The regional workshop for capacity building in tobacco cessation was organized on 23-24 April, 2018 at New Delhi India. The meeting was opened by Dr Roderico Ofrin, Director HSE/Acting NDE, who delivered the Opening Address on behalf of Dr Poonam Khetrapal Singh, WHO Regional Director for South-East Asia, as given under:

Distinguished participants from within the South-East Asia Region, as well as special guests from Cambodia, ladies and gentlemen,

I welcome you to this regional workshop for capacity building in tobacco cessation.

Although our Regional Director would have very much liked to attend this important workshop, she is unable to do so due to a prior commitment and, therefore, I take great pleasure in delivering this message to you on her behalf.

The Regional Director notes that the WHO South-East Asia Region (SEAR) is home to about one fourth of the world’s population. She says it has around 246 million smokers and 290 million smokeless tobacco users. That equates to around a quarter of the world’s smokers and more than 80% of its smokeless tobacco users.

Given these rates of tobacco use, the Regional Director emphasizes, it is unsurprising that tobacco kills nearly 1.58 million persons in the Region every year, and that it is estimated that 14% of male deaths and 5% of female deaths in the Region are attributable to tobacco.

The Regional Director stresses the need for strong tobacco cessation measures across the South-East Asia Region. She says that in Bangladesh, as per the Global Adult Tobacco Survey 2009 (GATS-2009), 68% of current smokers and 48% of current smokeless tobacco users plan to or are thinking about quitting. Similarly, she notes, in India, the same survey carried out in 2016 shows that 55% of smokers and 50% of smokeless tobacco users plan to or are thinking about quitting tobacco use.

The Regional Director observes that the nicotine contained in tobacco products is a highly addictive substance and leads to nicotine dependence – also known as tobacco dependence. Thus, she says, effective tobacco dependence treatments should be made available to both smokers and smokeless tobacco users to help them manage withdrawal and stop tobacco consumption for good.

The Regional Director takes the opportunity to highlight that in May 2003 WHO Member States challenged the global spread of tobacco by adopting an international tobacco control treaty, the World Health Organization Framework Convention on Tobacco Control – or WHO FCTC. The Convention entered into force in February 2005. She is most pleased that the WHO FCTC articles address both demand and supply-side issues related to tobacco control.
Importantly, the Regional Director notes, Article 14 of the Convention relates to tobacco cessation, and hence the deliberations of this meeting. She says that the guidelines outlined in Article 14 encourage countries to strengthen or create sustainable infrastructure that motivates attempts to quit, ensures wide access to support for tobacco users who wish to quit, and provides sustainable resources to ensure that such support is available. She says it also urges countries to identify the key, effective measures needed to promote tobacco cessation and to incorporate tobacco dependence treatment into national tobacco control programmes and healthcare systems.

The Regional Director notes that in 2008 WHO introduced the MPOWER package – a set of six evidence-based measures – to facilitate implementation of FCTC provisions at the ground level. She says the WHO MPOWER measures guide and assist countries in reducing demand for tobacco. Offering help to tobacco users to quit is one of the six proven policies under the MPOWER package.

Nevertheless, the Regional Director says that tobacco cessation remains a weak point in tobacco control across the Region. She notes that under the revised Appendix 3 of the Global NCD Action Plan, tobacco cessation has been recognized as an effective measure for tobacco control.

But the Regional Director highlights that despite the Region’s shortcomings, several Member States have implemented tobacco cessation projects and programmes. She commends each of them for the steps they have taken. She notes that though limited, evidence from across the Region suggests that brief advice from a healthcare worker, face-to-face behavioral support, telephone helplines and automated text messaging can reduce demand for smoking as well as smokeless tobacco.

The Regional Director takes the opportunity to emphasize WHO South-East Asia’s ongoing support and guidance to the Region’s Member States with regard to implementing tobacco cessation measures. She is pleased to note that, as expressed at a WHO-organized meeting in December last year, eight of the Region’s Member States – Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka and Thailand – expressed their intent to develop and nurture mCessation services to address tobacco cessation.

The Regional Director understands that the "WHO report on the global tobacco epidemic 2019" will focus on tobacco cessation services and tobacco dependence treatment. Thus, she says, this workshop – which will help build country capacity to provide tobacco cessation services and facilitate the achievement of national, regional and global targets – couldn’t have been planned at a more opportune time.

