



# GACD

GLOBAL ALLIANCE FOR CHRONIC DISEASES  
AN ALLIANCE OF HEALTH RESEARCH FUNDERS



# ANNUAL REPORT 2017/18

GLOBAL ALLIANCE FOR CHRONIC DISEASES

# GACD Welcome

The GACD is committed to improving health through implementation research on chronic conditions, which strengthens the evidence base for policymaking at scale. We believe that greater connection and collaboration will accelerate learning among researchers, so we aim to create the conditions necessary for the evidence to influence policy and fundamentally improve the trajectory of noncommunicable diseases in low- and middle-income countries.

In 2017, a number of GACD working groups, that reflect the collaborative efforts of GACD researchers, have resulted in publications, including the COUNCIL group, led by Prof Mayowa Owolabi and the Hypertension Innovations group, led by Dr Rajesh Vedanthan. Our research teams have also had an impact on policy: salt reduction recommendations developed by Dr Jacqui Webster's team in Fiji and Samoa have been adopted by the government to tackle the epidemic of hypertension in the region; whilst the SMARTHealth India project received formal support from government officials. Our research collaborations have done outstanding joint work on critical issues imperative for scale-up and include task shifting, context, and process evaluation, which have also yielded publications or have had an impact on policy. We are beginning to see the research done on chronic diseases contribute to the improvement of health for disadvantaged communities around the world. We are proud to support this research which is further outlined on pages 18-23 of the report.

Whilst the GACD is known as a funding alliance, our true strength lies in what happens after the funds have been disbursed and the researchers have rolled up their sleeves to tackle the most pressing noncommunicable diseases (NCD) implementation research questions. We bring their expertise and experience together through the GACD Research Network (now over 900 strong) to share their ideas, methods, concepts, challenges, barriers and successes to reformulate research questions and explore those that they can answer more powerfully together. Much of the action takes place during the GACD Annual Scientific Meeting, which was held in Buenos Aires in 2017. With the full integration of the lung diseases cohort, the Research Network has truly hit its stride. One example of such collaboration was initiated by Dr John Hurst, who currently leads one of our projects on COPD (coronary obstructive pulmonary disorder) in Peru, Uganda and Nepal. John started the GACD working group on multiple morbidities after the shared recognition among GACD researchers that many patients with COPD share numerous other ailments that are not adequately addressed as a whole. Whether you are a new researcher or a veteran with decades of experience, all GACD researchers can participate in these working groups (see page 12-13).

Early career researchers are also supported through the GACD Implementation Science Workshops, which expanded to include four sessions in 2017 (see page 8-9). Working closely with Prof Brian Oldenburg, these sessions were run on four different continents in order to meet the growing demand among researchers in India, Argentina, South Africa and the UK.

The GACD as a funding alliance has worked tirelessly to develop a global collaboration for chronic diseases research, and is now engaging with other partners to further our impact on taking these interventions to scale. We are collaborating with the World Bank to fund implementation research to complement loan packages to meet country needs on NCDs. We are also deepening our relationship with the World Health Organization, highlighting the importance of research for NCDs at the WHO NCD Conference on Policy Coherence in October 2017, the WHO Global Dialogue on Partnerships for Sustainable Financing of NCD Prevention and Control in April 2018 and at the High-Level Meeting on NCDs in September 2018.

As the Hypertension Research Programme draws to a close, we will be launching our first status report and looking at the results and lessons learned throughout our first five years of the GACD (see page 28-29). Taking into account some of our learnings, and listening to our research community, who have highlighted the need to move beyond single disease funding calls, the next funding call will be on scale-up, with the European Commission already launching their call in October 2017 and the remaining agencies to follow in 2018.

In the meantime, the GACD will use the successes and lessons learned to develop the next five-year strategic plan for 2019-2024, with a focus on collaboration within the GACD Research Network, amongst our member agencies and the incredible staff within the Secretariat, to improve health for people around the world.



**Professor Glenda Gray**  
Chair, GACD Board



**Celina Gorre**  
Executive Director, GACD

# GACD Contents



## ABOUT US

Page 4	<b>What we do</b>
Page 5	<b>Communicating research to policymakers</b>
Page 6-7	<b>Overview</b>
Page 8-9	<b>Implementation Science Workshops</b>



## THE RESEARCH NETWORK

Page 10-11	<b>Research Network update</b>
Page 12-13	<b>Working groups</b>
Page 14-15	<b>Annual Scientific Meeting</b>



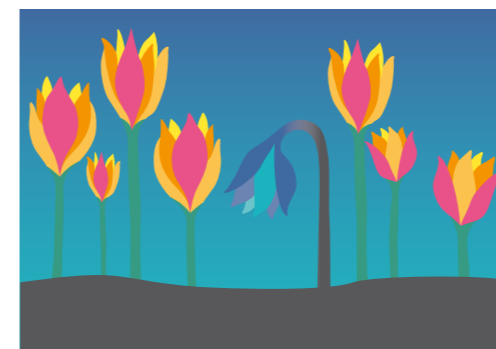
## CURRENT PROJECTS

Page 16-17	<b>Project map</b>
Page 18-23	<b>Project descriptions</b>
Page 24	<b>GACD researcher spotlight</b>



## DEVELOPMENTS ACROSS GACD

Page 25	<b>New member</b>
Page 26-27	<b>Funding call updates</b>
Page 28-29	<b>Hypertension end of programme report preview</b>
Page 30-31	<b>Success stories</b>



## FACTS, FIGURES & FACES















Page 32	<b>Financials</b>
Page 33	<b>Facts and figures</b>
Page 34-35	<b>GACD people</b>

# GACD What we do

The Global Alliance for Chronic Diseases (GACD) is a collection of the world's largest public research funding agencies. Through this alliance, we fund research programmes into chronic diseases – which to date has included hypertension, diabetes, lung diseases and mental health.



The GACD Research Network and Management Committee at the 2017 Annual Scientific Meeting in Buenos Aires, Argentina, with the Minister of Health and the Minister of Science, Technology and Innovation.

 Argentina's Ministry of Science, Technology and Productive Innovation (MINCYT)	 Australia's National Health and Medical Research Council (NHMRC)	 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)	

The alliance coordinates among member funding agencies to support research activities that address the prevention, management and treatment of chronic noncommunicable diseases (NCDs), on a global scale. These NCDs account for 60% of deaths globally. Our multi-country, multi-disciplinary research focuses in particular on the needs of communities in low- and middle-income countries (LMICs), where 80% of deaths from chronic diseases occur. We also focus on research with vulnerable populations in higher-income countries.

**The GACD is the first collaboration of major research funding agencies to specifically address chronic noncommunicable diseases. The alliance is now formed of 14 of the world's largest funders of medical research.**

# GACD Communicating research to policymakers



During the GACD's 6th Annual Scientific Meeting in Buenos Aires, filmmaker Silas Addington and GACD Communications Manager, Rosie Bartlett met with research teams working in Argentina and with various experts who know the influence the GACD has had. The result was a series of films outlining the impact of GACD research, including a bonus film with Dr Adolfo Rubinstein, Secretary of Health Promotion, Prevention & Control of Risk, Argentina.

In 2012, Dr Adolfo Rubinstein was a principal investigator in the GACD's first research programme focused on hypertension. His project looked into whether a comprehensive hypertension control package, where local residents trained as health workers supporting those with hypertension, would lower blood pressure for people with no health insurance. His study showed promising results, which could inform policy and practice both in Argentina and beyond. In 2017, he got the opportunity to strengthen the link between research and policy worlds when he was appointed by the Argentinian government as Deputy Health Minister. One of his priorities was to bring a more robust emphasis on evidence-based programming. Then, in October 2017, Dr Rubinstein became Argentina's 40th Secretary of Health Promotion, Prevention & Control of Risk. As someone who has now been on both sides of the table, he shares his tips on how to get evidence from research to policy and practice.

## How can researchers influence policy?

Dr Rubinstein emphasises that researchers must first put themselves in the place of a policymaker. Instead of thinking in decades, they should think in shorter terms - no more than four years, which is a typical election cycle in Argentina. They should ask questions, such as:

- What are the expectations of policymakers?
- What do policymakers need to support decision-making, which for them is short-term?
- What intermediate results can be shown to demonstrate tangible impact?
- What images can be shared to show the people behind the interventions?
- What are the benefits beyond the target population, of quality healthcare systems?
- How can they support policymakers to advance their careers?



