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Developing, Managing, and Sustaining an Effective International Tobacco Dependence Treatment Partnership

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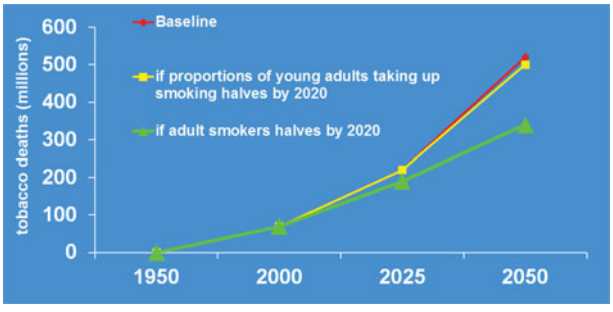
Introduction: Global Bridges, hosted at Mayo Clinic since 2010, is the only international network of healthcare professionals dedicated to tobacco dependence treatment. Globally, fewer resources have been dedicated to treatment than to other evidence-based tobacco control policies. The Global Bridges network seeks to aid in filling this gap in tobacco control.
Aims: This paper identifies ways to advance tobacco dependence treatment, as well as tobacco control, through efficient and effective use of a global health care provider network.
Methods: Observation and critical analysis of lessons learned, project outcomes to date, and network analysis.
Results/Findings: The initiative has built a strong global foundation, with training curricula developed and delivered in a number of countries, including low- and middle-income countries. While basic evaluation of content mastery and learner satisfaction has been conducted, more intensive evaluation and follow-up to confirm public health impact are essential needs. Finally, program analysis and application of management theory can be used in aiding future activities aimed at providing support for health care providers in the delivery of tobacco dependence treatment and in similar global public health endeavors.
Conclusions: The Global Bridges healthcare professional network, now in its sixth year, has developed training curricula and expanded evidence-based tobacco dependence education among healthcare professionals. Global Bridges comprises a unique and important component of the broader tobacco control community, and can play an integral role in furthering global tobacco control progress.

Introduction: Establishing the Need for Global Bridges

Globally, more than 1 billion people smoke cigarettes on a daily, or near daily, basis. The majority of these smokers would like to quit, but lack access to science-based, medically proven treatments for tobacco dependence, which has been shown to be both efficacious and cost effective (WHO, 2015). Even brief advice from a healthcare professional (HCP) can increase a smoker's chances of stopping smoking. In terms of efficacy, cost effectiveness, and impact, tobacco dependence treatment has been ranked in the top three preventive services (e.g. cholesterol reduction, hypertension management), and has been found to be cost saving (Maciosek et al., 2006). The figure below (World Bank, 1999) illustrates that, if 50% of all adult smokers could stop by the year 2020, nearly ***180 million*** lives could be saved by 2050, resulting in enormous public health and economic benefit.



Source: World Bank, 1999.

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However, especially in low- and middle-income countries (LMICs), healthcare professionals (HCPs) often lack experience and knowledge about the devastating health toll of tobacco and how to effectively treat tobacco dependence. Further, the infrastructure to support treatment services is highly variable and often non-existent in LMICs. Thus, in order to maximise their effectiveness, many HCPs in LMICs have found that, in addition to treating tobacco dependence, they must also become advocates for systems changes to support delivery of this treatment. Simply stated, building capacity for tobacco dependence treatment among HCPs remains an unaddressed need in most LMICs, and in many high-income countries.

In addition to treatment capacity, credible health advocacy is urgently needed in the many countries where tobacco use represents one of the most important threats to public health. Because HCPs are among the most educated members of any community and are viewed as the most credible source of health information, they represent a highly motivated, yet largely untapped, force for addressing the tobacco pandemic.

Addressing the Need – Accomplishments of Global Bridges

Global Bridges: Healthcare Alliance for Tobacco Dependence Treatment was created in 2010 with an unrestricted education grant to Mayo Clinic from Pfizer Medical Education Group. The initiative's primary objective was to expand the reach of evidence-based tobacco dependence treatment through the development of a global network of HCPs and organisations. A secondary, but related, objective was to aid in facilitating the global implementation of the WHO's Framework Convention on Tobacco Control (FCTC) Article 14, which requires all 180+ countries which have ratified this treaty to develop national guidelines for the delivery of tobacco dependence treatment to all who express interest in stopping tobacco use.

