

## Chapter - 5

### The way Ahead-Translating Survey Findings into Action

#### 5.1 Risk reduction

##### *5.5.1 Intensive Information, Education and Communication (IEC) and Behavioural Change Communication (BCC)*

Primordial prevention, that is, avoiding the emergence of risk factors in a population, is proven to be valuable for disease control. Most habits related to tobacco use, alcohol consumption, betel products, unhealthy diet and high-risk behaviour, start early in life, usually during adolescence or youth. Hence IEC and BCC activities using innovative and culturally acceptable means of communication should target the younger population and their caregivers and focus on changing the social acceptability of risk factors. Counselling at the household or family level would help since tobacco and alcohol use is influenced by its Use in the family. While such actions could be community-based and imparted through schools, colleges and workplaces, the availability of such services could be strengthened through the Health and Wellness Centres at a Sub-Centre or PHC and private health facilities. School teachers could be trained to participate in tobacco control programmes and be motivated to quit the habit themselves since this is bound to influence the younger population negatively.

##### *5.5.2 Tobacco and alcohol cessation*

Most cessation programmes are being operated at tertiary level hospitals which may not be easily accessible. Scaling up the availability of cessation programmes at the PHCs' and CHCs' Community-based interventions could be considered. These would be more culturally acceptable and cost-effective by reducing travel costs for beneficiaries and may help ensure better quitting rates than facility-based interventions.

### **5.5.3 Implementation of policies related to risk factor control**

Implementation of the Cigarettes and Other Tobacco Products Act (COTPA) of 2003 would be effective if combined with strategies to address the sociocultural context of tobacco use. Policies to promote smoke-free indoor air at the household level, workplace, and public places should be considered for strict enforcement. Since alcohol consumption also has indigenous roots, policies regarding quality control, local alcohol products, and alternative livelihood arrangements could be explored.

## **5.2 Early detection**

A heightened awareness of the early signs and symptoms of cancer is critical for early treatment-seeking and timely initiation of treatment. Community-based screening programmes involving key community leaders and peripheral health workers have been found to help raise awareness and enhance early detection in areas with rugged geographical terrain and socially disadvantaged groups. The community-based platform, i.e., village/ urban health nutrition and sanitation day, could effectively create awareness. Such interventions would help make screening and early detection programmes socially and culturally acceptable.

## **5.3 Health system strengthening**

A robust health care system is crucial for the successful outcome of cancer control interventions. Since there is a shortage of trained health care providers, there is a pressing need to train the existing staff at the primary and secondary level health centres to ensure timely detection and referral, calling for scaling up of NPCDCS training. This would help to reduce the burden on tertiary cancer-treating centres. The availability of histopathology and daycare chemotherapy services could be scaled up through public-private partnerships or training/upgrading existing facilities. Expanding tertiary-level facilities would help reduce treatment-seeking for cancer outside of the region, which would also help to improve treatment follow up and disease outcomes. Since there appears to be a shortage of health insurance schemes and supportive services for cancer patients and caregivers, it is high time to plan for suitable solutions to reduce cancer-related morbidity and mortality.

On the whole, addressing cancer control in the NER requires a multidisciplinary approach with community participation. Multisectoral coordination with allied

departments such as education, youth affairs, environment and food industry could pave the way for effective implementation of policies and interventions related to risk factor control. Regular cancer risk factor surveys and assessment of the health system preparedness to address cancer care is of utmost importance to ensure timely action and evaluate the success of cancer-directed prevention and control efforts. Since cancer does not appear to be a stigma, interventions to enhance the health seeking behaviour related to screening and early detection would be effective. Capacity building of health care resources locally at all levels of health care, ranging from primary care to palliation for improving survivorship, is essential to maintain a continuum of care. This also alludes to building capacity for cancer research in the region, which would be of immense use in identifying the population's local needs and devising culturally appropriate and acceptable strategies for addressing the needs.

### Ways for Cancer Prevention and Control

