



स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
MINISTRY OF HEALTH & FAMILY WELFARE  
स्वास्थ्य एवं परिवार कल्याण विभाग  
DEPARTMENT OF HEALTH & FAMILY WELFARE



# TOBACCO OR HEALTH

**“TOWARDS TOBACCO-FREE INDIA  
– AN AUDACIOUS RACE AGAINST TIME”**

**February 16-18, 2024 • India Habitat Centre, Lodhi Road, New Delhi**

Supported by

**World Health Organization**

**CONFERENCE PROCEEDINGS**

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Conference Organiser

**INTERNATIONAL INSTITUTE OF HEALTH MANAGEMENT RESEARCH, DELHI**

**अंतरराष्ट्रीय स्वास्थ्य प्रबंधन अनुसंधान संस्थान, दिल्ली**

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## Scientific Programme at Glance

DAY 1 - 16 February 2024	
Stein Auditorium	
9:00 am -10:00 am	REGISTRATION
10.00 am - 11.15 am	Inaugural Session
11.15 am - 11.30 am	Tea Break and Nukkad Natak on Tobacco Free Community
11.30 am -1:00 pm	Key Oration Sessions
1.00 pm -2.00 pm	Lunch
	Stein Auditorium
2.00 pm -3.30 pm	Best Practices in Tobacco Control: Learnings from States
3.30 pm - 5.30 pm	Voices from the Field
5. 30 pm - 6.30 pm	Tea Break
6:30 pm- 7:30 pm	Cultural Event & Dinner
DAY 2 - 17 February 2024	
	Gulmohar
9.30 am to 11:15 am	Plenary Session and Panel Discussion
9:30 am to 10:30 am	Plenary Session: Ending the Tobacco Epidemic: Does Tobacco Endgame Hold Significance
10.30 am to 11.30 am	Panel Discussion: Panel Discussion: Culturally Sensitive Approaches for Tobacco Control Across India
11:30 am- 1:00 pm	Integration of National Programmes with NTCP
1.00 pm – 2.00 pm	Lunch Break
2.00 pm – 4.00 pm	Governance Strategies for Tobacco Harm Reduction- I
4:00 am- 5:30 pm	Open Papers: Oral Presentations
DAY 3 - 18 February 2024	
	Gulmohar
9:30 am- 11:30 am	Plenary Session and Panel Discussion
9.30 am – 10:30 am	Plenary Session: Capacity building and technical assistance for implementing WHO FCTC mandates including Article 9 and 10
10.30 am – 11. 30 am	Plenary Discussion: Implementation of Article 15 protocol to eliminate illicit Trade on tobacco products
11:30 am- 1:00 PM	Non-Communicable Disease and Tobacco Control
1.00 pm – 2.00 pm	Lunch Break
	Gulmohar
2.00 pm – 3.30 pm	Panel Discussion: Strengthening Commitment to Tobacco Control Through Participation of Medical Institutions
3.30 pm – 4.00 pm	WHO FCTC: Lessons for India
4.00 pm – 5.00 pm	Valedictory Ceremony followed by Hi-Tea

## Acknowledgement

We extend our warm appreciation to the Ministry of Health and Family Welfare (MoHFW) and the World Health Organization (WHO) for their invaluable technical and financial support during the 6th National Conference on Tobacco or Health (NCTOH) Organized from February 16 -18, 2024.

Special thanks to the MoHFW for nominating Nodal officers from the NTPC and State representatives, whose expertise and insights have enriched the discussions and initiatives undertaken during the conference. The participation of State representatives, their perspective and experiences added immense value to the conference deliberations. Your continued support and engagement are deeply appreciated.

The World Health Organisation has been an invaluable partner in guiding, mentoring and supporting the conference and delegations from the States. We are also grateful to our distinguished speakers, participants, and all other sponsoring organizations for their invaluable contributions to the conference. Your expertise, passion, and active participation have enriched the dialogue, fostered collaboration, and inspired collective action in the pursuit of tobacco-free communities.

We would also like to express our sincere gratitude to all our esteemed partners—Resources Centre for Tobacco Control PGIMER Chandigarh, JIPMER Puducherry, Salaam Bombay Foundation, Vital Strategies, ECHO India, Heal Foundation, and IAPSM—for their collaboration and contribution to the conference. Your dedication to our shared mission has been integral to the development and execution of impactful initiatives aimed at promoting tobacco control and improving public health outcomes.

As we reflect on the success of the 6th NCTOH, we do so with profound gratitude for the support and contributions of our partners, sponsors, speakers, participants, and all those who have played a role in making this event a resounding success. Your dedication and commitment to our shared cause inspire us to continue our efforts in advancing tobacco control and promoting public health for all.

With heartfelt thanks,

*Conference Organizing Committee- 6<sup>th</sup> NCTOH*

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## 6<sup>th</sup> NCTOH - Summary of Recommendations

- Inter-governmental collaboration with various departments like Health, Education, and Police departments are required for a ‘Tobacco free India’
- Employing continuous, broad-based advocacy strategies that engage health professionals, political entities, and the public through all available forums.
- Civil Society Organisations and CBOs should be involved in the anti-Tobacco programme.
- State specific plans and strategies to achieve the Tobacco end game & SDGs targets by 2030.
- Implement culturally tailored education programs involving community leaders to address tobacco-related beliefs and practices in diverse regions
- Develop community-centric awareness campaigns utilizing local influencers to enhance cultural relevance and impact in rural areas.
- Prioritize adolescent-centered interventions through age-appropriate and culturally sensitive programs integrated into school curricula for effective tobacco control
- Shift focus from changing individual behaviors to addressing the industry's influence
- Implementing regulations and enforcement mechanisms to curb deforestation and environment impact
- Integration of National programmes to include Tobacco Cessation will be a major enabler
- Educate and enable enforcement agencies like police and legal professionals about the importance of tobacco control measures and the available legal framework
- Proactive approach in regulatory compliance and research in emerging products and ENDS
- Encouraging and sharing of innovative digital applications amongst States and community
- Leadership role for Tertiary care institutions in research, capacity building in districts and communities
- Urgent monitoring and prohibition oversight of tobacco promotion through media, films and OTT to counteract and safeguard impressionable demographics
- Disincentivising Tobacco production by appropriate taxation and encouraging livelihood alternatives

## Inaugural Session

The 6th National Conference on Tobacco or Health (NCTOH) conference was organized from 16th -18th Feb 2024 by IIHMR Delhi with support from the Ministry of Health and Family Welfare, Government of India and World Health Organization.

The conference began with the inaugural session presided by

**Chief Guest:** Dr. Atul Goyal (DGHS-Directorate General of Health Services)

**Guest of Honor:** Dr. Yutaro Setoya, Team Lead, Non-Communicable Diseases and Comorbidities at WHO India Country office

### **Distinguished Guests:**

Dr. Akshay Jain , Joint Director, National Health Authority)

Dr Prakash Gupta, Director HEALIS as Distinguished Guests

Mr. Manish Joshi, CEO, Narotam Sekhsaria Foundation

Dr. Sutapa B Neogi, Director- IIHMR Delhi

Dr. Punit Yadav, Professor- IIHMR Delhi

Master of Ceremony: Dr. Nidhi Yadav, Associate Professor, IIHMR Delhi

As a mark of respect, the deity was invoked before beginning of the programme, by lamp lighting ceremony and Saraswati Vandana, followed by felicitation of the guests. Dr. Sutapa. B Neogi, Director IIHMR, in her address highlighted the achievements of IIHMR in the field of public health and its prominence in working towards the accomplishment of Tobacco free India programme. She thrust upon the role of academia and young researchers in advancing the cause and giving it a dominos effect.



Dr Prakash Gupta Director HEALIS, emphasized on the legacy of HEALIS in working towards the national cause and complimented IIHMR Delhi and its leadership for organizing the 6<sup>th</sup> NCTOH. He also emphasized the role of collaborative and cohesive approach for targeting the issue of tobacco use in India.



Mr. Manish Joshi, CEO, Narotam Sekhsaria Foundation expressed his wholehearted commitment for the national tobacco control programme and congratulated IIHMR Delhi for organizing the national conference for addressing such an important issue.

Dr. Akshay Jain, Joint Director, National Health Authority thrust upon the role of government initiatives and the implementation bodies in taking the tobacco control drive in full swing. He also highlighted the role of supporting sectors like education, research and training in furthering the cause.

Following the address by Dr. Akshay Jain, Dr. Yutaro Setoya, Team Lead, Non-Communicable Diseases and Comorbidities at WHO India Office presented his welcome address. He highlighted the national and international impetus on the issue of tobacco control. He thrust on learning from best practices across the world and taking the control and containment measures at rapid pace to keep up in the audacious race against tobacco.



The Chief Guest of the conference, Dr. Atul Goyal, Director General of Health Services, Government of India addressed the participants. Dr. Goyal very lucidly explained the intersectoral coordination and role of government and non-government actors in influencing the outcome of tobacco control programme. He also warned against the pressing issues that policy makers and implementers have to face in the race against tobacco menace. He congratulated and complimented the IIHMR Delhi for holding the conference of national importance and repute.





After the address by dignitaries, Ms. Marina Decost from the Narotam Sekhsaria Foundation's presented Tobacco-Free India Awards 2023 – 24, in collaboration with Salaam Mumbai Foundation. The foundation *grants an amount of INR 10,00,000 to non-profit organizations* doing excellent work in the field of tobacco control. The awardees are listed below:

1. Mr. Ajit Singh Tomar Dehradun District, Uttarakhand
2. Ms. Asha Kumari, Jhunjhunu District, Rajasthan
3. Mr. Dinesh Sunda, Jaipur District, Rajasthan
4. Mr. Girjesh Kumar Pandey, Unnao District, Uttar Pradesh
5. Mr. Manish Ashokrao Mangarulkar, Chandrapur District, Maharashtra
6. Mr. Milind Rupachand Patil, Palghar District, Maharashtra
7. Ms. Munni Begam, Jaunpur District, Uttar Pradesh
8. Mr. Parshuram Gopal Parab, Sindhudurg District, Maharashtra
9. Mr. Raj Mohammed Khan Shikalger, Jalgaon District, Maharashtra
10. Dr. Saiprasad Shinde, Nanded District, Maharashtra

The inauguration ceremony ended with vote of thanks from Dr. Punit Yadav, Organising Secretary. In his address he thanked all the supporting organisers, ministry, WHO, partners, academicians, researchers, clinicians and students for their whole hearted support in making this conference a successful endeavour.

## Key Oration Session

**Chair :** Professor K. Srinath Reddy, Honorary Distinguished Professor and Goodwill Ambassador of Public Health Foundation of India (PHFI) for Public Health Partnerships

**Co-Chair:** Dr. Satish Kumar- IIMR Delhi

### Speakers

**Global Tobacco Control Scenario** - Dr. Jagdish Kaur, Regional Advisor- Tobacco Free Initiatives, WHO- SEARO

**National Tobacco Control Programme: Tobacco Control and SDGs and Vision 2030** - Dr. L. Swasticharan, Additional Dy. Director, General and Director (EMR), Directorate General of Health Services, Ministry of Health and Family Welfare

**Structures, Policies and Resources Crucial for Sustainable Tobacco Control** - Dr. Rana J. Singh, Director- South-East Asia, Vital Strategies

### Session Summary:

Dr. Jagdish Kaur, Regional Adviser for the Tobacco-Free Initiative, highlighted the global scenario of tobacco control, with a specific focus on the South-east Asia region. With 33% of adults and 30% of adolescents consuming tobacco in the region, Dr. Kaur emphasized its

substantial impact on global tobacco control. While acknowledging a declining trend in tobacco use, particularly in the Southeast Asia region, challenges persist, as evident from the alarming tobacco-attributable mortality of 3.1 million annually. The session delved into emerging threats like novel nicotine and tobacco products, emphasizing the urgent need for robust policies. Dr. Kaur stressed the industry's evolving strategies, shifting from traditional tobacco to nicotine products, posing a new public health emergency. The complex landscape of tobacco industry tactics, especially in countries like India, was also addressed. The session concluded with a call for accelerated global tobacco policy to counter emerging challenges and protect public health effectively.

During key oration on the National Tobacco Control Programme and SDGs Vision 2030, Dr. L. Swasticharan, delivered a comprehensive overview of India's ongoing battle against the tobacco epidemic. Highlighting alarming statistics, he emphasized on the global toll of over 8 million tobacco-related deaths annually, with India witnessing 1.35 million deaths yearly. Dr. Swasticharan underscored the economic burden, revealing that tobacco-related diseases drain the Indian



economy by 1.8 lakhs each year. He emphasized on initiatives like COTPA, WHO FCTC, and the National Tobacco Control Programme. Notably, he stressed the significance of raising tobacco taxes for both public health and economic benefits. Dr. Swasticharan outlined a forward-looking strategy, advocating for a clear roadmap, multi-sectoral collaboration at various levels, community engagement, and annual Gram Sabhas dedicated to tobacco control. The priority areas for action encompassed creating a smoke-free India, raising tobacco taxation, implementing stringent measures against the tobacco industry, and addressing key regulatory aspects. In closing, Dr. Swasticharan passionately urged a collective commitment to safeguarding the youth from tobacco, emphasizing the lasting legacy this commitment would leave for future generations.

Dr. Rana J Singh, Director, South-East Asia - Vital Strategies, delivered a keynote on Structures, Policies, and Resources for Sustainable Tobacco Control. The Global Progress Report 2023 highlighted limited advancements, attributing challenges to COVID-19. FCTC Article 5 emphasized national infrastructure, coordination mechanisms, and protection from tobacco industry interests. The lack of financial resources remains a critical gap. The session explored thematic areas for sustainability, interventions' impact, equity, and countering industry influence. Key milestones in India's National Tobacco Control Programme and common challenges were discussed. The need for sub-national assessments and methodology were presented, with recommendations focusing on institutional frameworks, policy implementation, and comprehensive support for cessation.

Professor K. Srinath Reddy, the Chair, provided insightful comments on the presentations, emphasizing the tobacco industry's creativity in devising tactics. He stressed the need for adaptive strategies and effective use of legislation to counter challenges. Prof. Reddy highlighted industry influence on health professionals and political parties, calling for ongoing advocacy. He urged utilizing all forums for public debate to push tobacco control into the agenda, noting the environmental threats of tobacco cultivation. Questioning the allocation of land resources, he called for collective action to enforce policies, quoting Martin Luther King on the importance of continuous struggle for change.

### **Recommendations:**

- Employing continuous, broad-based advocacy strategies that engage health professionals, political entities, and the public through all available forums.
- Address the environmental threats of tobacco cultivation.
- Develop clear roadmap with targets and timelines for tobacco ENDGAME
- Enact and enforce stringent laws addressing novel tobacco products, regulating content, prohibiting flavor additives, and tackling illicit trade to keep pace with the industry's evolving tactics.

### **Best Practices in Tobacco Control: Learning from States**

**Chair:** Dr A.K Agarwal, IIMR Delhi

**Co-Chair:** Dr. Ambika Narain, Consultant, WHO

#### **Speakers:**

**Meghalaya** - Dr. Lana L. Nongbri, State Nodal Officer, NTCP, Meghalaya

**Himachal Pradesh** - Dr. Gopal Chauhan, SPO/SNO, NHM, HP

**Odisha** - Dr. Girija Sankar Mishra, State Consultant (NCD/NTCP), Directorate of Public Health, Govt. of Odisha

**Karnataka** - Dr. Rajani. M, Joint Director (Medical) cum Member Secretary, Karnataka

#### **Session Summary:**

The presentation made by Dr. Lana L. Nongbri, State Nodal Officer, NTCP, Meghalaya on Meghalaya tobacco control best practices highlighted that the prevalence of tobacco use is 47 percent among adults aged 15+ and 34 percent of children aged 13 to 15 years that contributed 8,000 deaths per year in Meghalaya. The government has initiated intergovernmental collaboration with various departments like Health, Education, and Police departments with support from the Sambandh Health Foundation. Religiously implemented ToFEI Program in Schools & Colleges and strongly enforced COTPA through Police departments. Under this programme 4,662 schools and 10 Colleges achieved "Tobacco Free" status along with 93

Principals/Dean, Professors, and 15,660 teachers trained at the College and School level. More than 600 police officers from 11 districts trained for COTPA and monthly follow-up, crime review, and regular challans have given impetus to control tobacco use. For this achievement, Meghalaya was awarded by WHO Southeast Asia region for the state's commitment to health and well-being in 2023.



