GLOBAL ALLIANCE FOR CHRONIC DISEASES

Annual Scientific Meeting
12-16 November 2018
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GACD Annual Scientific Meeting Attendee Information

Meeting Hotel and Venue

The 7th Annual Scientific Meeting will be held at the Renaissance Sao Paulo Hotel:
Alameda Santos
2233 - Cerqueira César
São Paulo - SP
01419-002

Phone: ++55 11 3069-2233
http://renaissance-hotels.marriott.com/renaissance-sao-paulo-hotel

Travel

São Paulo has two primary airports:

Guarulhos (GRU), domestic and international flights

Congonhas (CGH), domestic flights only
For information on travel to and from Guarulhos (GRU) airport by metro, bus or taxi, visit this page:
http://www.aeroportoguarulhos.net/en/guarulhos-airport-directions

See the map on the following page for an orientation of Sao Paulo relative to the GRU Airport.

A map of the Sao Paulo metro transport system can be seen here:
http://www.metro.sp.gov.br/pdf/mapa-da-rede-metro.pdf. For those using the metro, the nearest stop to the Renaissance Hotel venue is the Consolação station. It is about a 200m walk to the venue from this station.

Taxis from GRU to the center of São Paulo averages about 200 R$ (approx. $54USD).
It is possible to book a taxi in advance online from sites such as:
http://www.guarucoop.com.br/. Note that many taxi drivers may only speak Portuguese.

An executive bus service is also available, connecting both airports with locations in the city center.
The meeting hotel is a 10-15-minute taxi ride from the Paulista stop.
Meals
For those staying at the meeting venue and booked through the block booking system, breakfast is included in the room rate. Lunch will be served each day at the meeting venue, and coffee and refreshments will be available during the meeting. The meeting venue has a couple of dining options, and there are a number in the local area. Please note that evening meals beyond those detailed below are the responsibility of the attendees.

Monday 12 November, 5pm
From 5pm onwards on Monday, Implementation Science Workshop participants are invited to a light buffet and drinks reception at the Terraco Jardins. This will be a great opportunity to catch up with colleagues and meet new meeting attendees.

Wednesday 14 November, 6pm
From 6pm onwards on Wednesday, all meeting attendees are invited to a light buffet and drinks reception at the Terraco Jardins.

Friday 16 November, 7pm
You are invited to a dinner co-hosted by FAPESP and GACD to mark the closing of the meeting. Dress code is slightly more formal than the rest of the week, but comfortable!

Local weather
November in São Paulo is a spring month. The average high temperature is near 27°C (80°F) and the low temperature is around 18°C (64°F). Skies tend to be partly cloudy with occasional light rain showers.

Currency
The unit of currency in Brazil is the real (plural is reais). One real is equal to 100 centavos. It is represented by the symbol R$.

Exchange rates vary. Please consult the websites prior to travel for up to date information, such as https://www.oanda.com/currency/converter/.

Electrical
The standard voltage in Brazil is 127 / 200 V with a standard frequency of 60 Hz. The type of plug used in Brazil is a 3-pin type N, which could also accommodate a 2-pin type C plug as well. There are also some places which utilizes a 2-flat pin type A plug, as is used in the USA.
It is recommended to use a universal plug adapter to ensure that you have the right plug type to fit the socket.

### Internet Connection
For those with wireless devices, there will be Wi-Fi available at the conference venue.

### Time Zone
The time in São Paulo is GMT-3.

### Tourist visit
On Saturday 17 November, those who are interested are invited to join a walking tour of downtown Sao Paulo. Please bring approx. R$80 (about $20USD) in cash. The walk will include transport to downtown Sao Paulo and a guided tour of the following attractions:

- Catedral
- Páteo do colégio
- Rua xv de Novembro
- Mosteiro de São Bento
- Libero Badaró
- Vale Anhangabaú
- Teatro Municipal

### City of São Paulo
São Paulo is a municipality in the Southeast Region of Brazil. The metropolis is an alpha global city (as listed by the GaWC) and the most populous city in Brazil, the Western Hemisphere and the Southern Hemisphere, besides being the largest Portuguese-speaking city in the world. The municipality is also the Earth’s 11th largest city proper by population. The city is the capital of the surrounding state of São Paulo, one of the most populous and wealthiest states in Brazil. It exerts strong international influences in commerce, finance, arts and entertainment. The name of the city honors the Apostle, Saint Paul of Tarsus. The city’s metropolitan area, the Greater São Paulo, ranks as the most populous in Brazil and the 12th most populous on Earth.  

[https://en.wikipedia.org/wiki/S%C3%A3o_Paulo](https://en.wikipedia.org/wiki/S%C3%A3o_Paulo)
The São Paulo Research Foundation (FAPESP) is one of Brazilian leading funding agencies for scientific investigation. It supports research in all fields of knowledge through fellowships and grants in the State of São Paulo.

The State of São Paulo has a population of 45 million and generals 32% of Brazil’s GDP. While São Paulo is home to 22% of the Brazilian population, the state responds for 44% of the scientific articles published in international journals coming out of Brazil.

FAPESP invested around US$ 332 million in research projects in 2017.

See more at: http://www.fapesp.br/researchinbrazil

http://www.fapesp.br/en/agreements
Meeting Agenda

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<th>Attendees</th>
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<td><strong>Monday 12 November</strong></td>
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<tr>
<td>9.00am – 5.00pm</td>
<td>Implementation Science Workshop (ISW)</td>
<td>Workshop participants</td>
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<tr>
<td><strong>Amazonia</strong></td>
<td>See separate agenda</td>
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<tr>
<td>5.00pm onwards</td>
<td>ISW Cocktail Reception</td>
<td>Workshop participants</td>
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<td><strong>Terraco Jardins</strong></td>
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<td><strong>Tuesday 13 November</strong></td>
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<tr>
<td>9.00am – 5.00pm</td>
<td>Implementation Science Workshop (cont.)</td>
<td>Workshop participants</td>
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<tr>
<td><strong>Amazonia</strong></td>
<td>See separate agenda</td>
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<tr>
<td>9.00am – 5.00pm</td>
<td>Board Meeting</td>
<td>Board</td>
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<td><strong>Yukon</strong></td>
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<tr>
<td>7.00pm</td>
<td>Board and Management Committee Dinner</td>
<td>Board/Management Committee</td>
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<td>Time/Venue</td>
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<tr>
<td>9.00am – 12.00pm</td>
<td><strong>Scale-up forum: Scale-Up: Whose responsibility is it anyhow - Researchers, funders, policy-makers or civil society?</strong></td>
<td>All welcome</td>
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<tr>
<td>Amazonia</td>
<td>Facilitator</td>
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<td></td>
<td>Brian Oldenburg, University of Melbourne, Australia</td>
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<td>Faculty</td>
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<td></td>
<td>Andrea Horvath Marques - Chief, Mental Health Disparities Research, NIMH</td>
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<td>Jill Jones, Head of Global Health Strategy, UK Medical Research Council, United Kingdom</td>
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<td>Job van Boven, Assistant Professor, Faculty of Medical Sciences, University of Groningen</td>
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<tr>
<td>9.00am – 12.30pm</td>
<td><strong>Management Committee Meeting</strong></td>
<td>Management Committee</td>
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<tr>
<td>Yukon</td>
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<tr>
<td>12.30pm – 1.30pm</td>
<td><strong>Lunch</strong></td>
<td>All</td>
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<tr>
<td>1.30pm – 1.45pm</td>
<td><strong>Opening of Meeting</strong></td>
<td>All</td>
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<tr>
<td>Amazonia</td>
<td>Celina Gorre, Executive Director – GACD Secretariat, United Kingdom</td>
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<td></td>
<td>Carlos Henrique de Brito Cruz, Scientific Director - Sao Paulo Research Foundation (FAPESP), Brazil</td>
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### Keynote panel – a conversation with GACD Board members & researcher

**Amazonia**

An interactive panel session of Board members and researchers to discuss:

- Researcher views on GACD’s role in implementation science and how it can continue to support its evolution;
- Board members’ vision for the next five years; and,
- Practical ways the GACD intends to support facilitating research collaboration

**Moderator**

*Celina Gorre, Executive Director - GACD Secretariat, United Kingdom*

**Panellists**

- *Anne Kelso, CEO - National Health and Medical Research Council (NHMRC), Australia*
- *Carlos Henrique de Brito Cruz, Scientific Director - Sao Paulo Research Foundation (FAPESP), Brazil*
- *Michel Perron, Executive Vice-President - Canadian Institute of Health Research (CIHR), Canada*
- *Elsa Cornejo Vucovich, El Colegio de Sonora, Mexico*

### Q&A with panel

**2.30pm – 3.00pm**

**Moderator**

*Celina Gorre - Executive Director - GACD Secretariat, United Kingdom*

### Coffee break

**3.00pm – 3.20pm**

**Terraco Jardins**
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<tr>
<td>3.20pm – 4.30pm</td>
<td><strong>GACD Network highlights</strong>&lt;br&gt;Highlights from GACD Research Programme</td>
<td>All</td>
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<tr>
<td>3.20pm – 4.30pm</td>
<td><strong>Amazonia</strong>&lt;br&gt;Devarsetty Praveen, The George Institute for Global Health – India&lt;br&gt;Elsa Cornejo Vucovich, El Colegio de Sonora, Mexico&lt;br&gt;Kamran Siddiqi, University of York, United Kingdom&lt;br&gt;Rajesh Vedanthan, New York University, USA</td>
<td>All</td>
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<tr>
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<td>All</td>
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<tr>
<td>4.30pm – 6.00pm</td>
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<td>All</td>
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<tr>
<td>6.00pm onwards</td>
<td><strong>Opening reception</strong>&lt;br&gt;Terraco Jardins</td>
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<tr>
<td>Time/Venue</td>
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<tr>
<td>9.00am – 12.30pm</td>
<td>Management Committee Meeting</td>
<td>Management committee</td>
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<tr>
<td>Yukon</td>
<td>Amazonia</td>
<td>All welcome</td>
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<tr>
<td>9.00am – 10.30am</td>
<td>Media training workshop – Enhancing impact of research through social media</td>
<td>All welcome</td>
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<tr>
<td>10.30 - 10.45 am</td>
<td>Coffee break</td>
<td>All</td>
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<tr>
<td>10.45am – 12.00pm</td>
<td>Project discussions &amp; objective setting at tables – allocated seating</td>
<td>All</td>
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<tr>
<td>Amazonia</td>
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<td>All</td>
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<tr>
<td>12.00pm – 1.30pm</td>
<td>Extended lunch &amp; poster presentations</td>
<td>All</td>
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<tr>
<td>Amazonia foyer</td>
<td>Poster entrants stand by their posters from 1.00pm</td>
<td>All</td>
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<tr>
<td>1.30pm – 2.30pm</td>
<td>Working Group &amp; Special Joint Project Updates</td>
<td>All</td>
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<tr>
<td>Amazonia</td>
<td>Updates from GACD working groups</td>
<td>All</td>
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<tr>
<td>2.30pm – 3.30pm</td>
<td>Cross-cutting session 1: Addressing and assessing context</td>
<td>All</td>
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<td>Presenting results from the Context working group exercise to date, sharing learnings amongst the group, planning next steps for all programmes on:&lt;br&gt;- Levels of context&lt;br&gt;- Measuring context&lt;br&gt;- Integrating measures of context into study design and implementation</td>
<td>All</td>
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<td><strong>Facilitator:</strong> Meena Daivadanam, Karolinska Institutet, Uppsala University, Sweden</td>
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<td>3.00pm – 4.00pm</td>
<td>Coffee break</td>
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<td>4.00pm – 5.00pm</td>
<td>Cross-cutting session 2: Data sharing and standardisation</td>
<td>All</td>
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<td>Presenting results/progress from the data sharing &amp; standardisation working group exercises to date, sharing learnings amongst the group, planning next steps for all programmes</td>
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<td>Facilitators:</td>
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<td></td>
<td>Diabetes - Meena Daivadanam, Karolinska Institutet, Uppsala University, Sweden</td>
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<td>Lung Diseases - Job van Boven, Groningen University, Netherlands</td>
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<td>Mental Health - Melissa Pearson, University of Edinburgh, United Kingdom</td>
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<td>5.00pm – 6.30pm</td>
<td>Wellcome Trust Implementation science mapping exercise</td>
<td>All welcome</td>
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<td>9.00am – 10.30am</td>
<td>Cross-cutting session 3: Implementation &amp; scale-up</td>
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<td>Presenting results/progress from the Implementation &amp; Scale-up working group exercises to date, sharing learnings amongst the group, planning next steps for all programmes</td>
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<td><strong>Facilitators:</strong></td>
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<td>Robert Schwartz, University of Toronto, Canada</td>
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<td>Kamran Siddiqi, University of York, United Kingdom</td>
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<tr>
<td>10.30am – 11.00am</td>
<td>Coffee break</td>
<td>All</td>
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<tr>
<td>11.00am – 12.00pm</td>
<td>Cross-cutting session 4: Multimorbidity</td>
<td>All</td>
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<tr>
<td>Amazonia</td>
<td>Presenting results/progress from the Multimorbidity working group exercises to date, sharing learnings amongst the group, planning next steps for all programmes</td>
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<td><strong>Facilitators:</strong></td>
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<td></td>
<td>John Hurst, University College London, United Kingdom</td>
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<tr>
<td>12.00pm – 12.30pm</td>
<td>Cross-cutting session summaries and reflections</td>
<td>All</td>
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<tr>
<td>12.30pm – 1.30pm</td>
<td>Lunch</td>
<td>All</td>
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<td>1.30pm – 2.30pm</td>
<td>Programme specific synergies</td>
<td>All</td>
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<tr>
<td>Amazonia</td>
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<td>2.30pm – 2.45pm</td>
<td>Coffee break</td>
<td>All</td>
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<td>Amazonia</td>
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<tr>
<td>2.45pm – 3.15pm</td>
<td>Feedback from project discussions</td>
<td>All</td>
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<tr>
<td>Amazonia</td>
<td>Future of joint activities</td>
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3.15pm – 3.45pm
Wrap-up
Poster prizes awarded
Amazonia

7.00pm onwards
Closing dinner
All
Havanna Club,
Renaissance
Hotel

Saturday 17 November

9.00am – 12.00pm
Tourist visit
Registered visitors
Guided walking tour of downtown Sao Paulo including the following attractions:
- Catedral
- Pâteo do colégio
- Rua xv de Novembro
- Mosteiro de São Bento
- Libero Badaró
- Vale Anhangabaú
- Teatro Municipal
GACD Forum on Scale-Up

Wednesday 14 November
9.00am – 12.00pm
Amazonia

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, equitable and sustainable.

This forum will focus on the methods and approaches that can be used to understand better how to improve the evidence base for scale-up, particularly in LMICs. Participants attending the forum will learn more about:

- The use of appropriate research methods, measures and study designs.
- How to co-design strategies for scale-up and evaluation methods between researchers, policy-makers, program implementers, communities and other stakeholders.
- The importance of using appropriate economic evaluation methods.
- The use of appropriate theories and models to guide the development, implementation and evaluation of scale-up.

Faculty:
- Brian Oldenburg, Chair, Non-Communicable Disease Control and Director, WHO Collaborating Centre WHO Collaborating Centre on Implementation Research for Prevention & Control of NCDs, The University of Melbourne, Australia
- Andrea Horvath Marques, Chief, Mental Health Disparities Research, NIMH
- Jill Jones, Head of Global Health Strategy, UK Medical Research Council, United Kingdom
- Job van Boven, Assistant Professor, Faculty of Medical Sciences, University of Groningen

9.00-9.10: Forum Introduction & Overview: Brian Oldenburg and Elsa Cornejo (Co-Chairs)

9.10-9.30: What is the science of scale-up? Brian Oldenburg

9.30-10.00: Case Example of Learnings: Rajesh Vedanthan (20 min; 10 min Q&A)

10.00-10.30: Economic evaluation and scale-up: Job van Boven (20 min: 10 min Q&A)

10.30-10.50: Morning Tea

10.50-11.20: GACD Lung Diseases Program and Scale-up: Early Findings: Kamran Siddiqi and Robert Schwartz

11.20-12.00: Panel Discussion: Who should be responsible for scale-up? Andrea Horvath Marques, Pilvikki Absetz and Jill Jones
Keynote panel – a conversation with GACD Board members & researcher

Wednesday 14 November
1.50pm – 3.00pm
Amazonia

PANEL
Celina Gorre Facilitator
Carlos Enrique de Brito Cruz Scientific Director, Sao Paulo Research Foundation, Brazil
Anne Kelso Incoming Chair of the GACD and CEO, National Health and Medical Research Council, Australia
Michel Perron Executive Vice-President, Canadian Institutes of Health Research, Canada
Elsa Cornejo Vucovich GACD Diabetes Programme Co-chair, El Colegio de Sonora, Mexico

For background on the panellists, see the participant section of this handbook.

TITLE: A conversation with GACD board members: The past, the future and what we’ve learned along the way

Session objective: The aim of this session is to provide insight into the drivers behind funding agency participation in GACD, the vision for the next five years and the practical ways the GACD intends to support research collaboration. In addition, we will hear a researcher’s perspective on how the GACD can further contribute to the field of implementation science.
Project discussions & objective setting at tables

Thursday 15 November
10.45am – 12.00pm
Amazonia

The purpose of this session is to provide an opportunity for attendees to share updates on their studies, including current status, milestones accomplished and challenges encountered. Facilitated by the Research Network co-chairs, attendees will be asked to find a seat at a table with attendees they have not yet met, or do not know yet.

Using the project updates submitted for the ASM (circulated electronically to all) as a starting point, each attendee will be encouraged to share briefly on their study, inviting input on the table on issues they discuss. A representative from each table will be asked to provide feedback from their table’s discussion, highlighting:

- A learning from the group that was surprising
- The biggest or most common challenge(s) encountered (and the proposed solution)
- Examples of effective engagement with policymakers

Network co-chairs:
Devarssetty Praveen, The George Institute for Global Health – India
Elsa Cornejo Vucovich, El Colegio de Sonora, Mexico
Kamran Siddiqi, University of York, United Kingdom
Rajesh Vedanthan, New York University, USA
Cross-cutting sessions

The GACD Research Network offers its members a unique opportunity to share information and learn from one another across a range of topics that cut across the disease specific programmes of the GACD. A number of working groups and initiatives have emerged from the network to date. We would like to provide an opportunity for the work that has taken place on each of these topics to be presented and to map a way forward on these initiatives. During these sessions, the facilitators will present progress and findings from work conducted to date, sharing learnings amongst the group, and offer an opportunity for all to contribute to next steps in these key areas:

- **Cross-cutting session 1: Addressing and assessing context**
  Facilitator: Meena Daivadanam, Karolinska Institutet, Uppsala University, Sweden

- **Cross-cutting session 2: Data sharing and standardisation**
  Facilitators:
  Diabetes - Meena Daivadanam, Karolinska Institutet, Uppsala University, Sweden
  Lung Diseases - Job van Boven, Groningen University, Netherlands
  Mental Health - Melissa Pearson, University of Edinburgh, United Kingdom

- **Cross-cutting session 3: Implementation & scale-up**
  Facilitators:
  Robert Schwartz, University of Toronto, Canada
  Kamran Siddiqi, University of York, United Kingdom

- **Cross-cutting session 4: Multimorbidity**
  Facilitator: John Hurst, University College London, United Kingdom
Wellcome Trust implementation science funding workshop

Thursday 15 November
5.00pm -6.30 pm including drinks and nibbles until 7 pm
Amazonia

Chair: Mary De Silva, Head of Population, Environment & Health, Wellcome Trust

The objective of this workshop is to understand the gaps in implementation science funding in low- or middle-income countries to inform the development of possible new funding opportunities in this area. This workshop forms part of a scoping exercise the Wellcome Trust, the MRC, the UK Department for International Development and the UK Department for Health and Social Care are undertaking in this field and will help inform future funding calls. Three broad areas will be explored:

a) what should the call specifications of a new funding scheme for implementation science be,
b) how do we foster a community of practice and

c) what are some ways we can build capacity to conduct implementation science research amongst implementers, policy-makers and academics?

We will explore these areas through small-groups discussion, with each group reporting back to the rest of the participants at the end of the session.

Project presentations

All attendees have been invited to submit an electronic presentation that will be on rotation on the screens at the meeting venue. These will give an overview of the project and its current status.
GACD Annual Scientific Meeting Poster Competition

The 2018 annual research poster competition that will run during the Annual Scientific Meeting (ASM) and is aimed at broadening the reach and depth of research discussed at the meeting. Posters will be on display in the foyer of the Amazonia room. Posters should detail an implementation science project, or a cohesive part of a larger project (e.g. a process evaluation), with a focus on chronic disease research in low- and middle-income countries, or vulnerable populations in high-income countries. The poster doesn’t have to present research funded by a GACD call, indeed we encourage researchers to consider this an opportunity to showcase research they are involved in outside of GACD.

Posters will be judged by a panel during the meeting and scored according to:
1. **Motivation/Background**: Does the poster present sufficient context for the reader to understand the motivation and originality of the study?
2. **Approach**: Does the poster present sufficient data on the experimental methods used for the reader to understand and judge the quality of the approach?
3. **Discussion**: Does the poster demonstrate an understanding of the selected methods and technologies and their limitations in the particular research context?
4. **Conclusion**: Does the poster present sufficient information and data to support the conclusion of the poster?
5. **Organization**: Is the poster organized in a logical manner such that the information presented is easily understood?
6. **Layout**: Is the poster layout, look and feel pleasing to the eye?

Any GACD researcher may enter the competition. The GACD researcher should be the first author and there is a limit of one poster per researcher. Researchers should communicate within their teams to avoid duplication of research/data across posters.

**Prizes**

- 1st Prize: £250 Amazon voucher*
- 2nd Prize: £100 Amazon voucher*
- People’s Choice Award: £50 Amazon voucher*

*or equivalent in local currency
List of participants

GACD Board

Anne Kelso
National Health and Medical Research Council
Australia
GACD Board: National Health and Medical Research Council, Australia

Professor Anne Kelso AO has been the Chief Executive Officer (CEO) of NHMRC since 2015. After completing her PhD at the University of Melbourne, Professor Kelso undertook research in immunology at the Swiss Institute for Experimental Cancer Research and in Australia at the Walter and Eliza Hall Institute of Medical Research and the Queensland Institute of Medical Research (QIMR). From 2000 until 2006 while at QIMR, she was also Director/CEO of the Cooperative Research Centre for Vaccine Technology. From 2007 until taking up her current role, she was Director of the WHO Collaborating Centre for Reference and Research on Influenza in Melbourne.

Barbara Kerstiëns
Health Directorate of the Directorate-General for Research and Innovation at the European Commission
Belgium
GACD Board: European Commission

Dr. Barbara Kerstiëns, MD, MPH is the Head of Unit in the unit responsible for Non-communicable diseases and the challenge of healthy ageing in the Health Directorate of the Directorate-General for Research and Innovation at the European Commission. She has a long experience in international public health, working for Médecins Sans Frontières, Johns Hopkins Bloomberg School of Public health and DG Development and Cooperation of the European Commission prior to joining DG Research and Innovation in 2012 where she has consistently worked in medical research and funding. Barbara Kerstiëns received her M.D. from the Katholieke Universiteit Leuven, a Postgraduate Certificate in Tropical Medicine from the Institute of Tropical Medicine in Antwerp and a Master of Public health from Johns Hopkins Bloomberg School of Public Health.
Glenda Gray

South African Medical Research Council (SAMRC)
South Africa
GACD Board: South African Medical Research Council

Glenda Gray, FCPaeds, MBCh, DSc (honoris causa) is the President & CEO of the South African Medical Research Council, Research Professor in Paediatrics and co-founder of the internationally-recognised Perinatal HIV Research Unit in Soweto, South Africa. She is also the Co-PI of the HIV Vaccine Trials Network and Chairperson of the Board of the Global Alliance for Chronic Diseases. Her research has been instrumental in the global reduction of mother-to-child transmission of HIV, and the ongoing development of an HIV vaccine. Prof Gray is a global leader in the field; she has received numerous accolades for her research, including the Nelson Mandela Health and Human Rights Award, the Order of Mapungubwe and the IAPAC Hero in Medicine Award for her contribution to perinatal HIV research. Her research and leadership will be vital in developing an HIV vaccine to stem the tide of the HIV/AIDS epidemic.

Carlos Henrique de Brito Cruz

FAPESP
Brazil
GACD Management Committee: FAPESP

Prof Carlos Henrique de Brito Cruz is the scientific director of the São Paulo Research Foundation (FAPESP) in Brazil, and also a professor at the Gleb Wataghin Physics Institute at the State University of Campinas (UNICAMP). He sits on the Council for Technology and Competitiveness at the Federation of Industries of the State of São Paulo (FIESP), and on the Committee for International Scientific Affairs of the American Physics Society (APS). Prof. Brito Cruz is a member of the Brazilian Academy of Sciences, a Fellow of the AAAS, received the Ordre des Palmes Academiques de France, the Order of the Scientific Merit from the Fed. Rep. of Brazil, and the Order of the British Empire, Hon. (OBE).
Guillermo Ruiz-Palacios

National Institute of Medical Sciences and Nutrition
Mexico
GACD Board: National Institute of Medical Sciences and Nutrition

Dr Guillermo M. Ruiz-Palacios, MD (National University of Mexico; Residency in Internal Medicine, National Institute of Nutrition, Mexico City; Fellowship in Infectious Disease, University of Texas Medical School–Houston) is Professor of Internal Medicine and Chair of the Department of Infectious Diseases of the National Institute of Medical Sciences and Nutrition in Mexico City. His department has more than 100 faculty, staff, and trainees. Dr. Ruiz-Palacios serves on the Scientific Advisory Committee of Glycosyn LLC. He is recognized internationally for his research on infectious diarrhea and strategies for prevention and treatment and as such has been a member of a number of steering committees and working groups of the World Health Organization. He has more than 100 publications on infectious disease, has served as the President of the Infectious Disease Society of Mexico. Dr. Ruiz-Palacios is a Fellow of the Infectious Diseases Society of America and member of the American Society of Microbiology, the New York Academy of Sciences, and the Campylobacter Society. His research is funded by the U.S. National Institutes of Health, the government of Mexico, and private industry.

Mark Palmer

Medical Research Council
United Kingdom
GACD Board: MRC

Dr Mark Palmer (MA, DPhil, FRCP) is Director of International Strategy at the Medical Research Council (MRC). Dr Palmer graduated in Biochemistry from the University of Oxford where he also completed his doctorate on the murine immune response to influenza. Dr Palmer has responsibility for MRC’s international policy and coordination of global health strategy. He is Chairman of the Governing Council of the International Agency for Research on Cancer (IARC), Chairman of the General Assembly of the European and Developing Countries Clinical Trials Partnership (EDCTP), Vice-President of the Board of Trustees of the Human Frontiers Science Programme (HFSP) and Vice-President of the Korea-UK London Health Forum. He sits on the Governing Council of the European Molecular Biology Laboratory (EMBL) the European Molecular Biology Conference (EMBC) and the Board of ELIXIR. Dr Palmer is the UK lead for Societal Challenge 1 (Health, Demographic Change and Wellbeing) of the European Commission’s Framework Programme Horizon 2020.
Michel Perron

Michel Perron is Executive Vice-President, External Affairs and Business Development (EABD) of the Canadian Institutes of Health Research (CIHR). In this role, Mr. Perron is leading the EABD’s integration into CIHR’s mandate of supporting excellence in health research for the improved health of all Canadians. A passionate advocate of collaboration and breaking down silos, Mr. Perron is focussing on creating strategic and complementary partnerships with the private, public, and charitable sectors; strengthening communications with both internal and external audiences and supporting CIHR through the implementation of improved governance and decision making structures.

Roger Glass

Dr. Glass’s research interests are in the prevention of gastroenteritis from rotaviruses and noroviruses through the application of novel scientific research. He has maintained field studies in India, Bangladesh, Brazil, Mexico, Israel, Russia, Vietnam, China and elsewhere. His research has been targeted toward epidemiologic studies to anticipate the introduction of rotavirus vaccines.
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<th>GACD Management Committee</th>
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<td><strong>Aaron Holliday</strong></td>
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<td>UK Medical Research Council</td>
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<td>United Kingdom</td>
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<td>GACD Management Committee: Management Committee</td>
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<td><a href="mailto:aaron.holliday@headoffice.mrc.ac.uk">aaron.holliday@headoffice.mrc.ac.uk</a></td>
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<tr>
<td>Aaron is the International Strategy Manager at the UK Medical Research Council. He oversees many of the UK MRC’s global health funding initiatives including its participation in GACD joint funding calls.</td>
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<th><strong>Charay Vichathai</strong></th>
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<td>Research Manager</td>
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<td>Thailand</td>
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<td><a href="mailto:charay@hsri.or.th">charay@hsri.or.th</a></td>
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<td>Health program evaluation.</td>
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<th><strong>Kevin Bialy</strong></th>
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<td>United States</td>
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<td>US National Institutes of Health</td>
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<td><a href="mailto:Kevin.Bialy@nih.gov">Kevin.Bialy@nih.gov</a></td>
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</table>
**Fernando Cendes**

FAPESP  
Brazil  
GACD Management Committee: FAPESP  
fcendes@unicamp.br

Fernando Cendes is Full Professor of Neurology at the Department of Neurology, State University of Campinas (UNICAMP), Brazil, and serves as the Coordinator of the Epilepsy Surgery Program, Department of Neurology. He is board certified in Neurology, in Clinical Neurophysiology and in Diagnostic Neuroradiology. Dr. Cendes is a former EEG (1989) and Epilepsy Fellow (1991-1997) at the Montreal Neurological Institute, and received his PhD degree in Neuroscience at McGill University in 1996. He is past Chair of Diagnostic Methods Commission of the ILAE and a member of the Editorial board of several journals including Neurology, Epilepsia, Epilepsy Research and Epilepsy and Behavior. His research and publications are focused in Epilepsy and Neuroimaging.

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**Jennifer Gunning**

Canadian Institutes of Health Research  
Canada  
GACD Management Committee: CIHR  
jennifer.gunning@cihr-irsc.gc.ca

Jennifer Gunning is the Acting Manager of International Relations at the Canadian Institutes of Health Research (CIHR). In this role, Jennifer is responsible for managing CIHR’s international health research partnerships and all matters pertaining to foreign relations. During her 16-year career at CIHR, Jennifer has also served as Associate Director of the HIV/AIDS Research Initiative, where she oversaw the development of strategic plans and the creation of a wide range of research funding programs, in collaboration with stakeholders and partners. Jennifer holds both Bachelor’s and Master’s degrees in Kinesiology from the University of Waterloo.
Jill Jones

Medical Research Council
United Kingdom
GACD Management Committee: Medical Research Council
jillvjones@gmail.com

Head of Global Health Strategy at the UK Medical Research Council.

Joshua Rosenthal

Fogarty International Center, U.S. National Institutes of Health
United States
GACD Management Committee: U.S. National Institutes of Health
joshua.rosenthal@nih.gov

Joshua Rosenthal is a Senior Scientist at the Fogarty International Center of the U.S. National Institutes of Health (NIH). Dr. Rosenthal leads NIH research and policy activities in Household Air Pollution research, including the Clean Cooking Implementation Science Network. He founded and co-leads the NIH Climate and Health working group and is the NIH Management lead for the Global Alliance for Chronic Diseases.

Jurairat Phromjai

research manager
Thailand
GACD Management Committee: Health System Research Institute (HSRI), Thailand
jurairat@hsri.or.th

Health service and primary care for elderly and disability
Karim Berkouk

European Commission
Belgium
GACD Management Committee: Management Committee
Karim.BERKOUK@ec.europa.eu

Dr. Karim Berkouk is the deputy head of non-communicable diseases and the challenge of healthy ageing Unit in the Health Directorate of the Research & Innovation DG of the European Commission. He develops and implements research policies on ageing, cancer, brain, cardiovascular, chronic diseases, diabetes and obesity. Previously, he was head of sector for the EC Marie Curie Actions. Prior joining the EC, he held various research positions on prosthesis specific to patients, improvement of nuclear brain images and brain connectivity, respectively in Exeter (UK), the French National Institute of Health and Medical Research (INSERM, FR) and Cambridge (UK). He graduated in fluid mechanics at the University of Paul Sabatier (Toulouse, FR) and holds a PhD in bio-fluid mechanics from the University of Warwick (UK), where he developed a new mathematical model for the understanding of the pathogenesis of Syringomyelia, a rare disease of the spinal cord.

Lixin Jiang

CAMS
China
GACD Management Committee: CAMS
lixin.jiang@fwoxford.org

Prof Jiang obtained her medical doctoral degree from CAMS & PUMC. Her main research interests include large randomized clinical trials, healthcare quality measurement study, large-scale population and pharmacogenomics study, primary healthcare studies. Her research has focused on providing evidence for policymakers, health professionals, and the public to improve health care. Prof Jiang has successfully run a dozen of international large clinical trials including TREAT, FOURIER, iSCHEMIA, HPS3/TIMI55:REVEAL, HPS2-THRIVE, COMMIT/CCS-2, SHARP, etc. She also leads seven national key research projects funded by Chinese government including China PEACE and China PEACE Millions Persons Project(MPP), etc. Prof Jiang also holds several positions both in international and Chinese national committees including Co-Chair of WHO GCM/NCD Working Group; Advisory Expert of Committee of Experts on Rational Drug Use and Medical Ethics, National Health and Family Planning Commission of China; etc.
Reiko Akizuki

AMED
United Kingdom
AMED
r.akizuki@amedjp-uk.org

Reiko Akizuki is Director, Japan Agency for Medical Research and Development (AMED) London Office. She studied health policy and management and earned her Master of Science from the Harvard School of Public Heath in 2010. She worked for the Ministry of Health, Labour and Welfare in Japan for more than 10 years, including cancer control, health insurance, industrial health. She joined the AMED in 2016 and moved to London to establish its London Office in August 2016.

Roberto BAZZANI

International Development Research Centre (IDRC)
Uruguay
GACD Management Committee: International Development Research Centre (IDRC)
rbaZZani@idrc.ca

Senior Program Specialist at the International Development Research Centre (IDRC) of Canada. Based at the Regional Office for Latin America, he has expertise and was involved in IDRC’s public health programing in the areas of health systems, infectious diseases and ecohealth. Currently devoted to NCD prevention and food systems.

Rupinder Singh Dhaliwal

Indian Council of Medical Research, New Delhi, India
India
GACD Management Committee: Indian Council of Medical Research
dhaliwalrs@icmr.org.in, dhaliwalicmr@gmail.com

Currently heading the Division of Noncommunicable Diseases at ICMR. Activities include Research, Administration, coordination and Management including reviewing, monitoring and conducting research activities in all areas Noncommunicable diseases. Have been actively involved in the area of environmental and occupational health for the last 20 years.
Steven Hoffman

Canadian Institutes of Health Research
Canada
GACD Management Committee: Canadian Institutes of Health Research
steven.hoffman@globalstrategylab.org

Steven J. Hoffman is the Director of the Global Strategy Lab, an Associate Professor of Law, Medicine and Public & International Affairs at the University of Ottawa, and the Scientific Director of the Canadian Institutes of Health Research’s Institute of Population & Public Health. He holds courtesy appointments as an Associate Professor of Clinical Epidemiology & Biostatistics (Part-Time) at McMaster University, Adjunct Faculty with the McMaster Health Forum, and Adjunct Associate Professor of Global Health & Population at Harvard University. He is an international lawyer licensed in both Ontario and New York who specialises in global health law, global governance and institutional design.

Sunanta Klibthong

Instructor at Ratchasuda College, Mahidol University. Thailand
Health System Research Institute (HSRI). Thailand Team
jurairat@hsri.or.th

Our team working as instructors and researchers at the Ratchasuda College, Mahidol University which has the mandate on knowledge production by doing research and policy advocating in order to create the quality of life of persons with disabilities in Thailand. In the context of Thailand we are research partner of the Health Systems Research Institute (HSRI) which is the focal point of health systems and policy research networking.

Tony Willis

National Health and medical Research Council
Australia
GACD Management Committee: National Health and medical Research Council
tony.willis@NHMRC.gov.au

Dr Tony Willis is Executive Director, Research Programs Branch at the National Health and Medical Research Council (NHMRC). He completed a PhD at the Australian National University in 1994, before moving to Imperial College, London. On returning to Australia he worked as a research scientist, before moving into the public sector. He has held appointments in the Departments of Health, Foreign Affairs and Trade, and the Department of the Prime Minister and Cabinet. He joined NHMRC in March 2010.
Wachara Riewpaiboon

Dean of the Ratchasuda College, Mahidol University. Thailand
Thailand
Health System Research Institute (HSRI). Thailand Team
jurairat@hsri.or.th

Our team working as instructors and researchers at the Ratchasuda College, Mahidol University which has the mandate on knowledge production by doing research and policy advocating in order to create the quality of life of persons with disabilities in Thailand. In the context of Thailand we are research partner of the Health Systems Research Institute (HSRI) which is the focal point of health systems and policy research networking.

Yuriko Suzuki

AMED
Japan
GACD Management Committee: AMED
yuriko-suzuki@amed.go.jp

Dr Suzuki joined AMED after working as a researchers at National Center of Neurology and Psychiatry for more than 10 years. Her research interest was disaster mental health and community mental health, especially epidemiology and health service research. She also served as a member of WHO International Advisory Group for the Revision of ICD-10 Mental and Behavioural Disorders.
GACD Research Network

Abhijit Nadkarni
Sangath
India
MH33: IMPRESS

abhijit.nadkarni@kcl.ac.uk

I am a psychiatrist and global mental health researcher trained in India and the UK. My work focuses on reducing the treatment gap for mental and substance use disorders in low resource settings. More specifically my work aims to generate policy relevant evidence on the burden and impact of alcohol use disorders; and developing and evaluating mental health interventions for delivery by non-specialist and lay health workers.

