

8:30 to 9:30 AM: Conversation groups

**All welcome – just come along!**

## Wednesday

- Hispanohablantes
- Using REAIM across GACD projects
- Children and adolescents

## Thursday

- Hispanohablantes
- Data privacy, ethics and equity
- Planetary health
- Active mobility
- Cervical cancer

Contribute to the SPARK  
working group Delphi study



### SPARK link

<https://surveys.mcmaster.ca/limesurvey/index.php/218124?lang=en>



### SUCAT link

<https://surveys.mcmaster.ca/limesurvey/index.php/919771?lang=en>



# Day 4

GACD Annual Scientific Meeting  
Thursday 12 June 2025

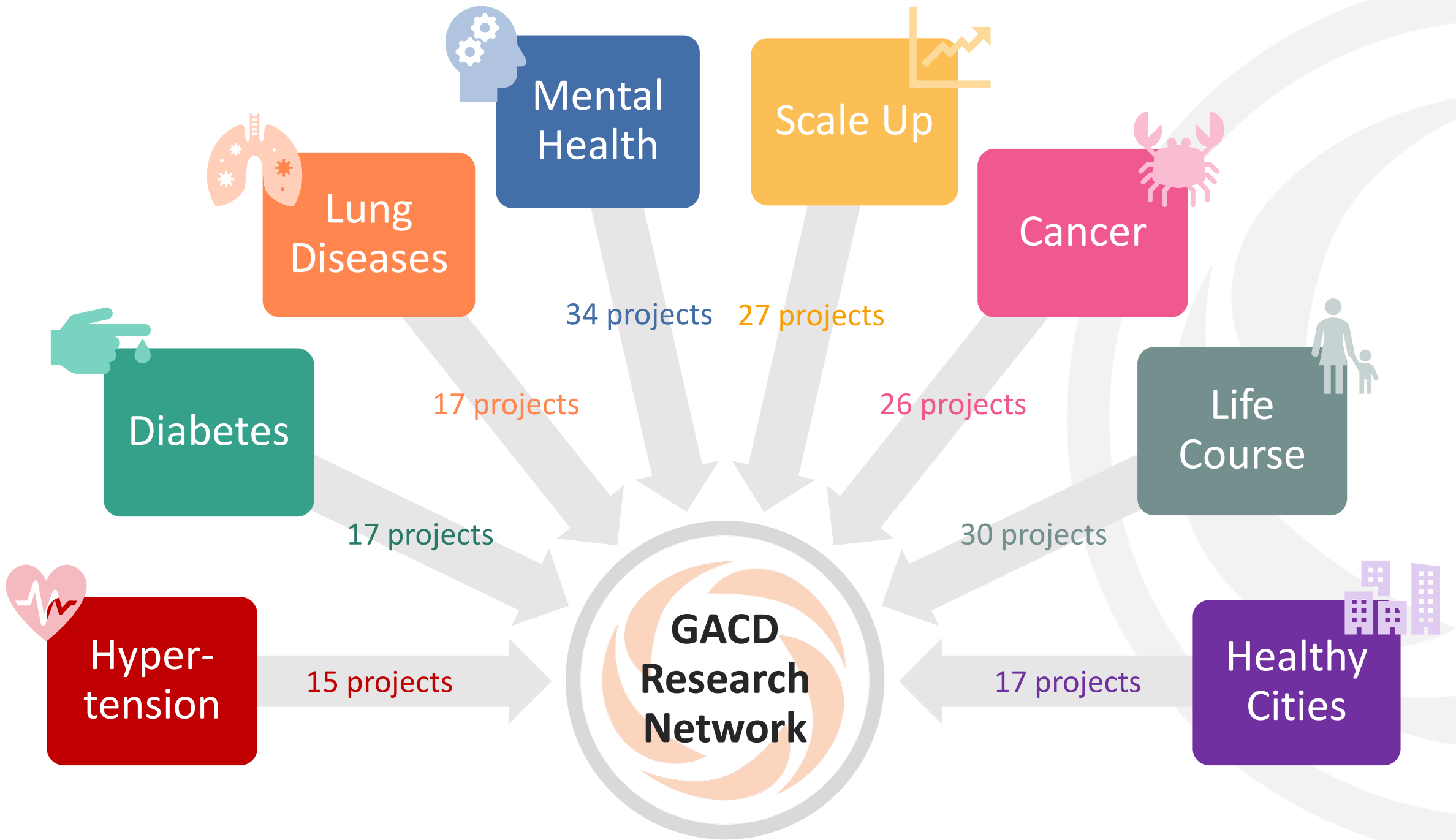


**GACD**

GLOBAL ALLIANCE FOR CHRONIC DISEASES  
AN ALLIANCE OF HEALTH RESEARCH FUNDERS

# **Connecting the dots across the Research Network**



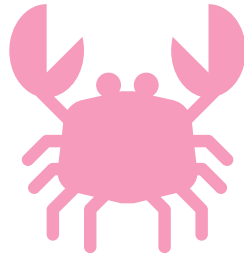




Mental  
Health



Scale Up



Cancer



Life  
Course



Healthy  
Cities



# Real world results spotlight The UPSIDES Project

Bernd Puschner – Ulm University, Germany

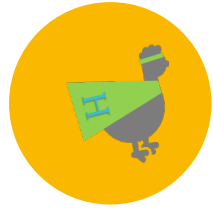
Ramona Hiltensperger – Ulm University, Germany

Jasmine Kalha – Center for Mental Health Law & Policy, India

# Superpower of Peer Support

## Lessons from the Chicken Coop

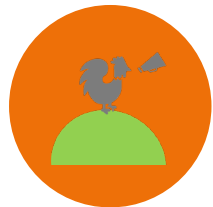




**Ramona:**  
**Introduction**



**Bernd: Study**  
**results and**  
**conclusions**



**Jasmine:**  
**Reflections on**  
**UPSIDES**



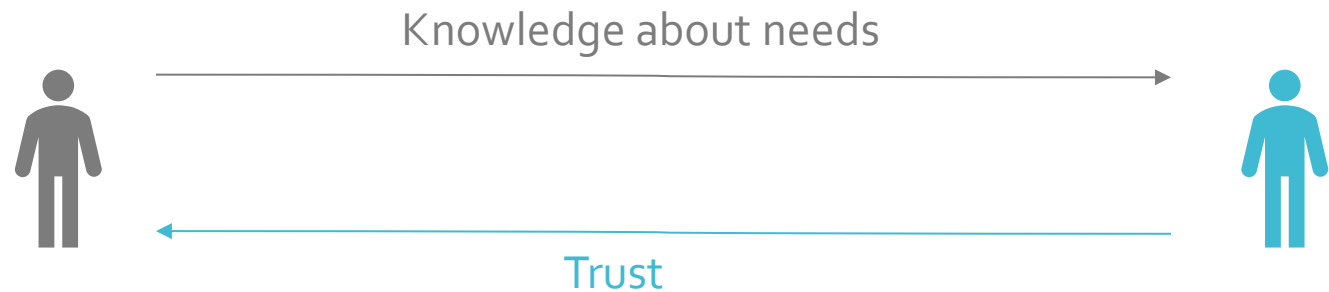
**Open discussion**



Outline

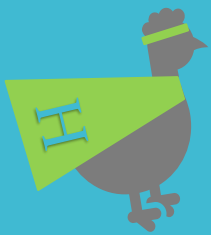
# Peer Support

- People with lived experience of mental health conditions (= peers) support others on their recovery journey
- e.g. practical and psychosocial support in dealing with the condition



- Recovery orientation (vs. traditional biomedical model) of mental health conditions

# Peer Support



## Peer Support Super Hero

by Anita Mlay, Shamila Mwanga, Sofia S. Sanga & Mary Ramesh  
UPSIDES Train the Trainer Workshop, February 2019, Dar es Salaam, Tanzania

# Peer Support in Global Mental Health

- Treatment gap: many people with severe mental health conditions do not receive treatment
- Peer support as an evidence-based intervention
- To date: peers as a resource largely unused or in need of development in most countries



# The UPSIDES Project

2018 – 2023

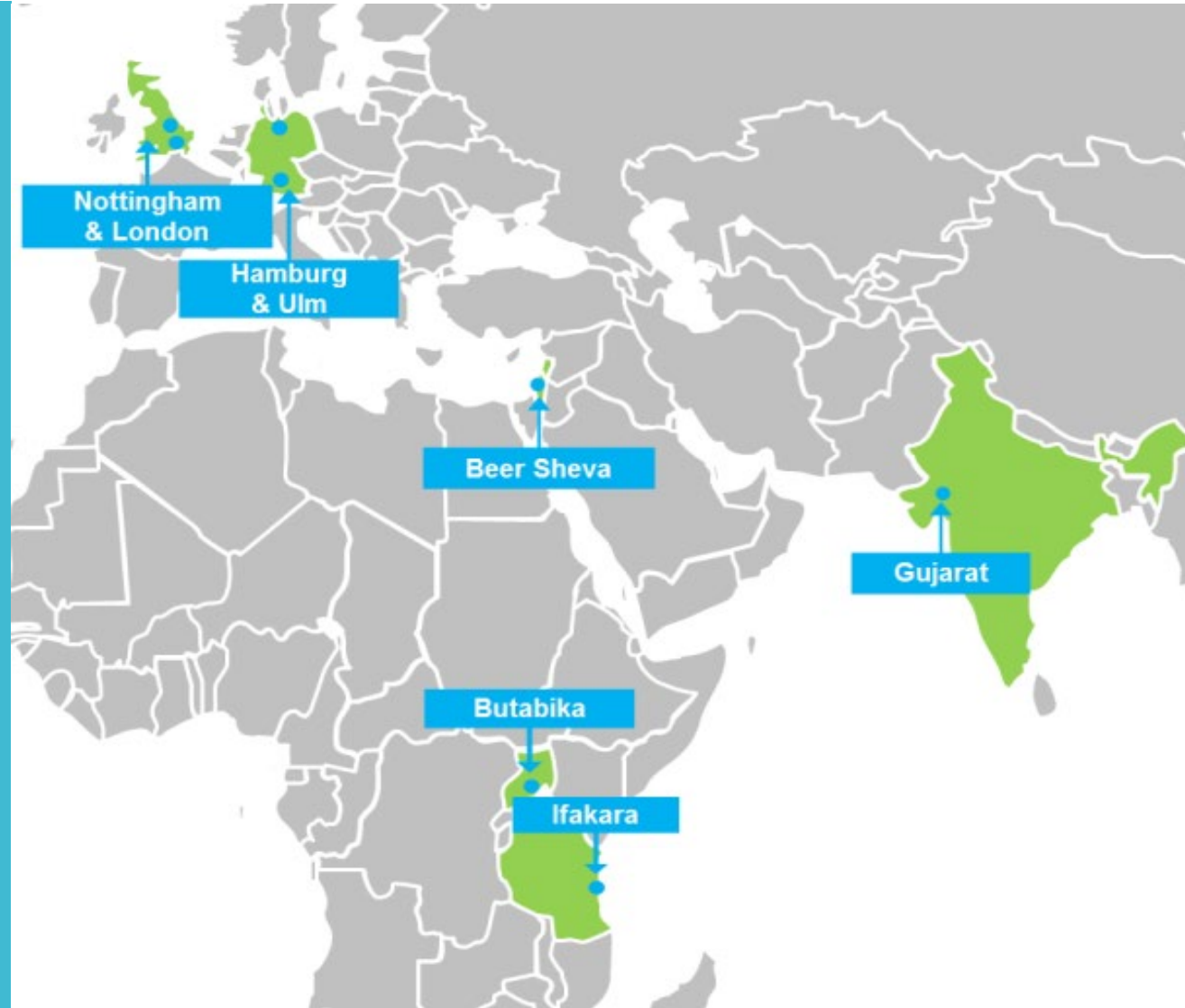
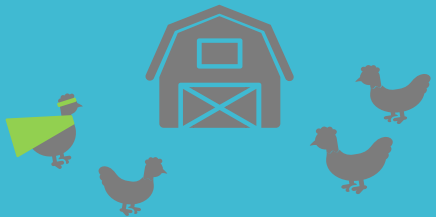
- Scale-up of peer support interventions for adults with severe mental health conditions
- Mixed-methods evaluation of the impact of peer support at the levels of service users, peer support workers, services and implementation
- Funded by the European Commission and ICMR



Puschner et al. (2019): Using peer support in developing empowering mental health services(UPSIDES): background, rationale and methodology. In: *Ann Glob Health* 85 (1).

