Strengthening health systems for treating tobacco dependence in primary care

Part II: Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions
CONTENTS

Part II: Training for primary care service managers: Planning and implementing system changes to support the delivery of brief tobacco interventions ................................................................. 3
Introduction.................................................................................................................................................. 3

Facilitators’ guide ...................................................................................................................................... 7
Module 1: Setting the stage for increasing access to tobacco dependence treatment in primary care................................................................................................................................. 7
Module 2: The service managers’ role in promoting brief tobacco interventions in primary care................................................................................................................................. 8
Module 3: Integrating brief tobacco interventions into existing infrastructure........................................ 10
Module 4: Getting support from stakeholders.......................................................................................... 11
Module 5: Community participation.......................................................................................................... 14
Module 6: Sustaining a system change: feedback, motivations and incentives......................................... 15
Module 7: Your action plan to implement a system change ...................................................................... 17

Participants’ workbook .......................................................................................................................... 19
Module 1: Setting the stage for increasing access to tobacco dependence treatment in primary care................................................................................................................................. 19
Module 2: The service managers’ role in promoting brief tobacco interventions in primary care................................................................................................................................. 27
Module 3: Integrating brief tobacco interventions into existing infrastructure........................................ 33
Module 4: Getting support from stakeholders.......................................................................................... 39
Module 5: Community participation.......................................................................................................... 45
Module 6: Sustaining a system change: feedback, motivations and incentives......................................... 49
Module 7: Your action plan to implement a system change ...................................................................... 53

References and resources ....................................................................................................................... 57

Appendix: Sample evaluation form .......................................................................................................... 59
INTRODUCTION
Primary care service managers are policy takers. They have responsibilities and managerial roles in changing all components of health systems and involving communities to support the provision of brief tobacco interventions as part of primary care providers’ routine practice. The purpose of Part II is to improve primary care service managers’ knowledge, skills and confidence for designing and implementing effective system changes to improve the integrated delivery of brief tobacco interventions in primary care settings.

LEARNING OBJECTIVES, SKILL DEVELOPMENT AND OUTCOMES
Learning objectives
Upon completion of this training participants will be able to:
− articulate the rationale for implementing system changes in a primary care setting;
− describe why primary care service managers are positioned to plan and implement system changes for treating tobacco dependence;
− apply the WHO Health System Framework as a tool to diagnose system problems/constraints and to plan system changes to address them;
− identify opportunities to integrate brief tobacco interventions into existing primary care services;
− integrate brief tobacco interventions into existing primary care facility infrastructure;
− identify and solicit support from stakeholders, policy-makers and champions in organizations and the community;
− develop an action plan to strengthen primary care systems to improve the delivery of brief tobacco interventions using the WHO building blocks.

Skills developed
1. Ability to use the WHO Health System Framework to diagnose system constraints to delivering brief tobacco interventions in primary care settings.
2. Ability to identify appropriate system level interventions to motivate and support primary care providers to routinely provide brief tobacco interventions.
3. Ability to effectively engage all stakeholders to support and sustain the system changes in their organization.
4. Ability to develop an action plan for implementing the new system interventions.

Outcomes
1. Increased technical capacity of primary care service managers in planning and implementing system changes to support the delivery of brief tobacco interventions in primary care settings.
2. Concrete action plans made by participants for strengthening their primary care systems to improve the delivery of brief tobacco interventions.
STRUCTURE AND CONTENT

The training for primary care service managers consists of seven modules. Each of the seven modules addresses a specific issue or phase of the process of identifying and implementing system changes to support the delivery of brief tobacco interventions in primary care settings. Each training module is presented in a four-step format, namely: preparation, presentation, practice and evaluation. The modules are summarized below. Further guidance for facilitators follows in the detailed Facilitators’ guide.

Module 1: Setting the stage for increasing access to tobacco dependence treatment in primary care.
Module 2: The service managers’ role in promoting brief tobacco interventions in primary care.
Module 3: Integrating brief tobacco interventions into existing infrastructure.
Module 4: Getting support from stakeholders.
Module 5: Community participation.
Module 6: Sustaining a systems change: feedback, motivations and incentives.
Module 7: Your action plan to implement a system change.

If all seven modules are used, the training workshop duration is 2.5 days. However, the duration and detail covered in each module should be adapted to the needs of the participants. Their needs will depend on their experience and knowledge of the issue, the stage of WHO FCTC implementation in the country, and the infrastructure, strengths and weaknesses of their health system. A sample agenda for the training workshop of 2.5 days is provided below.

<table>
<thead>
<tr>
<th>Day 1</th>
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<tbody>
<tr>
<td>8:30 – 9:00 Registration</td>
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<tr>
<td>9:00 – 9:30 Welcome and Workshop Overview</td>
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<tr>
<td>Participant introductions</td>
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<tr>
<td>9:30 – 9:50 Pre-course assessment</td>
</tr>
<tr>
<td>9:50 – 10:30 Module 1: Setting the stage for increasing access to tobacco dependence treatment in primary care (1)</td>
</tr>
<tr>
<td>10:30 – 10:45 Coffee break</td>
</tr>
<tr>
<td>10:45 – 12:15 Module 1: Setting the stage for increasing access to tobacco dependence treatment in primary care (2)</td>
</tr>
<tr>
<td>12:15 – 13:15 Lunch</td>
</tr>
<tr>
<td>13:15 – 15:30 Module 2: The service managers’ role in promoting brief tobacco interventions in primary care</td>
</tr>
<tr>
<td>15:30 – 16:00 Coffee break</td>
</tr>
<tr>
<td>16:00 – 17:15 Module 3: Integrating brief tobacco interventions into existing infrastructure (1)</td>
</tr>
<tr>
<td>17:15 – 17:30 Daily wrap-up</td>
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</tbody>
</table>
PREPARING FOR THE TRAINING
Organizing a training workshop requires many practical considerations to be addressed, such as when and where the training will be provided, forming a facilitation team, setting up a workshop programme and agenda, selecting participants, and logistics and materials.

The facilitation team
The training should be delivered by an expert facilitation team identified by the organizer in consultation with key local partners. The team should include:
- a lead facilitator with detailed expertise in treatment of tobacco dependence and health systems and experience in facilitating workshops;
- one or two additional facilitators with expertise in one or more aspects of tobacco control, medical education, health system and policy;
- additional content presenters as necessary.
The facilitation team should be supported by one or more logistics assistants to facilitate logistical needs during the workshop, including production and reproduction of materials.

Workshop programme and schedule
Prior to the training, the organizer and facilitators should gather as much information as possible about the country situation and the knowledge, skills and needs of participants in order to determine the training content and structure. If necessary, adjustments can be made to the content and structure to suit the situation. The organizer and facilitators will then need to design an appropriate training schedule or agenda based on the content they want to offer to the participants, the time needed for each module and the overall timeframe of the workshop. Please try to avoid creating an overcrowded schedule during the planning of the schedule.

<table>
<thead>
<tr>
<th>Day 2</th>
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<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Interactive discussions</td>
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<tr>
<td>9:00 – 9:45</td>
<td>Module 3: Integrating brief tobacco interventions into existing infrastructure (2)</td>
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<tr>
<td>9:45 – 10:30</td>
<td>Module 4: Getting support from stakeholders (1)</td>
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<tr>
<td>10:30 – 10:45</td>
<td>Coffee break</td>
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<tr>
<td>10:45 – 12:15</td>
<td>Module 4: Getting support from stakeholders (2)</td>
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<tr>
<td>12:15 – 13:15</td>
<td>Lunch</td>
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<tr>
<td>13:15 – 15:15</td>
<td>Module 5: Community participation</td>
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<tr>
<td>15:15 – 15:45</td>
<td>Coffee break</td>
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<tr>
<td>15:45 – 17:30</td>
<td>Module 6: Sustaining a systems change: feedback, motivations and incentives</td>
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<tr>
<td>17:30 – 17:45</td>
<td>Daily wrap-up</td>
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<tr>
<th>Day 3</th>
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<tbody>
<tr>
<td>8:30 – 9:00</td>
<td>Interactive discussions</td>
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<tr>
<td>9:00 – 10:30</td>
<td>Module 7: Your action plan to implement a system change (1)</td>
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<tr>
<td>10:30 – 10:45</td>
<td>Coffee break</td>
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<tr>
<td>10:45 – 12:30</td>
<td>Module 7: Your action plan to implement a system change (2)</td>
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<tr>
<td>12:30 – 13:00</td>
<td>Closing session</td>
<td>Workshop evaluation</td>
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Selecting participants
The workshop is targeted at those who are concerned with the planning and provision of primary care services and with managing performance. These could be managers of community hospitals, general practitioners (GPs) or community health services [e.g. the director of a community hospital, outpatient department heads, managers of health programmes dealing with NCDs, tuberculosis and maternal and child health]. They could be health-care workers, but normally they do not provide primary care services to clients directly.

It is recommended that the workshop be conducted with a maximum of 20 participants.

Logistics
The workshop requires standard meeting/training tools and facilities, namely:
- one main meeting room, with participants seated around small tables in small groups;
- one or two additional break-out rooms if the large room cannot accommodate small group discussions;
- flipcharts and markers (one for each small group);
- projector and screen for presentations;
- laptop computer with speakers for presentations;
- presenter’s microphone;
- portable microphones for discussions (optional);
- desktop computer, printer and photocopier for document production during the workshop (optional).

Materials
All the workshop training and background materials are provided online by WHO. These include:
- the Facilitators’ guide;
- presentations;
- the Participants’ workbook;
- workshop evaluation forms (see Appendix for sample evaluation form).

The References and Resources section contains hyperlinks to the relevant materials needed throughout the workshop. In addition to online materials, each participant should receive a binder or folder with key printed materials, particularly:
- handouts of presentations;
- key resource documents for each theme.

The facilitation team should decide which resources are most relevant to the participants and should include them in the printed materials. The facilitation team should also ensure that key materials are available in the language of the participants.
# Module 1: Setting the stage for increasing access to tobacco dependence treatment in primary care

## Duration
1 hour and 50 minutes

## Objectives
Upon completion of this module, participants will be able to:

- recognize the burden of tobacco use and the potential of tobacco cessation to save lives;
- articulate the rationale for identifying and offering help to tobacco users in primary care settings;
- describe what tobacco dependence treatment should be routinely offered in primary care;
- describe at least three brief tobacco intervention models;
- role-play a brief tobacco intervention model.

