World Heart Federation Roadmap on Tobacco Control: A situation analysis in India

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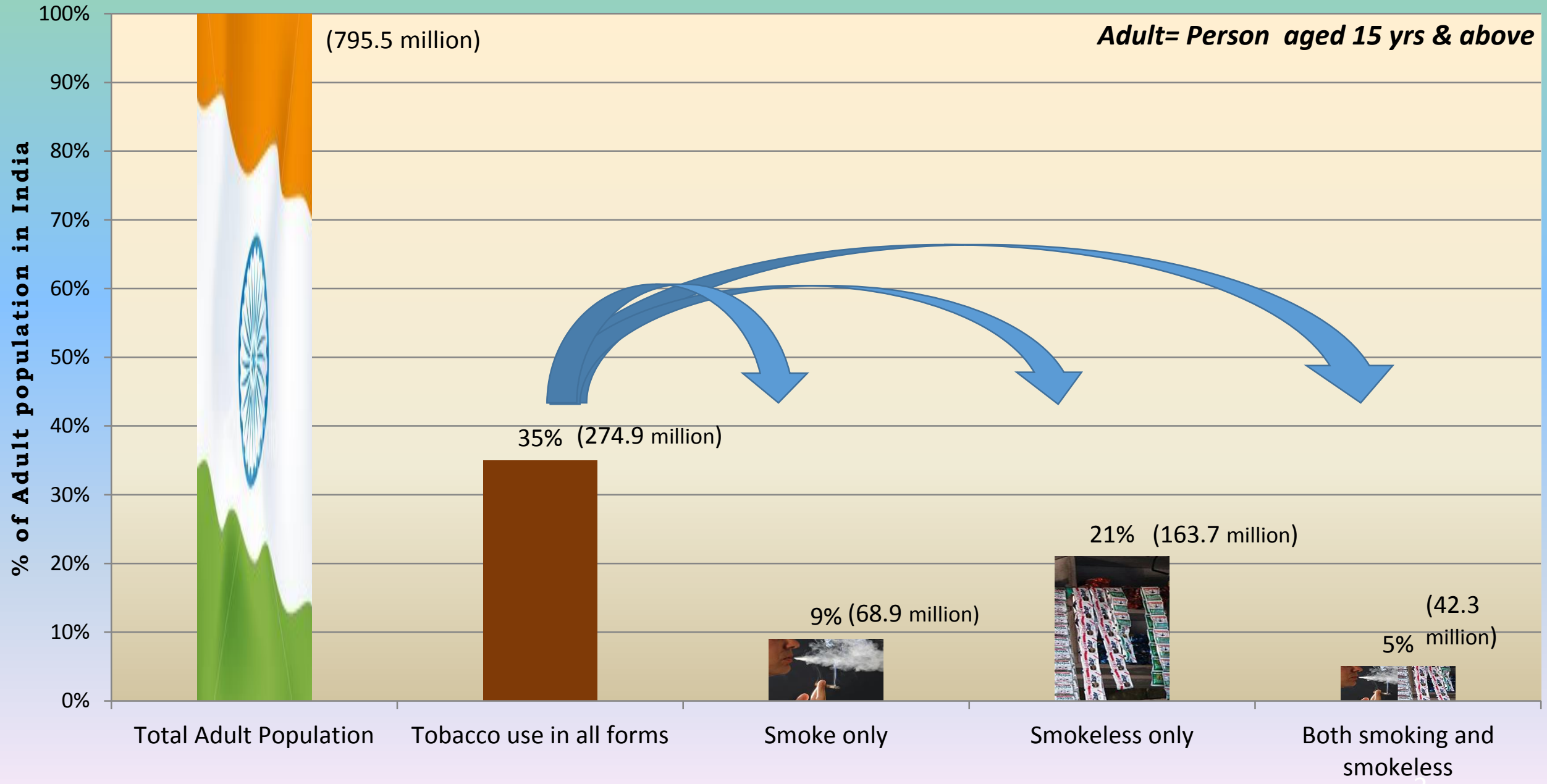
CVD Roadmap: Aim and Objectives

