

11th GACD Call Text

Eleventh GACD Funding Call – Multisectoral Approaches

The Global Alliance for Chronic Diseases (GACD) invites proposals for implementation research maximising collaboration and coordination with sectors and in settings beyond the healthcare system to tackle chronic non-communicable diseases (NCDs) in low- and middle-income countries (LMIC: [as defined by the world bank](#)) and underserved populations in high-income countries (HIC).

Background

Global recognition of the social and structural determinants of NCDs points to additional opportunities to prevent and manage NCDs, by leveraging opportunities provided by settings and sectors beyond the formal healthcare system. There is a requirement for a comprehensive approach, across the whole of government, involving sectors (i.e. ministries and departments) outside of health and medical care, to meet the global targets that governments have agreed upon to protect people from NCDs.

Implementing innovative measures to tackle NCDs will also require partnerships with communities and non-government sectors (including NGOs, civil society, foundations, community enterprises, and faith-based organisations) to offer flexible and supportive delivery of resources and environments. These partnerships and efforts may help foster stronger engagement of individuals, communities and populations alienated from mainstream care due to inequities/differences in access, education, health beliefs, attitudes, geography, language or other factors.

Remit

The call has a central focus on implementation research, exploring multisectoral strategies to improve prevention, diagnosis, screening, and management of NCDs for people living in low- and middle-income countries, and/or in underserved populations in high-income countries.

Proposals should explore implementation strategies that draw on collaborative multisectoral engagement and utilise the different settings in which people are educated, work and live, to expand efforts to reduce risks, prevent, manage and control non-communicable diseases. Proposals can focus on more than one setting and/or include cross-sectoral approaches, involving **both** healthcare and non-healthcare settings.

Settings could include (but are not limited to):

- Workplaces
- Schools, universities and other education venues (including pre-schools, nursery, etc.)
- Faith-based communities, places of worship and traditional healers
- Recreation and sports clubs, fitness centres, swimming pools, theatres
- Prisons
- Communities (geographic and/or of identity), and families
- Retirement homes and care homes
- Homeless shelters
- Barbers, hairdressers and beauty salons
- Urban environments, community spaces, markets, malls, community pharmacies, commercial settings, parks, transportation.

- Healthcare settings, as long as an explicit and consistent multi-sectoral approach is taken that includes non-healthcare settings (see list above).

Key requirements

The aim of this call is to fund implementation research focused on strategies leveraging opportunities provided by settings and sectors beyond the health system in LMICs and/or underserved populations, including Indigenous populations, in HICs. While the focus is on **settings** outside of the healthcare system, collaboration with the relevant healthcare system(s) as part of the project is expected to facilitate effective design and knowledge mobilization.

Proposals should:

- Clearly articulate the **research design** such as (but not limited to) effectiveness-implementation hybrid designs, to explore the implementation of these intervention(s) for selected study population(s); It may be important to undertake formative research as a part of the project to support readiness for implementation.
- Provide details of the **research methodology**, including the statistical design with necessary sample size justification where appropriate.
- Indicate proposed implementation research **outcomes/impacts and real-world effectiveness indicators**.
- Convene an **expert and skilled research team**, which can ensure a suitable multidisciplinary approach, and demonstrate equitable partnership and shared leadership between HIC-LMIC, and/or non-Indigenous–Indigenous members of the project team and external stakeholders through a clear **governance strategy**.
- Provide a **stakeholder engagement strategy** with evidence of support/engagement from key stakeholders, for delivery and a **pathway to sustain the proposed intervention** after the funding ends.
- Provide opportunities for implementation research **capacity building** for early career researchers and team members from lower resourced environments.
- Ensure **meaningful involvement of early career team members**, including at least one early career member as a co-investigator.
- Participate in, and contribute to, the [GACD Research Network](#). At a minimum, budget for two project team members to attend the three-day GACD Annual Scientific Meeting, for each year of the project.

