

Category 1 and 2 – Initiative to address smoking dependence and promote smoking cessation in Georgia

Georgian Respiratory Association & National Center for Disease Control and Public Health

Abstract:

Background: smokers in Georgia constitute 30% of the population¹. Despite progress in tobacco control, the national tobacco control efforts is experiencing challenges. The goal of the proposal is reduce mortality and morbidity due to tobacco use in Georgia, by reducing tobacco dependence and promoting smoking cessation. Creation of a national smoking cessation policy framework, and capacity building of healthcare professionals in provision of smoking cessation support and treatment for tobacco dependence, are main objectives.

Methods: the target population are policy makers and healthcare professionals. An expert group will elaborate policy papers; advocacy meetings with stakeholders will be held for ensuring adoption of cessation strategy and guidelines, and for provision of necessary medicines for smoking cessation. Capacity building activities will include training of 300 Primary healthcare professionals in 150 PHC facilities in provision of brief advice on cessation, and training of 30 healthcare professionals as trainers. A pilot clinic will be selected in Tbilisi where a training for doctors in specialized tobacco dependence treatment will be held. A cross-sectional study will examine motivation and success of cessation of smokers from age 15, using questionnaires to be administered by PHC staff.

Assessment: will be carried out based on elaborated and endorsed cessation policy documents; questionnaires will provide the data about quitting motivation and success. Pre and post tests will be used for measuring the knowledge on smoking cessation among healthcare professionals. Data will be analyzed in a specially designed software.

¹ WHO STEPwise Survey on non-communicable diseases risk factor, 2011

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Reviewer Comments

On submitted letter of intent we received the comments from the review panel regarding the outcomes of the project. We were suggested to focus only on first three outcomes of the project which are:

- By the end of 2016, national situational analysis conducted
- By the end of 2016, national cessation strategy in line with the recommendations of the WHO FCTC Article 14, in place and being implemented
- By the end of 2017, national treatment guidelines, in line with the recommendations of the WHO FCTC Article 14, in place and are being implemented

We were suggested to exclude from our project following outcomes:

- By the end 2018, 75 % of smokers attending the public health service will be routinely counselled and followed-up by health care providers.
- By the end 2018, 20 % of high risk patient smokers attending public health service will be put on drug therapy to quit smoking.

While designing the full proposal we took into the account review panel suggestion and targeted project activities on capacity building of healthcare staff and strengthening the smoking cessation policy frame. The measurable indicators of the project have been identified accordingly. Thus, during two years of the project it is planned to carry out the activities for meeting the realistic and feasible outcomes as suggested by the review panel. Our project scope will be limited to creating a solid foundation for continuing sustainable nationwide implementation of smoking cessation services in line with the WHO article 14 guidelines.

Main Section of the proposal

Overall Goal & Objectives:

The goal of the project is to contribute to the reduction of mortality and morbidity due to tobacco use in Georgia by reducing tobacco dependence and promoting smoking cessation. This goal is in line with the focus of the RFP, because it envisages strengthening national capacity to address smoking cessation and implementation of the WHO FCTC article 14 guidelines.

With the overall goal to contribute to the decrease of burden of disease related to smoking, the project aims to strengthen existing smoking cessation infrastructure in Georgia which motivates quit attempts, ensures wide access to support for tobacco users who want to quit, and provides sustainable resources to ensure that such support is available. The goal of the project is also in line with the Georgian Respiratory Association mandate to contribute to decrease of respiratory diseases burden in Georgia through introducing effective treatment and prevention strategies.

Tobacco control is an essential prevention component of respiratory diseases and smoking cessation is an integral part of tobacco control. Social support for quitting should be possible in all countries, even those with extremely limited resources.² To achieve significant reductions in smoking rates two main strategies are important: preventing smoking uptake and promoting cessation in current smokers. The goal to reduce smoking related mortality and morbidity is clearly set out in Georgia's National Tobacco Control Strategy³, and the National Center for Disease Control and Public Health (NCDC) is mandated to coordinate this strategy, in its role as a National Tobacco Control Committee Secretariat. The Georgian Respiratory Association (GRA) is a main partner of the NCDC in developing respiratory diseases related policies. GRA was tasked to develop several treatment guidelines which were approved by the Ministry of Labor, Health and Social Affairs of Georgia. GRA partnered with the NCDC to develop this proposal in order to address the issue in more comprehensive manner.

