

REDUCING TOBACCO USE

in South-East Asia Region

Bloomberg Global Initiative



Every year, 1.2 million people in the South-East Asia Region die from tobacco-related illnesses

Message from the Regional Director



I am pleased to learn that the Tobacco Free Initiative is going to bring out a quarterly newsletter on the Bloomberg Global Initiative to Reduce Tobacco Use. I appreciate this commendable effort as it would disseminate the information on activities and efforts being undertaken and good work being done in our Region under the initiative. I am sure that the newsletter will also serve as an advocacy tool and mechanism for information sharing and exchange in the Region among the Bloomberg Foundation and the Bloomberg Partners. It should also enhance the knowledge of policy-makers and tobacco control stakeholders about the tobacco control efforts and opportunities provided by this important initiative. I also feel that the newsletter will demonstrate the transparency, accountability and efficiency with which this initiative is being carried out in the Region.

I understand that the initiative works through definite, stated objectives and outputs. However, given the positive effects and complementarity that the initiative can bring overall tobacco control efforts, these objectives and outputs should be linked to issues like public education, awareness-raising and multisectoral dimensions of tobacco control to ensure sustainability and strengthening of the tobacco control programme.

I wish the newsletter all the success.

Samlee Plianbangchang, M.D., Dr. P.H.
Regional Director

The Bloomberg Global Initiative (BGI) to Reduce Tobacco Use was established by Mr. Michael Bloomberg, Mayor of New York City, with a fund amounting to US\$ 125 million to fight against the tobacco epidemic.

The initiative focuses on the following four components:

Refine and optimize tobacco control programmes to help smokers stop and prevent children from starting;

support public sector efforts to pass and enforce key laws and implement effective policies, in particular to tax cigarettes, prevent smuggling, change the image of tobacco and protect workers from exposure to other people's smoke;

support advocates' efforts to educate communities about the harms of tobacco and to enhance tobacco control activities so as to help make the world tobacco-free; and develop a rigorous system to monitor the status of global tobacco use.

15 low and middle income countries have been selected under the initiative based on the criteria of having 10 million or more smokers. These four are in the South-East Asia Region: **Bangladesh, India, Indonesia and Thailand.**

<http://www.searo.who.int>
<http://www.tobaccocontrolgrants.org/>

Introduction

The South-East Asia (SEA) Region is particularly affected by the tobacco epidemic. It is both one of the largest producers and largest consumers of tobacco and tobacco products in the world. Out of 5.1 million annual global deaths, 1.2 million deaths occur in this Region. Recent surveys have shown that the prevalence of tobacco use among youth and health professional students are alarming, and there is also a huge prevalence of Bidi and smokeless products.

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Regional BGI Progress

SEARO is providing regional and in-country leadership to use the opportunity provided by the Bloomberg Initiative for strengthening national capacity for tobacco control as well as monitoring the progress of implementation of the Initiative. SEARO's main priorities in the Initiative are to establish effective national coordination mechanism for tobacco control and to produce tangible results in order to demonstrate the successes of the Initiative in the Region so that resources for tobacco control continues to flow to the Region to tackle the tobacco epidemic in an effective manner.

■ Towards effective national coordination mechanisms and structure for tobacco control

Since the inception of the BGI, SEARO has been making relentless efforts to raise awareness among the policy-makers in the Region about the initiative. SEARO organized a regional consultation and has been providing technical support to countries. The Regional Office is also assisting countries to strengthen their capacity both

in public and private sectors in formulating, implementing and managing tobacco-control related activities and projects. To this effect, it helped organize national capacity building workshops for overall development and management of projects in all the Bloomberg Focus countries in the Region.

The Regional High-Level Consultation on the BGI organized in SEARO in February 2007 was meant to enhance the high-level policy-makers' understanding of BGI; to ensure better coordination among Bloomberg partners, WHO and the selected Bloomberg countries; and to generate ownership and commitment of the Bloomberg countries to the project. High-level participants from four Bloomberg Focus countries (Bangladesh, India, Indonesia and Thailand), the Bloomberg Foundation, World Lung Federation, Campaign for Tobacco Free Kids, CDC and CDC Foundation, John Hopkins Bloomberg School of Public Health, the International Union Against Tuberculosis and Lung Diseases (The Union) and India Resource Centre attended the meeting.

A Regional Parliamentarian Forum on Tobacco, Alcohol and Funding of Health Promotion organized in October 2007 in Bali recommended to utilize WHO technical assistance for tobacco control legislation; to implement the WHO FCTC; and to improve public awareness, education and inter sectoral cooperation.

In order to ensure close collaboration and multisectoral action for tobacco control, bilateral meetings were organized with the Ministries of Health, Finance, Agriculture, Manpower, Department of Environment and various research organizations, University of Indonesia and NGOs in Indonesia. One of the main objectives of these meetings was to explore the possibility of expanding and strengthening national coordination and capacity building for tobacco control under the BGI and to provide platforms for national multisectoral coordination. As a follow-up to these meetings, the Ministry of Health, Indonesia has agreed to hold a national multisectoral meeting on the economics of tobacco, which will be a model for similar activities across the Region. SEARO would be closely involved in the organization of this meeting and provide necessary technical assistance.

In Bangladesh, a national workshop about BGI organized in March 2007 addressed to government organizations and NGOs. A National Tobacco Control Cell (NTCC) has been established in the Ministry of Health and Family Welfare (MoH&FW) of Bangladesh.



Regional High - Level Consultation On Bloomberg Global Initiative to Reduce Tobacco use, 22-23 Feb 2007, WHO/SEARO, New Delhi.

The National Task Force for Tobacco Control was also formed, and preparatory work for organizing technical workshops on enforcement of the tobacco control law is in progress.

The officer in charge for Tobacco Control Law 2005 at the Directorate of Health Services has been given the task to monitor the compliance of the law and mobilized 20 mobile courts, which is currently on-going in several districts in the country and has been a success story for enforcement of the national tobacco control legislation.

In India, a multi-stakeholder task force meeting for advancing tobacco control was organized in March 2007 under the Chairmanship of the Union Health Minister. Representatives from key Ministries and Departments such as Labour, Information & Broadcasting, Commerce and Consumer Affairs, as well as civil society organizations participated in the meeting. A brainstorming session was conducted to review the status of implementation of tobacco control activities at central and state levels; and strategies were discussed for multisectoral action towards effective implementation of the National Tobacco Control Programme. This was followed by a meeting in April 2007 with participants from different states to sensitize them about the launch of the National Tobacco Control Programme and BGI.