## Time | Facilitator activity | Participant activity | Audiovisual
--- | --- | --- | ---
### Preparation
20 minutes | Ask participants to identify and share three problems that tobacco use causes in their community. Facilitate a discussion about the burden of tobacco use in terms of health, quality of life, and money. Present the potential of tobacco cessation to save lives. Emphasize that countries concerned with health gains in the short-to medium-term should consider promoting treatment of tobacco dependence as part of any comprehensive tobacco control strategy, as reflected in the WHO FCTC. | Identify three problems and volunteer to share them with the group. Refer to the workbook and participate in the discussion. Anticipated response: participants agree that it is important to dedicate resources to treat tobacco dependence as part of a comprehensive tobacco control strategy. | Flipchart, PowerPoint presentation Part II-Module 1-A

### Presentation
20 minutes | Emphasize that primary care is the first level of contact of individuals, the family and community for health care. Thus it is an ideal place to identify and treat tobacco users. Facilitate discussion about which tobacco dependence treatments should be routinely offered in primary care? Explain that:  
- The guidelines for implementing Article 14 of the WHO FCTC recommend that:  
  - all Parties should aim to develop a comprehensive system to provide a range of interventions for tobacco cessation and treatment of tobacco dependence;  
  - if Parties cannot provide comprehensive treatment simultaneously, they should use a stepwise approach and start with providing brief tobacco interventions to all tobacco users.  
- **In line with the Article 14 guidelines, WHO recommends that health systems should at least deliver brief tobacco interventions as part of routine services in primary care.** Emphasize that this training will focus on how to strengthen health systems to improve the delivery of brief tobacco interventions by primary care providers. | Refer to the workbook. Refer to the workbook and participate in the discussion. | Flipchart, PowerPoint presentation Part II-Module 1-B
### Time | Facilitator activity | Participant activity | Audiovisual
--- | --- | --- | ---
**Presentation**

15 minutes | State that primary care providers can help patients successfully quit tobacco by offering interventions as short as three minutes, and that there are several structured models available to help them deliver these brief tobacco interventions. Refer participants to the workbook and use PowerPoint slides to give an overview of these brief tobacco intervention models:  
- **5A’s:** Ask, Advise, Assess, Assist, Arrange.  
- **5R’s:** Relevance, Risks, Rewards, Roadblocks, Repetition.  
- **AAR:** Ask; Advise; Refer.  
- **AAA:** Ask, Advise, Act.  
  | Refer to the workbook. Ask questions and give feedback.  
  | PowerPoint presentation Part II-Module 1-C

10 minutes | Use a three-minute video to demonstrate the 5A’s brief tobacco intervention model. Refer participants to the workbook for more information to help them select the best-fit model for their organization. Explain that participants will have an opportunity to further experience the 5A’s model.  
  | Watch the video, ask questions and give feedback.  
  | Workbook, video

**Practice**

25 minutes | Assign participants to small groups to write out a script demonstrating the 5A’s model using Worksheet 1.  
  | Work in small groups to create a script for the 5A’s model.  
  | Workbook

**Evaluation**

20 minutes | Ask one group to select two volunteers in that group to role-play the group’s script demonstrating the 5A’s model. Facilitate the role play of the script. Invite participants to make suggestions to fine-tune the model.  
  | Role-play their script. Everyone provides feedback and suggestions.  

### Module 2: The service managers’ role in promoting brief tobacco interventions in primary care

**Duration** | 1 hour and 40 minutes
**Objectives** | Upon completion of this module, participants will be able to:  
- describe why primary care service managers are positioned to plan and implement system changes for treating tobacco dependence;  
- describe the WHO Health System Framework as a tool for strengthening health systems;  
- support using the WHO Health System Framework as a tool to plan and implement system changes to improve the delivery of brief tobacco interventions in primary care;  
- describe where and how primary care service managers have influence in each of component of a health system.
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<th>Participant activity</th>
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<tbody>
<tr>
<td></td>
<td><strong>Preparation</strong></td>
<td></td>
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<tr>
<td>15 minutes</td>
<td>Remind participants that:</td>
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</table>
|        | • The primary care is an ideal place to identify and treat tobacco users, and it should at least deliver brief tobacco interventions as part of its routine services to help tobacco users quit.  
• However, in general, less than 50% of primary care providers in the world routinely ask and advise all patients to quit. Primary care providers’ performance in SA’s delivery in developing countries is likely to be even lower.  
Ask participants:  
As a service manager, what would you need in place to ensure that primary care providers will be able to routinely identify and help tobacco users?  
Discuss that it is important to have a well-functioning system in place to support primary care providers to identify and offer treatment, and it is the service manager’s responsibility to create such a well-functioning system. | Participate in discussion. Anticipated response: it is important to have a system in place to identify and treat tobacco users. |                             |
|        | **Presentation**                                                                                                                                                                                                       |                                                                                      |                             |
| 25 minutes | Emphasize that the WHO Health System Framework of six building blocks is a good tool for primary care service managers to build a well-functioning support system for primary care providers to deliver brief tobacco interventions.  
Refer participants to the workbook and use a diagram to illustrate the WHO Health System Framework and its building blocks of:  
– service delivery;  
– health workforce;  
– information support;  
– medical products and technologies;  
– financing;  
– leadership and governance.  
Explain that each of the six building blocks should function well in order for primary care providers to routinely deliver brief tobacco interventions.  
Refer participants to the workbook and describe:  
• What does a well-functioning health system look like?  
• For treating tobacco dependence, what should a well-functioning health system be like?  
Refer participants to a checklist in the workbook and encourage them that, as primary care service managers, they can influence the change of all six building blocks because of their roles, responsibilities and past experience. The WHO Health System Framework can help them initiate and implement system changes as:  
– a diagnostic tool to diagnose all system constraints that need to be addressed in order to improve primary care providers’ performance;  
– a planning tool to plan and implement system changes to overcome the constraints to support primary care providers’ delivery of brief tobacco interventions.  
Remind participants that, during the rest of the training, they will learn skills and steps to build a personal action plan for initiating new system changes in their own primary care setting to promote the delivery of brief tobacco interventions. | Refer to the workbook. Workbook, PowerPoint presentation Part II-Module 2-A |                             |
### Module 3: Integratingbrief tobacco interventions into existing infrastructure

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<th>Time</th>
<th>Facilitator activity</th>
<th>Participant activity</th>
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<tbody>
<tr>
<td><strong>Preparation</strong></td>
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<tr>
<td>20 minutes</td>
<td>Assign participants to work with the person sitting next to them to draw a diagram (a patient flow) illustrating how a patient moves through a community centre/clinic. Ask volunteers to describe how a patient moves through a primary care setting. Validate responses and prompt participants to include waiting room, examination room, cafeteria, nurse's station, doctor's office, laboratory, pharmacy, restroom, and other places.</td>
<td>Refer to the workbook and work in pairs to draw a diagram showing how a patient moves through a primary care setting.</td>
<td>Workbook, flipchart</td>
</tr>
<tr>
<td>15 minutes</td>
<td>Assign participants to continue working with the person sitting next to them to identify key staff members and their specific roles in helping tobacco users quit:  - In your clinic/community centre, who can help tobacco users quit in each patient encounter (at each spot)?  - What specific assistance can they provide to tobacco users? Ask participants to add key staff members they have identified to the diagram. Ask volunteers to share key staff members that they have identified and their specific roles.</td>
<td>Work in pairs to identify key staff members and their potential role in delivering tobacco dependence treatment based on work experience.</td>
<td>Workbook</td>
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### Time | Facilitator activity | Participant activity | Audiovisual |
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<tbody>
<tr>
<td><strong>Practice</strong></td>
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<td>Workbook</td>
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<tr>
<td>30 minutes</td>
<td>Explain that participants are now going to practise using the WHO Health System Framework as a diagnostic tool to diagnose in their primary care system the constraints that hinder primary care providers from delivering brief tobacco interventions. Assign participants to small groups to identify in each of the six building blocks: What changes need to be made and what problems need to be addressed in order to improve primary care providers’ performance in delivering brief tobacco interventions? Ask participants to note their results in Worksheet 2.</td>
<td>Work in small groups to identify needed changes for each of the six building blocks.</td>
<td>Workbook</td>
</tr>
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### Evaluation | Workbook, flipchart |
| 60 minutes | Ask each group to share its findings by writing them down on flipchart or whiteboard. | Each small group shares ideas. Everyone critiques and gives feedback. | Flipchart or whiteboard |
# Module 4: Getting support from stakeholders

| Time       | Facilitator activity                                                                                                                                                                                                 | Participant activity                                                                                                                                                                                                 | Audiovisual          |
|------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| Preparation| **10 minutes**  
  - Ask participants to review the diagram and brainstorm:
    - If you want to integrate brief tobacco interventions into your primary care services, how many patient encounters could be part of the integrated system?
    - Facilitate brainstorming and capture ideas on the diagram.
    - Remind participants to consider every staff member, including the receptionist, nurses, nursing aides, doctors, pharmacists, laboratory technicians and medical assistants, as well as opportunities in the waiting room, reception area, cafeteria, etc.  
  - Brainstorm possible patient encounters that could be part of the integrated treatment system.
  - Conclude: there are many opportunities during a patient visit to initiate or deliver brief tobacco interventions.                                                                                         | Workbook, flipchart  |
| Presentation| **25 minutes**  
  - Refer participants to case studies. Present:
    - How tobacco dependence treatment is supported in the primary care system.
    - Use the WHO building blocks as an outline to illustrate the two examples.
    - Refer participants to the workbook and explain that WHO building blocks can be a useful tool to identify action steps for integrating brief tobacco interventions into their primary care systems.  
  - Refer to the workbook.                                                                                                                                                                                                                                           | Workbook, case studies, PowerPoint presentation Part II-Module 3-A |
| Practice   | **30 minutes**  
  - Refer participants to Worksheet 3 in the workbook.
  - Divide participants into small groups to identify small system improvements that could facilitate the delivery of brief tobacco interventions or make the process more effective or efficient, taking into consideration the existing primary care system infrastructure.  
  - Work in small groups to review each building block, and then identify small system improvements.                                                                                                    |                     |
| Evaluation | **20 minutes**  
  - Groups debrief by sharing their findings.
  - Write down ideas on flipchart or whiteboard.
  - Invite participants to fine-tune and/or add to ideas.                                                                                                                                                                                                     | Flipchart or whiteboard |

## Module 4: Getting support from stakeholders

<table>
<thead>
<tr>
<th>Duration</th>
<th>2 hours 15 minutes</th>
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| Objectives | Upon completion of this module, participants will be able to:  
  - identify and solicit support from stakeholders, policy-makers, and champions in organizations;  
  - anticipate stakeholder needs and refute objections (concerns about conflicting priorities, costs);  
  - identify organizational policies and regulations that support the routine identification of tobacco users and provision of brief tobacco interventions (including smoke-free policy in the organization). |


<table>
<thead>
<tr>
<th>Time</th>
<th>Facilitator activity</th>
<th>Participant activity</th>
<th>Audiovisual</th>
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</thead>
<tbody>
<tr>
<td></td>
<td><strong>Preparation</strong></td>
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</tbody>
</table>
| 20 minutes | Explain that, to ensure that a system change is successful we need:  
− support from relevant stakeholders;  
− champions;  
− supportive organizational policies, regulations and incentives.  
Tell participants that this module will cover how to obtain support from relevant stakeholders, how to find champions, and how to identify supportive organizational policies. The incentives will be discussed in Module 6  
Ask participants:  
• Who are the stakeholders that you need to involve in making system changes to improve the delivery of brief tobacco interventions?  
• Who are champions?  
Write responses on a flipchart or whiteboard.  
Summarize that:  
• The potential stakeholders are individuals or groups who can affect or be affected by your project.  
• Champions are a stakeholder group who are deeply interested in your project and are supportive of your project. | Participate in discussions. | Flipchart or whiteboard, PowerPoint presentation *Part II - Module 4-A* |
|        | **Presentation**                                                                                                                                                                                                      |                       |                                       |
| 20 minutes | Present four steps of engaging with stakeholders:  
1. Identify your stakeholders.  
2. Prioritize your stakeholders.  
3. Understand your key stakeholders.  
4. Determine appropriate strategies and actions to approach your key stakeholders.  
Explain that:  
• Step 1 is for participants to brainstorm in each of the six building blocks:  
  – Who has influence or power over your system changes?  
  – Who has an interest in your system changes?  
  – Who are affected by your system changes?  
• Step 2 is for participants to decide who the key stakeholders are. This can be achieved through mapping out stakeholders’ positions on an influence/interest grid.  
• Step 3 will allow participants to know more about their key stakeholders in terms of:  
  – How would this stakeholder define a positive outcome for a tobacco dependence treatment programme?  
  – What can this stakeholder gain from an improved system for tobacco dependence treatment?  
  – What are the barriers or challenges that would limit this stakeholder’s participation in this programme?  
  – What would be an incentive for this stakeholder to participate in this programme?  
• Step 4 is for participants to decide appropriate strategies and actions they have to take with different stakeholders and how best to communicate with them, based on stakeholders’ positions on the influence/interest grid. | Refer to the workbook. | Workbook, PowerPoint presentation *Part II - Module 4-B* |
<table>
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<th>Time</th>
<th>Facilitator activity</th>
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<tr>
<td></td>
<td><strong>Presentation</strong></td>
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<tr>
<td>10 minutes</td>
<td>State that, when approaching stakeholders, one issue stakeholders may bring up is cost. They may also raise other disease priorities (HIV, tuberculosis, diabetes, cardiovascular disease). The participants need to be well prepared to explain how tobacco dependence treatment is justified. Refer participants to the workbook and use PowerPoint slides to illustrate the cost-effectiveness of brief and intensive tobacco use treatments, as well as why treatment of tobacco dependence should be a priority for health systems.</td>
<td>Refer to the workbook.</td>
<td>Workbook, PowerPoint presentation Part II - Module 4-C</td>
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</table>
| 15 minutes | Ask participants to brainstorm:  
− how champions can affect system changes;  
− how to identify champions;  
− the qualities of a successful champion.  
Write responses on a flipchart or whiteboard.  
Refer participants to the workbook and present suggested answers to those questions.  
Emphasize that the WHO Health System Framework can be a useful tool to identify champions. | Participate in the discussion, ask questions and give feedback. | Workbook, flipchart or whiteboard, PowerPoint presentation Part II - Module 4-D |
| 10 minutes | Explain that implementing and institutionalizing a system change for tobacco dependence treatment is dependent on supportive organizational policies and regulations (e.g. smoke-free policy in primary care facilities). If these do not exist, we should get stakeholders’ support to develop new policies/ regulations. | Participate in the discussion, ask questions and give feedback. | Workbook |

