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A. Main Section

Title

Capacity building of primary care physicians for treatment of tobacco dependence in Bangladesh

Overall Goal and Objectives

Goal

To develop effective tobacco cessation service by health care professionals to reduce the overall tobacco related disease burden in Bangladesh

Objectives

1. Formation of core group health professionals with expertise for treatment of tobacco dependence
2. To impart training on treatment of tobacco dependence to physicians of Bangladesh
3. To establish model tobacco cessation clinics in selected hospitals in divisional cities of Bangladesh

Technical Approach

Tobacco control is one of the main programs of National Heart Foundation of Bangladesh (NHFB) for prevention of cardiovascular diseases in Bangladesh. The foundation has formed a network "United Forum Against Tobacco (UFAT)" with other health professionals bodies such as Bangladesh Lung Foundation, Bangladesh Cancer Society, Associations of Physicians of Bangladesh and Bangladesh Society of Medicine with a view to engage physicians in tobacco control advocacy and for providing training for tobacco cessation. A grant from Bloomberg Foundation with the technical support from Campaign for Tobacco Free Kids (CTFK), USA has been secured by NHFB for involving physicians' for tobacco control advocacy since 2011. Cessation services have been initiated in the National Heart Foundation hospital and research institute for with technical assistance of World Health Organization, Country office For Bangladesh. However health care professional's knowledge on cessation is poor in this country. The Global Bridges and Pfizer grant for training health care professional for tobacco cessation will help NHFB to develop cessation service in Bangladesh by imparting evidence based knowledge and training. Although there were some sporadic efforts to start cessation services in Bangladesh, but they were not sustainable due to lack of resource as well as demand.

National Heart Foundation of Bangladesh has been working for engaging physicians in tobacco control advocacy with a grant from Bloomberg Philanthropy and campaign for Tobacco Free Kids (CTFK, USA) since 2011. This project will build upon the experience of that project and expand the activities into tobacco cessation.

Current Assessment of need in target area

Bangladesh is one of the high tobacco consumption countries of the world. Unlike many other countries, Bangladeshi population use both smoking tobacco mainly cigarette and *biri* and smokeless tobacco products such as *zarda, gul, sada pata*. Approximately 43% of all adults (age 15+) use some form of tobacco (male 58%; female 29%).¹ About 45% of males and 1.5% of females smoke, and 26% of males and 28% of females use smokeless tobacco. It is estimated that about 40.1 million adults use tobacco in some form or other in Bangladesh.¹ It is reported that 69.4% of the male and 20.8% of the female adult population are exposed to SHS in public places in Bangladesh.¹ This high rate of use of tobacco usage has large impact on health of the nation. About 16% of all deaths among people age 30 years and above are attributable to tobacco use and over 57,000 people die in Bangladesh each year from tobacco-related diseases. There are about 1.2 million cases of tobacco-attributable illness in Bangladesh each year.²

Bangladesh Government has already affirmed its commitment to curb use of tobacco in the country. In that spirit the Government signed and ratified FCTC. Strategic Plan of Action for Tobacco Control has been formulated and Tobacco Control Law has been passed in the parliament. Because of various steps taken by the Government and Non-government organizations, it is expected that fewer people will start use of tobacco in future. However it is equally important to offer help to those, who wishes to quit.

Primary care clinicians are in a strategic position to help their patients quit smoking.³ It is reported that about 70 percent of smokers see a physician each year⁴ and 70 percent also reported a desire to quit and make at least one serious attempt to do so.⁵ Smokers also cited that a physician's advice to quit as an important motivating factor for attempting to quit⁶, and brief advice from a physician leads to a spontaneous quit rate of 2 to 4 percent.³ Physicians can offer motivation and support to help patients modify their behaviors. However, pharmacologic

¹ Ministry of Health and Family Welfare, Government of Bangladesh. Global Adult Tobacco Survey - Bangladesh Report 2009. Dhaka, Bangladesh: World Health Organization, Country Office for Bangladesh. 2009

² Zaman MM, Nargis N, Perucic AM, Rahman K (Editors). Impact of Tobacco Related Illness in Bangladesh. SEARO, WHO, New Delhi, 2007.

³ Lancaster T and Stead L. Physician advice for smoking cessation. Cochrane Database Syst Rev 2004:CD000165.

⁴ Tomar SL, Husten CG, Manley MW. Do dentists and physicians advise tobacco users to quit? J Am Dent Assoc 1996; 127:259.

⁵ Centers for Disease Control and Prevention (CDC). Cigarette smoking among adults-United States, 1999. MMWR Morb Mortal Wkly Rep 2001; 50:869.