The overall aim of the WHF roadmap on tobacco control is to develop multi-sectoral action to achieve the goal of reducing premature CVD mortality in India by reducing the prevalence of tobacco use and SHS exposure through

- *Accelerating **implementation** of the WHO FCTC*
- *Strengthening **cross-sectoral collaboration** for treaty implementation*
- *Situating **tobacco control as a core part** of the CVD agenda.*

India's Adult Population & Magnitude of Tobacco Use in Different Ways



Source of data: Global Adult Tobacco Survey, India, 2009-2010

Myriad Varieties of
Tobacco Products in India

STEPS suggested for adopting the roadmap

1. Establish a small steering group for the tobacco roadmap and engage a coordinator;
1. Make a plan for roadmap adaptation and communication/advocacy around it;
1. Review country data and conduct a situation analysis;
1. Organize policy dialogues;
1. Monitor and evaluate the impact of Roadmap process on the implementation of tobacco control policy.

Adaptation the Roadmap in India

- Project being undertaken by HRIDAY (NGO) and PHFI

- Planned implementation into three phases-
  - Phase I: Situation Analysis: National level

    -will provide an opportunity to review country data, map the existing assets, resources, policy and programmes to reduce tobacco related CVDs

    -Supplemented with KIIs
  - Phase 2: Establish a steering group and state level situation analysis

    -Will provide opportunity to undertake desk review, explore state level implementation of FCTC, national laws and programs, health system integration, assets at state and district level, stakeholder mapping, CVD assets at state and district

    - Qualitative research- Interviews with patients, families, state and district level officials
  - Phase 3: Policy dialogues

    -facilitated discussions with small groups of stakeholders

    -Will provide input for developing and implementing a multisectoral action plan for reducing CVD mortality.

CVD Roadmap: Phase One

Situation Analysis: National level

Coordinator: Dr. Monika Arora

Co-Investigators: Dr. Bidyut Sarkar, PHFI; Mr. Amit Yadav (HRIDAY)

Objectives:

- Summarize *achievements and gaps* in adoption and implementation of key policies of the WHO FCTC.
- Identify *priority roadblocks* and summarize current strategies for overcoming them (*bypasses*)
- Explore *new opportunities*
- *Map assets* of the CVD community and/or partners for exploiting these opportunities.

Key Informant Interviews

- MOHFW, GOI – National focal point
- Public Health Researcher- Member of the national TC alliance
- NGO representative-Member of the national TC alliance from Tamil Nadu
- TCC Cancer Institute in Tamil Nadu – Member of the national TC alliance
- State Nodal Officer, Tamil Nadu – Focal Point from the State
- WHO tobacco control focal point in India
- Representative of the cardiovascular community
- Representative of CVD association-Representative of the cardiovascular community

Tobacco control in India: Situational analysis

Methods

Review of literature

- Online search for published and unpublished scientific literature
- Hand searching and accessing reports, policy documents, strategy documents available
- Abstracts from the search were screened for relevance
- Full text articles and reports were retrieved where available.

Conduct key informant interviews (KII) of stakeholders including senior policy makers

- Triangulate the inputs of KII from stakeholders & policy makers with the findings of literature review

SWOT analysis

Sample Indicators

- **Tobacco use and SHS exposure (by gender, age, and SES)**
  - Age-standardized prevalence of current tobacco use among persons aged 18+ years
  - Prevalence of current tobacco use among adolescents
  - Self-report of exposure to secondhand smoke

- **Priority gaps in tobacco control**
  - Changes in status of specified country policies per WHO ranking (Global Report on the Tobacco Epidemic)
  - Changes in the system implementing WHO FCTC (political will, resources, coordination, protection from tobacco industry interference)

- **Impact on CVD**
  - Percentage of premature mortality from CVD attributable to tobacco

