

SEA-Tobacco-7  
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# UNF Capacity Building Project and Awareness Raising for WHO FCTC

*Report of an Intercountry Workshop  
Kathmandu, Nepal, 16-17 March 2004*

WHO Project: ICP TOB 001



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## CONTENTS

|  | <i>Page</i> |
|--|-------------|
| 1. BACKGROUND .....  | 1           |
| 2. OBJECTIVES AND EXPECTED OUTCOMES .....  | 2           |
| 2.1 Objectives .....   | 2           |
| 2.2 Expected Outcomes.....   | 2           |
| 3. INAUGURAL SESSION.....  | 3           |
| 4. ORGANIZATION OF THE WORKSHOP .....  | 3           |
| 5. PROCEEDINGS OF THE WORKSHOP .....   | 4           |
| 5.1 Dissemination of the UNF Project 'Protecting Youth Against Tobacco<br>in Five Countries' ..... | 4           |
| 5.2 Presentations .....  | 5           |
| 6. NEXT STEPS IN COUNTRY ACTION .....  | 7           |
| 6.1 Bangladesh .....   | 7           |
| 6.2 Bhutan .....   | 7           |
| 6.3 India.....   | 8           |
| 6.4 Maldives.....  | 8           |
| 6.5 Nepal .....  | 9           |
| 6.6 Sri Lanka .....  | 9           |
| 7. RECOMMENDATIONS FOR NATIONAL CAPACITY BUILDING .....  | 10          |
| 8. EVALUATION .....  | 12          |
| 9. CONCLUSIONS.....  | 13          |

## Annexes

|                               |    |
|-------------------------------|----|
| 1. List of Participants ..... | 14 |
| 2. Programme .....            | 16 |



## 1. BACKGROUND

Since Member States adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in May 2003, WHO has focused attention on supporting countries in the signature, ratification and implementation of the treaty. In this post-adoption phase, activities in the five pilot countries under the United Nations Foundation (UNF) project have proved significant. This project has raised awareness about the need for comprehensive national tobacco control. Promising outcomes include the establishment of a national coordinating mechanism for tobacco control (tobacco cell in India), policy development (tobacco advertising – free cities in China), tobacco control legislation (India) and development of a national action plan (Ukraine). China and Senegal have signed and India recently ratified the treaty.

At the same time, the project has highlighted the urgent need for strengthening national capacity for tobacco control. This is imperative as tobacco control is a multisectoral issue and not merely a health concern.

The adoption of WHO FCTC marks the emergence of a new paradigm for comprehensive tobacco control. The Convention has set down the minimum standards and indicators for comprehensive tobacco control, both national and transnational. As the pilot countries sign and ratify WHO FCTC, they will find it essential to co-operate with other countries as the Convention now defines the transnational dimensions of tobacco control.

WHO believes that a sound understanding of existing experiences, such as the one gained through this project, can provide assistance to other countries. Therefore, sub-regional workshops with countries participating in the UNF project have been planned.

The first such workshop for the South-East Asia Region was held in Nepal on 16-17 March 2004.

## **2. OBJECTIVES AND EXPECTED OUTCOMES**

The following were the objectives and outcomes of the workshop:

### **2.1 Objectives**

- (1) To share experiences of India in the UNF project 'Protecting youth against tobacco in five countries' with other countries in the Region/sub-region;
- (2) To raise awareness about comprehensive multisectoral interventions for tobacco control;
- (3) To share and discuss with the Member States practical elements of tobacco control implementation in countries;
- (4) To promote a clear and comprehensive understanding of the objectives and provisions of WHO FCTC;
- (5) To promote understanding of the national obligations that arise from the provisions of WHO FCTC;
- (6) To identify legislative, technical, capacity building and infrastructure measures needed in countries to lay the ground work for the implementation of WHO FCTC, and
- (7) To promote early entry into force of WHO FCTC by encouraging and facilitating signature, early ratification of or accession to the treaty through enhanced understanding of the relevant instruments and processes.