Objectives of achieving the goals of the project are:

1. To create a national smoking cessation policy framework by developing comprehensive smoking cessation national strategy and guidelines
2. To promote smoking cessation by building healthcare professional capacity to providing smoking cessation support, and providing treatment for tobacco dependence.

Objective 1 of the project strives to address the existing policy level gap which hinders the implementation of smoking cessation practices. As a result of joint efforts of GRA and NCDC several national guidelines, protocols and strategies related to respiratory medicine have been

² WHO, 2002, Policy Recommendations for Smoking Cessation and Treatment of Tobacco Dependence, chapter 5 – Building capacity for smoking cessation and Treatment of Tobacco Dependence

³ Decree of the Government #196, approved July 30, 2013

elaborated but smoking cessation has not been addressed from the policy angle yet, despite the fact that it is declared as one of the priority areas of the National Tobacco Control Strategy and 5 year Action Plan. Currently 30% of the Georgian population are smokers which raises urgent need of policy response⁴. GRA in close collaboration with the NCDC and with the technical support of Dr. Martin Raw will elaborate a tobacco cessation national strategy and guidelines based on the needs assessment and situation analysis and in line with the WHO FCTC article 14 and its guidelines.

Objective 2 of the project aims to promote actual implementation of National Tobacco Cessation strategy. This is envisaged through training of primarily primary healthcare personnel in providing brief counseling in tobacco cessation, identifying and training of two specialized tobacco treatment clinics, advocating integration of smoking cessation services in health care system and raising awareness of the target population. Georgia has already started interventions on integrating smoking cessation brief counseling into the Primary Healthcare Level services. It is one of the priority areas of the Health Promotion State Program of the Ministry of Labor, Health and Social Affairs of Georgia, but due to limited resources and capacity, only training of part of the PHC doctors in providing brief counseling was possible so far. Within the project we plan to expand the trainings of health personnel and to pilot more in-depth treatment interventions, as well as work on public awareness to increase uptake of level of the cessation services.

Current Assessment of need in target area:

Tobacco consumption in whole population of Georgia is high. According to WHO Report on the Global Tobacco Epidemic, tobacco use data from the latest surveys conducted in Georgia indicate that youth tobacco use is 12.3% (16.5% males and 7.8% females)⁵, current adults smoking tobacco represent 30.3% (55.5% males and 4.8% females). Adults who smoke tobacco daily are 27.7 % (51 % males and 4% females)⁶.

WHO age-standardized estimated prevalence of smoking of those aged 15 years or more for 2013, was 58.5% of current male users of any smoked tobacco, 5.8 % in female users, and 30 % in both sexes. For cigarettes it was 52.5% of current cigarette smokers in males, 5.3% in females and 27.0 in both sexes⁷.

According to a National Tobacco Survey⁸ conducted jointly by the NCDC and Emory University in 2014 in Georgian population lifetime tobacco use prevalence is 43.1%, while current tobacco use prevalence is 30.9%. Correlates of current smoking:

- Male vs female: 54.2% vs 6.5% (p=0.000)
- Mean age of initiation among males vs females: 20.5 vs. 18.4 (p=0.047)
- Urban vs rural: 32.3% vs. 29.9%
- Capital Tbilisi vs regions: 29.1% vs. 36.4 % (p=0.013)

⁴ WHO STEPs survey on risk-factors of non-communicable diseases 2011

⁵ WHO Global Youth Tobacco Survey, 2014, National, ages 13-15

⁶ WHO Survey of Risk Factors of Non-Communicable Diseases 2011, National, ages 13-15.

⁷ WHO Report on the Global Tobacco Epidemic 2015

⁸ National Tobacco Survey, 2014

- Peak age 35-44 years age group (38.5%)

According to the same survey there is no difference in smoking prevalence by education, income status or demographic characteristics. The survey also demonstrated that the percentage of current smokers with no plan to quit in the next 6 months is 46.7%. Motivation to quit on a 10 point scale is 5.8 (0=not at all, to 10=extremely). Confidence in quitting was 4.6 (0=not at all to 10=extremely). It is noteworthy that according to the survey only 55.8% have seen healthcare provider for any reason and only 31.3% have had a healthcare provider talk about smoking. Among smokers who talked to healthcare provider about smoking, 24.0% received any advice to quit and 3% were offered help in their quit attempt. No follow up by healthcare provider was reported. No medication prescribed for cessation (including NRT) was reported. Less than 1% of smokers received additional information about smoking cessation services (e.g. quitline) from healthcare provider.

