Developing, Managing, and Sustaining an Effective International Tobacco Dependence Treatment Partnership

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Introduction: Global Bridges, hosted at Mayo Clinic since 2010, is the only international network of healthcare professionals dedicated to tobacco dependence treatment. Globally, fewer resources have been dedicated to treatment than to other evidence-based tobacco control policies. The Global Bridges network seeks to aid in filling this gap in tobacco control.

Aims: This paper identifies ways to advance tobacco dependence treatment, as well as tobacco control, through efficient and effective use of a global health care provider network.

Methods: Observation and critical analysis of lessons learned, project outcomes to date, and network analysis.

Results/Findings: The initiative has built a strong global foundation, with training curricula developed and delivered in a number of countries, including low- and middle-income countries. While basic evaluation of content mastery and learner satisfaction has been conducted, more intensive evaluation and follow-up to confirm public health impact are essential needs. Finally, program analysis and application of management theory can be used in aiding future activities aimed at providing support for health care providers in the delivery of tobacco dependence treatment and in similar global public health endeavors.

Conclusions: The Global Bridges healthcare professional network, now in its sixth year, has developed training curricula and expanded evidence-based tobacco dependence education among healthcare professionals. Global Bridges comprises a unique and important component of the broader tobacco control community, and can play an integral role in furthering global tobacco control progress.

Introduction: Establishing the Need for Global Bridges

Globally, more than 1 billion people smoke cigarettes on a daily, or near daily, basis. The majority of these smokers would like to quit, but lack access to science-based, medically proven treatments for tobacco dependence, which has been shown to be both efficacious and cost effective (WHO, 2015). Even brief advice from a healthcare professional (HCP) can increase a smoker’s chances of stopping smoking. In terms of efficacy, cost effectiveness, and impact, tobacco dependence treatment has been ranked in the top three preventive services (e.g. cholesterol reduction, hypertension management), and has been found to be cost saving (Maciosek et al., 2006). The figure below (World Bank, 1999) illustrates that, if 50% of all adult smokers could stop by the year 2020, nearly 180 million lives could be saved by 2050, resulting in enormous public health and economic benefit.

Source: World Bank, 1999.
However, especially in low- and middle-income countries (LMICs), healthcare professionals (HCPs) often lack experience and knowledge about the devastating health toll of tobacco and how to effectively treat tobacco dependence. Further, the infrastructure to support treatment services is highly variable and often non-existent in LMICs. Thus, in order to maximise their effectiveness, many HCPs in LMICs have found that, in addition to treating tobacco dependence, they must also become advocates for systems changes to support delivery of this treatment. Simply stated, building capacity for tobacco dependence treatment among HCPs remains an unaddressed need in most LMICs, and in many high-income countries.

In addition to treatment capacity, credible health advocacy is urgently needed in the many countries where tobacco use represents one of the most important threats to public health. Because HCPs are among the most educated members of any community and are viewed as the most credible source of health information, they represent a highly motivated, yet largely untapped, force for addressing the tobacco pandemic.

**Addressing the Need – Accomplishments of Global Bridges**

**Global Bridges: Healthcare Alliance for Tobacco Dependence Treatment** was created in 2010 with an unrestricted education grant to Mayo Clinic from Pfizer Medical Education Group. The initiative’s primary objective was to expand the reach of evidence-based tobacco dependence treatment through the development of a global network of HCPs and organisations. A secondary, but related, objective was to aid in facilitating the global implementation of the WHO’s Framework Convention on Tobacco Control (FCTC) Article 14, which requires all 180+ countries which have ratified this treaty to develop national guidelines for the delivery of tobacco dependence treatment to all who express interest in stopping tobacco use.

During the first phase of the initiative (2010–2014), four initial partner organisations (King Hussein Cancer Center in the Eastern Mediterranean Region, InterAmerican Heart Foundation in the Americas, and the University of Pretoria in Africa, later joined by the National Centre for Smoking Cessation and Training (NSCST) in Europe) were carefully selected based on their expertise and dedication to the treatment field. Partners pledged to devote a significant portion of time (estimated at 30% FTE for each Regional Director, plus administrative support) to development of a Global Bridges network and training curriculum, and promoting tobacco dependence treatment in their region.

