

14th Annual Report

2017-2018

Healis Sekhsaria Institute for Public Health



A non-profit organization dedicated for improving public health in India and other low middle income countries.

Public Health | Research | Community Development

Message from the Directors

Dear Friends,

It is our great honour to share with you the Healis Annual Report 2017-18. This report comes to you with pride, as it is a compilation of our major accomplishments and our experiences from the past financial year

Healis has completed fourteen years. Institute vision is to advance public health through innovative science and evidence based research recommendation.

To accomplish its vision, this year Healis has 3 projects in ongoing stage, 1 in developing stage and 5 in data analysis phase. In addition to research, during this year, Healis has produced about 18 research publications in peer reviewed international journals along with a chapter in a Monograph.

Thank you all for your continued support on our journey!

Sincerely,

Dr. Prakash C. Gupta



Dr. Mangesh S. Pednekar



Contents

1. [About Healix](#)
2. [Abbreviations](#)
3. [Healis Board](#)
4. [Ethics Committee](#)
5. [Collaborators](#)
6. [Project Updates](#)
7. [Publications](#)
8. [Healis Activities](#)
9. [Human Resource](#)
10. [Finanace and Human Resource](#)
11. [Statutory Compliance](#)



About Healis

Healis-Sekhsaria Institute for Public Health is a Non-profit Organization that aims to advance public health in India by undertaking timely high quality population based epidemiological research since 2004. Since its inception the organization is committed to improving the public health in India and in other LMIC countries addressing important public health questions and facilitating and guiding the translation of research findings into policies/programs at national level. It is among the few institutes that are solely dedicated to public health research in India.

The Institute was registered on April 29, 2005 under section 25 of the Companies Act, 1956 [corresponding to section 8 of the Companies Act, 2013 ('the Act')] as a company limited by guarantee and not having a share capital. The Institute is registered under section 12A of the Income Tax Act, 1961 vide Registration No. 39490 dated July 25, 2005.

Healis Vision

Advancing public health through innovative science and evidence-based research.

Goals and Objectives

- ✦ To undertake timely, quality, and population-based epidemiological research that addresses important public health issues.



About Healix

- ✦ To facilitate the translation of research findings into policies and programs at national and international levels

Healix works in collaboration with leading National and International Health and Research organizations. Healix is operating from the premises of its own situated at MIDC, Mahape, Navi Mumbai since January 2015.

Registrations & Recognitions

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

Healix recognition as a Scientific and Industrial Research and Development Organization (SIRO) by Department of Science and Technology, Ministry of Science and Technology. For CSR recognition, Healix is also empanelled with the Tata Institute of Social Sciences CSR Hub.

Donation

Healix is registered U/S.80-G(5)(i)(a). Also have Permanent Registration of FCRA Act 1976 since April' 2009 vide registration No.083781138

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



Abbreviations

MCGM	Municipal Corporation of Greater Mumbai
MLA	Member of Legislative Assembly
MMC	Mumbai Municipal Corporation
MOHFW	Ministry of Health and Family Welfare
TCP	(International) Tobacco Control Project, India
TIFR	Tata Institute of Fundamental Research
TMH	Tata Memorial Hospital
VoTV	Voice of Tobacco Victims
WHO, India	World Health Organization, India Office
WHOSEARO	World Health Organization, South-East Asia
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)
LMIC	Low Middle Income Countries



Healis Board of Directors

Dr. Prakash C. Gupta

Dr. Prakash C. Gupta is the Director of Healis - Sekhsaria Institute of Public Health. 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 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

Dr. Mangesh S. Pednekar is Director of Healis - Sekhsaria Institute for Public Health. 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.

Prof. P. V. S. Rao

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).





Healis Board



Dr. Purvish Parikh (Up to September 2017)

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 (Up to September 2017)

Mr. 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.



Institutional Ethics Committee

Healis Institutional Ethics Committee (IEC) consists of 12 members, out of which nine are external members and three are from Healis. The committee is multidisciplinary and multi-sectoral in composition as per NIH and ICMR guidelines and maintains gender equity. This body has two functions, one is to assess the compliance of the research proposals with the protection of human subjects' 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 housewife 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.



Institutional Ethics Committee

List of Members during 2017-2018

- 1. Dr. Daniel Joseph, Chairman, Professor, MUHS***
- 2. Dr. Surendra Shastri, Oncologist, TMH (retired)***
- 3. Dr. Pankaj Chaturvedi, Oncosurgeon, TMH***
- 4. Dr. Prakash C. Gupta, Epidemiologist, Healix***
- 5. Dr. Mangesh S Pednekar, Epidemiologist, Healix***
- 6. Ms. Farida Poonawala Tata, Advocate***

7. Ms. Cecily Ray, Epidemiologist, Healix

8. Ms. Manorama Agarwal, Housewife

9. Ms. Tshering Bhutia, Social Scientist, SBF

10. Dr. Nobhojit Roy, Surgeon, National Advisor, NHSRC

11. Dr. Sabita M. Ram, Dentist, Dean, MGM

12. Dr. Sharmila Pimple, Professor, TMH

International Collaborators

Healix 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.