During the first phase of the initiative (2010–2014), four initial partner organisations (King Hussein Cancer Center in the Eastern Mediterranean Region, InterAmerican Heart Foundation in the Americas, and the University of Pretoria in Africa, later joined by the National Centre for Smoking Cessation and Training (NSCST) in Europe) were carefully selected based on their expertise and dedication to the treatment field. Partners pledged to devote a significant portion of time (estimated at 30% FTE for each Regional Director, plus administrative support) to development of a Global Bridges network and training curriculum, and promoting tobacco dependence treatment in their region.

In the first months of the project, each Regional Director reviewed their region's landscape with respect to tobacco dependence treatment and, using the ATTUD (Association for the Treatment of Tobacco Use and Dependence) 'Core Competencies' as a guide (ATTUD, 2005), developed evidence-based, culturally appropriate training curricula in local language(s). Regional Directors were also responsible for working with colleagues in their region to schedule and populate training sessions. The first Global Bridges training was held in April 2011, in Puebla, Mexico and included 70 trainees. In total, Global Bridges partners in the first phase conducted 80 training sessions, ranging in duration from 1–3 days, with participants from 62 countries, for a total of more than 30,000 person-hours of training (see Table 1). Mastery of core content increased significantly post-training (Personal communication; Hawari and Zabert, 2015). During the first phase, Global Bridges-trained HCPs treated an estimated **3.8 million** tobacco users (Network survey of Global Bridges grantees, 2013; unpublished).

In addition to onsite training, the initiative's strategy has included the creation and maintenance of a multilingual website (www.globalbridges.org) used by grantees, trainees, and other network members to share information on tobacco dependence treatment and training worldwide. Global Bridges also partnered with the University of Toronto Centre for Addiction and Mental Health to review existing English-language distance learning programmes (Selby et al., 2015) and develop distance learning curricula in Arabic and Spanish to further expand the reach of this initiative.

The impact of Pfizer's investment in, and Mayo Clinic's stewardship of, the Global Bridges network is ongoing. Regional partners from the first phase of the initiative have continued to play leadership roles in promoting and advocating for tobacco dependence treatment in their regions, and continue to be active in treatment and tobacco policy. They are also serving as mentors for second-phase grantees, as described below.

The second phase of the initiative – a competitive, peer-reviewed grant programme – began in 2014, and currently supports 19 educational projects working in LMICs across all six WHO regions (see Table 2). While these new projects will not conclude until 2016, as of July 2015 (the last report submitted as of this writing) an additional 1,943 HCPs had been trained. In total, second-phase grantees expect to train more than 12,500 HCPs during their projects, representing a significant increase in scale over the first phase.

In addition to building worldwide treatment capacity through training, the Global Bridges network has sought to fulfil another important need: urging national healthcare systems to make treatment support available and affordable for *all* tobacco users. Among evidence-based tobacco control policies, countries' implementation of treatment measures has been disappointingly slow. A recent report by the World Health Organization (WHO) released on the 10th anniversary of the WHO's FCTC, found that implementation of FCTC Article 14, which deals with treatment, lags behind other important tobacco control policy areas, such as smoke-free environments and raising taxes on tobacco products, which have been implemented by more than half of the countries which have ratified the FCTC. By comparison, only 24 countries, or 12% of the