With support from WHO and BGI, capacity for tobacco control has been built at national and subnational levels by providing additional manpower resources and infrastructure for the Central Tobacco Control Cell and State Tobacco Control Cells in six main regions of the country (North, South, East, West, Central and North east) to ensure implementation of the national laws and WHO FCTC at state level. The states that have been supported are Delhi, Tamil Nadu, West Bengal, Gujarat, Madhya Pradesh and Assam.

In Indonesia, the Directorate for Non-Communicable Disease Control was appointed as focal point for internal tobacco control related activities within the Government and the National Commission for Tobacco Control Management was proposed as the coordinating institution among NGOs. WHO Indonesia facilitated meetings to develop guidelines for an effective national coordination mechanism. A meeting of the MoH Working Group on tobacco control was held on 28 February 2007 to discuss the current situation at national level in preparation for a one-day national meeting organized in May 2007 to disseminate information on the current situation of tobacco control in Indonesia among stakeholders.

In Thailand, a Tobacco Free Initiative Network has been established with participants from the Tobacco Free Initiative partners to establish a mechanism for the networks' sustainability. Coordination was also done with

key stakeholders to develop the Youth Leaders for a Non-Smoking Camps project. Consultation with the MoH and the Disease Control Department on policy and strategy to strengthen the National Focal Unit for Tobacco Control was done. Coordination with the Department of Health to incorporate Smoke-Free Environments into the Healthy Settings standard criteria and indicators is ongoing. And coordination is also going on with the Bureau of Occupational and Environmental Health to consider incorporation of smoke-free environments into the National Environment Surveillance System and the Occupational Hazard Indicators.

■ Providing support for an approved national tobacco control action plan (NAP) including a plan for sustained funding for tobacco control efforts, supported by a broad coalition of government and NGOs

Technical assistance has been provided to hold national workshops, to finalize the National Action Plan (NAP) and to start their implementation in all Bloomberg focus countries. Support was provided to countries to strengthen and amend the tobacco control legislation to make it compatible with the WHO FCTC through effective national coordination, and technical assistance has been provided to develop national tobacco control legislation in Indonesia.

In Bangladesh, a workshop was organized in December 2007 to present and disseminate the National Strategic Plan of Action (NSPA). The Secretary, MoH&FW chaired the workshop, which was attended by participants from other relevant ministries and key national stakeholders, including government and NGOs. The dissemination of the NSPA was highly appreciated. SEARO facilitated sharing of this useful document with all countries in order to encourage them to develop them for their own countries, especially as the WHO FCTC provides for developing and implementing such document. On the other hand, preparatory work is in progress with government organizations, NGOs and Bloomberg partners to review amendments to Bangladesh Tobacco Control Legislation including litigation issues in compliance with WHO FCTC. All relevant laws and regulations have been compiled and printed in the form of a book, which has been distributed to all key stakeholders to enhance enforcement. This has allowed a better understating of the law and prevented the relevant stakeholders from falling prey to misleading information given by the tobacco industry.

In India, a planning workshop was organized for effective implementation of the National Tobacco Control Plan. The national and state tobacco control consultants and state focal points participated in this meeting held in November 2007 and a state-wise action plan for tobacco control was formulated.

WHO and MoH&FW compiled and published a compendium of rules and notifications on the Cigarettes and other Tobacco Products (Prohibition of Advertisement and Regulations of Trade and Commerce, Production, Supply and Distribution) Act, 2003.

Assistance was provided to the India Resource Center (IRC) in ensuring participation of the Tobacco Control Cells resource persons and other officials for the training course organized by The Union on Human Resources Development and Management in Puri, Orissa.

In Indonesia, a tobacco control workshop on Health Sector Capacity Building was held in September 2007. The workshop had the participation of 22 provinces and 6 universities, and resulted in formulation of the Plan of Action for 2008. Technical assistance to strengthen the NGO network for tobacco control was extended to the Indonesian Public Health Association (IPHA) for the National Conference in Palembang in August 2007. WHO Indonesia organized and sponsored a meeting of the Parliamentarian Forum in October 2007, where the tobacco control legislation strategy was discussed with emphasis on its ratification and laws relating to advertisement and health warnings. In addition, participation of three government tobacco control officers, one senior researcher and a lawyer in the Taipei Aparent Conference on Tobacco and Health in October 2007 was also supported.

■ Active engagement in the Grant Mechanism

The Grant Mechanism has been established in order to support projects to develop and deliver high impact tobacco control interventions. The funding is available through a competitive application process for grant which is available to both GOs and NGOs. The application for grant is received twice a year in the form of submission of Project Idea. WHO provides technical support to the applicants in developing and reviewing project ideas and formulation of full proposals once the project idea is invited to submit the same. WHO also provides technical support to implement the projects funded under the Grant Mechanism. Grant Mechanism is a useful source of funds for tobacco control projects and activities.

The Regional Office shared and disseminated information about the Grant Mechanism both in Bloomberg and non-Bloomberg countries in the Region through SEARO/TFI webpage and also through direct communications with all WHO Country Offices as well as MoH and NGOs. SEARO also developed and disseminated frequently asked questions (FAQ) on BGI. Generic tools such as the consultants' toolkit were also disseminated with advice on how to fill out the project idea form, successful examples of projects ideas, fact sheets and Power Point Presentations.

The Regional Office and country offices assisted GOs and NGOs in applying in the first, second and third rounds of grant application under the Bloomberg Grant Mechanism Workshops and on-the-job training activities were organized, as well as group and individual consultations were dispatched to countries to help them write project ideas and full proposals.

In round one, a total of 12 proposals were recommended for funding for an approximate total value of US\$ 4.1 million. In round two, WHO had a significant role in supporting interested GOs and NGOs in project idea and project proposal writing. A total of 34 project ideas were reviewed and 26 of them were submitted to the Grant Mechanism; 19 were requested to submit full proposals, and finally 11 were recommended for funding, for an approximate total value of US\$ 7 million. Five projects are in the area of tobacco control policy, four in the area of smoke-free environments, one in the area of Tax/price and one in the area of advertisement bans.

WHO is also providing technical support to GOs and NGOs on how best to implement the projects that have received funding in rounds one and two.

In Bangladesh, a capacity building workshop on project proposal writing was organized in coordination with the IRC in March 2007. A total of 18 participants from various ministries and NGOs were trained. A second national workshop on project proposal writing was organized in the first week of June 2007 in Dhaka; it was attended by both state and non-state organizations. A one-day workshop on "Effective Proposal Writing" was held on 25 August to assist those institutions who were requested to develop full project proposals for round two submissions.

