THE ROLE OF INTERSECTORAL ACTION IN IMPLEMENTING THE WHO FRAMEWORK CONVENTION FOR TOBACCO CONTROL IN INDIA

Produced through the WHO-Government of India 2012-2013 Biennial Workplan
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List of acronyms

AIR       All India Radio
AFTC      Advocacy Forum on Tobacco Control
CBFC      Central Board of Film Certification
COPD      Chronic Obstructive Pulmonary Disorders
COTPA     Cigarette and other Tobacco Products Act, 2003
CTRI      Central Tobacco Research Institute
DARE      Department of Agricultural Research and Education
DAVP      Directorate of Advertising and Visual Publicity
DTCC      District Tobacco Control Cell
ICAR      Indian Council of Agricultural Research
ICMR      Indian Council of Medical Research
IDA       Indian Dental Association
IEC       Information, Education and Communication
IMA       Indian Medical Association
MOI&B     Ministry of Information and Broadcasting
MLA       Member of Legislative Assembly
MOHFW     Ministry of Health and Family Welfare
NCD       Non-Communicable Disease
NCERT     National Council of Educational Research and Training
NFHS      National Family Health Survey
NHRC      National Human Rights Commission
NIPFP     National Institute of Public Finance & Policy
NRHM      National Rural Health Mission
NTCC      National Tobacco Control Cell
NTCP      National Tobacco Control Programme
PHFI      Public Health Foundation of India
PRI       Panchayati Raj Institution
SHO       Station House Officer
STCC      State Tobacco Control Cell
TAPS      Tobacco Advertising, Promotion and Sponsorship
TCC       Tobacco Cessation Clinics
VHAI      Voluntary Health Association of India
VOTV      Voice of Tobacco Victims
WHO       World Health Organization
WCO India WHO Country Office for India
WNTD      World No Tobacco Day
WHO FCTC  WHO Framework Convention on Tobacco Control
Executive Summary

The estimated number of adult tobacco users in India is 274.9 million, with 206 million users of only smokeless tobacco. Prevalence of overall tobacco use among males is 48% and that among females is 20%. The myriad ways in which tobacco is produced, marketed and consumed, further add to the complexities of tobacco control.

The aim of the present case study is to describe how intersectoral action for health has contributed to the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) in India. The case study contributes to the global evidence base being collected for the 8th Global Conference on Health Promotion in Helsinki in June 2013, which focuses on intersectoral action for health in all policies.

The WHO FCTC is a legally binding global treaty ratified by India in 2004. It provides the foundation to manage tobacco control programmes and elicit the cooperation of related sectors. A high-level governance structure, the National Tobacco Control Cell has been established in the Ministry of Health and Family Welfare in collaboration with WHO Country Office for India (WCO India) for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme. Every state has a State Tobacco Control Cell, which is responsible for planning, implementation and monitoring at state level. To drive the implementation of the WHO FCTC by different sectors, high level coordination committees have been established at national, state and district levels.

The Ministries that have contributed towards tobacco control at national and state level include: Ministry of Human Resource Development, Ministry of Information and Broadcasting, Ministry of Home Affairs, Ministry of Labour, Ministry of Railways and Ministry of Finance. In addition, the parliament, judiciary, civil society and media have also been significant allies for the advancement of tobacco control in India. Preliminary work is underway with the Ministry of Agriculture, Ministry of Labour, Department of Rural Development and Ministry of Environment and Forest for working out
strategies to provide alternative livelihoods for those engaged in bidi' rolling, tendu' leaf plucking and tobacco cultivation.

Challenges like low levels of involvement of other ministries and the perception that “tobacco control is the mandate of the Ministry of Health alone”, have been countered through advocacy with stakeholders. Sensitisation and training workshops on key topics are held regularly to help multisectoral stakeholders/ministries understand their role and how to implement the provisions of WHO FCTC. Detailed guidelines have been developed to further help programme implementers and law enforcers.

Some successes where intersectoral action has played a key role are evident. India has been able to achieve varying levels of compliance on most of the key provisions of WHO FCTC and MPOWER package. New policy initiatives have come into force on prohibition on sale of tobacco to minors and around educational institutions, imposing restrictions on tobacco imagery in films and TV programmes and ban on smokeless tobacco products like gutka. Some states, cities and villages have come forward and declared their jurisdictions as smoke-free and tobacco-free. Though it is difficult to assess impact at this stage, these policies would lead to positive health outcomes by limiting tobacco exposure, reducing opportunities for tobacco use and making it less attractive.

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1 Bidis consist of shredded tobacco, hand rolled into tendu leaves. They are 7-8 times more common in India than conventional cigarettes. Gupta, PC and Samira Asma. Bidi Smoking and Public Health, Ministry of Health and Family Welfare, New Delhi, 2008.

2 To assist in reducing the demand for tobacco products at country-level, WHO introduced the MPOWER measures which correspond to some key articles of the WHO FCTC.

3 Gutka refers to a kind of chewed tobacco used in India.
Section I: Introduction

Background

Prevalence of tobacco use in India
It is estimated that in India more than one third (35%) of adults use tobacco in some form or the other. The estimated number of adult tobacco users in India is 274.9 million, with 206 million users of only smokeless tobacco. Prevalence of overall tobacco use among males is 48% and that among females is 20%4. Prevalence of any form of tobacco product among students in the age range of 13-15 years is 14.6% (out of this 19% are boys and 8.3% are girls)5.

Inequities in tobacco use and health care costs
Specific data mirror’s the association between poverty and tobacco use. Secondary analysis of the second and third rounds of National Family Health Survey (NFHS) data revealed higher tobacco use among less educated, lower wealth, rural residence or lower caste men6.

Scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability7. The consequences of both direct tobacco use and tobacco attributed medical expenditures can be significant, specifically in a limited resource household. In a study conducted in 2011, tobacco expenditure and associated medical expenditure attributable to tobacco use were subtracted from the household monthly consumption expenditure in order to derive household disposable income. The 2004 National Sample Survey, a nationally representative survey of Indian households, was used to estimate the true level of poverty. Findings showed that 18% of medical expenditure by rural households and 17% of medical expenditure by urban households was attributed to tobacco use. Tobacco-related medical expenditure increased the poverty level to 28.4% in rural India and to 25.7% in urban India8.

Complexities of tobacco control in India
Factors contributing to the complexity of tobacco control in India are: the availability, affordability and easy access to a plethora of low-cost and locally produced tobacco products, and the many ways in which tobacco is produced, marketed and consumed in India. The production of many tobacco products is unorganised and a large number of people are dependent on tobacco production and processing for their livelihood. While no accurate statistics are available, it is estimated that: 6 million farmers and 20 million farm labourers are engaged in tobacco farming; and 4.4 million people earn their livelihood from bidi-rolling, out of which 76 to 90% are women9.

To address these challenges, many of which are beyond the health sector, the MOHFW, Government of India is working in collaboration with different government bodies, civil society groups, non-governmental organisations (NGOs), UN Agencies and the media at national, state and district level.

