Part Ⅰ - Module 1-A

Treatment of tobacco dependence: a key component of any comprehensive tobacco control program

Story 1-What happened after the UK smoke-free legislation was introduced?

- Between March 2006 and July 2007 smokefree legislation was introduced in Scotland, Wales, Northern Ireland and England, making virtually all enclosed public places and workplaces smokefree.
- The new law has encouraged smokers to quit smoking.
- Local NHS Stop Smoking Services in England saw an **increase in demand of around 20%** in the months around the law change.

Source: Gotz NK, Wareing H. 2008

World Health Organization

Story 2-What happened after the US raised tobacco tax in spring 2009?

Calls Volumes to 800-QUIT-NOW*

Month	2007	2008	2009
January	52,796	88,797	76,685
February	35,543	37,082	91,316
March	42,150	60,065	203,374
April	41,081	48,810	114,389
May	48,224	41,852	67,824
Total for January-May	171,570	234,754	553,508
Total for year	471,764	591,659	TBD

*Please note that 800-QUIT-NOW only counts calls that are relayed through the national number. About 35 states have local toll-free numbers as well, so the compiled numbers underestimate the actual calls to quitlines.

NORTH AMERICAN QUITLINE CONSORTIUM

- The US raised federal tax in spring 2009.
- The impact of the tax increase on calls to US quitlines.

Source: WHO. Developing and improving national toll-free tobacco quit line services. 2011

World Health Organization

- **Question-what do these two stories imply about treatment of tobacco dependence?**

  - **Implementing population level tobacco control policies can motivate people to stop smoking and increase their demand for tobacco dependence treatment.**

Story 3-What happened after the tax on tobacco increased in Hong Kong?

- On 25 February 2009, The Financial Secretary of the Hong Kong Special Administrative Region of the People's Republic of China announced that the excise duty on tobacco products would be immediately increased by 50% to HK$ 24 per pack above the previous levels of just over HK$ 16 per pack in response to increasing smoking rates.

- Sales of electronic cigarettes soared immediately after tax increase. A news report on 3 March 2009 said suppliers of electronic cigarettes had run out of stock. Some smoker used it as an alternative to smoking tobacco cigarettes and some smokers used electronic cigarettes to quit tobacco use.

- However, electronic cigarette is **an unproven product for cessation**.

Source: Mingbao News report. 2009

- **Question-what does this story imply about treatment of tobacco dependence?**

  - **It is important to provide tobacco users effective support as much as possible to assist in their behaviour change. Or else, they will use whatever they can find.**

Part Ⅰ - Module 1-B

WHO FCTC and WHO MPOWER package

WHO FCTC

- The powerful tool to reverse tobacco epidemic

- First global health treaty negotiated under auspices of WHO – adopted in **2003,** entered into force on **27 Feb 2005**

- **176 parties, covering about 90% of the world population**

World Health Organization

Core demand reduction provisions in the WHO FCTC

At the population level:

- Price and tax measures to reduce the demand for tobacco (**Article 6**) and smuggling control (**Article 15**)
- Protection from exposure to tobacco smoke (**Article 8**)
- Packaging and labeling of tobacco products (**Article 11,12**)
- Ban of tobacco advertising, promotion and sponsorship (**Article 13**)
- Monitoring and evaluation (**Articles 20, 21**)

At the individual level:

- **Tobacco dependence reduction and cessation (Article 14)**

Article 14 of the WHO FCTC

"Each Parties…shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence… "

World Health Organization

MPOWER package - a tool to assist countries with WHO FCTC demand reduction measures

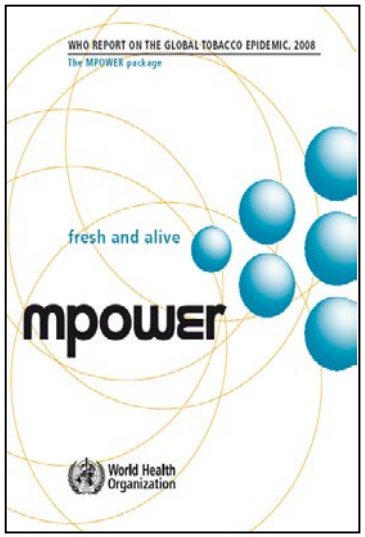
Monitor	tobacco use and prevention policies	Article 20
Protect	people from tobacco smoke	Article 8
Offer	help to quit tobacco use	Article 14
Warn	about the dangers of tobacco	Articles 11 & 12
Enforce	bans on tobacco advertising, promotion and sponsorship	Article 13
Raise	taxes on tobacco	Article 6

World Health Organization

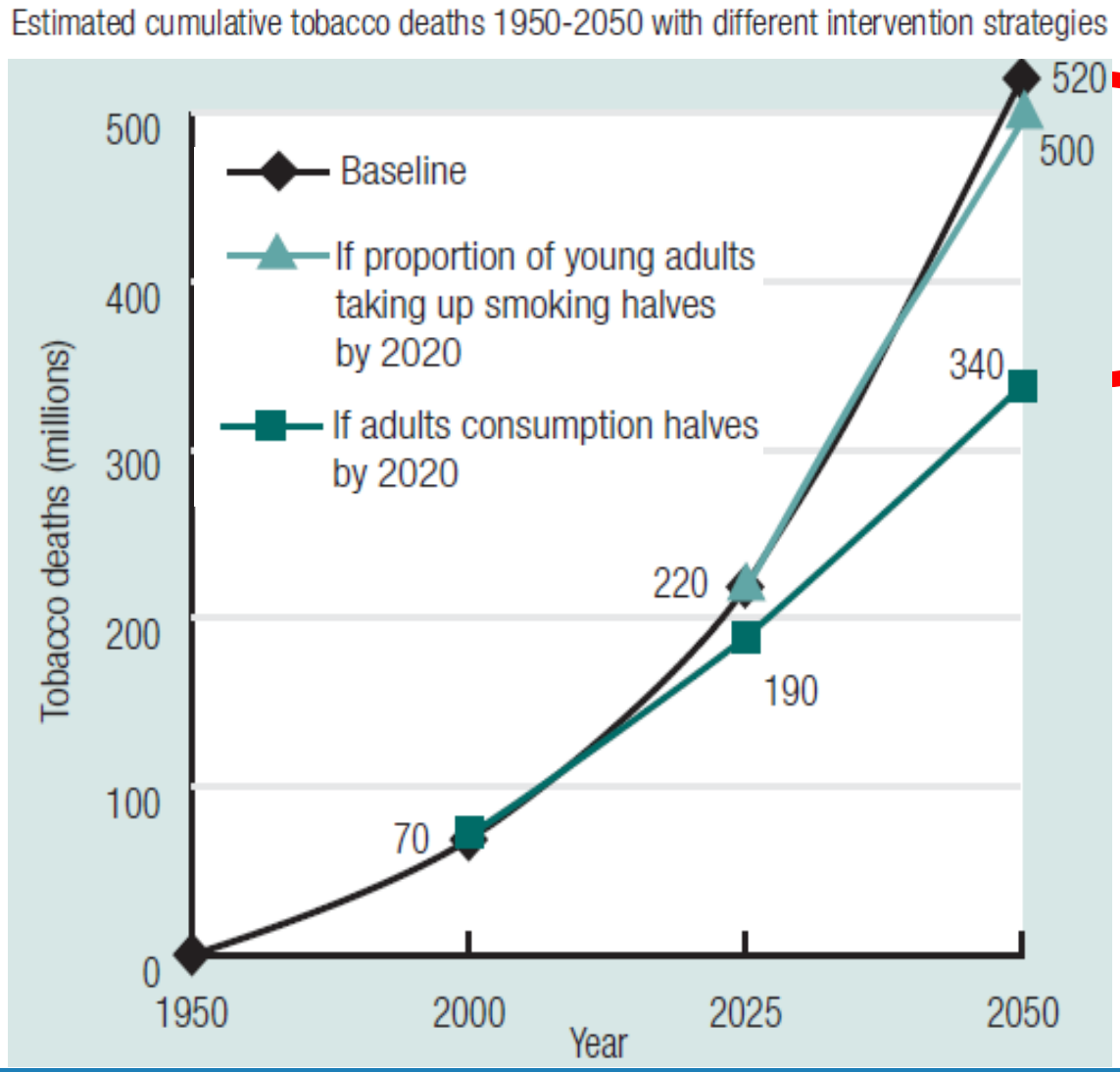
WHO's Vision

- Only a comprehensive tobacco control strategy can reverse the global tobacco epidemic

- Treatment for tobacco dependence should be a key component of this comprehensive tobacco control policy



The potential impact of supporting current tobacco users to quit on health gains in the short to medium term



