



13th Annual Report 2016-2017



Healis-Sekhsaria Institute for Public Health
*...LEADER of quality public health
research in India*

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Message from the Director

Dear Friends,

It is my great honour to share with you the Healix Annual Report 2016-17. This report comes to you with pride, as it is a compilation of our major accomplishments and our experiences from the past financial year. Healix has been in existence for more than thirteen years. Institute vision is to advance public health through innovative science and evidence based policy.

To accomplish its vision and mission, this year Healix has successfully managed 14 projects in different categories viz., Research, Advocacy and Review Projects and initiated two new projects. During the year Healix has successfully collaborated with leading International and National Health and Research organizations.

In addition to research, Healix also engaged successfully in evidence based advocacy projects. During the year Healix has successfully completed three advocacy projects and 10 research projects involving human subjects.

During the year, Healix has produced about 18 publications in peer reviewed journals along with Review Documents and Reports published by the World Health Organization. As a part of its initiative Healix hosted/co-hosted and conducted several meeting, symposiums and awareness programs/campaigns in project States advocating for innovative policies and its implementation.

Thank you all for your continued support on our journey.

Sincerely,

Prakash C. Gupta

About Healix

About Healix-Sekhsaria Institute for Public Health (Healix)

Healix is a Section 25 not-for-profit organization operational since 2004. Since its inception the organization is committed to improving the public health in India and in other developing countries through epidemiological research. It is among the few institutes that are solely dedicated to public health research and thus a leader in this field in India. Healix works in collaboration with leading National and International Health and Research organizations. Since January 2015, Healix is operating from the premises of its own situated at MIDC, Mahape, Navi Mumbai.

Healix Vision

Advancing public health through innovative science and evidence-based policy

Healix Mission

To conduct quality research in public health and carry forward its outcome for the benefit of the society.

Goals & Objectives

The current goal of Healix is to advance public health in India and in other developing countries by pursuing the following objectives:

- ✦ To undertake timely, high quality, and population-based epidemiological research that addresses important and pertinent public health issues.
- ✦ To facilitate and guide the translation of research findings into policies and programs at national and international levels

Registrations & Recognitions

Healix Ethics Committee is registered with National Institute of Health and has Federal wide Assurance (FWA). Healix Institutional Ethics Committee is also registered with the Office of Drugs Controller General; Central Drugs Standard Control Organization, India.

Healix recognition as a Research and Development Organisation (R & D) by Department of Science and Technology, Ministry of Science and Technology has been renewed for further period of three years. For CSR recognition, Healix is also empanelled with the Tata Institute of Social Sciences CSR Hub.

Abbreviations

ACC	Asia Cohort Consortium
ACTREC	Advanced Centre for Treatment, Research and Education in Cancer
ASPH	Arnold School of Public Health
CDC	Centers for Disease Control and Prevention, USA
CFI	Cancer Foundation of India
CGHR	Center for Global Health Research
COTPA	Cigarettes and Other Tobacco Products Act, 2003
CTFK	Campaign for Tobacco Free Kids
DFCI	Dana Farber Cancer Institute, Boston, USA
DGHS	Directorate General of Health Services
FDA	Food and Drug Administration
FSSA	Food Safety and Standard Act
FWA	Federal Wide Assurance
GATS	Global Adult Tobacco Survey
GBD	Global Burden of Disease
GOI	Government of India
GSPS	Global School Personnel Survey
GTSS	Global Tobacco Surveillance System
GYTS	Global Youth Tobacco Survey
HSPH	Harvard School of Public Health
IARC	International Agency for Research on Cancer
ICMR	Indian Council of Medical Research
IRB	Institutional Review Board
ITC	International Tobacco Control Project
IUATLD	International Union Against Tuberculosis and Lung Disease
MCGM	Municipal Corporation of Greater Mumbai
MLA	Member of Legislative Assembly
MMC	Mumbai Municipal Corporation
MOHFW	Ministry of Health and Family Welfare
MP-VHAI	Madhya Pradesh Voluntary Health Association
MWTCS	Mumbai Worksite Tobacco Control Study
NCD	Non Communicable Disease
NCI	National Cancer Institute, USA
NGO	Non Governmental Organization
NIH	National Institutes of Health, USA
NSF	Narotam Sekhsaria Foundation
PHFI	Public Health Foundation of India
SBF	Salaam Bombay Foundation
SEAR	South-East Asian Region (of the WHO)
TCP	(International) Tobacco Control Project, India
TIFR	Tata Institute of Fundamental Research
TMH	Tata Memorial Hospital
VoTV	Voice of Tobacco Victims

Dr. Prakash C. Gupta – Executive Director, Healis-Sekhsaria Institute for Public Health

Dr. Prakash C. Gupta is the Director of Healis - Sekhsaria Institute of Public Health since its foundation on August 1, 2004. He is also an Adjunct Professor, at the Department of Epidemiology and Biostatistics, Arnold School of Public Health, University of South Carolina, USA and Visiting Scientist at the Harvard School of Public Health, Harvard University, USA. He is a recipient of Luther Terry Award from the American Cancer Society for Exemplary Leadership in Tobacco Control in the category of Outstanding Research Contribution

Dr. Mangesh S. Pednekar- Executive Director, Healis-Sekhsaria Institute for Public Health