According to the Global Youth Tobacco Survey 2014, 58.7% of current smokers (13-15 yrs) tried to stop smoking in the past 12 months, but only 14.1% of current smokers had ever received help/advice from a program or professional to stop smoking. The data clearly indicate a gap in addressing smoking cessation demand in youth and a lack in receiving a professional assistance in that regard exists.

Despite the fact that the several nationwide surveys were conducted during the last 5 years, there are no sufficient data available regarding youth and adult tobacco consumption with consequent social, economic and health indicators.

There is no nicotine replacement therapy (NRT) available for smokers in the country. Although NCDC together with the Ministry of Labour, Health and Social Affairs has initiated negotiations with the pharmaceutical industry regarding availability of NRT products, it is important to enhance this process and to reach agreement regarding the affordability of products, including that they be partially covered by health insurance or are free of charge. It should be underlined that this aspect should become part of the National Tobacco Cessation strategy.

Only access to Cytisine (Tabex)⁹ exists, which can be purchased in a pharmacy without prescription. Smoking cessation services are offered in a scattered way in the healthcare facilities (health clinics and PHC facilities). The cost of smoking cessation support is not covered by the Universal National Health Insurance.¹⁰

Georgia is a party to WHO Framework Convention on Tobacco Control since 2006 and thus has an international responsibility to implement comprehensive tobacco control measures including some of the time bound articles of the WHO FCTC (article 8 Protection from exposure to tobacco smoke, Article 11 Packaging and labelling of tobacco products, article 13 Tobacco advertising, promotion and sponsorship) implementation deadline of which is already breached. As a response to the tobacco epidemic and existing legislative and administrative

⁹ WHO FTCT Global Progress Report 2014

¹⁰ WHO Report on the Global Tobacco Epidemic 2015

challenges of effective tobacco control implementation, an Inter-sectoral State Committee for Strengthening Tobacco Control Measures in Georgia was created in 2013, chaired by the Prime Minister of Georgia. Ministry of Labor Health and Social Affairs and NCDC serve as Secretariat of the aforementioned Committee which in March 2013 was tasked to prepare Tobacco Control National Strategy, 5 year Action Plan and amendments to five related laws. For further strengthening inter-sectoral efforts and international commitment for tobacco control It is important to include Tobacco in the agenda of Georgian UNDAF- UN Partnership for Sustainable Development (UNPSD) and Official Development Assistance priorities, to access Protocol to Eliminate illicit Trade of Tobacco Products, to build institutional capacity and awareness raising of policy makers and general public.

Despite significant steps made, to date, implementation of the National Tobacco Control Action Plan has experienced significant challenges. Georgia has undergone WHO FCTC Joint Needs Assessment in 2013 resulting in the development of the comprehensive set of recommendations, including call for urgent need of implementation of some of the time-bound articles of the WHO FCTC (Article 8 *Protection from exposure to tobacco smoke*, Article 11 *Packaging and labeling of tobacco products*, Article 13 *Tobacco advertising, promotion and sponsorship*). The latter was followed by post-needs assessment assistance provided to the country based on the immediate needs, i.e. strengthening tobacco cessation services at the PHC level and national capacity building on tobacco control legal framework.

The gaps identified during the 2013 WHO FCTC Joint Needs Assessment¹¹ mission include: 1. there is no comprehensive and integrated tobacco dependence and cessation program; 2. Health professionals have not been well trained in brief cessation advice and counselling. 3. Brief cessation advice and counselling have not been provided in primary health care facilities, and there are also no referral clinics on tobacco dependence treatment; 4. The national quitline, which is based in the NCDC, is not fully toll-free, and has limited capacity. 5. Pharmaceutical cessation products are not freely available in the public health service.

The NCDC is currently implementing a Bloomberg Philanthropies funded project: “Building Supportive Environment for the Enforcement of Effective Tobacco Control Tax and Price Measures in Georgia.” Its aim is to develop a national taxation policy and promote the implementation of tobacco tax increases, which will eventually increase demand for smoking cessation services.

The proposed project will continue and complete the initiative to train Primary Health Care (PHC) professionals to provide brief interventions, which started with the help of the WHO FCTC Secretariat and technical assistance from the Union against Tuberculosis and Lung Diseases. The initiative was further expanded as a part of the State Health Promotion Program. Up to now there are up to 400 PHC doctors trained to provide an opportunistic brief intervention, of whom about 30 are also trained as trainers, but there is no mandatory framework in place for ensuring sustainable provision of this service. It is important to integrate

¹¹ WHO FCTC Joint Needs Assessment Report: Georgia, 2013

this intervention into the health care system nationally, and to widely promote its provision and utilization. Therefore the project also aims to create the national policy framework for diagnosing and treating tobacco dependence, as well as to carry out evidence-based trainings and advocacy for those who will provide and manage cessation support to tobacco users.