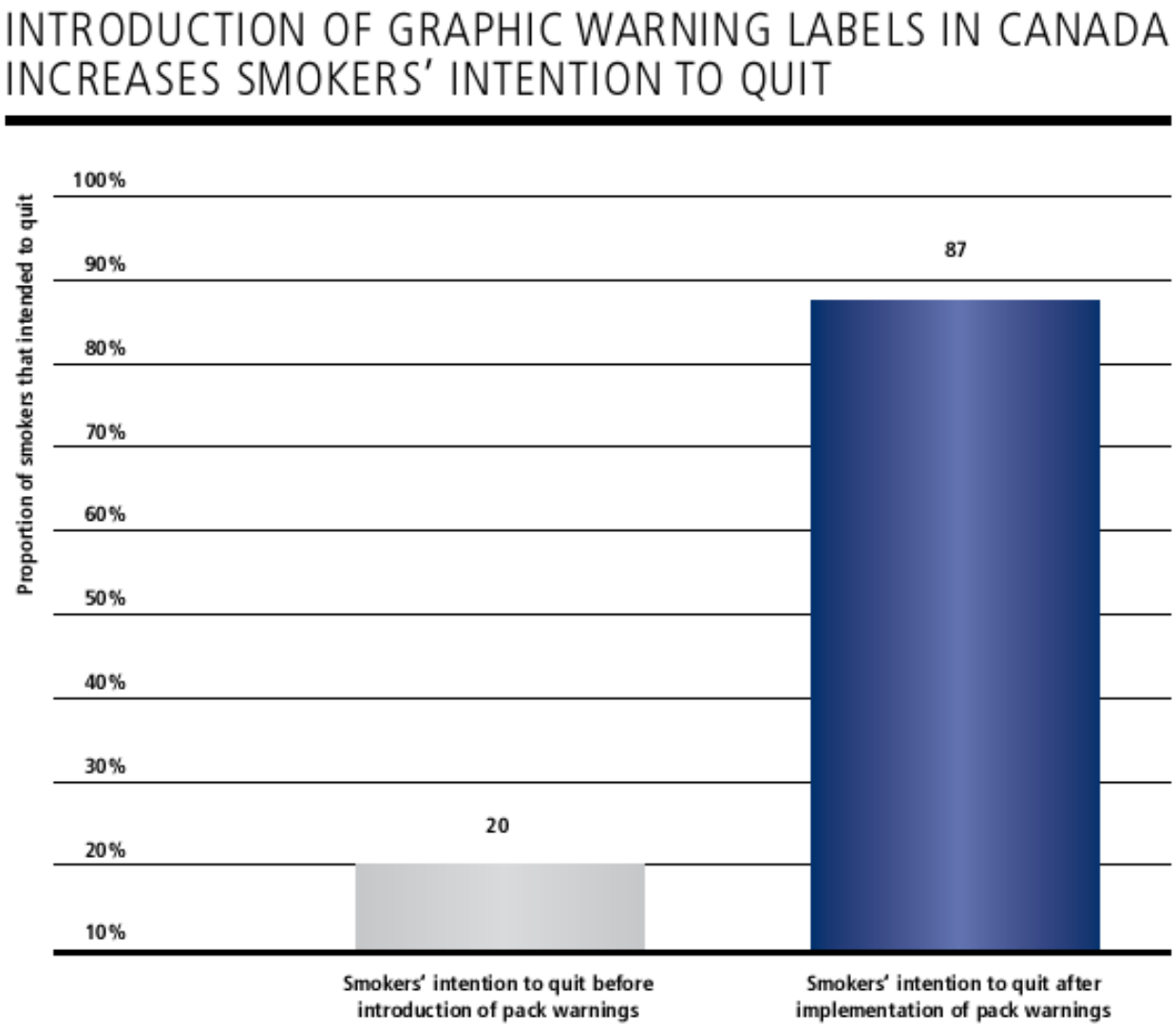
- If adult consumption were to decrease by 50% by the year 2020, approximately 180 million tobacco-related deaths could be avoided

Source: Jha, Prabhat et al. Curbing the epidemic: governments and the economics of tobacco control. World Bank. Washington DC. 1999

World Health Organization

The tobacco control measures are complementary

- More smokers will be willing to quit and ask for help after the implementation of other tobacco control measures covered by other Articles of the WHO FCTC



Source: the WHO Report on the Global Tobacco Epidemic, 2011

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Part Ⅰ - Module 1-C

Treatment of tobacco dependence: a top priority for health systems

Brainstorming

Why treatment of tobacco dependence should be a top priority for a health system?

Treating tobacco dependence: one of the best things that a health system can do to improve smoker's health

- Treating tobacco dependence can help save smoker’s life
  - quitting at age 60, 50, 40, or 30 years gained, respectively about 3, 6, 9, or 10 years of life expectancy
- People who quit smoking after having a heart attack reduce their chances of having another heart attack by 50 per cent.
- People with early lung cancer who quit smoking could double their chances of surviving.

Source: 1. Doll R, et al. 2004; 2.US Department of Health and Human Services 2004 ; 3. Parsons A, et al. 2010

World Health Organization

Treating tobacco dependence: more cost-effective than many other common reimbursed disease prevention interventions

Numbers Needed to Treat (NNT) to achieve certain outcomes for various interventions		
Intervention	**Outcome**	**NNT**
Statins	Prevent one death over five years	**107**
Antihypertensive therapy	Prevent one stroke, MI, death over one year	**700**
Cervical cancer screening	Prevent one death over ten years	**1140**
GP brief advice to stop smoking< 5 minutes	Prevent one premature death	**80**
GP brief advice + pharmacological support	Prevent one premature death	**38-56**
GP brief advice + pharmacological support + behavioral support	Prevent one premature death	**16-40**

Source: Great Britain Parliament House of Commons Health Committee. 2007

Effective interventions exist. Even less than 3 minutes counseling can increase the quit rates

Level of contact	Number of arms	Estimated odds ratio (95% C.I.)	Estimated abstinence rate (95% C.I.)
No contact	30	1.0	**10.9**
Minimal counseling (< 3 minutes)	19	1.3 (1.01, 1.6)	**13.4 (10.9, 16.1)**
Low intensity counseling (3 10 minutes)	16	1.6 (1.2, 2.0)	**16.0 (12.8, 19.2)**
Higher intensity counseling (> 10 minutes)	**55**	**2.3 (2.0, 2.7)**	**22.1 (19.4, 24.7)**

Source: Fiore MC et al. Treating tobacco use and dependence: 2008 update.

Part Ⅰ - Module 1-D

Relying on the health system

Primary care setting is an ideal place to identify and treat tobacco users

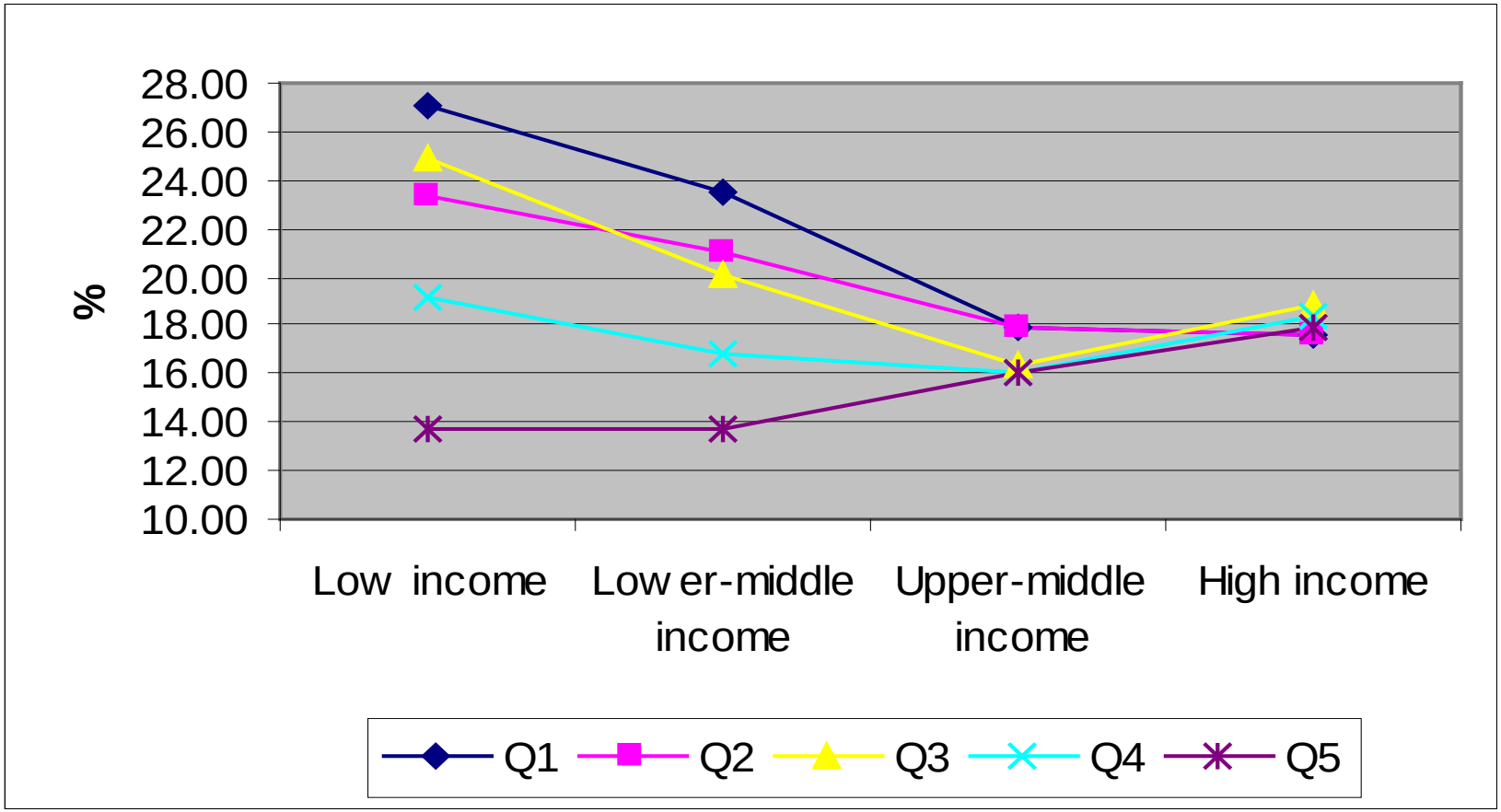
- **The success of a service is measured by its:**
  - **Reach** (number of people who receive the service/intervention)
  - **Effectiveness** (percentage of people who change their behavior as a result of the service/intervention) and
  - **Cost** per person to deliver.

