

## Third GACD Funding Call – Lung Diseases

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### Title

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Prevention and management of chronic lung diseases

- Call focus: implementation science research
- Regional focus: Low- and middle-income countries, vulnerable populations and indigenous populations in USA, Canada and Australia.

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### Background

With the burden of chronic non-communicable diseases rapidly increasing, the Global Alliance for Chronic Diseases (GACD) is launching a call for proposals with a focus on implementation research which examines interventions that aim to prevent and/or manage chronic lung diseases in low- and middle-income countries (LMIC (as defined by [The World Bank](#)) and in vulnerable populations in high-income countries (HIC), such as indigenous populations in Canada, Australia and the USA. Implementation research proposals are invited. Implementation research considered under this programme examines what interventions work, for whom, under what contextual circumstances and whether the intervention(s) are affordable, adaptable and scalable in ways that are sustainable, accessible and equitable?

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### Scope

The focus of this programme is to address chronic lung diseases which have environmental exposures such as indoor, outdoor and occupational air pollution, and /or smoking, as a major risk factor.

Proposals must focus on chronic, non-communicable lung diseases and have an emphasis on research into implementation of prevention and/or management strategies derived from existing knowledge and research.

Responses to this call will be funded under the Global Alliance for Chronic Diseases partnership, which aims to address the growing burden of chronic non-communicable diseases (NCDs). Thus, the primary focus of proposals should be NCDs such as Chronic Obstructive Pulmonary Disease, Lung Cancer or Asthma. However, if the proposal is located in a site where there are co-morbidities with infectious lung diseases, proposals may include consideration of those co-morbidities.

Proposals must demonstrate how their chosen approach is expected to lead to improvements in health and health equity.

Proposals should develop understanding of the contextual factors (e.g. health systems, intersectoral policy) which affect the implementation of proposed interventions, indicating how those contextual factors and their impact will be analysed. Please provide clear justification for the site(s) chosen and how the results from single or multi-site studies will provide insights into intervention implementation in heterogeneous populations and contexts. How would those contextual factors affect future implementation of the approach and its scalability?

The methods chosen should be those that are most appropriate for addressing the research questions and should be clearly justified.

Research that addresses structural, systems-level, policy-level and regulatory issues, or population-based intervention approaches as a means to prevent and/or manage chronic lung disease are encouraged. Proposals must provide evidence of a health economics dimension (for example assessing cost effectiveness) and potential scalability of the proposed intervention(s). Proposals that have a health economics orientation as their primary focus are encouraged.

Proposals must address scalability and sustainability of the proposed approach. Projects should describe a clear proposed pathway to embedding the intervention (assuming that it is known or shown to be effective) into policy and practice which addresses how:

- Local and/or national policy makers will be engaged from the start and throughout the project as well as at the end.
- The project outcomes/evidence will be utilised for the scaling up of the intervention on a local, national and international level.
- future scaled-up implementations will fit within the local health systems, socio-political, social, cultural economic, policy and regulatory context.
- socio-economic determinants of health, equity gaps and gender issues will be taken into account in adapting the intervention and implementation strategy
- Include local stakeholders such as patient groups or community groups.

This may include, but is not limited to, programmes addressing (one of or combinations of):

- Structural interventions or policies designed to promote improved health outcomes. For example, evaluating the contribution of public policies to lung diseases prevention efforts, or monitoring the potential effects of such policies if adopted and implemented;
- Evaluate the impact of interventions (including policy interventions) for reducing environmental exposure and mitigating their effects in indoor and/or outdoor air pollution;
- Approaches to implementing accessibility of or adherence to, pharmaceutical, or other promising or proven interventions;
- Study the implementation of cost-effective and affordable approaches to prevention and management of chronic lung diseases;
- Assess current policy for prevention (e.g. fiscal, tax and information policy related to tobacco) taking into account the context in which they are implemented. Inter-sectoral policies are of particular interest.
- Optimize tobacco cessation interventions, identify the most cost-effective interventions for resource-constrained settings and integrate smoking cessation into health systems;
- Investigate how health systems can be adapted to improve prevention, detection and management of Chronic lung diseases, for instance through integrated care models.

