TB and Tobacco

Tobacco cessation within TB programmes: A 'real world' solution for countries with dual burden of disease.

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Integrating tobacco cessation into tuberculosis care in South Asia

Lessons learned from the development and implementation of behaviour support for tobacco cessation within National TB Programmes in Nepal, Bangladesh and Pakistan

Behaviour Support Implementation Report for Stakeholders – D6.1
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TB & Tobacco

Integrating tobacco cessation into tuberculosis care in South Asia: Lessons learned on the implementation and adaptation of the behaviour support cessation strategies.

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1   Introduction

This report outlines the work conducted under Work Package 6 of the TB and Tobacco Project. We present the components of the final behaviour support (BS) intervention, including the core elements and aspects that can be adapted for use in different contexts. Throughout the process of development our team have learnt much about the implementation of the intervention within the routine work of National Tuberculosis Programmes (NTPs). We present that learning here and explain how we have built on this to work with NTPs to make changes within the health system that will support the scale-up of the cessation intervention within Nepal, Bangladesh and Pakistan. We present the initial experiences of implementation of the revised behaviour support intervention within National TB Programmes (NTPs) in the three countries. Assessing this process of implementation has been conducted during the final year of the TB & Tobacco project (October 2018 to 31st October 2019) and findings of this evaluation will be presented in Deliverable 6.3, the final report, following 'Way-Forward' workshops in each of the countries.

> **Work Package 6 Objectives**
>
> m. To further refine tobacco cessation strategies
>
> n. To predict the likely costs and effects of scaling up tobacco cessation strategies across respective tuberculosis control programmes (led by University of York health economics team and reported in Deliverable 6.2)
>
> o. To assess the extent to which tobacco cessation strategies are sustained in the medium-term
>
> q. To identify the likely obstacles to and opportunities for scaling up tobacco cessation strategies across the respective tuberculosis control programmes and to work with policy makers to overcome the obstacles and maximise the opportunities

2   Details of the original behaviour support intervention

During the first year of the project our researchers worked with health professionals, people with TB and policy makers in each country to develop a set of materials that could be used by health professionals ('DOTS facilitators') in routine TB services to help people with TB to quit tobacco use. Details of this process can be found in our report from Work Package 1 (see Deliverable 1.1). The materials developed following this engagement with patients, managers and health professionals during WP1 consisted of:

- A flipbook comprising 8 pages with photos for patients, and text for health professionals. One version with photos targeting male patients and one version with photos targeting female patients: the first 5 pages include key messages on TB management and the final 3 pages have messages of tobacco.

- An information leaflet which includes information on the consequences of tobacco use, benefits of quitting and how to deal with side effects of quitting.
- Two posters: one presenting health benefits of quitting and one advertising the cessation service.
- A health worker guide to be used with the flip book, leaflet and posters.
- A suite of training slides for a 2-day training programme for DOTS facilitators.
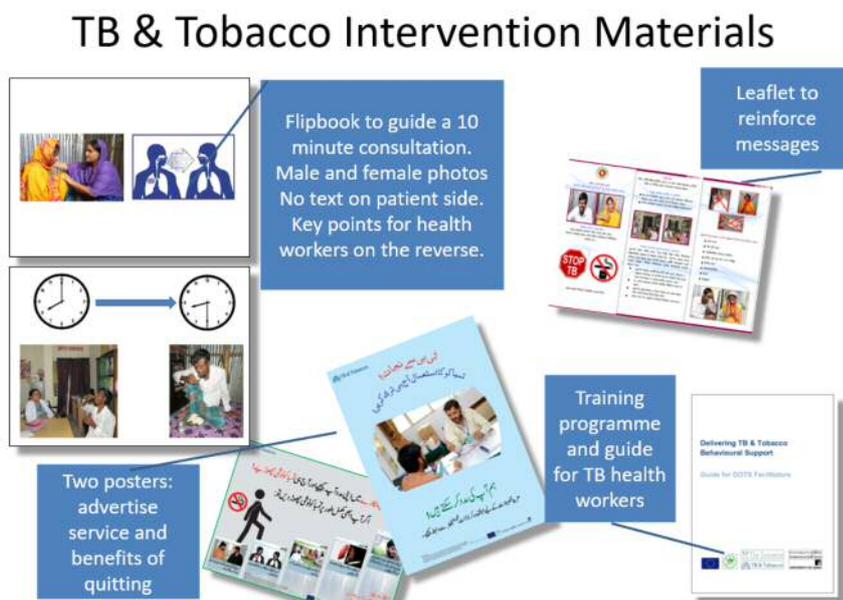
3 The changes to the intervention

Following the detailed process evaluation conducted under Work Package 4, the teams in the three countries identified changes to be made to the intervention. It was only in Nepal

Key findings from WP4

1. Health workers are highly motivated, but structural, health systems problems make it difficult to spend extra time on counselling.