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Table 1

Global bridges training sessions all regions through dec 2014

	Dates	Location (City, Country)	Sponsoring Organisation(s)	Total # Participants	Length of Training (Hours)	Person-Hours	Participant Background/ Speciality (if Provided)
1	April 28, 2011	Puebla (Mexico)	Sociedad Mexicana de Neumología y Cirugía de Tórax-Asociacion Latinoamericana del Torax	70	8	560	Physicians, psychologists, nurses, social care worker, students
2	May 7, 2011	Neuquen (Argentina)	Sociedad Norpatagonica de Nefrologia	15	8	120	Physicians, psychologists, nurses, social care worker
3	Julio 1, 2011	Asuncion (Paraguay)	Sociedad Paraguaya de Neumología-Asociacion Latinoamericana del Torax	86	8	688	Physicians, psychologists, nurses, social care worker, students
4	April 27–28, 2011	Amman - Jordan	GB and KHCC	16	10	160	National meeting
5	June 27–30, 2011	Amman - Jordan	GB , Syrian Center for Tobacco Studies, Jordan University of Science and Technology	31	20	620	Regional conference*
6	August 16–18	Ibadan, Nigeria	Global Bridges	25	21	525	Medical officers, nurses, cardiologists, pulmonologists, psychiatrists, and dentists.
7	August 23–25	Pretoria, South Africa	Global Bridges	29	21	609	Counsellors, TB nurses, physiotherapists, physicians, dentists, and public health practitioners.
8	September 23, 26, 27	Lagos, Nigeria	Global Bridges	29	21	609	Resident physicians, dentists, cardiologists, physicians, medical directors, and nurses.
9	August 4, 2011	Cordoba (Argentina)	Asociacion Argentina de Tabacologia (AsAT)	62	4	248	Medical, psychology, and nursing Students
10	August 8, 2011	Parana (Argentina)	Programa de Prevencion Enfermedades Cronicas de Entre Rios	39	8	312	Physicians, Psychologists, Nurses, social care worker, students
11	September 7, 2011	San José (Costa Rica)	VI Congreso Nacional de Cardiología-Costa Rica (ASOCAR)	43	8	344	Physicians, psychologists, journalist, nurses, social care worker, students
12	October 16, 2011	Lima (Peru)	3rd Regional Conf Tabaco o Salud	27	4	108	Basic training
13	October 15, 2011	Lima (Peru)	3rd Regional Conf Tabaco o Salud	23	4	92	Advanced training
14	28-Oct-11	Ecuador	Health Ministry of Ecuador	42	8	336	
15	21–23 October	Zambia	University of Zambia	22	20	440	
16	7–8 November 2011	Kinsasha, DRC	Global Bridges	33	12	396	
17	28-Nov	South Africa	Public Health Assn of South Africa	37	16	592	
18	29-Nov	Cairo, Egypt	Global Bridges AFRO + EMRO regions	0	0	0	

Table 1
Continued

	Dates	Location (City, Country)	Sponsoring Organisation(s)	Total # Participants	Length of Training (Hours)	Person-Hours	Participant Background/ Speciality (if Provided)
19	December	Tunisia	Ministry of Health in Tunisia and Global Bridges	23	16	368	Three-day training on TDT and basics of tobacco control
20	23-Apr	Addis Ababa, Ethiopia	Global Bridges	158	6	948	
21	March 11–13	Cairo, Egypt	Global Bridges	32	16	512	
22	April 14–16	Abu Dhabi, UAE	Global Bridges	22	16	352	
23	March 12–13, 2012	La Plata, (Buenos Aires, Argentina)	Ministry of Health Provincia de Buenos Aires	45	9	405	
24	April 10–11, 2012	Cancun, Quintana Roo (Mexico)	Sociedad Mexicana de Neumología y Cirugía de Tórax, Asociacion Latinoamericana del Torax	41	10	410	
25	30-May	Kingston, Jamaica	InterAmerican Heart Association	50	8	400	
26	June 23–25	Tunis, Tunisia	MoH Tunisia and Global Bridges	29	16	464	
27	July 9–11	Kampala, Uganda	Global Bridges	32	20	640	
28	July 15–16	Amman, Jordan	Global Bridges	39	12	468	
29	August 6–8	Enugu, Nigeria	Global Bridges	35	20	700	
30	September 5	Bloemfontein, South Africa	Global Bridges	28	8	224	
31	May 23rd/24th	Rio Grande, Argentina	Tierra del Fuego Ministry of Health	41	9	369	
32	May 28th/29th	Salta, Argentina	Salta Ministry of Health	50	9	450	
33	July 3rd/4th	Montevideo,Uruguay	ALAT and the Internal Medicine and Pnuemology Department of the 'Universidad Nacional de la Republica'	23	9	207	
34	July 12th/13th	Bahia Blanca, Argentina	Health Department of the Municipality of Bahia Blanca	31	16	496	
35	August 9th	Buenos Aires, Argentina	Asociación Argentina de Tabacología (AsAT)	23	6	138	
36	August 24th/25th	Mendoza,Argentina	Facultad de Ciencias Médicas de la Universidad Nacional de Cuyo	29	9	261	
37	September 20–25	Asunción, Paraguay		42	16	672	

