

Discussion of work-plans and policy engagement strategies for India

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Our recent BMJ paper finds that:

In India,

- A 50% increase in cigarette prices would lead to about 45 million life-years gained due to quitting in India.
- Men in the poorest 20% of male smokers would gain an average of four times the life-years (12 v 3 million)
- USD \$157 billion would be saved by avoiding treatment costs for medical conditions caused by smoking.

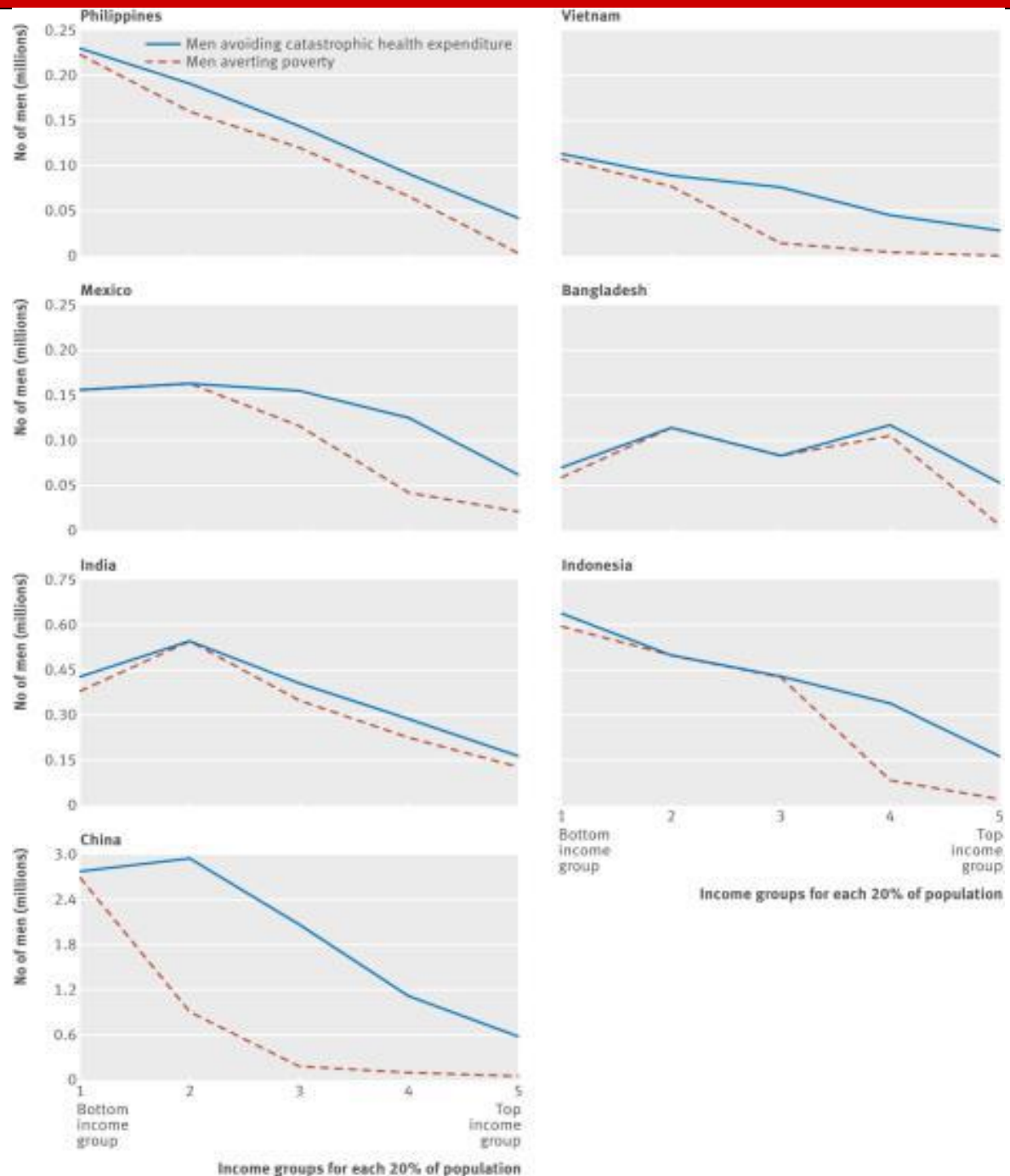
- In the countries without universal health coverage, 9 million men, half of them in the poorest 20%, would avoid falling below the World Bank's extreme poverty line.
- USD \$122 billion of additional tobacco tax would be collected, with the richest 20% paying twice as much as the poorest 20%.