**Where available, data should be examined by age group, gender ethnic group and socio-economic status*

Policy status and system for implementation

Roadblock	Data available on problem	Achievements	Gaps
Barriers to reducing prevalence/exposure	Yes		weak enforcement
Availability and affordability	Availability-NO Affordability-YES	MOHFW, 2015 report highlights tobacco has become more affordable than food items	Study needs to be update for past 2 years
Norms and perceptions	GATS and GYTS		
Awareness of risks	GATS		
Access to cessation support	GATS		
Secondhand smoke exposure	GATS and GYTS		SHS attributable deaths in India
Barriers to developing sustainable system			
Low priority			
Inadequate resources			
Poor intersectoral coordination	yes	Multisectoral action plan released	Commerce Ministry feels in coflict with their mandate
Tobacco industry interference	yes	Article 5.3 draft developed, current with commerce ministry for review	Parliamentary committee on Subordinate legislation reveiwing PHWs

Interview Schedule

KEY QUESTIONS FOR POLICY MAKERS

- What are the current strategic priorities of government on tobacco control? Which components of FCTC/ MPOWER do you think need to be stepped up or accelerated? What are the challenges?
- Does Cigarette and Other Tobacco Product Act, (COTPA) 2003, need an amendment? (If yes, what are the areas of amendment?)
- Do you feel WHO Global Action Plan based national targets adopted for tobacco control are realistic and achievable in Indian context? (*India's target of 30% relative reduction in prevalence of tobacco use*)
- What are the new political opportunities for advancing WHO FCTC implementation? How can they be leveraged? (*Explore new initiatives like m-health for tobacco cessation*)
- What is being done to monitor implementation of COTPA/FCTC/MPOWER and to assess impact of these tobacco control policy measures?
- Do you think cardiovascular community in the country has been significantly engaged in tobacco control research, policy or tobacco cessation?
- How can the cardiovascular community be mobilized to have maximum impact in supporting tobacco control?

Tobacco control in India: a SWOT analysis

Tobacco control in India: Strengths

- One of the first countries to ratify FCTC
- Enacted a comprehensive national tobacco control law COTPA in 2003
- Launched a National Tobacco Control Program (NTPC)
- Smokeless tobacco banned in most states by state governments
- A multisectoral action plan released by MOHFW under NPCDCS that engages 23 other ministries

Tobacco control in India: Strengths

- **Nationwide tobacco use surveys NFHS, GATS, GYTS completed and data available**
- **Introduced pictorial health warnings on all tobacco products**
- **Country specific data available to advocate for increased and appropriate taxation of tobacco products by types of products**
- **Taxation steadily increased annually on cigarettes**

Tobacco control in India: Strengths

- **National Guidelines for tobacco dependence treatment formulated**
- **Recently launched a mobile based m-health services for cessation with WHO-DEITY (Govt of India) support**
- **National Quit-line being operationalized by MOHFW in collaboration with VP Chest institute, Delhi**

Tobacco control in India: Weakness

- **Taxation**
  - Low/exempt taxation of ‘Bidis’
  - Irrational differential taxation regime based on length of cigarettes
- **Lack of any nationwide, accessible, affordable cessation support** for tobacco users to quit support.
  - Very limited numbers of public funded tobacco clinics
  - Not open all days of week
  - Not providing free of cost NRT and/or medications
- **Limited research on effective tobacco cessation interventions** on Bidi smokers and smokeless tobacco use

Tobacco control in India: Weakness…2

- **Inter-sectoral coordination**
  - Inability to initiate action from non health ministries of Agriculture, Finance, Labor for tobacco control
  - Health ministry not empowered for non-health sector actions
- **Inadequate enforcement mechanism** for COTPA
- **Suboptimal implementation infrastructure** for MPOWER
  - Lack of funds
  - Lack of trained personnel
- **Cessation support services neither available nor integrated into existing primary care/** healthcare programs