Aims and objectives

The aim of the present case study is to describe how intersectoral action for health has contributed to the implementation of the WHO FCTC in India. The case study contributes to the global evidence base being collected for the 8th Global Conference on Health Promotion in Helsinki in June 2013, which focuses on intersectoral action for health in all policies.

In the pages that follow, the case study will:
- Highlight how intersectoral action has been a central feature in the roll-out of the WHO FCTC in India.
- Identify the key mechanisms and capacities that have enabled successful intersectoral action during the implementation of the WHO FCTC in India.
- Describe select outputs, outcomes and impacts that have been reached using intersectoral action.
- Identify key challenges and opportunities, as well as potential next steps for further strengthening intersectoral action as a part of the implementation of the WHO FCTC in India.

Selected key operational definitions used in this study are featured in Box 1.

**Box 1. Operational definitions**

Intersectoral action is defined as, “a recognised relationship between part or parts of different sectors to take action on issues to improve health and health equity”.

Health inequities are avoidable inequalities in health between groups of people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people’s lives determine their risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.

Social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

**Methodology**

Data for the study has been collected through:

- A literature review focusing on the practices, patterns, and prevalence of tobacco use in India, drawing from scientific journal articles, government and international agency reports and NGO reports, among other sources.
- A review of programme documentation from the National Tobacco Control Programme, including guidelines, training reports, sensitisation and advocacy workshop reports, briefings and other materials.
- Interviews with key stakeholders including WHO focal points, National and State consultants assisting in the implementation of NTCP, and NGOs supporting NTCP implementation.

The study covers the time period from early 1990s (when consultations for implementing a more comprehensive legislation on tobacco products was initiated) to February 2013. The following sections provide background on the WHO FCTC in India, describe processes for intersectoral action in the roll out of WHO FCTC, share successes and challenges, and highlight next steps.

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Section II: Implementing the WHO FCTC in India

The WHO Framework Convention on Tobacco Control (WHO FCTC), approved by the World Health Assembly in 2003, has 176 parties globally. It is a legally binding global treaty that provides the foundation for countries to manage tobacco control programmes. The Convention provides countries with a platform for adopting a comprehensive mix of tobacco control interventions that address the individual as well as production, trade, taxation, and implementation of tobacco control laws. It recognises the need for concerted and cooperative action across multiple sectors.

India took a leadership role in the formulation of the WHO FCTC, and was among the first seven countries to ratify it in February 2004. Prior to the ratification, approval of related ministries was obtained. Approval by other ministries was facilitated by the fact that the Indian Parliament had just passed a comprehensive tobacco legislation called COTPA (The Cigarettes and Other Tobacco Products Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution Act) in April 2003.

The Indian law incorporates five important policies i.e. prohibition of smoking in public places; ban on tobacco advertising, promotion and sponsorship; ban on sale to and by minors and within 100 yards of educational institutions; display of pictorial health-warning labels, and content regulation of tobacco products. The law provides a mechanism to explore the interconnections between tobacco control targets and joint areas of work with sectors other than health. It provides a platform to establish tobacco control as a ‘whole-of-government’ concern.

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Simultaneous to the enactment of the India law and ratification of the WHO FCTC, the MOHFW had commissioned a detailed review of the status of tobacco control to collate the Indian experience and recommend a plan for future action. The 'Report on Tobacco Control in India' (2004) was commissioned to help key stakeholders understand the prevalence of tobacco use in the country, status of tobacco control measures, and linkages of tobacco use with other sectors. It laid down a strong case for intersectoral action for future course of planning and monitoring of tobacco control.\textsuperscript{15}

Since health and implementation of the law is a state subject, India conceived the National Tobacco Control Programme (NTCP) to roll out the WHO FCTC and enforce COTPA, 2003. The programme, launched at the beginning of 11th Five Year Plan in 2007-08, is under implementation in 21 out of 35 States/Union territories in the country.\textsuperscript{16} The NTCP has ensured a continuous approach to intersectoral action for tobacco control in India, as described in the following sections.

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Section III: Process for Intersectoral Action through the WHO FCTC

Management and coordination mechanisms

The essential management and coordination elements that underpin the effectiveness of the intersectoral collaboration in the implementation of the NTCP and the roll out of WHO FCTC in India are listed below.

**Governance - Commitment of Ministry of Health**
The National Tobacco Control Cell (NTCC), a high-level governance structure was established in 2001 in the MOHFW in collaboration with WCO India. The NTCC functions under the direct guidance and supervision of the MOHFW officials in charge of the programme - Joint Secretary and Director, supported by the Under Secretary and the Public Health Section. The NTCC is responsible for overall policy formulation, planning, monitoring and evaluation of the different activities envisaged under the programme. All staff is permanent or contractual employees of MOHFW. Initially the Cell had one WHO supported consultant with one support staff. Today, the cell has three consultants in specific areas of tobacco control like policy, legal and national coordination.

Every identified state has a State Tobacco Control Cell (STCC), which is responsible for planning, implementation and monitoring at the state level. The STCCs were established in 2008, and are headed by a State Nodal Officer, who is a senior officer from State Department of Health. Other team members of the Cell include Programme Assistant and Data Entry Operator supported under NTCP, and the state consultant supported by WCO India.

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The NTCC and STCC have committed staff and financial resources to support the development of tobacco control policies. NTCC in particular has the technical expertise required to support STCC and partner agencies in implementing tobacco control policies and programmes in their respective states. For example, to facilitate the implementation of NTCP at state and sub-state level, the NTCC in collaboration with WCO India has developed operational guidelines for State Governments and other implementing agencies. Various other guidelines and training manuals have been developed for State Governments and other Ministries and Departments to facilitate effective implementation of specific sections of COTPA such as Section 4 (protection from exposure to smoke), Section 6 (prohibition of sale to minors) and Section 7 (pictorial warnings on all health products). Further, guidelines have been developed to effectively implement Article 14 (Tobacco Cessation) of WHO FCTC.

To ensure effective and timely implementation of NTCP/WHO FCTC activities, the MOHFW sends notifications and communications to relevant central government ministries/departments as well as state governments. Wherever relevant, the central government sends these notifications to their state level counterparts. Simultaneously, at state level, the STCC facilitates
inter-departmental and inter-ministerial meetings and holds meetings with relevant state departments in other sectors. For example, immediately after a Supreme Court ruling on ban on smoking in public places, the NTCC sent letters to all central government departments, several organisations (workplaces) in public and private sector to inform them about the Act. NTCC advised all the state Finance Secretaries to increase VAT (Value Added Tax) on all tobacco products. Similarly an advisory was sent to all states to enforce the Food Safety Regulation – thereby prohibiting production, sale, storage of food products containing tobacco or nicotine e.g. gutkha, pan masala, zarda etc. The NTCC also sent letters to the Director General of Police in States/UTs to include compliance to COTPA in the monthly crime review meetings of SHO’s. An advisory was sent to the Chief Secretary in States to include compliance to COTPA in the licenses issued to eateries/food joints. Such communication ensures that the intersectoral exchange necessary for implementation of laws is supported through vertical and horizontal channels.