Tobacco control is an important aspect of Georgia's EU integration process. One of the obligations under the EU Association Agreement¹² is effective implementation of the international agreements in the field of health that are recognized by the parties, namely, the International Health Regulations and WHO FCTC. The analysis of current tobacco control legislation and implementation show that on one hand there is solid basis for significant improvement of tobacco related situation in country but on the other hand, it is of utmost importance to strengthen the legislation in line with the WHO FCTC¹³ and EU Directives¹⁴ on tobacco and increase the political will to effectively enforce existing laws. Currently tobacco control measures in the country yet remain of fragmented character.

Policies to motivate smokers to quit are developing in Georgia, but need to be complemented with comprehensive smoking cessation services, which will assist current smokers to quit, and have a synergetic effect with other population level interventions, in order to approach the goal of the National Tobacco Control Strategy to improve the health and wellbeing of Georgian citizens by decreasing tobacco consumption.

Thus smoking is a significant public health problem in Georgia. It is a pervasive issue in society as a whole, with certain socio-demographic groups such as men and those living in Tbilisi, being at risk. Smokers reported low motivation and confidence in quitting smoking thus introduction and enforcement of cessation initiatives is vital. Healthcare system lacks training or capacity to address smoking. Missed opportunities to facilitate smokers' motivation (through making recommendations to quit) or confidence (by providing support or resources to assist them) exist. On a society level, great efforts need to be made to curtail this increasingly concerning tobacco use epidemic in Georgia.

Target Audience:

A national cessation strategy to promote tobacco cessation and provide tobacco dependence treatment is aimed principally at those responsible for funding and implementing policies and programs, whereas capacity building and awareness raising activities are aimed principally at those who will provide and manage cessation support to tobacco users.

Strengthening tobacco cessation services on country level is a priority for the Georgian government. It is one of the main points of Georgian National Tobacco Control Strategy and Action Plan. NCDC has already taken steps to push forward these initiatives and commitment of policy makers is evident. NCDC's support will be important in integrating cessation

¹² Association Agreement between European Union and Georgia

¹³ WHO FCTC

¹⁴ EU Directives on Tobacco

interventions into the health care system nationally and in wide promotion in cessation promotion and utilization. In addition NCDC will facilitate the expansion in professional training in brief advice, by ensuring relevant regulatory acts and guidelines. It will also facilitate identification of infrastructure for conducting healthcare professionals' trainings and will support in advocacy for attracting funds and reaching commitment for the access to affordable medications and for tobacco cessation counseling and pharmacotherapy.

As for the health professionals their commitment level to gain knowledge in smoking cessation brief counseling is expected to be high coming out from the project objectives that are aimed at development of smoking cessation clinical guidelines and support of its implementation in the routine practice of PHC level health professionals. GRA has a vast and solid network of healthcare professionals countrywide (branches of association exist in almost all regions of Georgia) and it will greatly facilitate recruitment of healthcare professionals who will be trained in brief advice, and will ensure that training target group comprises of healthcare staff from all regions of Georgia.

The primary target audience of the project is healthcare professionals. Given the timeline of the project we will be able to cover about 150 PHC facilities countrywide- West and East parts of Georgia. This will enable us to train about 300 primary healthcare professionals. There are 2329 PHC doctors and nurses in 1465 PHC facilities throughout Georgia. In total project aims to intervene in 150 PHC facilities in West and East parts of Georgia which will include about 300 PHC doctors and nurses to be trained in providing brief tobacco cessation counseling. This will significantly increase currently existing number of trained PHC staff in providing brief tobacco cessation counseling, which will ensure that practically on the level of every region and district of Georgia tobacco cessation brief intervention will be available.

In addition, 30 participants will be identified from those trained, who will be trained as trainers. These will be the health professionals from 5 main hospital networks that manage PHC and hospital level providers in Georgia. Given the fact that project will advocate for ensuring relevant mandatory framework for smoking cessation counseling interventions, PHC and hospital level providers will be requested to follow those. In that regard, having trained trainers will enable them to expand the trainings on smoking cessation counseling among the rest of the healthcare professionals within their network. This will eventually result in sustainability of interventions introduced through the project and will contribute to covering more smokers and achieving project goal.