A total of seven full project proposals were submitted, of which three were recommended for funding: a proposal by the Tobacco Control Cell to enforce and amend the national tobacco control legislation for full compliance of the WHO FCTC; a second proposal from the Consumers Association of Bangladesh to strengthen tobacco control law regarding packaging; and a third one from Unnayan Shamannay on advocacy for effective tax

and price measures on all tobacco products to curb tobacco use in Bangladesh.

WHO Bangladesh provided support to ensure participation in a training course on Budget Monitoring and Financial Reporting for Tobacco Control organized by the Union and Work for Better Bangladesh (WBB) trust in September-October 2007.

In India, a national workshop on BGI was organized in May 2007 to promote interest in the grants and to train participants in proposal writing, with participation of representatives from around 50 civil society organizations, state governments and institutions.

In collaboration with IRC, a capacity building workshop on leadership and general management was held in June 2007; a second one on budget management and financial reporting in August 2007; and a third one on human resource development in October 2007.

A total of three full proposals were recommended for funding: a proposal from the Government of Delhi for Smoke-Free Delhi by 2009; a second proposal from Pasumai Thaayagam Foundation for Smoke-Free Chennai; and a third proposal from the Government of Tamil Nadu for Smoke-Free Chennai.

In Indonesia, a national capacity building workshop was organized in May 2007 to provide training on project proposal writing. Technical support was provided to the Ministry of Health and intergovernmental agencies, health professional societies and NGOs to develop project ideas in June 2007, and a second meeting was organized in Jakarta in September 2007 for full project proposal. A workshop was organized, in coordination with the IRC in September 2007 to enhance proposal writing capabilities. WHO also facilitated the training course sponsored by The Union on Human Resources Development and Management in Bandung in November 2007, attended by 23 tobacco control activists.

Three proposals were recommended for funding: a proposal from the National Commission for Child Protection to advocate for a comprehensive ban on tobacco advertising, promotion and sponsorship; a second one from the Directorate of Non-Communicable Disease Control to build the capacity of public health systems to implement effective tobacco control; and a third one from the Yayasan Lembaga Konsumen Indonesia (Indonesian Consumer Foundation) and Center for Religious and Community Studies for advocacy and enforcement of smoke-free areas and advertisement ban in Java.

WHO Indonesia supported the IPHA, a first round grantee for project implementation, and the journalist group Pena Indonesia to develop a workshop on “Understanding

Tobacco Industry Through Secret Documents”. The workshop was held on 6 November and 40 persons participated (focal points, tobacco network and tobacco activists in media). By the end of the workshop they declared the formation of an Alliance of Tobacco Control Journalists. This activity is part of WHO’s technical support to IPHA.

A meeting was organized in Jakarta in December 2007 with NGOs and research institutes in order to provide further information on round three and the grant mechanism process.

In Thailand, four workshops were organized by the WHO country office in August and September 2007 with participation of all key TFI partners to develop a full project proposal: “Towards 100% Smoke-Free Environment Thailand”.

The proposal was recommended for funding and will be implemented countrywide by the network of GOs and NGOs, including WHO. The MoH will be responsible for its implementation and sustainability as the coordinator of this two-year project.

BGI activities in non-Bloomberg Focus Countries

SEARO has made efforts to extend opportunities provided by the BGI Grant Mechanism to non-BGI countries of the Region. The information was disseminated in the meeting of National Tobacco Control Managers held in March 2007 in Yangon, Myanmar and Member States were encouraged to apply for grants of the BGI Grant Mechanism. SEARO supported the non-BGI countries to submit their project ideas.

■ Monitoring and evaluating tobacco control policies through the Global Tobacco Control Report (GTCR)

The objective of the GTCR is to monitor a core of essential tobacco control policy initiatives, and to report on their implementation on an annual basis, for all WHO Member States. The GTCR provides a highly structured and focused framework through which progress towards the implementation of defined, concrete tobacco control measures at country level will be compared in a standardized manner across countries. Information provided in the GTCR will show gaps between optimal and existing policies and help develop a strong advocacy message for effective tobacco control.

All countries in the Region, including the four Bloomberg focus countries participated in the GTCR validation exercise and signed the final validation sheets. SEARO worked closely with the country informants who are mainly from MoH to gather data for the GTCR. Completion of the GTCR by SEARO first among all regions and even before the deadline is a testimony to close coordination between regional and country offices.

Based on the information collected the WHO Report on the Global Tobacco Epidemic-MPOWER was published and launched by WHO Director-General and the Mayor of New York City on February 7, 2008. The publication contains in-depth information about the current tobacco situation, prevention and control efforts and introduces six packages named after "MPOWER" to help and encourage countries to design, develop and implement tobacco control programmes. The MPOWER package includes monitoring tobacco use and prevention policies, protecting people from tobacco smoke, assistance to smokers to quit, warning against the dangers of tobacco, enforcing bans on tobacco advertising, promotion and sponsorship and raising taxes on tobacco.

■ Adult tobacco survey to measure trends in exposure to tobacco and its smoke and measure the impact of tobacco control policies

GATS is a standard global adult tobacco survey that consistently tracks prevalence (cigarette smoking and other tobacco use) exposure to risk, secondhand smoke, cessation, risk perceptions, knowledge and attitudes, exposure to media as well as price and taxation issues. GATS will become a new component of the GTSS.

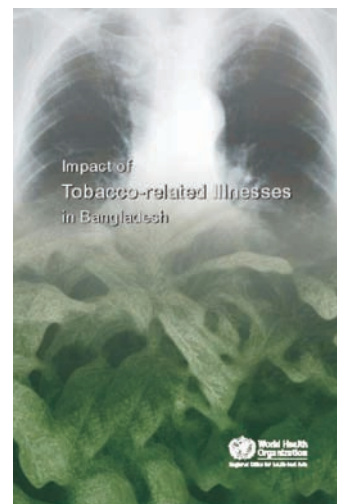
Currently standardized and comparable adult tobacco prevalence data are not available. Under the BGI, GATS has provided the opportunity to generate such data.

SEARO has been involved in developing the protocol for GATS. SEARO also pilot tested the GATS protocol in India. All the BGI countries in the Region are now engaged in GATS implementation. Out of six first-phase GATS countries, three are from SEAR – Bangladesh, India and Thailand. Indonesia is a second-phase country for GATS implementation. GATS Country Engagement Mission took place in all four countries. The implementing national institutes and the GATS National Technical Advisory Committees have also been

designated and established for carrying out the survey. Meanwhile, technical missions already visited Bangladesh and Thailand and both the countries are now pre-testing country-specific GATS protocols; the technical mission will visit India and Indonesia soon. As per the set time line, GATS is expected to be completed by the first quarter of 2009 with the release of data both in Bangladesh and Thailand. Completion of GATS would be a milestone in the area of tobacco surveillance when standard comparable adult tobacco prevalence data would be available; the same should be used for policy and programme change.

