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GENERAL ARTICLE

Building tobacco control training capacity in India

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There are immediate and long-term needs for tobacco control capacity development in India. In the short term, the development of in-person and virtual training programmes aimed at increasing the number of people educating the population about tobacco offers a critical and cost-effective approach to expanding the knowledge-base regarding tobacco. For the longer term, a core of tobacco control professionals is needed, who will sustain tobacco control initiatives across the country for decades to come. This article identifies past courses that offer core curriculum and various training models that could be used to reach a large and diverse audience in India.

Keywords: Bidi, control and training initiatives, public health, tobacco.

GLOBALLY, we are in a new era of tobacco control. The Framework Convention for Tobacco Control (FCTC) has been ratified by most of the world's nations and is now in force. Many countries, states, and municipalities have strong, enforced smoke-free laws in place and the prevalence of smoking is declining in most Western countries. Additionally, major funders, particularly Bloomberg Philanthropies, and the Bill and Melinda Gates Foundation, are now supporting tobacco control in developing countries.

The past decade has also seen remarkable progress in tobacco control in India. The Indian government took an active and progressive lead in the negotiations of the FCTC and was one of the first countries in the world to ratify the treaty. The government also passed 'The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act' in May 2003, which aims to protect public health by prohibiting smoking in public places; banning advertising of tobacco prod-

ucts; banning the sale of tobacco products to minors and near educational institutions; prescribing strong health warnings, including pictorial depiction on tobacco products, and regulating tar and nicotine contents of tobacco products. The Ministry of Health has followed up its commitment to tobacco control with dedicated funds for the states to use them for educational and cessation programmes through the Rural Health Mission.

Civil society groups have also increased activism in the area of tobacco control, especially in the courts where they have directed the government to take the steps needed to control tobacco use and have successfully challenged the opposition of the tobacco industry to elements of the 2003 Act. There are strong and capable national tobacco control leaders setting directions in India. These leaders have worked tirelessly to compile the data necessary to support tobacco control in India and have founded civil society groups advocating the implementation of evidence-based tobacco control programmes[1,2]. Both the Indian government and the civil society groups have been the key partners and benefactors in the Bloomberg Initiative to Reduce Tobacco Use, which has resulted in a flow of additional resources for tobacco control into the county.

Despite these many recent accomplishments, India still faces unique challenges as it controls tobacco use within its borders. Many of the lessons learned in Western,

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developed countries do not readily extend to the Indian sub-continent, as the situation in India is distinct in a number of respects. Above all, manufactured cigarettes account for about 20% of tobacco consumption, while bidi, at a low cost, accounts for the majority. A variety of oral products are also used. The range of products and prices, as well as a diverse growing and manufacturing system are potential barriers to using strategies that have worked elsewhere, such as increasing taxes and requiring product warning labels. Consequently, there is an immediate need for creative and locally applicable interventions as well as for an expanded evidence base on tobacco control in India. Specific consideration needs to be given to the mix of tobacco products used, the nature of the tobacco industry at levels ranging from local to national, the production system, and taxation and pricing of the product mix.

Beyond having enhanced research capacity, India, a remarkably large and diverse country, needs to develop capacity to extend tobacco control initiatives across the country. India has outlined an ambitious tobacco control agenda, but will need a substantial group of well-trained professionals for its implementation. Experience throughout the world has shown that tobacco control laws can be difficult to enforce, even with adequate preparedness on the part of the enforcement agencies and civil society groups. Ideally, tobacco control legislation is self-enforcing based on widespread compliance by a population that understands the dangers of tobacco use and the benefits of control. Without greater knowledge about the harms of tobacco use, the majority of Indians are likely to ignore the public policy directives aimed at protecting them from the harms of tobacco and perpetuate existing norms that do not de-normalize tobacco use.

There are both immediate and long-term needs for tobacco control capacity development in India. In the short term, the development of in-person and virtual training programmes aimed at increasing the number of people informing and educating the population about tobacco offers a critical and cost-effective approach to expanding the knowledge base regarding tobacco. For the longer term, a core of tobacco control professionals is needed, who will sustain tobacco control initiatives across the country for decades to come. To date there have been only a few capacity-building programmes carried out within India, but further programmes and the development of techno-logical infrastructure to sustain in-country training are urgently needed.