In order to support provision of comprehensive smoking cessation treatment the project also aims to fill the gap of non-existing referral specialized clinics and build the basis for developing such. For this reason it is planned to send two eligible project staff abroad to undergo training in an international smoking cessation training center. As a continuation of this initiative a pilot clinic will be selected in the capital Tbilisi where trained trainers will conduct training for doctors and prepare the basis for further expansion of this initiative.

Project outcomes will benefit current smokers, which are 30% of the population (total population number in Georgia is 3 729 500¹⁵), but the project will indirectly benefit the entire population of Georgia by contributing to the reduction of mortality and morbidity rates caused not only by active smoking (Among all causes of mortality in Georgia the largest portion falls with the cardiovascular diseases (64%) and cancers (14%) and tobacco is the main risk factor for the both diseases¹⁶) but also by the exposure to the secondhand smoke.

Results of the project can be shared and replicated within the south Caucasus region because GRA is very well positioned to be able to disseminate the project experience within the vast network of healthcare professionals in the neighboring countries (Armenia, Azerbaijan). It is the focal point of Global Alliance against Respiratory Diseases (GARD) Transcaucasia and is experienced in conducting knowledge sharing activities with the partners in the region. Approaches and results of the current project will be shared with colleagues and partners in Armenia and Azerbaijan, where the project model can be replicated on the local levels. In addition Global Bridges network will be widely used to share gained experience and knowledge among the network members. The project considers participation of project staff in the European Conference on Tobacco or Health to be held in Porto, Portugal 23-25 March, 2017 in order broadly share the project experience and establish international partnerships.

Project Design and Methods:

The project will consist of four phases.

Phase 1 - will be the national situation analysis (NSA) which will be conducted using the tools developed by and with technical assistance from Martin Raw, author of the tools and director of one of the partner agencies. The tools have been tested and demonstrated in number of counties all over the world¹⁷ and their results are well documented. Recognizing the Georgia's limited resources we find it essential to initiate with needs assessment and situational analysis exercise, which will be also comprised of affordability calculator tool. This exercise will enable us to identify priority interventions considering existing resources, affordability and effectiveness criteria.

In the phase 2 of the project - NSA will be followed by a stakeholder meeting to set priorities for an effective and cost effective national cessation strategy based on the results of the situational analysis. As recommended in the WHO FCTC Article 14 guidelines, a "stepwise approach" to building infrastructure for cessation treatment will be considered¹⁸. A working group comprised of local experts and international partners will be established who will develop the national strategy and national cessation guidelines. Cessation guidelines will be also tailored to the needs and available resources, considering the best practice approaches to increase national cessation service capacity and uptake. During the second phase educational and awareness raising printed materials will be also developed and for dissemination among PHC health

¹⁵ National Statistics Office of Georgia, 2015

¹⁶ NCDC Statistical Yearbook, 2014

¹⁷ Tools to Implement WHO FCTC Article 14 guidelines

¹⁸ WHO FCTC Article 14 Guidelines

professionals, to be used as motivational tools among their target groups. In addition advocacy efforts will be carried with relevant governmental representatives and pharmaceutical companies to ensure approval and endorsement of smoking cessation national strategy and guidelines and availability and affordability of the necessary medicines including nicotine replacement therapy. In the same time the formalities related of the planned trainings for healthcare staff will be arranged and trainings will be started; namely, two meetings will be held with the managers of the healthcare facilities in the East and West parts of Georgia to introduce the objectives of the project and plan the logistics of the trainings and trainings will be started. IRB approval for conducting the survey among in the target group will be also obtained.

Phase 3 - will comprise of capacity building of health care professionals and improving the existing infrastructure for facilitating access to the treatment. Healthcare professionals' training in brief advice on cessation will be carried out and provision of these services will be ensured by relevant regulatory acts and guidelines, thus the initiative started by the NCDC will be completed. Our project will cover 150 PHC facilities and will train 300 PHC health professionals in all regions of Georgia, both from East and West parts of the country. Third phase interventions are intended to start on the 8th months of the first year of the project. 8 months will be dedicated to outreach visits to PHC facilities and training of the health professionals. Trained health professionals will be requested to recruit from 50 to 60 smoker patients over 15 years of age, during at least three months after the trainings and for participation in the survey based on their oral consent. PHC doctors or nurses will administer a standardized questionnaires to assess patients smoking status, dependency level and motivation to quit and for those patients who will set a quit plan she/he will be requested to make a follow-up call after one month and then after 6 month from the starting date of their smoking quit plan. 50 PHC doctors - 25 from East and 25 from West of Georgia - among the trained personnel will be selected to train as trainers in order to ensure sustainability of the initiative within healthcare provider networks. In addition a pilot clinic in Tbilisi will be selected where foundation for referral specialized tobacco dependence treatment will be prepared. Training for the selected doctors for this pilot initiative will be conducted by trained trainers (project staff) who will undergo a relevant training in international smoking cessation training center abroad. This pilot initiative will ensure the sustainability of the project and increase the effectiveness of the interventions. Project design ensures full engagement of target learner audience - healthcare professionals, since after training they will be requested to develop and follow-up a smoking quit plan with relevant patients within 6 months and to recruit 50 to 60 participants for the survey. The health professionals will be requested to provide feedback on all recruited cases. Hence third phase will be dedicated to capacity building of healthcare professionals and data collection for the assessment of project effectiveness.