Moran et al. (2020): Peer support for people with severe mental illness versus usual care in high-, middle- and low-income countries: study protocol for a pragmatic, multicentre, randomised controlled trial (UPSIDES-RCT). In: *Trials* 21 (1).

# UPSIDES Consortium



Ulm University, Germany

University of Nottingham, UK

University Hospital Hamburg-Eppendorf, Germany

Butabika National Referral Hospital, Kampala, Uganda

London School of Hygiene and Tropical Medicine, UK

Ifakara Health Institute, Dar es Salaam, Tanzania

Ben-Gurion University of the Negev, Beer Sheva, Israel

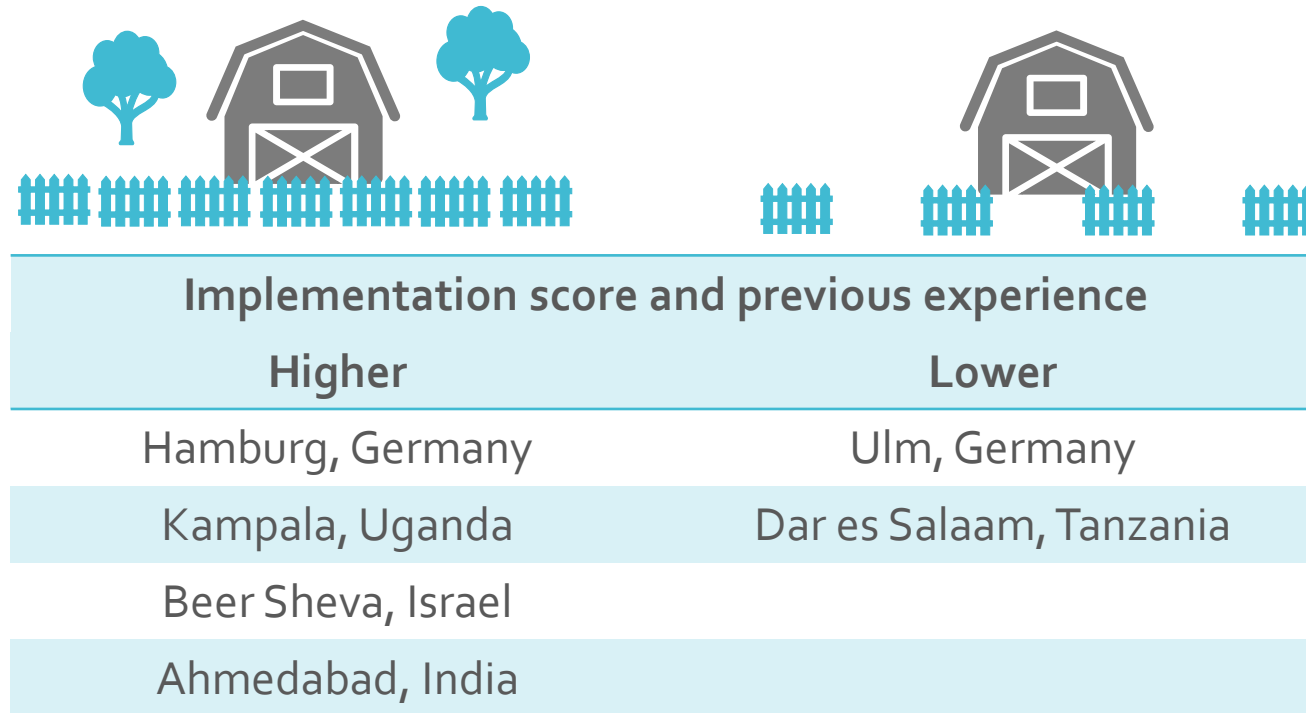
Centre for Mental Health Law and Policy, Pune, India

# UPSIDES Project

1. Analysis of the current state of peer support
2. Development of a peer support programme
3. Implementation of UPSIDES peer support at each site
4. Evaluation of peer support in terms of effectiveness and sustainability at each site

# 1. Current state analysis

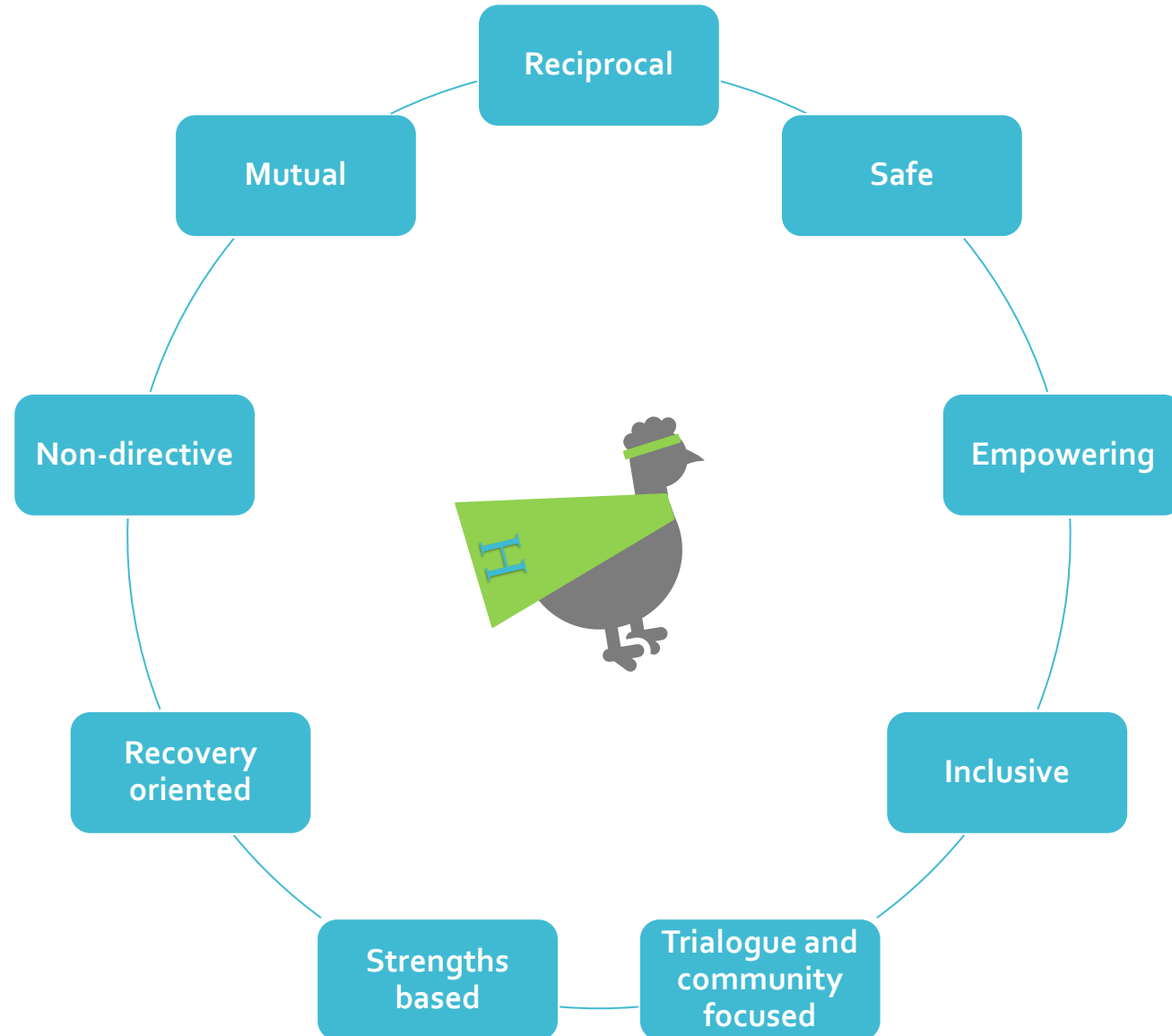
## Facilitators and barriers at the sites



Ibrahim et al. (2020): A systematic review of influences on implementation of peer support work for adults with mental health problems. In: *Soc Psychiatr Psychiatr Epidemiol* 55 (3).

Ramesh et al. (2023): Societal and organisational influences on implementation of mental health peer support work in low-income and high-income settings: a qualitative focus group study. In: *BMJ Open* 13 (8).