In the first months of the project, each Regional Director reviewed their region’s landscape with respect to tobacco dependence treatment and, using the ATTUD (Association for the Treatment of Tobacco Use and Dependence) ‘Core Competencies’ as a guide (ATTUD, 2005), developed evidence-based, culturally appropriate training curricula in local language(s). Regional Directors were also responsible for working with colleagues in their region to schedule and populate training sessions. The first Global Bridges training was held in April 2011, in Puebla, Mexico and included 70 trainees. In total, Global Bridges partners in the first phase conducted 80 training sessions, ranging in duration from 1–3 days, with participants from 62 countries, for a total of more than 30,000 person-hours of training (see Table 1). Mastery of core content increased significantly post-training (Personal communication; Hawari and Zabert, 2015). During the first phase, Global Bridges-trained HCPs treated an estimated 3.8 million tobacco users (Network survey of Global Bridges grantees, 2013; unpublished).

In addition to onsite training, the initiative’s strategy has included the creation and maintenance of a multilingual website (www.globalbridges.org) used by grantees, trainees, and other network members to share information on tobacco dependence treatment and training worldwide. Global Bridges also partnered with the University of Toronto Centre for Addiction and Mental Health to review existing English-language distance learning programmes (Selby et al., 2015) and develop distance learning curricula in Arabic and Spanish to further expand the reach of this initiative.

The impact of Pfizer’s investment in, and Mayo Clinic’s stewardship of, the Global Bridges network is ongoing. Regional partners from the first phase of the initiative have continued to play leadership roles in promoting and advocating for tobacco dependence treatment in their regions, and continue to be active in treatment and tobacco policy. They are also serving as mentors for second-phase grantees, as described below.

The second phase of the initiative – a competitive, peer-reviewed grant programme – began in 2014, and currently supports 19 educational projects working in LMICs across all six WHO regions (see Table 2). While these new projects will not conclude until 2016, as of July 2015 (the last report submitted as of this writing) an additional 1,943 HCPs had been trained. In total, second-phase grantees expect to train more than 12,500 HCPs during their projects, representing a significant increase in scale over the first phase.