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

- Aetiological 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) which have wider effects than those relating to lung diseases.
- Clinical trials of new diagnostic tools, devices or pharmacological agents. Studies can, however, include research on implementation of diagnostic tools, devices or pharmacological agents where there is existing evidence of efficacy and effectiveness.

- Phase I or Phase II trials.

The GACD aims to develop a network of researchers that can enhance cumulative learning across individual projects, and work towards understanding how socio-economic, cultural, geopolitical and policy contexts have influenced results and how findings might be adapted and applied in different settings. The funded researchers will form part of a [network of researchers](#), which will meet annually to discuss their research and share information and data in order to develop approaches to standardise data collection, and wherever feasible to use these standardised approaches in their respective projects. Attendance at these annual meetings for at least two team members must be included in the proposed budget. Proposers can include costs for additional networking between GACD-funded teams, such as ideas for establishing visiting fellowships or shared training or mentoring activities between GACD-funded institutions.

## Assessment Criteria

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Applications for grants will be assessed against the following criteria:

- Relevance and Quality of Project
- Quality of Team
- Project Implementation Plans
- Potential Impact

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### Criterion One: Relevance and Quality of Project

- Proposal fits well within the objectives and scientific remit set out in the call.
- Strong scientific rationale for pursuing the questions or gaps in knowledge that are being addressed. Success is likely to lead to significant new understanding that is relevant for scientists and knowledge users. Applicants are aware of complementary research underway elsewhere.
- Proposed methods are appropriate and feasible to answer the study question(s) and are considered best in the international field of implementation research.
- Proposal is innovative
- Intervention has been adequately described.
- Ethical issues have been considered

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### Criterion Two: Quality of Team

- Multidisciplinary team members have established a high-quality track record in related fields of proposed research and pertinent to implementation science and they have the right balance of expertise given goal(s) of research project.
- Each country participating in the project must have a named principal investigator.
- Early career investigators are part of the team and strong training plan for research capacity-building is included.
- Demonstrated engagement of decision-makers.
- Identify stakeholders such as decision-makers and service delivery partners and include them on the research team.
- Demonstrable engagement with relevant patient and community groups

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### Criterion Three: Project Implementation Plans

- Major scientific, technical or organisational challenges been identified, and realistic plans to tackle these are outlined.
- Proposed intervention strategies are relevant to the socio-political, cultural, legislative and economic contexts of the study settings.
- Inequities and equity gaps, including gender, have been taken into account in the design of an implementation strategy.
- Appropriate measures of evaluation have been included. Programmes that are able to track long-term clinical, policy and/or health system outcomes are strongly encouraged.

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### Criterion Four: Potential Impact

- Project appropriately leverages existing programmes and platforms (e.g. research, data, delivery platforms)
- The potential for scaling up intervention strategies has been considered. For example, applicants could address affordability for users and the financial implications for implementing organisations and funders or might assess scalability to various socio-political contexts.
- Projects are designed to inform practice, programmes and/or policy development and/or refinements.
- Describe how health economic dimensions will be assessed such as cost-effectiveness of proposed intervention and its scalability.
- Where appropriate project demonstrates alignment with relevant international and/or national commitments.

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### Further Background

This request for applications is issued under the auspices of the Global Alliance for Chronic Diseases (GACD). Members of the GACD include the:

- Australian National Health and Medical Research Council
- Canadian Institutes of Health Research
- Chinese Academy of Medical Sciences
- Research & Innovation Directorate General of the European Commission
- Indian Council of Medical Research
- National Institutes of Health in the United States of America
- UK Medical Research Council
- South African Medical Research Council
- Mexico National Institutes of Health
- Thailand Health System Research Institute

The following principles of the GACD are reflected in this request for applications:

- Committed to improving health gains while reducing health disparities in LMICs.
- Focused on research topics where the need for evidence to inform policy, programmes and practice is most urgent.
- Pursuing knowledge translation and exchange approaches that are designed to maximise the public health benefits of research findings.
- Identifying common approaches for implementation, integration and scaling up within different health systems.

It is expected that learning from individual projects will provide evidence that will support local decision-making. Cumulative learning across funded projects is expected to provide a basis for evidence-informed recommendations for national and international organisations.