## 2. UPSIDES intervention: peer support principles



## 2. UPSIDES intervention: Peer Support Training Toolbox

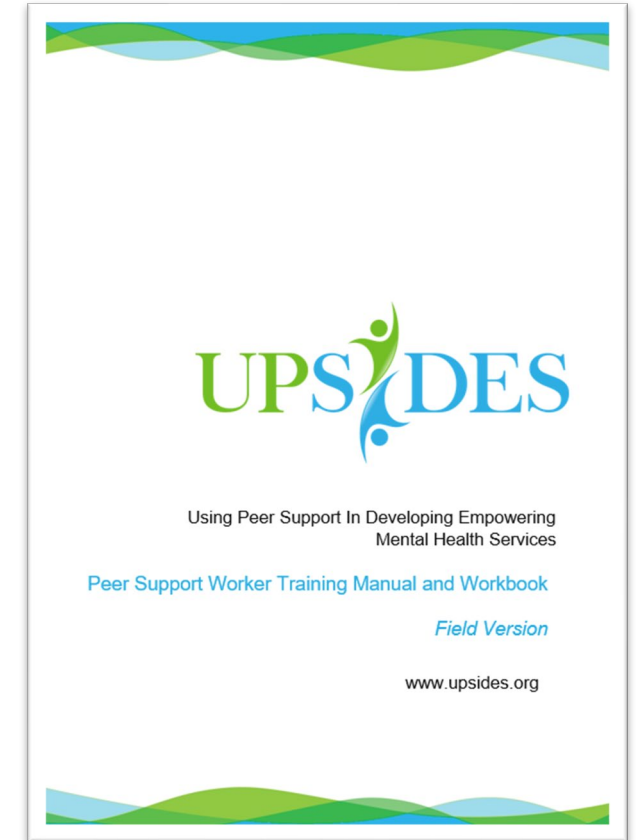
### Basic Training: 12 Modules

Recovery	Tree of Life	Peer Support
Communication	Recovery Planning	Resource Activation
Community & Dialogue	Problem Solving	Role Description
Work Preparation	Recovery Groups	Network



Stigma	Diagnoses	Trauma/PTSD	Rights & advocacy	...
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Additional training modules; site-specific; flexible

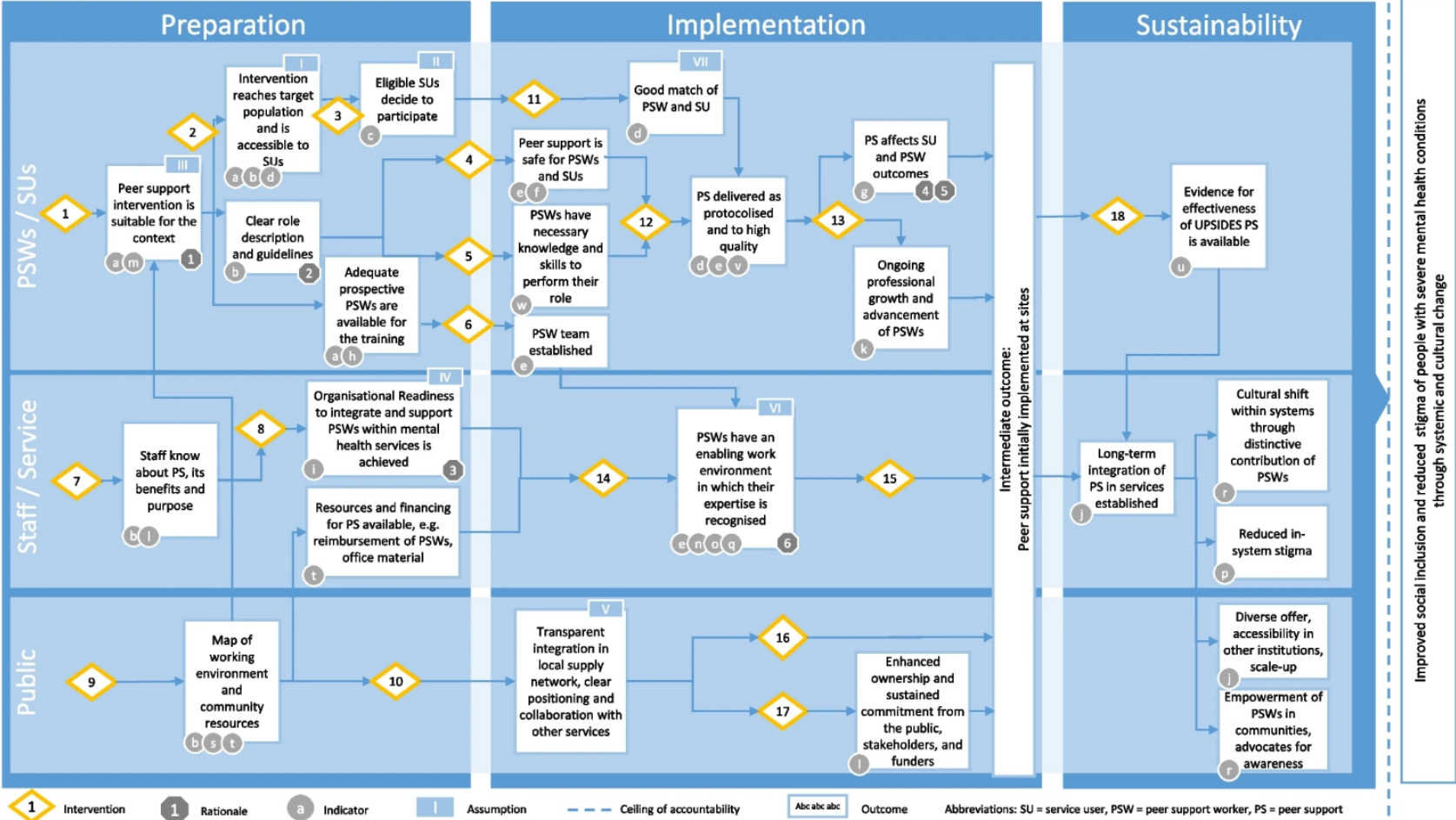


[www.upsides.org](http://www.upsides.org)

# Stakeholder Engagement via Local Advisory Boards

→ Theory of Change Workshops

## 3. Implementation



# 3. Implementation

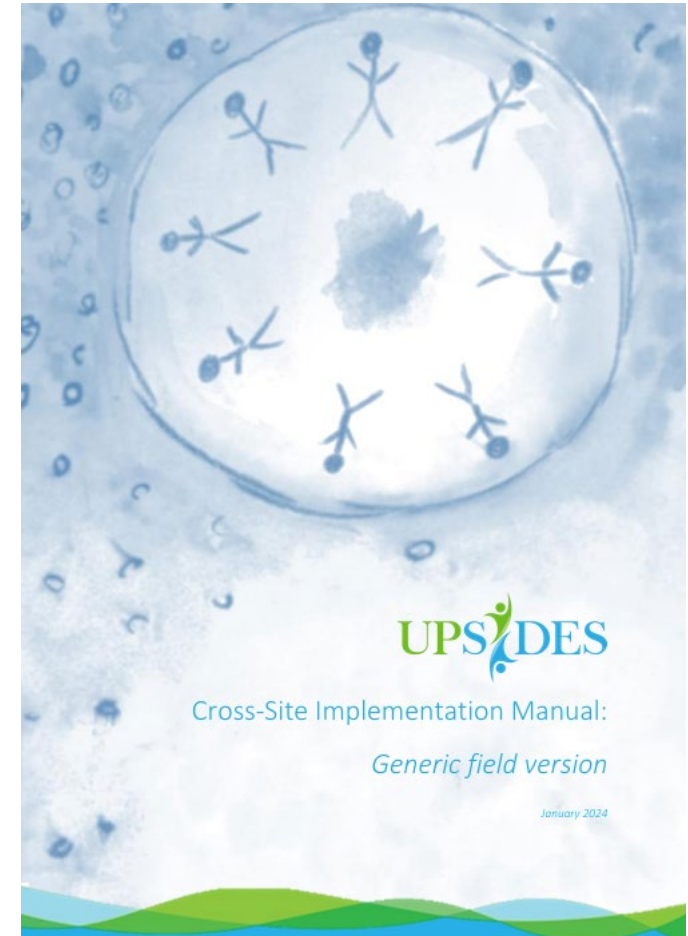


## 3. Implementation

UPSIDES Implementation Manual

[www.upsides.org](http://www.upsides.org)

Output -> Manuals

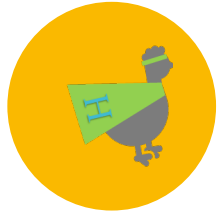


### 3. Implementation: An UPSIDES peer support worker's story

Hiltensperger, Kalha & Puschner  
UPSIDES - GACD ASM 2025 - Kigali, Ruanda



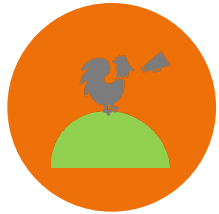
Manfred Lohner,  
Peer Support Worker  
Ulm, Germany



Ramona:  
Introduction



**Bernd: Study  
results and  
conclusions**



Jasmine:  
Reflections on  
UPSIDES



Open discussion

Outline

# Randomised controlled trial



	Intention-to-treat	Per protocol
SIS total		+
SIS Social Isolation	+	+++
SIS Social Relations		
SIS Social Acceptance	++	+++
Empowerment (ES)	++	+++
Hope	+++	+++
Recovery (STORI-30)		
HoNOS		

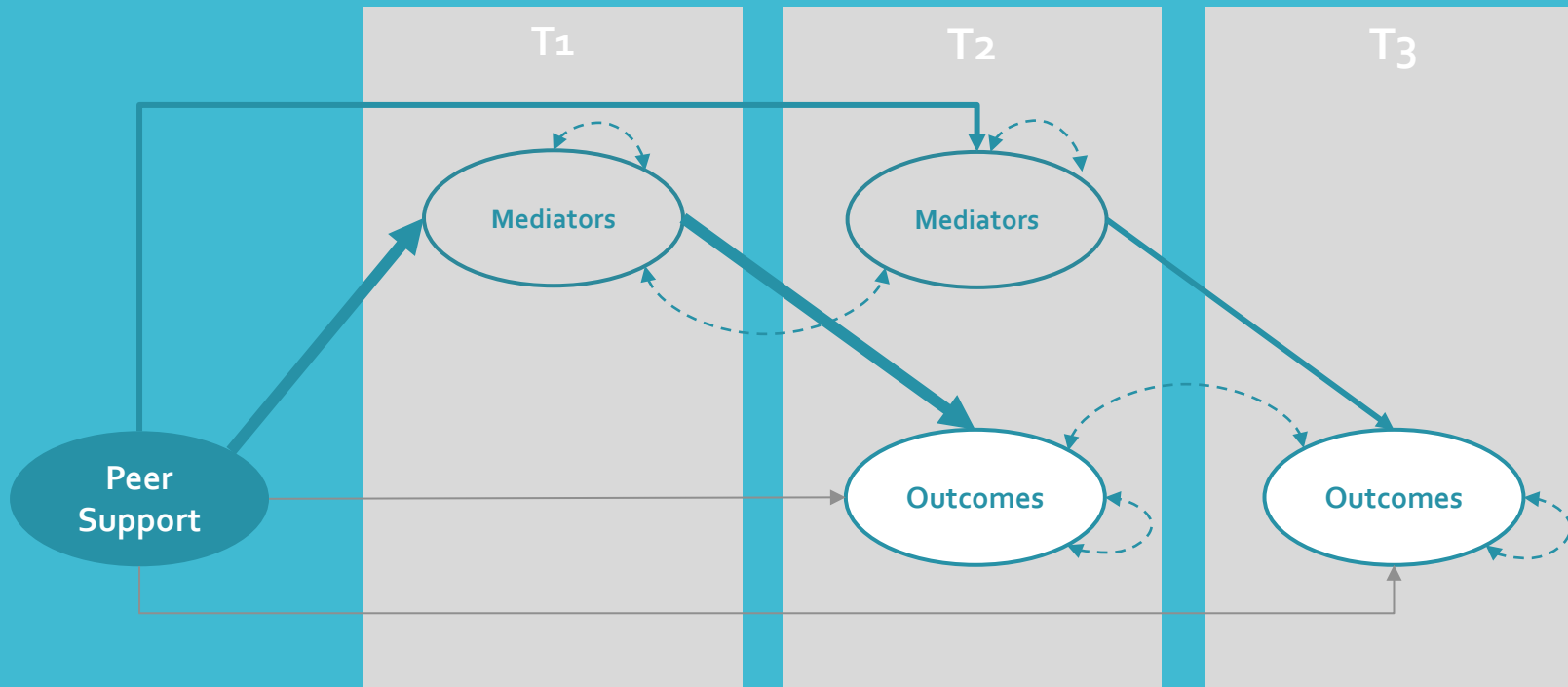
+:  $p < .05$ ; ++:  $p < .01$ ; +++:  $p < .001$