Table 1
Continued

	Dates	Location (City, Country)	Sponsoring Organisation(s)	Total # Participants	Length of Training (Hours)	Person-Hours	Participant Background/ Speciality (if Provided)
38	October 7–9	Abu Dhabi		47	16	752	
39	October 29th	Madrid (Nurses), España		11	8	88	
40	October 18	Amman - Jordan	Global Bridges EMR	38	7	266	
41	November 14, 18, and 19	Amman, Irbid, Karak - Jordan	KHCC	175	7	1225	
42	November	Kuwait - Kuwait	Ministry of Health – Kuwait	100	1	100	
43	November 26–28	Mauritius	GB and ViSa	41	21	861	
44	November 29-30	Rodrigues, Mauritius	GB and ViSa	34	14	476	
45	December 13–15	Fes, Morocco	Centre Hospitalier Universitaire Hassan II 1- The workshop was held under the patronage of His Highness Sheikh Majid bin Mohammed bin Rashid Al Maktoum, Chairman of Dubai Culture and Arts Authority (through Dubai Health Authority)	40	16	640	Oncology, pulmonology, psychiatry
46	Jan 26–27	Dubai, UAE	2- Sultan Qabous University	50	14	700	Pulmonology, public health, nursing, general physicians, cardiologists, family physician, respiratory specialists, professors, residents
47	March 6 2013	Guatemala	XXVII Congreso Centroamericano y del Caribe de Neumología y Cirujía del Tórax	19	8	152	Physicians pneumologist, psychologists, psychiatrists, paediatricians
48	March 8 2013	Mexico City, Mexico	Instituto Nacional de Enfermedades Respiratorias (INER)	37	8	296	Physicians, psychologists, nurses, social workers, programme coordinator
49	April 4 2013	Merida, Mexico	LXXII Congreso Nacional de Neumología y Cirujía del Torax (SMNyCT)	34	8	272	Physicians, psychologists, pneumologist, social workers, medical students
50	April 15 2013	Amman, Jordan	Global Bridges – EMR	52	17	884	
51	May 29 2013	Cape Town, South Africa	Global Bridges for WNTD	72	7	504	One-day training with Director of Health Promotion, health promoters, community health workers, health officers, and nurses

Table 1
Continued

	Dates	Location (City, Country)	Sponsoring Organisation(s)	Total # Participants	Length of Training (Hours)	Person-Hours	Participant Background/ Speciality (if Provided)
52	July 2 2013	Tunisia	Global Bridges – EMR, Ministry of Health Kuwait, Sultan Qaboos University	40	17	680	Physicians
53	August 8 2013	Buenos Aires, Argentina	8° Congreso Argentino TABACO O SALUD, 4° Encuentro Argentino-Uruguayo	13	5	65	Nurses
54	6-Aug	Pretoria, South Africa	Global Bridges	44	8	352	One-day training with health promoters in Gauteng province department of health
55	21-Aug	Vitoria, Brasil	Congreso Brasileño de Asma, EPOC y Tabaquismo	41	9	369	Physicians, psychologists, nurses, social care worker, students
56	23-Sep	La Paz, Bolivia	GB training	49	8	392	Physicians, psychologists, nurses, social care worker, students
57	24-Sep	La Paz, Bolivia	GB training	36	8	288	Physicians, psychologists, nurses, social care worker, students
58	September 25, 2013	Cape Town, South Africa	Global Bridges and PHASA	60	8	480	
59	24-Sep	Entre Rios, Argentina	Global Bridges and Entre Rios MoH	24	8	192	Physicians
60	5-Oct	Neuquen, Argentina	GB training – Comahue National University	66	8	528	Physicians, psychologists, nurses, social care worker, medical students, students of psychology, and nurse students
61	10-Oct	Entre Rios, Argentina	GB training	17	8	136	
62	13-Oct	Mendoza, Argentina	AAMR, Fundacion Hospital Español de Mendoza y Global Bridges/1er Jornada de Capacitacion y entrenamiento en el tratamiento de la dependencia al tabaco	21	8	168	Physicians, psychologists, Nurses
63	Nov 25-27	Gaborone, Botswana	Global Bridges	30	16	480	Nurses
64	19-Oct	Buenos Aires, Argentina	XXIV Congreso Interamericano de Cardiología y XXXIX Congreso Argentino de Cardiología	27	8	216	Physicians, nurses, cardiologists, psychologists, nutritionists
65	September 18–20	Maseru, Lesotho		35	16	560	Nurses, health promoters
66	31-Oct	Muscat -Oman	Sultan Qaboos University	200	1	200	Physicians, especially pulmonologists
67	November 11th	Las Grutas, Rio Negro (Argentina)	Ministerio de Salud Rio Negro	40	8	320	Physicians, nurses, cardiologists, psychologists, social care worker, radiologist, nutritionists, dentist

