

8.1

Resourcing: Financial Resource Mobilization and Human Resource Development

The agenda of tobacco control is as vast as it is urgent. It requires multisectoral action to prevent the primary uptake of tobacco, promote tobacco cessation, regulate tobacco products, protect non-smokers from second-hand smoke, and encourage a shift to alternative crops and industries. Each of these components of a comprehensive tobacco control strategy requires action at multiple levels, utilizing diverse implementation pathways and connecting with a wide variety of stakeholders.

The financial and human resources currently available for this purpose are miniscule in comparison with what would be realistically required to undertake a comprehensive tobacco control programme. For example, the total sum specifically allocated by the Union (Central) Ministry of Health and Family Welfare for tobacco control activities during 2001–2003 was only Rs 45 million (US\$ 0.98 million). No State-level allocations were specifically made for this purpose, though some states, such as Goa, have undertaken counter-advertising and regulatory measures.

It is also obvious that tobacco control programmes would not take root, or would wither away, in the absence of adequate financial and human resources to seed, stimulate, support, strengthen and sustain them. How can community mobilization effectively occur if mass media efforts are not funded? How can tobacco cessation be promoted if both community- and clinic-based

facilities are not widely available across the country? How can tobacco products be regulated without establishing independent testing laboratories for the verification of industry claims? How can laws already passed and rules already promulgated be effectively enforced if appropriate mechanisms are not created for their continuous monitoring? How can the tobacco farmers and *beedi* workers be freed from the stranglehold of the tobacco industry, and encouraged to find alternative livelihoods, if they are not assisted in that effort by governmental and non-governmental agencies espousing tobacco control?

The answer to all the above questions also begins with a question: What are the financial and human resources required for effectively implementing a comprehensive tobacco control programme in India and how can these be made available? This section addresses these issues and identifies some of the ways by which such resources can be mobilized.

The process of mapping current and future resource needs, existing resource flows, resource gaps and new resource streams is complex, and demands extensive analytical research. Such studies have not been systematically undertaken in the area of tobacco control in India. A well-designed study, addressing these issues with the required rigour, is a high priority of policy-related research. In the absence of such a study so far, this section profiles the potential sources that can contribute to the augmentation of the financial and human resources essential for tobacco control in India.

Financial resources

Financial resources can come from several sources which are listed below.

1. Government allocations

Government allocations for tobacco control-related activities in the health sector, as well as in other relevant government sectors, are

mandatory for initiating a tobacco control programme and for maintaining it at a steady level of operational efficiency. For this to happen, a specific budgetary allocation needs to be made from both plan and non-plan funds. The budget of the Health Ministry should have a clearly earmarked allocation for tobacco control programmes. Presently, funds are obtained only from the biennial grants of the World Health Organization (WHO) (country fund of WHO). The National Cancer Control Programme too does not have specific allocations for tobacco control. This anomaly needs to be corrected by developing and independently financing a National Programme for Tobacco Control through specified budgetary allocations.

At the same time, it must be recognized that the multisectoral mandate of a tobacco control programme requires support for tobacco control activities undertaken by other sectors and ministries. For example, these may relate to support for alternative occupations (Ministries of Agriculture, Industry and Labour), introducing changes in the school curriculum and training of teachers for integrating tobacco control activities into the school system (Ministry of Education), developing work-site programmes for tobacco control (Ministries of Industry and Labour), and organizing mass media campaigns for health education and curbs on cross-border advertising (Ministry of Information and Broadcasting). Such support may be provided through direct allocations to the concerned ministries from Central and State budgets or channelled through the Ministry of Health.

In the case of the Central Government, the sectoral allocations would have to be approved by an Inter-ministerial Coordination Committee (IMCC), which would oversee the national programme for tobacco control. In the case of the latter, the Health Ministry would provide funds to other sectors from its total allocation for tobacco control, based on a needs assessment to be conducted in consultation with each of the partner ministries.

