

# Capacity building for smoking cessation training in Latin America: expanding the work of Global Bridges 2011-2013

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## **Capacity building for smoking cessation training in Latin America: expanding the 2011–2013 work of Global Bridges** (a category 1 proposal)

Global Bridges in Latin America (GBLA) has reached more than 2,000 healthcare professionals and 70 healthcare organizations and trained over 1,200 healthcare workers (HCW) from 2011 to 2013 in Latin America and the Caribbean. The training programs were reviewed and evaluated in terms of continuing medical education (CME) outcomes described by Moore et al. The program showed effectiveness for declarative knowledge at Level 3A, HCW confidence in applying skills at Level 4, and we are currently exploring effectiveness of delivery of brief advice at Level 5, in a randomized controlled trial in the Entre Rios province in Argentina. Although the initial Global Bridges objectives were met and surpassed in Latin America, we feel the impact among healthcare providers and the population could be improved in terms of public health outcomes.

Thus we propose in this project to build training capacity in Latin American healthcare organizations and to promote smoking cessation training in their affiliates by focusing more on a Train-the-Trainers approach, the principal objective being to strengthen health systems for treating tobacco dependence through improving HCW knowledge, skills and confidence to routinely identify tobacco use and provide brief advice to assist cessation.

Healthcare organizations will be selected by their background in tobacco control and commitment to expanded cessation training among their members and partners. The project will be developed with the resources of GBLA's cessation training program and using WHO's training package: *Strengthening Health Systems for Treating Tobacco Dependence in Primary Care* (WHO 2013).

The **overall goal** of the project is to develop the GBLA program in line with Global Bridges' mission but expand its impact throughout Latin America by providing face-to-face cessation training for HCWs, growing the network of **trained** HCWs, cultivating a competent team of trainers, and recruiting partner organizations to commit to treatment.

### **Objectives**

1. Develop a smoking cessation Train-the-Trainers curriculum adapted to our region and consistent with WHO's *Building Capacity for Tobacco Control Part IV*.  
**Expected outcome:** A curriculum with objectives, key points, audiovisual materials and other resources needed to implement a Training-the-Trainers program in Latin America, translated to Spanish and Portuguese.
2. Provide 8 face-to-face Train-the-Trainers courses per year and develop a GBLA cessation Train-the-Trainers team. Trainees will be Latin American HCWs (physicians and allied professionals) chosen by partner healthcare institutions.  
**Expected outcomes:** At least 10 HCWs trained in each course for a total of 160 trainers (8 courses x 2 years x 10 participants each).
3. Provide 8 face-to-face GBLA cessation training courses per year in partnership with healthcare organizations that declare commitment to conduct at least two additional training programs in the following 12 months.

**Expected outcome:** At least 400 HCWs trained by GBLA per year (8 courses x 2 years x 25 participants each), 10 HCWs trained as trainers in each session per year and, at least 2000 HCWs trained by partners the following year (8 courses per year after Train-the Trainers x 25 participants each).

## **Technical Approach**

This project follows the FCTC Article 14 Guidelines recommendation to develop an infrastructure to support tobacco cessation. GBLA will partner with countries, healthcare systems and NGOs in order to strengthen or create the infrastructure needed to promote cessation of tobacco use effectively by:

- Developing training capacity
- Encouraging working collaboratively
- Disseminating national cessation strategies and national tobacco dependence treatment guidelines
- Building institutional cultures supportive of treating tobacco dependency

## **Current assessment of need in target area**

### **Baseline data summary**

It has been estimated that at least 50% of HCWs in low and middle income countries (LMICs) do not routinely deliver cessation brief advice (World Health Organization, 2013), that most smokers in LMICs have severely limited access to cessation support, and the lack of cessation training among HCWs is an important factor (Piné-Abata, McNeill, Murray, et al., 2013; Piné-Abata, McNeill, Raw, et al., 2013). The Global Health Professions Student Survey (GHPSS) data showed that, while 90% of health professional students would like training in cessation counselling, less than 33% of them have received it. Similar figures had been described for physicians in Latin-America (Minervini et al., 2006; Ponciano-Rodríguez, 2010; Reynales-Shigematsu, Vázquez-Grameix, & Lazcano-Ponce, 2007).

