

# Programme logic model for GACD

## Needs

- ↗ Non-communicable diseases disproportionately affect people in LMICs and disadvantaged populations in HICs
- ↗ Evidence-based interventions and policies to lower NCD burden exist but are not being implemented
- ↗ There is a lack of understanding of implementation barriers, what works for whom and under what contextual circumstances, and how interventions can be scaled up in ways that are accessible and equitable

Inform

Address

Enhance quality of future applications and increase willingness to invest in NCD-IS

## Inputs

## Activities

## Outputs

## Outcomes

## Impacts

- Research funding
- GACD secretariat staff time and systems
- Associate member staff time and systems
- Prior evidence about interventions with proven efficacy
- Researchers' expertise
- Collaborators' support (in-kind or financial)

- ### Pre-award
- Joint priority setting, call text and call portal
  - Each call has a different thematic focus
  - Research project applications from multiple countries
    - Involving early career researchers
    - Interdisciplinary teams
    - Involving research users
    - Cross-regional collaboration
  - Joint peer and panel review
  - Diversity in the selection committee
  - Funders co-ordinate on joint funding of projects

- ### Post-award
- GACD research project delivery, incl.
    - Capacity building
    - Engagement and Dissemination
  - Project teams from each call are linked through:
    - Programme chairs
    - Writing groups
  - GACD Network:
    - Working Groups
    - Annual Scientific Meeting
    - Webinars
    - Communications
  - GACD Implementation Science Workshops and Schools with global reach

- Relevant, new and timely evidence on how to best adapt and scale up interventions in context
  - Publications
  - Conference presentations
  - Policy briefs, guidelines
  - Advisory group membership
- New or enhanced datasets
- Methodological advances in NCD-IS
- GACD tools and resources: Common protocols, data standards and repositories
- Researchers are trained in NCD-IS and share knowledge and best practise
- New networks created within and across GACD projects and programmes
- Research users are educated, aware of research and open to implementation of project findings

- Further NCD-IS research informed
- Further funding in NCD-IS
- Quality and interoperability of NCD-IS is improved
- Global capacity for NCD-IS is strengthened:
  - Researchers progress their careers in NCD-IS
  - Continued collaboration across GACD network and beyond
- Policy and practice change locally, nationally, internationally:
  - Uptake into professional training
  - Delivery systems improved
  - Policies changed (multisectoral)
  - Interventions delivered
- Increased capability and willingness of key decision makers to use evidence and engage with research

- NCD risk factors reduced:
  - Biological
  - Behavioural
  - Environmental
- NCD management improved
- Reduced morbidity and mortality attributable to NCDs
- Reduced health inequalities and inequities within and between countries
- Increased socio-economic prosperity

**Key**

- ↗ **Yellow:** Funding / Programme domain
- ↗ **Blue:** Research activity domain
- ↗ **Orange:** Research capacity domain
- ↗ **Green:** Societal / health domain

**GACD activities**  
Direct influence

**Post-programme developments**

Increasing influence of external factors