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Coproducing Tobacco Control Knowledge: Using Virtual Platforms to Strengthen Implementation in India

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Summary

Tobacco control is complex and multidimensional. In India, 266.8 million adults use tobacco in some form, with local contextual factors shaping its consumption, production, and trade. Actors have a stake in tobacco represent different sectors; with varying priorities, responding to different ideas, and exerting varying levels of influence often make it difficult to work collaboratively on tobacco control-related issues. Through online networking platforms such as webinars, we emphasize how coproduction of tobacco control knowledge enables participation, prioritizes multisectoral strategies, and enhances tobacco control leadership among policymakers and implementers in their settings. Coproduction of knowledge between and across stakeholders with a focus on “how to” implement tobacco control policies can leverage in negotiating and supplementing the policy implementation process.

Key words: Complexity, co-production, implementation, low- and middle-income country, tobacco control

Tobacco control is a complex or wicked problem shaped by changing political and economic forces, conflicting interests, public skepticism, and the absence of a tobacco endgame in the face of growing industry interference.^[1] India, the world's second-largest producer and consumer of tobacco, sees 1.35 million tobacco-related deaths each year.^[2] It has enacted several tobacco control laws at the national and subnational levels and is a party to the WHO Framework Convention on Tobacco Control - the first-ever international public health treaty with 182 signatories. Being a quasi-federal state, tobacco control responsibilities are distributed between central agencies, state departments, and designated civil society organizations based on priority, resources allocated, and integration with other national health programs.^[3] In a fragmented system with multiple stakeholders and overlapping roles, the implementation phase of tobacco control remains poorly understudied, especially in settings where policies do not automatically translate to practice. Understanding what brings different people together is thus critical for addressing this complexity in resource-constrained countries with similar sociocultural contexts and a high tobacco use burden.^[4] Here, we describe coproduction as a way of involving

stakeholder groups and sectors within and across tobacco control for advancing multisectoral action. We do this by highlighting the learnings of a tobacco control webinar series conducted (online) using a virtual platform.

To reduce the burden of tobacco use, several tobacco control laws characterized by legal, economic, and social policy measures have been enacted over the years.^[5] One of the primary laws that apply to all forms of tobacco products in India is the Cigarettes and Other Tobacco Products Act (COTPA) enacted in 2003. To complement COTPA, the government instituted the National Tobacco Control Programme in 2007/2008. Despite these comprehensive laws, varied implementation outcomes are expected in India, where political and economic institutions as well as development indicators such as life expectancy, literacy, and socioeconomic status vary greatly across states.

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Tobacco control involves a diverse set of actors including policymakers, enforcement agencies, research practitioners, academia, civil society, and the media to name a few. Clarity of *what is expected* and *from whom* is critical in laws such as COTPA, which authorize multiple agencies to enforce tobacco control provisions.^[6] The sociopolitical context in which policies are designed and implemented equally makes a difference. For instance, a policymaker at the national level has a different perspective on tobacco than enforcement authorities such as the police, who look at issues from a law-and-order perspective, or a teacher or social activist who views tobacco control from an education and empowerment perspective, hoping to bring about individual-led behavioral change. Similarly, economic and livelihood concerns are paramount for tobacco growers and farmers, many of whom are members of socially vulnerable groups.^[7] Due to diverse and conflicting interests, it is often difficult, if not impossible, to bring many or all actors onto the same platform and reach an agreement. While many research, policy, and program documents advocate for multisectoral action and participatory methods of implementation, there are limited resources, particularly in low- and middle-income country settings that explain meaningful or ideal multisectoral coordination, knowledge coproduction, or platforms that can sustain such cross-cutting conversations on tobacco.^[8]

Coproduction is the process of bringing people together to solve complex problems.^[9] It is shaped by values, knowledge (expertise), social relationships, and technology resulting in various ways of observing and analyzing the world.^[10] Although the literature on coproduction is developing, three principles remain central: power sharing, information sharing, and trust building. In tobacco control, trustful and goal-oriented relationships between local-level implementers, decision-makers, public health practitioners, researchers, media professionals, health advocates, and the public can provide insights into the policy and implementation gaps. This is because it is likely that the knowledge produced will be reflective of local contexts and can help answer the “how to” dilemma as the policy moves forward with time. For instance, scaling up of tobacco cessation facilities, mandatory signages, and rehabilitating farmers require large investments in capital, human resources, guidance, and capacity to implement which is often overlooked.

