Medicine and Society

Awareness to action through multi-channel advocacy for effective tobacco control in India: A case study from Bihar

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ABSTRACT

Developing a synergistic relationship between the government machinery and civil society is crucial for advancing the tobacco control movement in India. With diverse patterns of tobacco use and far reach of the tobacco industry, stringent enforcement mechanisms along with innovative and culturally appropriate advocacy efforts are imperative. In this paper, we evaluate multi-level tobacco control interventions undertaken in the Indian state of Bihar and the subsequent success achieved in strengthening government–non-government partnerships and commitment towards tobacco control in the state. Our experience shows that sustained advocacy at the policy and grassroots levels, along with willingness of the administrative machinery, can present result-oriented tobacco control initiatives at the state and grassroots levels.

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INTRODUCTION

While the WHO's Framework Convention on Tobacco Control (FCTC) lays down a roadmap for tobacco control,[1] implementing these evidence-based tobacco control policies within the Indian demographic milieu cannot be attained without political and societal commitment at both the national and local levels.

A WHO publication in 2004 said: 'development of national capacity for tobacco control concerns a range of different stakeholders in the public, private and civil domains, at the central and local level. Partnerships and collaborations with these diverse stakeholders are necessary. The complex nature of tobacco control, the variety of interventions that need to be carried out simultaneously, and the formidable influence of the tobacco industry require a united societal response. The ability to seek out appropriate partners and to establish solid networks is as important as developing expertise in the technical areas of tobacco control.'[2]

With India's growing tobacco burden—there are nearly 275 million tobacco users in India (47% male and 20% female) as per the Global Adult Tobacco Survey 2009–10[3]—there is an urgent need to strengthen collaborative tobacco control efforts by bolstering government–non-governmental organization (NGO) partnership at all levels, support implementation of effective tobacco control policies, to enforce tobacco control laws, build capacity of multiple stakeholders, besides enhancing civil society and media engagement at the grassroots level.

This paper attempts to document the efforts initiated in building capacity of law enforcers and NGOs for effective implementation of tobacco control laws in the state of Bihar. It also summarizes the engagement of multi-level stakeholders supporting and advancing tobacco control efforts in Bihar. It illustrates the importance of government–NGO partnership at all levels for building comprehensive tobacco control capacity and underlines the need for synergistic and coordinated efforts from all stakeholders for effective enforcement of the tobacco control laws. The experiences and successes from Bihar provide a model of multi-strategy tobacco control interventions for replication in other Indian states and give hope of achieving larger breakthroughs in tobacco control policy reforms in India and other low- and middle-income countries (LMICs).

WHY BIHAR?

Bihar is located in the eastern part of India with a land area of 94 163 sq km. With a population of nearly 104 million (decadal growth rate 25.07%), Bihar consists of 8.58% of the national population. The overall sex ratio of Bihar is 916 females per 1000 males. The literacy rate of males is 73.39% while that of females is 53.33%.[4] In 2009–10, Bihar accounted for 54.35 million (15.3%) of India's poor.[5]

Tobacco use is one of the highest in Bihar—54% of its adult population use it. In Bihar, the number of male tobacco users, at 62%, exceeds the national average; and over 40% of women over the age of 15 years (double the national average) currently use tobacco in some form. While over 43% of Bihar's adult population smokes *beedis*, the state records the highest prevalence of smokeless tobacco use (49%) in the country and *khaini* (a mixture of sun-dried tobacco and slaked lime) is the most popular form of tobacco use in the state.[3] Tobacco use among youth is also reported to be very high with almost 60% youth consuming tobacco in one form or the other.[6]

Given the enormous burden of tobacco use in the state, two districts of Bihar, i.e. Patna and Munger, were included in the

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second pilot phase of India's National Tobacco Control Programme (NTCP) in 2009.[7] Thus, the Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003 (COTPA)[8] and the NTCP formed the basis for tobacco control efforts in Bihar.