Phase 4 of the project – will be monitoring and evaluation of the project. During this phase total 10 monitoring visits will be carried out in East and West part of Georgia in randomly selected PHC facilities where doctors and nurses have already undergone the training in delivering brief tobacco cessation interventions. In it planned to visit 20 facilities in total - two during each visit.

Phase 5 of the project will be dedicated to data entry, analysis, and preparation of the final report and dissemination of the final results among stakeholders. Based on the output, outcome and impact indicators project deliverables will be measured. Assessment of the project results will be conducted by measuring the quit rate in the population who will attend PHC health facilities during the project duration. The results will be collected and entered in the special software by the statistician for further analysis in order to measure the effectiveness of interventions.

Thus, our project is comprised of five phases which include comprehensive situational analysis, creation of the national policy framework on smoking cessation, strengthening of cessation services through capacity building of healthcare professionals and integration of cessation services on PHC level of healthcare system and preparing the foundation for piloting referral specialized tobacco dependence treatment, which will be crucial in attaining overall goal of the project which is contribution to the reduction of smoking related morbidity and mortality through improved policy frame and uptake of cessation services.

Currently tobacco control related efforts are of fragmented character in Georgia. Our project will be one of a kind, since it will be built on the existing interventions, will systematize them and create a comprehensive framework for all tobacco related interventions in the country. For the first time our cessation approach will be based on evidence derived from using the evidence based NSA tools. The key stakeholders in tobacco control field in the country are NCDC and GRA, hence there is no risk that these agencies duplicate their own efforts in tobacco control, on the contrary the project aims to build on and improve existing tobacco cessation measures in the country; The project will continue and complete the initiative to train Primary Health Care (PHC) professionals to provide brief interventions, which started with the help of the WHO FCTC Secretariat and technical assistance from the Union against Tuberculosis and Lung Diseases. The initiative was further expanded as a part of the State Health Promotion Program. Up to now there are around 400 PHC doctors trained from about 100 PHC centers to provide an opportunistic brief intervention, of whom about 30 are also trained as trainers, but there is no mandatory framework in place for ensuring sustainable provision of this service. It is important to integrate this intervention into the health care system nationally, and to widely promote its provision and utilization. Therefore the project also aims to create the national policy framework for diagnosing and treating tobacco dependence, as well as to carry out evidence-based trainings and advocacy for those who will provide and manage cessation support to tobacco users.

Within the project capacity building tools on smoking cessation interventions will be developed based on Dr. Martin Raw's model. They will be shared with the trainees, as well as with future trainers during the ToTs and will be publicly available free of charge.

Evaluation Design

During the project evaluation sources like elaborated and endorsed cessation policy papers will be used to assess the objective 1 of the project. Comprehensive national situational analysis report, smoking cessation national strategy and guidelines which are in line with the WHO FCTC

article 14 guidelines and related normative acts of the Ministry of Health and Orders of the minister of Health will demonstrate development of cessation policy framework. Means of verification of the process will be meeting minutes and photo material of all planned advocacy meetings with the stakeholders.

For objective 2 we will have different sources of data for measuring the impact of our interventions in different target groups. Tobacco use cessation assessment model provided by US Centers for Disease Control and Prevention¹⁹ will be considered to measure the effectiveness of our interventions.

