Sixth GACD Funding Call - Cancer

Title

Primary and Secondary Prevention of Cancer

Specific Challenge

The Global Alliance for Chronic Diseases (GACD) funding call will focus on implementation research proposals for the primary and/or secondary prevention of cancer in Low- and Middle-Income Countries (LMICs) and/or in populations facing conditions of vulnerability in High-Income Countries (HICs) as defined according to the world bank.

Cancer is becoming one of the most important public health problems worldwide and a leading cause of premature death. In 2018, an estimated 18.1 million people were diagnosed with cancer (estimates from GLOBOCAN) and 9.6 million died from it (Allemani et al 2018). Predictions suggest that 30 million people will die from cancer each year by 2030, of which 75% will be in LMICs. This increase may be attributed to aging societies, high prevalence of cancer risk behaviours, as well as the epidemiologic transition and socio-economic inequalities that result in untimely care seeking, care provision and poor-quality care in many LMIC settings.

It is estimated that 30-50% of all cancers are preventable. Specifically, one-third of global cancer deaths are attributable to behavioural risk factors, such as tobacco and alcohol use, low fruit and vegetable intake, obesity and lack of physical activity. Tobacco use alone accounts for around 22% of cancer mortality (GBD 2015). Around 25% of cancer incidence in LMICs is attributable to vaccine-preventable infections (HPV and HBV) (Plummer et al 2016). Within HICs, similar patterns are seen in populations experiencing conditions of vulnerability.

One challenge to reducing this burden of cancer in populations experiencing disparities worldwide is to overcome barriers in implementation of basic cancer prevention and care strategies. Implementation of effective, evidence-based interventions has been central to cancer control in many HICs Yet, in LMICs and other low-resource environments, such interventions are under-used or have limited impact because of implementation challenges that have yet to be identified, researched, and addressed.

Implementation science is the study of strategies to make evidence-based interventions successful in real-world settings, with the aim of improving access to, and use of, these interventions in populations. In order to achieve the United Nations' Sustainable Development Goal 3.4 ('to reduce premature mortality from NCDs by one third by 2030…'), implementation research and healthcare efforts are needed to identify and scale-up the best strategies to prevent and control cancers in LMIC countries and among populations facing conditions of vulnerability in HICs.

Scope

Proposals must focus on implementation research for the primary and/or secondary prevention (tertiary prevention is excluded from this topic) of cancer in LMICs and/or in populations facing conditions of vulnerability in HICs. Proposals must build on evidence-based interventions (including cost-effectiveness) for the respective population groups under defined contextual circumstances. For promising interventions, a limited validation period can be envisaged. However, the core of the research activities should focus on their implementation in real-life settings. The proposed interventions should be gender responsive.

The aim should be to adapt and scale-up the implementation of these intervention(s) in accessible, affordable and equitable ways in order to improve the prevention and early diagnosis of cancer in real-life settings. Interventions should meet conditions and requirements of the local health and social system context and address any other contextual factors identified as possible barriers.

Each proposal should:

- Focus on implementation research addressing prevention, and/or early diagnosis strategies derived from existing knowledge about effective interventions.
- For screening interventions, the local capacity and accessibility of confirming diagnoses and treatment must be ensured. The health care pathway for referral of positive cases must be included.
- Include a strategy to test the proposed model of intervention and to address the socioeconomic and contextual factors of relevance to the targeted region and community.
- Lead to a better understanding of key barriers and facilitators at local, national and international level that affect prevention and/or early diagnosis of cancer.
- Align with the priorities in national/regional cancer control programme, if any.
- Propose a pathway to embed the intervention into local, regional or national health policy and practice, addressing:
    - A strategy to include policy makers and local authorities (possibly by being part of the consortium), as well as other relevant stakeholders such as community groups, patient groups, formal and informal carers and any other group, where ever relevant from the beginning of the project, which will contribute to the sustainability of the intervention after the end of project.
    - Relevance of project outcomes/evidence for scaling up the intervention at local, national and international level and then scaled-up appropriateness with respect to the local social, cultural and economic context.
- Include health economics assessments, such as scalability and equity, as an integral part of the proposed research.

The following types of projects **DO NOT** fall within the scope of this funding call:

- Etiological work, mechanistic, or epidemiological research, which is not part of a wider study to develop implementation science approaches.