PROJECT, PARTNERSHIPS AND THE INTERVENTION FRAMEWORK

As part of a broader multi-state project entitled 'Awareness to action through multichannel advocacy for effective tobacco control in India: Capacity building in five Indian states', we have sought to develop an intervention framework. The framework recognizes six steps to strengthen tobacco control efforts at the subnational level, viz. (i) needs assessment, (ii) capacity building of multisectoral stakeholders, (iii) formation of inter-departmental administrative committees, (iv) advocacy (upstream and downstream), (v) monitoring and reporting mechanism for assessing enforcement of the Indian tobacco control law, and (vi) media engagement.

Based on inputs from the State Health Society, Bihar, Government of Bihar, the Socio Economic and Educational Development Society (SEEDS), a voluntary organization committed to improving the health status of people, was engaged as a partner to implement the project in the state. Letters of support received from the state government served as the initial building blocks for strengthening project implementation in the state.

STATE AND DISTRICT LEVEL NEEDS ASSESSMENT

Following a participatory and consultative process along with the Government of Bihar and the local NGO partner, the districts of Samastipur, Vaishali, Darbhanga, Katihar and Bhojpur were selected as intervention districts. It was important to consider non-NTCP districts to avoid duplication of efforts. The districts of Gaya and Muzaffarpur were selected as control districts to evaluate the impact of this multi-component intervention. The selection of the districts was based on the needs assessment undertaken at the state level on various tobacco use indicators including prevalence burden, industry details, etc. at the state level. Information from both government and non-government stakeholders helped in developing a report card as reference for drawing a roadmap for implementation of the project activities at the state.

PRE-COMPLIANCE MONITORING

Following selection of the districts, a comprehensive district needs assessment was undertaken which informed the district project implementation plans. In addition, a pre-intervention compliance monitoring was also conducted in all districts (5 intervention and 2 control) to objectively assess the status of compliance with the various provisions of COTPA at the time. A total of 1400 (200×7 project districts) respondents were interviewed to assess their knowledge on provisions of Sections 4, 5, 6 and 7 of COTPA, perception about smoking, chewing tobacco and practices with respect to compliance of selected provisions. The respondents were identified during a national consultation in 2010 so as to represent various stakeholders including government, non-government, professionals and public in general of all age, gender, education and socioeconomic backgrounds in the district.

MULTI-STAKEHOLDER CONSULTATION

A national consultation of state government officials and NGO partners held in Delhi in 2010 was vital in selection of the districts and development of state-specific project implementation plans. Later, in 2011 a second consultation provided a platform to state- and district-level NGOs and law enforcers to share their experiences from the project and develop a specific roadmap for subsequent activities. The two-day consultation also involved capacity building and training of law enforcers and NGO personnel from the state on various provisions of COTPA and WHO-FCTC. Training manuals, developed in the local languages, were used for this training of trainers to enhance understanding of tobacco control needs and policy measures among law enforcers and NGO personnel.

INSTITUTIONAL AND ADMINISTRATIVE COMMITMENT

The needs assessment exercise, at both the state as well as district levels, was critical and informed the development of specific action plans intended to advance tobacco control at respective levels. With an express commitment to tobacco control coupled with dedicated advocacy and support from SEEDS and HRIDAY, the state government constituted the State Tobacco Control Cell (STCC). Subsequently, the institutional infrastructure was also in place with the constitution of District Tobacco Control Cells along with designated District Nodal Officers for tobacco control in all 38 districts of the state.

In a ground-breaking development, the Department of Health notified an inter-departmental State Tobacco Control Coordination Committee (STCCC). The first meeting of the STCCC, held in April 2011, was chaired by the Principal Secretary, Department of Health, Government of Bihar. Here senior government officials from different departments and NGOs discussed pertinent tobacco control needs along with a roadmap for effective implementation of the NTCP in the state.