|       | **Practice**                                                                        |                                                                                       |                                                                            |
|-------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|                                                                            |
| 30 minutes | Assign participants to work in small groups to:  
− identify stakeholders who may influence changes in each of the six building blocks (each group works one block);  
− map out the stakeholders on the influence/interest grid;  
− select one key stakeholder and analyse this stakeholder’s perspective regarding incentives and challenges/barriers to supporting changes;  
− write a message to gain the stakeholder’s support using Worksheet 5. | Review worksheets.  
Work in small groups to select one stakeholder and analyse this stakeholder’s perspective regarding incentives and barriers.  
Then write a message to gain the stakeholder’s support. | Workbook |

|       | **Evaluation**                                                                      |                                                                                        |                                                                            |
|-------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|                                                                            |
| 30 minutes | Ask each group to present the stakeholder message.  
Everyone helps critique and adds to the message.  
Conclude that this exercise is the beginning of developing a communication plan to engage with stakeholders, which typically includes the following components:  
− an objective (why to communicate);  
− a message to win support (what to communicate);  
− a strategy (how to communicate);  
− a start time (when to communicate);  
− a spokesperson (who to communicate).  
A good stakeholder communication plan is essential to the success of any new system change design and implementation. | Everyone helps critique and adds to solutions. |                                                                            |
# Module 5: Community participation

## Duration
1 hour 50 minutes

## Objectives
Upon completion of this module participants will be able to:
- distinguish consumer from community;
- identify stakeholders, champions, and partners in the community;
- identify resources available in the community;
- identify opportunities to work with community partners.

## Time | Facilitator activity | Participant activity | Audiovisual
--- | --- | --- | ---
**Preparation**
10 minutes | State that:
- Community participation is a core principle underpinning the development of primary care.
- A successful programme depends on community involvement.
- Communities can play a variety of roles in developing and providing services to treat tobacco dependence in primary care.
Assign participants to pair up with the person sitting next to them and take the next few minutes to make a list of:
- consumers of their primary care centre;
- members of the community served by their centre.
| Participants work in pairs to define consumers and the larger community members served by their organization. | Workbook |

10 minutes | Ask volunteers to share their list of consumers and community members. Write responses on a flipchart page or whiteboard. Build a consumer-community continuum, writing down patients at the top of the list and taxpayers and government agencies at the other end.
Discuss with participants and prompt them to conclude that:
- Primary care organizations should be responsible to the whole community, and not only to consumers.
- Consumers are part of the whole community and the priority of community involvement for promoting tobacco dependence treatment must be on key community organizations (such as the thematic NGOs, government organizations).
| Share the list of consumers and community members. | Workbook, flipchart or whiteboard, PowerPoint presentation Part II-Module 5-A |

**Presentation**
30 minutes | Explain that the goals of community participation in strengthening health systems to deliver brief tobacco interventions in primary care are to see:
- tobacco dependence treatment high on the agenda of the community;
- increasing demand from tobacco users through public education;
- utilization of community resources in supporting tobacco dependence treatment.
Ask: How can primary care service managers meet these goals?
Prompt that this was partly discussed in Module 4.
Refer participants to the workbook and summarize that primary care service managers will need to:
- identify, assess and promote active involvement of key community partners (leadership groups/organizations);
- identify and promote utilization of community resources.
Use PowerPoint slides to present the knowledge, skills and tools for:
- identifying community leadership groups/organizations for achieving each of the three goals;
- assessing the level of community involvement;
- promoting community involvement to meet the goals.
| Participate in the discussion. | Workbook, PowerPoint presentation Part II-Module 5-B |
| Refer to the workbook. | |
Module 6: Sustaining a system change: feedback, motivations and incentives

**Duration**
1 hour 50 minutes

**Objectives**
Upon completion of this module participants will be able to:
- define workplace motivation and incentives;
- describe effective incentive systems;
- use the WHO Health System Framework to identify effective incentives for primary care providers to routinely deliver brief tobacco interventions;
- build an incentive plan for their primary care organization.

<table>
<thead>
<tr>
<th>Time</th>
<th>Facilitator activity</th>
<th>Participant activity</th>
<th>Audiovisual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td></td>
<td></td>
<td>Workbook</td>
</tr>
<tr>
<td>10 minutes</td>
<td>Introduce the topic of motivation and incentives by asking participants to brainstorm: Why are incentives an important part of implementing a system change for treating tobacco dependence?</td>
<td>Anticipated response: providers have heavy workloads and conflicting priorities. Incentives that are important to them increase the likelihood that they will perform the intervention.</td>
<td>Workbook</td>
</tr>
</tbody>
</table>
## Time | Facilitator activity | Participant activity | Audiovisual
--- | --- | --- | ---
### Preparation
10 minutes | Assign the participants to three small groups. Each group will have 10 minutes to generate a list of workplace incentives it finds effective. Challenge the groups to compile a long list of quality ideas and tell them that the group with the longest list will win a prize. Give different levels of support to each group to simulate the impact of incentives, training and feedback on motivation. **Group 1:** receives no support to complete the task. **Group 2:** receives information about criteria for quality incentives to help compile its list. **Group 3:** receives information about criteria for quality incentives to help compile its list; and halfway through the exercise, the facilitator provides feedback about the number of suggestions on the other groups’ lists, as well as some feedback about the quality of the suggestions. Circulate during the exercise and chat with each group. During the chat, provide feedback to group 3. | Work in small groups to generate a list of workplace incentives they find effective. Anticipated response: each group generates a list of incentives. Anticipate that the groups that receive feedback and experience competition are more invested in the activity and will generate a longer list. | Workbook
10 minutes | Debrief the exercise. Explain that the exercise was an experiment. Review the number of suggestions that were generated. Use criteria to discuss the quality of ideas generated. Ask participants to share their experience and discuss how motivation and performance were impacted by incentives, training and feedback. | Participants conclude that incentives can improve motivation, and that training and feedback can improve satisfaction and performance. | Workbook
### Presentation
25 minutes | Refer participants to the workbook. Present: – the definition and components of workplace motivation; – the definition of incentives; – how providing incentives is the most reliable method to improve workplace motivation; – the characteristics of effective incentive systems. Use case studies to demonstrate low-cost methods for providing incentives such as: reward systems, posting job performance and budget reallocations. Explain that participants can use the building blocks to identify incentives to reward success, considering each component of the system. | Refer to the workbook. Workbook, PowerPoint presentation Part II - Module 6-A | Workbook
### Practice
30 minutes | Assign small groups to brainstorm a list of incentives that relate to each of the six building blocks to motivate primary care providers to perform brief tobacco interventions routinely. Consider how you can leverage the perceived importance of the task, self-efficacy and expectancy. The group synthesizes the list and recommends incentives that could work in their system. | Work in small groups and identify a list of incentives. | Workbook
### Evaluation
25 minutes | Ask participants to share their list of effective incentives. | Everyone critiques the list and fine-tunes the incentive systems. Validate and add to the list. | Workbook
### Module 7: Your action plan to implement a system change

<table>
<thead>
<tr>
<th>Duration</th>
<th>3 hours 30 minutes</th>
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</thead>
<tbody>
<tr>
<td><strong>Objectives</strong></td>
<td>Upon completion of this module participants will be able to:</td>
</tr>
<tr>
<td></td>
<td>– describe the importance of planning in initiating successful system changes;</td>
</tr>
<tr>
<td></td>
<td>– describe the steps of creating an action plan;</td>
</tr>
<tr>
<td></td>
<td>– develop an action plan and deliver a presentation that summarizes their action plan;</td>
</tr>
<tr>
<td></td>
<td>– present a synthesis of the knowledge and skills gained during training to demonstrate new insight about the process of strengthening health systems for delivery of brief tobacco interventions using the WHO building blocks.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Facilitator activity</th>
<th>Participant activity</th>
<th>Audiovisual</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Preparation</strong></td>
<td><strong>Facilitator activity</strong></td>
<td><strong>Participant activity</strong></td>
<td><strong>Audiovisual</strong></td>
</tr>
<tr>
<td>20 minutes</td>
<td>Use a planning exercise named “Paper Tower” for participants to experience the importance of planning in initiating successful changes. 1. Divide participants into small groups (4 to 8 persons per group). 2. Give each group five sheets of A4 paper and five centimetres of tape. 3. Present the challenge (pre-prepare this statement on a flipchart): “You have been given five sheets of A4 paper and five centimetres of tape. The task is to build the tallest tower in five minutes using no other materials. The time starts NOW.” After the five minutes and a review of the structures, prompt a discussion related to planning: • Who planned their structure? • How did they ensure that all group members knew the plan? • Who ran out of time? • What could be done differently next time? Reinforce comments related to the role of planning. Tell participants that in this module they will learn and practise how to make a solid action plan for implementing a system change to improve the delivery of brief tobacco interventions in primary care.</td>
<td>Work in small groups to build a paper tower in five minutes. Participate in the discussion and give feedback and comments.</td>
<td>Flipchart, A4 paper and tape</td>
</tr>
<tr>
<td><strong>Presentation</strong></td>
<td><strong>Facilitator activity</strong></td>
<td><strong>Participant activity</strong></td>
<td><strong>Audiovisual</strong></td>
</tr>
<tr>
<td>40 minutes</td>
<td>Ask participants to brainstorm: • What is an action plan? • What does an action plan look like? Use PowerPoint slides to explain the definition of an action plan and the key aspects of an action plan. Use PowerPoint slides and examples to explain the five steps of creating an action plan to change each of the six health system building blocks: 1. Define the issue or problem to be addressed (it has been completed in Module 2). 2. Identify opportunities and challenges to bring about the desired changes. 3. Set objectives. 4. Construct action steps (list of actions, timelines, responsible persons). 5. Format the action plan.</td>
<td>Participate in the discussion and contribute ideas.</td>
<td>Workbook, PowerPoint presentation Part II- Module 7-A</td>
</tr>
<tr>
<td>Time</td>
<td>Facilitator activity</td>
<td>Participant activity</td>
<td>Audiovisual</td>
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<tr>
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<tr>
<td>Practice</td>
<td>Refer participants to Worksheet 2. Assign small groups to: 1. Select one needed change in any of the six building blocks that could improve the delivery of brief tobacco interventions. 2. Make an action plan for implementing the selected change. 3. Prepare an 8–10-minute presentation to present the action plan. The group presentation should include: – a description of the issue or problem that needs to be addressed in your primary care setting; – challenges and opportunities for bringing about the desired change; – your SMART objective; – a list of action steps; – monitoring and evaluation; – who stakeholders and/or champions are; – how the community can be involved. Provide assistance for groups that want to create visuals.</td>
<td>Work in small groups to create action plans and prepare presentations.</td>
<td>Workbook, flipchart and extra marking pens</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Ask each group to deliver its presentation. Conclude that action plans are pointless unless you make every effort to implement them. So the next steps are implementation and monitoring and evaluation (M&amp;E).</td>
<td>Everyone listens and gives feedback.</td>
<td>Workbook, PowerPoint presentation Part II-Module 7-B</td>
</tr>
<tr>
<td>Closure</td>
<td>Closing remarks, evaluation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 minutes</td>
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</tbody>
</table>
Module 1: Setting the stage for increasing access to tobacco dependence treatment in primary care

Objectives
Upon completion of this module participants will be able to:
− recognize the burden of tobacco use and the potential of tobacco cessation to save lives;
− articulate the rationale for identifying and offering help to tobacco users in a primary care setting;
− describe what tobacco dependence treatment should be routinely offered in primary care;
− describe at least three brief tobacco intervention models;
− role-play a brief tobacco intervention model.