“Higher cigarette prices will help millions avoid poor health and extreme poverty and people on low incomes have the most to gain”

Figure 1

Number of individuals avoiding catastrophic health expenditures and averting extreme poverty

Catastrophic health expenditure is defined as >10% of individual's annual income and extreme poverty is the World Bank's international poverty line of income of USD \$1.90/day in PPP



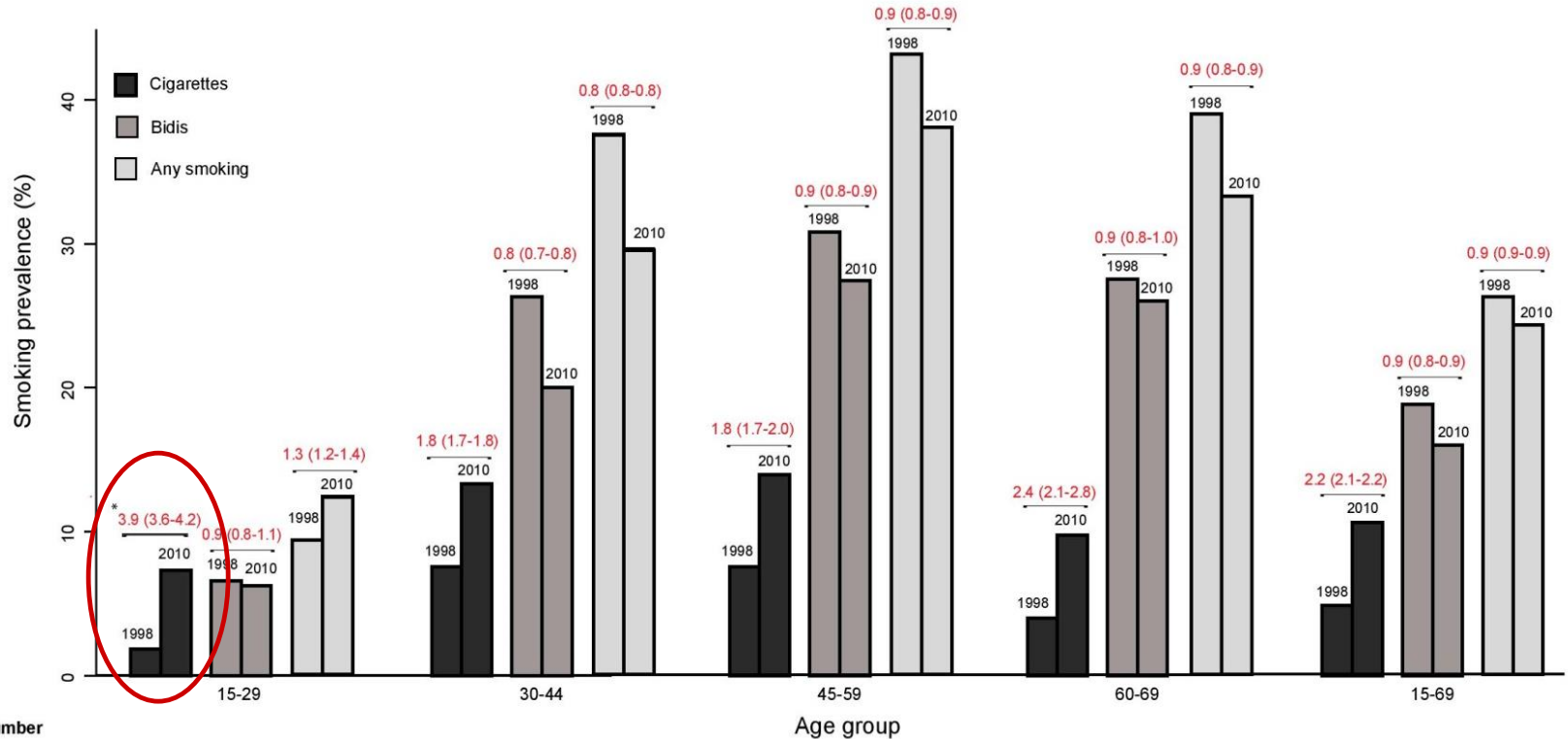
Our BMJ Global Health (2016) paper found that:

- Overall smoking rates have fallen from 27% in 1998 to 24% in 2010 among men at ages 15-69, but rose at younger ages (15-29 years)
- Overall 108 million smokers among men and 11 million among women in ages 15-69 years
- Cigarette smoking became more prevalent at ages 15-69 years and rose substantially for 15-29 year olds