- **Primary care setting is a less costly setting to reach the majority tobacco users in many countries**

  Reach
  - Primary care staff have a long and close contact with the community and are well accepted by local people
  - It is the primary source of health care can reach the majority population in many countries
  - It appears to reach the poor far better than other types of health programs and the poor smoke the most

Primary care setting is an ideal place to identify and treat tobacco users

Prevalence of tobacco use within countries and between countries of different levels of development



Note: Q1-Q5: Lowest-Highest income group

Source: World Health Survey 2006

World Health Organization

Primary care setting is an ideal place to identify and treat tobacco users

- Primary care setting is a less costly setting to reach the majority tobacco users in many countries

  Delivery **Cost**

  - Primary care setting is less costly setting as primary care approach emphasizes providing as much care as possible at the first point of contact through integrated service delivery models.
  - There are various opportunities and entry points exist for integrating identification and treatment of tobacco users in primary care (for example, DOTS strategy, programmes dealing with CVD, COPD, Diabetes, Maternal and Child Health).

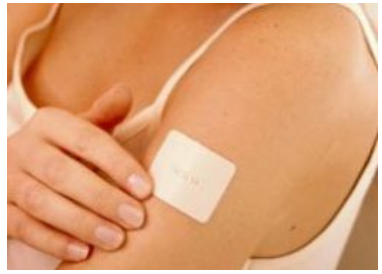
Part Ⅰ - Module 1-E

What tobacco treatment should be offered to tobacco users to quit in primary care settings?

Many effective interventions are available

- **Behavioral interventions:**
  - Self-help interventions
  - Physician advice
  - Nursing intervention
  - Individual behavioral counseling
  - Group behavioral therapy
  - Telephone counseling (quitlines)
  - Quit and Win competitions

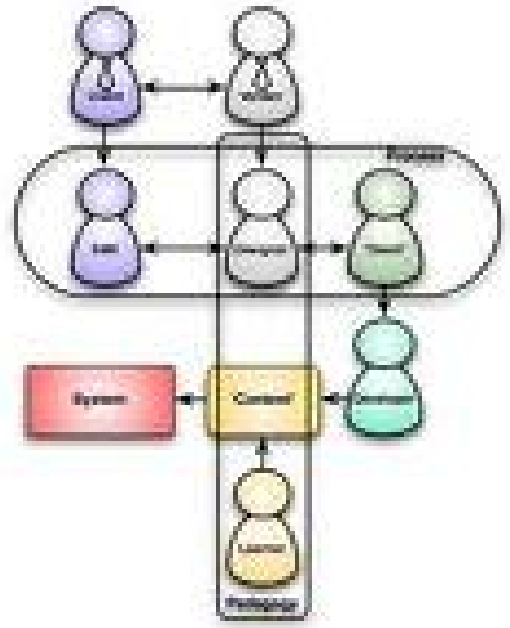
- **Pharmacologic interventions:**
  - Nicotine replacement therapy (NRT)
  - Bupropion
  - Varenicline
  - Cytisine
  - Clonidine
  - Nortriptyline



What a country can do to support tobacco users to quit ?

The WHO FCTC Article 14 guidelines recommend that:

- **All Parties should aim to develop a comprehensive system to provide a range of interventions:**
  - **Population-level approaches**
    - Mass communication and education campaign
    - Brief advice integrated into all health-care systems
    - Quit lines
  - **Intensive individual approaches**
    - Specialized tobacco dependence treatment
  - **Medications**
  - **Novel approaches and media**
    - Cellphone text messaging



How does a country develop their treatment system?

The WHO FCTC Article 14 guidelines recommend that:

- **Parties should use a stepwise approach and provide at least brief advice to all tobacco users**
- **Starting with integrating brief advice into primary care, a country can develop their treatment system as rapidly as possible and at as low a cost as possible because it has the potential to:**
  - Reach > 80% of all tobacco users per year;
  - Trigger 40% of case to make a quit attempt;
  - Help 2-3% of those receiving brief advice quit successfully;
  - Form a promising referral source and create demand for more intensive tobacco cessation services.

Source: WHO FCTC Article 14 Guidelines; 2.West et al 2000； 3. Fiore MC et al 2000.

World Health Organization

What tobacco treatment should be routinely offered in primary care?

WHO recommends that countries should at least deliver brief tobacco interventions as part of its routine services in primary care

Part Ⅰ - Module 2-A

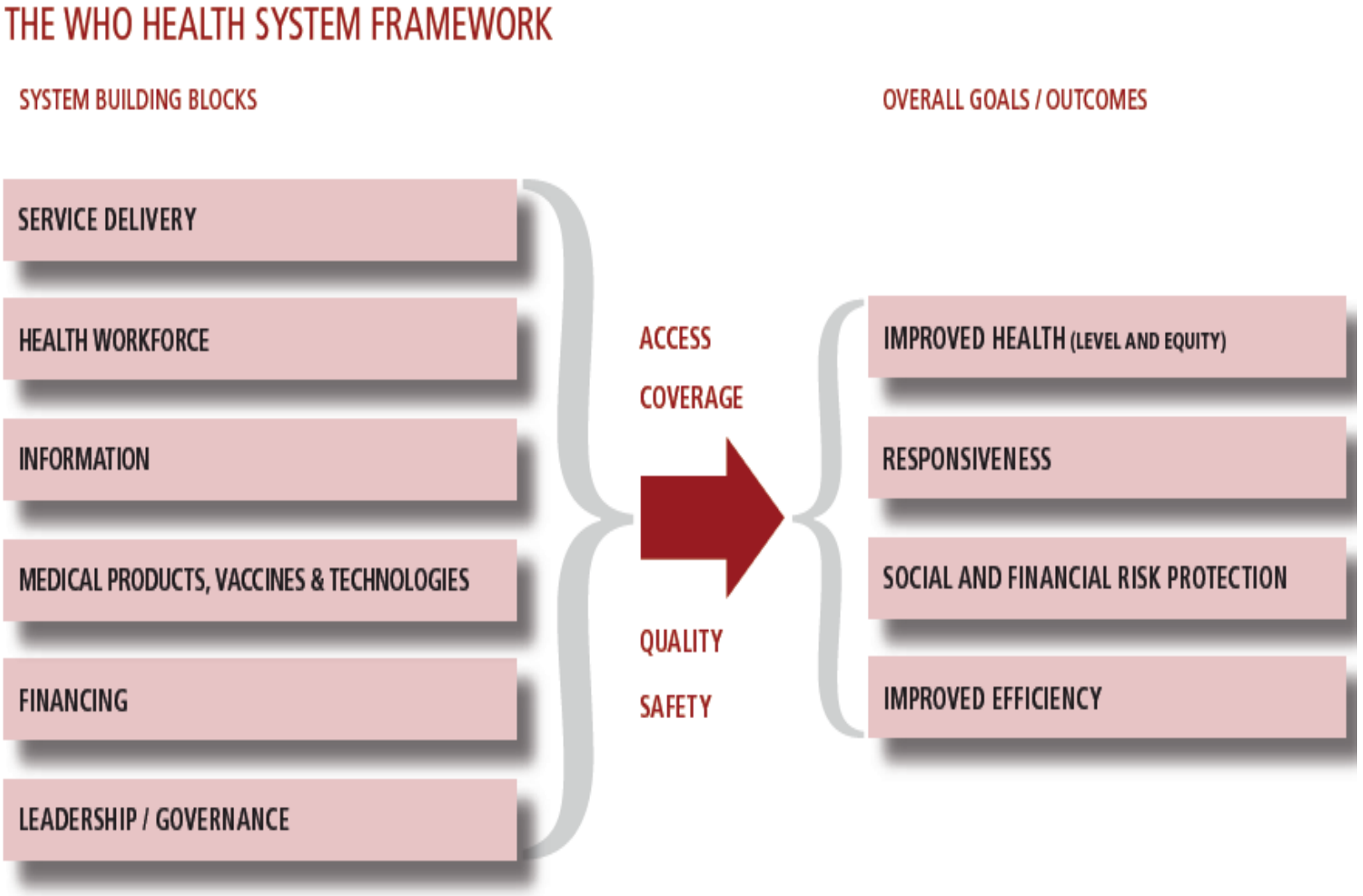
WHO definition of health system and WHO Health System Framework

WHO definition of a health system

- A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health
- A health system is more than the pyramid of publicly owned facilities that deliver personal health services