Agenda
1. The burden of tobacco use and the potential of tobacco cessation to save lives (20 minutes).
2. The rationale for promoting access to treatment of tobacco dependence in primary care settings (10 minutes).
3. Existing effective tobacco cessation services in primary care settings (10 minutes).
4. Overview of brief tobacco interventions (25 minutes).
5. Creating a script for the 5A's model (25 minutes).
6. Role playing the 5A's model (20 minutes).

Preparation
1. The burden of tobacco use and the potential of tobacco cessation to save lives (20 minutes)

Brainstorming
What are the problems caused by tobacco use in your community?

1.1 Health burden of tobacco use
Tobacco kills up to half of its users. As a leading cause of death and illness, tobacco kills more than 5 million people who directly use tobacco (both smoking and smokeless).

Second-hand smoke also kills. Second-hand smoke causes more than 600 000 premature deaths worldwide each year.

1.2 Economic burden of tobacco use
1.2.1 Costs to society
Tobacco companies argue that smoking has positive economic benefits. They claim that tobacco control programmes will lead to a loss of tax revenue, cause unemployment and create financial hardship because people will live longer. Despite industry claims, the cost of tobacco use outweighs the benefits.
- The estimated annual cost of tobacco use to societies globally is US$ 500 billion, which exceeds the total annual expenditure on health in all low-and middle-income countries.
- Every country suffers huge economic losses due to tobacco use (see some examples in Table 1).
- Tobacco's total economic costs reduce national wealth in terms of gross domestic product (GDP) by as much as 3.6%.
Table 1. Cost* attributable to tobacco use (US$) (2007 or latest available data)

<table>
<thead>
<tr>
<th>Country</th>
<th>Cost (US$)</th>
</tr>
</thead>
<tbody>
<tr>
<td>USA</td>
<td>167.00 billion</td>
</tr>
<tr>
<td>Japan</td>
<td>62.39 billion</td>
</tr>
<tr>
<td>Germany</td>
<td>23.75 billion</td>
</tr>
<tr>
<td>Canada</td>
<td>17.00 billion</td>
</tr>
<tr>
<td>France</td>
<td>15.30 billion</td>
</tr>
<tr>
<td>China</td>
<td>5.00 billion</td>
</tr>
<tr>
<td>Egypt</td>
<td>1.25 billion</td>
</tr>
</tbody>
</table>

* Direct health care costs plus indirect costs, including productivity losses, absenteeism and other socioeconomic costs.

1.2.2 Costs to families and individuals

Another significant cost related to tobacco use is the suffering of families and individuals because of diminished quality of life, death and financial burden. “Smoking makes the poor poorer; it takes away not just their health but wealth” (Dr. Bill O’Neill, Secretary of the British Medical Association Scotland, 2004).

Tobacco products are expensive. For example, the price of 20 Marlboro cigarettes could buy:
- a dozen eggs in Panama;
- one kilogram of fish in France;
- four pairs of cotton socks in China;
- 6 kilograms of rice in Bangladesh.

Tobacco use is costly with 5–15% of a tobacco user’s disposable income being spent on tobacco. The poor people often have to cut their expenditure on food and education.

1.3 The potential of tobacco cessation to save lives

Supporting current tobacco users to quit synergistically with the implementation of other tobacco control measures contained in the WHO FCTC can bring about immediate changes in prevalence rates and tobacco-related death and disease. This is because the short- to medium-term tobacco-related death and disease are due to its current users. It was estimated that if adult tobacco consumption were to decrease by 50% by the year 2020, about one third of the global tobacco-related deaths could be avoided by the year 2050 (see Figure 1).

Therefore, countries concerned with health gains in the short- to medium-term should consider supporting tobacco users to quit as part of any comprehensive tobacco control programme, as reflected in the WHO FCTC.
Presentation

2. The rationale for promoting access to treatment of tobacco dependence in primary care settings (10 minutes)

Although treatment of tobacco dependence should be made available in a country’s whole health system at all levels of service delivery – including primary, secondary and tertiary health-care settings – primary care settings should be the main focus. Below are the rationales for promoting access to treatment of tobacco dependence in primary care settings:

- The public health impact of an intervention/service depends on **effectiveness**, **reach** and **delivery cost**. The primary care setting is a less costly setting for reaching the majority of tobacco users in many countries. Therefore, brief tobacco interventions could have a significant public health impact if primary care providers can routinely provide brief tobacco interventions to tobacco users.

**Reach**

- The primary care staff have long and close contact with the community and are well accepted by local people.
- The primary care is the primary source of health care and can reach the majority of the population in many countries. For instance:
  - In Brazil, 70% of the population receives free health care from the public system.
  - In Cuba, the national health care programme addresses the needs of over 95% of the population.
  - In Fiji, 70–80% of the population has access to health services.
  - In Thailand, the universal coverage scheme provides health care for most of the country’s 64 million people.
- Primary care programmes appear to reach the poor far better than other types of health programmes do, and the poor are the ones who smoke the most (see Figure 2).
Delivery cost

- Resources for health will always be limited. Primary care approach is a route to achieving maximum possible affordable coverage of effective tobacco cessation services with available resources. For instance:
  - The primary care setting is less costly as the primary care approach emphasizes providing as much care as possible at the first point of contact through integrated service delivery models.
  - Various opportunities and entry points exist for integrating identification and treatment of tobacco users in primary care services (e.g. DOTS strategy, programmes dealing with cardiovascular disease, chronic obstructive pulmonary disease, diabetes, maternal and child health).

3. Existing effective tobacco cessation services in primary care settings (10 minutes)
Brainstorming
Which tobacco dependence treatments should be routinely offered in primary care?

Various effective tobacco dependence treatment methods exist:
☐ Brief counselling from health professionals
☐ Group counselling in a clinic or community
☐ Telephone quitline
☐ Self-help materials
☐ Pharmacological treatments: nicotine replacement therapy [NRT], bupropion, and varenicline
☐ Quit and Win competitions
☐ Others: ________.
The guidelines for implementation of Article 14 of the WHO FCTC recommend that:
- all Parties should aim to provide the fullest complement of interventions for tobacco cessation and treatment of tobacco dependence;
- if they cannot provide comprehensive treatment simultaneously, Parties should use a stepwise approach to developing tobacco dependence treatment and start with providing tobacco users with brief advice.

In line with the Article 14 guidelines, WHO recommends that countries should at least deliver brief tobacco interventions as part of routine services in primary care.

This training is designed to help primary care service managers strengthen their health systems to improve the delivery of brief tobacco interventions by primary care providers – in other words, to help primary care service managers integrate brief tobacco interventions into their primary care services.

### 4. Overview of brief tobacco interventions (25 minutes)

#### 4.1 Brief tobacco intervention models

While more intensive or longer-lasting treatments are more likely to help patients stay smoke-free, primary care providers can help patients successfully quit tobacco use by offering interventions as short as three minutes. There are several structured models available to help them deliver these brief tobacco interventions.

Here are some examples:

**5A’s: Ask, Advise, Assess, Assist, Arrange** (for patients who are ready to quit).
- **Ask** – systematically identify all tobacco users at every visit.
- **Advise** – advise all tobacco users that they need to quit.
- **Assess** – determine readiness to make a quit attempt.
- **Assist** – assist the patient with a quit plan or provide information on specialist support.
- **Arrange** – schedule follow-up contacts or a referral to specialist support.

**5R’s: Relevance, Risks, Rewards, Roadblocks, Repetition** (to increase motivation of patients who are not ready to quit).

The 5R’s are designed to motivate smokers who are unwilling to quit at this time. Smokers may be unwilling to quit due to misinformation, concern about the effects of quitting, or demoralization because of previous unsuccessful quit attempts.

Therefore, after asking about tobacco use, advising the smoker to quit, and assessing the willingness of the smoker to quit, it is important to provide the 5R’s motivational intervention.

**AAR: Ask, Advise, Refer.**

This is an alternative protocol that takes less training and can be easily implemented. The health-care provider asks or identifies smoking patients, advises them to quit (thus doubling the chances that they will try), and refers them to a quitline or provides other resources.
AAA: Ask, Advise, Act.
   
   **Ask** about smoking.

   **Advise** tobacco users to quit.
   
   In a clear, strong, and personalized manner, urge every smoker to quit.

   **Act** on the patient’s response.
   
   Assist the smoker to:
   
   **Set** a quit date, ideally within two weeks.
   
   **Tell** friends, family and coworkers of plans to quit, and ask for support.
   
   **Anticipate** challenges, particularly during the critical first few weeks, including nicotine withdrawal.
   
   **Remove** cigarettes from home, car and workplace and avoid smoking in these places. Make their home smoke-free.

   Give advice on successful quitting: total abstinence is essential (not even a single puff); avoid drinking alcohol to prevent relapse, etc.

ABC: Ask, Brief advice, Cessation support.

   **Ask** about smoking status.

   Give **Brief advice** to stop smoking to all people who smoke.

   Provide evidence-based **Cessation support** for those who express a desire to stop.

For more information about the ABC model, please review the New Zealand Smoking Cessation Guidelines. You can also take an online course about tobacco cessation and the ABC model at [https://smokingcessationabc.org.nz](https://smokingcessationabc.org.nz).

4.2 Demonstration of brief tobacco interventions

Watch a video demonstrating that brief tobacco interventions (5A’s) can be done within three minutes.

Table 2 gives another example of using the 5A’s model to deliver brief tobacco interventions.

**Table 2. 5A’s Model demonstration**

<table>
<thead>
<tr>
<th>Step</th>
<th>Primary care provider</th>
<th>Patient</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ask</strong></td>
<td>Good morning Ms Fleming. What brings you in today?</td>
<td>My son’s asthma is bad again and I think he might have an ear infection.</td>
</tr>
<tr>
<td><strong>Advise</strong></td>
<td>I’ll examine him and see what can be done to help him feel better. Before I do that I need to check something out with you. Are you still smoking?</td>
<td>Yes I am. I know I should quit, but I’m just not ready to do that.</td>
</tr>
<tr>
<td><strong>Assess</strong></td>
<td>I hear that you’re not ready to quit, but I need to tell you that your son’s health problems are related to his exposure to smoke and I advise you to quit.</td>
<td>Oh, I didn’t know that. Maybe I should think about quitting.</td>
</tr>
<tr>
<td><strong>Follow up</strong></td>
<td>Great. Are you ready to quit in the next 30 days?</td>
<td>Yes, but I just don’t know where to start.</td>
</tr>
</tbody>
</table>
To maximize effectiveness, you need to select a best-fit model to deliver brief tobacco interventions for your primary care organization on the basis of the availability of existing intensive tobacco dependence treatment services in the community, existing infrastructure and the way your organization operates.

**Practice**

5. Creating a script for the 5A’s model (25 minutes)

Work in small groups and review each step of the 5A’s model.

Your group will be assigned to develop a script for delivering the 5A’s model using the following scenario: 
*You are seeing Mr Jack for the third time in six months for bronchitis. You learn that Mr Jack smokes cigarettes. How will you apply the 5A’s during your visit with this patient?*

Use this checklist to develop your script:

☐ Ask your patient about his/her tobacco use.