**If researchers ask themselves these questions, this will go a long way towards thinking like a policymaker.**



# GACD Overview

## How we work: in partnership

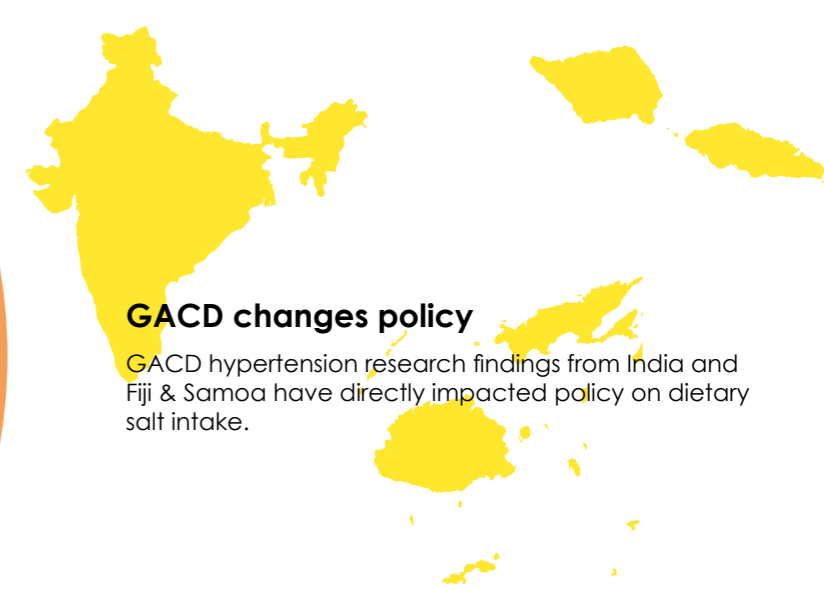
- The GACD's unique partnership model emphasises collaborations between researchers and policymakers from the outset.
- Policymakers participate in our Annual Scientific Meetings. This year Argentina's Ministers of Science, Technology and Productive Innovation and Minister of Health were our keynote speakers.
- We give media training to our researchers in order to more successfully target their research outputs to policymakers.
- GACD events have been held in key policy establishments, the UK Parliament, the US Congress and the World Health Organization.



The GACD is a kind of global think tank in research and particularly in implementation science.



Prof Adolfo Rubinstein,  
Secretary of Health Promotion,  
Prevention & Control of Risk, Argentina.



## GACD changes policy

GACD hypertension research findings from India and Fiji & Samoa have directly impacted policy on dietary salt intake.

## Our focus

We focus on implementation research to tackle the burden of NCDs:

- In low- and middle-income countries
- Amongst vulnerable populations in high-income countries.

GACD was established in 2009 to support coordinated global research on NCDs

Represents over 80% of all public research funding in the world

Has 14 national and international members

To date, has disbursed over US\$170 million

## Network of expertise in NCDs and implementation science

With the recent launch of the GACD Mental Health Programme, our Research Network of experts has seen an unprecedented increase in investment. Our members work together to run the GACD international joint peer review process, one of the most complex in the world.

## Our achievements



### Expanded research programmes

GACD now funds research into four programmes including hypertension, diabetes, lung diseases and mental health.



### Stronger together

We now have 14 member agencies, welcoming New Zealand in 2017. Our member agencies are investing over US\$70 million into our latest research programme addressing mental health.



### Capacity-building in implementation science

Since 2014, GACD workshops on implementation science have been held in every continent training 270 researchers across the globe.



### The world is listening

Our current Chair, Prof Glenda Gray was listed in the Times Top 100 influential people in 2017. The GACD committed to continued funding on NCD research during the WHO NCD Conference of Policy Coherence in Montevideo, Uruguay in 2017.



### Successful research collaborations

Our working groups have produced 8 collaborative publications.



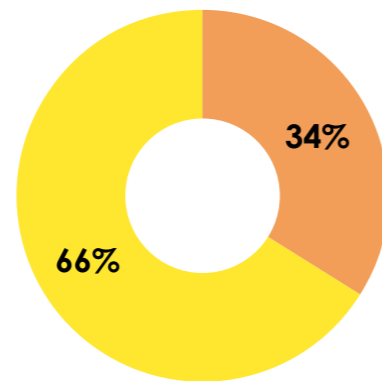


# GACD Implementation Science Workshop series 2017

## Overview

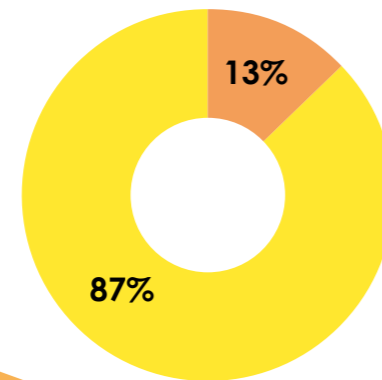
Each year the GACD holds an Implementation Science Workshop adjacent to the Annual Scientific Meeting (in 2017 this took place in Buenos Aires) as part of its capacity-building mandate. In response to increasing demand for training in this area, this once a year offering was ramped up to include an additional three workshops during 2017, held in Oxford (UK), Cape Town (South Africa) and Chandigarh (India).

With the objective of building capacity amongst researchers in the local context, the workshops were supported by the co-hosting GACD funding agency, making use of their networks to identify potential participants. This was with the exception of the Oxford workshop, which was supported by the World Health Organization (WHO). This model gave each event a distinctive flavour and allowed participants to gain a deeper understanding of the host country's healthcare and research context. The National Cancer Institute provided invaluable administrative and faculty support for the workshop held in Chandigarh, and marks the start of an exciting partnership for future offerings. The GACD Implementation Science Workshops have been facilitated since 2014 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 60 in the last two years, introducing novel and innovative approaches for engaging with policymakers and funders.



### Workshop participant gender

- Male
- Female



### Workshop participant country classification

- High-income country
- Low- and middle-income country



## Curriculum

The Implementation Science Workshop series has evolved from its focus on training early career researchers, to catering to researchers at multiple levels of experience, which is reflected in the 2017 curriculum. Prior to the workshop, participants are requested to submit a brief overview of an implementation research 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 focused 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 is allowed for questions from the participants.

Some of the roundtable panellists in 2017 included:

- Prof Glenda Gray, South African Medical Research Council (SAMRC), South Africa
- Prof Melvyn Freeman, South African National Department of Health, South Africa
- Dr Veronica Schoj, Directorate of Health Promotion & Control of NCDs, National Ministry of Health, Argentina
- Prof Catherine Law, University College London, United Kingdom, and Chair of the GACD Joint Peer Review Panel
- Dr Josh Rosenthal, National Institutes of Health (NIH), USA
- Dr Karim Berkouk, Research & Innovation DG, European Commission (EC), Belgium
- Dr Fernando Cendes, São Paulo Research Foundation (FAPESP)

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



## Key themes

Most workshop participants indicated that their primary objective for attending the workshops was to develop their understanding of, and expertise in conducting implementation research. Many also indicated that they participated to contribute their own experiences and learnings to other attendees, highlighting the interactive environment of these training events. Attendees also recognised the importance of dealing with the 'politics' of research, particularly when focused on moving research to policy and practice.



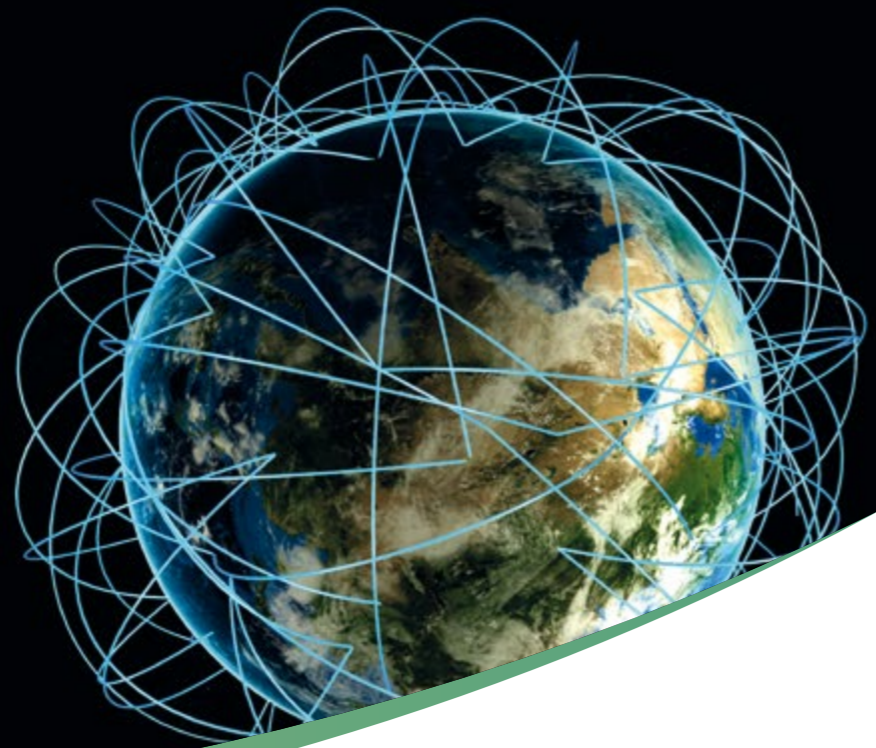
## What's next?