2. Health workers experience the issue of tobacco to be sensitive and stigmatizing.

3. Health workers adapt the counselling situation to their needs by focusing on specific messages from the treatment flipbook.

4. Most patients are willing to stop smoking in order to protect their health and their families.

5. Social support matters a lot to patients trying to stop smoking. The TB & Tobacco intervention suggests counselling patients on getting that support from family and friends.

6. Many patients have a wish to get additional support to deal with cravings, such as smoking cessation medicine.

7. Patients have three main reasons for not attending the tobacco cessation counselling session: not willing/not able to stop smoking, time constraints, disagreement about setting a quit date.

that specific changes to the content of the materials were required. However, all three countries identified challenges to delivery of the intervention within the health system, which are detailed below. The generic English version of all materials along with translations in Urdu, Bengali and Nepal are available on our website https://tbandtobacco.org/

Changes made to the intervention materials compared to the previous version in Nepal:

Material	Contents	Changes
Poster 1	Cessation support is available here	•The main picture has been changed as the participants wanted to show a ventilated room for consultation with the health worker (Previously, the room was closed). •Also, for gender sensitivity, a female health worker and a male patient have been included in the photo.
Poster 2	Benefits of Quitting	•The text and the picture remain the same. However, in the text part, arrows need to be added.
Leaflet	-	•No major changes. Just a few words have been added or omitted for more clarity.
Flipbook (Male and Female)	Cover Page	•The font size has been changed and made bigger. The text has been changed to emphasise that regular use of TB medication will cure TB. •The logo of HERD International has been changed.
	Slide 1	•The heading has been changed to "TB is a communicable disease but can be cured through regular medications." •A sentence has been added on extra-pulmonary TB.
	Slide 2	•The picture of the patient card has been changed to include: "to indicate the days in which the patient takes medicines on their own without coming to the health centres (during holidays)."
	Slide 5	•The pictures have been rearranged to include healthy lifestyles in the top row and unhealthy lifestyle in the bottom row.
	Slide 8	•Brief description has been added in each paper to indicate the side effects and the possible solutions to minimize them.
	Last Page	•The logo of HERD International has been changed.

4 Implementation Strategies to support integration

4.1 Intervention implementation strategies

Based on the findings of WP4 and the recommendations of DOTS facilitators and managers during discussions with our project teams in each country, a number of changes were recommended to support the implementation of the behaviour support in a sustainable way that could be scaled up nationally.

Intervention gaps		What we did
Delivery of the behaviour support in routine care	Flip book was too big and cumbersome for frequent use, particularly in a busy clinic	Prepared desktop guide for all three countries and being actively used.
	DOTS facilitators struggle to help some, particularly women and young people to open up about tobacco use	Developed videos in each country to model the behaviour support consultation; Developed an adaptation guide; Included relevant scenarios in role plays in training.
	In busy clinics it is necessary to deliver the intervention to a group of patients, not individuals	To be included in the adaptation guide.
	Belief in need for drugs for cessation	Will depend on the trial results regarding effectiveness and cost-effectiveness of cytisine.
Building DOTS facilitator skills	DOTS facilitators liked evidence-base references in guide and training	Included references and links to the evidence in training videos and HW guide. Evidence of benefit of tobacco smoking cessation has been included in BS material.
	DOTS facilitators liked the new knowledge they gained e.g. the 'not a puff' rule on abrupt cessation	Included in training videos.
	A 2-day training was seen as too long for DOTS facilitators to attend	Developed a short 1 hour training plan that could be included in any regular NTP training or meetings.
	Need for NTP staff to be able to deliver the training	Developed a 4 hour Training of Trainers (ToT) programme

4.2 Essential elements of the intervention

As described above the flipbook includes only 3 pages that focus specifically on tobacco cessation. The content of these pages represents the **essential messages** of the intervention, they are:

- The Dangers of Tobacco and Benefits of Quitting, particularly in relation to TB.