# Process Evaluation

# Mediation Analysis



- Investigate the mechanisms linking peer support to recovery outcomes
- → Cross-lagged panel modelling



Mediators:  
 Social Inclusion (SIS)  
 Hope  
 Empowerment (ES)

Outcomes:  
 Recovery (STORI)  
 Psychosocial Functioning (HoNOS)



# Qualitative Studies



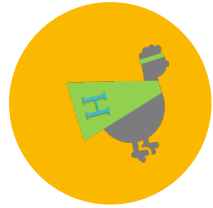
- Context matters [Ramesh et al., 2023](#)
- Implementation challenges & benefits [Haun et al., 2024](#)
- Global perspectives [Krumm et al., 2022](#)
- Self-disclosure balance [Ben-Dor et al., 2024](#)
- Evolving stakeholder views [Haun et al., 2024](#)

# Conclusions



## Key opportunities and possible challenges for implementation and transfer

- Translation and situation analysis
- Context & Implementation
- Self-disclosure needs balance
- Process evaluation: Hope and Social Inclusion



Ramona:  
Introduction



Bernd: Study  
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Jasmine:  
Reflections on  
**UPSIDES**



Open discussion

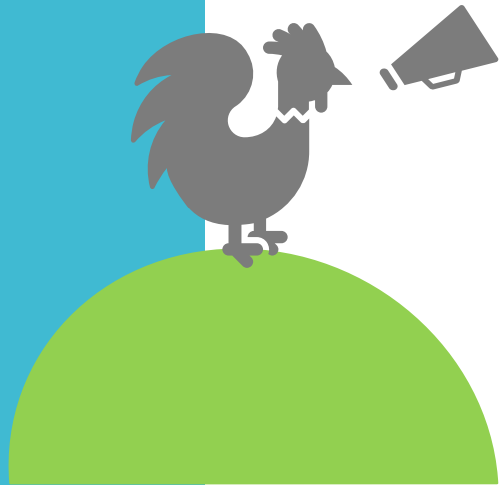
Outline



## Context setting

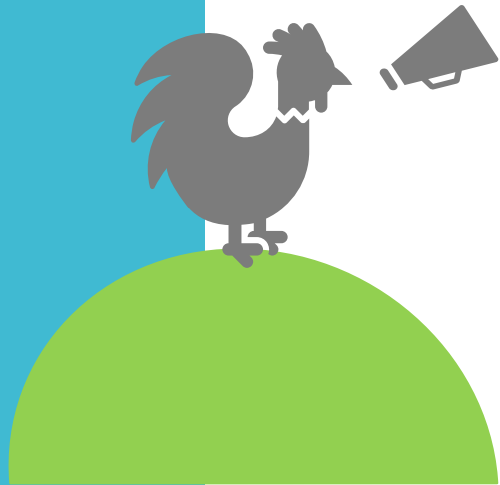
- UPSIDES responding to the know-do gap
- Operationalising peer support models across high-middle-low-income settings to create diverse scalable models
- Demonstrate what is possible and improve the evidence base for interventions
- Customise for contextually relevant stages of peer support implementation
- Social inclusion as the primary outcome for recovery oriented care

# Reflections



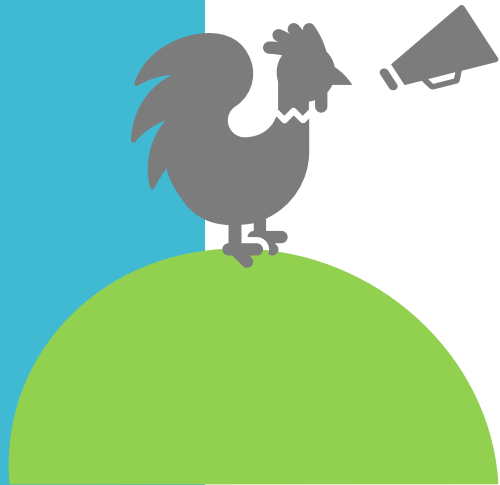
- Who should be doing 'recovery'?
  - Recovery is everyone's business
  - Need an ecosystem approach to make it possible
  - Peer support is 'one' pathway to operationalise recovery
- Is mental health ready for scaling-up recovery?
  - People with lived experience have the least voice and power in mental health systems
  - Hierarchical systems don't allow for innovations
  - Rehabilitation given more importance than recovery

# Reflections

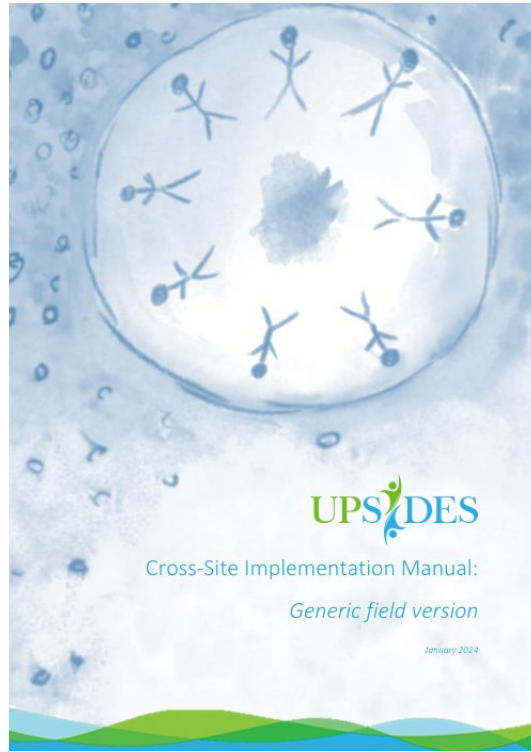
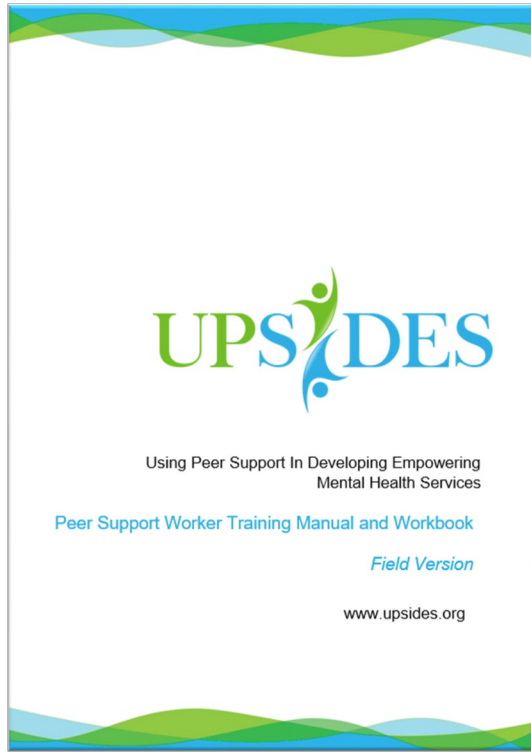


- Real-life vs project timelines
  - Unique and contextual specific needs and adaptations across six sites in five countries (from ethics – timelines - funding pathways -peer support needs)
  - Pandemic requiring real-life requirements over project deliverables
- Is training enough for implementation?
  - Attention to frequency and delivery of mentorship and supervision was central for implementation

## The impact



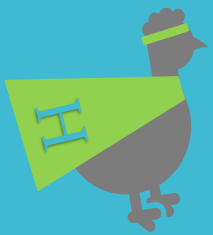
- Peer support works
- Can work in non mental health settings
- Don't need to 'reinvent the wheel' : allow for multiple enquiries of making recovery-oriented care possible
- The problem statement defines the solution: an intersectoral approach is the future
- Decentralise power by ensuring power stays with persons with lived experience



# Manuals

[www.upsides.org](http://www.upsides.org) → Output → Manuals

# Implications



- Scale-Up via UPSIDES-S
- Formed to support partners looking to adapt and pilot peer support interventions in their settings
- [upsides@uni-ulm.de](mailto:upsides@uni-ulm.de)

# Acknowledgements

The study Using Peer Support In Developing Empowering Mental Health Services (UPSIDES) is a multicentre collaboration between the Department for Psychiatry and Psychotherapy II at Ulm University, Germany (Bernd Puschner, coordinator); the Institute of Mental Health at University of Nottingham, UK (Mike Slade); the Department of Psychiatry at University Hospital Hamburg-Eppendorf, Germany (Candelaria Mahlke); Butabika National Referral Hospital, Uganda (Juliet Nakku); the Centre for Global Mental Health at London School of Hygiene and Tropical Medicine, UK (Grace Ryan); Ifakara Health Institute, Dar es Salaam, Tanzania (Donat Shamba); the Department of Social Work at Ben Gurion University of the Negev, Beniv Sheva, Israel (Galia Moran); and the Centre for Mental Health Law and Policy, Pune, India (Jasmine Kalha).



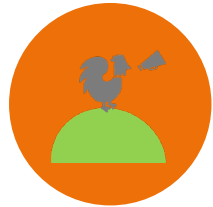
UPSIDES has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 779263. This publication reflects only the authors' view. The Commission is not responsible for any use that may be made of the information it contains.



Ramona:  
Introduction



Bernd: Study  
results and  
conclusions

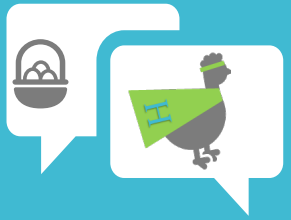


Jasmine:  
Reflections on  
UPSIDES



Open  
discussion

# Outline



## Open Discussion

We welcome your questions, thoughts,  
and ideas—let's discuss!




