



# GACD

GLOBAL ALLIANCE FOR CHRONIC DISEASES  
AN ALLIANCE OF HEALTH RESEARCH FUNDERS



## ANNUAL REPORT 2018/19

GLOBAL ALLIANCE FOR CHRONIC DISEASES

# MESSAGE FROM THE CHAIR OF THE GACD STRATEGY BOARD

The past year has seen important progress, with the roll out of the GACD's fifth joint call for applications, this time on scaling up evidence-based interventions for the prevention or management of hypertension and/or diabetes. With its focus on two major contributors to deaths from NCDs in low- and middle-income countries, research funded through this US\$50 million call has the potential to have community-wide impact and improve the lives of many.

Another special attribute of the GACD is the way it links its researchers through the GACD Research Network, forming a global community across countries, projects, disciplines and disease interests. The 7th Annual Scientific Meeting held in São Paulo, Brazil, in November 2018 demonstrated the rich discussion and sharing of experience that occurs when GACD researchers are brought together around their common interests. We thank our host agency, the São Paulo Research Foundation (FAPESP), for their warm welcome and for their partnership in delivering the successful FAPESP-GACD Implementation Science School in Brazil in the days before the Annual Scientific Meeting.

Among other highlights of the past year, the launch of the GACD Hypertension Programme Report at a GACD panel event in New York during the third United Nations High-Level Meeting on NCDs marked an important milestone in GACD's short history and presented a special opportunity to draw attention to the exceptional outcomes of GACD's first research call in 2011.

The GACD is also pleased to announce that the Brazilian National Council for Scientific and Technological Development (CNPq) joined the GACD in late 2018, bringing the alliance to 15 associate members from most regions of the world.

The success of the GACD is crucially dependent on clear governance and the support provided by the international Secretariat. The last year has seen the culmination of several years of planning with the relocation of the Secretariat from the UCL Institute for Global Health to the Wellcome Trust and the formation of GACD Action as a charitable incorporated organisation within the UK to provide secretariat services to the GACD. The final step in this complex set of changes was the transfer of legal responsibility for GACD Action from UCL to the Medical Research Foundation (MRF), a charitable organisation established by the UK Medical Research Council.

These important structural changes strengthen the governance of the GACD, clarify the roles and responsibilities of the Secretariat, and place the alliance on a strong foundation for future success. We thank the UCL Institute for Global Health for its support and generosity in hosting the GACD Secretariat since its inception in 2012 and for its flexibility over the last two years as the new arrangements were explored and implemented.

On behalf of the Strategy Board and associate members of GACD, I thank Professor Glenda Gray, President and CEO of the South African Medical Research Council, for her leadership as Chair of the GACD Strategy Board over the two years – in particular for her steady guidance through the complex processes needed to establish the new governance arrangements for GACD Action. It is an honour to succeed Glenda and I look forward to working with our associate members, collaborators and the MRF on our shared mission to reduce the burden of non-communicable diseases on the most disadvantaged people of the world.



**Prof. Anne Kelso,**  
Chair, GACD Strategy Board

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# GACD OVERVIEW

The GACD's mission is to reduce the burden of chronic non communicable diseases (NCDs) in low- and middle-income countries, and in vulnerable populations in high income countries, by building evidence to inform national and international NCD policies.



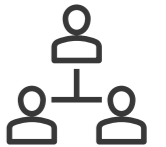
We have **developed** a unique **implementation science workshop**, which builds **research knowledge** around the world



We have **15 international members**, which represent over **80 %** of all **public research funding** in the world



GACD has an **active research community** of over **900**



Our practical, **implementation science** approach, **unites researchers** and **policy makers** world-wide



We **value** our **researchers** and to date have held **six annual meetings** and **12 implementation science schools**



We have **invested** over **230 million dollars** into NCD (**Non Communicable Diseases**) research



We **lead** the way in **building global implementation science skills** and **global networks** of researchers



We have **trained** over **450 global researchers** in **11 countries**

## GACD WHAT DO WE DO?

We're a collection of 15 of the world's largest public health research funders. Through joint funding, we support pragmatic, implementation science research into chronic diseases. Our research portfolio to date has concentrated on hypertension, diabetes, lung diseases, mental health and most recently a scale up call.



Membership is transferring to the Secretariat of Health in the Ministry of Health and Social Development (MINSAL)



Australia's National Health and Medical Research Council (NHMRC)



Brazil's National Council of Scientific and Technological Development (CNPq)



Brazil's São Paulo Research Foundation (FAPESP)



Canadian Institutes of Health Research (CIHR)



Chinese Academy of Medical Sciences (CAMS)



European Commission's Health Directorate of the Research & Innovation Directorate General



Indian Council of Medical Research (ICMR)



Japan Agency for Medical Research and Development (AMED)



Mexico's National Institute of Medical Science & Nutrition Salvador Zubirán



Health Research Council, New Zealand (HRC)



South African Medical Research Council (SA MRC)



Thailand's Health Systems Research Institute (HSRI)



UK's Medical Research Council (UK MRC)



US National Institutes of Health (NIH)



# GACD IMPLEMENTATION SCIENCE TRAINING SERIES 2018

Since 2014, the GACD has held Implementation Science Workshops adjacent to the Annual Scientific Meetings as part of its capacity-building mandate. In an ongoing response to increasing demand for training in this area, particularly from funding agencies ahead of the funding call announcements, this once-a year offering was ramped up to include additional workshops during 2018, held in Tokyo, Cape Town and Sao Paulo. In November 2018, the inaugural 5-day Implementation Science School was held in Campinas, Brazil, generously funded by the Sao Paulo Research Foundation (FAPESP). The first of its kind, the school brought together 62 trainees from 21 countries.

With the objective of building capacity amongst researchers in the local context, these trainings are supported by the hosting GACD funding agency for each Annual Scientific Meeting, making use of their networks to identify potential participants. This model gives each training event a distinctive flavour and allows participants to gain a deeper understanding of the host country's health care and research context. The GACD Implementation Science Trainings have been facilitated by GACD researcher, Prof Brian Oldenburg. Brian has taken the workshop offerings from modest beginnings of 25 participants at the first event in Xi'an to numbers upwards of 80 in the last year, with novel and innovative approaches for engaging with policymakers and funders.



**Workshop participant gender**

Female  
Male



**Workshop participant country classification**

LMIC  
HIC



## Curriculum

The Implementation Science training series has evolved from its focus on training early career researchers, to cater to researchers at multiple levels of experience. Prior to the workshop, participants are requested to submit a brief overview of an implementation project that they are currently working on or hope to work on in the future. This serves as the basis for group work and discussions over the course of the workshop. The programme begins with an introduction to implementation science, followed by a discussion on the selection of appropriate study design and measurements for projects. Group discussions on these issues are followed by what has become one of the staples of this programme: the roundtable session focuses on getting from science to policy and practice. This panel provides the participants with an opportunity to hear from and engage with senior decision makers from policy, practice and research organisations who briefly describe the approach of their agency to implementation research and knowledge translation, as well as the most effective approach for presenting research findings to policymakers and programme implementers. The remainder of the time allowed for questions from the participants.

The second day of the workshop addresses conceptual models and theoretical frameworks commonly used in implementation science; scale-up challenges in low- and middle-income countries, and concludes with a discussion around global networking and funding for implementation science.

## What's next?

There have been exciting developments emerging from the 2018 trainings. Because of the workshop held in Tokyo in July 2018, a formal implementation science research network has been established in Japan. The Research Association for Dissemination and Implementation Science in Health (RADISH) has held their inaugural meeting with 120 attendees and plans to establish regular meetings and workshops, establish a reading circle to discuss IS books and methods, and disseminate relevant research opportunities and evidence to its member base.

Following the training in Campinas, the Brazilian Implementation Science Network has been established and aims to establish formal relationships between GACD and Brazilian research funding agencies, host annual collaborative meetings to foster collaborations, and provide a platform to enhance collaborative implementation science research.

## Participant objectives

Participants are asked to set two objectives for themselves at the start of the workshop, which they revisit at the conclusion of the training and report on the degree to which they were met. The objectives set in the 2018 trainings fell under the following themes:

- General knowledge around implementation science
- Networking
- Learning from others' experiences
- Translating findings to policy and practice
- Addressing challenges to implementation

The most useful aspects of the trainings were reported to be:

1. Group work/shared learnings/networking
2. Valuable course content
3. Expertise and approachability of faculty members

Notable suggestions for improvement of future programmes included:

- Practical exercises after each of the sessions to crystalize the information taught
- Inclusion of economic evaluation content and hands-on skills for writing implementation science research proposals





# GACD RESEARCH NETWORK UPDATE

The GACD Research Network serves as a space for researchers to initiate, develop and participate in collaborative initiatives and learning platforms with the intention of building capacity and contributing to the body of scientific knowledge more broadly.

Opportunities to utilise the network usually emerge from the researchers themselves, with the Secretariat positioned to support and facilitate collaborative efforts.

## Annual Scientific Meeting

The 2018 Annual Scientific Meeting (ASM) was held in São Paulo from 12-16 November. Graciously hosted by the São Paulo Research Foundation (FAPESP), this year's meeting brought together 131 GACD Network members to share project updates, challenges and successes in a trusted environment. Promoting a hierarchy-free culture at face-to-face meetings such as the ASM and other forums of interaction is a signature feature of all Research Network gatherings and provides a forum for more open and meaningful engagement around sharing of study progress, challenges and the development of collaborative efforts. The bulk of the meeting programme focused on issues that cut across disease entities. Four discussion sessions/mini-workshops were held to facilitate discussion around themes considered central to the GACD Network, including:

- Addressing and evaluating context
- Data standardisation
- Multimorbidity
- Implementation & scale-up of interventions

This year's meeting included the inaugural forum on scale-up, which saw presentations and discussions on the science of scale-up as well as considerations of health economics and funding models. With regard to factors that affect scale-up and spread, it was suggested that 'we' as the research community would do well to a) be more attentive to the demand side of scale-up (creating pull vs pushing), b) not over-emphasise either the vertical or horizontal spread of innovation and c) be more attentive to the spatial (coverage, reach, availability etc.) and temporal (differential rate of change at different levels) dimensions of scale-up.

For more details, see pages 12 & 13 Annual Scientific Meeting.



With over 900 members, the Research Network continues to grow and evolve as an international network of researchers, implementers and advocates at the cutting edge of implementation research in global health.



## Publications

The GACD Research Network members have produced over 100 publications using data from GACD funded projects, with an additional 10 jointly-developed manuscripts. These joint publications reflect the collaborative work of researchers from various projects, geographies and disease areas. The evolution of the Research Network is also reflected in the nature of emerging joint activities and working groups. For more details on these jointly-developed outputs, see pages 12 and 13 (Working Groups, publications highlights).

## Working group outputs

Table 1. GACD working group development over time.

Notes: HT - Hypertension, DM - Diabetes, LD - Lung Diseases, MH - Mental Health

2012	2013	2014	2015	2016	2017/18
1 Data Standardisation (HT)	1 Data Standardisation (HT)	1 Data Standardisation (HT)	1 Data Standardisation (DM)	1 Data Standardisation (DM)	1 Data Standardisation (DM)
2 Barriers to Hypertension Control	2 Barriers to Hypertension Control	2 Barriers to Hypertension Control	2 Barriers to Hypertension Control	2 Data Standardisation (LD)	2 Data Standardisation (LD)
3 RCTs	3 RCTs	3 Joint Publications	3 Joint Publications	3 Joint Publications Committee	3 Data Standardisation (MH)
	4 Joint Publications	4 Task-shifting	4 Task-shifting	4 Task-shifting/How-to Series	4 Joint Publications Committee
		5 Process Evaluation	5 Process Evaluation	5 Process Evaluation	5 Task-shifting/How-to Series
		6 How-to Series	6 How-to Series	6 COUNCIL	6 Process Evaluation
			7 Concepts & Context	7 Concepts & Context	7 COUNCIL
				8 HT Innovations	8 Concepts & Context
					9 Multi-morbidity
					10 Implementation & Scale-up
					11 Indigenous Populations

Table 1 (above) illustrates the development of working groups within the Research Network over time.