**High level intersectoral committees**

To drive the implementation of the NTCP/WHO FCTC, the MOHFW has established high-level coordination committees at national, state and district levels. These serve to reiterate the role of other departments and ministries in tobacco control and bring them on board for implementation.

At the national level an inter-ministerial task force has been constituted under the Chairpersonship of Secretary (Health). The task force consists of Secretaries from 12 Ministries and/or Departments of Government of India, which include the following:

- Ministry of Labour and Employment
- Department of Commerce
- Department of Revenue
- Department of Industrial Policy and Promotion
- Ministry of Agriculture
- Ministry of Information and Broadcasting
- Department of Higher Education
- Ministry of Rural Development
- Ministry of Tribal Affairs
- Department of Women and Child Development
- Department of Youth Affairs and Sports
- Food Standards and Safety Authority of India
Additionally, representatives from seven state governments and two NGOs are special invitees to the task force\textsuperscript{21}.

Similarly a 14-member State Level Coordination Committee (SLCC) is formed at the State level headed by the Chief Secretary or his nominee. The Principal Secretary (Health) is the member secretary. States can also form a small working group with representatives from select key departments to monitor the activities under the NTCP on a day-to-day basis\textsuperscript{21}. Each district has an eleven-member District Level Coordination Committee (DLCC) chaired by the District Magistrate and the District Nodal Officer as the member secretary.

**Ongoing awareness raising activities**

Coordination between sectors is reinforced by the ongoing sensitisation activities led by the health sector. These activities have been undertaken regularly since the ratification of the WHO FCTC. For example, to support roll out of COTPA and WHO FCTC, the NTCC with support from WCO India and the Bloomberg initiative developed a series of advocacy materials\textsuperscript{22, 23, 24} and conducted advocacy workshops from 2008-2011 at national, regional and state level. In addition to the increasing awareness among key stakeholders on COTPA and WHO FCTC, the workshops served to support preparation of national and state action plans for effective implementation of WHO FCTC. These workshops helped to take tobacco control policies beyond the boundaries of the Health Ministry.

Participants of the national workshop included Central Government Departments (Customs, Labour, Railways, Information & Broadcasting, Education, Agriculture, Commerce, Tourism, etc.); representatives from state departments (health, police, education) and representatives from key NGOs. Eight hundred stakeholders from the states were sensitised in five regional workshops. Over 15 workshops at the state level, not envisaged in the original


plan, were held on demand of the participants in regional workshops to cover more stakeholders.\textsuperscript{25}

Regular sensitisation workshops have been further conducted with involvement of relevant ministries to work collaboratively on specific issues. For example, a ‘National Consultation on Smokeless Tobacco’ was organized by MOHFW/WHO in collaboration with the Public Health Foundation of India (PHFI) in April 2011 to discuss prevention strategies and build coalition to combat the usage of chewing tobacco and its impact on health. Another national workshop was organized in September 2011 for representatives from the Central Board of Film Certification (CBFC) and Ministry of Information & Broadcasting (MOI&B) to help participants recognise how films can play a vital role in shaping the behaviour of the youth in the country.\textsuperscript{26} A ‘National Consultation on Economics of Tobacco’, was organized by WCO India in December 2012 collaboration with MOHFW to sensitise various government departments like Finance, Agriculture, Labour, Rural Development, Health and Civil Society on health and economic cost of tobacco use, and to brainstorm with them on possible steps to be implemented on tobacco taxation, and alternative vocations for tobacco farmers/workers and bidi rollers\textsuperscript{27} both at national as well as state level.

The MOHFW/WHO and partners also commission and support research on specific areas to help build evidence for cooperation with other sectors. For example, to sensitise policymakers in MOI&B and CBFC, studies were conducted to show the impact of tobacco images in Bollywood movies on youth.\textsuperscript{28, 29} In 2009, MOHFW supported Central Tobacco Research Institute (CTRl) for a three year pilot project to establish sustainable and alternative crops to bidi/chewing tobacco crops in five different agro-ecological sub


\textsuperscript{27} WTO/TFI Team

\textsuperscript{28} Arora M et al. Tobacco Use in Bollywood Movies, Tobacco Promotional Activities and their Association with Tobacco Use Among Indian Adolescents. Tobacco Control, 2011.

regions. The research was expected to facilitate the shift of tobacco farmers from chewing/bidi tobacco to other equally profitable alternatives.

**Role of the judiciary and the parliament**

In India, landmark judgements by both the Supreme Court of India and High Courts in different states favouring various tobacco control rules have helped in implementation of tobacco control policies and programmes. Some landmark judgements are listed below:

- In 2008, The Supreme Court of India directed that Section 4 of COTPA (Prohibition on smoking in public places) should be implemented without any hindrance by 2nd October 2008. The Court also observed that no court in the country shall pass any order in derogation of this order. The High Court of Himachal Pradesh and High Court of Jammu & Kashmir also issued directives to implement Section 4 of COTPA. The Bombay High Court directed that all eateries and restaurants having a capacity of more than 30 persons should comply with the rules under Section 4 before receiving the operating license.

- In 2009, the Supreme Court directed that rules specifying display of pictorial health warning on tobacco products packages should be implemented from 31 May 2009. This helped in implementing pictorial warnings on all tobacco product packages.

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• In 2009, the Supreme Court suspended a High Court order, which had
struck banning smoking scenes in films\(^36\). This helped the government
to notify the Revised Tobacco-free Movie Rules after consultations and
negotiations with the MOI&B in order to amend the proposed rules to
make them more practical to implement.

• In 2010, the High Court of Karnataka directed the government to give an
undertaking that it will frame a code of conduct for public officials to
prevent tobacco industry’s interference in developing and implementing
public health policies and programmes related to tobacco control\(^37\).
Development of this ‘Code of Conduct’ is underway in compliance with
Article 5.3 of WHO FCTC.

• In 2011, the Supreme Court affirmed that \textit{paan} masala, gutka and supari
are all food\(^38\). Subsequently, the Food Safety and Standards Authority
issued a notification prohibiting the sale of products injurious to health.
The notification specified that tobacco and nicotine should not be used
as ingredients in any food products thus paving the way for a ban on
\textit{gutka}. Though 14 States had banned \	extit{gutka}\(^39\); it was observed that the ban
was not being effectively implemented everywhere, and hence in 2012,
the Supreme Court issued a notice to the Union of India for
implementation of the same\(^40\).

• The Supreme Court on 4 January 2013 stayed the Mumbai Court’s 2005
interim order staying implementation of the point-of-sale rules under
Section 5 of COTPA (TAPS). This allows the government to finally move
forward with implementing the rules on point-of-sale\(^41\).