The Regional Director sincerely hopes that the Region’s Member States will use the lessons learned at this workshop to provide effective tobacco cessation services. She also trusts that Cambodia, which is a participating country from the WHO Western Pacific Region, and is implementing the FCTC 2030 project, will benefit from the workshop. She wishes all participants an informative and engaging meeting.

I take the opportunity to echo that sentiment and wish you all a pleasant stay in New Delhi.

Thank you.
Objectives of the workshop:

1. Revisiting implementation of guidelines of WHO FCTC Article 14 and WHO MPOWER technical package for tobacco cessation at the country level;
2. Share global and regional best practices in tobacco cessation, including in service system administration and support; and
3. Develop action plans for establishing and strengthening national tobacco cessation services and treatment systems with agreed mechanism and timelines considering the gaps and needs in the SEAR countries.
## PROVISIONAL PROGRAMME

### Day 1: Monday, the 23rd day of April, 2018

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<td>Implementation of Guidelines of Article 14 of the WHO</td>
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<td>FCTC: Global Scenario and International Best Practices by Dr Dongbo Fu,</td>
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<td>Medical Officer, Department for Prevention of Noncommunicable Diseases,</td>
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<td>Implementation of Article 14 of the WHO FCTC: Regional Updates and Best</td>
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<td>Practices by Dr Jagdish Kaur, Regional Advisor (TFI), WHO SEARO</td>
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<td>11.35 AM—11.55 AM</td>
<td>Gaps in knowledge and research in the context of smokeless tobacco cessation by Prof. Ravi Mehrotra, Director, NICPR &amp; WHO FCTC Smokeless Tobacco Global Knowledge Hub, India</td>
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<td>11.55 AM—12.15 PM</td>
<td>Understanding the science of tobacco addiction by Prof. Sonali Jhanjee, NDDTC, WHO Collaborating Centre for Substance Abuse, India</td>
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<td>01.30—02.30 PM</td>
<td>How effective are quitline services in SEAR to promote tobacco cessation</td>
<td>Panel Discussion, Moderator: Dr Dongbo Fu (WHO HQ)</td>
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<td>Dr Jintana Yunibhand (Thailand)</td>
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<td>Dr Jayamal de Silva (Sri Lanka)</td>
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<td>Prof. RA Yayi Suryo Prabandari (Indonesia)</td>
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<td>Prof. Raj Kumar (India)</td>
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<td>02.30—3.30 PM</td>
<td>Role of health professionals in capacity building for tobacco cessation in India</td>
<td>Symposium, Chair: Dr Theresia Sandra Diah Ratih, Indonesia, Co-Chair: Dr Bishnu Prasad Paudel, Nepal</td>
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<td>Dr L Swasticharan - role of NCDs professionals</td>
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<td>Dr Dilip Acharya – role of specialized facilities</td>
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<td>Dr Rathi Balachandran – role of nurses</td>
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<td>Dr Smita Deshpande – role of mental health professionals</td>
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<td>Time</td>
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<td>03.45 — 04.45 PM</td>
<td>Approaches to tobacco cessation in resource-limited settings and addressing co-morbidities</td>
<td>Panelists: Dr Sushil C Baral (Nepal) - integrating TB-tobacco for tobacco cessation, Dr Pratima Murthy (India) - experience with mCessation, Dr Md. Emdadul Haque (Bangladesh) - Training of trainers – building capacity of primary health physicians in tobacco cessation, Dr Vijay P Mathur (India) – Tobacco cessation interventions by dental professionals, Dr Abdul Azeez Hameed (Maldives) – clinic based approach for tobacco cessation</td>
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<td>Dr Jagdish Kaur</td>
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<td>09.00—09.15 AM</td>
<td>International best practices - UK’s experience in enhancing tobacco cessation services and learnings thereof by Mr Martyn Willmore, Tobacco Control Manager, Public Health England (PHE)</td>
<td>Technical Session</td>
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| 09.15—10.45 AM | Experience sharing by SEAR Member States and discussion                                                                                                                                                      | Chair: Dr Mya Lay Nwe, Myanmar  
Co-Chair: Mr Martyn Willmore, UK                                           |
| 10.45—11.00 AM | Tea/Coffee                                                                                                                                                                                                  |                                                                                |
| 11.00 AM—01.00 PM | Group Work  
Participants/Team from each country would review the current country scenario and chalk out a country-specific "National Action Plan" (with tentative timelines and budget) to effectively implement population-level tobacco cessation services | Group Work  
Facilitators:  
1. Dina Kania  
2. Lonim Dixit  
3. Myo-Paing  
4. Leoneto Pinto |
| 01.00—02.00 PM | Lunch                                                                                                                                                                                                            |                                                                                |
| 02.00—03.30 PM | Presentation of draft "National Action Plan" from each country team followed by open discussion                                                                                                            | Chair: Mr Sudhansh Pant, India  
Co-Chair: Dr Damber Kumar Nirola, Bhutan                                      |
| 03.30—3.45 PM | Tea/Coffee                                                                                                                                                                                                   |                                                                                |
| 3.45—4.00 PM  | Closing remarks and way forward                                                                                                                                                                               | Dr Jagdish Kaur  
Dr Tibor Szilagyi  
Dr Dongbo Fu                                                                |
Summary of building capacity for tobacco cessation in WHO South-East Asia Region