April 2017- March 2018

1. [Harvard School of Public Health Boston, DFCI , USA](#)
2. [Arnold school of Public Health, University of south Carolina, USA](#)


3. [University of Waterloo, Canada](#)
4. [University of Michigan \(UM\)](#)
5. [University of Minnesota Cancer Center, USA](#)
6. [Center for Global Health Research, University of Toronto, Canada](#)
7. [Campaign for Tobacco Free Kids, USA](#)
8. [American Cancer Society, Atlanta, USA](#)
9. [National Cancer Institute, Bethesda, Maryland, USA](#)

International Collaborators

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. [International Agency for Research on cancer, Lyon, France](#)

15. [Bloomberg School of Public Health, Johns Hopkins University, USA](#)
16. [University of Toronto, Canada](#)
17. [WHO, SEARO, New Delhi, India](#)
18. [World Lung Foundation, USA](#)
19. [Institute for Community Research Hartford, CT.](#)

National Collaborators

 **April 2017- March 2018**

1. [Ministry of Health and Family Welfare, Government of India](#)
2. [Indian Council of Medical Research](#)
3. [Office of Registrar General of India.](#)
4. [The Government of Maharashtra](#)
5. [Tata Memorial Hospital \(TMH\)](#)

6. [Advanced Center for Treatment, Research and Education in Cancer, \(ACTREC\)Navi Mumbai](#)
7. [Action Council against Tobacco – India \(ACT- India\)](#)
8. [Municipal Corporation of Greater Mumbai, Mumbai](#)
9. [Narotam Sekhsaria Foundation \(NSF\)](#)
10. [Salaam Bombay Foundation \(SBF\)](#)
11. [Voluntary Health Association of India \(MP\)](#)
12. [Cancer Foundation of India](#)

National Collaborators

13. [Hriday, New Delhi](#)
14. [National Cancer Registry Programme \(ICMR\)](#)
15. [Mumbai Cancer Registry, Mumbai](#)
16. [Birla Institute of Science and Technology](#)
17. [Vital Strategies, India](#)

Project Updates



Project in Ongoing 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 study

Project Timeline: August 2016- December 2021

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. The main aim of this study is to prospectively measure Community Tobacco Environmental (CTE) factors (i.e., objective assessments of community level compliance with tobacco control laws, availability of all forms of tobacco products including gutkha and e- cigarettes, and the presence of tobacco vendors and advertisements). Also, to study the CTE factor is longitudinally associated with adolescent tobacco use initiation and trajectories. This study will contribute substantially to research on tobacco control policy implementation and the influence of policies on adolescent tobacco use, a behavioral cancer risk of immense concern globally.

Expected Outcome and measure:

To identify the social determinants of tobacco, use that include the analysis of policy, community and family factors and the GIS data on the location of tobacco vendors and POS policy compliance

- **Current Updates:** The following surveys tools for the study have been finalised:
 - Household recruitment script
 - Household enumeration form
 - Information letter

- Consents forms
- Adolescent questionnaire
- Parent questionnaire
- Cognitive testing in both cities among children age 12-14 has been conducted
- Sampling plan for our study is finalized.
- We have given detailed orientation and training to our field staff and conducted mock drills with survey instruments in both cities.
- We had conducted field interviewers training in Mumbai in Dec 06-11, 2017 and in Kolkata from Feb 21-25, 2018.
- We had begun enumeration in Mumbai from Jan 15, 2018 and in Kolkata from March 01, 2018 and completed the enumeration of all the selected UFS blocks in both cities.



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

Project Timeline: December 2016- November 2021

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 update:

Within the pilot block of Danapur, qualitative research was conducted to understand how to embed the program within the educational infrastructure:

- Focus Group Discussions with Cluster Coordinators
- Key Informant Interviews with the District and Block Officers
- Focus Group Discussions with BSTS principals and lead teachers

2. We are also working on, developing the intervention tools and conducting pilot research in Patna District for the following:

- Conducting a Technical Working group review involving, District, Block, Cluster officers as well as Headmasters and teachers to review the intervention tools.
- Pilot testing the intervention tools by training the Cluster Coordinators and observing them train the HeadMasters on implementing the program in their schools.

- Selected 3 districts along with intervention & control blocks within those districts for the study.
- For developing the intervention tools, we
 - a. Conducted a Technical Working group review involving, District, Block, Cluster officers as well as Headmasters and teachers to review the intervention tools.
 - b. Pilot tested the intervention tools by training the Cluster Coordinators and observing them train the HeadMasters on implementing the program in their schools.



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 Healix-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

Project Timeline: Feb 2017- Oct 2019

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 change in prevalence and tobacco use 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:

MOU has been signed between University of Waterloo and Healis for Wave 3. All tools have been finalized for the survey and are being translated. and now working translations in Bengali, Hindi and Marathi languages.