⁶ Ockene JK. Physician-delivered interventions for smoking cessation: strategies for increasing effectiveness. Prev Med 1987; 16:723.

treatment has a higher success rate than nonpharmacologic treatment⁷ and should be offered to patients unless a clinical contraindication exists⁸.

Unfortunately tobacco cessation service has not evolved in Bangladesh as expected. GATS Bangladesh has shown that about 47% of smokers made an attempt to quit in the last 12 months and 68% of the current smokers are thinking of quitting in 12 month time. However only 50% of the who have visited doctors in the last 30 days were advised to quit.¹ There is no effective cessation service available for patients attending different tiers of public hospitals or clinics of Bangladesh. National Heart Foundation Hospital & Research Institute (NHFH&RI) has been running a clinic based cessation service in Dhaka for patients admitted in the hospital with cardiac diseases. However, there are some limitations in running the clinic as there is a lack of trained personnel in tobacco cessation, lack of physicians' motivation for referring cases to clinic, and lack of sustained resources. Lack of adequate knowledge about nicotine replacement therapy (NRT) and other medications such as Bupropion and Varinicline, although available in the market, are also a barrier to deliver effective treatment of tobacco dependence as patients and smokers expects to have a prescription in addition to behavior counseling. One recent survey done in Bangladesh have shown that almost 91.9% physicians were never been trained in smoking cessation.⁹

Increasing physicians' competency in tobacco dependence has been recommended in the WHO MPOWER¹⁰ model and the Clinical Practice Guidelines.¹¹ There has been progress in tobacco dependence teaching in medical schools worldwide; however, there is a need to increase attention to tobacco dependence components in the curriculum of medical schools beyond the basic sciences. Increasing skills in behavioral interventions, knowledge of alternative tobacco use, and the knowledge associated with pharmacological aids will help meet the challenges associated with the impact of tobacco dependence in developing nations.¹² Therefore it is important to update the medical curriculum by incorporating appropriate modules for tobacco control.

Therefore a project for capacity building of primary care physicians will be an important step in establishing cessation services in Bangladesh thus will facilitate to implement the article 14 of FCTC and "Offer help to quit" strategy of MPOWER.

⁷ Benowitz NL. Drug therapy. Pharmacologic aspects of cigarette smoking and nicotine addiction. *N Engl J Med.* 1988;319:1318–30.

⁸ Fiore MC. Treating tobacco use and dependence. Rockville, Md.: U.S. Department of Health and Human Services, Public Health Service, 2000. Accessed May 12, 2014, at: <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.section.7741>.

⁹ Prevalence of smoking among the physicians of Bangladesh. OHDIR Foundation, Dhaka. Study report submitted to John Hopkins Bloomberg School of Public Health in 2013 (Manuscript under preparation).

¹⁰ World Health Organization. WHO Report on the Global Tobacco Epidemic. Geneva, Switzerland: World Health Organization, MPOWER package, 2008. http://whqlibdoc.who.int/publications/2008/9789241596282_eng.pdf

¹¹ M Nichter, for the Project Quit Tobacco International Group. *Tobacco Control* 2006;15 (Suppl 1):i12–i17. doi: 10.1136/tc.2005.014704

¹² Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence. Clinical Practice Guidelines. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008. <http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.chapter.28163>

Intervention Design and Methods:

To attain the objectives of the project following activities will be done, which are listed below according to the objectives of the project.

OBJECTIVE 1: Formation of core group health professionals with expertise for treatment of tobacco dependence

Activity # 1: Adaptation and development of a training manual on tobacco cessation for health professionals of Bangladesh

A training manual on the tobacco cessation will be developed and adapted taking account of the cultural and social context of Bangladesh. For this purpose published training manuals from World Health Organization and other resources available from Global Bridge website will be consulted. As this training manual will be utilized for training for physicians as well as other health care professionals, it will be drafted in Bengali. Cessation for both smoking and smokeless tobacco will be included. Counseling techniques, communication with subjects and use of medication will be addressed in the manual.

The coordinator of the project will form a three member local expert group for the development of the manual. Linkages will be established with relevant experts from Global Bridges for their guidance and input to the manual. Manual will be printed for dissemination in the training sessions.

Activity # 2: Organization of training session for core expert group

An expert group of physicians trained in treatment of tobacco dependence will be formed who will act as trainers to train the larger group of primary care physicians. Training sessions will be organized for the development of this expert group. Evidence based treatment protocol including counseling will be discussed with the core group comprising of 20 physicians during the 3-4 days of intensive training. Assistance from International experts on tobacco cessation from Global Bridges and World Health Organization will be sought for organization of training of the trainers in Dhaka. National Heart Foundation of Bangladesh will provide secretarial and administrative support for organization of training and will also keep linkage with the trained physicians or nurses for conduction of training for primary care physicians.

