

**Strengthening healthcare capacity for FCTC Article 14 implementation in Mexico
by advocating for a more strategic approach to expanding
tobacco dependence treatment**

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Strengthening healthcare capacity for FCTC Article 14 implementation in Mexico by advocating for a more strategic approach to expanding tobacco dependence treatment

OVERALL GOAL. To support and collaborate with government officials in convening principal actors in Mexico to continue developing a national cessation strategy and consensus to improve FCTC Article 14 implementation, in order to expand the population impact of evidence-based tobacco dependence treatment in Mexico.

OBJECTIVE 1. To assist government officials at the National Office for Tobacco Control (NOTC), in assessing the current situation regarding tobacco dependence treatment and support development of an integrated policy in line with the FCTC Article 14 guidelines, working with the State Councils against Addictions and other key stakeholders.

Expected outcomes: A National Situation Analysis (NSA) document developed by key stakeholders in smoking cessation, including a consensus document with principal strategies to address identified needs.

OBJECTIVE 2. To support implementation of cessation support in Mexico in parallel to the strategic NSA work, working with key stakeholders to increase their awareness of the importance of tobacco dependence treatment and help them build their capacity for treatment, including through their support and advocacy of the strategic analysis process led by the government.

Expected outcomes: Increased awareness and support of key healthcare leaders and influential stakeholders for smoking cessation, an increase in the number of Mexican healthcare professionals participating in the Global Bridges network, commitment from key stakeholders and organizations to develop their cessation capacity, including through training, and support national efforts to broaden accessibility of treatment, including through promoting universal recording of tobacco use in notes, and brief advice.

Technical Approach:

Cessation support in Mexico is limited by a focus on specialized cessation clinics. This project will help mobilize healthcare leaders in Mexico towards a more integrated population base approach to help reach the 72% of smokers, of 17.3 million total population of smokers, that say they plan or want to quit. By working with government officials charged with tobacco control at the national level, it will be possible to develop a strategic approach to expand the number of healthcare professionals committed to treating tobacco dependence as well as setting up the systems that will make cessation support sustainable longer term.

Current Assessment of need in target area

There are an estimated 17.3 million smokers in Mexico, 12 million men and 5.2 million women. Of all smokers, more than half (58.4%) has tried to quit and about 80% are aware that there is treatment available, but only 2% has received formal treatment (either counselling and/or pharmacological treatment.) Of all smokers, a significant number (1.5 million) show nicotine addiction based on smoking within 30 minutes of waking up and would particularly benefit from specialized treatment (National Addictions Survey 2011.) Data from the Global Adult Tobacco Survey (GATS) 2008-2010 shows Mexico to be the country with the second largest percentage of adult smokers planning to quit or thinking about quitting smoking (72%). This same survey reports that while 24% of smokers visited a healthcare professional in the past 12 months, only 16% of these received brief advice to quit smoking.

MPOWER 3 (2011) shows Mexico to be advanced in offering cessation programs that include NRT and other cessation services with at least some of the costs covered. Mexico has many years of supporting tobacco dependence treatment. In 1999 there were 13 cessation clinics in the country. The Secretary of Health and the Social Security systems (IMSS and ISSSTE) at that time promoted a network that at its height had approximately 500 cessation clinics including specialized clinics, New Life Centers, and “Centros de Integración Juvenil.” By 2008 only 325 were registered. In 2014 the head of CONADIC (the national office against additions) declared that there were only 39 clinics actively offering cessation services. The trend has been downward and CONADIC is presently intent on reversing this trend. If we consider that one of the most important clinics, the one at the National Institute of Respiratory Diseases (INER), treats approximately 300 smokers per year, it is easy to see a major gap between need and treatment offerings.

A survey of smoking cessation services worldwide (Pine Abata et al, 2013) shows that Mexico does not have an adequate quitline dedicated to tobacco cessation, treatment is limited geographically, and there is no easily accessible treatment at the primary care level. Additionally the survey found that the Cessation Guidelines are out-of-date, have no dissemination strategy, and were not written for the entire healthcare system.