Dr. Gopal Chauhan, SPO/SNO, NHM, HP discussed how the tobacco control programme achieved in Himachal Pradesh through MPOWER i.e Monitoring, smoke-free status, tobacco cessation facilities expanded to sub-district level, high compliance of specified pack warnings and modest rise (15 to 36%) into tobacco taxes before GST. The COTPA has been implemented with the collaboration with Health, Home, Finance, Agriculture, Food processing, Education & DPR, Law & Justice, Forest, Trade & commerce departments.

Good Practices of Odisha under National Tobacco Control Programme presented by Dr. Girija Sankar Mishra, State Consultant (NCD/NTCP), Directorate of Public Health, Govt. of Odisha analyzed that NTCP was launched in 2 districts (Cuttack & Khurda), 2010 and expanded to all District in 2017. Provided training to all the health staff from the district level to the health and wellness center level for the implementation of the programme. State and district-level coordination Committees (SLCC) have been formed under the Health Secretary to manage implementation issues. Counselling on life style modification along with Tobacco cessation being provided in NCD Clinics and Integrated counselling centers. Many initiatives are being taken for tobacco-free Hospitals (in integration with Kayakapla initiatives), govt offices, tourist places, temples, schools and colleges. Now the tobacco-free villages are the prime focus in the next 2 years with the involvement with PRI members.

Karnataka's Best Practices in Tobacco Control highlighted by Dr. Rajani. M, Joint Director (Medical) cum Member Secretary, Karnataka that state has taken many initiatives like the implementation of COTPA in 2003, the ban of gutkha, the ban on E-cigarettes, adoption of WHO FCTC Article 5.3 state protocol, a ban on the sale of single cigarettes and bidi, the introduction of tobacco vendor licensing, banned sale and consumption of hookah. State Tobacco Control Cell in coordination with District Tobacco Control Cells started the 'Tobacco Free Village Initiative' with technical support from the Union in 2020 and 26 villages were declared as 'Tobacco Free' by Grama Sabha Presidents and its members.

## **Recommendations:**

- Inter-governmental collaboration with various departments like Health, Education, and Police departments are required for a ‘Tobacco free India’.
- Civil Society Organisations and CBOs should be involved in the anti-Tobacco programme.
- Best performing police officers, teachers and other stakeholders should be awarded for this activity.
- Innovative approaches & financing is needed to sustain tobacco control programme.
- A robust monitoring and redressal mechanism is required to resolve the issues of policy implementers.
- Need to prepare state specific plans and strategies to achieve the Tobacco end game & SDGs targets by 2030.

## **Voices from the Field**

**Chair:** Dr Rakesh Gupta, President, Strategic Institute for Public Health Education and Research

**Co-Chair:** Ms. Tshering Bhutia, Chief Innovation Officer and SVP - Preventive Health Salaam Bombay

### **Speakers**

**DEEP (Deciphering Epidemic of Epic Proportion)** - Dr. Upendra Bhojani, Faculty, Institute of Public Health, Bengaluru

**Fight against Tobacco Torment : Pravara’s Perspective**-Dr. Ravi Manerikar, Professor and Principal, Rural Dental College Loni Maharashtra Pravara Institute of Medical Sciences

**Comprehensive Tobacco Control Programme** - Dr. Noopur Kokane, Assistant Professor and Co-investigator from Department Public Health Dentistry, Government Dental College & Hospital, Nagpur

**Tobacco Use and adolescent health in Mumbai Slums** - Mr. Narayan Lad, AGM, Salaam Mumbai Foundation



Dr. Bhojani presented an overview of the DEEP (Deciphering Epidemic of Epic Proportion) project, a five-year initiative funded by the DBT/Wellcome Trust India Alliance. Focusing on tobacco use in ten Indian states during the economic liberalization era, the project explored four macro-level conditions, including political regimes, public policies, industry interference, and civil society impact. The Qualitative Comparative Analysis revealed three configurations contributing to a significant decline in tobacco use. Additionally, the project actively engaged with civil society through curated courses and training programs. The innovative outreach extended to the general community through a curated art exhibition, enriching the discourse on tobacco control.



Dr. Manerikar highlighted Pravara's groundbreaking efforts in rural India to combat tobacco-related oral cancer. Despite high incidence rates and low awareness, Pravara's model integrated community, academic, and research approaches. Overcoming challenges like late-stage diagnosis and elevated treatment expenses, Pravara adopted an unconventional, population-centric strategy. Religious leaders and folk artists played pivotal roles in conveying the harmful effects of tobacco, supplementing traditional awareness methods. Pravara's commitment extends to a more people-centric approach, planning to broaden awareness campaigns to teenagers, emphasizing comprehensive oral cancer care from prevention to rehabilitation services under one roof.

Dr. Noopur Kokane presented a concise overview of the Comprehensive Tobacco Control Programme in Gadchiroli, Maharashtra, targeting tribal students in challenging-to-reach areas. The two-phase initiative, focusing on awareness, screening, and treatment, stands out as one of the most extensive studies on tobacco habits and oral health among marginalized tribal school students. The outcomes provide valuable insights for strategic planning and the development of a comprehensive national oral health policy, addressing the immediate concerns of oral health in tribal populations and serving as a baseline for assessing economic and overall impacts.

Mr. Narayan Lad from Salaam Mumbai Foundation presented findings on Tobacco Use and Adolescent Health in Mumbai slums, revealing alarming statistics among 7th-grade students. The study emphasized the urgent need for targeted interventions in under-resourced settings, where 6% of students had used tobacco, with over half being current users and 30% reporting frequent use. Mr. Lad stressed the importance of utilizing insights to shape a comprehensive public health approach, addressing the unique challenges faced by adolescents in these settings for a healthier, tobacco-free future.

IIHMR Delhi felicitated all four organizations with the Champion Awards for their outstanding contribution in Tobacco control.

### **Recommendations**

- Implement integrated policies addressing political, public policy, industry, and civil society aspects for comprehensive tobacco control.
- Develop community-centric awareness campaigns utilizing local influencers to enhance cultural relevance and impact in rural areas.
- Tailor educational initiatives for marginalized populations, such as tribal school students, focusing on awareness, screening, and treatment.
- Prioritize adolescent-centered interventions through age-appropriate and culturally sensitive programs integrated into school curricula for effective tobacco control in urban slums.

## **Environment and Tobacco Control**

**Chair:** Dr. A. K. Agarwal, IIHMR Delhi

**Co- Chair:** Dr Ratika Samtani, IIHMR Delhi

### **Speakers:**

**Second and Third Hand Smoke- How is it Impacting Health – Guest Speaker**

**Forest Fires, Climate Change and Tendu Patta - Dr. Shivam Kapoor, Vital Strategies**

**Unraveling the Environmental Burden of Bidi Smoking in India - Dr. Yogesh Jain, Ph. D Scholar, AIIMS Jodhpur**

**Health Hazards among Women Beedi Rollers in Bihar - Dr. Pyare Lal, Director, Bihar Institute of Economic Studies, Patna**

### **Session Summary:**

The session on Environment and Tobacco Control delved into the multifaceted relationship between tobacco consumption, environmental degradation, and public health. Participants highlighted the environmental footprints of tobacco, from deforestation caused by land clearance for cultivation to the release of toxic chemicals during cigarette manufacturing and disposal of cigarette butts, contributing to soil and water pollution. The session also emphasized on the interplay between forest fires, climate change, and the livelihoods of communities reliant on resources like Tendu Patta which represents a complex and pressing issue that demands attention and action. Forest fires, exacerbated by changing climatic conditions, pose significant threats to ecosystems and human well-being, particularly in regions where forest resources serve as a primary source of livelihood.



The discussion on Forest fires, Climate Change and Tendu Patta emphasized that tendu leaves are collected every year for producing bidi sticks. Uncontrolled fires are reported in the tendu areas, as there is a traditional practice of using fires to cut back the young, exposed shoots of tendu plant and to injure its roots so that they may coppice and produce fresh, green, good quality leaves for bidi rolling. The practice has no scientific validity and is prohibited by law and discouraged by the state but is still widely practiced. The issue of increasing forest fire incidences needs to be addressed explicitly due to its circular relationship with climate change. Carbon sequestration benefits of forests are being threatened by rising degradation/forest fires leading to climate change. The discussion on "Unraveling the Environmental Burden of Bidi Smoking in India" delves into the ecological impact of bidi consumption. It examines the environmental consequences of bidi smoking, highlighting its implications for air quality, deforestation, and waste management. The conversation surrounding "Health Hazards among Women Beedi Rollers in Bihar" focuses on the occupational risks faced by female workers in the bidi industry. It explores the health implications of bidi rolling, including respiratory issues, ergonomic strains, and exposure to harmful chemicals, shedding light on the need for protective measures and healthcare interventions.

The session underscored the urgent need for integrated approaches that address both the health and environmental dimensions of Bidi smoking, Tendu Patta. In conclusion, the session emphasized the importance of fostering multi-sectoral partnerships and adopting evidence-based strategies, stakeholders can mitigate the ecological burden while promoting public health and environmental sustainability.

**Recommendations:**

- Implementing stringent regulations and enforcement mechanisms to curb deforestation and promote sustainable tendu leaf cultivation practices.
- Promoting awareness campaigns to educate consumers about the environmental impact of bidi smoking and encourage behavioral change.
- Strengthening waste management systems to mitigate the pollution stemming from bidi butt disposal.
- Enhancing collaboration between government agencies, civil society organizations, and the tobacco industry to develop holistic solutions.

## Plenary Session: Ending the Tobacco Epidemic: Does Tobacco Endgames Hold Significance

**Chair:** Dr Prakash Gupta, Director HEALIS

**Moderator:** Dr. Sonu Goel, Professor of Health Management, School of Public Health, PGIMER Chandigarh

### Panelists:

**What is Tobacco Endgame/ Definitions, Components and Advocacy** - Dr. Rakesh Gupta, President, Rajasthan Cancer Foundation, Jaipur,  
**Global Best Practices of Tobacco Endgame** - Dr. Monika Arora, Vice President (Research and Health Promotion) PHFI,

### Session Summary:

Dr. Sonu Goel's presentation on Tobacco Endgame emphasized moving beyond traditional control measures towards eliminating the tobacco epidemic. Key strategies included phasing out commercial tobacco, de-normalizing its use, and implementing taxation. Examples from various countries were provided, highlighting the importance of international cooperation and government targets. Challenges in India were discussed, with emphasis on initiatives like the Tobacco Endgame Hub for evidence-based policy changes. Despite obstacles, Dr. Goel stressed the imperative of persisting in efforts for a tobacco-free society due to substantial public health and economic benefits.



Dr. Rakesh Gupta highlighted a shift towards eliminating commercial tobacco sales within a defined timeline. He emphasized the need for a universally accepted definition and outlined key components including policy implementation, societal norm deconstruction, and legal considerations. Advocating for a timeline-driven approach, Dr. Gupta underscored the urgency to combat

the industry-driven tobacco epidemic and called for strategic planning tailored to local contexts. He urged a focus on the tobacco industry's deceptive tactics and emphasized the need

Dr. Monika Arora led discussions on Global Best Practices for Tobacco Endgame during this session. The endgame proposals highlighted structural determinants of smoking, including phasing out retail tobacco sales, implementing smoke-free generation policies, and regulating tobacco product contents. Country profiles showcased initiatives like New Zealand's Smoke Free New Zealand 2025 and Australia's National Tobacco Strategy 2023–2030, aiming for less than 5% smoking prevalence. The concept of Tobacco-Free Future Generations advocated for legislation to restrict tobacco sales to individuals born after a certain date, while Tobacco-Free

Generation approaches like those in the Netherlands and Singapore aimed to inspire zero smoking incidence among youth. She emphasized the importance of tobacco vendor licensing and reducing tobacco product availability to enforce compliance with tobacco control laws.

Dr. P. C. Gupta, the session chair, provided a crucial insight during the session, emphasizing the need to shift focus from tobacco to nicotine in discussions about the End Game. Highlighting that the tobacco industry primarily sells nicotine, he stressed the importance of understanding smoking as a delivery mechanism for this addictive substance. Dr. Gupta cautioned against using terms favored by the tobacco industry, such as "safer cigarette" and "harm reduction," urging for a shift towards "harm elimination" instead. He emphasized the necessity of engaging the tobacco industry on neutral ground and refraining from adopting their terminology to effectively combat nicotine addiction and its associated harms.

#### **Recommendations:**

- Shift focus from changing individual behaviors to addressing the industry's influence.
- We should focus on youth led intervention efforts that would yield sustainable solutions. India has demonstrated some models aimed at behaviour change among adolescents. Those should be popularized.

### **Panel Discussion : Culturally Sensitive Approaches for Tobacco Control Across India**

**Chair :** Dr. AK Khokhar, IIHMR Delhi

**Co-Chair :** Ms. Shalini Bassi, Senior Research Scientist, PHFI

#### **Panelists**

Dr. Nichukholie Vupru, District Nodal Officer, Nagaland

Dr. Mir Mushtaq Ahmad, State Nodal Officer, Kashmir

Dr. Lana E. Lyngdoh Nongbri, State Nodal Officer, Meghalaya

Dr. Prakash Kumar Shrivastava, Divisional Coordinator Chhattisgarh – Vital Strategies

#### **Summary:**

Tobacco is a social malady and coping with it requires its incorporation into National policies and programs for Tobacco Control. We may have to look for Tobacco Control.

With regards to the issues related to culture beliefs, practices and rituals and their impact on Tobacco control, Mr. Prakash Kumar remarked that in Chhattisgarh, the tradition involves gifting tobacco and alcohol during childbirth, marriages, and other events, attributing their

usage to Devi/Devotas. Communicating the harm associated with tobacco becomes challenging due to these deep-rooted beliefs.

Dr. Lana highlighted the use of betel leaf and betel nut in rural areas, with raw tobacco shared through pipes, while urban areas witness diverse tobacco products, considered anti-bacterial and socially acceptable. The issue has been addressed in cancer conclaves and similar forums.

Dr. Ahmad informed that while hukka in family settings and shops has diminished in Kashmir, smoking remains a concern, accompanied by the emerging trend of hukabars. Dr. Vupru pointed out the significant challenge of social acceptance of smokeless tobacco among some tribes who believe that chewing betelnuts promotes clean and white teeth.

Responding to questions about tobacco cessation efforts and associated barriers, Dr. Ahmad discussed that involving community leaders, Maulvis, PRIs, social media, and sports figures, would lead to increased social acceptance, such as people refraining from smoking in buses. Mr. Prakash mentioned companies shifting promotional activities, creating a bottleneck.

On being asked about strengthening activities being undertaken for tobacco control, Dr. Lana emphasized the importance of targeting young people, involving the education department, and collaborating with partners, stressing the need for sensitization and legal controls. Dr. Ahmed highlighted the necessity for region-specific approaches, while Dr. Vupru underscored the importance of awareness programs despite the associated challenges.

Regarding the preservation of cultural traditions and the promotion of tobacco control, Mr. Prakash advocated for intensive campaigns, Dr. Lana cautioned against excessive information, Dr. Ahmed suggested involvement of community leaders and Panchayati Raj Institutions and Dr. Vupru proposed school programs, community engagement, and participation of church leaders. Mr. Prakash noted the lack of consideration of tobacco as "Nasha" in his state, emphasizing the need to overcome this perception.

During the Q&A session, delegates stressed the significance of behavior change, involving housewives, religious leaders, youth, and celebrities. The discussion highlighted the need for attention to adolescents and school dropouts. Dr. A. K. Khokhar and Ms. Shalini Bassi summarized the deliberations before concluding the session.

### **Recommendations:**

- Implement culturally tailored education programs involving community leaders to address tobacco-related beliefs and practices in diverse regions.
- Forge multi-stakeholder collaborations with influencers, religious leaders, and PRIs for widespread advocacy of tobacco control measures and social norm changes.