- What Helps and What Doesn't in Quitting Tobacco, particularly the importance of abrupt abstinence and the 'not a puff rule'.
- Effects After Quitting Tobacco, how to deal with side effects and maintain the quit.

In the future, we aim to analyse the data collected as part of the TB & Tobacco trial data (WP2), to identify which messages and approaches within the cessation consultations are associated with a quit at 6 months. This will help us understand if any messages or approaches should be emphasised more than others or are particularly important for certain types of patients e.g. men or women.

The process of managing TB patients is slightly different in each of the three countries. In Pakistan, patients are given medicines at diagnosis and only return to the facility a month later. In Bangladesh, patients are supported at home by community health workers and in Nepal patients make frequent visits to their local health facility for treatment. Despite these differences the principles of very brief advice: **Ask, Advise and Act** are key in all settings, even though they may be implemented at slightly different time points in the patient journey. The ability of the DOTS facilitator to **build rapport** with the patient, communicate the messages clearly and offer non-judgemental support is a particularly important part of the intervention, and this has been the focus of the training programme and support materials, including the health worker guide and the more recently developed videos.

4.3   Training of Trainers and Health Worker Training

To enable scale-up during WP6, a cadre of trainers will be trained (ToT) to deliver training to health workers through routine training and meetings in NTP. The ToT programme is designed to be 4 hours long and the health workers' training only 1 hour. Clearly this leads to compromises on the depth of training possible, however shortening the length of training was seen as key to scale-up within the NTPs.

The box opposite shows the objectives for health workers' training.

> **Learning objectives for health workers' 1 hour training**
>
> By the end of the 1 hour course, participants will:
>
> 1. Understand the basic principles of very brief advice (VBA) on tobacco in relation to TB patients
>
> 2. Be developing confidence in delivering the components of VBA on tobacco (Ask, Advise and Act) in relation to TB and in dealing with common patient responses
>
> 3. Be developing confidence to deliver tobacco cessation behavioural support for patients with TB

4.4   Training videos: explanation and process

In response to our findings from WP1 and WP4 that health workers needed support to deliver the cessation messages and build rapport with patients, and the need to facilitate the delivery of training within the regular NTP system, we developed two training videos. The purpose of the videos is to support consistency in the training provided to health workers, in the hope that as the programme is rolled out in the three countries, the key messages and communication skills that are essential to the cessation consultations are conveyed to health workers. The videos are approximately 10 minutes long and model the delivery of the intervention within NTP services.

All three countries have developed two videos in response to our tobacco cessation message among TB patients in Bangladesh, Pakistan and Nepal. A master video script was prepared in English by the research team in coordination and collaboration with all the researchers and implementation stakeholders. This script was translated and adapted to the country context of Bangladesh, Pakistan and Nepal. Each country hired a team of film makers and produced their respective videos.

These videos were shared internally in each country and with the consortium members for feedback. They also benefited from the advice of a smoking cessation expert from the UK's National Smoking Cessation and Training Service. Necessary changes and editing were made, based on the feedback, for finalization of the videos.

The two videos cover the 'Ask, Advise and Act' VBA, but are split in two so they can be shown at different points in the training sessions if needed. The first part of the video i.e. the Ask part shows how the health workers build rapport with the TB patients to ask about their tobacco consuming status. Rather than asking a direct question it follows the approach of letting the patients open up themselves about their tobacco consumption habit / status, without forcing them to admit or refuse. Patients are offered to take away the TB & Tobacco leaflet which explains the harmful effects of tobacco and facilities available if they want to quit. Since TB patients come in contact with the same health workers over the 6 months of their treatment, trust is built between the health worker and the patient over that time, and the patients often disclose their tobacco habits, their past attempts to quit and other issues. This is a good moment for the health worker to advise the patient to consider quitting tobacco.

The second part of the video explains the process of how to provide effective advice to the patients on smoking cessation. A key focus is the need to communicate abrupt cessation, (the 'not a puff' rule), rather than reducing tobacco use gradually or even taken up another tobacco product such as chewing tobacco. This part of the video explains how to counsel patients to set quit dates and how to prepare patients to cope with withdrawal symptoms and side effects and how to stick with their quit decision. The video shows patients receiving the information leaflet, moral support and advice from the health workers about quitting tobacco and sticking to it, including recommending that health workers keep checking on the quit attempt in subsequent appointments.

