

July 2021

Evaluation of the Global Alliance for Chronic Diseases

Executive Summary



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Abbreviation list

Abbreviation	Explanation
AHA	American Heart Association
ARC	Average of relative citations
BCURE	Building Capacity to Use Research Evidence
CAGR	Compound Annual Growth Rates
CBT	Cognitive-Behavioural Therapy
CDI	Citation Distribution Index
CEPI	Coalition for Epidemic Preparedness Innovations
CFIR	Consolidated Framework for Implementation Research
CIO	Charitable Incorporated Organisation
CoP	Community of Practice
CRAs	Collaborative Research Actions
CVDs	Cardiovascular diseases
DALYs	Disability-Adjusted Life Years
DDA	Disciplinary Diversity of Authors
DDR	Disciplinary Diversity of References
DHHS	Department of Health & Human Services (US)
DHSC	Department of Health and Social Care (UK)
DP	Diabetes Prevention
EDCTP	European and Developing Countries Clinical Trials Partnership
ENMESH	European Network for Mental Health Service Evaluation
FCDO	Foreign, Commonwealth & Development Office (UK)
FP6	Sixth Framework Programme (European Commission)
FWCS	Field Weighted CiteScore
GA	General Assembly
GACD	Global Alliance for Chronic Diseases
GloPID-R	Global Research Collaboration for Infectious Disease Preparedness
GPC	Group of Programme Coordinators
GSK	GlaxoSmithKline
HCP	Highly Cited Publications
HERN	Health Equity Research Network

HGBI	Healthy Brains Global Initiative
HICs	High-Income Countries
HPSR	Health Policy and Systems Research
HRCS	Health Research Classification System
ICR	International collaboration rate
IHS	Indian Health Service
iPIER	Improving Programme Implementation through Embedded Research
IS	Implementation Science
JGHT	Joint Global Health Trials
JICA	Japan International Cooperation Agency
LMICs	Low- and Middle-Income Countries
MHIN	Mental Health Innovation Network
MoH	Ministry of Health
MRC	Medical Research Council
NCDs	Non-Communicable Diseases
NHMRC	Australian National Health and Medical Research Council
NIH	National Institutes of Health
NIHR	National Institute of Health Research
ODA	Official Development Assistance
PAHO	Pan American Health Organisation
PIs	Principal Investigators
PLM	Programme Logic Model
PSIAs	Participating States' Initiated Activities
RTSL	Resolve to Save Lives
SCD	Selected Chronic Disease
SDG	Sustainable Development Goal
SDPI	Special Diabetes Program for Indians
SI	Specialisation Index
SIDA	Swedish International Development Agency
SRA	Strategic Research Agenda
UKPRP	UK Prevention Research Partnership
UN	United Nations
WHO	World Health Organization

Executive summary

Technopolis Ltd was commissioned to conduct an independent, external evaluation to understand the impact of activities funded by the Global Alliance for Chronic Diseases (GACD) and derive insights and recommendations for maximising the impact of GACD's future work. The evaluation considered GACD activities since 2010 and was conducted between November 2020 and June 2021. This executive summary lays out the main findings from the review and the study team's recommendations for the future.