Abraham García
University of Arizona
United States
DM17: Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico
aocejogarcia@email.arizona.edu

I am an epidemiology PhD student at the University of Arizona in USA, my bachelor is in psychology from Universidad de Sonora, Mexico. I have worked with family caregivers of functionally dependent older adults, and right now I am working on a lifestyle change intervention to prevent diabetes complications.

Aimee Spector
University College London
United Kingdom
MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)
aspector@ucl.ac.uk

Professor of Old Age Clinical psychology, with research focusing on the development and evaluation of interventions and outcome measures for people with dementia.
Amit Mistry
U.S. National Institutes of Health
United States
U.S. National Institutes of Health
amit.mistry@nih.gov

Amit Mistry is a Senior Scientist in the Fogarty International Center at the U.S. National Institutes of Health (NIH) where he advises on science policy and leads multi-disciplinary projects on global health challenges. His research interests include the scaling up of global health interventions and health research in humanitarian crises.

Ana Baumann Walker
Washington University in Saint Louis
United States of America
LD08: Household Air Pollution and Health: A Multi-Country Liquefied Petroleum Gas (LPG) Cook stove Intervention Trial
abaumann@gwbmail.wustl.edu

I am part of the team as an implementation scientist. My area of research involves the intersection of implementation science and health disparities, in the US and internationally. I work in a methods core at Washington University in St. Louis, providing support to faculty around implementation and dissemination frameworks, methods and designs, and measures. I am looking forward to learning more about GACD. Particularly to this conference, I am from Brazil and am trying to connect with my fellow researchers to try to support the scientific endeavors in my home country.

Ana Cristina Garcia Ulloa
Instituto Nacional de Ciencias Médicas y Nutrición Salvador Zubirán
México
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
dra_ulloa@yahoo.com.mx

Dr. Garcia Ulloa holds a medical degree from the National Autonomous University of Mexico (UNAM), and trained as Internist, Endocrinologist and Obesity specialist at the National Institute of Medical Sciences and Nutrition Salvador Zubirán (INCMNSZ). She obtained her Masters Degree related to lipids and is Candidate of the National System of Investigators (SNI-CONACYT). She has more than 20 articles published in different journals (national and international) and 15 chapters in medical
books. Currently is Responsible of Medical Care at the Center of Comprehensive Care for the Patients with Diabetes in the INCMNSZ and professor of Endocrinology at the Panamerican University. Certified by the Mexican Council of Internal Medicine and Mexican Council of Endocrinology.

Anaite Artiga De Mccracken

CES-UVG
Guatemala
LD08: Household Air Pollution and Health: A Multi-Country Liquefied Petroleum Gas (LPG) Cook stove Intervention Trial
adiaz@ces.uvg.edu.gt

I have been conducting HAP research for almost 15 years. Pharmacist by training, I got an Erasmus Mundus scholarship to get an MPH on a dual degree with epidemiology by Granada University and Copenhagen University. I was the Field Project Manager for the first randomized trial on HAP (RESPIRE) and now for work as a co-investigator for HAPIN.

Andrea Horvath Marques

National Institute of Mental Health/ NIH
US
National Institute of Mental Health
Andrea.horvathmarques@nih.gov

Anna Muthoni Mathai

University of Nairobi
Kenya
MH31: Depression And Primary-care Partnership for Effectiveness-implementation Research (DAPPER)
muthonimathai@gmail.com

I am a Medical Doctor, Consultant Psychiatrist and a Senior lecturer and researcher at the department of Psychiatry, College of health Sciences, School of Medicine, University of Nairobi in Kenya, with a PhD in Social Work. Main areas of interest is sexual health, including gender AIDS, SGBV, depression and Psychotrauma.
Arumuga Ravindran
University of Toronto and Centre for Addiction and Mental Health, Toronto, ON, Canada
Canada and UK
MH04: Youth Wellbeing In China And Central America: Implementation Of An Integrated Prevention And Intervention Program
arun.ravindran@camh.ca

Dr. Arun Ravindran is full Professor and Director of Global Mental Health program at University of Toronto and Clinician Scientist at CAMH. He has held or holds funding from several national and international agencies. His research and clinical interests include mood and anxiety disorders and mental health education.

Atsuro Tsutsumi
Kanazawa University
Japan
MH12: A Study on Rights-based Self-learning Tools to Promote Mental Health, Well-being & Resilience after Disasters
atsuro@staff.kanazawa-u.ac.jp

Benjamin Aceves II
University of Arizona
United States
DM17: Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico
benjaminaceves@email.arizona.edu

Benjamin has experience working in government-funded and community-based chronic disease self-management and prevention programs, as well as health policy. He is currently a PhD candidate seeking to continue research in dissemination and implementation sciences with a focus on health systems and community settings.
Bernd Puschner

Ulm University, Germany
Germany
MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES)
bernd.puschner@bkh-guenzburg.de

I am a psychologist and have participated in numerous national and international multicentre studies in mental health care. My major research interests are process-outcome research and global mental health. I am Senior Associate Editor of the journal Epidemiology and Psychiatric Sciences. My publication list comprises 80+ peer-reviewed papers, 10 books or book chapters, and 100+ congress contributions.

Brian Oldenburg

The University of Melbourne
Australia
HT06 - Improving the control of HT in rural India: overcoming the barriers to diagnosis and effective treatment
brian.oldenburg@unimelb.edu.au

Brian Oldenburg is Professor of Non-Communicable Disease Control in the School of Population and Global Health, University of Melbourne, Australia and Director of the global WHO Collaborating Centre of Implementation Research for Prevention & Control of NCDs. He researches health policy, global health and the prevention and control of diabetes, heart disease and co-morbid mental health conditions. He has undertaken many ‘real world’ intervention trials, their evaluation and scale-up in health-care settings, work organisations, schools and other community settings in Australia and other countries, including Finland, China, Malaysia, India, Sri Lanka and South Africa. He has also developed and researched new technologies and m-Health interventions to improve health. He has produced more than 350 publications. He has been a recent Honorary Professor at research organisations and universities in Finland, Hong Kong, India and China. He has also participated in capacity building and training initiatives on behalf of US National Institutes of Health, the Global Alliance for Chronic Diseases and the World Health Organisation.
Brian Mishara

Université du Québec à Montréal
Canada
MH05: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada
mishara.brian@uqam.ca

Director, Centre for Research and Intervention on Suicide, Ethical Issues and End of Life Practices (CRISE), Psychology Professor, Université du Québec à Montréal, Mishara studies new technologies and suicide prevention, prevention programme effectiveness, ethical issues, euthanasia and assisted suicide. Past president, International Association for Suicide Prevention, he consults internationally.

Carla Finocchiaro

FERB
Italy

MH29: How to best meet the needs of people with dementia with severe behavioural disturbances. Toward a respectful and cost-effective model (RECAGE)
carla.finocchiaro@cf-c.it

Since 20 years I’m involved in neuroscience as Project Manager to carry on both research and clinical trials.

Carla Ventura

University of Sao Paulo
Brazil
MH13: Exploring Stigma, Discrimination and Recovery-Based Perspectives toward Mental Illness and Substance Use Problems among Primary Healthcare Providers in Ribeirão Preto, Brazil: A Randomized Controlled Trial
cavaventu@eerp.usp.br

Carla has an MBA from the University of São Paulo (USP), a Master in International Law from the University of the State of São Paulo (UNESP), Brazil and her Doctoral Degree in Administration from the University of São Paulo (USP), Brazil. Currently, she is a Full Professor at the Department of Psychiatric Nursing and Human Sciences from the University of São Paulo at Ribeirão Preto College of Nursing. She is the Director of the PAHO/WHO Collaborating Centre for Nursing Research Development at the University of São Paulo at Ribeirão Preto College of Nursing, Brazil. She develops research on human rights, mental health and drugs; health equity; stigma and human rights; health law; global health and development; human rights education, social participation and control.
Carla Hilario

University of Alberta  
Canada  
MH07: Linking Hearts  
carla.hilario@ualberta.ca

Dr. Carla Hilario, Assistant Professor in the Faculty of Nursing at the University of Alberta, is an early career investigator and a registered nurse with expertise in adolescent mental health. Her research interests include community-engaged mental health promotion using implementation science and integrated knowledge translation (iKT) methodologies.

Catherine Law

University College London  
UK  
catherine.law@ucl.ac.uk

Catherine trained in paediatrics in London, UK and epidemiology and public health in Baltimore, USA. She then worked at the MRC Environmental Epidemiology Unit, University of Southampton, UK, and with regional and national Government before moving to UCL in 2003. Her research interests are in child public health, particularly physical growth, inequalities in health, and the use of research for public policy. From 2008-2014 she was inaugural Programme Director of the National Institute of Health Research’s (NIHR) Public Health Research Programme and she is an NIHR Senior Investigator. From 2005-2015 she was inaugural Chair of the Public Health Advisory Committee of NICE (the National Institute for Health and Care Excellence). Catherine is a member of WHO Europe’s Advisory Committee on Research and the WHO’s Ending Childhood Obesity Commission’s expert working group on accountability, monitoring and implementation. She is chair of the UK Medical Research Council’s panels for the Global Alliance on Chronic Disease and a member of its Global Health Group.

Charlotte Rose Stoner

University College London  
UK  
MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)  
c.stoner@ucl.ac.uk

I am an early career researcher, having completed my PhD in September 2017. My PhD entailed developing outcome measures from an asset-based perspective for people with dementia. As such, my interests include psychometrics, structural equation modelling and dementia.
Christiane Cimini

Federal University of Jequitinhonha and Mucury Valleys in Teófilo Otoni-MG
Brazil
Guest
christiane.cimini@gmail.com

I am a Physician and Professor at the Federal University in Teófilo Otoni-MG, Master in Health Sciences and PhD student in Health Sciences at the Federal University of Minas Gerais. I’m a researcher on chronic diseases and part of the Steering Committee of HealthRise project together with Prof. Tom Ribeiro.

Christina Nicole Kyriakos

European Network for Smoking and Tobacco Prevention
Greece
LD05: EUREST-PLUS: Policy Implementation to Reduce Lung Diseases
ckyriakos@tobcontrol.eu

Christina Kyriakos, MPH is a public health researcher with professional experience in tobacco control policy, health services research and implementation science. Christina is responsible for the coordination and dissemination of GACD-funded project European Regulatory Science on Tobacco: Policy implementation to reduce lung diseases (EUREST-PLUS) and other joint European Commission projects.

Christina Paulina Lambrinou

Harokopia University
Greece
DM08: Feel4Diabetes: Promoting healthy lifestyle in families across Europe
cplambr@hua.com

Christina-Paulina Lambrinou is a dietitian and a PhD candidate in Public Health Nutrition and Dietetics. She has worked as a Research Associate in many European-funded projects and is currently involved in the Feel4Diabetes-study. Her research interests include: designing and implementing nutrition and lifestyle interventions for the prevention and treatment of obesity and other NCDs in vulnerable population groups and LMICs; lifestyle behaviours and health indices throughout the lifespan.
Christopher Gordon

NIMH
United States
NIMH
cgordon1@mail.nih.gov

Dr. Gordon is Chief of the HIV Prevention and Care Continuum, Co-Morbidities, and Translational Research Branch at the Division of AIDS Research at the National Institute of Mental Health (NIMH), where he has worked since 2000. His primary sets of responsibilities involve development of new programmatic foci and initiatives, administration of currently funded research, and building scientific collaborations among other institutes, agencies, and community/clinical sites. Dr. Gordon coordinates the Division of AIDS Research activities in Dissemination and Implementation Research, leads the NIMH Centers program, and is the NIMH representative on the Centers for AIDS Research (CFAR) program Steering Committee.

Claudia Scala Moy

US National Institutes of Health
USA
NIH
moyc@ninds.nih.gov

Cleusa Pinheiro Ferri

Universidade Federal de Sao Paulo
Brasil
MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)
ferricleusa@gmail.com

I’m a psychiatrist and an epidemiologist, conducting research on ageing and the epidemiology of dementia and testing strategies of care for older people with mental disorders in primary care (dementia, depression and alcohol consumption)
Cunxian Jia

Shandong University School of Public Health
China
MH07: Linking Hearts: Advancing Mental Health Care of University Students Through Interdisciplinary Collaboration in Jinan, Shandong, China
jia.cunxian@sdu.edu.cn

Cun-Xian Jia, Ph.D., works as a professor in Epidemiology and Health Statistics in School of Public Health, Shandong University. He is now vice-directors of Department of Epidemiology and Shandong University Center for Suicide Prevention Research (CSPR). He is interested in studies on risk factors related to suicidal behavior.

Dasa Kokole

ESADE Institute for social innovation
Netherlands
MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA)
dasa.kokole@esade.edu

My educational background is in psychology and health promotion. My previous work has focused on alcohol policy and evaluation of health promotion programs for young people, and currently I am working as researcher on SCALA project and am responsible for process evaluation.

David Meharg

University of Sydney
AUSTRALIA
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
david.meharg@sydney.edu.au

Research interests: Aboriginal Health especially lung health, health service delivery and health leadership.
Devarsetty Praveen

The George Institute for Global Health - India
India
HT07 - A smartphone-based clinical decision support system for primary health
DM16: A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus
dpraveen@georgeinstitute.org.in

Praveen is a medical doctor and an epidemiologist by training. He is involved in planning and implementing large scale population based research projects in India and Indonesia. His current focus is in the areas of prevention of chronic illnesses, and health services research/health policy with a specific focus on chronic diseases in vulnerable populations.

Donat Dominic Shamba

Ifakara Health Institute
Tanzania
MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES)
dshamba@ihi.or.tz

Donat Shamba is a health systems researcher and the head of Health Systems, Impact Evaluation and Policy Department at Ifakara Health Institute (IHI), Tanzania. He’s the PI for UPSIDES project in Tanzania. He has worked in evaluation of various health system projects and taking leading roles in designing and implementing formative research, feasibility and acceptability and process evaluation studies. His area of research includes, research and development, mental health, health systems research, maternal, newborn, child and adolescent health
Edward Fottrell

University College London (UCL)
United Kingdom
e.fottrell@ucl.ac.uk

Dr Fottrell is an epidemiologist experienced in community health measurement, intervention development and evaluation in Africa and Asia. He has a history of research into maternal, neonatal and child health, non-communicable diseases, community interventions and mHealth. Dr Fottrell is Director of the UCL Centre for Global Non-communicable Diseases and is PI of the GACD/MRC-funded DMagic trial in rural Bangladesh.

Elena Netsi

Wellcome Trust
UK
Wellcome Trust: Wellcome Trust
e.netsi@wellcome.ac.uk

I am developmental psychologist with a special interest in the area of maternal mental health and child development in the context of adversity. At Wellcome I am a Science Portfolio Adviser in Population Health and the contact for the Joint Global Health Trials (JGHT), Health Systems Research Initiative (HSRI) and the Heightening Institutional and Government use of Health Research (HIGH-Res) awards.

Elsa Concepción Cornejo Vucovich

El Colegio de Sonora
Mexico
DM17: Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico
elsa.cornejo@gmail.com

Elsa Cornejo is a research associate at the Center for Health and Society Studies at El Colegio de Sonora (in Hermosillo, Sonora, Mexico), and the Field Coordinator for DM17. In addition to her research, she is an activist and community promoter on health and human rights issues.
Enita Phiri

Malawi Epidemiology and Intervention Research Unit
Malawi

DM12: Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: a pragmatic individually randomised trial

enitahill@yahoo.com

I have 8 years’ experience working in health research. I have worked in nutrition projects and currently working in Non-communicable disease research. Am willing to learn more in the NCD’s which will eventually help me in my future aspirations to do a PhD in this field

Eva LLopis

ESADE Business School, Barcelona
Spain

MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA)

eva.jane@esade.edu

Translational and implementation research from science of mental health and addictions to policy and practice

Fangbiao Tao

Anhui Medical University
CHINA

MH09: Screening and management of perinatal depression within primary care

fbtao@126.com
Francisco Gonzalez-Salazar

IMSS-UDEM
México

DM10: Development of an interactive social network for metabolic control of patients with diabetes
fgonz75@hotmail.com

Professor and Researcher IMSS-UDEM Mexico. His career is Pediatrician and a master’s degree in microbiology, additionally PhD in Microbiology. Main research experience is in tuberculosis, Zika, Obesity and Diabetes. He is interested too in migration health troubles, parasitic diseases like trichominiasis, amoebiosis, giardiasis and HIV infection. Have 15 years of experience as researcher 50 indexed publications, 6 book chapters, 4 books, 31 master students and three PhD students. Some of the actual collaborations include U. Arizona with latent TB diagnosis and following in border populations and comparative outcomes in follow-up of Diabetic patients on both sides Mex-USA border. He is interested in make collaborations in any part of the world compromised with the health troubles aforementioned. And his mind is open to hear any possible kind of collaboration.

Gary Ellison

National Cancer Institute
USA

US National Cancer Institute
ellisong@mail.nih.gov

Dr. Gary Ellison is Chief of the Environmental Epidemiology Branch in NCI’s Division of Cancer Control and Population Sciences, overseeing a research portfolio focusing on modifiable cancer risk factors. With NIH’s Fogarty International Center, he is Project Officer for an initiative that supports research and training in environmental and occupational health in LMICs.
Gillian Gould

University of Newcastle
Australia
LD15: SISTAQUIT (Supporting Indigenous Smokers To Assist Quitting) – a cluster randomised trial to implement culturally competent evidence-based smoking cessation for pregnant Aboriginal and Torres Strait Islander smokers
gillian.gould@newcastle.edu.au

Associate Professor Gillian Gould is developing innovative strategies to reduce tobacco smoking among Indigenous women, during pregnancy. She co-developed, over a decade, targeted programs with Australian Indigenous communities. Gould holds NHMRC and Cancer Institute NSW Fellowships at University of Newcastle, has PhD Public Health, MA Arts Therapy, is a General Practitioner (MBChB), and Tobacco Treatment Specialist.

Gillian Murphy

University of British Columbia
Canada
MH06: Enhanced Measurement-Based care Effectiveness for Depression (EMBED): A Canada-China implementation project
jill.murphy@ubc.ca

I am a postdoctoral fellow in the Department of Psychiatry at the University of British Columbia working with the Enhanced Measurement Base Care Effectiveness for Depression study (EMBED). My research focuses on using implementation science to improve implementation and scale-up of mental health interventions in LMICs. My current work takes place in China and Vietnam, on studies funded by GACD, Grand Challenges Canada and the Canadian Institutes of Health Research.

Greet Cardon

Ghent University
Belgium
DM08: Feel4Diabetes: Promoting healthy lifestyle in families across Europe
greet.cardon@ugent.be

Head of Department and full professor at the Department of Movement and Sports Sciences (Faculty of Medicine and Health Sciences) of Ghent University, Belgium, where she leads the research group "Physical activity and Health". Research: mainly focused on understanding the determinants of physical activity and sedentary behavior, as well as identifying the most effective ways to promote more physical activity and less sitting in different age groups, with a main focus on children and adolescents.
Ha Nguyen

Woolcock Institute of Medical Research in Vietnam
Vietnam
An integrated health-sector strategy to combat COPD and asthma in Vietnam: A pragmatic stepped intervention cluster randomized trial: LD16
nthuyha@gmail.com

Hana Ross

University of Cape Town
South Africa
LD07: Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries
hana.ross@uct.ac.za

My research focuses on the economic impact of tobacco control interventions in Africa, South East Asia, and in the European Union. I am also interested in the economics of drug abuse and in the economic impact of other risk factors associated with non-communicable diseases such as obesity, lack of physical activity, and alcohol consumption.

Heather Foran

Alpen-Adria-Universität Klagenfurt’
Austria
MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE)
heather.foran@aau.at

Heather Foran is a Professor of Psychology at the University of Klagenfurt, Austria. Prof. Foran’s research is on assessment and prevention of family maltreatment and common mental health problems. She is also coordinator of the university-wide research cluster in “Public Health” and Associate Editor of the Journal of Family Psychology.
Huong Nguyen

Hanoi University of Public Health
Việt Nam
MH11: Mental health promotion at workplace in low- and middle-income countries in Asia
nth@huph.edu.vn

I have more than 25 years of experiences in teaching, research and providing consultancy in public health area across several major disciplines such as health policy and management, health promotion, mental health and social determinants of health. I am Vice Rector of the Hanoi University of Public Health in charge of training.

Ilze Bogdanovica

University of Nottingham
United Kingdom
LD14: Preventing smoking uptake among adolescents: A primary prevention initiative for chronic lung disease
Ilze.Bogdanovica@nottingham.ac.uk

My research focuses on policy evaluation in various contexts. My current Cancer Research UK funded project investigates the effects of plain packaging on smoking prevalence, quitting and tobacco market developments in the UK.

Ioannis Manios

Harokopio University
Greece
DM08: Feel4Diabetes: Promoting healthy lifestyle in families across Europe
manios@hua.gr
Ionela Petrea

Trimbos Institute
Netherlands

Large-scale implementation of community based mental health care for people with severe and Enduring mental ill health in Europe (RECOVER-E): MH25

ipetrea@trimbos.nl

I am a public health professional with over 18 years of experience at national and international level working in health systems, mental health, tobacco control, addiction and violence prevention, focused on LMICs. My key responsibilities include providing technical expertise and leadership, research, policy development and implementation, capacity building and management.

Jennifer Alison

University of Sydney
Australia

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

jennifer.alison@sydney.edu.au

Research interests: pulmonary rehabilitation for people with chronic lung diseases; improving lung health in Indigenous communities; chest physiotherapy and airway clearance for people with suppurative lung diseases. Research experience: lead researcher on over 50 funded trials, mostly randomised controlled trials. Supervisor of 14 completed and 13 current PhD students. Published over 140 peer-reviewed papers.

Jia Huang

Shanghai Mental health center
China

MH07: Linking Hearts: Advancing Mental Health Care of University Students Through Interdisciplinary Collaboration (in Jinan)

kittyhj_2000@aliyun.com

Mood disorder, depression and bipolar disorder
João de Queiroz Oliveira
Universidade Federal de Minas Gerais
Brazil
Guest
joaoa@outlook.com

I am researcher at Telehealth Center from UFMG, where I provide technical support in the creation, development and execution process of research in the telehealth field. I have extensive experience in the management of an anticoagulation clinic, which originated from a research project.

Job Van Boven
University Medical Center Groningen
Netherlands
LD04: FRESH AIR – Free Respiratory Evaluation and Smoke-exposure reduction by primary Health cAre Integrated gRoups
Jobvanboven@gmail.com

Health economics and real world outcomes mainly applied to respiratory disease, diabetes and multimorbidity

John Hurst
University College London
UK
LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries
j.hurst@ucl.ac.uk

I am the PI for the GACD 'GECo' study investigating case-finding and self-management for the chronic respiratory disease COPD across three LMIC sites in Nepal, Peri and Uganda.
Josephine P. Wong
Ryerson University
Canada
MH07: Linking Hearts: Advancing Mental Health Care of University Students Through Interdisciplinary Collaboration (in Jinan)
jph.wong@ryerson.ca
I am a nursing professor and researcher in Toronto. I do community-based action research in the areas of HIV, mental health and stigma reduction. I have co-led intervention and implementation studies, using mixed methods that integrate public health evaluation strategies.

Jemima Kamano
Moi University
Kenya
DM15: Bridging Income Generation with Group Integrated Care (BIGPIC)
shoine.hoine@gmail.com
I have developed a great understanding of global health issues and global health research given my training, clinical and research experience, and current role implementing a chronic disease program within the AMPATH consortium. I have worked as a clinician and lecturer in the Level 6 Moi Teaching and Referral Hospital (MTRH) in both the inpatient and outpatient settings. I have also worked in community and primary care facilities in western Kenya as both a trainer and mentor for primary care providers and as an advisor to county regional leadership on non-communicable disease (NCD) care provisions. In these roles I have experienced first-hand the lack of equitable health care and health care provisions, the absence of adequate knowledge to drive a change in policy, and the resultant suffering of the communities. As a result, I have helped to develop an innovative care system for NCDs starting with early diagnosis of hypertension and diabetes and task shifting to primary care centers for easier accessibility of care and integration of their treatment into existing HIV care systems. This care system will serve as a platform for NCD implementation research.
Kamran Siddiqi

University of York
United Kingdom
LD02; LD13: TB and Tobacco: Tobacco cessation within TB programmes: A 'real world' solution for countries with dual burden of disease; Muslim Communities Learning About Second-hand Smoke (MCLASS II): An effectiveness-Implementation hybrid study
kamran.siddiqi@york.ac.uk

I am a chest physician interested in tobacco related research. I am the director of a consortium that is looking at ways to integrate tobacco cessation within TB. I am also the director of another group to address smokeless tobacco called ASTRA.

Kenneth Fung

University of Toronto
Canada
MH07: Linking Hearts: Advancing Mental Health Care of University Students Through Interdisciplinary Collaboration (in Jinan)
kennethpf@gmail.com

Dr. Kenneth Fung is Staff Psychiatrist and Clinical Director of Asian Initiative in Mental Health Program at University Health Network and Associate Professor with Department of Psychiatry University of Toronto. His clinical and research interests include cultural psychiatry, psychotherapy (especially Acceptance and Commitment Therapy and CBT), stigma reduction, and empowerment.

Lalith Senarathna

Rajarata University of Sri Lanka
Sri Lanka
MH18: A randomised stepped wedge trial of the scaling up of a community-based alcohol education program in rural Sri Lanka
lSenarathna@hotmail.com

I have expertise in public health interventions in rural the Sri Lankan context and have worked on a number of community and primary health care based projects. My research interests include suicide and self harm, community based interventions on NCD prevention and substance abuse, nutrition/obesity and child health.
Libing Wang
Changzhi Medical College
China
HT04: A school-based education program to reduce salt intake in children and their families
wlb1025@163.com

Louise Maple-Brown
Menzies School of Health Research
Australia
DM01: Improving the management of Diabetes in Pregnancy in Remote Australia
louise.maple-brown@menzies.edu.au

Louise Maple-Brown is Head of Department of Endocrinology, Royal Darwin Hospital (Northern Territory, Australia) and an NHMRC Practitioner Fellow with Menzies School of Health Research. Louise leads a clinical research program within the Wellbeing and Preventable Chronic Diseases division of Menzies, with a focus on diabetes and related conditions in Indigenous Australians.

Luz Maria Gonzalez Robledo
Universidad Autonoma del Estado de Morelos
México
MH14: Indigenous communities, local culture and mental health in Mexican adolescent population. Community Intervention analysis.
luzmita08@hotmail.com

PhD Public Health, Master In Health Administration. Current Position: Associate Professor School of Medicine Morelos Autonomous University. Principal and co-researcher more than 20 research projects on various health systems topics including policy evaluation, human resources for health and non communicable diseases over the period of 15 years.
Maria Cláudia Conceição

IHMT/NOVA
Portugal
Observer: IHMT/NOVA Portuguese Institute of Hygiene and Tropical Medicine (IHMT) Universidade Nova de Lisboa, Portugal
claudiaconceicao@ihmt.unl.pt

IHMT has promoted the recognition, inside the political community of Portuguese speaking countries (www.cplp.org) of a GARD working group. (https://gard-breathefreely.org/), achieved in October 2017. A collaboration between the countries is developing. We search for support for priority areas of, epidemiological characterization of diseases and application of tools as PACK and professionals training.

Maria Soledad Burrone

Universidad de O’Higgins. Chile
Chile
National Institute of Mental Health. On Track Chile For First Episode Psychosis.
mariasoledad.burrone@uoh.cl

MD, MPH, PhD. I have experience in management and implementation of community health interventions owing to my positions at National Ministry of Health-Argentina. My main experience as a researcher, at University of Cordoba (Argentina) and University of O’Higgins (Chile), is through projects of primary health care and mental health.

Marilyn Clarke

Coffs Harbour Health Campus
Australia
LD15: SISTAQUIT (Supporting Indigenous Smokers To Assist Quitting) – a cluster randomised trial to implement culturally competent evidence-based smoking cessation for pregnant Aboriginal and Torres Strait Islander smokers
marilynjclarke@bigpond.com; Marilyn.Clarke@health.nsw.gov.au

I am a clinician in obstetrics and gynaecology (O&G) and have completed a Graduate Diploma in Clinical Epidemiology. I am Australia’s first Aboriginal O&G and current chair of the RANZCOG Indigenous Womens’ Health committee. I have been involved in research on STI’s in pregnancy, smoking cessation in Aboriginal pregnant women, and rheumatic heart disease in pregnant women.
Marina Susti-Piazza

Universidad Peruana Cayetano Heredia
Peru

MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA)
marina.piazza@upch.pe

Dr. Piazza is a Psychologist with an MPH and ScD from Johns Hopkins, and she is Professor and Coordinator of the Mental Health, Alcohol and Drugs Research Unit at the School of Public Health of Cayetano Heredia University at Lima Peru. Has experience in implementing mental health interventions and evaluation.

Mary De Silva

Wellcome Trust
UK

Wellcome Trust: Population Health, Wellcome Trust
M.DeSilva@Wellcome.ac.uk

Mayowa Owolabi

College of Medicine, University of Ibadan, Nigeria
Nigeria

HT15: Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES)
mayowaowolabi@yahoo.com

Mayowa O. OWOLABI is Professor of Neurology at the University of Ibadan, Nigeria. An innovative scientist, entrepreneur and scholar with >180 publications, his research interests include vascular neurology, neuro-rehabilitation, community-based genomic epidemiology and vascular risk factors for stroke. He has extensive research experience under the NIH-funded projects: THRIVES & SIREN.
Meena Daivadanam

Dept. of Food, Nutrition and Dietetics, Uppsala University
Sweden
DM07: SMART2D - A people-centred approach through Self-Management and Reciprocal learning for the prevention and management of Type-2 Diabetes
meena.daivadanam@ikv.uu.se

Medical doctor and PhD in Public Health. Meena works with intervention and implementation research, particularly community-based complex interventions for NCDs. She is a senior lecturer at the Department of Food Studies, Nutrition and Dietetics in Uppsala University and affiliated to the Health Systems and Policy Research group, Dept. of Public Health Sciences at Karolinska Institutet. Meena is the Principal Investigator for SMART2D (DM07).

Melissa Pearson

University of Edinburgh
UK
MH18: A randomised stepped wedge trial of the scaling up of a community-based alcohol education program in rural Sri Lanka
melissa.pearson@ed.ac.uk

I am a social science researcher working at the University of Edinburgh running public health community studies in Sri Lanka, and a clinical research project in Sri Lanka, Edinburgh and Oslo. My research interest include social policy, public health, mental health, suicide prevention, evidence informed policy and implementation research.

Michael Chaiton

Ontario Tobacco Research Unit, University of Toronto
Canada
LD06: RETRAC2: Research on Commercial Tobacco Reduction in Aboriginal Communities
michael.chaiton@utoronto.ca
Michael Phillips

Shanghai Jiao Tong University
China
MH05: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada
mphilipschina@outlook.com

Professor Phillips is a Canadian psychiatrist who has been a permanent resident of China for over 30 years. He coordinates multi-center collaborative projects on suicide and schizophrenia; promotes increased awareness of the importance of addressing China’s suicide problem; and advocates improving the quality, comprehensiveness and access to mental health services around the country.

Milena Marcolino

Universidade Federal de Minas Gerais (UFMG)
Brasil
Universidade Federal de Minas Gerais (UFMG)
milenamarc@gmail.com

I am an internal medicine physician, and I work as an associate professor and a researcher at Universidade Federal de Minas Gerais. My research focuses on cardiovascular medicine and telehealth. I have been working on the development of computerized decision support systems, and implementation research (implementation of myocardial infarction system of care in the North of Minas Gerais and implementation of a multifaceted intervention to improve management of hypertension and diabetes in Vale do Mucuri).

Miriam Arroyo

Ramón de la Fuente Muñiz National Institute of Psychiatry
Mexico
MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA)
mirarbel@gmail.com

Master in Sciences with specialization in Public Mental Health by the Faculty of Medicine of the National Autonomous University of Mexico (UNAM), and doctoral student. She has collaborated in various research and evaluation of programs in the field of health for WHO, PAHO and UNICEF. She has worked as a research assistant on items such as violence and substance use early detection in primary care centers using the Alcohol, Smoking, Substance Involvement Screening Test (ASSIT)
Naomi (Dinky) Levitt

University of Cape Town
South Africa

DM12: Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: a pragmatic individually randomised trial
naomi.levitt@uct.ac.za

Naomi (Dinky) Levitt is Professor and Head of Diabetic Medicine and Endocrinology at the University of Cape Town and Director of the Chronic Disease Initiative for Africa (CDIA). She has been integrally involved in the development of guidelines for people with diabetes nationally, regionally and internationally over the past decade. Her research interests are in understanding the burden of diabetes and related cardiovascular disease risk factors, the interaction between chronic infectious and non-infectious diseases and diabetes, and primary health care delivery for diabetes and hypertension.

Nalini Anand

NIH
USA
NIH
anandn@mail.nih.gov

Interested in the implementation science agenda and capacity-building priorities related to the global NCD burden. Also interested in the use of networks to promote exchange of information and facilitate uptake of evidence into policy and practice.
Natalie Leon

SAMRC
South Africa
DM12: Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: a pragmatic individually randomised trial

natalie.leon@mrc.ac.za

I do health systems research, promoting a health systems focus in a wide range of research topic areas; My methods include formative and process evaluations alongside pragmatic trials, evidence synthesis of health systems issues and an implementation science approach, in order to optimize value and utilization of research. I plan to further my interest in knowledge translation, knowledge brokerage and knowledge utilisation.

Noreen Mdege

University of York
United Kingdom
LD13: Muslim Communities Learning About Second-hand Smoke (MCLASS II): An effectiveness-implementation hybrid study

noreen.mdege@york.ac.uk

My research focuses on tobacco use, second hand smoke (SHS) exposure and alcohol consumption with an emphasis on low and middle income countries (LMICs). I investigate individual-level and population-level health perspectives and approaches with a focus on specific populations such as HIV positive and TB patients.

Norito Kawakami

The University of Tokyo
Japan
MH11: Mental health promotion at workplace in low- and middle-income countries in Asia

Prof of Mental Health, School of Public Health/ Graduate School of Medicine, The University of Tokyo. Dr Kawakami has worked in the public and occupational health fields over 30 years, particularly focusing on mental health. His current research includes community-based epidemiology of mental disorders and intervention studies in the workplace promoting worker mental health.
Pallab Kumar Maulik

George Institute for Global Health
India
MH16: Systematic Medical Appraisal, Referral and Treatment for Common Mental Disorders in India - SMART Mental Health
pmaulik@georgeinstitute.org.in

Interested in global mental health; have almost 20 years experience in mental health services research; other interests are in areas of intellectual disability, multimorbidity, technology enabled solutions of delivering healthcare

Paloma Almeda Valdes

Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran
Mexico
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
palomaalmeda@yahoo.com; paloma.almedav@incmnsz.mx

Internist and Endocrinologist with experience in clinical research in diabetes, insulin resistance and obesity

Patricia Alupo

Makerere university lung Institute
Uganda
LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries
alupopat@gmail.com

Dr Patricia Alupo is an internal medicine physician and pulmonary clinical research fellow based at the Makerere University Lung Institute, Kampala-Uganda. She was chief resident of the post graduate training and has vast clinical experience. She has previously done clinical research in the areas of quality improvement, fungal immunology and pulmonary infections in HIV patients. She is now undertaking research and clinical care in the area of chronic obstructive pulmonary disease (COPD), in Uganda, a low and middle income country in Africa. She is currently coordinating a COPD implementation project (GECo), in Rural Uganda, as part of an international working group involved in the same project, with the teams based in the UK, USA, Nepal, and Peru.
Patricio Lopez-Jaramillo  
FOSCAL/UES  
Colombia  
HT02: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries, HOPE-4  
jllopezj@gmail.com  

I am MD PhD with interest in cardiovascular risk factors particularly in DM2 patients. Nowadays I am the PI of the study HOPE 4 and Research Director in FOSCAL and Medical School, UDES

Peter Anderson  
Newcastle University  
United Kingdom  
MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA)  
peteranderson.mail@gmail.com  

Translational and implementation research alcohol science to practice and policy

Peter Delobelle  
University of the Western Cape  
South Africa  
DM07: SMART2D - A people-centred approach through Self-Management and Reciprocal learning for the prevention and management of Type-2 Diabetes  
pdelobelle@gmail.com  

My background is in health systems promotion, focusing on health policy and NCDs. I am the project manager of the international SMART2D study to improve diabetes prevention and care through integrated people-centred health systems and involved in the collaboration for evidence-based healthcare and public health in Africa (CEBHA+).
Philippe Robaey

University of Ottawa
Canada
MH08: Shared Care for ADHD in Children and Youth: Merging the Canadian and Chinese Experiences
probaey@cheo.on.ca

Dr. Robaey is a child and adolescence psychiatrist. He has been awarded over 10 M$ in peer-reviewed research grant. Dr. Robaey is author of over 80 papers and as delivered about 350 lectures. He recently he started working on services of mental health services in primary care.

Pilikki Absetz

Collaborative Care Systems Finland; University of Eastern Finland
Finland
DM07: SMART2D - A people-centred approach through Self-Management and Reciprocal learning for the prevention and management of Type-2 Diabetes
pilikki.absetz@gmail.com

I have 20 yrs of experience in design, dissemination and implementation of behavioral interventions to promote health and prevent cardio-metabolic diseases in diverse real-world settings in HIC and LMIC. I’ve collaborated with private, public, and non-governmental organizations, and as an SME partner in international research projects.