☐ Advise your patient to quit, using a clear, strong and personalized message.

☐ Assess your patient’s readiness to make a quit attempt.

☐ Assist your patient.

- If your patient is willing to quit within the next 30 days, assist your patient to:
  - Set a quit date, ideally within two weeks.
  - Tell friends, family and coworkers of plans to quit, and ask for support.
  - Anticipate challenges, particularly during the critical first few weeks, including nicotine withdrawal.
  - Remove cigarettes from home, car and workplace and avoid smoking in these places. Make his/her home smoke-free.

- If your patient is not willing to quit, assist your patient by providing a brief motivational message exploring relevant Risks, Rewards and Roadblocks and by offering educational materials that describe the benefits of quitting and the consequences of tobacco use.

☐ Arrange for follow-up whenever possible. For smokers who are unwilling to quit, let them know that you are available whenever they are ready to quit. Inform them that you will continue to ask about their tobacco use.

Please note your script in Worksheet 1 and be prepared to role-play your script in a group role play.

**Evaluation**

6. Role playing the 5A’s model (20 minutes)

Please volunteer to role-play the script of the 5A’s model that your group has developed.

If you are not role-playing, please observe carefully and help provide your comments and suggestions to fine-tune the model.
Worksheet 1.

<table>
<thead>
<tr>
<th></th>
<th>Primary care provider</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Ask</td>
<td>Jack</td>
<td></td>
</tr>
<tr>
<td>Advise</td>
<td>Jack</td>
<td></td>
</tr>
<tr>
<td>Assess</td>
<td>Jack</td>
<td></td>
</tr>
<tr>
<td>Assist</td>
<td>Jack</td>
<td></td>
</tr>
<tr>
<td>Arrange</td>
<td>Jack</td>
<td></td>
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</tbody>
</table>
Module 2: The service managers’ role in promoting brief tobacco interventions in primary care

Objectives
Upon completion of this module participants will be able to:
− describe why primary care service managers are positioned to plan and implement system changes for treating tobacco dependence;
− describe the WHO Health System Framework as a tool for strengthening health systems;
− support use of the WHO conceptual framework as a tool to plan and implement system changes to improve the delivery of brief tobacco interventions;
− describe where and how primary care service managers have influence in each of the building blocks.

Agenda
1. What a primary care service manager needs to put in place to support primary care providers to identify and treat tobacco users (15 minutes).
2. The WHO Health System Framework: a tool for strengthening health systems (15 minutes).
3. What systems changes can primary care service managers make to improve the delivery of brief tobacco interventions (10 minutes).
4. Using the WHO Health System Framework to diagnose constraints in the primary care system (30 minutes).
5. Evaluation (30 minutes).

Preparation
1. What a primary care service manager needs to put in place to support primary care providers to identify and treat tobacco users (15 minutes)

While the primary care setting is an ideal place to identify and treat tobacco users, in general less than 50% of primary care providers routinely ask and advise all patients to quit.
• In developed countries, a multicentre study across 12 European countries found that, overall, only 36% of health professionals reported always advising patients to quit smoking.
• In developing countries, primary care providers’ performance in 5A’s delivery is likely to be even lower. For example, a study has documented that only 12.9% of the patients were asked for tobacco use and 11.9% of tobacco users reported being advised against tobacco use during the current visit in South African primary care.

Brainstorming
As a service manager, what would you need in place to ensure that primary care providers will be able to identify and treat tobacco users?

Only a well-functioning system ensures that primary care providers routinely identify and provide brief tobacco interventions to all tobacco users at every visit. It is primary care service managers’ responsibility to have such a supportive system in place to support primary care providers.
Presentation
2. The WHO Health System Framework: a tool for strengthening health systems (15 minutes)
2.1 WHO Health System Framework
The WHO Health System Framework (six building blocks) (Figure 3) can be a good tool for primary care service managers to use to build a well-functioning health system to support primary care providers to routinely deliver brief tobacco interventions. This framework illustrates the basic functions all health systems have to carry out and defines a set of six essential building blocks to help people understand how to strengthen health system. The building blocks are:
- service delivery;
- health workforce;
- information support;
- medical products and technologies;
- financing;
- leadership and governance.

Figure 3. The WHO Health System Framework

The WHO Health System Framework shows practical ways to strengthen health systems by using six operational “building blocks” to:
- locate, describe and classify health system constraints;
- identify where and why interventions are needed;
- predict the effects of a health system strengthening intervention on its results.

2.2 What does a well-functioning health system look like?
In order for primary care providers to routinely deliver brief tobacco interventions, all six building blocks should function well. Below are the main features of a well-functioning health system:

Service delivery
Delivering effective, safe, high-quality personal and public health interventions to those who need them, with minimum waste of resources.

Health workforce
There are sufficient numbers and mix of staff, fairly distributed. They are competent, responsive and productive.
Information support
Ensuring the production, analysis, dissemination and use of reliable and timely information on tobacco use and health-systems performance.

Medical products and technologies
Ensuring equitable access to essential medical products and technologies, and their scientifically sound and cost-effective use.

Financing
Raising adequate funds for health in ways that ensure people can use services and are protected from financial hardship or impoverishment associated with having to pay for them.

Leadership/governance
Ensuring that strategic-policy frameworks exist and are combined with effective oversight, coalition-building, provision of appropriate regulations and incentives, attention to system design, and accountability.

As for tobacco dependence treatment, a well-functioning health system is one that allows any tobacco users, wherever they live and whatever their social and economic circumstances, to access appropriate, good quality brief tobacco interventions as part of primary care services, with referral to existing intensive treatments (quitline, specialist treatment) when needed, without the risk of financial hardship.

3. What system changes can primary care service managers make to improve the delivery of brief tobacco interventions (10 minutes)
Table 3 is a checklist of effective systems-level changes (organizational policies and practices) that you can make to improve the function of all six building blocks in order to improve the delivery of brief tobacco interventions.

Emerging evidence shows that systems-level interventions can enhance the delivery of effective tobacco cessation treatment to patients by health-care professionals and can increase patient quit rates, quit attempts and use of treatment.

- Introduction of electronic health records (EHR) can, at least in the short term, increase documentation of tobacco status and referral to cessation counselling;
- Training health-care professionals to provide smoking cessation interventions had a measurable effect on professional performance. The effects of training on performance of smoking cessation interventions increased if prompts and reminders were used.
- Financial benefits extended to health-care providers can significantly increase the use of behavioural interventions for smoking cessation.
- Full financial interventions directed at smokers (covering all the costs of treatment), when compared to no financial interventions, could increase the proportion quitting, quit attempts and utilization of pharmacotherapy by smokers.
Table 3. A checklist of systems-level changes to promote brief tobacco interventions in primary care settings

| Service delivery | • Strategies to improve integrated delivery of brief tobacco interventions:  
| | − Brief tobacco interventions integrated into existing health programmes (e.g. tuberculosis, cardiovascular diseases, diabetes, cancer, maternal and child health programmes in primary care).  
| | • Models to implement brief tobacco interventions (e.g. 5A’s, 5R’s, AAA, AAR, ABC).  
| | • Referral to existing effective tobacco dependence treatments in primary care settings:  
| | − cessation clinics (face-to-face individual or group-intensive counselling as well as pharmacotherapy where possible);  
| | − telephone quitlines;  
| | − community self-help cessation programme.  
| | • Equity:  
| | − help every tobacco user;  
| | − help every passive smoker. |

| Health workforce | • Help every primary care provider recognize that it is his/her job responsibility to identify and provide brief tobacco interventions to every tobacco user who presents to a primary care facility.  
| | • Training on brief tobacco interventions:  
| | − in-service training;  
| | − pre-service training.  
| | • Help health professionals quit tobacco use and serve as non-tobacco use role models.  
| | • Ensure the availability and distribution of an appropriate number of tobacco dependence treatment specialists. |

| Information system | • A tobacco-use identification system:  
| | − tobacco-use status stickers on all patient charts (including treatment cards for tuberculosis, HIV/AIDS, diabetes, chronic obstructive pulmonary disease, asthma, cancer, etc.);  
| | − a vital sign stamp (expanding the vital signs to include tobacco use);  
| | − a field in the computer information system where one can enter tobacco use status, if appropriate.  
| | • A provider reminder system:  
| | − chart sticker or stamp;  
| | − indicate tobacco use status using computer reminder systems, if appropriate. |

| Governance and leadership | • Recognize the key role and responsibility of primary care service managers in promoting brief tobacco interventions.  
| | • Provision of appropriate regulations and incentives to support integrated delivery of brief tobacco interventions:  
| | − develop and disseminate clinical guidelines and service standards;  
| | − reimburse providers for their service delivery;  
| | − include the delivery of brief tobacco interventions in staff performance evaluations;  
| | − provide feedback to providers about their practices.  
| | • Buy-in from professional bodies to include tobacco dependence treatment in their examinations or registration requirements.  
| | • Ensure that all sections of the health-care facility are entirely smoke-free.  
| | • Attention to system-design:  
| | − develop a policy and mechanism for integrated service delivery in primary care where possible;  
| | − ensure a fit between strategy and structure and reducing duplication and fragmentation.  
| | • Collaboration and coalition-building:  
| | − engage with communities, NGOs and the private sector;  
| | − advocate and link to population-level tobacco control interventions in the community. |

| Medical products and technologies | • Promote the availability of NRT and other effective smoking cessation medicines.  
| | • Protocol/toolkit/guide to aid health professionals in providing brief tobacco interventions.  
| | • Develop information materials (self-help materials, poster and brochure).  
| | • Promote appropriate use of motivational tools:  
| | − risk charts (facilitate physician-patient discussion about disease risk);  
| | − visual motivational tools (e.g. carbon monoxide monitor). |

| Financing | • Health insurance covers tobacco dependence treatment.  
| | • Resource mobilization raising additional funds for tobacco dependence treatment (e.g. taxes on tobacco).  
| | • Improving efficiency of resources.  
| | • Financial incentives for efficient integrated service provision. |
The WHO Health System Framework can help primary care service managers initiate and implement new systems changes, such as:

- a diagnostic tool to diagnose all system problems/constraints in each of the six building blocks that need to be addressed in order to improve primary care providers’ performance in delivering brief tobacco interventions;
- a planning tool to plan and implement system changes to support primary care providers to routinely treat tobacco users.

**Practice**

4. **Using the WHO Health System Framework to diagnose constraints in the primary care system (30 minutes)**

You are now going to practise using the WHO Health System Framework as a diagnostic tool to diagnose the constraints in your primary care system that hinder primary care providers from delivering brief tobacco interventions.

Please draw on your previous experience and work with your small group to identify in each of the six building blocks:

- What changes need to be made/what problems need to be addressed in order to improve the delivery of brief tobacco interventions?

Please note your results in Worksheet 2.

5. **Evaluation (30 minutes)**

Each group should write its findings on flipchart paper or whiteboard.

Please help provide your comments on other groups’ results.
Worksheet 2.

<table>
<thead>
<tr>
<th>Building blocks</th>
<th>Changes needed (problems need to be addressed)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivery</td>
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<tr>
<td>Health workforce</td>
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<tr>
<td>Information support</td>
<td></td>
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<tr>
<td>Medical products and technology</td>
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<tr>
<td>Financing</td>
<td></td>
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<tr>
<td>Leadership and governance</td>
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</tr>
</tbody>
</table>
Module 3: Integrating brief tobacco interventions into existing infrastructure

Objectives
Upon completion of this module participants will be able to:
− build a roadmap to illustrate how a patient moves through the health-care setting;
− identify staff, departments and patient encounters that could be part of the integrated brief tobacco interventions delivery system;
− recognize how two primary care settings integrated tobacco dependence treatment;
− identify small system improvements that could make the process more effective or efficient.

Agenda
1. Patient flow at primary care facilities (20 minutes).
2. Identifying patient encounters that could be part of the integrated treatment system (25 minutes).
3. Case studies of integrating tobacco dependence treatment into primary care systems (25 minutes).
4. Identifying small system improvements to facilitate the delivery of brief tobacco interventions in primary care settings (30 minutes).
5. Evaluation (20 minutes).

