HiAP: INDIA

A summary on the factors which influenced in HiAP response to tobacco control in India

Background

The WHO Framework Convention on Tobacco Control (FCTC), approved by the World Health Assembly in 2003 and ratified by India in 2004, is a legally binding global treaty that provides countries with a platform for adopting a comprehensive mix of tobacco control interventions that address the individual as well as the production, trade, taxation and implementation of tobacco control laws [1]. It recognizes the need for concerted and cooperative action across multiple sectors.

India's tobacco control law, COTPA (the Cigarettes and Other Tobacco Products Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution Act) passed in 2003, incorporates five policies:

1. prohibition of smoking in public places,
2. ban on tobacco advertising and sponsorship,
3. ban on sale to and by minors and within 100 yards of educational institutions,
4. the display of pictorial health-warning labels, and
5. content regulation of tobacco products [2].

An multi-sector or inter-sectoral response to health is HiAP in action. It is an approach which recognizes that all of society, including sectors not normally associated with health have a responsibility for reducing health inequalities and that health can become a driving force for social and economic development.

The National Tobacco Control Programme (NTCP) was established to implement the WHO FCTC and COTPA. Launched at the beginning of 11th Five Year Plan in 2007–08, NTCP (at the time of writing 2012), is being implemented in 21 out of 35 States/ Union territories in India and has ensured an inter-sectoral approach to tobacco

control. The following section summarizes the factors which influenced this inter-sectoral response to tobacco control.

Key factors which influenced an inter-sectoral response to tobacco control in India

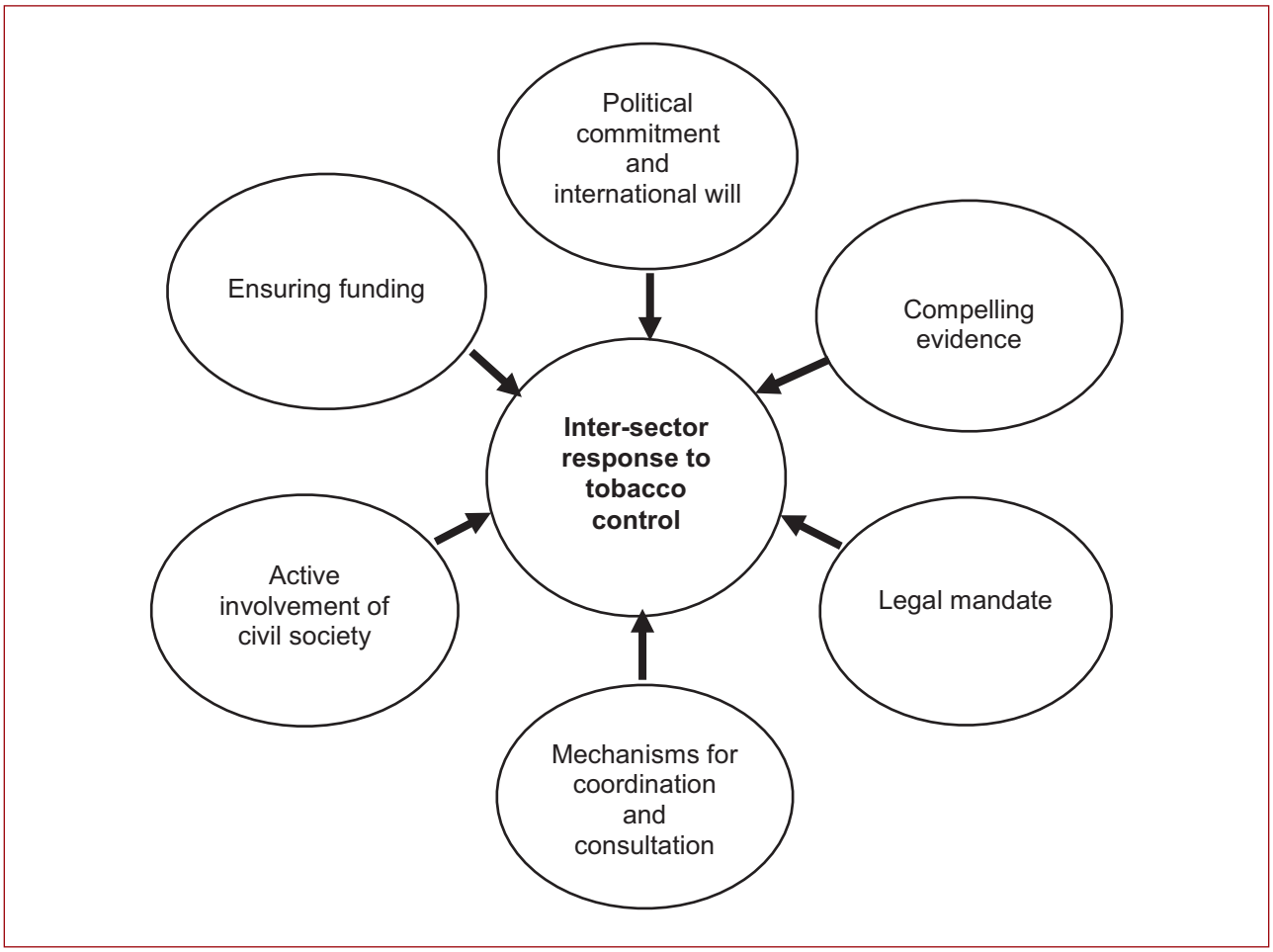
1. Political commitment and international will

Since the mid-1990s, political commitment in India to tobacco control has grown. In 1995, the Parliamentary Committee on Subordinate Legislation put forward various policy ideas, such as health warnings on tobacco products, to improve tobacco control efforts [3].The committee's recommendations paved the way for India's existing tobacco control laws. At an international level, India took a lead role in formulating FCTC. The subsequent passing of COTPA in 2003 and the ratification of the FCTC in 2004, demonstrates the Government of India's commitment to prioritizing tobacco control and their recognition that the implementation of tobacco control policies go beyond the scope of the health sector.

