

Regional Workshop for Capacity Building in Tobacco Cessation in SEAR

23–24 April 2018, New Delhi, India

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 Khetrpal 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. The Regional Director notes that stopping tobacco use can cause withdrawal symptoms, including irritability and anxiety. 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

Time	Agenda item	Remarks
09.00—09.30 AM	Registration	
9.30—10.10 AM	<p>Welcome Address</p> <p>Address by the representative of Convention Secretariat, Dr Tibor Zoltan Szilagyi, Team Leader, Reporting & Knowledge Management, Convention Secretariat</p> <p>Speech - Dr Poonam Khetrapal Singh, Regional Director, WHO SEARO</p> <p>Introduction to the objectives and vote of thanks by Dr Jagdish Kaur, Regional Advisor (TFI), WHO SEARO</p> <p>Introduction of participants</p> <p>Group Photograph</p>	Opening Ceremony
10.10—10.40 AM	Tea/Coffee	
10.40—10.55 AM	Introduction to Guidelines of Article 14 of the WHO FCTC by Dr Tibor Zoltan Szilagyi, Team Leader, FCTC Secretariat	Technical Session Chair: Md. Khairul Alam Sheikh, Bangladesh Co-chair: Dr Kajohnsak Kaewjarus, Thailand
10.55—11.15 AM	Implementation of Guidelines of Article 14 of the WHO FCTC: Global Scenario and International Best Practices by Dr Dongbo Fu, Medical Officer, Department for Prevention of Noncommunicable Diseases, WHO HQ	
11.15—11.35 AM	Implementation of Article 14 of the WHO FCTC: Regional Updates and Best Practices by Dr Jagdish Kaur, Regional Advisor (TFI), WHO SEARO	
11.35 AM—11.55 AM	Gaps in knowledge and research in the context of smokeless tobacco cessation by Prof. Ravi Mehrotra, Director, NICPR & WHO FCTC Smokeless Tobacco Global Knowledge Hub, India	
11.55 AM—12.15 PM	Understanding the science of tobacco addiction by Prof. Sonali Jhanjee, NDDTC, WHO Collaborating Centre for Substance Abuse, India	

12.15-12.30 PM	Discussion	
12.30—01.30 PM	Lunch	
01.30—02.30 PM	<p>How effective are quitline services in SEAR to promote tobacco cessation</p> <p>Panelists:</p> <p>Dr Jintana Yunibhand (Thailand)</p> <p>Dr Jayamal de Silva (Sri Lanka)</p> <p>Prof. RA Yayi Suryo Prabandari (Indonesia)</p> <p>Prof. Raj Kumar (India)</p>	<p>Panel Discussion</p> <p>Moderator: Dr Dongbo Fu (WHO HQ)</p>
02.30—3.30 PM	<p>Role of health professionals in capacity building for tobacco cessation in India</p> <p>Speakers:</p> <p>Dr L Swasticharan- role of NCDs professionals</p> <p>Dr Dilip Acharya – role of specialized facilities</p> <p>Dr Rathi Balachandran –role of nurses</p> <p>Dr Smita Deshpande – role of mental health professionals</p>	<p>Symposium</p> <p>Chair: Dr Theresia Sandra Diah Ratih, Indonesia</p> <p>Co-Chair: Dr Bishnu Prasad Paudel, Nepal</p>
03.30 —03.45 PM	Tea/Coffee	

03.45 —04.45 PM	<p>Approaches to tobacco cessation in resource-limited settings and addressing co-morbidities</p> <p>Panelists:</p> <p>Dr Sushil C Baral (Nepal)- integrating TB-tobacco for tobacco cessation</p> <p>Dr Pratima Murthy (India)- experience with mCessation</p> <p>Dr Md. Emdadul Haque (Bangladesh)- Training of trainers – building capacity of primary health physicians in tobacco cessation</p> <p>Dr Vijay P Mathur (India) – Tobacco cessation interventions by dental professionals</p> <p>Dr Abdul Azeez Hameed (Maldives) – clinic based approach for tobacco cessation</p>	<p>Panel Discussion</p> <p>Moderator: Dr Champika Wickramasinghe, Sri Lanka</p>
04.45–05.00 PM	<p>Wrap up</p>	<p>Dr Jagdish Kaur</p>

Day 2: Tuesday, the 24th day of April, 2018

Time	Agenda item	
09.00—09.15 AM	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)	Technical Session
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: sonali.jhanjee@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: tntamen@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: szilagyi@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: dorjiq@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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