Puhong Zhang

The George Institute for Global Health
China
DM02: Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes
zpuhong@georgeinstitute.org.cn

Associate Director, The George Institute, China  Associate Professor, Faculty of Medicine, UNSW Sydney  Epidemiologist Interested in research on diabetes, nutrition and lifestyle, women’s & children health and mHealth
Rajesh Vedanthan

New York University
USA

HT13; DM15: Optimizing linkage and retention to hypertension care in rural Kenya; Bridging Income Generation with Group Integrated Care (BIGPIC)
rajesh.vedanthan@nyulangone.org

Rajesh Vedanthan, MD MPH, is an Associate Professor and the Director of the Section for Global Health in the Department of Population Health at the NYU School of Medicine. His research interests include global cardiology, global health, implementation research, and capacity building.

Ramona Hiltensperger

Ulm University
Germany

MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES)
ramona.hiltensperger@uni-ulm.de

I am a research assistant in the project UPSIDES. After I graduated my master’s degree in psychology I started working with the UPSIDES team at University Ulm. UPSIDES is a large multicentre study, which aims to develop and implement a peer support intervention for mentally ill people in high and low-income countries. Ulm is the coordinating center of the study. I am mainly responsible for the implementation of the intervention here in Ulm, but partly I am also involved in tasks concerning the coordination of the project across the eight study sites.

Raymond Lam

University of British Columbia
Canada

MH06: Enhanced Measurement-Based care Effectiveness for Depression (EMBED): A Canada-China implementation project
r.lam@ubc.ca

I am a psychiatrist and Professor and BC Leadership Chair in Depression Research at UBC conducting research in clinical/neurobiological factors in depression, clinical trials and guidelines, and mobile health applications. I am a lead investigator in the CAN-BIND biomarker network and executive director of the APEC Digital Hub for Mental Health.
Renata Mendes
UFSCar
Brazil
Physiotherapy Department
renatamendes@ufscar.br

I am a young researcher of the Postgraduate Program in Physiotherapy of UFSCar and currently coordinate studies that involve the investigation of the cardiovascular system and risk factors in patients with chronic lung disease.

Ricardo Angeles
McMaster University
Canada (Permanent Resident)
DM04: Community Health Assessment Program in the Philippines (CHAPP)
angelesric@gmail.com

I was a physician/researcher in the Philippines, Assistant Dean for Graduate Studies in a University Medical School, and a public health officer (Epidemiology/Environmental Health) with 7 years of teaching (medical school/graduate school) experience. As a Research Associate/Asst. Professor in Canada, I am involved in health promotion, primary care research, and global health research.

Ricardo Araya
King’s College London
United Kingdom
MH03: Optimising implementation strategies of the scale-up of a primary care psychological intervention: The Friendship Bench
ricardo.araya@kcl.ac.uk

I am a psychiatric epidemiologist with interest in developing and implementing integrated interventions for chronic diseases.
Robert Schwartz

University of Toronto
Canada
LD06: RETRAC2: Research on Commercial Tobacco Reduction in Aboriginal Communities
robert.schwartz@utoronto.ca

Professor, Dalla Lana School of Public Health, University of Toronto; Executive Director, Ontario Tobacco Research Unit; tobacco control policy relevant research; public health policy; evaluation and intervention research

Ruben Alvarado

Universidad de O'Higgins
Chile
ruben.alvarado@uoh.cl

Psychiatrist, Master of Public Health, PhD in Psychiatry and Community Care. I am Head of Institute of Health Sciences in Universidad de O'Higgins. My principal areas of interest are: Mental Health in specific population (indigenous, inmates, migrants, etc.), Social Determinants of Health (specially job conditions and social capital) and development of Policies and Services in Mental Health.

Sara Fascendini

Fondazione Europea di Ricerca Biomedica (FERB)
ITALY
MH29: How to best meet the needs of people with dementia with severe behavioural disturbances. Toward a respectful and cost-effective model (RECAGE)
sara.fascendini@gmail.com

Geriatrician, Director of Alzheimer Center FERB onlus in Gazzaniga, Italy. Co-PI of Recage project. Member of the Italian Association of Psychogeriatrics, member of Lombardia Regional Steering Committe of the Italian society of Geriatrics and Gerontology (SIGG). Expert in Person Centred Care and Dementia Care Mapping.
Shahirose Premji

York University
Canada
MH09: Screening and management of perinatal depression within primary care
premjis@yorku.ca

Emotional well-being of women along the continuum of pregnancy, biological to adverse outcomes (eg, preterm birth), and health systems strengthened related to screening and management.

Shalini Bassi

Consultant-HRIDAY & Project Manager-Public Health Foundation of India (PHFI)
India
LD14: Preventing smoking uptake among adolescents: A primary prevention initiative for chronic lung disease
shalini@hriday-shan.org

Professionally trained in public health and clinical nutrition. I hold a Master degree in Nutrition and Dietetics from the University of Delhi (India). Much of my work has been on development, implementation, management and evaluation of multi-component behavior change interventions for multiple settings, including, schools, colleges, marginalized communities and workplaces on prevention and control of Non-Communicable Disease (NCDs) risk factors. My research experience and interests lie in the field of tobacco control and cessation, promotion of healthy diet and physical activity, diabetes and CVD prevention and management, childhood obesity through public health policies and setting-based interventions. I have published in leading national and international peer reviewed journals in the field and contributed to book chapters/reports.
Sireesha Bobbili

Centre for Addiction and Mental Health
Canada
MH13: Exploring Stigma, Discrimination and Recovery-Based Perspectives toward Mental Illness and Substance Use Problems among Primary Healthcare Providers in Ribeirão Preto, Brazil: A Randomized Controlled Trial
sireesha.bobbili@camh.ca

As a Project Manager with the WHO/PAHO Collaborating Centre at the Centre for Addiction and Mental Health in Toronto, Canada, Sireesha has conducted global research regarding mental health capacity building, stigma and discrimination, the social determinants of health (specifically ethnic/racial disparities), public health policy, violence against women and using technology to bridge the treatment gap. She is pursuing a PhD in Public Health at the University of Toronto.

Sridhar Vaitheswaran

Schizophrenia Research Foundation (SCARF), India
India
MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India & Tanzania (CST-International)
sridhar.v@scarfindia.org

1. Project Coordinator - Infosys Dementia Care in SCARF (DEMCARES), since January 2015 till date
2. Project Lead WHO multi-centre study to validate a tool to measure caregiver experience in dementia in India
3. Principal investigator for the Scottish site in Randomized, Double-Blind, Placebo-Controlled, Parallel-Group, 15-Month Trial of Leucocetylomethylthioninium bis (hydromethanesulfonate) in Subjects with Mild and Mild to Moderate Alzheimer's Disease
4. An evaluation of telehealth for assessment and management of dementia in remote Scottish communities

Sumathy Rangarajan

Population Health Research Institute, McMaster University
Canada
HT02: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries, HOPE-4
sumathy.rangarajan@phri.ca

Global cardiovascular trials and registries
Sunanta Klibthong

Instructor at Ratchasuda College, Mahidol University, Thailand
Observer: Health System Research Institute (HSRI), Thailand Team
sunantak21@gmail.com

As a researchers at the Ratchasuda College, Mahidol University, to develop disability inclusive policy on NCD prevention and control, the national NCD-related policies, programs and interventions should be systematically reviewed with recommendations.

Susan Meffert

UCSF
United States
MH31: Evaluating Implementation Strategies to Scale-up Transdiagnostic Evidence-based Mental Health Care in Zambia
Susan.meffert@ucsf.edu

Susan M. Meffert M.D., M.P.H. is an Associate Professor in the University of California, San Francisco (UCSF) Department of Psychiatry and UCSF Global Health Sciences Faculty Affiliate. Dr. Meffert has worked to address mental health care needs for populations in low-and-middle-income countries since 1997 through clinical and implementation science research.

Tara McCready

Population Health Research Institute
Canada
HT02: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries, HOPE-4
tara.mccready@phri.ca

Global cardiovascular trials and registries.
Tatiana Villacres

PUCE
ECUADOR
LD07: Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries
taty_villacres@hotmail.com

I am an economist with an MA in Economics from McMaster and MSc in Population and Development from LSE. I have worked in the Health Economics field since 7 years ago, specially in HTA. Now, I am developing the project funded by GACD since 2016 in Ecuador.

KR Thankappan

Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum
India
HT06: Improving the control of hypertension in rural India: overcoming the barriers to diagnosis and effective treatment
kr.thankappan@gmail.com

Prof Thankappan, a public health physician trained in India and at Harvard, is currently working as Emeritus professor at Sree Chitra Tirunal Institute for Medical Sciences and Technology, Trivandrum, India. His research interests are NCDs and their risk factors. He is leading a major project on NCDs in Kerala, India.

Urvita Bhatia

Sangath, Goa, India
India
MH33: IMPRESS, Sangath, India
urvita.bhatia@sangath.in

Experience: Development and evaluation of psychosocial interventions, for addictions and common mental disorders.
Interests: Clinical research (evaluation and implementation research), mixed-methods research, addictions, common mental disorders, gender-based violence
Wachara Riewpaiboon  
Dean of Ratchasuda College, Mahidol University Thailand  
Observer: Health System Research Institute (HSRI). Thailand Team  
wachara16@gmail.com

Instructor and researcher at the Ratchasuda College, Mahidol University Thailand, which has the mandate on knowledge production by doing research and policy advocating in order to create the quality of life of persons with disabilities in Thailand. In the context of Thailand we are research partner of the Health Systems Research Institute (HSRI) which is the focal point of health systems and policy research networking. So, it would be very useful if we could have an opportunity to attend the implementation research workshop for our research capacity building.

Wan-Chun (Erick) Huang  
Woolcock Institute of Medical Research  
Australia  
LD16: An integrated health-sector strategy to combat COPD and asthma in Vietnam: A pragmatic stepped intervention cluster randomized trial  
erick720730@gmail.com

I am a respiratory physician with research interests in COPD and asthma. My current research involves management of COPD and asthma in Vietnam.

Winnie Cherotich Matelong  
Moi University  
Kenya  
DM15: Bridging Income Generation with Group Integrated Care (BiG PIC)  
winiematt@gmail.com

A highly motivate health worker with experience in research implementation for over five years in Western Kenya. I have trained as a nurse and currently pursuing a Masters in Public Health. Through my training and experience, I have developed an understanding of health issues affecting low and middle income countries. We are currently implementing a randomized control trial that looks at the two interventions; Group Medical Care and Micro-Finance with the aim of reducing CVD risk among pre-diabetic and diabetic patients. We aim to inform policy and practice on NCD management in Kenya.
Xiangxian Feng
Changzhi Medical College
China
HT04: A school-based education program to reduce salt intake in children and their families
xfeng66@163.com

Professor Xiangxian FENG, MD; MPh; PhD. Vice President of Changzhi Medical College. Member of standing Committee of Cancer Epidemiology Committee of China Anti-Cancer Association. The chairman of Society of Epidemiology of Shanxi province. Deputy Chairman of Shanxi Cancer Epidemiology Committee, Executive Director of Shanxi Preventive Medicine Association.

Xiaoyan Wu
Anhui Medical University
China
MH09: Screening and management of perinatal depression within primary care
xywu85@126.com

Scientific research is mainly focused on the epidemiology of chronic diseases. It is responsible for more than 30 international cooperation projects and provincial scientific research projects, including the National Natural Science Foundation of China, Chinese National key R & D Program, MRC project etc. I have published more than 130 academic papers in academic journals both at home and abroad, as well as 10 textbooks and academic monographs. Aside from these, my research work has been awarded two the second prize of Science and Technology Progress in Shanxi Province, and "Shanxi Province in public health and preventive medicine outstanding contribution award".

Xuanchen Tao
The George Institute for Global Health
China
DM02: Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes
tao@georgeinstitute.org.cn

My research interests include diabetes, NCDs, primary healthcare, implementation science and health system research. I've done research projects in Vietnam and China. Right now, I’m engaged with a GACD funded cRCT trial which aims to improve the health conditions of T2DM patients through mhealth techniques and engaging lay family health promoters.
Yangfeng Wu

Peking University
China
HT04: A school-based education program to reduce salt intake in children and their families
wuyf@bjmu.edu.cn

Having over 30 years of research experiences in prevention and control of cardiovascular disease

Yena Lee

University of Toronto
Canada
MH10: Standardizing the treatment, prevention, and management of depression in China: a multi-disciplinary approach
yena.lee@uhn.ca

Yena Lee is a PhD student at the Institute of Medical Science, University of Toronto, Canada. Her research focuses on the neurobiology of inflammatory and metabolic disturbances and predictors of clinical response to pharmacological treatments in mood disorders. Her recent first-authored publication investigates applications of machine algorithms to predict therapeutic outcomes in depression. researchgate.net/profile/Yena_Lee4

Yuxia Ma

Heibei Medical University
China
DM02: Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes
mayuxia@hebmu.edu.cn

Dr. Yuxia MA, professor for Nutrition of Hebei Medical University, which is also the President of Hebei Provincial Nutrition Society.
Celina Gorre

Executive Director, GACD Secretariat
United Kingdom
c.gorre@gacd.org

Celina Gorre is the Executive Director of the Global Alliance for Chronic Diseases. In that role, she heads up the GACD Secretariat team based at UCL in London. Previously, Celina was the Managing Director of the Foundation for the United Nations Global Compact. From 2007-2009, Celina was in the field with UNFPA and UNICEF in Angola as a Senior HIV/AIDS Advisor, advising the government of Angola on its HIV strategy, child survival and nutrition programmes, and companies on their social and community investments. Celina holds a Masters in Public Health in Epidemiology from UCLA and a Masters in Public Administration from the Kennedy School of Government at Harvard University.

Dorothea Kanthack-Chan

Senior Programme Officer, GACD Secretariat
United Kingdom
d.kanthack@gacd.org

Dorothea Kanthack-Chan coordinates the joint activities of the GACD member agencies, which includes the support of Board and Management Committee activities such as research call development and joint peer review. In addition, she supports the Executive Director in the implementation of the strategic plan of the GACD. Dorothea has a Masters in Global Politics from the London School of Economics (LSE) and received her BA in Politics and Public Law from the University of Mannheim.

Faye Bassett

Executive Coordinator, GACD Secretariat
United Kingdom
f.bassett@gacd.org

Faye provides key administrative support and operations management for GACD. She provides Board and committee support to coordinate and document GACD meetings, and leads on the logistical and HR aspects of all GACD activities. Faye has a first class degree in English Language and Linguistics with Chinese from the University of Reading. After gaining previous experience in project management and marketing, including a placement in China, Faye has worked for UCL coordinating the communications, HR and finance functions of the Institute for Global Health, since January 2013.
**Global Alliance for Chronic Diseases**  
**7th Annual Scientific Meeting**  
12 - 16 November 2018  
**São Paulo, Brazil**

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**Gary Parker**

Research Coordinator, GACD Secretariat  
United Kingdom  
gary.parker@gacd.org

Gary is responsible for managing the joint activities of the funded research teams, particularly concentrating on the strategic, logistical and research management of the GACD research network. Previously, Gary worked at KwaZulu-Natal Research Institute for Tuberculosis and HIV (K-RITH) in Durban, South Africa; coordinating and managing randomized control trials, clinical trials and clinical observational studies primarily focused on issues around diagnosis, prevention and treatment of HIV and TB. He has worked in the area of clinical and public health research since 2008. Gary holds a Masters in Research Psychology from the University of KwaZulu-Natal, focusing on social network correlates of HIV voluntary counselling and testing.

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**Rosie Bartlett**

Communications Manager, GACD Secretariat  
United Kingdom  
r.bartlett@gacd.org

Rosie Bartlett controls all communications functions for the GACD, including the website, social media, press outreach, advocacy with policymakers, as well as all internal communications within the Alliance. She also directs the alliance’s communications strategy. A journalist by trade, Rosie comes from over 15 years at the BBC World Service and has reported for on international news and development around the world. She holds a BA Hons in French and Spanish from Manchester Metropolitan University.
HT01: Utilizing HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa

Funded by: CIHR, CSN, GCC, IDRC; Duration: 5 years
Study location: Rwanda, South Africa, Uganda

Investigators
Pis
Barbara Mukasa, Mildmay Uganda, Lweza, Uganda
Julius Kamwesiga, IntraHealth Rwanda, Kigali, Rwanda
Andre Kengne, South African Medical Research Council, Cape Town, South Africa
Edward Mills, University of Ottawa, Ottawa, Canada
Jean-Claude Tayari, Rwanda Ministry of Health, Kigali, Rwanda

Abstract:
Primary Research Aim
The study aims to evaluate the effectiveness of active-case finding and to investigate the presence of cardiovascular disease risk factors in patients attending antiretroviral treatment services. These findings are to inform intervention programs seeking to ensure optimum integrated HIV and NCD care to HIV+ individuals.

Design: Mixed-methods cross-sectional survey and qualitative study

Current Status
In South Africa we have completed three waves of the project:
Wave 1: Investigating the prevalence, awareness, treatment and control of chronic non-communicable disease risk factors, particularly hypertension, in patients attending HIV-treatment centres in the Western Cape Province of South Africa
Wave 2: Integrating HIV and NCD care: Perceptions, attitudes and practices of healthcare providers in the Western Cape Province of South Africa
Wave 3: Health Systems Readiness to Manage the Hypertension Epidemic in the primary health care facilities in the Western Cape, South Africa

Key formative results
Uganda: 939 out of 1036 (93.5%) of patients with NCD-HIV co-morbidity 1.8% have been managed for stroke and 0.2% for Deep Venous Thrombosis; 97(6.5%) of the patients are diabetic while 51(4.9%) are both hypertensive and diabetic. Of the hypertensive patients, 845(90%) are on Anti Retro Viral Therapy (ART), of whom, 64((7.6%) are on protease inhibitor specific ART regimen. Protease inhibitors are known to predispose to dyslipidaemia, which is a risk factor for cardiovascular disorders.

South Africa: The distribution of body size phenotypes in people with human immunodeficiency virus (HIV) infection has yet to be characterized. We assessed the distribution of body size phenotypes overall, and according to antiretroviral therapy (ART), diagnosed duration of the infection and CD4 count in a sample of HIV infected people recruited across primary care facilities in the Western Cape Province, South Africa. Adults aged ≥ 18 years were consecutively recruited using random sampling procedures from 17 different HIV/AIDS public facilities in the Western Cape, and
their cardio-metabolic profile were assessed during March 2014 and February 2015. They were classified across body mass index (BMI) categories as normal-weight (BMI < 25 kg/m²), overweight (25 ≤ BMI < 30 kg/m²), and obese (BMI ≥ 30 kg/m²), and further classified according to their metabolic status as "metabolically healthy" vs. "metabolically abnormal" if they had less than two vs. two or more of the following abnormalities: high blood glucose, raised blood pressure, raised triglycerides, and low HDL-cholesterol. In this relatively young sample of HIV-infected individuals (n=748), metabolically abnormal phenotypes were found to be frequent across BMI categories.

Blood pressure profiles were collected for 827 HIV positive participants and preliminary analysis of the screening data conducted during the first phase of our own study showed that 31% of the HIV/ART participants in the survey suffered from hypertension with only 33% being aware of their condition, and among whom 89% were on anti-hypertensive treatment, with only about half of these achieving target blood pressure control levels.

In the qualitative part of the study we investigated the perceptions of healthcare providers regarding the integration of HIV and NCD care. A total of 40 interviews were conducted. Integration of chronic care is seen as important by providers but implementation could be influenced by the availability of resources and physical structures across facilities.

The study demonstrates sub-optimal management of a highly treatable condition in patients regularly attending healthcare services.

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

Funded by: CIHR, CSN, GCC, IDRC; Duration: 5 years
Study location: Colombia, Malaysia

Investigators
PIs
J-D Schwalm, Population Health Research Institute, Hamilton, Canada
Amir Attaran, University of Ottawa, Ottawa, Canada
Patricio Lopez, Universidad de Santander, Bucaramanga, Colombia
Juan Gonzalo Lopez Casas, Instituto Nacional de Salud, Bogota, Colombia
Martin McKee, London School of Hygiene and Tropical Medicine, London, United Kingdom
Khalid Yusoff, Universiti Teknologi MARA, Selangor, Malaysia
Salim Yusuf, Population Health Research Institute, Hamilton, Canada & McMaster University, Hamilton, Canada
Ariffin Omar Zainal, Ministry of Health Malaysia, Putrajaya, Malaysia

Research team
Paul Camacho-Lopez, Universidad Autonoma de Bucaramanga, Bucaramanga, Colombia
Ng Kien Keat, Universiti Teknologi MARA, Selangor, Malaysia
Tara McCready, Population Health Research Institute, Hamilton, Canada
Hadi Musa, Population Health Research Institute, Hamilton, Canada
Eleanor Ng, Population Health Research Institute, Hamilton, Canada
Robby Nieuwlaat, Population Health Research Institute, Hamilton, Canada
Abstract:

**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. This program will be evaluated in a cRCT with a formative research strategy and it involves: (a) simplified WHO-supported algorithms that are implemented by non-physician health workers and further supported by pre-programmed e-health tablet technologies, (b) evidence-based CV medications that includes a combination of anti-hypertensives and a lipid-lowering agent, and (c) patient-nominated treatment supporters (friends or family members) to help optimize long-term lifestyle modification and adherence.

**Design:** Formative research for a cluster RCT

**Current status**

To date, all 30 communities of HOPE-4 have completed enrollment and randomization to either intervention or control arms. In October 2018, 27/30 communities have completed their final 1 Year visits and by December 2018 we expect the remaining visits to be completed. Over the past 6 months the study has begun transitioning to focus on ensuring all data has been obtained.

**Milestones:** In June 2018 the HOPE-4 nonphysician healthcare training model was published in the Global Heart’s journal and in September 2018 the HOPE-4 design was published in the American Heart Journal.


**Challenges:** Due to the length of the study, and the required presence of participants at visits, missed scheduled visits has always been a risk to this study. By ensuring that all participants provided detailed contact information at the start of the study, teams have managed to minimize the number of visits missed.

**Key preliminary results:**

Insights on barriers to hypertension detection, treatment and control:

1. at the individual and community, healthcare delivery, policy and governance, and environmental levels in Malaysia;
2. as areas for prioritization for policy and intervention to improve hypertension management in Colombia, such as training for health professionals on patient and health systems management issues, reduction or elimination of co-payments, among other barriers.
HT03: DREAM-GLOBAL: Diagnosing hyperTension - Engaging Action and Management in Getting Lower Bp in Aboriginal and LMIC

Funded by: CIHR, CSN, GCC, IDRC; Duration: 5 years
Study location: Canada, Tanzania

Investigators
Pis
Norm Campbell, University of Calgary, Calgary, Canada & Libin Cardiovascular Institute of Alberta, Calgary, Canada
Peter Liu, University of Ottawa Heart Institute, Ottawa, Canada
Sheldon Tobe, Sunnybrook Research Institute, Toronto, Canada
Karen Yeates, Queen's University, Kingston, Canada

Abstract:
Aims & objectives
The primary objective of the study is to assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension. Secondary objectives include evaluating the efficacy of community BP measurement and SMS messaging for diagnosing hypertension in Aboriginal Canadian and rural Tanzanian people at risk of developing this health problem. A third objective is to document and explore associations between SMS messaging and community BP measurement with patient and healthcare provider satisfaction and interest in the program during the study.

The project is being carried out in five aboriginal communities in Canada and two in Tanzania. Adult patients with uncontrolled hypertension can be enrolled into the BP control study, and those without hypertension but at high risk of developing this condition into the BP screening study if they meet the study inclusion criteria and have none of the exclusion criteria. Participants will be screened prior to enrollment and undergo a follow-up period of at least 12 months. We have introduced and will test the efficacy of an SMS (e-voucher) model of drug access/distribution in Tanzania through private partnerships with drug distributors.

Lessons Learnt/Conclusions to Date
It is critical to develop multi-faceted, and realistic health interventions in collaboration with the communities. Based on community-based participatory research (CBPR), we aimed to develop implementation tools to guide complex interventions. As a result, the I-RREACH tool was designed by the research team to facilitate implementation of the intervention and to identify existing strengths and areas requiring further development for an effective implementation. I-RREACH has been found to be easily adaptable to diverse geographical and cultural settings and can be further adapted to other complex interventions. As recruitment and retention with communities is a priority, regular engagement with communities and site visits can help to maintain partnerships and sustain community interest.
HT04: A school-based education program to reduce salt intake in children and their families

Funded by: MRC-UK; Duration: 2 years (Project Completed)

Study location: China

Investigators

PIs
Feng He, Queen Mary University of London, London, United Kingdom
Graham MacGregor, Queen Mary University of London, London, United Kingdom
Yangfeng Wu, The George Institute for Global Health - China, Beijing, China

Research team
Xiangxian Feng, Changzhi Medical College, Shanxi, China
Stephen Jan, The George Institute for Global Health, Sydney, Australia
Jun Ma, Peking University, Beijing, China
Jing Zhang, The George Institute for Global Health - China, Beijing, China
Ching-Ping Lin, The George Institute for Global Health - China, Beijing, China
Yuan Ma, Queen Mary University of London, London, United Kingdom
Caryl Nowson, Deakin University, Melbourne, Australia
Haijun Wang, Peking University, Beijing, China
Lijing Yan, The George Institute for Global Health - China, Beijing, China

Abstract:

Aims & objectives
To determine whether an education program targeted at primary school children could lower salt intake in children and their families.

Design: Cluster-randomised controlled trial in 28 primary schools in urban Changzhi, northern China. 279 children in Grade 5 of primary schools with mean age of 10.1 years will be enrolled, and 553 adult family members (age 43.8 years) will also participate in the assessments.

Current Status
The study has been successfully completed. The main paper has been published in BMJ. Cost-effective analysis is completed and manuscript is to be submitted shortly. Process evaluation analysis is in progress. Iodine sub-study: Iodine measurement completed and paper published in BMJ Open.

The study demonstrates that an education programme delivered to primary school children as part of the usual curriculum, is effective in lowering salt intake in children and their families. This offers a novel and important approach to reducing salt intake in the population where most of the salt in the diet is added by the consumers. The reduction in salt intake lowers blood pressure, but does not compromise iodine status in northern China where universal salt iodisation is mandatory.

A book on the intervention program has been sent to 20 members of the National Committee of the Chinese People's Political Consultative Conference who have interests in salt and health. Policies to promote salt reduction and salt substitute are expected to be proposed through the committee.

Upon publication of the BMJ paper, both WASH (World Action on Salt and Health) and The George Institute issued press releases which were picked up by many media outlets, generating wide media coverage in the UK, China and many other countries. The research has had a wide reach, and has been disseminated to policy makers, health professionals and a large proportion of the general population.
With support from NIHR, we have set up an action group, Action on Salt China (ASC). ASC is an NIHR (National Institute for Health and Research) funded Unit, led by Queen Mary University of London, The George Institute China, Chinese Center for Disease Control and Prevention (China CDC), National Health Education Center and National Food Safety Risk Assessment Center, in partnership with provincial health and education authorities. ASC aims to develop and implement a comprehensive, effective and sustainable national salt reduction programme to help achieve the WHO’s recommended salt intake in China.

We also aim to scale-up the original School-EduSalt programme. A proposal to carry out a scale-up study has been submitted to MRC/GACD.

**Milestones**
- Action on Salt China set up in June 2017
- A proposal for a scale-up study submitted to MRC/GACD in September 2018

**Challenges**
Engaging the education and health authorities

**Key results:**
- The intervention was effective in lowering salt intake: -1.9g/day among children and -2.9 g/day among adults
- The effect on systolic blood pressure was -0.8 mm Hg in children and -2.3 mm Hg in adults
HT05: Treating hypertension in rural South Africa: A clinic-based lay health worker trial to enhance community-based outreach services for integrated chronic care

Funded by: MRC-UK; Duration: 3 years
Study location: South Africa

Investigators

PIs
Jane Goudge, University of the Witwatersrand, Johannesburg, South Africa
Margaret Thorogood, University of Warwick, Coventry, United Kingdom

Research team
Tobias Chirwa, University of the Witwatersrand, Johannesburg, South Africa
Sandra Eldridge, Queen Mary University of London, London, United Kingdom
Xavier Gomez-Olive, University of the Witwatersrand, Johannesburg, South Africa
Chodziwadzwa Kabudula, University of the Witwatersrand, Johannesburg, South Africa
Felix Limbani, University of the Witwatersrand, Johannesburg, South Africa
Eustasius Musenge, University of the Witwatersrand, Johannesburg, South Africa
Mandy Maredza, University of the Witwatersrand, Johannesburg, South Africa
Nkosinathi Masilela, University of the Witwatersrand, Johannesburg, South Africa
Nokuzola Myakayaka, University of the Witwatersrand, Johannesburg, South Africa
Stephen Tollman, University of the Witwatersrand, Johannesburg, South Africa
Rhian Twine, University of the Witwatersrand, Johannesburg, South Africa

Abstract:

Aims & objectives
The aim of the trial is 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

The research objectives of the trial are to:

- Compare the effectiveness of clinic based lay health workers to ‘usual care’, in improving the management of hypertension (including access to care, adherence to treatment, and management), in rural South Africa.
- Conduct a realist evaluation to understand the patient, intervention, implementation, health system and community barriers and facilitators that explain patient outcomes in the intervention and ‘usual care’ clinics.
- Contribute specific recommendations to strengthen policy and practice in similar rural settings of South and Southern Africa.

Current Status
Our intervention phase is complete and we have also completed the second cross sectional survey. So far, the process evaluation has shown primary care clinics under enormous strain due to the rapid increase in the numbers of patients with chronic diseases attending the clinics. This is partly due to the rollout of ARV medication for people who are HIV positive, but also due to health authority policy to refer chronic patients routinely attending hospital outpatients back to local clinics. Equipment in the clinics, especially blood pressure machines and cuffs fail repeatedly due to very heavy use.

Key results:
- No improvement in BP control among users of intervention clinics as compared with control clinics.
• Lay health workers improved clinic functioning, including overall attendance, and attendance on the correct day.
• Non-linearity between implementation process and outcomes at clinic level: variability in implementation and outcomes between sites likely a consequence of different levels of patient load and resources, nature of relationships and clinic management - clinics with high patient loads, had LHWs unable to complete all tasks.
• Strong management, skilled LHW, functional equipment and good relations, are essential for success in task shifting

### HT06: Improving the control of HT in rural India: overcoming the barriers to diagnosis and effective treatment

**Funded by:** NHMRC; **Duration:** 3 years

**Study location:** India

**Investigators**

**PIs**

Amanda Thrift, Monash University, Melbourne, Australia  
Brian Oldenburg, University of Melbourne, Melbourne, Australia  
Clara Chow, The University of Sydney, Sydney, Australia & The George Institute for Global Health, Sydney, Australia  
Nihal Thomas, Christian Medical College Vellore, Vellore, India  
Pallab Maulik, The George Institute for Global Health - India, New Delhi, India  
Velandai Srikanth, Monash University, Melbourne, Australia  
Ajay Mahal, University of Melbourne, Melbourne, Australia  
Roger Evans, Monash University, Melbourne, Australia  
Rohina Joshi, The George Institute for Global Health, Sydney, Australia & The University of Sydney, Sydney, Australia

**Abstract:**

**Aims & objectives**

There are significant barriers to the diagnosis and treatment of hypertension in both urban and rural regions of India, and there is some evidence that individual and system barriers differ according to the stage of transition of the population. Our research is being undertaken in three diverse rural regions in India, each of which is at a different stage of economic and epidemiological transition (early, middle, late) to identify and explore these potentially different barriers and knowledge gaps in the diagnosis treatment and management of hypertension.

We are employing common recruitment and study methods across these settings in order to address the following aims:

- Quantify and identify the determinants of the prevalence, awareness, treatment, and control of hypertension in three different rural populations in India.
- Identify barriers to hypertension control.
- Develop and pilot intervention strategies to improve the control of hypertension.

**Current status**

The study is completed, and data analysis and report writing is continuing.

**Milestones**
1) Completion of survey of 14,500 participants from three diverse rural regions, including blood pressure (BP), weight, height, waist circumference, and questionnaire-based measurements.

2) Health workers delivered a 3-month intervention to participants in their villages. The intervention training programme, manual and evaluation materials are largely pictorially-based and are available online. Health workers’ knowledge of hypertension improved with the training programme. Research officers, who observed the community-based meetings, reported that the health workers delivered the intervention effectively. Health workers reported that the training materials were easy to understand and useful in educating members of their community.

3) Six students have assisted in cleaning and analysing the data, and manuscripts are in various stages of preparation.

Challenges

- Entering and cleaning the data for analysis was a major challenge, and was partly attributable to the large number of surveys completed, and delays to the start of recruitment across centres. The data are all entered, and cleaning is undertaken in stages as data are analysed. The majority of data have been cleaned and analysed.
- Obtaining buy-in from the research team to write manuscripts has been a major challenge, largely because the team have other priorities for keeping to schedule on other funded studies.

Publication:

Online training materials:
The health worker training and evaluation materials are freely available online at:
DOI: https://doi.org/10.4225/03/5975a0f9da160

The health worker meeting resources, flipcharts and handouts are available at:
DOI: https://doi.org/10.4225/03/5967f9a94970d

Key preliminary results:

- Training of health workers to understand hypertension, compared to no training, improved knowledge of hypertension and its risk factors by health workers by 70-90%.
HT07: A smartphone-based clinical decision support system for primary health

Funded by: NHMRC; Duration: 3 years

Study location: India

Investigators

Pis

David Peiris, The George Institute for Global Health, Sydney, Australia
Anushka Patel, The George Institute for Global Health, Sydney, Australia
Stephen MacMahon, The George Institute for Global Health, Sydney, Australia
Dorairaj Prabhakaran, All India Institute of Medical Sciences, New Delhi, India & Public Health Foundation of India, New Delhi, India
Gari Clifford, The George Institute for Global Health - UK, Oxford, United Kingdom
Pallab Maulik, The George Institute for Global Health - India, New Delhi, India
Rohina Joshi, The University of Sydney, Sydney, Australia & The George Institute for Global Health, Sydney, Australia
Stephen Jon, The George Institute for Global Health, Sydney, Australia
Stephane Heritier, The University of Sydney, Sydney, Australia & Monash University, Melbourne, Australia

Research team

Devarsetty Praveen, The George Institute for Global Health - India, New Delhi, India
Arvind Raghu, Institute of Biomedical Engineering, Department of Engineering Science, University of Oxford
Kishor Mogulluru, The George Institute for Global Health - India, New Delhi, India
M Abdul Ameer, The George Institute for Global Health - India, New Delhi, India

Abstract:

Aims & objectives

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.

The two specific objectives of this project are:

- To develop a multifaceted primary healthcare worker intervention that utilises a mobile device-based clinical decision support system to improve optimal BP control in high risk individuals.
- To evaluate this program utilising a mixed methods evaluation in a cluster randomised trial involving 54 villages in rural Andhra Pradesh.

The intervention is being evaluated using a stepped-wedge cluster randomised, controlled trial (cRCT) of two years duration.

Current status:

- Intervention successfully completed by June 2016.
- Around 226 health workers and 18 doctors from 54 villages belonging to 18 PHCs have been using the SMARThealth platform for 18 months.
- The health workers have screened a total of 53381 eligible adults above the age of 40 years and 8504 high-risk individuals are referred to the doctor till 30th June 2016.
- Process evaluation currently undergoing.

Challenges

- Doctor availability at the PHC is the key challenge.
- The work of the health workers is impeded by the seasonal agricultural work.
- Monthly reports and online refresher training helps keep up the motivation of the health workers.
• Government support for availability of medications at PHCs mandatory.
• The model of task shifting with use of mHealth technology for CVD risk estimation is well accepted to the rural community.

Key results:

• Using the SMARThealth platform increased the detection of people with high CVD risk in the community
• The intervention itself did not show a significant improvement in achieving the recommended BP target of SBP <140mmHg compared to those in the control arm (41.2% vs 39.2%)
• Discordance in risk scores driven by fluctuating BP values (due to normal variability and seasonal variations) resulted in low exposure of the intervention to the evaluation cohort (37.2%)
• Unanticipated seasonal variation in BP in the context of a stepped-wedge trial highlights the inherent risks of this study design

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

Funded by: NHMRC; Duration: 3 years
Study location: Sri Lanka
Investigators
Pis
Stephen Jan, The George Institute for Global Health, Sydney, Australia
Pallab Maulik, The George Institute for Global Health - India, New Delhi, India
Anushka Patel, The George Institute for Global Health, Sydney, Australia
Dorairaj Prabhakaran, All India Institute of Medical Sciences, New Delhi, India & Public Health Foundation of India, New Delhi, India
Anthony Rodgers, The George Institute for Global Health, Sydney, Australia
Simon Thom, Imperial College London, London, United Kingdom
Ruth Webster, The George Institute for Global Health, Sydney, Australia

Abstract:
Aims & objectives
To investigate effectiveness, cost-effectiveness, and acceptability of Triple pill (Triple BP lowering therapy) compared to usual care for early management of high BP in Sri Lanka.

Participants: Adults with high BP despite diet and lifestyle advice or single drug therapy.
Intervention: Triple pill vs. usual care.
Outcome: Proportion of participant achieving target BP at 6 months follow-up.
Sample: n=700, power = 90%, 2α = 0.05, 12% improvement in control rates from 50%.