Mangesh S. Pednekar is Director (Development & Research) of Healis - Sekhsaria Institute for Public Health, Navi-Mumbai. He is also a visiting Scientist at the Department of Society, Human Development, and Health, Harvard School of Public Health, USA and Visiting Faculty, Tata Institute of Social Science, Mumbai, India. He received the WHO Regional Director's appreciation award for World No Tobacco Day, 2012

Prof. P. V. S. Rao-Independent Director, Computer Scientist

Prof. Rao is past President of the Bombay Association for the Science Education, past President and Fellow of the Computer Society of India, Distinguished Fellow of the Institute of Electronics and Telecommunication Engineers, Fellow of the Indian Academy of Sciences, the Indian National Science Academy, Indian National. He is recipient of the Padma Shri (1987) from the President of India, the Om Prakash Bhasin Award (Electronics and Telecommunications 1987), the VASVIK (1987) awards [Electrical and Electronics (combined) for 1985] and the Vikram Sarabhai Research Award (1976).

Dr. Purvish Parikh- Independent Director, Oncologist

Dr. Purvish M. Parikh is a vice president and managing director of Ameri Cares India, He is an expert in medical oncology and hematology and founder of the Indian Co-operative Oncology Network. He is recipient of Excellence in Medicine Wockhardt Award by Harvard Medical International 2009; Dr TB Patel Oration Award 2009, Distinguished Visiting Fellow, Harvard Medical 2009, Honorary Senior Fellow, Oxford University

Mr. Noshir Dadrawala, Independent Director, Chartered Accountant, Centre for Advancement of Philanthropy

Noshir H. Dadrawala is Chief Executive of the Mumbai-based Centre for Advancement of Philanthropy, a company specializing in the areas of charity law and good governance practices for nonprofits. He conducts seminars and workshops for nonprofits all over the country, and is visiting faculty member at the Tata Institute of Social Sciences, SNDT University, Nirmalaniketan (College of Social Work), Narsee Monjee Institute of Management Studies, the SP Jain Institute of Management & Research, and SIES, College of Management Studies.

Healis Ethics Committee consists of 11 members, out of which eight are external members and three are from Healis. The committee is multidisciplinary and multi-sectoral in composition, and maintains gender equity. This body has two functions, one is to assess the compliance of the research with the ethical guidelines and the other is to assess the scientific value of the studies. The Chairperson of the Committee, a basic medical scientist, with many years of scientific experience, is from outside the Institution so that the independence of the Committee is maintained. Other members are a mix of medical / non-medical, scientific and non-scientific persons including a lay person to reflect differing viewpoints. The Committee is highly qualified, through the experience and expertise of its members, and the diversity of its member backgrounds, to foster respect for its advice and counsel in safeguarding the rights and welfare of human subjects in research.

List of Members

- **Dr. Daniel Joseph, Chairman**
- **2. Dr. Surendra Shastri, Oncologist**
- **3. Dr. Pankaj Chaturvedi, Oncosurgeon**
- **4. Dr. Prakash C. Gupta, Epidemiologist**
- **5. Dr. Mangesh S Pednekar, Epidemiologist**
- **6. Ms. Farida Poonawala Tata, Advocate**
- **7. Ms. Cecily Ray, Epidemiologist**
- **8. Ms. Manorama Agarwal, Housewife**
- **9. Ms. Tshering Bhutia, Social Scientist**
- **10. Dr. Nobhojit Roy, Surgeon**
- **11. Dr. Sabita M. Ram, Dean, Dental college**

Collaborators

Healis work is carried out in collaboration with leading national and international organizations leading to publications in peer-reviewed journals and resulting in key policy level actions to improve public health, epidemiological research, tobacco control and dissemination and capacity building.

● International Collaborators [project(s) in collaboration]

1. American Cancer Society, Atlanta, USA
2. Arnold school of Public Health, University of south Carolina, USA
3. Center for Global Health Research, University of Toronto, Canada
4. Campaign for Tobacco Free Kids, USA
5. Harvard School of Public Health Boston, DFCI , USA
6. International Agency for Research on cancer, Lyon, France
7. Institute for Community Research Hartford, CT.
8. Bloomberg School of Public Health, Johns Hopkins University , USA
9. National Cancer Institute, Bethesda, Maryland, USA
10. Centers For Disease Control and Prevention, CDC Atlanta, USA
11. Roswell Park Cancer Institute USA
12. International Union Against Tuberculosis and Lung Disease (The Union)
13. Tobacco Free Initiative, WHO, Geneva, Switzerland
14. University of Minnesota Cancer Center, USA
15. University of Waterloo, Canada
16. University of Toronto, Canada
17. WHO, SEARO, New Delhi, India
18. World Lung Foundation, USA
19. Vital Strategies, India
20. John Hopkins University

● National Collaborators

1. Action Council against Tobacco – India (ACT- India)
2. Advanced Center for Treatment, Research and Education in Cancer, (ACTREC)Navi Mumbai
3. Birla Institute of Science and Technology
4. Cancer Foundation of India
5. Hriday, New Delhi
6. Indian Council of Medical Research
7. Mumbai Cancer Registry, Mumbai
8. Municipal Corporation of Greater Mumbai, Mumbai
9. Ministry of Health and Family Welfare, Government of India
10. National Cancer Registry Programme (ICMR)
11. Office of Registrar General of India.
12. School of Preventive Oncology, Patna
13. Salaam Bombay Foundation (SBF)
14. The Government of Maharashtra
15. Tata Memorial Hospital
16. Voluntary Health Association Of India (MP)



● Project in Developing stage:

1. Longitudinal Study of Adolescent Tobacco Use and Tobacco Control Policy in India

Background:

Study of Community Tobacco Environmental Factors and Adolescent Tobacco Use: Mumbai Student Tobacco Survey. Cross sectional study conducted in Mumbai using population based survey of students and GIS data collection of schools, tobacco vendors and advertisements.