The Japanese Agency for Medical Research and Development (AMED) has invited the GACD to conduct a training event in Tokyo on 5-6 July 2018.

The training events continue to evolve and 2018 will see the first 'Implementation Science School' in São Paulo, Brazil from 7-11 November, where the São Paulo Research Foundation (FAPESP) has invited the GACD to facilitate a longer, more didactic version of previous workshops. Run as a five-day school, this event will host up to 100 researchers in implementation science from around the world and will flow into a two and a half day workshop just before the Annual Scientific Meeting, where these topics will be addressed in a more interactive setting.

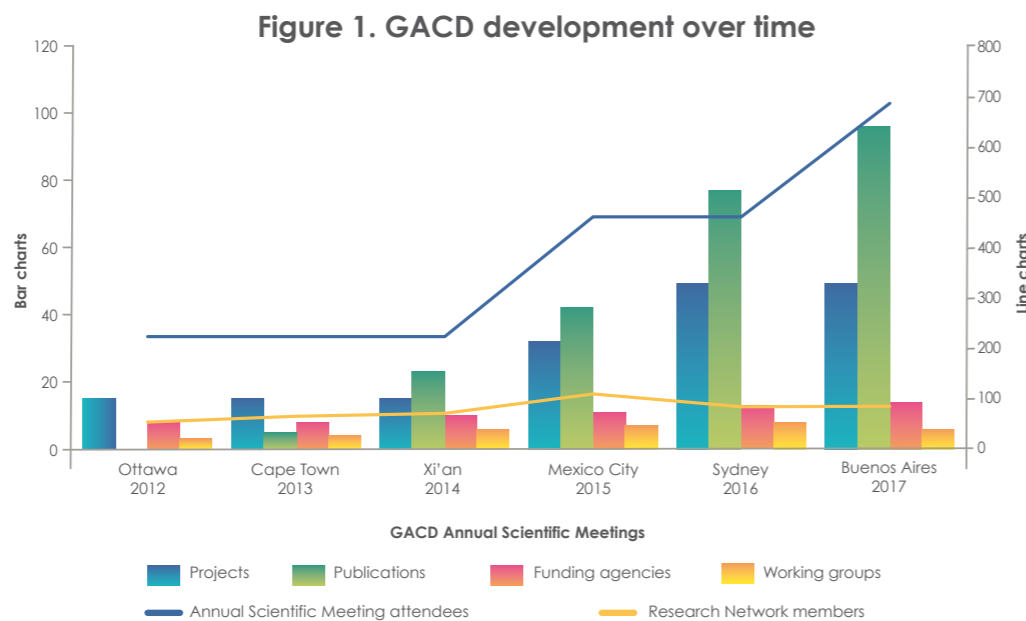
# GACD Research Network update

The GACD Research Network is a community 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.



Now with over 900 members following the announcement of the successful applicants to the GACD funding call on mental health in early 2018, 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. With 34 projects addressing mental health, the GACD now funds 83 projects across 66 countries.

The conclusion of the GACD Hypertension Research Programme in 2017 marked the culmination of the first GACD funding round which was announced in 2012 (see page 28-29).



## Annual Scientific Meeting

The 2017 Annual Scientific Meeting (ASM) was held in Buenos Aires from 2-6 October. Jointly hosted by Argentina's Ministry of Science, Technology and Productive Innovation (MINCYT) and Argentina's Ministry of National Health (MINSAL), the meeting saw 85 GACD Research Network members gather to share project updates, challenges and successes in a trusted environment. The hierarchy-free culture maintained at face-to-face meetings such as the ASM and other forums of interaction is a signature feature of all Research Network gatherings. This provides a forum for more open and meaningful engagement around sharing of study progress, challenges and the development of collaborative efforts. For more details, see page 14-15.

## Working group outputs

Table 1. GACD working group development over time.

Notes: HT - Hypertension, DM - Diabetes, LD - Lung Diseases

2012	2013	2014	2015	2016	2017
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 Joint Publications Committee
	4 Joint Publications	4 Task-shifting	4 Task-shifting	4 Task-shifting/ How-to Series	4 Task-shifting/ How-to Series
		5 Process Evaluation	5 Process Evaluation	5 Process Evaluation	5 Process Evaluation
		6 How-to Series	6 How-to Series	6 COUNCIL	6 COUNCIL
			7 COUNCIL	7 Concepts & Context	7 Concepts & Context
			8 Concepts & Context	8 HT Innovations	8 HT Innovations
				9 Multi-morbidity	9 Multi-morbidity
				10 Implementation & Scale-up	10 Implementation & Scale-up

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

Key themes and questions pertinent to advancing implementation research into non-communicable diseases (NCDs) 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. Addressing context, moving evidence to policy and practice and sharing data are examples of domains that have been identified as pivotal to effective implementation research.

To this end, the Concepts & Context, Data Standardisation and COUNCIL initiatives have provided opportunities for Research Network members to contribute to joint exercises that address those domains. With a manuscript in the late stage of development, the Concepts & Context working group has developed a piece that describes a) the levels at which context has been addressed in GACD projects, b) the methods used to address context and c) the measures used to evaluate context in these settings. The Data Standardisation Initiative is in the process of characterising the data collected by GACD projects, with the intention of developing a searchable metadata platform to facilitate data sharing for cross-site, -disease and -setting analyses. The COUNCIL initiative has produced four publications to date that address the gaps in guidelines around hypertension, diabetes and cardiovascular diseases, as well as proposed an implementation cycle for moving evidence to policy and practice in LMICs.

## Publications

The GACD Research Network members have produced over 90 publications using data from GACD funded projects, with an additional 8 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. In 2017, these included the development of the Implementation & Scale-up and the Multimorbidity working groups. For more details on these jointly-developed outputs, see pages 12-13.

## Themes from the ASM

Once again, themes and questions arising from discussions during the ASM have led to the development of two new working groups. In response to the challenges posed below, GACD investigators have initiated two working groups on multimorbidity in NCDs and implementation and scale-up respectively:

- The challenges of conducting implementation research in dynamic and unpredictable political environments was a common theme - more specifically, the challenge of timing research and interventions to coincide with changing political regimes.
- The question of the approach (funding and research) that should be taken to address the challenges of addressing comorbidities.
- Calls from the researchers for funders to consider funding investigator-driven proposals, collaborative activities across multiple project teams, as well as interventions that addressed multiple morbidities.



# GACD working groups, special joint projects and committees

GACD working groups and special joint projects have been 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:** Abstract presented at 2016 World Congress of Cardiology & Cardiovascular Health, manuscript submitted for review.

**COUNCIL (Control UNique to CVDs in LMICs)**  
 Chair: Mayowa Owolabi  
**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 guideline review in progress.

**Hypertension Innovations**  
 Chair: Rajesh Vedanthan  
**Aim:** To summarise the experiences and review the rationale of GACD hypertension interventions in LMICs.  
**Progress:** Published an article in early 2017 describing the innovative approaches to hypertension control employed by GACD hypertension projects.

**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 communicate detailing joint publications and opportunities to collaborate and advance the work.

**Process Evaluation**  
 Chair: Felix Limbani  
**Aim:** produce a set of guidelines, structures and practices for process evaluation, as well as aspects to consider during protocol development, implementation, and analysis.  
**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 in draft.



**NCD Multimorbidity**  
 Chair: John Hurst  
**Aim:** To investigate issues around NCD multimorbidities.  
 • Develop a GACD statement/policy brief on NCD multimorbidity in LMICs/ vulnerable populations in HICs.  
 • Combine multimorbidity data from our existing GACD trials.  
 • Consider a multimorbidity in LMIC research prioritisation exercise.  
**Progress:** Initial conference call held early March 2018 to discuss objectives and next steps, multimorbidity statement in development.