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Table 1
Continued

	Dates	Location (City, Country)	Sponsoring Organisation(s)	Total # Participants	Length of Training (Hours)	Person-Hours	Participant Background/ Speciality (if Provided)
68	November 11–13	Amman, Jordan	Global Bridges – Central, Global Bridges – EMR, KHCC, MoH-Jordan, WHO-EMRO	88	21	1848	Regional HCPs/policymakers
69	November 4th	Bariloche, Rio Negro (Argentina)	Ministerio de Salud Rio Negro	25	8	200	Physicians, nurses, cardiologists, psychologists, social care worker, physiotherapist
70	November 24,25, and 26	Amman, Irbid, Karak - Jordan	KHCC and Global Bridges EMR	150	5	750	Teachers and counsellors responsible for supervising health promotion activities
71	1-Dec	Amman - Jordan	Local NGO	55	1	55	Medical students
72	December 8–9	Kuwait - Kuwait	Global Bridges, Kuwaiti MoH, DHA	21	12	252	School-health physicians
73	December 10–11	Kuwait - Kuwait	Global Bridges, Kuwaiti MoH, DHA	83	5	415	School-health nurses and social workers
74	March 26th 2014	Costa Rica	Workshop 4 CToH	56	8	448	Physicians, nurses, cardiologists, psychologists, social care worker, physiotherapist, health promoters, pneumologist, researchers, teachers, students
75	June 8th	Montevideo, Uruguay	2do.Congreso Uruguayo De Medicina Ambulatoria y Nutrición del Conosur.	99	5	495	Physicians, nurses, cardiologists, psychologists, students, geriatricians, and nutritionist
76	July 31st–Aug 2nd	Medellin, Colombia	IX Congreso Asociación Latinoamericana del Torax (ALAT)	23	8	184	Physicians, physiotherapist, pneumologist, surgeons
77	Aug 21st–23rd	Colonia de Sacramento, Uruguay	I Congreso Uruguayo Tabaco o Salud (AsAT-SUT)	16	5	80	Physicians, pneumologist, cardiologists, social care worker
78	Aug 23rd	Neuquen, Argentina	Jornadas Pedagogicas de Medicina Repiratoria – Comahue University	25	6	150	Physicians, students
79	Oct 7th–10th	Gramado, Brazil	XXXVII Congreso Brasileño de Neumología y Torácica, XIII Congreso Brasileño de Endoscopia Respiratoria	35	8	280	
80	25-Nov	Mexico City, Mexico	INER trainees	25	8	200	
				3596		33242	

Table 2
Global bridges 2014 tobacco dependence treatment award recipients

Organisation Name	Project Title	Country	WHO Region
International Primary Care Respiratory Group	Training community health workers in rural Uganda to introduce stop smoking interventions in the context of a lung health awareness campaign	Uganda	Africa
University of Nairobi	Tobacco cessation through use of oral healthcare providers in Kenya	Kenya	Africa
College of Medicine, University of Lagos	Physicians as change agents to facilitate tobacco cessation in clinical practice	Nigeria	Africa
InterAmerican Heart Foundation	Capacity building for smoking cessation training in Latin America: expanding the work of Global Bridges 2011–2013	Latin America Region	Americas
InterAmerican Heart Foundation	Strengthening healthcare capacity for Article 14 by developing a strategic approach to analysing need and planning a strategy	Bolivia	Americas
Fundación Interamericana del Corazón México	Strengthening healthcare capacity for FCTC Article 14 implementation in Mexico by advocating for a more strategic approach to expanding tobacco dependence treatment	Mexico	Americas
Catalan Institute of Oncology	Development and Dissemination of a Tobacco Cessation Training Programme for Healthcare Professionals in Spanish-speaking Countries	Guatemala, Paraguay, Bolivia	Americas
Centro de Estudos em Saúde Mental do ABC	Implementing evidence-based tobacco dependency treatment in addiction/mental healthcare units in Brazil	Brazil	Americas
European Network for Smoking and Tobacco Prevention – ENSP	EPACTT-EuroPean Accreditation Curriculum on Tobacco Treatment	Romania, Armenia, Georgia, Ukraine, Russia	Europe
University of Crete	Developing a primary care tobacco dependence treatment network in Crete, Greece	Greece	Europe
University of Arizona	Building Capacity for Illness-specific tobacco cessation among nurses and clinical psychologists in Turkey	Turkey	Europe
American University of Armenia, School of Public Health	Implementing the FCTC ARTICLE 14 in Armenia through advocacy and training	Armenia	Europe
National Heart Foundation Hospital & Research Institute	Capacity building of primary care physicians for treatment of tobacco dependence in Bangladesh	Bangladesh	SE Asia
Public Health Foundation of India	Strengthening Cessation capacity in the National Tobacco Control Programme of India	India	SE Asia
Salaam Bombay Foundation	Capacity building of healthcare professionals to create a workforce trained in tobacco dependence treatment at different levels of healthcare settings	India	SE Asia
Zhejiang University	Building Tobacco Treatment Capacity in Medical Universities and Affiliated Hospitals in China	China	Western Pacific
China – United States Smoke-free Workplace Initiative	Build the Bridges: from Capacity Building to Practice	China	Western Pacific
Institute of Social and Medical Studies	Building capacity to deliver evidence-based tobacco use treatment in Vietnam	Vietnam	Western Pacific
King Hussein Cancer Center	Expand availability of tobacco dependence treatment services in the Eastern Mediterranean Region through building sustainable evidence-based in-country training programmes	Jordan, Oman, Tunisia, Morocco, Egypt	Eastern Mediterranean