- By contrast, the prevalence of bidi smoking among men fell at ages 15-69 years
- In 2015, 61M men aged 15-69 years smoked cigarettes (40 million exclusively) and 68 million smoked bidis (48 million exclusively).
- Age-specific ex-smoking prevalence in men at ages 45-59 rose modestly reaching 5% nationally in 2010. On average there are 4 current smokers for each former smoker in India

“Our analysis suggests a steady substitution of bidis to cigarettes. There is more than three-fold increase in cigarette prevalence among illiterate and the youth”

Figure 2. Age standardized smoking rate among men by age group and number of smokers (in mil): 1998-2010



Absolute number of smokers (in millions)

	Cigarettes	Bidis	Any	Cigarettes	Bidis	Any	Cigarettes	Bidis	Any	Cigarettes	Bidis	Any	Cigarettes	Bidis	Any
1998	2.5	8.8	12.5	7.3	25.2	35.8	4.2	16.9	24.0	0.9	6.0	8.5	14.6	56.0	79.4
2015	18.2	10.9	25.1	22.6	24.6	38.2	15.9	24.3	33.9	4.4	8.9	11.0	61.2	68.7	108.1
Any															
Exclusive	12.6	6.6		14.8	16.6		10.2	18.5		2.7	6.4		40.2	48.1	
Both	5.7			6.5			4.8			1.6			18.6		

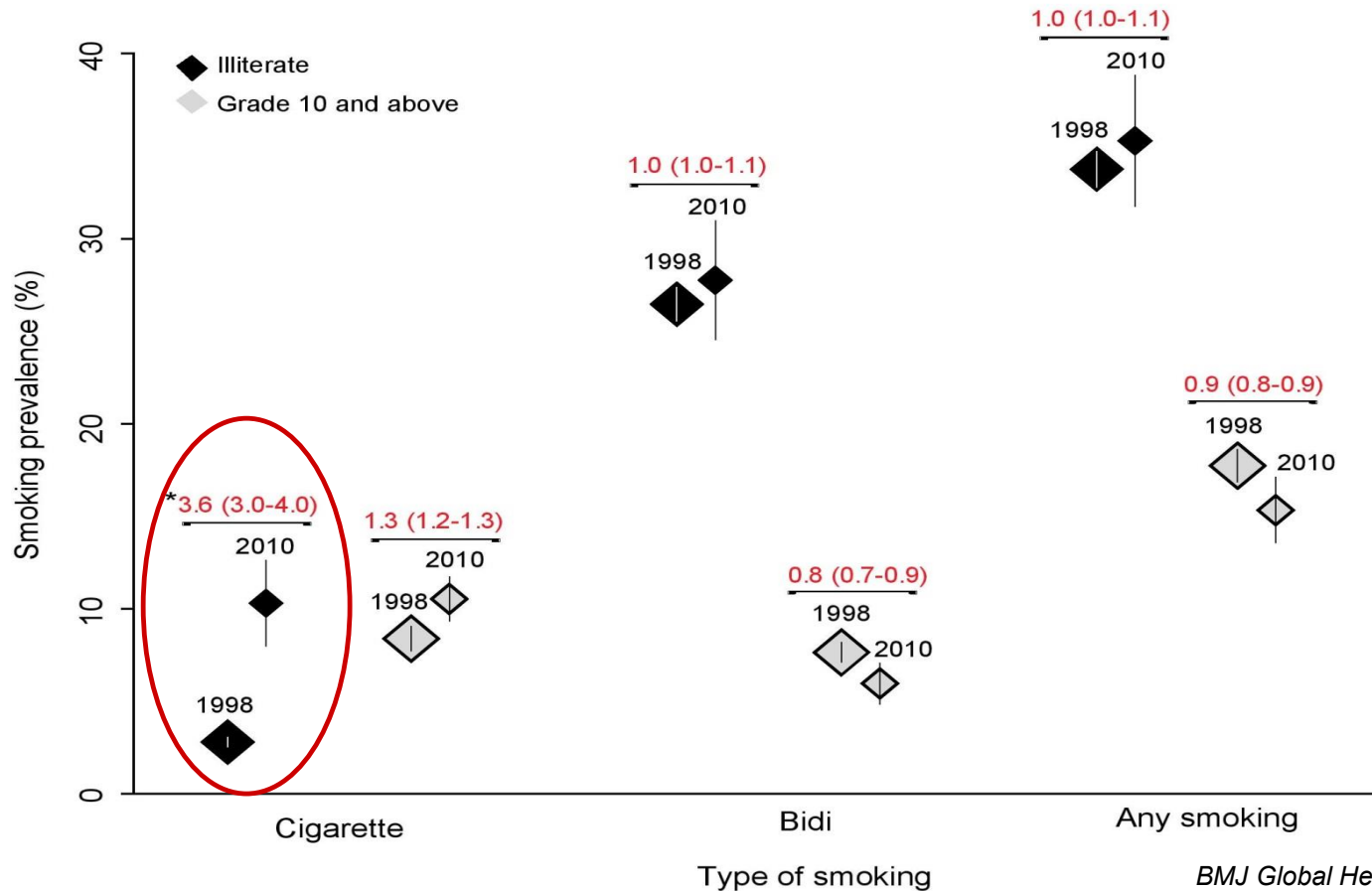
(Cigarettes & Bidis)