■ Generation of economic analysis for advocacy and policy/capacity building for countries in the area of taxation

SEARO has disseminated the second edition of the *Bangladesh Health Cost Study*, which presents key economic information of tobacco related illnesses and is being used as a tool for advocacy in the area of tobacco taxation and other economic measures for tobacco control. The findings of the study report have been used extensively by anti-tobacco stakeholders and as a result of WHO and NGO advocacy, tax on cigarettes has been increased 5-10 percent in Bangladesh. Tariff values of all kinds of cigarettes were raised in the fiscal budget 2007-2008.



In Indonesia, two economic studies conducted by the University of Indonesia (Demographic Institute and the Institute for Social Economic Research, Education and Information) have been identified to be supported for final analysis and presentation at a WHO-sponsored National Conference on Legislation to be held in the first quarter of 2008.

Following bilateral meetings with the Ministries of Health, Finance, Agriculture and Manpower of Indonesia, it was agreed that a national workshop on the economics of tobacco control would be organized during 2008. The MoH has agreed to coordinate and organize this national workshop with the support of WHO. The objective of the

meeting will be to share information, research and studies that will provide key information for the ministries to make decisions. In preparation of this workshop, WHO decided to provide technical assistance for the ongoing Health Cost Study undertaken by the School of Public Health, University of Indonesia. The University of Indonesia (Demographic Institute and School of Public Health) agreed to explore the possibility to undertake an analysis of the Ministry of Finance's roadmap for tax on tobacco products, including a critical review of current tax structure and recommendations for further tax increases, which can be presented at the proposed national coordination meeting to discuss economic aspects of tobacco control. The Demographic Institute agreed to explore the possibility to undertake an assessment on child labor and the tobacco industry in Indonesia, while the Centre for Policy and Socio-Economic Research of the Ministry of Agriculture agreed to develop a study on tobacco crop diversification.

SEARO would support a study on health costs of tobacco use in India in 2008.

■ World No Tobacco Day

WNTD 2007: Smoke-Free Environments

The theme of the World No Tobacco Day (WNTD) 2007 was "Smoke-Free Environments". In order to create awareness against tobacco and advocate for creating smoke-free places, SEARO developed Information, Education and Communication (IEC) materials and provided assistance to countries to observe the day and to disseminate the theme through the year. The World No Tobacco Day was observed on 31 May in all the countries of the Region, including the Bloomberg focus countries. A video message by the Regional Director, WHO South-East Asia Region, was developed and disseminated via telecast for the 31 May activities. A "Profile on Smoke-Free Environments in the South-East Asia Region" was developed, published and disseminated among all the eleven SEA countries in the Region. Each Member state also developed, produced and disseminated their country specific IEC materials in appropriate local languages.

In Bangladesh, week-long activities were organized in all 64 districts of the country. A national seminar attended by the Health Minister was organized; information was disseminated through all major print and electronic media; a week-long mobile court was conducted in different parts of the country to enforce smoke-free provisions of the national tobacco control legislation; NGOs were supported to make advocacy and

smoke-free campaigns throughout the country; a declaration of Smoke-Free Hospitals was issued, which may lead to the development of a Smoke-Free Hospital network; a tobacco fact sheet was distributed along with stickers in public places and transports; music concerts were organized in major parks of Dhaka city; a declaration for a Smoke-Free National Zoo was issued; and a meeting was held with lawyers to advocate for Smoke-Free court premises.

As a result of advocacy activities in Bangladesh and meetings with the Motor Launch Owner Association, river transports of several routes have become smoke-free and in general smoke-free places are more frequently observed (e.g. several universities and municipalities). A link was established with the Healthy Setting programme towards smoke-free environments. A project was initiated to sensitize the school authorities to declare the schools in sub-district level smoke-free through the Upazilla Primary and Secondary School Education Officers.

In India, several interventions around the country were supported to promote the theme of Smoke-Free Environments. Street plays and magic shows were organized in various parts of the country. A national workshop organized by the consumer group VOICE for trade unions, public & private sector corporations, state government representatives, consumer groups and civil society to promote smoke-free workplaces; a book on real-life stories of former tobacco users "Through the Haze" was launched and distributed with thematic posters; the Strategic Movement Against Rising Tobacco Threat (SMART) was launched in three *panchayats* of Kerala state; the Cancer Institute collaborated with Auto-rickshaw Associations of Chennai to sensitize leaders and drivers and distribute information, education and communication materials. Campaigns on "Best Anti-Tobacco Auto Association" and "Donate one tobacco product and save 14 minutes of your life" were observed. In addition, the Voluntary Health Association of India organized an awareness campaign for Smoke-Free Environments and the rights of non-smokers among school children educators, youth groups, communities, women's groups, civil society groups and the media, in five states. A quit helpline was initiated in Punjab, Madhya Pradesh and Himachal Pradesh to help tobacco users quit their addiction.

A workshop to help law enforcers and civil society organizations to develop strategies for creating Smoke-Free cities was organized in December 2007. The workshop highlighted and shared strategies of Chandigarh Administration and civil society in making the city of Chandigarh "Smoke-Free".

In Indonesia, advocacy for Smoke-Free Environments was done by organizing national and subnational workshops. The MoH organized a series of events; a meeting on Tobacco Free Zones (TFZ) in the districts of Bogor, Cirebon, Palembang and Enrekang was organized, and a manual for changing the image of smoking and a guide book on TFZ development were printed and distributed to the participants. A pledging ceremony by junior and senior high school students on Child Protection Against the Danger of Smoking was organized. Advocacy communication materials on tobacco control using mass media were distributed; a workshop was organized on Health Sector Capacity Building in September 2007, where smoke-free environment initiatives were presented by Jakarta province, Bogor City and Lumajang District. The three proposals were followed by discussions on the 2008 Plan of Action to put forward a “national” consensus to extend smoke-free public places in regional settings, and the Jakarta Clean Air Act experience was disseminated to 22 provinces.

WHO Indonesia continued to monitor local government initiatives for Smoke-Free Jurisdictions (Jakarta, Bogor, Cirebon, Lumajang, Palembang); and set up a plan for a workshop to produce a template for smoke-free regulations for local governments and local parliaments. WHO provided technical support to the



World No Tobacco Day celebration in Indonesia.

IPHA for arranging meetings with the universities located in Yogyakarta in order to advocate for smoke-free universities.