In this article, we outline models for capacity develop-ment that have been initiated in India by a partnership involving the Indian government, the Public Health Foundation of India, the India Tobacco Control Resource Centre of the International Union Against Tuberculosis and Lung Disease, and the Institute for Global Tobacco Control (IGTC) at the Johns Hopkins Bloomberg School of Public Health. We also describe other approaches that may also be effective in India for rapid dissemination of

tobacco control information. The experiential base and underlying models for these approaches have been des-cribed in earlier publications[3,4].

Past international tobacco control capacity building efforts

The IGTC, established at the Johns Hopkins Bloomberg School of Public Health in 1998, has been involved in a number of international training programmes. Since 2000, the Institute has offered an on-site course in the curriculum at Johns Hopkins, with the purpose of deve-loping future tobacco control leaders in the US and abroad. The course presents the health and economic burden of tobacco worldwide and highlights practical ap-proaches to prevention, control, surveillance and evalua-tion. Through lectures and problem-solving exercises, students examine the evidence as it relates to the deter-minants of addiction, economics of global tobacco con-trol, interpreting the data, translating evidence into policy, industry strategies, legal foundations for regulation, sur-veillance and evaluation strategies.

Starting in 2003, the Institute launched its Global Tobacco Control Leadership Program. The program brings approximately 100 emerging leaders from developing countries to Johns Hopkins for an intense two-week train-ing programme focusing on the fundamentals of tobacco control, project management and leadership development. Tobacco control experts from around the world are also brought to Baltimore to share their experiences and serve as faculty for the course.

This past year the Institute launched its 'Certificate in Global Tobacco Control'; a year-long programme that results in the receipt of a formal, academic certificate from the Johns Hopkins Bloomberg School of Public Health. Each year approximately 20 students are selected from developing countries to participate in the pro-gramme with a full scholarship. The certificate programme is targeted at career tobacco control professionals who will be involved in conducting research and developing national interventions. The programme involves both on-site and on-line coursework.

The Institute has partnered with foreign governments and universities in delivering tailored tobacco control courses in other countries. Since 1998, the Institute has collaborated with the National Institute for Public Health in Mexico on a summer programme in tobacco control given on-site in Cuernavaca for Mexican and other Latin American public health professionals. Between 2001 and 2005, the Institute carried out a number of training courses in South East Asia, with funding from the Rocke-feller Foundation. The Institute has also carried out nu-merous training programmes in Brazil in collaboration with the National Cancer Institute and in China with the Peking Union Medical Center and the Chinese Centers for Disease Control.

In addition to its in-person training programmes, the Institute has been building on innovations in distance learning technology to inform a wider audience about the tobacco epidemic and its extraordinary impact on health and well-being around the world. Early on, the Institute developed presentations made available via CD that provided a comprehensive picture of smoking and health, one focusing on active smoking and the other on passive smoking. Thousands of the CDs have been distributed, many at large regional and world tobacco control conferences. Since 2005, the Institute has delivered a web-based tobacco control course through the distance education resources of the Bloomberg School of Public Health.

In 2006, the content of the course was made available to the public free of charge and in 2008, the Institute went one step further in launching the website 'Learning from the Experts' (globaltobaccocontrol.org). The website hosts over 40 interactive lectures on a broad range of tobacco control issues from leading experts around the world. Registered users can watch and listen to lectures, download PDF and PowerPoint slides, take quizzes, and generate Certificates of Completion. Within a few months after its launch, the site had over 5000 registered users from over 100 countries. The site, currently in English only, will be available in all six UN languages within the year.

This experience offers a broad variety of models for consideration for India. These past programmes offer a core curriculum, but the contents of the courses need to be tailored for India and for specific local contexts within India.

