

# Strengthening health systems

for treating tobacco  
dependence in  
primary care

Part I: Training for policy-makers



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# **Strengthening health systems for treating tobacco dependence in primary care**

**Part I: Training for policy-makers:  
Developing and implementing health systems policy  
to improve the delivery of brief tobacco interventions**

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### INTRODUCTION

Treatment of tobacco use and dependence is mandated in Article 14 of the World Health Organization (WHO) Framework Convention on Tobacco Control (WHO FCTC) as a key component of comprehensive tobacco control strategy. The tobacco-related death and disease burden can be reduced considerably in the short to medium term if population-level tobacco control policies are complemented by interventions to support tobacco users to quit. Guidelines for the implementation of Article 14 of the WHO FCTC identify the key effective measures needed to promote tobacco cessation and to incorporate tobacco dependence treatment into national tobacco control programmes and health systems. Parties are encouraged to use these guidelines to assist them in fulfilling their obligations under the WHO FCTC and in protecting public health.

Tobacco dependence treatment is recommended by WHO as part of a comprehensive package of essential services for prevention and control of non-communicable diseases (NCDs) in primary care in accordance to the revised draft of the WHO Global Action Plan for the Prevention and Control of NCDs (2013–2020). This idea has already been reflected in this training package by emphasizing it as part of WHO MPOWER comprehensive tobacco technical assistance package, focusing on integration of tobacco dependence treatment into primary care. In order to implement successfully the plan, the provision of technical resources and support to countries is needed for integrating tobacco dependence treatment into their NCDs prevention and control programmes, along with high-level political commitment and concerted involvement of governments, communities and health-care providers.

The overall goal of this training package is to provide a technical resource to assist countries to integrate brief tobacco interventions (brief advice) into primary care as part of their efforts to implement the WHO FCTC Article 14 guidelines and the WHO NCDs Global Action Plan.

### WHY FOCUS ON BRIEF TOBACCO INTERVENTIONS?

Although all countries should aim to develop a comprehensive system to provide a range of interventions for tobacco cessation and treatment of tobacco dependence, the guidelines for implementation of Article 14 of the WHO FCTC recommend that Parties use a stepwise approach to develop tobacco dependence treatment, taking into account the fact that resources are always limited and very few countries can develop a comprehensive system simultaneously. Using existing resources and infrastructures as much as possible to ensure that tobacco users receive at least brief advice has been recommended to Parties as one of their first steps towards developing a comprehensive tobacco dependence treatment system. In this way, Parties can develop their tobacco dependence treatment system as rapidly as possible and at as low a cost as possible. In line with the recommendation of the Article 14 guidelines, this training package aims to assist countries in taking their first action towards providing comprehensive tobacco dependence treatment to all tobacco users by integrating brief tobacco interventions into their primary care services. This has the potential to:

- reach more than 80% of all tobacco users per year;
- trigger 40% of cases to make an attempt to quit;
- help 2–3% of those receiving brief advice quit successfully;
- form a promising referral source and create demand for more intensive tobacco cessation services such as quit-lines and specialized tobacco dependence treatment.

## WHY FOCUS ON PRIMARY CARE

Despite the evidence on the effectiveness and cost-effectiveness of brief tobacco interventions, more than 50% of health-care providers, especially those in low- and middle-income countries do not routinely deliver these interventions. The low availability of tobacco cessation services in countries is mainly caused by the weaknesses of their health systems. Guidelines for implementation of Article 14 of the WHO FCTC highlighted the central role of the health system and recommended that brief advice be integrated into all health systems. Although the brief tobacco interventions should be made available throughout a country's health system at all levels of service delivery, the primary care setting should be the main focus. It has the potential to reach the majority of tobacco users in many countries, where the cost of service delivery in primary care settings is relatively low.

## STRUCTURE AND CONTENT

### Structure of the training package

The training package is organized in four parts. Three separate parts were developed for training of policy-makers, primary care service managers and primary care providers, based on the understanding that the whole health-care system needs to function well and all health system actors should improve their skills and play a better role in order to improve the integrated delivery of brief tobacco interventions in primary care. In order to meet the need for training the trainers, this package also includes a fourth part on "Applying adult education skills to training". Relevant parts and target audiences are summarized in the Table A1.