There is little information about healthcare professionals regarding their knowledge, attitudes or abilities about smoking cessation treatment. A recent analysis of the association between quitting intention and medical advice in Mexico shows that visiting a healthcare professional in the last 12 months and brief advice to quit smoking were strongly and independently related to greater intent to quit. The authors noted that brief advice and registering smoking status were necessary to encourage quit attempts. Also they recommended continued medical education in cessation and incentive plans for healthcare professionals (Nolasco-Alonso et al, 2013). Additionally, results of the Global Health Professional Student Survey for Mexico (2006) show high prevalence of smoking among both medical and dental 3rd year students (33.3% and 43.6% respectively). Encouragingly 7 to 8 of 10 students reported that healthcare professionals should have a role in counseling patients about smoking, but only 22% of medical and 12.6% of dental

students reported having had formal training in helping their patients quit tobacco (Reynales-Shigematsu et al, 2007).

There are many opportunities for a more strategic approach to cessation. Treatment is estimated to be heterogeneous, fragmented and of varied quality. There are 19,377 primary care units in the public health care systems (IMSS, ISSSTE and Secretary of Health) that do not provide treatment for tobacco dependence. There is limited capacity to support cessation in the healthcare community. Treatment is not easily available. In spite of some advances, there are many improvements necessary to align efforts with the FCTC Art 14 guidelines and provide cessation support to a wider range of tobacco users.

Overall population and sample population

The population of Mexico is more than 120 million with 17.3 million smokers. There are over 13,000 healthcare facilities that are part of the Ministry of Health and over 6,500 that are part of the Social Security system. Our sample population is drawn from the main healthcare systems that have the ability to influence most facilities in the country.

Primary target audience

The primary target audience for this project is healthcare leaders in government, healthcare systems, medical societies and private sector that can influence cessation support policies at a high level.

Who will benefit

Healthcare institutions and healthcare providers will be in a better position to offer treatment to smokers. But it is patients that will benefit the most from a systematic and strategic approach to making cessation available and affordable.

Intervention Design and Methods:

Below are the interventions that we planned for each of the two objectives.

OBJECTIVE 1. To assist government officials at the National Office for Tobacco Control (NOTC), in assessing the current situation regarding tobacco dependence treatment and support development of an integrated policy in line with the FCTC Article 14 guidelines, working with the State Councils against Addictions and other key stakeholders.

We will follow the methodology outlined in the “Tools to promote implementation of FCTC Article 14 on tobacco cessation” (Raw, 2013). In particular, we will implement the National Situation Analysis designed to help Mexico strategically analyze

1. The current state of tobacco control in the country
2. The current situation with regard to cessation support including available infrastructure and resources, and
3. Identify options for the next steps to develop or improve cessation support.

These tools follow the recommendations of Article 14 Guidelines and have been pilot tested in other countries with good results, e.g., Uruguay (A. Lorenzo, personal communication.)

As Mexico's National Tobacco Control Office has been recently re-configured and a new Director hired about one year ago, a needs assessment process is already underway and this project will contribute to systematize it, obtain the aid of international experts, and support development of a consensus among the many actors in this arena. The National Tobacco Control Office will take the lead in implementing Objective 1.

The proposed national situation analysis (NSA) is based on the FCTC Article 14 guidelines recommendation that countries should analyse, where appropriate:

1. the status of all tobacco control policies in the country and their impact, especially in motivating tobacco users to quit and creating demand for treatment support;
2. policies to promote tobacco cessation and provide tobacco dependence treatment;
3. existing tobacco dependence treatment services and their impact;
4. the resources available to strengthen the promotion of tobacco cessation and tobacco dependence treatment services (or to create such services where they do not yet exist), including training capacity, health-care infrastructure, and any other infrastructure that may be helpful;
5. any monitoring data available. (Raw, 2013)

This situation analysis is used to inform the development of a strategy by the responsible governmental authority.