In Thailand, a meeting of 70 hotel executives and 10 Tobacco Free Initiative partners was convened by WHO Country Office for a smoke-free hotel programme. A link on WHO Thailand website containing the list of smoke-free hotels was established and a recommendation was given to all UN agencies and MoH to select only smoke-free hotels to organize meetings and accommodate guests. There has been a satisfactory increase in the number of hotels participating in the project to more than 200.

WHO Thailand coordinated with the Department of Disease Control, Department of Mental Health, Department of Health, ASH Thailand Foundation and other organizations to review the anti-tobacco youth camps undertaken by them and are discussing planning to develop more comprehensive and effective models of youth leaders' activities and youth camps for tobacco control.



World No Tobacco Day celebration in Thailand.

World No Tobacco Day special events were organized by the MoH and other GOs and NGOs with emphasis on Smoke-Free Youth and Smoke-Free Environments in Thailand.

WNTD 2008: Tobacco-Free Youth

The information on the theme has already been disseminated among all countries and SEARO is coordinating with them to developed country-specific IEC materials for advocacy surrounding the theme. SEARO would also develop region-specific IEC materials and disseminate them among the countries.

BGI Orientation Workshop

A BGI Orientation Workshop was organized by SEARO, the first of its kind conducted by any Region or TFI/HQ, in early January 2008 in Yogyakarta, Indonesia. The workshop was attended by all the BGI staff from SEARO and four Bloomberg Focus Countries – Bangladesh, India, Indonesia and Thailand - with the overall goal of ensuring effective implementation of the project in 2008 with a full-fledged Bloomberg Team both at regional and country levels. The main objectives of the workshop were to: 1) provide orientation on BGI components to all BGI staff; 2) review 2007 BGI activities in the regional and country offices and to share experiences of the interventions under the initiative; 3) improve coordination and understanding between SEARO and country offices for effective development and implementation of the project; and 4) draft BGI Regional and Country Work plans for 2008.

The workshop provided a first-hand orientation to the BGI Staff about the Regional Tobacco Control Programme and its relation with the BGI. It dealt at length with the main BGI components like the grant mechanism, GATS and thematic issues like smoke-free jurisdictions, taxation, advertisement bans, public education and WNTD 2008, theme for which is Tobacco-Free Youth.

This was followed by country presentations. Each BGI Country Team presented a SWOT (strengths, weaknesses, opportunities and threats) analysis of tobacco control and BGI implementation in each country and shared their experiences and best practices in key BGI areas of focus. The overwhelming feedback of the workshop was that there was a lack of adequate coordination among BGI Partners at the country level and that some BGI Partners are independently working with NGOs that have received funds from BGI's grant mechanism without adequate knowledge of both MoH and the WHO country office. Thus, MoH and the WHO country office are not aware of the contributions of these NGOs to the national tobacco control programme while the main objective of the BGI is to strengthen this national programme by coordinating efforts made by both state and non-state partners at the country level. A special session was organized on project development, implementation, monitoring and reporting.

The workshop was also used to finalize BGI Regional and Country Work plans for 2008. All work plans mainly focus on achieving BGI goals and areas like generation of economic evidence for advocacy & policy change; dissemination of these findings by organizing national multisectoral workshops as well as communication and public education for behavioural change were given importance in each work plan.

■ TFI Website

In order to ensure efficient information management and communication, technology is essential in information dissemination. As the Internet is the primary information resource for many users, it is important that the TFI website be improved and updated. The existing shortcomings of the current website are being addressed to improve its user-friendliness; information has been updated and reorganized, links to important TFI pages are being made accessible from the main page. Additional links to other useful tobacco websites were appended on the relevant pages. The overall goal of development of the current website is to improve the same for enhancing its value as a resource for tobacco use in the SEA Region with the main objective to make

tobacco information available for facilitating policy and programme change; to present the information in a user-friendly manner; and to highlight areas of focus for TFI.

As the database is an important component of the TFI page, particular attention has been given to update and redesign this section, so as to boost user-friendliness and information retrieval.

Given the introduction of the BGI, a new page on the Initiative has been added to the existing website. Current efforts are being made to incorporate a blog for the BGI team to facilitate communication and information sharing. In addition new pages on TB and Tobacco; Tobacco, Poverty & MDGs; and World No Tobacco Day have been added.

■ Other Areas of Work

TB and Tobacco

Given the close link between TB and tobacco and considering the fact that integration of the two programmes can significantly reduce morbidity and mortality from TB, SEARO is undertaking activities to promote coordination and collaboration between TB and Tobacco Control programmes through collaboration between Tobacco Free Initiative and WHO Stop TB by integrating tuberculosis (TB) and tobacco control activities within the health system through the Practical Approach to Lung Health (PAL) which includes elements of tobacco cessation and protection from second-hand smoke.

In May 2007, WHO met with the Government of Nepal and agreed to launch the PAL pilot project in the country. A workplan was prepared and the National Working Group for PAL implementation was formed by the National Tuberculosis Program (NTP). A sensitization meeting was held in August 2007 which was attended by 62 participants. Training for district-level health workers of the Out Patient Department (OPD) and that of all the PHC centers was also conducted in two phases in September and October 2007. The pilot project is expected to be completed by June 2008. The completion of the project is expected to integrate tobacco control elements in the TB control programme through PAL.

A similar project to be implemented during 2008 has been planned for Bangladesh and Indonesia. SEARO will organize a Global Expert Group Meeting on TB and Tobacco in 2008 in Indonesia. SEARO is also making efforts to mobilize resources for TB and tobacco from the BGI.

Tobacco, Poverty and the Millennium Development Goals

The United Nations Ad Hoc Interagency Task Force on Tobacco Control prepared a Report on Tobacco Control and Poverty for the UN Secretary-General on the work of the task force in this area. The Secretary-General presented the Report to the Substantive Session of the Economic and Social Council (ECOSOC) in 2004. The report highlighted the link between tobacco, poverty and the developing world. The Report reiterated the link between economic development and poverty reduction and argued for ill-effects of tobacco use to be addressed as a development priority. It also argued that there is a strong link between tobacco and the Millennium Development Goals (MDGs), in particular through the nexus of diseases, poverty, hunger and gender. The report recommended the inclusion of tobacco control issues in programmes aimed at achieving the MDGs and in the agenda of the United Nations Development Group and Regional Economic Commissions.