4.5   The Desktop Guide

In response to the feedback that the flipbook was too cumbersome to use in every consultation we developed a desktop guide that DOTS facilitators can attach to their desk or wall as a quick aid to remember these essential points during a consultation. The guide reminds them to **ask** the patient whether they use tobacco or not, and if so whether they want to quit. The health worker needs to **act** as per the response from the patient. If the patient does not use tobacco the health worker congratulates the patient and then is reminded to ask about tobacco use in subsequent visits, just in case it takes a while for a patient to open-up about their tobacco use. This is particularly relevant for young people and women, especially those that are at first accompanied by a family member. If the patient does not want to quit at that moment, the health worker informs them that facilities

are available to help them quit and they are always ready to support them to quit. If the patient agrees to quit, the guide prompts the health worker to advise the patient to fix a quit date and advises them to adhere to the 'not a puff' rule. The health workers remind the patient about the withdrawal symptoms, as well as managing situations which can provoke use of tobacco. After the patient quits, the guide reminds the health worker to check at each visit how it is going and encourage patients to stick to the 'not a puff' rule.

Currently these desktop guides are translated in their respective languages and being used in Bangladesh, Pakistan and Nepal. The translations and generic English version are available on our website (https://tbandtobacco.org/) and can be translated and used in other countries too.

Below is the generic English version of the guide and a copy of the version used in Nepal.

Generic English version of the Desktop Guide.
Available at: https\\tbandtobacco.org

TB and Tobacco - Very Brief Advice on Tobacco
What to ask your TB patients and how to support stopping tobacco use

At every opportunity with your TB patients:

ASK
- Establish and record tobacco use status

ADVICE
- How to stop, with help and support from a health worker
- Ask them if they are interested in receiving some support to quit

ACT
- According to response of patients act as follows to help patients towards quitting tobacco

Do not use tobacco or have already quit	• Congratulate them • Inform them that You will ask again to manage if relapsed
Want to quit tobacco	• Tell them that you will help and support to manage withdrawal symptoms during their TB medication
Do not want to quit tobacco	• Tell them you are asking because you are concerned about their health because of their tobacco use. And that whenever they decide to quit, you will be there to support them

Desktop Guide used in Nepal

Behavioural Support – when a patient wants to quit using tobacco

Pre quit

Set quit date and explain about the importance of 'not-a-poff' and 'not a chew' rule

Ask the patient to pledge to you to not smoke even one puff on a cigarette or chew tobacco after their quit date

Quit date

Remind the patient about your help and support to quit tobacco; possible withdrawal symptoms and cravings / urges to smoke or chew tobacco and how to deal with them

Address any potential high risk situations in the coming week e.g. family celebrations; advise on changing routine and managing situations where other people smoke

Confirm the importance of the "not a puff rule" and prompt a pledge to quit from the patient

Post quit

Check on progress

Ask about withdrawal symptoms, and how patient has dealt with them

Offer further advice about how to manage withdrawal symptoms

Reinforce the 'not a puff' and 'not a chew rule'

Be positive, non-judgmental and patient!

4.6   Adaptation guidelines:

The work of the TB & Tobacco project has highlighted the need for cessation materials and support for NTPs and other TB service providers to integrate tobacco cessation within their routine TB services. To facilitate adaptation of the materials developed by the TB & Tobacco project, we have developed an adaptation guideline. This explains how the materials can be used and adapted in different settings, contexts and environments. For example, all of these materials are originally developed while keeping in mind individual consultations between the health worker and the patient with TB. However, during WP4 health workers fed back that there should be other modes of delivery as well, including: delivery of messages while patients wait at the waiting area to be seen by the health workers; using the peer group or one-to-one peers to deliver the tobacco messages; delivery of the messages in a group rather than only on individual consultation. To maximise the value of the adaptation guidelines, we plan to finalise them only after we have collated all the learning from the evaluation of WP6.