To ensure broad ownership of the national situation appraisal and strategy, we will work with the National Tobacco Control Office to facilitate convening principal stakeholders. The following should be considered to participate as they have significant healthcare systems, large captive populations and/or specialized knowledge and constituencies:

- Addictions Institute of Mexico City (IAPA)
- State Councils against addictions
- Both Social Security systems: IMSS and ISSSTE
- Secretary of National Defence (SEDENA)
- Secretary of the Navy (SEMAR)
- Mexican Petroleum (PEMEX)
- National Institute of Public Health (INSP)
- Principal Health Institutes (Respiratory Diseases, Cardiology, Cancer)
- Principal professional societies (heart, lung, cancer, nurses, physicians associations)
- Academic representation (UNAM, Instituto Politécnico Nacional)
- Civil society representation (Consejo Mexicano contra el tabaco, FIC México)

The National Situational Analysis questionnaire will be adapted to Mexico and distributed to key stakeholders prior to their face-to-face meeting. Dr. Martin Raw will conduct the survey analysis and prepare a report to be presented by the National Office of Tobacco Control and discussed at the face-to-face meeting. Dr Raw's time will be at no cost to this project as he has funding from his tool developing project to cover his consultation.

A stakeholders meeting will follow the assessment. The meeting will provide an opportunity to review the smoking cessation situation in the country and discuss and deepen understanding of Mexico's issues regarding smoking cessation. After the meeting Dr. Raw will update the Analysis with information from the face-to-face meeting. It may be necessary to hold 2-3 meetings with key stakeholders in order to reach a level of consensus about strategies to improve availability and affordability of cessation services.

The information from the National Situation Analysis will inform recommendations and strategies for improving cessation support in Mexico. A report will be written to summarize next steps and, with approval from the National Office for Tobacco Control, further efforts will be directed towards facilitating the work of stakeholders to implement the identified strategies. We expect these to include expansion of smoking cessation brief advice in primary care, 100% registration of smoking status in medical histories, outreach to smokers to promote their seeking treatment.

OBJECTIVE 2. To support implementation of cessation support in Mexico in parallel to the strategic NSA work, working with key stakeholders to increase their awareness of the importance of tobacco dependence treatment and help them build their capacity for treatment, including through their support and advocacy of the strategic analysis process led by the government.

Concurrently with Objective 1 activities, FIC Mexico will work to increase awareness of smoking cessation treatment issues in Mexico and organize cessation leaders and stakeholders into a functioning coalition to advocate for improved and widespread cessation support for those who smoke.

The Project Coordinator will support the expansion of the Global Bridges network of healthcare professionals and organizations specific to tobacco dependence treatment based on the ALIENTO coalition, connecting organizations and individuals with the Global Bridges network. This effort will provide a mechanism for exchange of information to increase awareness regarding the Article 14 Guidelines, and promote members to build institutional capacity by participating in training opportunities. In particular, the network will be a mechanism for advancing strategies identified in Objective 1, including promoting universal registration of smoking status in medical histories and brief advice for all patients that smoke, regardless of the issue that brings them to a clinical consultation.

The effort will focus particularly on influential organizations such as: Secretary of Health (SSA), the 32 State Secretaries of Health (SESA), the Mexican Social Security Institute (IMSS), the

Institute of Security and Social Services for Government Workers (ISSSTE), Petróleos Mexicanos (PEMEX), as well as the National Dept of Defense (SEDENA) and Navy (SEMAR). These institutions and the private healthcare sector constitute the National Health System whose leaders we want to influence.

Evaluation Design:

The project manager will gather the appropriate information to ensure evaluation of interventions as noted in the Table below. This project’s evaluation does not require a control group as it is intended to influence actions by major healthcare institutions that have facilities in the entire country of Mexico. The evaluation will focus on document review, qualitative information such as might be gathered from interviews, and, where possible, we will conduct before and after surveys.