1) For measuring the level of smokers' awareness and intention to quit, after receiving the oral consent from them, we will use the questionnaires which will be administered by trained PHC doctors with each patient referring to them within at least first three months after doctors complete their training. For the patients who will develop a quit plan with the PHC healthcare professional, within 6 months starting from the quit date PHC health professional will follow up twice to monitor the success level, once after 1 months and once after 6 months of quit plan starting date. The data from the questionnaires will be collected and analyzed using specially designed software. The analysis will demonstrate the percentage of smokers who succeeded in quitting smoking after 6 months of receiving a brief intervention, number of attempts to quit, thus enabling us to measure effectiveness of our intervention. Number of informational material distributed will be measured to assess in what scale population was reached. Lists of participants and photo material will be used as means of verification of conducted trainings.

2) We will use pre- and post-tests for measuring the knowledge on smoking cessation among healthcare professionals who will be trained in frames of our project. In addition a questionnaire which will be used with the smokers will comprise the questions about the quality of assistance received from a PHC staff and will measure patients' satisfaction, thus enabling us to see whether our intervention to build capacity of PHC staff was effective. The data will be collected and analyzed in specially designed software.

3) In order to measure the effectiveness of the initiative of preparing a foundation for referral tobacco dependence treatment services we will use number trained doctors in the selected pilot clinic in Tbilisi. The knowledge level of the trained doctors will be measures by specially designed pre- and post-tests.

There are 2329 PHC doctors and nurses in 1465 PHC facilities throughout Georgia²⁰. In total project aims to intervene in 150 PHC facilities in West and East parts of Georgia which will include about 300 PHC health professionals to be trained in providing brief tobacco cessation counseling. This will significantly increase currently existing number of trained PHC staff in providing brief tobacco cessation counseling, which will ensure that practically on the level of every region and district of Georgia tobacco cessation brief intervention will be available.

¹⁹ CDC, Tobacco Use Cessation, 2014

²⁰ NCDC statistical yearbook, 2014

- Project will result in increased trained primary healthcare specialists from 17% to 30%.
- Project will result in increased trained primary healthcare facilities with trained specialists on smoking cessation brief interventions from 7% to 17%
- Project will result in trained trainers to deliver specialized tobacco dependence treatment trainings for the selected pilot clinic
- Project will result in trained doctors in delivering specialized tobacco dependence treatment in the selected pilot clinic
- Quit success rate will be measured based on % of registered smokers during the project duration in targeted PHC facilities who successfully quit smoking.

Project outcomes will benefit primarily current smokers, which are 30% of the population. The project will be carried out countrywide and will cover every region for reaching out maximum number of smokers and achieving significant results. The project will indirectly benefit the entire population of Georgia by contributing to the reduction of mortality and morbidity rates caused not only by active smoking but also by the exposure to the secondhand smoke.

Project outcomes will be widely promoted within the Global Bridges partnership, through opportunities of talking platforms both by the host and partner institutions. European Conference on Tobacco or Health to be held in Porto, Portugal 23-25 March, 2017 will be used as a platform to disseminate project outcomes to the international community. Collaboration on joint papers will be promoted to disseminate experience widely among the scientific communities. The means of dissemination of project outcomes will be all media channels: TV, radio, press, websites and social media pages of the GRA and NCDC, publications in the Georgian Respiratory Journal and in peer-reviewed international scientific journals, regional conferences of the GRA/ Georgia will have the potential to become a leader in the region and facilitate the dissemination of the knowledge and experience to the neighboring countries.

Detailed Workplan and Deliverables Schedule:

The duration of our project will be two years. During first years deliverables for meeting objective 1 will be carried out and deliverables for meeting objective 2 will be started; throughout the second year activities for achieving all objectives of the project will be fulfilled.

First month will be dedicated to preparatory work, and logistics related to invitation of an international expert for conducting a situational analysis. During 2nd and 3rd month the international expert will work with the project team and will conduct a situational analysis to assess a current situation related to tobacco cessation services in Georgia. 2nd, 3rd, 4th and 5th months will be dedicated to development and printing of educational and promotional materials on tobacco different target groups: policy makers, healthcare workers and general public. During the same months necessary training and assessment tools will be prepared. We will also obtain IRB approval for conducting a survey during the second month of the project. On third month of the project, when a situational analysis is complete, an expert group will be created which will work on elaboration of smoking cessation strategy and guidelines. The duration of this process will be six months and the group will complete its work and will provide