**Concepts and Context**  
 Chair: Meena Daivadanam  
**Aim:** To describe the methods used to characterise and account for context incorporated in GACD 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 in final stages of development. 'Concepts' data analysis underway.

**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:** Data collection in progress.

**Data Standardisation**  
 Diabetes Chair: Meena Daivadanam  
 Lung Diseases Chair: TBD  
**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):** Initial set of domains and variables agreed upon. Selection of minimal and optimal variables through a Delphi panel in progress.



## Joint publications and their leads:



**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



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

Rajesh Vedanthan



**Globalization and Health**  
 Developing Consensus Measures for Global Programs: Lessons from the Global Alliance for Chronic Diseases Hypertension Research Program

Michaela Riddell



**Implementation Science**  
 Behaviour Change Strategies for Reducing Blood Pressure-Related Disease Burden: Findings from a Global Implementation Research Programme

David Peiris

**Journal of the Neurological Sciences**  
 A Systematic Comparison of Key Features of Ischemic Stroke Prevention Guidelines in Low- and Middle-Income Versus High-Income Countries



Mayowa Owolabi

**Diabetes Care**  
 Gaps in Guidelines for the Management of Diabetes Mellitus in Low- and Middle-Income Countries Versus High-Income: 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

# GACD Annual Scientific Meeting – Buenos Aires

The 6th GACD Annual Scientific Meeting (ASM) was held from 2-6 October 2017 in Buenos Aires, Argentina. Argentina's Ministry of Science, Technology and Productive Innovation (MINCyT) hosted the meeting in collaboration with Argentina's Ministry of National Health (MINSAL), with both of the Ministers offering words of welcome to the participants. This year's meeting was well attended, with 85 GACD Research Network members present for the Annual Scientific Meeting component and 61 Implementation Science Workshop participants.

The keynote address was delivered by Prof Adolfo Rubinstein, who was Deputy Minister of Health at the time of the ASM, and was appointed as the Secretary of Health Promotion, Prevention & Control of Risk for Argentina one month afterwards. His experiences in moving from a researcher to policymaker informed the key factors for success in the scaling-up of interventions that he described, including simplicity of design, strong leadership and governance, appropriate delivery strategies and an engaged adopting community. Prof Rubinstein concluded by describing a request for applications worth some US\$10 million entitled, "Implementation, dissemination and scaling-up of strategies to improve NCD prevention and control in vulnerable populations in Argentina." This will be sponsored by MINSAL in support of the World Bank and the Inter-American Development Bank (IDB) loans focused on strengthening health systems around NCD prevention and control.

This year saw the inaugural running of a Dragon's Den-style pitching exercise, in which researchers were given 3 minutes to pitch the importance of their research to representatives from a variety of non-scientific audiences, including policymaking, media and investors, namely Argentina's Deputy Minister of Health, a BBC journalist and representatives from the World Bank and Inter-American Development Bank. The experience highlighted the importance and challenge of developing these types of skills with the intention to move interventions to scale through engagement with non-academic partners.

A number of key themes and questions arose from discussions during the ASM:

- The challenges of conducting implementation research in dynamic and unpredictable political environments was a common theme - more specifically, the challenge of timing funding and implementing research interventions to coincide with changing political regimes
- What approach (funding and research) should be taken to address the challenges of addressing comorbidities?
- Once again, there were calls from the researchers for funders to consider investigator-driven proposals, collaborative activities across multiple project teams, as well as interventions that address multiple morbidities

## 2018 Annual Scientific Meeting – São Paulo, Brazil

We are delighted to announce that the 2018 GACD Annual Scientific Meeting will be held in São Paulo, Brazil, 12-16 November 2018. This year's meeting will be hosted by the São Paulo Research Foundation (FAPESP).



## Dragon's Den-style pitching exercise

The aim of this exercise was to provide a learning opportunity on how to present research to a non-scientific audience, policymakers, journalists and financiers, which is essential in helping translate research and take it to scale. Researchers were invited to present their research in the first round to one Dragon, who was a journalist, a representative of an investment bank, or a representative from a government ministry. Researchers had three minutes to pitch the research from their GACD project. Six finalists then presented to all three Dragons in the plenary. The GACD was delighted to have exceptional judges in the respective areas:

- **Policy** - Prof Adolfo Rubinstein, Argentina's Secretary of Health Promotion, Prevention & Control of Risk.
- **Journalism** - Veronica Smink, an Argentine journalist who has worked for the BBC World Service since 2000 and Rosie Bartlett, a former BBC journalist, independent media trainer and Communications Manager of GACD.
- **Investment** - Luis Perez, of the World Bank and Mario Alberto Sanchez of the Inter-American Development Bank.

## Keys to a successful pitch

- **Policy:**
  - o Simplicity of design and rigorous testing of intervention
  - o Aside from the long-term aims, demonstrate short to mid-term return on investment
- **Journalism:**
  - o Appeal to the heart, mind and wallet of the audience
  - o Avoid the use of jargon
- **Investment:**
  - o Temporal possibility of an innovation to progress to achieving results given the political cycles of the local context
  - o Clear understanding of the causality of the problem to be addressed
  - o Provide costing information for the intervention.



## Scale-up: an Inter-American Development Bank perspective

We were privileged to have Mario Alberto Sanchez, one of the Dragon's Den judges, provide a perspective on the scale-up of interventions in his capacity as an officer of the Inter-American Development Bank. By way of introduction, Mario gave an overview of the Latin American region's "explosive NCD cocktail", comprised of the following ingredients:

- Fastest aging region in the world
- Push for universal health care in many countries
- Continually rising health care costs
- Risk factors for chronic diseases

In addition, IDB faces challenges to scale-up in Argentina, including:

- High turnover of staff, so knowledge retention is compromised
- Weak relationships between national and provincial governments
- The challenge of changing political regimes

The World Bank maintains a laboratory of high-cost drugs in Colombia to provide information to policymakers. The IDB used to finance drugs, but this is now done by the Argentine Government. They procure drugs centrally through the Programa Remedia, and then distribute them to health centres for free. Through this, the IDB showed that central procurement is a cost-effective way to purchase drugs.

## Reflections on the GACD Joint Peer Review process

Prof Catherine Law, who chaired the last three GACD Joint Peer Review panels, was invited to provide reflections on this process on the second morning of the ASM. Prof Law shared her general impressions of the proposals and their evolution over the course of the three review panels. She took questions from the plenary, engaging in lively debate and providing an excellent opportunity for researchers to gain insights into the GACD review process and how the science has evolved over the four research programmes to date.

Based on her review of the proposals submitted for the last three GACD calls, Prof Law identified some characteristics of successful applications, which included:

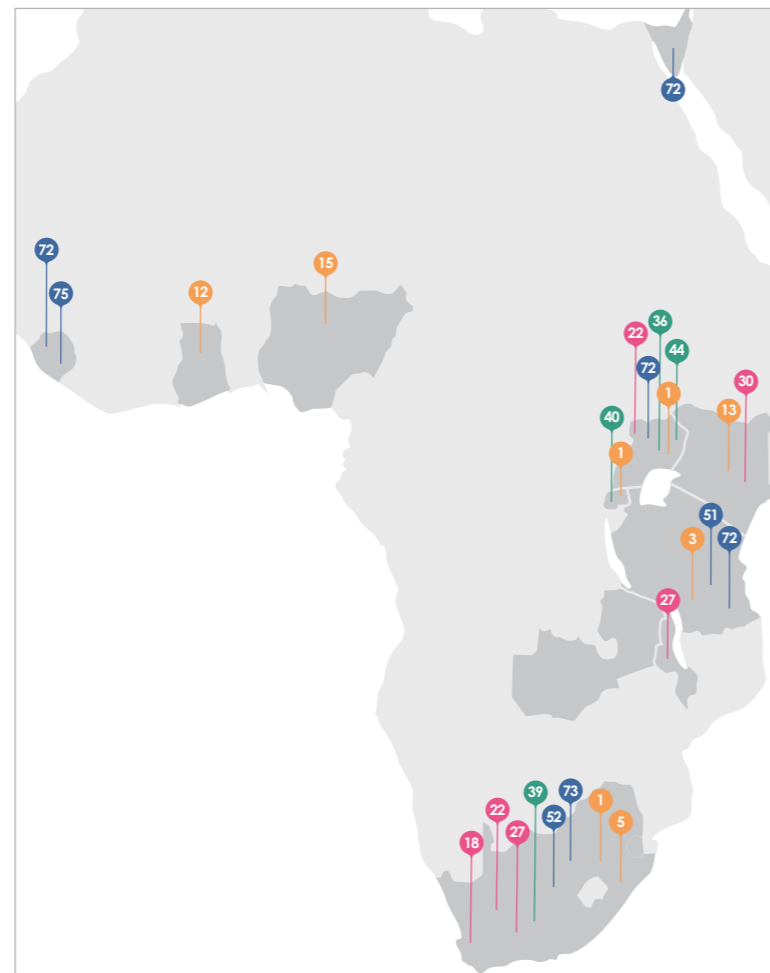
- Involving end users of the interventions from the design phase;
- Grounding the research in theory, e.g. using the RE-AIM framework to ensure that the research is framed in an organised and coherent way, and citing elements of the framework throughout the proposal;
- Recognising the appropriate study design for the intervention, not only focusing on randomised control trials, and justifying the design as the best way to address the study question; and
- Providing costing information for the intervention.