A recent meta-analysis reported that training health professionals to provide smoking cessation interventions had a measurable effect on the point prevalence of smoking, continuous abstinence and professional performance (Carson et al., 2012). The FCTC Article 14 Guidelines highlight the central role of healthcare systems and urge Parties to share experiences and collaborate in order to strengthen tobacco cessation.

The ultimate objective of medical education is to help physicians to perform effectively as caregivers but many barriers are described to achieve clinical outcomes (Bordage, Carlin, & Mazmanian, 2009; Davis & Galbraith, 2009), therefore other intermediate educational outcomes, e.g., to acquire and to apply scientific knowledge, to prove skill, rate of adherence to guidelines or healthcare performance, have been described (Miller, 1990; Moore et al., 2009).

A key point is the lack of relationship between medical education and clinical outcome. A recent review recognized that there is no single standardized model for evaluating the effects of individual CME (Continuing Medical Education) activities and clinical outcomes in health care and that to date the evidence for the quantity, quality, and consistency of CME

on clinical outcome is low (Bordage et al., 2009; Mazmanian, Davis, & Galbraith, 2009). Another barrier that must be addressed in postgraduate medical education is that occasionally those who teach or lead CME initiatives are experts in the subject but may lack the knowledge and skills required for education.

However single medium interventions, single exposure and low frequency of exposure, and single instructional technique can be effective in changing physician performance (Bordage et al., 2009; Davis & Galbraith, 2009), and other factors, like audience characteristics (internal factors) and regulatory and licensing bodies (external factors) can influence the way providers develop CME activities and outcomes (Lowe, Bennett, & Aparicio, 2009).

GBLA contacted more than 2000 HCWs and 70 organizations between 2011 and 2013. Training strategies and outcomes were monitored, revised and evaluated in terms of CME outcomes. GBLA has trained more than 1200 HCWs in cessation since 2011 with significant improvements of declarative knowledge and confidence in applying skills (Moore, Green, & Harris, 2009). The results were recently presented in the 4th Latin American Conference of Tobacco or Health held in San Jose de Costa Rica in 26–28 March 2014.

Participation was assessed by registration and by returning posttest evaluation from more than 60% of registered attendees who completed the training. Declarative knowledge data showed that among 1210 trained HCW the correct answers varied in pretest evaluation from 54,1% (CI 26%-88%) to 75,4% (CI 45%-94%) in the post test evaluation with a mean increase of 50,3% (22%-88%) with statistical significance ( $p>0,05$ ) for all but one of the explored dimension. Declarative knowledge was assessed by a 20 question questionnaire. Each question was obtained and selected from evaluation forms of previous training programs, culturally and technical adapted (Kehoe 2009) and validated after the first smoking cessation training. Data were obtained from pretest and posttest evaluation during every face to face GBLA training session and the approval of the posttest was a requirement for training accreditation and receive certification.

Of 188 HCWs that answered the posttest, HCW confidence in applying skills (Variation of Confidence Scale from 1 low to 5 high) increased from 3,72 (2,88-4,00) to 4.32 (3,88-4.52) with a mean increase of 16,7 % (CI 4-30%) ( $p>0,05$ ) for all but one dimension. HCW confidence questionnaire, incorporated in September 2012 translated to Spanish and Portuguese, was obtained from the National Centre for Smoking Cessation Smoking and Training in England.

The Entre Ríos Project is a randomized control trial that explores the impact of training on healthcare providers giving brief advice for cessation, in the primary care setting of the public health sector, for CME level 5. So far, more than 1,000 outpatients have been recruited. Only 40% had received smoking cessation advice from a primary care physician, and less than 17% were guided to behavioral strategies or effective smoking cessation medications. The final results are not available yet because recruitment is ongoing.

As mention before even though the initial Global Bridges objectives were accomplished and exceeded in Latin America, the impact is estimated to be limited in terms of public health.

There are estimated to be 440,000 physicians and allied health professionals in Latin America, so the reach of the GBLA 2011-2013 initiative was 2.7% of the HCW population.

We explored the impact on the smoker population answering to two questions, with conservative estimates for each scenario.

1. What would be the impact if every HCW trained provided brief advice to one smoker every day in the year after training?