- Develop youth-centric awareness strategies, integrating anti-tobacco messages into school curricula and engaging celebrities to counter tobacco companies' appeal among young people

## Best Practices in Tobacco Control : A Civil Society Perspective

**Session Chair :** Dr. Vinay Tripathi, IIHMR Delhi

### Speakers

**A Civil Society Intervention to Stop Virtual Cultural Event Sponsored by Tobacco Industry** - Mr. Saju V. Itty, Executive Director Kerala Voluntary Health Services

**Civil society intervention for training of stakeholders for implementation of NTCP the state of Haryana** - Ms. Opinder Preet Kaur Gill, Programme Director, Generation Saviour Association

**Adoption and implementation of tobacco vendor licensing at sub national level in India** - Mr. Vivek Awasthi, Executive Director, U P Voluntary Health Association

**Comparison of Tobacco use behavior and cessation outcomes during the pre-COVID and COVID in Mumbai India** - Dr. Himanshu Gupte, Vice President – Health, Narotam Sekhsaria Foundation, Mumbai

**Tobacco free Sri Amarnath Ji yatra** - Dr. Mohd Naser, State Project Coordinator Vital Strategies, Jammu and Kashmir

### Session Summary:

Each speaker discussed about the important work which their respective organizations are doing and shared their learning towards tobacco control efforts.

Dr. Vitty shared different interventions which were taken by the KVHS (along with Tobacco Free Coalition) to stop virtual cultural event that were sponsored by tobacco industry and promoting brand name and tobacco products. The interventions were in the form of filing RTI, complaint/notice filing to the concerned health and administrative authorities and filing of PIL in Hon. Kerala High Court (which subsequently led to the favourable judgement).

Ms. Gill shared about the training and sensitization intervention which GSA is undertaking in the state of Haryana. She shared that since 2017 this intervention is being implemented for different stakeholders' who are engaged in the implementation of NTCP in the state. As a result of this intervention, State Level Coordination Committee was formed, 82 Government notices and Directive Orders were issued, inter departmental implementation was initiated at both state & district levels, and 8 Districts were declared high COTPA complaint.

Dr. Awasthi shared the learning about the adoption and implementation of tobacco vendor licensing at sub-national level in India. He discussed on the importance of urban local bodies



and other stakeholders in fight towards tobacco control. He highlighted that how this coordination and intersectoral support resulted in the state level notification for tobacco vendor licensing (in 2021), issue of gazette

notification at municipal corporation level, and licensing initiation (in one of the Municipal corporations).

Dr. Gupte shared about the LifeFirst Tobacco Cessation counselling programme, an intervention which NSF is implementing in Mumbai. Using the data of this intervention, he discussed about tobacco use behaviour and cessation outcomes for two-time period (pre-COVID and COVID time). The presentation highlighted improved tobacco cessation outcomes and adherence rates to the counselling program (during the first year of COVID) and tobacco use behaviour change.

Dr. Naser presented and discussed about another intervention (Tobacco Free Shri Amarnath Yatra) which is being implemented in J&K since 2017. He highlighted how IEC, awareness, counselling, enforcing prohibition of tobacco product sale in surrounding areas, health and administrative guidelines led to the sensitization of approx. 2 million pilgrims, reduction in cases of acute mountain sickness at high altitudes, protection of environment and fire hazard prevention.

### **Recommendations:**

- Civil societies should continue with innovative approaches and interventions for tobacco control and cessation.
- Effective implementation of rules and regulations should be executed in collaboration with multiple direct and indirect stakeholders involved in tobacco control.
- Training and sensitization of different stakeholders at all levels should be a continuous activity



## Integration of National Programmes with NTCP

**Chair:** Dr. Ashoo Grover, Scientist-F, Indian Council of Medical Research, Delhi

**Co- Chair:** Dr. Rupsa Banerjee, Assistant Professor, International Institute of Health Management Research (IIHMR), Delhi

### Speakers:

**Maternal and child interventions in tobacco control** - Dr. Sonali Jhanjee, Professor, National Drug Dependence Treatment Center, All India Institute of Medical Sciences, Delhi

**School based intervention and programmes** - Dr. Ashima Sarin, Director, Sambandh Health Foundation, Haryana

**Multi sectoral integration for an effective implementation of ToFEI guidelines in the state of Haryana** - Ms. Opinder Preet Kaur Gill, Director (Programs), Generation Saviour Association, Punjab

**Multi sectoral collaboration for effective national tobacco control; a successful case study from a tobacco high burden state of India** - Mr. Rajeev Kumar, Project Coordinator, Department of Community Medicine & School of Public Health, PGIMER Chandigarh

### Session Summary:

In the session, speakers discussed case studies of tobacco control interventions. Dr. Jhanjee gave an overview of existing maternal and child interventions in tobacco control. She presented evidence from NFHS and GATS on the extent of the problem of tobacco use in pregnancy (4 to 7.4%) and lactation (5%) and highlighted the common interventions which have been proven to be effective in tobacco control in this population, ranging from psychosocial interventions to financial incentives to pharmacotherapy and their safety for use in pregnancy and lactation. She closed her talk with tobacco cessation interventions for young people and future directions of tobacco control in this important and vulnerable population group.

Dr. Sarin shared the experience of a Digital Programme implementation towards Tobacco Free Educational Institution (ToFEI) initiative in the state of Assam. She elaborated on the details of the project comprising awareness creation, digital applications for ToFEI activity reporting and verification, and follow-up and motivation of school authorities for implementation of tobacco free initiative.





Ms. Gill spoke regarding the importance and usefulness of multisectoral integration for effective implementation of ToFEI guidelines, a case study from Haryana involving health and education departments. She shared success stories from the intervention in over 8500 schools and 130 colleges achieving full compliance to tobacco-free status.



Mr. Kumar shared experience from Meghalaya on a multisectoral model involving departments of Police, Excise & Taxation, Education, Transport, Local Bodies, Legal Metrology, Food & Drug Administration, Public Relation and Information and Rural Development, under the overall nodal department of Health. The intervention involved

COTPA implementation in the state, tobacco free health institutions, tobacco testing for nicotine content and tobacco cessation centres.

### **Recommendations:**

- All interventions should undergo independent evaluation of effectiveness.
- Implementation research should be designed by collaborative efforts between researchers and implementers.
- Integration of National programmes to include Tobacco Cessation will be a major enabler

## **Governance in Tobacco Control**

**Chair:** Mr. Praveen Sinha, NPO, WHO

**Co- Chair:** Dr. Pankaj Talreja, Associate Professor, IIHMR

### **Speakers:**

**Strengthening tobacco cessation services in India- demand reduction strategies** - Dr. Vikrant Mohanty, Professor & HOD, Department of Public Health, MAIDS

**Tobacco related taxation and public policy in Indian states over the three decades** - Dr. Upendra Bhojani, Faculty, Institute of Public Health, Bengaluru

**Legal challenges in implementing tobacco control** - Dr. Aastha Bagga, Consultant, Generation Savior Association

### **Session Summary:**

The session of Governance in Tobacco Control had presentations from three speakers. This diversity brought in a three-dimensional overview of governance.

Dr. Mohanty presented an overview of cessation efforts. The presentation outlined efforts to strengthen tobacco cessation services in India, addressing the global burden and milestones from 2002 to 2023-24. It discussed current services, highlighting gaps and proposing reorientation. Strategies included enhancing the health workforce, promoting education and prevention, improving healthcare services, establishing robust information systems, conducting research, and integrating cessation education into healthcare training. Coordination with health programs, intersectoral collaboration, and gender-based interventions were also emphasized. The goal is to become cessation and wellness ambassadors, catalysing change in tobacco control for public health improvement.

Dr. Aastha Bagga, Consultant at Generation Saviour Association, highlighted tobacco control as both a public health and legal challenge in India. Legal hurdles include complexities in regulating diverse tobacco products, enforcement issues, and industry litigations. Legal provisions like the Juvenile Justice Act and Food Safety and Standards Act address tobacco restrictions.

Overcoming these challenges requires judiciary and legal fraternity sensitization, enforcer training, streamlined enforcement mechanisms, interdepartmental coordination, and vigilance



against industry tactics. Despite industry opposition, Dr. Bagga stresses the importance of advocating for stricter tobacco control measures. Resilience and determination are key in overcoming these challenges.

Dr. Upendra Bhojani provided insights into tobacco-related public policy in ten Indian states over three decades, focusing on taxation, government pronouncements, and legislative enactments. Using a calibration system, he assessed the degree of tobacco control orientation in each state's policies. Karnataka emerged as the most oriented towards tobacco control, followed by Gujarat and Bihar. Kerala, Haryana, and Nagaland show minimal orientation. The study underscored the importance of considering several factors beyond laws in assessing public policy's impact on tobacco consumption. It emphasizes the need for nuanced methods in studying public policy and recognizes states as crucial entities in tobacco control efforts.

## Recommendations:

- Need to integrate various tobacco cessation services and strategies including coordinating efforts between healthcare professionals, government agencies, and civil society organizations to ensure comprehensive support for individuals trying to quit tobacco use.
- Educate judges and legal professionals about the importance of tobacco control measures and the legal framework surrounding them. Provide regular training to law enforcement officials to enhance their understanding of tobacco control laws and improve enforcement efforts.

- Implementing effective taxation policies to increase the price of tobacco products and reduce their affordability.
- Encouraging government representatives to make public statements against tobacco use and advocate for tobacco control measures. Enacting and enforcing comprehensive tobacco control laws, including bans on advertising, promotion, and sponsorship of tobacco products.

## Emerging & Nicotine Products

**Chair:** Dr Shalini Singh, Director, ICMR-NICPR

**Co-Chair:** Dr. Mukesh Ravi Raushan, IIHMR Delhi

### Speakers

**Quitline Initiatives** - Dr. Rajkumar, Director, Vallabhbhai Patel Chest Institute

**Banned Electronic Nicotine Delivery System (ENDS) Products** - Dr. Rakesh Gupta, President, Strategic Institute for Public Health Education and Research

**Newer Emerging Tobacco and Nicotine Products** - Dr. Vedha V.P.K, Consultant - WHO

**E-Cigarette Use Among Adolescents from Urban Slums of Mumbai Four Years after the Ban** - Ms. Gauri Mandal, General Manager, Salaam Bombay

### Summary:

The work presented by Dr. Raj Kumar, Director, Vallabhbhai Patel Chest Institute, University of Delhi, Delhi-110007 entitled “Quitline Initiatives - National Tobacco Quitline Services” reflects the comprehensive program designed to provide accessible and evidence-based support to individuals who wish to quit smoking or using other tobacco products. These services typically offer a range of resources, including telephone counselling, online support, informational materials, and referral to other cessation resources such as medications or in-person counselling. The primary goal of these initiatives is to increase quit attempts among tobacco users and promote long-term abstinence from tobacco use. In conclusion, National Tobacco Quitline Services play a crucial role in tobacco control efforts by providing accessible, evidence-based support to individuals who want to quit smoking or using other tobacco products. By offering counseling, resources, and referral services, these initiatives help increase quit attempts and promote long-term abstinence from tobacco use, ultimately contributing to improved public health outcomes and reduced tobacco-related harm.

The second presentation was on Electronic Nicotine Delivery Systems (ENDS), commonly referred to as e-cigarettes or vaping devices, have gained significant popularity in recent years as alternatives to traditional tobacco products by Dr. Rakesh Gupta, President, Strategic Institute for Public Health Education & Research (SIPHER). In response to increasing concerns, governments and regulatory bodies have implemented bans on ENDS products, either through comprehensive prohibitions or restrictions targeting specific aspects such as sales to minors, flavored products, or marketing practices. Despite the implementation of bans, challenges remain, including enforcement issues, the proliferation of illicit markets, and the need for comprehensive tobacco control strategies.



The third presentation was on “Newer Emerging Tobacco and Nicotine Products” by Dr. Vedha V.P.K., Technical Coordinator, WHO, India. In recent years, a variety of newer and emerging tobacco and nicotine products have entered the market like Heated Tobacco Products (HTPs), Nicotine Pouches, Novel Oral Nicotine Products. Regulatory responses to newer tobacco and nicotine products vary globally, with some countries implementing strict regulations to limit their availability, marketing, and use, while others adopt more permissive approaches. In conclusion, newer and emerging tobacco and nicotine products present complex challenges and opportunities for public health. Efforts to understand their characteristics, usage patterns, and potential health effects are essential for developing effective regulatory frameworks and public health interventions that prioritize harm reduction and tobacco control.

The fourth presenter emphasised on “e-cigarette use among adolescents from urban slums of Mumbai after four years” by Gauri Mandal of Salaam Bombay Foundation, Mumbai, and co-authored by Dr. Himanshva Gupte, Narotam Sekhsaria Foundation, India. The study investigates e-cigarette use among adolescents residing in urban slums of Mumbai, India, four years after the implementation of a ban on these products. Preliminary findings suggest that despite the regulatory ban, a notable proportion of adolescents in these communities continue to use e-cigarettes. Factors such as peer influence, accessibility, and perceptions of e-cigarette safety are identified as significant determinants of use. The study underscores the ongoing challenge of e-cigarette use among vulnerable populations and emphasizes the need for targeted interventions and policy measures to address this public health issue effectively.

**Recommendation:**

- **Regulatory Oversight:** Governments and regulatory bodies would have to strengthen comprehensive regulatory frameworks to govern the manufacture, sale, marketing, and use of emerging tobacco and nicotine products. These regulations should prioritize public health by restricting youth access, limiting flavors that appeal to young people, and ensuring accurate product labeling.
- **Research and Surveillance:** Continued research is essential to better understand the health effects, patterns of use, and potential harms associated with emerging tobacco and nicotine products. Surveillance systems should be established to monitor trends in product use, including among vulnerable populations such as adolescents and pregnant women.
- **Public Education and Awareness:** Public health campaigns should continue to educate the public, especially youth, about the risks associated with emerging tobacco and nicotine products. These campaigns should highlight the potential health consequences, addictive properties, and lack of regulation surrounding these products.
- **Integration into Tobacco Control Strategies:** Emerging tobacco and nicotine products should be integrated into existing tobacco control strategies, including smoke-free policies, taxation, and cessation programs.
- **Collaboration with Stakeholders:** Multi-sectoral partnerships can facilitate the development and implementation of comprehensive strategies to reduce their use and mitigate associated harms. Collaboration between governments, public health agencies, healthcare providers, educators, and community organizations is crucial to effectively address the challenges posed by emerging tobacco and nicotine products.
- **Support for Smoking Cessation:** Evidence-based cessation interventions, including counselling and pharmacotherapy, should be made readily available and accessible to those seeking help quitting these products.

**Governance Strategies for Tobacco Harm Reduction**

**Chair:** Dr. A.K. Khokhar, IIHMR Delhi

**Co- Chair:** Dr. Himanshu Tolani, IIHMR, Delhi

Dr. Nimai Chandra Mandal, State Nodal Officer (NTPC), Kolkata

**Speakers:**

**Gender and tobacco; a missing link in tobacco control research policies and programs?** - Dr. Upendra Bhojani, Faculty, Institute of Public Health, Bengaluru



**Youth change agents in rural India for a tobacco free healthy environment** - Mr. Rajashree Kadam, Trustee, Salaam Mumbai Foundation

**SWOT analysis of the national tobacco control programs institutional framework in three states of India** - Dr. Shivangi Agarwal, Department of Community Medicine, School of Public Health, PGIMER, Chandigarh

**Geographical mapping for assessment of tobacco cessation need in Udupi district Karnataka; an exploratory perspective** - Dr. Ramprasad Vasthare Prabhakar, Professor and Head Manipal College of Dental Sciences

**Compliance with health warning signs according to COTPA(Section 7, 8, 9) on tobacco products** - Dr Sourabh Paul, Associate Professor, All India Institute of Medical Science, Raebareli, Uttar Pradesh

**Compliance assessment of smoke free public place legislations in two states of India; Telangana and Meghalaya** - Mr. Rajeev Kumar, Project Coordinator- PGIMER, Chandigarh

**Mapping tobacco industry interference in Indian states over the three decades: need for a nationwide policy framework** - Mr. Anand Kumar, Research officer, Institute of Public Health Bengaluru

### Session Summary:

The session “Governance strategies for tobacco harm reduction” started with an enlightening introduction from the chairperson and baton was handed over to the speakers. The first speaker, Dr. Bhojani highlighted the gender differences in tobacco control programs and concluded that there is underrepresentation of women in powerful and decision-making positions.

Ms. Rajashree explained the transformation of young agents in sensitizing community and stakeholders for tobacco control across India. Dr. Shivangi asserted the importance of integration of tobacco control programs into broader health programs.



Dr. Ramprasad unfolded the spatial inequalities of tobacco cessation in Udupi district of Karnataka. Dr. Saurabh quantified the compliance with health warnings on tobacco products Raebareli district of Uttar Pradesh.