Tobacco control in India: Opportunities

- **Collaboration or integration for tobacco cessation services with other public health programs of the Ministry of health**
  - *National Program for prevention of Cancer, Diabetes, Cardiovascular diseases and Stroke (NPCDCS)*
  - *National Revised Tuberculosis program (RNTCP)*
  - *Reproductive, Maternal, Child and Adolescent health (RMNCHA) programs*
- **COTPA amendment**

  - *overcomes loopholes and weaknesses in National legislations*
- **Leveraging and engaging with other high profile government programs**
  - *National " Swachata Abhiyan" (Cleanliness drive)*
  - *Anti- Pollution initiatives*

Tobacco control in India: Opportunities

- **Collaboration with professional clinical associations for effective tobacco cessation services delivery including private sector**
  - *Cardiologists Society in India (CSI)- new focus on prevention and interest in cessation*
  - *Oncologists societies in India*
  - *Association of Physicians in India (API)*
  - *Indian Medical Association (IMA)*
  - *Indian Academy of Pediatrics (IAP)*
  - *Federation of Obstetricians & Gyanaecologists in India (FOGSI)*
  - *Indian Dental Association (IDA)*
- **Leveraging and engaging large number of medical colleges in India**
  - *Departments of community medicine*
  - *MPH courses introducing modules on tobaco control*
  - *Department of internal medicine, paediatrics, gynae & Obs*

Tobacco control in India: Threats

- **Inadequate fund allocation** for National Tobacco Control Program
- **Weak enforcement or implementation mechanism** for MPOWER
- **Strong industry interference** in policy making for increasing size of Pictorial Health Warnings to 85%
- **Ineffective countering of the " livelihood" and "revenue" argument** of tobacco industry to thwart tobacco control policy (tobacco farmers, Bidi household rollers)
- **Lack of monitoring mechanism** for documenting progress and impact of National Tobacco Control Program (NTPC)

Tobacco control in India: Threats

- **Lack of political will** (Low/exempt taxation of Bidis)
- **Lack of monitoring mechanism with defined measurable indicators and timelines for implementation** of MPOWER
  - ***No annual indicators generated at national, state and district level***
  - No feedback mechanism for corrective action at each level
- **Lack of specific accountability** for implementation of each area of MPOWER
- **No nationwide cessation support**
- Point of sale (POS) advertising and marketing not covered by existing law COTPA

CVD Roadmap: Phase Two

- **Engaging steering group actively in this phase to review outcomes of Phase I and to guide planning for state level review and policy dialogues**

- **This phase will focus on:**
  - **Exploring new perspectives:** *to enrich the situation analysis, hearing from outside of current networks of health and TC advocacy*
  - ***identifying strategic goals:*** *Goals for achieving full implementation of the WHO FCTC and opportunities for accelerating action to achieve them at both levels will be identified in consultation with the steering group.*
  - ***summarizing findings***

- **A state level review of a selected state will be undertaken**
  - Field evaluation of implementation of FCTC
  - Stakeholder mapping
  - CVD community mapping (asset mapping)
  - District level functioning will also be explored in selected states

CVD Roadmap: Phase Three

Organize Policy Dialogues

Goal is to provide input for developing and implementing a multisectoral action plan for reducing CVD mortality.

- Are the milestones proposed and the strategic proposals appropriate for achieving the GAP tobacco target (or higher national targets)? Are they feasible?
- What are the priorities for achieving these goals and who can do what to achieve them?
- What are the next steps for developing a plan and implementing it?
- How will it be coordinated and monitored? How will its impact be evaluated?

ACTION PLAN

- Policy Dialogues offer a framework for planning
- Development of mechanism for :

  -coordination

  -monitoring

  -reporting

  -evaluating impact.

Tobacco CONTROL to Tobacco ENDGAME

STATUTORY WARNING!!
2014 THE FOLLOWING
WOULD BE LOOKING FOR
J O B S . . .

MARLBORO MEN
MARLBORO WOMEN
JACKIE SHROFF
CAMELS

THANK YOU

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