# GACD Research projects

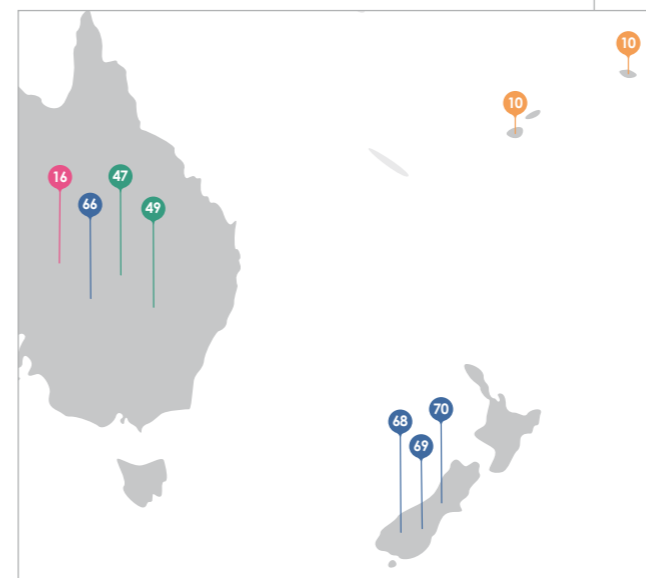
## AMERICA'S



## AFRICA



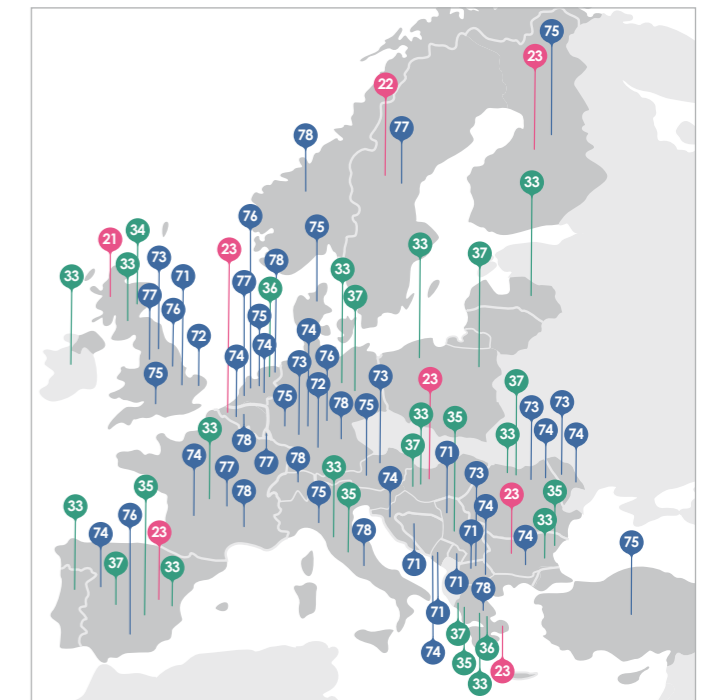
## AUSTRALIA & NEW ZEALAND



## ASIA



## EUROPE



The GACD currently funds implementation research projects across **4** programmes: hypertension, diabetes, lung diseases and mental health. Projects are conducted across **66** countries, incorporating over **250** institutions and over **900** researchers.

**HYPERTENSION PROGRAMME** page 18-19

**DIABETES PROGRAMME** page 19-20

**LUNG DISEASES PROGRAMME** page 20-21

**MENTAL HEALTH PROGRAMME** page 22-23

# GACD Project descriptions

## 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
- 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

**1** **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.

**2** **HT02: HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries**  
**Colombia and 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.

**3** **HT03: DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower Bp in Aboriginal and LMIC**  
**Canada and 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.

**4** **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.

**5** **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.



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

**7** **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.

**8** **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**  
**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.

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

**10** **HT10: Cost-effectiveness of salt reduction interventions in Pacific Islands**  
**Fiji & Samoa**  
**Funded by:** NHMRC  
**Aim:** To evaluate the impact and cost-effectiveness of multi-faceted intervention strategies to reduce salt in the Pacific Islands.



**11** **HT11: Launching a salt substitute to reduce blood pressure at the population level in Peru**  
**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.

**12** **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.

**13** **HT13: LARK: Optimizing linkage and retention to hypertension care in rural Kenya**  
**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.

**14** **HT14: A comprehensive approach to hypertension control in Argentina**  
**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.

**15** **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.



**16** **DM01: Improving the Management of Diabetes in Pregnancy in Remote Australia**  
**Australia**  
**Funded by:** NHMRC  
**Aim:** To improve systems of care and services for women with diabetes in pregnancy in remote Australia.

**17** **DM02: Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes**  
**China**  
**Funded by:** CAMS, NHMRC  
**Aim:** To develop the SMARTHealth Diabetes system and determine its clinical impact for people with type 2 diabetes.

**18** **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**  
**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.

**19** **DM04: Community Health Assessment Program in the Philippines (CHAPP)**  
**Philippines**  
**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 & United Kingdom**  
**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** **DM07: SMART2D - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes**  
**South Africa, Sweden, 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.

**23** **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.

**24** **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.

**25** **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.



**26 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.



CENTRO DE ATENCIÓN INTEGRAL DEL PACIENTE CON DIABETES

**27 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 & 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.

**28 DM13: The Bangladesh D-Magic Trial. Diabetes Mellitus: Action Through Groups or Information for Better Control?**

**Bangladesh**  
**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.

**29 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).



**30 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.



**31 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.

**32 DM17: Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico**



**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.

**33 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, and the United Kingdom**  
**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.



**34 LD02: Tobacco cessation within TB programmes: A 'real world' solution for countries with dual burden of disease**



**UK, Pakistan, Nepal, and 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.

**35 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.

**36 LD04: FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health Care Integrated gRoups**



**The Netherlands, Uganda, Kyrgyz Republic, Vietnam 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.



**37 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.

**38 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.

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

**Canada, Chile, Colombia, Ecuador, South Africa, 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.

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

**India, Guatemala, Peru, 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.



**41 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.

**42 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.

**43 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.

**44 LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries**

**Peru, Nepal and Uganda**  
**Funded by:** UK MRC  
**Aim:** To modify and assess the usefulness of a currently utilised COPD case finding



**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.

**45 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.

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

**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.

**47 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.

**48 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.

**49 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.

**50 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.

**51 MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)**  
**Brazil, India & Tanzania**  
**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.

**52 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.

**53 MH04: Youth wellbeing in China and Central America: implementation of an integrated prevention and intervention program**  
**China, Honduras & 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.

**54 MH05: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada**  
**China & 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.

**55 MH06: Enhanced Measurement-Based Care (MBC) Effectiveness for Depression (EMBED): A Canada-China Implementation Project**  
**China & Canada**  
**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.

**56 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)

**57 MH08: Shared Care for ADHD in Children and Youth: Merging the Canadian and Chinese Experiences**  
**Canada & 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.

**58 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.

**59 MH10: Standardizing the treatment, prevention, and management of depression in China: a multi-disciplinary approach**  
**China**  
**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.

**60 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.

**61 MH12: A Study on Rights-based Self-learning Tools to Promote Mental Health, Well-being & Resilience after Disasters**  
**Malaysia, Phillipines & 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.

**62 MH13: Exploring Stigma, Discrimination & Recovery-Based Perspectives toward Mental Illness & Substance Use Problems in Brazil**  
**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.

**63 MH14: Indigenous communities, local culture and mental health in Mexican adolescent population: a community intervention analysis**  
**Mexico**  
**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.