Provides foundation for research as students reported high exposure to tobacco advertisements, and half of the tobacco users reported obtaining tobacco from vendors

Type of Study: Cohort

Research Design: The research will be conducted in two geographically dispersed Indian cities Mumbai and Kolkata to reflect the diversity in tobacco use, tobacco control policy implementation, socioeconomic status and cultural factors. A multi-stage sampling design will be used to obtain a representative sample of neighbourhoods and adolescents in each city.

Current Updates: The study has been approved by HEALTH MINISTRY'S SCREENING COMMITTEE (HMSC) Clearance, ICMR. We are currently working on developing survey tools and sampling methodology.

2. Disseminating an evidence-based tobacco control intervention for School Teachers in India

Background:

Dissemination of tobacco control intervention program implemented through Bihar School Teachers Survey (BSTS): "*Tobacco Free Teachers- Tobacco Free Society*", Tested in Bihar and pilot tested in Mumbai schools, Plan to disseminate in the state of Bihar.

Type of Study: Intervention Dissemination

Research design: Determine the feasibility of building the capacity of cluster coordinators to train and support principals in program implementation and maintenance in schools, and for the DoE to sustain the program. Determine the direct financial costs of program implementation and maintenance.

Expected outcome and measures

Demonstration of the feasibility of implementation and the effectiveness of the TFT-TFS program within the infrastructure of the Bihar DoE. To better understand the implementation process and to identify factors that need to be taken into account as evidence-based interventions are taken to scale.

Current Updates: The study has been approved by HEALTH MINISTRY'S SCREENING COMMITTEE (HMSC) Clearance, ICMR. We are currently working on developing survey tools and sampling methodology.

3. Tobacco Control Policy Evaluation India Project (TCP) Wave 3

Background:

The International Tobacco Control (ITC) Project is a multi-country prospective cohort study designed to measure the psychosocial and behavioral impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC).

To evaluate the effect of the FCTC, the ITC Project is conducting parallel prospective cohort surveys with adult smokers in 21 other countries— Canada, United States, Australia, United Kingdom, Ireland,

Thailand, Malaysia, South Korea, China, New Zealand, Mexico, Uruguay, Germany, France, the Netherlands, Brazil, Bangladesh, Mauritius, Bhutan, Kenya, and Zambia. Half of the ITC countries represent high income countries and the other half low- and middle-income countries.

As a part of the ITC project, the Tobacco Control Policy (TCP) India Survey is being conducted by Healis-Sekhsaria Institute for Public Health in India in collaboration with the University of Waterloo in Canada and the Roswell Park Cancer Institute, USA.

Type of Study: cohort Study

Objective: The broad objective of TCP India Project is to evaluate and understand the impact of tobacco control policies of the Framework Convention on Tobacco Control (FCTC) as they are implemented in low and middle income countries (LMICs) participating in the International Tobacco Control Policy Evaluation Project (the ITC Project).

The objectives of the TCP India Survey are:

- To examine the prevalence and patterns of smoking behavior in India.
- To examine the impact of specific tobacco control policies implemented in India during the next 5 years.
- To compare smoking behavior and the impact of policies between India and other ITC countries.

Current Status: Publication: Gravely S, Fong GT, Driezen P, Xu S, Quah AC, Sansone G, Gupta PC, Pednekar MS. An examination of the effectiveness of health warning labels on smokeless tobacco products in four states in India: findings from the TCP India cohort survey. BMC Public Health. 2016 Dec 13;16(1):1246.

Discussion to start the TCP Wave 3 project in final stage

● Project with ongoing data analysis:

4. Mumbai Worksite Tobacco Control Study

Background:

This is a five years' randomized control trial aimed at testing and developing a tobacco control intervention suitable and effective in the context of Indian worksites. It is being conducted at 20 manufacturing worksites in the Mumbai, Thane and Raigad districts in Maharashtra, India. Dana Farber Cancer Institute, Harvard School of Public Health (United States of America) is the collaborator for this project.

If demonstrated to be effective, it will result in a tested worksite tobacco control intervention ready for dissemination in India, and will be able to inform worksite tobacco control in other developing countries. Healis will make this tested intervention product available for dissemination through its network of collaborators, including American Cancer Society (ACS) through their ACS University, Tata Memorial Center (TMC), and other members of the Advisory Board

Objectives:

To assess the efficacy of the comprehensive tobacco control intervention in terms of two outcomes:

- increased cessation of tobacco use among workers (primary outcome) and

- increased adoption and enforcement of worksite tobacco control policies (secondary outcome)

To meet these objectives, 20 participating worksites were randomly allocated to two groups following the recruitment, with 10 worksites in each group: i) group receiving active intervention or Program A (including 6 health education events) and ii) group receiving alternative intervention or Program B (including one health education event unrelated to tobacco and the health communication material). Pre and post intervention surveys were planned to be conducted in each of the 20 worksites. Worksites in the program B group additionally receive one tobacco related health education event immediately after completion of the post intervention survey.

