

Strengthening healthcare capacity for Article 14 by developing a strategic approach to analysing need and planning a strategy in Bolivia

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B. Main Section of the Proposal

Overall Goal & Objectives

Overall Goal. To help Bolivian government officials and healthcare key opinion leaders (KOLs) assess the current situation with regard to tobacco cessation and develop a strategic plan to scale up tobacco dependence treatment.

This goal is closely aligned to the RFP focus which is to increase the number of people who stop smoking by improving the frequency and effectiveness of treatment interventions provided by healthcare professionals. It is also closely aligned with goals of our organisation which are to prevent tobacco-related cardiovascular diseases and to support governments in implementing Framework Convention on Tobacco Control (FCTC) measures and guidelines such as Article 14 on cessation support.

Objective 1. Assist government officials and healthcare and cessation KOLs to work together to assess the current situation in the country and develop a strategic plan.

Objective 2. Involve key healthcare professionals groups in the implementation of the strategic plan.

Technical Approach

Current assessment of need in target area

Bolivia's population is about 10 million with 2.2 million tobacco users¹. The sample population for this project is healthcare KOLs and systems that have the ability to influence most facilities in the country. Bolivia ratified the FCTC in 2005. However there is no national cessation program and healthcare professional organizations are not working on tobacco cessation. There is a need for coordination between government and civil society to implement the FCTC Article 14 guidelines. In spite the efforts the Ministry of Health, tobacco consumption is increasing, especially among young people because of the marketing strategies of the tobacco industry.² (Data source: Ministry of Health and cessation reports, and WHO 2012 Global Progress Report on implementation of FCTC). The method used to collect qualitative data is review of documents. Additional data were provided by tobacco control experts who observe and monitor policy implementation and identify gaps at country level.

The gap was determined by analyzing information provided by Ministry of Health staff, and healthcare private and public workers and civil society representatives. The need to implement FCTC Article 14 is discussed in many meetings, events, workshops and other activities related to FCTC implementation in Bolivia, and the daily work of the tobacco control focal point of the Ministry of Health.

¹ Ministry of Health and Sports. Bolivia. 2011

² Euromonitor International. Passport Database. 2013.

The primary target audience for this project is KOLs inside and outside government, and relevant healthcare professionals and healthcare professional groups and organisations. Beneficiaries of the project are healthcare institutions and healthcare services at national level that will be able to provide cessation support based on FCTC Article 14 guidelines with country's current resources.

Intervention Design and Methods

This project addresses the Category 2 goal: Healthcare professional advocacy programs including national implementation of FCTC Article 14. It will establish contact with relevant government officials in the Ministry of Health, and key leaders in relevant healthcare professional societies and organisations. Once these stakeholders are identified and reached, the project coordinator, working with the Ministry of Health, will invite them to help assess cessation support needs using a strategic national situation analysis. This analysis will also evaluate the resources available for tobacco dependence treatment. This needs analysis will be conducted using the methodology and tools developed by Martin Raw³ and working in collaboration with him. These tools include: (1) a National Situation Analysis (NSA) to assess the current states of tobacco control and cessation support in the country, including available infrastructure and resources; (2) National Guidelines Guidance (NGG) for national treatment guidelines development; (3) Effectiveness and Affordability Review (EAR) (manuscript by West, Raw, McNeill et al, about to be submitted for publication), to help prioritize interventions appropriate for a country by estimating their effectiveness and affordability in that country, based on the country's income level and available resources. Using this methodology we will work with government and key stakeholders to develop a national strategic cessation plan, and national cessation guidelines, based on countries assessment of needs and available resources, as recommended by the FCTC Article 14 guidelines. This project builds on existing work developed by the Inter American Heart Foundation in collaboration with Martin Raw, who has developed the approach and tools described above, and already successfully demonstrated it in some countries, such as Uruguay.

Evaluation Design

The practice gap identified in Bolivia is the almost complete absence of tobacco dependence treatment support, facilities or services, including involvement of relevant healthcare professional groups, and including the lack of a national cessation strategy and national treatment guidelines.

The data used to show the project has been successful will be:

³ Raw M. Tools to promote implementation of FCTC Article 14 on tobacco cessation. As yet unpublished report.

- Progress reports detailing meetings and the involvement of relevant stakeholders (including professional associations) in those meetings and in helping develop a national strategy;
- The National Situation Analysis (NSA) identifying the current country situation and priority areas for next steps;
- A national cessation strategy document drawn up as a result of the NSA process and signed up to by key stakeholders;
- Draft national guidelines drawn up as a result of the NSA process and using the EAR (see above).

Evidence of the full engagement of the target audiences in the intervention will be the production of these consensus national documents as well as their participation in the dissemination events.

Final details of how this work will be disseminated will be determined in collaboration with the government, however there will be at least one launch event for the new national strategy and national guidelines, and information about the strategy and guidelines will be disseminated to and then through national professional healthcare associations to their members.

Detailed Workplan and Deliverables Schedule

The project will last 18 months, from 01 October 2014 to 31 March 2016 and focus on strengthening healthcare country capacity for implementing FCTC Article 14. It contains 2 objectives and is structured in the following 5 phases:

- Phase 1 – Project Start-up
- Phase 2 – Capacity Building
- Phase 3 – Needs Assessment
- Phase 4 – Strategic Planning
- Phase 5 – Civil Monitoring and project wrap-up

Phase 1 – Project start-up (October 2014 to February 2015)

The project coordinator will expand the plan of action for the project, including mapping and contact relevant government officials in the Ministry of Health as well as key leaders in relevant healthcare professional societies and organisations. An initial coordination meeting will be held with stakeholders to elicit engagement and participation for tobacco cessation, exploring potential activities in order to organize events with healthcare professional groups and KOLs and identify leadership capacities. Once these stakeholders are reached, the coordinator will promote a joint-work approach for FCTC Article 14 implementation under partnerships between government and healthcare professionals, supporting healthcare professional participation from early stages. Key local tobacco statistics and international cessation evidence will be gathered and disseminated when contacting the stakeholders (government and healthcare professional groups). In this phase the project coordinator will diagnose the capacity of various actors and better understand processes within key government staff and healthcare

groups before initiating capacity building activities. The diagnosis instrument will be a questionnaire and interviews, and the data analysis and results will serve as a base line.