Publications:

1. Mutti-Packer S, Reid JL, Thrasher JF, Romer D, Fong GT, Gupta PC, Pednekar MS, Nargis N, Hammond D. The role of negative affect and message credibility in perceived effectiveness of smokeless tobacco health warning labels

in Navi Mumbai, India and Dhaka, Bangladesh: A
moderated-mediation analysis. Addict Behav. 2017
Oct;73:22-29.Epub 2017 Apr 4.doi:
10.1016/j.addbeh.2017.04.002



Project in developing stage

4. Analytical capacity building for the study of tobacco carcinogen exposures in India

Research Design: The goal of our proposal is to investigate the relationship between carcinogen content in smokeless tobacco (SLT) products and relevant exposures as well as oral/head and neck cancer (OHNC) risk in users of these products, while concurrently building capacity for a sustainable tobacco carcinogenesis research program in India. We will focus on the tobacco-specific nitrosamines N'-nitrosonornicotine (NNN) and 4(methylnitrosamino)-1- (3-pyridyl)- 1-butanone (NNK).

Type of Study: cohort Study

Project Timeline: July 2017- July 2022

Research Objectives:

(i) To determine the variation of NNN and NNK in SLT products currently available in Mumbai.

(ii) To examine the relationship between NNN and NNK levels in SLT products and the levels of corresponding biomarkers in users of these products.

(iii) To compare levels of urinary NNN and NNK biomarkers between SLT users with and without OHNC.

Rationale: (including that for undertaking human subject research in the light of existing knowledge): Indians develop oral/head and neck cancers (OHNC, includes oral cavity, lip, pharynx) at the very high rate of 20 cases per 100,000 per year; this results in an estimated 70,000 deaths per year, making India the worldwide epicenter of OHNC mortality. Therefore, India serves as a unique setting for such studies and more importantly, it is an area of critical need. This study will incorporate capacity building activities that include the development of analytical laboratory resources, training of young investigators from Mumbai in tobacco research and

relevant procedures, and establishment of tobacco product and bio specimen repositories for future research.

Subject Recruitment Procedures: The recruitment for Aims 2 and 3 will be carried out in a combined effort at TMH. For Aim 2, the 300 cancer-free SLT users will be recruited among persons accompanying cancer patients to the clinic. We anticipate recruiting at least 100 such SLT users per year. Since OHNC patients in Aim 3 will be included independent of the type of SLT product they use, their recruitment will start in Year 1. Enroll 40-50 patients per year is expected.

Updates:

Currently working on the objective.

 **Project with ongoing data analysis**


5. 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.

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 of 10 worksites each: 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 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:

Data analysis activities:

- 1) The Baseline and follow-up data sets were merged for panel cohort analysis.
- 2) Preliminary analysis completed on manager interview and tobacco policy check list data.

Publications;

1. Sorensen G, Nagler EM, Pawar P, Gupta, PC, Pednekar MS, Wagner GR (2017) Lost in translation: The challenge of adapting integrated approaches for worker health and safety for low and middle-income countries. PLoS ONE 12(8): e0182607. <https://doi.org/10.1371/journal.pone.0182607>

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, total of 2357 FFQs were coded and shared with the team.

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 taluk in order to examine the risk of cancer. All household (n=71674) in Karunagapally taluk 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 going on and paper “Tobacco associated mortality in Kerala Karunagapally Cohort data” is under finalization.

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 collaboration involves seeking partners among existing cohorts across Asia to facilitate the exploration of specific research questions that need specific answers. Mumbai Cohort study data is a part of 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.

Publications:

1. Chen Y, Wu F, Saito E, Lin Y, Song M, Luu HN, Gupta PC, ..., Pednekar MS, et al; Association between type 2 diabetes and risk of cancer mortality: a pooled analysis of over 771,000 individuals in the Asia Cohort Consortium. *Diabetologia*. 2017 Jun;60(6):1022-1032.Epub 2017 Mar 7.doi: 10.1007/s00125-017-4229-z.

9. 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

- Matching Death cases (31256)
 - Exact match 9610
 - High Probably 59
 - Probably 456

For random check, ~5% of, 6,403 persons are to be followed-up.

Publications (April 2017-2018)

1. Sinha DN, Kumar A, Bhartiya D, Sharma S, Gupta PC, Singh H, Mehrotra R, Smokeless Tobacco Use Among Adolescents in Global Perspective. *Nicotine Tob Res.* 2017 Jan 19. doi: 10.1093/ntr/ntx004. doi:10.1093/ntr/ntx004.
2. Jha P, Khan J, Mishra S, Gupta P. Raising taxes key to accelerate tobacco control in South Asia. *BMJ.* 2017 Apr 11;357:j1176. doi: 10.1136/bmj.j1176.
3. Stepanov I, Gupta PC, et al. Constituent Variations in Smokeless Tobacco Purchased in Mumbai, India. *Tob Regul Sci.* 2017;3(3):305-314. doi: <https://doi.org/10.18001/TRS.3.3.6>.
4. Chaturvedi P, Sarin A, Seth S, Gupta PC. India: steep decline in tobacco consumption in India reported in second Global Adult Tobacco Survey (GATS 2017). *BMJ.* 2017 June 8.
5. Reid JL, Mutti-Packer S, Gupta PC, et al: Influence of Health Warnings on Beliefs about the Health Effects of Cigarette Smoking, in the Context of an Experimental Study in Four Asian Countries; *Int. J. Environ. Res. Public Health* 2017, 14, 868; doi:10.3390/ijerph14080868
6. Endorsed by Gupta PC- Martin Raw, Olalekan Ayo-Yusuf, Frank Chaloupka, Michael Fiore, Thomas Glynn, Feras Hawari, Judith Mackay, Ann McNeill & Srinath Reddy; Recommendations for the implementation of WHO Framework Convention on Tobacco Control Article 14 on tobacco cessation support. *Addiction*, 2017, doi:10.1111/add.13893.
7. Ruth E. Malone, Simon Chapman, Prakash C. Gupta, Rima Nakkash, Tih Ntiabang, Eduardo Bianco, Yussuf Saloojee,