	HCWs trained	Working days	Number of smokers given brief advice	Abstinence rate for brief advice	Quitters
Scenario 1	1,200	240	288,000	2.5%	7,200

2. What would be the impact if 20% of these smokers receive intensive intervention (IT) and Nicotine Replacement Therapy (NRT) in the year after training?

	Smokers	% of smokers with IT+NRT	# of smokers with IT+NRT	IT+NRT abstinence rate	Quitters
Scenario 2	288,000	20%	57,600	12%	6,912

These (conservative) estimates suggest that we could see at least 14,112 new quitters per year after training. But even if we used more optimistic estimates or higher effectiveness, the public health impact would still be limited.

The primary target audience for this (2014-2016) project will be health professional trainers (physicians and allied health professionals) and their healthcare institutions, then HCWs affiliated to healthcare institutions (scientific societies, government offices, including public and private healthcare centers and systems) who commit to partnership.

### Who the project will benefit

- Trained trainers and HCWs who will improve their skills and capacity to treat tobacco dependence, and some their training skills.
- Healthcare organizations and countries; developing capabilities to train their members with a standardized and validated training program, with teachers trained in adult education. Healthcare organizations, public and private healthcare centers, and systems leaders will be in a better position to offer treatment services to their patients. Medical societies/NGOs will be in a position to improve standards of care within their spheres of influence.
- Finally smokers who will be assisted by our trained HCWs; they will receive a state of the art evidence-based and cost-effective cessation support.

Two central aspects of this initiative are (1) to develop a strategic alliance with healthcare organizations seeking support from GBLA to develop a cessation training program and (2)

the project will harmonize our GBLA cessation training with the WHO program *Strengthening Health Systems For Treating Tobacco Dependence in Primary Care* (WHO 2013) translated to Spanish and Portuguese, culturally attuned and adapted to country's resources and needs.

## **Intervention design and methods**

### Intervention

We will do two training sessions in each healthcare organization event: a Train-the-Trainers session and a GBLA regular session. They will be held on two consecutive days so that on the first day the Train-the-Trainers session will take place for HCWs previously trained by GBLA and/or with already a substantial smoking cessation background. To ensure organizational commitment to cessation, would-be trainers are selected by their institution's leaders to take on the role of trainer. On the second day, the newly minted trainers participate in training a new group of HCWs being trained in cessation for the first time.

The 16 training events in 2014 already include two-days of activities designed as described above. The model is as follows

Day 1: Train-the-Trainers program:

- 1) Audience: Health Care Providers with expertise in smoking cessation. The minimum requirement is to have completed the GBLA smoking cessation program and been selected by a partner organization for this role. Although it would be desirable that attendees have previous teaching experience most of them may not have such experience or skills in advance.
- 2) Those completing the Train the Trainer session on Day 1 participate and practice teach/tutor or lecturer on Day 2 GBLA training session.

Day 2: GBLA smoking cessation training program for health care providers:

- 1) For HCWs with no expertise in cessation
- 2) GBLA attendees may be eligible for future Train-the-Trainers programs.

### Strategy

The strategy is to approach countries/healthcare institutions/NGOs in Latin America to partner with the GBLA initiative and to build capacity to give sustainability to smoking cessation training within their organizations.

Below are detailed descriptions of the two types of courses we will offer: Train the Trainer and GBLA smoking cessation program.

#### **Train the Trainers Program**

Our Train-the-Trainers program is based on "Building Capacity for Tobacco control Part IV: Training for future trainers: applying adult education skills to training" (WHO).

The purpose of a Train-the-Trainers programs is to equip future trainers with basic knowledge, skills and tools and to build their confidence so they can train others with the

Global Bridges cessation program. It is desirable that Train-the-Trainers program participants have previously attended the GBLA cessation training for HCWs.

**Learning objectives.** Upon completion of this training course participants will be able to:

- describe and apply principles of adult education;
- describe and apply common adult teaching methods;
- list the roles, characteristics and skills required to become an effective trainer;
- develop and present a four-step lesson plan on a specific topic of strengthening health systems for treating tobacco dependence.

**Skills developed:**

1. Ability to apply principles of adult education in training.
2. Ability to apply common adult teaching methods in training.
3. Ability to develop four-step lesson plans to organize training activities.

**Outcomes**

A group of competent trainers available to provide training on strengthening health systems for treating tobacco dependence in primary care.