In our attempt to foster exchange among actors in the Indian tobacco control landscape, we organized a webinar series called “Inside implementation.” The series was envisaged to provide a platform for information exchange and wider dissemination of tobacco control knowledge.

Inside implementation is a webinar series implemented under the Anushthana (The project title “Anushthana” means implementation in Kannada language) project at the Institute of Public Health Bengaluru, India. This is a 5-year research study aimed at explaining the implementation of select tobacco control laws in India and is supported by the DBT/

Wellcome Trust India Alliance. The webinar series seeks to bring together people working or having knowledge of tobacco control and/or health and is reflective of the larger project goals – to understand the implementation landscape in India and identify contextual barriers and facilitators. The webinar series commenced on May 31, 2020, on the occasion of World No-Tobacco Day, and is for people working or having an interest in tobacco control.

We implemented this activity in three stages: first, we identified and listed potential topics related to tobacco control and health with a focus on implementation. We then conducted a mapping exercise to identify stakeholders having theoretical and/or domain knowledge in tobacco. Since tobacco control is one of the areas of work, we reached out to people within and outside the tobacco control community based on internal/external references provided by the host institution. We then screened the backgrounds and compiled a sheet of resource persons whom we could reach out to. Decisions on finalizing the topic, the webinar date, and the speaker list were undertaken by the first author in coordination with the project team. So far, we organized seven episodes, each focusing on a tobacco issue and its impact on policy and implementation in India [refer Table 1].

The primary objective of the webinars was to understand, learn from others, and coproduce knowledge that reflects the multidimensional nature of tobacco. Students, early career researchers (research associates, fellows, and PhD scholars), academics (assistant, associate professors, faculty, and supervisors), medical professionals (doctors, dentists, surgeons, and psychiatrists), senior-level managers in government, nongovernment organizations (NGOs), and private sector (president, project managers, chairpersons, cofounders, and executives), as well as program-level staff (facilitators, team leads, project coordinators, and consultants) made up the audience for this webinar series. Each episode included between 25 and 60 participants, and the recordings have received roughly 600 views. The participants were from several Indian states with the majority from central and southern Indian states. Some of the expectations were: to gain knowledge about the ill effects of tobacco consumption in India, overview of tobacco control policy landscape, state-wise compliance, barriers and challenges toward formulation and implementation of tobacco control laws, state-wise best practices and experiences from field experts; role of citizen engagement in implementing tobacco control, and ways to help strengthen policy and practice.

Each episode provided insights into the efforts taken at the national and local level such as investing in capacity building, breadth and reach of the program over the years, and the systems developed to ensure timely reporting and review. Strategies such as awareness campaigns, school-based programs, enforcement, tobacco control research, hospitalization and routine care, cessation, and intersectoral coordination emerged from the discussions. In terms of implementation, the speakers also elaborated on the role of well-trained enforcement officials,

Table 1: Episodes conducted under the inside implementation

Name of episode	Focus on	Speaker background
Youth and tobacco control policies what you need to know!	Youth, COTPA Section 6a and 6b	Deputy Director General of Health Services, Health Program Manager
Implementing ban on TAPS	COTPA Section 5	Public Health Scientist, State Tobacco Control Officer, State Program Officer for NCDs
Prohibition of smoking in public places: Implementation experiences	COTPA Section 4	Enforcement officer, Additional Secretary to CM, Civil Society Regional Director, NGO Executive Director
Role of CSOs in tobacco control	Civil society	Director, Program Manager, Education Project Officer, Researcher
How does research shape tobacco control policies in India?	Research	University Professor, Researcher, Lawyer
Leadership in tobacco control	Leadership	University Professor, Civil Society Official, Researcher
Head and neck cancer - What? Why? and When will we learn?	Cancer prevention	Medical doctor, Cancer Survivor, State Program Manager

TAPS: Tobacco advertisements, promotions, and sponsorships, CSOs: Civil society organizations, COTPA: Cigarettes and Other Tobacco Products Act, NCDs: Noncommunicable diseases, NGO: Nongovernmental organization

coordination across agencies to conduct enforcement drives, systematic approach that enforcement officials could follow, context-specific policy responses and current implementation status in India, and tobacco control measures in other countries.