Mr. Rajeev Kumar assessed the compliance of smoke-free public place legislations in the states of Meghalaya and Telangana. Dr. Anand mapped the tobacco industry interference over Indian States.

### **Recommendations:**

- Governance strategies for tobacco harm reduction should prioritize evidence-based policies, fostering collaboration between public health entities, policymakers, and industry stakeholders.
- Continuous evaluation and adaptation to emerging research ensure effectiveness in mitigating tobacco-related harm while respecting individual liberties.
- Social equities, community engagement, spatial inequities in programme delivery require to be addressed

## **Digital Interventions in Tobacco Control**

**Chair:** Dr. B. M. Shrivastava, Ex State Nodal Officer NTCP, Madhya Pradesh

**Co- Chair:** Dr. Anandhi Ramachandran, Professor, IIMR Delhi

### **Speakers:**

**Innovative solutions for offering cessation** - Dr Pratima Murty, Director and Senior Professor of Psychiatry, NIMHANS

**TMA: an app for monitoring and strengthening enforcement activity for COTPA and ToFEI Implementation** - Mr. Ashish Singh Technical Advisor, Palahal Foundation

**Tobacco free educational institution (ToFEI) app by Salaam Mumbai foundation: a sustainable digital solution** - Ms. Kalpana Pillai, General Manager, Salaam Mumbai Foundation

**Tobacco industry and front groups in India: “You’re being watched”** - Dr. Shivam Kapoor, TechVital Strategies

**ECHO India's role in health system strengthening** - Dr. Haresh Chandwani, General Manager-Projects, ECHO India

### **Session Summary:**

The Co-Chair started the session by highlighting the role of digital interventions in tobacco cessation and control. She then welcomed the Chair Dr. B.N. Shrivatsava and introduced the speakers. The first speaker was Dr. Pratima who highlighted the use of digital interventions for tobacco cessation like text messaging & chatbots, M-Cessation, Telemedicine & counselling. She highlighted the various interventions designed and put into place by NIMHANS. She introduced the audience to the Comprehensive Certificate Course in Tobacco Cessation conducted by NIMHANS.



Mr Ashish Singh, spoke about the Tobacco Monitoring Application and its implementation in Chhattisgarh. The reason for the application development is due to the high users of the tobacco in the country. The application helps in enforcing COTPA guidelines. It has two interfaces, one for the enforcer and another is for tobacco education for the Institutes. The app has been mapped with COTPA guidelines and the enforcer can use the app to check tobacco violation. Challans can be issued through the application.

Ms Kalpana Pillai spoke about the Tobacco Free School App. The app has been designed in three languages Hindi, English and Marathi. It is being implemented in all the districts of Maharashtra. It is used to skill the teachers to conduct sessions about the harmful effects of tobacco, to counsel the parents about the dangers of tobacco. The app can be used for tobacco control and monitoring. The app was introduced in 2015 with an idea to decrease the documentation related to different criteria. The focus is to create a tobacco free school environment.



This was followed by a talk Dr Shivam Kapoor . He spoke about the Tobacco industry and the front groups in India. Farmers are front groups and subsidiaries, associates etc are tobacco industries. By adopting the TIMRA model the senior tobacco industry employees, lobbyists, public servants, politicians were monitored digitally for their financial connections and conflict of interests. The information is assessed

from websites, newspapers, news, blogs, social media. Various use cases were discussed.

The last speaker of the session was Dr. Haresh Chandwani, ECHO India. He spoke about the capacity building, "Moving knowledge not people" through the ECHO digital platform. The model is based on didactic learning. It follows hub and spoke model. Team of experts come together at the hub and doctors and practitioners at various spokes link with the experts through the platform , share information and discuss cases. This helps in providing the right knowledge and helps in building the capacity of the various working professionals who take their learning further to treat their patients.

The Chair Dr B.M.Shrivastava, concluded the session by summarizing the talks, sharing his experience of tobacco control and stressing the importance of using digital tools for tobacco cessation, monitoring and control.

## Recommendations:

- A multifaceted approach must be adopted which includes innovative digital solutions combining behavioural, pharmacological, social and policy level interventions
- Encouraging and sharing of innovative digital applications amongst States and community

## Media and Tobacco Control

**Chair:** Prof Sunetra Sen Narayan, Institute of Mass Communication Delhi

**Co-Chair:** Dr. Divya Aggarwal, IIHMR Delhi

### Speakers:

**Role of digital media and content screening in broadcasting on television and OTT platforms** - Ms. Vishakhi Malik Director, Policy Advocacy Communication Programs India, Vital Strategies

**Scientific evidence supporting extension of TOBACCO free film and TV rules on OTT** - Ms Niharika Rao, HRIDAY

**Extension of tobacco free film rules and TV rules to OTT: challenges in implementation and enforcement** - Dr. Muralidhar Kulkarni, Professor, Community Medicine, Manipal Kasturba Medical College, Manipal

**Role of Media in tobacco control** - Mr. Binoy Mathew, Programme Manager- Communication- VHAI

### Summary:

Role of Digital Media and Content Screening in Broadcasting on Television and OTT Platforms by Ms Vaishakhi Malik from Vital Strategies explained that the tobacco marketing in India is shifting towards streaming platforms, surpassing traditional TV, despite efforts such as the Film Rule. Inconsistent implementation and embedded sponsorship in popular content like Netflix's "Drive to Survive" highlight challenges, compounded by emerging trends like metaverse and NFTs. Scientific Evidence Supporting Extension of Tobacco-Free Film and TV Rules on OTT by Ms Niharika Rao, HRIDAY explained that the heightened exposure to movie smoking increases adolescent smoking initiation risk, compounded by widespread OTT platform usage in India since 2013, contrasting



with declining Bollywood cinema attendance. Studies reveal frequent tobacco scenes and brand promotion in series, raising concerns about their influence on youth.

Extension of Tobacco-Free Film Rules and TV Rules to OTT: Challenges in Implementation and Enforcement by Dr. Muralidhar Kulkarni, Professor, Community Medicine, Manipal Kasturba Medical College, Manipal presented their study which was done in 5 blocks comprising 14 schools in Udupi District which contributed to 40,000 participants and it took 2 years to complete. The study found a significant correlation between exposure to tobacco imagery in films and increased susceptibility to smoking initiation, with susceptibility rising as exposure levels increased. While there is a need for further research on optimal design and content, these findings underscore the importance of fully implementing tobacco-free film rules and enforcing regulations to prevent smoking uptake effectively.

Role of Media in Tobacco Control by Mr. Binoy Mathew, Programme Manager, Communication- VHAI explained that Delivery of impactful stories to media, connecting spokespersons with journalists to motivate district administrations through positive and negative narratives while cultivating one-on-one relationships and maintaining regular follow-ups to maximize campaign effectiveness.

#### **Recommendations:**

- Urgent monitoring and prohibition of tobacco promotion are recommended to counteract and safeguard impressionable demographics through media, films and OTT oversight.
- We need to strengthen COTPA enforcement and utilize effective messengers for successful implementation.

### **Tobacco Burden among Tribal and Indigenous Communities**

**Chair:** Dr. A. K. Agarwal, IIHMR Delhi

**Co-Chair:** Dr. Atreyi Ganguli, National Professional Officer- WHO India

#### **Speakers:**

**Burden of tobacco use among tribal and indigenous communities of India :** Dr. Santanu Nath, Associate Professor (Psychiatry)-AIIMS Deoghar

**Tobacco burden, legal awareness and perceived control measures among health care students, professional and staff of Bihar and Jharkhand -** Dr. Bijit Biswas, Assistant Professor, Community and Family Medicine AIIMS Deoghar

**Leveraging medical colleges for tobacco control among tribal and indigenous communities -** Prof (Dr.) Saurabh Varshney, Executive Director, and CEO, AIIMS, Deoghar

**Barriers and facilitators of tobacco control among tribal and indigenous communities of Jharkhand** - Dr. Santanu Nath, Associate Professor (Psychiatry)-AIIMS Deoghar

**Session Summary:**

The session on "Tobacco Burden among Tribal and Indigenous Communities" provided a platform to explore the unique challenges and implications of tobacco use within indigenous populations.

Participants acknowledged the deep-rooted cultural traditions and ceremonial practices associated with tobacco use among many indigenous groups. Recognizing the cultural significance of tobacco, the conversation emphasized the importance of adopting culturally sensitive approaches to tobacco control that respect tribal traditions and values. The session underscored the disproportionate burden of tobacco-related diseases and mortality faced by tribal and indigenous communities. Factors such as limited access to healthcare, higher rates of poverty, and historical marginalization exacerbate health disparities and hinder tobacco cessation efforts within these populations. Participants discussed the environmental context of tobacco use, including the impact of tobacco cultivation on indigenous lands and ecosystems. The session highlighted the need for sustainable alternatives to tobacco farming that prioritize environmental stewardship and community well-being.



Strengthening partnerships between tribal leaders, public health agencies, and non-governmental organizations to develop tailored interventions that address the unique needs of indigenous populations. Investing in culturally relevant tobacco prevention and cessation programs that integrate traditional healing practices and community engagement strategies. Advocating for policies that protect indigenous rights, promote smoke-free environments, and regulate tobacco marketing targeting tribal communities.

**Recommendations :**

- The session underscored the importance of adopting a holistic approach to tobacco control that respects the cultural autonomy of tribal and indigenous groups while addressing the complex interplay of social, economic, and environmental factors influencing tobacco use.
- By centering indigenous voices and fostering collaborative action, stakeholders can work towards creating healthier, more resilient communities free from the burden of tobacco-related harm.

## Plenary Discussion: Implementation of Article 15 protocol to eliminate illicit Trade on Tobacco Products

**Chair :** Dr. A. K. Khokhar, IIHMR Delhi

**Co-Chair :** Dr Preetha GS, IIHMR Delhi

**Panellist/Speakers:**

Dr. Praveen Sinha, NPO, WHO Country Office, New Delhi

Dr. Rijo John, Independent Consultant and Researcher, Kerala

**Session Summary:**

The deleterious effects of tobacco account for 27.5 billion INR or 1% of GDP every year which is more than the health budget, which is only calculated from out of pocket expenditure.



WHO launched the first global health treaty FCTC and used Article 17 and 19 to create the first public health treaty. India ratified the treaty in 2004 and currently 184 countries are signatories. The Government of India has played a key role and is one of the leaders for promoting the FCTC. Article 15 sees that parties recognise Article 15 of the Framework Convention of Tobacco Control (FCTC) that

elimination of all forms of illicit trade of tobacco products including smuggling, illegal manufacture, counterfeiting, developing and implementation of laws in addition of regional and other agreements for tobacco control.

Tobacco companies try to arm twist the government by saying that tobacco control measures help illicit trade to flourish. There are two studies done as per global protocol which found that illicit trade was about 5%, whereas tobacco industry puts the figure at 20%. The studies convinced the Government of India to go ahead and ratify the illicit trade protocol. The Illicit trade protocol over 4 years and 5 sittings of the Inter-governmental committee has come to force and India has ratified it in addition to 39 countries of the world. The protocol has 10 parts and 47 articles.

Tobacco taxation is not a key determinant of illicit trade as claimed by tobacco industry. Thirty percent of ITC stocks are held by the Government of India.



## Recommendations :

- All Article 15 provisions to be implemented
- National governments should levy higher taxes on tobacco products as part of tobacco control measures
- The Government of India may consider to disentangle from Tobacco industry led programmes

## Non-Communicable Disease and Tobacco Control

**Chair:** Dr Preetha GS, IIHMR Delhi

### Speakers:

**Burden of cancer related to tobacco** - Dr A K Tyagi, Director Surgical Oncology Yashodha Hospital

**Burden of cardiovascular diseases related to tobacco** - Dr. (Prof.) Shekhar Kashyap Cardiologist

**Burden of pulmonary and lung disease related to tobacco** - Dr Sai Praveen Haranath, Senior Pulmonologist and Intensivist, Apollo Hospitals, Jubilee Hills, Hyderabad

**Burden of mental health and tobacco** - Dr. Prabhoo Dayal, Professor of Psychiatry, National Durg Dependence Treatment Center (NDDTC) AIIMS

### Session Summary:

Tobacco is a risk factor for non-communicable diseases such as cardiovascular diseases, cancers, chronic obstructive pulmonary diseases(COPD) as well as mental disorders.

Dr. AK Tyagi, during his presentation touched on a number of challenges he encounters as an onco surgeon such as diagnosis of cancers during later stages, non representative registries and increasing incidence of cancers. He emphasized on early detection and referral to treatment centres besides generating awareness amongst practitioners and society.

Dr. Kashyap highlighted the aetiological role of tobacco in heart diseases and stroke which is not very well recognized. He emphasized that Tobacco is a major cause of



Cardiovascular illnesses. He stressed the importance of tobacco cessation and said that tobacco cessation successfully revokes the risk of heart disease.

Dr. Sai Praveen spoke about COPD as a difficult disease wherein those affected are breathless and find it difficult to carry out routine activities. Tobacco has a major aetiological role in COPDs. Over a period of time COPD results in respiratory failure and low quality of life. Cessation at an early stage will arrest the deterioration of the condition.

Dr. Prabhoo Dayal, citing evidence informed the audience that tobacco use has been linked to many major psychiatric disorders and that cessation was found to be difficult in those with psychiatric disorders. Mental disorders can also lead to relapse of smoking. Tobacco related disorder account for death for about 50% of those affected with each psychiatric disorder such as schizophrenia, depression, manic-depressive psychosis.

### **Recommendations :**

- Tobacco cessation activities can translate to reduction in incidence of NCDs
- The Non Communicable Disease Programme should inherently include Tobacco and its risks as part of IEC activities
- Medical practitioners should be educate patients during consultation about Tobacco harm and importance of Tobacco cessation

## **Tata Memorial Experience in Tobacco Control**

**Chair:** Dr Prakash Gupta, Director HEALIS

**Co-Chair:** Dr Altaf Yousuf Mir, IIHMR Delhi

### **Speakers:**

**Sharing experiences of large workplace tobacco control and cessation program** - Dr. Gauravi Ashish Mishra, Professor and Physician, Tata Memorial Hospital

**Compliances to implementation of tobacco control legislation of COTPA in Mumbai** - Dr Sharmila Pimple, Professor, Tata Memorial Hospital

**Establishing rural tobacco cessation clinic** - Dr Pratibha Patil, Project Manager, Tata Memorial Hospital

**Community based program for tobacco control and cessation** - Dr Vasundhra Kulkarni, Scientific Officer, Tata Memorial Hospital

**Tobacco Cessation Programme activities in Mumbai : An experience** - Mrs Parish Majumdar, Medical Social Worker, Tata Memorial Hospital



## Session Summary:

The session dealt with some of the important learnings from the experiences of Tata Memorial Hospital in the field of tobacco control. Dr. Gauravi Ashish Mishra shared experiences of large workplace tobacco control and cessation programme. Regarding tobacco cessation, a project on police personnel involving more than 59000 police personnel focused on the prevention, control, and early detection of NCDs. Screening of police personnel for the NCDs was carried out.



Tobacco control and the cessation program for cab drivers, bus drivers & bus conductors, Auto-rickshaw drivers, and BPO employees have been conducted.

Dr. Sharmila Pimple discussed about compliance to the Implementation of Tobacco Control Legislation of COTPA in Mumbai. She discussed the implementation of COTPA regulations and Section 5 & Section 6. Regarding the awareness and education of the legislations, compliances of gutka and pan masala in Mumbai.

Mrs Parish Majumdar discussed the tobacco control and awareness activities at schools, NSS, street children, Zari workers population of Mumbai. She discussed the tobacco control and awareness activities for the beggar population groups, LGBTQIA population, workshops and training for medical, non-medical staff, and nursing personnel for tobacco cessation and control activities, besides developing the IEC materials.

Dr Pratibha Patil discussed about establishing a Rural Tobacco Cessation Clinic in the Raigad district of Maharashtra, including the cancer screening & awareness and the preventive aspects. Implementation of the tobacco cessation activities included sensitization of the govt. employees, Gram Panchayats, Tribal population groups, NGOs, Zila Parishad, and police staff of the Raigad district, conducting the rallies and NNTD at the PHC, SC, & Industrial Levels. Tobacco awareness of the public using the signature campaign and the awareness about the COTPA regulations were noteworthy.