### **2.2 Expected Outcomes**

- (1) Dissemination of lessons learnt in national capacity building through the UNF project. Sensitization of multiple sectors of national governments of participating countries to elements of comprehensive tobacco control, and
- (2) Adoption of concrete activities by participating countries to promote ratification of/accession to WHO FCTC. Ratification of or accession to WHO FCTC will oblige these countries to undertake comprehensive tobacco control.

### **3. INAUGURAL SESSION**

The workshop was attended by participants from six countries from the South-East Asia Region, namely, Bangladesh, Bhutan, India, Maldives, Nepal and Sri Lanka. Each country delegation included participants from the WHO country office and focal points nominated by the Ministry of Health.

The List of participants and Programme are at Annexes 1 and 2 respectively.

The WHO Secretariat was represented by Dr Klaus Wagner, WHO Representative to Nepal, Dr Vera da Costa e Silva, Director, TFI/HQ, Dr Douglas Bettcher, Coordinator, WHO FCTC, TFI/HQ, Dr Heide Richter Airijoki, Coordinator, National Capacity, TFI/HQ, Dr Khalilur Rahman, Regional Focal Point, TFI/SEARO, Mr William Onzivu, Legal Officer, WHO FCTC, TFI/HQ and Dr Poonam Dhavan, Technical Officer, TFI/HQ. In attendance also was staff from WHO country offices in India, Maldives and Nepal.

The WHO Representative to Nepal inaugurated the workshop. He welcomed the participants and made brief introductory remarks highlighting the importance of national tobacco control and the WHO Framework Convention on Tobacco Control.

Dr N M Shrestha (Nepal) was appointed Chairperson and Dr Ariyaratne (Sri Lanka) as the Vice-chairperson of the workshop. Mr Ahmed Afaal from the Ministry of Health, Maldives, served as the Rapporteur.

### **4. ORGANIZATION OF THE WORKSHOP**

The workshop included presentations by representatives of the United Nations Foundation (UNF) project, WHO secretariat and selected countries from the Region. Each presentation was followed by open discussion. The main areas of discussion were as follows:

- Lessons learnt from a global WHO tobacco control project.
- Practical elements of comprehensive tobacco control measures.
- Political commitment and multi-sectoral support for tobacco control.

Each session included a 90-minute working group session where participants were divided into two groups. Handouts and talking points on the respective topics were distributed. The group work was followed by presentation. Based on these working group discussions, the next steps in tobacco control at the country level and the recommendations were identified.

## **5. PROCEEDINGS OF THE WORKSHOP**

### **5.1 Dissemination of the UNF Project 'Protecting Youth Against Tobacco in Five Countries'**

A 90-minute session was devoted to the dissemination of global outcomes and challenges of the UNF project. Promising outcomes include the establishment of a national coordinating mechanism for tobacco control (tobacco cell in India), policy development (tobacco advertising-free cities in China), tobacco control legislation (comprehensive tobacco control legislation in India) and development of a national action plan (Ukraine). China and Kenya have signed WHO FCTC and India recently ratified the treaty.

The experiences of India as one of the five pilot countries under this project were also presented during this session. In India the project is being implemented by the Tobacco Cell that works in close collaboration with the WHO India office and the Ministry of Health. The UNF project has contributed significantly to the momentum of the tobacco control movement in India. Ongoing activities include the sensitization of parliamentarians and members of the legislative assembly, development of model school interventions for tobacco control, sensitization of law enforcers in two states (Delhi and Goa), development of innovative solutions for protecting youth from tobacco by nongovernmental organizations and research studies on smokeless tobacco products in India and taxation of tobacco products. A representative from the Voluntary Health Association of India (VHAI), one of the contractual partners in this project at the country level made a presentation on their project through which nongovernmental organizations (NGOs) from four different zones in India are being supported in the development of youth interventions.