Central themes and questions relevant to advancing implementation research into NCDs (non-communicable diseases) are regularly addressed by members of the GACD Research Network and joint efforts often take the form of working groups. These themes often cut across disease areas, making for a richer and broader approach to implementation research. NCD multimorbidity, addressing and evaluating context, sharing data and scaling up interventions are examples of domains pivotal to effective implementation research.

The GACD Research Network working groups have responded in providing opportunities for Research Network members to contribute to joint exercises that address those domains. Examples of these include the GACD Researchers' Statement on Multimorbidity published in the Lancet Global Health, the development of a data sharing platform detailing data collected by GACD studies and manuscripts describing how GACD projects addressed and evaluated context published in a high impact journal.

# GACD WORKING GROUPS

GACD working groups are a pivotal mechanism in facilitating ongoing collaborations across sites, diseases, contexts and geographic location, and reflect some of the shared interests of researchers within the GACD Research Network. This page provides a brief context and overview of each of the current groups.

## Task Shifting/Sharing (How-to Series)

Chairs: Rohina Joshi & Karen Yeates

**Aim:** To describe the experiences and lessons learned from projects with a task-shifting component: the transfer of tasks to non-physician health workers with the aim of improving the functioning of clinics.

**Progress:** Manuscript published in BMJ Global Health in November 2018.

**COUNCIL**  
**Cardiovascular Diseases, Diabetes & Stroke:** Mayowa Owolabi & Joseph Yaria  
**COPD:** Job van Boven  
**Depression:** Yena Lee & Roger McIntyre  
**Obesity:** Shane Norris

**Aim:** To develop guidelines for individual and system level control of noncommunicable diseases (NCDs) in developing countries. In the absence of specialised research, evidence and guidelines from LMICs, individual health personnel often apply available guidelines from HICs without consideration for local conditions.

**Progress:** Published four articles since 2015: two systematic reviews & a systematic comparison identifying gaps in hypertension, stroke & diabetes guidelines in LMICs and an implementation cycle for developing, disseminating and evaluating cardiovascular disease recommendations for LMICs. Obesity and stroke guideline reviews in progress.

## Indigenous Populations Working Group

Co-chairs: Gillian Gould, Marilyn Clarke & David Meharg

**Aim:** To develop a researchers' statement to address gaps in field of implementation science related to research in indigenous population groups.

**Progress:** Initial meeting and conference calls held. Systematic literature search underway to understand current context.

## Joint Publications Committee

Chairs: Brian Oldenburg & Mayowa Owolabi

**Aim:** To improve the value-add of GACD research outputs by:

- Identifying opportunities for dissemination of research outputs
- Developing a joint publication and dissemination pipeline for GACD research outputs.
- Developing and disseminating "GACD pragmatic guidelines" and solutions for hypertension in LMICs (low- and middle-income countries).

**Progress:** The group has developed a template for reporting GACD dissemination outputs and circulates a quarterly communique detailing joint publications and opportunities to collaborate and advance the work.

## Implementation and Scale-up: Challenges & Opportunities

Chair: Robert Schwartz & Kamran Siddiqi

**Aim:** To surface challenges around implementation and scale-up within GACD Lung Diseases projects and to learn about how best to address them.

**Progress:** Preliminary analysis conducted. Results shared with network. Next steps in development.

## NCD Multimorbidity

Chair: John Hurst

**Aim:** To investigate issues around multimorbidities.

- Develop a GACD statement policy brief on NCD multi-morbidity in LMICs/ vulnerable populations in HICs
- Develop a GACD statement policy brief on NCD multi-morbidity in LMICs/ vulnerable populations in HICs
- Conduct Multi-Morbidity in LMIC Research Prioritisation Exercise.

**Progress:** GACD Researchers' Statement on Multimorbidity published in Lancet

## Concepts and Context

Chair: Meena Daivadanam

**Aim:** To describe the methods used to characterise and account for context incorporated in studies at various levels. The group also aims to identify common methodological and analytical themes across selected projects and case studies for a manuscript on the topic.

**Progress:** 'Context' manuscript under review at Plos One. 'Concepts' manuscript in draft.

## Process Evaluation

Chair: Felix Limbani

**Aim:** To a) produce a set of guidelines for process evaluation and b) develop a manuscript describing the process evaluations being used across GACD projects.

**Progress:** The group developed a set of guidelines, structures and practices for process evaluation in 2015. Manuscript describing the process evaluation approaches used by GACD hypertension projects under review.

## Data Standardisation

Diabetes Chair: Meena Daivadanam

Lung Diseases Chair: Job van Boven

Mental Health Chairs: Melissa Pearson, Pallab Maulik & Ray Lam

**Aim:** To develop a set of consensus measures to include in the GACD Data Dictionary, intended to serve as a resource on which researchers can draw, to enhance opportunities for cross site and combined analysis and expand collaborative opportunities. A manuscript describing the process and the recommendations for future use will be developed from each Research Programme.

**Progress (diabetes):** Data collection complete. Analysis and manuscript development in progress.

**Progress (lung diseases):** Selection of minimal and optimal variables through a Delphi panel completed.

**Progress (mental health):** Implementation measures characterised and mapped across Proctor et al. and RE-AIM frameworks.

## Joint publications and their leads:

**Globalization and Health** Developing consensus measures for global programs: lessons from the Global Alliance for Chronic Diseases Hypertension research program



Rajesh Vedanthan

**Cardiology Clinics** Innovative Approaches to Hypertension Control in Low- and Middle-Income Countries



David Peiris



Michaela Riddell

**Lancet Global Health** Global Alliance for Chronic Disease researchers' statement on Multimorbidity – Executive summary



John Hurst

**Implementation Science** Behaviour change strategies for reducing blood pressure-related disease burden: findings from a global implementation research programme

**The Journal of Clinical Hypertension** The Global Alliance for Chronic Diseases Supports 15 Major Studies in Hypertension Prevention and Control in Low- and Middle-Income Countries



Sheldon Tobe



Mayowa Owolabi

**Journal of the Neurological Sciences** A systematic comparison of key features of ischemic stroke prevention guidelines in low- and middle-income vs. high-income countries

**Diabetes Care** Gaps in Guidelines for the Management of Diabetes Mellitus in Low and Middle Income Countries vs. HIC – a Systematic Review

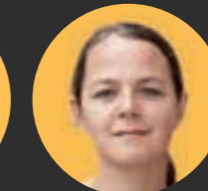
**BMJ Global Health** Controlling cardiovascular diseases in low- and middle-income countries by placing proof in pragmatism

**Hypertension** Gaps in Hypertension Guidelines in Low- and Middle-Income Versus High-Income Countries: A Systematic Review

**BMJ Global Health** Task-shifting for cardiovascular risk factor management: lessons from the Global Alliance for Chronic Diseases



Rohina Joshi



Karen Yeates



# GACD ANNUAL SCIENTIFIC MEETING - SÃO PAULO

The GACD Annual Scientific Meeting (ASM) brings together representatives from the GACD funded projects and member agencies, as well as local researchers, policymakers and programme implementers to facilitate discussion and share learnings around implementation science. The 2019 ASM was the 7th meeting to date and was held from 12-16 November in São Paulo, Brazil. Graciously hosted by the São Paulo Research Foundation (FAPESP), this year's meeting was the best attended to date, with 131 attendees. The now customary 2-day Implementation Science Workshop held at the start of the week (12-13 Nov), was the 10th workshop to date and was well supported with 83 participants.

Wednesday morning (14 Nov) saw the introduction of the inaugural GACD Forum on Scale-up, focusing on the methods and approaches that can be used to understand better how to improve the evidence base for scale-up, particularly in LMICs.

The opening of the ASM took place after lunch on Wednesday 14 November. Following a warm welcome from FAPESP's Prof Fernando Cendes, the first session of the ASM was an interactive panel of GACD Board members and a researcher from the network - a rare opportunity for the Board members and Network members to engage on the role the GACD has played in the field of implementation science and practical ways that the GACD intends to support the overall mission of facilitating research collaboration. This was followed by highlights from the GACD's Research Programmes, presented by the network co-chairs, as well as presentations from GACD projects that had primary results available.

The remainder of the week's programme focused on issues that cut across disease entities. Four discussion sessions/mini-workshops were held to facilitate discussion around themes considered central to the GACD Network, including:

- Addressing and evaluating context
- Implementation & scale-up of interventions
- Data standardisation
- Multimorbidity



## 2019 Annual Scientific Meeting – Bangkok, Thailand

We are delighted to announce that the 2019 GACD Annual Scientific Meeting will be held in Bangkok, Thailand, 11-15 November 2019. This year's meeting will be hosted by the Health Services Research Institute (HSRI).

### Scale-up forum

This year's ASM saw the first GACD Scale-up Forum, a half-day offering focusing on the methods and approaches that can be used to understand better how to improve the evidence base for scale-up, particularly in LMICs. The forum aimed to provide information on and facilitate discussion around a variety of topics, including:

- The use of appropriate research methods, measures and study designs
- Co-designing strategies for scale-up and evaluation methods between researchers, policy-makers, program implementers, communities and other stakeholders
- Using appropriate economic evaluation methods
- Use of appropriate theories and models to guide development, implementation and evaluation of scale-up

### Cross-cutting themes

Four discussion sessions were conducted to address issues that cut across the disease specific programmes. Facilitated by those who have led efforts in these areas, they presented work conducted to date and invited discussion on how best to advance these efforts going forward.

#### Addressing and evaluating context

Meena Daivadanam provided an overview of the Context Working group and its efforts to date, sharing the learnings produced by their survey of 20 GACD projects participated and inviting the network to reflect and take next steps. Preliminary conclusions and questions included:

- Most projects had addressed context at multiple levels
- Mixed-methods were used to a large extent to address and evaluate context - also a feature of implementation projects?
- Extensive use of methods to engage with the community such as participatory/consultative/negotiation approaches were used

Possible next steps for the group and others:

- Connecting context measures to process outcomes
- Developing checklist or guidance to evaluating and incorporating context

#### Implementation & scale-up of interventions

Robert Schwartz and Kamran Sidiqi led work on surfacing challenges related to research implementation and scale-up and possible solutions to these in 17 GACD lung disease projects. Challenges identified included issues related to resources, training, context, administration and staffing. Teams responded to these challenges primarily through consultation with their respective stakeholders and adapting packages and assessment methods to suit the context.

#### Data standardisation

Data Standardisation efforts are underway in each of the GACD Research Programmes with aims to:

- Develop a set of common metrics to maximize learning across multiple research projects
- Develop a data dictionary to serve as a resource on which GACD and other researchers can draw in order to enhance opportunities for cross site and combined analysis
- Characterise the data collected by each study to be loaded onto a metadata indexing platform to facilitate data sharing

Representatives from each of the programmes presented on the efforts to date, encouraging other network members to continue their contributions to the work, which to date has been:

##### Hypertension

A prototype the metadata indexing platform that would allow researchers to search and identify the type of data being collected by GACD studies has been developed. Project data characterised and loaded onto prototype platform. Data dictionary developed.

##### Diabetes

Project data characterised, not yet loaded onto prototype platform. Data dictionary developed. Set of 'minimal' and 'optimal' variables in development through Delphi panel of 61 nominated experts.

##### Lung Diseases

Set of 'minimal' and 'optimal' variables in development through Delphi panel of 69 nominated experts.

##### Mental Health

Intended implementation measures mapped. Core working group constituted to move efforts forward.