Prakit Vathesatogkit, Laurent Huber, Chris Bostic, Pascal Diethelm, Cynthia Callard, Neil Collishaw, Anna B. Gilmore. A “Frank Statement” for the 21st Century? BMJ Blogs: TC News and Views Online » Blog Archive.
<https://blogs.bmj.com/tc/2017/09/19/a-frank-statement-for-the-21st-century/>

8. NCD Risk Factor Collaboration NCD-RisC; Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults; www.thelancet.com Published online October 10, 2017 [http://dx.doi.org/10.1016/S0140-6736\(17\)32129-3](http://dx.doi.org/10.1016/S0140-6736(17)32129-3) 1.
9. India State-level Disease Burden Initiative Collaborators; Nations within a nation: variations in epidemiological transition across the states of India, 1990–2016 in the Global Burden of Disease Study; www.thelancet.com Published online November 14, 2017
[http://dx.doi.org/10.1016/S0140-6736\(17\)32804-0](http://dx.doi.org/10.1016/S0140-6736(17)32804-0)
10. Gomes M, Begum R, Sati P, Dikshit R, Gupta PC, Kumar R, Sheth J, Habib A, Jha; P; Nationwide Mortality Studies To Quantify Causes Of Death: Relevant Lessons From India's MillionDeath Study. *Health Aff (Millwood)*. 2017 Nov;36(11):1887-1895. doi: 10.1377/hlthaff.2017.0635.
11. Mehrtash H, ..., Gupta PC, Mehrotra R, Siddiq A, et al; Defining a global research and policy agenda for betel quid and areca nut; *Lancet Oncol* 2017; 18: e767–75.
12. GBD 2016 Mortality Collaborators; Global, regional, and national under-5 mortalities, adult mortality, age-specific mortality, and life expectancy, 1970–2016: a systematic

- analysis for the Global Burden of Disease Study 2016; Lancet 2017; 390: 1084–1150.
13. GBD 2016 Mortality Collaborators; Global, regional, and national age-sex specific mortality for 264 causes of death, 1980–2016: a systematic analysis for the Global Burden of Disease Study 2016; Lancet 2017; 390: 1151–210.
 14. GBD 2016 Mortality Collaborators; Global, regional, and national disability-adjusted life-years (DALYs) for 333 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016; Lancet 2017; 390: 1260–344.
 15. GBD 2016 Mortality Collaborators; Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128·9 million children, adolescents, and adults; Lancet 2017; 390: 2627–42.
 16. Sinha DN, Gupta PC, Kumar A, Bhartiya D, Agarwal N, Sharma S, Singh H, Parascandola M, Mehrotra R. The poorest of poor suffer the greatest burden from smokeless tobacco use: A study from 140 countries. *Nicotine Tob Res.* 2017 Dec 22. doi: 10.1093/ntr/ntx276.
 17. Suliankatchi RA, Sinha DN, Rath R, Aryal KK, Zaman MM, Gupta PC, Karki KB, Venugopal D. Smokeless tobacco use is 'replacing' the smoking epidemic in the South East Asia Region. *Nicotine Tob Res.* 2017 Dec 22. doi: 10.1093/ntr/ntx272.
 18. NCD Risk Factor Collaboration (NCD RiskC). Contributions of mean and shape of blood pressure distribution to world wide trends and variations in raised blood pressure: a pooled analysis of 1018 population based measurement

studies with 88.6 million participants. Int J Epidemiol. 2018 Mar 19. doi: 10.1093/ije/dyy016.

19. Gupta PC; A monograph: Investing in cancer prevention; A decade and counting – Highlighting the Dangers of Tobacco to Public; Narotam Sekhsaria Foundation.

Healis Activities

Awards

- Dr. Gupta received 'Sushruta Award for outstanding contribution by an individual towards Tobacco control research.
- Dr. Gupta received a memento by Cancer Aid Patients Association (CPA) in a press meet at Grand Hyatt.



Guest Lectures

S. No.	Presenter	Title	Date
1.	Dr. Ritesh Mistry	GIS mapping software	May 05, 2017
2.	Dr. Mira Aghi	Meeting the challenge of female smoking in the new century	June 13, 2017



Symposium

Symposium conducted on 'Concerns on Areca nut' on Feb 01, 2018 at Healix. On Thursday, 1st February 2018, three speakers were visiting from the United States, where Arecanut use is becoming more common due to Indian exports, and four speakers were based in India.