BMJ Global Health 2016;1:e000005



Cigarettes have shown an overall increase for all ages. Largest significant increase has been among 15-29 years cigarette smokers which has a 4 fold increase since 1998

Figure 3. Age standardized rate of smoking among men by product and 2 education levels: 1998-2010



BMJ Global Health 2016;1:e000005

Cigarette smoking has increased irrespective of education level. But among illiterate men it has increased 3.6 folds

Steady substitution of bidis to cigarettes among illiterates and younger smokers



Procurement of datasets :

- Identifying relevant data to fulfill all key deliverables
 - National and sub-nationally represented data sources
 - Conduct literature reviews including grey literature searches for government and non-governmental reports
- Identifying strategies to procure data incase data are not available in public domain
 - Identify key research institutes where data may be housed
 - Research organizations and government agencies

Target timeline for completion:

- Phase 1: By end of Year 1 of the IDRC Grant
- Phase 2: By end of Year 2 of the IDRC Grant

Project management:

Key Tasks and time-lines:

- Establish research teams and trainees in each country and finalize country specific work plans
- Country team meetings (monthly)
- Global team meetings (quarterly)
- Link this research program to the other IDRC-funded projects and identify opportunities and plan for collaboration (where feasible)

Task	Responsible	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Project management																	
Employ/identify research coordinator	Prabhat	■															
Finalize contracts with INSP	Coordinator		■														
Finalize meeting schedules	Coordinator		■														
Global research team meeting	Prabhat	■															
Facilitate training of all RAs for Objective 2, 4 and 5	(Mishra/Essue)		■														
Interim review of progress	All		■	■	■	■	■	■	■		■		■		■		■
Facilitate collaboration with regional partners and help in knowledge transfer between GTEC	Coordinator				■				■			■		■			
Joint meeting of IDRC/CRUK researchers	Prabhat						■										
Coordinate and facilitate 3 Country level Symposia and CCMs	Coordinator						■	■								■	
Facilitate external (regional and global) conferences for RA to present GTEC findings ⁴	Coordinator/RA											■	■	■		■	
Facilitate publications in open source journals	Insert												■			■	■

Synchronize and strengthen local expertise and research capacity

Key Tasks and time-lines:

- Policy engagement strategy
- Map of all research, policy, advocacy initiatives in India developed and written up for publication / background paper
- Policy toolkits that include outputs from each element of the grant
- Symposia

Task	Responsible	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Objective 1: Synchronize and strengthen local expertise and research capacity																	
Map tobacco taxation research, policy and advocacy initiatives	Coordinator		■	■	■												
Further develop policy engagement strategy	Prabhat/Coordinator			■	■												
Identify and initiate contact with individuals and institutions within the existing CCM infrastructure	Coordinator					■	■	■									
Engagement with high-level policymakers	Prabhat/Coordinator								■	■	■						
Develop policy toolkits	Coordinator / RA										■	■	■				
Symposia	All														■		
Develop academic paper(s) based on outcomes of symposia	Coordinator / RA															■	■

Sub-national analysis using ECEA for tobacco control in India

Key Tasks and time-lines:

- Open-access ECEA model
- 1 x policy brief based on results from India
- 1 x publication on India case; contribute to 1 x -publication on cross country comparison
- 2 x conference presentations (Conference TBC)