Preparation
1. Patient flow at primary care facilities (20 minutes)
Work with the person sitting next to you and draw a diagram of how a patient moves through your primary care setting.

2. Identifying patient encounters that could be part of the integrated treatment system (25 minutes)
2.1 Identifying key staff members and their potential role in helping tobacco users
Continue working with the person sitting next to you to discuss in each of the patient encounters in the above diagram:
• Who can help tobacco users quit?
• What specific assistance they can provide to tobacco users?

Please add them to the corresponding patient encounters in your diagram.
Map how a typical patient moves through your primary care setting

Patient enters the centre:

Patient leaves the centre.
2.2 Patient encounters and the integrated system for delivering brief tobacco interventions

Based on the exercise, please list how many patient encounters could be part of the integrated system if you want to integrate brief tobacco interventions into your primary care services?

Please note that: there are many opportunities during a patient visit to initiate or deliver brief tobacco interventions (such as the waiting room, the receptionist, cafeteria, etc.).

Presentation

3. Case studies of integrating tobacco dependence treatment into primary care systems (25 minutes)

You can use the WHO building blocks as a tool to plan action steps to integrate brief tobacco interventions into your primary care system.

The following two case studies have illustrated how tobacco dependence treatment has been successfully integrated into primary care systems using the WHO six building blocks.

Case study 1: Group Health cooperative

Group Health is a nonprofit health plan in the USA that serves over half a million people. It is an integrated practice plan and has its own medical staff. In 1991 Group Health consumers had a smoking prevalence of about 25% and Group Health had a goal of reducing it to 12.5%. To reach this goal Group Health needed to have a lot of adult smokers quit (about 40,000) and they would have to prevent many teens from starting to smoke (Table 4). The current tobacco use prevalence at Group Health is about 14%.

Table 4. Analysis of Group Health' efforts to reduce tobacco use by building block

<table>
<thead>
<tr>
<th>Building block</th>
<th>Action</th>
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</table>
| Leadership and governance           | • Created a tobacco reduction team made up of physicians, nurses, planners and researchers. This group:  
  – created a series of recommendations, including better systems for identification of tobacco users, systematic advice to quit and full coverage for counselling and medication;  
  – gathered organizational support for the initiative in order to make and keep tobacco cessation a priority with health plan administrators;  
  – developed a tobacco dependence treatment programme through collaboration with researchers;  
  – established a “number needed to treat” (NNT) metric and showed administrators that tobacco dependence treatment was more effective than most other preventive (and chronic care) treatments and kept tobacco cessation a priority.  
  • Developed measurable goals and specific objectives at multiple levels of the organization, including prevalence of smoking, compliance with asking and advising, and use of cessation programmes. People were held accountable for achieving goals, including having them written into their job descriptions. |
Case study 2: Beijing Chao-Yang Hospital

China is home to some 320 million smokers – about a third of the world’s total – and suffers around one million tobacco-related deaths per year.

Beijing Chao-Yang Hospital, an affiliate of Capital University of Medical Sciences, was established in 1958. As one of the top grade hospitals in China, Chao-Yang Hospital has played a leading and active role in tobacco control and tobacco dependence treatment (Table 5).

Table 5. Analysis of Chao-Yang Hospital’s efforts to reduce tobacco use by building block

<table>
<thead>
<tr>
<th>Building block</th>
<th>Action</th>
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</thead>
</table>
| Health workforce                | • Recognized that the physicians could not do it all and identified individuals at different levels of the organization and trained them to:  
|                                 |   − identify tobacco users;  
|                                 |   − educate tobacco users about why they should quit;  
|                                 |   − provide advice to quit;  
|                                 |   − refer to existing cessation resources (both telephone-based and in-person group programmes);  
|                                 |   − follow up at next health-care visit.  
|                                 | • Provided continued efforts to support providers to reach more and more tobacco users:  
|                                 |   − cessation articles in the health plan’s quarterly magazine;  
|                                 |   − “lunch and learns” in providers’ offices.                                                                                                                                                                                                                                                                                           |
| Financing                       | • Ensured that there were sufficient financial and personnel resources for programmes.  
|                                 | • Provided “rewards” in form of modest bonuses and recognition to top performers.                                                                                                                                                                                                                                                  |
| Medical products and technologies| • Where possible, access to tobacco cessation medications were provided/encouraged.                                                                                                                                                                                                                                                  |
| Service delivery                | • Reviewed guidelines and selected models for brief tobacco interventions, such as NCI 4A model (now 5A’s):  
|                                 |   − Ask, Advise, (Assess), Assist, Arrange.  
|                                 | • This programme provided both group classes and individual phone-based treatment, along with quit medications.  
|                                 | • Provided widely available and easily accessible cessation resources which made referrals by clinicians easier and more consistent.                                                                                                                                                                                            |
| Information systems             | • Tobacco use as a vital sign:  
|                                 |   − first as a stamp in the patient’s paper chart;  
|                                 |   − then as a data field in an electronic health record. (This transition to an electronic health record surprisingly saw the identification of tobacco users drop dramatically. Suspecting it was not due to sudden changes in practitioner behaviour, Group Health found that the electronic system needed to be modified to support and require tobacco-related data entry.)  
|                                 | • There are cessation programme posters and brochures in clinics and offices. This signage supports the reminder system in the chart and delivers the message to clinic staff and patients about the importance of cessation.  
|                                 | • Developed feedback mechanisms to give those who were accountable information on how they were progressing in meeting the goals.                                                                                                                                                                                                 |

Leadership and governance

• A leader and a dedicated team:  
  − Dr. Weng Xinzhi organized the first team to work on the problem of addressing smoking in hospital settings;  
  − set up the first smoking cessation clinic in 1996, which has led to the development of many other smoking cessation clinics in respiratory clinics in hospitals throughout China, with some of them being in primary care.
### Practice

4. **Identifying small system improvements to facilitate the delivery of brief tobacco interventions in primary care settings (30 minutes)**

Work in small groups, review each building block and identify small system improvements that could facilitate the delivery of brief tobacco interventions or make the process more effective or efficient.

Please note your results in Worksheet 3.

5. **Evaluation (20 minutes)**

Each group should share its findings by writing on flipchart paper or whiteboard.

Please help provide your comments on other groups’ results.

<table>
<thead>
<tr>
<th>Building block</th>
<th>Action</th>
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</thead>
</table>
| Health workforce                | • Created smoke-free hospitals in 2004. The smoking rate among hospital employees dropped from 11.3% in 2004 to 4.9% in 2007.  
• A network of Medical Professionals Against Smoking has been established.  
• Staff is trained to intervene with tobacco users in respiratory care clinics and some primary care clinics.  
  There continues to exist a strong need to reduce smoking prevalence among health professionals and to educate them on the treatment of tobacco dependence because:  
  − only 7.1% of surveyed doctors (n=3650) knew how to help a smoker develop a quit attempt plan;  
  − >97% have never used cessation medications to treat tobacco dependence;  
  − >50% have never heard of the drugs used to treat tobacco dependence.  
• An annual tobacco conference is held for medical professionals. |
| Medical products and technologies| • Provide smokers wanting to quit a choice of NRT, bupropion or varenicline.                                                                                                                                 |
| Service delivery                | • Physicians in outpatient care are incorporating brief interventions into their daily clinical practice.  
• The hospital supported patients in several communities to quit tobacco use.  
• Provided quitline services to patients in the community  
• Promoted hospital cessation services in some communities.                                                                                                                                 |
| Information systems             | • Information about tobacco dependence treatment has been added to medical text books since 2006.  
• Created a smoking cessation prescription that is printed automatically once the smoker is identified.  
  It contains:  
  − the patient’s name, sex, age, medical identification number, and other identifying information;  
  − brief information about the harmful effects of smoking and the health benefits of quitting;  
  − treatment method description;  
  − choice of cessation medication;  
  − smoking cessation clinic hours, address and hotline number;  
  − the physician’s signature. |
Worksheet 3.

<table>
<thead>
<tr>
<th>Building blocks</th>
<th>Improvements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivery</td>
<td>How can brief tobacco interventions be delivered routinely and effectively?</td>
</tr>
<tr>
<td>Health workforce</td>
<td>Which staff should deliver brief tobacco interventions?</td>
</tr>
<tr>
<td>Information support</td>
<td>What reminder systems would you put in place?</td>
</tr>
<tr>
<td>Medical products and technology</td>
<td>How would you plan for procuring cessation medicines? What signage and educational material would you use?</td>
</tr>
<tr>
<td>Financing</td>
<td>How would you build in incentives? What funding sources can you tap into for delivering the brief tobacco interventions?</td>
</tr>
<tr>
<td>Leadership and governance</td>
<td>What policies are in place that can support the delivery of brief tobacco interventions as part of daily practice?</td>
</tr>
</tbody>
</table>
Module 4: Getting support from stakeholders

Objectives
Upon completion of this module participants will be able to:
- identify and solicit support from stakeholders, policy-makers and champions in the organization;
- anticipate stakeholder needs and refute objections (e.g. concerns about conflicting priorities, costs);
- identify organizational policies and regulations that support the routine identification of tobacco users and provision of brief tobacco interventions (including smoke-free policy in the organization).

Agenda
1. Who are the stakeholders and champions? (15 minutes).
2. Four steps in engaging with stakeholders (30 minutes).
3. Identifying champions (15 minutes).
4. Identifying supportive organizational policies and regulations (10 minutes).
5. Practise using the WHO Health System Framework to identify, analyse and gain support from stakeholders (30 minutes).
6. Evaluation (30 minutes).

Preparation
1. Who are the stakeholders and champions? (15 minutes)
To ensure a system change is successful we need:
- support from relevant stakeholders;
- champions;
- supportive organizational policies, regulations and incentives.

This module covers how to obtain support from relevant stakeholders, how to find champions, and how to identify supportive organizational policies. The incentives are discussed in Module 6.

Brainstorming
Who are the stakeholders that you need to involve in making system changes to improve the delivery of brief tobacco interventions in primary care?
Who are champions?

Stakeholders are individuals or groups who can affect or be affected by your plan to improve the delivery of brief tobacco interventions.
Champions are a stakeholder group who are deeply interested in your project and are supportive of your project.
Presentation

2. Four steps in engaging with stakeholders (30 minutes)
We can use four steps to engage with stakeholders:
• Identify your stakeholders.
• Prioritize your stakeholders.
• Understand your key stakeholders.
• Determine appropriate strategies and actions to approach your key stakeholders.

2.1 Step 1: Identify your stakeholders
The first step is for you to brainstorm:
• Who has influence or power over your system changes?
• Who has an interest in your system changes?
• Who are affected by your system changes?

The key stakeholders for scaling up brief tobacco interventions in primary care settings may include:
• policy-makers;
• health-care providers;
• patients;
• public health department/Ministry of Health;
• NGOs;
• community members.

Once again, the WHO Health System Framework can be used to identify your stakeholders and you will have a chance to do it at the practice stage.

2.2 Step 2: Prioritize your stakeholders
The first step often results in a long list of potential stakeholders. The second step is to decide who the key stakeholders are. The influence/interest grid [Figure 4] can help you map out your stakeholders, classifying them by their influence over the planned system changes and by their interest in the system changes. In general, those people with high influence and high interest are your priority stakeholders.

Figure 4. Influence/interest grid for stakeholder prioritization

2.3 Step 3: Understand your key stakeholders
In order to gain support from the stakeholders, we need to know about our stakeholders’ perspectives and needs.
• How would this stakeholder define a positive outcome for your planned systems changes?
• What can this stakeholder gain from an improved system for tobacco dependence treatment?
• What are the barriers or challenges that would limit this stakeholder’s participation in this programme?
• What would be an incentive for this stakeholder to participate in this programme?

The best way of answering these questions is to talk to your stakeholders directly. People are often quite open about their views.