The level of funds allocated for a National

Programme for Tobacco Control by the Central Government is dependant on the nature and scale of activities proposed under it. These are decisions which are dependent on the political will of policy-makers and the priority accorded by them to tobacco control. Even though the government, by itself, would be unable to provide all of the financial resources required for implementing a broad-based tobacco control programme, a sizeable contribution from the government is required on a regular basis to signal its unwavering commitment to the mission of tobacco control. This needs to be clearly reflected in future budgetary allocations.

2. Tax on tobacco products

A dedicated tax on tobacco products would generate a large pool of financial resources, from which several components of the tobacco control programme can be funded. Examples of such taxes being levied in other countries are given in Section 7.1. Several states in the USA and provinces in Australia, as well as Asian countries such as Thailand and Nepal have adopted this practice. The revenues earned from such a tax/cess/levy have been utilized for funding not only tobacco control programmes but also a variety of other health promotion activities.¹⁻³

A proposal by the Indian Ministry of Health, to impose a cess on tobacco and alcohol, has been recently reported in the media (*Indian Express*, 4 and 5 October 2004). A sum of Rs 3000 crores is expected to be raised annually through this mechanism, and would be utilized for strengthening rural health care delivery systems. Such a proposal would need to be considered and approved by the Union Cabinet before it becomes operational. Such a cess ('sin tax') would assuredly yield a large revenue that can be earmarked specifically for purposes prioritized by the Ministry of Health. Financing a comprehensive National Programme for Tobacco Control must figure high among the intended uses of the money generated by such a cess. A large portion of the fund raised from tobacco would need to be earmarked for tobacco control programmes. Otherwise, the special cess would

yield no specific benefits for tobacco control, as in the case of existing taxes and levies on tobacco.

Such a tax or cess would not be an alien principle, as the concept of an earmarked cess has already been applied to the tobacco trade in India, albeit for other reasons. The *Beedi Worker's Welfare Fund* was set up in 1976, through an Act of the Indian Parliament.⁴ Under the provisions of this Act, Rs 2 per 1000 manufactured *beedis* are earmarked for providing a variety of welfare measures to benefit *beedi* workers and their families. The same principle can now be applied to generate revenue from the tobacco industry for wider social benefits, especially in the area of tobacco control.

It must also be recognized, as detailed in Section 6.1, that increasing taxes on tobacco leads to a decline in tobacco consumption, especially among the young and the poor, where the price-elasticity is greater. A special cess on tobacco would, therefore, provide the dual benefits of generating financial resources for tobacco control and contributing directly to tobacco control through its effect as a disincentive to tobacco use.

3. Regulatory levies

Regulatory levies are another mechanism by which funds for tobacco control can be generated, through a fee collected by the National Regulatory Authority (NRA) for testing and regulating tobacco products. This is done both prior to the introduction of a new tobacco brand into the market, and also for annual renewal of the permission to market the brand.

Brazil has established a National Tobacco Regulatory Authority that charges such a fee for mandatory annual testing of every brand of marketed tobacco products.^{5,6} The money accrued from the regulatory levy is utilized for funding tobacco control programmes. This model can also be followed by other developing countries. The Framework Convention on Tobacco Control (FCTC) requires the ratifying countries (members of the Conference of Parties [COP]) to test and

regulate tobacco products, and provide related information to the public. India too intends to regulate tobacco products and, for that purpose, proposes to establish tobacco product-testing laboratories. This would enable to meet the provisions of the national law as well as those of the FCTC (*see* Sections 7.1 and 7.2). This would provide an opportunity for imposing a regulatory levy on all marketed tobacco products, by brand, for annual testing. A large quantum of financial resources can thereby be generated and utilized for funding the proposed national tobacco control programme.

4. Penalties

Penalties, collected for violations of the various provisions of the Indian law on tobacco control, could also contribute to generating financial resources for tobacco control. Since most of the provisions will need to be enforced by State or municipal authorities, the money would accrue to them. These resources can be utilized for tobacco control activities at the State or local level.