The following types of projects will **NOT** be funded:

- Proposals with the primary aim of informing the development and/or selection of an intervention for a given context, where the implementation component will be explored in a future project (i.e. standalone feasibility projects).
- Studies that cannot feasibly be completed in the life cycle of the grant (typically limited to three to five years, depending on the funding agency).
- Etiological work, mechanistic, or epidemiological research, including epidemiological cohorts, unless an essential component of a focused study to develop implementation research approaches.
- Clinical trials, validation studies, or intervention efficacy studies for a new or established pharmacological agent or behavioural intervention.

Expected impacts of this call

The projects funded under this call will collectively:

- contribute to the [United Nations Sustainable Development Goal 3.4 to reduce premature mortality from NCDs by one third by 2030](#);
- address implementation of strategies across sectors that will:
 - provide evidence and recommendations to national programmes and policies, aiming to inform policy and practice to address the growing burden of NCDs.
 - expand accessibility of programmes addressing NCDs.
 - promote the early prevention, risk reduction, and timely diagnosis of non-communicable diseases.
 - ensure continuity of care for non-communicable diseases, from prevention and screening to management in the community.
 - promote improved health outcomes in underserved populations, and low-and middle-income countries.
 - improve quality of life across the life course and extend healthy life expectancy.
 - improve local capacity for implementation research, data collection and harmonisation, and stakeholder engagement for strategies leveraging sectors beyond the health system to tackle non-communicable diseases.

Glossary

- **Chronic disease risk factors:** WHO note that common, preventable risk factors underlie most noncommunicable diseases. These include four particular behaviours (tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol) that lead to key metabolic/physiological changes (raised blood pressure, overweight/obesity, raised blood glucose and raised cholesterol). For more information, please see the [WHO webpage on NCD risk factors](#).
- **Equity/Equitable:** The WHO defines equity as the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation). Health is a fundamental human right. Health equity is achieved when everyone can attain their full potential for health and well-being. [More information is available on the WHO webpage](#).
- **Evidence-based interventions** Evidence-based interventions (EBI) are defined as practices by which the provider's decision is backed by the objective data from research: this can include case studies or clinical trials for example. Interventions can be defined as **complex** due to the nature of the intervention itself (e.g. the number of components, range of issues targeted, skills and expertise required to deliver the intervention) or due to interactions with the context(s) in which the intervention is implemented.
- **the GACD Research Network** comprises everyone working on, or contributing to, an active or completed GACD project.
The aims of GACD facilitating the Research Network are to:
 - Support project teams to work together effectively;
 - Identify common approaches and areas of collective interest;
 - Provide a platform for members to share knowledge and best practice;
 - Increase the impact of Research Programmes and the Research Network as a whole; and
 - Collaborate on joint initiatives and activities.
 - [More information about the GACD Research Network is available here](#)
- **Health system:** Within the political and institutional framework of each country, a health system is the ensemble of all public and private organisations, institutions, and resources mandated to improve, maintain restore health (Tallin Charter - WHO, 2008). These are the organisations, people and actions, whose primary intent is to promote, restore or maintain health, and prevent disease. This includes efforts to influence determinants of health as well as more direct health-improving activities (WHO 1998). Health systems are complex and include formal **healthcare delivery systems** (both public and private) as well as communities, individuals and policymakers. Integral to health systems are factors such as prevention programs, service delivery, health workforce, health information systems, access to essential, good quality medicines, financing, and leadership/governance. Common elements in virtually all health systems are **primary healthcare** and **public health** measures (WHO 2007).
- **Implementation research** is the study of methods to promote the systematic uptake of research findings and other evidence-based strategies into routine practice, and, hence, to improve the quality and effectiveness of health services and care. The primary aim of an implementation research project is to explore how to improve access to, and uptake of, a proven intervention by the people who need it, with greater speed, fidelity, equity, efficiency, cost-effectiveness, and with attention to affordability, safety, sustainability, effectivity, and quality. Further information on implementation research methodologies and frameworks can be found on the GACD [Implementation Science e-Hub](#).
 - Questions addressed by implementation research include:
 - Which evidence-based policy or intervention is best for a new context or a target group?
 - What is the best way to implement it?
 - How can the target population be reached?