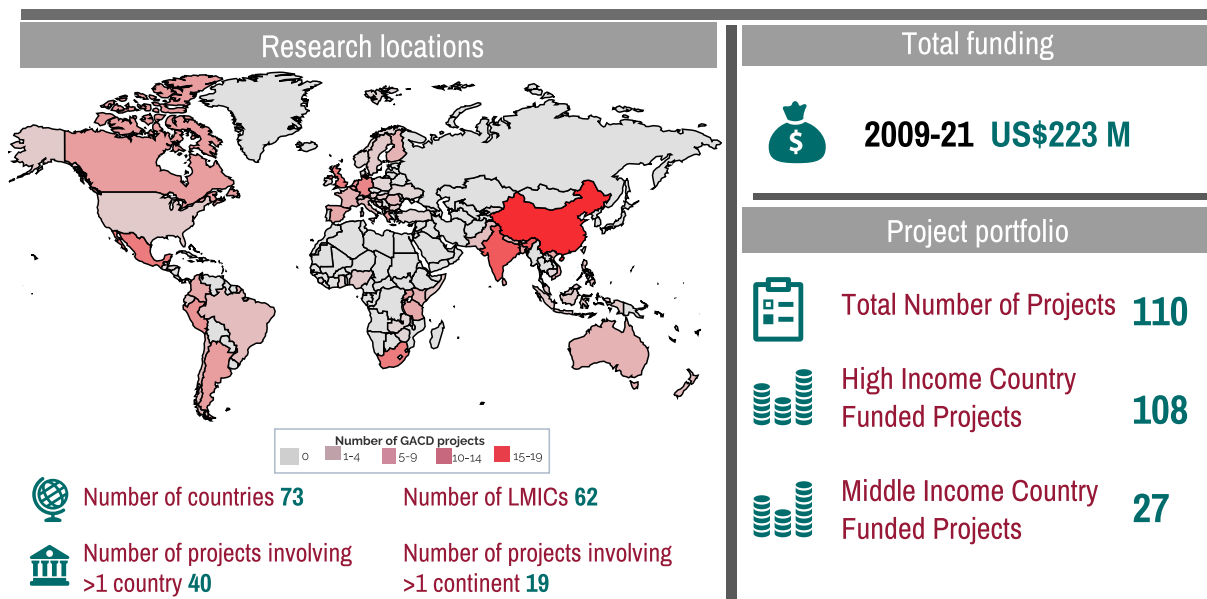
The study team employed a theory-based mixed-methods approach, including both qualitative and quantitative methods, which included development of an intervention logic, and data collection and analysis through desk research, bibliometrics, online surveys (of project team members and training participants), stakeholder interviews and impact case studies.

GACD and its activities

GACD was founded in 2007 as an alliance of major health research funders around the world with the mission *"to reduce the burden of chronic non-communicable diseases (NCDs) in low-and middle-income countries (LMICs), and in vulnerable populations in high-income countries (HICs), by building evidence to inform national and international NCD policies and contribute to the achievement of the Sustainable Development Goals"*.

GACD is addressing this mission in three ways: (1) by supporting member funders to invest in high quality, impactful implementation research targeting NCDs; (2) by building implementation science capacity in the NCD field; and (3) by facilitating networks, collaborations and partnerships.

Among the first five GACD funding calls, each had a different focus: hypertension, diabetes, chronic non-communicable lung diseases, mental health and scale-up. In total, 110 projects have been funded under these calls thus far, with a total funding of US\$223m. Projects are generally between 3 and 5 years in duration and are located in 73 countries across all continents (36% are multi-country and 19% are multi-continent projects).



Main findings

- *GACD has an important role in the global funding landscape*

GACD is an alliance of research funders that coordinates funding of implementation science projects addressing NCDs in LMICs and vulnerable populations in HICs. The GACD model tries to accommodate the priorities and requirements of each funder and fosters consensus among members on which research areas they should fund, through joint calls. There are no direct comparators to GACD, and the alliance plays an important role in the funding landscape by providing a focal point for implementation science research in NCDs, raising awareness and knowledge of this type of research globally among stakeholders, including funders and researchers, and offering networking and capacity building opportunities.

- *GACD has established a well-functioning model for collaboration between funders*

The alliance has established a model for coordination among the many funders through joint processes (e.g. joint review panel). This has led to efficiencies and improved consistency of proposal assessment across the agencies. It has also allowed funders to learn from each other about implementation science and NCD research as well as funding processes.

Funders are overall positive about GACD as an alliance. The secretariat was recognised for bringing focus and clarity to the discussions and provides valuable support. Involving an External Advisory Group to inform call topic selection has been welcomed and has re-assured members that they are supporting relevant topics. Joint funding processes developed for GACD calls – and trust in the relationships – are now in place. This can benefit future co-funding activities between GACD members.