Current Progress:

- **Publications:** *Lost in Translation: The Challenge of Adapting Integrated Approaches for Worker Health and Safety for Low- and MiddleIncome Countries.* Glorian Sorensen Eve M. Nagler, Pratibha Pawar, Prakash C. Gupta, Mangesh Pednekar, Gregory Wagner, Resubmitted after the reviewer's comments to PLOS ONE.

On-going Data analysis activities:

- 1) The Baseline and follow-up data sets are merged for panel cohort analysis.
- 2) The summary table prepared and shared with Boston team for process tracking manuscript.
- 3) Preliminary analysis completed on manager interview and tobacco policy check list data.

5. Dissemination of “Tobacco Free Teachers Tobacco Free Society Programme” in India- Pilot Study

Background:

Bihar School Teachers' Study (BSTS), a cluster randomized controlled trial have been tested and shown to be effective in increasing tobacco use cessation among school teachers in the Indian state of Bihar. This one-year pilot study builds on the BSTS intervention program and will be conducted to generate an in-depth understanding of the factors associated with schools' capability and willingness to adopt a comprehensive tobacco control program aimed at supporting cessation among school teachers. This involves data collection through quantitative and qualitative methods, including surveys of principals of randomly selected schools and focus groups with a subsample of principals and potential lead teachers to determine any changes needed in existing program materials and identify effective ways to promote the program to schools. This study is being conducted by Healix Sekhsaria Institute for Public Health in collaboration with Dana-Farber/Harvard Cancer Center (DF/HCC).

Objectives:

1. Determine schools' willingness to adopt a comprehensive tobacco use cessation intervention for teachers;
2. Describe the characteristics of organizations, school principals, and the broader environment associated with schools' willingness to adopt such programs; and
3. Describe perceptions of school principals and potential lead teachers of the feasibility and acceptability of implementing the program tested in BSTS, including identifying the need for any program adaptations.

Current Progress: The first draft of the manuscript “Is an effective intervention scalable in low or middle income countries like India? (not final though)” Update: The paper is being reviewed by Healix and Boston team (back and forth)

6. Role of Genetic and Dietary Factors in Breast Cancer Risk: Study of a Population in Demographic Transition

Background:

This is a case-control study on 500 breast cancer study cases and 500 controls in Mumbai with the triparty collaboration between Arnold School of public Health, Tata Memorial Hospital and Healix – Sekhsaria Institute for Public Health.

Objectives:

- Genotype 500 cases and 500 controls for 19 candidate single nucleotide polymorphisms (SNPs) association with inflammation, carcinogen metabolism and cell cycle/ DNA repair pathways
- Perform a case-control analysis to test the hypothesis that candidate SNPs are associated with increased BcCA risk and that subjects with both poor (pro-inflammatory, high-fat) diets and candidate risk genotypes have even greater BrCA risks compared to subjects without a risk allele and with more healthy diets.

Current Update: Data collection: Altogether, we have total of 2357 FFQs coded and shared with the team so far.

Details of the Food frequency questionnaires are as follows:

BGSC (Sporadic Cases) -1183

BGFC (Familial Cases) -064

BGSN (Sporadic Normal) -1086

BGFN (Familial Normal) -024

7. Analysis of Karunagapally cohort data

Background:

Karunagapally cohort study was planned to establish a cohort of the entire residents in Karunagapally kaluk in order to examine the risk of cancer. All household (n=71674) in Karunagapally kaluk were surveyed using six page standardized questionnaire, starting from January 1, 1990 and ending on December 31, 1990. Healix has collaborated with RCC, Kerala to analyse the cohort data.

Objective:

The objective of the study is to estimate all cause and cause specific mortality by analysing the cohort data.

Current Status:

Data analysis is still going on and paper is in final stage.

8. Asia Cohort Consortium Projects

Background:

The Asia Cohort Consortium (ACC) is a collaborative effort seeking to understand the relationship between genetics, environmental exposures, and the etiology of disease through the establishment of a cohort of at least one million healthy people around the world. The countries involved include China, India, Japan, Korea, Malaysia, Singapore, Taiwan, the United States, and few others. The Investigators from these countries meet on a biannual basis to report on the progress of each country's cohort, to discuss issues relevant to the development of common protocol guidelines, and to prepare for collaborative projects. The participants will be followed over time to various disease endpoints, including cancer. The collaboration also involves seeking partners among existing cohorts across Asia to facilitate the exploration of specific research questions that need more immediate answers. Mumbai Cohort study data are contributed to this Consortium. The study on BMI was completed and a paper has been published on relationship between body mass index and pancreatic cancer-No significant association was found.

Current Progress: Data analysis is still going on. Mumbai Cohort Study has agreed to participate in multiple myeloma study. Now there are 34 studies in which we are already participating and doing data analysis on various topics.