A report was circulated and a paper is under preparation.



Visits by Healix staff members

International Visits:

April 03, 2017: Dr. Gupta participated and attended a \Skype meeting as a Ph. D examiner of Ms. Shraddha Vyas at the Arnold School of Public Health, University of South Carolina.

September 18-19, 2017: Dr. Pednekar attended 'New Grantee Workshop' organized by Division of Cancer Control and Population Sciences, Maryland, US. The objective of the workshop was to learn about strategic priorities and scientific initiatives, understand NIH grants process, learn about strategies for managing R01 and planning for future awards.

September 21-22, 2017: Dr. Pednekar participated and attended two-day meeting at DFCI, Boston, US. The main objective of the meeting was to review plans for determining districts and cluster to be included in the study. Also, discussed and finalized plans for qualitative data collection, analysis and application to the intervention plan, reviewed process tracking approach, developed preliminary process tracking outline, modified BSTS training protocols and discussed next steps of the project.

Mar 06-09, 2018: Dr. Gupta reached Capetown in the afternoon. Dr. Gupta attended the advisory board meeting in the WCTOH. In this meeting venue was selected for the next

world conference. Out of the two shortlisted venues bids for 2021 WCTOH, the bid of Dublin, Ireland was selected. **On March 07, 2018** Dr. Gupta attended the poster sessions and attended Bloomberg Philanthropies Awards for Global Tobacco Control ceremony. **On March 08, 2018**, Dr. Gupta participated in the Luther L. Terry award ceremony from 12:30 to 2:30 and later at 16:30 attended a symposium on 'Toxicity of tobacco products'; also gave presentation on 'Toxicity of smokeless tobacco products'. Dr. Gupta attended declaration committee meeting on **March 09, 2018** and at 11:00 AM attended a symposium in which Dr. Gupta gave a presentation on diversity of smokeless tobacco products. Around 15:30 co-chaired a session with Joanna Cohen.

National Visits:

April 01, 2017: Dr. Pednekar travelled to Delhi to attend a meeting with Prof Donna Spiegelman from Harvard University to explore possibilities of collaboration and brainstorm on new research project.

May 15-16, 2017: Dr. Namrata along with Ms. Keyuri travelled to Census work station, Ahmedabad, Gujarat for Exploring Census 2011 Micro Level data to gain access to the EB level information if any or gain more information for section level data to assist the designing of the sampling plan for the two cities of Mumbai and Kolkata pertaining to the Longitudinal survey for adolescent tobacco use and tobacco control policy in India (IPACTS) project.

May 18, 2017: Dr. Gupta attended a meeting with The Global Burden of Disease (GBD) India group organized by Indian Council of Medical Research (ICMR) Delhi. Others participants were Public health of India (PHFI) and GBD group.

Aug 05, 2017: Dr. Gupta attended the meeting was called by group of NGO's for brainstorming session on the threats faced by everyone on the cancellation of FCRA clearance.

Aug 14, 2017: Dr. Gupta attended a meeting on "Special session on Smokeless tobacco organized by the WHO prevention of Non Communicable Diseases (NCD) department

hosted by WHO South East Asia regional officials. This was an expert group discussion focusing on constituents of Smokeless Tobacco.

Aug 16-18, 2017: Dr. Gupta attended a meeting in Delhi as Aug 16-18, 2017 was the Inter Country meeting on Smokeless tobacco policy organized by the WHO, FCTC, Global Knowledge Hub on Smokeless tobacco. Also, Dr. Gupta chaired a session in a meeting and was a member of subgroup that drafted the final recommendations from the entire meeting. These recommendations were placed before the General Body and approved with minor changes.

Oct 04, 2017: Dr. Gupta and Dr. Pednekar travelled from Mumbai to Patna, Bihar in regards with Dissemination Project for conducting Qualitative and Formative research for along with Ms. Keyuri Adhikari and Dr. Manisha Pathak. In the evening Dr. Gupta along with Dr. Direndra Sinha went to meet the head of Swathaya committee of Bihar. Also, met Mr. Ashok Sahi, who is now Tobacco control coordinator of Bihar, Mr. Deepak Mishra of SEEDS also joined the meeting. On **Oct 05, 2017**, The session started with conducting the FGD with the principal and lead teachers of BSTS schools. In the evening Dr. Sinha invited everyone for the dinner. Dr. Gupta and Dr. Pednekar had discussion with Cluster Coordinator (CC), block Resource persons on **Oct 06, 2017**. The attendance for the meeting was 100%, everyone who were invited had attended the meeting. The discussion was joined by District Program Officer (DPO).

Oct 08-10, 2018: Dr. Pednekar along with Dr. Manisha and Ms. Keyuri to conduct cognitive testing of the adolescent and parent questionnaire was done in Bengali and English at CFI, Kolkata. Checking of the translation of the Bengali version of the full questionnaire was done and corrections if any, were suggested.