WHO Health System Framework

-Six building blocks of a health system



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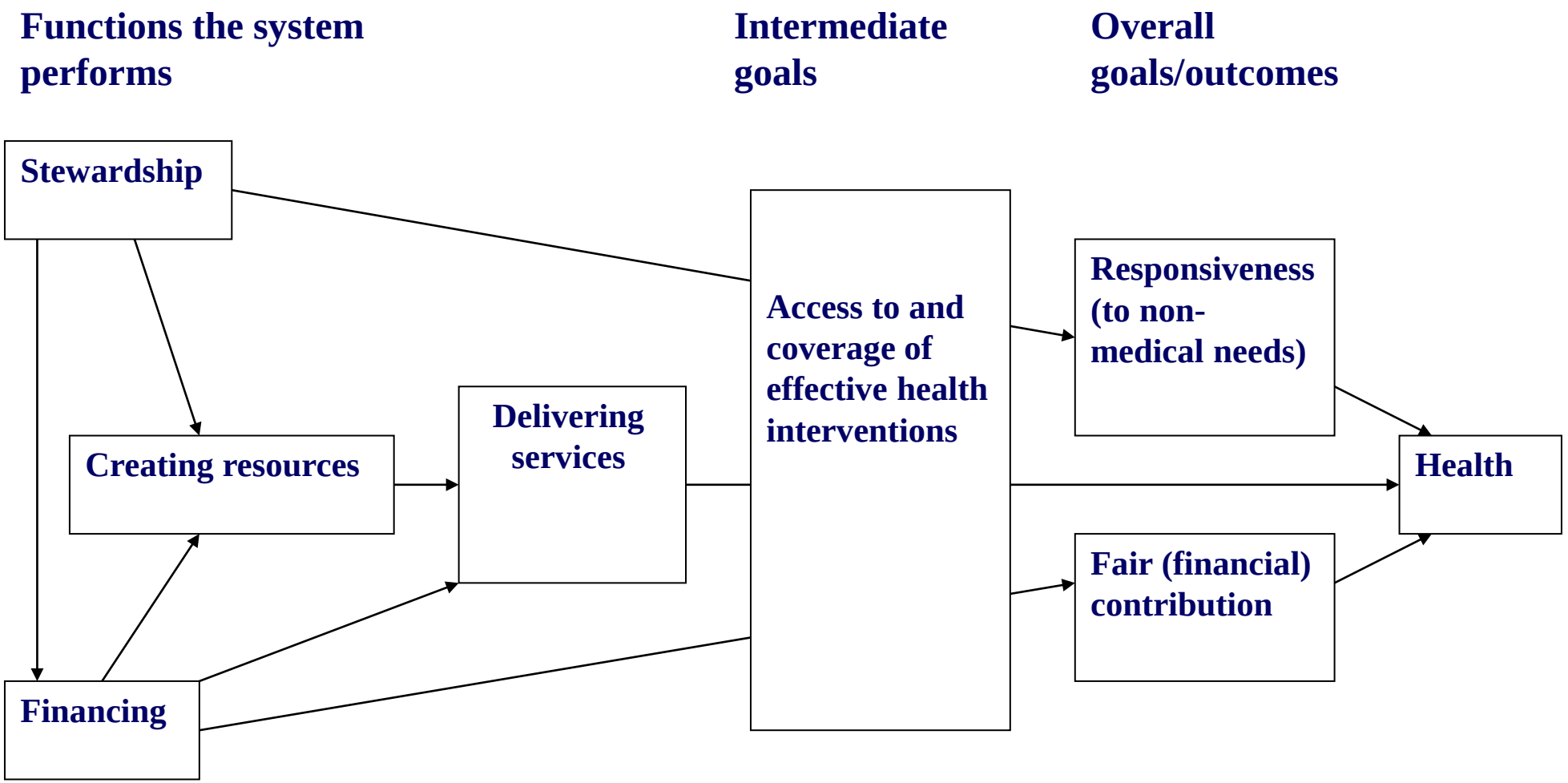
Multiple, dynamic relationships between functions and goals of a health system



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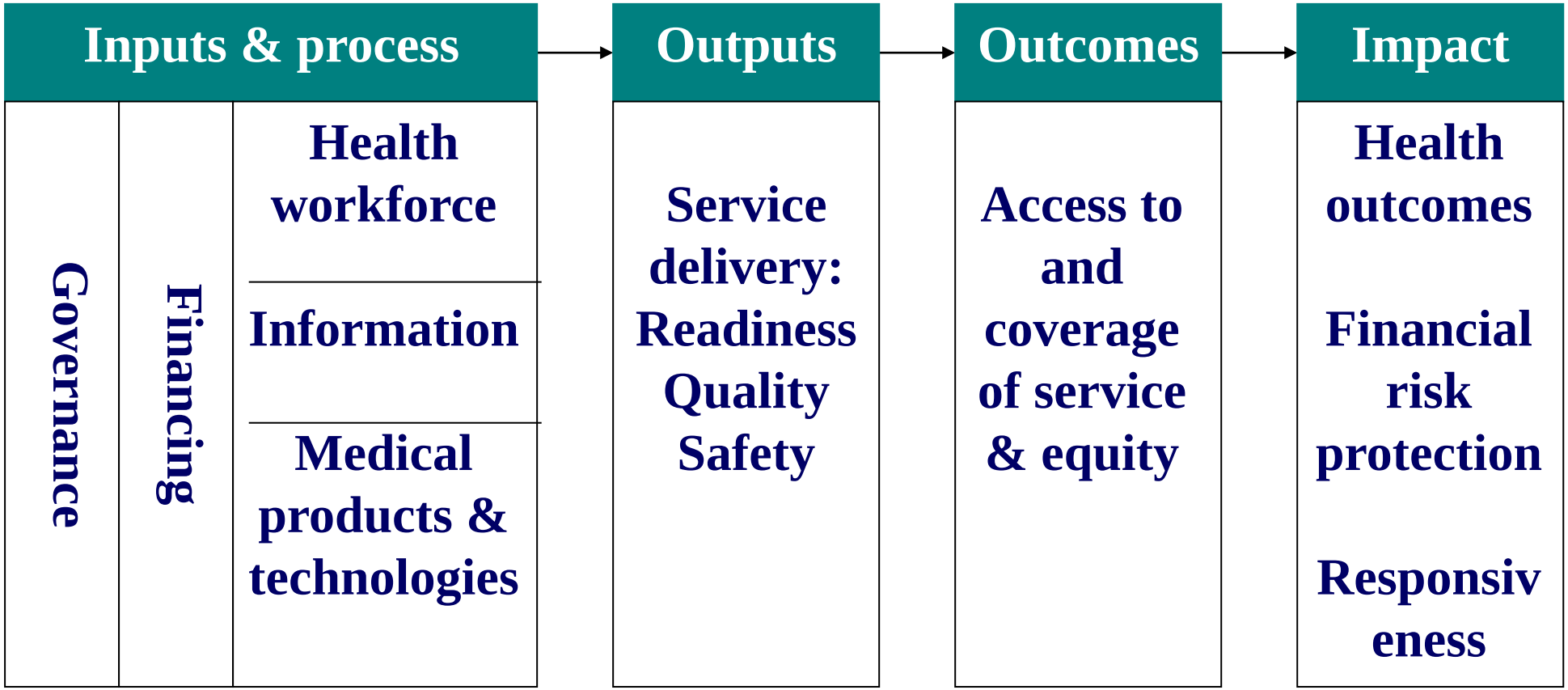
The results chain of a health system



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Part Ⅰ - Module 2-B

WHO definition of health systems strengthening

WHO definition of health systems strengthening

- **WHO health systems strengthening defined as:**
  - Improving six health system building blocks and managing their interactions in ways that achieve more equitable and sustained improvements across health services and health outcomes
- **WHO Health System Framework can be a useful tool for strengthening health systems to deliver brief tobacco interventions in primary care:**
  - Locate, describe and classify health system constraints;
  - Identify where and why interventions are needed;
  - Predict the effects of health system strengthening intervention on its results.

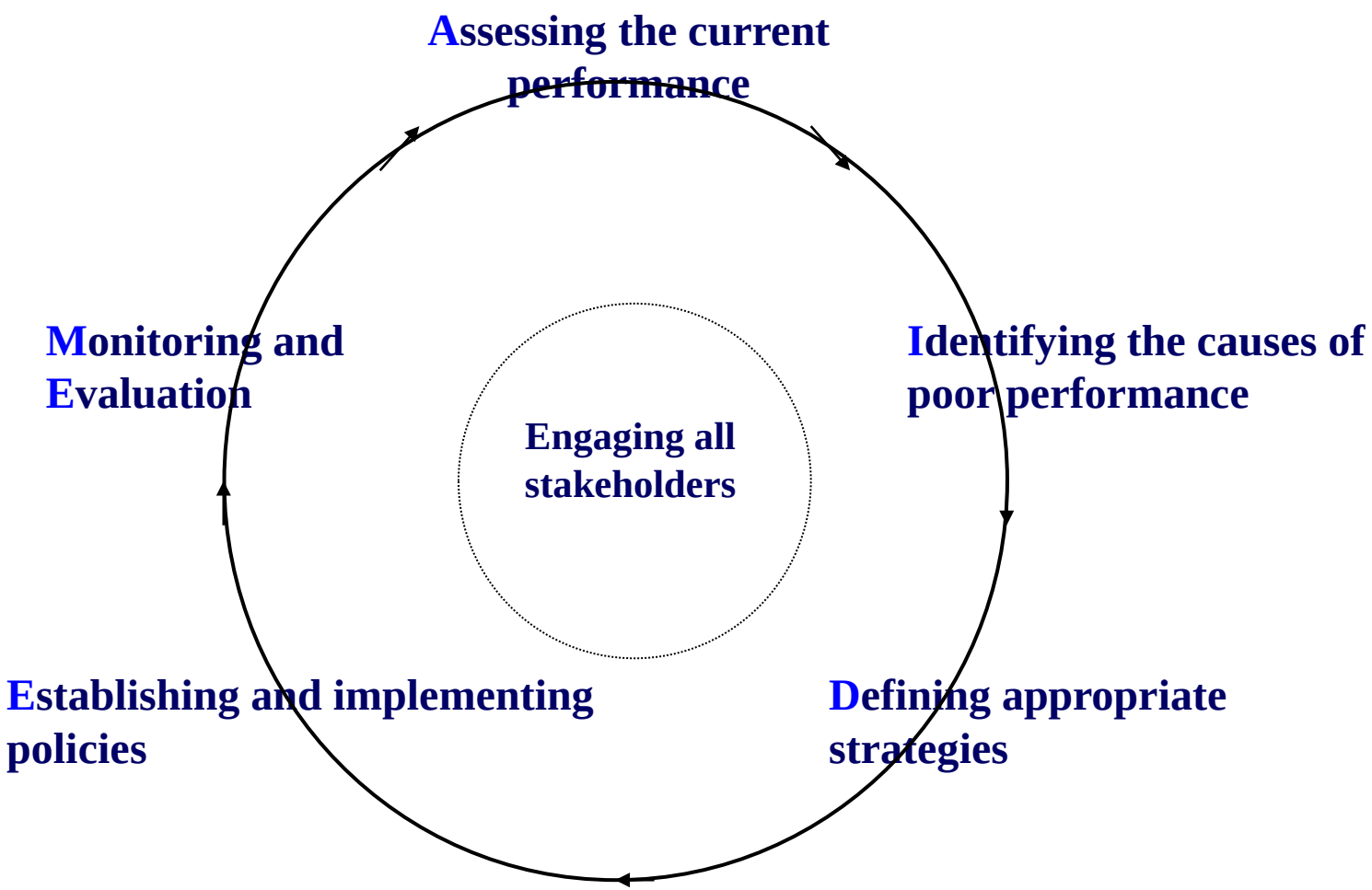
Part Ⅰ - Module 2-C

Five steps for formulating policy interventions to strengthen health systems

Five steps for formulating policy interventions to strengthen health systems to improve the delivery of brief tobacco interventions