9. Protecting Mothers and Newborns: Integrating Anaemia Reduction with Tobacco Control During Pregnancy in Urban India

Background:

The primary focus of the project is to conduct a needs assessment on this particular vulnerable population (pregnant women) from a developing region of the world (Mumbai, India) to determine the most appropriate and efficacious interventions for prenatal and antenatal care within this setting. Looking at the proximal risk factors in the study, in general, tobacco use is a problem across South Asian countries, and is not a phenomenon exclusive to pregnant women. A misperception regarding tobacco use is that smokeless tobacco is "less harmful" to the user's health (Subramoney, Gupta 2008), and by extension, less harmful to foetuses in pregnant women. Similarly, Indian people of low-income status tend to have inadequate nutrition which affects their health and wellbeing and can lead to anaemia. Inadequate nutrition is particularly harmful to pregnant women, because a lack of iron and folic acid in their diets prior to and during pregnancy can hinder fetal development and increase the risk of anaemia in their babies. Although this study is not meant to clinically treat pregnant women with these health behaviours, we attempt to link multiple environmental, social and nutritional risk factors to find the most appropriate point of intervention for Indian women's health and their babies' ensured wellbeing.

Objectives:

Research Objectives of Project: The overall goal of this project is to develop and assess the feasibility of a behaviour change intervention that integrates evidence-based strategies for both mitigating anaemia due to iron and foliate deficiency, and tobacco cessation into routine ANC services at Primary Health Centres (PHCs).

Our specific objective is: Identify barriers and facilitators for optimal delivery and adoption of two behaviour change strategies for anaemia prevention during pregnancy, namely, iron-folic acid supplementation with tobacco use cessation when indicated;

Current Progress: Working on finalisation of report for the study. Also, working on follow up birth outcome of pregnant women recruited in the study. Data analysis is going on. Also, the first draft of the following manuscript “*Formative research to integrate antenatal tobacco cessation and anemia control in Mumbai, India*” is ready soon will be submitting to the appropriate journal

Number of Publications: Nil

Project with ongoing field work:

10. Mumbai Cohort Study (MCS)-2nd Follow Up

Background:

The Mumbai Cohort Study is a prospective cohort study following around 1, 48,000 individuals from Mumbai. The study has been conducted in two phases with phase one following 100,000 individuals, both men and women, and phase two following 48,000 men. By 2008, two follow-ups were completed for phase one individuals. For phase two, the first follow-up was completed in 2003 and the second follow-up for 48,000 individuals is currently in process of being completed.

Objectives:

The objective of this study is to study mortality associated with tobacco and alcohol use.

Current Progress: For the second follow-up, 134,912 persons are to be followed-

- 1,34,912 persons have been followed-up
 - 37158 persons have been re-interviewed
 - 31256 persons have expired
 - 56238 persons have migrated
 - 3361 persons have not been interviewed
 - Due to reasons of:
 - Participants being unavailable after multiple visits
 - Participants being hospitalized
 - Household is temporarily locked
 - Participants' are at native place
 - Participants' have refused for interview
 - 6899 persons have been lost to follow-up
 - Due to reasons of:
 - Addresses being incomplete or participant is not traceable
 - Area of address being demolished
 - Status of participant as alive or expired is unknown

Publications:

- Pednekar MS, Vasa J, Narake SS, Sinha DN, Gupta PC. Tobacco and Alcohol Associated Mortality among Men by Socioeconomic Status in India. Epidemiol Open J. 2016; 1(1): 2-15. doi: 10.17140/EPOJ-1-102.
Random Check
- From 5th Oct 2016 to 31st Dec 2016

For the follow-up 5% Random, 6,325 persons are to be followed- up of which, at present 878 are still needed to be followed up.

● Advocacy Projects:

11. Project for Consumer Safety of Children from Health Hazards of Tobacco Products

Background

Studies show that 5,500 children initiate tobacco use every day. Most of these become tobacco addicts and the quit rate in India is less than 3%. Thus a sensible tobacco control strategy is to prevent children from initiating and using tobacco altogether. This project, supported by the Department of Consumer Affairs (DOCA), Government of India, works on the consumer safety of children by making educational institutes tobacco free. The methodology is to work with the government to create a sustainable, institutionalized model.

Healis' on-going campaign, Voice of Tobacco Victims, plays a critical part in this project as VoTV doctors will sensitize key officials to the harms of tobacco and the need to take action. A central Healis team will provide the technical know-how and design and manage the project; while state level teams will work with state- and district-level government machinery for implementing the program. An objective measurement module will be created within existing MIS of the education department to monitor project progress and report.

Objectives of the project:

The key objectives of the study are:

- To make 100,000 educational institutes from 2-3 states tobacco-free, which means (a) no sale or usage of tobacco-products on campus; and (b) putting up the signage required by the tobacco-control law, COTPA (Cigarettes and Other Tobacco Products Act, 2003)
- As the tobacco consumption in/around schools reduces, the litter from tobacco-products will decrease thereby assisting the Swatchh Bharat campaign.
- As part of the project a lot of media will be generated, which will highlight the tobacco issue amongst public and officials.

Current Progress:

Our project goals were:

1. Protect 2.5 crore children from becoming consumers of tobacco by making 100,000 educational institutes in 2-3 states to:
 - a. Become tobacco free – no use or sale of tobacco within campus
 - b. Signage as required by law in the campus

2. Support Swatch-Bharat campaign by reducing tobacco-product *litter* and *spitting* inside and in the vicinity of over 100,000 educational institutes
3. Create awareness about above by media activities in project areas

Overall achievements of the Project:

- a) In Madhya Pradesh 99,146 educational institutes achieved the target, while in Maharashtra 47,185 have done so. **Thus in total 146,331 educational institutes have fulfilled our deliverable criteria** – well above the 100,000 promised.
- b) No use of tobacco in schools leads to cleaner schools as the major source of litter are cigarette & bidi butts, empty tobacco pouches and spitting. Thus the Swatchh Bharat campaign is strongly supported.
- c) This project has created enormous media – as indicated in the media reports submitted from time to time. It has given wide visibility to DoCA.