Article 14 of the WHO FCTC (Framework Convention on Tobacco Control) requires parties to adopt and implement effective measures to promote tobacco cessation and ensure adequate treatment for tobacco dependence. Article 14 guidelines recommend a number of specific actions that parties should take to successfully design and implement a comprehensive national cessation strategy.

Recommended actions include a combination of population-level and individual-level approaches to help tobacco users quit. Population-level approaches include integration of tobacco use screening and brief interventions in health-care systems; establishment of cessation services such as tobacco Quit Line, and web- and mobile phone-based cessation interventions. Individual-level approaches include provision of direct cessation support to individual tobacco users including pharmacological and behavioural support.

Tobacco dependence is a chronic, relapsing disorder that often requires repeated interventions and multiple attempts to quit. Tobacco control policies, especially the demand reduction strategies such as increased taxation, anti-smoking media campaigns and comprehensive smoke-free policies, increase the demand for tobacco cessation services and thus the rates of subsequent cessation. Tobacco users make multiple attempts to quit over a lifetime, and national governments can support these efforts by making affordable cessation resources readily available to all tobacco users who want to quit.

A variety of behaviour therapies, ranging in complexity from simple advice offered by a physician or other health-care providers or much more extensive therapy offered by counsellors are available to help tobacco users quit tobacco.

The pharmacotherapy is another option available to quit tobacco use. Medications available for tobacco cessation can broadly be divided into following two categories:

1) nicotine replacement therapy (NRT)
2) non-nicotine replacement therapy

Nicotine replacement therapy (NRT) is a method of substituting the nicotine in tobacco products by an approved nicotine delivery product so that the tobacco user does not have uncomfortable withdrawal symptoms upon stopping the use of tobacco product. The dose of NRT is monitored and gradually reduced to make the process of cessation comfortable for the tobacco user. All types of NRTs, such as nicotine patch, nicotine gum, nicotine inhaler, and nicotine nasal spray, have been shown to have more or less similar success rates. Better success rates are achieved when both counselling and NRTs are combined.

Non-nicotine replacement therapy includes medications which act on the similar set of neurotransmitters that are affected by nicotine. This tackles the need, or impulse to use nicotine and to minimize withdrawal effects. First-line drugs include Bupropion and Varenicline. Some other anti-depressant drugs are also used to treat tobacco dependence.

Combined behavioural and pharmacological therapies appear to be the best approach for treating tobacco dependence.

Emerging low-cost technologies (mobile phones) and system-level interventions (using electronic health records to aid the identification of tobacco users, prompt clinicians to intervene and guide
interventions via evidence-based treatment algorithms) can facilitate successful implementation of cessation treatment.

Progress in tobacco cessation services in South-East Asia Region

Countries shared their experience of tobacco cessation and the challenges involved in strengthening the capacity.

Article 14 is one of the least implemented articles in South-East Asia Region countries. Recent progress includes Member States launching different initiatives to further tobacco cessation. India launched the mTobacco Cessation programme, using mobile technology for tobacco cessation with the support from the WHO-ITU Be Healthy Be Mobile Initiative in 2016. India and Indonesia launched national Quit Lines in 2016. Sri Lanka and Thailand also have Quit Lines in place. WHO supported Sri Lanka in expanding existing Quit Line and capacity building by training counselors. Bhutan, India and Thailand have national tobacco dependence treatment guidelines in place. WHO supported Bangladesh to conduct training of trainers on use of brief advice for tobacco cessation in primary health-care settings and develop a network of trainers in 2016. DPR Korea undertook a KAP survey on smoking cessation in 2016. Thailand recently initiated a project to build capacity of oral health-care providers for tobacco cessation in collaboration with WHO.