In addition to building worldwide treatment capacity through training, the Global Bridges network has sought to fulfil another important need: urging national healthcare systems to make treatment support available and affordable for all tobacco users. Among evidence-based tobacco control policies, countries’ implementation of treatment measures has been disappointingly slow. A recent report by the World Health Organization (WHO) released on the 10th anniversary of the WHO’s FCTC, found that implementation of FCTC Article 14, which deals with treatment, lags behind other important tobacco control policy areas, such as smoke-free environments and raising taxes on tobacco products, which have been implemented by more than half of the countries which have ratified the FCTC. By comparison, only 24 countries, or 12% of the...
| Dates               | Location (City, Country) | Sponsoring Organisation(s)                                                                 | Total # Participants | Length of Training (Hours) | Person-hours | Participant Background/ Speciality (if Provided)                                                                 |
|--------------------|--------------------------|------------------------------------------------------------------------------------------|----------------------|----------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------|
| April 28, 2011     | Puebla (Mexico)          | Sociedad Mexicana de Neumologia y Cirugia de Tórax-Asociacion Latinoamericana del Torax    | 70                   | 8                          | 560          | Physicians, psychologists, nurses, social care worker, students                                                                 |
| May 7, 2011        | Neuquen (Argentina)      | Sociedad Norpatagonica de Nefrologia                                                     | 15                   | 8                          | 120          | Physicians, psychologists, nurses, social care worker                                                                 |
| July 1, 2011       | Asuncion (Paraguay)      | Sociedad Paraguaya de Neumologia-Asociacion Latinoamericana del Torax                     | 86                   | 8                          | 688          | Physicians, psychologists, nurses, social care worker, students                                                                 |
| April 27–28, 2011  | Amman - Jordan           | GB and KHCC                                                                               | 16                   | 10                         | 160          | National meeting                                                                                                                |
| June 27–30, 2011   | Amman - Jordan           | GB, Syrian Center for Tobacco Studies, Jordan University of Science and Technology         | 31                   | 20                         | 620          | Regional conference                                                                                                           |
| August 16–18       | Ibadan, Nigeria          | Global Bridges                                                                            | 25                   | 21                         | 525          | Medical officers, nurses, cardiologists, pulmonologists, psychiatrists, and dentists.                                        |
| August 23–25       | Pretoria, South Africa   | Global Bridges                                                                            | 29                   | 21                         | 609          | Counsellors, TB nurses, physiotherapists, physicians, dentists, and public health practitioners.                              |
| September 23, 26, 27 | Lagos, Nigeria          | Global Bridges                                                                            | 29                   | 21                         | 609          | Resident physicians, dentists, cardiologists, physicians, medical directors, and nurses.                                      |
| August 4, 2011     | Cordoba (Argentina)      | Asociacion Argentina de Tabacologia (AsAT)                                                | 62                   | 4                          | 248          | Medical, psychology, and nursing Students                                                                                      |
| August 8, 2011     | Parana (Argentina)       | Programa de Prevencion Enfermedades Cronicas de Entre Rios                                | 39                   | 8                          | 312          | Physicians, Psychologists, Nurses, social care worker, students                                                               |
| September 7, 2011  | San José (Costa Rica)    | VI Congreso Nacional de Cardiologia-Costa Rica (ASOCAR)                                   | 43                   | 8                          | 344          | Physicians, psychologists, journalist, nurses, social care worker, students                                                   |
| October 16, 2011   | Lima (Peru)              | 3rd Regional Conf Tabaco o Salud                                                          | 27                   | 4                          | 108          | Basic training                                                                                                               |
| October 15, 2011   | Lima (Peru)              | 3rd Regional Conf Tabaco o Salud                                                          | 23                   | 4                          | 92           | Advanced training                                                                                                             |
| October 15, 2011   | Lima (Peru)              | 3rd Regional Conf Tabaco o Salud                                                          | 23                   | 4                          | 92           | Advanced training                                                                                                             |
| 28-Oct-11          | Ecuador                  | Health Ministry of Ecuador                                                                | 42                   | 8                          | 336          |                                                                                                                                |
| 21–23 October      | Zambia                   | University of Zambia                                                                     | 22                   | 20                         | 440          |                                                                                                                                |