Dr Vasundhra Kulkarni highlighted community-based programmes for tobacco control and cessation. She discussed the implementation of the oral cancer screening and awareness programs. About health education series & Tobacco cessation activities. Besides the assessment of the smoking tobacco dependence and screening camps for the slum population of Mumbai.

## Recommendation:

- The tobacco control activities and the cessation program should be focused on prominent population group where smoking is more prevalent and who can act as influencers and enforcers in the society.
- Community-based programs of tobacco awareness and activities like street play, Promotion of IEC materials, and involving the participants in tobacco cessation programs would be very helpful.

## Economic of Tobacco Products and Control in India

**Chairs :** Dr. Sumesh Kumar, IIHMR Delhi

### Speakers

**Cost of disease burden and premature mortality attributable to tobacco -**  
Dr. Sarit Kumar Rout, Additional Professor, IIPH Bhubaneswar

**Tobacco taxation/GST and pricing -** Mr. Rijo M John, Consultant Kerala

**Critical appraisal of the tobacco taxation: global perspective -** Dr. Varsha Pandey, Research Scientist B, ICMR-NICPR

### Session Summary:

Dr. Sarit Kumar Rout, Additional Professor, IIPH Bhubaneswar talked about Cost of disease burden and premature mortality attributed to tobacco use and cost associated with consumption of tobacco of different forms. He explained measurement of cost of morbidity due to tobacco



consumption. He explained that economic and social costs resulting from tobacco related diseases outweigh the employment, revenue and livelihood arguments made by the industry. Men bear more economic burden of tobacco use than women. There is more than one percent loss of GDP due to tobacco consumption in India. He also explained economic burden of bidi

consumption in the country.

Dr Rijo M John, Consultant Kerala, talked about **“Taxation of tobacco and its challenges in India”**. He mentioned that cost of passive smoking should also be taken into consideration when we estimate cost of tobacco consumption. He added further that the taxes on tobacco

products should be increased in such a manner that the affordability of tobacco products comes down. A large part of bidi production in India is tax free as it comes from unorganized small-scale sector. In the last he explained different challenges in tobacco taxation in the country.

Dr Varsha Pandey discussed “**Tobacco Taxation in Global Perspective.**” She explained the success stories of raising tobacco taxation from different countries such as Mauritius, UK and Netherland. She said that the European Region continues to be the only one that meets the recommended minimum tax burden threshold of 75 percent and on the other hand African Region continues lowest median total tax burden, at 30 percent. She mentioned a report published in 2019, according to the report estimates, 27.2 million premature deaths could be averted globally within a 50-year period if countries raised the price of tobacco by 50 percent using tax increases.

#### **Recommendations:**

- Increase the taxation on tobacco products.
- Tax rates should be commensurate with the relative harm of tobacco products.
- Consistency in tax rates may be ensured.
- Reduction of complexity of the taxation structure

### **Panel Discussion: Strengthening Commitment to Tobacco Control Through Participation of Medical Institutions**

**Chair:** Dr Sutapa B Neogi, Director, IIHMR Delhi

**Moderator:** Dr Sonu Goel, RCTC, PGIMER, Chandigarh

#### **Panel Discussion:**

Integrating Tobacco Control within AIIMS Through The three Best AIIMS Performers: Brief Case Studies from Rajasthan, PGIMER/ JIPMER, and RCTC (NAMS and AIIMS)

How do Leaders Perceive Integration of Tobacco Control in Medical and Dental Colleges?

#### **Panelists:**

Dr Rakesh Gupta, RCF, Jaipur

Dr. Saurabh Varshney, Director & Nodal – AIIMS Deoghar

Dr. Saurabh Paul (Associate Professor, Community Medicine, AIIMS Raebareli)

Dr Prakash Gupta Healis

## Session Summary:

Dr. Sonu Goel started the session with a keynote highlighting the importance of integrating



tobacco control through hospitals and invited all the esteemed panelists. Dr. Saurabh Varshney spoke about the tobacco control initiatives taken by AIIMS Deoghar with the support of Government of India like creating tobacco free zones and anti-tobacco camps to educate people, involving 28 other medical colleges and engaging students for anti-tobacco activities. Dr.

Prakash Gupta highlighted the role of language in strengthening tobacco control activities. Dr. Sourabh described the success story of AIIMS Raebareli in tobacco control. Dr. Sutapa explained how effective management and private organizations play a pivotal role in shaping tobacco control activities along with medical professionals.

## Recommendations:

- Tertiary care institutions in the geography taking a leadership role in research, capacity building in districts and communities
- Socializing tobacco control programs, regular monitoring and follow-up of implementation schemes
- Engagement of youth, students, and staff other than those who are solely devoted to tobacco-control, proper incentivizing strategy for anti-tobacco workforce.
- Creating knowledge sharing hubs within district hospitals to promote tobacco control and enhancing quality publications and sharing those with state and government officials.
- Sensitization of staff other than doctors and nurses across all health facilities came out as one of the important recommendations.
- District residency program was highlighted as an important initiative in institutionalizing tobacco control.

## WHO FCTC : Lessons for India

**Dr. L. Swasticharan**, Additional Dy. Director, General and Director (EMR), Directorate General of Health Services, Ministry of Health and Family Welfare emphasized the deep-rooted connection between tobacco and India's socioeconomic structure, where it was historically consumed as a symbol of status. Initially approached from a public health perspective in the mid-1990s, the realization dawned that merely addressing it as a health issue was insufficient due to the tobacco industry's powerful opposition.

The journey towards the WHO FCTC began in 1994, navigating through World Health Assemblies and culminating in the framework convention in 2004. India played a pivotal role in negotiations, hosting COP 7, one of the largest gatherings. The recent COP 10 in Panama, focussed on Article 15 to combat illicit trade in tobacco products.

Despite ranking ninth globally in size, India has consistently implemented best practices, including 85% pack warnings and the prohibition of electronic cigarettes. Dr. Swasticharan stressed the importance of aligning FCTC articles with the WHO's Empower Strategy and national programs.

The example of electronic cigarette regulation highlighted India's proactive approach. Leveraging FCTC Article 2.1, the country enacted the first ordinance, banning electronic cigarettes. Dr. Swasticharan underscored Article 5.3's significance, emphasizing the need to protect policies from tobacco industry interests.

Addressing conflicts of interest, he warned against compromising convictions, particularly in comparison to harm reduction approaches in other health domains. Dr. Swasticharan encouraged young professionals not to engage in tobacco control as a mere duty but to become champions, leaving a lasting legacy.

In closing, he emphasized the importance of understanding personal goals and systems, urging reflection on why individuals engage in tobacco control. Dr. Swasticharan concluded by expressing satisfaction with the expanding reach of tobacco control in India and commended the diverse participation in NCTO, envisioning a broader impact on the country's health landscape.



## Valedictory Session

The valedictory session for the 6th National Conference on Tobacco or Health was organised on 18th of February 2024. The session was graced by **Dr. L. Swasticharan**, Additional Dy. Director General & Director (EMR), Directorate General of Health Services, Ministry of Health & Family Welfare. **Dr. Jagdish Kaur**, Regional Advisor Tobacco Free Initiatives, WHO- SEARO and **Prof.(Dr) Saurabh Varshney**, Executive Director and CEO AIIMS, Deoghar. In the beginning of the session the house was briefed about the successful completion of the conference and the key issue addressed during the conference proceedings. The issues ranged from tobacco control, government interventions, state initiatives and best practices, voices from the field and environmental issues. The day two of conference involved discussions



regarding into the tobacco endgame scenario and civil society perspective, contribution and significance of youth in leveraging the issue, integration of national programmes and multi – pronged approach for triangulating the issue including governance and

strategies relevant to the stakeholders. The fifth pillar of democracy i.e media and its role in tackling such important issue was pondered upon in depth on the second day. On the final day of the conference the house discussed the implementation strategies and barriers among vulnerable population like tribals and indigenous communities, role of medical colleges in addressing this issue, illicit trade practices and how Article 15 protocol can help eliminate it, Non-Communicable diseases and impact related to tobacco consumption. The experiences shared by research institutes made us think how how scattered this problem is. The tobacco economics and associated paraphernalia of cost burden, taxation, and related regulations were extremely enriching.



It was also noted that the conference saw attendance of approx 350 participants from a wide spectrum of industry ranging from Government, WHO, industry partners, development partners, research and development organisations, academia, activists, media, medical practitioners and students. About 50 paper presentations and more than 75 poster presentations were made across three days during the conference.



In terms of the media coverage and social media penetrations, the conference proceedings were covered by several reputed media houses including ANI, the Print, Bhaskar live, news drum, the week etc. The conference success was endorsed in various social media platforms by government and non-government bodies.

During the valedictory address all the guests equivocally thrust up synergistic, multi-dimensional, cross-cutting, innovative and future forward approach for handling the tobacco menace. They also complimented and congratulated the efforts, insight and thoughtfulness of IIHMR Delhi for organising the conference of this scale. The best paper and post awards were also announced in the session and winners were appreciated for their in-depth research work in the area of tobacco control. The session ended with vote of thanks by organising secretary Dr. Punit Yadav for all the stakeholders.

## Selected Abstracts for Poster Presentation

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
1	6th NCTOH-11	16th February	Decline in Tobacco Consumption Among Adolescents in Mumbai - Salaam Bombay Foundation's in School Intervention Model	Manasi Bawdekar, Tshering Bhutia, Narayan Lad, Kirti Gaur	Salaam Mumbai Foundation
2	6th NCTOH-15	16th February	Establishing a Hospital-Based Tobacco Cessation Service for Inpatients: Learnings from Life first Implementation in a Tertiary Care Hospital	Himanshu A. Gupte, Marina D'Costa, Ajit Magdum	Narotam Sekhsaria Foundation, Anvay Pratishthan
3	6th NCTOH-16	16th February	Acceptability of Integrating Tobacco Cessation Service for Pregnant Women Integrated within a Rural Community-Based Maternal and Child Health Service	Marina D'Costa, Himanshu A. Gupte, Anagha Mahajani, Vinayak Sonawane	Narotam Sekhsaria Foundation, Ambuja Cement Foundation
4	6th NCTOH-19	16th February	What Mediates Livelihood Choices among Tobacco Sector Workers in South & Southeast Asia? An Integrative Review of Literature	Ketki Shah, Upendra Bhojani, Prakash BN	Institute of Public Health Bengaluru. The University of Trans-Disciplinary Health Sciences and Technology
5	6th NCTOH-21	16th February	Offering Tobacco Cessation Within Mental Health Settings: A Pilot Conducted in Mumbai	Himanshu A. Gupte, Dinesh Jagiasi, Marina D'Costa	Narotam Sekhsaria Foundation
6	6th NCTOH-29	16th February	What Explains a Significant Reduction in Tobacco Use Among Indian States From 1990-2017? A Qualitative Comparative Analysis	Upendra Bhojani, Anand Kumar, Achyutha NG, Chandrashekar Kottagi, Latha Chilgod	Institute of Public Health Bengaluru
7	6th NCTOH-36	16th February	A Cross-Sectional Study to Assess Knowledge and Perception about Health Effects of Tobacco and Quitting Attitude among Tobacco Users Residing at Rural Field Practice Area of Raigarh Government Medical College	Shreyasi Jha	Memorial Government Medical College, Raigarh Chhattisgarh
8	6th NCTOH-37	16th February	Role of Media in Advancing Tobacco Control in Karnataka State	Jael Thomas	The Union-New Delhi and State Tobacco Control Cell, Karnataka

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
9	6th NCTOH-57	16th February	Optimizing Tobacco Control Campaigns for Multi-Stakeholder Engagement for Advancing Tobacco Control in Rural Areas of Uttarakhand	Awadhesh Kumar	Balajee Sewa Sansthan, Uttarakhand
10	6th NCTOH-64	16th February	Addressing Tobacco Consumption and Empowering Communities in Assam: A Comprehensive Intervention Approach	Satyajit Das, Amit Yadav	State Rural Livelihood Mission, State Tobacco Control Cell
11	6th NCTOH-84	16th February	Tobacco Free Neighbourhood is a Tool to Implement MPOWER Policies and Counter TII	Rakesh R Nair	Kerala Voluntary Health Services
12	6th NCTOH-90	16th February	Pioneering Tobacco Control: Maharashtra's Comprehensive Draft Guidelines for FCTC Article 5.3	Aditi Buchake	Marathwada Gramin Vikas Sanstha, Maharashtra
13	6th NCTOH-94	16th February	Study on Economic Aspects of Tendu Leaf (Diospyros Melanoxylon) Pluckers in State of Madhya Pradesh, India.	Mukesh Kumar Sinha, Bakul Sharma	Madhya Pradesh Voluntary Health Association
14	6th NCTOH-112	16th February	A Study to Assess the Impact Behavior Modification Therapy Versus Brief Advise on Motivation Level for Tobacco Cessation Among Adult Tobacco Users Residing in a Resettlement Colony of Delhi: An Interventional Study	Richa Gautam <sup>1</sup> , Yasir Alvi <sup>1</sup> , Farzana Islam <sup>1</sup> , Nitesh Kumar <sup>1</sup> , Rambha Pathak <sup>2</sup> , Rashmi Agarwal <sup>3</sup> , Meely Panda <sup>4</sup> , Ekta Gupta <sup>5</sup> , Mamta Parashar <sup>6</sup> , Rashmi Prakash Dyal <sup>7</sup>	<sup>1</sup> Department of Community Medicine, Hamdard Institute of Medical Sciences Research, New Delhi. <sup>2</sup> Department of Community Medicine, Government Institute of Medical Sciences, Noida. <sup>3</sup> Community and Family Medicine, All India Institute of Medical Sciences, Guwahati. <sup>4</sup> Community and Family Medicine, All India Institute of Medical Sciences, Bibinagar, Hyderabad.

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
					<sup>5</sup> Indian Council of Medical Research, Division of clinical Oncology, National Institute of Cancer Prevention and Research, Noida <sup>6</sup> Department of Community Medicine, Lady Hardinge Medical College New Delhi. <sup>7</sup> Department of Psychiatry, Hamdard Institute of Medical Sciences & Research, New Delhi.
15	6th NCTOH-128	16th February	Chhattisgarh State Moving Towards Tobacco Free Educational Institute	Prakash Kumar Srivastava	State Tobacco Control Cell, Chhattisgarh.
16	6th NCTOH-140	16th February	Navigating the Landscape of Tobacco Control Laws (Section 7 of COTPA) and their Enforcement in Puri, Odisha, 2023	Girija Sankar Mishra	Directorate of Public Health, Odisha
17	6th NCTOH-143	16th February	Global Progress of Ban on Smokeless Tobacco Advertising, Promotion, and Sponsorship	Vandana Tamrakar, Prashant Kumar Singh, Shalini Singh	National Institute of Cancer Prevention and Research, Indian Council of Medical Research
18	6th NCTOH-70	16th February	Implementation of ENDS Ban in Karnataka – Progress and Challenges	Rajani P	Mental Health & NTCP Department of Health and Family Welfare, Government of Karnataka
19	6th NCTOH-71	16th February	Effective Implementation of Tobacco Free Temple (COTPA-2003 Section 4) in Dakshina Kannada	Shruthi J Saliya, Pundalik Lakati, Sadashiva Shanubhog	District Tobacco Control Cell - Dakshina Kannada