\(^36\) Venkatesan J, Smoking scenes to be allowed in films with statutory warning, court told, New Delhi. The
\(^37\) Institute of Public Health Vs The State Government of Karnataka & Ors. (W.P. No. 27892/2010)
\(^38\) Gutka, Pan masala now banned food in government guidelines. New Delhi. NDTV, September 2, 2011.
\(^39\) F.No. 2-15015/30/2010, Notification, Food Safety and Standards (Prohibition and Restriction on sales)
http://issai.gov.in/Portals/0/Pdf/Food%20safety%20and%20standards%20%28Prohibition%20and%20
Restriction%20on%20sales%29%20regulation,%202011.pdf.
\(^40\) Supreme Court issues notice to Center on Gutka ban. New Delhi. The Hindu, December 13, 2012.
http://www.thehindu.com/todays-paper/tp-national/tp-delhi/supreme-court-issues-notice-to-
centre-on-gutka-ban/article4193945.ece.
\(^41\) Health for Millions vs. Union of India & Others. SLP No. 413-414/2013
(http://www.tobaccocontrollaws.org/litigation/advancedsearch/?resultpage=1&allwords=&exactword=&
orwords=0&orwords2=&orwords3=&dontwords=&datesstart=&datesend=&country=&whoregion=&lan
guage=&type_litigation=&fto=&subarg=Tobacco+Control+Law+Violation).
The Union Cabinet of India too has shown a commitment to tobacco control. In December 1995, the 22nd Report of the Parliamentary Committee on Subordinate Legislation laid the foundation for developing the existing tobacco control legislation in the country by making a series of recommendations to achieve better results in the field of tobacco control such as: health warnings on all tobacco products, complete ban on smoking in public transport, anti-tobacco education in school curriculum, stricter regulation of the electronic media and mass awareness programme to warn people about the harms of tobacco. These recommendations were reviewed by a committee formed by the central government, comprising of representatives from the Central Ministries of Commerce, Agriculture, Labour, and Information and Broadcasting, the Indian Council of Medical Research (ICMR), and the National Council of Educational Research and Training (NCERT). In 1999, after a series of consultations on the recommendations, the Union Cabinet approved in principle the need for a comprehensive legislation covering all tobacco products. Later, the Cabinet Committee on Economic Affairs (CCEA) approved the National Tobacco Control Programme and allocated funds for the same under the 11th Five Year Plan. NTCP and NGOs conduct continuous advocacy with key parliamentarians, which helps to keep tobacco control issues on the agenda in the parliament.

**Contributions of NGOs, the media, and advocates**

NGOs have contributed by conducting advocacy with parliamentarians and other key stakeholders, generating awareness and mobilising communities, and conducting public rallies on key components of WHO FCTC. Litigation filed by civil society organisations has facilitated the Government (at national and state level) in implementation of COTPA. They have also filed Right to Information applications to ensure that the mechanism is activated. A coalition of NGOs called the Advocacy Forum on Tobacco Control (AFTC)

44 Interviews with the WHO TFI team and staff at NTCC.
46 Interviews with Monika Arora, Head, Health Promotion and Tobacco Control, PHFI and Sukriti Jain, Assistant Programme Officer, Tobacco Control, VHA.
helps in strengthening non-governmental participation through capacity building of NGOs and facilitating networking among NGOs working on tobacco control\(^\text{47}\).

Media in India is independent and plays an important role in awareness generation and keeping tobacco issues high on the public and policy agenda. Civil society organisations working on tobacco control and the AFTC work closely with the NTCC and STCCs to regularly sensitise the media on tobacco control issues. To help increase the quantity and quality of media coverage of tobacco control issues, BBC World Service Trust also implemented a media training initiative\(^\text{48}\).

Under the Voice of Tobacco Victims (VOTV) initiative, individuals impacted by tobacco use are invited regularly to share their personal stories, which serve as advocacy tools to sensitise policy makers on the need for tobacco control\(^\text{49}\).

**Financial mechanisms**

A sum of Rs 145 crore (US$ 26.6 million) was released by MOHFW to NTCP till 2012\(^\text{50}\). Many of the intersectoral activities are supported by the MOHFW under NTCP. The Ministry of Labour implemented a pilot project to train women bidi rollers in alternate vocations with their own funds. Some state governments like Gujarat, Rajasthan, Uttarakhand and Delhi have dedicated state funds for tobacco control.

**Monitoring and evaluation**

The NTCC is responsible for monitoring and evaluation and has developed detailed formats for STCCs where intersectoral action (such as number of meetings held with different stakeholders, number of schools covered by the tobacco control programme, number of meetings held with relevant state government departments) is an important component\(^\text{51}\). Some examples of monitoring by other sectors are listed below:

48 Kaur H. Supporting Tobacco Control in India through media. TwoCircles.net, IANS, 31 May 2011 (http://twocircles.net/2011/may31/supporting_tobacco_control_india_through_media.html).
50 Key informant interviews with NTCC staff.
- Police departments have incorporated compliance with COTPA in the monthly crime review meetings in many states/districts.

- All schools following the “Tobacco Free School” guidelines, need to have a “Tobacco Control Committee” chaired by school head/principal, and comprising of a science teacher (or any other teacher), school counsellor (if available), at least two NSS/NCC/Scout students, at least two parent representatives, Member of Legislative Assembly (MLA) from the area, Station House Officer (SHO) from the area, Municipal Councillor, and Member of Panchayati Raj Institution (PRIs), to monitor the tobacco control initiatives of the school/institute. The committee is to meet quarterly and report to the district administration.  

- A National Level Steering Committee has been constituted under the Chairpersonship of Secretary (Health) to look into specific instances of violation of Section 5 of COTPA (TAPS) and take action suo-moto. The steering committee consists of representatives from three departments of Government of India and representatives from Press Information Council of India, Press Information Bureau, Advertising Standards Council of India, and Civil Society Organizations. Similar monitoring committees have also been formed at state and district level. The Chairperson of the State Level Monitoring Committee is Secretary (Health), while its members are representatives of the Department of Police, Department of Food and Drug, an NGO, a sociologist, an academician and a psychologist. The District Level Monitoring Committee has the District Magistrate as the Chairperson. Its composition is similar to the State Level Committee, and has two additional members, principal of a leading college in the district and District Public Relations Officer.

- States have formed a monitoring squad comprising of representatives from three to four state government departments to prevent violation and ensure compliance of COTPA.

55 Informant Interviews with State Tobacco Control Officers.
An independent evaluation of the impact of the NTCP from 2007-2012, including the success of the intersectoral action, was initiated in December 2012.

Timing and sustainability considerations

Key informants involved in advocacy and facilitating intersectoral action feel that it is difficult to provide a timeline for achieving the required action56. Intersectoral action is a continuous process where requirements from different ministries and departments change with time. Facilitating intersectoral action depends on many factors such as commitment of senior bureaucratic administration to tobacco control and their willingness to implement tobacco control activities. Frequent turnover of staff in bureaucratic administration too has led to delays. At the state level the process of eliciting and implementing intersectoral action for the WHO FCTC/COTPA has taken an average of one-and-a-half to two years. However, regular meetings of the State/District Level Coordination Committee have yielded good results. At the national level, it took at least one year to open doorways for support.

