

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

Vivek Dsouza¹, Pragati Hebbar^{1, 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.



INSTITUTE OF
PUBLIC HEALTH
BENGALURU
Strengthening health systems since 2005

IndiaAlliance
DBT wellcome

Thursday 24th November 2022

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

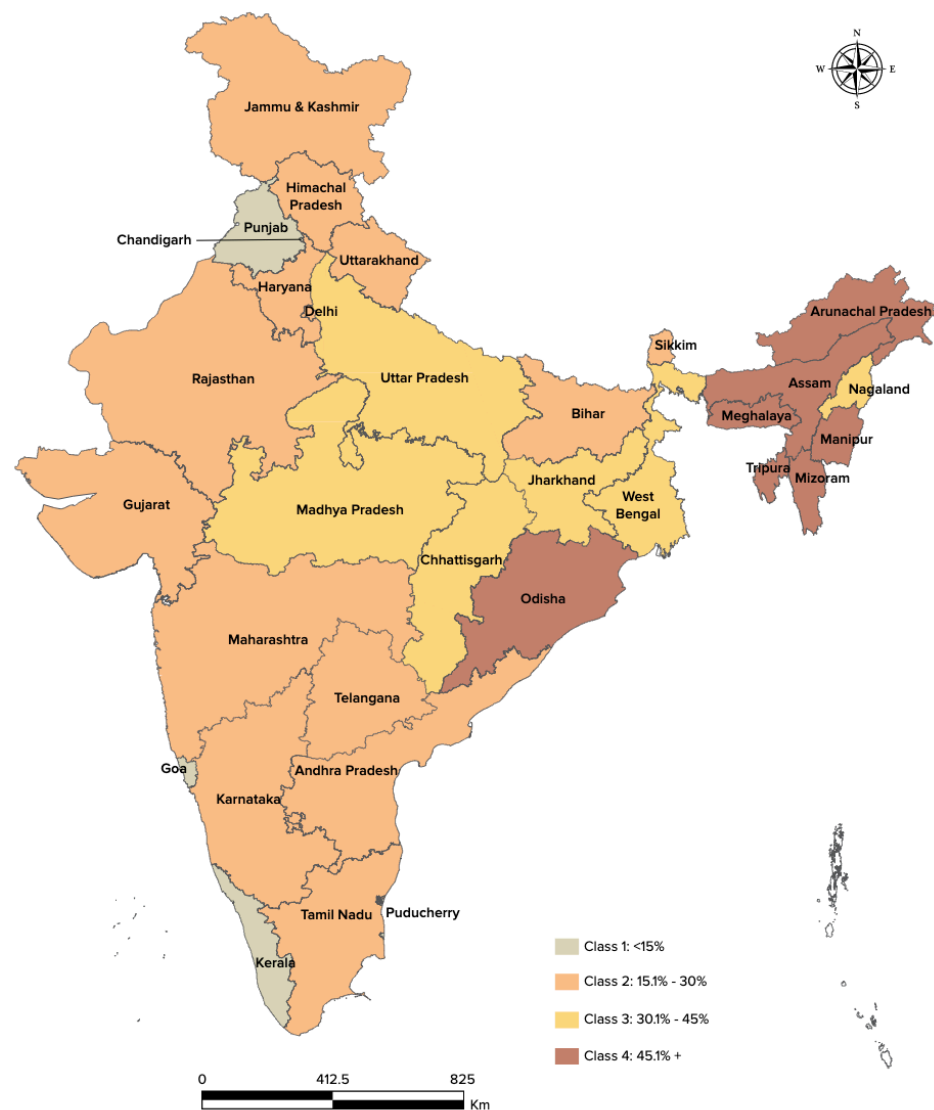


Background

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

- Ratified WHO Framework Convention on Tobacco Control in 2004.
- Cigarettes and Other Tobacco Products Act (COTPA), 2003.
- The National Tobacco Control Programme (NTCP), 2007–2008.
- 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.

Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003



सत्यमेव जयते

Parliament of India

Long title

[hide]

An act to prohibit the advertisement of, and to provide for the regulation of trade and commerce in, and production, supply and distribution of, cigarettes and other tobacco products and for matters connected therewith or incidental thereto.