### Multimorbidity

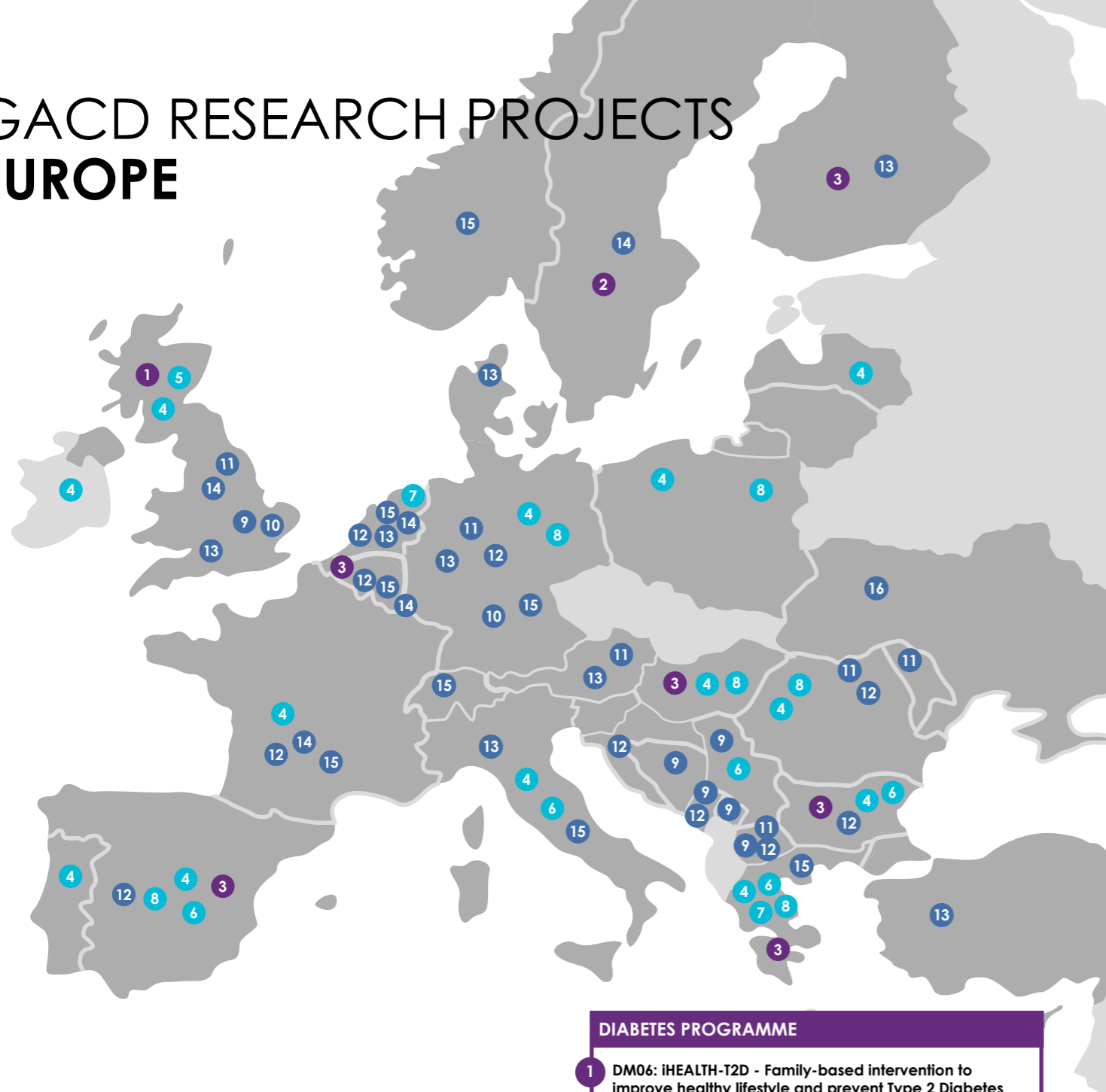
The GACD Multimorbidity Working Group issued a researchers' statement on multi-morbidity, the Executive Summary of which was published in Lancet Global Health in November 2018. With this statement as its starting point, John Hurst who chairs the group, presented the strategic objectives of the group, with the aim of reducing the impact of multi-morbidity in LMICs:

1. Greater policy awareness and focus on multi-morbidity through integrated proactive chronic care, rather than systems that address single NCDs.
2. Changes to the way that research is commissioned, funded and delivered when considering NCDs in LMICs – particularly the promotion of working across and between traditional disease, primary care and specialist boundaries.
3. Health systems research aligned with Universal Health Coverage. In particular, greater consideration of the role of proactive Primary Care and (where appropriate) Community Health Workers in developing knowledge and skills to deliver effective integrated multi-morbid NCD care.

The resulting discussion was lively and there was an expression of interest from funding agency representatives for the group to work to outline what outcome measures have or could be used in clinical research in LMICs and the advantages and drawbacks of each.



# GACD RESEARCH PROJECTS EUROPE



## Funding agencies

**AMED** – Japan Agency for Medical Research and Development  
**CAMS** – Chinese Academy of Medical Sciences  
**CIHR** – Canadian Institutes of Health Research  
**Conacyt** – National Council of Science and Technology, Mexico  
**CSN** – Canadian Stroke Network  
**EC** – European Commission  
**FAPESP** – São Paulo Research Foundation  
**FIG** – Fogarty International Center (NIH)  
**GCC** – Grand Challenges Canada  
**HRC** – Health Research Council, New Zealand  
**ICMR** – Indian Council of Medical Research  
**IDRC** – International Development Research Centre, Canada  
**INER** – The National Institute of Respiratory Diseases, Mexico  
**INMEGEN** – National Institute for Genomic Medicine, Mexico  
**MINCYT** – Argentina's Ministry of Science, Technology & Productive Innovation  
**NCI** – National Cancer Institute  
**NICHHD** – National Institute of Child Health and Human Development  
**NIEHS** – National Institute of Environmental Health Sciences  
**NHLBI** – National Heart, Lung, and Blood Institute (NIH)  
**NHMRC** – National Health and Medical Research Council, Australia  
**NIDA** – National Institute of Drug Abuse  
**NIH** – National Institutes of Health, US  
**NINDS** – National Institute of Neurological Disorders and Stroke (NIH)  
**SAMRC** – South African Medical Research Council  
**UK MRC** – Medical Research Council, UK

## DIABETES PROGRAMME

- DM06: iHEALTH-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes (UK)**  
**Funded by:** EC  
**Aim:** To determine whether a family-based lifestyle modification delivered by community health workers vs usual care is clinically and cost-effective for prevention and risk reduction of T2D.
- DM07: SMART2D - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes (Sweden)**  
**Funded by:** EC  
**Aim:** To strengthen capacity for T2DM care through proven strategies like task-shifting to non-physician health care providers and community health workers, and expanding care networks through community-based peer support groups.
- DM08: Feel4Diabetes: Promoting healthy lifestyle in families across Europe (Belgium, Bulgaria, Finland, Greece, Hungary & Spain)**  
**Funded by:** EC  
**Aim:** To develop, implement and evaluate an evidence-based and potentially cost-effective and scalable intervention program to prevent type 2 diabetes among families from vulnerable groups across Europe.



## LUNG DISEASES PROGRAMME

- LD01: TackSHS: Tackling second-hand tobacco smoke and e-cigarette emissions: exposure assessment, novel interventions, impact on lung diseases and economic burden in diverse European populations (Bulgaria, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Poland, Portugal, Romania, Spain, UK)**  
**Funded by:** EC  
**Aim:** To elucidate the comprehensive impact that second-hand smoking (SHS) and e-cigarettes emissions have on the respiratory health of the European population and how health impacts vary according to socio-economic parameters with particular emphasis on specific vulnerable groups.
- LD02: Tobacco cessation within TB programmes: A 'real world' solution for countries with dual burden of disease (UK)**  
**Funded by:** EC  
**Aim:** To reduce the burden of tobacco-related lung diseases in developing countries by including tobacco cessation policy measures in tuberculosis programmes. Sustainability and cost-effectiveness of the programmes will be evaluated.
- LD03: Smoke Free Brain: Multidisciplinary tools for improving the efficacy of public prevention measures against smoking (Bulgaria, Greece, Italy, Serbia, Spain)**  
**Funded by:** EC  
**Aim:** Prevention of lung diseases caused by tobacco while at the same time developing new treatments analysing their contextual adaptability to the local and global health care system.
- LD04: FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health cAre Integrated gRoups (The Netherlands and Greece)**  
**Funded by:** EC  
**Aim:** To prevent, diagnose and treat lung diseases in LMICs and other low-resource settings. It adapts and tests innovation and evidence-based practice in the prevention, diagnosis and treatment of lung disease in low-resource settings with high levels of tobacco consumption and exposure to Household Air Pollution.
- LD05: EUREST-PLUS: Policy Implementation to Reduce Lung Diseases (Germany, Greece, Hungary, Poland, Romania, Spain)**  
**Funded by:** EC  
**Aim:** To monitor and evaluate the impact of the European Commission's Tobacco Products Directive within the context of Framework Convention on Tobacco Control ratification at a European level, including issues of tobacco product ingredients, additives, reporting, packaging, labelling, illicit trade, cross border sales, and e-cigarettes.



## MENTAL HEALTH PROGRAMME

- MH22: Implementation of an effective and cost-effective intervention for patients with psychotic disorders in low and middle income countries in South Eastern Europe (IMPULSE) UK, Kosovo UN Resolution, Bosnia and Herzegovina, Serbia, former Yugoslav Republic of Macedonia, Montenegro**  
**Funded by:** EC  
**Aim:** To advance the implementation of easily deliverable, cost-saving and sustainable mental health interventions in LMICs, thus expanding access to care and alleviating the global burden of severe mental disorders on individuals, families, communities and societies.
- MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES) Germany, UK**  
**Funded by:** EC, ICMR  
**Aim:** To improve the lives of large numbers of citizens in Europe and LMIC by modifying mental health systems using the expertise of people with personal experience of mental illness (peer-support).
- MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE) Germany, Austria, UK, Romania, former Yugoslav Republic of Macedonia, Moldova**  
**Funded by:** EC  
**Aim:** To prevent child mental health disorders in LMIC, particular behavioural disorders, by using Parenting for Lifelong Health (PLH) programme; thus reduce the global burden of mental disorders.
- MH25: Large-scale implementation of community based mental health care for people with severe and Enduring mental ill health in Europe (RECOVER-E) Netherlands, Romania, former Yugoslav Republic of Macedonia, France, Spain, Germany, Montenegro, Bulgaria, Croatia, Belgium, Moldova**  
**Funded by:** EC  
**Aim:** To develop well-functioning community mental health teams in five countries in LMICs, which will serve as the central node for coordination and provision of care for people with severe and enduring mental illness.
- MH26: Refugee Emergency: Defining and Implementing Novel Evidence-based psychosocial interventions (RE-DEFINE) Italy, Netherlands, Austria, Turkey, Germany, Denmark, Finland, UK,**  
**Funded by:** EC  
**Aim:** To adapt, test, and implement the Self Help Plus (SH+), a novel trans-diagnostic self-help preventive psychosocial intervention developed by WHO to prevent the onset of mental disorders in refugees and asylum seekers resettled in middle-income and high-income countries.
- MH28: Prevention of Dementia using Mobile phone Applications (PRODEMOS) Netherlands, UK, France, Luxembourg, Sweden**  
**Funded by:** EC, CAMS  
**Aim:** To make dementia prevention strategies accessible to populations in LMIC and vulnerable populations in HIC using mobile health technology
- MH29: How to best meet the needs of people with dementia with severe behavioural disturbances. Toward a respectful and cost-effective model (RECAGE) Italy, Netherlands, France, Germany, Greece, Switzerland, Norway, Belgium**  
**Funded by:** EC  
**Aim:** To assess the effectiveness of an intervention, the special medical care unit (SCU-B), for patients with Behavioural and Psychological Symptoms of Dementia (BPSD) that, albeit already implemented in some European countries, is not widespread and has not been sufficiently studied so far, although it seems to be promising for its short-term efficacy (alleviating BPSD and improving quality of life of patients with Dementia) and possibly for its long term efficacy.
- MH30: Integrating Treatment for Mental Disorders in Methadone Clinics in Ukraine**  
**Funded by:** NIDA



# GACD RESEARCH PROJECTS AMERICAS

## DIABETES PROGRAMME

- DM09: Evaluation of a pilot project to prevent diabetes in the workplace using information technology (Mexico)**  
**Funded by:** Conacyt  
**Aim:** To evaluate on a pilot basis the performance of a work based e-intervention to prevent diabetes using information technology as means to deliver the intervention.
- DM10: Development of an interactive social network for metabolic control of diabetic patients (Mexico)**  
**Funded by:** Conacyt  
**Aim:** The development of an interactive social network, and use of the internet to try to change behaviours and attitudes of risk in affected Type 2 diabetes community.
- DM11: Development and validation of a software linked to an internet site to facilitate medical treatment and empowerment of the patient with type 2 diabetes, interaction with the medical personnel and the generation of a real time registry (Mexico and United States)**  
**Funded by:** Conacyt  
**Aim:** To create, validate and export the use of a technological tool that contributes to empowerment in patients with diabetes, the provision of care according to quality standards, and generate real-time information required to measure the effectiveness of interventions.