| 7–8 November 2011  | Kinshasa, DRC            | Global Bridges                                                                            | 33                   | 12                         | 396          |                                                                                                                                |
| 28-Nov             | South Africa             | Public Health Assn of South Africa                                                        | 37                   | 16                         | 592          |                                                                                                                                |
| 29-Nov             | Cairo, Egypt             | Global Bridges AFRO + EMRO regions                                                         | 0                    | 0                          | 0            |                                                                                                                                |
| Dates       | Location                        | Sponsoring Organisation(s)                                         | Total # Participants | Length of Training (Hours) | Person-Hours | Participant Background/ Speciality (if Provided) |
|------------|---------------------------------|---------------------------------------------------------------------|----------------------|----------------------------|--------------|-----------------------------------------------|
| 19 December | Tunisia                         | Ministry of Health in Tunisia and Global Bridges                    | 23                   | 16                         | 368          | Three-day training on TDT and basics of tobacco control |
| 20 23-Apr   | Addis Ababa, Ethiopia            | Global Bridges                                                      | 158                  | 6                          | 948          |                                               |
| 21 March 11–13 | Cairo, Egypt                  | Global Bridges                                                      | 32                   | 16                         | 512          |                                               |
| 22 April 14–16 | Abu Dhabi, UAE            | Global Bridges                                                      | 22                   | 16                         | 352          |                                               |
| 23 March 12–13, 2012 | La Plata, (Buenos Aires, Argentina) | Ministry of Health Provincia de Buenos Aires                        | 45                   | 9                          | 405          |                                               |
| 24 April 10–11, 2012 | Cancun, Quintana Roo (Mexico) | Sociedad Mexicana de Neumología y Cirugía de Tórax, Asociacion Latinoamericana del Torax | 41                   | 10                         | 410          |                                               |
| 25 30-May | Kingston, Jamaica              | InterAmerican Heart Association                                     | 50                   | 8                          | 400          |                                               |
| 26 June 23–25 | Tunis, Tunisia              | MoH Tunisia and Global Bridges                                       | 29                   | 16                         | 464          |                                               |
| 27 July 9–11 | Kampala, Uganda            | Global Bridges                                                      | 32                   | 20                         | 640          |                                               |
| 28 July 15–16 | Amman, Jordan              | Global Bridges                                                      | 39                   | 12                         | 468          |                                               |
| 29 August 6–8 | Enugu, Nigeria            | Global Bridges                                                      | 35                   | 20                         | 700          |                                               |
| 30 September 5 | Bloemfontein, South Africa | Global Bridges                                                      | 28                   | 8                          | 224          |                                               |
| 31 May 23rd/24th | Rio Grande, Argentina     | Tierra del Fuego Ministry of Health                                  | 41                   | 9                          | 369          |                                               |
| 32 May 28th/29th | Salta, Argentina        | Salta Ministry of Health                                             | 50                   | 9                          | 450          |                                               |
| 33 July 3rd/4th | Montevideo, Uruguay   | ALAT and the Internal Medicine and Pneumology Department of the ‘Universidad Nacional de la Republica’ | 23                   | 9                          | 207          |                                               |
| 34 July 12th/13th | Bahia Blanca, Argentina | Health Department of the Municipality of Bahia Blanca            | 31                   | 16                         | 496          |                                               |
| 35 August 9th | Buenos Aires, Argentina      | Asociación Argentina de Tabacología (AsAT)                            | 23                   | 6                          | 138          |                                               |
| 36 August 24th/25th | Mendoza, Argentina   | Facultad de Ciencias Médicas de la Universidad Nacional de Cuyo | 29                   | 9                          | 261          |                                               |
| 37 September 20–25 | Asunción, Paraguay     |                                                                     | 42                   | 16                         | 672          |                                               |
| Table 1 |
|---|
| **Continued** |
| **Dates** | **Location** | **Sponsoring Organisation(s)** | **Total # Participants** | **Length of Training (Hours)** | **Person-Hours** | **Participant Background/ Speciality (if Provided)** |
| 38 October 7–9 | Abu Dhabi | | 47 | 16 | 752 |
| 39 October 29th | Madrid (Nurses), España | | 11 | 8 | 88 |
| 40 October 18 | Amman - Jordan | Global Bridges EMR | 38 | 7 | 266 |
| 41 November 14, 18, and 19 | Amman, Irbid, Karak - Jordan | KHCC | 175 | 7 | 1225 |
| 42 November | Kuwait - Kuwait | Ministry of Health – Kuwait | 100 | 1 | 100 |
| 43 November 26–28 | Mauritius | GB and VIsa | 41 | 21 | 861 |
| 44 November 26–27 | Rodrigues, Mauritius | GB and VIsa | 34 | 14 | 476 |
| 45 December 13–15 | Fes, Morocco | Centre Hospitalier Universitaire Hassan II 1- The workshop was held under the patronage of His Highness Sheikh Majid bin Mohammed bin Rashid Al Maktoum, Chairman of Dubai Culture and Arts Authority (through Dubai Health Authority) | 40 | 16 | 640 Oncology, pulmonology, psychiatry |