The project has been completed, well in time and within budget on Nov,16.

12. Voice of Tobacco Victims

Background:

VoTV (Voice of Tobacco Victims) is an advocacy campaign by the victims of tobacco (mostly patients of mouth and throat cancers) to advance tobacco control policies in India. The VoTV campaign provides a platform to tobacco victims to share their sufferings with the policymakers, policy implementers, social leaders and bureaucrats. The patients use the platform to tell the policymakers “this is what tobacco did to us, we want to save others.” These patients are accompanied by their treating doctors.

Objectives:

The key objectives of the projects are,

- In coordination with state partners (in 4-5 focus states) and TFK, advocate to ensure commitment from the state leadership in support of developing a comprehensive tobacco control program for that state. The major activity the patrons associated with VoTV is to organize public events and advocacy meetings.
- In other states and at the National level, mobilize VoTV in building up support in favour of tobacco control policies within policy makers and the public, and work towards tobacco control
- Conduct media advocacy around meetings and events at state and national level to highlight the outcomes and impact of these meetings and events.

Current Progress:

Below are the activities and achievement of VoTV projects during the report period,

- GST
 - 14 Finance Ministers and Finance Secretaries were met by VoTV patrons for support of Tobacco taxation in GST campaign. VoTV patrons from Assam, Karnataka, Mizoram, Meghalaya, Bihar, Maharashtra, Chhattisgarh, Punjab, Haryana, Odisha, Goa, Madhya Pradesh, Nagaland, West Bengal met their Finance Ministers and Finance Secretaries.

- In the Second round of advocacy for GST 23 Finance Ministers and Finance Secretaries were met to sensitize on Tobacco taxation in GST. VoTV patrons of Assam, Karnataka, Mizoram, Meghalaya, Bihar, Maharashtra, Chhattisgarh, Punjab, Haryana, Odisha, Goa, Madhya Pradesh, Nagaland, West Bengal, Arunachal Pradesh, Tamil Nadu and other states met their Finance Ministers and Finance Secretaries for GST support.
- VoTV supported the campaign for tobacco taxation in GST on Twitter and Thunderclap. Vital Strategies initiated this campaign.
- Chewing tobacco ban:
 - VoTV team had series of meeting with the Advocates of Supreme Court, handling Chewing tobacco case.
 - Supreme court banned Chewing tobacco.
 - VoTV patrons of Uttarakhand and Karnataka met their Health Secretary to sensitize on Chewing tobacco ban.
 - Chewing tobacco banned in Karnataka.
 - VoTV patrons of Maharashtra sensitized the Chief Minister, FDA Minister and FDA commissioner for chewing tobacco and flavoured supari ban re-notification in state.
- COTPA and JJ Act:
 - VoTV patrons of Madhya Pradesh, Rajasthan, Haryana & Assam met their DGPs for implementation circulars of COTPA and JJ Act.
 - DGP sensitized. COTPA and JJ act circulars issued by DGP's offices.
 - VoTV Patrons of Delhi sensitized numerous Police officers in Delhi for COTPA and JJ Act implementation.
 - Around 400 Police officials sensitized. Assured Support for implementation.
 - VoTV patrons of Meghalaya and Haryana conducted sensitization programs for Police officers at the Police Academy for COTPA and JJ act implementation.
 - Police officials sensitized and assured support for same.
- Tobacco Free Education Institutes Campaign:
 - VoTV patron of Maharashtra sensitized the district administration of Jalgaon and made 183,826 schools tobacco free.
 - VoTV patron of Nagpur, Maharashtra met the MLC and sensitized him on TFEI campaign support.
- E-cigarettes: With the Advocacy by patrons of Kerala and Karnataka E-cigarettes were banned in both the states.

Dr. Pankaj Chaturvedi VoTV patron had numerous meetings with Health Department, Mumbai Police and State Legal Services Cell for implementation of Tobacco control laws in the state.

13. Tobacco Free Educational Institute Project in Assam:

Background: Tobacco Free Educational Institute in Assam is a one year project supported by Tata Trusts. Through this project Healis is working for the welfare of children by protecting them from the menace of tobacco by making Educational institutions tobacco free.

Objective: Protect children from tobacco by making educational institutes in Assam “tobacco free” by,

1. Making schools COTPA Compliant i.e.

- a) put up specified boards
 - b) no sale/use within campus
2. Conducting participative anti-tobacco activities in the educational institutions

Current Status: The necessary orders from the Education Department to all heads of educational institutes issued. A formal media launch of the project was done on 5th June. Subsequently events were held to sensitise the education department, media, MLAs and the Government of Assam. A lot of media buzz was generated for the same. Also, The Chief Minister of Assam, the Honourable Speaker, the Education cum Health Minister and 38 MLAs endorsed the project in a sensitisation session held on 12th Aug. 2016. The compliance of schools to our deliverables targets has been ahead of schedule and already the status is:

Sr. no.	Status	Districts	
		Elementary	Secondary
1	100% declared	Nil	10
2	100% claimed (yet to send report)	Nil	3
3	80%+ compliance	7	2
4	50%+ compliance	7	6
5	Less than 50%/no report	13	6