deliverables on the 8th month of the project. On the 4th month of the project a stakeholder meeting will be held in order to set priorities for smoking cessation strategy and guidelines, to be considered by the expert group during the process of their work. The 5th month of the project will be dedicated to preparatory work for the trainings: we will hold two meetings with the managers of the healthcare facilities, one in East part of Georgia and one in the West. The aim of our project will be introduced, informational materials will be distributed, and logistics issues related to the trainings will be discussed and planned. Three advocacy meeting with key decision makers will be held, for approval of smoking cessation national strategy and guidelines; these will be held on the 6th, 8th and 10th month of the project. In addition during 6th month of the project's first year and 5th month of the project's second year two meeting with pharmaceutical companies will be held to discuss and negotiate the conditions for availability and affordability of necessary medicines including nicotine replacement therapy (NRT). On 7th month of the project two project staff will be sent abroad to undergo a training of trainers in delivering specialized tobacco dependence treatment and project key staff (manager, coordinators and advisor) will participate in the European Conference on Tobacco or Health to be held in Porto, Portugal in order to establish international partnerships and platforms for wide dissemination of project results. Trainings of PHC staff will start on the 8th month of the project and will last for 8 months, in this timeline trainings doctors and nurses from the selected PHC facilities will be carried out, as well as trainings for trainers for selected number of trained PHC doctors and monitoring visits in order to check how well health professionals utilize their knowledge and manage tobacco cessation process and data collection process – one monitoring visit will be done during the 12th months of the first year and second monitoring visit will be done during the 1st month of the second year. Trainings will be conducted to 300 PHC doctors and nurses from the selected 150 facilities nationwide. On 11th month of the project a presentation will be held in order to introduce the smoking cessation strategy and guidelines to broader circle of stakeholders. In addition on the 12th month of the project we will identify on pilot clinic in Tbilisi and plan the training for selected healthcare specialists on delivering specialized smoking cessation treatment.

During 4th month of the second year, trainings for doctors in delivering specialized smoking cessation treatment will be carried out. PHC staff who will be trained in delivering brief tobacco cessation advice will be asked to collect data in specially designed questionnaires data from 50 to 60 patients within their target population during at least 3 months after completion of the training. Data entry and analysis into the specially designed software will be carried out during 5th, 6th, 7th and 8th months of the second year of the project. Preparation of the final report will take place during 9th, 10th, and 11th months of the second year of the project. Stakeholder meeting will be held for presentation of final results of the project during the last month of the project.

Workplan
Year 1

Deliverables	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12
Conduct a situational analysis to assess current situation related to tobacco cessation services in Georgia		x	x									
To develop and print educational and promotional printing materials for policy makers, healthcare workers and general public		x	x	x	x							
Prepare and print necessary training and assessment tools		x	x	x	x							
Obtain IRB approval for survey part of the project		x										
Creation and support of expert working group to elaborate national smoking cessation strategy and guidelines			x	x	x	x	x	X				
Hold a stakeholder meeting to set priorities for smoking cessation national strategy and guidelines				x								
Hold a meeting with healthcare facilities managers in East part of Georgia to disseminate smoking cessation guidelines and plan the trainings of PHC staff					x							
Hold a meeting with healthcare facilities managers in West part of Georgia to disseminate smoking cessation guidelines and plan the trainings of PHC staff					x							
Identify and develop a schedule for trainings of PHC staff in delivering smoking cessation brief interventions					x							
To organize advocacy						x						

meetings with pharmaceutical companies regarding availability and affordability of the necessary medicines including nicotine replacement therapy.												
To organize advocacy meetings with key decision makers from Georgia for approval of smoking cessation national strategy and guidelines						x		x		x		
Participate in the European Conference on Tobacco or Health, Porto, Portugal 23-25 March, 2017							x					
ToT abroad for two project staff providing tobacco dependence specialized treatment							x					
Provide trainings for PHC staff in delivering smoking cessation brief interventions and trainings for trainers for the selected number of trained PHC staff								X	x	x	x	x
Hold a presentation meeting of smoking cessation national strategy and guidelines with relevant stakeholders											x	
Identify a pilot clinic in Tbilisi and create schedule for trainings in delivering specialized smoking cessation treatment												x
Carry out monitoring visits to assess compliance of trained PHC staff in selected facilities												x
Year 2												
Deliverables	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12

Carry out monitoring visits to assess compliance of trained PHC staff in selected facilities	x											
Provide trainings for PHC staff in delivering smoking cessation brief interventions and trainings for trainers for the selected number of trained PHC staff	x	x	x									
Provide trainings for doctors in delivering specialized smoking cessation treatment				x								
To organize advocacy meetings with pharmaceutical companies regarding availability and affordability of the necessary medicines including nicotine replacement therapy.					x							
Data entry and analysis					x	x	x	X				
develop final report of the project									x	x	x	
Conduct a stakeholder meeting/press conference to present final results of the project												x

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