COTPA), 2003.
- Food Safety and Standards Regulation, 2011.

Challenges in implementation

- Different forms of tobacco.
- Social and commercial determinants of health.
- Organizational and health-system challenges:
  - Fragmented governance, competing interests, lack of resources, poor coordination and enforcement, no review data.
- Illicit trade.

Methods

Two regional consultations

• To enable knowledge co-production.

• To test and validate theories based on the question “In the Indian contexts (C), which mechanisms (M) did or did not work leading to differential tobacco control outcomes (O)?”

• To make sense of the complex processes underlying COTPA and NTCP.

Methods

Process

Stakeholder mapping (consultation 1 and 2)

Emails

Follow-up

Phone calls

R. Consultation 1 (online)
March 24, 2022 (N = 33)

In-person meeting & invitation

Communities of Practice (CoP)

April 18, 2022 (N = 26)

R. Consultation 2 (Chhattisgarh)

4 Focus group discussions

4 Focus group discussions
Results and Conclusions
Results and Conclusions

Concrete action points

- Need for a **comprehensive manual** describing the institutional framework for the implementation of tobacco control policies.
  - **Ministry/department-wise guidance** for leveraging legal provisions.
  - Guidelines can help organize meetings, issue letters, report progress to state level authorities.
- **Advocacy** can help different programs (HIV, TB, NCDs) converge for tobacco control.
- States and districts should be empowered to **act beyond COTPA** or notify additional enforcers.
- Challenge in communicating **what** is tobacco industry interference and **why** it is a problem.
  - Need for a **common language** that can explain industry interference and why it is problematic.
- Government – CSO - Academia partnerships should be **formalized** so that all stakeholders are aware of their term, roles and responsibilities, and targets to be achieved.
Lessons learnt

Challenges:

- Initially, stakeholders 
  **unwilling to participate** because they were unaware of their role(s).
- Stakeholder engagement 
  **requires time and money**.
- **Buy-in** from senior-level bureaucrats needed before approaching juniors.

Lessons:

- **Involvement** of a technical institute in the process helped expand networks.
- Explaining the **study objectives** and involving stakeholders as partners.
  - Increased participation and ownership.
  - Provided local context, and enabled us to identify implementation gaps.
- Presentations and group-discussions enabled stakeholders to **share** and **learn** from similar experiences and contextual challenges.
Acknowledgements

Research team