- DM14: Implementation of foot thermometry and SMS to prevent diabetic foot ulcer (Peru)**  
**Funded by:** NIH/FIC  
**Aim:** To compare the incidence of diabetic foot ulcer during the study between the arm that receives thermometry alone and the arm that receives thermometry + messages (SMS and voice message).



- DM17: Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico**  
**Funded by:** NIH/NHLBI  
**Aim:** To assess the effectiveness of an adapted evidence-based community health worker intervention, Meta Salud Diabetes, a 13-week intervention aimed at reducing behavioural and clinical risk for cardiovascular disease among adults with diabetes.



## HYPERTENSION PROGRAMME

- HT02: HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries (Colombia)**  
**Funded by:** CIHR, GCC, CSN, IDRC  
**Aim:** To evaluate whether the cardiovascular disease risk detection, treatment, and control programme can substantially improve hypertension control and overall Framingham Risk Score at 1 year.
- HT03: DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower Bp in Aboriginal and LMIC (Canada)**  
**Funded by:** CIHR, GCC, IDRC  
**Aim:** To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension.
- HT11: Launching a salt substitute to reduce blood pressure at the population level in Peru**  
**Funded by:** NIH/NHLBI  
**Aim:** To implement and assess the impact of an intervention using a salt substitute on blood pressure at the population level using a stepped wedge trial design.
- HT14: A comprehensive approach to hypertension control in Argentina**  
**Funded by:** NIH/NHLBI  
**Aim:** To test whether a comprehensive intervention program within a national public primary healthcare system will improve hypertension control among uninsured hypertensive patients and their families in Argentina.



## LUNG DISEASES PROGRAMME

- LD06: RETRAC2: Research on Commercial Tobacco Reduction in Aboriginal Communities (Canada)**  
**Funded by:** CIHR  
**Aim:** To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.
- LD07: Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries (Canada, Chile, Colombia and Ecuador)**  
**Funded by:** CIHR, IDRC, SAMRC  
**Aim:** To study the impact of tobacco prices on smoking onset, smoking cessation, and tobacco consumption in the targeted countries.
- LD08: Household Air Pollution and Health: A Multi-Country Liquefied Petroleum Gas (LPG) cook stove Intervention Trial (Guatemala and Peru)**  
**Funded by:** NIH Common Fund, NHLBI, NIEHS, NICHHD, and NCI, with support from the Bill & Melinda Gates Foundation



**Aim:** We propose to conduct a randomized controlled trial of liquid petroleum gas (LPG) stove and fuel distribution in 3,200 households in four diverse LMICs to deliver rigorous evidence regarding potential health benefits across the lifespan.

- LD10: Genomic analysis of drug-resistant tuberculosis in sputum sample (Mexico)**  
**Funded by:** CONACYT, INMEGEN, INER  
**Aim:** To identify genomic variants in mycobacterium tuberculosis associated with drug resistance in sputum by using targeted DNA sequencing.
- LD11: Search and validation of biomarkers for tuberculosis in Mexican patients with diabetes mellitus (Mexico)**  
**Funded by:** CONACYT  
**Aim:** To develop a diagnostic method to detect asymptomatic tuberculosis in Mexican patients with diabetes mellitus.
- LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries (Peru)**  
**Funded by:** UK MRC  
**Aim:** To modify and assess the usefulness of a currently utilised COPD case finding questionnaire and COPD Action Plans



to allow for simple, low-cost models of care which can be generalised across LMICs.

## MENTAL HEALTH PROGRAMME

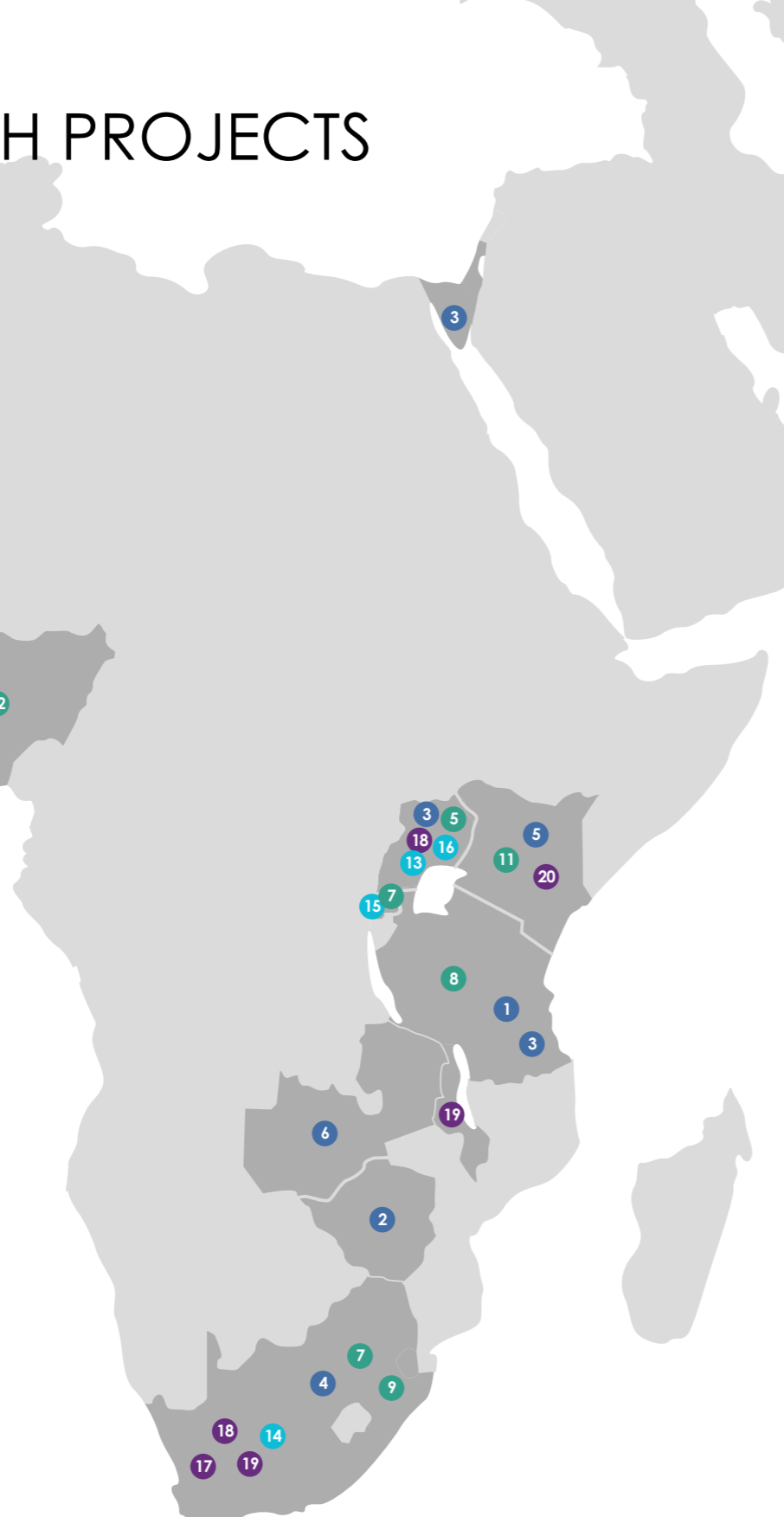
- MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)**  
**Funded by:** UKMRC & IMCR  
**Aim:** To develop, test, refine and disseminate implementation strategies for CST for people with dementia in three diverse parts of the world.
- MH04: Youth wellbeing in China and Central America: implementation of an integrated prevention and intervention program (Honduras and El Salvador)**  
**Funded by:** CIHR  
**Aim:** To implement and evaluate a multi-level, integrated mental health education, screening and intervention model to improve functioning and well-being among youth in China, Honduras and El Salvador.
- MH05: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada**  
**Funded by:** CIHR  
**Aim:** To use the principles of implementation science to develop methods for adapting the SUPRE-MISS intervention for different types of suicide attempters in two very different low-resource settings – Ningxia, China and Nunavut, Canada – and to subsequently promulgate these methods of adapting the intervention to other low-resource settings.
- MH06: Enhanced Measurement-Based Care (EMBC) Effectiveness for Depression (EMBED): A Canada-China Implementation Project**  
**Funded by:** CIHR  
**Aim:** The project design will address 4 broad aims: (1) identify current BCW contextual enablers and barriers to EMBC implementation in diverse settings in Shanghai; (2) further implementation science by exploring physician and patient factors as barriers or enablers for an evidence-based practice implementation; (3) provide clinical and health economic outcomes to establish effectiveness of EMBC in Shanghai; and (4) build knowledge and capacity for scale up of EMBC in China and beyond.
- MH08: Shared Care for ADHD in Children and Youth: Merging the Canadian and Chinese Experiences**  
**Funded by:** CIHR  
**Aim:** To adapt the Canadian shared care model for ADHD to the Chinese context. To test its flexibility, it will be implemented within the paediatric care system in two districts of Shanghai and within the mental health care system in one district of Beijing.
- MH13: Exploring Stigma, Discrimination & Recovery-Based Perspectives toward Mental Illness & Substance Use Problems in Brazil**  
**Funded by:** FAPESP  
**Aim:** To determine the effectiveness of a comprehensive anti-stigma/recovery-oriented intervention in reducing stigmatizing attitudes and behaviours among PHC providers toward individuals with MISUP in the Brazilian context, using FHUs as the point of intervention.
- MH14: Indigenous communities, local culture and mental health in Mexican adolescent population: a community intervention analysis**  
**Funded by:** CONACYT  
**Aim:** To design, implement and evaluate an intervention with a gender perspective aimed to improve access to mental health services at the primary care level for an adolescent population living in indigenous communities in Chiapas, Mexico.
- MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE) United States**  
**Funded by:** EC  
**Aim:** To prevent child mental health disorders in LMIC, particular behavioural disorders, by using Parenting for Lifelong Health (PLH) programme; thus reduce the global burden of mental disorders.
- MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA) Peru, Columbia (with Mexico as a subcontractor for some tasks) Germany, Spain, UK**  
**Funded by:** EC  
**Aim:** To scale up an integrated system in primary healthcare as the platform, embedded in the municipal setting, to prevent and manage alcohol use disorders and comorbid depression in three Latin American countries – Mexico, Columbia and Peru.
- MH34: OnTrackChile for First Episode Psychosis Chile**  
**Funded by:** NIMH



# GACD RESEARCH PROJECTS AFRICA

## MENTAL HEALTH PROGRAMME

- 1 **MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)**  
**Funded by:** UKMRC & IMCR  
**Aim:** To develop, test, refine and disseminate implementation strategies for CST for people with dementia in three diverse parts of the world.
- 2 **MH03: Optimising implementation strategies of the scale-up of a primary care psychological intervention: The Friendship Bench (Zimbabwe)**  
**Funded by:** UKMRC  
**Aim:** To systematically identify and test promising implementation strategies to maximize the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) of the evidence-based Friendship Bench program in Zimbabwe.
- 3 **MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES) Uganda, Tanzania, Israel, Sierra Leone**  
**Funded by:** EC, ICMR  
**Aim:** To improve the lives of large numbers of citizens in Europe and LMIC by modifying mental health systems using the expertise of people with personal experience of mental illness (peer-support).
- 4 **MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE) South Africa**  
**Funded by:** EC  
**Aim:** To prevent child mental health disorders in LMIC, particular behavioural disorders, by using Parenting for Lifelong Health (PLH) programme; thus reduce the global burden of mental disorders.
- 5 **MH31: Depression And Primary-care Partnership for Effectiveness-implementation Research (DAPPER) Kenya**  
**Funded by:** NIMH
- 6 **MH32: Evaluating Implementation Strategies to Scale-up Transdiagnostic Evidence-based Mental Health Care in Zambia**  
**Funded by:** NIMH