| 46 Jan 26–27 | Dubai, UAE | 2- Sultan Qabous University | 50 | 14 | 700 Pulmonology, public health, nursing, general physicians, cardiologists, family physician, respiratory specialists, professors, residents |
| 47 March 6 2013 | Guatemala | XXVII Congreso Centroamericano y del Caribe de Neumología y Cirugía del Tórax | 19 | 8 | 152 Physicians pneumologist, psychologists, psychiatrists, paediatricians |
| 48 March 8 2013 | Mexico City, Mexico | Instituto Nacional de Enfermedades Respiratorias (INER) | 37 | 8 | 296 Physicians, psychologists, nurses, social workers, programme coordinator |
| 49 April 4 2013 | Merida, Mexico | LXII Congreso Nacional de Neumología y Cirugía del Tórax (SMNyCT) | 34 | 8 | 272 Physicians, psychologists, pneumologist, social workers, medical students |
| 50 April 15 2013 | Amman, Jordan | Global Bridges – EMR | 52 | 17 | 884 One-day training with Director of Health Promotion, health promoters, community health workers, health officers, and nurses |
| 51 May 29 2013 | Cape Town, South Africa | Global Bridges for WNTD | 72 | 7 | 504 |
| Location          | Dates       | Total # Participants | Length of Training (Hours) | Person-Hours | Participant Background/ Speciality (if Provided) |
|-------------------|-------------|----------------------|-----------------------------|--------------|--------------------------------------------------|
| Tunisia           | July 2 2013 | 40                   | 17                          | 680          | Physicians                                       |
| Kuwait, Sultan Qaboos University | August 8 2013 | 13                   | 5                           | 65           | Nurses                                           |
| Chattanooga, Tennessee | 6-Aug 2013 | 44                   | 8                           | 352          | One-day training with health promoters in Gauteng province department of health |
| Buenos Aires, Argentina | 21-Aug 2013 | 41                   | 9                           | 369          | Physicians, psychologists, nurses, social care worker, students |
| Pretoria, South Africa | 23-Sep 2013 | 49                   | 8                           | 392          | Physicians, psychologists, nurses, social care worker, students |
| La Paz, Bolivia | 24-Sep 2013 | 36                   | 8                           | 288          | Physicians, psychologists, nurses, social care worker, students |
| Cape Town, South Africa | September 25, 2013 | 60                   | 8                           | 480          |                                                 |
| Entre Rios, Argentina | 24-Sep 2013 | 24                   | 8                           | 192          | Physicians                                       |
| Neuquen, Argentina | 5-Oct 2013  | 66                   | 8                           | 528          | Physicians, psychologists, nurses, social care worker, medical students, students of psychology, and nurse students |
| Entre Rios, Argentina | 10-Oct 2013 | 17                   | 8                           | 136          | Physicians, psychologists, Nurses                |
| Mendoza, Argentina | 13-Oct 2013 | 21                   | 8                           | 168          | Physicians, psychologists, Nurses                |
| Gaborone, Botswana | Nov 25-27   | 30                   | 16                          | 480          | Nurses                                           |
| Buenos Aires, Argentina | 19-Oct 2013 | 27                   | 8                           | 216          | Physicians, nurses, cardiologists, psychologists, nutritionists |
| Maseru, Lesotho | September 18–20 | 35                   | 16                          | 560          | Nurses, health promoters                         |
| Muscat -Oman | 31-Oct 2013 | 200                  | 1                           | 200          | Physicians, especially pulmonologists            |
| Las Grutas, Río Negro (Argentina) | November 11th | 40                   | 8                           | 320          | Physicians, nurses, cardiologists, psychologists, social care worker, radiologist, nutritionists, dentist |
| Table 1 Continued |
|-------------------|------------------|-------------------|-------|-----------------|-----------------|-------------------|
| **Location** | **Spreading Organisation(s)** | **Total # Participants** | **Length of Training Hours** | **Person-Hours** | **Participant Background/Speciality (if Provided)** |
| **Dates** | **City, Country** | **(City, Organisation(s))** | **Participants** | **(Hours)** | | **Speciality (if Provided)** |
| 68 | November 11–13 | Amman, Jordan | Global Bridges – Central, Global Bridges – EMR, KHCC, MoH-Jordan, WHO-EMRO | 88 | 21 | 1848 | Regional HCPs/policymakers |
| 69 | November 4th | Bariloche, Rio Negro (Argentina) | Ministerio de Salud Rio Negro | 25 | 8 | 200 | Physicians, nurses, cardiologists, psychologists, social care worker, physiotherapist |
| 70 | November 24, 25, and 26 | Amman, Irbid, Karak - Jordan | KHCC and Global Bridges EMR | 150 | 5 | 750 | Teachers and counsellors responsible for supervising health promotion activities |
| 71 | 1-Dec | Amman - Jordan | Local NGO | 55 | 1 | 55 | Medical students |
| 72 | December 8–9 | Kuwait - Kuwait | Global Bridges, Kuwaiti MoH, DHA | 21 | 12 | 252 | School-health physicians |
| 73 | December 10–11 | Kuwait - Kuwait | Global Bridges, Kuwaiti MoH, DHA | 83 | 5 | 415 | School-health nurses and social workers |
| 74 | March 26th 2014 | Costa Rica | Workshop 4 CToH | 56 | 8 | 448 | Physicians, nurses, cardiologists, psychologists, social care worker, physiotherapist, health promoters, pneumologist, researchers, teachers, students |
| 75 | June 8th | Montevideo, Uruguay | 2do. Congreso Uruguayo De Medicina Ambulatoria y Nutrición del Conosur. | 99 | 5 | 495 | Physicians, nurses, cardiologists, psychologists, students, geriatricians, and nutritionist |
| 76 | July 31st-Aug 2nd | Medellin, Colombia | IX Congreso Asociación Latinoamericana del Torax (ALAT) | 23 | 8 | 184 | Physicians, physiotherapist, pneumologist, surgeons |
| 77 | Aug 21st–23rd | Colonia de Sacramento, Uruguay | I Congreso Uruguayo Tabaco o Salud (AsAT-SUT) | 16 | 5 | 80 | Physicians, pneumologist, cardiologists, social care worker |
| 78 | Aug 23rd | Neuquen, Argentina | Jornadas Pedagógicas de Medicina Respiratoria – Comahue University | 25 | 6 | 150 | Physicians, students |
| 79 | Oct 7th–10th | Gramado, Brazil | XXXVII Congreso Brasileño de Neumología y Torácica, XIII Congreso Brasileño de Endoscopia Respiratoria | 35 | 8 | 280 | |
| 80 | 25-Nov | Mexico City, Mexico | INER trainees | 25 | 8 | 200 | |