Current status:
The TRIUMPH study is now complete with main results presented at the American College of Cardiology meeting in Orlando, March 2018 and published in JAMA in September, 2018 (Webster et
We found that use of a triple pill based strategy for the early treatment of hypertension resulted in approximately 70% of patients achieving blood pressure control at 6 months follow-up compared to 55% in the usual care arm. Mean BP at 6 months was 125/76 mmHg and 134/81 mmHg in the triple combination pill and usual care groups, respectively and the adjusted difference in post-randomization BP over the entire follow-up period was 9.8/5.0 mmHg (95% CI: -11.6 to -7.9 mmHg / -6.1 to -3.9 mmHg, both P<.001). Overall, 419 adverse events were reported in 255 patients (38.1% of participants in the triple combination group; 34.8% in usual care) with the most common being musculoskeletal pain (6.0% and 8.0%, respectively) and dizziness/pre-syncpe/syncope (5.2% and 2.8%). There were no significant differences between groups in proportion of withdrawal of BP lowering therapy due to adverse events (6.6% vs. 6.8%).

The process evaluation component of the trial has completed its data collection and is being analysed and written up for publication. The health economics analysis is also underway.

Milestones: Main trial Complete.

Challenges: The conduct of the TRIUMPH study faced several challenges related to conduct of the trial. Due to the novel concept we were testing we had challenges obtaining the required regulatory approvals in the original country that the trial was to be conducted in requiring transferring of the trial to Sri Lanka which was a major logistical exercise and set our timelines back significantly as well as our budget. We also had issues with obtaining sufficient trial supply of drugs which required identifying a new supplier at short notice.

We also noted during the trial that there was reluctance for the investigators to use the higher dose of the triple pill but it was unclear whether this was because patients’ blood pressure was under control or other reasons. Once data analysis was complete it was apparent that our study demonstrated that treatment inertia is prevalent. Even though patients were above target blood pressure (and investigators were very aware of the purpose of the trial) that escalation of blood pressure lowering treatment to achieve targets did not always occur. This demonstrated that broader use of a triple pill strategy will need to occur in the context of a wider strategy that addresses other issues related to poor blood pressure control.

Key results:

- Treatment with a fixed-dose combination pill containing low doses of 3 antihypertensive drugs led to a significant increase in the proportion of patients achieving their target BP goal (70%) compared to usual care (55%) at 6 months in this trial involving 700 patients
- Use of such medication as initial therapy or to replace monotherapy may be an effective way to improve BP control
HT09: Developing the evidence base for a national salt reduction program for India

Funded by: NHMRC; Duration: 3 years
Study location: India

Investigators
Bruce Neal, The George Institute for Global Health, Sydney, Australia
Dorairaj Prabhakaran, Public Health Foundation of India, and Centre for Chronic Disease Control, New Delhi, India
Sailesh Mohan, Public Health Foundation of India, New Delhi, India
Pallab Maulik, The George Institute for Global Health - India, New Delhi, India
Jacqui Webster, The George Institute for Global Health, Sydney, Australia
Anand Krishnan, All India Institute of Medical Sciences, New Delhi, India
K Srinath Reddy, Public Health Foundation of India, New Delhi, India
Graham MacGregor, Queen Mary University of London, London, United Kingdom

Abstract:

Aims & objectives
The overall goal of this 3-year project is to develop the evidence base required to formulate a national salt reduction program for India. This will be done by conducting an integrated, multifaceted research program comprised of stakeholder assessments, population surveys and food supply evaluations. It is hoped this research will then provide the data required to formulate and implement a plausible national salt reduction program for India.

The specific objectives for each research component are:
Stakeholder survey: To obtain a comprehensive understanding of consumer and other stakeholder opinions in relation to the most effective mechanisms for reducing salt intake: Face-to-face in-depth interviews with stakeholders from academia, industry, government, non-government and focus group discussions with consumers.
Population survey: To estimate the mean daily salt consumption of the Indian population, the main sources of salt in the diet, and population knowledge about the adverse effects of salt on health: 24hr urinary sodium excretion/spot urine samples; 24hr dietary recall survey; demography and anthropometry; knowledge, attitudes and behaviors on salt intake using a questionnaire.
Food survey: To estimate the mean and variation in the nutritional quality of common processed and restaurant foods: shop survey to capture nutrition information on packaged food available in Hyderabad and Delhi supermarkets.

Current Status
All the research components have been completed. Population surveys including 1395 participants in North and South India are complete with 24hr urine samples available for 637 individuals from Delhi and Haryana and 758 participants from Andhra Pradesh (65% and 68% response rate, respectively). Approximately 50 stakeholder interviews and 8 focus group discussions have been completed and the analysis and identification of emergent major themes indicate that creating and increasing awareness among the public, reformulation of food by the food industry, assessment and monitoring of salt intake at population level and a regulatory policy, to be the essential elements of a national salt reduction effort.

The survey of processed foods captured 5686 packaged food products. Thirty-two percent (1812) reported sodium values and 43% (2468) had nutrient labelling compliant with local regulations. Mean sodium concentrations were estimated for products in 14 food groups, 33 food categories, and 90 food subcategories and the highest in sodium were sauces and spreads (2,217 mg/100 g) and...
convenience foods (1,344 mg/100 g). Sugar, honey and related products (44 mg/100 g) and confectionary (98 mg/100 g) had the lowest sodium content.

Population based assessment of salt intake using the Gold Standard method of 24 hour urinary sodium excretion is feasible in large studies in low and middle income countries like India, despite high participant burden, with proper preparatory work and quality control measures.

Key results:
- Salt consumption in India is high, with mean population intake well above the World Health Organization recommended maximum of 5 g/day. Intake was 9.45 g/day in Delhi and Haryana and 10.41 g/day in Andhra Pradesh
- Several consumer behaviours related to use of salt during food preparation and consumption of salty products were related to actual salt consumption and therefore appear to offer an opportunity for salt education intervention

HT10: Cost effectiveness of salt reduction interventions in Pacific Islands

**Funded by:** NHMRC; **Duration:** 3 years

**Study location:** Fiji, Samoa

**Investigators**

- Jacqui Webster, The George Institute for Global Health, Sydney, Australia
- Wendy Snowdon, Pacific Centre for the Prevention of Obesity and Non-communicable Diseases, Suva, Fiji
- Marj Moodie, Deakin University, Melbourne, Australia
- Bruce Neal, The George Institute for Global Health, Sydney, Australia

**Abstract:**

**Aims & objectives**

The aim of the project is to evaluate the impact and cost-effectiveness of multi-faceted intervention strategies to reduce salt in the Pacific Islands. With parallel projects in Fiji and Samoa, the objectives were to measure current salt consumption patterns, develop an intervention program to reduce salt in each country and then monitor progress against key indicators. The study used a before and after design and was powered to detect a difference of 0.7 grams/day in population salt intake. A cost-effectiveness analysis is also been undertaken as part of the program.

**Current status**

This NHMRC funded project evaluated the impact of multi-faceted interventions to reduce population salt intake in Fiji and Samoa. The project is complete but follow up work on strengthening and monitoring food policy on five Pacific Island countries is now continuing with funding from the Food and Agriculture Organisation of the United Nations (FAO).

**Milestones**

The project commenced in 2013 and completed in 2017. Teams were employed in the Ministry of Health in Samoa and through C-POND (Research Centre for Obesity and Noncommunicable diseases) in Fiji. The project was completed on time. A series of papers including impact and process evaluations have now been published.

**Challenges**

The intervention required policy changes that it wasn’t possible to implement effectively during the project timescale. Political and management changes also influenced program implementation.
monitoring of salt intake also took up a disproportionate amount of time and resources. However, whilst no change in salt intake was observed during the timescale, changes in behaviour were measured and the interventions have been integrated into the new NCD strategies so the program should continue to yield benefits.

**Key results**

- There was no change in mean population salt intake between 2013 (7.31 g/day) and 2015 (7.50 g/day) in Samoa
- Consumer surveys showed some positive changes for elements of knowledge, attitudes and behaviour.

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

**Funded by:** NHLBI, NIH; **Duration:** 5 years

**Study location:** Peru

**Investigators**

**PIs**

Robert Gilman, Johns Hopkins School of Public Health, Baltimore, United States

Jaime Miranda, Universidad Peruana Cayetano Heredia, Lima, Peru

**Research team**

Antonio Bernabe-Ortiz, Universidad Peruana Cayetano Heredia, Lima, Peru

Maria Cardenas, Universidad Peruana Cayetano Heredia, Lima, Peru

Francisco Diez-Conseco, Universidad Peruana Cayetano Heredia, Lima, Peru

Katie Sacksteder, Johns Hopkins School of Public Health, Baltimore, United States

Vilarmina Ponce-Lucero, Universidad Peruana Cayetano Heredia, Lima, Peru

**Abstract:**

**Aims & objectives**

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.

**Phase 1:** To assess predisposition patterns towards incorporating the new salt substitute into daily cooking among villagers, authorities and other potential stakeholders, in order to inform and construct the structure of the intervention in the local communities and ensure successful implementation. For this, we will use focus groups and in-depth interviews techniques.

**Phase 2:** 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.

**Current status**

**Phase 1: Exploratory Phase (concluded)**

1.1. **Triangle Taste Test (TTT):** We used the sensory discrimination test to assess if the use of potassium-enriched salt substitutes leads to perceived differences in taste. Sample: 156 subjects.

   **Procedure:** Samples of cooked rice prepared with different salts: 100% NaCl (regular salt) and salts where sodium was replaced by 50%, 33% or 25% KCl (potassium-enriched salt). Result: Samples with 25% potassium-enrichment were indistinguishable from regular salt, whereas samples with 33% and 50% were distinguishable.

1.2. **Formative Research: Qualitative Study & Questionnaire to define Product Identity**

   We used in-depth interviews and focus groups (6 villages, 170 male and female dwellers).

   **Main Results:** Women are the family cooks but men opinions about food quality and taste are relevant for women. Salt is considered a key ingredient for food flavor. Even when a high
consumption of salt is considered unhealthy there is no association between salt intake and hypertension. Available salt is very cheap (USD 0.20 p/kilo) and has very low-quality (grey color). Salt substitute is not available in the area and participants in focus groups showed high interest on use it.

Phase 2: Implementation Phase

2.1. Recruitment of participants & baseline: (concluded)

2.2. Production & distribution of salt substitute: (in progress)

Salt substitute with 25% KCl is not available in the market in Tumbes. As a result, a small factory was built to produce the salt substitute by simple combination. The ingredients (common salt and 50% potassium-enriched salt) are bought in Lima, and then transported to Tumbes. As the first step, exchange of common salt for salt substitute is performed in the intervened villages. The salt substitute is freely distributed and delivered to participants.

2.3. Social Marketing Campaign: (in progress)

The implementation started in August 2014. Entertainment-Education activities are used to create favorable conditions to promote the consumption of the substitute (sal Liz).

2.4. Clinical assessment: (in progress)

We are in the middle of a new clinical assessment of the total participants as part of the study design proposed. This is the 5th follow-up we are conducting in our study. Only the final assessment is pending.

Key preliminary results:

- The mean sodium and potassium consumption were 4.4 g/day and 2g/day
- Introducing and promoting salt substitutes require creative strategies that need to acknowledge local explanatory disease models such as the strong association between emotional wellbeing and hypertension, give a positive spin to changing food habits, and resist the “common sense” strategy of information provision around the causal connection between salt consumption and hypertension
- Final results not yet available

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**HT12: Task shifting and blood pressure control in Ghana - a cluster-randomized trial**

*Funded by: NHLBI, NIH; Duration: 5 years*

*Study location: Ghana*

*Investigators*

Olugbenga Ogedegbe, MD, New York University School of Medicine, New York, United States

Jacob Plange-Rhule, MD, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Richard Cooper, MD, Loyola University Health System, Maywood, United States

*Research team*

Joyce Gya'mfi, MS, Senior Research Coordinator, New York University School of Medicine, New York, US

Michael Ntim, MSc, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

Kingsley Apusiga, BSc, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana

*Abstract:*

**Aims & objectives**

This task-shifting strategy for hypertension (TASSH) study will 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 (BP) reduction.

Using a cluster randomized design, 32 community health centers (CHCs) and district hospitals in Ghana were randomized to either the intervention group (16 sites) or the control group (16 sites). A
total of 640 patients with uncomplicated hypertension (BP 140-179/90-99 mmHg and absence of
target organ damage) were enrolled in this study (20 patients per site). The intervention consists of
WHO Package of CV risk assessment, patient education, initiation and titration of antihypertensive
medications, behavioral counselling on lifestyle behaviours, and medication adherence every three
months for 12 months. The primary outcome is the mean change in systolic BP from baseline to 12
months. The secondary outcomes are rates of BP control at 12 months; levels of physical activity,
percent change in weight, and dietary intake of fruits and vegetables at 12 months; and
sustainability of intervention effects at 24 months. All outcomes will be assessed at baseline, six
months and 12 months.

Current Status
We have recruited and randomized 32 health facilities (16 district hospitals, 16 health centers) into
four cohorts; and trained 64 community health nurses (CHNs) in hypertension diagnosis and
treatment of uncomplicated cases. Baseline recruitment and analyses is complete with a total of
757 patients. Final patient recruitment was ~18% more than the estimated recruitment target of
640. A total of 649 patients have completed 12 months follow up, with an 86% overall retention
rate.

Key results
• The provision of health insurance coverage alone and with task shifting, through nurse-
led hypertension control using the WHO CVD Package, led to significant reduction in
systolic blood pressure and improvement in blood pressure control among patients
with uncontrolled hypertension. Combining the nurse-led intervention with the
 provision of health insurance coverage led to a greater reduction in systolic BP than
health insurance coverage alone

HT13: Optimizing linkage and retention to hypertension care in rural Kenya

Funded by: NHLBI, NIH; Duration: 5 years
Study location: Kenya
Investigators
Pis
Valentin Fuster, Icahn School of Medicine at Mount Sinai, New York, United States
Jemima Hoine Kamano, Moi University, Eldoret, Kenya

Research team
Rajesh Vedanthan, Icahn School of Medicine at Mount Sinai, New York, United States
Sylvester Kimaiyo, Moi University, Eldoret, Kenya
Keviner Asigi, Moi University, Kenya
Cynthia Binanay, Duke University, North Carolina, USA
Gerald Bloomfield, Duke University, North Carolina, USA
Catherine Chiliswa, Moi University, Kenya
Briana Cortez, Icahn School of Medicine at Mount Sinai, New York, United States
Allison DeLong, Brown University, Rhode Island, USA
Eric Finkelstein, Duke University, Singapore
Omarys Herasme, Icahn School of Medicine at Mount Sinai, New York, United States
Joseph Hogan, Brown University, Rhode Island, USA
Carol Horowitz, Indiana University, Indiana, USA
Josephine Kisato, Moi University, Kenya
Debra Litzelman, Indiana University, Indianapolis, United States
Derrick Luwembe, Moi University, Kenya
Abstract:

Aims & objectives
The objective of this project is to utilize a multi-disciplinary implementation research approach to address the challenge of linking and retaining hypertensive individuals to a hypertension management program.

Research Objectives and Methodology

Aim 1: Identify the facilitators and barriers to linking and retaining individuals with high blood pressure to a hypertension care delivery program, using a combination of qualitative research methods.

Subsidiary Aim 1.1: Using identified facilitators and barriers, develop a tailored behavioral communication strategy guided by the Health Belief Model modified by incorporating emotional elements for the CHWs to use with hypertensive patients.

Subsidiary Aim 1.2: Using identified facilitators and barriers, develop a smartphone-based tool linked to the AMPATH Medical Record System (AMRS) to be used by CHWs to optimize linkage and retention of hypertensive patients to the care program, and evaluate the usability and feasibility of this tool.

Aim 2: Evaluate the effectiveness of CHWs equipped with a tailored behavioral communication strategy and a smartphone-based tool in improving linkage and reducing blood pressure among hypertensive patients, by conducting a cluster randomized trial.

Aim 3: Evaluate the incremental cost-effectiveness of each intervention arm of the cluster randomized trial.

Current status:
Data collection activities are now complete, and data analysis is now in its final stages. Below is a delineation of progress to-date by study aim.

Aim 1- Barriers and Facilitators to Linkage and Retention
- All activities completed
- Secondary qualitative manuscript nearly finalized

Aim 1.1- Behavioral Assessment and Communication Strategy
- All activities completed
- Content Validity manuscript in preparation

Aim 1.2- Smartphone-based Tool
- All activities completed

Aim 2- Cluster RCT
- Data analysis ongoing
- Final outcomes manuscript and other manuscripts in preparation

Aim 3- Cost-effectiveness Analysis
- Data analysis ongoing
Milestones:
Below is a delineation of milestones to-date by study aim.

Aim 1 - Barriers and Facilitators to Linkage and Retention
- Data collection and analysis completed
- Manuscripts published in JGIM and Trials Journal

Aim 1.1 - Behavioral Assessment and Communication Strategy
- Data collection and analysis completed

Aim 1.2 - Smartphone-based Tool
- Data collection and analysis completed

Aim 2 - Cluster RCT
- Data collection completed
- Abstracts presented at AHA and World Congress of Cardiology
- Preliminary results and analyses presented to Kenyan teams and colleagues in April 2018

Aim 3 - Cost-effectiveness Analysis
- Data collection completed

Challenges:
Below is a list of those challenges encountered to-date.

1. During implementation, we faced difficulty in tracing participants for 12 months follow-up due to several factors: distance to the household, competing roles by the study participant limiting possibility of getting the participants at their households, adverse weather conditions, among others.
2. Data management and cleaning: Several obstacles were presented related to ensuring the integrity and fidelity of participant identity, as well as linking participant research records with clinical records. This study involves multiple data streams and the need to ensure the fidelity and accuracy of recruited individuals. Consequently, the study team experienced a delay in producing the final dataset to be analyzed for the outcomes analyses.

Key results:
- 27 barriers to hypertension care were identified, grouped into individual (cognitive and emotional) and environmental factors.
- Barriers included access to medication from both supply and demand perspectives, costs of care, inadequate training and heavy workloads for nurses, the asymptomatic nature of hypertension as a barrier to seeking care, a lack of health education among the community, HIV stigma, as well as long distances to the nearest health facility, among other barriers.
Abstract:

Aims & objectives

The Primary Research Aim is 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.

The research objectives are to test whether a comprehensive intervention program will lower blood pressure and improve hypertension control among uncontrolled hypertensive patients over an 18-month period compared to usual care and to estimate the cost-effectiveness of the comprehensive intervention program compared to usual care. A cluster randomized trial design was used to randomize 18 public primary care clinics to the intervention and control groups. The 18-month comprehensive intervention program targeted the primary care system through health care provider education, audit and feedback; a home-based intervention among patients and their families provided by community health workers (education and counseling on lifestyle changes and self-monitoring of blood pressure, and improving adherence to antihypertensive medications), and individualized SMS to promote healthy lifestyles and adherence to medication and contact to the primary care doctor.

Current Status

Study completed. Our results indicate a net change in systolic and diastolic BP from baseline to 18 months that was significantly reduced in the intervention group compared to the control group. In addition, the proportion of controlled hypertension at 18 months was significantly increased in the intervention group compared to the control group. Furthermore, high patient’s adherence to antihypertensive medications and physician’s intensification of antihypertensive treatment over the 18-month intervention period, were significantly higher in the intervention group. In conclusion, our study shows that this multilevel comprehensive intervention program is effective for BP control among uninsured hypertensive patients from low-income settings in Argentina.

Key results:
• The community health worker–led multicomponent intervention significantly reduced systolic blood pressure by 6.6 mm Hg and diastolic blood pressure by 5.4 mm Hg compared with usual care over 18 months in 1432 patients with hypertension

**HT15: Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES)**

*Funded by: NIH, NINDS; Duration: 5 years*

*Study location: Nigeria*

*Investigators*

*PIs*
- Bruce Ovbiagele, Medical University of South Carolina, Charleston, United States
- Mayowa Owolabi, University of Ibadan, Ibadan, Nigeria

*Research team*
- Janis Adams, Medical University of South Carolina, Charleston, United States
- Rufus Akinneyemi, University of Ibadan, Ibadan, Nigeria
- Oyedunni Arulogun, University of Ibadan, Ibadan, Nigeria
- Mulugeta Gebregziabher, University of California, San Diego, San Diego, United States
- Samantha Hurst, University of California, San Diego, San Diego, United States
- Joanne Odenkirchen, National Institute of Neurological Disorders and Stroke, Bethesda, United States
- Lanre Olaniyi, University of Ibadan, Ibadan, Nigeria
- Rema Raman, University of California, San Diego, San Diego, United States
- Tunde Salako, University of Ibadan, Ibadan, Nigeria
- Raelle Saulson, Medical University of South Carolina, Charleston, United States
- Salina Waddy, National Institute of Neurological Disorders and Stroke, Bethesda, United States
- Stephanie Warth, Medical University of South Carolina, Charleston, United States

*Abstract:*

**Aims & objectives**

The overall aim of Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES) is 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.

The research objective for the RCT phase of the THRIVES project is to conduct a randomized clinical trial of the developed THRIVES intervention vs. standard post discharge management in stroke patients discharged from four hospitals in Nigeria. Other study objectives will evaluate whether the intervention shows a signal of potential efficacy in reducing the rate of subsequent primary vascular events and investigate whether the intervention compared with usual and customary care will reduce functional disability and enhance quality of life at one year. The final objective is to estimate, in a preliminary fashion, the cost-impact and cost-effectiveness of the THRIVES post discharge intervention, compared with usual and customary care.

**Current Status**

The study’s intervention program, assessments and follow-up have been concluded. Analysis have also began after rigorous cleaning and closing-up of the dataset. First post-intervention manuscript have been submitted to Lancet Global Health Journal.

**Milestones**

1. *Continuation of data analysis and manuscript development:* that revolves around other study objectives and secondary outcomes are currently on-going. Manuscripts will be published in high impact journals.
2. **Policy and Stroke Prevention Bill:** In partnership with the Translating Research Evidence into Public Policy [TREPP] initiative, the Oyo State Government & its Policy makers and other sister studies, the study’s research team were involved in a ‘town-gown’ collaboration to formulate a stroke prevention toolkit. Findings contained in the toolkit have been extracted into a bill to be passed into law before the end of 2018 possibly.

3. **Dissemination of findings is expected to take place under the following platforms:**
   a) The study’s multidisciplinary task force committee platform
   b) International meetings including International Stroke Conference scheduled to hold early next year. Preliminary findings were presented at the International Stroke Conference which took place in Los Angeles, USA in January, 2018.
   c) iResearch day, College of Medicine, University of Ibadan, Nigeria [September, 2019]. Two abstracts were presented at the second iResearch day in September, 2018.
   d) Local and regional meetings during the second Annual Sub-Saharan African Regional conference of the Nigeria Federation for Neurorehabilitation [NFNR] scheduled to take place in December, 2018

4. **Continued collaboration under the COUNCIL Initiative:**
   a) Robust engagement of all stakeholders during development, implementation, dissemination and evaluation of evidence-based pragmatic guidelines with concise implementable recommendations relevant to LMIC needs and socio-economic context

**Challenges**
   a) Disruption as a result of industrial action [strike] by the health sector in Nigeria) was a major challenge to the implementation of the intervention which we overcame.

**Key results**

- The intervention resulted in a clinically significant reduction of systolic/diastolic blood pressure (>10mmHg and 5mmHg) only in the sub-group with a baseline BP of >140/90mmHg at 12 months
- The remaining study findings are still underway
DM01: Improving the management of Diabetes in Pregnancy in Remote Australia

Funded by: NHMRC; Duration: 5 years
Study location: Australia

Investigators
PI
Louise Maple-Brown, Menzies School of Health Research, Darwin, Australia

Abstract:

Primary Research Aim
To improve systems of care and services for women with diabetes in pregnancy in remote Australia.

Research Objectives and Methodology

- To expand the Northern Territory (NT) Diabetes in pregnancy (DIP) Clinical Register across all regions of the NT, thereby scaling-up and extending coverage of an innovative clinical system.
- To establish a DIP Clinical Register in Far North Queensland (FNQ).
- To develop, expand and extend an enhanced model of care and augment health care professionals’ capacity for managing DIP across all regions of the NT and FNQ.
- To improve maternal health post-partum for NT and FNQ Indigenous women with DIP with a systems-based intervention.
- To build capacity in Indigenous health research and share knowledge with Canadian researchers in the field of diabetes and DIP among Indigenous populations.

Current Status
Our health systems intervention to improve maternal health in the post-partum is progressing well. The intervention components were defined in 2017 informed by formative work: increased workforce capacity and improved health literacy of health professionals and women, culturally appropriate care, IT management and communication, a focus on policy and guidelines and using the DIP Clinical Register for quality assurance and epidemiological purposes.

Current work includes educational activities and workshops; some delivered in remote areas, regular communication with clinicians via e-newsletters and dissemination of key findings from the Clinical Register. Hardcopy resources for women to be received at discharge from hospital are in development, and the Indigenous Reference Group will drive the integration of this resource into a toolkit focussing on diabetes across the lifecourse. An interconception Care Plan has been developed for use with community-controlled health service e-systems.

Formative work to evaluate this postpartum systems intervention has commenced with qualitative interviews of health professionals across 3 regions. This work will be complemented by an audit of postpartum care.

Milestones
The Clinical Register has been successfully implemented in Far North Queensland, with 750 women now on the Register. Information Summaries, generated from the Clinical Register are provided to the women’s primary care clinics to improve care coordination.

A major educational event, the 2018 Educational Symposium was held in August and was well attended (150 health professionals), with excellent speakers from across Australia and overseas. Recent publication:


**Challenges**

Improving systems in this setting is complicated by high staff turnover, remoteness and language barriers impacting communication and health literacy. The use of multiple electronic health systems further complicates coordination, referral and follow-up management, as well as impacting coverage of the Clinical Register.

**DM02: Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes**

*Funded by:* CAMS, NHMRC; *Duration:* 4 years

*Study location:* China

*Investigators*

**PIs**

- David Peiris, The George Institute for Global Health, Sydney, Australia
- Puhong Zhang, The George Institute for Global Health - China, Beijing, China
- Weigang Zhao, Peking Union Medical College Hospital, Beijing, China

*Research team*

- Beverley Essue, University of Sydney, Sydney, Australia
- Stephen Jan, The George Institute for Global Health, Sydney, Australia
- Linong Ji, Peking University People’s Hospital, Beijing, China
- Junfeng Xu, Beijing Municipal Health Bureau, Beijing, China
- Zhenyu Liang, Chinese Center for Disease Control and Prevention, Beijing, China
- Yu Liu, Beihang University, Beijing, China
- Serigne Lo, The George Institute for Global Health, Sydney, Australia
- Anushka Patel, The George Institute for Global Health, Sydney, Australia
- Jiachen Zhou, The George Institute for Global Health - China, Beijing, China
- Maoyi Tian, The George Institute for Global Health - China, Beijing, China
- Lei Sun, The George Institute for Global Health - China, Beijing, China

*Abstract:*

**Primary Research Aim**

To develop the SMARTHealth Diabetes system and determine its clinical impact for people with T2DM.

**Secondary research aims**

To conduct process and economic evaluations to understand intervention impact on patients, family health promoters (FHPs) and community healthcare providers, and to determine cost-effectiveness and scale-up opportunities. FHPs are lay family members who are willing to take the responsibility of supporting the disease/health management for the patients.
Research Objectives and Methodology
An interactive mobile health management system can support FHPs and community healthcare providers to improve clinical outcomes for patients with T2DM. This system will be affordable, acceptable and potentially scalable across China. After intervention development, a large-scale cluster randomised controlled trial will be conducted.

Current Status
This is a large-scale cluster randomized controlled trial for two years. We are currently in the mid-term and conducting the one-year follow-up.

Milestones
We developed the mHealth system prototype in Sep 2017 and field-tested it for one month. In cooperation with the local university, hospitals and the center of disease control, we finished the baseline investigation and recruited 2,074 eligible participants with type 2 diabetes from 80 study sites in Nov 2017. The intervention officially started in Dec 2017 in the rural areas and Jan 2018 in the urban areas. Till the end of May 2018, we had managed to significantly increase the engagement of policymakers, primary healthcare providers, patients and family health promoters, and boost the on-time fasting blood glucose check rates to 99% in the rural areas and 87% in the urban areas.

Challenges
The challenges of this project are multifaceted. The first challenge is the hard-to-manage study population. Before the intervention, all participants had already been enrolled in the management list of the existing primary healthcare system, yet none could control their blood glucose at target. Also, the self-reported prescription rates at baseline were high (rural - 82.3% OAD, 14.6% insulin; urban - 75.6% OAD, 27.5% insulin) which leads to the issues on medication dosage and adherence. The second challenge is the iterative nature of the mHealth intervention which requires robust and labor-intensive feedback collection, system modification, software debugging and upgrade. However, the installation and frequent upgrade procedure are hard for the elderly, and some may choose to opt out. The third challenge is about the engagement of patients and family health promoters. Although all of the patients agreed to install the App or introduce it to their family members, only half of the them are keeping actively using the App.

DM03: IINDIAGO (Integrated INtervention for DIAbetes rIsk after GestatiOnal diabetes): An integrated health system intervention aimed at reducing type 2 diabetes risk in disadvantaged women after gestational diabetes in South Africa

Funded by: CIHR, IDRC, MRC-SA; Duration: 5 years
Study location: South Africa
Investigators
Pis
Naomi Levitt, University of Cape Town, Cape Town, South Africa
Christina Zarowsky, Centre de recherche du Centre hospitalier de l’Université de Montréal, Montreal, Canada
Research Team
Shane Norris, University of the Witwatersrand, South Africa
Katherine Murphy, Chronic Disease Initiative for Africa (CDIA), South Africa
Carl Lombard, South Africa Medical Research Council, South Africa
Mark Tomlinson Stellenbosch University, South Africa
Estelle Lambert, University of Cape Town, South Africa
Lara Fairall, University of Cape Town, South Africa
Abstract:
Aims & objectives
The overall aim of the IINDIAGO study is to develop and evaluate an intervention for women with recent gestational diabetes mellitus (GDM) that links existing public hospital-based antenatal care with post-natal community-based care at both Well Baby clinics and in the community in Cape Town and Soweto. IINDIAGO uses a convergent parallel mixed methods design with the main component being a phase 2, 2-arm parallel individually randomised controlled trial with economic and process evaluation components. The intervention incorporates postpartum screening for diabetes at Well Baby clinics and evidence-based brief behaviour change counselling during the hospital based GDM clinic visits, at Well-Baby clinics and in the community. There are two primary outcomes: (1) the completion of a 2-hour oral glucose tolerance test at 6-8 weeks after the pregnancy and (2) a composite (percentage weight change>5%, percentage change in waist circumference >3%, normoglycaemia) diabetes risk reduction indicator at 12 months. After 3 years of formative work, intervention development using the Behaviour Change Wheel framework and COM-B model for behaviour change (Michie, Atkins & West 2014), development of research instruments materials and obtaining permissions, trial recruitment started in Cape Town in June 2018.

Milestones
In mid-October 2018, the Soweto site was ready to start recruitment and 60 of the total of 390 participants (across both cities) had been recruited in Cape Town. The first two IINDIAGO publication have been published (Muhwava, L.S., Murphy, K., Zarowsky, C. and Levitt, N., 2018. Policies and clinical practices relating to the management of gestational diabetes mellitus in the public health sector, South Africa—a qualitative study. BMC health services research, 18(1), p.349; Krige, S., Booley, S., Levitt, N., Chivese, T., Murphy, K. and Harbron, J., 2018. Dietary Intake and Beliefs of Pregnant Women with Gestational Diabetes in Cape Town, South Africa. Nutrients, 10(9), p.1183.

Challenges
There have been many challenges. Securing formal permission from the relevant health authorities was protracted as this requires approvals from national, provincial and local municipal health departments, as well as from the superintendents of 4 hospitals and the clinic managers of multiple primary care clinics. The months long water crisis in Cape Town raised major concerns about the feasibility of undertaking the study when the City was indicating that people would have to queue to receive their water rations. This has now resolved. The rate of recruitment has been slower than expected because some women do not intend staying in the city after delivery, do not reside in one of the selected intervention areas or they have passed eligible gestational age. We have also identified a complicated referral pathway for women with GDM from the community to the hospital. These
challenges have necessitated weekly operational meetings and frequent skype calls for the Senior investigators.
DM04: Community Health Assessment Program in the Philippines (CHAPP)

Funded by: CIHR, IDRC; Duration: 5 years

Study location: Philippines

Investigators

Pis
Fortunato Cristobal, Ateneo de Zamboanga University, Zamboanga, Philippines
Lisa Dolovich, McMaster University, Hamilton, Canada
Gina Agarwal, McMaster University, Hamilton, Canada
Ricardo Angeles, Ateneo de Zamboanga University, Zamboanga, Philippines
and McMaster University, Hamilton, Canada
Janusz Kaczorowski, University of Montreal, Montreal, Canada

Research team
Rodelin Agbulos, Zamboanga City Health Office, Zamboanga, Philippines
Rosemarie Arciaga, Ateneo de Zamboanga University, Zamboanga, Philippines
Jerome Barrera, Ateneo de Zamboanga University, Zamboanga, Philippines
Agnes Fernando, Department of Health Philippines, Manila, Philippines
Dale Guenter, McMaster University, Hamilton, Canada
Servando Halili, Ateneo de Zamboanga University, Zamboanga, Philippines
Norvie Jalani, Department of Health Philippines, Manila, Philippines
Daria O'Reilly, McMaster University, Hamilton, Canada
John Smith, Khon Kaen University, Khon Kaen, Thailand
Karl Stobbe, McMaster University, Hamilton, Canada
Lehana Thabane, McMaster University, Hamilton, Canada
Sheldon Tobe, Sunnybrook Research Institute, Toronto, Canada

Abstract:

Aims & objectives
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

Secondary research aims
To foster uptake of findings from the CHAPP program to other organizations and groups in the Philippines and other LMICs

Research Objectives and Methodology

1. To identify optimal ways to adapt elements of the CHAP model to fit local LMIC conditions (sociocultural, economic, environmental) while focusing on the prevention and management of diabetes.

2. To evaluate the effectiveness, feasibility/acceptability, and cost-effectiveness of the CHAPP intervention for use in rural communities in LMICs.
   • Methodologies: We will use a mixed-methods approach in multiple phases.

Current status
This 5-year study aims to adapt the Canadian-based Cardiovascular Health Awareness Program (CHAP) to an LMIC setting as the Community Health Awareness Program in the Philippines (CHAP-P) and determine the effect of CHAP-P on the HbA1c of residents from selected communities of the Zamboanga Peninsula, Philippines. Phase 1 (qualitative adaption to the sociocultural and economic setting) and Phase 2 (pilot studies) are complete. Phase 3, a 26-community parallel cluster randomized controlled trial, is in progress, to finish in mid-2019.

Milestones:
Adaptations based on Phase 1 data included: maximizing use of community health workers, developing a database for computer-based data collection, improving how blood pressure (BP) is measured, and considering how rural/urban diet variations affect diabetes management.

Small pilots found that:
1. The most accurate and appropriate BP device was the WatchBP Office Target
2. The most appropriate program data collection method was using tablet computers

The full pilot found CHAP-P to be feasible and acceptable for local implementation. There were 296 participants in 3 communities, with higher participation and lower incidence of undiagnosed diabetes/hypertension in rural communities versus urban. Overall, 15.1% of those undiagnosed with diabetes had high/very high risk of developing diabetes. Of those with diabetes, the majority (59.6%) were untreated.

Challenges:
- The HbA1c testing kits were sensitive to heat and humidity, so methods were altered to do testing in one community location instead of in respondents’ homes.
- Some survey questions, such as the physical activity examples, were not applicable to the setting, so interviewers also began to supply locally-relevant examples.
- Starting in the third month of implementation, community health workers had some lapses in fidelity to the 15-step CHAP-P protocol, particularly in asking whether participants had smoke or drank tea/coffee before BP testing. Due to this, volunteers were re-trained on the CHAP-P protocol.

**DM05: Effects of information technology-based tools on long-term self management of diabetic and non-diabetic patients with coronary heart disease**

*Funded by: CAMS; Duration: 3 years*

*Study location: China*

*Investigators*

PIs
*Jing Li, National Center for Cardiovascular Diseases, China, Beijing, China*
*Weigang Zhao, Peking Union Medical College Hospital, Beijing, China*

*Abstract:*

**Aims & objectives**

The primary aim of this project is to evaluate the effectiveness of information technology-based tool (short message services) on improvement of long-term adherence to secondary prevention and risk factors control among patients with established coronary artery disease (CAD), including those with diabetes.

The secondary aims are:
1. To determine the factors affecting the adherence to secondary prevention and risk factors control rate among the patients with CAD, including those with diabetes.
2. To evaluate the effectiveness, safety and cost-effectiveness of long term strategies of management on the patients with CAD, including those with diabetes.
3. To provide an overview of long term prognosis of the patients with CAD, including those with diabetes, to estimate the overall disease burden.
4. To investigate the association of blood pressure, serum glucose and lipid level with long term prognosis among the patients with CAD, including those with diabetes.
DM06: iHEALTH-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes

Funded by: EC; Duration: 5 years

Study location: India, Pakistan, Sri Lanka, United Kingdom

Investigators

PI

John Chambers, Imperial College London, London, United Kingdom

Research team

Sajjad Ahmad, Punjab Institute of Cardiology, Lahore, Pakistan
Heather Gage, University of Surrey, Guildford, United Kingdom
Gary Frost, Imperial College London, London, United Kingdom
Khadifa Irfan Khawaja, Services Institute of Medical Sciences, Lahore, Pakistan
Marjo-Riitta Jarvelin, University of Oulu, Oulu, Finland
Sujeet Jha, Devki Devi Foundation, Delhi, India
Prasad Katulanda, University of Colombo, Colombo, Sri Lanka
Jaspal Kooner, Imperial College London, London, United Kingdom
Ravindra Rannan-Eliya, Institute for Health Policy Sri Lanka, Colombo, Sri Lanka
Ninha Silva, Imperial College London, London, United Kingdom
Karien Stronks, University of Amsterdam, Amsterdam, Netherlands
Rajitha Wickremasinghe, University of Kelaniya, Kelaniya, Sri Lanka

Abstract:
iHealth-T2D is a multi-centre, cluster randomised clinical trial to compare intensive lifestyle modification vs usual care for prevention of T2D amongst non-diabetic South Asians with central obesity and / or prediabetes. The study comprises one year intervention and 3 years follow-up.