Way forward

All the countries prepared their respective action plans and roadmaps to take the strengthen capacity for tobacco cessation.

Countries should make efforts to build capacity for tobacco cessation using cost effective strategies including integrating “Brief advice” in primary health care and using innovative technologies such as mCessation.

Integrating tobacco cessation with other health programmes, for example NCD, maternal health, oral health and TB is another cost-effective option to gear up health-care systems for tobacco cessation.

**Supporting Indonesia for implementing mCessation programme**

On the sidelines, a half day meeting was arranged with the IT experts of Indonesia and India, facilitated by TFI so as to share the hands-on experience for initiating the programme. This meeting was arranged in the Sri Lanka room and both sides had elaborated discussions on the technical areas and components.
List of Participants

Bangladesh

1. Md. Khairul Alam Sheikh
   Joint Secretary and Coordinator National Tobacco Control Cell
   Ministry of Health and Family Welfare
   Mohakhali, Dhaka
   Bangladesh
   E: khairulssz@gmail.com

2. Dr Md. Emdadul Haque
   Professor (Nutrition and Biochemistry)
   National Institute of Preventive and Social Medicine (NIPSOM)
   Mohakhali, Dhaka
   Bangladesh
   E: emdadulhaque61@yahoo.com

3. Dr Md. Shahnewaz Parvez
   DPM – 2
   Non-Communicable Disease Control
   Directorate General of Health Services
   Dhaka, Bangladesh
   E: dr.ms.parvez@gmail.com

Bhutan

4. Mr Ugyen Norbu
   Assistant Information and Media Officer
   Health Promotion Division
   Department of Public Health
   Ministry of Health
   Thimphu, Bhutan
   E: ugyenn@health.gov.bt

5. Dr Damber Kumar Nirola
   Psychiatrist
   Jigme Dorji Wangchuk National Referral Hospital
   Thimphu, Bhutan
   E: dknirola@gmail.com
Democratic People’s Republic of Korea

6. Dr Ri Chol In  
   Official in Representative Office of Ministry of Public Health to DPRK  
   Embassy in Beijing, China

7. Mr Yun Jin Myong  
   Secretary of DPRK Embassy  
   Beijing, China

India

8. Mr Sudhansh Pant  
   Joint Secretary  
   Ministry of Health & Family Welfare  
   New Delhi, India  
   E: js.me-mohfw@nic.in

9. Mr S.K. Sudhakar  
   Section Officer (Tobacco Control)  
   Ministry of Health & Family Welfare  
   New Delhi, India  
   E: subodhsudhakar8@gmail.com

Indonesia

10. Dr Theresia Sandra Diah Ratih  
    Head Sub-Directorate Chronic Lung Disease and Immunological Disorders  
    Directorate of Non-Communicable Diseases Control,  
    Ministry of Health, Indonesia  
    E: t.sandra.d.ratih@gmail.com

11. Mr Sakri Sabatmaja  
    Head Sub-Directorate Advocacy and Partnership  
    Directorate of Health Promotion and Community Empowerment,  
    Ministry of Health, Indonesia  
    E: sabatmaja@yahoo.co.id

12. Dr Feni Fitriani Taufik  
    Head of Smoking Cessation Clinic Persahabatan Hospital  
    Jakarta, Indonesia  
    E: feni_fadilla@yahoo.co.id
**Maldives**

13. Dr Abdul Azeez Hameed  
   Medical Officer  
   Dhamanaveshi  
   Malé, Republic of Maldives  
   E: azeez_hameed@health.gov.mv

14. Ms Hawaa Shama’a Hassan Rasheed  
   Public Health Programme Officer  
   Health Protection Agency  
   Malé, Republic of Maldives  
   E: shamaa@health.gov.mv

**Myanmar**

15. Dr Tun Aung Kyi  
   Director, Regional Public Health  
   Magway Region  
   Republic of the Union of Myanmar  
   E: tunaungkyi1@gmail.com

16. Dr Mya Lay Nwe  
   Deputy Director (Non-communicable Diseases)  
   Department of Public Health  
   Ministry of Health & Sports  
   Republic of the Union of Myanmar  
   E: drmyalaynwe@gmail.com