[www.upsides.org](http://www.upsides.org)

[upsides@uni-ulm.de](mailto:upsides@uni-ulm.de)

[@UpsidesProject](#)

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Real world results spotlight  
**GREAT-4-DIABETES**

Darcelle Schouw – University of Stellenbosch, South Africa



Stellenbosch

UNIVERSITY  
IYUNIVESITHI  
UNIVERSITEIT

# Group Empowerment and Training (GREAT) for type 2 diabetes

## Whole-of-Society approach to chronic diabetes care

Darcelle Schouw – University of Stellenbosch, South Africa





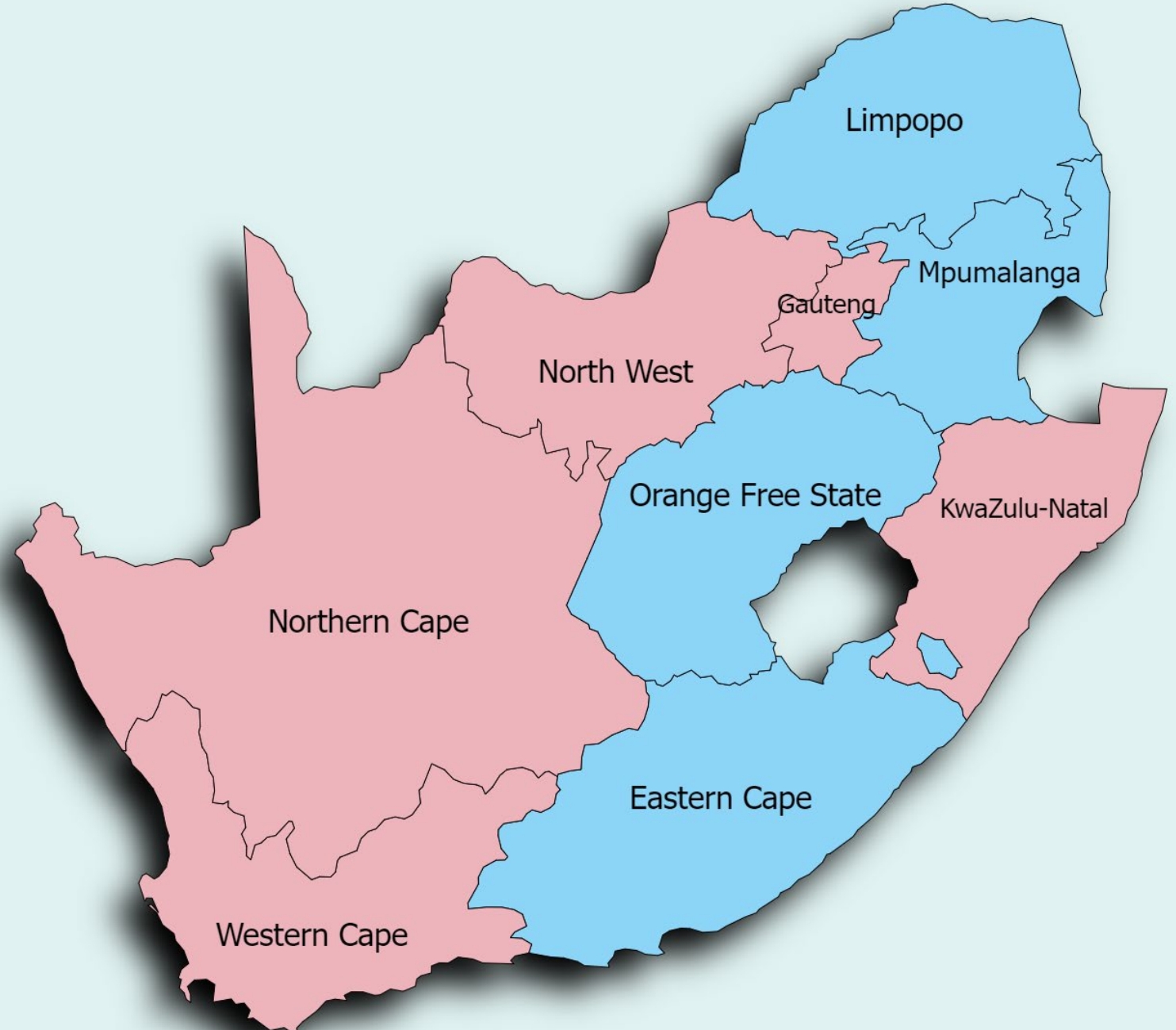
Managing diabetes isn't just about medications to optimise blood glucose

**It's about who stands with you, where you live, what you earn, and what you know (or don't) about your condition**

# Multi-disciplinary support for GREAT



# Implementation of GREAT for Diabetes 2019- 2022



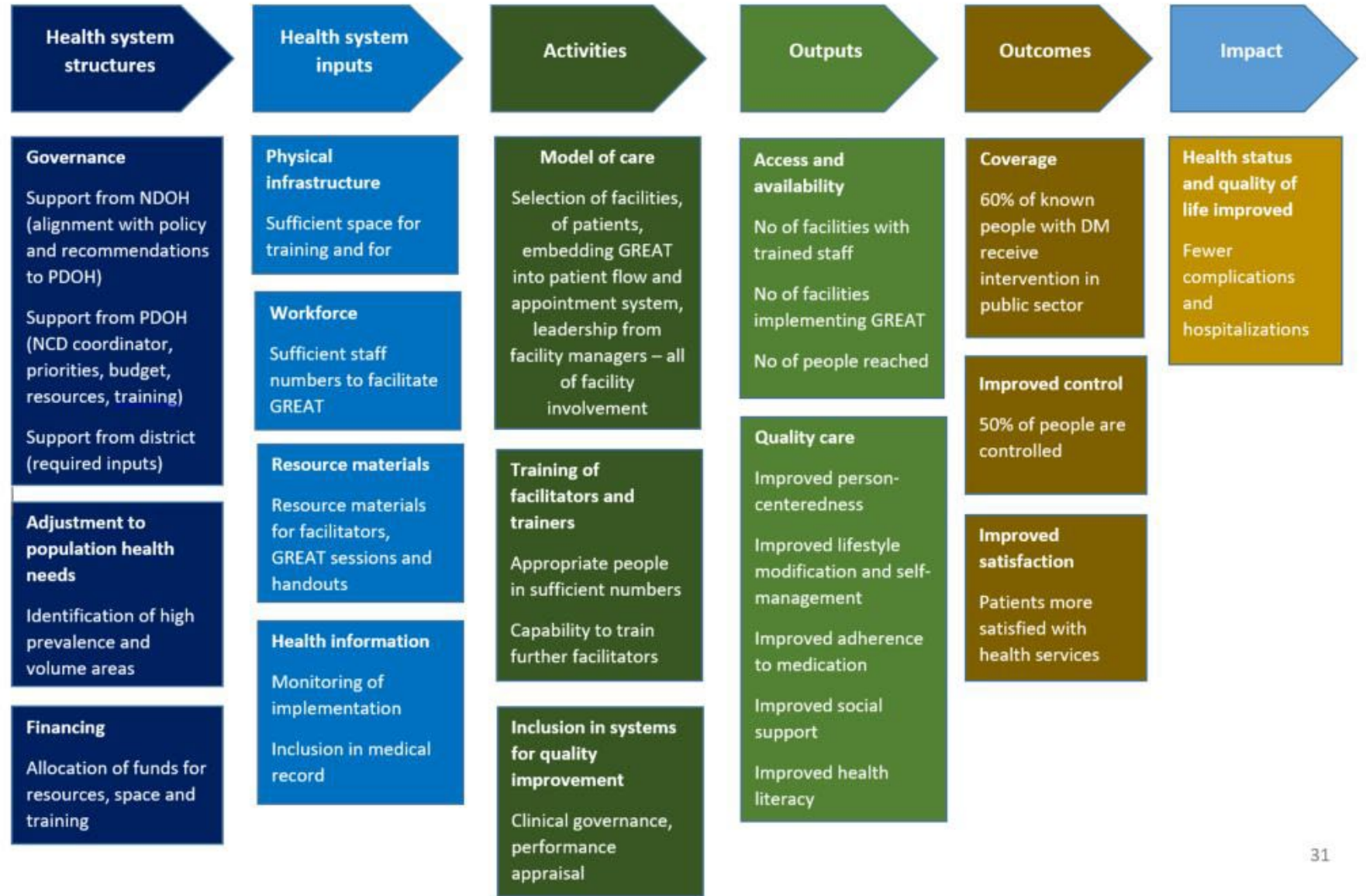
Does group diabetes  
education work?



# Example of follow up of a GREAT group in Site B Khayelitsha

Facilitated By: HPO		Group 1: FEB - MAY once Tuesdays						
Facility: Khayelitsha Community Health Center								
Patients details: Name, Folder nr, DOB & Address		Sessions Attended				Additional Interventions (eg: Referrals)		
Sticker with Folder Nr		Booked & Pre-session	Session 1	Session 2	Session 3	Session 4	HbA1c Before	HbA1c After
Patient 1		✓	✓			✓	(09/2021) 13.8	(05/2022) 6.3
Patient 2		✓	✓	✓	✓	✓	(11/2021) 10.2	(11/2022) 5.9
Patient 3		✓	✓	✓	✓	✓	(10/2021) 11.7	(07/2022) 7.6
Patient 4		✓	✓	✓	✓	✓	(01/2022) 11.3	(05/2022) 8.0
Patient 5		✓			✓	✓	(02/2022) 10.7	(05/2022) 8.4

# Theory of change



# The **feasibility** of GREAT for diabetes

“The information that we got was **excellent**. I feel that it was something really **worthwhile** sitting in. If everybody who is diabetic (and I mean there are a lot of diabetics around these days) can have what we have, I am sure that they will have a **better, wider perspective of what they are going through**”

(Patient)

They [the patients] asked us “**why didn’t you do it like this before**, we have been here in this institution for a long time, but you didn’t do it?””

(Health promotion officer)

# The effectiveness of GREAT for diabetes

- Group diabetes education has been shown to:
- Improve healthy eating
- Improve physical activity
- Improve foot care

- Enable people to share knowledge with others
- Improve control of blood pressure
- Improve glycaemic control
- Be cost-effective

Mash RJ, Rhode H, Zwarenstein M, Rollnick S, Lombard C, Steyn K, Levitt N. Effectiveness of a group diabetes education programme in underserved communities in South Africa: Pragmatic cluster randomized control trial. *Diabetic Medicine* 2014; 31(8):987-93. doi: 10.1111/dme.12475.

Mash R, Kroukamp R, Gaziano T, Levitt N. Cost-effectiveness of a diabetes group education program delivered by health promoters with a guiding style in underserved communities in Cape Town, South Africa. *Patient Education and Counseling* 2015;98(5):5:622-626.

Van der Does A, Mash R. Evaluation of the "Take Five School": An education programme for people with Type 2 Diabetes in the Western Cape, South Africa. *Prim Care Diabetes*. 2013 Dec;7(4):289-95. doi: 10.1016/j.pcd.2013.07.002. Epub 2013 Aug 8.

Allerton J, Mash R. The impact of point-of-care HbA1c testing and intensified clinical care on glycaemic control in patients with type 2 diabetes at Khayelitsha Community Health Centre. Completing thesis.

# Evaluation and methods



# Research aim

To evaluate what key lessons could be learnt from the implementation of the GREAT for diabetes programme in primary care facilities in South African provinces. These lessons could help refine the programme theory and further scale-up within these provinces.