- **AIDE-ME:**
  1) **A**ssess health systems performance
  2) **I**dentify the causes of poor performance
  3) **D**efine appropriate health system strengthening strategies
  4) **E**stablish and implement health systems policies
  5) **M**onitoring and **E**valuation

The health policy formulation process



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Part Ⅰ - Module 2-D

Roles and responsibilities of policy makers for strengthening health systems

key tasks of policy makers in strengthening health systems

Building blocks	Key tasks
Service delivery	• Form supportive policies for integrated service delivery • List the governance implications of different service delivery models • Influence demand for tobacco dependence treatment
Health workforce	• Form national workforce policies and investment plan
Information support	• Form policy on including tobacco use in all existing medical records, data on health services • Developing standardized tools and instruments for recording tobacco use
Medical products & technologies	• Develop national policy, guidelines and regulations on treatment of tobacco dependence • Monitor the quality and safety of cessation tools
Financing	• Form national health financing policy • Use effective mechanisms to ensure adequate funding for treatment of tobacco dependence
Leadership and governance	• Set appropriate policy guidance for treatment of tobacco dependence • Promote collaboration and coalition building • Design an appropriate system

Part Ⅰ - Module 3-A

Assessing the performance of primary care in delivering brief tobacco interventions

Brainstorming

What indicators can be used to measure the performance of primary care in delivering brief tobacco interventions?

Possible indicators and data source

- **Indicators:**
  - *Coverage*: percentage of tobacco users with health visits in primary care settings in the last 12 months who stated they received brief tobacco interventions
  - *Equity in brief tobacco interventions coverage*: the level of coverage for different districts, different groups (poor vs. non-poor, female vs. male.)

- **Data sources:**
  - Clinic data
  - Survey

Part Ⅰ - Module 4-A

The principles and tools for identifying the causes of poor performance

Diagnosis of the causes of poor performance

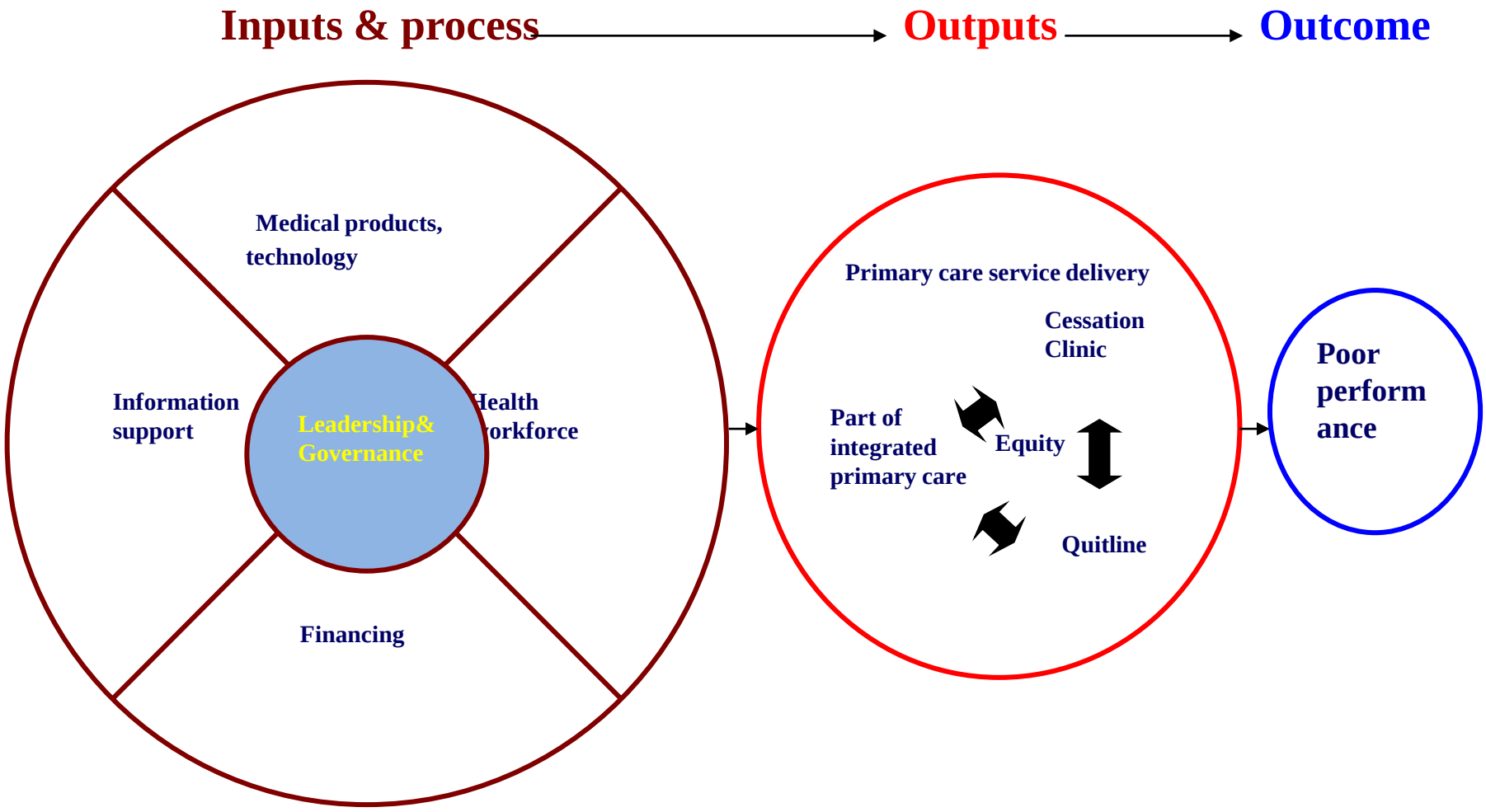
- Diagnosis means identifying the nature or cause of some phenomenon; determining the root cause of (a disease)

- "Diagnosis of the causes of poor performance" is for us to:
  - Identify root causes of low coverage of brief tobacco interventions in primary care settings that can be changed through policy interventions
  - WHO Health System Framework (the six building blocks) can be a good diagnostic tool

Part Ⅰ - Module 4-B

The steps of using WHO Health System Framework to identify the causes of unsatisfactory performance for delivering brief tobacco interventions in primary care settings

The logic links between seven building blocks and health systems performance



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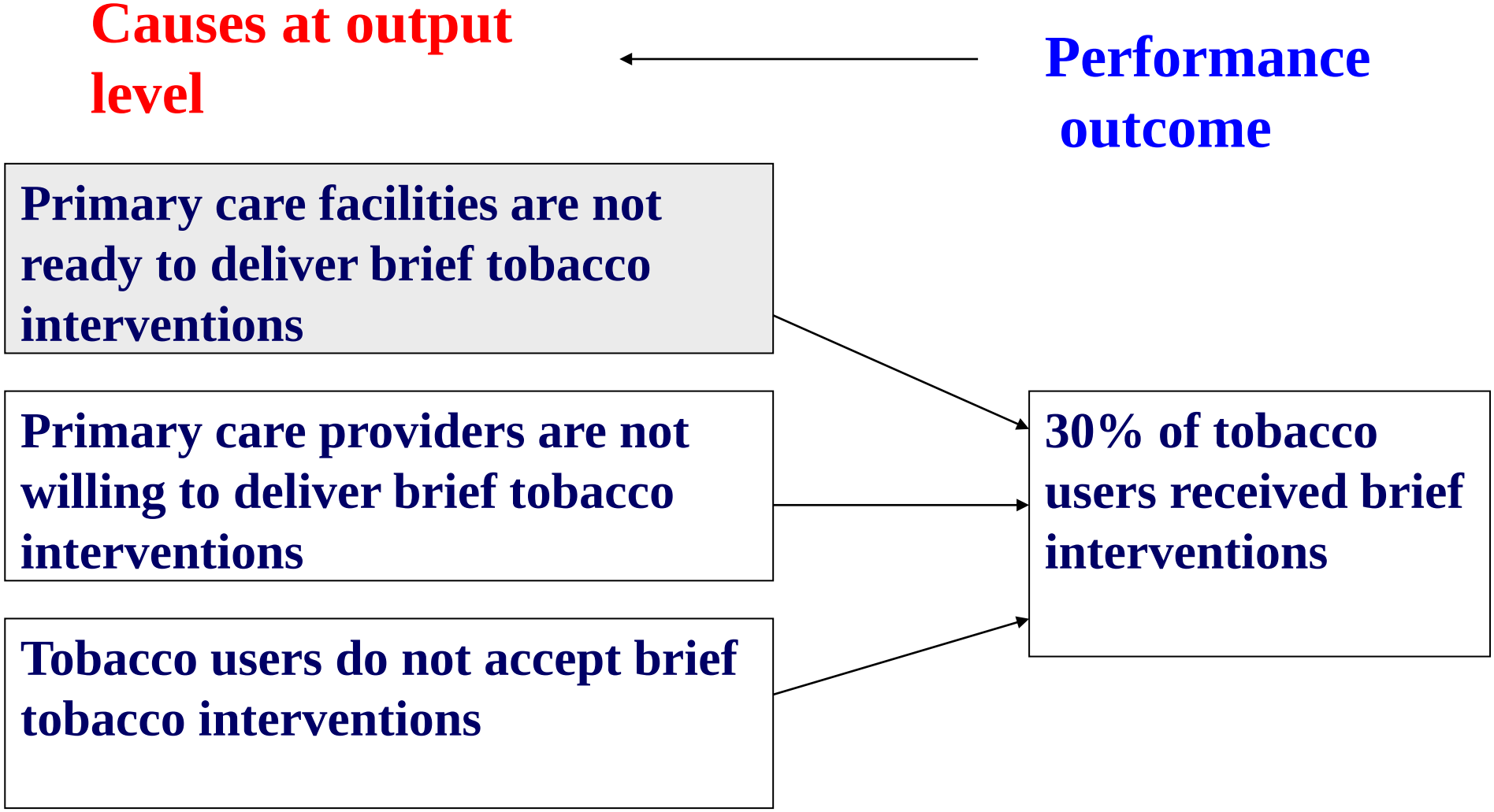
The first step: identify possible causes in "service delivery" block