**64 MH15: A culturally appropriate approach to improve mental health outcomes in Sri Lanka and China: Mental Health First Aid**  
**Sri Lanka & China**  
**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.

**65 MH16: Systematic Medical Appraisal, Referral and Treatment for Common Mental Disorders in India - SMART Mental Health**  
**India**  
**Funded by:** NHMRC  
**Aim:** To evaluate the feasibility, clinical effectiveness and cost-effectiveness of a multifaceted primary healthcare worker intervention.

**66 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.

**67 MH18: A randomised stepped wedge trial of the scaling up of a community-based alcohol education program in rural Sri Lanka**  
**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.

**68 MH19: Primary care e-screening for mental health among TeTai 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.

**69 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.

**70 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.

**71 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)**  
**United Kingdom, Kosovo UN Resolution, Bosnia and Hercegovina, 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.

**72 MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES)**  
**Germany, United Kingdom, India, 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).

**73 MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE)**  
**Germany, Austria, United Kingdom, South Africa, Romania, former Yugoslav Republic of Macedonia, United States, 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.

**74 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.

**75 MH26: Refugee Emergency: Defining and Implementing Novel Evidence-based psychosocial interventions (RE-DEFINE)**  
**Italy, Netherlands, Austria, Turkey, Germany, Denmark, Finland, United Kingdom,**  
**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.

**76 MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA)**  
**Netherlands, Peru, Columbia (with Mexico as a subcontractor for some tasks), Germany, Spain, United Kingdom**  
**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.

**77 MH28: Prevention of Dementia using Mobile phone Applications (PRODEMOS)**  
**Netherlands, CHINA, 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



**78 MH29: How to best meet the needs of people with dementia with severe behavioural disturbances. Toward a respectful and cost-effective model (RECAE)**  
**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.

For the following projects, details will be made available following publication of awards.

**79 MH30: Focus – Depression and substance abuse.**

**80 MH31: Focus – Depression and substance abuse.**

**81 MH32: Focus – Common mental health and psychosocial problems (depression, anxiety, trauma, substance use, violence).**

**82 MH33: Focus – Depression.**

# GACD Researcher spotlight: John Hurst



Dr John Hurst is the principal investigator of the GACD project called GECO (Global Excellence in Chronic COPD – or Chronic Obstructive Pulmonary Disease), one of the projects within the GACD Lung Diseases Programme. The research, funded by the UK MRC, takes place over three sites in Nepal, Peru and Uganda. Here we get a snippet of his work in the field and the inspiration for his less than conventional career path.

**What challenges have you found working in these rural areas?**

We have found the challenge of finding people! So we conducted a census to start with and that's one of the big strengths of our programme - that we are taking a representative sample of the population. But actually going out and finding people is not that easy because people are working and not at home. We've also had to do a lot of training for our research staff to be able to do the test (to diagnose COPD), which is normally only available with the specialist in the city. So, of course they have to be able to do the test. There's a lot of quality assurance and data quality that we've had to put in place around that.

**If you could fast forward 10 years' time, what would your project look like?**

We would have demonstrated to the research community, to clinicians, to governments, to the policymakers that a simple peak flow test to diagnose COPD is worthwhile and is implementable at scale. The second part of our research does something different. It looks at helping people to manage their own lung condition better through the support of a community health care worker. We're running a randomised control trial, so half of our subjects will have usual care for their COPD whatever that looks like in their country. The other half will have access, at their wish, to a community healthcare worker who has been specially trained to support them using a booklet which is an action plan which helps them to help themselves. If this works we would have evidence to roll out COPD action plans globally and that would be so exciting.

**How has being part of the GACD helped your work?**

This has been one of the most exciting things about the project, because as well as leading your own project, you become part of a network of researchers, who are all passionate about addressing the challenges of non-communicable diseases (NCDs) within low- and middle-income countries (and in vulnerable populations in high-income countries). So I was lucky enough to go to the GACD Annual Scientific Meeting in 2017 along with the other research teams in the GACD Lung Diseases Programme, (we were all in the very early stages of our research). But the people who have gone before us, looking at hypertension and diabetes, were much further along and indeed were coming to the end of their projects. Of course, a lot of the challenges about doing NCD research in LMICs are generic, so we had access to a wealth of support and enthusiasm to enable us to address some challenges and that was tremendous.

**Do you have any tips that you could give early career researchers?**

Be proactive. Go out and find the people that are working in the area that you want to work in. That area might be a specific part of medicine, working in a particular setting, or it may be doing a particular kind of research methodology. So, the people who are doing qualitative work may be different from the people who are doing randomised control trials. Seek those people out, go and see them and be passionate and enthusiastic because actually most academics are really keen to think about what the next generation looks like and how we can support them to take over the work as we look to the future.

**Have there been any people in particular who have helped you along the way?**

I suppose the first person who influenced me would be my biology teacher back at A level (I was 18 years old), who encouraged me to follow a career in medicine, which if I'm honest with you, I hadn't considered at that time. He persuaded me to go to a careers event and somebody stood up from the University of Manchester and she said "don't do medicine, medicine is really, really, really hard," and I thought, "I'll have a bit of that." That was my unconventional route into medicine and from there I've had an unconventional route into global health trials and I love my job. It's a privilege and to be able to follow your own path in life is the answer I think.

**What are your passions outside of work?**

I run. Keeping fit for me has always meant that I feel mentally brighter. The other thing is not very trendy at all, but I have a passion for railway photography and in particular railway photography of heavy freight trains. You may not know this but I've had about 30 magazine publications of railway photography over the years and I get a lot of pleasure from seeing my name in print in relation to something other than COPD.

▶ Listen to the full interview [here](#) (duration: 8'05).



# GACD New member

The Global Alliance for Chronic Diseases welcomes the Health Research Council (HRC), New Zealand as its newest member. The agency becomes GACD's 14th member agency, joining leading public health research funders from around the world.

“

We welcome the opportunity to join a unique collaboration of the world's largest health research funders. Through the alliance, New Zealand's researchers join a unique network of researchers in the field of implementation science, benefiting from cross collaborations and capacity building.

”

**Prof Kathryn McPherson,  
Executive Director HRC,  
New Zealand**

“

Welcoming New Zealand to our expanding network of funders and research programmes will expand the reach of non-communicable diseases health research for vulnerable populations in the region. By becoming a member of the GACD, New Zealand joins a unique network of global funders that jointly support research, providing evidence to influence policy.

”

**Prof Glenda Gray,  
Chair of the GACD Board**

The Health Research Council, New Zealand manages the government of New Zealand's investment in health research. The HRC specifically supports research that has the potential to improve health outcomes and delivery of healthcare, and to produce economic gain for New Zealand.

Now with four active GACD research programmes addressing hypertension, diabetes, lung disease and mental health, HRC New Zealand joins the GACD at an exciting time of expansion.

# GACD Update on funding calls

The Global Alliance for Chronic Diseases (GACD) has held four research funding calls since 2012. With a focus on implementation research, each funding call has addressed a different chronic disease, hypertension, diabetes, lung diseases and mental health respectively. GACD's research is aimed at funding interventions in low- and middle-income countries (LMICs) and vulnerable and indigenous populations in high income countries (HICs).

## 2016 \$70m Mental health

GACD's latest funding call opened in December 2016 inviting proposals of implementation research into mental disorders including dementia, depression, schizophrenia, bipolar and alcohol and drug use disorders. The majority of GACD member agencies were involved in this funding call and have so far financed 34 research projects with a projected funding total of US\$70million.

## 2015 \$61m Lung diseases

The lung diseases funding call was launched in 2015 accepting research proposals focused on lung diseases related to environmental exposure, including indoor and outdoor pollution and tobacco. Again these projects focused on the implementation of prevention and management strategies derived from existing knowledge. To date, 17 projects have been supported with US\$61 million funding from GACD member agencies.

## 2014 \$27m Diabetes

The second GACD funding call in 2014, focused on the prevention and treatment of type-2 diabetes. This time around 17 research projects were funded with a total of US\$27million. These research projects emphasised the implementation of existing approaches rather than the development of new treatments and interventions.

## 2012 \$23m Hypertension

In 2012 GACD member agencies provided US\$23million to fund 15 projects with the objective of reducing the prevalence of cardiovascular disease (CVD) as a consequence of high blood pressure. These projects aimed to inform implementation and enable scale-up of larger programmes at local, national and regional levels.

To date, the GACD has invested a total of US\$181 million in NCD research.



The joint peer review provided an opportunity to gain an overview of the portfolio of proposals submitted to GACD members, ensured consistency in reviewing proposals and offered an opportunity to identify future funding call themes and improve funding call structuring.