Task	Responsible	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Objective 2: Conduct subnational ECEAs																	
Employee Research Associate	Prabhat/Coordinator	█															
RA training	RA		█														
Confirm States for sub-national work	RA		█														
Procure datasets	RA		█	█													
Analysis	RA				█	█	█										
Contribute to development of open-access model	RA/consultant						█		█	█	█		█				
Develop policy briefs	RA/Prabhat							█	█								
Develop academic papers	RA/Prabhat							█	█	█	█	█	█				
Conference presentations	RA/Prabhat														█		█

Qualitative analysis of tobacco control in India:

Key Tasks and time-lines:

- Qualitative analysis through focused interviews and discussions with policymakers and knowledge users
- 1 x policy brief based on results from India
- 1 x publication on India case; contribute to 1 x -publication on cross country comparison
- 2 x conference presentations (Conference TBC)

Task	Responsible	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Objective 3: Conduct Qualitative analysis of tobacco control in India																	
Employee Research Associate-II	Prabhat/Coordinator	█															
RA training	RA		█														
Confirm stakeholders and knowledge users	RA		█														
Develop focussed questionnaires	RA		█	█													
Conduct interviews and community discussions	RA		█	█													
Analysis	RA				█	█	█										
Contribute to development of open-access model	RA/consultant					█	█	█	█	█							
Develop policy briefs	RA/Prabhat						█	█							█		
Develop academic papers	RA/Prabhat							█	█	█	█			█			
Conference presentations	RA/Prabhat													█		█	



Tax diagnostic tool:

Key Tasks and time-lines:

- Subnational tax diagnostic developed
- Key end-users identified and trained on tax diagnostic
- Policy brief developed and disseminated to promote wider use of the tax diagnostic
- 1 x academic publication

Task	Responsible	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Objective 4: Generate tax diagnostic policy tools to inform decision-making																	
RA training	RA		■														
Identify data requirements and source inputs	RA		■	■	■												
Analysis	RA					■	■	■									
Develop policy briefs	RA								■	■	■						
Training of end users	RA/consultant											■	■				

Determine barriers to tobacco tax increases:

Key Tasks and time-lines:

- Ethics approvals
- Policy brief developed summarizing main findings
- 1 x academic publication
- Contribute to cross-country comparative paper

Task	Responsible	Year 1				Year 2				Year 3				Year 4			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Objective 5: Determine barriers to tobacco tax increases and how best to tailor evidence to meet decision-makers' needs																	
RA training	RA		■														
Ethics approvals	RA		■	■	■												
Recruitment of participants	RA					■	■	■									
Interviews	RA							■	■	■							
Data analysis	RA										■	■	■				
Develop policy briefs	RA													■	■		
Develop academic papers	RA													■	■	■	■
Conference presentations	Insert																

Staffing for India:

1. Lead Investigator: (Dr. Prabhat Jha)

Will lead the team with study design, methodology to be used, knowledge dissemination strategies, consulting with stakeholders and policymakers etc. He will also provide advice on risk mitigation and ensure that the team is on track to achieve the IDRC deliverables.

2. Project Manager

To assist the Investigator team and provide oversight for all grant activities; administrative support; liaison between investigators and country teams

3. Research Associate (Quantitative study)

One person (PhD /Post-doc level) for India will be supported to conduct the sub-national analysis and to develop the tax diagnostic

Staffing:

4. Research Associate (Qualitative study)

One person (PhD /Post-doc level) to conduct literature reviews and interviews.

5. Research Assistant

An RA (Masters level) will provide over all data mining, analytical and technical support to the PI

6. Consultant

Technical advice on relevant data inputs, assist with sourcing datasets, provide training on the ECEA model and support the Research Associates

Policy engagement strategies:

Identifying stakeholders and Current and future opportunities

- Our existing team is already working with the Ministry of Finance and Ministry of Women and family planning for various ongoing studies
- We will further strengthen existing relationships and establish new associations with the GST committee, State finance ministries, Health research centers, Civil Societies, advocacy groups for our focus states and federal level
- We will identify short and long term opportunities including conferences, consultation meetings etc. to engage with policymakers at various levels (national and sub-national) to collaborate and disseminate our findings effectively

Policy engagement strategies (cond.):

Alignment of GTEC with national tobacco control efforts:

We will provide policy briefs and new scientific evidence aligning with the state and national priorities for tobacco control.

We will also will help the states to make the existing tobacco control policies more effective towards targeted groups

- State level evidence of tobacco attributable mortality and morbidity
- Estimate of Health and poverty impact of tobacco by income groups at the sub-national level by 5 income groups
- Tax revenue avenues via optimal tobacco taxes at sub-national level

Thank you!
Questions or comments