In terms of citizen engagement, some of the key takeaways were on strengthening support and liaising, periodic review of enforcement, and technical support from research agencies in the implementation. The openness to engage constructively in such a public forum on policy implementation issues illustrates not only the complexity of the tobacco control landscape and the number of stakeholders involved but also the willingness to participate and learn – which triggered a series of conversations on how to cooperate (despite varying interests and power imbalances), coordinate (despite limited resources), and communicate (research findings into actionable and achievable outcomes).

The inside implementation webinar series aims to increase knowledge about tobacco control by promoting fresh perspectives, fostering new relationships, and creating new connections to scale up the most effective and long-lasting methods for putting tobacco control laws into reality. Our implementation strategies will have to take into consideration the many perspectives that are directly and indirectly shaped by tobacco. Although best practices cannot be replicated in all locations, such exchanges provide a space to articulate what worked (or not), where, how, and also alerts the audience of the barriers that they can anticipate in the implementation path. In a post-COVID-19 scenario, the webinar series aims to showcase the participatory nature of online mediums in an effort to overcome some of the challenges associated with tobacco. In such a way, government and NGOs within and outside formal structures can actively participate in tobacco control decision-making and help strengthen its implementation.

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Conflicts of interest

There are no conflicts of interest.

REFERENCES

- Crosby A, Dunn JL, Aditjondro E, Rachfiansyah. Tobacco control is a wicked problem: Situating design Responses in Yogyakarta and Banjarmasin. *Sheji J Design Econ Innov* 2019;5:261-84.
- Ministry of Health and Family Welfare (MoHFW), World Health Organization (WHO), Tata Institute of Social Sciences (TISS). Global Adult Tobacco Survey Second Round, India 2016-2017 | Report; 2017.
- Goel S, Verma M, Singh RJ, Bhardwaj AK. Integrating tobacco and tuberculosis control programs in India: A win – Win situation. *Int J Noncommun Dis* 2018;3:9. Available from: <https://www.ijncd.org/article.asp?issn=2468-8827;year=2018;volume=3;issue=5;page=9;epage=15;aulast=Goel>. [Last accessed on 2022 Aug 05].
- Byron MJ, Cohen JE, Frattaroli S, Gittelsohn J, Drope JM, Jernigan DH. Implementing smoke-free policies in low- and middle-income countries: A brief review and research agenda. *Tob Induc Dis* 2019;17:60.
- Mehrotra R, Mehrotra V, Jandoo T. Tobacco control legislation in India: Past and present. *Indian J Cancer* 2010;47 Suppl 1:75-80.
- Doherty T, Lewin S, Kinney M, Sanders D, Mathews C, Daviaud E, *et al.* Addressing the tensions and complexities involved in commissioning and undertaking implementation research in low- and middle-income countries. *BMJ Glob Health* 2018;3:e000741.
- John P. Beedi Industry and Welfare of Workers in India Review of Policies and Literature. New Delhi: Centre for Health & Social Justice (CHSJ); 2017.
- Agyepong IA, Godt S, Sombie I, Binka C, Okine V, Ingabire MG. Strengthening capacities and resource allocation for co-production of health research in low and middle income countries. *BMJ* 2021;372:n166.
- Vargas C, Whelan J, Brimblecombe J, Allender S. Co-creation, co-design, co-production for public health - a perspective on definition and distinctions. *Public Health Res Pract*. 2022 Jun 15;32(2):3222211. doi: 10.17061/phrp3222211. PMID: 35702744.
- Filipe A, Renedo A, Marston C. The co-production of what? Knowledge, values, and social relations in health care. *PLoS Biol* 2017;15:e2001403.