2.4 Step 4: Determine appropriate strategies and actions to approach your key stakeholders

After the stakeholder analysis you can easily realize what strategies and actions you have to take with different stakeholders and how best to communicate with them.

For example, according to a stakeholder’s position on the influence/interest grid you can take the following different strategies and actions:
• High influence, interested people: you should fully engage and make the greatest efforts to satisfy them.
• 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 concerns arise.
• Low influence, less interested people: monitor these people, but do not bore them with excessive communication.

You will need to anticipate stakeholders’ concerns and be well prepared to address these concerns before you approach the stakeholders. One issue stakeholders may bring up is cost, and other disease priorities (HIV, tuberculosis, diabetes, cardiovascular disease).

The following data can help you justify the cost and prioritization for tobacco dependence treatment.
• Brief and intensive tobacco use treatments have been shown to be not only clinically effective but also extremely cost-effective relative to other commonly used disease prevention interventions and medical treatments (Table 6).
• Treating tobacco dependence can prevent the development of a variety of costly chronic diseases, including heart disease, cancer and pulmonary disease. Treatment of tobacco dependence is an essential part of any disease prevention and management programme, which cannot be separated and can help reduce the disease burden.

Table 6. Numbers needed to treat (NNT) to achieve certain outcomes for various interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Outcome</th>
<th>NNT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statins</td>
<td>Prevent one death over five years</td>
<td>107</td>
</tr>
<tr>
<td>Antihypertensive therapy</td>
<td>Prevent one stroke, myocardial infarction, death over one year</td>
<td>700</td>
</tr>
<tr>
<td>Cervical cancer screening</td>
<td>Prevent one death over 10 years</td>
<td>1140</td>
</tr>
<tr>
<td>GP brief advice to stop smoking &lt; 5 minutes</td>
<td>Prevent one premature death</td>
<td>80</td>
</tr>
<tr>
<td>GP brief advice + pharmacological support</td>
<td>Prevent one premature death</td>
<td>38−56</td>
</tr>
<tr>
<td>GP brief advice + pharmacological support + behavioural support</td>
<td>Prevent one premature death</td>
<td>16−40</td>
</tr>
</tbody>
</table>
3. Identifying champions (15 minutes)

**Brainstorming**

- How can champions effect system changes?
- How do you identify champions?
- What are the qualities of a successful champion?

### 3.1 How can champions effect system changes?

Champions can contribute to the success of the planned system changes by:

- advocacy (take part in advocacy events, give presentations or talk informally to colleagues to encourage their participation);
- support (act like a leader, help remove roadblocks, ensure that resources are available);
- acting as resource persons (provide practical advice or conduct capacity development to facilitate the implementation of system changes).

### 3.2 Practise ways of identifying champions

- Identify champions through stakeholder analysis. Participants can easily see which stakeholders are likely to be advocates and supporters for your project after stakeholder analysis. Those high-influence, interested people will champion your project if opportunities arise.
- Send out a call for participation. Often champions will identify themselves by responding to your call for participation.
- Ask organizational or department managers to identify and nominate.

### 3.3 Qualities of a successful champion

Successful champions should be:

- well established in their work group, knowledgeable about the group’s activities, and respected by their colleagues;
- helpful and approachable to their colleagues;
- able to communicate effectively with peers, superiors and subordinates.

In fact, any of the stakeholders can also be champions for supporting the change. The WHO Health System Framework can be a useful tool to identify champions for you. Below are examples of potential champions for each of the building blocks:

- **Service delivery** – clinic staff, clinic managers, patients.
- **Health workforce** – clinic staff, educators, community health workers.
- **Information support** – information system and medical records managers.
- **Medical products and technologies** – pharmacy, pharmaceutical companies.
- **Financing** – business office, directors, policy-makers.
- **Leadership and governance** – policy-makers, government agencies.
4. Identifying supportive organizational policies and regulations (10 minutes)
Implementing and institutionalizing a system change for tobacco dependence treatment is dependent on supportive organizational policies and regulations (e.g. smoke-free policy in primary care facilities). If they do not exist, we should get policy-maker and stakeholder support to develop new policies/regulations. All stakeholders need buy in to accept new policies.

Practice
5. Practise using the WHO Health System Framework to identify, analyse and gain support from the stakeholders (30 minutes)
Work in small groups to:
− identify stakeholders who may influence changes in each of the WHO building blocks (each group works one block);
− map out the stakeholders on the influence/interest grid;
− select one key stakeholder and analyse this stakeholder’s perspective regarding incentives and challenges/barriers for supporting changes;
− write a message to gain the stakeholder’s support.

Please note your results in Worksheet 4.

6. Evaluation (25 minutes)
Each group presents its stakeholder message. Everyone helps critique and adds to the message.

Please note that this exercise is the beginning of developing a communication plan to engage with stakeholders, which typically includes the following components:
- an objective (why to communicate);
- a message to win support (what to communicate);
- a strategy (how to communicate);
- a start time (when to communicate);
- a spokesperson (who to communicate).

A good stakeholder communication plan is essential to the success of any new system change design and implementation. You may consider completing your communication plan using the template in Table 7.

Table 7. A template for the stakeholder communication plan

<table>
<thead>
<tr>
<th>Objective</th>
<th>Message to win support</th>
<th>Strategy</th>
<th>Start time</th>
<th>Spokesperson</th>
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<tbody>
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Worksheet 4.

<table>
<thead>
<tr>
<th>WHO building blocks</th>
<th>List the stakeholders</th>
<th>Key stakeholders</th>
<th>Incentives for participation</th>
<th>Barriers to participation</th>
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<tbody>
<tr>
<td>Service delivery</td>
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<td>Medical products and technologies</td>
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Module 5: Community participation

Objectives
Upon completion of this module participants will be able to:
− distinguish consumer from community;
− identify stakeholders, champions, and partners in the community;
− identify resources available in the community;
− identify opportunities to work with community partners.

Agenda
1. A consumer-community continuum (20 minutes).
2. The goals of community participation in promoting brief tobacco interventions (30 minutes).
3. Practise identifying, assessing and promoting community involvement (30 minutes).
4. Evaluation (30 minutes).

Preparation
1. A consumer-community continuum (20 minutes)

Community participation is a core principle underpinning the development of primary care. A successful primary care programme depends on community involvement. A community can play a variety of roles in providing or supporting services to treat tobacco dependence.

Work with the person sitting next to you to make a list of:
− consumers of your primary care organization;
− members of the community served by your organization.

Communities are not simply groupings of consumers. Community can be understood along a continuum, with consumers and community organizations at different ends.

Primary care organizations are required to be responsible to the whole community and not only to consumers. Consumers are part of the whole community and the priority of community involvement for promoting tobacco dependence treatment must be on the key community organizations that you have listed above, such as the thematic NGOs (e.g. cancer and heart associations) or government organizations.

Presentation
2. The goals of community participation in promoting brief tobacco interventions (30 minutes)
The goals of community participation in strengthening health systems to deliver brief tobacco interventions in primary care are to see:
− tobacco dependence treatment high on the agenda of the community;
− increasing demand from tobacco users through public education;
− utilization of community resources in supporting the delivery of brief tobacco interventions.
Brainstorming
As a service manager, how can you promote community involvement to meet these goals?

This has been partly discussed during Module 4. In summary, you will need to:
− identify, assess and promote active involvement of key community partners (leadership groups/organizations);
− identify and promote utilization of community resources.

2.1 Identifying community partners

Refer to Module 4.

2.2 Assessing the level of community involvement

The level of community involvement can be assessed along a continuum of decision making power (Table 8).

2.3 Promoting community involvement

Different levels of involvement are possible at any given time. We should always work towards attaining the highest level. The following possible behaviours can help you work towards attaining the highest level of involvement, where communities initiate and share all aspects of the decision-making process:
− information (keeping people informed);
− consultation (getting feedback, listening to ideas);
− decision-making (joint decision-making, acting together, forming a partnership to carry out plans);
− supporting independent community interests.

Table 8. Level of community involvement

<table>
<thead>
<tr>
<th>Quality</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manipulation</td>
<td>Communities are manipulated.</td>
</tr>
<tr>
<td></td>
<td>• Communities do understand the issues.</td>
</tr>
<tr>
<td></td>
<td>• Communities are not given feedback on action taken.</td>
</tr>
<tr>
<td></td>
<td>• Problem analysis is not shared with community members.</td>
</tr>
<tr>
<td>Decoration</td>
<td>Communities are used as needed.</td>
</tr>
<tr>
<td></td>
<td>• Communities are not involved with the root of the problem; participation is incidental.</td>
</tr>
<tr>
<td>Tokenism</td>
<td>Communities are used in a perfunctory or merely symbolic way to give the appearance of real participation.</td>
</tr>
<tr>
<td></td>
<td>• Communities appear to have been given a voice but, in reality, have little or no choice about the subject matter.</td>
</tr>
<tr>
<td></td>
<td>• Communities have little or no opportunity to formulate their own opinions.</td>
</tr>
</tbody>
</table>
Quality | Description
--- | ---
Communities are assigned but informed | • Communities are given complete, accurate information about their actions, and understand why their participation is needed.
• They know who made the decision concerning their involvement and why.
• They have a meaningful role to play in the development of a project.
• They volunteer for a project after having been given all the necessary information.
Communities are consulted and informed | • Projects are run and designed by external agencies, but communities understand the process and their opinions are treated seriously.
Communities participate in project implementation | • Decisions are initiated externally.
• Communities have a high degree of responsibility and are involved in the production and design aspects of projects.
• Communities contribute their opinions before projects are implemented.
Communities initiate and direct decisions | • External agencies do not interfere or direct community run projects.
Communities initiate, plan, direct and implement decisions | • The community develops decisions and projects.
• Actions are implemented by the community.

**Practice**

3. Practise identifying, assessing and promoting community involvement (30 minutes)

Work in small groups, as follows:
- Identify community leadership groups/organizations for achieving the above-mentioned three goals of community participation.
- Assess your current level of involvement with the identified community leadership groups/organizations.
- Map out the capacities/resources of the community leadership groups/organizations in achieving each of the three goals.
- Assess the community leadership groups/organizations’ attitudes towards collaboration and participation in tobacco dependence treatment programmes.
- Brainstorm ways of encouraging and soliciting community participation (financial support, donated labour, in-kind material support, monitoring, professional experience, other).

Please note your results in Worksheet 6.

4. Evaluation (30 minutes)

Each group shares its results by writing on the flipchart paper or whiteboard.

Everyone adds to the discussion and gives feedback on the results.

Please note that you have actually developed a community participation plan by completing Worksheet 6.
<table>
<thead>
<tr>
<th>Goal of community participation</th>
<th>List of leadership groups/organizations you need to engage with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tobacco dependence treatment high on the agenda of the community</td>
<td></td>
</tr>
<tr>
<td>Increasing demand from tobacco users</td>
<td></td>
</tr>
<tr>
<td>Current level of involvement</td>
<td></td>
</tr>
<tr>
<td>Utilization of community resources in supporting delivery of brief tobacco interventions</td>
<td></td>
</tr>
<tr>
<td>Capacities/resources</td>
<td></td>
</tr>
<tr>
<td>Attitudes towards collaboration and participation</td>
<td></td>
</tr>
<tr>
<td>Strategies to promote involvement</td>
<td></td>
</tr>
</tbody>
</table>
Module 6: Sustaining a system change: feedback, motivations and incentives

Objectives
Upon completion of this module participants will be able to:
- define workplace motivation and incentives;
- describe effective incentive systems;
- use the WHO Health System Framework to identify effective incentives for primary care providers to routinely deliver brief tobacco interventions;
- build an incentive plan for their primary care organization.

Agenda
1. Why motivation and incentives are important? [30 minutes].
2. Definition and components of workplace motivation [10 minutes].
3. Incentives and effective incentive systems [15 minutes].
4. Practise using the WHO Health System Framework to identify effective incentives [30 minutes].
5. Evaluation [25 minutes].

Preparation
1. Why motivation and incentives are important? [30 minutes]

Brainstorming
Why are incentives an important part of implementing a system change to promote brief tobacco interventions?