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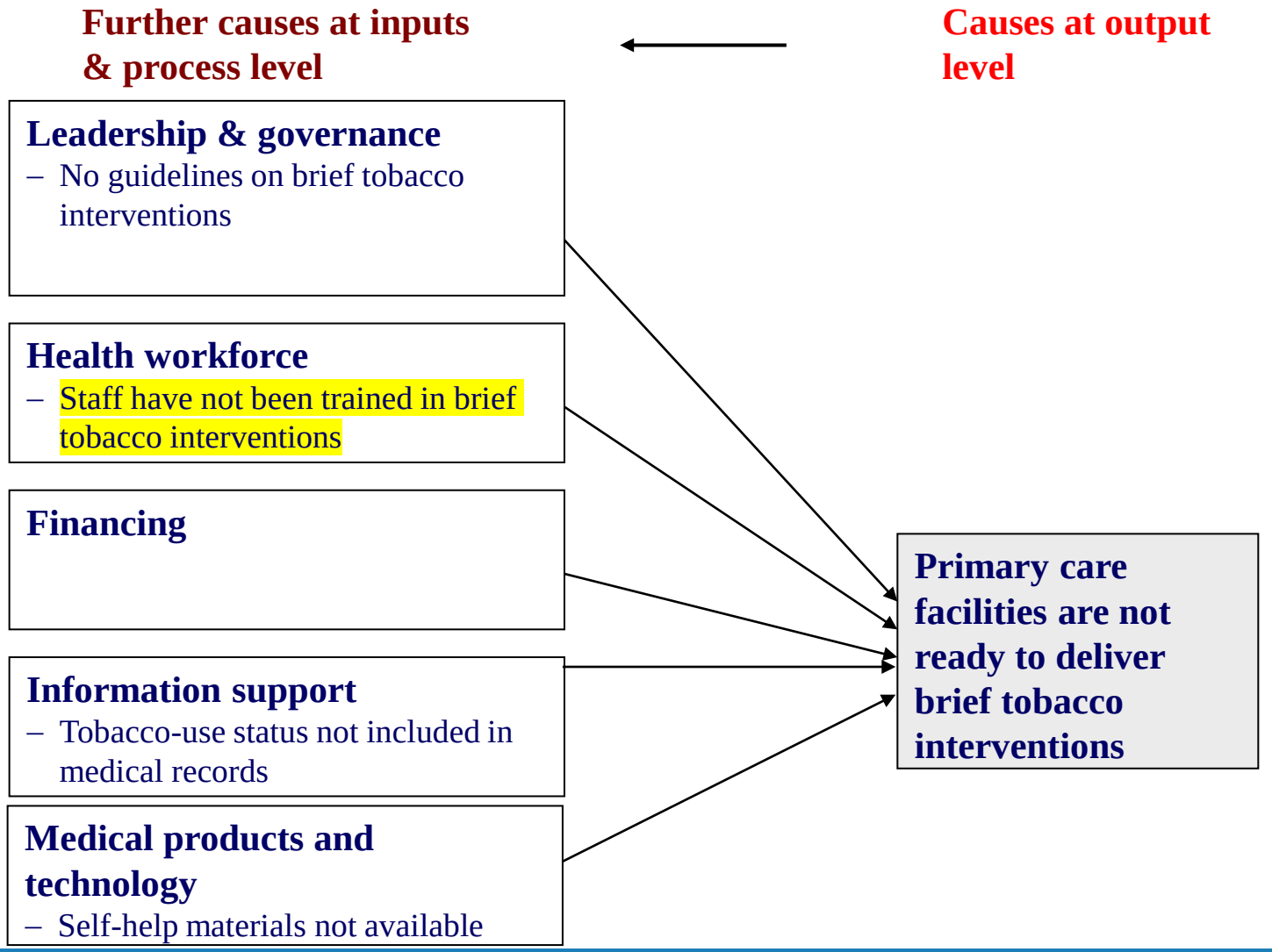
The second step: look at the building blocks at "inputs and process" level to figure out what causes the situation in "service delivery" block



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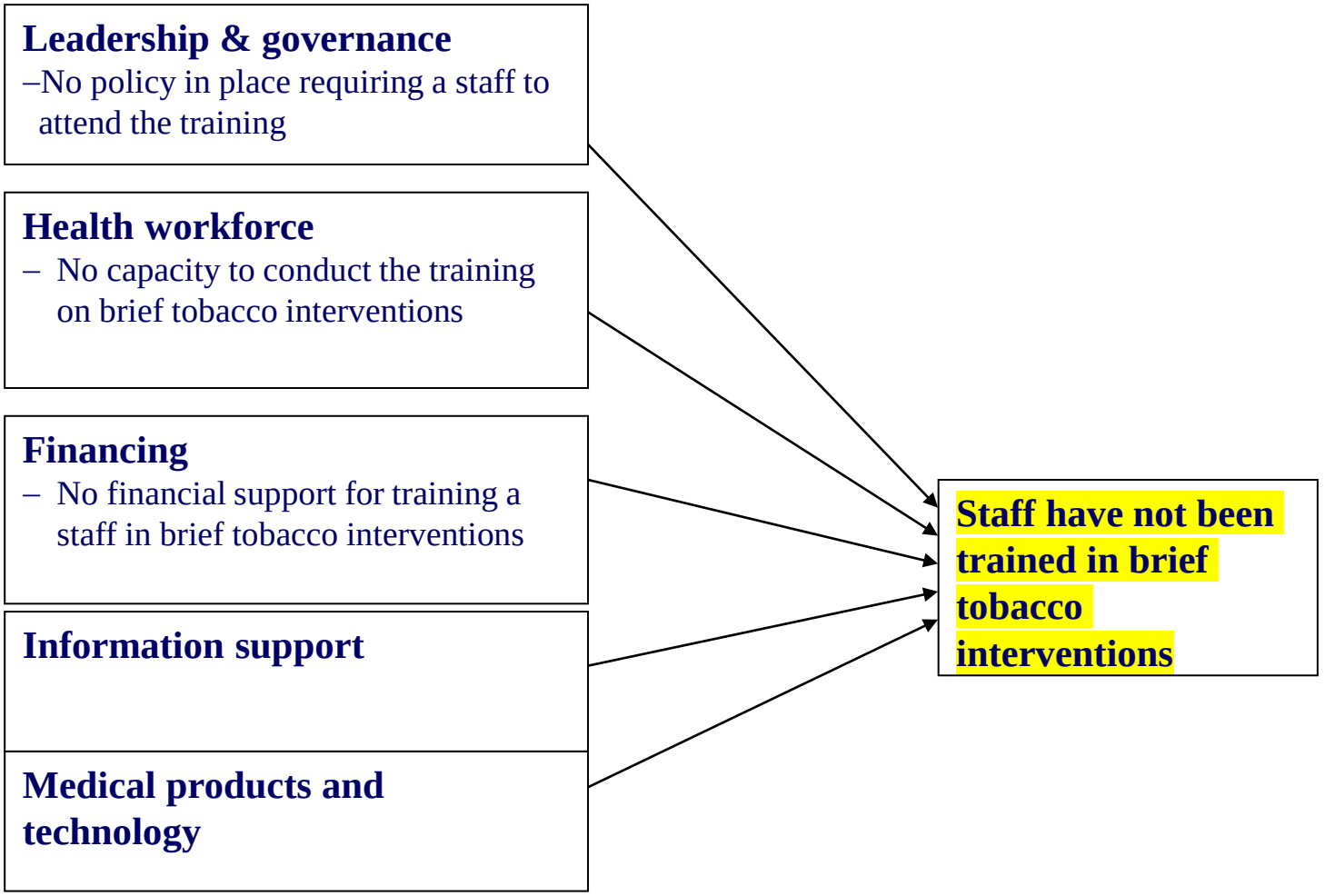
The successive steps: discover the root causes for the causes that we have identified at the second step