Table: Objectives, Gaps, Interventions, Expected Results and Evaluation

Objectives	Gaps	Interventions	Expected Results	Evaluation
OBJECTIVE 1. To assist government officials at the National Office for Tobacco Control (NOTC), in assessing the current situation regarding tobacco dependence treatment and support development of an integrated policy in line with the FCTC Article 14 guidelines, working with the State Councils against Addictions	No current Needs Assessment agreed to by main actors	Application of the National Situation Analysis (NSA) questionnaire. With expert review/facilitation	A report summarizing the National Situation Analysis agreed with key actors.	Document review
	Lack of broad consensus among key actors in cessation	Convening the leaders of main healthcare institutions, academia, professional societies and civil society. N= 15-20	Consensus regarding key strategic lines to pursue	Documentation of meeting, invitations, agendas
	No Consensus on Cessation support strategies for Mexico	Consensus meeting to understand situation and identify strategies	A strategic plan for addressing the finding of the needs assessment.	Document review

and other key stakeholders.				
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Objectives	Gaps	Interventions	Expected Results	Evaluation
OBJECTIVE 2. To support implementation of cessation support in Mexico in parallel to the strategic NSA work, working with key stakeholders to increase their awareness of the importance of tobacco dependence treatment and help them build their capacity for treatment, including through their support and advocacy of the strategic analysis process led by the government.	Only about 50 individuals from Mexico are presently part of the Global Bridges network.	Invite key stakeholders to join Global Bridges and support professionals in home institutions to also join.	Increased in Global Bridges participation from Mexico.	Numbers of Global Bridges network members for Mexico increase to 200 as informed by GB website staff
	Lack of cessation services in primary healthcare, limited registration of smoking status, limited brief advice, limited training of healthcare professionals	Invite at least 10 organizations to make commitment to changes to promote cessation support.	Organizations agree to become part of the Global Bridges Mexico network and commit to improving cessation support	Commitment letters
	Lack of awareness and support of key healthcare leaders and influential stakeholders for smoking cessation	Provide 1-2 monthly communications to key leaders We are exploring a forum to promote improvements in cessation support. “Encuentro Nacional sobre Tratamiento,	Information dissemination to policy makers and key stakeholders to encourage support for strategy implementation. Increased	Web-based awareness survey

		Cesación del Tabaquismo (ENTRA).”	awareness and support of stakeholders	
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Information about this project will be disseminated via various regional and international networks such as Global Bridges (cessation), CLACCTA (advocates, researchers and practitioners), SRNT (researchers), among others. We will also look for regional or national conferences that might allow for opportunities for disseminating results. In Mexico, we anticipate that World No Tobacco day May 31 2015 and 2016 will provide opportunities for encouraging healthcare professionals and the public to better understand issues of cessation and treatment. FIC Mexico has strong connections to the media and will look for earned media opportunities to disseminate results of this project.

Detailed Workplan and Deliverables Schedule:

As project manager, Juan Nuñez Guadarrama will organize the team to implement this project. The team will consist of National Tobacco Control Office director Marlene Espinosa and designees as well as 3-4 representatives of key actors. Director Espinosa will be the lead for Objective 1 and Project Manager Nuñez will be the lead for Objective 2. Additionally, international experts Drs. Martin Raw and Beatriz Champagne will provide guidance and facilitation to conduct the National Situation Analysis and strategy sessions, which are the main actions as part of Objective 1.

The project will begin on October 1st 2014 and end March 31 2016, 18 months or 6 quarters. We anticipate that the first quarter will be dedicated to organizing the team, designating team members, orienting team members to the project, detailing action plan and deliverables, preparing evaluation instruments (interview schedules, for example). During this time we also plan to begin informing stakeholders of our plans.

In the 2nd Quarter, beginning of 2015, we will identify key stakeholders and identify key staff in their institutions (based on initial list as described above) with whom to work out the more operational matters. Key stakeholders will be formally invited to participate in this effort. Should we identify more stakeholders than can be accommodated in a face-to-face meeting, some of them would be invited to provide information and comments but not attend the meeting. Stakeholders will be invited to complete the National Situation Analysis Survey. The first meeting of stakeholder will take place about April 2015.