Key objectives /  
implementation  
outcomes

Adoption  
Feasibility  
Fidelity  
Cost  
Sustainability  
Coverage

# Evaluation methods

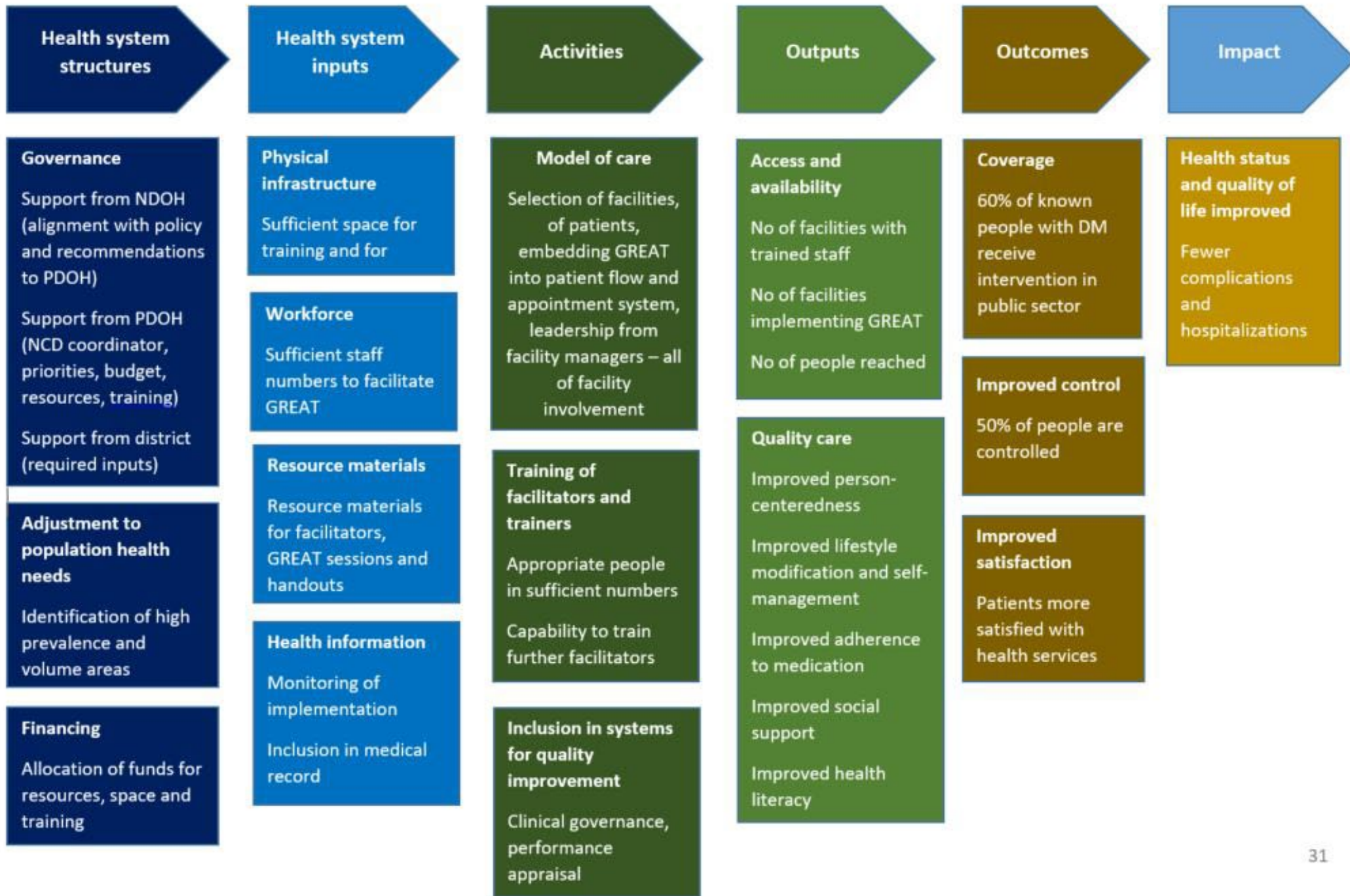
## QUALITATIVE

Descriptive exploratory semi-structured interviews with:

- National policymakers
- Provincial policymakers
- District managers
- Facility managers, facilitators, primary care providers
- Patients

## QUANTITATIVE

- End of training feedback questionnaire
- Observations of GREAT sessions
- Facility survey on reach / coverage
- Estimation of setup and incremental costs



# Support from the NDOH and PDOH

## Health system structures

### Governance

Support from NDOH (alignment with policy and recommendations to PDOH)

Support from PDOH (NCD coordinator, priorities, budget, resources, training)


Support from district (required inputs)

### Adjustment to population health needs

Identification of high prevalence and volume areas

### Financing

Allocation of funds for resources, space and training



Department:  
Health  
REPUBLIC OF SOUTH AFRICA

Private Bag X828, PRETORIA, 0001, 27th Floor, Room 2710, Civitas, Cnr Thabo Sehume & Struben Street, PRETORIA, 0001  
Tel: +27 (0) 12 385 8000, Fax: +27 (0) 12 395 8422

Dr M Gumede  
Head of Department: KwaZulu-Natal Department of Health  
Private Bag 9051  
PIETERMARITZBURG  
3200

Dear Dr Gumede

**REQUEST FOR APPROVAL AND SUPPORT TO IMPLEMENT "GROUP EMPOWERMENT FOR PATIENTS AND TRAINING OF HEALTHCARE WORKERS IN DIABETES" BY THE UNIVERSITY OF STELLENBOSCH**

Diabetes is a major contributor to the burden of disease in South Africa and is now the "foremost killer of women in South Africa" according to Stats SA. People with diabetes require effective treatment of their condition, but also need to engage in effective self-management and lifestyle modification to achieve control.

This implies that people with diabetes need to understand their condition and are motivated to change their behaviour in terms of adherence to treatment, healthy eating, physical activity, weight loss, and foot care. They also need to understand risks associated with tobacco smoking, harmful use of alcohol and the effects of psychosocial stress and depression. Hence the need to educate and empower patients and their families through a structured and systematic engagement.

The University of Stellenbosch (SUN) led by Professor B. Mash received funding from the World Diabetes Foundation to implement a project called "Group Empowerment for Patients and Training of Healthcare Workers in Diabetes" (GREAT). The purpose of the project is to up skill primary care providers to provide individual ad hoc information and brief behaviour change counselling during consultation and empower patients through primary care facility-based group education that is structured and systematic, supported by appropriate resources and delivered by health care workers in a guiding style.

The training is proposed in one high diabetes burden district per province. The SUN team was guided by officials from the relevant Branches on identifying one high burden district in the Province and eThekweni was selected in KwaZulu-Natal.


2

The Provincial Head of Health is requested to approve and support the implementation of "Group Empowerment for Patients and Training of Healthcare Workers in Diabetes" (GREAT) by the University of Stellenbosch in eThekweni district.

Pending consideration by the HOD, Prof Bob Mash of the University of Stellenbosch will communicate with the respective NCD Manager to arrange training which will be conducted at no cost to the Province or District.

For further information, the office of the HOD may contact Ms S Singh or Mr I Setlhare at (012) 395 8065 or email: Sandhya.Singh@health.gov.za. and Mr Setlhare - (012) 395 8017 or email: Itumeleng.Setlhare@health.gov.za.

Yours sincerely



**DR Y PILLAY**  
DEPUTY DIRECTOR-GENERAL: CD & NCD, PREVENTION, TREATMENT AND REHABILITATION  
DATE: 28/8/19

cc: Ms Sindi Mthethwa  
Provincial NCD Coordinator

# Support from the NDOH and PDOH

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Support from PDOH (NCD coordinator, priorities, budget, resources, training)

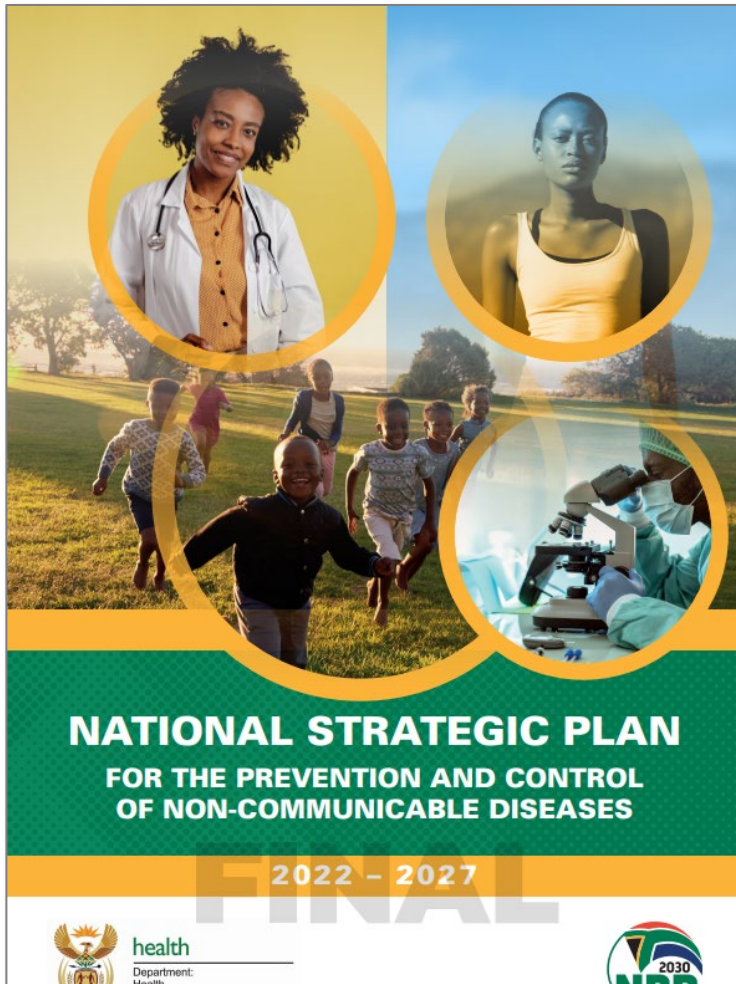
Support from district (required inputs)

### Adjustment to population health needs

Identification of high prevalence and volume areas

### Financing

Allocation of funds for resources, space and training



90% know if they have DM

60% receive an intervention

50% are controlled

## Health system structures

### Governance

Support from NDOH  
(alignment with policy  
and recommendations  
to PDOH)

Support from PDOH  
(NCD coordinator,  
priorities, budget,  
resources, training)

Support from district  
(required inputs)

### Adjustment to population health needs

Identification of high  
prevalence and  
volume areas

### Financing

Allocation of funds for  
resources, space and  
training

# Adjustment to population health needs

- Identification of high prevalence areas and facilities with sufficient numbers of patients with diabetes
- Mobilizing community forums for patients with accessibility and availability issues

## Health system structures

### Governance

Support from NDOH  
(alignment with policy  
and recommendations  
to PDOH)