### **Issues raised**

- (1) It is important to use the correct timing and strategy to engage parliamentarians and law enforcers in sensitization workshops for tobacco control. For example, the right authorities should be invited and timing such as when the parliament is in session should be used to ensure maximum participation.
- (2) The excellent involvement of local governments by nongovernmental organizations working under the umbrella of VHAI was highlighted. For example, in one of the states, a “tobacco free village” project is being implemented in collaboration with the local government – (*Panchayat*).
- (3) VHAI has developed a strong network of 27 state-level bodies which in turn support local NGOs. Although only four projects can be supported with UNF funds, there is now a network of almost 200 NGOs keen to work on tobacco control. They are being encouraged to contact the WHO country office to explore future possibilities of funding.

## **5.2 Presentations**

Topics covered included: scientific evidence and rationale for tobacco control; WHO FCTC as an evidence-based political approach; and strategies for capacity building for tobacco control. Brief presentations on key elements of comprehensive national tobacco control were made, based on the upcoming handbook on national capacity building for tobacco control. Copies of the draft publication were also distributed.

Based on background information and discussions with the Regional Office, countries had been identified to share their experiences in certain select areas of tobacco control. These included:

|            |   |
|------------|---|
| Bangladesh | National plan of action   |
| India      | Building effective infrastructure, political commitment and multisectoral support for tobacco control           |
| Sri Lanka  | Programming specific tobacco control activities   |
| Nepal      | Communicating and raising public awareness, political commitment and multisectoral support for tobacco control. |

### ***Issues raised***

- (1) Regulation of tobacco products. Concerns were raised regarding the regulation of tobacco products, as in some countries like Sri Lanka tobacco is neither a food nor a drug and therefore can only be covered under their Consumer Protection Act. In India, chewing tobacco products fall under the Prevention of Food Adulteration Act as chewable products are classified as food products. It was suggested that countries should make use of emerging evidence such as the latest neuroscience report 'Substance abuse matters' by WHO to support legislation for tobacco product regulation.
- (2) During the session on building national infrastructure for tobacco control, the importance of integration of tobacco control into existing health systems and job descriptions of existing human resources in the public health sector was highlighted.
- (3) Capacity building for tobacco control. Participants identified some essential features of capacity building – country specific; at central, regional and district levels; involvement of personnel engaged in actual programme implementation for sustainable action; translation of training and theory into action.
- (4) Workshops for tobacco control: Essential features identified by participants included:
  - Interactive, evaluation of workshop by trainees, provision for impact evaluation (pre- and post-workshop evaluation as well as long-term results evaluation).
  - There are usually several ongoing training activities in countries, for e.g. training of trainers activities in Sri Lanka. These are often not integrated under one umbrella. This should be done for effective results-based management of training programmes.
  - Different groups and sectors should be involved in subsequent workshops for wider outreach.
  - Tobacco control workshops could be organized in parallel with other relevant sectors.

## **6. NEXT STEPS IN COUNTRY ACTION**

Participants identified the next steps in the short-term for tobacco control in their respective countries as follows:

### **6.1 Bangladesh**

- Surveillance to be initiated in the following areas: tar content of cigarettes, nicotine content of cigarettes, tobacco products (brands, etc), tobacco industries, tobacco consumption, tobacco tax, price fixation, awareness level, enacting and enforcement of tobacco control act.
- Tobacco control cell to be established.
- NGOs and civil society groups for tobacco control to be strengthened.
- Community-based tobacco cessation programmes to be initiated.
- Workshop for tobacco growers and workers for alternative employment to be organized.
- WHO FCTC process to be strengthened.