5. Private sector resources

Private sector resources should also be mobilized to fund tobacco control programmes. Apart from large foundations which may provide substantial grants to civil society organizations, the corporate sector too should be motivated to conduct or fund activities related to tobacco control, as part of other corporate social responsibility programmes.

6. Civil society resources

Civil society resources are usually quantitative in terms of human resources but a large number of non-governmental organizations (NGOs) are also capable of mobilizing substantial financial resources. Development and other health NGOs (such as those engaged in HIV/AIDS programmes) should be encouraged to include tobacco control as part of their operations so that large gains can be made for tobacco control with minimal incremental expenditure.

7. International financial assistance

International financial assistance is required to rapidly upscale tobacco control activities and implement a comprehensive national programme. Such financial assistance can be obtained through existing bilateral mechanisms or multilateral channels. Inter-governmental development assistance and programmes funded by the World Bank are examples. The FCTC proposes to strengthen such mechanisms to provide greater financial assistance to developing countries. Article 26 of the FCTC also includes a provision for the potential creation of a Global Fund for tobacco control. This fund, intended to assist developing countries in implementing the FCTC, would be created if the COP deems it necessary, after a review of the existing financial mechanisms. During the FCTC negotiations, India and other developing countries were strong votaries of establishing such a Global Fund. If this view prevails at the first meeting of the COP, it would create a specific mechanism for drawing upon international financial assistance for India's tobacco control programme.

Human resources

Human resource development, as relevant to tobacco control, must enhance the capacity of the following.

1. Health care system

The health care system needs to be sensitized and strengthened to effectively deliver tobacco-related health education and promote tobacco cessation. Presently, these activities are undertaken only sporadically and on a limited scale. The establishment of a National Programme for Tobacco Control would require extensive and energetic participation of health care professionals of all categories, at all levels of health care. This is especially necessary in the rural primary health care setting, since tobacco use is widely prevalent in rural areas.

Multipurpose health workers, nurses, doctors and a variety of other health care providers would

prove to be valuable resources for tobacco control programmes, if they are suitably trained and adequately motivated. Such training needs to be initiated from an early stage of their education and periodically reinforced through continuing education programmes. Undergraduate training for medical and nursing students needs special attention in this regard, as the conventional disease-specific and organ systems-oriented approach does not adequately stress risk-factor prevention and control. Organizations of health professionals, such as associations of doctors or nurses, should be motivated to move to the forefront of tobacco control implementation, and utilize their vast national and regional networks to influence communities as well as individuals to adopt tobacco-free behaviours. It is also essential that health professionals act as appropriate role models by not consuming or endorsing tobacco in any form and by avoiding linkages with the tobacco industry.

While there is a need to design and deliver a National Programme for Tobacco Control to maintain a specific focus and swift momentum, it must be recognized that the activities related to tobacco control must be widely integrated into other health care programmes. Reproductive health, nutrition, malaria control, tuberculosis control and HIV/AIDS programmes are among those which have a countrywide presence and recognition. If tobacco control activities are undertaken, even on a modest scale, by the vast personnel engaged in these programmes, the overall impact would be large.

2. The education system

The education system must be optimally utilized to spread information, shape attitudes and strengthen skills as relevant to tobacco control. Schools and colleges should become arenas for public health action intended to prevent primary uptake of tobacco and to promote early cessation among those who have already acquired the habit. The role of teachers and other school staff is especially important in the Indian society, where a great deal of respect is accorded to them by

young students. Teachers, therefore, become important role models and guides who shape values and behaviours. In contrast to the experience of western countries, where many teacher-led, school-based programmes for tobacco control were not effective, there is considerable scope for such an approach in the Indian cultural context. This approach needs to be utilized and scientifically evaluated. In addition, the school curriculum should also be strengthened to provide adequate and appropriately packaged information on issues related to tobacco.