Phase 2 – Capacity building (March to June 2015)

The capacity building plan will be designed and reviewed with both key government and healthcare stakeholders for feedback and adjustments. In this phase the project will contribute to develop and improve capacity for government and healthcare professional groups on FCTC Article 14 implementation through workshops. A workshop for government and healthcare professionals will be run in La Paz with the participation of at least one international expert, who will provide technical assistance for the workshop. The main topics to be addressed are: FCTC Article 14 guidelines; Martin Raw's tools and approaches to implement the FCTC Article 14 guidelines; best practices and lessons learned from other work on national cessation support; role of healthcare groups and government in implementing tobacco cessation policy and monitoring of FCTC Article 14. In this phase we will also communicate with the Global Bridges through their website and network on our plans, for feedback, as well as to inform them of our work and ideas.

Phase 3 – Needs Assessment (July 2015 to September 2015)

Once the stakeholders have improved their capacities and national cessation programs understanding, the project will oversee the process to conduct the National Situation Analysis, using Martin Raw's approach and tools, as described above. The project coordinator will work with key stakeholders in the Ministry of Health, and key healthcare professional groups. The data will be gathered by the project coordinator, analysed by Martin Raw and the project coordinator, and used to elaborate recommendations for the next steps in Bolivia. This report will be shared and discussed with each group of stakeholders to reach agreement and consensus. The assessment will drive next steps and opportunities to progress on FCTC Article 14 implementation at country level.

Phase 4 – Strategic Planning (September 2015 to December 2015)

During this phase the stakeholders will work together, led by the Ministry of Health, to develop a national cessation strategy based on the NSA. This strategic plan will include prioritized interventions, based on Bolivia's available resources, with a timeline and targets. In this phase the healthcare professional groups involvement will be critical to ensure that the selected interventions result from broad participation of stakeholders, and broad consensus. The healthcare groups will participate in the strategic plan design, selections of interventions and the implementation of the plan along with government officials. As described above the strategic plan will be produced using Martin Raw's methodology and tools (described above), and will include:

a) A national cessation strategy to promote tobacco cessation and provide tobacco dependence treatment, aimed principally at those responsible for funding and implementing policies and programs;

- b) A summary of the evidence for tobacco cessation support and estimating the intervention's affordability; c) National treatment guidelines aimed principally at those who will provide and manage cessation support to tobacco users;
- d) A toolkit with a set of printed and digital materials to support implementation of the strategic plan.

At the end of this phase we will organise an event to present and launching the plan, with participation of high-level authorities and representatives of government and civil society as well as mass media coverage.

Phase 5 – Civil monitoring and project wrap-up (January 2016 to March 2016)

We will establish a healthcare professional monitoring group, which will benefit the implementation of the strategic plan by monitoring implementation and provide public accountability. The monitoring mechanism will be developed by consensus of the participating healthcare groups, based on their institutional capacities, including baseline and follow up studies of implementation, periodic strategic plan monitoring and review and gathering demand-side data. This phase covers the activities contained under objective 2. The project coordinator will design the monitoring plan with healthcare groups, which will include key indicators and actions to ensure an accurate monitoring process. During this last phase of the project the project coordinator will produce the final report and related documentation that will systematize the experience and lessons learned.

Work Plan Activities, Deliverables and Schedule based on Project Objectives.

Objective	Phase	Activities	Deliverables	Schedule
1. Assist government officials and cessation KOLs to work together to assess current situation in the country and develop a strategic plan.	1. Project start-up	"Strategic plan of action Mapping and establishing contact with the relevant government officials in Ministry of Health, key leaders in healthcare professional societies and organisations"	Mapping and contact report	December 2014
		Key tobacco and cessation data gathering, printing and dissemination	Coordination meeting minutes with relevant stakeholders	February 2015
		Diagnose of cessation skills among key government, healthcare professional groups and KOLs	2000 printed material	November 2014
			Event "understanding cessation implementation at national level"	February 2015
	3. Needs assessment	Developing a needs assessment analysis of the state of tobacco control and tobacco cessation in the country and the resources available with the participation of reached stakeholders	National Situation Analysis report agreed by key stakeholders	September 2015
	4. Strategic planning	Developing a Strategic Plan prioritizing interventions based on countries available resources	Strategic Plan with priority interventions agreed by stakeholders	December 2015
Strategic plan toolkit		1 Toolkit developed	December 2015	
2. Involve key healthcare professionals groups for the implementation of the strategic plan	1. Project start-up	Capacity building plan design and implementation	Report of capacity plan development	March 2015
		Promotion of partnerships between healthcare professional groups and Ministry of Health	1 partnership between healthcare professional groups and Ministry of Health	February 2015
	2. Capacity building	Developing Capacity building for health care professional groups and government on FCTC Article 14 assessment and	1 capacity building workshop on FCTC Article 14	June 2015

		implementation with technical assistance of two international experts		
	3. Needs assessment	Engaging key health professional groups on strategic plan discussions	Meeting minutes reports	September 2015
	5. Civil monitoring and project wrap-up	Establishing a healthcare professionals monitoring mechanism	Monitoring report	July 2015 - February 2016