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Healis Activities

Guest Lectures

Presenter	Title	Date
Dr. Krishna Palipudi, Global Tobacco Surveillance System (GTSS) Team Lead, and Dr. Indu B Ahluwalia, Branch Chief; GTSS and Policy and Research Translation from Centers for Disease Control and Prevention Atlanta, GA, United States	Tobacco surveillance at CDC.	August 02, 2016

Colloquium Presentations

Presenter	Title	Date
Ms. Ashima Sarin	<i>Recent Accomplishments of the Advocacy Projects".</i>	November 04, 2016

Visits by Healis staff members

✦ International Visits

- **April 25-29, 2016:** Dr. Gupta attended the “International Conference on Betel Quid and Areca Nut” Kuala Lumpur, Malaysia. Dr. Gupta (Plenary Speaker) delivered a session on “Characteristics of betel quid users in India and Bangladesh and some less researched health effects”. Later there was a Break out Session: Biology, disease and Epidemiology. The breakout session is an opportunity for a smaller group of conference participants to discuss Biology and epidemiology: This was led by the two session chairs. Prof. Saman and Dr. Gupta. Dr. Gupta moderated a group where research questions were asked that Areca Nut (AN) is chewed for its psycho stimulating effects by over 600 million users worldwide. AN chewing is reported to have varied and widespread, predominately stimulant effects. How would you set about to gain knowledge and reliable data on the personal beliefs attributable to the AN chewing in an given population? Dr. Gupta attended the second day of the conference and discussed the highlights of Day 1 breakout sessions.
- **Nov 28-Dec 8, 2016:** Dr. Gupta left on Nov 28, 2016 Monday evening and reached Atlanta on Tuesday Nov 29, 2016. Dec 01 and Dec 02, 2016: Dr. Gupta attended Global Adult Tobacco survey (GATS) meeting as a member of the questionnaire review committee. He attended the meeting at Harvard school of public health. Dr. Gupta was present in the meeting at Harvard school of public health, Boston with Dr. Pednekar on Dec 06, 07, and 08, 2016. On Dec 08, 2016 evening Dr. Gupta

also visited the Takemi program at Harvard TC School of Public health to meet the current Takemi students, as he was the first batch Takemi fellow in 1984-85. The program is still managed by Dr. Michael Reich. Dr. Gupta discussed about the work in Healix.

✦ National Visits

- **April 22, 2016:** Dr. Gupta attended a Campaign for Tobacco Free Kids brainstorming session on Bidi control with various stake holders in New Delhi
- **May 7-8, 2016:** Dr. Gupta attended a workshop on “Spirituality and tobacco control in the Simhashta Kumbh Mela 2016” in Ujjain. The workshop was sponsored by Swami Avdheshanand guri ji and was organized by Indian dental association (IDA) MP and Ujjain, Government dental college Indore, Indian Medical association (IMA), District tobacco control society, Ujjain, tobacco control department, health and family welfare department, MP Governance. Dr. Varishthanand MD Varanasi, Dr. Neelam Mittal IDA, Banaras Hindu University , Dr. Vijay Hazare IDA, Nagpur were also present in the workshop.
- **May 18-19, 2016:** Dr. Gupta attended the meeting of Indian Cancer Burden Estimation Methods at ICMR Hqs, New Delhi. Post lunch he attended the session on media interaction and release of consolidated report of population based cancer registries for the years 2012-2014 and consolidated report of hospital based cancer registries for the years 2012-2014. Dr. Gupta addressed the meeting after the release of the reports for few minutes.
- **May 30, 2016:** Dr. Gupta left for Nagpur to give a lecture in Govt. Dental College to dental interns. In the evening Dr. Gupta attended the programme at various shopping malls in Nagpur and conducted interaction sessions with the audience with VOTV. Dr. Gupta also received mementoes for the same.
- **June 2-5, 2016:** Dr. Gupta left on Thursday morning for Bhubaneswar to attend a meeting of expert committee constituted by Department of Atomic Energy (DAE). Dr. Gupta attended the committee meeting that was appointed through a presidential order and endorse by the Ranchi High court.
- **Sep 2-4, 2016:** Dr. Gupta had a breakfast VoTV meeting with Mr. Sanjay Seth, Ms. Ashima Sarin and Dr. Pankaj Chaturvedi. Later, they had a lunch meeting with CTFK officials with Mrs. Jaspreet Kaur, Mrs. Nandini Verma. Afternoon, Dr. Gupta along with the other officials went to Mr. Gopal Mr. Gopal Subramaniam who is Amicus Curiae in tobacco cases to discuss tobacco issues with him. We were joint by the legal consultant and Mr. Rangit Singh and private lawyer Mrs. Ashiwariya Bhati. In the evening, there was a dinner meeting with all the VoTV leader from parts of India and important stake holder including the representatives from MoHFW, World Health Organizations (WHO), Vital Strategies and other organizations.
- **Oct 20, 2016:** Early morning Dr. Gupta left for Delhi for attending a meeting on Global Burden of Diseases Study India which is a collaboration of Public Health foundation of India (PHFI) and Indian Council of Medical Research (ICMR). During the meeting he interacted with Dr. Tanvir Kuar in regards with HMSC clearance of Healix NIH funded Projects. Also, had interaction with Dr. Kataki about the situation of project of Tata trust in Assam, Dr. Ravi Mehrotra for the development in the work of smokeless tobacco Hub, Dr. Nand Kumar on development on National cancer registry program and returned by evening flight.