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
20	6th NCTOH-07	17th February	E-Cigarette Cessation Among Adolescents from the Urban Slums of Mumbai	Gauri Mandal, Himanshu Gupte	Salaam Bombay Foundation, Narotam Sekhsaria Foundation
21	6th NCTOH-12	17th February	Empowering Adolescent for Tobacco Control in Mumbai: Use of Digital Technology in Strengthening Their Efforts	Tshering, Narayan, Manasi, Kirti	Salaam Mumbai Foundation
22	6th NCTOH-17	17th February	Tobacco consumption among pregnant women in rural areas: a community-based study in four states of India	Dr. Nabanita Majumder, Himanshu A. Gupte, Marina D'Costa, Vinayak Sonawane, Anagha Mahajani, Asmita Africawala	Narotam Sekhsaria Foundation
23	6th NCTOH-18	17th February	How Can Children Support Their Parents to Quit Tobacco? – Experiences From Life first	Himanshu Gupte, Gauri Mandal	Narotam Sekhsaria Foundation, Salaam Bombay Foundation
24	6th NCTOH-27	17th February	Tobacco-Related Concerns of Indian Parliamentarians From 1991-2019: A Qualitative Analysis	Lathadevi Chilgod, Upendra Bhojani	Institute of Public Health Bengaluru
25	6th NCTOH-41	17th February	Tobacco's Link to Rising Mental Health Challenges in Mumbai's Underprivileged Students: An Investigative Study	Manasi Bawdekar, Tshering Bhutia, Kirti Gaur	Salaam Bombay Foundation
26	6th NCTOH-49	17th February	Tobacco Consumption Habits and Awareness of Government Led Tobacco Control Measures in Patients with Oral Cancer - A Cross-Sectional Study	Parth Sharma, M.M. Singh, Amod L. Borle, Anurita Srivastava, Ravi Meher	Department of Community Medicine, Maulana Azad Medical College, Delhi, India Department of E.N.T, Maulana Azad Medical College, Delhi
27	6th NCTOH-52	17th February	Tobacco Consumption in Rural Bihar & Its Ill Effect: Case Studies of Six Intervention Districts: Arwal, Aurangabad, Madhubani, Muzaffarpur, Nawada and Supaul.	Dr. Pyare Lal	Bihar Institute of Economic Studies, Patna
28	6th NCTOH-55	17th February	Tobacco Free Generation (TFG) : A Case Study of Developing a Protocol for TFG A panacea to Tobacco Control	Opinder Preet Kaur Gill	Generation Saviour Association
29	6th NCTOH-58	17th February	Building Tobacco Control Coalition- Key to Reduce	Mamta Thappa	Balajee Sewa Sansthan , Uttarakhand

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
			Tobacco Use and Reshape Norms		
30	6th NCTOH-61	17th February	Current Regulations on Digital Technology: Their Effectiveness and Challenges in Tobacco Control	Aastha Bagga	Generation Saviour Association, Punjab
31	6th NCTOH-135	17 <sup>th</sup> February	PECA 2019 implementation in Gujarat: Students perspective	Susan Samson	Parul University
32	6th NCTOH-67	17th February	Regulating Tobacco Sales: Exploring The Challenges and Opportunities of Vendor Licensing in India	Rajeev Kumar, Sonu Goel	Department of Community Medicine & School of Public Health, PGIMER, Chandigarh
33	6th NCTOH-77	17th February	Tobacco Free Campaign for Students and Street Children in Various Parts of India-A Multi Centric Approach	Dr. Shakthi Dorai, Dr. Gauravi Mishra, Dr. Sharmila Pimple, Dr. Vasundhara Kulkarni, Anil S Patil, Parishii Majmudar, Jyoti Patel.	Department of Preventive Oncology, Centre for Cancer Epidemiology, Tata Memorial Centre, Homi Bhabha National Institute, Mumbai, India. National Institute Mumbai.
34	6th NCTOH-78	17th February	Tobacco Free Village Toolkit- An Initiative to Reduce Tobacco Prevalence in Rural Areas of Rajasthan	Jyoti Choudhary	Shikshit Rojgar Kendra Prabandhak Samiti
35	6th NCTOH-97	17th February	Illicit Tobacco Trade and The Role of Tobacco Industry: A Case Study From Uttar Pradesh	Vivek Awasthi, Pranay Lal, Jyoti Chaudhary, Shipra Joshi, Arpita, Nirmalya Mukherjee	U P Voluntary Health Association
36	6th NCTOH-100	17th February	Institutionalization of Tobacco Control Program at the District and Block Level in Karnataka	Mahantesh B Ullagaddi, Prabhakara	Vital Strategies
37	6th NCTOH-102	17th February	Cigarettes and other Tobacco Products Act (COTPA) Implementation in Educational Institutions: A Vendor Based Study in West Bengal, India	Biswajit Mahapatra, Nirmalya Mukherjee, Amit Yadav	Centre for Public Health Research, Manbhumi Ananda Ashram Nityananda Trust, Kolkata, The Union-Delhi
38	6th NCTOH-106	17th February	Estimating the Annual Production of Bidi Sticks in	Yogesh Kumar Jain, Pankaj Bhardwaj, Nitin Kumar Joshi,	School of Public Health, AIIMS Jodhpur



S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
			India Using the “Back-of-the-Envelop-Method”	Pranay Lal, Shivam Kapoor, Rana Jugdeep Singh	
39	6th NCTOH-107	17th February	Economic Considerations and Public Health Imperatives in Tobacco Control: A Case Study from India	Nitin Kumar Joshi, Pankaj Bhardwaj, Yogesh Kumar Jain, Vibha Joshi, Rana Jugdeep Singh	School of Public Health, AIIMS Jodhpur
40	6th NCTOH-114	17th February	How Tobacco Affordability Differs Across Various Expenditure Classes in India	Paramita Bhattacharya, Nirmalya Mukherjee, Suraya Roy, Amit Yadav	Centre for Public Health Research, Manbhum Ananda Ashram Nityananda Trust, Kolkata, The Union, New Delhi
41	6th NCTOH-116	17th February	Determinants of Tobacco Usage: A Comparative Study of High and Low Burden States in India	Sajda Khatoon, Paramita Bhattacharya, Nirmalya Mukherjee, Amit Yadav	Centre for Public Health Research, Manbhum Ananda Ashram Nityananda Trust, Kolkata, The Union, New Delhi
42	6th NCTOH-120	17th February	Prevalence of Tobacco Use Among Patients with COVID19 Patients of Karnataka, India and its Influence on COVID19 Outcomes	Sridevi Deshpandey	State Tobacco Control Cell, Department of Health and Family Welfare, Government of Karnataka
43	6th NCTOH-122	17th February	Effect of Tobacco & Alcohol Consumption on Tuberculosis	Shreyans Rai	International Institute for Population Sciences, Mumbai
44	6th NCTOH-130	17th February	Assessment of Sale and Awareness of Nicotine Replacement Therapy at Paan and Chemist Shops in Nagpur City, Maharashtra	Shilpa Ashish Warhekar	Government Dental College & Hospital Nagpur
45	6th NCTOH-135	17th February	PECA 2019 implementation in Gujarat: Students perspective	Susan Samson	Parul university
46	6th NCTOH-138	17th February	Contribution of VHA Tripura for Strengthen Tobacco Control in Tripura State	Sujit Ghosh	Voluntary Health Association of Tripura
47	6th NCTOH-144	17th February	Awareness and Perceptions towards tobacco and its environmental impact among Indian Dental Professionals.	Charu Khurana, Shourya Tandon, Udita Choudhry, Mahima Sheekhanda	Department of Public Health Dentistry, SGT Dental College, Hospital and Research

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
					Institute, SGT University, Gurugram, Haryana
48	6th NCTOH-145	17th February	Assessment of Smokeless Tobacco Consumption Patterns During COVID-19 Pandemic	Titikshaa Gupta	Maulana Azad Medical College, Delhi
49	6th NCTOH-150	17th February	Mobile Phone as an Ally: A Review of Health Interventions for Tobacco Cessation (Cessation)	Pragya Verma	IIHMR University, Jaipur
50	6th NCTOH-153	17th February	Maternal Smoking and Pregnancy Wastage In Empowered Action Group States in India	Ruchita Singh, Sudiksha Gupta and Mukesh Ravi Raushan	International Institute of Health Management Research, Delhi
51	6th NCTOH-155	17th February	Financial Contributions to Political Parties by Tobacco Companies in India: A Decadal Snapshot (2013-2022)	Anwita Khaitan <sup>1</sup> , Shivam Kapoor <sup>2</sup> , Puneet Chahar <sup>2</sup> , Amit Yadav <sup>2</sup> , Rana J. Singh <sup>2</sup>	<sup>1</sup> North DMC Medical College & Hindu Rao Hospital, IP University, Delhi; <sup>2</sup> Vital Strategies, India
52	6th NCTOH-156	17th February	Association of Tobacco Consumption with a Risk of Ovarian Cancer: A Study in Talwandi Sabo block of Bathinda, Punjab	Noopur Sharma	Research, Jaipur
53	6th NCTOH-157	17th February	Prevalence, Pattern and Factors Associated with Poly-Tobacco Use in India: A Secondary Analysis of GATS II Survey	Muralidhar Kulkarni, Priyanka Bantwal, Veena Kamath, Ashwath Naik, Murali Dhar	Department of Community Medicine, Kasturba Medical College, Manipal Academy of Higher Education
54	6th NCTOH-158	17th February	Hidden Costs of Tobacco: Assessing Environmental Impact and Proposing Sustainable Solutions	Anisha Goyal	International Institute of Health Management Research- Delhi

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
55	6th NCTOH-160	17th February	Is Tobacco Cessation Associated with Psychosocial Behaviour Among Women in India?	Yamin Panwar, Tarun Chauhan, Mukesh Ravi Raushan	International Institute of Health Management Research- Delhi
56	6th NCTOH-72	17th February	Environmental Burden Due to Tobacco Product Packaging, Collective Action Initiated For Effective Disposal of Cigarettes and Bidi Butts – A Case Study from Karnataka, India	Prabhakara	Vital Strategies
57	6th NCTOH-105	17th February	Towards a Comprehensive Index for Tobacco Control Sustainability at Sub-National level, India: Development and Application	Garima Bhatt, Amit Yadav, Shivam Kapoor, Puneet Chahar, Rana J Singh, Ashish Kumar Pandey	Vital Strategies
58	6th NCTOH-14	18th February	Media: A Powerful Tool in Creating Tobacco Free Schools in Maharashtra	Rajashree Kadam, Kalpana Pillai, Deepak Patil and Kirti Gaur	Conducted in Maharashtra by Salaam Mumbai Foundation
59	6th NCTOH-96	18th February	Tobacco Free Home Campaign	Prashanth S	DTCC staff
60	6th NCTOH-152	18th February	Maternal Smoking History and Factors Influencing Pregnancy Wastage in India: Evidence from NFHS-5	Sudiksha Gupta, Ruchita Singh and Mukesh Ravi Raushan	International Institute of Health Management Research- Delhi
61	6th NCTOH-108	18th February	Quit Rate of Participants and Their Profile Who Attend the Tobacco Cessation Centre (TCC) at Raipur District, Chhattisgarh, India, April 2022-March 2023	Shristi Yadu, Aarthi R, Verma K Tushar, Gargi Yadu	District consultant, NTCP, National Health Mission, Raipur, Chhattisgarh, India
62	6th NCTOH-111	18th February	Quantifying the Economic Impact: A Comprehensive Study of Tobacco-related cancer deaths and its effects on India's Productivity loss	Koushik Roy Pramanik	PhD Student
63	6th NCTOH-113	18th February	Nomination of Nodal Officer for Tobacco Control in different departments for effective implementation of Indian Tobacco Control Act in Madhya Pradesh.	Mukesh Kumar Sinha, Bakul Sharma	Madhya Pradesh Voluntary Health Association
64	6th NCTOH-115	18th February	Four Jurisdiction in Uttar Pradesh Achieves Tobacco-Free/Smoke-Free Status: A Step Towards a Healthier Future	Sathish Tripathi, Vivek Awasthi, Puneet Srivastava, Dileep Pandey, Surjeet Singh, Poonam	NTCP UP, Government of Uttar Pradesh, Voluntary Health Association

S. No	Poster No	Date of Presentation	Title	Author's Name	Author Affiliation
65	6th NCTOH-118	18th February	Gram Sabha – Strong Public Support Opportunity for Implementation of Tobacco Control Policies and Activities	Neha Sahu, Kanlesh Jain, Vilesh Raut, Kyati Jain	State Tobacco Control cell, Chhattisgarh
66	6th NCTOH-121	18th February	Advocacy Results in Policy of Hookah Ban-A Step on Tobacco Control	Khyati Jain, Kamlesh Jain, Mr. Prakash Shrivastav	State Tobacco Control cell, Chhattisgarh
67	6th NCTOH-123	18th February	Effective implementation of Tobacco Free Youth Campaign in Rajasthan State	S.N Dholpuria	State Tobacco Control Cell, NTCP, Rajasthan
68	6th NCTOH-127	18th February	Strengthening Tobacco Control Laws for Effecting Change in Cultural Norms of Tobacco use in India	Rishika Khare	National Law University Odisha
69	6th NCTOH-142	18th February	Pension Schemes and Tobacco Investment in India: Investigative Research	Puneet Chahar, Shivam Kapoor, Amit Yadav, Upendra Bhojani, Ashish Pandey, Rana J. Singh	Vital Strategies
70	6th NCTOH-74	18th February	Tobacco Cessation and Control Among High-Risk Individuals Residing in Various Slum Clusters in Mumbai: An Organized Service Programme	Anil S Patil, Gauravi Mishra, Sharmila Pimple, Ashok Mehta, Vasundhara Kulkarni, Dharmendra Tiwari	Department of Preventive Oncology Centre for Cancer Epidemiology, Tata Memorial Centre, Homi Bhabha National Institute, Mumbai
71	6th NCTOH-95	18th February	Tobacco Product Waste Mitigation, Prevention and Management	Jeevan Sambasivan	Department of Public Health Dentistry, Manipal College of Dental Sciences, Manipal
72	6th NCTOH-99	18th February	Predictors of Antenatal Tobacco Use and Second-Hand Smoke Exposure Among Pregnant Women of an Urban Slum and Resettlement Colony of Delhi.	Amod L Borle, M M Singh, Shivani Rao, Ajanya V.	Community Medicine, Maulana Azad Medical College, New Delhi
73	6th NCTOH-101	18 <sup>th</sup> February	Sub-National implementation of WHO- Framework Convention on Tobacco Control Article 5.3 (WHO-FCTC Article 5.3) Policy in Uttar Pradesh, India	Mukesh Matanheliya, Satish Tripathi, Vivek Awasthi	Health Department, Government of Uttar Pradesh Uttar Pradesh-Voluntary Health Association

<b>S. No</b>	<b>Poster No</b>	<b>Date of Presentation</b>	<b>Title</b>	<b>Author's Name</b>	<b>Author Affiliation</b>
74	6th NCTOH-110	18 <sup>th</sup> February	Deadly Hands of Tobacco: Heavy Metal Estimation of a Smokeless Tobacco Product and its Retention on User's Hands in Delhi – A Cross Sectional Study	Shameena V K	Maulana Azad Institute of Dental Sciences
75	6th NCTOH-23	18 <sup>th</sup> February	How Media Influences Tobacco and Supari Use in Adolescents	Dhriti Dhawan, Kirti Gaur, Ramya Pinnamaneni, Rachel McCloud, Laura Marciano, Manasi Bawdekar, Gaurav Arora, Tshering Bhutia, Rajashree Kadam, K. Viswanath, Nandina Ramachandran	Harvard T.H. Chan School of Public Health, Boston, United States of America

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
1	Speaker	A K Tyagi	Director Surgical Oncology	Yashodha Hospital
2	Delegate	A Sasikumar	Health Officer, Kochi Corporation	Kerala Voluntary Health Services
3	Delegate	Aachal	Junior Consultant	PGIMER Chandigarh
4	Speaker	Aastha Bagga		Generation Saviour Association
5	Media Partner	Abhishek Sharma		Heal Foundation
6	Delegate	Achyutha NG		Institute of Public Health Bengaluru
7	Delegate	Aditi Sinha	PGDM student	IIHMR Delhi
8	Media Partner	Ahmed Ansari		Heal Foundation
9	Student	Ajanya V	Post graduate resident	Maulana Azad Medical College
10	Delegate	Ajay Joshi	DEO	MoHFW
11	Group	Ajeet Singh	Divisional Coordinator	Balajee Sewa Sansthan
12	Group	Ajit SinghTomar	NSF Awardee	c/o Narotam Sekhsaria Foundation
13	Delegate	Akanksha Jha	Associate Consultant	Dua Consulting
14	Delegate	Akansha Saini	PGDM student	IIHMR Delhi
15	Delegate	Akhil Bokra	PGDM student	IIHMR Delhi
16	Group	Akshay Dhobley	Professor	Government Dental College & Hospital Nagpur
17	Guest	Akshay Jain	Joint Director	National Health Authority
18	Co- Chair	Ambika Narain	Consultant	WHO
19	Individual	Amit Karnik	Director - Public Health Programs	Institute of Policy Research (IPR)
20	Speaker	Anand Kumar		Institute of Public Health Bengaluru
21	Delegate	Anant Christian	President	<a href="mailto:faithfoundationindia2010@gmail.com">faithfoundationindia2010@gmail.com</a>
22	Individual	ANIL KACHHAP	PROGRAM OFFICER	SEEDS
23	Speaker	Anisha Goyal	PGDM student	IIHMR Delhi
24	Delegate	Ankit Pal	PGDM student	IIHMR Delhi
25	Delegate	Anuradha		IIHMR
26	Group	Anurag Bisht	Divisional Coordinator	Balajee Sewa Sansthan
27	Delegate	Anushi Bhardwaj	PGDM student	IIHMR Delhi
28	Individual	Anwita Khaitan	Assistant Professor	Medical College & Hindu Rao Hospital, Guru Gobind Singh Indraprastha University
29	Delegate	Aoyanger Imchen	District Nodal Officer, Tuensang	NTCP
30	Individual	Appasaheb Janardhan Ugale/ Nikita	Project Director	Marathwada Gramin Vikas Sanstha
31	Delegate	Ardhendu sarkar	Sanction Officer (TC)	MOHFW
32	Delegate	Arindam Dey		Rusan Pharma Ltd
33	Individual	Aritrik Das	Senior Resident	PGIMER Chandigarh
34	Speaker	Arpit Gupta	Associate Professor	PGIMER Chandigarh
35	Delegate	Arpita Lohani	PGDM student	IIHMR Delhi
36	Delegate	Arun Kumar Verma	DEO	MoHFW
37	Group	Arun Verma		SIPHER



## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
38	Co- Chair	Arzoo Dutta	Ex Senior Consultant	NTCP Assam
39	Group	Asha Kumari	NSF Awardee	c/o Narotam Sekhsaria Foundation
40	Speaker	Ashima Sharin		Sambandh Health Foundation
41	Speaker	Ashish Singh	Technical Advisor	Pahal Foundation
42	Chair	Ashoo Grover	Head- Delivery Research Division	IC
43	Delegate	Ashu Rathi	Technical Officer	National Tobacco Testing Laboratory, NICPR
44	Group	Ashutosh Maurya	Project Officer	U P Voluntary Health Association
45	Student	Ashutosh Surendra Singh Pal	MBA HM STUDENT	IIHMR Jaipur Student
46	Speaker	Atreyi Ganguli		WHO
47	Delegate	Avinash Sunthlia	Senior Medical Officer	MOHFW
48	Group	Awadhesh Kumar	Executive Director	Balajee Sewa Sansthan
49	Speaker	B N Shrivastava		Ex State Nodal Officer NTCP, Madhya Pradesh
50	Student	Bibhu	Junior Resident	Maulana Azad Medical College
51	Student	Bidisha Sarmah	Post graduate student	Manipal College of Dental Sciences, Manipal, Karnataka
52	Individual	Bijit Biswas	Assistant Professor, Community & Family Medicine	AIIMS, Deoghar
53	Speaker	Binoy Mathew	Programme Manager	VHAI
54	Individual	Biswajit Mahapatra	Research Officer	Centre for Public Health Research, Manbhum Ananda Ashram Nityananda Trust
55	Speaker	C Hariharan	Director	NTTL- CDTL, Mumbai
56	Delegate	Chaitali Manerkar	District Consultant ,NTCP	NTCP
57	Group	Chanashekar Kottagi		Institute of Public Health Bengaluru
58	Individual	Chanesh Pragya Verma	Medical social worker	ICMR-NICPR
59	Individual	Charu Khurana	Associate Professor	Department of Public Health Dentistry, SGT Dental College, Hospital and Research Institute, SGT University, Gurugram, Haryana
60	Group	Chirag Goel	Lead Consultant	PGIMER Chandigarh
61	Group	Clevi Patel		Institute of Public Health Bengaluru
62	Group	Damayanti Walkey	Dental Surgeon	Government Dental College & Hospital Nagpur
63	Delegate	Deepak	DEO	MoHFW
64	Group	Deepak Kumar Mishra	Director	Socio Economic and Educational Development Society
65	Group	Deepak Patil	Assistant General Manager	Salaam Mumbai Foundation

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
66	Delegate	Deepak Trehan	Assistant Programme Officer	MOHFW
67	Delegate	Deepanshi Rajput	PGDM student	IIHMR Delhi
68	Delegate	Deepshikha Arora	Senior Statistical Officer	MOHFW
69	Student	Delfin Lovelina Francis	Phd Scholar	School of Public Health, KIIT University
70	Delegate	Dewesh	Director	Windsor Global Foundation
71	Group	Dileep Pandey	Regional Coordinator	U P Voluntary Health Association
72	Group	Dinesh Kumar Sunda	NSF Awardee	c/o Narotam Sekhsaria Foundation
73	Delegate	Divyanshu	PGDM student	IIHMR Delhi
74	Delegate	Divyanshu Chaturvedi	PGDM student	IIHMR Delhi
75	Delegate	DK.Mathur	Scientist	Government of India
76	Delegate	Dr AK Rajput		
77	Delegate	DR Ruchita		IIHMR
78	Co- Chair	Dr. (Maj. Gen., Retd.) Punit Yadav	Professor	IIHMR Delhi
79	Co- Chair	Dr. A.K. Agarwal	Professor	IIHMR Delhi
80	Co- Chair	Dr. A.K. Khokhar	Professor	IIHMR Delhi
81	Co- Chair	Dr. Altaf Yousuf Mir	Assistant Professor	IIHMR Delhi
82	Co- Chair	Dr. Anandhi Ramachandran	Professor	IIHMR Delhi
83	Delegate	Dr. Arindam	Project Officer	HRIDAY
84	Guest	Dr. Atul Goel	DGHS	MoHFW
85	Co- Chair	Dr. Divya Aggarwal	Assistant Professor	IIHMR Delhi
86	Co- Chair	Dr. Ekta Saroha	Assistant Professor	IIHMR Delhi
87	Co- Chair	Dr. Himanshu Tolani	Assistant Professor	IIHMR Delhi
88	Delegate	Dr. Manish Sharma		Asian Coalition
89	Co- Chair	Dr. Mukesh Ravi Raushan	Assistant Professor	IIHMR Delhi
90	Co- Chair	Dr. Nidhi Yadav	Assistant Professor	IIHMR Delhi
91	Co- Chair	Dr. Nishikant Bele	Associate Professor	IIHMR Delhi
92	Co- Chair	Dr. Pankaj Talreja	Associate Professor	IIHMR Delhi
93	Co- Chair	Dr. Pijush Kanti Khan	Assistant Professor	IIHMR Delhi
94	Speaker	Dr. Poornima Khurana	PGDM student	IIHMR Delhi
95	Co- Chair	Dr. Preetha G.S.	Professor	IIHMR Delhi
96	Speaker	Dr. Rishika Khare		National Law University Odisha
97	Media Partner	Dr. Rohit		Heal Foundation
98	Co- Chair	Dr. Rupsa Banerjee	Assistant Professor	IIHMR Delhi
99	Co- Chair	Dr. Satish Tiwari	Professor	IIHMR Delhi
100	Delegate	Dr. Smily		Maa yodhya Sewa Sansthan
101	Co- Chair	Dr. Sukesh Bhardwaj	Assistant Professor	IIHMR Delhi
102	Co- Chair	Dr. Sumant Swain	Assistant Professor	IIHMR Delhi

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
103	Co- Chair	Dr. Sumesh Kumar	Associate Professor	IIHMR Delhi
104	Chair	Dr. Sutapa B. Neogi	Director	IIHMR Delhi
105	Delegate	Dr. Vikram K		Sampuran Consutancy
106	Co- Chair	Dr. Vinay Tripathi	Associate Professor	IIHMR Delhi
107	Speaker	Dr. Yamini Panwar	PGDM student	IIHMR Delhi
108	Delegate	Dr.Dikshant Chauhan		IIHMR Delhi
109	Delegate	Dr.Jasline Jena	PGDM student	IIHMR Delhi
110	Co- Chair	Dr.Ratika Samtani	Assistant Professor	IIHMR Delhi
111	Speaker	Evuru Prasantha	State Nodal Officer	NTPC
112	Delegate	G.S.Thakural	CFO	
113	Delegate	Gaurav Rewari	Senior Manager	ECHO India
114	Individual	Gauravi Ashish Mishra	Professor & Physician	Tata Memorial Hospital
115	Group	Gauri Mandal	General Manager	Salaam Bombay Foundation
116	Individual	Girija Sankar Mishra	State Consultant(NCD/NTCP), Odisha	NTCP Odisha
117	Group	Girjesh Kumar Panday	NSF Awardee	c/o Narotam Sekhsaria Foundation
118	Speaker	Gopal Chauhan	State Nodal Officer	NHM State
119	Delegate	Gopal Solanki		Rusan Pharma Ltd
120	Speaker	Haresh Chandwani	General Manager- Projects	ECHO INDIA
121	Delegate	Harshavardha	PGDM student	IIHMR Delhi
122	Delegate	Himani	PGDM student	IIHMR Delhi
123	Delegate	Himani	PGDM student	IIHMR Delhi
124	Group	Himanshu Gupte	Vice President - Health	Narotam Sekhsaria Foundation
125	Individual	Hirendra Kumar	Program Officer	Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS)
126	Student	Ishika Mittal	BDS 2nd year Student	Tterthankar Mahaveer University Moradabad
127	Speaker	Jael Thomas	Divisional Coordinator	Vital Strategies
128	Speaker	Jagdish Kaur	WHO-SEARO	Regional Advisor- Tobacco Free Initiative
129	Student	Jeevan V Sambasivan	Post graduate student	Manipal College of Dental Sciences, Manipal, Karnataka
130	Speaker	Jospeh Emmanuel		Central Board of Secondary Education,
131	Individual	Jyoti Choudhary	State Program Manager- Tobacco Control	Shikshit Rojgar Kendra Prabandhak Samiti (SRKPS)
132	Delegate	K Krishnaraj	Joint Director- PH& PM( NCD& MTM)	NTCP
133	Delegate	K.R Anand		BJP

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
134	Chair	Kajal Singh	Director	Department of Promotion of Industry and Internal Trade
135	Group	Kalpana Pillai	General Manager	Salaam Mumbai Foundation
136	Delegate	Kanver	MD	Kee healthcare
137	Group	Ketki Shah		Institute of Public Health Bengaluru
138	Media Partner	Kishor Malviya		Heal Foundation
139	Speaker	Koushik Roy Pramanik	PhD Student	
140	Delegate	Krati Gupta	PGDM student	IIHMR Delhi
141	Individual	Kriti Bajaj	Co-Founder	QuitSure
142	Speaker	L Swasticharan	MOHFW	Additional Dy Director
143	Guest	L M Singh	Managing Director	Vital Strategies
144	Speaker	Lana E Lyngdoh Nongbri	State Nodal Officer	NHM State
145	Group	Lathadevi Chilgod		Institute of Public Health Bengaluru
146	Delegate	Lumber Mawsor	State Tobacco Control Cell	NTCP
147	Group	M S Rawat	Medical officer	ESIC Gurugram
148	Group	Mahantesh B Ullagaddi	Divisional Coordinator	Vital Strategies
149	Group	Mamta Thappa	State Project Manager	Balajee Sewa Sansthan
150	Group	Manasi Bawdekar	VP-Research and M&E	Salaam Bombay Foundation
151	Individual	Manasi Wakankar	Dentist ( Doctor) and Public Health Professional	Pravara Institute of Medical Sciences
152	Individual	Mandakini Sinh	Managing Trustee	National Health Forum
153	Delegate	Mandhiv Nayyar	SN Consultant	
154	Group	Manish Joshi	CEO	Narotam Sekhsaria Foundation
155	Group	Manish Mangarulkar	NSF Awardee	c/o Narotam Sekhsaria Foundation
156	Delegate	Manish Prajapat	PGDM student	IIHMR Delhi
157	Group	Manisha Vishwkarma	Project Coordinator	Self Help Education and Research Sansthan
158	Group	Manoj Kumar	Executive Member UTFC	Balajee Sewa Sansthan
159	Delegate	Manoj Kumar	Field Facilitator	Ambuja Cement
160	Group	Manoj Kumar Gupta	Secretary	Self Help Education and Research Sansthan
161	Delegate	Manoj Kumar Pandey	President	Bahooday Lok Seva Sansthan
162	Delegate	Manoj Mishra, Additional Director, NQAP		NTCP
163	Delegate	Mansi Saini		Total IT sol.
164	Delegate	Mansi Singh	Senior Project Associate (Lab)	MOHFW

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### Registration List

S. No	Cateogry	Name	Designation	Organization
165	Delegate	Manvi Chadha	PGDM student	IIHMR Delhi
166	Group	Marina D'Costa	Assistant Manager	Narotam Sekhsaria Foundation
167	Delegate	Maruti Kumar Bajpai		Rusan Pharma Ltd
168	Group	Milind Patil	NSF Awardee	c/o Narotam Sekhsaria Foundation
169	Speaker	Mir Mushtaq Ahmad	Nodal officer Kashmir-NTCP	NTCP
170	Delegate	Mohammad Kavish	PGDM student	IIHMR Delhi
171	Delegate	Mohammad Shahid	Senior Scientific Officer-I	National Tobacco Testing Laboratory, NICPR
172	Group	Mohd Naser	State Project Coordinator	Vital Strategies
173	Delegate	Moina Rahman	PGDM student	IIHMR Delhi
174	Speaker	Monika Arora	Vice President ( Research and Health Promotion)	PHFI
175	Delegate	Mr. Amit Kumar Sah	Executive	IIHMR Delhi
176	Delegate	Mr. Jagdish Prasad	Librarian	IIHMR Delhi
177	Delegate	Mr. Jagdish Prasad Sahu	Executive	IIHMR Delhi
178	Speaker	Mr. Kunal Aute	PGDM student	IIHMR Delhi
179	Delegate	Mr. Mukesh Saini		IIHMR Delhi
180	Delegate	Mr. Sarthak Mohapatra		IIHMR Delhi
181	Speaker	Mr. Syed Saif Alam	PGDM student	IIHMR Delhi
182	Delegate	Mr. Vineet Kumar	Research Officer	IIHMR Delhi
183	Delegate	Ms Sanya		Health Empowerment
184	Speaker	Ms. Kirti Sharma	PGDM student	IIHMR Delhi
185	Core Organizing Team	Ms. Shikha Bassi	Manager	IIHMR Delhi
186	Speaker	Ms.Simran Dutta	PGDM student	IIHMR Delhi
187	Delegate	Dr. Mira Agi	Behaviour Consultant	
188	Delegate	Mukesh Matanhelia	State Nodal Officer	NTCP
189	Group	Munni Begam	NSF Awardee	c/o Narotam Sekhsaria Foundation
190	Speaker	Muralidhar Kulkarni	Professor	Community Medicine, Manipal Kasturba Medical College, Manipal
191	Student	Namrita Verma	Research Scholar	IIHMR- Delhi FPM Fellow
192	Group	Narayan Lad	AGM	Salaam Bombay Foundation
193	Speaker	Narendra Singh	State Tobacco Consultant	NHM State
194	Delegate	Narinder Pal Singh		Rusan Pharma Ltd
195	Delegate	Neha Patil	PGDM student	IIHMR Delhi
196	Individual	Neha Sahu	State Consultant - NTCP	Vital Strategies
197	Speaker	Nichukholie Vupru	District Nodal Officer	NTPC
198	Speaker	Niharika Rao		HRIDAY
199	Delegate	Ningombal Sanjoy Singh		NTCP