**Structure and content of Train–the-Trainers program**

It is designed as one face to face module and consists of five topics: principles of adult education; learning style and adult teaching methods; skills and characteristics of effective trainers; preparation for training delivery; effectively delivering training to adults. This training module is presented in a four-step format: preparation, presentation, practice and evaluation.

The training workshop duration is around four hours and includes hands-on practice the following day.

This is a sample agenda for the half-day Train-the-Trainers training workshop:

- 8:00 – 8:30 Welcome and Workshop Overview. Participant introductions
- 8:30 – 9:00 Principles of adult education
- 9:00 – 9:30 Learning style and adult teaching methods
- 9:30 – 9:45 Characteristics and skills of effective trainers
- 9:45 – 10:00 Coffee break
- 10:00 – 10:30 Preparation for training delivery: the four-step lesson plan
- 10:30 – 10:45 How to effectively deliver training to adults
- 10:45 – 11:30 Develop a four-step lesson plan on one selected topic in small groups
- 11:30 – 12:30 Small group presentations
- 12:30 – 13:00 Closing session and Workshop evaluation

**GBLA smoking cessation program**

There are many different smoking cessation training programs available in Latin America but GBLA has built a course that is uniform and standardized to ensure quality, while allowing for customization to specific audiences and environments. Additionally, the curriculum follows Association for the Treatment of Tobacco Use and Dependence (ATTUD) standards as well as being consistent with “Building Capacity for Tobacco control Part III: Training for primary care providers” recently launched by WHO.

The purpose of GBLA cessation training is to improve primary care providers’ knowledge, skills and confidence to:

- routinely identify tobacco users and offer a brief interventions to help them stop;

- educate every non-tobacco user seen in a primary care setting about the dangers of second-hand smoke and help them avoid exposure to second-hand smoke.
- Intermediate level of mastery of the competency for tobacco counseling in line with ATTUD standards.

### **Learning objectives**

Upon completion of this training participants will be able to:

- explain the role of primary care providers in tobacco control and tobacco dependence treatment;
- describe prevalence and patterns of tobacco use in their country;
- explain the health, social and economic consequence of tobacco use and benefits of quitting;
- explain the biological, psycho-behavioral and social causes of tobacco dependence;
- list existing effective tobacco dependence treatment methods;
- describe and deliver brief interventions routinely to help tobacco users quit using the 5As approach for smoking cessation (Ask, Advise, Assess, Assist, and Arrange), and the 5Rs motivational intervention for behavioral change model or corresponding models (Relevance, Risks, Rewards, Roadblocks and Repetition);
- describe and deliver a brief intervention to help non-tobacco users avoid exposure to second-hand smoke using the 5As approach;
- apply tools to assess tobacco users’ levels of nicotine dependence;
- list effective tobacco cessation medications and appropriately prescribe first line medications supported by evidence based effectiveness and national guidelines.

### **Skills developed**

1. Ability to apply knowledge of tobacco use and its harmful effects.
2. Ability to use the 5As (or similar) model to help tobacco users who are willing to quit, to make a quit attempt.
3. Ability to use the 5Rs brief intervention model to motivate tobacco users who are unwilling to quit making a quit attempt.
4. Ability to use the 5As model to help non-tobacco users avoid exposure to secondhand smoke.
5. Ability to advise on effective tobacco cessation medications and to appropriately prescribe first line medications supported by evidence based effectiveness and national guidelines.

### **Outcomes**

1. Health care providers become competent in routinely delivering brief interventions to help tobacco users quit.
2. Health care providers become competent in routinely delivering brief interventions to protect non-tobacco users from tobacco smoke.

### **Structure and content**

The training for health care providers consists of one face-to- face session organized in nine modules and two interactive workshops. These nine modules are designed to train primary care providers with knowledge, skills and effective intervention models for delivering brief interventions to help both tobacco users and non-tobacco users.

An introductory web based smoking cessation training module developed by Global Bridges/CAMH will be offered and recommended at registration. The module applies several teaching approaches (slides, animations, test questions, etc.) in a friendly scenario to

present information and to foster professional skills so is perceived as complementary and preparatory to face-to-face training. The goal of offering the online module before attending face-to-face sessions is to promote student-centered learning by means of less time for lectures, promote active participation in learning, and improve student control of learning pace, course material before and after course, with opportunity for revision and greater homogeneity in level of knowledge among course attendees.