- **November 5-12, 2016:** Dr. Gupta attended the 7th Conference of Parties held in Greater Noida during December 7 to 12, 2016. Other members present at the meeting from the institute were Dr. Mira B. Aghi and Ms. Arpita Singh.
- **Dec 21, 2016:** Dr. Gupta left on Wednesday for New Delhi in the morning to attend the first steering group meeting on adapting the WHF Roadmap in India at Mahogany Gate 2, Stein Auditorium, India Habitat Centre, Lodhi Road, New Delhi. The meeting was mainly to discuss tobacco control in relation to the CVD management. This meeting was called by Public Health Foundation of India (PHFI) on behalf of World health federation.

✦ Local Visits

- **July 27-29 and Aug 02-03, 2016:** Dr. Gupta attended the training of the trainers' workshop on Global Tobacco Surveillance system second round which was organized by Tata Institute of Social Sciences (TISS). TISS is a nodal agency for Global Adult Tobacco Survey, at Homi Bhabha Centre for Science Education is a National Centre of the Tata Institute of Fundamental Research (TIFR), Mumbai who organized the workshop from July 27-29 and Aug 02-03, 2016. On Aug 02, 2016 afternoon Dr. Gupta returned to Healis with the guests Dr. Krishna Palipudi, Global Tobacco Surveillance System (GTSS) Team Lead, and Dr. Indu B Ahluwalia, Branch Chief; GTSS and Policy and Research Translation from Centers for Disease Control and Prevention Atlanta, GA, United States. Dr. Gupta attended the workshop from July 27-29 and Aug 02-03, 2016 as a member of the Questionnaire Review Committee as a Resource Person.
- **Sep 8, 2016:** On Thursday morning Dr. Gupta went to AROYA bhavan to give a talk on tobacco control and its health effects in a symposium organized by public health department, Maharashtra. The district health officers, Civil surgeons, tobacco controllers were called from different parts were present in the audience.
- **Sep 22, 2016:** Dr. Gupta had a meeting with Dr. Thomas Matte MD, MPH, Vice President, Environment Health, Vital Strategies and Dr. Pankaj Chaturvedi, TMH. The meeting was held at Dr. Pankaj Chaturvedi's office.
- **March 6-7, 2017:** Dr. Namrata and Mr. Sameer Narake have attended and participated (poster presentation) in Centre for Cancer Epidemiology Scientific Symposium "Frontiers in Epidemiology" held at Tata Memorial Center, Mumbai on March 06-07, 2017.

Finance and Human Resource

The institute has received Rs. 1,37,55,718/- by way of Grants during the current year and has utilized the same for implementing various Research & Development Projects encompassing charitable objects.

Human Resources

Directors

Dr. Prakash C. Gupta, Director (Managing)

Dr. Mangesh S. Pednekar, Director (Development & Research)

Healis Staff Members

(In order of seniority within categories, with dates of joining/leaving if during the year)

Sr. No.	Name	Designation	Date of Joining	Date of Resignation
Management Staff				
1	Ms. Ashima Sarin	Project Director		
2	Ms. Shraddha Khot	Finance Manager		
3	Ms. Arpita Singh	Legal Officer		
HR				
4	Mr. Vishesh Mishra	Executive Manager	July, 2016	
Research Staff				
5	Mr. Vitthal Kshirsagar	Project Coordinator		April, 2016
6	Mr. Sameer S. Narake	Statistician		
7	Ms. Geeta Anil Kumar	Project Coordinator		
8	Mr. Neha Mathur	Research Manager		September, 2016
9	Dr. Namrata Puntambekar	Research Fellow		
10	Ms. Brinda Desai	Management Trainee	October, 2016	
11	Ms. Keyuri Adhikari	Management Trainee	August , 2016	
Consultants				
12	Dr. Mira B. Aghi	Behavioral Scientist		
13	Mr. Sanjay Seth	Chief Operating Officer		November, 2016
14	Mr. Himmat Chandaliya	Chartered Accountant		
15	Mr. Sandip Parikh	Company Secretary		
Administrative Staff				
16	Mr. Vijay Godambe	Sr. Data Administrator		
17	Mr. Prashant Kalamkar	Administrative Executive		

18	Mr. Suraj Sawant	System Administrator		
Field Staff				
19	Mr. A. K. Payal	Sr. Field Investigator		
20	Ms. Karuna More	Sr. Field Investigator		
21	Mr. D. Y. Kashid	Sr. Field Investigator		
22	Mr. P. N. Narawade	Sr. Field Investigator		
23	Mrs. Rakhi Madhavi	Sr. Field Investigator		
24	Mr. Prashant Mahajan	Field Investigator		May, 2016
25	Mr. Narendra Chitte	Field Investigator		May, 2016
Data Entry Staff				
26	Ms. Gauri Nikam	Data Entry Operator		
Other Supporting Staff				
27	Mr. Avinash Kamble	Office Assistant		
28	Mr. Shivaji Jogadand	Driver		

Statutory Compliance

A policy on Sexual Harassment Prevention and Redressal Guidelines is in place to ensure that the governance standards are met.

No complaints in the given category were received during the Financial Year 2016-17.

Thank You

HEALIS-SEKHSARIA INSTITUTE FOR PUBLIC HEALTH

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Registration Number - U91120MH2005NPL 152926