GACD's flexibility in accommodating the different funding requirements of individual GACD members has enabled broad participation in calls. However, the diversity of members also poses challenges, such as defining an appropriate scope for calls and monitoring research outcomes across the portfolio.

- *GACD members fund high-quality NCD-implementation science projects of relevance to needs of LMICs and vulnerable populations in HICs*

Interviewees noted that the quality and relevance of GACD proposals and projects have increased over time, partly owing to increased awareness of implementation science and increased research capacity. This has led to research findings and resources that are relevant for needs in the specified LMIC and HIC vulnerable population contexts and which have the potential to contribute to decreasing the burden of NCDs.

Bibliometric analysis of GACD-funded publications indicates that GACD managed to increase the share of LMIC authorship compared to publications by comparator funders (i.e., selected GACD members' non-GACD outputs or non-GACD members). Citation-based scientific outcomes of GACD-funded publications published between 2014-2019 are of a similar level to those of comparator funders and significantly higher than the overall world level for selected chronic diseases (hypertension, diabetes and lung diseases).


- *GACD projects and activities are fostering collaborations across countries, disciplines and sectors*

Of the 300 GACD publications included in the bibliometric analysis, 81% involve authors from at least 2 countries compared to 37%-46% for the comparators. HIC-LMIC collaborations are particularly supported: 60% of the 300 publications have both HIC and LMIC authors, against a comparator value of 15-17%. 41% of authors on GACD publications are women, which is at a similar level to that of comparator funders.

GACD also fosters collaborations across disciplines and sectors. The disciplinary diversity of authors is higher for GACD-funded papers than comparators. GACD-funded publications also have more diverse authorship in terms of non-academic categories than comparators, i.e. a higher share of authors is affiliated with government or research institutes.

GACD funds high-quality NCD-implementation research which promotes international collaboration, disciplinary diversity and mixed-gender research teams

Research grants contributed to 405 publications between 2014 and 2019

	Number of papers	Field weighted CiteScore	Top 10% Highly Cited Publications	HIC-LMIC International Collaboration Rate	Disciplinary Diversity of Authors	Share of mixed gender papers	Share of women authorship
GACD*	100	1.37	1.74	76%	1.91	93%	48%
World*	13,918	1.19	1.50	13%	1.47	78%	46%

* Publications with an implementation science and selected chronic disease (hypertension, diabetes, lung diseases) area focus