| 3596 | 33242 |
## Table 2
Global bridges 2014 tobacco dependence treatment award recipients

| Organisation Name | Project Title                                                                 | Country          | WHO Region |
|-------------------|-------------------------------------------------------------------------------|------------------|------------|
| International Primary Care Respiratory Group | Training community health workers in rural Uganda to introduce stop smoking interventions in the context of a lung health awareness campaign | Uganda | Africa |
| University of Nairobi | Tobacco cessation through use of oral healthcare providers in Kenya | Kenya | Africa |
| College of Medicine, University of Lagos | Physicians as change agents to facilitate tobacco cessation in clinical practice | Nigeria | Africa |
| InterAmerican Heart Foundation | Capacity building for smoking cessation training in Latin America: expanding the work of Global Bridges 2011–2013 | Latin America Region | Americas |
| InterAmerican Heart Foundation | Strengthening healthcare capacity for Article 14 by developing a strategic approach to analysing need and planning a strategy | Bolivia | Americas |
| Fundación Interamericana del Corazón México | Strengthening healthcare capacity for FCTC Article 14 implementation in Mexico by advocating for a more strategic approach to expanding tobacco dependence treatment | Mexico | Americas |
| Catalan Institute of Oncology | Development and Dissemination of a Tobacco Cessation Training Programme for Healthcare Professionals in Spanish-speaking Countries | Guatemala, Paraguay, Bolivia | Americas |
| Centro de Estudios em Saúde Mental do ABC | Implementing evidence-based tobacco dependency treatment in addiction/mental healthcare units in Brazil | Brazil | Americas |
| European Network for Smoking and Tobacco Prevention – ENSP | EPACTT-EuroPeAn Accreditation Curriculum on Tobacco Treatment | Romania, Armenia, Georgia, Ukraine, Russia | Europe |
| University of Crete | Developing a primary care tobacco dependence treatment network in Crete, Greece | Greece | Europe |
| University of Arizona | Building Capacity for Illness-specific tobacco cessation among nurses and clinical psychologists in Turkey | Turkey | Europe |
| American University of Armenia, School of Public Health | Implementing the FCTC ARTICLE 14 in Armenia through advocacy and training | Armenia | Europe |
| National Heart Foundation Hospital & Research Institute | Capacity building of primary care physicians for treatment of tobacco dependence in Bangladesh | Bangladesh | SE Asia |
| Public Health Foundation of India | Strengthening Cessation capacity in the National Tobacco Control Programme of India | India | SE Asia |
| Salaam Bombay Foundation | Capacity building of healthcare professionals to create a workforce trained in tobacco dependence treatment at different levels of healthcare settings | India | SE Asia |
| Zhejiang University | Building Tobacco Treatment Capacity in Medical Universities and Affiliated Hospitals in China | China | Western Pacific |
| China – United States Smoke-free Workplace Initiative | Build the Bridges: from Capacity Building to Practice | China | Western Pacific |
| Institute of Social and Medical Studies | Building capacity to deliver evidence-based tobacco use treatment in Vietnam | Vietnam | Western Pacific |
| King Hussein Cancer Center | Expand availability of tobacco dependence treatment services in the Eastern Mediterranean Region through building sustainable evidence-based in-country training programmes | Jordan, Oman, Tunisia, Morocco, Egypt | Eastern Mediterranean |
Lessons Learned in Multinational Project Management