Our general goal is to identify approaches to risk stratification and health promotion through lifestyle modification that are acceptable, effective and efficient for prevention of T2D in South Asian communities from diverse settings.

The specific aims of the proposed iHealth-T2D study are:

1. Determine whether intensive lifestyle modification vs usual care reduces risk of T2D (primary endpoint) amongst South Asians with i. central obesity; ii. prediabetes and iii. overall (with central obesity and / or obesity).
2. Investigate secondary endpoints, including health gains in family members. Identify social, demographic and environmental factors influencing primary and secondary endpoints.
3. Carry out a health economic analysis of lifestyle modifications vs usual care for prevention of T2D on the Indian subcontinent and Europe. Quantify the cost-effectiveness of screening by waist circumference vs HbA1c.

Current status

This project is being implemented at 16 sites across India, Sri Lanka, and Bangladesh. Given the nature of the project, we have a 2 stage recruitment process - women with gestational diabetes are identified during the antenatal period, and then invited for an assessment of their glycaemic status using an oral glucose tolerance test (OGTT) at 3-6 months postpartum. Women with normal glucose tolerance or pre-diabetes (impaired fasting glucose, impaired glucose tolerance or both) are randomised into the study.
We have identified 1568 GDM women, out of which 304 have completed post-childbirth assessments, and 234 have been randomised. 11 per cent screen failures (type 2 diabetes) have been observed. All sites are actively screening from various sources - antenatal and postnatal clinics, labour rooms, endocrine clinics, dietician rooms, and medical records. Based on recruitment to date, we expect target randomisation of 1414 to be completed in ~December 2019.

**Milestones**

- Successfully completed the phase 1 (formative phase) of the study which focussed on optimising the intervention and development of the training program
- Setting up of a technology aided mobile based texting platform to deliver telephonic prompts, a component of the intervention
- Formation of a publication committee to lead the development and scientific publications from the LIVING study
- Establishment of an advisory committee in each country to advise on local implementation and boost its translational impact
- Manuscripts: Protocol paper under final review at Diabetic Medicine; process evaluation protocol and paper on formative stage findings will be submitted in October, 2018

**Challenges**

Our major challenge has been low recruitment - poor turnout post-delivery for a two- hour OGTT, and subsequent randomisation visit - due to changing priorities of women post childbirth, and low social and family support. Also, as people with diabetes are initially asymptomatic, the need to visit a hospital is not a priority, especially for this population.

Multiple site-specific strategies have been identified to boost recruitment. These include engaging the obstetrician to reinforce post-partum testing, and ways to increase communication in the interval between childbirth and registration visit.

**DM07: SMART2D - A people-centred approach through Self-Management and Reciprocal learning for the prevention and management of Type-2-Diabetes**

*Funded by: EC; Duration: 4 years*

**Study locations:** South Africa, Sweden, Uganda

**Investigators and research teams**

*Pis*

- David Guwatudde, Makerere University School of Public Health, Kampala, Uganda
- Thandi Puoane, University of Western Cape School of Public Health, Cape Town, South Africa
- Pilvikki Absetz, Collaborative Care Systems Finland, Helsinki, Finland
- Josefien Van Olmen, Institute of Tropical Medicine, Antwerp, Belgium
- Meena Daivadanam, Uppsala University & Karolinska Institutet, Sweden (Overall PI)

**Abstract:**

**Aims and objectives**

Our overall aim is to strengthen capacity for T2DM care (both prevention and management), 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. Our target population is adult men and women at high-risk for or diagnosed with T2DM, *i.e.*, individuals with pre-diabetes and diabetes in the three settings.

To this end, we propose the following overall and specific objectives:
Primary research objectives

- To formulate and implement a contextually appropriate self-management approach through facility and community components for prevention and control of T2DM in three settings.
- To evaluate the outcome of the self-management approach and the added benefit of the community component compared to the facility component; and in dialogue with stakeholders.
- To translate the research findings at each stage into relevant input for national guidelines and policies in each setting and for reciprocal transfer of knowledge across sites.

Current Status

An in-depth formative phase has been conducted in each of the three settings focusing on individuals (with diabetes or pre-diabetes and their families); health care professionals (both providers and managers; and community members and networks (including members employed in relevant public, private or non-governmental organizations). In-depth interviews, focus group discussions and stakeholder workshops have been conducted. A phased, consultative participatory approach has been used to discuss the findings from the formative phase and develop a complex, yet contextualized framework of interventions for each setting. This includes linked facility and community strategies that together address prevention (for pre-diabetes) and care and management (for T2DM). The sites finalized the intervention framework through an iterative process of modifications and improvements. Additionally, environment challenges particularly those relating to the food environment are being dealt with in more detail in South Africa and Sweden. The intervention trial started in a phased manner in Jan 2017 with at least two arms, a facility-only vs. a combined facility and community arm in South Africa and Sweden and an additional routine care arm in Uganda. Recruitment has been completed in all three sites and the trial is ongoing. The process evaluation is being carried out in South Africa and Uganda.

Milestones

- Formative phase completed.
- Intervention trial protocol approved.
- Ethical approval obtained in the three sites.
- Data collection tools have been adapted, translated for each site and launched.
- Pilot test completed.
- Mobilization of screening completed.
- Intervention trial is ongoing.

Challenges

- Difficulties to keep deadlines due to university closures in Uganda and South Africa.
- Sweden: Change in the trial design to a feasibility study and corresponding adjustment of the sample size due to delays owing to a re-organisation within the primary care administration and high staff mobility.
DM08: Feel4Diabetes: Promoting healthy lifestyle in families across Europe

**Funded by:** EC; **Duration:** 4.5 years

**Study location:** Belgium, Bulgaria, Finland, Greece, Hungary, Spain

**Investigators**
- Coordinator: Yannis Manios, Harokopio University, Athens, Greece
- Greet Cardon, Ghent University, Ghent, Belgium
- Violeta Iotova, Medical University of Varna, Varna, Bulgaria
- Jaana Lindstrom, National Institute for Health and Welfare, Helsinki, Finland
- Kostas Makrilakis, University of Athens, Athens, Greece
- Remberto Martinez, Extensive Life Oy, Tampere, Finland
- Luis Moreno Aznar, University of Zaragoza, Zaragoza, Spain
- Lala Rabemananjara, International Diabetes Federation Europe, Brussels, Belgium
- Imre Rurik, University of Debrecen, Debrecen, Hungary
- Peter Schwarz, Dresden University of Technology, Dresden, Germany

**Abstract:**

**Aim**
Feel4Diabetes is aiming 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.

**Current Status**
The two-year-intervention has been completed, while data entry and cleaning for the 2nd follow-up is ongoing. In the six intervention countries, 221 schools were used as entry point to the community. At baseline 1st stage screening, 30,309 families were reached and data was obtained from 12,192 families (20,442 parents and their children) in less than 5 months. From the total number of parents screened, 4,501 (22%) were identified with a FINRISC ≥10 and invited to attend the 2nd stage screening. From 3,268 parents that actually attended the 2nd stage screening, a large proportion of those with FINDRISC ≥12 were identified with prediabetes/diabetes (37.7%) and/or prehypertension/hypertension (62%) while many were not aware that they were suffering from diabetes or hypertension (47.5 and 67.6%, respectively).

Website: [www.feel4diabetes-study.eu](http://www.feel4diabetes-study.eu)

**Milestones**
In the 1st Dissemination Meeting in Brussels, the first results were presented and discussed with key stakeholders on September 24th 2018. Future milestones include final data analyses of the overall two-year-intervention program and the 2nd Dissemination Meeting in August 2019, where the project’s scaling-up recommendations will be produced.

**Challenges**
As targeting low SES groups is very challenging, increased effort was required to ensure participation and minimize dropout rates. Locally adapted strategies were applied, e.g. home visits; municipality facilities open in weekdays and weekend days. Active (or not) involvement of municipality stakeholders turned out to be crucial for the program’s implementation, especially regarding community environmental changes that could support citizens in adopting healthier lifestyle habits.
DM09: Evaluation of a pilot project to prevent diabetes in the workplace using information technology

**Funded by:** CONACYT; **Duration:** 2 years

**Study location:** Mexico

**Investigators**

**PI**
Clicerio Gonzalez Villalpando, Instituto Nacional de Salud Publica, INSP Cuernavaca, Mexico

**Research team**
Socorro Parra Cabrera, Instituto Nacional de Salud Pública, Mexico
Ruy Lopez Ridaura, Instituto Nacional de Salud Pública Mexico
Concepcion Peres de Celis Herrero, Benemérita Universidad de Puebla, Mexico
Enrique Sucar, Instituto Nacional de Astrofísica Óptica y Electrónica, Mexico
Maria Elena Gonzalez, Centro de Estudios en Diabetes, Mexico
Ruth Fuentes, Universidad Nacional Autónoma de Mexico, Mexico
Felipe Orihuela, Instituto Nacional de Astrofísica Óptica y Electrónica, Mexico

**International Collaborators**
Jakko Tuomiletho, Universidad de Madrid, Spain
Rafael Gabriel Sanchez, Hospital la Princesa, Spain
Beatriz Rodriguez, University of Hawaii, USA
Kathia Sharbeck, University Jaggiellonian, Poland

**Abstract:**

**Primary Research Aim**
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.

**Secondary research aims**
Explore the feasibility and scalability of an internet platform designed to intervene in a work based community in order to prevent diabetes.

**Research Objectives and Methodology**
Evaluate the feasibility of using information technology resources to deliver a family centered preventive program in order to reduce the overall cardiovascular risk at work based community. Evaluate the performance of risk factors questionnaires in order to estimate overall cardiovascular risk at a work based community.
DM10: Development of an interactive social network for metabolic control of patients with diabetes

Funded by: CONACYT; Duration: 2 years

Study location: Mexico

Investigators:
PI
Francisco González Salazar, Universidad de Monterrey, San Pedro Garza García, México

Research Team
Alfonso Fernández Pozas, Universidad de Monterrey, San Pedro Garza García, México
Leticia Neira, Universidad de Monterrey, San Pedro Garza García, México

Abstract:

Aims & objectives

Our Primary Research Aim is to develop a smartphone app, in order to minimize risk-related attitudes and in order to change the behavior towards their disease of people who suffer from type 2 Diabetes. Most people in Mexico who suffer from type 2 Diabetes don’t take the appropriate care of themselves, so here’s our app in order to help them out. Besides being fun, our app is mainly a complete social and emotional experience, in order to make it easy for people with type 2 Diabetes to constantly remain interested in using our app. The more frequently they use it, the more probabilities for their health to improve.

Our smartphone app is called “SomosDiabetes” (which translates into “WeAreDiabetes”). Our app uses gamification, which makes it real fun to use. Gamification is the concept of applying game mechanics and game design techniques to engage and motivate people to achieve their goals.

Current Status

There are currently more than 420 million people with diabetes in the worldwide, the presence of complications by poor control of the disease is a serious health problem with social and economic repercussions. There are several cell phone applications around the world that help patients register their blood sugar. However most of them only offer free admission but then end up having a cost. In addition, most of them only have a glycemic monitoring module, food record and synchronize with the cell phone applications to monitor pulse and steps. We develop a free application that has educational modules with self-evaluation. Additionally, have modules for monitoring blood glucose, exercise, diet, mental state, foot status, reminder of pupil revision. It has an agenda and connectivity with medical modules. This application allows to take photos of your feet and track injuries in these. Our users experience the concept of gamification that makes our application an educational and fun experience at the same time.

Milestones

We are developing a new version of the app with greater usability and new modules have been integrated where blood pressure is recorded, additionally we are looking for synchronization with blood glucose, blood pressure and pulse recording devices. It includes a module for the detection of depression. Because of the preliminary results of this work, the state authorities have invited us to develop a public policy proposal that is currently under evaluation.

Challenges

Be able to maintain the motivation of patients in the medium and short term. One of the proposals we are making is to grant incentives for the use of the application by insurance companies. Another
of the strategies we are proposing is that people can receive discounts on the taxes they pay if they show that they are taking care of their health.

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

Funded by: CONACYT; Duration: 3 years

Study location: Mexico and United States

Investigators

PIs

Sergio Hernandez-Jimenez, Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran, Mexico

Enrique Caballero, Joslin Diabetes Center, United States

Research team

Paloma Almeda-Valdes, Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran, Mexico

Cristina Garcia-Ulloa, Instituto Nacional de Ciencias Medicas y Nutricion Salvador Zubiran, Mexico

Juan Manuel Medina---Almazán, Telmex, Mexico

Abstract

Aims & objectives

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.

Secondary research aims

To have an open information system, robust and interoperable on diabetes and its comorbidities to allow recovery, handling, processing, analysis and publication of specialized information according to the newest social and semantic tools of the digital era.

Research Objectives and Methodology

Designing an online information system, minding primarily a database relating interventions, designed in progress or SQL permissions at different levels, allowing records, process and retrieving information at different levels:

- Medical
- Administrative
- Patient
- Curatorial

Current Status

The development of the main modules of the software is complete. Data of 2791 patients has been captured; the resulting database is clean and consistent with the original source of information. We adapted the software to be used in the Diabetes and Dyslipidemia Clinics within the same Institute. A total of 454 patients have been uploaded in the Diabetes Clinic, 593 patients in the Nutrition Diabetes Clinic, and 290 in the Dyslipidemia Clinic. The system was implemented in the Ophthalmologic Institute Conde de Valenciana; 76 patients have been registered.

A total of 1161 usernames/passwords for patients were generated, and 68 patients uploaded information. This system allows patients to upload capillary glucose registries, food consumption, body measurements, and main metabolic parameters. Each patient can visualize their own metabolic evolution and the data is available for their primary care physician.
Milestones

- The system is completely functional in 3 clinics.
- The design of the system for accessing patients has been completed. To date, access has been provided to 1161 patients.
- The validation process of the use of the software by health professionals was finalized.
- The system proved to be useful in the follow-up of patients with metabolic diseases.
- The following changes have been made according to specific needs: 1) we designed new a follow-up screen that makes easier to capture all the critical variables, 2) we modified the display of the interventions to make the system useful for the different clinics.

Challenges

Although we elaborated 1161 username/password for patients, only 5.8% of them use the portal. We are working on identifying the reasons for the low participation. We will also plan the development of an app for smartphones that make easier for the patients to upload information.

DM12: Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: a pragmatic individually randomised trial

Funded by: MRC-SA, MRC-UK; Duration: 3.5 years
Study location: Cape Town, South Africa; Johannesburg, South Africa; Malawi

Investigators

PIs
Andrew Farmer, University of Oxford, Oxford, United Kingdom
Naomi Levitt, University of Cape Town, Cape Town, South Africa
Shane Norris, University of the Witwatersrand, Johannesburg, South Africa
Moffat Nyirenda, London School of Hygiene and Tropical Medicine, London, United Kingdom

Research team
Kirsten Bobrow, University of Cape Town, Cape Town, South Africa
Emmanuelle Daviaud, South African Medical Research Council, Cape Town, South Africa
Natalie Leon, South African Medical Research Council, Cape Town, South Africa
Lionel Tarassenko, University of Oxford, Oxford, United Kingdom
Ly-Mee Yu, University of Oxford, Oxford, United Kingdom

Abstract:

Aims & objectives

The overall aim of this project is 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.

Current Status

The overall aim of this project is 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. Formative work to develop messages and ensure their applicability across a range of sub-Saharan settings was completed in 2016, and a randomized controlled trial at two study sites that is nearing completion. Participants are using the system for twelve months. The primary outcome is the change in HbA1c and the proportion of patients collecting >= 80% of their agreed diabetes related medication. Secondary clinical outcomes are change in systolic blood pressure, proportion of participants reaching treatment goals, self-reported measures of health status, self reported medication taking, and satisfaction with care. This programme of work will provide information.
about the extent to which carefully developed messages might inform people about the benefits of their diabetes treatment, and motivate and prompt their health related behaviours. It will guide implementation of similar systems elsewhere and for other long-term conditions. We are carrying out a detailed study of the costs of wider implementation and the potential value for money of such a system.

**Milestones**
We are nearing 92% follow up of the 1186 trial participants. Delivery of SMS messages has been monitored centrally throughout the trial. The process evaluation includes interviews at baseline (completed) and at follow up (nearing completion) at both trial sites. Data for the economic evaluation has been collected and analysis will commence alongside the analysis of trial data. The number of deaths at one year (currently 3.0%) in our study population has surprised us.

**Challenges**
Challenges for follow up have included gun violence in the community and relocation of trial participants. Monitoring attendance of participants for medication collection has involved excellent links to the clinics involved and strong team-work. Weekly team meetings have been needed for monitoring. An additional objective identified is the need to characterise the apparent high and unexpected levels of morbidity in these community based populations.

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

**Funded by:** MRC-UK; **Duration:** 3 years  
**Study location:** Bangladesh

**Investigators**

**PIs**  
Kishwar Azad, Diabetic Association of Bangladesh, Dhaka, Bangladesh  
Edward Fottrell, University College London, London, United Kingdom

**Research team**

Anthony Costello, University College London, London, United Kingdom  
Hassan Haghparast-Bidgoli, University College London, London, United Kingdom  
Hannah Jennings, University College London, London, United Kingdom  
Azad Khan, Diabetic Association of Bangladesh, Dhaka, Bangladesh  
Abdul Kuddus, Diabetic Association of Bangladesh, Dhaka, Bangladesh  
Joanna Morrison, University College London, London, United Kingdom

**Abstract:**

**Primary Research Aims**
To evaluate the impact of a) a participatory community mobilisation intervention and b) an mHealth health promotion and awareness intervention on:

i) the prevalence of intermediate hyperglycaemia and diabetes in rural Bangladesh and

ii) the two year cumulative incidence of diabetes mellitus among individuals with intermediate hyperglycaemia in rural Bangladesh

**Secondary research aims**
To evaluate the effect of a) a participatory community mobilisation intervention and b) a mHealth health promotion and awareness intervention on:

1. Chronic disease risk factors of high body mass index, hypertension, physical inactivity and fruit and vegetable consumption;
2. Quality of life;
3. Psychological distress among self-reported diabetics;
4. Self-awareness of diabetic status;
5. Population knowledge about diabetes risk factors, symptoms and complications;
6. Proportion of diabetics receiving medical care or advice.

**Current Status**
We have completed development, implementation and evaluation of a) participatory community mobilisation and b) mHealth mobile phone messaging interventions to tackle diabetes in 96 villages (population 125,000) in Faridpur district, Bangladesh. Community mobilisation involved 122 monthly group meetings, led by a lay facilitator, guiding participants through a Participatory, Learning and Action (PLA) cycle focussed on diabetes prevention and control. mHealth involved twice weekly voice messages sent to over 9000 subscribers every week promoting positive behaviour change to reduce risk of disease. Robust implementation and process evaluation was conducted throughout the intervention periods.

**Milestones**
Impact evaluation entailed a three-arm cluster randomised controlled trial (cRCT) to evaluate the effectiveness of the interventions. Primary outcomes were: i) prevalence of intermediate hyperglycaemia and diabetes and ii) two-year cumulative prevalence of diabetes among an intermediate hyperglycaemia cohort. Primary outcomes were assessed through fasting and two-hour plasma glucose concentrations among a random cross-section of adults aged >30 years and a cohort of individuals identified with intermediate hyperglycaemia at baseline. Baseline and endline surveys each sampled approximately 13,000 adults in rural villages.

**Challenges**
Interventions were developed and delivered on time and achieved high levels of population coverage and participation. To date, we have published a number of scientific manuscripts based on this work, with several more under review or in development. Trial results are very promising and our trial impact and process evaluation papers have been submitted for publication. Our baseline epidemiological assessment of diabetes in rural Bangladesh was awarded the 2017 Vivian Fonseca Award from the American Diabetes Association and has been used for MSc training in UCL. The project teams in London and Dhaka are now focusing on dissemination and public engagement activities.

**DM14: Implementation of foot thermometry and SMS to prevent diabetic foot ulcer**
Funded by: FIC, NIH; Duration: 2 years
Study location: Peru
Investigators
Pis
J Jaime Miranda, Universidad Peruana Cayetano Heredia, Lima, Peru
Katie Sacksteder, Johns Hopkins School of Public Health, Baltimore, United States
Robert H. Gilman, Johns Hopkins School of Public Health, Baltimore, United States
Maria Lazo-Porras, Universidad Peruana Cayetano Heredia, Lima, Peru
German Malaga, Universidad Peruana Cayetano Heredia, Lima, Peru

Research team
Antonio Bernabe-Ortiz, Universidad Peruana Cayetano Heredia, Lima, Peru
Katie Sacksteder, Johns Hopkins School of Public Health, Baltimore, United States
Robert H. Gilman, Johns Hopkins School of Public Health, Baltimore, United States
Maria Lazo-Porras, Universidad Peruana Cayetano Heredia, Lima, Peru
German Malaga, Universidad Peruana Cayetano Heredia, Lima, Peru
Abstract:

Primary Research Aim
Compare the incidence of diabetic foot ulcer (DFU) between the arm that receives thermometry alone and the arm that receives thermometry + messages (SMS and voice message).

Secondary research aims
Compare compliance with foot thermometer use between the arm using thermometry alone and the arm that receives thermometry + messages.

Methodology

Design
Physician-blinded, randomized, 12-month trial.

Intervention
Participants in both groups will receive enhanced education about diabetic foot ulcer at the beginning of the study and will also be provided with TempStat, equipment that capture a thermal image of feet with different colors that represent different temperatures. When a yellow spot is detected, subjects will be instructed to contact the research nurse by phone or text message. The nurse will then ask about the patient’s activity on the previous two days, and will then make recommendations on how to decrease activity. In addition to everything provided to the other intervention group, this enhanced intervention arm will receive SMS and voice message reminders via mobile phones five times a week at 8 o’clock during the first week and then twice a week until the end of the trial. These SMS and voice message will remind patients to use the TempStat and perform foot care.

Outcome
The primary outcome is foot ulceration occurring at any point during the 12 month study duration.

Current Status
- Recruitment: (concluded)
We started the recruitment of participants in October of 2016 in site 1 (Hospital Cayetano Heredia) and in December 2016 in site 2 (Hospital Nacional Arzobispo Loayza). We recruited 172 participants (86 in each study arm) in both hospitals.
- Follow up period: (concluded)
We evaluated participants every 2 months for 18 months and our retention rate was 92%. Up to the end of the follow up 28 participants have presented foot ulceration.
- Data Analysis: (in process)
We evaluated the primary and secondary outcomes and nowadays we are processing data of process evaluation in order to write the results in the same manuscript. We planned to concluded the manuscript writing in October 2018.

Milestones
- We will finish the data analysis in order to finalize the manuscript writing and submit the paper to a journal.
- After this we will disseminate the results with the ministry of health, local clinicians and scientific community.

Challenges
- Stakeholder’s engagement: Start early communication with the hospitals and their physicians during the development of the proposal to facilitate fieldwork and recruitment process.
- Development of an intervention: It is difficult to involve elderly people in interventions using technology. Two recommendations to deliver mHealth interventions in this group are: involve
caregivers or deliver the messages by phone calls (more elderly people know how to answer a phone call than open a SMS in our context).

- Recruitment process: At the beginning of our recruitment process, we had some problems with one of the recruitment’s sites, so keep close communication with the health workers of the recruitment’s site and encourage them to collaborate with the study.

### DM15: Bridging Income Generation with Group Integrated Care (BIGPIC)

**Funded by:** NHLBI, NIH; **Duration:** 5 years

**Study location:** Kenya

**Investigators**

- Rajesh Vedanthan, NYU School of Medicine, USA
- Jemima Haine Kamano, Moi University, Eldoret, Kenya

**Research team**

- Eric Finkelstein, Duke University, Durham, United States
- Joseph Hogan, Brown University, Providence, United States
- Sonak Pastakia, Purdue University, West Lafayette, United States
- Benjamin Andama, Moi University, Eldoret, Kenya
- Gerald Bloomfield, Duke University, Durham, United States
- Briana Cortez, Icahn School of Medicine at Mount Sinai, New York, United States
- Allison DeLong, Brown University, Providence, United States
- David Edelman, Duke University, Durham, United States
- Valentin Fuster, Icahn School of Medicine at Mount Sinai, New York, United States
- Carol Horowitz, Icahn School of Medicine at Mount Sinai, New York, United States
- Peninah Kiptoo, AMPATH, Eldoret, Kenya
- Hana Lee, Brown University, Providence, United States
- Simon Manyara, Moi University, Eldoret, Kenya
- Diana Menya, Moi University, Eldoret, Kenya
- Violet Naanyu, Moi University, Eldoret, Kenya
- Cleophas Wanyoni, Moi University, Eldoret, Kenya

**Abstract:**

**Primary Research Aims**

- **Aim 1:** 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.

- **Aim 2:** Evaluate the effectiveness of group medical visits and microfinance groups for CVD risk reduction among individuals with diabetes or at increased risk for diabetes, by conducting a four-arm cluster randomized trial comparing: 1) usual clinical care; 2) usual clinical care plus microfinance groups only; 3) group medical visits only (no microfinance); and 4) group medical visits integrated into microfinance groups. The primary outcome measure will be one-year change in systolic blood pressure (SBP), and a key secondary outcome will be change in QRISK2 CVD risk score, which has been validated for Black Africans.

- **Aim 3:** Evaluate the incremental cost-effectiveness of each intervention arm of the trial, in terms of costs per unit decrease in SBP, per percent change in CVD risk score, and per disability-adjusted life year saved.
Current Status
This study is continuing its recruitment and data collection phase. Below is a delineation of progress to-date by study aim.

Aim 1 - Barriers/Facilitators/Contextual Factors
- Qualitative analysis complete, manuscript in preparation
Aim 1.1 - Development of Integrated Group Medical Visit-Microfinance Model
- Manuscript in preparation
Aim 2 - Cluster RCT
- Recruitment and intervention ongoing
- 3-month and 12-month follow-ups ongoing
- Process evaluation ongoing
- Data analysis ongoing
Aim 2.1 - Mediation & Moderation Analysis
- Social Network Survey: implementation ongoing
- Analysis ongoing
Aim 3 - Cost-effectiveness Analysis
- Costing Questionnaire Survey: administration ongoing

Milestones
Below is a delineation of milestones to-date by study aim.

Aim 1 - Barriers/Facilitators/Contextual Factors
- Qualitative analysis complete
- Publications: abstract presented to AHA
Aim 1.1 - Development of Integrated Group Medical Visit-Microfinance Model
- All focus group discussions completed
- Coding and content analysis complete
- Publications: abstracts presented at the AHA scientific Session, the APHA, and the Annual Conference on the Science of Dissemination and Implementation in Health
Aim 2 - Cluster RCT
- Trial Implementation and process evaluation: ongoing
- Data collection and analysis: ongoing
Aim 2.1 - Mediation & Moderation Analysis
- Social Network Survey being administered
- Publications: abstract presented at ACC Conference
Aim 3 - Cost-effectiveness Analysis
- Costing Questionnaire Survey being administered

Challenges
Below is a bulleted list of those challenges to-date.
1. Procurement delays due to extensive and time-consuming administrative procedures and changes in taxation and import laws have created procurement delays
2. Hiring delays due to extensive and time-consuming administrative procedures
3. Due to local elections, unstable socio-political circumstances delayed enrollment and implementation.
4. Under-performance and protocol deviation by a research assistant required administrative action by the Human Resources Department, assessment of data for fidelity, and alterations to enrollment in the RA’s catchment area.

5. Team informed of participant deaths and reported to relevant IRB bodies. Statistical analysis of the deaths concluded no significant association with trial arm.

**DM16: A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus**

_Funded by: ICMR, NHMRC; Duration: 5 years_  
_Study location: Bangladesh, India, Sri Lanka_  
_Investigators_  
_Pls_  
_Nikhil Tandon, All India Institute of Medical Sciences, New Delhi, India_  
_Anushka Patel, The George Institute for Global Health, Sydney, Australia_  
_Research team_  
_India - Neerja Bhatia D. Prabhakaran, D. Praveen, Hema Divakar, Deksha Kapoor, Ankush Desai, Yashdeep Gupta; Bangladesh – Aliya Naheed, Saria Tasnim; Sri Lanka – Asita de Silva, Sunil Fernando, P. Pathmeswaran; Australia – Sophia Zoungas, Helena Teede, Stephen Jan, Catherine Lombard, Rohina Joshi, Laurent Billot_  

_Abstract:_  
**Primary Research 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.

**Secondary research aims**  
To determine the effects of the intervention on intermediate biological outcomes and lifestyle behaviours, as well as the proportion of women with a change in glucose metabolism status.

**Research Objectives and Methodology**  
We have taken the learnings from previous diabetes prevention programs to develop a new lifestyle program that has a high probability of being feasible, acceptable and cost-effective in the South Asian context for women with prior GDM. We will optimise this intervention using an iterative, systems-based and user-centred approach. The intervention will be delivered by auxiliary nurse midwives or their equivalent in each participating hospital, representing a strategy of within-system task-shifting. We will then evaluate the intervention in a randomised controlled trial (1414 women from 24 centres) to determine whether it will reduce the incidence of T2DM at a median of 20 months follow-up. This project focuses on generating new knowledge around implementation of a preventive strategy embedded within existing health systems, using mixed-methods evaluation to inform on cost-effectiveness, acceptability and scalability. It incorporates a science component (a program based on behaviour change theory that supports a multi-level approach to prevention by combining individually targeted strategies with social support), a social component (an innovative workforce strategy) and a sustainability component (a systems perspective for integration with existing health system infrastructure).
DM17: Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico

Funded by: NIH

Study location: Mexico

Investigators:
Cecilia Rosales, University of Arizona, USA
Catalina Denman, El Colegio de Sonora, Mexico
Elsa Cornejo, El Colegio de Sonora, Mexico
Maia Ingram, University of Arizona, USA
Jill Guernsey de Zapien, University of Arizona, USA
Samantha Sabo, University of Arizona, USA
Melanie Bell, University of Arizona, USA
María del Carmen Castro, El Colegio de Sonora, Mexico

Abstract:

Primary Research Aim
This 5-year research project, currently beginning its second year, focuses on the prevention of cardiovascular disease (CVD) and its complications among adults with diabetes who use public health services in Sonora, Mexico. One major component of the study will assess the effectiveness of an adapted evidence-based community health worker intervention, Meta Salud Diabetes, a 13-week intervention aimed at reducing behavioral and clinical risk for cardiovascular disease among adults with diabetes. The second component is an implementation study that will consist of systematic engagement of local, state and national decision makers essential to scale up and sustain the intervention into the standard package of services offered by government-run health centers in Sonora and other Mexican states.

Research Objectives and Methodology
The first component of the study is a cluster-randomized trial among adult patients with diabetes sampled from 24 Grupos de Ayuda Mutua (support groups for patients with chronic disease) in Secretaría de Salud (Ministry of Health)-operated health centres in Sonora, Mexico. Community health workers and other personnel at each of 12 health centres randomized to the intervention condition will be trained in the Meta Salud Diabetes (MSD) curriculum. The health centre personnel will then enrol 20 participants with diabetes at each site into the 13-week intervention. Clinical risk factors (i.e., BMI, blood pressure, lipids, blood sugar, HbA1c), psychosocial (e.g., knowledge, attitudes, and beliefs) and behavioural (e.g., smoking, healthy eating, physical activity) risk factors for cardiovascular disease will be assessed via tests and a survey during the first of the 13 weekly educational sessions. We will then assess changes that occur at three months (immediately after the intervention) and at 12 months. Changes in the intervention sites will be compared to changes over the same time period among adult patients with diabetes in each of 12 health centres randomized to the control condition. For the second component of the study, extensive qualitative and descriptive data will be collected on the facilitators and barriers to adopt and integrate community health worker chronic disease interventions in Sonoran health centres and throughout Mexico.

The finalized Meta Salud Diabetes curriculum, which consists of 13 interactive educational sessions, was designed to engage participants in a process of developing healthy lifestyle habits and
identifying realistic self-management goals. Issues related to emotional wellness and gender and health are woven throughout the sessions. The research team completed baseline data collection for Cycle 1 of the intervention in 12 Centros de Salud (six intervention and six control). Personnel from the Ministry of Health who coordinate the Grupos de Ayuda Mutua (GAM) were trained to facilitate the MSD educational sessions and are currently implementing the intervention in six sites. Process evaluation includes documentation of both context and implementation, beginning with stakeholder meetings held at each one of the 12 health centers recruited for Cycle 1. Research staff are also conducting observation of the educational sessions at all six intervention sites, focusing on the interaction between the GAM coordinator and the curriculum, the GAM coordinator and participants, and among the participants themselves.
**LD01: The TackSHS Project** - Tackling secondhand tobacco smoke and e-cigarette emissions: exposure assessment, novel interventions, impact on lung diseases and economic burden in diverse European populations

**Funded by:** EC  
**Duration:** 4 years  
**Study location:** Bulgaria, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Poland, Portugal, Romania, Spain, and the United Kingdom

**Investigators**  
**Project Coordinator**  
Esteve Fernández, Catalan Institute of Oncology, Barcelona, Spain  
**PIs**  
Angel Lopez-Nicolas, Universidad Politécnica de Cartagena, Cartagena, Spain  
Cornel Radu-Loghin, European Network for Smoking and Tobacco Prevention, Brussels, Belgium  
Giuseppe Gorini, Istituto per lo Studio e la Prevenzione Oncologica, Florence, Italy  
Joan Soriano, Instituto de Investigación Hospital Universitario de la Princesa, Italy  
Luke Clancy, TobaccoFree Research Institute Ireland (TFRI), Dublin, Ireland  
Maria Jose Lopez, Public Health Agency of Barcelona, Barcelona, Spain  
Panagiotis Behrakis, Hellenic Cancer Society, Athens, Greece  
Roberto Boffi, Fondazione IRCCS Istituto Nazionale dei Tumori, Milan, Italy  
Sean Semple, University of Aberdeen, Aberdeen, United Kingdom  
Silvano Gallus, Istituto di Ricerche Farmacologiche "Mario Negri", Milan, Italy

**Abstract:**

**Primary Research Aim**  
The study aims to provide scientific evidence on exposure, assessment, burden of disease, and development and evaluation of interventions to tackle, secondhand tobacco smoke and e-cigarettes aerosols upon respiratory health.

This Project will also try to elucidate the comprehensive impact that SHS and e-cigarettes aerosols have on the European population and how health impacts vary according to socio-economic parameters. The Project will pose particular emphasis on specific vulnerable groups (patients suffering from pre-existing chronic lung diseases, heavy smokers, and other disadvantaged groups).

**Research Objectives and Methodology**  
- To analyze the determinants of the exposure of the European population to secondhand smoke using self-report exposure through questionnaires (WP3) and objective environmental markers (WP2)  
- To characterize the attitudes towards smoke-free measures and secondhand smoke exposure and the associated perception of risk of the general population and vulnerable populations (WP3)  
- To assess the morbidity and mortality from chronic lung diseases and cardiovascular diseases due to secondhand smoke exposure in the European population, with emphasis on disadvantaged and vulnerable groups (WP9), and to evaluate the economic burden of these exposures (WP10) - literature review and secondary data analysis  
- To design, implement, and evaluate new interventions to reduce secondhand smoke exposure in vulnerable populations (WP4); with emphasis on finding methods to increase the uptake of smoke-free homes and cars - intervention study
• To characterize secondhand tobacco smoke exposure and exposure to electronic cigarettes emissions upon patients with chronic lung diseases (WP5) and healthy subjects (WP6);
• To develop feasible, sensitive, and cost-effective methods for secondhand tobacco smoke and electronic cigarette emissions assessment (WP7);
• To systematically review the scientific published literature on secondhand exposure to electronic cigarette emissions and assess these emissions in real-life conditions (WP8);
• To disseminate the findings, new interventions, and policy recommendations produced by the project through a final project conference for stakeholders and policy makers, together with scientific publications and press stories for the general public (WP11) and
• To adhere to the principles of good governance, ethical conduct, and accountable activity in the scientific and administrative management of the Project (WP1)

LD02: Tobacco cessation within TB programmes: A ‘real world’ solution for countries with dual burden of disease

Funded by: EC Duration: 4 years
Study location: Bangladesh, Nepal, Pakistan
Investigators
PI
Kamran Siddiqi, University of York, York, United Kingdom

Co-investigators
Aziz Sheikh, University of Edinburgh, Edinburgh, United Kingdom
Daniel Kotz, University of Düsseldorf, Düsseldorf, Germany
Eva Kralikova, General University Hospital in Prague, Nové Město, Czech Republic
Helen Elsey, University of Leeds, Leeds, United Kingdom
Rumana Huque, ARK Foundation, Dhaka, Bangladesh
Razia Fatima, National TB Programme, Islamabad, Pakistan
Amina Khan, The Initiative, Islamabad, Pakistan
Sushil Baral, HERD International Pvt. Ltd., Kathmandu, Nepal

Researcher team
Omara Dogar, University of York, York, United Kingdom
Ada Keding, University of York, York, United Kingdom
Anne Readshaw, University of York, York, United Kingdom
Rhian Gabe, University of York, York, United Kingdom
Steve Parrott, University of York, York, United Kingdom
Lottie Renwick, University of York, York, United Kingdom
James Newell, University of Leeds, Leeds, United Kingdom
Sahil Warsi, University of Leeds, Leeds, United Kingdom
Iveta Nohavova, General University Hospital in Prague, Nové Město, Czech Republic
Kamila Zvoliska, General University Hospital in Prague, Nové Město, Czech Republic
Melanie Boeckmann, University of Düsseldorf, Germany
Maryam Noor, The Initiative, Islamabad, Pakistan
Raana Zaid, The Initiative, Islamabad, Pakistan
Sudeepa Khanal, HERD International Pvt. Ltd, Kathmandu, Nepal
Prabin Shrestha, HERD International Pvt. Ltd., Kathmandu, Nepal

Abstract:
Primary Research Aim
The project aims to assess the effectiveness and cost-effectiveness of cytisine when added to behavioural support for tobacco cessation compared to behavioural support alone on tobacco cessation in TB patients in Pakistan, Bangladesh and Nepal, who use tobacco on a daily basis.
Secondary research aims
Secondary research aims are as follows:

- To assess the effectiveness and cost-effectiveness of the above tobacco cessation strategies in improving the clinical outcomes on TB patients who use tobacco on a daily basis.
- To assess any differences in the effectiveness of these strategies by the form of tobacco used (smokers, smokeless tobacco users and those that use a combination of smoking and smokeless forms).
- To assess any differences in the effect across different TB severity groups, high and low socio-economic status, genders and age sub-groups.