Oct 17th 2017: Dr. Gupta attended a meeting on deciding the next set of pictorial warning. The meeting was organized and held at the meeting room of Ministry of Health and Family Welfare (MoHFW), New Delhi. Before the meeting, Dr. Gupta I had chance to meet the new Health Secretary Mrs. Preeti Sudan. During the meeting, there was considerable decision on the type of the Health warnings for the next round. This meeting was attended by concerned MoHFW and NGO's. After the meeting Dr. Gupta, I spent some time with the joint secretary in charge of tobacco control in the MoHFW Mr. Arun Kumar Jha.

Nov 03-06th 2017: Dr. Gupta attended World NCD congress meeting at PGIMER, Chandigarh from Nov 04-06, 2017. **On**

Nov 05th 2017: Dr. Gupta was invited by National Cancer Institute (NCI) to present a session on dissemination and Implementation for cancer primary and secondary prevention by Dr. Mark Parascandola who is the NCI project officer for our Dissemination project and also on tobacco control intervention experiences from community based interventions. Dr. Gupta also chaired and evaluated poster session on Nov 05th 2017. The theme of the session was prevention/Policy/Disease/Management/Technology/NCD. Another session was also called by NCI on Global Smokeless tobacco control prospective.

Dr. Gupta was a speaker on the session on Global SLT attributable mortality. He bought a volume on Public Health Approaches to Non Communicable Diseases by JS Thakur and submitted to Library. Dr. Gupta made the Institute an organizational member of the World NCD Federation taking advantage on an offer of 25% discount for one day only.

Nov 14th 2017: There was a report released “Nations within a nation: variations in epidemiological transition across the states of India, 1990–2016 in the Global Burden of Disease Study,” on November 14th 2017 in Delhi at an event hosted by Indian Council of Medical Research, Public Health Foundation of India, and IHME, in collaboration with the Ministry of Health and Family Welfare, Government of India. The vice President was the chief guest and the release was done by Health Minister Mr. Jagat Prakash Nadda in the presence of State minister Mrs. Patel and many other dignitaries. The event was attended by many friends and colleagues of Dr. Gupta all over India. Dr. Gupta, also bought a copy of complete report and gave it to Library.

Nov 15th 2017: On 15th Nov 2017, Dr. Gupta spoke on symposium in a conference on environmental organized by PHFI at Habitat center Delhi and the topic was Environmental effects of tobacco from production to consumption. Also, interacted with PHFI about the updation of the lecture on Surveillance in tobacco control courses.

Jan 17-24, 2018: Dr. Gupta travelled to Patna along with Ms. Keyuri Adhikari, Dr. Pednekar, Dr. Eve Nagler and Ms. Leah Jones to conduct pilot testing of the TFT-TFS program within

the educational infrastructure in Patna for Dissemination Project.

Jan 30, 2018: Dr. Gupta attended investigators meeting for “Analytical Capacity Building for the study of tobacco carcinogen exposures in India study”.

Feb 02, 2018: Dr. Gupta attended a Scientific Advisory Committee meeting at National Institute of Cancer Prevention and Research (NICPR), Noida, UP.

Feb 12, 2018: Dr. Gupta travelled to Bangalore to attend a meeting at National Informatics Centre for Disease Research (NICDR), Bangalore

Feb 22-25, 2018: Dr. Namrata along with Dr. Manisha travelled to Kolkata to conduct field investigator training at CFI for data collection with regards to the Longitudinal Study of Adolescent Tobacco Use and Tobacco Control Policy in India (IPACTS) study.

March 26, 2018: Dr. Pednekar attended a meeting at MIT World Peace University, Kothrud, Pune in regards to look for collaboration between the two organizations for future projects involving research activity.

April 02, 2018: At NICPR Dr. Gupta was a member of a committee that selected few official for Smokeless tobacco (SLT) project. Later, Dr. Gupta reviewed that functioning of the Global SLT knowledge Hub which is established at NICPR; by speaking with each staff members of the Hub individually. In

addition, being at NICPR, Dr. Gupta reviewed the projects that were proposed by staff members and provided critical inputs to them.

April 03, 2018: At PHFI Dr. Gupta went PHFI Noida, Gurgaon there, he recorded the modifications/revisions in the internet lectures on Tobacco surveillance. Dr. Gupta edited the PPT slides and lecture notes and also reviewed the quiz based on the lecture.

Dec 23, 2018: Dr. Gupta attended a function organized by IDA foundation, to facilitate Dr. Gupta with 'Sushruta Award for outstanding contribution by an individual towards Tobacco control research.

Local Visits:

April 04, 2018: Dr. Gupta attended a meeting with TMH, ACT India and SBF representatives to discuss the feasibility of holding the National Conference on Tobacco or Health somewhere early next year. It was decided to call a meeting for various stake holders on April 17, 2018 to be hosted at SBF

April 08, 2017: Dr. Gupta visited SP Jain Institute of management at Andheri for evaluating the projects completed by their Post Graduates students as for their academic requirement.

April 10, 2017: Dr. Gupta attended a meeting around 6:00 PM at the Tata trust office at the World Trade Center Cuff Parade. The meeting was attended by Law Professionals, Company representatives, Tata trust representatives, Dr. Pankaj Chaturvedi and Dr. PC Gupta. The objective of the meeting was to finalize legal strategy for advancing tobacco control.