Root causes of poor performance at inputs & process level



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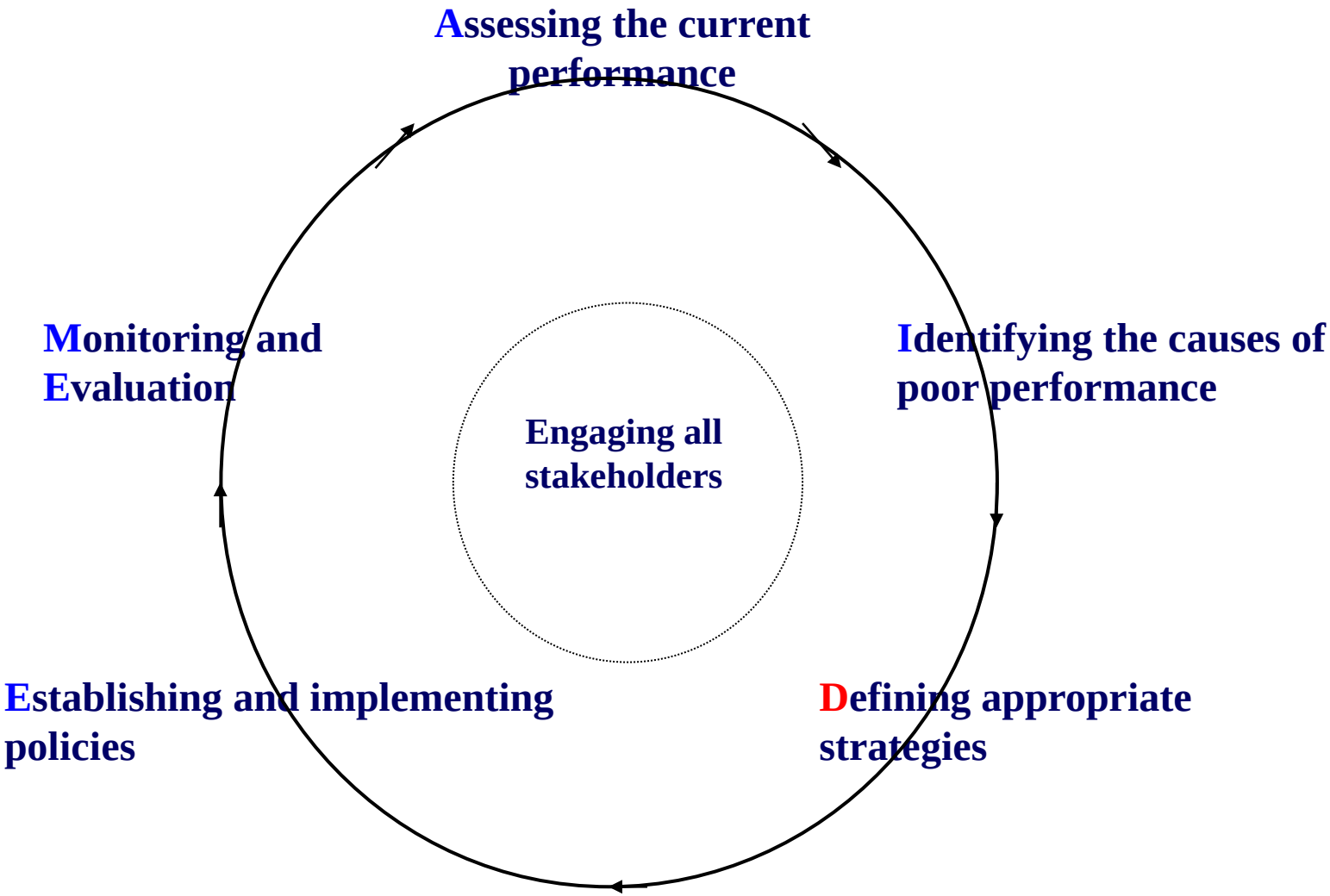
The final step: identify the root causes that can be changed by policy interventions

- Identifying potentially effective changes in one or more building blocks is the end of the diagnostic task and the beginning of the policy development task.

Part Ⅰ - Module 5-A

Review the health policy formulation process (AIDE- ME)

The health policy formulation process



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Part Ⅰ - Module 5-B

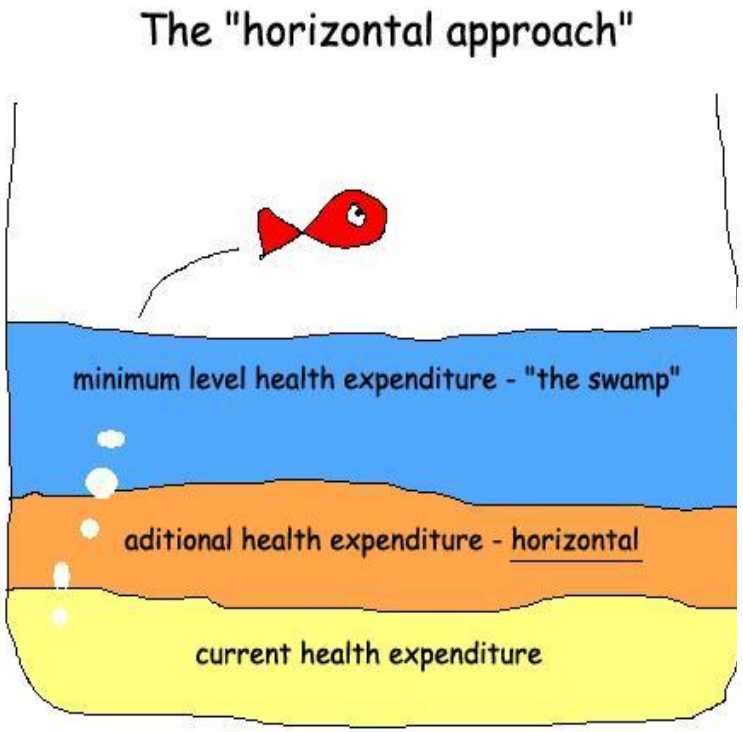
Common approaches to strengthening health systems

Three common approaches to strengthening health systems

- System-wide approach (Horizontal approach)
- Disease/service/intervention specific approach (vertical approach)
- Matrix approach

Horizontal approach

- **Focuses on strengthening the overall structure and functions of health systems to deliver a variety of services for entire population**



Source: Ooms G, et al. 2008

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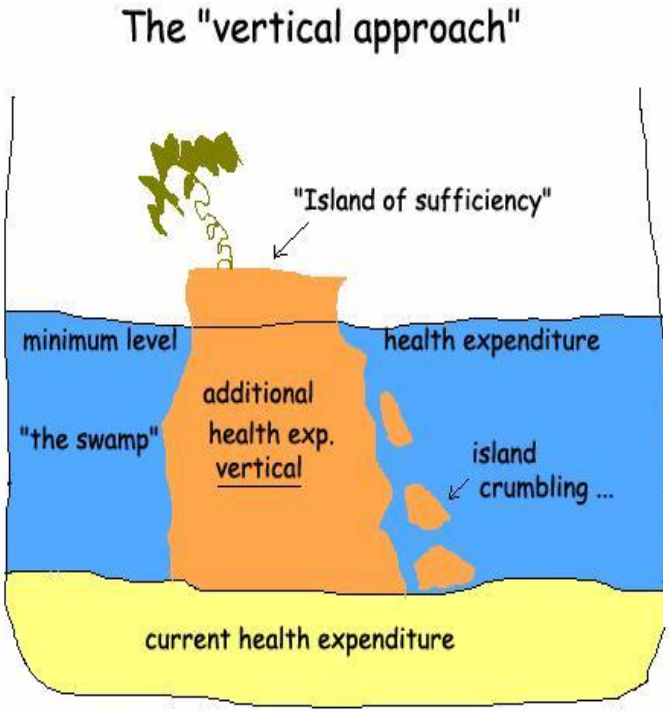
Vertical approach

- **Focuses on specific interventions for specific disease categories or working with specific populations at a time**



Source: Ooms G, et al. 2008

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A comparison of horizontal and vertical modes of service delivery

	Horizontal approach	Vertical approach
Beneficiaries	Entire population	Specific target population
Health workers	Multi-purpose personnel	Specialized personnel
Range of service	Comprehensive, continuous and person-centred care	Program-defined disease control interventions
Cost effectiveness	Efficient use of scare funding and resources in long term	Dramatic progress on specific diseases in a short-term
Management	Difficult	Easy
Sustainability	Yes building on existing general health infrastructure	Lack of sustainability and up-scaling-benefits and outcomes limited to target area and funding cycle

Matrix approach

- It is proposed to alleviate problems through combination of the vertical and horizontal health care systems

- The key element of a matrix approach is INTEGRATION:
  - Integration of health specific service delivery to ensure a continuum of preventive and curative services at the point of delivery, based on an agreed set of interventions
  - Integration refers to:
    - The links between different types of service;
    - The links between the community and the formal health system;
    - The links between the public, private and voluntary sector and
    - The links between levels of the health system

Matrix approach

- **WHO recommends using an integrated approach to health system strengthening and emphasizing integration of brief tobacco interventions into existing primary care services:**
  - There are many opportunities and entry points exist in primary care to reach and provide tobacco users with brief tobacco interventions

Part Ⅰ - Module 6-A

Engaging all stakeholders in the process of policy development

Brainstorming

Why it is important to involve all relevant stakeholders in the process of policy development?

Engaging all relevant stakeholders in the process of policy development is critical

- Allows policymakers to hear and take into account interest groups' concerns
- Increases the acceptance of a policy
- Educates interest groups about the concerns of, and pressures exerted on policy makers by, other constituencies
- Educates the participants about the details of the policy that ultimately emerge
- Gets authorization and support from the highest political levels

However, policy makers should lead the process!

Brainstorming

Who are the relevant stakeholders we need to engage to scale up brief tobacco interventions in primary care settings?