Current Status
We are now approaching the final year of the TB & Tobacco project (funded by EU-H2020), which began in November 2015. Our project is a hybrid effectiveness-implementation study, focussed on a randomised controlled trial of cytisine as a smoking cessation aid for TB patients in Pakistan and Bangladesh. Recruitment to the trial began in June 2017 and was completed in April 2018. 2472 patients were recruited (against a target of 2388); 945 in Pakistan and 1527 in Bangladesh. Follow-up data (for 6 and 12 months post-quitting) are now being collected.

We are also implementing a behavioural support intervention for smoking cessation in TB patients in Pakistan, Bangladesh and Nepal, with data being gathered accordingly. Data for the project’s context, process and economics evaluations are also being accumulated.

Milestones
All our milestones and deliverables are on target for completion by the end of the project. The trial protocol and two other papers have been published, with several more in the pipeline.

Challenges
On-going challenges include losses of patients to follow-up and problems with data management. The former is being addressed through recruitment of outreach research assistants to contact patients at home. Data management issues are being dealt with through improved training of staff and re-allocation of some resources to raise staffing levels where needed.

A significant amount of our effort in the remaining year of TB & Tobacco will focus on scale-up and sustainability activities. Our team is working with WHO to develop and translate our work into their mHealth TB-Tobacco package. We successfully applied for two impact enhancement grants (at University of Leeds and University of York), which are funding scale-up activities in the three South Asian countries. These efforts will help to ensure that the project has significant and enduring benefits for the public health situation in South Asia.
Abstract

Primary Research Aim

SmokeFreeBrain aims to address the effectiveness of a multi-level variety of interventions aiming at smoking cessation in high risk target groups within High Middle Income Countries (HMIC) such as unemployed young adults, COPD and asthma patients, as well as within the general population in Low Middle Income Countries (LMIC). The project addresses existing approaches aiming to prevent lung diseases caused by tobacco while at the same time it develops new treatments and analyzes their contextual adaptability to the local and global health care system.

Research Objectives and Methodology

The main objective of the project is to evaluate the interventions in terms of health economics, by studying their cost-effectiveness, and proposing a scalable plan and a clear pathway to embedding the proposed interventions into policy and practice both in LMIC as well as in HMIC. The objectives of the project are outlined below in more detail:

- Examine the effects of the use of electronic cigarettes, during the initial phase of smoking cessation.
- Examine the possible formation of carcinogenic nitrosocompounds via the exposure to nicotine through electronic cigarette vaping.
- Examine the global DNA methylation status under two different situations, tobacco smoking and e-cigarette vapour inhaling.
- Development and evaluation of a novel neurofeedback protocol for smoking cessation.
- Develop a smoking cessation intervention based on adherence to physical activity with ICT support (App Gamification, Facebook and SMS).
- Generate and validate a set of software tools that can be used to inform EU policymakers and local governments as to how to produce optimal Public Service Announcements (PSA) regarding smoking.
- Develop a best practice guide regarding the best practices that promote smoking cessation and how these can be applied in large scale.
- Evaluate and report on the cost-effectiveness of the proposed interventions.
- Report on policy suggestions.
- Examine the effectiveness of the proposed interventions in socioeconomic and health demographics terms.
LD04: FRESH AIR – Free Respiratory Evaluation and Smoke-exposure reduction by primary Health cAre Integrated gRoups

Funded by: EC | Duration: 3 years
Study location: Greece, Kyrgyzstan, Uganda, Vietnam

Investigators
PIs
Rianna van der Kleij, Leiden University Medical Cente, Leiden, Netherlands
Sian Williams, International Primary Care Respiratory Group (IPCRG), United Kingdom

Research team
Liza Cragg, International Primary Care Respiratory Group (IPCRG), United Kingdom
Charlotte Poot, Leiden University Medical Cente, Leiden, Netherlands
Job van Boven, University of Groningen, Netherlands

Abstract:

Primary Research Aim
The project seeks to improve health outcomes for people at risk of or suffering from non-communicable lung diseases in low and middle income countries (LMICs) and other low-resource settings through interventions for prevention, diagnosis and treatment. It uses implementation science methodologies to explore how existing knowledge and evidence-based interventions that have been proven to work in High Income Countries (HICs) can be adapted to the practical challenges experienced in low-resource settings.

The FRESH AIR Horizon 2020 project activities are divided into seven work packages, each of has its own specific objectives, tasks and deliverables. Each work package also has a lead member of the consortium who is responsible for coordinating the activities. These work packages are interlinked:

- WP 1: Coordination
- WP 2: Developing capacity for implementation science
- WP 3: Making the case for action
- WP 4: Preventing lung disease by reducing exposure to HAP and tobacco
- WP 5: Improving diagnosis and treatment
- WP 6: Protecting and improving lung health in infancy and childhood: midwife-led smoke reduction study
- WP 7: Maximising and spreading impact: stakeholder engagement

Research Objectives and Methodology
The overall aim of the FRESH AIR project is to improve health outcomes for people at risk of or suffering from non-communicable lung diseases in low-resource settings by developing capacity for implementation of evidence-based interventions for prevention, diagnosis and treatment in these contexts. The project will achieve this through seven specific objectives:

1. To identify the specific factors that influence the implementation of evidence-based interventions in the prevention and treatment of non-communicable lung diseases in community settings
2. To explore which awareness-raising approaches are most effective in motivating behaviour change in tobacco consumption and HAP exposure
3. To provide access to smoking cessation support by adapting successful evidence-based Very Brief Advice (VBA)
4. To test the feasibility and acceptability of methods for diagnosing COPD using innovative spirometry
5. To test the feasibility and acceptability of pulmonary rehabilitation (PR) as a low cost treatment for obstructive lung disease
6. To test how to best reduce children’s respiratory symptoms and the risk of lung damage by exploring the feasibility, acceptability and optimal organisation of interventions
7. To generate new knowledge, innovation and scalable models that ensure equitable access and to support their implementation through proactive dissemination.

**LD05: EUREST-PLUS: Policy Implementation to Reduce Lung Diseases**

**Funded by:** EC Duration: 3 years

**Study location:** 28 European Member States, with active participant recruitment from Germany, Greece, Hungary, Poland, Romania, Spain

**Investigators**

**PI** Constantine Vardavas, European Network for Smoking and Tobacco Prevention, Brussels, Belgium

**Co-investigators**

Geoffrey Fong, University of Waterloo (UW), Waterloo, Canada
Esteve Fernandez, Institut Calata d’Oncologia, Barcelona, Spain
Marc Willemsen, University of Maastricht (UniMaas), Maastricht, Netherlands
Nicolas Becuwe, TNS opinion, Brussels, Belgium
Tibor Demjen, Smoking or Health Hungarian Foundation (SHHF), Hungary
Ann McNeill, Kings College London, London, United Kingdom
Antigona Trofor, Aer Pur Romania (APR), Bucharest, Romania
Ute Mons, German Cancer Research Center (DKFZ), Heidelberg, Germany
Witold Zatonski, Health Promotion Foundation (HPF), Szczecin, Poland
Aristidis Tsatsakis, University of Crete (UoC), Greece
Brian Ward, European Respiratory Society (ERS), Brussels, Belgium
Yiannis Tountas, University of Athens, Athens, Greece

**Abstract:**

**Primary Research Aim**

The main objective of EUREST-PLUS is to monitor and evaluate the impact of the TPD within the context of FCTC ratification at a European level. These articles in the TPD address issues of tobacco product ingredients, additives, reporting, packaging, labelling, illicit trade, cross border sales, and e-cigarettes.

**Research Objectives and Methodology**

To achieve the main objective of the project four specific tasks were identified and the corresponding methodology was defined:

1. The psychosocial and behavioural impact of implementation of the TPD will be evaluated through the creation of a cohort study of adult smokers in 6 EU MS (Germany, Greece, Hungary, Poland, Romania, and Spain) in a pre-TPD vs. post-TPD study design using the International Tobacco Control (ITC) protocol and research methodology.
2. The pooling and comparisons across both other countries that participate in the International Tobacco Control (ITC) Project within and outside the EU to enhance innovative joint research collaborations.
3. FCTC and TPD implementation at the EU member state level will be assessed through secondary dataset analyses of the 2015 Special Eurobarometer on Tobacco Survey (SETS) a cross sectional survey collected from all 28 European Member states, and through trend analyses on the merged datasets of the 2009, 2012 and 2015 SETS datasets.
4. Changes in e-cigarette product parameters (technical design, labelling, packaging and chemical composition) following implementation of Article 20 of the TPD will be assessed through a pre-TPD vs. post-TPD product evaluation in 9 EU Member States (EU MS).

**LD06: RETRAC2: Research on Commercial Tobacco Reduction in Aboriginal Communities**

*Funded by:* CIHR  *Duration:* 5 years  
*Study location:* Canada  
*Investigators*  
*PIs*  
Robert M Schwartz, University of Toronto, Canada  
Michael O Chaiton, Cancer Care Ontario, Canada  
Anita C Benoit, University of Toronto, Canada  
Tara E Elton-Marshall, Centre for Addiction and Mental Health, Canada  
Raglan Maddox, St Michael’s Hospital, Canada  
Earl Nowgesic, University of Toronto, Canada  

*Abstract:*

**Background**

In Canada, First Nations (on and off-reserve), Inuit and Métis Peoples have remarkably high rates of commercial tobacco use and associate chronic lung and other diseases compared to non-Aboriginal groups. RETRAC2 builds on a previous study (RETRAC1), where 7 Aboriginal communities conducted research to understand their community’s contexts of tobacco use and develop tailored community commercial tobacco reduction strategies. RETRAC1 included a systematic review of literature and studied Aboriginal communities around the world that had success in reducing commercial tobacco use. RETRAC2 provides opportunity for the 7 RETRAC1 communities to implement and evaluate their interventions and for 6 new Aboriginal communities to conduct community-based research, develop and begin to implement their own commercial tobacco reduction strategies.

**Research aims**

The overall purpose of this project (RETRAC2) is to contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada. We will determine the effectiveness of tailored and evidence informed community-developed strategies in reducing commercial tobacco use and assess the implementation factors that contribute to their success.

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

*Funded by:* CIHR, IDRC, SA MRC  *Study location:* Canada, Chile, Colombia, Equador, South Africa, Vietnam  *Duration:* 5 years  
*Investigators*  
*PIs*  
Godefroy Guindon, McMaster University, Canada  
Juan Gallego, Universidad del Rosario, Colombia  
Pham Thi Hoang Anh, Healthbridge, Vietnam  
Guillermo Paraje, Universidad Adolfo Ibanez, Chile  
Hana Ross, University of Cape Town, South Africa  
Corne Van Walbeek, University of Cape Town, South Africa  
Tatiana Villacres, Pontificia Universidad Catolica del Ecuador, Ecuador  
Daniel Araya, Universidad Adolfo Ibanez, Chile  
Ricardo E Chávez, Banco Central del Ecuador, Ecuador
Abstract:

Research aims
We will study the impact of tobacco prices on smoking onset, smoking cessation, and tobacco consumption in Chile, Colombia, Ecuador, South Africa, and Vietnam. The effects of both tax and retail price will be further analysed according to their effect by socioeconomic status, sex, and age with simulations to determine the ultimate impacts on tax revenue, tobacco use, and health outcomes. Additionally, the impact of cigarette packaging, including plain packaging, and major recent country-specific policy changes will be analysed. There is overwhelming evidence that higher cigarette prices reduce tobacco use with greater reductions among young people and those from more socioeconomically disadvantaged groups. The tobacco industry, however, asserts that tobacco taxes harm vulnerable populations and lead to increased consumption of illicit cigarettes and that packaging policies are ineffective. Evidence generated by this research will be used to address these claims with the aim of influencing tax policy and tobacco product labelling practices in low- and middle-income countries with the goal of ultimately preventing ill health and deaths caused by tobacco consumption.

Current status
Teams working on the Discrete Choice Experiment (DCE) to measure the impact of plain packaging will be meeting in Canada in December 2018. While the DCE in each country will have a similar focus, the exact designs will differ, depending on the country context. All teams assembled and standardized the data required for research on cigarettes onset and cessation.

Milestones
Members from the five country teams met in Cape Town over two days in March 2018 to discuss progress and strengthen existing collaborations. The DCE team has reviewed the existing DCE literature (about 40 papers) on cigarette packs and summarised the findings with the aim to publish a systematic review.

The South African team has collected data in 6 townships to determine the prices paid for cigarettes among the poor with the goal of assessing the rate of tax evasion among this population. The findings will be published in the upcoming Tobacco Control Supplement that focuses on illicit trade. The Ecuadorian team is now calculating the price and income elasticities of tobacco demand across different age groups, socio-economic status, gender and geographic zones. In 2017 and 2018, the teams had a series of engagements with government officials and NGOs to inform them about the project and to seek feedback on the research questions.

Challenges
There was much confusion in South Africa regarding whether funding from the South African Medical Research Council was part of the total amount, or additional. This has now been cleared. A post-doc from the South African team resigned in July 2018 and his position has not yet been filled.

In Ecuador, many institutions responsible for tobacco related surveys were eliminated. As result, there is a lot of confusion regarding which institution manages and can provide access to the data.

LD08: Household Air Pollution and Health: A Multi-Country Liquefied Petroleum Gas (LPG) Cook Stove Intervention Trial

Funded by: NIH, NHLBI, NIEHS, NICHHD, NCI, Bill & Melinda Gates Foundation
Duration: 5 years
Study location: India, Guatemala, Peru, Rwanda

Investigators
Pis
William Checkley, Johns Hopkins University, USA
Thomas Clasen, Emory University, USA
Jennifer Peel, Colorado State University, USA

Research team
Anaite Diaz Artiga De Mccracken

Abstract:

Aims and objectives

Here we propose to conduct a randomized controlled trial of LPG stove and fuel distribution in 3,200 households in four diverse LMICs to deliver rigorous evidence regarding potential health benefits across the lifespan.

Aim 1: Using an intent-to-treat analysis, determine the effect of a randomized LPG stove and fuel intervention on health in four diverse LMIC populations using a common protocol.

Hypotheses:

- Compared to control households with biomass cookstoves (400/site), pregnant women in households that receive LPG stoves and fuel (400/site) will have offspring with increased birthweight, reduced pneumonia incidence and improved growth (length-for-age/stunting) up to age 2 years (primary outcomes); and decreased preterm birth and improved gross motor development up to age 2 years (secondary outcomes).
- Compared to control households with biomass cookstoves (100/site), older adult women (35-64 years) in households that receive LPG stoves and fuel (100/site) will have reduced blood pressure (primary outcome); improved endothelial function, decreased carotid intima-media thickness, and less respiratory health impairment and improved quality of life as measured by the St. George Respiratory Questionnaire and the Short Form 36, respectively (secondary outcomes), during the 30-month follow up period. Quality-adjusted life years saved from the intervention will be calculated to determine cost effectiveness.

Aim 2: Determine the exposure-response curves for HAP and health in four diverse LMIC populations.

Aim 3: Determine relationships between LPG intervention and biomarkers of exposure/health effects.

Research Objectives and Methodology

Our investigative team, led by the Clinical Intervention, Coordinating and Biomarker Center (CICBC), in close collaboration with local researchers with strong track records in implementing HAP field
trials, will establish Intervention Centers (IC) in India, Guatemala, Peru, and Rwanda. Following a common protocol, each IC will recruit 800 pregnant women (aged 18-34 years, <20 weeks gestation, 1 per household), and will randomly assign half of the households to receive LPG stoves and a 30-month supply of LPG. Controls will receive the same cookstoves and LPG supply at the end of the study. Pregnant women and their offspring will be followed until the children are aged 2 years. We estimate that 25% of households will have a second older adult woman (aged 35-64 years) who will also be enrolled to assess cardiopulmonary outcomes. We will assess cookstove use and conduct repeated personal exposure assessments to HAP (PM2.5, black carbon, carbon monoxide). We will obtain dried blood spots and urinary samples from participating pregnant women, their offspring, and the older adult women for biomarker analysis at our Biomarker Center or at a laboratory validated by the Biomarker Center (for India). The CICBC will provide funding to the ICs annually as per an approved budget, coordinate IRB approvals, provide training in promoting and monitoring cookstove uptake and exposure and outcome assessment, monitor protocol compliance and visit ICs annually to re-certify staff and assure quality of data at a centralized Data Management Center.

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

*Funded by: CAMS*

*Study location: China*

*Investigators*

*PI*

*Jiapeng Lu, National Center for Cardiovascular Diseases, China*

**Abstract**

This study was conducted in the established network of the China PEACE (Patient-centered Evaluative Assessment of Cardiac Events) Millions Persons Project (MPP). The China PEACE MPP is a patient-centered national screening initiative to detect populations at high-risk for cardiovascular diseases began in July 2014, has covered 16 provinces, municipalities and autonomous regions. At the end of June 2017, the China PEACE MPP will cover 31 provinces, municipalities and autonomous regions. It collects detailed information on socio-demographics, disease histories including chronic lung diseases, lifestyles, behaviors and bio-samples for millions of persons. Until now, about 1.4 million community-residents aged 35-75 years participated were screened. The China PEACE MPP provide national-wide high quality resources for this study.

**Research Aims and Objectives**

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. During the screening, PEF was measured using unified device. It’s measured three times for each participant, and the maximum value was recorded. Incidence of COPD and other lung diseases were also recorded.

**Current Status**

By the end of June 2017, we have recruited about 1.5 million participants from 141 selected districts/counties in all 31 provinces of China. The peak expiratory flow was tested using a portable device for each participant. Information about socio-demographic characteristics, medical history (including lung diseases, cardiovascular events, hypertension, and diabetes, etc.), and behaviour lifestyle was collected by questionnaire interview. These participants are followed up once a year to collect study outcomes. At present, we are conducting preliminary data analysis using the baseline data.
Milestones
Oct 31, 2018: Preliminary results
Dec 31, 2018: All data collection completed

LD10: Genomic analysis of drug-resistant tuberculosis in sputum sample

Funded by: CONACYT
Study location: Mexico
Investigators
PI
Francisco Xavier Soberon, National Institute of Genomic Medicine, Mexico

LD11: Search and validation of biomarkers for tuberculosis in Mexican patients with diabetes mellitus

Funded by: CONACYT
Study location: Mexico
Investigators
PI
Mario Alberto Flores, Center for Research and Assistance in Technology and Design of the State of Jalisco, Mexico

Abstract:

Background
Today, the traditional test in the health sector to assume an infection by Mycobacterium tuberculosis in asymptomatic people is based on delayed hypersensitivity immune response to a complex mixture of antigens derived from the purified protein derivative (PPD) or tuberculin, whose most abundant constituents are shared by other mycobacteria, resulting in sensitivity and specificity values of around 80%. As a solution to this lack of ability to detect at least 20% of cases based on ex vivo cell response to particular antigens of M. tuberculosis, some commercial kits were generated. Despite the progress that these methods represent, their demonstrated usefulness is not entirely satisfactory when used in various populations. Thanks to this, and taking advantage of the possibility of conducting a screening for all proteins encoded in the genome of M. tuberculosis within a chip/protein microarray, we propose the search and validation of biomarkers for tuberculosis, specifically in Mexican patients with diabetes mellitus.

Research Aims and Objectives
Develop a diagnostic method based on a panel of mycobacterial antigenic proteins, to detect asymptomatic tuberculosis in Mexican patients with diabetes mellitus, with sensitivity and specificity greater than or equal to 80%, from antigens present in the complete proteome of M. tuberculosis
LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries

Funded by: UK MRC
Duration: 3 years

Study location: Peru, Nepal and Uganda

Investigators

PI
John Hurst, University College London, United Kingdom
Marta Soares, University of York, United Kingdom
Bruce Kirenga, Makerere University, Uganda
William Checkley, Johns Hopkins University, USA
Jaime Miranda, Peruvian University Cayetano Heredia, Peru
Maria Cardenas Peruvian University Cayetano Heredia, Peru
Robert Wise, Johns Hopkins University, USA

Abstract:
More than 90% of chronic obstructive pulmonary disease (COPD) related deaths occur in low- and middle-income countries (LMICs), and in 15 years COPD is expected to become the leading cause of death worldwide. LMICs face unique challenges in managing COPD, including sub-optimal, diverse primary care systems which present challenges with diagnosis and management, especially during exacerbations of COPD. Given the high and rising global burden of COPD, a revolution in diagnosis and management of COPD and exacerbations in LMICs is an urgent priority. This is the overarching aim of our GECo – Global Excellence in COPD Outcomes – project.

GECo1 tests effectiveness and implementation of questionnaire-based case-finding for COPD. GECo2 is a randomised-controlled trial testing implementation, effectiveness and cost-effectiveness of community health-worker supported self-management action plans to improve health-status in COPD. The control arm receives a basic education package and free medication in addition to usual local care.

The studies were based on previous field experience, existing tools, and formative work prior to study start.

Current status
Both GECo1 and GECo2 are live at our three field sites in Nepal, Peru and Uganda. We started recruitment in January 2018. By the end of August 2018 we had recruited 3601/10,500 to GECo1, and 200/240 to GECo2. We will complete recruitment by August 2019.

Milestones
We have published our protocol (reference below) and preliminary work, and are live at all three sites. We have held two externally chaired Trial Steering Committees

Challenges
There have been plenty! Ask us about contracting, permissions, quality-assurance and logistics!

We will be pleased to discuss the project with you, or you can follow us on Twitter @COPDGECo.

Reference:
LD13: Muslim Communities Learning About Second-hand Smoke (MCLASS II): An effectiveness-implementation hybrid study

Funded by: UK MRC Duration: 3.5 years
Study location: Bangladesh

Investigators
PIs
Kamran Siddiqi, University of York, UK
Steve Parrott, University of York, UK
Sarwat Shah, University of York, UK
Catherine Jackson, University of York, UK
Catherine Hewitt, University of York, UK
Caroline Fairhurst, University of York, UK
Aziz Sheikh, University of Edinburgh, UK
Sean Semple, University of Aberdeen, UK
Rumana Huque, ARK Foundation, UK

Abstract:
Aims and objectives
Our overall aim is to reduce the burden of disease due to SHS in LMICs by discovering innovative community-based approaches to behaviour change. With the specific aim to assess the effectiveness and cost-effectiveness of a community-based intervention – Muslims for better Health (M4bH) - we are conducting a three-arm cluster randomised controlled-trial in Dhaka.

Current status
We have recruited and randomised 45 mosques as follows: arm 1 – M4bH and Indoor Air Quality (IAQ) feedback; arm 2 – M4bH alone; and arm 3 - usual services. We have recruited 1,800 households (40 from each mosque) with at least one smoker and who have provided written consent, during April-August, 2018.

We have co-created M4bH and IAQ feedback behavioural interventions through a consultation process, which are designed to discourage people from smoking indoors. M4bH consists of a set of messages and activities couched within mainstream Islamic discourse, delivered by faith leaders (Imams) in places of worship (mosques). IAQ feedback consists of anonymised information on indoor air quality measured by a particulate matter (PM$_{2.5}$) monitor. The interventions have been delivered during May-September, 2018.

Currently, month-3 follow up is going on with households (a) where 24-hour mean PM2.5 levels are 35 µg/m$^3$ or above; and (b) in a 10% random sample of those households where 24-hour mean PM2.5 levels are below 35 µg/m$^3$. Month-3 follow up will be completed in early November. Month-6 and month-12 follow ups are due in November, 2018 and May, 2019.

Milestones
Quarters 1 2 & 3. Recruit households, collect baseline data, randomise and deliver the intervention.
Quarter 4, 5 & 6. Complete all follow-ups and all data collection for process and economic evaluations.
Quarter 7 & 8. Analyse data for effect, economic and process evaluation. Conduct interviews and develop monitoring framework.
Quarter 9. Analyse results.
Quarter 10. Write up papers for peer-reviewed journals.

Challenges:
- Festivals, national holidays and school holidays when household members travel outside Dhaka
- Imams, Khatibs joining the Hajj
- Power cut and other disruptions in collecting IAQ measure at households
- Restrictions of entering to households in some residential area
- Shift of slums and moving slum population, change in address; hence challenge in following up
- Natural calamity including flood, heavy rain and water clogging in study area
- Coordination with Islamic Foundation, and availability of key policy makers
- Strict time line to recruit 1800 households and month-3 follow up

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

*Funded by:* Medical Research Council, UK

*Study location(s):* India

**PI -** Prof. John Britton, University of Nottingham, UK

**Co-PI -**
- Andrew Fogarty, University of Nottingham, UK
- Asha Kamath, Manipal Academy of Higher Education, India
- Gaurang Nazar, HRIDAY, India
- Ilze Bogdanovica, University of Nottingham, UK
- Kirthinath Ballal, Manipal Academy of Higher Education, India
- Manpreet Bains, University of Nottingham, UK
- Radhika Shrivastav, HRIDAY, India
- Monika Arora, HRIDAY, India
- Muralidhar Kulkarni, Manipal Academy of Higher Education, India
- Sarah Lewis, University of Nottingham, UK
- Shalini Bassi, HRIDAY, India
- Veena G Kamath, Manipal Academy of Higher Education, India

**Abstract:**

**Aims and objectives**

This study is a longitudinal cohort study of smoking, smoking susceptibility and smoking uptake in a sample of children in Udupi schools, surveyed in grades 6-8 in 2017, and grades 7-9 in 2018. This project aims to identify the main determinants of smoking uptake among adolescents in India. We
will survey a population of 45,000 students in school grades 6-8 in Karnataka State, ascertaining current and susceptibility to future tobacco use; and exposure to determinants including tobacco affordability and ease of access, tobacco imagery in films and music videos and in retail displays, health warnings, anti-tobacco media campaigns, smoke-free homes and schools, and potential confounders (including age, gender, family and peer smoking, self-esteem, rebelliousness, academic grades).

**Current Status**
The first year survey has been completed successfully. A total of 915 schools were visited by the project staff and questionnaires completed by 43048 grade 6-8 students (92% response). One of the risk factors being explored is exposure to tobacco imagery in films; to assess exposure we have coded tobacco content in a selection of the most popular national and local films in both 2017 and 2018.

The second survey is currently being conducted in 7th 8th and 9th grade students.

**Milestones**
The Year One Survey has been completed successfully. Tobacco imagery in Indian movies, top regional and national movies has been coded for the year 2017 and 2018. A paper reporting the findings of the 2017 film content coding is under review with a peer-review journal (Tobacco Control).

**Challenges**
Surveying over 40,000 children in a large number of schools in the first six months of the academic year posed a challenge, but this has been overcome by the enthusiastic and committed project staff.

**LD15: SISTAQUIT™ (Supporting Indigenous Smokers To Assist Quitting) – a cluster randomised trial to implement culturally competent evidence-based smoking cessation for pregnant Aboriginal and Torres Strait Islander smokers**

*Funded by:* National Health and Medical Research Council

*Study location(s):* Australia

*PIs*
- CIA Billie Bonevski, The University of Newcastle, Australia
- CIB Gillian Gould, The University of Newcastle, Australia
- CIC Alan Clough, James Cook University, Australia
- CID Joerg Mattes, The University of Newcastle, Australia
- CIE Kristin Carson, Basil Hetzel Institute for Translational Health Research, Australia
- CIF Christopher Doran, Central Queensland University, Australia
- CIG Peter O’Mara, The University of Newcastle, Australia
- CIH Chris Oldmeadow, Hunter Medical Research Institute, Australia
- CIJ Roger Smith, The University of Newcastle, Australia
- CLI Katherine Boydell, University of New South Wales, Australia
Primary Research Aim
To determine whether a comprehensive culturally-competent multi-component intervention can increase quit rates in pregnant Indigenous smokers.

Research Objectives and Methodology
1. Primary Objective:
To assess the efficacy of SISTAQUIT intervention to increase cessation among Indigenous pregnant smokers at 4 weeks post-baseline (end of treatment) measured by carbon monoxide validation of self-reported smoking cessation.

2. Secondary Objectives:
A. Increase the proportion of health providers offering assistance in quitting to Indigenous pregnant smokers early in their pregnancy (self-report, audit of charts, and patient report).
B. Reduce episodes of respiratory illness and adverse perinatal outcomes among Indigenous babies, followed to 6 months of age (baby health diary and survey).
C. Conduct an economic evaluation the SISTAQUIT intervention that incorporates a cost-effectiveness analysis.

Current Status
The SISTAQUIT project commenced April 2017, so has been running for ~18 months. Ethics approvals were obtained from University of Newcastle Human Research Ethics Committee (HREC) and 8 other HRECs (SA 2, QLD 3, NT 1, WA 1, and NSW 1). Australia and New Zealand Clinical Trials Registry registration is ACTRN12618000972224. Site recruitment target is 30 Aboriginal Medical Services and other services in the following states: NT, NSW, QLD, WA, SA and potentially Victoria. Staff members include an Aboriginal Research Assistant/Cultural Liaison and a trial manager: recent additional staff are Aboriginal Research Assistant, an administration officer, and a part-time post-doc researcher.

Milestones
Sites are being recruited and randomised in 3 waves for pragmatic reasons. So far 10 sites recruited and randomised in wave one: 1 NT, 2 QLD, and 7 NSW. All are Aboriginal Medical Services. Organisational consent forms are being sought from 10 wave two sites. Recruitment for wave three sites is underway.

Wave one sites provided two on-site female Research Facilitators from their existing staff, who attended a training day in Sydney (separate day for control and intervention sites). Research teams are scheduled to visit sites for start-up and study briefing/training in September/October depending on the allocation of control vs. intervention.

Minor amendments were made to the printed resources for the intervention. The webinar for health provider training was refined and professionally recorded. A protocol paper is being written.
PhD candidates passing confirmation are: Sarah Jane Perkes (Australia) and Ediane De Queiroz Andrade (Brazil). Tabassum Rahman (ex-Bangladesh, Australian resident) recently commenced her PhD with the project.

**Challenges**

Lengthy community and expert consultations and obtaining consent from organisations in a timely manner – a norm with real world research in Aboriginal settings. Consultations regarding collecting Aboriginal baby outcome measures is nearing completion via a modified Delphi process. Ethics revisions and communication with multiple ethics bodies is a further challenge.

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

*Funded by:* Australian National Health and Medical Research Council  
*Study location(s):* Vietnam (Hanoi, Ho Chi Minh City, Thanh Hoa Province, Ca Mau Province)  
*PIs*  
Greg Fox, The University of Sydney, Australia  
Guy Marks, University of New South Wales, Australia  
Nguyen Viet Nhung, National Lung Hospital, Hanoi, Vietnam  
Ngo Quy Chau, Bach Mai Hospital, Hanoi, Vietnam  
Tran Bach, Johns Hopkins School of Public Health, USA  
Joel Negin, The University of Sydney, Australia  
Stephen Jan, The George Institute for Global Health, University of New South Wales, Australia

**Primary Research Aim**

The aim of this project is to demonstrate the effectiveness of an integrated package of health sector interventions to decrease the burden of chronic lung disease in Vietnam

**Research Objectives and Methodology**

Co-primary objectives: (A) To determine the effect of a smoking cessation intervention upon the rate of sustained abstinence among smokers after two years; (B) To evaluate the effectiveness of an integrated SC and ICS intervention upon the proportion of individuals with one or more exacerbations of COPD or asthma within two years of follow-up;  
Secondary objectives:  
1. To determine the effect of the combined intervention upon all-cause mortality  
2. To determine physician and patient compliance with a structured clinical decision algorithm for patients with persistent and/or recurrent respiratory symptoms.  
3. To conduct a cost-effectiveness analysis of smoking cessation among smokers, and the combined intervention among patients with OLD.  
4. To evaluate the knowledge, attitudes and beliefs of patients and health care workers regarding smoking cessation and ICS use before and after the intervention.  
5. To disseminate findings: engaging local and national policy-makers in translating the established protocols into practice and policy.
Current status:
The VCAPS Trial is a series of studies aiming to strengthen management of chronic lung disease management and tobacco control in Vietnam. The first phase of the study involved several quantitative and qualitative studies to characterize the management of COPD and asthma, and smoking behaviors, at all levels of the government healthcare system. Baseline data collection for these studies has been completed. Several manuscripts are in preparation.

The second phase of VCAPS involves a two-by-two factorial cluster randomized trial (RCT) of complex health system interventions to evaluate the effectiveness of interventions to (a) improve outcomes for patients with COPD and asthma, and (b) reduce smoking in local (district) clinics. A pilot study for this component will commence shortly in three districts of Hanoi. The main RCT will begin in four Provinces in mid 2019.

Milestones:
- VCAPS 1 – Characterising respiratory symptoms and smoking behaviors within Vietnamese health care system: Baseline recruitment is complete. The patients in two cohort studies are being followed up, with completion expected by December 2019.
- VCAPS 2 - Characterising chronic lung disease management and tobacco control within health facilities in Vietnam. The study is completed. Manuscripts are being developed
- A health systems analysis regarding COPD and asthma management in Vietnam has been completed, and manuscript preparation is underway.
- The VCAPS RCT (Phase 2) is scheduled to start in June 2019.

Challenges:
- The government approval through the MOH has introduced some delays. We have collaborated with key agencies to enable the MOH to proceed with this process as quickly as possible.
- We are working with the Vietnamese government to add inhaled medications to the public health insurance subsidy list at a local level. This will be essential for the interventions to be scaled up following the study.
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

Funded by: National Health and Medical Research Council
Study location(s): Australia
PIs
Jennifer Alison, The University of Sydney, Australia
Sarah Dennis, The University of Sydney, Australia
Stephen Jan, The George Institute for Global Health, Australia
Christine Jenkins, The University of Sydney, Australia
Vanessa Lee, The University of Sydney, Australia
Graeme Maguire, James Cook University, Australia
Zoe McKeough, The University of Sydney, Australia
Tim Shaw, The University of Sydney, Australia
PhD student and Project Manager: David Meharg, The University of Sydney, Australia

Background
Aims & objectives
In order to reduce the gap in access to best-practice management for chronic lung disease and improve health outcomes in Indigenous communities the research project aims to:

1. Evaluate the ability of the BE WELL program to enhance Aboriginal and Torres Strait Islander health worker knowledge, skills and confidence in the assessment and management of COPD, particularly the delivery of pulmonary rehabilitation.
2. Identify the local structural, systems and other contextual factors that will influence successful implementation and sustainability of pulmonary rehabilitation by ascertaining local solutions.
3. Determine the uptake of respiratory assessment and pulmonary rehabilitation in Aboriginal Medical Services.
4. Determine the impact of the BE WELL program on health outcomes and health care utilization and costs (particularly hospitalisations) of Indigenous people with COPD.
5. Evaluate the ability of networks, established through teleHealth technologies, to support Indigenous health workers in the management of people with COPD.

Current Status
• The BE WELL project was approved by the Aboriginal Health and Medical Research Council, NSW on 12th May 2017.
• The first Aboriginal Medical Service (AMS) was recruited as a site for implementation of the BE WELL program in May 2017. This was a rural site in New South Wales, Australia.
• Additional sites for BE WELL implementation will be identified by November 2018 and will commence the BE WELL project in early 2019.
• All essential equipment and resources for BE WELL project have been provided.

Milestones:
• Engagement meetings with the staff of the AMS and the doctors that provide services to the AMS occurred during May to September 2017.
The first workshop to upskill Aboriginal Health Workers in the management of people with chronic lung disease occurred in September 2017. A second workshop was provided in August 2018 for a new Aboriginal Health Worker involved in the project.

Consultation continues to occur at this site with health professionals and management to improve BE WELL implementation.

An Aboriginal person commenced as the project manager and PhD student in May 2018.

A Chronic Lung Disease Awareness Day will occur at the AMS in October 2018 with the aim to increase community awareness of chronic lung disease, upskill AMS doctors in the management of chronic lung disease and increase referrals to the BE WELL program.

The first site completed their first 8-week BE WELL program in May 2018. Their second BE WELL program commenced in September 2018.

Challenges:

- Maintaining program momentum at a busy rural Aboriginal Medical Service with competing service delivery and community demands.
- Effectively engaging with the AMS in different the aspects of project management, research and service delivery, which are integral to the project.
- Implementing a new service of pulmonary rehabilitation not previously provided at the AMS.
MH01: Supervised Treatment in Out-Patients for Schizophrenia (STOPS+)

**Funded by:** UK Medical Research Council

**Study location(s):** Pakistan

**PIs**
- Saeed Farooq
- Zia Ul Haq
- Mian Mukhtar ul Hay
- Atif Rahman
- Martyn Lewis
- Muhammad Firaz Khan
- Syed Irfan Ali Shah
- Alyshah Abdul Sultan
- Reuben Ogollah
- Tom Shepherd

**Abstract**

**Aims & objectives**

To access 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.