2. Compelling evidence

Globally, scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability [4]. Soon after ratification of FCTC, the Ministry of Health and Family Welfare (MOHFW) commissioned a detailed review of the status of tobacco control in India and recommended a plan for future action. The report was commissioned to help key stakeholders understand the

Figure 1: *Key factors which influence an inter-sector response to tobacco control in India*



prevalence of tobacco use, the status of tobacco control measures and the role of other sectors in tobacco control. It made a strong case for inter-sectoral action for the future planning and monitoring of tobacco control [5]. Studies have also shown that 'the poor carry the heaviest economic burden of tobacco use as healthcare costs and lost productivity due to tobacco-related illness are proportionally higher for them and pose a heavier burden on low-income households' [6].

3. Legal mandate

COTPA and the FCTC provide a legal mandate for inter-sectoral tobacco control efforts. Landmark judgments by the Supreme Court have also facilitated these efforts. For example, the Government's Prohibition of Smoking in Public Places Rule 2008 was challenged in the high courts. The Supreme Court refused to stay the government notification, directing that the ban should be implemented without hindrance and that no court in the country could interfere with the implementation of the ban [7].

4. Mechanisms and structures for coordination and consultation

There are various mechanisms and structures which have been established to underpin and reinforce a whole-of-government approach to tobacco control. A high level governance structure, the National Tobacco Control Cell (NTCC), has been created in the MOHFW and in collaboration with the WHO India office. The NTCC is responsible for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the program. State Tobacco Control Cells (STCC) have also been created with responsibility for planning, implementation and monitoring at the state level. A national level inter-ministerial task force and various committees have been established at national, state and district levels to provide leadership and drive implementation of the FCTC. Led by the health ministry, various activities have also been initiated at the three levels of government including advocacy workshops to help prepare sectors for the implementation of the NTCP.

5. Active involvement of civil society and the media

Engagement with key groups and the wider community is a key part of a HiAP approach. NGO advocacy campaigns, including public rallies on key components of WHO FCTC have been carried out to generate awareness and mobilize communities in support tobacco control efforts. Representatives from the NGO, Voice of Tobacco Victims,(VOTV) are regularly invited to share personal stories with Parliamentarians, Chief Ministers and State Governors on the ill effects of tobacco use [8].

6. Ensuring funding

The HiAP approach recognizes that to enhance implementation beyond the health sector, frameworks should bring 'mutual accountability and shared responsibility' with 'adequate and sustainable financing' [9]. Currently, all inter-sectoral activities are funded by the MOHFW. The Ministry of Labour implemented a pilot project to train women bidi rollers in alternate vocations with their own funds. Some State governments, such as Gujarat and Delhi have dedicated State funds for tobacco control. Overall, Rs 182 crore (USD 33.5million) was approved by the Cabinet and the National Development Council for NTCC from 2007 to 2012. Out of this, Rs 145 crore (USD 26.6 million) was actually released.

Challenges

At the time of writing the case study (2012), the main challenges to the implementation of the NTCP included:

- **Sustained capacity, financing and political will:** Very often, the nodal department i.e. the Department of Health at the state level is burdened with other priority health issues. Many STCCs have countered it with continuous advocacy with relevant ministries to build ownership of the program.
- **Role of the tobacco industry:** Although taxes on tobacco products are on the rise, tobacco taxation is still met by resistance by the tobacco industry. Continued advocacy efforts have a role in addressing this.
- **Ownership by other ministries:** A number of ministries look at tobacco control as a health issue. Activities which help build ownership and increase their understanding of their role in tobacco control are important.
- **Addressing health inequity and vulnerability issues:** Though reducing inequities is not an explicit goal of the NTCP, studies have shown that population-level tobacco control interventions listed in the Convention, such as smoking restrictions in schools, restrictions on sales to minors and tobacco price increases, have the potential to benefit disadvantaged groups and contribute to the reduction of health inequities. However, more efforts are required to ensure that the program addresses these inequalities and those hard to reach communities. Program managers at NTCC feel that this scale up would be possible once the NTCP is expanded to all States in the twelfth five-year plan (2012-2017).

Conclusion

India's tobacco control efforts are a useful example of a whole-of-government approach. A number of factors influenced India's response to tobacco control. Political commitment and international will, a strong legal mandate, and compelling evidence in support of a whole-of-government approach to tobacco control, have guided India's response to tobacco control. Various engagement mechanisms, high-level structures and advocacy campaigns have enabled a participatory approach to tobacco control and helped build support among the wider community including non-health sectors for the NTCP. At the time of writing the case study in 2012, a number of challenges remained in the implementation of the NTCP. Evidence of attributable impact of India's various tobacco control policies, such as health improvements or simply just demonstrated behavior change resulting in reduced tobacco usage, would provide important feedback for future policy and would also go a long way to achieving future and continued high-level, financial and whole-of-government support for India's tobacco control policies.

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