MULTI-STAKEHOLDER CAPACITY BUILDING

With support from the State Health Society, Bihar and SEEDS, within two years of the project, 7 capacity building workshops were held. Through these workshops, a total of 196 law enforcers—from Health, Police, Food and Drug, Education and other departments, 135 grassroots level NGO personnel and 37 local media personnel were sensitized on tobacco control laws and policies. These workshops included participation from district-level functionaries and envisioned enhancing enforcement of tobacco control laws in the seven districts, including the two NTCP districts, i.e. Patna and Munger. These training workshops facilitated development of district action plans with identification and allocation of stakeholder-specific responsibilities for the government and NGOs to work synergistically. These training workshops featured widely in the vernacular and mainstream media in the state and districts, as a result of innovative collaboration between the government and NGOs to advance tobacco control in the state. This partnership was further extended by organizing a state-level advocacy workshop on COTPA implementation in May 2011 by the State Health Society Bihar. Another training workshop was held for police personnel in December 2011 in collaboration with the State Health Society Bihar and Department of Police, Government of Bihar. For the first time, a multisectoral partnership was set up for collaborative implementation of COTPA and NTCP in the state.

MULTI-PRONGED TOBACCO CONTROL ADVOCACY EFFORTS

Along with capacity building workshops, the project also provided support to the State Health Society in developing and designing effective information and communication resources on tobacco control, including posters and handouts that were disseminated in schools and colleges. To increase awareness about the hazards of tobacco use, all primary health centres (PHCs) and community health centres (CHCs) in the state were required to stamp the NTCP adage 'Choose life—Not Tobacco', on the patient prescription forms. The project also extended technical assistance in developing a quarter-page public message on tobacco control on the 2011 World No Tobacco Day (WNTD) theme—WHO Framework Convention on Tobacco Control. The message was published in all leading newspapers in the state on 31 May 2011—WNTD.

A representation was made to the Department of Finance, Revenue and Commercial Taxes for enhanced taxes [Value Added Tax (VAT) and other excise] on tobacco products to reduce tobacco use and support public health expenditures in Bihar. Keeping in mind the health and well-being of the people of the state, the government, in its budget for the financial year 2013–14, increased the VAT on tobacco products from 13.5% to 20%.

On the occasion of Gandhi Jayanti, 2 October 2011, the Department of Health, Government of Bihar launched a public health campaign (which also coincides with the implementation of comprehensive smoke-free rules in India). While launching the campaign, the health minister reiterated the need for effective tobacco control measures in the state. This advocacy with policy-makers was well received as it was coupled with community awareness and grassroots level activities in the state.

A multi-stakeholder approach to tobacco control resulted in active participation and support from two other key departments, i.e. Home and Education, in implementation of Sections 4 (prohibition of smoking in public places), 6(a) (prohibition on sale of tobacco products to and by minors) and 6(b) (within 100 yards of educational institutions) of COTPA in the state. Instructions were sent by the Home Department to senior police officials of all 38 districts to ensure compliance with these provisions of COTPA. The police in general and the traffic police in particular were directed to effectively enforce the ban on smoking in all public places.

TOBACCO-FREE EDUCATIONAL INSTITUTIONS

Based on active efforts by HRIDAY, the State Health Society Bihar and SEEDS, the Department of Human Resource Development issued instructions to make all educational institutions in the state 'tobacco-free'. All schools in the intervention districts of the project were motivated to adopt these guidelines and declare their institutions tobacco-free. Instructions were also issued for all educational institutions across the state to put up statutory boards as per Section 6(b) of COTPA. The district administration was required to ensure that no tobacco product was sold within 100 yards of educational institutions in the state. This coordinated effort received wide appreciation and extensive coverage from the local media. Keeping with the directives of the government, the mandates of COTPA and NTCP, the district administration in Darbhanga briefed all the heads of institutions in the districts to comply with Section 6(b) of COTPA and follow tobacco-free guidelines in schools and colleges.

MONITORING AND REPORTING VIOLATIONS

The State Health Society developed *challan* (fine receipt) books for compounding offences under Sections 4 and 6 of COTPA. The *challans* were distributed during advocacy and training workshops to all authorized officers, including those from the health and police departments. These officials were oriented to monitor violations and issue c*hallans* under COTPA. To support effective compliance with COTPA in the five intervention districts, the project staff sensitized youth and engaged local NGOs for observing and reporting violations of the four key provisions of COTPA. Overall, 1300 violations were compiled and submitted to the state and district tobacco control nodal officers for appropriate action (Section 4 smoke-free public places: 694 violations; Section 5 ban on tobacco advertising: 103 violations; Section 6 ban on sale to and by minors and within 100 yards of educational institutions: 475 violations; and Section 7 display of pictorial health warnings on all tobacco packs: 29 violations).