**Primary objective:**
The primary objective of the study is to evaluate the effectiveness and implementation of STOP+ in a primary health care setting in a resource poor setting in Pakistan.

**Secondary objectives:**
- To investigate the process and implementation outcomes for STOP+ in the community by estimating the cost effectiveness, assessing the impact of STOPS+ implementation in the whole health system and acceptability of STOPS+ for all stakeholders.
- To evaluate the effectiveness of STOPS+ compared to Enhanced Treatment As Usual (ETAU) in reducing the treatment gap by increasing medication adherence, improving the access to medication and mental health treatment in primary care.
- To assess the effectiveness of STOPS+ in reducing family burden, stigma in the community, and improving physical health in people with schizophrenia.
- To investigate the acceptability of STOPS+ for service users and health care providers, and assess the effects of the implementation of STOPS+ on the wider health system.

**Current status**

- We are in the process of ethics approvals.
The Keele University, UK is completing the due diligence for research and financial governance prior to transferring the funds to KMU. The plan is to start the pre-implementation phase as soon as ethics and governance procedures are completed.

The local teams in Peshawar developing the training materials, ethics documents and SoPs for the trial.

**Milestones**

- The time lines for all major steps developed. Potential managerial staff and infrastructure for the study identified
- Tri party Memorandum of understanding (MoU) between the Khyber Medical University, Health Department of KP, PRIME foundation and Lady Reading Hospital-MTI completed and formal approvals from the stakeholders being sought
- Qualitative Ethical approval has been granted by Ethical Board of Khyber Medical University.
- Teams for conducting the Qualitative component as well as Clinical Trials have been identified and assigned with goals individually.
- Full time Project Manager has been recruited.
- Randomization of Primary Health care facilities including 8 rural and 4 Urban controls whereas 8 rural and 4 urban intervention groups.

**Challenges**

Challenges encountered over the course of study survey are listed as:

- Staff identification for carrying out research and identifying the people with right skills for each stage of study.
- Retaining the staff for the duration of study and overcoming the barriers to recruitment and retention.
- Coordination between major stake holders and study partners.
- Satisfying the MRC and UK institute’s requirements for financial and academic procedures and waiting for transfer of funds from UK partners.
- Ethical challenges in working with vulnerable population and developing informed consent procedures in patients with psychotic illness.
- Working with primary care in mental health as the staff has little awareness of mental illness.

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

**Funded by:** UK Medical Research Council

**Study location(s):** Brazil, India & Tanzania

**PIs**

Aimee Spector  
Martin Orrell  
Thara Rangaswamy
Abstract

Aims & objectives
To develop, test, refine and disseminate implementation strategies for Cognitive Stimulation Therapy (CST) for people with dementia in Brazil, India and Tanzania. The key objective is to create an ongoing and sustainable CST implementation programme which ultimately increases quality of life and cognition for people with dementia. A secondary objective is to increase awareness and skills in the detection and management of dementia, both for health workers and families.

Current status
CST-International launched on the 10th September 2018, at which time a full time Programme Manager was appointed. Since the launch, a number of teleconferences have been held with key staff members in each country. During these discussions, country specific issues such as procedures for ethical approval, manual translation and rights to the CST manual have been discussed. Currently, in each country, researchers are organising stakeholder meetings to take place throughout October, November and December. At each of these meetings, discussions will be facilitated around key implementation issues such as staffing, resources, costs, policy initiatives and awareness of dementia. Furthermore, the Programme Manager will visit the Tanzania team in mid October to help facilitate meetings and co-run workshops. These workshops will be designed to educate people about dementia and to introduce CST to healthcare workers in the country. The team in Brazil are also getting ready to run stakeholder workshops and these are likely to take place in November, alongside the GACD meeting.

Milestones
Ethical approval for CST-International has been granted in India. Local ethical approval has been granted in Tanzania and national approval is pending. In Brazil, an amendment to existing ethical approval has been submitted. Furthermore, preliminary rights to the CST-Manual in Portuguese have been granted by publishers and full rights are currently being secured. Rights to the translated manual in languages for Tanzania and India are currently being organised and should be in place by the end of the year.

Challenges
As the project involves collaborations between individuals at many different institutions across three countries, the collaboration agreement has been complicated and is still ongoing. Furthermore, the
A project has been funded by two funding bodies and it has been challenging to ensure that the timing of the release of funding from both bodies has been consistent.

MH03: Optimising implementation strategies of the scale-up of a primary care psychological intervention: The Friendship Bench

Funded by: UK Medical Research Council
Study location(s): Zimbabwe
PIs
Prof. Ricardo Araya
R Verhey
Dr Chibanda
Prof. Araya
Dr Wagenaar
Dr Healey

Abstract

Aims & objectives
The overall goal of this implementation science proposal is 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.

Specific Aim I: Use the RE-AIM model to evaluate the current scale-up of the evidence-based Friendship Bench primary care psychological intervention, assessing the program's real-world and pragmatic Reach, Effectiveness, Adoption, Implementation, and Maintenance across 72 primary care clinics.

Specific Aim II: Use the Consolidated Framework for Implementation Research (CFIR) to understand better the factors influencing the implementation of the FB. The constructs of CFIR chosen to be included in our assessment model will be decided through a participatory process that includes main stakeholders.

Specific Aim III: 3a) To identify promising implementation strategies (based on information gathered through achieving previous aims) to improve the implementation outcomes in low performing clinics. 3b) To conduct a Hybrid Type 3 study in which we will randomize low performing clinics into two arms 1) improved implementation strategies or 2) usual strategies and to compare RE AIM outcomes across the two arms 4 months later after completing this intervention. 3c) To explore if there were changes in the main CIFR constructs identified through AIM 2 in those clinics receiving the new strategies. 3d) To propose and disseminate a set of strategies for the good implementation of the FB that can also be tried for other similar interventions in Zimbabwe and other LMIC settings.

Methods
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There will be an initial preparatory period to: (1) identify, employ, and train all research personnel; (2) develop the materials to use for data gathering including the questionnaires to be installed in tablets; (3) establish the SOP and definitive Gantt chart for the study; (4) obtain ethics clearance; and (5) contact clinics and plan for the fieldwork.

**MH04: YOUTH WELLBEING IN CHINA AND CENTRAL AMERICA: IMPLEMENTATION OF AN INTEGRATED PREVENTION AND INTERVENTION PROGRAM**

**Funded by:** Canadian Institutes of Health Research and National Natural Science Foundation of China  
**Study location(s):** China, Honduras & El Salvador  
**PIs**  
Dr Arun Avindran

**Canada**  
Arun Ravindran  
Jürgen Rehm (University of Toronto)  
Sam Law (University of Toronto)  
Nisha Ravindran (University of Toronto)  
Deputy Minister Alexander Bezzina (Government of Ontario)  
Stan Kutcher

**China**  
Lin Lu  
Qing-Mei Kong (Peking University Sixth Hospital)  
Yi-Min Kang (Inner Mongolia Medical University)  
Yi-Ming Wang (Guizhou Medical University)  
Yan-Ping Bao (Peking University)  
Zhi-Min Liu (Peking University)

**Central America**  
Marco Medina (Universidad Nacional Autónoma de Honduras; UNAH)  
German Moncado (UNAH)  
Virna Lopez (UNAH)  
Reynaldo Flores (Universidad Nueva San Salvador; UNSSA)  
Karla Navarrete (Anti-drug Secretariat, San Salvador department)  
Ms. Mirna Flamenco (Anti-drug Secretariat, San Salvador department)  
Devora Kestel (Mental health lead, Pan American Health Organization; PAHO)  
Carmen Martinez (PAHO-Central America)

**Abstract**

**Aims & objectives**

According to global estimates, 10-20% of youth under age 25 years will experience a mental illness or addiction. Depression, anxiety and substance use disorders are among the most common of these conditions, and are often complicated by increased risk of suicidality. Left untreated, these conditions tend to become chronic conditions in adulthood, and are associated with higher rates of impaired academic, occupational and interpersonal functioning, job loss, physical illness, poor health, and suicide.
quality of life, morbidity and mortality. Based on locally identified needs, and inspired by our previous successful initiatives in LMICs and Canada, the aim of this 5-year project is 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. The project will focus on improving mental health literacy, reducing stigma and violence, and building resilience and skills. Furthermore, it will promote early identification and treatment of mental illness through the use of a Screener App, increase access to services, and improve rates of help-seeking.

**Current status**
The project is currently in the planning and preparation stages for implementation.

**Milestones**
The Canadian research team has had in-person meetings with both the Honduran and El Salvadoran teams. The submission for ethics approval has been completed, and contracts for the preliminary transfer of funds have been drawn up, with financial transfer agreements pending. The educational materials have been translated by the Chinese team into Mandarin, and the teams have had discussions regarding which measurement instruments would be most effective. The project website with study materials has been established for South America (www.globalpositiveyouthdevelopment.com). The Screener App is currently in preparation. A planning meeting between the Canadian team and collaborators in China has been scheduled to review the measurement instruments, review the app, and discuss students/trainees as well as any additional research considerations.

**Challenges**
Since the project is a collaborative effort across different continents, coordinating schedules across time differences has been demanding, in addition to working in three different languages, i.e. Mandarin, Spanish, and English. Due to variability in the validations across languages and populations, reaching agreement across teams on the utilization of common measurement instruments has also been challenging. However, the international teams have been largely able to overcome the above issues in working towards the project implementation goals.
MH05: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada

Funded by: Canadian Institutes of Health Research and National Natural Science Foundation of China

Study location(s): China & Canada

PIs
Brian L. Mishara, Université du Québec à Montréal, Canada
Jack Hicks
Allison Crawford

Abstract

Aims & objectives

The primary goal of this project is to reduce suicide rates in low-resource settings and, thus, contribute to the Sustainable Development Goal (SDG) of reducing global suicide rates by 1/3rd by 2030. Secondary goals include training a cadre of young researchers from low-resource settings in the fundamentals of implementation science and creating an innovative case example that will help advance the theory and practice of implementation science. To achieve these goals we will aim to complete the following objectives: 1) establish multidisciplinary research teams and collaborations with local stakeholders in Ningxia and Nunavut; 2) develop methods for adapting the SUPRE-MISS intervention in these different low-resource environments and for different cohorts of suicide attempters; 3) implement, revise, scale-up and conduct qualitative and quantitative evaluations of the adapted interventions; 4) actively promulgate the revised methods for adapting the intervention in a wide variety of other low-resource settings; 5) involve local early-career researchers at different stages of the project; and 6) re-assess the theories and methods of implementation science in light of the differences and similarities in the methods developed and the findings from the two research sites. Our primary hypothesis is that in settings where mental health resources are limited a brief educational intervention combined with regular supportive follow-up and access to crisis services that have been adapted to be community-specific and cohort-specific can reduce repeated suicidal behavior in individuals who have recently made a suicide attempt.

Methods

These 5-year, multi-phase, multi-method parallel projects in China and in Canada will: 1) Collaborate with community-based stakeholders to develop methods for adapting the SUPRE-MISS strategy in different contextual settings (Ningxia, China and Nunavut, Canada) and – an innovative step not used in previous community-based interventions – identify methods for adjusting community-specific interventions to ensure the equitable provision of services for different cohorts of suicide attempters (classified by urban versus rural residence, gender, age, ethnicity, substance abuse status, method of suicide etc.). 2) Pilot-test the adapted intervention in a small number of settings for 1 year and revise the intervention based on this experience. 3) Scale-up the revised version of the intervention in a larger number of settings for a 30-month period. 4) After qualitative and quantitative assessment of the outcomes and cost-effectiveness of the revised intervention, engage local stakeholders in the preparation of a summary report on the project and promulgate the use of this method of adapting the SUPRE-MISS intervention for preventing suicide in all of Ningxia, among all Inuit and other indigenous populations in Canada, in other low- and middle-income countries and
in other low-resource settings in high-income countries. 5) Train local students, fellows, and junior faculty from a variety of fields (psychiatry, psychology, public health, social science, health economics, etc.) in the principles and practice of implementation science. 6) Develop a model for integrating the implementation methods used in a low- and middle-income country (China) with those used in a low-resource setting of a high-income country (Nunavut, Canada) to advance the theory and methods of Implementation Science.

MH06: Enhanced Measurement-Based Care Effectiveness for Depression (EMBED): A Canada-China Implementation Project

Funded by: Canadian Institutes of Health Research and National Natural Science Foundation of China

Study location(s): China & Canada

PIs
Raymond W. Lam, University of British Columbia
Chen Jun, Shanghai Mental Health Centre,

Abstract

Aims & objectives

EMBED: a Canada-China implementation project, will develop a novel evidence-based practice (EBP) implementation strategy by adapting, implementing and evaluating technology enhanced Measurement-Based Care (e-MBC) for depression in diverse community mental health clinics in Shanghai, modeled on programs implemented in Canada. EMBED addresses 4 broad aims: 1) identify contextual enablers & barriers to MBC implementation; 2) explore physician- and patient-level factors as mediators for an EBP implementation; 3) provide clinical & health economic outcomes to establish effectiveness of eMBC; and 4) build knowledge & capacity for scale up of e-MBC in China and beyond. Our hypothesis is that physician & patient factors that are barriers for implementation of standard MBC will be enablers for implementation of e-MBC.

Current status

We are currently implementing Phase 1 of EMBED, conducting a Situational Analysis of the implementation environment for eMBC in Shanghai. The Situational Analysis consists of using mixed methods, including surveys, qualitative interviews and focus groups, and secondary documents review, to develop a comprehensive understanding of barriers and enablers to eMBC implementation from the perspective of patients, providers and the broader mental health system.

Milestones

In April 2018, the EMBED team met in Shanghai to officially launch the study. This visit consisted of visits to three study sites (Shanghai Mental Health Centre, Hongkou Mental Health Centre, and Feng Xien Mental Health Centre) and planning meetings with study investigators. As part of the implementation of the Phase 1 Situational Analysis, co-investigators Erin Michalak and Jill Murphy have conducted two visits to Shanghai to train research staff in qualitative research methodology and to validate data collection instruments. We have also begun adapting the e-MBC program that will be delivered as part of the intervention in Phase 2 for the Shanghai setting. In January 2019, an
all-investigators meeting will be held in Vancouver, Canada. This meeting will consist of presentation of preliminary results of the Situational Analysis and planning for Phase 2 of EMBED.

**Challenges**

In the first year, we have experienced some delays in our timeline related to the time required to conduct high-quality translation and cultural adaptation of training materials, and the need to invest time for adequate relationship-building. While these delays have been challenging, investing time in these activities are crucial to building a foundation for success for the duration of the project.

**MH07: Linking Hearts: Advancing Mental Health Care of University Students Through Interdisciplinary Collaboration (in Jinan)**

*Funded by:* Canadian Institutes of Health Research and National Natural Science Foundation of China

*Study location(s):* China

*PIs*
Josephine P Wong  
Dr. Wong  
Dr. Fung  
Dr. Li  
Dr. Yan  
Dr. Vahabi  
Dr. Tsang  
Mr. Sin  
Dr. Yamada  
Ms. Hilario  
Drs. Poon  
Dr. Bosma  
Dr. Jia  
Dr. Zhang  
Professor Wu  
Dr. Cong  
Dr. Cheng  
Dr. Gao

**Aims & objectives**

The aim of Linking Hearts is 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) in Jinan, Shandong, China. The objectives are to: (a) improve access to quality mental health care for university students in Jinan, Shandong Province, China; (b) reduce stigma against mental illness that impede help-seeking, targeted prevention, early identification, timely treatment, and optimal recovery; (c) improve interdisciplinary collaboration through collective empowerment and capacity building; and (d) advance implementation science knowledge in the field of community mental health practices/interventions that can be scaled up in other real-life contexts.

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We will begin with an assessment of contexts, consisting of a university student survey (n= 600), student focus groups (n=144), and stakeholder and professional focus groups (n=144). The data will inform intervention adaptation. Using a train-the-trainer model, we will train university students (n=360) and interdisciplinary professionals (n=360) and to become mental health champions. All champions will be supported to carry out mental health promotion through a Learning Management System and Weixin (WeChat). They will be followed over 6 months for their outreach and health promotional activities.

**Current status**

We have received research ethics approvals from the six partner universities in Jinan and Shandong Mental Health Centre. We are currently awaiting approval from Canadian universities. We anticipate that Phase One data collection on contextual analysis will take place from December 2018 to March 2019.

**Milestones**

We have achieved a number of milestones: (1) established Canadian-Chinese Steering Committee and defined Research Clusters; (2) developed Terms of Reference for the project and each cluster; (3) held Canadian-Chinese Co-PI in-person team working meetings in Toronto to finalize research plan; (4) established research clusters and cluster leads at the six partner universities in Jinan and in Canada; (5) Chinese-Canadian team collaborated in finalizing data collection tools; and (6) Canadian team delivered training of ACE-LYNX intervention to core trainers in Jinan.

**Challenges**

The key challenge we face is related to finding e-technologies suitable for our project needs and workable in both Canada and China, including a suitable e-learning platform, e-survey system and also data a storage system accessible by Chinese and Canadian team members.

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

*Funded by:* Canadian Institutes of Health Research and National Natural Science Foundation of China

*Study location(s):* China & Canada

*Pis*

Philippe Robaey  
Kathleen Pajer  
William Gardner  
Alice Charach  
André Samson  
Karen Courtney  
Penny Corkum  
Yuanyuan Jiang  
Zhaorui Liu
Yang Li
Wenxiu Li
Jia Cheng
Fei Li
Lan Shuai
Jingsong Zhang
Lixiao Shen
Xin Zhou

Abstract

Aims & objectives
What we have learned from developing ADHD shared care pathways in Ontario led us to adopt Process Standards that we present in the Consensus conference section. We will adopt the Canadian shared care model for ADHD to the Chinese context. To test its flexibility, it will be implemented within the pediatric care system in two districts of Shanghai and within the mental health care system in one district of Beijing. We will first assess how ADHD guidelines are used, and the existing collaboration between GPs and specialists. After a Consensus Conference, we will implement a shared care pathway and we will produce actionable findings in a formative evaluation to improve implementation. At the end of the setup phase, we will assess the use of guidelines, the deviation from the intended protocol, how its members evaluate the care process, examine the effectiveness with regard to ADHD outcome, and functioning of the pathway, in terms of patient flow and timing.

Once the shared care model is functionally implemented, we will scale up the care system horizontally by linking it progressively with schools selected randomly in the target districts. Using already established collaborations with the educational psychologists, we will first survey the knowledge and perceived needs of teacher, then implement a screening strategy for ADHD problems in the schools, as well as web-based effective strategies to educate parents and teachers about ADHD and mitigate its impact. We will assess the effectiveness of the intervention, and how it changes the perception of ADHD and the helpseeking process, as well as the rate of referrals into the shared care system. These two steps will allow defining the scalable unit that could be used in further implementation of the model. A cost-effectiveness analysis is integrated in the project in order to support its scalability.

MH09: Screening and management of perinatal depression within primary care

Funded by: Canadian Institutes of Health Research and National Natural Science Foundation of China

Study location(s): China

PIs
Hui Cao, Ma’anshan Maternal and Child Health Care Institute, China
Keith Dobson, University of Calgary, Canada
Guoping Ji, Anhui Maternal and Child Health Center, China
Yifu Ji, Anhui Medical University, China
Shahirose Premji, York University, Canada
Fangbiao Tao, Anhui Medical University, China
Shelby Yamamoto, University of Alberta, Canada
Shuangqin Yan, Ma’anshan Maternal and Child Health Care Institute, China
Xiaoyan Wu, Anhui Medical University, China
Beibei Zhu, Anhui Medical University, China
Shanshan Shao, Anhui Medical University, China
Mengjuan Lu, Anhui Medical University, China

Abstract

Aims & objectives
To create an effective perinatal depression screening and management (PDSM) program within the primary health care system that will be sustainable within the maternal and child health system. Our PDSM program entails three phases: (1) project planning and development of PDSM pathway in consultation with stakeholders; (2) a pilot study in Ma’anshan; (3) Scale-up in 3 cities – Hefei, Bengbu, and Fuyang. Evaluation of the PDSM employs mixed methods and implementation science research frameworks (Consolidated Framework for Implementation Research or CFIR and RE-AIM or Reach x Efficacy, Adoption, Implementation, and Maintenance).

Current status
Completed stakeholder engagement and finalizing screening and management pathway for PDSM program.

Milestones
Internet Based Cognitive Behavior Therapy (iCBT): Developed contract with MoodGym program (May 2018) to deliver iCBT. Development of translation teams to convert iCBT English version to Simple Chinese version (July 2018). Translation of Module 1 of MoodGym program (August 2018). Review of MoodGym program for use in China (June 2018). Presentation of programs in China for feasibility and usability of iCBT (August 2018). Decision not to deploy MoodGym program (September 2018). We are now collaboratively working with a Chinese Internet Technology company to build our WeChat-based platform, which be used for delivering the iCBT and data collection.
Psychosocial Intervention Manual Mom’s Good Mood Promoting Baby’s Health: Reviewed World Health Organization (WHO) Thinking Healthy Program and obtained permission to adapt program for use in China (February - June 2018). Note: WHO requested we rename the program. Edited and translated the adapted version of the WHO Thinking Healthy Program to Simple Chinese (August 2018). Further edits made (September 2018).

First Team Meeting August 2018: Launch meeting and gained support from Anhui Medical University and authority.

Entry-Level Training Session: Conducted CBT workshop and shared adapted WHO Thinking Healthy Program manual and collected important feedback and suggestions on revising our manual.
Stakeholder Interviews and Focus Groups: August 2018 First team meeting in China. During this visit completed focus groups with pregnant and postpartum women, family members, and healthcare providers, and individual interviews with policy makers. Interviews transcribed in Chinese and
analysis completed. Interviews and focus group meetings being translated to English for analysis by Canada Team (September – October 2018).

**Challenges**
iCBT psychosocial intervention platform slow and no fixes available thus needed to terminate contract with MoodGym. Implementation science research generally not well understood.

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

**Funded by:** Canadian Institutes of Health Research and National Natural Science Foundation of China

**Study location(s):** China

**PIs**
Roger S McIntyre  
Lu Ciyong (Sun Yat-sen University)  
Fan Beifang (Shenzhen Nanshan Center)  
Guo Lan (Sun Yat-sen University)  
Xie Bo (Shenzhen Nanshan Center For Chronic Disease Control)  
Kuang Li (Sun Yat-sen University)  
Gu Jing (Sun Yat-sen Global Health)  
Zhang Huimin (Shenzhen Nanshan Center For Chronic Disease Control)  
Liao Yuhua (Shenzhen Nanshan Center For Chronic Disease Control)  
Rodrigo B. Mansur (University of Toronto)  
Margarita Shekotikhina (University Health Network)  
Mehala Subramaniapillai (University Health Network)  
Nicole E. Carmona (Ryerson University, University Health Network)  
Yena Lee (University of Toronto, University Health Network)  
Carola Rong (American University of Integrative Sciences, University Health Network)

**Abstract**

**Aims & objectives**
To evaluate the efficacy, effectiveness, acceptability, and utility of evidence-based interventions for the treatment, prevention, and management of depression in China; identify barriers to health care; and inform health care policy/practice adoption in Chinese regions.

The objectives of the two cohort studies are to develop and implement:
- A community-based mental health services system for the early identification of individuals with depressive symptoms and provide mental health interventions for them; and
- A hospital-based system for the treatment and management of patients diagnosed with clinical depression using standardized, evidence-based interventions (i.e., pharmacotherapy with or without cognitive behavioural therapy).

**Current status**
We have completed the planning of the formative phase in each of the two cohort study settings. 80 community health service centres and 3 mental health hospitals in Shenzhen, China have confirmed participation in the formative phase of the cohort studies; we are working closely with local,
regional, and national healthcare administrative and management agencies to plan and prepare for the project activities. In-depth baseline surveys in the community-based cohort will examine the prevalence of 3,000 individuals with depressive symptoms, the factors (socioeconomic and contextual factors) associated with the presence of depressive symptoms, and how to provide advanced prevention strategies to individuals with depressive symptoms that will limit progression to clinical depression. In the hospital-based cohort of 2,000 individuals with depression, we will examine the current healthcare and management situations of the first-episode patients with clinical depression, explore socioeconomic and contextual factors that affect their access to healthcare, and identify ways to improve the rates of recovery and management of patients with clinical depression.

**Milestones**

Researchers of Sun Yat-sen University and Shenzhen Nanshan Center For Chronic Disease Control (Shenzhen Nanshan Mental Health Center), Shenzhen, China and researchers of the Mood Disorders Psychopharmacology Unit, University Health Network, Toronto, Canada have visited partner laboratories and study sites for project research. A variety of workshops were organized by researchers of each partner institution to facilitate project planning and knowledge exchange.

**Challenges**

The results of the formative baseline surveys of the community- and hospital-based cohorts will be discussed during the second expert meeting, wherein a common plan for further development of the interventions will be decided upon.

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**MH11: Mental health promotion at workplace in low- and middle-income countries in Asia**

*Funded by:* Japan Agency for Medical Research and Development  
*Study location(s):* Nepal, Vietnam & Myanmar  
*PIs*  
Norito Kawakami  
Kotaro Imamura (The University of Tokyo)  
Akizumi Tsutsumi (Kitasato University)  
Yoshiaki Katsuda (Kansai University of Welfare Sciences)  
Thinh Huong Nguyen (Hanoi University of Public Health)  
Thuy Quynh Nguyen (Hanoi University of Public Health)  
Harry Minas (Melbourne School of Population and Global Health)  
Nyo Nyo Aung (Mental Health Hospital)  
Win Aung Myint (Myanmar Medical Association)  
Bimala Panthee (Institute of Medicine)

*Abstract*  

**Aims & objectives**

Work stress increases among nurses in Vietnam and other South East Asian countries, due to rapidly increasing demands to medical care in the aging society. An Internet-based CBT (iCBT) program is known to successfully reduce depression, but a challenge exists in its low completion rate. The objectives of the project are four-fold: (1) to investigate effects of e-stress management programs
among nurses in Vietnam that have been tested in Japan (effectiveness study) and (2) comparative implementation between two types of e-stress management programs (implementation study), in a randomized controlled trial (RCT); (3) to investigates the implementation and related factors among hospital nurses in a more naturalistic setting after the RCT (implementation study); (4) to know the process to disseminate the interventions to nurses in other hospitals in Vietnam (implementation study for scaling up).

**Current status**

Primary outcomes are depression and anxiety (DASS21), and secondary outcomes include work engagement (Utrecht Work Engagement Scale), work performance (WHO Health and Work Performance Questionnaire), job stressors (Job Content Questionnaire) and quality of life (EQ-5D-5L). The scales were prepared; some were translated into Vietnamese if needed. These scales were validated in a small sample of nurses (n=150). Two types of six–week e-stress management programs were developed in Vietnamese language, based on cognitive behavioral theory (CBT), each including six modules with a dialogue between a counselor and a nurse guiding the learning, accessible from smartphones (android or i-phone). These programs were tested by researchers and senior nurses in the target hospital. A total of 951 participants were recruited from nurses of the target hospital in Hanoi, Vietnam, and they were randomized into three groups: program A, program B, and control (TAU) groups. The intervention will start on Oct 8, 2018; follow-up surveys are planned at three month and seven months.

**Milestones**

- Study design fixed: March 2018
- Translation of primary and secondary outcomes measures done: April 2018
- Data for validation of the measures collected: June 2018
- Translation and programs, development of Apps and management system done: August 2018
- Programs tested by researchers and nurses: September 2018
- Start of the intervention study: Oct 2018

**Challenges**

While most nurses (>80%) use smartphones in the target hospital, a minor proportion of nurses use old or low-cost ones that cannot run the Apps. It was needed to have a session to teach participants to download and log in the Apps.
MH12: A Study on Rights-based Self-learning Tools to Promote Mental Health, Well-being & Resilience after Disasters

Funded by: Japan Agency for Medical Research and Development

Study location(s): Malaysia, Phillipines & Sri Lanka

PIs
Yoshiharu Kim
Prof. Takashi Izutsu (The University of Tokyo)
Prof. Atsuro Tsutsumi (Kanazawa University)
Yasuko Shinozaki (National Institute of Mental Health, Japan)
Yuriko Suzuki (National Center of Neurology and Psychiatry, Japan)
Akiko Ito (Department of Economic and Social Affairs, United Nations)
Obijiofor Aginam (United Nations University-International Institute for Global Health, Malaysia)
Mark van Ommeren (Department of Mental Health and Substance Abuse, WHO)
Nurashikin Ibrahim (Ministry of Health, Malaysia)
Andrew Mohanraj (National Council for Persons with Disabilities, Malaysia)
Dinah Nadera, (Philippines)
Mr. Ananda Galappatti (The Good Practice Group, Sri Lanka)
Leslie Snider (Peace in Practice, United States)
Ms. Asami Ohnuma (National Institute of Mental Health, National Center of Neurology and Psychiatry, Japan)
Ms. Ryoko Ohtaki Narita (National Information Center of Disaster Mental Health, Japan)

Abstract
This research programme will aim at; (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 This study will test a hypothesis that these e-tools on psychosocial support as well as rights of persons with mental or psychosocial disabilities can increase knowledge on mental health and disability, as well as resilience to disasters.

Methods
(1) testing the efficacy of PFA e-orientation programme among general populations to promote knowledge and skills on psychosocial support, in Fiji, Malaysia and Sri Lanka (Oct. 2017 to Mar. 2018)
(Milestone: Efficacy test conducted in countries, and e-orientation tool revised if revision is required)
(2) developing a new e-learning tool on promotion of human rights of persons with mental or psychosocial disabilities in emergency settings, in order to promote awareness on inclusion, in close collaboration with the UN (Oct. 2017 to Oct. 2018)
MH13: Exploring Stigma, Discrimination & Recovery-Based Perspectives toward Mental Illness & Substance Use Problems in Brazil

Funded by: São Paulo Research Foundation (FAPESP)
Study location(s): Brazil
PIs
Carla Aparecida Arena Ventura
Carla Ventura
Akwatu Khenti
Jaime Sapag
Sireesha Bobbili
Hailey Hamilton
Robert Mann
Jacqueline de Souza
Kelly Graziani Giacchero Vedana
Simone de Godoy Costa
Marciana Fernandes Moll
Edilene Mendonça Bernardes
Thiago Roberto Castellane Arena
Rita de Cássia Duarte Lima
Iracema da Silva Frazão
Bruna Sordi Carrara

Abstract

Aims & objectives
To determine the effectiveness of a comprehensive anti-stigma/recovery-oriented intervention in reducing stigmatizing attitudes and behaviours among primary health care providers toward individuals with mental illness and substance use problems in the Brazilian context, using Family Health Units (FHUs) as the point of intervention.

Current status
a) Stigma measurement tools are currently being adapted and validated for the Brazilian context (Opening Minds Scale for health care providers, Mental Illness: Clinicians Attitudes Scale, Modified Bogardus Social Distance Scale). These tools will be utilized at both intervention and control sites to measure stigma levels among health care providers over the course of the project.
b) A symposium to disseminate research results from Phase 1 and identify key elements to adapt an anti-stigma/pro-recovery intervention for FHUs in Brazil is planned for October 2018. Various stakeholders, including FHU staff and executives, clients with mental illness and substance use problems, their family members, mental health professionals and researchers, WHO advisors, ministry of health representatives, municipal department of health representatives, will be in attendance.

**Milestones**

Phase 1 - Environmental scans of the six participating FHUs were conducted to better understand and explore:

a) the organizational structure, context and unique culture of each participating FHU

b) identify challenges and opportunities for adapting and implementing an anti-stigma/recovery-oriented intervention for FHUs

Documents from the participating FHUs in Ribeirão Preto (both experimental and control sites) were analysed. Key informants, including administrators, executives, various health care professionals provided insight into administering services at FHUs while individuals with mental illness and/or substance use problems and their family members discussed their experiences while receiving care.

**Challenges**

According to information collected during Phase 1 environmental scans, FHU administrators are concerned about inadequate human resources, poor infrastructure and insufficient resources to properly address the mental health needs of diverse populations. Since we aim to recruit 37 staff members from each FHU, for a total 220 staff, we anticipate engaging and retaining staff over the course of the project will be difficult if they are already over-burdened. We also anticipate it may be difficult to recruit and retain the necessary sample size of clients (100 per FHU; 600 total) due to the fear of being identified as ‘mentally ill’ or a substance user. The research team will attempt to carry out all activities during work hours for staff and ensure confidentiality is maintained for clients.

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**MH14: Indigenous communities, local culture and mental health in Mexican adolescent population. Community Intervention analysis.**

*Funded by:* Mexico’s National Council of Science and Technology (CONACYT)

*Study location(s):* Mexico

*PIs*

- Luz María Robledo
- Gustavo Nigenda López
- María Cecilia González Robledo
- Edson Servan Mori, researcher
- Martha Caballero García
- Hugo Flores
- Fátima Rodríguez
- Samuel Paul Louis Veissiére

**Abstract**

Page 161 of 182
Aims & objectives

Aims: 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.

Objectives: A) To assess the condition, perception and level of common knowledge around mental health problems in adolescents of indigenous origin of the region under study, taking into account gender differences. B) To design a mental health care intervention for the indigenous adolescent population that combines the findings of previous diagnoses, socio-cultural reality of the population of interest, and healthcare providers’ capacity in primary care in Chiapas, through a gender lens. C) To implement the designed intervention in a sample population at Partners In Health and other primary health care units. D) To analyze the effectiveness of the implemented intervention through intermediate and final indicators associated with the care of adolescent population with mental health problems, considering the gender perspective. E) To estimate the derived costs from the implementation of the intervention developed in primary health care units of the Ministry of Health of the State of Chiapas. F) To analyze the provider’s perception of feasibility, adaptability and sustainability of the program, as well as the challenges and opportunities of implementation and scaling up of the intervention developed. G) To generate analytical evaluation articles and policy recommendations to discuss with the state and federal health authorities.

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

Funded by: National Health and Medical Research Council (NHMRC)

Study location(s): Sri Lanka & China

PIs
Nicola Reavley (University of Melbourne)
Anthony Jorm (University of Melbourne)
CIC Brian Oldenburg (University of Melbourne)
Yanling He (Shanghai Jiao Tong University)
Varuni De Silva (University of Colombo)
Betty Kitchener (Deakin University)
Harry Minas (University of Melbourne)
Min Zhao (Shanghai Jiao Tong University)
Shehan Williams (University of Kelaniya)
Gregory Armstrong (University of Melbourne)

Abstract

Aims & objectives

The overall aims of the proposed research are to: 1. Develop a culturally appropriate Mental Health First Aid (MHFA) training program for China and Sri Lanka. 2. Trial the effectiveness of this training in improving participant MHFA knowledge and skills. 3. Develop suitable implementation models for sustainable MHFA training in China and Sri Lanka.
The objectives for achieving these aims are as follows:

1. Identify priority skill areas needed for a mental health first aider in middle income countries (MICs) in Asia;
2. Develop MHFA guidelines to cover the priority skill areas for MICs in Asia;
3. Conduct qualitative research and cost studies to inform the most appropriate implementation models for sustainable MHFA training in China and Sri Lanka;
4. Develop culturally appropriate MHFA training based on adaptations of the MIC guidelines;
5. Conduct feasibility trials of the newly-developed MHFA training in Sri Lanka and China;
6. Conduct randomised controlled trials (RCTs) of MHFA training in Sri Lanka and China.

Hypothesis
MHFA training tailored to Sri Lanka and China will improve mental health first aid knowledge, reduce stigmatizing attitudes, increase intentions to provide support, confidence in providing support, and increase supportive behaviours towards people with mental health problems.

MH16: Systematic Medical Appraisal, Referral and Treatment for Common Mental Disorders in India - SMART Mental Health

Funded by: National Health and Medical Research Council (NHMRC)

Study location(s): India

PIs
Prof David Peiris
Pallab Maulik (The George Institute for Global Health)
Graham Thornicroft (King's College London)
Anushka Patel (The George Institute for Global Health)
Rajesh Sagar (All India Institute of Medical Sciences)
Praveen Devasetty (The George Institute for Global Health)
Usha Raman (University of Hyderabad)
Beverley Essue (University of Sydney)
Laurent Billot (The George Institute for Global Health)
Shashi Kant (All India Institute of Medical Sciences)
David Mohr (Northwestern University)
Shekhar Saxena (World Health Organisation)

Abstracts

Aims & objectives
Study aim and hypothesis: The study aims to evaluate the feasibility, clinical effectiveness and cost-effectiveness of a multifaceted primary healthcare worker intervention. We hypothesise that: (1) a community-based anti-stigma campaign will address barriers to accessing mental health care and lead to significant improvements in community behaviours toward mental disorders; and (2) a mobile device based decision support system will improve the management of adults at high risk of CMDs and lead to significant improvements in the proportion achieving remission for depression, anxiety and suicide risk.
MH17: Indigenous Mental Health Model of Care: RCT based on a trans-diagnostic CBT program co-designed with Community

Funded by: National Health and Medical Research Council (NHMRC)
Study location(s): Australia
PIs
Maree Toombs
Maree Toombs
Steve Kisely
Geoffrey Nicholson
Srinivas Kondalsamy-Chennakesavan
Leanne Hides
Neeraj Gill
Gavin Beccaria
Sharon Brennan-Olsen

Abstract
Aims & objectives
Primary research question: Is a model of mental health care developed by the Indigenous Community and based on cognitive behaviour therapy (hereafter referred to as Indigenous Model of Mental Health Care, IMMHC) more effective than Treatment As Usual (TAU) in Indigenous patients diagnosed with depression?