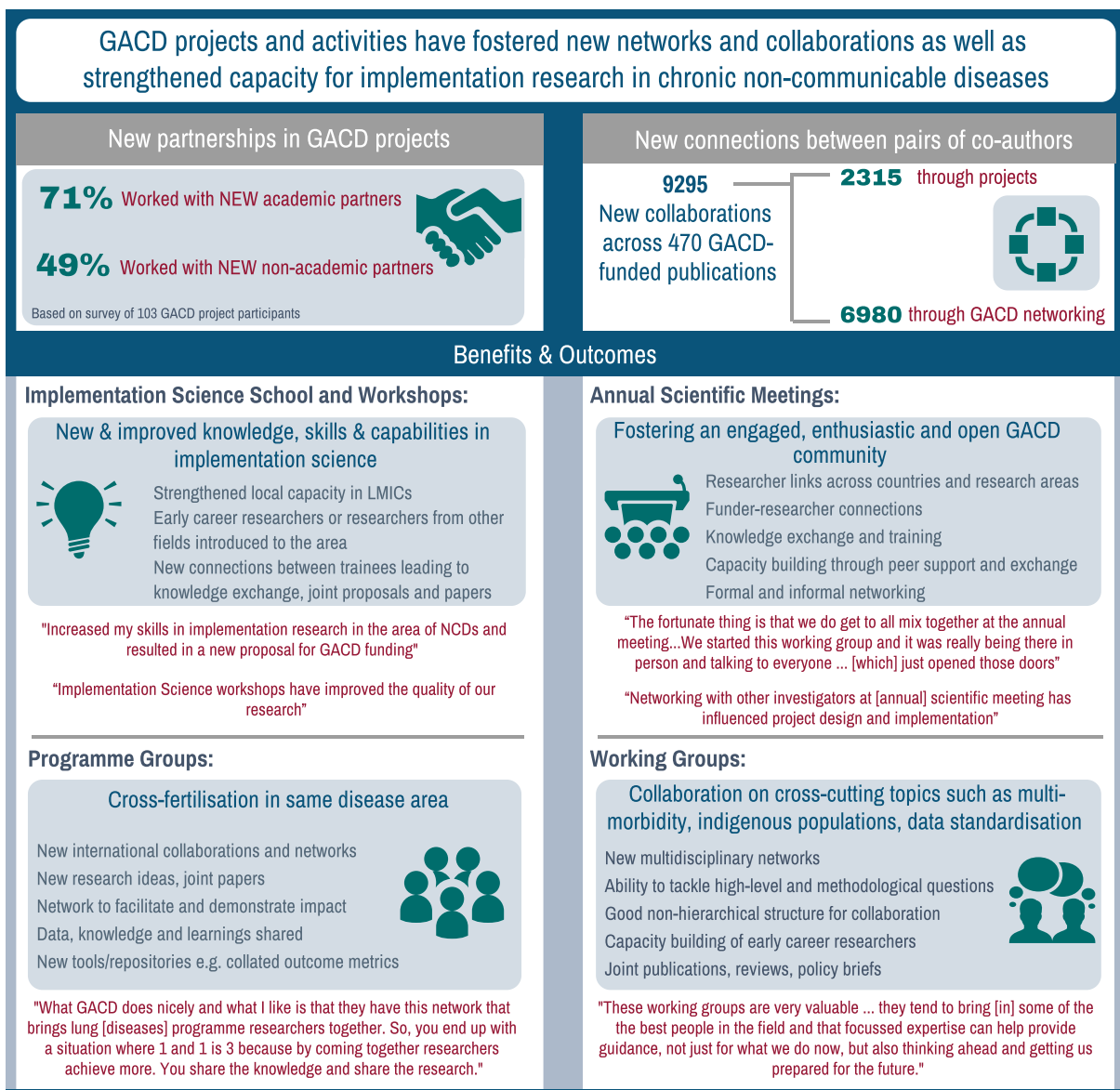
Interviews indicate that GACD is fostering truly international networks and collaboration through the Programme Groups (projects in the same disease area), cross-cutting Working Groups and Annual Scientific Meetings. GACD was highlighted as unique in this respect. For example, the Annual Scientific Meetings have forged close links between researchers and funders from different countries, working in different areas and at different career stages, which has created an engaged and enthusiastic GACD community. Programme groups and Working Groups have led to new global collaboration networks; sharing of data, knowledge and experiences; new research proposals and projects; and high-profile papers often of general value to the field.

- *GACD networking and training activities are building capacity in NCD-implementation science research*

GACD's networking and training activities have helped to build and strengthen implementation science capacity. The Implementation Science School (5-day training course) and Workshops (up to 2 days of training) are valued very highly by participants, senior experts in the field and funders. GACD is seen as a significant contributor to the expansion of implementation science and global implementation science capacity in the last decade, having attracted new entrants to the area – either early career researchers or researchers from other fields. The training has had an impact on trainees' skills, ways of working and research careers.

- *Engagement with policy makers and other research users is a key enabler of impact*

Involvement of policy makers, practitioners or other stakeholders in projects, either as collaborators or consultants, is the key mechanism for facilitating impact in GACD projects, as it encourages buy-in from the intended research users. Formal stakeholder engagement plans and pathways to impact are useful for enabling stakeholder involvement in projects and uptake of project findings. Engagement with international organisations such as WHO, European Commission and African Union in particular is a route to facilitating impact beyond the research site(s).