Training programmes in India

Over the past ten years, a number of international collaborations have been built around the issue of tobacco control between Indian and international academia government and civil society groups. These collaborations have focused on a range of issues, including the advancement of tobacco-related research, training and education, and policy advocacy. The IGTC has been one of these collaborators, working with public health researchers on the health effects of tobacco use in India. Over the past two years, the Institute has expanded its collaboration to target new initiatives in training and education with the Ministry of Health, National Institute for Health and Family Welfare, the Public Health Foundation of India, and the India Tobacco Control Resource Centre of the International Union Against Tuberculosis and Lung Disease.

In discussions between the partners, a broad spectrum of potential tobacco control students have been identified, including Ministry of Health staff, state tobacco control managers, district-level public health workers, public health and medical students throughout the country, and diverse civil society groups interested in public health and corporate accountability. As with perhaps any national initiative in India, the size and scope of the training needs are daunting. It is clear that multiple training approaches will be needed to deliver the information to the diverse audiences in a timely manner.

To date, a number of collaborative activities have already been undertaken. In March 2008, the first in-country training programme was held for state-level tobacco control consultants, charged with providing specialty assistance on tobacco control at the state and national levels. The training focused on the basics of public health and tobacco control for a mixed group of professionals. A second in-country training was held in May 2008 for the state-level tobacco control managers. This training focused on tobacco control with an emphasis on the Indian situation. Training workshops were also held in conjunction with these programmes for civil society groups working in various states throughout the country. Follow-up trainings are anticipated for both groups.

A third training programme was held in July 2008 with representatives from selected laboratories working in the area of indoor air pollution. The laboratory representatives attended a ten-day training at the Bloomberg School of Public Health, where they visited the environmental exposure laboratory and focused on methods and techniques used to monitor second-hand smoke in the air. Follow-up training, sample exchange and site visits are planned in future. The goal of this training programme is to build a network of laboratories in India with the capacity to carry out widespread second-hand smoke monitoring and analysis.

These initial training programmes, while successful in reaching a critical group of public health leaders, have highlighted some of the challenges that remain in conducting training in India. The first is the limited reach of any one of these individual courses. The model of bringing in relevant audiences to Delhi or Baltimore for a two-week training session is not appropriate for the vast majority of the target audience. There are far too many people and not enough resources. Second, our limited experience to date in India has highlighted the diversity of tobacco control needs across the country. Central models delivering a standard curriculum will not be sufficient. Other models are needed to augment these programmes in the future.

Potential training models for short and long-term capacity building

Train the trainer

One model that will need to be used is a 'train the trainer' model that guarantees that those individuals who attend trainings delivered by national and international experts

pass the information forward to others in their state or district. The development of a tobacco control training network where each trained individual is responsible for training others, is one way to expand the reach of the initial investment and materials developed. Such a network could extend from the top level of the Ministry of Health to those individuals living and working directly in communities throughout the country.

Certificates in tobacco control

The development of the Public Health Foundation of India provides an opportunity for training new public health professionals in tobacco control. As students come to its schools, a pipeline should be established to ensure tobacco control capacity over the long term. Tobacco control should be covered in the standard curriculum to ensure that all students are exposed to the issue, while the development of an academic certificate in tobacco control may be one way of training a group of future leaders in the field.

Online delivery

The infrastructure being developed for the Foundation also has the capacity to deliver distance-based programmes that reach beyond the official student body. A distance-learning programme could be developed in a way that reaches out to thousands of district and community-level public health workers, simultaneously. Such a distance-based programme would necessitate the development of a content management system to deliver online courses. The same content could be delivered in other distance-based formats, CDs and text for example.

The future of tobacco control training capacity in India

As mentioned earlier, the tobacco control environment in India is unique. As a consequence, tobacco control training materials need to be tailored to fit the Indian context. Websites such as 'Learning from the Experts' could have special modules developed that are relevant to those professionals working in India. As experience grows, lessons learned need to be captured to ensure that information is shared and adapted to the changing circumstances of tobacco control.

In order to follow through with the proposals outlined in this article, India needs to focus and organize its resources on developing the training infrastructure needed to deliver such programmes. The capacity and infrastructure for training is present and growing. External groups, like the IGTC, can provide guidance and curriculum materials. India, however, needs to take the lead and is already doing so.

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