Table A1. The parts of the training package and their target audiences

Subject of each part	Target audiences
Part I: Developing and implementing health systems policy to improve the delivery of brief tobacco interventions (seven modules)	Policy-maker: a person with power to influence or determine policies and practices at national, regional, or local level.
Part II: Planning and implementing system changes to support the delivery of brief tobacco interventions (seven modules)	Primary care service manager: an administrator with special training and skills, who is concerned with the management, planning and provision of primary care services. Primary care service managers could be general practitioners (GP) and managers of community health services, or they could be health-care workers, although normally they do not provide directly primary care services.
Part III: Brief tobacco interventions (nine modules)	Primary care provider: a person who helps in identifying or preventing or treating illness or disability in primary care settings.
Part IV: Applying adult education skills to training (one module)	Future trainer: a person who has basic knowledge and skills of medical education, and is willing to provide further training for policy-makers, primary care service managers or primary care providers.

Each part of the training package consists of a *Facilitators' guide* and *Participants' workbook* and includes a certain number of training modules, depending on the number of topics and activities needed. Each training module is presented in a four-step format: preparation, presentation, practice and evaluation. This structure ensures that we use a variety of adult teaching methods and provide sufficient opportunity for participants to share their experiences and to practise their newly learned skills.

### Content of the training package

The training package content is developed based on:

- guidelines for implementation of Article 14 of the WHO FCTC adopted by the WHO FCTC Conference of the Parties;
- the “Offer help to quit tobacco use” component of WHO’s MPOWER package;
- the WHO Health System Framework (the six building blocks of a health system);
- best available scientific evidence, best practice approaches and models in the field of tobacco dependence treatment and health system strengthening.

Analysis of the tasks required for policy-makers, primary care service managers and primary care providers to integrate brief tobacco interventions into existing primary care services revealed that the whole health-care system needs to be strengthened in order to improve the delivery of brief tobacco interventions in primary care. Therefore, reflecting their needs, in line with the WHO Health System Framework, the training package content was designed to improve the knowledge and skills of policy-makers, primary care service managers and primary care providers to enable them to bring about changes in some or all of the six health system building blocks (leadership and governance, service delivery, health workforce, information, medical products and technologies, and financing). Table A2 summarizes the system changes that three target audiences need to bring about for improving the integrated delivery of brief tobacco interventions in primary care settings.

Table A2. Target audiences and projected system changes

	Leadership/ governance	Service delivery	Health workforce	Information	Medical products and technologies	Financing
Policy-makers	✓	✓	✓	✓	✓	✓
Primary care service managers	✓	✓	✓	✓	✓	✓
Primary care providers		✓	✓			

### HOW TO USE THIS TRAINING PACKAGE

This training package is meant to be a capacity-building and training tool for WHO, WHO Member States and international partners to help them improve their contribution to the implementation of the WHO FCTC Article 14 guidelines and the WHO NCD Action Plan. WHO recommends that implementing this training package to integrate brief tobacco interventions into existing primary care services should be conducted in conjunction with other population-level tobacco control measures covered by the WHO FCTC in order to achieve a synergistic effect and maximize its impact. It is also recommended that this training package is implemented to improve the delivery of brief tobacco interventions as a key component of integrated health programmes dealing with NCDs and tuberculosis, as well as with maternal and child health in primary care.

Ideally a country should use the whole package to conduct training for policy-makers, primary care service managers and primary care providers in order to promote the effective integration of brief tobacco interventions into existing primary care services. However, a country may choose to train just one or two of these groups, taking into account national circumstances and priorities. When the training package is implemented either fully or partially in a specific country, it should be adapted to suit country-specific situations.

The entire training for policy-makers, primary care service managers and primary care providers lasts a total of 7.5–9 days with 2.5–3 days for each. The training for future trainers will last 0.5–1 day.

### **MORE INFORMATION AND GUIDANCE**

This training package is intended for use by staff of WHO and government departments of WHO Member States. However, its components and tools can be used in other contexts to promote treatment of tobacco dependence in primary care.

If you use this package outside the context of a WHO-sponsored training workshop, please let us know. Your experience and feedback will help WHO improve the package and share lessons learned with others.

For feedback and additional guidance in implementing the package, please contact:

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