Support from PDOH  
(NCD coordinator,  
priorities, budget,  
resources, training)

Support from district  
(required inputs)

### Adjustment to population health needs

Identification of high  
prevalence and  
volume areas

### Financing

Allocation of funds for  
resources, space and  
training

# Financing

- Setup costs ZAR 9315 per facility (USD 494)
- Opportunity costs
- Operational costs
  - Space
  - Graduations

COSTS	ZAR
Set-up costs	
Training workshop	
Cost of materials for 20 people	38300
Cost of refreshments for 22 people	13200
Venue hire	6000
Accommodation for 5 participants	19000
<b>TOTAL</b>	<b>76500</b>
SU trainer costs per workshop	
Airport transfer	800
Air tickets	4500
Accommodation and sustenance	7600
Local travel	2250
Excess baggage for materials	1500
<b>TOTAL</b>	<b>16650</b>
<b>Operational incremental costs</b>	
Additional staff	0
Venue	0

# Physical infrastructure

## Health system inputs

### Physical infrastructure

Sufficient space for training and for

### Workforce

Sufficient staff numbers to facilitate GREAT

### Resource materials

Resource materials for facilitators, GREAT sessions and handouts

### Health information

Monitoring of implementation

Inclusion in medical record

Session	Province	Type of space	In facility or outside	Size	Problems with environment
1	WC	Physiotherapy room	Facility	Adequate	Not enough seats
2	WC	Physiotherapy room	Facility	Adequate	No problems
3	WC	Boardroom	Facility	Adequate	Cold and very formal
4	WC	Tent	Outside	Adequate	Cold and little privacy
5	WC	Clinic room	Facility	Too small	Poor ventilation, noisy, no privacy, dark, interruptions
6	WC	Church hall	Outside	Adequate	No problems
7	KZN	Outside area	Outside	Adequate	Cold and poor ventilation
8	KZN	Prefabricated room	Facility	Adequate	No problems
9	NW	Clinic room	Facility	Adequate	No problems
10	GP	Clinic kitchen/Tent	Facility	Too small	Poor lighting, poor ventilation, noisy and interruptions, cold

# Resource materials for facilitators

Health system  
inputs

Physical  
infrastructure

Sufficient space for  
training and for

Workforce

Sufficient staff  
numbers to facilitate  
GREAT

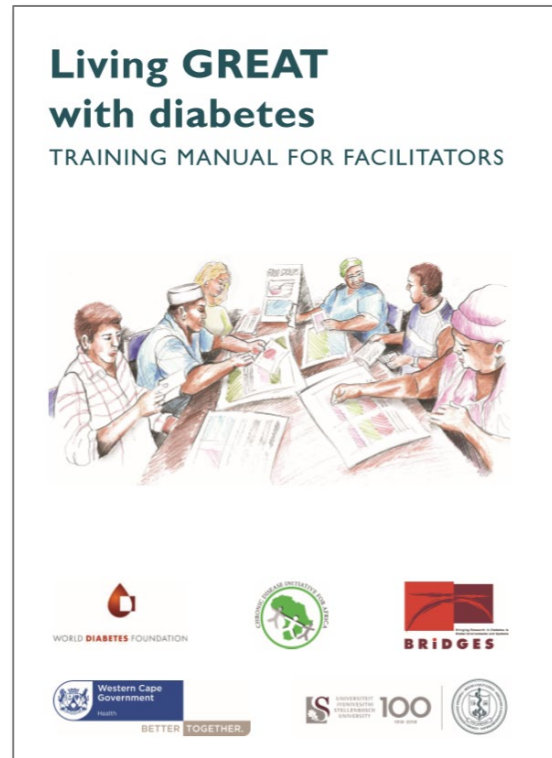
Resource materials

Resource materials  
for facilitators,  
GREAT sessions and  
handouts

Health information

Monitoring of  
implementation

Inclusion in medical  
record



# Health information

## Health system inputs

### Physical infrastructure

Sufficient space for training and for

### Workforce

Sufficient staff numbers to facilitate GREAT

### Resource materials

Resource materials for facilitators, GREAT sessions and handouts

### Health information

Monitoring of implementation  
Inclusion in medical record

- Need to collect information on reach and implementation as part of routine reporting – data on number of facilities implemented, number of groups run per facility and number of patients reached
- What is monitored is also valued and committed to
- Need to record attendance in patient medical record

## Activities

### Model of care

Selection of facilities, of patients, embedding GREAT into patient flow and appointment system, leadership from facility managers – all of facility involvement

### Training of facilitators and trainers

Appropriate people in sufficient numbers  
Capability to train further facilitators

### Inclusion in systems for quality improvement

Clinical governance, performance appraisal

# Model of care

## Leadership and management

- Clear prioritization from provincial and district management
- More engagement needed with facility and district managers
- Implementation is a whole of team approach at the facility

## Activities

### Model of care

Selection of facilities, of patients, embedding GREAT into patient flow and appointment system, leadership from facility managers – all of facility involvement

### Training of facilitators and trainers

Appropriate people in sufficient numbers  
Capability to train further facilitators

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# Training of facilitators and trainers

What I learnt from the training workshop (N=142)	n (%)
New knowledge about diabetes	68 (47.9)
The guiding style and a new approach to patients	63 (44.4)
New communication skills	54 (38.0)
Use of resource materials to help people learn	15 (10.6)
How to set goals with patients	10 (7.0)
How to make a presentation	6 (4.2)
Being congruent in one's own behaviour and lifestyle	6 (4.2)
Learning from peers and colleagues	6 (4.2)
Value of role play to learn new skills	5 (3.5)
Value of getting patients to reflect on what they learnt	5 (3.5)



Disciples in a common project

- 1. The Holy Spirit is the one who...
- 2. The Holy Spirit is the one who...
- 3. The Holy Spirit is the one who...

Disciples in a common project

- 1. The Holy Spirit is the one who...
- 2. The Holy Spirit is the one who...
- 3. The Holy Spirit is the one who...

Whiteboard with sticky notes

## Activities

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# Fidelity to delivery of GREAT

Session	Overall fidelity %	Poor fidelity score $\leq 0.5$	Moderate fidelity score 0.6-1.4	Good fidelity score $\geq 1.5$
Session 1 (N=7)	71.4	None	Myths and beliefs about diabetes Closure	Introduction What is diabetes
Session 2 (N=8)	68.8	None	Alcohol use Tobacco smoking Stress Closure	Introduction Food groups Portion size Timing meals Cooking methods Meal planning Physical activity
Session 3 (N=6)	66.0	Closure	Introduction	Use of medication Hypoglycaemia Hyperglycaemia
Session 4 (N=4)	93.8	None	None	Introduction Complications of diabetes Mental health problems Foot care Clinic processes Closure

## Activities

### Model of care

Selection of facilities, of patients, embedding GREAT into patient flow and appointment system, leadership from facility managers – all of facility involvement

### Training of facilitators and trainers

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Capability to train further facilitators

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Clinical governance, performance appraisal

# Fidelity to delivery of GREAT

- **Language issues**
- **Communication skills (score 1-4)**
  - Evocation mean score 3.5
  - Respecting choice and control mean score 3.4
  - Exchanging information mean score 3.2
  - Empathy mean score 3.1
  - Collaboration mean score 3.1
  - Balance of open as well as closed question mean score 3.0
  - Use of reflective listening mean score 2.9
- **Facilitation skills judged as good**
- **Liked the visual, active and collaborative approach**
- **No major changes**

## Outputs

### Access and availability

No of facilities with trained staff

No of facilities implementing GREAT

No of people reached

### Quality care

Improved person-centeredness

Improved lifestyle modification and self-management

Improved adherence to medication

Improved social support

Improved health literacy

# Quality of care – patient’s perspective

## Patient-related factors

- Very positive on content and guiding style
- Impact on length of or number of visits
- Retention issues – choice to attend

“Everything we did was better, there is no other thing I can say maybe we want it to happen on top. Everything was better, we were treated very well. We were helped, we arrived here my child saying we were dying, but after we entered this session we heard that there is no death if you take your treatment accordingly, you eat your food accordingly, and you won’t die.” **(Patient)**

# Other thoughts moving forward

- Take the key issues from the evaluation into planning further scale-up
- Capacitate master trainers in the province – link to provincial training centres – for deeper penetration into the community
- Further evaluation of reach and sustainability of implementation (funding has ended)
- National “sugar tax” funds for health promotion





Coming  
up...

**Lunch break**

12:00 to 1:30 pm

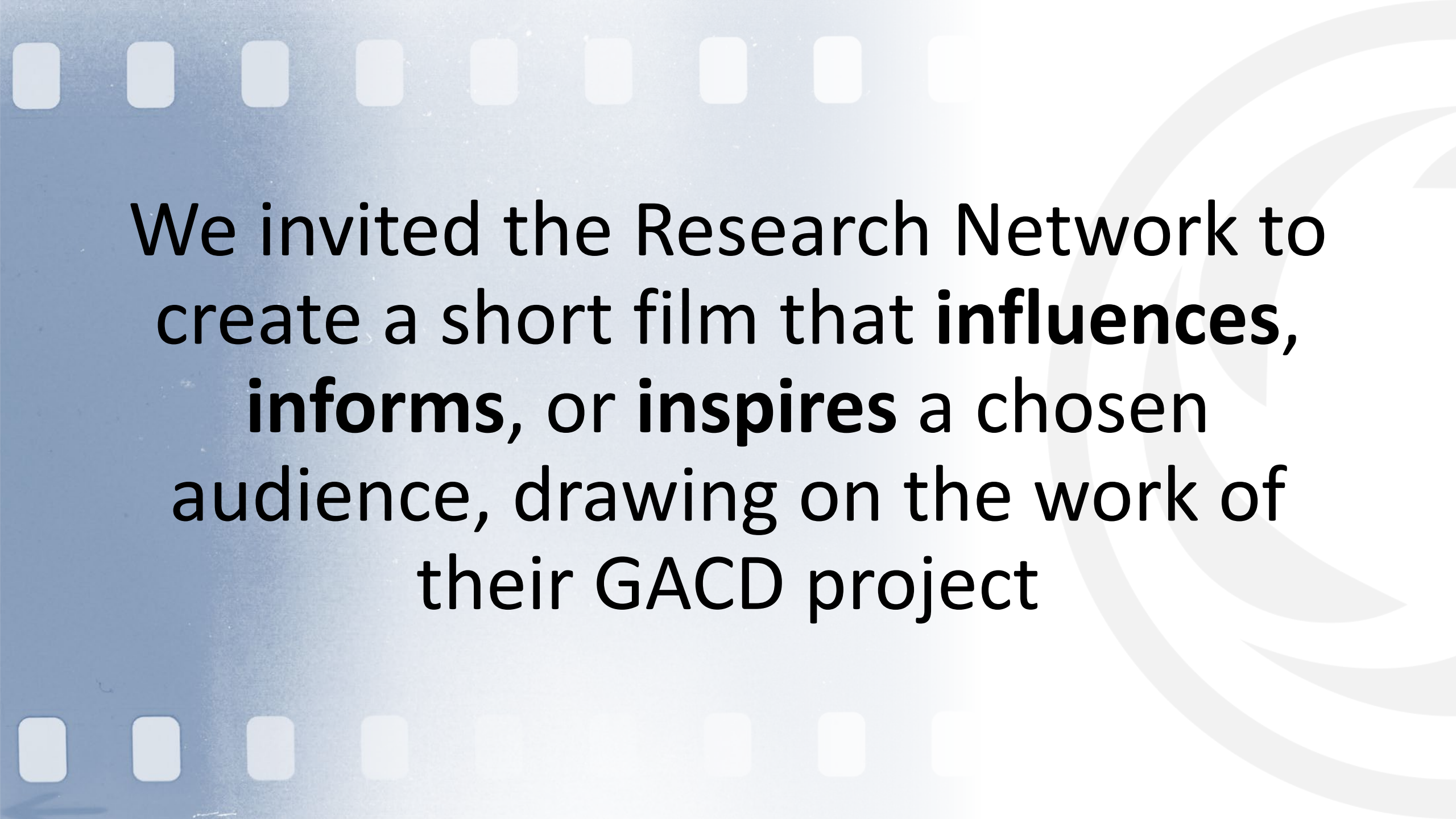
**After lunch...**

Film Festival



The background features a blue-to-white gradient. At the top and bottom, there are horizontal rows of white, rounded rectangular shapes resembling film sprocket holes. On the right side, there are large, faint, overlapping circular patterns in a light gray color.