The intersectoral partnerships set in place for the WHO FCTC/COTPA roll-out are made sustainable through the governance structures described before. Detailed guidelines and continuous training programmes of the implementers in the STCC, law enforcers, other nodal ministries, and representatives from the civil society ensure sustainability.

Current status of intersectoral action

As a result of the support received from the judiciary and the cabinet, continuous advocacy efforts of key stakeholders, dissemination of important notifications on COTPA and FCTC, and technical support provided through guidelines and training manuals, we now have a number of departments and ministries that are engaged in tobacco control efforts both at the national and the state level. Ministries engaged in tobacco control efforts are: Law and Justice, Finance, Commerce, Home Affairs, Information and Broadcasting, Human Resource Development, Railways, Transport, Labour, Agriculture, Environment and Forests and Rural Development. At the state and district
level, in addition to these ministries and departments, the Department of Posts, and the PRIs have been involved. The private sector like the traders' association, restaurant and cinema theatre owners' association, corporates, IMA, IDA, and media and civil society organisations too are active partners. Several states like Assam, Bihar, Karnataka, Madhya Pradesh, Rajasthan and Tamil Nadu have been able to garner the highest level policy maker's support for tobacco control. Fig. 2 gives some examples of concrete actions by stakeholders in different ministries at the national and state level. This is not an exhaustive but illustrative list to explain the role of key sectors in the roll-out of WHO FCTC in India.
### Figure 2
Key stakeholders involved and concrete examples of action by other sectors in the roll out of WHO FCTC in India

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<thead>
<tr>
<th>WHO FCTC Article</th>
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<td><strong>Article 6: Price and tax measures to reduce the demand for tobacco</strong>&lt;br&gt;Recognises that price and tax measures are an effective and important means of reducing tobacco consumption especially among young people</td>
<td>• Tobacco is subject to a range of taxes imposed by the government at the central and state levels. The Central Government imposes duties in the form of central excise on production of different tobacco products. The State Government levies state tax called Value Added Tax (VAT) which ranges from 0% to 50% across states.&lt;br&gt;• Ministry of Health advised the Ministry of Finance (Department of Revenue) to increase excise on all tobacco products for public health considerations.&lt;br&gt;• NTCC wrote to the Finance Secretaries in State Governments to increase and harmonise tax on all tobacco products.&lt;br&gt;• MOHFW collaborated with WHO to organize a National Consultation on &quot;Economics of Tobacco&quot; involving Ministry of Finance and Finance Secretaries of the States.</td>
<td>• Ministry of Finance&lt;br&gt;• State Revenue/Sales Tax Department&lt;br&gt;• Research Institutes like National Institute of Public Finance and Policy (NIPFP)&lt;br&gt;• NGOs&lt;br&gt;• PHFI&lt;br&gt;• State Governments</td>
<td>• Price and tax measures in India are governed by the Union Budget. Ministry of Finance (Department of Revenue) is responsible for administration of tax on all tobacco products and ensure reduction in illicit trade and tax evasion by tobacco industry at the national and state level.&lt;br&gt;• Ministry of Finance has been increasing taxes on tobacco products in most Union Budgets over the last few years based on the demerit good status of tobacco. In 2012-13 the Ministry marginally increased the excise tax on bidis.&lt;br&gt;• In 2012-13 about 14 State Governments have increased the VAT on tobacco products. Many states have also started levying VAT on bidis, which was earlier untaxed.&lt;br&gt;• Ministry of Finance officials were a part of Indian delegation to the Fifth Session of the Conference of Parties (COP5) to the WHO FCTC.&lt;br&gt;• NIPFP published a research paper titled 'Economics of Tobacco &amp; Tobacco Taxation in India' to help in advocacy efforts to increase taxes.&lt;br&gt;• NGOs are engaged in advocacy campaigns on taxation.</td>
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<td><strong>Article 8: Protection from exposure to tobacco smoke</strong>&lt;br&gt;Requires parties to adopt and implement effective measures, &quot;providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor</td>
<td>• The list of public places where smoking is prohibited under Section 4 of COTPA is quite exhaustive and includes all enclosed spaces, restaurants, cinemas, shopping malls, clubs, work places and even semi-open spaces like stadiums, railway stations, and bus stops.&lt;br&gt;• Letters were sent to all central government departments, banks, insurance companies to inform them about the Act. NTCC also sent letters to the Director General of Police in States/UT's to include compliance to COTPA in the monthly crime review meetings of SHO's. An advisory was sent to the states to include compliance to COTPA in the licenses issued to eateries and food joints.</td>
<td>• Supreme Court of India/High Courts&lt;br&gt;• Ministry of Law and Justice&lt;br&gt;• Ministry of Railways&lt;br&gt;• Ministry of Road Transport&lt;br&gt;• Ministry of Home Affairs&lt;br&gt;• Airports Authority of India&lt;br&gt;• Ministry of Tourism</td>
<td>• As a result of the Supreme Court ruling there is a ban on smoking in public places, offices, restaurants, bars, and open streets. The High Courts of Bombay and Delhi directed that compliance to Section 4 of COTPA should be included in the terms and conditions for approval of a license for eateries.&lt;br&gt;• Ministry of Railways ensures that there is no sale of tobacco products on railway platforms and trains. The Railways Act among other things regulates smoking on trains. It imposes a maximum penalty of Rs100 (US$ 2) for those who contravene the Act's no smoking provisions of the Act no smoking provisions.&lt;br&gt;• Department of Transport ensures that all public transport are smoke free.</td>
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57 Jha P, et al. A Rational Taxation System of Bidis and Cigarettes to reduce Smoking Deaths in India, EPW, October 2011, VOL XLVI, NO 42.  
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| public places, and as appropriate, other public places<sup>3</sup> | • A mass media campaign was launched to raise awareness on the Act and the harmful effects of second hand smoke. The message is carried in national and regional dailies on 2 October each year. | • Ministry of Information and Broadcasting  
• All public offices  
• NGOs  
• Association of hotel and restaurant owners | • Many Central Government Departments such as the Army and Navy Headquarters have put up a signboard of no smoking zone in their premises.  
• Airports Authority of India has displayed no-smoking signages and demarcated designated smoking rooms in airports  
• Ministry of Home Affairs is working towards making prisons smoke free.  
• The Postal Department in Tamil Nadu has declared all the post offices as Smokefree.  
• NGOs help by conducting advocacy, awareness and community mobilisation activities.  
• In many states, police officials are a part of the raiding squad.  
• COTPA violations are being reported in crime review meetings in all states/districts.  
• A toll-free help line 1800110456 has been set up by MOHFW/WHO in partnership with a Civil Society Organisation for reporting of violations. |

**Article 11: Packaging and labelling of tobacco products**

Requires parties to adopt and implement effective measures requiring large, clear health warnings, and to ensure tobacco product packaging and labelling do not promote a tobacco product by any means.