The Global Bridges network remains in the early stages of development. Long-term impact of the first phase – providing training in the treatment of, and advocacy for, tobacco dependence treatment – remains to be fully evaluated, and the activities being conducted through the grants funded in the second phase are ongoing.

Yet, even in this early stage, there are important lessons which can be derived from the experience thus far in establishing and maintaining a global HCP network. These lessons may, perhaps, be generalised to other global efforts to address vital public health needs. Some of the lessons derived thus far include:

- **Get the right core management and regional teams on board.** The Global Bridges Executive Team includes expert leaders from respected organisations (including Mayo Clinic and the American Cancer Society) with deep experience in tobacco use and dependence and, equally important, extensive global networks. Regional partners and grantees, working largely independently, have had broad responsibility to develop curricula, implement trainings, document accomplishments, and nurture relationships on an ongoing basis. These activities have led them to be called on to support treatment and tobacco control in other ways within their regions and globally. Finally, in order to facilitate ongoing dialogue within the network via the website and social media, digital communications expertise has been essential.

- **Develop and follow a clear strategy.** The Executive Team’s first task was to develop a mission statement, measurable objectives, and a vivid description of what ‘success’ would look like to the team. Adherence to a strategy which is developed and agreed to by the full team has aided in the group’s efforts to stay focused and efficient. Periodic review of the strategy, and updating where required, is essential, and ensures that the group can adapt to significant changes in the environment or other factors. Having a trusted, capable team and a clear strategy enables the members to work independently to reach shared goals.