SEARO is the only Region that has taken this work of the task force to the regional and country levels. SEARO collaborated with UN ESCAP to discuss tobacco control issues in the first session of the Sub-Committee on Health and Development of the Economic and Social Commission for Asia and Pacific (ESCAP) in December 2004. The meeting urged that the actions on noncommunicable diseases including tobacco control be integrated into the MDGs. SEARO is the only Region that is using the Report of the UN Secretary-General by organizing sub regional and regional workshops in poor countries like Bangladesh, Myanmar and Nepal in the region. SEARO organized an Inter-country Meeting on Tobacco Control, Poverty Reduction and MDGs in August 2007 in Dhaka, Bangladesh involving country-based UN agencies and other intergovernmental agencies. As per the decision of the meeting, SEARO is now collaborating with these three countries to organize national workshops involving country-based UN agencies who are members of the UN Ad Hoc Interagency Task Force on Tobacco Control and also all relevant ministries of the government.

Opportunities and Challenges

Despite the commitment of the countries in the Region to tobacco control, the efforts of the governments have been inadequate due mainly to lack of resources – both human and financial. The financial support to tobacco control has been scarce. BGI has not only brought in resources for public sector to scale up efforts for tobacco control, it has equally provided opportunity to non-state sectors, including NGOs, to get actively engaged in tobacco control activities to supplement and complement government efforts. All these efforts should contribute to strengthening regional tobacco control programmes, in particular, in areas like development of tobacco control legislation, generation of tobacco control data and information for advocacy.

On the other hand, BGI resources are channeled to countries and WHO through a process that is mainly managed by foundations and NGOs that are primary partners of the BGI. Both the BGI focus countries and WHO are dependent on these organizations. This process and lack of adequate coordination among all the BGI partners are affecting the progression of the initiative, in particular, in terms of contributions of the initiative to the national tobacco control efforts. Moreover, BGI focuses mainly on short-term measures for achieving results within a short period of time without giving due importance to the sustenance aspects of the tobacco control programme. Areas like public education and behavioral changes, which can make the tobacco control programme sustainable, are also not being adequately addressed.

Countries and Ministries of Health need to guide the whole process of the initiative at the country level through strengthening country coordination mechanisms to ensure effective and adequate coordination among all BGI partners and synergizing efforts of both public and private sectors for strengthening national capacity for tobacco control.

Bangladesh

Basic facts on tobacco

- 48.6% of male and 25.4% of female adults (15+years) use any tobacco products;
- 5.8% students (13-15 years) currently use any form of tobacco (Dhaka);
- More than 57 thousand people died due to tobacco use in 2004;
- Annual revenue collected from tobacco products is 24.8 billion takas, whereas the annual cost of tobacco-related illnesses attributable to tobacco usage is estimated at 50.9 billion takas including 5.8 billion takas for second hand smoking in 2004;
- Bangladesh has a comprehensive tobacco control legislation.

The National Tobacco Control Cell

Bangladesh was the first country to sign the WHO FCTC and one of the first 20 countries to ratify the convention. It is also the first country to establish a full-fledged National Tobacco Control Cell (NTCC) under BGI in order to steer all the national actions for tobacco control, including implementation of the WHO FCTC in the country.

In 2005, Bangladesh enacted a tobacco control law in accordance with some of the provisions of WHO FCTC and in 2006 the National Strategic Plan of Action for Tobacco Control 2007-2010 was finalized. The goal of the Plan of Action is to reduce tobacco consumption, promote cessation of tobacco use, and protect non-smokers from exposure to second-hand smoke and to protect people from the devastating consequences of tobacco use.

As part of the strategies to implement the Plan of Action, a Tobacco Control Cell was planned with a designated National Focal Point for Tobacco Control in the Ministry of Health and relevant focal points at various decentralized levels along with a multisectoral National Tobacco Committee comprising governmental departments and agencies such as health and family welfare, foreign affairs, trade, finance, education, agriculture, information, women and children affairs, legal and justice, industry and others as appropriate. It should also include NGOs such as health professional societies, health charities, academic institutions and religious groups (except anyone connected to the tobacco industry). The role of this Committee is to address national and cross-border tobacco control issues particularly law implementations and actions to address the requirements of the WHO FCTC.

The NTCC was established at the beginning of 2007, with support from the BGI. It is a functional arm of the Ministry of Health for tobacco control activities, and for the first time the tobacco control programme has both human and financial resources for action, which is a very important step for tobacco control in Bangladesh.

The NTCC is headed by the Joint Secretary and day-to-day supervision is by the NTCC Coordinator, who is the Deputy Secretary of the Ministry of Health.

Expecting the NTCC to gain credibility as a reference centre for all tobacco control activities in the country, technical and financial support are being provided by the WHO country and regional offices.

In 2007, week-long World No Tobacco Day activities were coordinated by the NTCC. In addition, workshops on capacity building, tobacco use, cessation and grant proposal development were also conducted by the NTCC.

The NTCC has applied for funds from the BGI grant mechanism and the proposal was recommended for funding. The objective of the proposal is to strengthen the enforcement of all current provisions of the national tobacco control legislation through the establishment of a multisectoral taskforce on tobacco control at multiple levels (national, divisional, sub-divisional); the review of legislation enforcement; strengthening capacity of enforcement; increasing awareness and understanding about the existing legislation. It is also meant to identify gaps in the national tobacco control legislation in the context of the WHO FCTC and propose a draft that is compliant with the WHO FCTC, develop a revised draft for consideration of policy-makers and advocate for the needed change.

To enforce the Tobacco Control Law several mobile courts were organized. Billboards on smoking were removed from several fast-food corners, snooker playing places and restaurants. The Dhaka Metropolitan Magistrate led the drive. A dozen commercial firms were fined and a similar number of people was arrested for violating the existing tobacco control law. In all 64 districts outside Dhaka, similar mobile courts were formed to enforce the tobacco control law. The local administration

fined and arrested owners of those shops and firms violating the ad ban on smoking. Signboards on promotion of cigarette smoking were removed in many places outside Dhaka during the drive.

All these actions have led the NTCC to become a hub for national coordination of all tobacco control activities and a reference and support centre for all tobacco control stakeholders, including NGOs.

India

Basic facts on tobacco

- 57% of male and 11% of female adults (15-49 years) use any form of tobacco;
- 14.1% students (13-15 years) currently use any form of tobacco;
- Nearly one million people die of tobacco related deaths annually;
- Revenue collected from tobacco products annually in India is 78 billion rupees whilst annual direct health cost of three tobacco related diseases (cancer, coronary artery diseases and chronic obstructive lung diseases) is 308 billion rupees;
- India has a comprehensive tobacco control legislation.