parties to the FCTC, have reported complete implementation of cessation programmes, lower than for any other MPOWER (WHO, 2015) measure. In Global Bridges' second phase, two grants were awarded in a special project category for 'A14 implementation'; these projects (in Bolivia and Mexico) are now in process. A third-phase Request for Proposals, released on 17 November 2015 and focused in the WHO European Region, also included this project category with an increased award level. Through its multilingual website, active presence at professional conferences, publications, and partnerships with other leadership organisations, Global Bridges continues to build a more prominent profile for treatment within the specific effort to implement the FCTC's Article 14 and in the wider context of global tobacco control.

More broadly, there is reason for optimism concerning implementation of Article 14 and greater focus on tobacco dependence treatment globally. Three events in which Global Bridges played an active role at the 2015 World Conference on Tobacco OR Health, in Abu Dhabi, UAE, have helped give rise to this optimism: (1) the Bloomberg initiative gave its first international tobacco dependence treatment award (to Uruguay, for its national efforts to provide cessation support to any tobacco user who wishes to stop) after declining to do so for nearly a decade, citing the lack of worthy recipients; (2) the American Cancer Society awarded its prestigious Luther Terry Award, for the first time, to an individual – Dr. Eduardo Bianco – whose career has focused on establishing tobacco dependence treatment as a global imperative; and (3) the Conference itself adopted a resolution calling for at least 50% of Parties to have developed and published a national treatment strategy, in accordance with Article 14 guidelines, by the time of the next World Conference in 2018. Continued progress in this direction by the tobacco control community will ensure that treatment capacity is better able to meet the increased global demand generated by complementary MPOWER policies.

Some of the network participants have endeavoured to share their experience and learning with the broader scientific and medical community, on the Global Bridges website, in peer-reviewed publications, and/or other venues. In some cases, the network connections enabled by Global Bridges have led to broader collaborative efforts. The team at King Hussein Cancer Center worked with the WHO and international colleagues to develop and publish tobacco dependence treatment guidelines for Jordan (Hawari et al., 2014). A grantee in Brazil convened a 'virtual webinar' on treatment, featuring presentations from grantees in India, Argentina, and Armenia. Another grantee, at the American University of Armenia, is conducting cross-country analyses of treatment barriers in cooperation with other Global Bridges grantees. Beyond the grant projects which it supports, the initiative has been supportive of the preparation of publications such as a recent Comment in The Lancet which calls for broader implementation of Article 14 of the FCTC.

Lessons Learned in Multinational Project Management

The Global Bridges network remains in the early stages of development. Long-term impact of the first phase – providing training in the treatment of, and advocacy for, tobacco dependence treatment – remains to be fully evaluated, and the activities being conducted through the grants funded in the second phase are ongoing.