The Global Bridges/CAMH's online learning smoking cessation module was developed in 2013 with basic information about:

- Adverse health consequences of tobacco and benefits of quitting;
- Basic neurobiology of tobacco dependence;
- Importance of integration of tobacco dependence treatment into clinical practice, screening and assessment for all tobacco users;
- Brief behavioral and motivational interventions for tobacco dependence;
- Pharmacological treatment for smoking cessation;
- Use of additional learning resources for tobacco dependence treatment for HCW's as well as intervention resources for patients (e.g., telephone quit-lines).

The online program duration is about four hours and face to face training program duration is around eight hours in one full day session, then the total training is 12 hours (CME 24 credit-hours).

After completion of the online module, participants will be prompted to answer an evaluation questionnaire and to present questions and suggestions for discussion in the face-to-face training sessions

Pre and post assessment to evaluate declarative knowledge and HCW's confidence in applying skills will be required in face to face course.

A sample agenda for the GBLA smoking cessation training program is described below

Module 1: Epidemiology of tobacco epidemic

Module 2: FCTC and Natl Guidelines

Module 3: The role of health care providers in tobacco control and tobacco dependence treatment.

Module 4: Basics of tobacco use and tobacco dependence (neurobiology).

Module 5: Overview of brief tobacco interventions.

Module 6: Dealing with low motivation.

Module 7: Brief advice

Module 8: Concept of intensive intervention

Module 9: Introduction to pharmacotherapy

Interactive Workshop 1 Cases

Interactive Workshop 2 Role playing

### **Library and educational resources**

Trainees will be offered resources and materials

- CAMH Introductory Smoking Cessation module
- [www.globalbridges.org](http://www.globalbridges.org)

- [www.treattobacco.net](http://www.treattobacco.net)
- Power point presentations
- GBLA smoking cessation training reference bibliography
- World Health Organization's Building Capacity for Tobacco control training package of Initiative Strengthening Health Systems for Treating Tobacco Dependence in Primary Care (WHO 2013)

### **Conflict of Interest**

Faculty will disclose potentially conflicting financial (COI) relationships.

### **Innovation**

The focus of this proposal is to expand a cessation Train-the-Trainer approach not previously emphasized in this region, as a means of expanding reach and sustainability in Latin America. This project builds upon three and a half years of training experience with Global Bridges Latin America, combining

- more than 10 years of tobacco control, research and training experience of IAHF prior to GBLA.
- GBLA/IAHF network of cessation experts, trained HCW and interested parties to exchange information via a list-serve and through the GB website.
- IAHF is a recognized; well know opinion leader organization in tobacco control with a large network of activists in tobacco control and public health.
- GBLA Steering Team organized a Regional to provide direction and regional representation that meets regularly by teleconference.
- Global Bridges and CAMH module for a distance learning introductory program developed in English/Spanish and Arabic languages. Distance learning will be integrated as part of this proposed project.
- GBLA training program and materials, developed cooperatively with previous work, experience and resources offered unrestrictedly by expert colleagues, scientific societies NGOs and National offices.
- WHO the "Building Capacity for Tobacco Control initiative" launched in 2013, consistent with GBLA initiative.

### **Evaluation design**

#### **Outcomes evaluation**

The following measures will be collected routinely as part of monitoring the program:

- Number of smoking cessation courses attendees:
- Number of Institutions that partnership with GBLA
- Number of Train the Trainer participants per year
- Number of smoking cessation courses completed by partners
- Number of smoking cessation participants in courses run by partners

Dissemination will be using GB website, various networks and media coverage.