- Section 7 of COTPA mandates depiction of pictorial health warnings on all tobacco product packages. According to the rules the warnings should occupy 40% of the principal display area and should be limited to the front panel only.
- MOHFW has sent a notification to all Central Ministries and State Governments to comply with the rules in local languages<sup>31</sup>.  
- A public notice on the guidelines has been published in leading national and regional dailies. The warnings are uploaded on the website of MOHFW in a downloadable format and can be procured free of cost in CDs.

- Ministry of Law and Justice  
- Ministry of Finance (Excise Department)  
- Ministry of Home Affairs  
- Ministry of Transport  
- Department of Industries  
- NGO's  
- State Governments

- The Excise department ensures that all the tobacco product packages have the mandated pictorial health warnings before they leave the factory. For this purpose, the Ministry of Finance publishes an enabling notification.  
- Directorate General of Foreign Trade (DGFT) issued an enabling notification based on the request of MOHFW.  
- NGOs help by conducting regular assessments on the status of implementation, reporting violation of the rules, facilitate field testing of the images/warnings and evaluating the effectiveness of the pack warnings.

**Article 12: Education, communication, training and public awareness**

Information, Education and Communication (IEC) is one of the five components of NTCP<sup>62</sup> at national level. Funds to the tune of Rs. 25 crore (5 million US$) have been allocated per Ministry of Information & Broadcasting (MO&B)  

Dissemination of anti-tobacco advertisements on entire spectrum of tobacco products used in India through radio, television and print media<sup>64</sup>.

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<sup>64</sup> Informant interviews with WHO TFI Team.
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<td>Requires the adoption of legislative, executive, administrative or other measures that promote public awareness and access to information on the addictiveness of tobacco, the health risks of tobacco use and exposure to smoke, the benefits of cessation, and the actions of the tobacco industry.</td>
<td>year for national level public awareness campaigns. World Lung Foundation has extended technical support for the same. NTCC conducted advocacy workshops at national, state and district level to sensitise key stakeholders. Developed a set of 11 posters, audio and video spots on tobacco control in Hindi and English. The IEC division of MOHFW has dubbed all the spots produced by NTCP into 22 Indian languages. These spots are broadcast through the national television channel across the country. The MOHFW also uses the outdoor stills produced by the NTCP in their outdoor publicity campaigns. State governments are also allocating funds from NRHM for tobacco control campaigns.</td>
<td>Directorate of Advertising and Visual Publicity (DAVP) Ministry of Labour Ministry of Railways Tobacco Board (Ministry of Commerce) Ministry of Education CBSE Police Division (Ministry of Home Affairs) NGOs Private radio stations and telecom organisations</td>
<td>Dissemination of IEC material to rural audience through the departments 35 field exhibition units which includes seven mobile exhibition vans. Sensitisation of bidi rollers on the health hazards of rolling. Display of anti-tobacco advertisements on railway properties including tickets, train panels and platforms. The North Eastern Railway’s Division has conducted regular awareness drive within its jurisdictions. Sensitisation workshops for tobacco farmers. Issued advisory to schools to conduct awareness programmes for students of classes 6 and 7, teaching and non-teaching staff on harmful effects of use of tobacco. Conducted training programme for Sub-Inspectors, Assistant Sub-Inspectors and Constables on enforcement of COTPA. Political advocacy with parliamentarians, media advocacy on tobacco control, awareness generation activities on harmful effects of tobacco control. Awareness generation in key national and state level fairs such as setting up stalls in the India International Trade Fair, Kumbh Mela (fair), and Gwalior Mela. As part of their corporate social responsibility many private FM radio channels have provided free airtime to broadcast tobacco control messages. Private telecom organisations have sent mass text messages on ill effects of tobacco consumption on World No Tobacco Day (2009-10-102).</td>
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66 Informant interview with WHO TFI team.


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| **Article 13**: Tobacco advertising, promotion and sponsorship requires, in accordance with constitutional limitations, a comprehensive ban on all tobacco advertising, promotion and sponsorship (TAPS) | • COTPA includes a section on ban on TAPS. Specific rules are listed in COTPA to address the issue of tobacco imagery in movies. Section 5 of COTPA clearly sets out a ban on indirect or surrogate advertisement, promotion and sponsorship of tobacco products.  
• Ministry of Health has written to all the Transport Secretaries/Commissioners to include compliance with Section 5 of COTPA in the terms and conditions for inviting tenders for advertisement on bus panels and allied properties of transport.  
• Ministry of Health was the key facilitator of the working group on the development of guidelines for implementation of Article 13 of WHO-FCTC.  
• MOHFW/WHO in collaboration with Salaam Bombay Foundation organised a sensitisation workshop with MOI&B, CBFC, entertainment industry and other stakeholders on the issue of display of tobacco use in films and television. | • Ministry of Information and Broadcasting  
• Central Board of Film Certification (CBFC)  
• Ministry of Law and Justice  
• Ministry of Consumer Affairs  
• Ministry of Commerce and Industry  
• Advertising Standards Council of India (ASCI)  
• Municipal Authorities  
• State Transport Corporation  
• Police Departments  
• NGOs  
• State Governments | • MOI&B and CBFC are responsible for ensuring that the key provisions on films and television programme enlisted in COTPA are complied with. A '20 second' disclaimer and a '30 second' health spot are played before and in the middle of each movie and TV programme which depicts tobacco use. The spots and the disclaimer have been developed by MOHFW. MOI&B has disseminated the same to the entertainment industry and is ensuring implementation of the rules.  
• MOI&B also amended the cable TV network rules of 1994 to include in the advertising code that no advertising which directly or indirectly promotes production, sale and consumption of tobacco products and other intoxicants should be promoted.  
• State Transport Departments have initiated action to ensure that compliance to COTPA gets mainstreamed in the tenders issued for advertising on the panels of state transport buses. Rajasthan State Road Transport Corporation has adopted the policy of not accepting any advertisements of gujia/pan masala companies.  
• Department of Police provides support for removal of tobacco advertisements wherever there are violations.  
• NGOs inform national/state/district authorities about violations.  
• Supreme Court has vacated the stay on the rules related regulation of the display at point of sale, thus removing any impediment towards its implementation. |
| **Article 16**: Prohibit sales to minors  
The parties shall implement measures to prohibit sales of tobacco products to minors including, asking for proof of age from a minor; display indicators about the | Sale of tobacco products by or to persons under the age of 18 years (minors) is prohibited under Section 6a of COTPA. The seller must display a statutory board.  
Under Section 6b, sale within 100 yards of educational institutions is prohibited.  
A set of 12 officials from different departments have been notified for enforcement and monitoring this provision.  
NTCC has developed guidelines for enforcement of Section | • High Courts of India  
• Department of Higher Education  
• Central Board of Secondary Education (CBSE)  
• State Governments  
• Local bodies like Municipal Authorities  
• Panchayat Raj Institutions | • The High Courts of Jammu & Kashmir, Delhi, Karnataka and Mumbai issued directives to the State Departments/Municipal Corporations for implementation of Section 6 of COTPA.  
• CBSE has adopted tobacco-free education guidelines and made it compulsory for all schools affiliated to the Board to adopt them. Government of Rajasthan has made compliance to Section 6, a part of the license clause for affiliation of schools to them.  
• In Bihar, Principal Secretary-Education has issued orders to declare all the educational institutions as "Tobacco Free" and
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| prohibition at the point of sale; no visible display of tobacco products; sweets, snacks, or toys should not resemble any tobacco product. Free distribution of tobacco products in particular to minors shall be banned. | 6 of COTPA and circulated to all the State Government. | • Department of Home/Police  
• Corporates and Trader Associations  
• NGOs | effectively implement the Section 6 of the law in their jurisdiction. In Assam, the Department of Education issued instructions to district level to implement Section 6 of COTPA. In Tamil Nadu, it is mandatory for schools to follow tobacco free guidelines for getting sanitary certificates from the State Government.  
• NGOs conduct awareness programme in schools and/or develop awareness generation material for young people.  
• Corporates like Indian Oil Corporation, Oil and Natural Gas Corporation sponsored the boards to be put at the entrance of educational institutions as part of the Tobacco Free School Guidelines. The trader associations have collaborated for implementation of section 6 of COTPA in Tamil Nadu. |
| **Article 17: Support crop alternatives for farmers** | MOHWF undertook a pilot project with DARE, CTRI and ICAR to field test alternatives to tobacco in five different agro-ecological zones of the country.  
MOHWF is the key facilitator for development of guidelines/policy options for the said article.  
Government of India led by Ministry of Health hosted the 1st meeting of the working group for development of guidelines/policy options  
MOHWF wrote to Ministry of Rural development to work out special projects for the bidi workers under the National Rural Livelihood Mission (NRLM). | • Department of Agricultural Research and Education (DARE)  
• Indian Council of Agricultural Research (ICAR)  
• Central Tobacco Research Institute (CTRI)  
• Ministry of Rural Development | • MOHWF has initiated discussions with DARE, CTRI and ICAR to field test alternatives to non-flue cured Virginia tobacco.  
Ministry of Commerce & Industry has also proposed a ban buyout scheme for tobacco growers.  
• MOHWF is in consultation with Ministry of Rural Development to work out special projects for the bidi workers under the National Rural Livelihood Mission (NRLM).  
• Ministry of Labour and Employment has conducted three sensitisation programmes on alternate livelihoods with bidi workers. The Ministry also launched a training programme for women bidi rollers in its seven regions.  
• Representative of CTRI, Ministry of Agriculture participated in the 2nd meeting of the adhoc study group on alternative crops (Article 17 and 18 of WHO FCTC). |