Smoke-Free Chandigarh: A model for the developing world

Burning Brain Society (BBS) was instrumental in bringing about the change towards a Smoke-Free Chandigarh. It took four years of sustained advocacy to bring Chandigarh from the Cigarette and Other Tobacco Products Act in 2005 to the first smoke-free city in India in 2007.

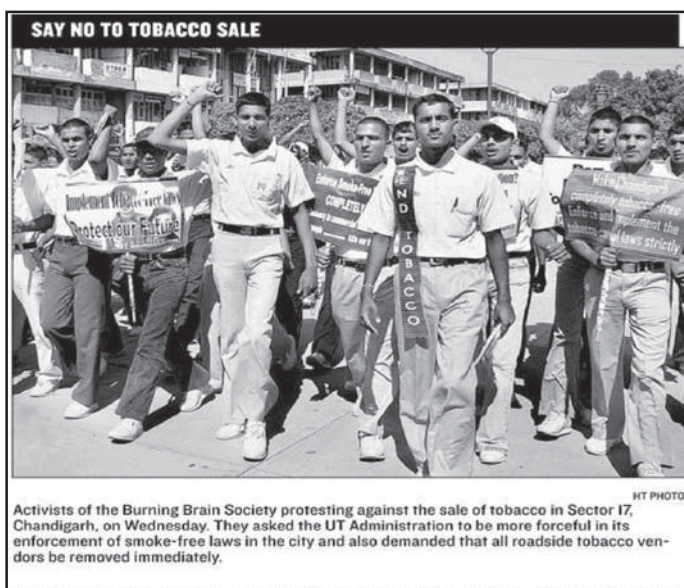
The organization reportedly undertook an aggressive activist approach to create the momentum for complete adherence to tobacco control laws. As an innovation, BBS

used the provisions of the Right to Information Act (2005) to put pressure on the government. Over 300 Right to Information (RTI) petitions were filed by BBS over a period of one year. The RTI petitions sought detailed information from each government department on the implementation and enforcement of various provisions of tobacco control laws and if they were not implemented, the name of the person responsible for neglecting his/her duty. Simultaneously, the organization lobbied with the administration for a smoke-free city and performed other routine advocacy activities and media strategies, including the display of more than 1800 warning boards in all government offices.

All educational institutes became 100 per cent smoke-free. Chandigarh Police agreed to initiate law enforcement activities and requested BBS to train the policemen on the provisions of law. Soon the compliance rate was 70%.

It brought tremendous confidence to the administration that the "Smoke-Free City" initiative proposed by BBS was feasible. A series of notifications and government orders were promulgated. Finally on 15 July 2007, Chandigarh was declared a smoke-free city.

The challenges and limitations were immense. Besides the tobacco industry interference, there were no financial resources to carry on the initiative. The whole



initiative was carried out independently by BBS. According to its chairman, Mr. Hemant Goswami, “even to date, sustaining the effort remains a challenge. We still do not have any resources and the Administration is also waiting for any form of support from the Union Government. Tobacco industry has infiltrated into the government ranks and is trying all the tricks to upset a successful model. Fighting them and handling the misinformation campaign is a continuous work. All our efforts are currently focused on sustaining this initiative.”

The successful Chandigarh model and the strategies used can be reproduced in other places in India and other developing countries with similar conditions. It has now been proved that at a low cost, civil society organizations can be instrumental in creating full compliance in a smoke-free city.

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Indonesia

Basic facts on tobacco

- 63.2% of male and 4.5% of female adults (15+years) smoke daily;
- 13.5% students (13-15 years) currently use any form of tobacco;
- Revenue collected from tobacco products annually in Indonesia is 32.6 trillion Rupiah;
- There are some tobacco control measures both at the national and provincial levels, including Jakarta Clean Air Act.

Cirebon's Journey to Become a Smoke-Free City

Indonesia is the world fifth largest country with the highest tobacco consumption prevalence, and is the sixth principal tobacco-producer nation. The country is not yet a party to the WHO FCTC. Some legislations such as Health Act 1992, Press Act 1999, Broadcasting Act 2002, Consumer Protection Act 1999, and Government Regulations on Tobacco Control for Health Act 1999, 2000&2003 have been in place to regulate tobacco use, tobacco advertisements, health warnings in tobacco products and contents of cigarettes. Local governments' regulations exist for Jakarta, Bogor and Cirebon to manage air pollution including tobacco control in closed public areas. But the national and local governments have been unable to effectively enforce the existing acts.

Tobacco control in Indonesia faces large opposition and resistance to tobacco control laws and WHO FCTC from various sectors of the government. The tobacco industry protection exceeds health promotion interests, mainly because tobacco revenue is still considered as a prominent income both by central and local governments. In addition, the tobacco industry has an aggressive advertising campaign and sponsors main sports, music and educational events. Although anti-tobacco NGOs are there, their alliance is still weak to counter tobacco control challenges in the country. These NGOs are largely Jakarta-based and could only implement sporadic, small activities.

In the current national tobacco control regulation of 2003 smoking is prohibited in public places, health and educational facilities, playgrounds, worship places and public transport. Designated smoking rooms in public and work places may be provided as long as they are equipped with air absorbers. Local governments are required to enact their own smoke-free policies. Following this regulation, several local governments -Jakarta Province, Bogor City and Cirebon City- of the country have developed local regulations, which include elements of tobacco control.

Cirebon is the third largest city in West Java Province and was the winner of the national award “Clean and Healthy City” in 2004 and 2005. But the smoke-free concept was not included as part of the criteria for this award.

The NGOs and civil society took this opportunity and strived to include smoke-free elements for the city to become a truly “Clean and Healthy City”. The main message from the civil society was that the “Clean and Healthy” award was a very big achievement for Cirebon, but that the city should become a model for Indonesia and include smoke-free policies in the city's regulation.

The civil society started by undertaking an advocacy campaign addressed to several key persons including the city's Mayor through different channels.

They commenced with the head of the local health office with an aim to eventually convince the mayor and

continued with the chairman of FOKASIH, the most influential NGO, who offered to present the idea to the local parliament. And finally, the society succeeded in convincing the local Islamic Institute.

Soon, an intersectoral meeting of the local government, City Health Office, Community Welfare Division and the local parliament was convened at the City Hall and the meeting decided for a Smoke-Free Cirebon. The media was also involved and articles on this issue were published.

It was agreed that the best regulation to be undertaken was a "Mayor's Decree on Smoke-Free Areas", because it was the fastest approval process and would avoid losing the momentum or risk being overridden by other priorities. The Mayor's decree should, however, be considered only

as a transition process to a Local Smoke-Free Act. Public pressure started to build up: a radio station conducted an interactive public dialogue, several shopping malls implemented smoke-free policies ahead of time and the office of Ministry of Education issued an internal letter or order for smoke-free schools. The smoke-free policy was launched during the National Health Day 2006 and a post-decree community campaign was implemented from all parties involved.