- *GACD projects have the potential to achieve policy impacts in the future*

With around half of GACD-funded projects still on-going, and many that completed only recently, most projects have not (yet) led to large-scale implementation or adoption to date, even though some projects have led to changes in policy and guidance. In addition, the COVID-19 pandemic required policy makers to shift their priority to address the most urgent needs at hand. Avenues for uptake of GACD research evidence are however in place: Many projects have collaborated with or consulted policy makers and other stakeholders during the lifetime of the project, and have mechanisms in place for dissemination and communication of findings to the relevant users. Hence, most principal investigators who responded to our survey expect their projects to lead to policy/practice outcomes and subsequent impact on health, such as reduced risk factors, reduced morbidity and mortality, and greater health equity.

- *Low visibility and inconsistent monitoring of GACD*

There is a need to capture outcomes and impact (with projects finishing), synthesise findings, and communicate those to key stakeholders to facilitate scale-up, implementation and

impact. However, the portfolio and monitoring information currently available is inconsistent and often inadequate, hampering efforts to enhance GACD's visibility and hence influence outside its immediate network, and to maximise learning about key success factors to support future research.

Recommendations

1. Explore options for additional partnerships and co-funding involving smaller clusters of GACD members

There is potential for additional partnership and co-funding models within GACD – for example involving clusters of like-minded funders – to complement existing GACD activities. This would provide a number of opportunities, for example, simplified and agile mechanisms for co-funding, enabling support for international consortia; or funding opportunities with a different scope such as fellowships or calls on specific research questions.

These partnerships involving smaller groups of GACD members could be stand-alone initiatives outside GACD if necessary. However, linking with the wider GACD Network would result in added benefit for the alliance (e.g. learning across projects) and efficiencies.

2. Improve collection, sharing and synthesis of portfolio and monitoring information

GACD does not currently have a process for collecting consistent data for its funded portfolio and any outputs/outcomes, and is consequently unable to synthesise an overview. Project details and monitoring information are often held by the individual funders; however, this is not always accessible to GACD. In turn, GACD monitoring currently comprises only a light-touch annual report.

GACD should create systems and/or mechanisms to collect the relevant portfolio and output/outcome/impact information from grantees and/or funders and to synthesise this information at the portfolio level. We understand the GACD secretariat is currently working on a standardised reporting system that gathers key data while minimising burden on the researchers. The Theory of Change developed for this evaluation could serve as a monitoring framework to capture relevant indicators.

3. Enhance stakeholder engagement

Activities at GACD level have limited involvement of stakeholders (e.g. policy makers, healthcare providers, etc.), unlike research projects. This limits GACD's level of influence – a missed opportunity given the alliance's strong funder and researcher networks. Enhanced stakeholder networks could help inform selection of call topics and GACD research; foster new collaborations; support uptake of outputs; and facilitate the pathway to impact.

While existing networking and training activities could be opened up to stakeholders, they may not align with stakeholders' needs and time pressures. Thus, GACD may need to develop tailored events and resources for engagement and user capacity building which could be provided via the Implementation Science e-Hub. There is also an opportunity to target specific organisations regionally or internationally such as WHO, Pan American Health Organisation (PAHO), and the African Union.

4. Increase visibility of GACD and what it has to offer

GACD's visibility beyond the alliance members is low. This limits its potential to engage more widely with other funders, researchers and stakeholders. Even among members and grantees there is little awareness of all the resources on offer such as the Metadata Index and Data Dictionary. Therefore, there is a need to improve GACD's communication activities.



GACD should enhance its external communications and improve discoverability of relevant tools and resources by improving their visibility to potential users. The first step would be to deliver the GACD Communications Strategy 2020 – 2024, which has similar goals to our recommendation and identifies activities to progress towards those goals.

5. Ensure sustainability of GACD networks as the community grows

The GACD network has expanded with each call and training course. As GACD grows, there is a risk of networks becoming unsustainable or developing silos.

Creating alumni network/s not only of previous project participants but also of trainees would be a valuable initial step towards more sustainability. If Recommendation 3 is implemented, a new network of stakeholders may emerge. To gain the most benefit from these networks, GACD could look into fostering cross-communication or collaboration (as relevant) between the different networks.