May 30, 2017: Dr. Gupta attended the launch of forming a Coalition Against Tobacco at TMH on May 30, 2017. Healis was an organizer of the event. Panelist included Additional Chief secretary of Maharashtra, CEO Tata trusts, Dr. Badwe, MLA from Nagpur, a Rajya Sabha MP and others. Dr. Gupta was a part of the meeting and represented Healis. After that in the afternoon he attended a press meet at Grand Hyatt organized

by Cancer Aid Patients Association (CPA). Dr. Gupta was given a memento by CPA.

June 30, 2018: Dr. Pednekar was invited as a Panel Member for DoCC Social Project (PGPM) to evaluate the projects and share experiences at S. P. Jain Institute of Management & Research.

July 14, 2017: Dr. Pednekar conducted a session in the Health workshop on elected representative (ER) on Public health organized by Praja foundation. Dr. Pednekar provided public health context data on TB cases registered with Government dispensaries/hospitals, TB DOTS programme, Dengue Cases registered in govt. hospitals/dispensaries, Citizen Survey Data, malnourished students from 2013-14 to 2015-16.

July 25, 2017: Dr. Pednekar attended the meeting on “Shaping India's Urban Transformation” Organized by Kamla Raheja Vidyanidhi Institute for Architecture and Environmental Studies (KRVI) Friedrich-Ebert-Stiftung (FES), India Office at Hotel Lalit, Near Sahar Airport, Andheri, Mumbai.

Dec 08, 2017: Dr. Gupta attended a meeting for release of factsheet for Maharashtra of Global Adult Tobacco Survey – 2 (GATS) at Tata memorial hospital (TMH).

Jan 08, 2018: Dr. Gupta attended a meeting called by Tata trust on Cancer research with University of Minnesota team at Hotel President.

Feb 04, 2018: Dr. Gupta spent whole day at National Sports Club of India (NSCI) and to participate in TEDx talks. Also, mainly to attend the talk of Dr. Bronwyne King, CEO, Tobacco free Portfolios, on the topic of divestment from tobacco industry.

Finance and Human Resources

The institute has received Rs.33,672,486/- by way of Grants during the current year and has utilized the same for implementing various Research & Development Projects encompassing charitable objects.

Healis - Sekhsaria Institute For Public Health
CIN : U91120MH2005NPL152926
Balance Sheet as at March 31, 2018

Particulars	Note No.	As at March 31, 2018	As at March 31, 2017
		₹	₹
I. EQUITY AND LIABILITIES			
(1) Shareholder's Funds			
(a) Reserves and Surplus	2	8,35,60,433	7,74,91,178
(2) Non-current Liabilities			
(a) Long-term provisions	3	9,31,523	25,61,986
(3) Current Liabilities			
(a) Trade payables	4	-	-
Due to MSME's	4	11,45,924	5,12,854
Due to Others	5	96,42,848	1,96,24,689
(b) Other current liabilities	5		
(c) Short-term provisions	6	1,71,682	8,45,661
Total		9,54,52,410	10,10,36,369
II. ASSETS			
(1) Non-current Assets			
(a) Property, Plant & Equipment	7	2,29,86,905	2,50,96,551
(b) Intangible Assets	7	65,485	1,20,585
(c) Long-term Loans and Advances	8	8,24,211	5,51,691
(2) Current Assets			
(a) Cash and cash equivalents	9	4,09,78,881	82,03,076
(c) Other Current Assets	10	3,05,96,928	6,70,64,466
Total		9,54,52,410	10,10,36,369
Summary of Significant Accounting Policies	1		

The accompanying notes are integral part of the financial statements

As per our Report of even date attached
For C N K & Associates LLP
Chartered Accountants
Firm's Registration Number 101961W / W-100036

S.S. Agaskar
Suresh S. Agaskar
Partner
Membership No. 110321



For and on behalf of the Board of Directors
Healis- Sekhsaria Institute For Public Health

P.C. Gupta
Dr. Prakash C. Gupta
Director
DIN : 01797199

Dr. Mangesh S. Pednekar
Dr. Mangesh S. Pednekar
Director
DIN : 03373548



Place : Mumbai
Date : **20 JUL 2018**

Place : Navi Mumbai
Date : **20 JUL 2018**

Healis - Sekhsaria Institute For Public Health
CIN : U91120MH2005NPL152926
Statement of Income and Expenditure for the year ended March 31, 2018

Particulars	Note No.	For the year ended March 31, 2018	For the year ended March 31, 2017
		₹	₹
I. INCOME			
Income from operations	11	2,75,74,871	1,37,56,718
Other Income	12	55,08,308	43,72,175
Total Income (I)		3,30,83,178	1,81,27,893
II. EXPENSES			
Employee Benefits Expense	13	1,63,10,492	1,39,09,495
Finance Cost	14	16,220	11,008
Depreciation and Amortisation Expense	7	22,32,378	29,90,620
Other Expenses	15	84,54,834	88,04,611
Total Expenses (II)		2,70,13,924	2,57,15,734
III. Surplus / (Deficit) for the year before Exceptional Items (I - II)		60,69,255	(75,87,841)
IV. Exceptional Items			
Project Foreclosure Adjustment (Refer Note 18 & 19)		-	27,95,539
V. Surplus / (Deficit) for the year (III - IV)		60,69,255	(1,03,83,380)
Summary of Significant Accounting Policies	1		