### Joint peer review

As part of the decision making process for funding mental health applications, GACD conducted its fourth joint peer review. Eleven GACD member agencies participated in the panel meeting, which took place in Cape Town, consisting of 29 reviewers, chaired for a third time by Professor Catherine Law.

Proposals were scored from 1 (highest) to 9 (lowest). The process showed that proposals had a good geographic coverage across most regions of the world. Most applications' interventions centred on diagnosis and treatment, health promotion and community interventions. The majority of projects also focused on common mental health disorders such as depression and anxiety with others tackling substance abuse, suicide or dementia.

A joint peer review of this size and quality of reviewers, with this many funding agencies coming together is unique in global health research funding. By coordinating such a review, the GACD brings global experts together to assess GACD proposals resulting in the best projects being selected from around the world.

### Scale-up implementation call

The next GACD funding call is set to be launched in April 2018 for the majority of member agencies. This call is different from previous GACD funding in that it focuses on scaling-up interventions at the population level (to tackle either/both hypertension and diabetes) using an implementation science approach. The aim is to integrate scientific knowledge and effective interventions into everyday use through equipping policymakers, communities, families and healthcare professionals with evidence-based strategies for addressing NCDs.

The GACD aims to coordinate research on chronic diseases at a global level in order to enhance knowledge exchange across individual projects, and to better understand the impact of socio-economic, cultural, geopolitical and policy factors on the effectiveness and scalability of interventions, so as to appropriately adapt health interventions to different geographical, economic and cultural settings.

### Implementation science

In practice, translation from a pragmatic trial to the real-life commissioning and continuous delivery of an intervention across a health system is a huge political and economic challenge. Without intentional efforts to guide scale-up, a new evidence-based intervention might not be broadly implemented.

Implementation science examines what works, for whom and under what circumstances, and how interventions can be adapted and scaled-up in ways that are accessible and equitable<sup>1</sup>.

1. <https://www.gacd.org/research/implementation-science>



# GACD Hypertension end of programme report preview

The first research programme of the GACD, which funded 15 studies focused on hypertension research across 19 settings in low- and middle-income countries and indigenous and vulnerable populations in high-income countries. The programme's projects concluded in 2017, producing evidence to better inform policy and practice across areas of hypertension detection, prevention and management and the expansion of primary care.

The first GACD end of programme report will provide details on the findings and experiences of the GACD hypertension studies in the context of existing evidence and policy, along with insights on the GACD Research Network's contribution to the field of implementation science and research capacity building over the course of the programme. The report will be launched in September 2018 during the United Nations General Assembly, providing an opportunity to discuss ways that collaboration can be continued and grown through GACD, as the global community seeks to achieve the Sustainable Development Goals set out by the United Nations Development Programme.

## Enabling early career researchers

Early career researchers felt that they had strengthened their research skills through participation in GACD working groups and joint projects, and advanced their careers through opportunities to produce scientific publications and engage with multiple stakeholders.



*Being part of the GACD network made me notice the importance of partnership between different research groups and across disciplines... collaborating [on] papers and being aware about the complex process of engaging between researchers of different countries...gave me an initial view about how complex [it] is to do [wider] engagement, but also how fruitful and necessary.*



GACD hypertension researcher



## GACD's innovative approaches to tackle hypertension in low- and middle-income countries

Interventions employed by GACD hypertension projects included five broad themes:

- **Engaging communities** to increase participation, mobilisation and empowerment to optimise and align health systems with people's needs
- **Salt reduction and salt substitution strategies** to reduce population salt intake and blood pressure
- **Task redistribution** for detecting and managing hypertension, to increase access to care and improve health system efficiency
- **m-Health** technologies to support behaviour change strategies and provide real-time clinical decision support
- **Fixed-dose combination therapies** to address multiple risk factors using a single pill and achieve faster and better blood pressure control.

## What do our researchers think?

Being part of the GACD Research Network influenced researchers' ability to build strong collaborations and achieve greater impact through their research.



*The intangible benefits of collaboration are immense, and the GACD brought the formal structure that is needed to see a network flourish.*



GACD hypertension researcher



"The GACD model is pioneering how implementation science in the NCD field should be done."

GACD member agency representative

"We are all constrained by our individual mandates as public funders. GACD provides an opportunity for us to learn about other ways of doing things."

GACD member agency representative

## Value-add of the GACD

"[A] collective voice aware of how challenges on the ground can be resolved by linking research to policy."

GACD member agency representative

## What do our member agencies think?

The greatest impact of the hypertension studies as perceived by GACD funding agencies are in creating:



Member agencies reported that the key benefits of contributing and participating in the GACD model were the building of new partnerships with research funding agencies across high, middle- and low-income countries, with opportunities for shared learnings across agencies and an enhanced visibility of their funding initiatives and programmes. Reported key benefits of the GACD Research Network were its **important contributions to the field of implementation science and to research capacity building, in addition to providing a platform for joint funding opportunities.**

The GACD hypertension end of programme report will be launched at the UN General Assembly in September 2018.

# GACD Success stories

Over the past year, the GACD has had notable successes in both its media coverage and the development of its Research Network. Here we outline some of those successes.

## GLENDA GRAY

Time Magazine – Top 100 Influencers



Chair of the GACD Board, Glenda Gray, was voted one of Time Magazine's top 100 pioneers for her work into HIV/AIDS. Thanks, in part, to her work on mother-to-child transmission; the number of babies born with HIV has dropped from 600,000 a year to 150,000 a year in South Africa. She brings her expertise in health research and on HIV/Aids as a chronic disease to guide the GACD in addressing non-communicable diseases worldwide.

## SOUMYA SWAMINATHAN

From GACD Board member to Deputy Director General at the World Health Organisation (WHO)

For over two years Dr Swaminathan has formed an invaluable part of the GACD Board through her role as Director General of the Indian Council of Medical Research. Her experiences as a paediatrician and tuberculosis expert have helped guide the development of GACD research funding calls with a particular focus on influencing policy in India. We wish her every success in her new role at the WHO where she will support Director General Dr Tedros Adhanom in her role as Deputy Director General of Programmes.



## PHD POWER AT THE GACD

This year the GACD Research Network has seen two of its members, Dr Claire Johnson and Dr Felix Limbani, successfully complete their PhDs which they began during their time with the GACD. This has highlighted a wider opportunity for aspiring researchers where GACD project work is used for developing a thesis.

“

Undertaking my PhD, which was based on the data collected from the GACD HT09 project was an incredible experience and an invaluable opportunity to me as a PhD student. I was able to access and learn from a broad range of leading researchers from across the globe as well as a local team of experts in India.

Dr Claire Johnson

Working on a specific GACD project ensured wider support for the PhD beyond my supervisors. I participated in a series of working groups and joint manuscripts that were related to my PhD including working groups on process evaluation and task shifting. Being part of the GACD Annual Scientific Meetings helped me to create lasting relations with senior researchers across the globe and I also attended the first GACD Implementation Science Workshop early in my PhD programme. This helped to refine my approach to the implementation of my PhD research study.

Dr Felix Limbani

”

## WORKING GROUP SUCCESSES

Guidelines for the prevention and control of NCDs

GACD working groups that meet regularly have had some successful and tangible outcomes. One of these is the work conducted by the GACD COUNCIL working group. The group's objective is to develop a roadmap to systematically develop an implementation pipeline intended to translate evidence into pragmatic guidelines, policies and interventional practices using multidirectional channels to reach all stakeholders. Under the leadership of its chair, Mayowa Owolabi, the group has produced four manuscripts in just over two years addressing guidelines and implementation cycles for developing recommendations for hypertension, cardiovascular disease and diabetes, with a manuscript on obesity in development.



Dr Claire Johnson



Dr Felix Limbani



Prof Mayowa Owolabi

## ADOLFO RUBINSTEIN

From GACD research investigator, to Secretary of Health Promotion, Prevention & Control of Risk, Argentina

After a distinguished career in health research, the latter part of which was spent as a principal investigator (PI) on GACD hypertension project HT14, Dr Rubinstein was appointed Deputy Minister of Health for the government of Argentina. In November 2017, he was promoted to Minister of Health. His experiences in implementation science and connections with the policymaking world have influenced GACD's research planning to date.

Visit [www.gacd.org](http://www.gacd.org) to watch a short film with Adolfo Rubinstein about communicating research results to policymakers.

▶ Watch the full film about communicating research results to policymakers with Adolfo Rubinstein [here](#).