Citation [Act No. 32 of 2003](#) PDF

Enacted by [Parliament of India](#)

Enacted 9 April 2003 (Rajya Sabha)
30 April 2003 (Lok Sabha)

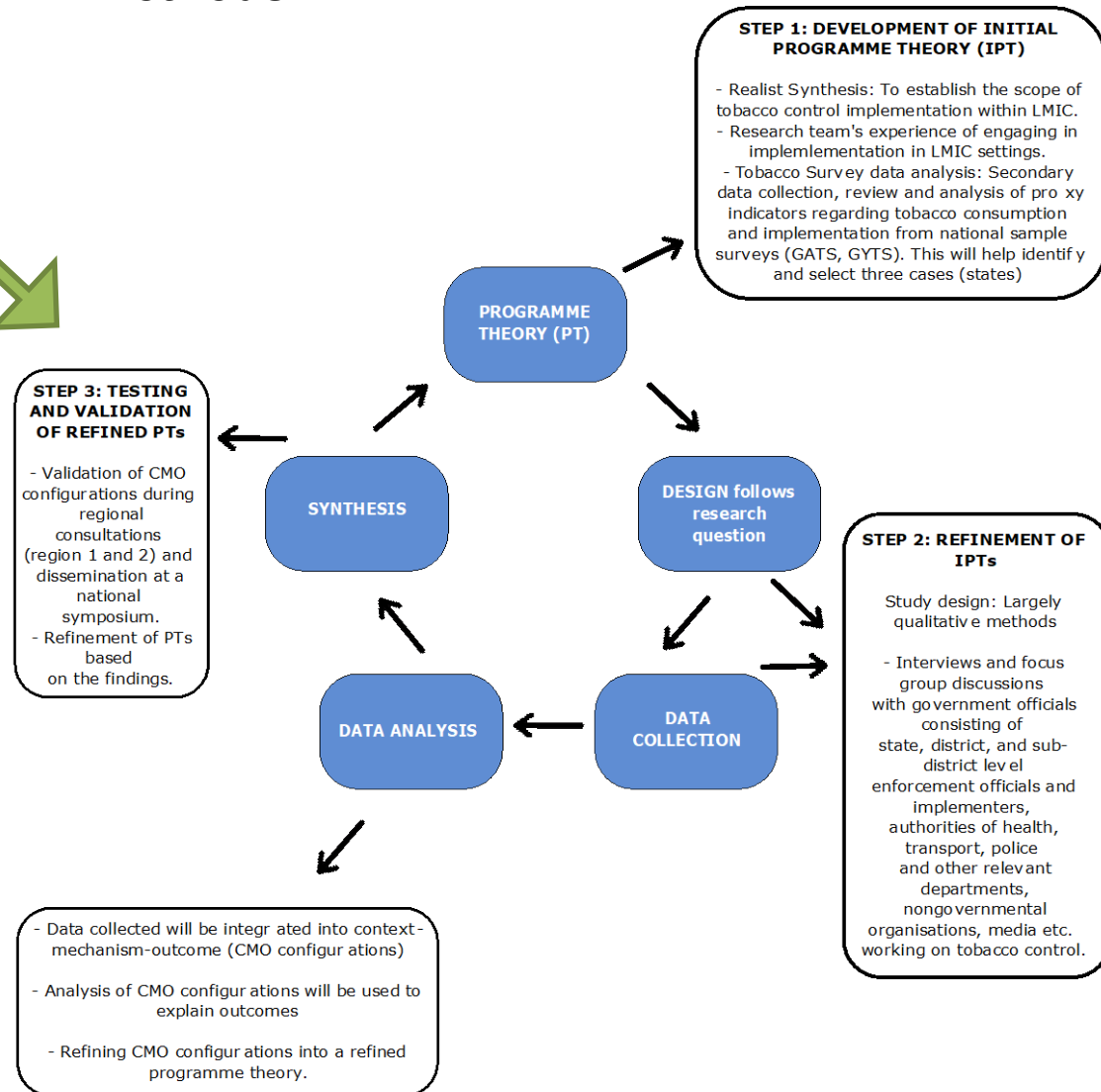