Hypothesis: In participants with depression, IMMHC is more effective than TAU in reducing depressive symptom scores as measured by the Beck Depression Inventory, 2nd edition (BDI-II)(4).

Primary objective: To evaluate the effectiveness of IMMHC for 6 months in Indigenous participants with depression.

Secondary Objectives: To evaluate: 1. Sustainability of improvements BDI-II scores over a longer time period of 12 months 2. Changes in co-morbid mental health conditions (any anxiety disorder and/or substance use disorder) 3. Changes in quality of life 4. Changes in subsequent health care use and associated costs 5. Qualitative interviews on what works and why it works 6. Costs involved in providing this new model of care

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

Funded by: National Health and Medical Research Council (NHMRC)
Study location(s): Sri Lanka
PIs
Andrew Dawson
Nicholas Glozier
Katherine Conigrave
Indika Gawarammana
Kylie Lee
Melissa Pearson

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Global Alliance for Chronic Diseases  
7th Annual Scientific Meeting  
12 - 16 November 2018  
São Paulo, Brazil

Nicholas Buckley  
Stephen Jan  
Lalith Senaratna  
Ranil Abeyasinghe

Abstract

Aims & objectives

- To implement on a larger scale a successful intervention of community based alcohol education and community mobilisation program in rural Sri Lankan villages.
- To measure the effect of the intervention on alcohol use and depression within each village.
- To measure the effect of the intervention on alcohol use disorders, deliberate self-harm, other alcohol related harms, village social capital and support networks.
- To evaluate context specific barriers to, and facilitators of, implementation
- Undertake a cost effectiveness analysis from a societal perspective

Current status

The study commenced on June 1 2018. Recruitment is due to begin in November 2018.

Milestones

1. Project meetings: The Trial steering group has been established and meets monthly to guide the development and monitor the progress of the trial. A Trial Advisory group has also been established and will be chaired by Dr Palitha Abeykoon the chairman of the National Authority on Tobacco and Alcohol.
2. Research Ethics: The trial was granted ethical approval from the Rajarata University of Sri Lanka on 3 July 2018 (ERC/2018/21). In additional approval has been received from the Provincial Department of Health Services. The trial has submitted an application to register the trial on the Sri Lanka Medical Association Trial Registry. It is awaiting approval.
3. Development and adaption of study materials: A number of tools have been developed for use in the study; social capital screening tool for neighborhood cohesion, financial stress and alcohol related injury.
4. Development of study database: A study database has been establish to facilitate online data collection using the RedCap software.
5. Identification of study sites: 20 villages with significant burden from alcohol use have been identified using existing study database, spatial analysis and key informant interviews in communities.
6. Randomisation sequence: The trial statistician has generated the randomization sequence for villages and initial planning is underway.
7. Training of fieldworkers: Training of field research staff has been undertaken in AUDIT and PHQ9. Staff have experience in the use of the additional tools for this study.
8. Recruitment and Intervention: The study plans to recruit the first village in October 2018. Planning the street drama intervention and editing of the movie is currently underway.
**Challenges**

The most significant barrier to date is the need to establish effective surveillance due to the limited data available in a LMIC rural setting. The collaboration with research colleagues who have worked on other projects in the area has allowed us to embed the study within an area with existing datasets. In addition knowledgeable and experienced staff have been employed for the trial with existing links to the communities.

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**MH19: Primary care e-screening for mental health among TeTai Tokerau youth**

**Funded by:** Health Research Council (HRC)

**Study location(s):** New Zealand

**PIs**

Felicity Goodyear-Smith
Terryann Clark [Ngapuhi] (University of Auckland)
Margot Darragh (YouthCHAT)
Aniva Lawrence (Manaia Primary Health Organisation)
Tracey Wihongi (Adolescent Health Centre, Ngati Hine Health Trust)
Gail Pacheco (Auckland University of Technology)
Jim Warren
Simon Moyes (University of Auckland)

**Abstract**

**Aims & objectives**

To evaluate YouthCHAT as a primary care e-screening tool for youth in Northland.

Objectives:

- To implement YouthCHAT iteratively in approximately ten clinics in Northland; starting with nurse-led youth clinics, moving to school-based clinics, and then general practice.
- To carry out an evaluation of the tool in terms of its:
  - acceptability to youth, staff, health providers and community stakeholders
  - feasibility of use in clinics across Northland
  - clinical utility - improve screening rates for mental health and facilitate brief intervention delivery
- Develop an implementation framework for wider rollout of YouthCHAT

**Current status**

Project is underway with YouthCHAT implemented at the first clinic. Acceptability and Feasibility assessment and evaluation of the implementation will take place after three months. Youth participants for follow-up surveys and focus groups are in the process of being recruited. A youth focus group will take place once sufficient numbers have been recruited. Assessment of clinical utility will take place after six months of use and data has been gathered from the clinic. The focus is now on engagement and consultation activities for the other phase one clinics, and initial co-design consultations for the clinics in phase two (school-based clinics). An implementation workflow has been documented for the first clinic, to be applied to the second two clinics and to be updated with
each implementation, including documenting lessons learned. Initial meetings and appropriate staff being sourced for updating YouthCHAT for its use in a Maori language immersion school in phase two (which will require software changes as well as translation services).

**Milestones**
- Ethical approval granted
- YouthCHAT implemented at the first (phase one) clinic
- Protocol paper accepted for publication with minor changes: YouthCHAT as a primary care e-screening tool for mental health issues among Te Tai Tokerau Youth - a co-design study protocol

**Challenges**
Schedule delays: Consultation with community and governance groups was extensive and resulted in the implementation of YouthCHAT at the first clinic occurring later than anticipated. Using a co-design process, the project team followed the local cultural norms with regard to engagement and consultation activities.

Resource constraints: The first implementation clinic was initially under-resourced because their receptionist left and was not able to be replaced for several months.

Geographical distance: The project team is spread out over Auckland and Northland which makes it harder to follow up and monitor progress.

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**MH20: Pathways to First Episode Psychosis and Outcomes In Maori**

**Funded by:** Health Research Council (HRC)

Study location(s): New Zealand

**PIs**
- Cameron Lacey
- Ruth Cunningham (University of Otago)
- Ms June Atkinson (UOW)
- Sue Crengle (DSM)
- Suzanne Pitama (University of Otago, Christchurch)
- Richard Porter (University of Otago, Christchurch)

**Abstract**

**Aims & objectives**

There is some evidence that young Māori are disproportionately affected by psychotic disorders including first episode psychosis (FEP), and have worse outcomes. However, little is known about the factors contributing to these inequities or strategies to reduce them. This project aims to utilise routinely collected national data in the Integrated Data Infrastructure (IDI) to identify detailed patterns of health and social service use preceding a diagnosis of FEP for young Māori, as well as investigating post diagnosis clinical and social pathways that lead to inequities. Qualitative investigation and focus groups with healthcare and social service providers will discuss these pathways to FEP to identify existing service responses and opportunities for further improvement.
Patterns of service use will be used to develop recommendations for best practice for Māori with FEP and generate strategies for change to address areas of unmet need.

**Current status**
We are currently in the midst of project 1 (quantitative project using the IDI), with preliminary results anticipated early next year. A national cohort of young Māori and non-Māori presenting with FEP between 2009 and 2012 has been identified from routine secondary mental health services data. Cohort demographics and other open diagnoses at the time of FEP diagnosis are being explored, as well as the type of mental health service contacts in the five years prior to, and post, FEP diagnosis. Investigation of other health and social datasets in the IDI, to identify which variables could give us helpful insights into health and social services use by this cohort, has started.

**Milestones**
We have received ethics approval and access to the data in the IDI. Project 1 has started, with preliminary results anticipated early next year. Project 2 (qualitative project) is anticipated to start early next year.

**Challenges**
Building a team with sufficient capacity and experience in using the IDI has proven to be challenging, delaying the start of project 1. Other challenges thus far included getting access to the IDI data later than anticipated, and access to diagnosis data prior to July 2008 (to help us identify if young people in our cohort had a prior psychosis diagnosis). However, these challenges have now all been resolved.

**MH21: Indigenous Solutions: Enabling Māori & Pacific mental health resilience**

*Funded by:* Health Research Council (HRC)

*Study location(s):* New Zealand

*PIs*

*Kahu McClintock (Te Rau Matatini)*
*Cindy Mokomoko (Hauora)*
*Taimalieutu Tamasese (The Family Centre)*
*Tafaaimalo Parsons (The Family Centre)*
*Catherine Love*
*Charles Waldegrave*
*Christopher Cunningham (Massey University)*
*Allister Bush (Pasifika mental health unit)*
*Eugene Davis (Te Ahurei A Rangatahi)*

**Abstract**

*Aims & objectives*

Previous research with Māori and Pacific in the mental health domain has valued cultural conceptualisations of health and wellbeing. However, little progress has been made towards embedding culturally focussed programmes into health and mental health provision. This implementation-focused research will pursue four research projects whose aim is to enable the
application of indigenous Māori and Pacific approaches to increase mental health resilience among young Māori and Pacific, their families and communities. The research objectives are focussed on prevention and designed to increase the capacity of Māori and Pacific communities to prevent and respond early to mental health problems, as well as develop more culturally responsive practices for service providers. The aim is to ensure young people and people throughout the life course, have access to culturally responsive prevention and early intervention mental health support.

**Methods**
The Māori programme offers two projects. The Mana Rangatahi project is an investigation of a cultural and theoretical programme for at-risk Māori youth (ages 12 – 18) with identified mental health issues presenting in the education system. These concerns will include, anxiety, violence, alcohol, drug abuse and depression, The E Oho Rangatahi project is based on marae (traditional spaces) learnings that will support young at-risk Māori males (ages 12-18), who in Aotearoa present with the highest rates of mental health issues, to develop positive futures for themselves.

The Pacific programme will also conduct two projects. One will focus on increasing the capacity of Pacific communities to understand the impacts of mental health problems and prevent and respond early to them. The other focusses on equipping the mental health workforce to embed in their service provision, culturally congruent and responsive practices with Pacific patients/clients. Both projects will provide an analysis of current Pacific mental health data. This will inform the design and delivery of both projects.

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**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)**

*Funded by:* European Commission  
*Study location(s):* United Kingdom, Kosovo UN Resolution, Bosnia and Hercegovina, Serbia, former Yugoslav Republic of Macedonia, Montenegro  
*PI*  
Nkolina Jovanovic (Queen Mary University of London)

**Abstract**
Severe mental disorders are major health burden worldwide with a large treatment gap in low- and middle-income countries (LMICs) in South Eastern Europe. Policymakers, planners and professional bodies in these countries are committed to closing the treatment gap; however they struggle to overcome basic obstacles such as funding difficulties and lack of qualified staff.

**Aims & objectives**
IMPULSE aims to facilitate the development of effective community-based mental health care in these countries by implementing an evidence-based, easily deliverable, affordable and cost-saving intervention called DIALOG+. Specific objectives include: (1) Developing a comprehensive strategy to implement and scale up DIALOG+ in different socio-cultural contexts and healthcare systems (WP2, WP3), (2) Involving key stakeholder groups in all stages of the project, (3) Training and qualification
of staff to deliver DIALOG+ to patients with psychotic disorders (WP4), (4) Identifying facilitators and barriers for the long-term sustainability of DIALOG+ in LMICs (WP5), (5) Translating research findings into relevant input for national implementation guidance and policies in each country (WP8), (6) Strengthening patient, caregivers and public participation in each country (WP6), (7) Using implementation science methodology and rigorous evaluations to generate research evidence about the implementation and sustainability of the effective psychosocial intervention in LMICs (WP7), and 8) Identifying key elements of the course of psychotic disorders, gender-differences, treatment and management of people with psychotic disorders in LMICs (WP4, WP5, WP6)

Current status
The project started in April 2018. Currently the team is in process of completing WP2 (Exploring the context for the implementation of DIALOG+ at local, national and international level) and WP3 (Development of strategy and tools to implement DIALOG+ in mental health services in LMICs).

Milestones
M1 Project Management Board established
M2 Training of researchers completed
M3 Advisory Panels established
M4 Ethics approvals obtained
M5 Site visits completed
M6 Topic guides for focus groups and interviews completed
M10 Online app providing the DIALOG+ software available in national languages

Challenges
For IMPULSE, there are several key challenges that need to be addressed such as inadequate resources for mental health in LMICs; lack of expertise in implementation of evidence-based interventions in clinical practice; low level of empowerment and the marginalisation of service users and caregivers; and the need to strengthen the evidence base for the contextual scalability of interventions of proven effectiveness in LMICs.

MH23: Using Peer Support In Developing Empowering Mental Health Services (UPSIDES)

Funded by: European Commission
Study location(s): Germany, UK, Uganda, Tanzania, Israel, India
Pis
Bernd Puschner, Ulm University, Germany (coordinator)
Mike Slade, University of Nottingham, UK
Candelaria Mahlke, University Medical Centre Hamburg-Eppendorf, Germany
David Basangwa, Butabika National Referral Hospital, Uganda
Juliet Nakku, Butabika National Referral Hospital, Uganda
Grace Ryan, London School of Hygiene and Tropical Medicine, UK
Donat Shamba, Ifakara Health Institute, Tanzania
Galia Moran, Ben Gurion University of the Negev, Israel
Abstract

Aims & objectives

A peer support worker is someone with a lived experience of mental health problems and recovery, who is employed to support other people living with mental health problems. Peer support is an evidence-based well-established intervention to improve the lives of people with severe mental illness in many high-income countries. The major aim of UPSIDES is to replicate and scale-up peer support interventions for people with severe mental illness, generating evidence of sustainable best practice in high-, middle- and low-resource settings. Scale-up will be achieved via sequential objectives: (i) to establish an international community of practice for peer support at from high-, middle- and low-resource settings; (ii) to conduct a situational analysis of existing peer support initiatives in the participating countries; (iii) to scale up peer support models with a focus on vulnerable populations where pilot initiatives already exist; (iv) to contextualize and adapt peer support models for those sites where there are no peer support initiatives; (v) to rigorously evaluate inputs, processes and outcomes of implementation, including an assessment of process and contextual factors following a theory of change approach using mixed-methods; (vi) to distil from case studies evidence of best practice for dissemination to local, national and international stakeholders in order to maximise sustainability and spread.

Current status

UPSIDES has started in January 2018. Research tasks in the early work packages (current stage assessment and intervention development) have started and progressed. First steps have been taken to prepare the ground for the later work packages (translation, evaluation).

Milestones

First general study meeting held in Kampala in spring 2018; project website online (www.upsides.org); ethics votes obtained at all study sites; local advisory boards constituted across study sites; first focus groups held; second study meeting and train-the-trainer workshop scheduled.

Challenges

(a) to harmonize research and implementation tasks across study sites and at the same time to adequately take into account cultural differences; (b) to actively involve and empower service users in order to generate system changes towards patient-centeredness, recovery orientation, and community participation; (c) to maximize performance of mental health services using the expertise of people with a personal experience of mental illness.
MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE)

Funded by: European Commission

Study location(s): Germany, Austria, United Kingdom, South Africa, Romania, former Yugoslav Republic of Macedonia, United States, Moldova

PIs
Prof. Adriana Baban, Babes Bolyai University
Prof. Xiangming Fang, Georgia State University
Prof. Heather Foran, Alpen-Adria-University Klagenfurt
Prof. Frances Gardner, University of Oxford
Prof. Nina Heinrichs, University of Braunschweig
Prof. Judy Hutchings, Bangor University
Jamie Lachman, University of Oxford
Galina Lesco, Health for Youth Association
Prof. Marija Raleva, Institute for Marriage, Family and Systemic Practice – ALTERNATIVA
Prof. Catherine Ward, University of Cape Town

Abstract

Aims & objectives
The prevalence of child mental health problems is high in low- and middle-income countries (LMIC). Parenting programs have shown to be effective in reducing child behavior problems and associated risk factors (e.g., harsh parenting, parental stress) in high-income countries. The project aims at disseminating a parenting program for families with elevated child behavior problems in three LMIC in Southeastern Europe. The Parenting for Lifelong Health (PLH) program for parents of children aged 2 to 9 years will be adapted optimized and tested in FYR Macedonia, Republic of Moldova and Romania. The study is informed by the Multiphase Optimization Strategy (MOST) and the RE-AIM framework and is accomplished in three phases: The Preparation phase aims at testing the feasibility of the program and the implementation and evaluation procedures in the three countries with 40 families per country. In the Optimization phase, different program components are tested in a factorial design to identify the most effective, cost-effective and scalable program in that context. In the Evaluation phase, the optimized program identified in phase 2 will be tested in a randomized controlled trial across the three countries.

Current status
The pre-assessment, the recruitment and the program delivery of the feasibility study have been completed with 140 families. The post-assessment and the qualitative data collection are expected to be finished at the end of October. During the annual Consortium meeting (in October 2018), the experiences and results of the first phase will be discussed and the work plan for phase 2 will be refined.

Milestones
We plan to achieve three milestones by the end of October: The PLH 2-9 training materials protocol has been adapted and will be published as part of a deliverable to the EU (MS1), the preparation and implementation has been completed successfully (MS3), and the data management plan and study...
protocol have been submitted to the EU (MS4). Ethics approvals have been obtained, the trial has been registered and the study protocol for phase 1 is conditionally accepted for publication.

**Challenges**

Recruitment and participation barriers included heterogeneous stakeholder support, parents’ shifting working schedules, parents’ working abroad, and scheduling conflicts related to summer holidays. Based on the experiences of the feasibility study, we will need to adapt the work plan for the next phase (e.g., update the components to test, change of randomization strategy).

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**MH25: Large-scale implementation of community based mental health care for people with severe and Enduring mental ill health in Europe (RECOVER-E)**

*Funded by:* European Commission  
*Study location(s):* Netherlands, Romania, former Yugoslav Republic of Macedonia, France, Spain, Germany, Montenegro, Bulgaria, Croatia, Belgium, Moldova  
*PIs*  
Ionela Petrea, Trimbos Institute, Netherlands

**Abstract**

**Aims & objectives**

The overall goal of RECOVER-E is to contribute to the implementation of and research on an evidence-based community-based service delivery model for recovery-oriented care in five sites in middle-income countries in Europe (Croatia, Montenegro, Moldova, Bulgaria, and Romania) to improve the level of functioning, quality of life, and mental health outcomes for people with severe and enduring mental ill health (e.g. schizophrenia, bipolar disorder, severe depression).

The specific research objectives of the RECOVER-E project are:

- designing, implementing, and evaluating recovery-oriented care for people with severe mental illness in community settings by recognizing the value of experiential knowledge through including peer experts as members of the community mental health teams;
- identifying intervention and program elements, as well as contextual factors, which enhance sustainable implementation of community-based mental healthcare for people with severe mental illness; and
- developing evidence-based care pathways and treatment protocols and transition to scale for regional and national decision-makers, for continued implementation and scale up after the project’s life span.

**Current status**

- Kick-off meeting organized in February 2018 in Luxembourg attended by all partners.  
- Support for the project granted by institutions in all participating countries.  
- Ethical approval has been granted in three sites.  
- Three days site visits were conducted in Croatia, Montenegro and Romania to assess the current provision of mental health services and to explore needs of service-users and care givers.
• Situational analysis, needs assessment, and feasibility assessment was completed for Croatia and Montenegro
• A four-day training and meeting in implementation, research methods and data management related to RECOVER-E was held in June 2018.
• A five-day training in community-based mental health care was held in Croatia to train members of the newly-formed care teams.

**Milestones**

- MS1 Implementation plan for Implementation Site 1 (Zagreb, Croatia)
- MS2 Implementation plan for Implementation Site 2 (Kotor, Montenegro)
- MS3 Implementation plan for Implementation Site 3 (Suceava, Romania)

**Challenges**

- Discussions with stakeholders in some of the implementation sites showed that in order to secure sustainable project results, changes will be necessary in funding mechanisms at national level. Such changes go beyond the scope of the project.
- Feasibility assessments showed that nurses and doctors in project sites have high workload while working in the current model of care. Project team needs to work closely with local coordinators to plan the process of transition to a new way of care.

**MH26: Refugee Emergency: Defining and Implementing Novel Evidence-based psychosocial interventions (RE-DEFINE)**

**Funded by:** European Commission  
**Study location(s):** Italy, WHO, Netherlands, Austria, Turkey, Germany, Denmark, Finland, United Kingdom  
**PIs**  
Corrado Barbui, University of Verona, Italy

**Abstract**

**Aims & objectives**

RE-DEFINE aims to culturally adapt, test and implement a psychosocial intervention developed by the World Health Organization called “Self Help Plus” (SH+). SH+ aims at preventing the onset of common mental disorders in refugees and asylum seekers with psychological distress resettled in Europe and in Turkey.

**Current status**

RE-DEFINE started on January 1, 2018 (WP1). After completing a situational analysis of migration flows (WP2), SH+ was translated and culturally adapted in Urdu for Pakistani participants, Arabic for Syrian and Iraqi participants, and Dari for Afghan participants (WP3). Currently, the consortium partners are working on two multicentre randomized controlled trials (one in Europe, WP4, and one in Turkey, WP5) to test the effectiveness cost-effectiveness (WP6) of SH+. Sites are currently recruiting asylum seekers and refugees with high level of distress but without a formal diagnosis of
any mental disorders. In parallel, dissemination and communication activities have been implemented according to an agreed work-plan (WP7), and ethics monitoring has been activated by means of an independent Ethics Advisory Board (WP8).

**Milestones**
So far, the milestones achieved throughout the project are: project kick-off meeting, that took place in Verona on January 15, 2018; situational analysis, composed by the study of migration flows towards Europe and Turkey, and the identification of key cultures for translation and adaptation; translation and adaptation of SH+ in three target languages (Urdu, Dari, Arabic). Additionally, “first study subject approvals packages” have been prepared. These packages include: the final version of study protocols approved by the ethics committees; the registration number of the randomized trials in clinicaltrials.gov; and the formal approvals from each of the Ethics Committees of the participating sites, plus approval by the WHO Ethics Committee. Finally, a study website has been developed and is available at the following link http://re-defineproject.eu/

**Challenges**
The main challenges encountered so far are related to the mobility of the target population to be recruited in the trials. For example, for sites not recruiting in refugee camps, arranging meetings for assessment and intervention delivery is challenging. Asylum seekers and refugees are often involved in many initiatives (i.e., housing, work), and have limited time for additional tasks. Offering flexibility, e.g. traveling to where people are, or organizing meeting in afternoons/evenings/weekends, and fully explaining the value of being involved in a structured psychosocial assessment, will likely help solve these practical issues.

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**MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA)**

Funded by: European Commission  
Study location(s): Netherlands, Peru, Columbia (with Mexico as a subcontractor for some tasks), Germany, Spain, United Kingdom

**PIs**
Peter Anderson, Newcastle University, United Kingdom  
Miriam Arroyo, Ramón de la Fuente Muñiz National Institute of Psychiatry, Mexico  
Dasa Kokole, ESADE Institute for Social Innovation, Netherlands

**Abstracts**

**Aims & objectives**
Driven by implementation science, this three-country study aims to test the extent to which embedding PHC-based screening and brief advice activity within supportive municipal action leads to improved scale-up of more patients with heavy drinking receiving appropriate advice and treatment. The study has the following objectives:
1. To deliver a tailored package for improving prevention and early identification of heavy drinking, with advice and treatment for case positives that is scalable at municipal level in a wide range of middle-income countries;
2. To set-up and implement the scalable package with key stakeholders in three case study cities (scalable units) from Colombia, Mexico and Peru;
3. To test the scale-up of the package for its impact on provider delivery of early identification and management;
4. To identify and document the facilitators and barriers, and the organizational and resource requirements for going to full-scale, including full economic analyses; and
5. To present a validated framework and strategy for going to full-scale, embedding the package into routine policy and practice, taking into account aspects of stigmatization and equity, that can be replicated globally in the future throughout municipalities.

Our hypothesis is that, by embedding the primary health care action in a community and municipal setting with added support will lead to a greater proportion of patients screened and advised for heavy drinking than achieved hitherto in implementation studies that focused on providers alone. Countries from Latin America are selected as this is a sub-region of the world in which alcohol jumps from ninth globally to the fourth most important risk factor for morbidity and premature death. The three specific middle-income countries are chosen to represent Central (Colombia and Mexico) and Andean (Peru) Latin America. The three countries have pre-existing collaboration between the authors, who have experience in the area.

**Methods**
The study is a quasi-experimental design, comparing changes in screening and brief advice, and, if relevant, referral for treatment activity, amongst primary health care units (PHCUs) in intervention cities with PHCUs in similar control cities.

**MH28: Prevention of Dementia using Mobile phone Applications (PRODEMOS)**
Funded by: European Commission
Study location(s): Netherlands, CHINA, UK, France, Luxemborg, Sweden
PIs
*Edo Richard, University of Amsterdam, Netherlands*

**Abstract**
**Aims & objectives**
The projected steep rise in global dementia prevalence will largely occur in low and middle-income countries (LMIC) and vulnerable populations in high-income countries (HIC). Up to 30% of all dementia is attributable to potentially modifiable risk factors. Mobile Health (mHealth) technology allows for scalable and widely implementable prevention programs using self-management for improvement of dementia risk factors.

Objective: To make dementia prevention strategies accessible to populations in LMIC and vulnerable populations in HIC using mobile health technology.
**Methods**

For this implementation project we will build upon the operational ‘Healthy Ageing Through Internet Counselling in the Elderly’ eHealth platform for self-management of risk factors for dementia and cardiovascular disease. Within vulnerable populations in HIC and in LMIC we will assess barriers and facilitators to adapt the existing eHealth platform to a culturally appropriate mHealth (smartphone) platform for self-management of dementia risk factors.

We will use a blended care approach with participants receiving remote personalized support by a health coach to improve their lifestyle and actively reduce their risk of dementia. The adapted mHealth platform will be evaluated in a randomised implementation trial in 2400 older people at increased risk of dementia in China and a vulnerable population with low SES in UK. Main outcomes are implementation outcomes such as acceptability, feasibility and sustainability of our mHealth intervention, costs, and effectiveness on dementia risk reduction.

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

*Funded by:* European Commission  
*Study location(s):* Italy, Netherlands, France, Germany, Greece, Switzerland, Norway, & Belgium  
*PIs*  
Carlo Alberto Defanti

**Abstract**

**Aims & objectives**

RECAGE will tackle one of the most challenging problem arising during the clinical course of dementia: the Behavioural and Psychological Symptoms of Dementia – BPSD. In this frame our major objective will be to adapt and upscale the implementation of a peculiar intervention aimed at controlling BPSD, the special medical care unit for persons with dementia and BPSD (SCU-B), an intervention that, albeit already implemented in some EU countries, is not widespread and has not been sufficiently studied so far, although it seems to be promising, both for its short term efficacy (alleviating BPSD and improving quality of life of people with dementia (PwD)) and possibly for its long term efficacy, measured as delay of nursing home placement (NHP).

We will proceed in 3 steps:

- a prospective cohort study, comparing Centres with/without a SCU-B;  
- adapting the model according to the results of the cohort study;  
- a plan for scaling up the intervention in the countries who take part in the study.

**Current status**

Recruitment is going on, we are at the moment at 20% of patients. We are planning a general meeting of all partners in February 2019.
Milestones

- Case report form
- Start of recruitment
- DSMB elected

Challenges

- lack a national AD plan
- insufficient funding,
- failing early detection of this clinical condition
- lack of dedicated environment
- widespread conviction that rehabilitation is almost impossible in PwD

MH30: Evaluating Implementation Strategies to Scale-up Transdiagnostic Evidence-based Mental Health Care in Zambia

Funded by: National Institutes of Health
Study location(s): Zambia

PIs
Izukanji Sikazwe, Laura Murray, Carolyn Bolton, Emily Haroz, Jeremy Kane, Stephanie Skavenski, Brandon Kohrt

Abstract

Aims & objectives
The overall objective of this study is to evaluate implementation strategies that can reduce the science-to-practice gap of evidence-based treatments (EBT) for mental health. Although evidence suggests that mental health treatments are acceptable and efficacious in low-and-middle income countries (LMIC) for the treatment of common mental disorders, there remains a gap in our understanding of how to bring these interventions to scale. A significant challenge is training and sustaining counselors in EBT. Implementation research will be performed to evaluate the effectiveness of two Train-the-Trainer (TTT) implementation strategies to increase and sustain the number of counselors in a non-inferiority design. One TTT strategy is the gold-standard of utilizing expert trainers to conduct in-person training and coaching to produce local trainers.

The second strategy is technology based with no experts needed on-site, utilizing phones that function both on and offline and allow for pre-recorded teachings. Trainers (6-8) will be randomized to one of the TTT strategies, and subsequently complete two Common Elements Treatment Approach (CETA) trainings with local lay counselors. A total of 100 lay counselors trained in CETA will serve at least 5 adolescents or young adults under supervision of the local trainers. The transdiagnostic treatment being scaled up, CETA, was effective in two randomized clinical trials in LMIC settings with lay providers. CETA provides the basis for feasible scale-up through the use of a single therapy to treat multiple common mental disorders with varying severities, an approach that is more cost-effective than implementing multiple single-disorder focused psychotherapy treatments in LMIC.
Outcomes will include: 1) trainer and counselor competency, knowledge and fidelity through tests, behavioral rehearsal, and audio/video recordings, 2) client mental health symptomatology, and 3) implementation constructs of reach, acceptability, appropriateness, feasibility, and scale-up potential. The cost-effectiveness of the two TTT strategies will also be evaluated. The project will specifically strengthen the capacity of: 1) study staff to conduct mental health implementation science research, 2) counselor and trainers in CETA training, supervision and delivery, and 3) policy and decision makers to interpret and appropriately utilize the scientific evidence to improve mental health policies and programs. At 15+ organizations with CETA providers, monitoring systems will be set up to assess quality, reach and cost going beyond the study. These aims will contribute to developing dynamic sustainable Learning Health Care Systems in LMIC. This proposal leverages previous studies and strong collaborations in Zambia with the Ministry of Health and numerous local organizations. Results from this trial will produce effectiveness and costing data on 2 TTT strategies that could inform the scale-up potential of diverse EBT in LMIC across and beyond mental health. This research study ultimately addresses both the treatment and implementation gaps in lower-resource settings globally.

MH31: Depression And Primary-care Partnership for Effectiveness-implementation Research (DAPPER)

Funded by: National Institutes of Health
Study location(s): Kenya

PIs
Caleb J Othieno, University of Nairobi, Kenya
Susan M Meffert, University of California, San Francisco

Abstract
Aims & objectives
Dominated by depression, mental disorders are a leading cause of global disability. Most of the disease burden is in Low and Middle Income Countries (LMICs), where 75% of adults with mental disorders have no service access. Despite nearly 15 years of efficacy studies showing that local non-specialists can provide evidence-based care for depression in LMICs, few studies have advanced to implementation research. As emphasized by a recent World Health Organization (WHO) initiative, integration of depression treatment into existing systems of care is critical to achieving public health impact.

The investigators will partner with local and national mental health stakeholders in Kenya to evaluate: (1) non-specialist delivery of evidence-based depression treatment integrated within existing healthcare centers in regards to clinical effectiveness and implementation parameters; including (2) costs and cost-benefit ratios for depression care. Given that evidence-based psychotherapy and second-generation antidepressants are the two leading first-line treatments for depression and are feasible to deliver in Kenya, the investigators' goal is to test an implementation strategy for improving equitable access to these treatments by integrating them with primary care. The study uses an effectiveness-implementation hybrid design type I to assess outcomes of non-
specialist delivered Interpersonal Psychotherapy (IPT) compared to fluoxetine, including assessment of the service delivery mechanism.

The study's approach differs from most prior work in the field because it uses an effectiveness-implementation design, compares outcomes for IPT versus second generation antidepressant, integrates depression treatment into primary care, and analyses depression care costs and cost-benefit ratios for each treatment arm. The results of the proposed research will be significant in two ways: (1) they will produce a scalable strategy for delivering depression treatments in sub-Saharan Africa using non-specialists integrated within existing primary care structures and (2) they will produce a policy maker "menu" of short and long-term cost-benefit options for integrated depression care with corresponding effectiveness and implementation values.

MH32: Integrating Treatment for Mental Disorders in Methadone Clinics in Ukraine
Funded by: National Institutes of Health
Study location(s): Ukraine
PI
Sergii Dvoriak, Ukrainian Institute on Public Health Policy, Ukraine

Abstract
Study summary
Ukraine is a middle-income country profoundly impacted by opioid use disorders. Despite opioid agonist therapies (OAT) like buprenorphine and methadone being available since 2004, treatment outcomes have been undermined by a number of patient-, clinic- and structural-level barriers. Currently, OAT is prescribed in Narcology Centers, an addiction subspecialty of Psychiatry. Despite similar training by Narcologists and Psychiatrists, the siloed and fragmented Semashko Soviet-style healthcare system legacy has resulted in OAT patients not receiving treatment for co-occurring psychiatric disorders (COD) unless they are referred offsite to Psychiatric Centers. Depression severe enough to warrant pharmacotherapy with first-line selective serotonin reuptake inhibitors (SSRI) now exceeds 50% of OAT patients, yet only 11% have been diagnosed and 1.2% are prescribed SSRIs. This leaves considerable room for improvement in managing COD. This application seeks to use implementation science and the PARIHS framework to overcome obstacles to the COD continuum of care (service-level outcomes) by introducing a modified Screening, Brief Intervention and Referral to Treatment (mSBIRT), an evidence-based practice (EBP) that improves mental health outcomes.

In this framework, mSBIRT is the EBP that we hypothesize will result in SSRI prescription to treat depression. Effectively treating depression in OAT clients with COD is associated with a number of patient-level outcomes like reduced OAT dropout and drug use, improved psychological quality of life, and lower criminal activities and HIV risk behaviors. Current standard of care (SOC) is for Narcologists to refer OAT patients offsite for psychiatric assessment, despite their ability to prescribe SSRIs. SOC clinics and their patients will be compared OAT clinics/patients integrating mSBIRT practices with ongoing coaching using Project ECHO. Our ECHO-COD is evidence-based facilitation practice that will provide skills and ongoing support for Narcologists to provide onsite and integrated...
psychiatric treatment for depression. Clinics implementing mSBIRT will be further stratified using pay-for-performance (P4P) incentives, which we have studied in Ukraine to determine their motivation for achieving pre-specified quality indicators (elements of the COD continuum of care). Integrating treatments for managing COD through healthcare integration and P4P economic incentives are prioritized and aligned with Ukraine’s new healthcare reform plan and this proposal is supportive by the Ministry of Health.

The specific aims are: 1) To compare both service-level (mSBIRT elements) and patient-level (SSRI initiation, OAT drop-out and psychiatric quality of life) outcomes in 1,350 patients with opioid use disorders receiving OAT from 4 regions (clusters) and 12 clinical settings using a randomized, cluster-controlled design over 24 months. Before site randomization, all OAT clients at each participating site will have baseline assessments followed by site randomization to receive standard of care (N=450) versus integrated care using ECHO-COD facilitation with (N=450) or without (N=450) P4P incentives; 2) Using a multi-level implementation science framework, to examine the contribution of patient, clinician and organizational factors that contribute to the service-level and patient-level outcomes; and 3) To use data from aims 1 and 2 alongside national data to conduct a cost-effectiveness analysis of integrating COD services into OAT clinics, with or without P4P, compared to SOC OAT sites. This proposal brings together experts in the Ukrainian content with a longstanding collaborative research experience with implementation science, healthcare integration, mSBIRT, P4P, Project ECHO, clinical addiction and psychiatry, clinical trials and cost-effectiveness.

MH33: IMPLEMENTATION OF EVIDENCE BASED FACILITY AND COMMUNITY INTERVENTIONS TO REDUCE THE TREATMENT GAP FOR DEPRESSION (IMPRESS)

Funded by: National Institutes of Health
Study location(s): India
PI
Abhijit Gajanan Nadkarni, Sangath Centre for Child Development, India
Research team
Urvita, Bhatia, Sangath Centre for Child Development, India

Aims & objectives
Depression is a leading cause of disability worldwide, and accounts for substantial morbidity, disability, and loss of productivity. Despite the availability of evidence based drug and psychological treatments for depression, the treatment gap in low and middle income countries (LMIC), including in India the study setting, approaches 90 percent. Access to mental healthcare in LMICs remains limited due to both demand and supply side barriers such as lack of mental health professionals, low recognition rates of depression, stigma associated with mental disorders and the lack of contextualized evidence based psychosocial interventions.

The goal of IMPRESS is to reduce the treatment gap for depression through the integrated implementation of evidence based interventions in facility and community platforms, in Goa, India. The project will evaluate, through an Effectiveness Implementation Hybrid cluster randomized controlled trial, the additional impact of an evidence based community intervention the Community
Model to enhance the demand for, and improve the outcomes of, an evidence based, brief psychological treatment for depression the Healthy Activity Program delivered by non-specialist health workers in primary health care facilities the Facility Model.

Our hypothesis is that the Community Model will be superior to the purely Facility Model in a increasing the demand for depression treatment in primary care b increasing uptake of treatment by patients with depression c increasing treatment completion rates d reducing symptoms of depression and being e cost-effective. We will assess three specific mediation pathways for the additional impact of the community based interventions improved mental health literacy in the community improved treatment adherence and increased patient-reported activation. Overall, the Community Model would be more effective and cost-effective in reducing the treatment gap for depression through an increase in contact coverage the proportion of affected individuals who seek help and effective coverage the proportion of persons seeking care who ultimately derive the desired outcomes from the intervention.

The proposal builds on a substantial body of evidence in the study settings, led by the program PIs, over the past two decades. Its most innovative aspect is that it integrates two different platforms to address the global burden of depression, and in doing so attempts to tackle one of the major unanswered questions in global mental health i.e. the coordination between community and primary care based approaches to reduce the treatment gap for depression.