# Film Festival

The background features a blue gradient with a white film strip pattern along the top and bottom edges. On the right side, there are several overlapping, light gray circular patterns that resemble a target or a stylized eye.

We invited the Research Network to create a short film that **influences, informs, or inspires** a chosen audience, drawing on the work of their GACD project

# The judges



**Ekow Tachie-Mensah**



**Kim Quimby**



**Kasia Jurczak**

- Alignment with GACD's core remit
- Effectiveness of the key message to reach the intended audience
- Originality, creativity, and artistic merit
- Clarity of communication,
  - (e.g.) structure, pacing, technical execution
- Scientific accuracy

# The judges



**...and you!**

- Alignment with GACD's core remit
- Effectiveness of the key message to reach the intended audience
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- Clarity of communication,
  - (e.g.) structure, pacing, technical execution
- Scientific accuracy

# The films

**CP01** | Introduction to the Enhanced Community-based Health Education and Communication (eCHEC) Program

**HC06** | Sabai Sakriya / Activity for All

**LC19** | Hold My Hand

**CP07** | Change starts with a chat: Showreel of social media videos

**HC01** | Hearts Intervention targeting young Adults and Ageing Population (HRIDAYA- Nepali word for Hearts)

**SU21** | SMARTHealth in Malang, East Java: From Innovation to Solution

**LC09** | Co-creation of a multicomponent intervention to reduce adolescent alcohol use in Brazil and Mozambique

**GACD-CONNECT alumni** | Co-creation of a multisectoral intervention for health and air pollution in Malang, Indonesia

**HC04** | What moves me

**LC20** | IMPACT - Mental Health of Indigenous Adolescents from Southern Brazil

**CP02** | HPV Self-Sampling: Empowering Women, Transforming Lives

**HC07** | Together we can make our public places tobacco-smoke free

**LC14** | EVO+ Colombia: Leading the Way to Better Habits

**SU27** | Home Visits with Heart

**LC05** | “The youth can be ruined” Amplifying Adolescent Voices in the Global Tobacco Debate

CP01

**Introduction to the  
Enhanced Community-  
based Health Education  
and Communication  
(eCHEC) Program**

**Representative at the ASM:**  
Pattapong Kessomboon and  
Nusaraporn Kessomboon

**Target audience:**  
Community at large

HC06

**Sabai Sakriya /  
Activity for All**

**Representative at the ASM:**  
Joanna Morrison

**Target audience:**  
General

LC19

**Hold My Hand**

**Representative at the ASM:** Sagar  
Jilka

**Target audience:**  
All audiences, including schools,  
parents, young people

CP07

**Change starts with a chat: Showreel of social media videos**

**Representative at the ASM:**  
Gina La Hera Fuentes

**Target audience:**  
Health professionals and Aboriginal communities

HC01

**Hearts Intervention targeting young Adults and Ageing Population**  
(HRIDAYA-Nepali word for Hearts)

**Representative at the ASM:**  
Rajshree Thapa

**Target audience:**  
To introduce HRIDAYA to stakeholders in Nepal

SU21

**SMARTHealth in Malang, East Java: From Innovation to Solution**

**Representative at the ASM:**  
Sujarwoto and Asri Maharani

**Target audience:**  
global health researchers, policymakers, healthcare professionals, donors, and community health advocates, particularly those working in NCD prevention and control in LMICs

LC09

**Prev.action: Co-creation  
of a multicomponent  
intervention to reduce  
adolescent alcohol use  
in Brazil and  
Mozambique**

**Representative at the ASM:**  
Zila van der Meer Sanchez

**Target audience:**  
Implementation science  
researchers, funding agency  
partners

GACD-CONNECT alumni

**Co-creation of a  
multisectoral  
intervention for the dual  
benefit of health and air  
pollution due to plastic  
burning in Malang,  
Indonesia**

**Representative at the ASM:**  
Nushrat Khan

**Target audience:**  
General public and academics  
interested in implementing co-  
creation in low-and middle-  
income countries.

HC04

**What moves me**

**Representative at the ASM:**  
Tracie Barnett

**Target audience:**  
Healthcare providers, policy  
makers, patients, researchers, and  
the wider community

LC20

## **IMPACT - Mental Health of Indigenous Adolescents from Southern Brazil**

**Representative at the ASM:**  
Ieda Maria Ávila Vargas Dias

**Target audience:**  
Researchers, funding agencies, NGOs, those interested in Indigenous health

CP02

## **HPV Self-Sampling: Empowering Women, Transforming Lives**

**Representative at the ASM:**  
Gauravi Mishra

**Target audience:**  
Policy Makers, Researchers, Funding agencies, Doctors, Delegates from Public Health background, Medical Specialists, Scientists, NGO, Civil Society representatives, Ministers of Health and people living with or affected by cancer

HC07

## **Together we can make our public places tobacco-smoke free**

**Representative at the ASM:**  
Helen Elsey and Tran Thi Tuyet, Hanh

**Target audience:**  
Policy makers at national and city level in Bangladesh, Pakistan and Vietnam; Global-level policy makers; Researchers working on tobacco control

LC14

## **EVO+ Colombia: Leading the Way to Better Habits**

**Representative at the ASM:**  
Mariantonia Lemos

**Target audience:**  
People 18 years old in Antioquia

SU27

## **Home Visits with Heart**

**Representative at the ASM:**  
Anderson Soriano-Moreno

**Target audience:**  
Researchers, implementers, and  
policymakers interested in the  
role of CHWs in delivering  
frontline hypertension care.

HC07

## **“The youth can be ruined” Amplifying Adolescent Voices in the Global Tobacco Debate**

**Representative at the ASM:**  
Rianne van der Kleij  
and Anke Versluis

**Target audience:**  
Policymakers, health care  
professionals and researchers

*The End*

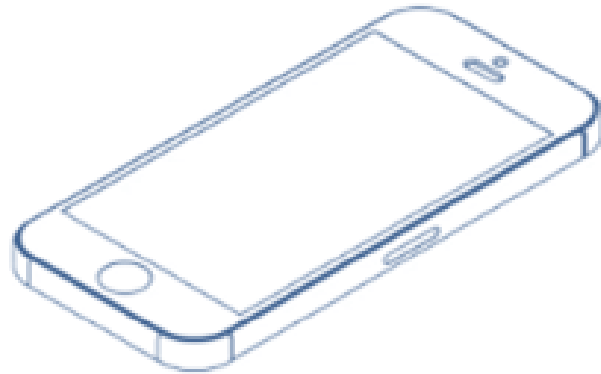
# Judges' criteria...

- ✓ Alignment with **GACD's core remit** of NCDs, implementation science, and LMICs or underserved populations in high-income countries.
- ✓ Effectiveness of the **film's key message** and ability to **reach the intended audience**.
- ✓ **Originality, creativity**, and artistic merit.
- ✓ Clarity of communication throughout the film including **structure, pacing, and technical execution**.
- ✓ **Scientific accuracy** of statements and messages during the film.

# Time to vote

Grab your phone  
(or open a browser window)

1



Go to [www.menti.com](http://www.menti.com)

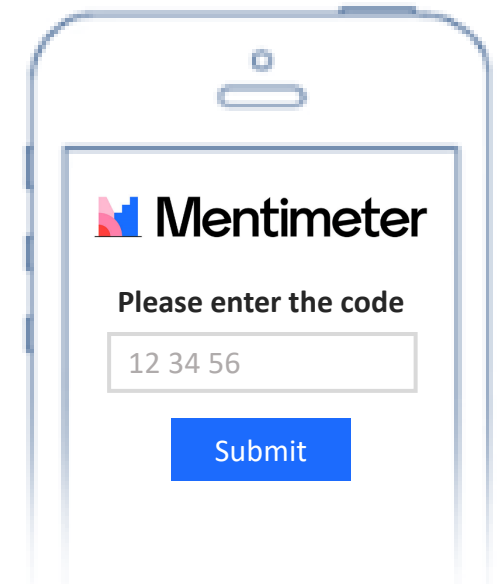
2



Your phone (or browser window) will be  
like a games console for the voting

Enter the code

3



# The films

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# Upskilling in health and science video communication

On-demand webinar available on the GACD website

[www.gacd.org/research/research-network-events/  
thematic-workshops](http://www.gacd.org/research/research-network-events/thematic-workshops)

# **Formal close of the Annual Scientific Meeting 2025**



Morven Roberts – Chief Executive Officer, GACD

Ntobeko Ntusi – South African Medical Research Council

# In numbers...



150+ participants



50+ speakers



5 trophies



70+ projects represented



1000+ official photos



4 days of active sessions


(and a few hours of socialising...)





# KNOWLEDGE SHARING COMPETITION

# FILM FESTIVAL



Community  
Choice

Judges  
Choice  
STREAM 1

Judges  
Choice  
STREAM 2

Audience  
Oscar

Judges  
Oscar

Join at [menti.com](https://menti.com) | use code **7509 2513**

Mentimeter

Describe your experience over the last four days in a few words

leader  
focus  
bold  
creative  
fast  
inspiration  
transpiration



GA



Menti

GACD ASM 2025 - Day 4



# Tell us what you think...

[www.surveymonkey.com](https://www.surveymonkey.com/r/GACD-ASM-2025)  
[/r/GACD-ASM-2025](https://www.surveymonkey.com/r/GACD-ASM-2025)

Anonymous

Takes around 8 to 10  
minutes



*Thank you!*