

Second GACD Funding Call – Diabetes

Title

Prevention and Management of Diabetes

Call focus: implementation science research.

Regional focus: Low- and middle-income countries, vulnerable populations and indigenous populations in Canada and Australia.

Background

In the past twenty years the global death rate from diabetes has doubled ([Murray et al 2012](#)) and the World Health Organization (WHO) is predicting that this will increase by two thirds by 2030. **It is currently estimated that 347 million people worldwide suffer from diabetes, with more than 80% living in low- and middle-income countries.** Of those suffering from diabetes, type 2 comprises 90% of this population around the world ([WHO 2012](#)). Halting the rise in prevalence of diabetes has been identified as one of the 9 WHO NCD global voluntary targets to be met by Member States by 2025.

With the burden of this chronic non-communicable disease ever-increasing the Global Alliance for Chronic Diseases (GACD) has agreed to launch a call for proposals on the prevention and treatment of type 2 diabetes, with a focus on implementation and intervention research in low- and middle-income countries, and indigenous populations in Canada and Australia. The emphasis of this initiative is on existing approaches to prevention and control of type 2 diabetes rather than development of new treatments.

Aim

The aim of this call is to fund projects that will generate new knowledge on interventions and their implementation for the prevention and treatment of type 2 diabetes in low- and middle-income countries (LMIC), as defined by [The World Bank](#), and additionally:

1. Applications to CIHR can include work with Aboriginal, First National, Inuit and Métis Vulnerable populations
2. Applications to the NHMRC can address type 2 diabetes in Aboriginal and Torres Strait Islander populations.

(For details on eligibility criteria please check with each respective funding body.)

The GACD partnership is therefore looking for projects that focus on the guiding principles of:

- Reducing health inequalities and inequities in the prevention and treatment of type 2 diabetes in both a local and global context.
- Pursuing knowledge translation and exchange approaches that are designed to maximize the public health benefits of research findings within different health contexts.
- Providing evidence to inform local health service providers, policy and decision makers on the effective scaling up of the interventions at the local, national and regional level.

Through the launch of a global call the GACD aims to develop a global network of researchers that can enhance the cumulative learning across the 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 Joint Technical Steering Committee which will meet annually to discuss their research and share information in order to develop approaches to standardise data collection, and wherever feasible to use these standardised approaches in their respective projects.

Scope

Researchers responding to this call can focus on a wide range of prevention and/or treatment strategies. This might include programmes addressing (one or combinations of):

- Lifestyle and behavioural issues such as what changes can be made to provide an environment that supports and promotes better health. This might include community-wide approaches, or other strategies targeting individuals at high-risk. For instance, population prevention strategies designed to address unhealthy diets and physical inactivity as risk factors for diabetes.
- Structural interventions or policies designed to promote improved health outcomes. For instance, evaluating the contribution of public policies to diabetes prevention efforts, or monitoring the potential effects of such policies if adopted and implemented.
- Delivery of relevant health care and health interventions.
- Approaches to implementing accessibility of or adherence to, pharmaceutical, nutritional or other promising or proven interventions.

Researchers with ideas that do not fall within these categories are encouraged to contact their relevant funding agency to discuss whether their research idea fits the aims and scope of the call.

This call is focused on implementation research, to examine what works, for whom and under what contextual circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable.

Proposals can address prevention or treatment of specific complications of type 2 diabetes. Applicants must justify clearly in their proposal why their chosen topic fits within the aims and scope of this call.

Projects addressing gestational diabetes are within the scope of this call.

Projects can focus on specific societal groups, but a clear justification should be provided as to why the group has been chosen and how the choice will assist the funders in delivering their aim to address health inequities at a local and/or global level.

This call is focused on implementation research into interventions for prevention and treatment of type 2 diabetes that are applicable in low resource settings. However, in some settings, the project may need to incorporate work to establish baseline data on prevalence of diabetes and its risk factors to evaluate the impact of the intervention. Research into these aspects can be incorporated into the proposed work if it does not duplicate existing evidence available.

The following types of projects **do not** fall within the scope of this call:

- 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 type 2 diabetes.
- Aetiological work, mechanistic, or epidemiological research, which is not part of a wider study to develop implementation science approaches.

- Phase I or Phase IIa trials.

Assessment Criteria

Applications for grants will be assessed against the following criteria:

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

Criterion One: Relevance and Quality of Project

1. Proposal fits well within the objectives and scientific remit set out in the call.
2. 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.
3. Proposed methods are appropriate and feasible to answer the study question(s) and are considered best in the international field of implementation science research (e.g. mixed methods designs, in-depth comparative case studies, pragmatic cluster RCTs, natural experiments).
4. Proposal is innovative (applicants may want to refer to [the Grand Challenges document on integrated innovation](#))
5. Intervention has been adequately described.

Criterion Two: Quality of Team

1. 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.
2. Each country participating in the project must have a named principal investigator.
3. Early career investigators are part of the team and strong training plan for research capacity-building is included.
4. Demonstrated engagement of decision-makers.

Criterion Three: Project Implementation Plans

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

Criterion Four: Potential Impact

1. Project demonstrates alignment with international and/or national commitments to halt the rise in prevalence of type 2 diabetes.
2. Project appropriately leverages existing programmes and platforms (e.g. research, data, delivery platforms)
3. 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.
4. Projects are designed to inform practice, programmes and/or policy development and/or refinements.
5. Describe how health economic dimensions will be assessed such as cost-effectiveness of proposed intervention and its scalability.

All applications must describe:

- System barriers (health care and other) to treatment and prevention of type 2 diabetes and how these can be addressed
- System facilitators and how these will be leveraged
- How decision-makers and other knowledge users will be engaged in the project
- An implementation research component – implementation should involve some strategies with demonstrated efficacy and/or effectiveness and may also include the development of new strategies
- An assessment of equity and gender gaps and the needs of vulnerable populations** in treatment and prevention of type 2 diabetes
- The multidisciplinary composition of research teams
- An appropriate plan for knowledge translation and exchange as a component of the project
- Training plan for research capacity building

Note: see description of vulnerable populations for each funding council

All funded projects must comply with appropriate local and national regulatory and ethical requirements. Projects which include work in India must indicate understanding of the amended clinical trials regulations in India, and how they will incorporate those requirements into their project design and management.

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 Heart, Lung, and Blood Institute, the Fogarty International Center and the National Institute of Mental Health of the National Institutes of Health in the United States of America
- UK Medical Research Council
- South African Medical Research Council

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 service delivery 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.

References

Murray, Christopher JL et al. GBD 2010: a multi-investigator collaboration for global comparative descriptive epidemiology. *The Lancet*, Volume 380, Issue 9859, 2055 – 2058

WHO Factsheet on Diabetes (2012) https://cdn.who.int/media/docs/default-source/searo/nde/sde-diabetes-fs.pdf?sfvrsn=7e6d411c_2