Assented to 18 May 2003

Commenced 1 May 2004

Methods

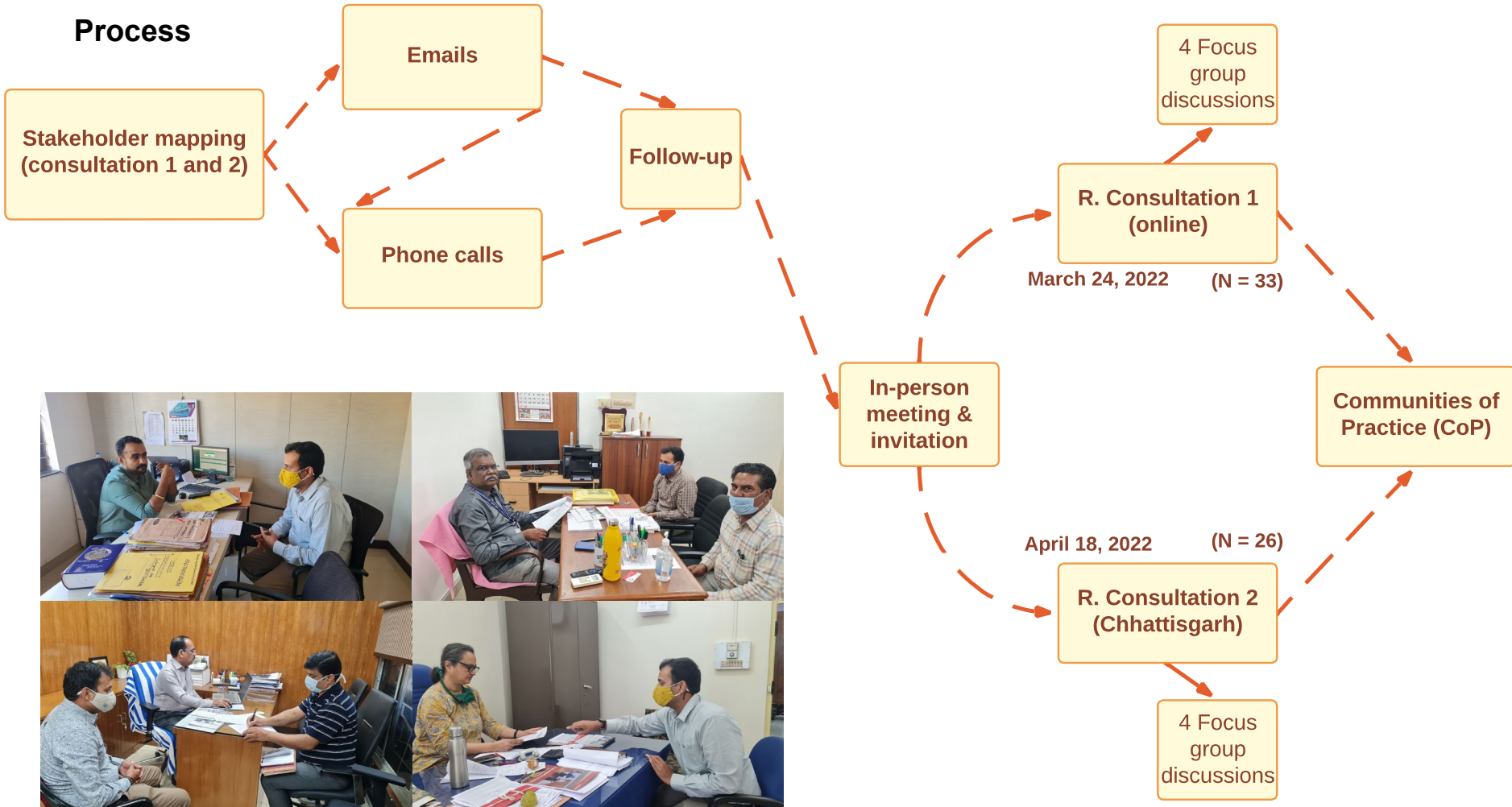
Two regional consultations

- 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.