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70 Informant Interview PHFI  
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| workers and individual sellers   | MOHFW collaborated with WHO to organize a ‘National Consultation on Economics of Tobacco’ involving Ministry of Agriculture, Ministry of Labour and Agriculture, and labour departments of the states. MOHFW/WHO collaborated with CMDR, Dharwad to document the best practises related to alternative livelihood for tobacco farmers and bidi rollers. The document is titled “Diversification from tobacco farming and bidi rolling – documentation of research and action interventions in India”. | • Ministry of Labour and Employment  
• Ministry of Commerce  
• Ministry of Environment and Forest  
• State Governments  
• Centre for Multidisciplinary Development Research, (CMDR), Dharwad  
• NGOs | • Ministry of Rural Development wrote to Chief Secretaries in ten bidi producing states to work out special scheme for those engaged in tobacco cultivation under the Swarn Jayanti Gram Swarozgar Yojana (SGSY)74.  
• VHAI has conducted an action research aimed at developing a better understanding of the interests and needs of the bidi workers while adopting viable alternative livelihood options for them75.  
• All India Women’s Conference (AIWC) conducted an intervention in ten states for sensitizing bidi rollers and identifying alternate vocations. |

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74 The objective of the government Swarnjayanti Gram Swarozgar Yojana (SGSY) is to bring the assisted poor families (Swarozgaries) above the poverty line by ensuring appreciable sustained level of income over a period of time.

Section IV: Impact and Lessons Learnt

India has been able to achieve compliance of most of the key provisions of WHO FCTC and MPOWER package\textsuperscript{76}, as well as COTPA nationally, because of intersectoral action.

Though a five year period is too early to assess impact of the tobacco control policies implemented in collaboration with different ministries, some desirable health outcomes have been achieved through specific policies, as listed below.

Reducing exposure to second hand smoke and smoking behaviours: Smoke free laws, banning smoking in public implemented with support of the judiciary and in collaboration with different ministries, private sector and CSOs have led to many communities becoming smoke free. Cities like Bhubaneswar, Chandigarh, Shimla, Mizoram, Budgam, Kottayam and Ernakulam, and states like Sikkim and have declared themselves as tobacco free\textsuperscript{77}. This in turn would make smoking less attractive by reducing opportunities to smoke and by supporting social norms against smoking. Additionally, it reduces exposure to second hand smoke by making the air cleaner. This was also observed in a study in Mumbai, which assessed indoor air quality in 25 hospitality venues before (22 September to 1 October 2008) and after (26 December to 11 January 2009) the implementation of the public smoking ban in India on 2 October 2008. Improvement in air quality, post implementation of smoking ban, was observed. There was a 64% decrease in the smoke particles in air after the ban\textsuperscript{78}.

Reducing smoking and tobacco use behaviours among youth, vulnerable group and averting the burden of tobacco use among young people: Specific rules to regulate tobacco imagery in films and television programmes have been notified to prevent tobacco use among minors in


\textsuperscript{78} Deshpande A. et al. Study of secondhand smoke levels pre and post implementation of the comprehensive smoking ban in Mumbai. Indian Journal of Community Medicine 2010. Volume 35, Issue 3, 409-413.
India. Implementation of these rules would reduce exposure to tobacco use and influence behaviours of young people, thereby reducing the burden of tobacco use among them.

India is one of the first countries to take action to ensure that tobacco imagery in movies is reduced as part of a comprehensive ban on tobacco advertising, promotion, and sponsorship. Some key provisions of the tobacco free movie rules, which apply to films and television programmes are: all new movies/television programs displaying use of tobacco products will have to provide a strong editorial justification explaining the necessity of depiction of tobacco products or their use; all films and TV programs displaying use of tobacco products shall mandatorily display 30 second health spot twice during the film and TV Program; a 20 second disclaimer shall be shown at the beginning and middle of the film/TV programme; a static health message will be shown during the entire period of display of tobacco products or their use in movies and TV programs, and brand/product placement or display of tobacco products or its use in posters and promos is prohibited79 80. These rules significantly reduce the exposure of young people to a medium which glamourises smoking and tobacco use.