## HYPERTENSION PROGRAMME

- 7 **HT01: Utilizing HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa (Uganda, Rwanda and South Africa)**  
**Funded by:** CIHR, CSN, GCC, IDRC  
**Aim:** To evaluate the effectiveness of active-case finding and to investigate the presence of cardiovascular disease risk factors in patients attending antiretroviral treatment services.
- 8 **HT03: DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower Bp in Aboriginal and LMIC (Tanzania)**  
**Funded by:** CIHR, GCC, IDRC  
**Aim:** To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension.
- 9 **HT05: Treating hypertension in rural South Africa: A clinic-based lay health worker trial to enhance community-based outreach services for integrated chronic care (South Africa)**  
**Funded by:** UK MRC  
**Aim:** To reduce population levels of uncontrolled hypertension, especially in those individuals at greatest risk, by supporting and strengthening the management of hypertension in primary care clinics.
- 10 **HT12: Task shifting and blood pressure control in Ghana - a cluster-randomized trial (Ghana)**  
**Funded by:** NIH/NHLBI  
**Aim:** To evaluate the comparative effectiveness of the implementation of the WHO Package targeted at CV risk assessment versus provision of health insurance coverage, on blood pressure reduction.
- 11 **HT13: LARK: Optimizing linkage and retention to hypertension care in rural Kenya**  
**Funded by:** NIH/NHLBI  
**Aim:** To utilize a multi-disciplinary implementation research approach to address the challenge of linking and retaining hypertensive individuals to a hypertension management program.
- 12 **HT15: Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES) Nigeria**  
**Funded by:** NIH/NINDS  
**Aim:** To determine whether a culturally-sensitive multipronged post-discharge intervention can significantly reduce blood pressure, enhance achievement of guideline recommended targets for risk factor control, and lower recurrent vascular events in Nigeria.

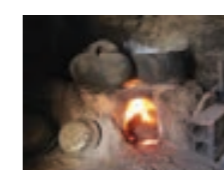


assessment versus provision of health insurance coverage, on blood pressure reduction.



## LUNG DISEASES PROGRAMME

- 13 **LD04: FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health cAre Integrated gRoups (Uganda)**  
**Funded by:** EC  
**Aim:** To prevent, diagnose and treat lung diseases in LMICs and other low-resource settings. It adapts and tests innovation and evidence-based practice in the prevention, diagnosis and treatment of lung disease in low-resource settings with high levels of tobacco consumption and exposure to Household Air Pollution.
- 14 **LD07: Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries (South Africa)**  
**Funded by:** CIHR, IDRC, SAMRC  
**Aim:** To study the impact of tobacco prices on smoking onset, smoking cessation, and tobacco consumption in the targeted countries.
- 15 **LD08: Household Air Pollution and Health: A Multi-Country Liquefied Petroleum Gas (LPG) cook stove Intervention Trial (Rwanda)**  
**Funded by:** NIH Common Fund, NHLBI, NIEHS, NICHD, and NCI, with support from the Bill & Melinda Gates Foundation  
**Aim:** We propose to conduct a randomized controlled trial of liquid petroleum gas (LPG) stove and fuel distribution in 3,200 households in four diverse LMICs to deliver rigorous evidence regarding potential health benefits across the lifespan.
- 16 **LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries (Uganda)**  
**Funded by:** UK MRC  
**Aim:** To modify and assess the usefulness of a currently utilised COPD case finding questionnaire and COPD Action Plans to allow for simple, low-cost models of care which can be generalised across LMICs.



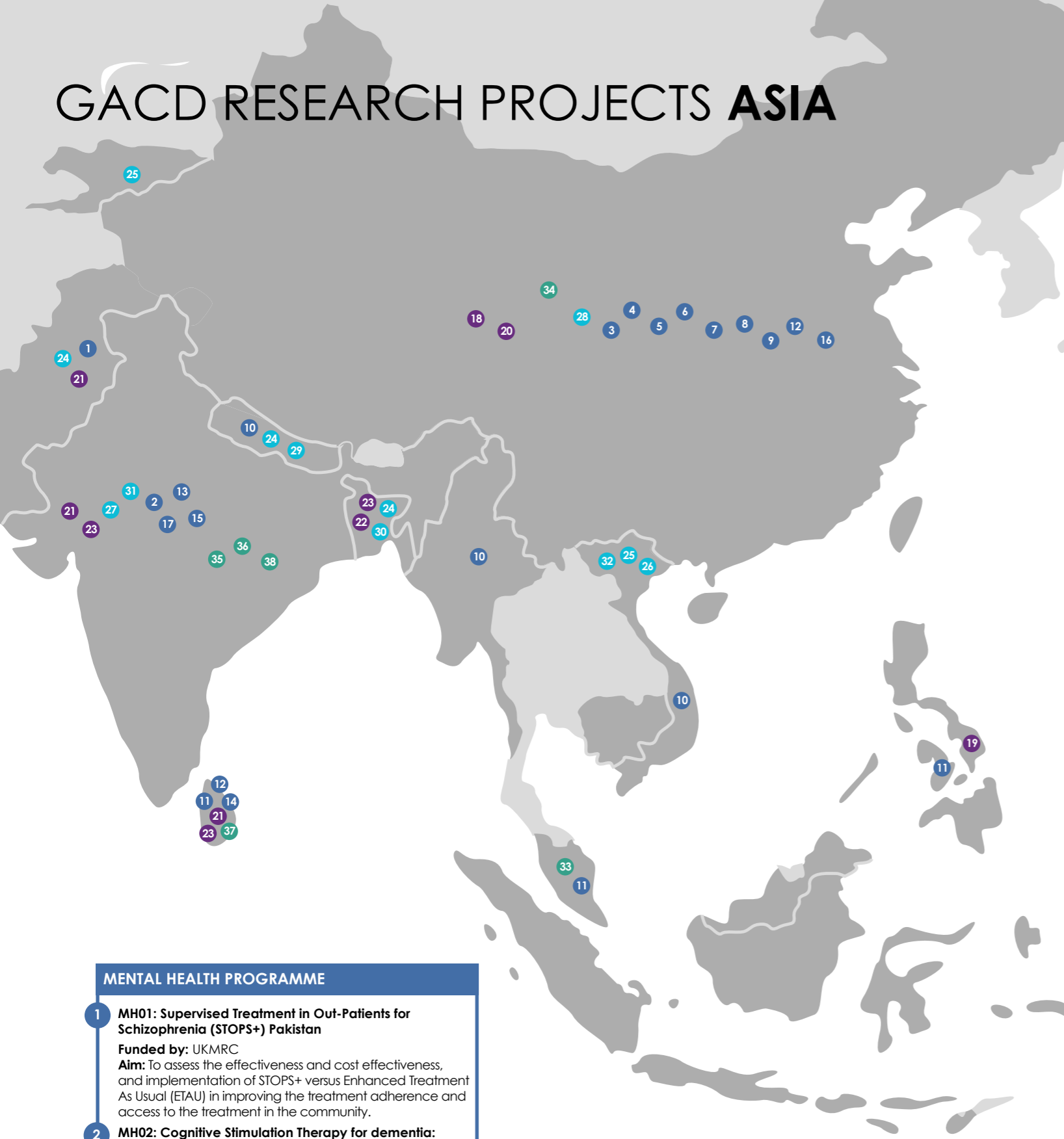
models of care which can be generalised across LMICs.

## DIABETES PROGRAMME

- 17 **DM03: IINDIAGO (Integrated Intervention for Diabetes risk after Gestational diabetes): An integrated health system intervention aimed at reducing type 2 diabetes risk in disadvantaged women after gestational diabetes in South Africa**  
**Funded by:** CIHR, IDRC, SAMRC  
**Aim:** To develop and evaluate a novel health system intervention to reduce the subsequent risk of developing T2D among women with recent gestational diabetes.
- 18 **DM07: SMART2D - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes (South Africa and Uganda)**  
**Funded by:** EC  
**Aim:** To strengthen capacity for T2DM care through proven strategies like task-shifting to non-physician health care providers and community health workers, and expanding care networks through community-based peer support groups.
- 19 **DM12: Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: a pragmatic individually randomised trial (South Africa and Malawi)**  
**Funded by:** SAMRC, UK MRC  
**Aim:** To test the effectiveness of sending short message service (SMS) texts in improving health outcomes and supporting medication adherence in patients with type 2 diabetes in the context of implementing a low-cost, mobile-health communication infrastructure in an operational setting.
- 20 **DM15: Bridging Income Generation with Group Integrated Care (BIGPIC) Kenya**  
**Funded by:** NIH/NHLBI  
**Aim:** To identify the contextual factors, facilitators, and barriers that may impact integration of group medical visits and microfinance for CVD risk reduction, using a combination of qualitative research methods: 1) baraza (traditional community gathering) form of inquiry; and 2) focus group discussions among individuals with diabetes or at increased risk for diabetes, microfinance group members, and rural health workers.



# GACD RESEARCH PROJECTS ASIA



## MENTAL HEALTH PROGRAMME




- 1 **MH01: Supervised Treatment in Out-Patients for Schizophrenia (STOPS+) Pakistan**  
**Funded by:** UKMRC  
**Aim:** To assess the effectiveness and cost effectiveness, and implementation of STOPS+ versus Enhanced Treatment As Usual (ETAU) in improving the treatment adherence and access to the treatment in the community.
- 2 **MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)**  
**Funded by:** UKMRC & IMCR  
**Aim:** To develop, test, refine and disseminate implementation strategies for CST for people with dementia in three diverse parts of the world.
- 3 **MH04: Youth wellbeing in China and Central America: implementation of an integrated prevention and intervention program (China)**  
**Funded by:** CIHR  
**Aim:** To implement and evaluate a multi-level, integrated mental health education, screening and intervention model to improve functioning and well-being among youth in China, Honduras and El Salvador.

- 4 **MH05: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada**  
**Funded by:** CIHR  
**Aim:** To use the principles of implementation science to develop methods for adapting the SUPRE-MISS intervention for different types of suicide attempters in two very different low-resource settings – Ningxia, China and Nunavut, Canada – and to subsequently promulgate these methods of adapting the intervention to other low-resource settings.

- 5 **MH06: Enhanced Measurement-Based Care (MBC) Effectiveness for Depression (EMBED): A Canada-China Implementation Project**  
**Funded by:** CIHR  
**Aim:** The project design will address 4 broad aims: (1) identify current BCW contextual enablers and barriers to MBC implementation in diverse settings in Shanghai; (2) further implementation science by exploring physician and patient factors as barriers or enablers for an evidence-based practice implementation; (3) provide clinical and health economic outcomes to establish effectiveness of eMBC in Shanghai; and (4) build knowledge and capacity for scale up of eMBC in China and beyond.
- 6 **MH07: Linking Hearts: Advancing Mental Health Care of University Students Through Interdisciplinary Collaboration (in Jinan) China**  
**Funded by:** CIHR  
**Aim:** To study the adaptation and implementation of an integrated evidence-informed mental health intervention, Acceptance and Commitment to Empowerment – Linking Youth and ‘Xin’ (hearts) (ACE-LYNX)
- 7 **MH08: Shared Care for ADHD in Children and Youth: Merging the Canadian and Chinese Experiences (China)**  
**Funded by:** CIHR  
**Aim:** To adapt the Canadian shared care model for ADHD to the Chinese context. To test its flexibility, it will be implemented within the paediatric care system in two districts of Shanghai and within the mental health care system in one district of Beijing.
- 8 **MH09: Screening and management of perinatal depression within primary care (China)**  
**Funded by:** CIHR  
**Aim:** To create an effective PDSM program that will be sustainable within the maternal and child healthcare system in China.
- 9 **MH10: Standardizing the treatment, prevention, and management of depression in China: a multi-disciplinary approach**  
**Funded by:** CIHR  
**Aim:** To explore a community-based mental health services system for the early identification of individuals with depressive symptoms and to provide mental health interventions for them; to develop a hospital-based system that improves access to mental health care and the management of patients diagnosed with clinical depression; and to provide policy recommendations to the government.
- 10 **MH11: Mental health promotion at workplace in low- and middle-income countries in Asia (Nepal, Vietnam, Myanmar)**  
**Funded by:** AMED  
**Aim:** To test the hypothesis the policy frameworks, interventions and capacity-building programs that have demonstrated applicability and effectiveness in Japan and other high-income countries will, with suitable cultural adjustments, be reliable, valid, applicable and effective in several selected low- and middle-income Asian countries, i.e., Nepal, Vietnam, and Myanmar.