Yet, even in this early stage, there are important lessons which can be derived from the experience thus far in establishing and maintaining a global HCP network. These lessons may, perhaps, be generalised to other global efforts to address vital public health needs. Some of the lessons derived thus far include:

- **Get the right core management and regional teams on board.** The Global Bridges Executive Team includes expert leaders from respected organisations (including Mayo Clinic and the American Cancer Society) with deep experience in tobacco use and dependence and, equally important, extensive global networks. Regional partners and grantees, working largely independently, have had broad responsibility to develop curricula, implement trainings, document accomplishments, and nurture relationships on an ongoing basis. These activities have led them to be called on to support treatment and tobacco control in other ways within their regions and globally. Finally, in order to facilitate ongoing dialogue within the network via the website and social media, digital communications expertise has been essential.
- **Develop and follow a clear strategy.** The Executive Team's first task was to develop a mission statement, measurable objectives, and a vivid description of what 'success' would look like to the team. Adherence to a strategy which is developed and agreed to by the full team has aided in the group's efforts to stay focused and efficient. Periodic review of the strategy, and updating where required, is essential, and ensures that the group can adapt to significant changes in the environment or other factors. Having a trusted, capable team and a clear strategy enables the members to work independently to reach shared goals.
- **A 'ready-to-use' global training template does not exist.** Although the evidence supporting tobacco dependence treatment's effectiveness applies universally, there are many other local lessons which can be productively shared and there are important contextual variations between countries' treatment scenarios. For example, pharmacotherapy is often less available and affordable in LMICs. And in countries where HCPs have historically used a directive, therapeutic approach to treatment, behavioural techniques such as motivational interviewing need careful contextual presentation in order to be fully embraced. Therefore, each Global Bridges regional partner conducted a thorough local needs

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analysis before developing their curriculum. Subsequently, the WHO developed a comprehensive training package for tobacco dependence treatment (World Health Organization, 2013) which was piloted in and adapted for multiple countries and served as an important resource for later grantees' curricula.

- **Recognise and leverage the team's diversity to enhance its effectiveness.** In a global team, a variety of cultures, perspectives, and languages will, and should, be represented. While this can pose some logistical challenges (such as needing to communicate across different time zones and languages), management studies have shown that, if cultivated properly, cultural diversity can improve effectiveness and problem-solving. If team meetings are held in English, remember your partners may be communicating in their second or third language and it may take longer for all members to make themselves understood. Do not mistake this for a lack of expertise or reluctance to fully participate.
- **Communicate early and often**. Touch base with partners early and often during the development phase of the initiative, so there is time to understand barriers and correct them before they adversely affect the project. Leverage opportunities to be together, such as conferences. At the 2015 World Conference on Tobacco or Health in Abu Dhabi, daily breakfast briefings on topics of interest provided a forum for Global Bridges grantees to connect and network. Grantees later remarked on how much easier it is to reach out for advice after actually meeting colleagues face-to-face. Monthly web calls involving all grantees, supplemented by informal communication methods (social media, email) and regular website updates, provide an ongoing forum for continuing communication as projects move forward.
- **Understand that all of us are smarter than any one of us**. A diverse collaborative network can be a powerful problem-solver, and an active listserv is a great resource. When one grantee organisation had difficulty reaching a specialty target audience, they used the network to find other expert leaders from around the world who could offer advice. Country-based teams working on advocacy programmes supported by other funders have reached out to Global Bridges network members to add medical expertise and credibility to their initiatives.
- **Seek opportunities to cultivate motivated individuals with modest incremental support.** It can be tempting to spend disproportionate time on 'problem' areas, but do not neglect opportunities to cultivate high achievers. For example, partial travel support provided by Global Bridges through King Hussein Cancer Center has allowed 12 HCPs from the WHO Eastern Mediterranean Region to complete Tobacco Treatment Specialist certification training at Mayo Clinic; this programme is now expanding to additional regions and is believed by grantees to be a significant contributor to network development. In a separate example, incremental funding helped a grantee participate in a global expert meeting in Ankara, Turkey immediately after the 2015 World Conference in Abu Dhabi and bring the expertise gained at that meeting back to her own country/region, as well as expanding her personal network of global tobacco experts.
- **Build a robust evaluation plan into the programme.** While regional partners used pre- and post-learning surveys to measure learner mastery of content, longer-term follow up and patient impact were not included in the initial phase due to resource constraints. As the second phase is a decentralised set of independent grant projects, measurement along a common set of standards is not feasible. Therefore, the patient impact of HCP training can only be estimated. Longer-term, it will be vital, for the generalisability of the initiative, to confirm this through a well-designed evaluation programme.