- Replication of effectiveness studies and clinical trials testing the efficacy or effectiveness of new or established pharmacological agents (or combination of agents).
- Clinical trials of new diagnostic tools, devices or pharmacological agents. Phase I or Phase II trials.

Research funded under GACD involves regular exchange of research findings and information across participating projects by means of cross-project working groups and annual joint meetings. Wherever feasible, projects should harmonise and standardise their data collection and exchange that data. Applicants must budget for the annual costs of two team members' participation in one Annual Scientific Meeting (location to vary annually). Applicants must budget their involvement in GACD working groups and other GACD wide activities, beyond the lifecycle of their research project.

Some GACD funders explicitly encourage applications involving team members from more than one GACD member country and will support successful proposals through co-funding between the appropriate funding agencies. Applicants will be required to meet the eligibility criteria for the relevant funding agencies and the agency's specific funding conditions.

Expected Impact (one of or combinations of)

- Advance local, regional or national cancer prevention and/or early diagnostic health policies, alleviating the global burden of cancer;
- Improve affordability and tailor to local settings prevention and/or early diagnosis;
- Establish the contextual effectiveness of cancer intervention(s), including at health systems level;
- Provide evidence and recommendations to national programmes and policies focusing on prevention, screening, and/or early diagnosis;
- Inform health service providers, policy and decision makers on effective scaling up of cancer interventions at local, regional, and national levels, including affordability aspects for users and health providers;
- Reduce health inequalities and inequities, including due consideration of socio-economic, gender and age issues where relevant, in the prevention and/or early diagnosis of cancer at both local and global levels;
- Maximise the use of existing relevant programmes and platforms (e.g. research, data, and delivery platforms);
- Contribute to the United Nations' Sustainable Development Goal 3.4.

Peer Review Criteria

Relevance and Quality of Project

- Proposal fits well within the purpose and scientific remit of the funding call;
- The selected intervention is evidence-based and the proposed work uses established implementation science models to explore adaptation and scale-up across relevant communities/context;
- There is a strong scientific rationale for the proposed methodology to address questions or gaps in knowledge that arise from scale-up. Success is likely to lead to significant new understanding that is relevant for scientists and knowledge-users;
- The proposed implementation and scale-up plans are appropriate and feasible to answer the needs of knowledge-user(s) and are considered best in the international field of implementation science research;
- There is clear anticipation of system barriers (health care and other sectors) to the implementation of the interventions and a high quality of plan to manage them; and
- The relevance of the ethical considerations that might arise in the proposed program of research, and how the team plans to address them, including issues of equity and possible conflicts of interest, are well justified.

Quality of Team

- The multidisciplinary team members have a high-quality track record in fields related to the proposed implementation research and the team has the right balance of expertise given the goal(s) of the research project;
- There is evidence that the research will be jointly managed by researchers from HICs and LMICs, where applicable;
- Early career investigators are part of the team and a strong training plan for research capacity-building is included;
- There is sound evidence that stakeholders, such as decision-makers and service delivery partners, have been actively involved in the research process including the selection and adaptation of the intervention and the research design; and
- There will be demonstrable engagement with the public and/or patient and community groups or other relevant stakeholder groups.

Feasibility of Project

- Major scientific, technical or organizational challenges have been identified, and realistic plans to tackle them are outlined;
- Proposed intervention strategies are relevant to the socio-political, cultural, policy and economic contexts of the study settings and the proposal demonstrates understanding of the contextual factors (e.g. health systems, intersectoral policy, governance, leadership) affecting implementation, indicating how those factors and their impact will be analysed;
- Inequities and equity gaps, including age and gender, have been taken into account;

- Appropriate measures of evaluation have been included. Projects that are able to track long-term clinical, public health, policy and/or health system outcomes are expected;
- There is a clear governance plan, including evidence of ultimate accountability, shared strategic leadership, transparency in decision making, management of conflicts of interest, clearly defined roles/responsibilities/contributions, demonstrating that all key participants are highly engaged and committed;
- There is an appropriate collaboration plan, including but not limited to communication and coordination, management and administration, conflict prevention/resolution, quality improvement, budget and resource allocation and publication approach amongst team members.

Potential Impact

- The expected impacts, as listed in the scope above, are identified;
- The project demonstrates alignment with international and/or national commitments to prevent cancer;
- The project appropriately leverages existing programs and platforms (e.g. research, data, delivery platforms), if relevant;
- There is potential for sustaining intervention at scale; and
- There is potential for the translation of the findings into different settings.

References

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