### **6.2 Bhutan**

- Information, Education and Communication (IEC) and advocacy on tobacco control to be intensified.
- Strengthen Support to Dzongkhags, especially in the area of monitoring and evaluation of their tobacco control activities, to be strengthened.
- Issue of supply reduction through measures such as monitoring of trade through relevant enforcement agencies, to be addressed.
- Appropriate legislative and executive orders on smoke-free areas, advertising bans, sale and handling of tobacco products by under 18 population and duty free sales to be generated.
- Operational research and surveys to strengthen programme understanding and management to be conducted.
- Programme reach to special population groups such as youth, adolescents, women and lower socioeconomic groups to be increased.

- Media coverage through national newspapers, national and local television and national radio programmes to be increased.
- Rehabilitation and counselling units in the national hospital, including short training for doctors and nurses to be set up.

### **6.3 India**

Since India has brought in anti-tobacco legislation and ratified the Convention, the following is the action plan for the near future:

- To consider the setting up of an interministerial coordinating committee consisting of ministries like education, women and child development, youth affairs, social welfare, etc.
- To give wide publicity to the provisions of the Act and also ill effects of tobacco use.
- To strengthen the existing National Tobacco Control Cell and also facilitate the setting up of state-level Cells.
- To train law-enforcing agencies on tobacco control.
- To train health functionaries at various levels.
- To set up tobacco testing laboratories.
- To establish proper tobacco surveillance mechanisms.
- To explore the possibility of seeking additional funds from international agencies to carry out tobacco control programmes in a time-bound manner.

### **6.4 Maldives**

- Sign and ratify WHO FCTC and develop and enact a comprehensive tobacco control law.
- Develop and implement a national plan of action.
- Establish a monitoring and quality control mechanism to enforce control measures better.
- Establish tobacco cessation programmes in collaboration with NGOs and the private sector.
- Develop standards for the labelling of tobacco products (government has endorsed labelling – working towards picture labels).

- License tobacco importers, wholesalers and retailers.
- Strengthen the anti-tobacco school programme by building coordination between the stakeholders.

## **6.5 Nepal**

- Ratification should be in time, signature of WHO FCTC has been effected.
- Tobacco Control Act 2001-2002 – proposed by the Ministry of Health. It covers many aspects of WHO FCTC and is in process for adoption.
- Existing tobacco control cell at the Ministry of Health for coordination with multisectoral ministries, development partners, NGOs and private sectors to be strengthened.
- Existing national Anti-Tobacco Communication campaign action plan (2004-2008) and Anti-Tobacco Strategy (2004-2008) to be implemented as in the framework.
- Anti-tobacco communication campaign activities to be continued effectively to support the WHO FCTC process.
- Nation-wide training, research, monitoring and evaluation activities planned.
- Information, Education and Communication (IEC) materials and relevant resource documents, innovative approaches and successful programmes on tobacco control activities to be developed and distributed in time.
- Orientation programme should be expanded to mothers' groups, community health volunteers, school teachers and members of the community.
- Ban on smoking in government offices, health facilities, public places with advertisement in all media, to be strictly followed up. Further measures to be taken for demand reduction, control and regulation of supply.

## **6.6 Sri Lanka**

- Need to establish a tobacco control cell and a secretariat for WHO FCTC.
- Establish a database and network of support groups and multi-sectoral groups for tobacco control.

- Identify existing tobacco control projects in line with WHO FCTC to ensure sustainable funding.
- Identify new tobacco control projects needed in line with ratification of WHO FCTC.
- Promotion of baseline and monitoring studies.
- Stage-by-stage press announcements and media release of tobacco control achievements in country.

## **7. RECOMMENDATIONS FOR NATIONAL CAPACITY BUILDING**

The following recommendations were made:

- (1) Developing a national plan of action
  - Setting up of an intersectoral national committee for tobacco control convened by the Ministry of Health.
  - Setting up of a committee to formulate national goals for tobacco control and develop a national action plan for tobacco control. This plan to be officially accepted by the government and integrated into the national health policy and other relevant policies.
  - Based on the national action plan, the government should earmark adequate budget for tobacco control. Additional funds should be sought from international bodies. Care should be taken to ensure that there is no inflow of resources from the tobacco industry or related stakeholders. Other means of collecting resources, like a tobacco health tax, could be explored.
  - Partnering with other health programmes, e.g. cancer control, cardiovascular diseases, health promotion, etc. should be in-built into the national action plan to synergize and maximise outputs.
- (2) Establishing an effective infrastructure for tobacco control programmes
  - Tobacco control focal point should be set up under the Ministry of Health, or with an affiliated institution such as Institute of Public Health or Health & Family Welfare.