The accompanying notes are integral part of the financial statements

As per our Report of even date attached
For C N K & Associates LLP
Chartered Accountants
Firm's Registration Number 101961W / W-100036

S.S. Agaskar

Suresh S. Agaskar
Partner
Membership No. 110321



For and on behalf of the Board of Directors
Healis- Sekhsaria Institute For Public Health

P.C. Gupta
Dr. Prakash C. Gupta
Director
DIN : 01797199

M. S. Pednekar
Dr. Mangesh S. Pednekar
Director
DIN : 03373548



Place : Mumbai
Date : **20 JUL 2018**

Place : Navi Mumbai
Date : **20 JUL 2018**

Healis Team

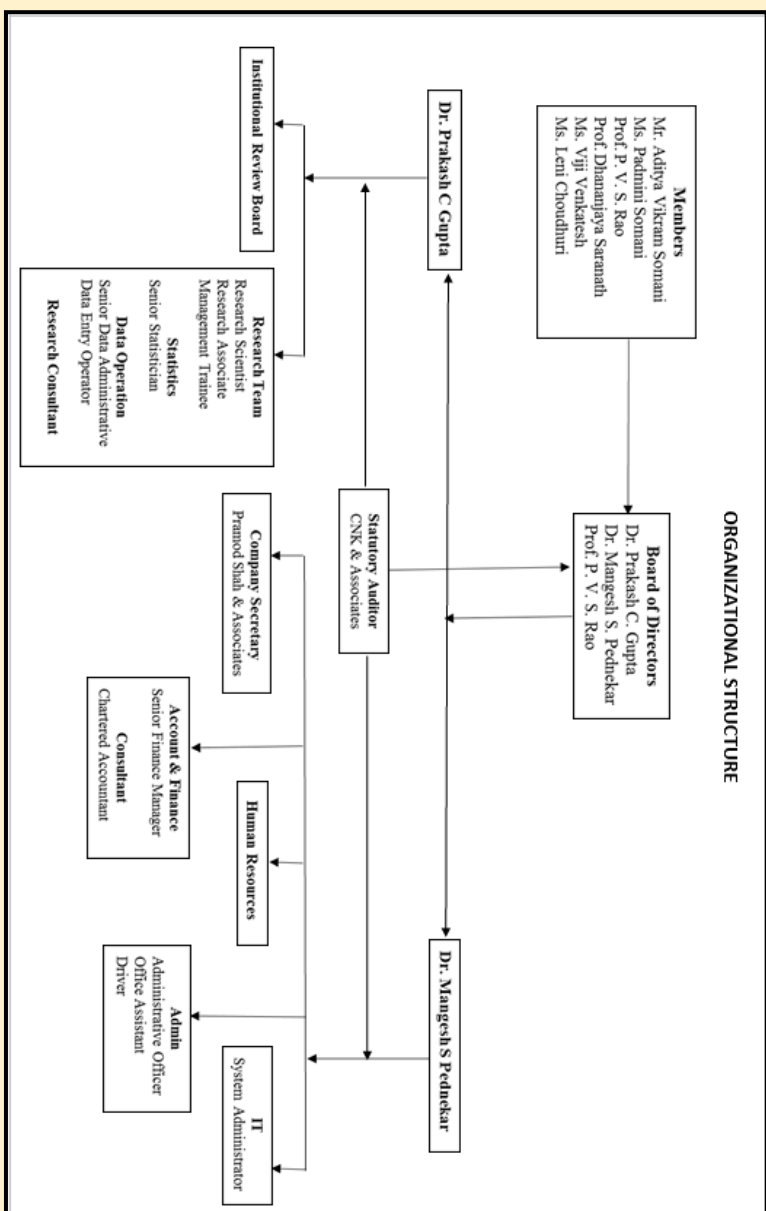
Our Research Team comprises of Masters and Doctoral from diverse background with expertise in areas like

- Epidemiological Research
- Applied Statistics and Statistical tools
- Health Outcomes and Socio-economic sciences
- Public Health Dentistry, to name a few...

Our field staff comprises of trained field investigators with an experience of 15+ years with expertise in conducting House to house, Worksite, Community, School based surveys and many more...

We also have highly trained and qualified support staff for smooth day to day functioning.

ORGANIZATIONAL STRUCTURE



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 2017-18.

Thank You

**HEALIS-SEKHSARIA INSTITUTE FOR
PUBLIC HEALTH**

**501, 5th Floor, Technocity, Plot No. X-4/5A,
MIDC, TTC Industrial Area, Mahape, Navi
Mumbai-400701 Maharashtra-India, Tel:
+91-22-27780995, +91-22-40025146,
www.healis.org**