These core group members will organize trainings in the divisional cities for primary care physicians and other health care professionals. This core group will become members of Global Bridges and a network will be formed through the Website of Global Bridges for exchange of information.

Activity #3: Attendance of the WCTOH 2015 at Abu Dhabi for workshop

Project coordinator will attend the WCTOH 2015 to take part in the workshop of grantee to be organized by Global Bridges in May 2015 at Abu Dhabi.

OBJECTIVE 2: To impart training on treatment of tobacco dependence to physicians of Bangladesh

Activity # 1: Training of physicians on tobacco cessation at divisional cities

Training programs will be designed with the consultation of international and national experts for capacity building of primary care physicians. Subsequently, training sessions will be organized in the seven divisional cities of Bangladesh in batches. We intend to train 25 physicians from each of the divisional cities. Affiliated bodies of National Heart Foundation Bangladesh in divisional cities will organize the program. Previously trained core group member will train the primary care physicians. These will be one day program, as involving large group of physicians for longer days will be difficult. We expect to train 175 primary care physicians through this project.

This project will primarily target primary health care physicians for training. It is expected that with increasing awareness and control of tobacco, demand for tobacco cessation will increase and this project will help to initiate the momentum of cessation service in Bangladesh. National Heart Foundation conducts a certificate course for primary care physicians for management of cardiovascular diseases. A tobacco cessation training module will also be introduced into that course.

Activity #2: Consultative meetings with regulatory authorities for inclusion of tobacco dependence treatment in medical curriculum

There is a set process for curriculum updating for medical education. The Bangladesh Centre for Medical Education (CME) is responsible for undergraduate medical and dental curriculum development with the guidance of Medical Education & Health Manpower Development Directorate (DME) of office of the Director General of Health Services. The curriculum is approved by the Bangladesh Medical and Dental Council (BMDC). Therefore sensitization of the stakeholders is required to start the process of incorporation of tobacco control in the undergraduate medical curriculum.

At first advocacy with the stakeholders of the curriculum development and updating committee will be done. The main stakeholders are the Center for medical education, Director Medical Education at DGHS, BMDC and dean of the medical faculties of universities. After the sensitization meeting, an workshop will be done involving the faculties of medical colleges and a policy recommendation will be developed for submission to curriculum committee.

OBJECTIVE 3: To establish model tobacco cessation clinics in selected hospitals in divisional cities of Bangladesh

Activity # 1: Setting of tobacco cessation clinics at seven divisional cities

For making the treatment of tobacco dependence as one of main services of hospitals, several model cessation clinics will be established in hospitals of the affiliated bodies of National Heart Foundation of Bangladesh in divisional cities. After the training of expert core group, they will start providing service from the newly established clinics. Clinics will be equipped with facilities for data storage and follow-up of patients. Support staff will also be provided for maintenance of record and follow-up of the patients. All physicians will be instructed to refer the tobacco user to this clinic. Campaign will be done in the locality about this service.

Activity # 2: Cessation service from clinics

Cessation clinics will provide service to patients by counseling and if required will prescribe medication. A treatment protocol will be followed. Those who would need medications will be advised to procure it by themselves. Honorariums for the clinic physician and the administrative assistant will be provided from the grant during the project period. All patients' record will be documented and regular follow-up the patients will be done through telephone.

Monitoring of the clinic activity through regular report generation and visit will be done at central level from the secretariat of the project at National Heart Foundation of Bangladesh at Dhaka.

Evaluation Design:

Projects activities will be evaluated on the basis of agreed upon indicators for each of the objectives.

For objective 1: “Formation of core group health professionals with expertise for treatment of tobacco dependence” the indicators will be followings-

Process Indicators:

1. Number of training session organized
2. Printing of the training manual

Outcome indicators:

1. Number of core group members trained in treatment of tobacco dependence

For the objective 2:” To impart training on treatment of tobacco dependence to physicians of Bangladesh” the indicators will be followings-

Process Indicators:

1. Number of training sessions organized outside Dhaka city

Outcome indicators:

2. Number of primary care physicians trained on treatment of tobacco dependence

For objective 3: To establish model tobacco cessation clinics in selected hospitals in divisional cities of Bangladesh” the indicators will be followings-

Process Indicators:

1. Number of cessation clinics established

Outcome indicators:

1. Number of patients received advice from this clinics
2. Number of patients quitted and remained tobacco free after six and 12 months