- **A ‘ready-to-use’ global training template does not exist.** Although the evidence supporting tobacco dependence treatment’s effectiveness applies universally, there are many other local lessons which can be productively shared and there are important contextual variations between countries’ treatment scenarios. For example, pharmacotherapy is often less available and affordable in LMICs. And in countries where HCPs have historically used a directive, therapeutic approach to treatment, behavioural techniques such as motivational interviewing need careful contextual presentation in order to be fully embraced. Therefore, each Global Bridges regional partner conducted a thorough local needs
Global Tobacco Dependence Treatment Partnership

Seek opportunities to cultivate motivated individuals

Communicate early and often

Recognise and leverage the team’s diversity to enhance its effectiveness

Understand that all of us are smarter than any one of us

Seek opportunities to cultivate motivated individuals with modest incremental support

Going Forward: Leveraging the Potential of the Global Bridges Treatment Network

Network and actor features: Gneiting’s analysis emphasises the creation, evolution, and management of the Framework Convention Alliance (FCA) as a defining factor in tobacco control progress over the past 20 years. Overall, the FCA, consisting of more than 300 organisations both within and outside the global health field, has proven consistently adept at publicising the enormous public health toll of tobacco, motivating research to support policy, providing guidance and support for domestic implementation, and monitoring progress of FCTC measures. While treatment can be viewed as a subset of broader tobacco control (and indeed many treatment leaders are members of...
Katherine E. Kemper et al.

FCA’s global network), to date, there has been little specific focus on treatment, beyond adoption of Article 14 Guidelines in 2010. Conventional wisdom and ‘framing’ has dictated that countries should implement other demand-side policies, such as smoke-free, before they are ‘ready’ for treatment. National treatment strategies may differ due to the low availability and relatively high cost of pharmacotherapy in many LMICs. Finally, many healthcare providers who could be effective policy champions prefer to dedicate their time to patient care rather than advocacy.

2. Policy environment: Treatment may have fewer allies and fewer opponents within the broader tobacco control context. While there are fewer groups whose interests align with treatment implementation, the tobacco industry has kept a close watch on any treatment advances that could impact its profits, while offering less aggressive opposition than in other policy areas such as taxation and smoke-free workplaces. Treatment has had modest funding compared to other tobacco control policies. The majority of Global Bridges’ funding comes from the pharmaceutical industry, which is a perceptual problem for some. However, treatment could be carried along with the tide, as other policies are implemented and build demand for cessation support.

3. Issue characteristics: Ample evidence supports the cost-effectiveness of treatment and the relatively immediate impact of treatment on tobacco-caused death and disease. However, proponents of the ‘population impact’ approach to policy implementation argue that helping tobacco users affects a smaller subset of the population than taxation or smoke-free legislation, and therefore should be lower priority. Nonetheless, there is general agreement that a comprehensive approach, i.e. one that encompasses all evidence-based policies, is preferred.

Based on the analysis above, an overall prescription for solidifying and extending Global Bridges’ progress in promoting global tobacco dependence treatment/Article 14 could include the following:

- Global Bridges can work to become a more effective champion for treatment within FCTC/FCA, i.e. allying itself with a broader array of global tobacco control policy advocates, as well as domestic allies, and the general public.
- Simplify and communicate the importance of treatment and the impact of making treatment available.
- Change the mindset of tobacco dependence treatment advocates that adoption of Article 14 in 2010 was an end in itself, but rather the signal for a new effort in tobacco dependence treatment, i.e. the global implementation of Article 14.
- Broaden the initiative’s funding base.

The Gneiting analysis provides Global Bridges with an excellent, data-based, basis for future planning of the initiative, as well as incentive to continue seeking out other methods and analyses which can inform the future implementation of global tobacco dependence treatment.

Conclusion

The Global Bridges HCP network, now in its sixth year, has expanded, on a global scale, evidence-based tobacco dependence education among HCPs and facilitated efforts to increase implementation of FCTC Article 14. With an experienced management team, strong global collaborators, and an enduring mission, the Global Bridges network comprises a unique and important component of the broader tobacco control community, and is poised to play an integral role in future global tobacco control progress.

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Conflict of Interest

- Dr Hays and Ms Kemper are employed by the Mayo Clinic Nicotine Dependence Center, which receives grant and research funding from Pfizer.
- Drs. Hurt and Glynn are expert advisors to the Global Bridges initiative, which is funded by Pfizer Independent Grants for Learning and Change.
- Ms Wysocki has no conflict of interest.

Ethical Standards

This project involved no human and/or animal experimentation.

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