- It should be well integrated into existing structures, and at the same time have a defined structure of its own (e.g. tobacco control cell) with designated staff, office space, infrastructure and allocated resources.
  - Nodal officers for tobacco control to be designated at sub-national level (e.g. state, province and district).
  - Identification of relevant personnel at field and administrative levels and integration of tobacco control into their job descriptions and training programmes.
  - Partnering with other health programmes, e.g. cancer control, cardiovascular diseases, health promotion, etc. is essential to synergize and maximise outputs.
- (3) Communicating and raising public awareness for tobacco control
- Use a bottom-up approach: understand the target audience and field realities.
  - Link with existing health promotion programmes.
  - Use data banks to access relevant messages and promotion materials, adapt locally.
  - Use mass media with free spots, public service messages – e.g. NGOs to approach media channels, corporates to sponsor anti-tobacco messages.
  - Plan also for innovative, cost-effective approaches e.g. postal stationery, match box covers to carry tobacco control messages.
  - Work with opinion leaders and influential institutions (e.g. monks in Bhutan).
- (4) Training and education
- Conduct awareness building and consensus building workshops with decision-makers.
  - Use appropriate strategies (a check list for the preparation of awareness building workshops was proposed).
  - Identify roles and responsibilities of personnel likely to be involved in tobacco control, reach consensus on the same with concerned authorities and representatives, consider human resources development (HRD) plans, job descriptions.

- Plan and conduct training based on needs assessment; establish evaluation mechanisms.
  - Use appropriate curricula and training material, disseminate proceeds of workshops.
  - Link with existing human resources development and training programmes as much as possible.
- (5) Monitoring, surveillance and reporting/exchange of information and research
- There is need for surveillance to evaluate the impact of tobacco control measures such as legislation and make revisions as needed. For example, a rise in consumption despite legislation in place could be an indicator of the tobacco industry's circumvention of the laws/new strategies.
- (6) Political commitment and multisectoral support
- Ministry of Health to assume a leading role in the process supported by medical professional bodies for initiating tobacco control.
  - Develop evidence-based communication strategies to persuade politicians to become allies of tobacco control.
  - Implement a gradual strategy to overcome the conflict of interest between promotion of health and aspects of economics and employment.
  - Form partnerships with influential political figures to become country/state champions of tobacco control.
  - Establish a mechanism for bringing about consensus from the various stakeholder ministries as well as state/provincial governments.
  - Facilitate and encourage NGOs to actively liaise with elected representatives and opinion leaders at national and state levels.
  - Form alliances with the media and provide regular inputs to the media to influence political decisions on tobacco control.

## **8. EVALUATION**

The workshop was very well received (90% score for "overall usefulness"). Ratings for individual sessions ranged from 77% score (monitoring and

information exchange) to 90% score (national plan of action and infrastructure). Comprehensive presentations by resource persons, group work and interactive exchange, country presentations, support provided by the Regional Office and hospitality arrangements were particularly appreciated.

Suggestions referred to shortage of time and time keeping; need for more exchange of practical/country experiences; request to receive background material prior to the workshop; need for follow-up and to have regional workshops on a rotating basis in different countries. There was also a more general request for support of activities in countries with resource gap.

## **9. CONCLUSIONS**

The countries of the SEA Region played an active role in the FCTC negotiations. They have also played an immense role in the implementation of the UNF project to advocate for public health policies to curb the tobacco epidemic and to intensify the campaign for signature, ratification and implementation of FCTC.