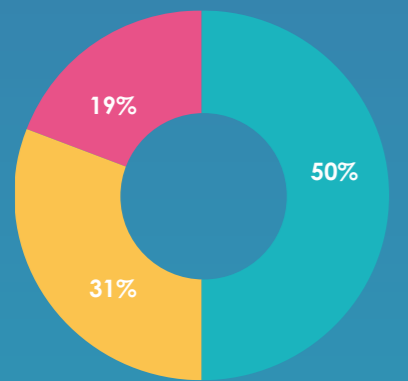


# GACD Financials

The GACD Secretariat is supported financially through annual membership fees by the alliance 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, each country is classified as low-income, middle-income (subdivided into lower-middle and upper-middle), or high-income.

In 2017, the GACD Secretariat was based at the UCL Institute for Global Health, and operated within the remits of UCL's financial policies and procedures. Half of the Secretariat budget is spent on staff costs, with the remainder covering operational costs and overheads.

## GACD Secretariat expenditure 2017



Staff  
Operational costs  
Overheads

### Income 2017

Member contributions £640,000

### Expenditure 2017

Staff £264,973

Operational costs £166,144

Overheads £102,696

**Total expenditure £533,813**



**CELINA GORRE**  
Executive Director



**ROSIE BARTLETT**  
Communications  
Manager



**FAYE BASSETT**  
Executive  
Coordinator



**DOROTHEA  
KANTHACK-CHAN**  
Senior Programme  
Officer



**GARY PARKER**  
Research Coordinator

# GACD Facts and figures

## What are NCDs?

Noncommunicable diseases (NCDs) are the number one cause of death and disease worldwide. NCDs – mainly...



heart  
disease



some  
cancers



respiratory  
diseases



diabetes



mental  
illness

...account for **68%** of global mortality  
or  
**two** out of every **three deaths**

**86%** of premature NCD deaths happen in  
low- and middle-income countries (LMICs)

**Most NCDs are preventable**

## How does GACD contribute to this global fight against NCDs?

The GACD has so far established research programmes on hypertension, diabetes, lung diseases and mental health, involving more than 900 researchers from 66 countries. Collectively, GACD member agencies have contributed more than US\$170 million towards research in low- and middle-income countries and in vulnerable populations in high-income countries. GACD funded research aims to contribute to the area of implementation science and address the significant knowledge gap between interventions that research has shown to be effective, and their delivery to communities and translation into practice. The next GACD funding call will focus on scaling up interventions addressing hypertension and diabetes.

Source: <https://ncdalliance.org/>

Our most recent programme into **mental health** research, is our most ambitious to date, supporting research into **dementia, depression, schizophrenia, mental wellbeing, ADHD** and **substance abuse**, with total funding of over **US\$70 million**.

We currently fund **four active research programmes**, uniting global health researchers across different disease areas, and around the globe from Fiji to France, from Stockholm to Sierra Leone.

Uniting high-income and low-income research groups, GACD is a **global network of experts** in implementation science.

Every year **39.5 million** people **die** prematurely from NCDs

# GACD People

## GACD BOARD

The Board has the ultimate authority over the alliance's vision, values and overall governance framework, and develops and implements GACD policies. Current GACD Board members are:

- **Professor Glenda Gray**, Medical Research Council, South Africa (Chair)
- **Professor Anne Kelso**, National Health and Medical Research Council, Australia (Chair Elect)
- **Dr Mark Palmer**, Medical Research Council, United Kingdom (Executive Committee member)
- **Professor Carlos Henrique de Brito Cruz**, São Paulo Research Foundation, Brazil
- **Professor Xuetao Cao**, Chinese Academy of Medical Sciences, China (outgoing Board member);  
**Dr Chen Wang**, Chinese Academy of Medical Sciences, China
- **Dr Roger Glass**, National Institutes of Health, United States
- **Mariano Jordan**, Ministry of Science, Technology and Productive Innovation, Argentina
- **Dr Line Matthiessen**, Research & Innovation DG of the European Commission
- **Professor Kathryn McPherson**, Health Research Council, New Zealand
- **Michel Perron**, Canadian Institutes of Health Research, Canada
- **Dr Guillermo Ruiz-Palacios**, National Institutes of Health, Mexico
- **Dr Makoto Suematsu**, Japan Agency for Medical Research and Development, Japan
- **Dr Peerapol Sutiwisesak**, Health Systems Research Institute, Thailand
- **Dr Soumya Swaminathan**, Indian Council of Medical Research, India (outgoing Board member);  
**Dr Balram Bhargava**, Indian Council of Medical Research, India
- **Professor Dame Anne Johnson**, University College London (Host Institution representative)
- **Professor Ibrahim Abubakar**, University College London (Host Institution representative)

In addition, the World Health Organization (WHO) has observer status on the GACD Board.

## GACD MANAGEMENT COMMITTEE

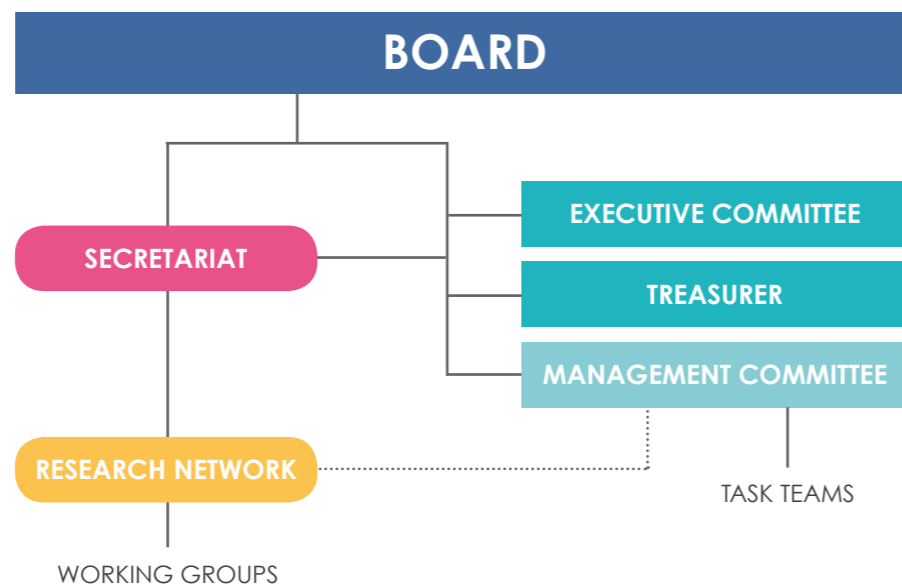
The Management Committee is responsible for the oversight, management and coordination of the portfolio of research awards made under the umbrella of the Alliance. Current Management Committee members are:

- **Dr Karim Berkouk**, Health Directorate at the Research & Innovation DG of the European Commission (Chair)
- **Dr Johan Louw**, Medical Research Council, South Africa (Deputy Chair)
- **Dr Reiko Akizuki**, Japan Agency for Medical Research and Development, Japan
- **Margarita Irene Calleja y Quevedo**, National Council for Science and Technology and **Dr Carlos Aguilar Salinas**, National Institute of Medical Science and Nutrition Salvador Zubirán, Mexico
- **Dr Fernando Cendes**, São Paulo Research Foundation, Brazil
- **Dr Rupinder Dhaliwal**, Indian Council of Medical Research, India
- **Dr Daniel Gomez**, and **Monica Silenzi**, Ministry of Science, Technology and Productive Innovation, Argentina
- **Alex Harris**, Medical Research Council, United Kingdom
- **Dr Steven Hoffman**, Canadian Institutes of Health Research, Canada
- **Professor Lixin Jiang**, Chinese Academy of Medical Sciences, China
- **Stacey Pene**, Health Research Council, New Zealand
- **Dr Joshua Rosenthal**, National Institutes of Health, United States
- **Dr Tony Willis**, National Health and Medical Research Council, Australia

## GACD INTERNATIONAL SECRETARIAT

The Secretariat serves as the administrative hub for the GACD member agencies and funded research teams, and represents the alliance externally. Current staff members are:

- **Celina Gorre**, Executive Director
- **Rosie Bartlett**, Communications Manager
- **Faye Bassett**, Executive Coordinator
- **Dorothea Kanthack-Chan**, Senior Programme Officer
- **Gary Parker**, Research Coordinator



## GACD Board



## GACD Management Committee





**GACD**

GLOBAL ALLIANCE FOR CHRONIC DISEASES  
AN ALLIANCE OF HEALTH RESEARCH FUNDERS

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