Additionally, the Central Board of Secondary Education (CBSE), which has 12 300 schools under its jurisdiction78, has asked all schools to follow, “Tobacco Free Schools” guidelines. These include: display of “Tobacco Free School” board at a prominent place outside; no sale of tobacco products inside the premises and within the radius of 100 yards from school; no smoking or chewing of tobacco inside the premises of institution; displaying posters on harmful effects of tobacco use and recognising tobacco control initiatives by students/teachers/other staff81. This would limit young people’s access to tobacco and make tobacco use less attractive to them.

Key facilitating factors and opportunities for intersectoral action

Key facilitating factors and opportunities are enumerated below:

- **Strong political leadership:** Strong political leadership along with bureaucratic support has been the guiding force behind the success of intersectoral action. In many states, cooperation and collaboration on key tasks/orders or release of funds to the programme could only be achieved after an order from the senior most official in the Nodal Department/Ministry.

- **Catalytic role of NTCC and STCC:** The NTCC and STCC facilitates the participation of key ministries in relevant meetings and conferences. This helps in sensitising the stakeholders from other sectors and builds their ownership. For example, key stakeholders are invited to participate in meetings of working groups on Article 6, Article 13, Article 17 and 18 of the WHO FCTC, where India is a Member or Key Facilitator. NTCC solicited the participation of Ministry of External Affairs and Ministry of Finance in the Inter Government Negotiating Body (INB) for developing a protocol on illicit trade of tobacco. Ministry of Finance was an integral part of the Indian delegation in the 5th Session of the Conference of the Parties (COP5) and in adoption of the guidelines for Article 6 of WHO FCTC. At state level, STCC plays a similar role.

- **Intersectoral coordination committees and consultations:** The meetings of SLCC and DLCC, which are convened at regular intervals create a platform for dialogue with different stakeholder departments and in the development of joint action plan at state and district level.

Formation of intersectoral committees like the inter-ministerial task force on Tobacco Control and the Steering Committee for Section 5 of COTPA as well as consultations organised by WHO, MOHFW and other partners on specific issues provide a platform to sensitise other stakeholder departments on their role in the tobacco control. e.g. National Consultation on Smokeless Tobacco facilitated in the implementation of the food safety regulation, which prohibits use of tobacco or nicotine in any food products. Another example is the
‘National Consultation on Economics of Tobacco’ wherein participants from department of Finance, Agriculture, Labour from national as well as states participated for wider discussion on the issue. Another example is the workshop on ‘Tobacco Free Movies’ that sensitised the members of the ‘Central Board for Film Certification’ and entertainment industry on the need to regulate tobacco imagery in films. This facilitated in the implementation of the ‘Tobacco Free Movie’ rules.

- **Aligning health goals to the mandate of other sectors:** The multisectoral consultations and interactions have highlighted the fact that the mandate of other sectors and departments is also intrinsically aligned with the health goals; e.g. Article 18 of WHO FCTC deals with the health and welfare of tobacco farmers and workers, which is the mandate of Ministry of Agriculture, and Article 6 deals with generating additional revenue through taxes, which is the mandate of Ministry of Finance.

- **Continuous advocacy:** National, regional, state and district level advocacy workshops on tobacco control organised by WHO/MOHFW in collaboration with CSO’s and State Governments catalysed implementation at all levels through sensitisation of key officials in various departments. In addition, continuous advocacy efforts through one-on-one meetings helped in initiating necessary actions with other sectors for compliance to the law. Constant interaction also helped in sensitising new officials on the job (specifically in states where the turnover of key officials was high). The Voice of Tobacco Victims (VOTV) initiative, where individuals impacted by tobacco use share their painful and heart rending experiences, is an excellent advocacy tool to sensitise policy makers on the need for tobacco control.

- **Timing of the advocacy:** Timing of the advocacy is a crucial factor while advocating with certain stakeholders. For example, advocacy with the Ministry of Finance, which is responsible for price and tax measures in India, starts around September and October each year, at least six months before the Union Budget for the fiscal year, which is announced in February/March.
• **Recognition:** Awards and commendations motivate programme implementers to pursue their efforts. WNTD awards are given by WHO to individuals and institutions for exemplary work on tobacco control. Awards for exemplary efforts in tobacco control are also given both at the Central (e.g. Narotam Sekhsaria Foundation) and State level (e.g. on World No Tobacco Day, the State Government of Odisha awarded prizes to 13 police officials for their contribution in the implementation of tobacco control laws).

**Challenges to ISA in the context of the WHO FCTC**

• **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. Also, challenges are posed by frequent changes of nodal officers in health and other departments who have been sensitised and trained for tobacco control. These changes leave gaps in capacity. NCDs and tobacco control have been recognized as priority health issues only recently, and there are lags in financing allocation and political will at different levels of the system. Many STCCs have countered this through continuous advocacy with relevant ministries to build ownership of the programme.

• **Role of the tobacco industry:** The tobacco control policies and interventions have always been challenged by the industry through litigation, media counterblast, surrogate means of advertising and promotion, and using front groups of farmers or tobacco vendors etc. All the provisions under COTPA have been challenged by the industry across various courts in the country and it was implemented only after intervention of the courts. Recently with the states implementing the prohibition on gutkha, the industry launched a mega media blitz against the move and also claiming that SLT is less harmful. Although taxes on tobacco products are on the rise, tobacco taxation is still met by resistance by the tobacco industry. An integrated collaborative approach with support of civil society will play a pivotal role in addressing this.

• **Ownership by other ministries:** A number of ministries look at tobacco control as a health issue and are reluctant to work on it. Sensitisation activities help build ownership and increase the other ministry’s understanding of their role and how to implement it.
• **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 scale up and make programmes accessible for hard to reach groups. Programme managers at NTCC feel that this scale up would be possible once the NTCP is expanded to all the states in the 12th FiveYear Plan.

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Section V: Conclusions and Next Steps

To conclude, India has made considerable progress in tobacco control efforts since the enactment of COTPA in 2003 and ratification of the WHO FCTC in 2004. Potential next steps to strengthen further cooperation between sectors and to increase the reach of the programme are given below.

Next steps

- The NTCP is looking at expanding and scaling up interventions in all states across the country in the 12th Five Year Plan (2012-2017). In the new plan, it has been envisaged that the district tobacco cell will work in synergy with the Noncommunicable Disease Cell (NCD). The synergy will enable expansion in the reach of the programme, make effective use of available resources and integrate tobacco training in ongoing activities of the other sectors.

- Regular conduct of the high level intersectoral meetings and consultations on cross-cutting issues will further increase involvement of key ministries other than health and facilitate in implementation of the joint action plan. It will also increase the ownership of other ministries for tobacco control policies through their departments/ministries.

- Pilot projects on providing alternate employment opportunities to the most disadvantaged groups to be scaled up vertically as well as horizontally. Similarly, while the coverage of school students on tobacco programmes has been commendable, more efforts need to be made to reach out-of-school students who are more vulnerable.

- In the Government of India’s 12th Five Year Plan, emphasis has been laid on advocacy with key sectors. Acknowledging the importance of these activities, a separate component on advocacy has been included in the plan.

[85] Informant interview with WHO/TFI Team.