4.7   Policy and management implementation strategies

Drawing on lessons from Work Package 5 on the institutional context for the integration of tobacco into TB programmes, we identified a number of policy and management areas that required change. These issues were similar across all three countries and reflect the low priority that has been given to tobacco cessation within the policy and management of TB programmes. We have worked closely with policy makers throughout the work of the TB & Tobacco project and this has allowed us to jointly identify policy and management areas that can be adapted and strengthened to integrate tobacco cessation. The table below provides a summary of the gaps identified during WP1, 4 and 5 and the implementation strategies that we are currently using in WP6 to address these gaps.

Policy and Management Gaps	What we did
The policy analysis conducted in year 1 identified that tobacco cessation was not integrated in NTP policies	In Pakistan, TB & Tobacco consortium members were able to revise NTP Policies to include tobacco cessation.
	Continual engagement with NTPs and NTP directors, who were invited to discuss their plans for integration at a meeting with WHO[1], UNDP[2] and FCTC[3] secretariat representatives.
	Developed a brief video (script 1) to raise awareness of TB and Tobacco links among managers and decision makers
WP5 and WP1 interviews with policy makers highlighted that tobacco integration was seen as	We ensured that all materials and the training programme focused on TB treatment success and how tobacco cessation supports that goal for their patients

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[1] WHO World Health Organisation
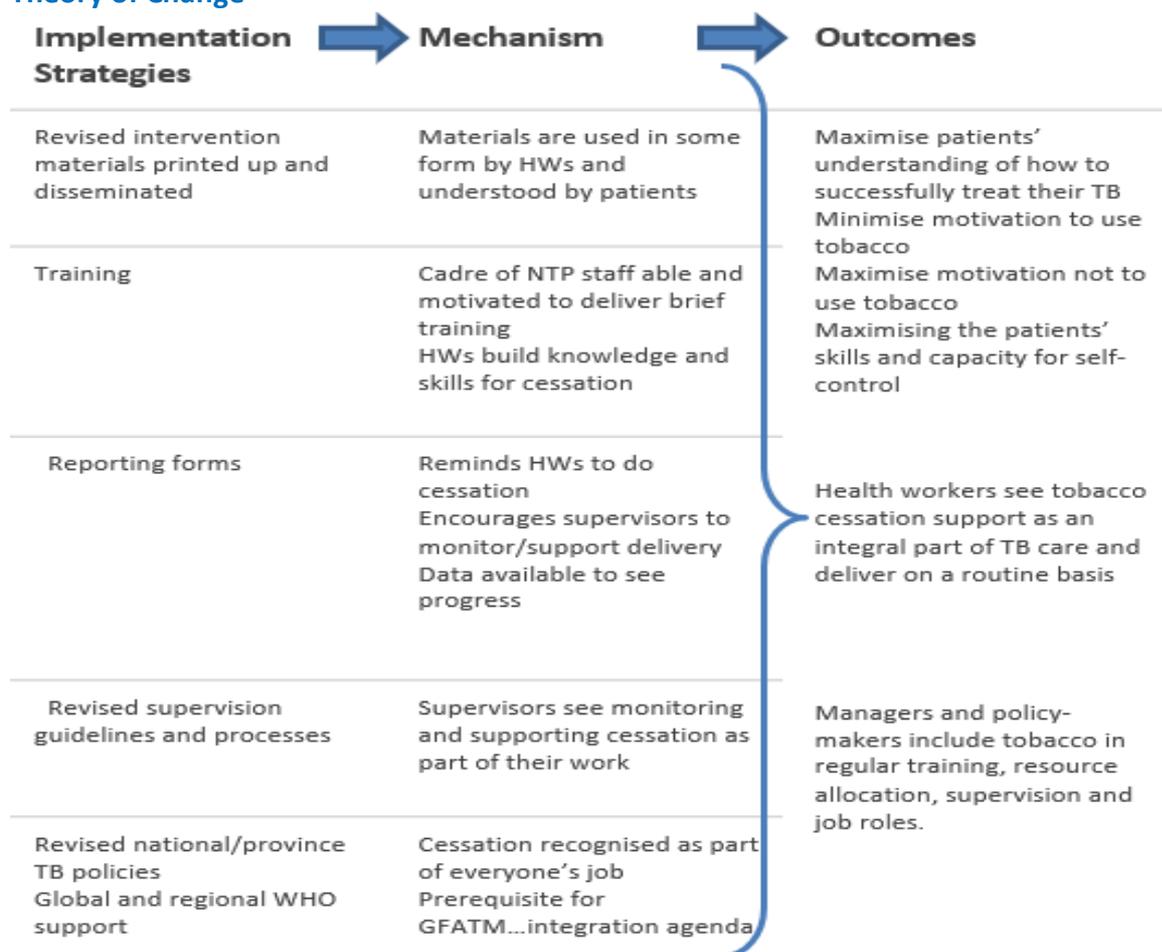[2] UNDP: United Nations Development Programme
[3] FCTC: Framework Convention on Tobacco Control