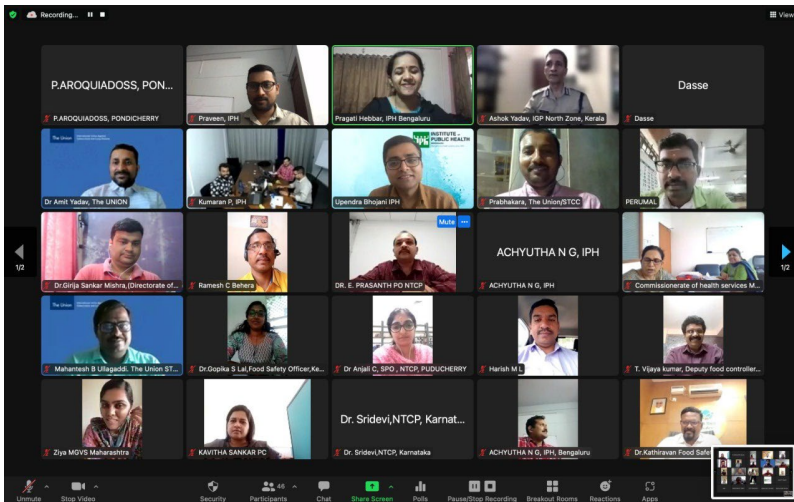
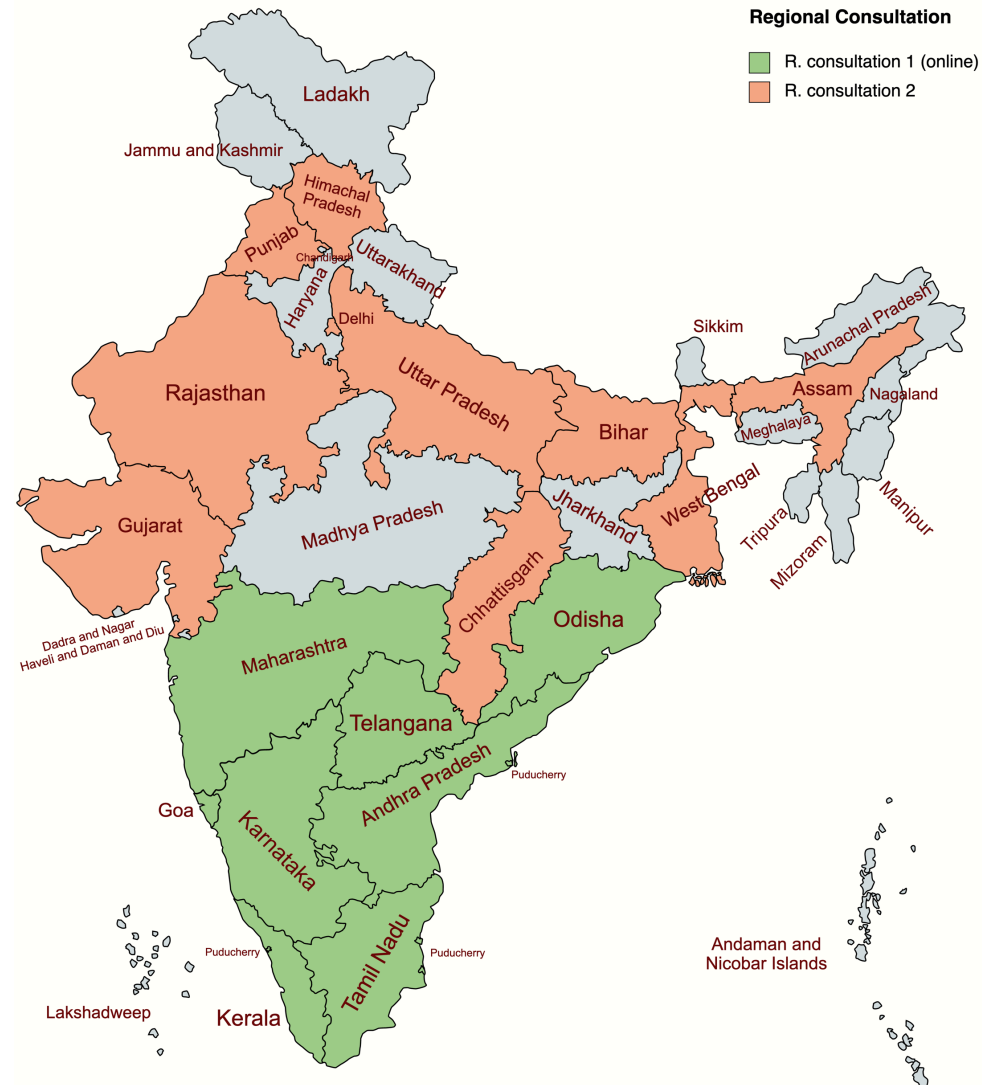


Methods

Process



Results and Conclusions



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.



Research team

Pragati Hebbar – Principal investigator, **Vivek Dsouza** – Research Officer, **Achyutha N G** – Consultant: Tobacco Control. **Rasleen Grover** – Consultant: Communities of Practice, **Upendra Bhojani** – Cluster lead.