17. Dr Kyu Kyu Swe  
   Associate Professor  
   Department of Public Health  
   University of Community Health  
   Republic of the Union of Myanmar  
   E: kyuswe@gamil.com

**Nepal**

18. Mr Badri Bahadur Khadka  
   Chief, Health Education Administrator  
   Ministry of Health and Population  
   Kathmandu, Nepal  
   E: bbkhadka99@gmail.com

19. Professor (Dr) Bishnu Prasad Paudel  
   Consultant, Professor of Oncology  
   National Academy of Medical Sciences
Bir Hospital
Kathmandu, Nepal
E: bisnupaudel@hotmail.com

Sri Lanka

20. Dr Champika Wickramasinghe
   Deputy Director General (NCD)
   Ministry of Health, Nutrition and Indigenous Medicine
   Colombo, Sri Lanka
   E: scwikrama@gmail.com

21. Dr Jayamal de Silva
   Consultant and Senior Lecturer (Psychiatry)
   Faculty of Medicine
   University of Sri Jayawardenapura
   Gangodawila, Sri Lanka
   E: jayamalds@yahoo.com

Thailand

22. Dr Kajohnsak Kaewjarus
   Deputy Director General
   Department of Disease Control
   Ministry of Public Health
   Nonthaburi, Thailand
   E: kajohnsak.ddc@gmail.com

23. Assoc. Professor Dr Suthat Rungruanghiranya
   Faculty of Medicine
   Srinakharinwirot University
   Ministry of Education
   Thailand
   E: suthat109@gmail.com

24. Assoc. Professor Dr Jintana Yunibhand
   Director, Thailand National Quitline
   Thailand
   E: yuni_jintana@hotmail.com

Timor-Leste

25. Mr Mario Sere Kai
   Tobacco Control Officer
   Ministry of Health
   Democratic Republic of Timor-Leste
   E: marioserekai@yahoo.com.au
26. Mr Sancho Belito Fernandes  
Manager for National Alliance for Tobacco Control  
Democratic Republic of Timor-Leste  
E: sancho.pereira@yahoo.com

Cambodia (WHO Western Pacific Region)

27. Dr Sovann Sin  
Deputy Director, National Centre for Health Promotion  
Phnom Penh, Cambodia  
E: sovann@nchp.gov.kh

28. Dr Vanpisey Son  
Officer, Tobacco or Health Unit  
National Centre for Health Promotion  
Phnom Penh, Cambodia  
E: vanpiseysonn@yahoo.com

Special Invitees/Experts/Observers

29. Professor RA Yayi Suryo Prabandari  
Director  
Quit Tobacco International  
Indonesia  
E: pyayisuryo@yahoo.com

30. Mr Martyn Willmore  
Tobacco Control Manager  
Health Improvement: Alcohol, Drugs & Tobacco Division  
Public Health England, UK  
E: martyn.willmore@phe.gov.uk

31. Dr L. Swasticharan  
Chief Medical Officer  
Directorate General of Health Services  
Ministry of Health & Family Welfare  
New Delhi, India  
E: drswasti@yahoo.com
32. Dr Pratima Murthy  
   Professor, Department of Psychiatry  
   National Institute of Mental Health and  
   Neurosciences (NIMHANS)  
   Bangalore, India  
   E: pratimamurthy@gmail.com

33. Dr Vikrant Mohanty  
   Professor & Head of Department  
   Head of Tobacco Cessation Clinic  
   Maulana Azad Institute of Dental Sciences  
   New Delhi, India  
   E: vikrantmohanty@gmail.com

34. Dr Harish K. Pemde  
   Director, Professor of Pediatrics  
   In-Charge, Center for Adolescent Health  
   Lady Hardinge Medical College  
   Kalawati Saran’s Children’s Hospital  
   New Delhi, India  
   E: harishpemde@gmail.com

35. Dr Sushil Chandra Baral  
   Strategic Advisor  
   Nepal Health Sector Support Programme  
   DFID, Nepal  
   E: sushil@herdint.com

36. Dr Smita Deshpande  
   Professor & Head  
   Department of Psychiatry  
   PGIMER, Dr Ram Manohar Lohia Hospital  
   New Delhi, India  
   E: smitadeshp@gmail.com