- 11 **MH12: A Study on Rights-based Self-learning Tools to Promote Mental Health, Well-being & Resilience after Disasters (Malaysia, Philippines, Sri Lanka)**  
**Funded by:** AMED  
**Aim:** (1) Developing and testing localized PFA e-orientation programme among general populations, in Malaysia, the Philippines and Sri Lanka; (2) Developing a new e-learning tool on human rights of persons with mental or psychosocial disabilities in emergency settings, in order to promote awareness on inclusion and access, in close collaboration with UN; (3) Evaluating how these tools (PFA e-orientation and the e-learning on human rights of persons with mental or psychosocial disabilities) can improve people’s resilience; and (4) Presenting these outcomes for the international community such as UN.
- 12 **MH15: A culturally appropriate approach to improve mental health outcomes in Sri Lanka and China: Mental Health First Aid**  
**Funded by:** NHMRC  
**Aim:** To Develop a culturally appropriate Mental Health First Aid (MHFA) training program for China and Sri Lanka, trial the effectiveness of this training in improving participant MHFA knowledge and skills and develop suitable implementation models for sustainable MHFA training in China and Sri Lanka.
- 13 **MH16: Systematic Medical Appraisal, Referral and Treatment for Common Mental Disorders in India - SMART Mental Health**  
**Funded by:** NHMRC  
**Aim:** To evaluate the feasibility, clinical effectiveness and cost-effectiveness of a multifaceted primary healthcare worker intervention.
- 14 **MH18: A randomised stepped wedge trial of the scaling up of a community-based alcohol education program in rural Sri Lanka**  
**Funded by:** NHMRC  
**Aim:** To implement on a larger scale the successful intervention elements that were developed and tested in the pilot study of a community based alcohol education and community mobilisation program in rural Sri Lankan villages.
- 15 **MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES) India**  
**Funded by:** EC, ICMR  
**Aim:** To improve the lives of large numbers of citizens in Europe and LMIC by modifying mental health systems using the expertise of people with personal experience of mental illness (peer-support).
- 16 **MH28: Prevention of Dementia using Mobile phone Applications (PRODEMOS) China**  
**Funded by:** EC, CAMS  
**Aim:** To make dementia prevention strategies accessible to populations in LMIC and vulnerable populations in HIC using mobile health technology
- 17 **MH33: Implementation of evidence based facility and community interventions to reduce the treatment gap for depression (IMPRESS) India**  
**Funded by:** NIMH



- ## DIABETES PROGRAMME
- 18 **DM02: Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes**  
**Funded by:** CAMS, NHMRC  
**Aim:** To develop the SMARTHealth Diabetes system and determine its clinical impact for people with type 2 diabetes.
  - 19 **DM04: Community Health Assessment Program in the Philippines (CHAPP)**  
  
**Funded by:** CIHR, IDRC  
**Aim:** To adapt the elements of the expanded Cardiovascular Health Awareness Program (CHAP) intervention model to low- and middle-income countries (LMICs) and evaluate its effectiveness in preventing diabetes and its complications.
  - 20 **DM05: Effects of information technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease (China)**  
  
**Funded by:** CAMS  
**Aim:** To evaluate the effectiveness of information technology-based tools on improvement of long-term adherence to secondary prevention and risk factors control among patients with established coronary artery disease, including those with diabetes.
  - 21 **DM06: iHEALTH-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes (India, Pakistan, Sri Lanka)**  
**Funded by:** EC  
**Aim:** To determine whether a family-based lifestyle modification delivered by community health workers vs usual care is clinically and cost-effective for prevention and risk reduction of T2D.
  - 22 **DM13: The Bangladesh D-Magic Trial. Diabetes Mellitus: Action Through Groups or Information for Better Control?**  
**Funded by:** UK MRC  
**Aim:** To evaluate the impact of a) a participatory community mobilisation intervention and b) an mHealth health promotion and awareness intervention on the prevalence of intermediate hyperglycaemia and diabetes in rural Bangladesh.
  - 23 **DM16: A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus (Bangladesh, India, Sri Lanka)**  
  
**Funded by:** ICMR, NHMRC  
**Aim:** To determine whether a resource- and culturally-appropriate lifestyle intervention program in South Asian countries, provided to women with gestational diabetes after delivery, will reduce the incidence of type 2 diabetes, in a manner that is affordable, acceptable and scalable.

## LUNG DISEASES PROGRAMME

**24 LD02: Tobacco cessation within TB programmes: A 'real world' solution for countries with dual burden of disease (Pakistan, Nepal, Bangladesh)**

**Funded by:** EC  
**Aim:** To reduce the burden of tobacco-related lung diseases in developing countries by including tobacco cessation policy measures in tuberculosis programmes. Sustainability and cost-effectiveness of the programmes will be evaluated.



**25 LD04: FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health cAre Integrated gROups (Vietnam and Kyrgyz Republic)**

**Funded by:** EC  
**Aim:** To prevent, diagnose and treat lung diseases in LMICs and other low-resource settings. It adapts and tests innovation and evidence-based practice in the prevention, diagnosis and treatment of lung disease in low-resource settings with high levels of tobacco consumption and exposure to Household Air Pollution.



**26 LD07: Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries (Vietnam)**

**Funded by:** CIHR, IDRC, SAMRC  
**Aim:** To study the impact of tobacco prices on smoking onset, smoking cessation, and tobacco consumption in the targeted countries.

**27 LD08: Household Air Pollution and Health: A Multi-Country Liquefied Petroleum Gas (LPG) cook stove Intervention Trial (India)**

**Funded by:** NIH Common Fund, NHLBI, NIEHS, NICHD, and NCI, with support from the Bill & Melinda Gates Foundation



**Aim:** We propose to conduct a randomized controlled trial of liquid petroleum gas (LPG) stove

and fuel distribution in 3,200 households in four diverse LMICs to deliver rigorous evidence regarding potential health benefits across the lifespan.



**28 LD09: Lung function of Chinese adults and the predictive value of peak flow rate to long-term incidence and prognosis of lung diseases (China)**

**Funded by:** CAMS  
**Aim:** To describe the status of lung functions and evaluate the risk for COPD, information about lung diseases and related symptoms were collected by the standard questionnaire in this study.

**29 LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries (Nepal)**

**Funded by:** UK MRC  
**Aim:** To modify and assess the usefulness of a currently utilised COPD case finding questionnaire and COPD Action



Plans to allow for simple, low-cost models of care which can be generalised across LMICs.

**30 LD13: Muslim Communities Learning about Second-hand Smoke (MCLASS II): An effectiveness-implementation hybrid study (Bangladesh)**

**Funded by:** UK MRC  
**Aim:** Our overall aim is to reduce the burden of disease due to SHS in LMICs by discovering innovative community-based approaches to behaviour change.

**31 LD14: Preventing smoking uptake among adolescents: A primary prevention initiative for chronic lung disease in India**

**Funded by:** UK MRC  
**Aim:** To identify and understand environmental factors that increase the risk of adolescents starting to smoke tobacco, with the aim of informing interventions that can reduce the number of new tobacco smokers and ultimately prevent chronic lung disease in the future.

**32 LD16: An integrated health-sector strategy to combat COPD and asthma in Vietnam: A pragmatic stepped intervention cluster randomized trial (Vietnam)**

**Funded by:** NHMRC  
**Aim:** A pragmatic stepped cluster randomised controlled trial to evaluate the effectiveness of (a) health-system based smoking cessation, and (b) targeted low-dose inhaled corticosteroid therapy to prevent exacerbations of chronic obstructive lung disease.

## HYPERTENSION PROGRAMME

**33 HT02: HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries (Malaysia)**

**Funded by:** CIHR, GCC, CSN, IDRC  
**Aim:** To evaluate whether the cardiovascular disease risk detection, treatment, and control programme can substantially improve hypertension control and overall Framingham Risk Score at 1 year.

**34 HT04: School-EduSalt: A school-based education program to reduce salt intake in children and their families (China)**

**Funded by:** UK MRC  
**Aim:** To determine whether an education program targeted at primary school children could lower salt intake in children and their families.



**35 HT06: Improving the control of hypertension in rural India: overcoming the barriers to diagnosis and effective treatment**

**Funded by:** NHMRC  
**Aim:** To identify and explore potentially different barriers and knowledge gaps in the diagnosis, treatment and management of hypertension in both urban and rural regions of India.

**36 HT07: A smartphone-based clinical decision support system for primary health (India)**

**Funded by:** NHMRC  
**Aim:** To test whether an electronic clinical decision support system will assist non-physician health workers and doctors in making evidence-based management decisions to lower their patients' CVD risks.



**37 HT08: Randomised control trial of early use of a simplified treatment regimen incorporating a half-dose, three-in-one blood pressure lowering pill vs. usual care for improving hypertension control in Sri Lanka**

**Funded by:** NHMRC  
**Aim:** To investigate effectiveness, cost-effectiveness, and acceptability of triple pill therapy (triple BP lowering therapy) compared to usual care for early management of high BP in Sri Lanka.



**38 HT09: Developing the evidence base for a national salt reduction program for India**

**Funded by:** NHMRC  
**Aim:** The overall goal of this 3-year project is to develop the evidence base required to formulate a national salt reduction program for India.

# GACD RESEARCH PROJECTS AUSTRALIA & NEW ZEALAND



## Funding agencies

AMED – Japan Agency for Medical Research and Development  
 CAMS – Chinese Academy of Medical Sciences  
 CIHR – Canadian Institutes of Health Research  
 Conacyt – National Council of Science and Technology, Mexico  
 CSN – Canadian Stroke Network  
 EC – European Commission  
 FAPESP – São Paulo Research Foundation  
 FIC – Fogarty International Center (NIH)  
 GCC – Grand Challenges Canada  
 HRC – Health Research Council, New Zealand  
 ICMR – Indian Council of Medical Research  
 IDRC – International Development Research Centre, Canada  
 INER – The National Institute of Respiratory Diseases, Mexico  
 INMEGEN – National Institute for Genomic Medicine, Mexico  
 MINCYT – Argentina's Ministry of Science, Technology & Productive Innovation  
 NCI – National Cancer Institute  
 NICHD – National Institute of Child Health and Human Development  
 NIEHS – National Institute of Environmental Health Sciences  
 NHLBI – National Heart, Lung, and Blood Institute (NIH)  
 NHMRC – National Health and Medical Research Council, Australia  
 NIH – National Institutes of Health, US  
 NINDS – National Institute of Neurological Disorders and Stroke (NIH)  
 SAMRC – South African Medical Research Council  
 UK MRC – Medical Research Council, UK

## LUNG DISEASES PROGRAMME

**3 LD15: 'Indigenous Counselling and Nicotine (ICAN) QUIT in Pregnancy' - a cluster randomised trial to implement culturally competent evidence-based smoking cessation for pregnant Aboriginal and Torres Strait Islander smokers (Australia)**

**Funded by:** NHMRC  
**Aim:** To assess the effectiveness of a multi-component intervention, ICAN QUIT in Pregnancy, uniquely designed to increase smoking cessation rates among expectant Indigenous mothers and improve the respiratory health outcomes of their babies.