3. Other development-related sectors

Other development-related sectors should also be suitably stimulated to integrate activities related to tobacco control into the agenda of their development programmes. This is necessary since such programmes have a wide grassroots presence and possess an extensive outreach. Rural development, women and child development, disability assistance, gender empowerment and tribal welfare are among the programmes which are well resourced and have a wide impact, especially on vulnerable groups. Tobacco control would also be correctly perceived by people as a development issue and not merely as a health issue, if the development sector actively advocates tobacco control.

4. Civil society groups

Civil society groups are valuable resources whose potential for steering and strengthening the components of tobacco control programme must be fully realized. Their capacity must be enhanced, and financial resources provided to enable them to contribute through advocacy, programme leadership, community mobilization, monitoring and countering the tobacco industry. Over the past two decades, their high level of motivation and commitment has been in ample evidence and led to the enactment of a strong law for tobacco control as well as India's support to the FCTC. In the future, implementation of a National Programme for Tobacco Control is likely to be greatly benefited by the

pool of human resources provided by civil society groups. This role should not be confined to health NGOs only. It is essential to extend civil society coalition for tobacco control by linking with environmental protection groups, human rights activists, development NGOs and poverty alleviation groups, who are natural (but presently under-sensitized) allies for tobacco control.

5. Enforcement agencies

Enforcement agencies need to become actively engaged in the implementation of laws related to tobacco control. They should be appropriately trained for this purpose, and adequately motivated to perform their functions with consistency and commitment. While the personnel of such agencies often accord greater priority to other activities and demands on their time, the importance of tobacco control must be clearly communicated to them.

6. Non-health professional groups

Non-health professional groups (such as lawyers, economists and social scientists) also need to be attracted and equipped, in larger numbers, to engage in activities related to tobacco control. Formulation of laws for tobacco control, litigation against tobacco industry and protection of tobacco control advocates from vexatious litigation by the tobacco industry call for such legal expertise to be developed and readily available. Economists too are needed to track and evaluate the changing role of tobacco in the Indian economy, estimate the costs of tobacco to Indian society, and design and appraise fiscal interventions geared to advance the agenda of tobacco control. Social scientists too need to study the social determinants of tobacco use in a rapidly changing sociocultural landscape and fashion appropriate behavioural interventions for application at community and individual levels to attain the goals of tobacco control.

7. Local self-governments

Local self-governments are becoming increasingly important under the Panchayati Raj

system, wherein decentralized decision-making is encouraged and the power of implementation is passed on to locally elected bodies at village and subdistrict levels. These bodies help to evolve a community consensus on important issues and pave the way for collective action. They are vital for setting community norms. Their endorsement of and active involvement in tobacco control programmes is an essential prerequisite for the success of these programmes. Their participation must be ensured through active engagement by both government and civil society groups.

8. The community

The community as a whole will provide the human resources required for a successful tobacco control programme, provided people at large can be galvanized into action by mass education on tobacco control and facilitatory support is given by governmental agencies and civil society. It is imperative that tobacco control becomes a people's movement and is not seen merely as a feeble government programme or a fad of health professionals. Community groups need to be actively engaged in planning the implementation pathways of key components of the programme and should be encouraged to assume a leadership role in conducting the activities.

8.1 RESOURCING: FINANCIAL RESOURCE MOBILIZATION AND HUMAN RESOURCE DEVELOPMENT

KEY MESSAGES

- To successfully initiate, implement and evaluate a National Programme for Tobacco Control, the scale of financial and human resources required would be much larger than currently available.
- Financial resources can be generated from a variety of sources: increased government allocations, an earmarked tobacco tax or cess, regulatory levies, penalties, private sector resources, civil society resources, international financial assistance.
- Human resource development, as relevant to tobacco control, must enhance the capacity of: the health care system, the education system, other development-related sectors, civil society groups, enforcement agencies, non-health professional groups, local self-governments, and the community as a whole.