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
200	Individual	Nitesh Kumar	Senior Resident	Hamdard Institute of Medical Sciences and Research Delhi
201	Individual	Nitin Kumar Joshi	SR	AIIMS Jodhpur
202	Speaker	Noopur Kokane	Assistant Professor	Government Dental College & Hospital Nagpur
203	Student	Noopur Sharma	Researcher	Freelancing
204	Group	Opinder Preet K Gill		Generation Saviour Association
205	Group	Parag G Angane	Consultant	Salaam Bombay Foundation
206	Individual	Paramita Bhattacharya/ Miss Sanhita Dutta	Assistant Director	Centre for Public Health Research, Manbhumi Ananda Ashram Nityananda Trust (MANT), Kolkata, West Bengal, India
207	Individual	Parishi majmudar	Medical social worker	Tata Memorial Hospital
208	Group	Parshuram Parab	NSF Awardee	c/o Narotam Sekhsaria Foundation
209	Student	Parth Sharma	PG Resident	Maulana Azad Medical College
210	Delegate	Pearl Pereira	Finance consultant	NTCP
211	Speaker	Pooja Gupta	Senior Consultant	MOHFW
212	Speaker	Prabhakara	State Project Manager	Vital Strategies
213	Speaker	Prabhoo Dayal	Professor of Psychiatry, NDDTC	AIIMS
214	Delegate	Prachi Rathi	Consultant(Lab)	MOHFW
215	Delegate	Prachi Tyagi	PGDM student	IIHMR Delhi
216	Group	Pragati Hebbar		Institute of Public Health Bengaluru
217	Delegate	Pragya Shah	Consultant (Drug de-addiction)	MOHFW
218	Student	Pragya Verma	Student	IIHMR Jaipur Student
219	Co- Chair	Prakash Gupta	Director	HEALIS
220	Group	Prakash Kumar Shrivastava	Divisional Coordinator	Vital Strategies
221	Speaker	Prasenjit Saha	Senior Scientific Officer	NTTL- Guwahati
222	Individual	Prashant Kumar Singh	Scientist-E	ICMR- NICPR
223	Delegate	Prateek	Consultant	Kee healthcare
224	Individual	Pratibha Patil	Project Manager, Preventive Oncology Services, Khopoli	Tata Memorial Hospital
225	Speaker	Pratima Murty	Director and Senior Professor of Psychiatry	NIMHANS
226	Speaker	Praveen Sinha	National Professional Officer	World Health Organization
227	Speaker	Pritam Dutta		NIPFP, Delhi
228	Speaker	Priyanka Bantwal	PhD Research Scholar	Manipal Academy of Higher education
229	Delegate	Priyasha Shrivastav	PGDM student	IIHMR Delhi
230	Chair	Prof K Srinath Reddy		PHFI



## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
231	Chair	Prof Professor Sunetra Sen Narayan,	Professor	Institute of Mass Communication
232	Group	Punit Srivastava	Regional Coordinator	U P Voluntary Health Association
233	Individual	Punit Yadav	Professor	IIHMR Delhi
234	Individual	Pyare Lal	Director	Bihar Institute of Economic Studies
235	Group	R. S. Pal	Specialist	ESIC Jhilmil
236	Individual	Radhika Gupta		National Resource Centre for Oral Health and Tobacco Cessation, Maulana Azad Institute of Dental Sciences
237	Delegate	Rahul Deo		Rusan Pharma Ltd
238	Delegate	Rahulkumar	Coordinator	Windsor Global Foundation
239	Speaker	Raj Kumar	Director	Vallabhbhai Patel Chest Institute
240	Group	Raj Mohammed Khan Shilkarger	NSF Awardee	c/o Narotam Sekhsaria Foundation
241	Delegate	Raj Mohan	Maharashtra	
242	Speaker	Rajani P	Deputy Director	National Tobacco Control Program
243	Group	Rajashree Kadam	Trustee	Salaam Mumbai Foundation
244	Group	Rajeev Choudhary		RCTC, PGIMER, Chandigarh
245	Group	Rajiv Gupta	Specialist	ESICH Rohini
246	Delegate	Rajni Menon	PS (Deputy secretary)	MOHFW
247	Group	Rakesh Gupta	Director	SIPHER
248	Group	Rakesh Gupta	President	Rajasthan Cancer Foundation
249	Group	Rakesh R Nair	Sr. Programme Officer	Kerala Voluntary Health Services
250	Individual	Ramprasad Vasthara	Professor and Head	MANIPAL COLLEGE OF DENTAL SCIENCES, MANIPAL, MANIPAL ACADEMY OF HIGHER EDUCATION
251	Speaker	Rana J Singh	Vital Strategies	Director
252	Group	Ranu Ingole	Associate Professor	Government Dental College & Hospital Nagpur
253	Delegate	Ravi Kumar Gupta	Consultant	NHA
254	Speaker	Ravi Malhotra		CHIP Foundation
255	Speaker	Ravi Manerikar		Rural Dental Loni Maharashtra Pravara Institute of Medical Sciences
256	Individual	Richa Gautam	Assistant Professor	Hamdard Institute of Medical Sciences & Research, New Delhi
257	Speaker	Rijo M John		Consultant Kerala
258	Delegate	Rishik Gandotra	PGDM student	IIHMR Delhi
259	Delegate	RK Kaur	Smart Staff	SAL
260	Individual	Romshi Raina	Research Officer	National Resource Centre for Oral Health and Tobacco Cessation- Maulana Azad Institute of Dental Sciences
261	Individual	Ruchika Gupta	Scientist E	ICMR-National Institute of Cancer Prevention and Research
262	Delegate	Ruchita Singh	PGDM student	IIHMR Delhi
263	Group	S. Ubahara Sahayaraj	Consultant	Foundation for Sustainable Health

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
264	Group	Sachin Khatri	Associate Professor	Government Dental College & Hospital Nagpur
265	Chair	Sagamitra Pati		Regional Medical Research Centre
266	Individual	Sagarika Rout	Scientist B (non medical),	ICMR-NICPR
267	Individual	Sahana Hegde-Shetiya	PhD Scholar	Dr. D Y Patil Dental College and Hospital, Pune
268	Delegate	Sahil Lohchab	Legal Consultant	MoHFW
269	Speaker	Sai Praveen Haranath	Senior Pulmonologist and Intensivist	Apollo Hospitals, Jubilee Hills,
270	Group	Saiprasad Shinde	NSF Awardee	c/o Narotam Sekhsaria Foundation
271	Individual	Sajda Khatoon	Research Officer	Centre for Public Health Research, Manbhum Ananda Ashram Nityananda Trust (MANT), Kolkata, West Bengal, India
272	Group	Saju Itty	Executive Director	Kerala Voluntary Health Services
273	Delegate	Samridhi Kaur	PGDM student	IIHMR Delhi
274	Individual	Sanchita Roy Pradhan	Scientist B	ICMR-NICPR
275	Individual	Sanhita Datta	Project Coordinator	MANT
276	Delegate	SANJAY SETH	TRUSTEE	Sambandh health foundation
277	Delegate	Sanjay Singh		Rusan Pharma Ltd
278	Chair	Sanjiv Kumar	Advisory Committee-	Indian Alliance of Patients Group, Former Director- IIH, Delhi
279	Individual	Santanu Nath	Associate Professor (Psychiatry)	All India Institute of Medical Sciences, Deoghar
280	Delegate	Santosh Kumar		Delhi TB Association
281	Speaker	Sarit Kumar Rout	Additonal Professor	IIPH Bhubaneshwar
282	Group	Sathiya Jaya Chander	Chief Executive Officer	Foundation for Sustainable Health
283	Group	Satyajit Das	State Project Coordinator	Vital Strategies
284	Delegate	Satyapal	Coordinater	SDG Express Healthcare Officers Association
285	Speaker	Saurabh Varshney		AIIMS Deoghar
286	Individual	SERAN S	AMO	NTPC
287	Delegate	Shagun Walia	PGDM student	IIHMR Delhi
288	Media Partner	Shahnawaz		Heal Foundation
289	Individual	Shakthi Dorai	Research fellow	Tata Memorial Hospital
290	Co- Chair	Shalini Bassi	Senior Scientist	PHFI
291	Chair	Shalini Singh	Director	IC- NICPR
292	Student	Shameena V K	PG student 2nd year	Maulana Azad Institute of Dental Sciences
293	Guest	Shammi Kumar	Project Associate	Vital Strategies
294	Individual	Sharmila Pimple	Professor	Tata Memorial Hospital
295	Group	Sheeba Johnson	Programme Officer	Kerala Voluntary Health Services
296	Speaker	Shekhar Kashyap	Cardiologist	Cardiologist
297	Delegate	Shikhar Singh	PGDM student	IIHMR Delhi

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
298	Delegate	Shikhjali	Secretary	Jan Manuta
299	Group	Shilpa Warhekar	Associate Professor	Government Dental College & Hospital Nagpur
300	Delegate	Shiv Nishad	PGDM student	IIHMR Delhi
301	Speaker	Shivam Kapoor	Technical Advisor	Vital Strategies
302	Group	Shivangi Aggarwal		RCTC, PGIMER, Chandigarh
303	Delegate	Shivani	Junior Project Associate (Lab)	MOHFW
304	Delegate	Shraddha Bihani	PGDM student	IIHMR Delhi
305	Student	Shreyans Rai	Student	International Institute for Population Sciences
306	Student	Shreyasi Jha	Student	Late Shri Lakhiram Agrawal Memorial Government College, Raigarh
307	Delegate	Shri Satish Kumar Tripathi	State Consultant, State Tobacco Control Cell	NTCP
308	Delegate	Simran Anand	PGDM student	IIHMR Delhi
309	Delegate	Sm Moonkhum		NTCP
310	Group	Smitha R	Programme Officer	Kerala Voluntary Health Services
311	Individual	SNIGDHA MAHESHWARI	Independent	
312	Speaker	Sonali Jhanji	Professor	AIIMS
313	Group	Sonu Goel		Nit
314	Speaker	Sourabh Paul	Associate Professor	All India Institute of Medical Science, Raebareli
315	Student	Srishty	Junior Resident	Maulana Azad Medical College
316	Speaker	Stuti S Bhargava	Scientist-E (Medical)	Division of Non-communicable Diseases (NCD),IC
317	Delegate	Subodh Khanduri	MTS	MoHFW
318	Delegate	Sudhanshu Jha	President	BJP GOV
319	Individual	Sudhir Tanwar	Scientist	ICMR- NICPR
320	Speaker	Sudiksha Gupta	PGDM student	IIHMR Delhi
321	Speaker	Sugata Roy	Social and Behaviour Change Specialist,	UNICEF
322	Individual	Sujit Ghosh	Project Manager Tobacco Control	Voluntary Health Association of Tripura
323	Group	Suman Kharkwal	Specialist	ESIC MCH Faridabad
325	Group	Sunil Kumar Chaudhary	Regional Program Coordinator	Socio Economic and Educational Development Society
326	Group	Surabh Harnal	CMO	ESIC Noida
327	Delegate	Surbhi Kumari	PGDM student	IIHMR Delhi
328	Group	Surjeet Singh	Regional Coordinator	U P Voluntary Health Association
329	Individual	Susan Samson	Director- Programs	Faith Foundation
330	Individual	Susant Kumar Biswal	Assistant Manager, NCD, Puri	District Programme Management Unit, NCD Cell, NHM - Puri
331	Delegate	Sweksha Gupta	PGDM student	IIHMR Delhi

## Annexure II

### Registration List

S. No	Cateogry	Name	Designation	Organization
332	Delegate	T Pravin	District Programme Officer- NCD/MO/ STCC	NTCP
333	Delegate	Tanya Dua	PGDM student	IIHMR Delhi
334	Speaker	Tarun Chauhan	PGDM student	IIHMR Delhi
335	Student	Titikshaa Gupta	Post graduate resident	Maulana Azad medical college
336	Student	Tshering D Bhutia	Chief Innovation Officer and SVP - Preventive Health	Salaam Bombay Foundation
337	Individual	Ulhas Wagh	Oral Physician	Dr.Ulhas Wagh's Dental Speciality Clinic
338	Group	Upena Bhojani		Institute of Public Health Bengaluru
339	Individual	Vandana Taakar	Scientist -C	ICMR-NICPR
340	Delegate	Vanshika Awathi	PGDM student	IIHMR Delhi
341	Individual	Varsha Pandey	Research Scientist B (non-medical)	ICMR-NICPR
342	Individual	Vasundhara Y Kulkarni	Scientific Officer	Tata Memorial Hospital
343	Speaker	Vedha VPK	Consultant (WHO)	MOHFW
344	Delegate	Vijaya Kumar Munipalli	Technical Coordinator	NTTL-Mumbai
345	Speaker	Vikrant Mohanty	Professor and Head-	Maulana Azad Institute of Dental Sciences
346	Speaker	Vishakhi Malik	Director, Policy Advocacy Communication Programs India	Vital Strategies
347	Group	Vivek Awasthi	Executive Director	U P Voluntary Health Association
348	Student	Yogesh Kumar Jain	PhD Student	AIIMS Jodhpur
349	Individual	Yukti Bhandari	Senior Resident	PGIMER Chandigarh

## Annexure III

### Media Coverage



## Health experts, policymakers gather in national capital to combat tobacco menace

20  
7th February 2024, 05:03 GMT+05



New Delhi [India], February 16 (ANI): As the country faces an alarming toll of over 1 million annual deaths attributed to tobacco use, Director General of Health Services (DGHS) Dr Atul Goel on Friday stressed the need for a concerted effort across various sectors to tackle the deep-rooted tobacco use in the society.





**6<sup>TH</sup> NCTOH: Conference Participants**



## Registration Desk



## Inaugural Session



*Lighting of Lamp and Saraswati Vandana*





*Facilitation of Dr. Dr. Atul Goyal (DGHS-Directorate General of Health Services) as the Chief guest by Dr. Sutapa B Neogi, Director IIHMR Delhi*



*Address by Chief Guest Prof. (Dr). Atul Goel, DGHS-Directorate General of Health Services*



*Tobacco-Free India Grants and Awards (TFIGA) 2023-2025 (Narotam Sekhsaria Foundation's)*









## Stalls

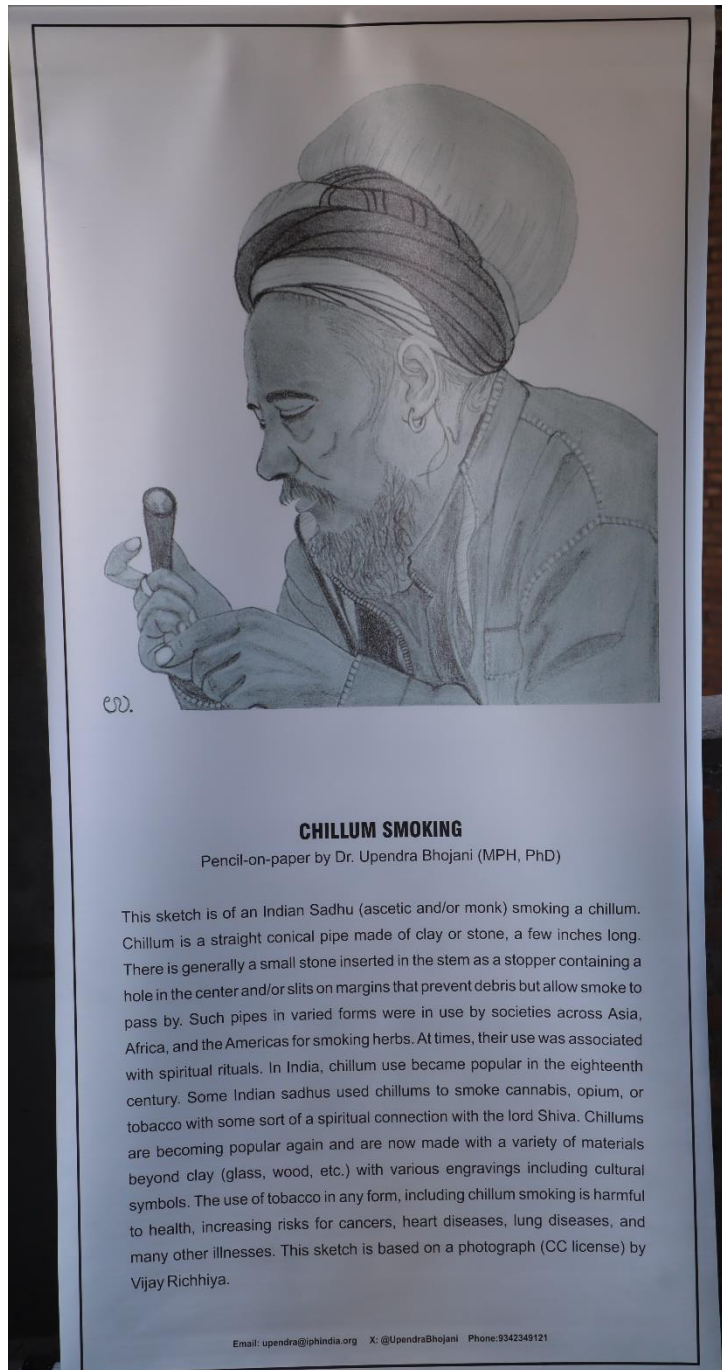




## Poster Presentations



## Art Exhibition





## Cultural Event



## Valedictory Session





## Best Paper and Poster Awards





## Organizing Committee