The experience in Cirebon shows that for a successful smoke-free campaign, proper planning and understanding of the local situation are essential. It was very important to mobilize public support and finally, there is a need for proactive monitoring and to have the capacity to provide technical assistance.

Thailand

Basic facts on tobacco

- 40.2% of male and 2.4% of female adults (+15 years) smoke regularly;
- 15.7% students (13-15 years) currently use any form of tobacco;
- Nearly 42 thousands people die of tobacco related deaths annually (41,183 in 2004);
- Revenue collected from tobacco products annually in Thailand is 43,207 million baht (2003), whilst costs on tobacco related diseases are 45,550 million baht (2003);
- Thailand has a comprehensive tobacco control legislation;
- 2% of tobacco tax is earmarked for health promotion activities including tobacco control.

Implementing Packaging and Labelling regulations

Since the 1980's the Government of Thailand has initiated action towards tobacco control. In late 1988, an inter-agency policy committee for tobacco control called the National Committee for Control of Tobacco Use (NCCTU) was approved and came into force in early 1989. This committee is composed of the Ministries of Public Health, Education, Agriculture, Interior, Finance, and the Prime Minister's office; Deputy Permanent Secretary for Health of the Bangkok Metropolitan Administration; Directors-General of Departments of Health, Medical Services, Excise, Public Relations; President of the Reporters Association of Thailand; Secretary-General of the Medical Council; and five experts. The NCCTU is now responsible for formulating the country's policy on tobacco control. To this end it has initiated several tobacco control policies, one of which was a regulation mandating health warnings.

During the initial implementation phase, a major global tobacco company which produces some of the most

famous brands around the world pointed out four key elements that the Rules on Cigarette Labelling and Label Content would impose an undue burden on the company for the prescribed textual health warnings; impair the use of the company's valuable trademarks by obscuring the marks on the pack face, thereby undermining the trademarks' functions of brand identification and communication with the company's customers; and limit the right of the company to communicate with its customers through its display of trademarks and logos. The company argued that trademarks are valuable company property and protected by the Trademark Act B.E. (Buddhist Era) 2534, the Penal Code, as well as by WTO TRIPS, of which Thailand is a member.

However, the reality is that the trademarks are still there and not obscured. The Government also has the right to clearly inform the people about the health hazards of smoking and the Trademark Act B.E.2534 that prohibits destruction or imitation of trademarks and that the health warning pictograms would do neither.

Regulation on packaging and labelling has been quite successful from a law enforcement point of view. There have been several scientific studies on the impact of cigarette package textual health warnings on tobacco use. Not only the graphic health warnings have created immense public awareness, there is also widespread support from the media and all sectors of society.

Thailand's experience has shown that package labelling is an important measure in controlling tobacco. Its legal system enables it to be easily implemented because packaging and labelling is a part of the law and regulation. To ensure competence and efficiency,

changes and improvements at appropriate and consistent intervals are to be taken into account. Textual health warnings have been changed to colored pictures with warning statements on the dangers of cigarettes under the determined size of not less than 50% of the largest area on the external side of the package. This has consequently been in line with the Canadian experience, which could have better impact upon smokers. At present, the policy intervention on labelling and packaging, including health warnings, has been applicable to all tobacco products including cigars and pipe tobacco.

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Tobacco control programmes in the countries of this Region face tremendous impediments due to inadequate and weak infrastructure, legislation, regulations and acts, and lack of both financial and human resources as well as frail mechanisms to enforce existing tobacco control measures. In addition, the tobacco industry wields huge influence over the economy and polity of the Region through misleading economic arguments against effective tobacco control. Nonetheless, countries in the Region are committed to tobacco control, as well as to the implementation of the WHO Framework Convention on Tobacco Control (FCTC). They played a commendable role in the negotiations of the convention and are now trying their best to implement it in an effective way for meeting their treaty obligations.

Against this backdrop, WHO's Tobacco Free Initiative (TFI) in the SEA Region is focusing on national capacity building for tobacco control; advocacy to develop tobacco control programmes based on the WHO FCTC; supporting countries to develop tobacco control measures, including a national strategy and plan of action, legislation, other measures and guidelines for enforcement, promotion and compliance; promoting multisectoral collaboration; education, training, communication and public awareness; advocacy, surveillance, research and sharing of information; and partnership development among governments, donors, NGOs, national foundations and collaborating centres.

Tobacco surveillance has been an area of importance for the regional tobacco control programme. Efforts have been made to implement a series of surveys such as the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS) and the Global Health Professional Students Survey (GHPSS) using standard protocols.

However, absence of a standard protocol for adult tobacco survey has been a weak spot for the Global Tobacco Surveillance System (GTSS).

Research has been another important area of focus and a number of researches have been undertaken to generate evidence for policy and programme formulation. Studies on Economics of Tobacco Control, Health Costs of Tobacco Use, Smokeless Tobacco Products, Poverty and Tobacco, Women and Tobacco, Implications of South-Asian Free Trade Agreement on Tobacco Trade and Crops Substitution, etc. have been undertaken in the Region.

While tobacco control continues to be one of SEARO's priority areas of work with countries' steadfast commitment to the issue, the Bloomberg Global Initiative to Reduce Tobacco Use (BGI) came into fore with additional resources – both human and financial, to strengthen capacity of both public and private sectors for strengthening national tobacco control in low and middle income high burden countries.

The initiative is expected to supplement and complement the regional tobacco control efforts and also to implement the WHO FCTC in an effective way. The initiative includes tobacco control components like capacity building to strengthen government's capacity for tobacco control (coordination mechanisms, legislation and enforcement); developing a rigorous system to monitor the status of global tobacco use such as the Global Tobacco Control Report (GTCR) and the Global Adult Tobacco Survey (GATS); the generation of economic analysis for advocacy and policy setting; Advocacy - World No Tobacco Day. The GATS is an important component of the initiative which is expected to make the GTSS completed and should generate comparable adult tobacco prevalence data by using a standard global protocol.

Organizational structure in SEA Region

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Dr U Than Sein

TOBACCO FREE INITIATIVE

Bloomberg Global Initiative
To Reduce Tobacco Use

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 Ms Putu K Duff – Secondment from Canadian Public Health Association (CPHA)
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Ms Maria L Restrepo – Project Officer – BGI
 Dr Dharendra N Sinha – Surveillance Officer – BGI
 Mr Ikhtiar M Chowdhury – Communication Officer – BGI
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