In the 3rd and 4th Quarters we will conduct follow-up sessions as necessary to be able to achieve a level of consensus regarding strategy. Dissemination of results of the National Situation Analysis and identified strategies will be at the discretion of the National Tobacco Control

Office. As we want to keep the process open and true to reality, it is important to understand the sensitivities of all involved and ensure that government authorities are properly informed and communication protocols are followed prior to the release of information.

Concurrently we will begin the organization of a network or coalition to support strengthening cessation services in Mexico. This will include inviting leaders and their institutions to join the Global Bridges network to increase awareness about cessation issues, increase exchange of information, recognize achievements, and support systemic changes.

In Sept 2015, we plan an event to continue to raise awareness about Article 14 Guidelines and Mexico's answer to their implementation. At this event we hope to recognize personal or institutional achievements in support of cessation services and treatment. See Detailed Workplan below for additional detail.

TABLE. Detailed Workplan. Period of Performance: October 1 2014 to March 31 2016 (18 mo.)

Activity	Q1	Q2	Q3	Q4	Q5	Q6
OBJECTIVE 1						
Meeting with National Tobacco Control Office to finalize plans, materials and procedures. Adapt National Situation Analysis questionnaire, if necessary	X					
Recruit key stakeholders to participate in project		X				
Conduct survey of key stakeholders		X				
Hold Stakeholders meeting to review survey results and address findings		X				
Draft report of National Situation Analysis			X			
1-2 Follow-up meetings as necessary to finalize Analysis and reach consensus on advancing treatment of nicotine/tobacco dependency in Mexico			X			
Complete Consensus statement on Cessation Support strategies			X			
Dissemination of results as determined by the National Tobacco Control Office				X	X	
OBJECTIVE 2						
Recruitment of cessation advocates and practitioner to join Global Bridges Network	X	X	X	X	X	X
Use World No Tobacco Day May 31 2015 to increase awareness re cessation with the public						
Invitations to Tobacco Dependence Treatment			X			

Forum						
Identify accomplishments to be recognized during Sept 2015 event.			X			
Hold event about Sept 2015: First National Forum for Addressing Smoking Cessation Issues in Mexico, to increase awareness of issues surrounding treatment. Media engagement.				X		
Prepare event report					X	
Follow up with institutions regarding changing in support of cessation services (brief advice, smoking status in medical history, etc)				X	X	X
ONGOING ACTIVITIES						
Telephone meetings with implementation staff and consultants	X	X	X	X	X	X
Reports to funding institution as required						X
Cultivation of stakeholders, technical support to encourage follow-up action		X	X	X	X	X
Attendance at WCTOH conference as needed		X				

TABLE 3: Deliverables and Schedule based on Project Objectives.

Objective	Deliverables	Schedule
1. OBJECTIVE 1 To assist government officials at the National Office for Tobacco Control (NOTC), in assessing the current situation regarding tobacco dependence treatment and support development of an integrated policy in line with the FCTC Article 14 guidelines, working with the State Councils against Addictions and other key stakeholders.	Stakeholder meeting to address National Situation Analysis and develop a national cessation strategy	Feb 2015
	Summary report of National Situation Analysis	April 2015
	Consensus for advancing the treatment of tobacco/nicotine addiction in Mexico, including a draft national cessation strategy	June-July 2015
	Final report	March 2016

<p>2. OBJECTIVE 2. To support implementation of cessation support in Mexico in parallel to the strategic NSA work, working with key stakeholders to increase their awareness of the importance of tobacco dependence treatment and help them build their their capacity for treatment, including through their support and advocacy of the strategic analysis process led by the government.</p>	Coalition of Cessation advocates and practitioners, invited to join Global Bridges network and website	March 2015
	Regular monthly communications	Monthly
	2015 Forum to increase awareness of issues related to smoking cessation in Mexico Awards recognizing institutional and/or individual accomplishments	Sept 2015
	Support commitments from at least 10 Institutions to provide brief advice and record smoking status in medical history	Feb 2016