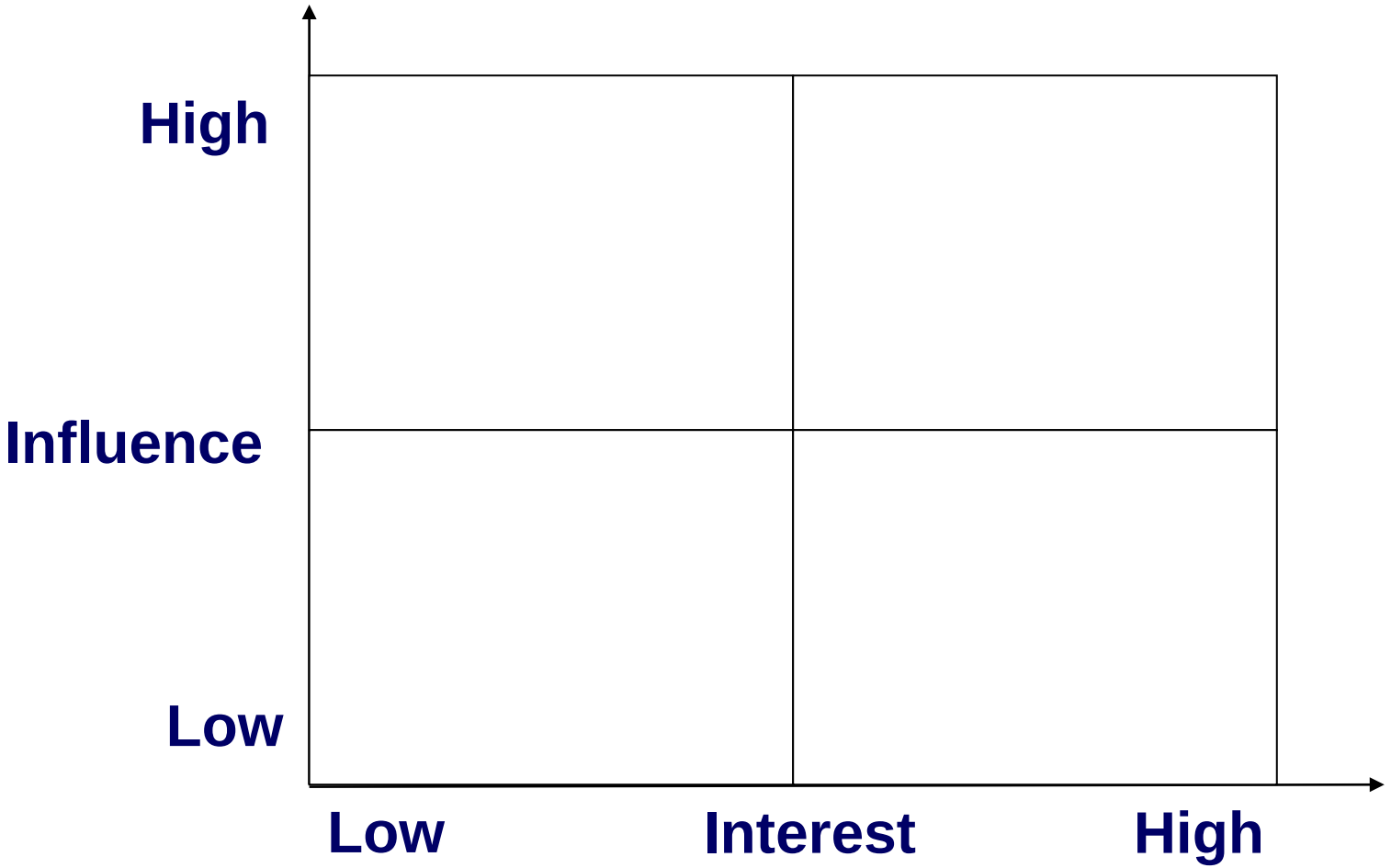
The key stakeholders for scaling up brief tobacco interventions in primary care settings

- Senior policy makers or managers like ministers of health
- Actors in other sectors
- NGOs
- Academics
- Health service managers
- Health care providers
- Community leaders

Brainstorming

What are appropriate strategies to engage relevant stakeholders?

Strategy and activities based on stakeholder' position on the Influence/Interest Grid



Influence/Interest Grid for Stakeholder Prioritization

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Strategy and activities based on stakeholder' position on the Influence/Interest Grid

- High influence, interested people: you must fully engage and make the greatest efforts to satisfy
- High influence, less interested people: put enough work in with these people to keep them satisfied, but not so much that they become bored with your message
- Low influence, interested people: keep these people adequately informed, and talk to them to ensure that no major issues are arising
- Low influence, less interested people: monitor these people, but do not bore them with excessive communication

Part Ⅰ - Module 6-B

How to implement health systems policies effectively

The key elements of sound process for implementing health systems policies

- Develop an implementation plan
- Assemble a team to carry out the plan and assign tasks to them
- Devise and coordinate schedules

Key components of an implementation plan

- Broad stakeholder involvement and coordination with the country political and institutional cycles
- Identify resources and draw up a budget plan
- Policy dialogue
- Build capacity and ensure coherence between the national health policy and other existing programs
- Design a monitoring and evaluation system

Part Ⅰ - Module 7-A

Definition and purpose of M&E

Brainstorming

- What is monitoring?
- What is evaluation?
- Why we need M&E?

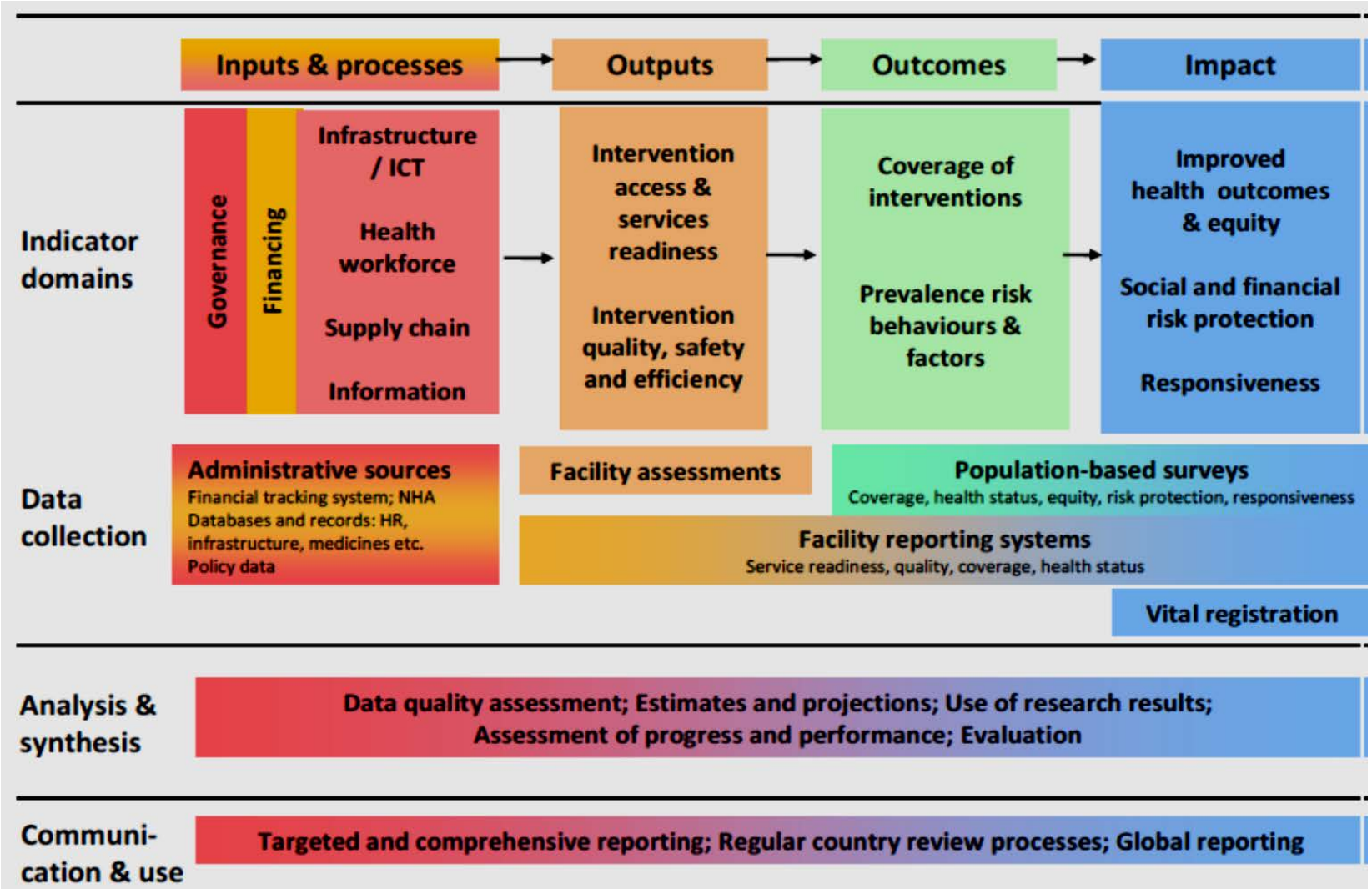
A comparison of monitoring and evaluation

	Monitoring	Evaluation
Definition	It is the periodic collection and review of information on project implementation for comparison with implementation plans.	A process of data collection designed to assess the effectiveness of a project in attaining its preset objectives and the extent to which observed changes are attributable to the project.
Purpose	To determine how well a project is being implemented at different levels, at what cost.	To measure whether and to what extent the project's originally stated objectives have been achieved.
Focus	Collecting data on progress	Assessing data at critical stages of the project implementation
Sense of completion	Sense of progress	Sense of achievement
Time focus	Present	Past-future
Periodicity	It is an ongoing activity during the life of the project	Done at the end of the project but could be planned at strategic periods during the life of the project in form of reviews (e.g. mid-term, or biennial reviews)
How is the information used?	To solve problems and to improve project Implementation now and in the future	To judge the impact of a project or a policy on the target population and to help design the next policy/project
Output processing	Progress indicators needs to be closely monitored by a few people	Evaluation results need to be discussed, processed and interpreted by all stakeholders

Part Ⅰ - Module 7-B

The operational framework for monitoring and evaluation of health systems strengthening policy interventions

Operational framework for M&E of health systems strengthening



Source: WHO Monitoring and evaluation of health systems strengthening: an operational framework

World Health Organization

Part Ⅰ - Module 7-C

Steps and activities for monitoring and evaluation of health systems strengthening policy interventions

Four steps to conduct M&E activities for health systems strengthening policy interventions

- Identify a comprehensive list of core indicators that capture all steps of the results chain
- Identify associated data sources for each indicator
- Analyse and synthesize data using the core indicators and targets
- Translate the data into information relevant for decision-making.

Useful information or recommendations for conducting M&E activities

Indicators	Comprises four major indicator domains: – System inputs and processes – Outputs – Outcomes – Impact. System inputs, processes and outputs reflect health systems capacity. Outputs, outcomes and impact are the results of investments and reflect health systems performance.
Data sources	Recommends preferred and alternative data sources for each block of indicators.
Data analysis and synthesis	Outlines needed tools for data quality assurance, synthesis and analysis, with a focus on building country level capacities.
Data dissemination and communication	Addresses the importance of dissemination, communication and use of the monitoring and evaluation results to inform policy-making at all levels.

Thank you for your attention