**4 LD17: Implementing evidence into practice to improve chronic lung disease management in Indigenous Australians: the "Breathe Easy, Walk Easy-Lungs for Life" (BE WELL) project (Australia)**

**Funded by:** NHMRC  
**Aim:** To adapt a primary healthcare-focused programme for use by Indigenous health services. The implementation of BE WELL aims to build the capacity of the Indigenous health workforce to provide appropriate, evidence-based care for Indigenous Australians with COPD in their communities.

## HYPERTENSION PROGRAMME

**1 HT10: Cost-effectiveness of salt reduction interventions in Pacific Islands (Fiji and Samoa)**

**Funded by:** NHMRC  
**Aim:** To evaluate the impact and cost-effectiveness of multi-faceted intervention strategies to reduce salt in the Pacific Islands.

## DIABETES PROGRAMME

**2 DM01: Improving the Management of Diabetes in Pregnancy in Remote Australia**

**Funded by:** NHMRC  
**Aim:** To improve systems of care and services for women with diabetes in pregnancy in remote Australia.



## MENTAL HEALTH PROGRAMME

**5 MH17: Indigenous Mental Health Model of Care: RCT based on a trans-diagnostic CBT program co-designed with Community (Australia)**

**Funded by:** NHMRC  
**Aim:** To evaluate the effectiveness of IMMHC for 6 months in Indigenous participants with depression.

**6 MH19: Primary care e-screening for mental health among Te Tai Tokerau youth (New Zealand)**

**Funded by:** HRC  
**Aim:** To engage with local stakeholders to identify possible improvements to YouthCHAT through a staged rollout, using an iterative process of implementation and evaluation; to assess the utility, feasibility, and acceptability of its use across diverse primary care settings in Te Tai Tokerau; to identify changes in detection rates by clinicians for a range of health behaviours including mental health, help seeking behaviour and facilitation to brief intervention and referral agencies before and after implementation of YouthCHAT, and to develop a framework for scaling up the implementation of YouthCHAT, including the cost-benefit analysis of wider rollout.

**7 MH20: Pathways to First Episode Psychosis and Outcomes in Maori (New Zealand)**

**Funded by:** HRC  
**Aim:** To address critical gaps in our understanding of first episode psychosis (FEP) amongst rangatahi (youth) Māori, by identifying opportunities for primary prevention of FEP, and cross-sector pathways associated with 5 year outcomes.

**8 MH21: Indigenous Solutions: Enabling Māori & Pacific mental health resilience (New Zealand)**

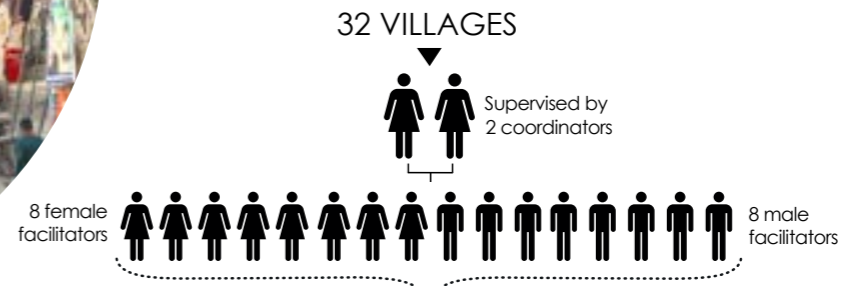
**Funded by:** HRC (part funded)  
**Aim:** To enable the application of indigenous Māori and Pacific approaches to increase mental health resilience among young Māori and Pacific, their families and communities.

# GACD SPOTLIGHT ON RESEARCH

## WALKING AND TALKING SAVES LIVES

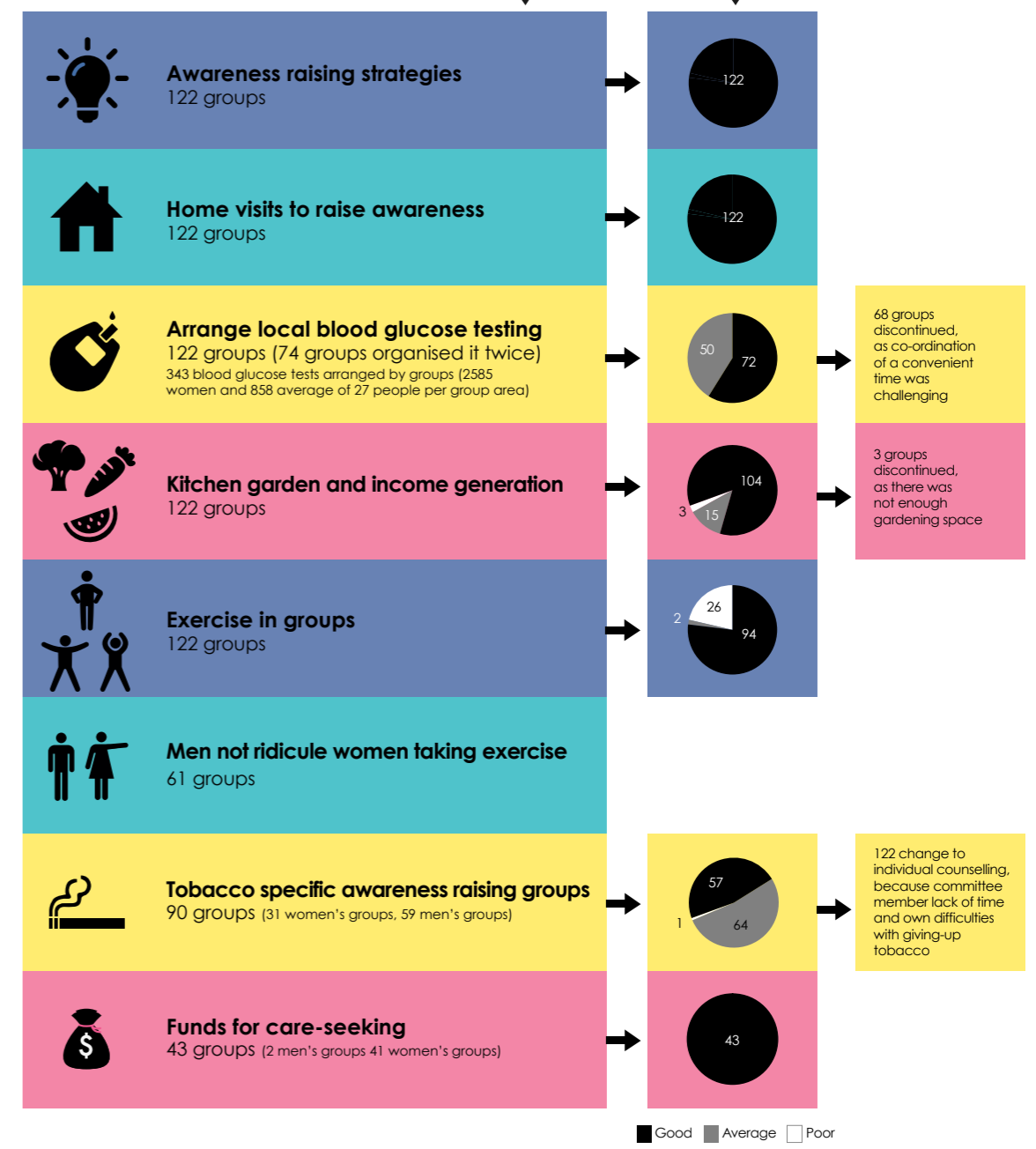
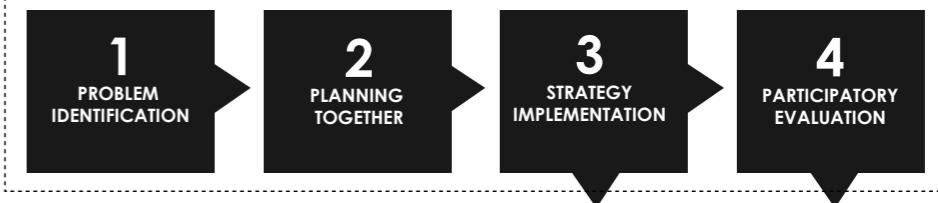
### Interview with Kishwar Azad, Co Principal Investigator

The Bangladesh D Magic Trial is part of the GACD's Diabetes Research Programme. The team based in London and Bangladesh have successfully published their results in the Lancet Diabetes and Endocrinology. In the largest global population study of its kind, they showed how community groups can cut diabetes risk by almost two thirds.



ran 122 groups (7 to 9 groups per month)

#### Intervention had four phases...



**Why do you think the groups were more effective?**

"Well, the meetings were led by a trained facilitators, so there was a person who was leading them through the messages. Like, for example, one meeting would be on nutrition, so there would be discussing it in detail and the facilitator would draw out comments and problems in getting nutrients in food, in cooking with little oil etc. There was a person directing them. That's the major difference between the message group. With the text message you just put the mobile to your ear and you listen and then you may forget about it in five minutes. Whereas here, you have a group together, so they are also exchanging knowledge and their experiences. So it's not just static, listen and throw it away, it does impact and they go home and discuss it, outside to other people and discuss it. So it's a much longer lasting intervention."

**Why were the M Health Results not as effective?**

"It did show a difference in awareness and knowledge amongst the recipients about diabetes? It's Just that there was no impact on the incidences and the control of diabetes. But with mHealth you wonder about it, whether it's the same person getting the phone each time. These are really rural people, not very educated. Everybody has a phone, but it may not be the same person answering each time."

**Are there any lessons learnt?**

"We know that men and women somehow don't mix and they have to have separate groups. I would take it up as a challenge to have mixed groups, because if you have men and women together, they will be husband and wife together, you see, so it would be like a family and I think that would have greater impact. The husband is there, the wife is there and the children are also in the same meeting, I am sure that it would have double impact. Whereas here, it was separate, you see. Men allowed the women to go for walks, because they were the main obstacles for women going out for walks. It's still quite a patriarchal society, but I think through this kind of participation, we can have more of a joint solution."

**What were your cultural challenges?**

"Women and men don't usually exercise together, but they are going in groups. Women do go out nowadays. Some people actually work outside. They are swimming together now. You know how they competed to see who was first when they were swimming? They are actually enjoying the competition."

**The community groups approach is cheaper as well. Explain that.**

"I'm not an economist but I know it is very highly cost effective. There are no prescriptive drugs that we are giving. We are just giving advice. Very strong good evidence. You get your cholesterol down, you get tri-glycerides down. You know if you don't add salt, you may get your blood pressure down. These are non-prescriptive methods, so you are not spending on medicine. It's not all for free. You are spending on recruiting facilitators, you are training them and then, you know you are sending them out. So, I think it empowers the community. It empowers the facilitator as well, the person who is doing it. You see, we have shown in India, across different countries that this method works."

**What's next for the project?**

"We hope to get money to scale up this programme and we want to take it beyond Faridpur. We have so much help from the diabetic association there. Now we want to involve other associations in other parts of the country to take up this programme and we are always there to train people. I hope we can do this in the urban setting because that is the challenge, getting people to come together."

**Can you see this scaling up to other countries?**

"Some community group work was carried out in Nepal and India, so yes, I see it because diabetes is such a big problem, I can see this programme being taken up, especially in the poorer countries. This is also going to be replicated in East London."

The interview was conducted by Rosie Bartlett.





## GACD FUNDING CALL UPDATES

**The GACD's fifth call for applications focussed on scaling up evidence-based interventions at the population level, for the prevention or management of hypertension and/or diabetes.**

This call in many respects built on elements that had been part of previous GACD calls, especially the calls on hypertension and diabetes, which had resulted in 32 funded research studies aiming to investigate successful implementation of interventions. As with all GACD calls, it has an implementation science approach at its core. However, the emphasis in this call has been on scaling up interventions that have proven to be effective and working with relevant policymakers and partners to evaluate how to best achieve implementation at scale.

Eight GACD funding agencies are participating, committing more than US\$50 million to this call, which takes total GACD research funding up to over US\$230 million. Awards will be confirmed throughout 2019 and funded research projects will become part of the GACD Research Network.