The Moore, Green, and Gallis model describes 7 outcome levels for Continuous Medical Education as follows:

Level 1	Participation
Level 2	Satisfaction
Level 3A	Learning: Declarative Knowledge (Knows)
Level 3B	Learning: Procedural Knowledge (Knows How)
Level 4	Learning: Competence (Shows How)
Level 5	Performance (Does)
Level 6	Patient Health
Level 7	Community Health

Therefore we propose to assess both activities for Levels 1, 2 and 3 by our registration data (Level 1) and a standard activity evaluation which asks participants to rate their level of satisfaction with the activity (Level 2) and the degree to which they believe the learning objectives were met (Level 3A). For Level 3B participants complete multiple choice questions concerning activity content before and immediately after the smoking cessation training activity. This method measures learning that occurred as a result of the activity. The benefit of this type of measurement is that the participants, the faculty and the smoking cessation Faculty staff have immediate feedback regarding what learning has occurred (Level 3B measurement). This method may not necessarily predict retention of the learning or change in performance. Pre- and post-tests can be used in conjunction with live meetings, printed enduring materials and Internet-based activities.

Participants of Train-the-Trainer sessions will be asked to write one to three changes that they plan to make as a result of the training (Level 4 measurement). Jocelyn Lockyer and her associates have found that a commitment to change (CTC) predicts actual change in practice. According to Lockyer et al “Three quarters of CTCs were fully or partially implemented” in her study (p. 76). A summary of these commitments reveals the immediate impact of the Train the Trainer session, providing useful needs assessment data for planning future activities.

Post activity surveys (“fax-back” surveys) go further in measuring change by venturing into performance based change or Level 5 outcome. Participants will be asked, at the conclusion of a Train the Trainer session, to list three changes that they intend to make as a result of this training.

Within three months of the Train-the-Trainers session GBLA staff will email participants a survey to ask them if they have implemented the changes they intended to make. The limitation of this data is that it is self-reported. However in the absence of actual observation of performance in practice this information serves as a surrogate marker that, according to Lockyer’s research, is indicative of actual change.

## Detailed workplan and deliverables schedule

Period of performance: 1 August 2014 to 31 July 2016

Workplan activities, deliverables and schedule based on project objectives

Objective	Phase	Activities	Deliverables	Schedule
1. Develop a Train the trainers' curriculum for Smoking Cessation training program adapted to our region and consistent with WHO Building Capacity for Tobacco control Part IV	1. Project Start-up	Revise, adapt and adjust according the curriculums and material required for training.	Curriculum and training material for the final. Report descriptive of the process and rationale for the adjustments and adaptations	September-October 2014
	2. Monitoring and evaluation tools	Designing tools and database to measure outcomes project	Outcome measure tools	September 2014
	3. Needs Assessment	Developing a Needs assessment analysis of the state of tobacco cessation training and training resources available with the participation key leaders in relevant healthcare professional societies/NGO/countries in Latin America.	LA Situation Analysis report on SC training agreed with key leaders	October 2014
	4. Strategic Planning	Developing a Strategic Plan prioritizing interventions based on needs, project objectives, available resources and feasibility	Strategic Plan with priority interventions agreed with key leaders	October 2014
2. Provide 8 face-to-face Train the Trainers per year and develop a Train the Trainers' team for GB Smoking Cessation Training	1. Project Start-up	Promotion and partnership of the project with leaders in relevant healthcare professional societies/NGO/countries in Latin America concurrently with objective 3	Reports of meetings and agreements with key leaders for Objectives 2 and 3	August-October 2014
	2. Pilot for testing and adaptation	Developing Pilot TT for SC. Review and adjustments	Curriculum and training material for the final.	October 2014

			Report descriptive of the process.	
	3. Capacity Building	Developing 8 TT for SC per year on day 1 of each event	Training outcomes	November 2014- May 2016
	5. Evaluation	Establishing an evaluation and follow up process for project defined commitments	Yearly and final evaluation report	July 2015- July 2016
3. Provide 8 face-to-face GBLA SCT per year in partnership with HCO/institutions that declare commitment to provide at least two additional training programs in the following 12 months	1. Project Start-up	Promotion and partnership of the project with leaders in relevant healthcare professional societies/NGO/countries in Latin America concurrently with objective 2	Reports of meetings and agreements with key leaders for Objectives 2 and 3	August-October 2014
	2. Review and adaptation	Review, incorporate new components and adjust the curricula and educational strategies in line with the project.	Curriculum and training material for GBLA SCT. Report descriptive of the process and	October 2014
	3. Capacity Building	Developing 8 GBLA SCT per year on day 2 of each event	Training outcomes	November 2014- May 2016
	5. Evaluation	Establishing an evaluation and follow up process for project defined commitments	Yearly and final evaluation report	July 2015- July 2016