Primary care providers may have heavy workloads or conflicting priorities.

Group exercise
Work in small groups to generate a list of workplace incentives that you know are effective.

What was your experience of the exercise?
Presentation

2. Definition and components of workplace motivation (10 minutes)

In the workplace, motivation is a management skill to improve job performance and job satisfaction. Workplace motivation is defined as the tendency to initiate and sustain effort towards a goal, which is an internal state consisting of three components:
- perceived task importance;
- self-efficacy;
- expectancy of personal reward.

**Perceived task importance** refers to the value someone places on the work, or tasks that they are being asked to perform. If one believes that the value of one’s work is extremely high, one may endure hardships for low pay in order to achieve a goal.

**Self-efficacy** refers to the extent to which we believe we can be successful at our work. If we think we have no chance of success, we are unlikely to be highly motivated to initiate and sustain a particular task.

**Expectancy of personal reward** is our anticipation of what will happen to us if the work goal is reached. Will anyone notice? Will anyone care? Will we be rewarded? In all cases, work tasks involve some effort on the part of workers. Workers expect something in return. Motivation is likely to suffer when workers think that nobody will notice their hard efforts or when they see workers whose productivity is low receiving rewards equal to those who try harder. Enhanced motivation leads to improved performance, while increased job satisfaction leads to reduced turnover (greater retention).

3. Incentives and effective incentive systems (15 minutes)

3.1 Definition of incentives

Motivation is intrinsic, but you can influence motivation with extrinsic changes in the workplace. Of the available methods of improving motivation, providing incentives is the most reliable to improve workplace motivation.

Incentives are defined as the factors/conditions within health professionals’ environments that enable and encourage them to improve their performance and to stay in their job.

3.2 Effective incentive systems

There is evidence that using a range of incentives is important if workers’ motivation and behaviour are to be influenced. Therefore, it is better to implement an incentive system.

Incentive systems that are most likely to be effective and sustainable feature the following characteristics. They:
- embrace the principles of transparency, fairness and consistency;
- fit the purpose and are based on reaching a specific goal;
- include both financial and non-financial incentives;
- are sustainable and remain effective;
- are appropriate to the target population;
- involve input from all relevant stakeholders when designing the incentive system.
3.3 What works in developing countries?
There are low-cost methods of providing incentives, such as recognition systems, posting job performance and budget re-allocation. Below are three case studies in developing-country settings:

• In Haiti, a programme has provided rewards to organizations that meet or exceed health outcome targets. In many of the organizations, the rewards “trickled down” to individual workers in the form of bonuses or recognition.

• A survey of reward systems in developing countries suggests that they be group-based rather than targeted at individuals, and that recognition should emphasize positive effects on the community.

• In Kyrgyzstan, public posting of performance data paired with supervisory recognition improved provider performance in counselling on sexually transmitted infections.

3.4 Using the WHO Health System Framework to identity incentives
The WHO Health System Framework is a useful tool for you to identify incentives that relate to each of the six building blocks. By doing so, you can find ways to reward success considering each component of the system.

Practice
4. Practise using the WHO Health System Framework to identify effective incentives (30 minutes)
Work in small groups and brainstorm a list of incentives that relate to each of the six building blocks to motivate primary care providers to routinely deliver brief tobacco interventions.

Consider how can you leverage the perceived importance of the task, self-efficacy and expectancy?

Please note your ideas in Worksheet 7.

5. Evaluation (25 minutes)
Each group to share your effective incentives.

Everyone provides comments and suggestions to fine tune the incentive systems.
### Worksheet 7.

<table>
<thead>
<tr>
<th>WHO building blocks</th>
<th>Incentives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service delivery</td>
<td></td>
</tr>
<tr>
<td>Information support</td>
<td></td>
</tr>
<tr>
<td>Medical products and technology</td>
<td></td>
</tr>
<tr>
<td>Leadership and governance</td>
<td></td>
</tr>
<tr>
<td>Financing</td>
<td></td>
</tr>
<tr>
<td>Health workforce</td>
<td></td>
</tr>
</tbody>
</table>
Module 7: Your action plan to implement a system change

Objectives
Upon completion of this module participants will be able to:
- describe the importance of planning in initiating successful system changes;
- describe the steps of creating an action plan;
- develop an action plan and deliver a presentation that summarizes their action plan;
- present a synthesis of the knowledge and skills gained during training to demonstrate new insight about the process of strengthening health systems for delivery of brief tobacco interventions using the WHO building blocks.

Agenda
1. The importance of planning in initiating successful changes (20 minutes).
2. Definition and components of an action plan (15 minutes).
3. Five steps to creating an action plan (25 minutes).
4. Making an action plan for implementing system changes (60 minutes).
5. Presenting action plans (60 minutes).

Preparation:
1. The importance of planning in initiating successful changes (20 minutes)
Group exercise:
Work in small groups.

Your group will need to build the tallest tower in five minutes using five sheets of A4 paper and five centimetres of tape.

After the exercise, you will see that the group that has planned its structure is most likely to have the tallest tower made out of paper.

This module will give you opportunities to learn and practise how to make a solid action plan for implementing a system change to improve the delivery of brief tobacco interventions in your primary care system.

Presentation
2. Definition and components of an action plan (15 minutes)
Brainstorming
- What is an action plan?
- What does an action plan look like?
An action plan can be defined as:
- a planned series of actions, tasks or steps designed to achieve an objective or goal;
- a written document that individuals, groups, and organizations develop to guide their efforts in certain initiatives.

The key aspects of an action plan should include:
- a statement of the problem you want to resolve/what change do you want to bring about;
- objectives;
- planned activities/solutions for your problem;
- timelines;
- the expected resource needs.

3. Five steps to creating an action plan (25 minutes)
There are five steps to creating an action plan to change each of the six health system building blocks.
- Define the issue or problem to be addressed (you have already completed this step in Module 2).
- Identify opportunities and challenges to bring about the desired changes.
- Set objectives.
- Construct action steps (list of actions, timelines, responsible persons).
- Format your action plan.

3.1 Identify opportunities and challenges to bring about the desired changes
Once you have defined problems to be addressed through a plan of action, the next step is to evaluate the problem more objectively and thoroughly, noting especially opportunities and challenges for you to address to bring about desired changes.

The information on the opportunities and challenges can help you generate appropriate action steps later on.

3.2 Set objectives
Setting objectives is a key step for creating a successful action plan because:
- Objectives function as a kind of thesis statement for the action plan. They explain exactly what the intended tasks will be in order to address the selected problem/issue.
- In addition to giving a focus for creating an action plan, objectives show stakeholders the results we expect to achieve.

One way to write objectives that convert to successful action steps is to make objectives SMART. SMART stands for:
- Specific (What exactly are we going to do for whom?)
- Measurable (Is it quantifiable and can we measure it?)
- Attainable/achievable (Can we get it done within the proposed time frame with the resources and support we have available?)
- Relevant (Will this objective have an effect on the desired goal or strategy?)
- Time bound (When will this objective be accomplished?)
You can use the following template to write a SMART objective:

By_____/_____/_____. _________________________
[WHEN − Time bound] [WHO/WHAT − Specific]

from _________ to _____________________________________
[MEASURE (number, rate, percentage of change and baseline) − Measurable]

Here is an example: By 31/12/2010 (time bound), increase the number of training workshops given to primary care providers on the 5A’s brief tobacco intervention model (specific and relevant) from 2 to 10 (measurable and achievable).

Write a SMART objective:

---

3.3 Construct action steps

Developing the action steps is the most crucial part of the action plan. The action steps are a realistic list of solutions and activities that will address the problem or bring about the desired change. The action steps should contain at least five things:
- what;
- by whom;
- by when;
- the intended outcome of action;
- the expected resources needed.

Please use the following action step chart to develop your action steps:

<table>
<thead>
<tr>
<th>What</th>
<th>By whom</th>
<th>By when</th>
<th>Resources needed</th>
<th>Expected outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Meet with the director of a community agency</td>
<td>Primary care service manager</td>
<td>By the end of December 2010</td>
<td>A meeting room, background materials on tobacco use in the community</td>
<td>US$ 10</td>
</tr>
</tbody>
</table>

---
3.4 Format your action plan

Your action plan will need to be put into a formal document for you to distribute it. Here is the suggested action plan format:

- title;
- the issue or problem that needs to be addressed;
- challenges and opportunities in addressing the problem;
- objectives;
- action steps;
- monitoring and evaluation.

Practice

4. Making an action plan for implementing system changes (60 minutes)

Refer to Worksheet 2 and work in small groups to:

- select one needed change in any of the six building blocks that could improve the delivery of brief tobacco interventions;
- make an action plan for implementing the selected change;
- prepare an 8-10 minute presentation to present the action plan.

The group presentation should include:

- a description of the issue or problem that needs to be addressed in your primary care setting;
- challenges and opportunities in bringing about the desired change;
- your SMART objectives;
- a list of action steps;
- monitoring and evaluation;
- the stakeholders and/or champions for implementing the planned system change;
- how you will involve the community.

Evaluation

5. Presenting action plans (60 minutes)

Each group presents its action plan. Everyone listens and gives feedback and comments.

Please note that your action plan is pointless unless you make every effort to actually implement it. Therefore, your next steps are implementation and monitoring and evaluation.
REFERENCES AND RESOURCES


2. Curbing the epidemic: governments and the economics of tobacco control (Development in Practice Series).

   Department of Health and Human Services, 2008.

4. Stead LF, Bergson G, Lancaster T. Physician advice for smoking cessation. Cochrane Database of Systematic


8. Puska PMJ et al. The participation of health professionals in a smoking-cessation programme positively
   influences the smoking cessation advice given to patients. International Journal of Clinical Practice, 2005,
   59(4):447−452.

9. Omole OB, Ngobale KN, Ayo-Yusuf OA. Missed opportunities for tobacco use screening and brief cessation


    [DOI: 10.1002/14651858.CD000214.pub2].


17. Samb B et al. Prevention and management of chronic disease: a litmus test for health-systems strengthening

    Organization, 2004 (http://www.who.int/tobacco/communications/events/codeofpractice/en/, accessed 16
    November 2011).

19. Anderson P, Jané-Llopis E. How can we increase the involvement of primary health care in the treatment

20. Fiore, MC, Keller PA, Curry SJ. Health system changes to facilitate the delivery of tobacco dependence


    House of Commons papers 422−II 2007−08
    (http://www.parliament.the-stationery-office.co.uk/pa/cm200708/cmselect/cmhealth/422/422ii.pdf, accessed 3 January 2010).


APPENDIX: SAMPLE EVALUATION FORM

Please select the answer you most agree with.
Please also give your written feedback in the space provided.

1. Overall I found the training workshop useful for my work
   □ Strongly agree
   □ Agree
   □ Neither agree nor disagree
   □ Disagree
   □ Strongly disagree

2. Which part of the training workshop did you find the most useful?

3. Which part of the training workshop did you find the least useful?

4. The workshop facilitator had a good knowledge of the subject
   □ Strongly agree
   □ Agree
   □ Neither agree nor disagree
   □ Disagree
   □ Strongly disagree

5. The workshop facilitator’s skills in conveying the subject matter were good
   □ Strongly agree
   □ Agree
   □ Neither agree nor disagree
   □ Disagree
   □ Strongly disagree

6. As a result of my participation in the training workshop, I feel more confident to plan and implement system changes to support the delivery of brief tobacco interventions
   □ Strongly agree
   □ Agree
   □ Neither agree nor disagree
   □ Disagree
   □ Strongly disagree
7. How difficult did you find the training workshop?
- Too difficult
- Difficult
- Just right
- Easy
- Too easy

8. How could the workshop implementation be improved?

9. How could the training materials be improved?

10. Overall, how would you rate the workshop?
- Very good
- Good
- Average
- Poor
- Very poor

11. Any other comment, suggestion, criticism:

Thank you for your feedback!
For further information, kindly contact PND as follows:

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