37. Dr Sonali Jhanjee  
   Department of Psychiatry  
   National Drug Dependence Treatment Center  
   All India Institute of Medical Sciences  
   New Delhi, India  
   E: sonalijhanjee@gmail.com
38. Dr Dilip Kumar Acharya  
Consultant Surgeon  
India Medical Association  
Indore, India  
E: dilipacharya@gmail.com

39. Dr Naseem Shah  
Oral Health & Tobacco Control Expert  
New Delhi, India  
E: naseemys@gmail.com

40. Dr Kumar Rajan  
Chief Consultant  
Royal Ivory Dental & Tobacco Cessation Clinic, Noida (U.P.), India  
E: drkumarrajan@outlook.com

41. Dr Vijay Prakash Mathur  
Associate Professor  
Centre for Dental Education & Research  
All India Institute of Medical Sciences  
New Delhi, India  
E: vijaymathur7@gmail.com

42. Dr Rathi Balachandran  
Assistant Director General (Nursing)  
Ministry of Health & Family Welfare  
New Delhi, India  
E: rathi.bala@gov.in

43. Professor Raj Kumar  
Director (Actg.)  
Vallabhbhai Patel Chest Institute  
University of Delhi  
New Delhi, India  
E: rajkumarvpci@gmail.com

44. Dr Suneela Garg  
Director Professor and Head  
Community Medicine  
Maulana Azad Medical College & Associated Hospitals  
New Delhi, India  
E: gargsuneela@gmail.com
45. Dr Monika Arora  
Director, Health Promotion Division &  
Additional Professor  
Public Health Foundation of India  
Gurugram, Haryana, India  
E: monika.arora@phfi.org

46. Dr R.N. Tandon  
Hony. Secretary General  
Indian Medical Association (IMA)  
New Delhi, India  
E: tnramen@yahoo.co.in

47. Dr V.K. Monga  
Hony. Finance Secretary  
Indian Medical Association (IMA)  
New Delhi, India  
E: drvkmonga@yahoo.com

Other Agencies & NGOs

48. Dr Ravi Mehrotra  
Director  
National Institute of Cancer Prevention & Research  
WHO-FCTC Smokeless Tobacco Global Knowledge Hub  
Noida (U.P.), India  
E: directornicpr@gmail.com

49. Dr U. Than Sein  
President  
People’s Health Foundation  
Yangon, Myanmar  
E: uthansein@gmail.com

50. Dr Rana J Singh  
Deputy Regional Director  
The UNION  
New Delhi, India  
E: rjsingh@theunion.org
WHO Country Office

51. Mr Praveen Sinha  
   WCO India  
   E: sinhap@who.int

52. Ms Dina Kania  
   National Professional Officer  
   WCO Indonesia  
   E: kaniad@who.int

53. Dr Myo-Paing  
   National Professional Officer  
   WCO Myanmar  
   E: paingm@who.int

54. Dr Lonim Dixit  
   National Professional Officer  
   WCO Nepal  
   E: dixitl@who.int

55. Mr Ruwan Aruna Bandara  
   Programme Assistant  
   WCO Sri Lanka  
   E: bandarar@who.int

56. Mr Leoneto Pinto  
   Programme Associate  
   WCO Timor-Leste  
   E: pintole@who.int

WHO Headquarters

57. Dr Dongbo Fu  
   Medical Officer  
   WHO HQ  
   E: fud@who.int

WHO FCTC Secretariat

58. Dr Tibor Zoltan Szilagyi  
   Team Leader, Reporting & Knowledge Management,  
   WHO FCTC Secretariat  
   Geneva  
   E: szilagyiit@who.int
WHO SEARO

59. Dr Thaksaphon Thamarangsi
   Director
   Noncommunicable Diseases and Environmental Health
   E: thamarangsit@who.int

60. Dr Jagdish Kaur
   Regional Adviser-Tobacco Free Initiative
   Health Systems Development
   E: kaurj@who.int

61. Dr Manju Rani
   Regional Adviser-NCD and Tobacco
   Surveillance
   E: ranim@who.int

62. Dr Gampo Dorji
   Technical Officer (Management)
   Noncommunicable Diseases
   E: doriig@who.int

63. Dr Arvind Vasishta Rinkoo
   Consultant-Tobacco Free Initiative
   E: rinkooa@who.int

64. Mr Jiten Arora
   Executive Assistant
   Tobacco Free Initiative
   E: aroraj@who.int
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