SUPPORTIVE LOCAL MEDIA

Over a period of 2 years, the overall tobacco control efforts under the project received exceptional media coverage including more than 50 news articles in print and online media in Bihar, highlighting the developments made in tobacco control in the state. There was a sustained interest in the activities carried out at the state as well as district levels. The capacity building workshops and strengthening of the tobacco control mechanisms received widespread coverage in the media. Media persons frequently participated in workshops and highlighted the positive tobacco control developments under the project. The collaborative approach to tobacco control and active support from the State Health Society was well received by the media. Taking into consideration the enormity of the tobacco burden in Bihar and the advancements in tobacco control initiatives in the state, a comprehensive feature on the collaborative approach was published in a leading national daily highlighting the achievements under the project during 2011.

OPPORTUNITIES, CHALLENGES AND THE WAY FORWARD

In retrospect, the needs assessment exercise was one of the key components of the project that was instrumental in developing intervention strategies complementary to the tobacco control priorities of the state. Effective tobacco control interventions must encompass felt-needs of all stakeholders. An analysis of this baseline assessment in Bihar suggested that there was a need to develop an effective enforcement mechanism and increase interdepartmental coordination to advance tobacco control, besides foster mass awareness about the hazards of tobacco use. It was also imperative for the tobacco control agenda to be integrated with the existing health programmes in the state. The partnerships under the project and subsequent activities strived to meet this critical need.

A number of factors have played a crucial and positive role in India's tobacco control movement. The country's comprehensive tobacco control law provides a platform for effective enforcement. A proactive judiciary, supportive state government, committed district administration and heightened civil society engagement also nurture the tobacco control scenario. However, the tobacco industry's reach, and ability to circumvent the law poses an enormous threat to tobacco control activities. With one of the highest prevalence rates of tobacco use in India, the state is presented with a deep-set challenge for overcoming the tobacco

menace calling for a multi-pronged approach to tobacco control. Hence, the project focused on developing and strengthening multi-level partnerships between governmental and non-governmental stakeholders with positive support from media agencies.

Capacity building of law enforcers and grassroots NGO personnel (particularly at the district level), effective enforcement mechanism along with greater public awareness served as pillars for the success of this project. Through regular interactions and planning with administrative authorities, their willingness to build a tobacco control infrastructure for the state and support for tobacco control efforts have increased. Involvement of government agencies other than the health department such as police (home) and education, highlights the need for multisectoral partnerships in tobacco control. Focused advocacy at the state and district levels, both upstream (with policy-makers) and downstream (building public consensus and alliances) catalysed the implementation of the project in the state. The role of the media was also crucial in informing the public and shaping their perceptions about the hazards associated with tobacco use and the significance of effective tobacco control policies and programmes. The changed tobacco control scenario and consequential conducive environment facilitated prohibition on the sale of smokeless tobacco in the state. The State Commissioner for Food Safety notified the prohibition, under the Food Safety and Standards (Prohibition and Restrictions on Sales) Regulation, 2011, just a couple of days ahead of the WNTD on 31 May 2012.

The intervention framework created a ripple effect with creation of tobacco control infrastructure beyond the project districts. Sustained media coverage, on multi-dimensional aspects of tobacco control, created an enabling environment and mass support for effective tobacco control initiatives in the state. A multi-stakeholder approach to tobacco control, supported by collaborative government–NGO action, both at the district (bottom) and state (top) levels, adopted under the project is an effective and replicable model for advancing tobacco control in India. With the success of district-level interventions, all stakeholders in tobacco control also felt the need for implementation of comprehensive tobacco control efforts at the block level. To this effect, HRIDAY, under a continuing grant from the Bloomberg Initiative to reduce tobacco use, is collaborating with the State Health Society Bihar and partner NGO SEEDS to continue grassroots level tobacco control activities in 84 blocks of the 5 selected intervention districts in the state. This is envisioned to sustain the tobacco control momentum in the state and provide fillip to the tobacco control activities already initiated in the state of Bihar, especially at the grassroots level.

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