**Challenge And Project Overview**

Despite their proven value and smokers' interest in quitting, TDT services are limited in the EMR and are not yet integrated within the health care system. Such a shortage may be attributed to several barriers including the shortage of trained healthcare providers (HCPs) and the lack of access to evidence-based resources.

FCTC Article 14 highlights training of HCPs as a key low-cost strategy towards a TDT-supporting infrastructure. Training enhances HCP confidence and readiness to offer services, which in turn leads to improved patient health. Yet in the EMR, TDT training continues to be lacking. Thus, availing resources and developing capacity of faculty facilitates institutionalizing TDT training.

In order to bridge this gap, this project ultimately seeks to increase the number of trained HCPs in the EMR who can integrate TDT into their practice. Project aims will be achieved through establishing four self-sustaining training hubs in addition to the one existing at KHCC.

**Who and Where**

The project engages:

1. King Hussein Cancer Center (Jordan)
2. Ain Shams University (Egypt)
3. Ministry of Health (Tunisia)
4. Sidi Mohamed Ben Abdellah University (Morocco)
5. Sultan Qaboos University (Oman)

Partners serve as hosts of the established training hubs and support each other in addressing knowledge gaps, developing curricula, sharing best practices, and providing a 'go-to' reference group.

**When**

The project spans the duration of November 2014 – October 2016. Strengthening the network and collaborations extend beyond the official closing of the project.

**Methods**

At project completion, each hub will be capable of offering TDT training programs through local in-country faculty. TDT curricula and content will be developed and made available in all three languages that are in use in the region, Arabic, English, and French.

**Results | Lessons Learned**

**Functioning hubs:**
- Egypt: Several TDT clinics already launched
- Tunisia: Training for occupational health practitioners conducted in April 2016
- Oman: First workshop to be fully delivered by in-country faculty during May 22-24, 2016
- Morocco: Two clinics per participating city to be established by end of 2016

**Potential to practice and train:**
- 88% reported the ToT workshops to have enhanced their confidence to train on TDT
- More than 68% believe they will have the opportunity to practice and train in the coming 6 months

**Networking:**
- Value of staying in touch with the network: 3.4 (self-reporting on a scale of 1-4)

**Next Steps**

- Continue to strengthen capacity of faculty in delivering training
- Reinforce the learning: remotely engage faculty through the Virtual Clinic (Facebook group) to practice and share developments in the field of TDT
- Continuously update content: through creation of a central repository with specific responsibilities among faculty for updating materials
- Complete translation of materials into Arabic

**Phase I**

**Preparatory work:**
- Sign MoUs with host organizations
- Document and share KHCC’s experience
- Generate country assessments of TDT training needs
- Conduct a kick-off workshop for host organizations
- Define country-specific target audiences
- Design country-specific training programs
- Develop criteria for selection of in-country faculty

**Phase II**

**Developing content:**
- Translate content used by KHCC and customize it to fit needs of countries
- Develop additional content necessary for the region or for specific countries
- Develop additional interactive exercises, cases, and tools

**Phase III**

**Building capacity:**
- Select faculty-to-be by host organizations
- Remotely engage faculty-to-be in preparatory reading and post-reading knowledge assessment
- Conduct in-country training of trainers (ToT) workshops covering:
  - TDT knowledge and skills
  - Establishing TDT services
  - Training skills
  - Continuous professional development