Going Forward: Leveraging the Potential of the Global Bridges Treatment Network

In order to adapt its strategy and methods for the future, the team looks to external sources for inspiration. A recent paper by Uwe Gneiting provides some important guidance which could be applied to planning the next steps for the Global Bridges initiative and others in a similar phase of their development. Gneiting compared the global implementation of two policies promulgated by the FCTC – smoke-free environments (FCTC Article 8) and tobacco taxation (FCTC Article 6). Citing the relatively low success of taxation policy implementation as identified in the 2015 WHO report previously cited, Gneiting hypothesised that specific network, political, and issue characteristics play a vital role in how, and if, these policies are implemented. While treatment was not addressed in this paper, global implementation of treatment to date has been even less successful than taxation – as noted earlier, only 12% of the FCTC's signatory countries are compliant with the recommended tobacco dependence treatment actions – and reviewing Gneiting's analysis with respect to treatment may help guide future Global Bridges (and other) network activities towards greater success.

Gneiting identifies three categories of factors which have affected implementation of these polices:

1. **Network and actor features:** Gneiting's analysis emphasises the creation, evolution, and management of the Framework Convention Alliance (FCA) as a defining factor in tobacco control progress over the past 20 years. Overall, the FCA, consisting of more than 300 organisations both within and outside the global health field, has proven consistently adept at publicising the enormous public health toll of tobacco, motivating research to support policy, providing guidance and support for domestic implementation, and monitoring progress of FCTC measures. While treatment can be viewed as a subset of broader tobacco control (and indeed many treatment leaders are members of

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FCA's global network), to date, there has been little specific focus on treatment, beyond adoption of Article 14 Guidelines in 2010. Conventional wisdom and 'framing' has dictated that countries should implement other demand-side policies, such as smoke-free, before they are 'ready' for treatment. National treatment strategies may differ due to the low availability and relatively high cost of pharmacotherapy in many LMICs. Finally, many healthcare providers who could be effective policy champions prefer to dedicate their time to patient care rather than advocacy.

2. **Policy environment:** Treatment may have fewer allies and fewer opponents within the broader tobacco control context. While there are fewer groups whose interests align with treatment implementation, the tobacco industry has kept a close watch on any treatment advances that could impact its profits, while offering less aggressive opposition than in other policy areas such as taxation and smoke-free workplaces. Treatment has had modest funding compared to other tobacco control policies. The majority of Global Bridges' funding comes from the pharmaceutical industry, which is a perceptual problem for some. However, treatment could be carried along with the tide, as other policies are implemented and build demand for cessation support.
3. **Issue characteristics:** Ample evidence supports the cost-effectiveness of treatment and the relatively immediate impact of treatment on tobacco-caused death and disease. However, proponents of the 'population impact' approach to policy implementation argue that helping tobacco users affects a smaller subset of the population than taxation or smoke-free legislation, and therefore should be lower priority. Nonetheless, there is general agreement that a comprehensive approach, i.e. one that encompasses all evidence-based policies, is preferred.

Based on the analysis above, an overall prescription for solidifying and extending Global Bridges' progress in promoting global tobacco dependence treatment/Article 14 could include the following:

- Global Bridges can work to become a more effective champion for treatment within FCTC/FCA, i.e. allying itself with a broader array of global tobacco control policy advocates, as well as domestic allies, and the general public.
- Simplify and communicate the importance of treatment and the impact of making treatment available.
- Change the mindset of tobacco dependence treatment advocates that adoption of Article 14 in 2010 was an end in itself, but rather the signal for a new effort in tobacco dependence treatment, i.e. the global *implementation* of Article 14.
- Broaden the initiative's funding base.

The Gneiting analysis provides Global Bridges with an excellent, data-based, basis for future planning of the initiative, as well as incentive to continue seeking out other methods and analyses which can inform the future implementation of global tobacco dependence treatment.

Conclusion

The Global Bridges HCP network, now in its sixth year, has expanded, on a global scale, evidence-based tobacco dependence education among HCPs and facilitated efforts to increase implementation of FCTC Article 14. With an experienced management team, strong global collaborators, and an enduring mission, the Global Bridges network comprises a unique and important component of the broader tobacco control community, and is poised to play an integral role in future global tobacco control progress.

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Conflict of Interest

- Dr Hays and Ms Kemper are employed by the Mayo Clinic Nicotine Dependence Center, which receives grant and research funding from Pfizer.
- Drs. Hurt and Glynn are expert advisors to the Global Bridges initiative, which is funded by Pfizer Independent Grants for Learning and Change.
- Ms Wysocki has no conflict of interest.

Ethical Standards

This project involved no human and/or animal experimentation.

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