an 'add-on' not the main priority.	
WP5 and WP1 highlighted no supervision for tobacco cessation	As part of WP6 we reviewed and revised supervision guidelines.
No way of recording tobacco status/quit whilst managing TB patients	We have work with NTPs to revise the TB reporting forms used in routine practice.

5 How with the implementation strategies work? Our Theory of Change

The researchers from the University of Leeds, The Initiative, KMU and PTP in Pakistan, HERD in Kathmandu and ARK Foundation in Bangladesh developed a theory of change for providing BS counselling services to help people with TB to quit smoking tobacco. The impact that these outcomes should lead to is reduced tobacco use among people with TB, for improved health and well-being.

Theory of Change

Implementation Strategies	Mechanism	Outcomes
Revised intervention materials printed up and disseminated	Materials are used in some form by HWs and understood by patients	Maximise patients' understanding of how to successfully treat their TB Minimise motivation to use tobacco
Training	Cadre of NTP staff able and motivated to deliver brief training HWs build knowledge and skills for cessation	Maximise motivation not to use tobacco Maximising the patients' skills and capacity for self-control
Reporting forms	Reminds HWs to do cessation Encourages supervisors to monitor/support delivery Data available to see progress	Health workers see tobacco cessation support as an integral part of TB care and deliver on a routine basis
Revised supervision guidelines and processes	Supervisors see monitoring and supporting cessation as part of their work	Managers and policy-makers include tobacco in regular training, resource allocation, supervision and job roles.
Revised national/province TB policies Global and regional WHO support	Cessation recognised as part of everyone's job Prerequisite for GFATM...integration agenda	

5.1 Identifying drivers for changes

The drivers of change are the main actors who have roles in the management of TB services in their respective countries . The Initiative, KMU and PTP KP province were involved in determining the drivers of changes in Pakistan. ARK foundation and HERD were involved in determining the drivers of changes in Bangladesh and Nepal respectively. Drivers of change are the dynamic groups of actors, who have roles in shaping the TB programme in each country. For example, before the introduction of federalism in Nepal, the resources and responsibility of running the TB programme used to remain within the District Health Office. However, after the federalization, it is still not clear whether their roles remain the same or will be transferred to the local authorities. Similarly, due to decreased budget for the year 2019 for the TB programme in KP province in Pakistan it is not clear whether the PTP will be able to roll out the cessation intervention to all health facilities or not. The identified drivers for change are the focus of our engagement activities during WP6. We will work closely with them and present our findings on the evaluation of our implementation strategies at the forthcoming 'Way Forward Workshops' to be held in each country.

6   Scaling-up beyond Nepal, Pakistan and Bangladesh

We have conducted two key activities to support the scale-up of integration beyond the three countries of the TB & Tobacco project. These were (1) holding an international workshop with global policy and decision-makers on TB and Tobacco and (2) designing a website targeted at NTP managers and health workers to disseminate all materials and support integration.

6.1   International Workshop Integrating Tobacco with TB services

The workshop included participants from WHO's Tobacco and TB teams based in Geneva and from WHO EMRO, the FCTC Convention Secretariat, the NTP Director, Bangladesh and UNDP as well as members of the TB & Tobacco consortium from Leeds, York, Bangladesh, Nepal, Pakistan andDusseldorf. The workshop was held on 5th November 2018, close to WHO headquarters in Geneva. It was funded by University of Leeds GCRF Impact funding.