The next call for proposals under the banner of the GACD will seek implementation research projects focussing on cancer prevention and early diagnosis in low- and middle-income countries and vulnerable populations in high-income countries. By funding research in this area, the GACD is hoping to help address one of the most important public health problems worldwide, particularly in typically resource poor settings. Further details on this funding opportunity will be announced during the course of 2019.

### GACD joint peer review

The GACD continues to develop its joint peer review capabilities, which has become an established feature over the last few years. A joint panel of experts, chaired by Prof Catherine Law, evaluated research proposals submitted to six of the funders. The joint review process has become a unique strength of the GACD. It has seen the participation of global leaders in implementation science research, allowing the GACD to select the best research projects from around the world.

The international peer review meeting for the scale-up call was hosted by the Argentinian Ministry of Science, Technology and Productive Innovation and the Ministry of Health and Social Development in Buenos Aires on 22-24 January 2019.

## GACD ACTION

We are pleased to announce the establishment of GACD Action as a recently registered charitable incorporated organisation (CIO) with the Charity Commission for England and Wales under the charity number 1174867.

As of 1 January 2019, a GACD Action Board of Trustees has also been established, chaired by Professor Nicholas Lemoine, and includes trustees with expertise in medical research and science funding, investments and charity management.

The current charity trustees for GACD Action are as follows:

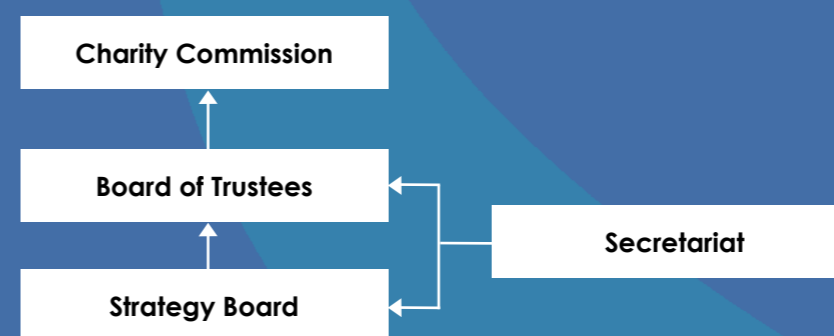
- Prof Nicholas Lemoine (Chair)
- Dr Angela Hind
- Dr Lesley Sherratt
- Dr Mark Palmer
- Prof Anne Kelso

GACD Action trustees act in a voluntary role and do not receive any compensation for the work they do on behalf of GACD Action.

This Board of Trustees is accountable to the UK Charity Commission for the governance of GACD Action. The Board of Trustees works very closely with the GACD Strategy Board, which is formed by the heads of the associate member agencies of GACD - the organisations which provide the funding for GACD Action. The Strategy Board provides recommendations on topics including research funding and programmatic priorities to the Board of Trustees. The Strategy Board shall also assist the trustees by providing first-line review of the implementation and delivery of the GACD Strategic Plan.

GACD Action will continue to trade under the name GACD.

### New legal/regulatory reporting lines for GACD Action





# GACD HYPERTENSION AND ME A PATIENT PROFILE



As researchers focused on the minutiae of statistics, funding and peer reviews, it's all too easy to forget the stories at the heart of our work, that drives the work we do. At the panel at the UN, following the High Level Meeting on NCDs, Roslyn Gittens Grimes, a patient living in Harlem, New York, shared the powerful reality of her life, living with hypertension. Here we share her words.

## GACD UN HYPERTENSION LAUNCH

In September 2018, the GACD held a panel event at the United Nations in New York, "From Evidence to Action," to celebrate the launch of the GACD's Hypertension Report on the results and impact of the Hypertension Programme. The results of the report have expanded our research, into looking at bigger picture issues, at country and global levels.

The discussion around implementation science's impact on research was led by David Chambers, NIH's (US National Institutes of Health) Deputy Director of Implementation Science.

If the end product of our research is publication? What is the impact it is going to have in its public? It takes 17 years to get only about 14% of research to benefit patient care. So to drive more direct public health impacts, implementation science approaches fill the gap. What does it take to improve one person's health at a time? What is that intervention? How do we get effective interventions to be delivered? What are the outcomes that we need to get, so that implementation science is considered as a viable research option, which have knock on benefits to our service systems and ultimately people?

Chronic diseases have their own specific challenges, but part of the process in developing the field is developing process evaluation and the intricacies of study designs. Principal Investigator on hypertension project 13, Rajesh Vedanthan, explained the unique importance of connecting with policy makers as part of the research process and the importance of looking at both negative

and positive results. "The value of the project was in widening our implementation science knowledge through workshops to researchers who were outside the GACD umbrella."

Health Secretary for Argentina, Adolfo Rubinstein and previous GACD Principal Investigator explained how important implementation science is in his country setting. "Just one out of every five hypertensive patients is controlled. Now I'm a policy maker that should implement what I said we should do!"

At a global level, Deputy Director General of the WHO Soumya Swaminathan added her thoughts on implementation science. "If you did implementation research that answered the question that policy makers had at the beginning, then you are much more likely to have impact on patients. It's a multidisciplinary field. At the WHO we are also thinking about how we reduce the time from producing guidelines to having country wide impact."

In conclusion, the panel recognised the key challenge ahead, which is that to scale up NCDs, we still lack the strategy to combat the evidence to action gaps.



"I am Roslyn Grimes, a 59-year-old immigrant from Barbados. I've spent most of my life living here in the US, where I was diagnosed with hypertension in my forties. This medical condition became the catalyst for several changes in my life, some of them good, but many of them bad.

Hypertension, in addition to my autoimmune disease, impacts my body every day, rendering me unable to perform normal activities that even I once took for granted. I can't get up quickly unless I want to be greeted with a rapid rise in my pressure and heart palpitations. Physical pain afflicts me daily, often causing my blood pressure to rise dangerously high.

A toll has been taken on my social life, as attending functions and gatherings isn't as easy as it once was. I have to consider which activities might cause a rise in my pressure, and I have to carefully watch my diet. Dinners at wonderful restaurants aren't as exciting when three-fourths of the menu is off-limits.

In addition to my physical self, my emotional state has been greatly affected. I live with two of my three children, and frequently feel as though I burden them with my condition. I've also become depressed because of my physical limitations. I've lost interest in the things I used to love doing, while feeling a great sense of loss over activities my body no longer permits me to perform.

With the encouragement of my amazing support system, I am slowly regaining my life, my strength, and my independence. Although my speed isn't quite what it used to be, I can perform tasks now that I was incapable of even a year ago.

To all the great doctors who are listening to my message today: thank you for caring and giving it your all. I speak on behalf of many patients who would like you to keep exercising patience. It can be difficult to verbalize exactly what we are experiencing physically.

However, doctors and patients cannot do the work all by themselves. Give us what we need based on our stories. Medicine needs to be more accessible, with lower costs so working class people can afford it. More arrangements should be made for obtaining medicine for those with limited mobility. Food costs are also much too high. Access to fresh food depends on where you live, and these resources shouldn't be kept primarily in upper class neighbourhoods. Patients afflicted with hypertension struggle enough with their diet, and options shouldn't be even further limited to primarily canned and other sodium-loaded food.

I hope that today we can all walk away with a stronger understanding of how hypertension affects the patients who have it, as well as even more compassion in our hearts."

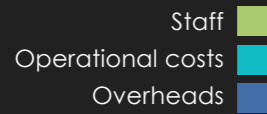
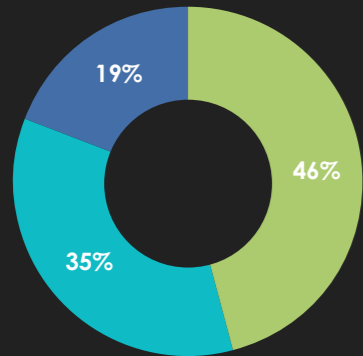


# GACD FINANCIALS

The GACD Secretariat is supported financially through annual membership fees from associate members. The tiers of annual contributions to support the Secretariat are based on the World Bank categorisation of countries by income. Based on Gross National Income per capita, every country is classified as low-income, middle-income (subdivided into lower-middle and upper-middle), or high-income.

In 2018, the GACD Secretariat was based at the UCL Institute for Global Health, and operated within the remits of UCL's financial policies and procedures. Almost half of the Secretariat budget is spent on staff costs, with the remainder covering operational costs and overheads.

## GACD Secretariat expenditure 2018



### Income 2018

Associate member contributions £622,607

### Expenditure 2018

Staff £279,988

Operational costs £166,227

Overheads £125,689

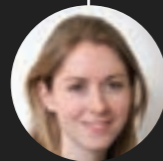
**Total expenditure £571,904**



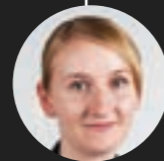
**CELINA GORRE**  
Executive Director



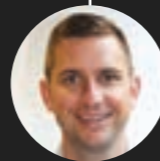
**ROSIE BARTLETT**  
Communications  
Manager



**FAYE BASSETT**  
Executive  
Coordinator



**DOROTHEA  
KANTHACK-CHAN**  
Senior Programme  
Officer

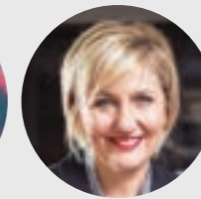


**GARY PARKER**  
Research  
Coordinator

## GACD Strategy Board



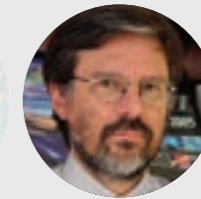
Professor Anne  
Kelso



Professor  
Glenda Gray



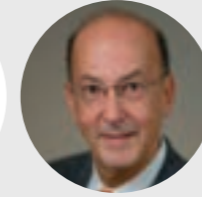
Dr Mark  
Palmer



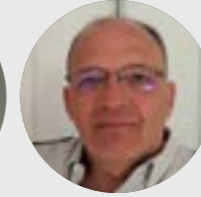
Professor Carlos  
Henrique de Brito  
Cruz



Dr Chen  
Wang



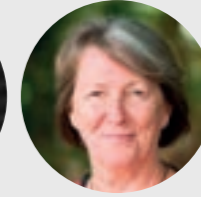
Dr Roger  
Glass



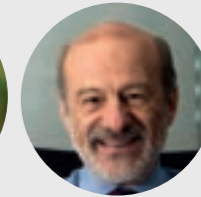
Dr Raúl  
Mejía



Dr. Barbara  
Kerstiens



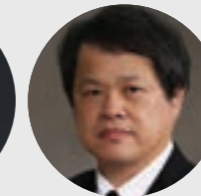
Professor Kathryn  
McPherson



Dr Guillermo Ruiz  
Palacios



Dr Michael  
Strong



Dr Makoto  
Suematsu



Dr Nopporn  
Cheanklin



Dr Balram  
Bhargava

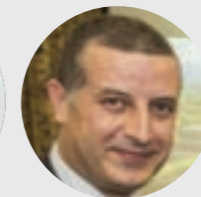
## GACD Programme Committee



Jennifer  
Gunning



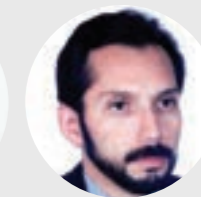
Dr Rupinder  
Dhaliwal



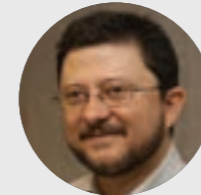
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Berkouk



Dr Johan  
Louw



Dr Carlos Aguilar  
Salinas



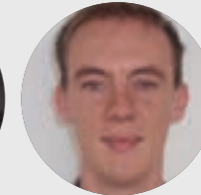
Dr Fernando  
Cendes



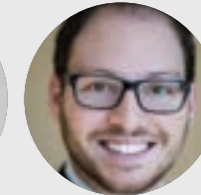
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Dr Julia  
Ismael



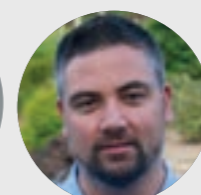
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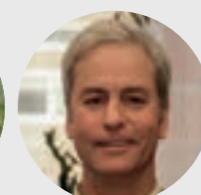
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Lixin Jiang



Stacey  
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Dr Joshua  
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Dr Tony  
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