This workshop further reiterated the efforts of the countries towards achieving these goals. However, it was clear that the countries need technical and financial support for successful implementation of FCTC. Furthermore, there is an urgent need to strengthen national capacity for tobacco control in the South-East Asia Region.

## Annex 1

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## **Annex 2**

### **PROGRAMME**

**Tuesday, 16 March 2004**

#### **Opening session**

- 0900 – 0915 hrs Welcome address by the WHO Representative to Nepal
- 0915 – 0930 hrs Workshop objectives + Introduction of participants – Dr Khalilur Rahman (WHO/SEARO)
- 0930 – 1000 hrs Discussion – Setting the foundation for tobacco control ( brief summary of health, social and economic risks; global tobacco industry strategies; scientific basis of tobacco control interventions; the WHO FCTC as a political solution ) – Dr Vera Luiza da Costa e Silva (WHO/HQ)
- 1000 – 1030 hrs Discussion – Strengthening national capacity for tobacco control (need for comprehensive tobacco control; strategies for building national capacity) – Dr Heide Richter-Airijoki (WHO/HQ)

#### **Lessons learned from a global WHO tobacco control project**

- 1100 – 1130 hrs Protecting youth from tobacco in five countries (Funding agency: United Nations Foundation)  
(Key concepts, key experiences in five countries, overview of project in India ) – Dr Poonam Dhavan (WHO/HQ)
- 1130 – 1200 hrs Discussion – Elements of UNF project in India: Outcomes and challenges :  
Sensitization of parliamentarians, strengthening of regulatory measures, model school interventions, studies on smokeless tobacco and taxation of tobacco products – Ms Vineet Gill (WHO, India)
- 1200 – 1230 hrs Discussion – ‘Innovative solutions for protecting youth from tobacco’: Outcomes and challenges – Element of UNF project in India – Mr Taposh Roy (VHAI, India)

**Practical elements of comprehensive tobacco control measures**

- 1400 – 1430 hrs (I) Developing a national plan of action
- WHO presentation
  - Country presentation, Bangladesh
- 1430 – 1500 hrs (II) Establishing an effective infrastructure for tobacco control programmes
- WHO presentation
  - Country presentation, India
- 1500 – 1600 hrs Country working groups on I and II, followed by presentation to the entire group and discussion
- 1630 – 1730 hrs (III) Programming selected tobacco control activities (smoking cessation, youth related interventions, community programmes, etc)
- WHO presentation
  - Country presentation – Sri Lanka
  - Discussion

**Wednesday, 17 March 2004**

**Practical elements of comprehensive tobacco control measures**

- 0830 – 0900 hrs (IV) Communicating and raising public awareness for tobacco control
- WHO presentation
  - Country presentation, Nepal
- 0900 – 0930 hrs (V) Training and education
- WHO presentation
  - Discussion
- 0930 – 1100 hrs Country working groups on IV and V, followed by presentation to the entire group and discussion
- 1130 – 1200 hrs (VI) Monitoring, surveillance, evaluation and reporting
- WHO/SEARO presentation – Regional Survey template – Dr Khalilur Rahman
  - Country presentation – East Timor

(VII) Exchange of information and research

- WHO presentation

1200 – 1230 Hrs Discussion on VI and VII

**Political commitment and multisectoral support for tobacco control**

1400 – 1500 Hrs Country case studies

- India
- Nepal
- Sri Lanka

Followed by comments by SEARO

- Dr Khalilur Rahman

1500 – 1530 Hrs Questions and Answers, discussion

**Concluding session**

1600 – 1700 Hrs Identification of next steps and recommendations for advancing tobacco control for countries in the SEA Region  
Each of the six participating countries

1700 – 1730 Hrs Closing remarks – Recommendations for building national capacity for tobacco control – Dr Vera Luiza da Costa e Silva, (WHO/HQ)