Workshop Objectives

1. To reflect on WHO meeting and clarify any actions across the consortium to support scale-up
2. To update on progress for scaling up the TB & Tobacco Behavioural Support Intervention in the selected geographical areas in Pakistan, Nepal and Bangladesh.
3. To finalise the quantitative and qualitative data collection and analysis plans
4. To discuss the focus, content and timeframe for the WP6 publication

During the presentations and discussions, the following factors were identified as enabling the integration of tobacco cessation within TB programmes:

- Financial support – WHO can advocate for this within the decision-making space at national level to allocate resources to support integration
- Revision of information systems– easier to integrate within digital systems, as these are being piloted and scaled up in LMICs; this is an opportunity for inclusion of tobacco use/quit indicators.
- Emphasis on a patient-centred approach – health workers need new skills to support patients to change their risky behaviours, like tobacco use, alcohol etc.
- Comprehensive approach to tobacco – including campaigns to raise awareness of the dangers of tobacco among groups vulnerable to tobacco uptake, e.g. young people, women, urban migrants.
- Respond to policy opportunities – e.g. the UN (United Nations) High Level Meetings on TB and on NCDs were on consecutive days, which provided an opportunity to discuss integration both at country level (Bangladesh) and at the UN HLM.
- Sharing the evidence of the associations between tobacco and TB and on the cost-effectiveness of tobacco cessation within TB programmes.
- To achieve case finding targets, there is a need to focus on co-morbidities such as diabetes and risk factors, such as tobacco. Relying on only screening those with a cough of 2 weeks or more will miss many cases.

- Global fund (GFATM) can take the lead in funding health systems interventions such as training of trainers and health workers for cessation within NTPs, revising reporting forms and systems and required materials.

6.2   Website: what is included and target audience

The TB & tobacco website (www.tbandtobacco.org) contains promotional and educational materials for people managing TB programmes. It includes videos and text materials that health workers can use, follow and refer to while treating people with TB, especially for counselling people with TB to quit smoking tobacco. The website currently contains the following materials, which are available in Bengali, Nepali and Urdu.

Website materials	What it includes	Target audience
Video 1:	This video provides basic information on the link between TB and Tobacco and can be used to raise awareness of this issue with national TB programmes.	NTP Managers, MoH decision-makers
Video 2:	This video demonstrates how a health professional or 'DOTS' facilitator can ask about a patient's tobacco use and provide advice on quitting.	DOTS facilitators
Video 3:	This video demonstrates how a health professional or 'DOTS' facilitator can help a patient to set a quit date and be prepared to deal with cravings and side-effects.	DOTS facilitators
Flipbook	This flipbook is for use by DOTS facilitators/health professional to support them to take their TB medicines, live healthily and quit tobacco. One side of the flipbook has been designed for use with male patients and the other with female patients. The side facing the patient includes a photograph of the key message and the reverse-side which faces the health professional provide key messages for the health professional to convey to the patient.	DOTS facilitators
Leaflet double sided with colour photos	This leaflet provides information about the dangers of tobacco, particularly for TB patients, the benefits of quitting and advice on dealing with side effects. The leaflet can be given to patients interested in quitting and those who may smoke, but are not quite ready to make a quit attempt. It aims to provide them with the information needed to encourage them to return to the clinic to make a quit attempt.	DOTS facilitators / public / people with TB and their family members.

Posters 1 = advertising service	As tobacco cessation is a new service in many TB clinics, this poster advertises the availability of support to quit tobacco in the clinic.	Public
Poster 2 = benefits of quitting	This poster emphasises the benefits of quitting tobacco for TB patients.	Public
Health Professional guide	This guide helps DOTS facilitators/health professionals to support TB patients to stop tobacco use, manage their TB treatment and to live a healthy life. It provides details of the research evidence behind the strategies to support patients to quit and gives top tips on how to communicate and support patients.	DOTS facilitators/health professionals
Desktop reminder	This one-pager desktop reminder can be stuck on the health professionals/ DOTS facilitator's desk or wall to provide a quick reminder of the key message to advise patients and support them to quit. It should be used in conjunction with the other materials and training available here.	DOTS facilitators

The adaptation guidelines and programmes and materials for the training of trainers and health workers training will be added to the workshop following revisions during WP6.

7 Conclusion

The findings from WP1, WP4 and WP5 have been crucial in informing the changes required both to the intervention delivery process and to the health systems in the three countries. The work currently being undertaken to facilitate sustainable scale-up of the intervention in the three countries and beyond is being evaluated as part of WP6. This evaluation will provide further lessons on the implementation process and will inform national scale-up in the three countries.

> For copies of all materials and information to support implementation of the integrated tobacco cessation please visit our website: https://tbandtobacco.org/