- What factors might affect implementation and adoption?
- How can uptake and health outcomes be improved?
- Is the intervention cost-effective, affordable, and acceptable from the health system's, health care providers', patients', and/or other end users' perspectives?
- How can the policies or programmes best be sustained and scaled up?
- **Implementation research outcomes** include implementation outcomes (*e.g.*, acceptability, adoption, appropriateness, costs, feasibility, fidelity, penetration, and sustainability); service outcomes (*e.g.*, efficiency, safety, effectiveness, equity, patient-centeredness, and timeliness); and client outcomes (*e.g.*, satisfaction, function, and symptomology).
- **Implementation strategy:** the methods or techniques used to enhance the adoption, implementation, and sustainability of a program or practice (Curran 2012).
- **Intersectional** analytical frameworks, in the context of health research, examine how social processes (*e.g.*, classism, racism, ageism, ableism, *etc.*) and social identity factors (*e.g.*, gender, class, race, age, disability status, *etc.*) interact to impact health outcomes.
- **Life course approach** means, here, targeting a specific critical period that impacts health over the lifespan and potentially into the next generation.
In practice, taking a life course approach typically means adapting an intervention to improve acceptability and effectiveness among one or more specific life stages (preconception, pregnancy, infancy, childhood, youth, adulthood, and older adulthood), as well as during key transitions within or between life stages (such as high school graduation or retirement).
- the [Lusaka Agenda](#), Developed by the Future of Global Health Initiatives (FGHI), aims to provide a foundation for coordinated action between Global Health Initiatives (GHIs), through five key shifts:
 1. Make a stronger contribution to primary health care (PHC) by effectively strengthening systems for health
 2. Play a catalytic role towards sustainable, domestically financed health services and public health functions
 3. Strengthen joint approaches for achieving equity in health outcomes
 4. Achieve strategic and operational coherence
 5. Coordinate approaches to products, research and development (R&D), and regional manufacturing to address market and policy failures in global health.
- **Multisectoral** refers to engagement with one or more communities and sectors (including NGOs, civil society, foundations, community enterprises, and faith-based organisations) outside of health. A multisectoral approach is one in which multi-stakeholder engagement takes place and action is across different sectors such as health, agriculture, education, finance, infrastructure, transport, trade, *etc.* (WHO 2015)
- **Non-communicable diseases (NCDs)** refer to **chronic NCDs** and include (but are not limited to) diabetes, hypertension, cardiovascular disease, respiratory diseases, musculoskeletal conditions, certain cancers, autoimmune conditions, haematological disorders, sleep disorders, neurological disorders and mental health conditions.
- **Primary healthcare** is a whole-of-society approach to effectively organise and strengthen national health systems to bring services for health and wellbeing closer to communities. It has 3 components:
 - integrated health services to meet people's health needs throughout their lives
 - addressing the broader determinants of health through multisectoral policy and action
 - empowering individuals, families and communities to take charge of their own health.
 Primary health care enables health systems to support a person's health needs – from health promotion to disease prevention, treatment, rehabilitation, palliative care and more. This strategy also ensures that health care is delivered in a way that is centred on people's needs

and respects their preferences.

For more information see the [WHO webpage on primary healthcare](#).

- **Public Health** is a collective social effort to promote health and prevent both communicable and noncommunicable diseases and disability. This involves population surveillance, regulation of determinants of health (such as food safety and sanitation), and the provision of key health services, with an emphasis on prevention of disease or ill health.
- **Social determinants of health** are conditions under which people are born, grow, live, love, work, and age, and include factors such as education, income, employment, social support networks, and gender.
- **Stakeholders** include anyone who is directly involved with or impacted by the GACD research project, anyone who might use the findings from GACD research projects to directly influence health policy or programmes, and the beneficiaries of such policies, programmes, practices. Specific examples include:
 - the population targeted by the research, including research participants, NCD patients, and their families and carers;
 - actors engaged in the research beyond the research team, such as health facility staff, community workers, educational facility staff, civil society groups, and non-governmental organisations;
 - users of the research findings, inclusive of the above and health system and health service providers; and practice and policy influencers and makers.
- **Stakeholder engagement** is the process and action of identifying the appropriate people, groups, and organisations, involving them throughout the research process, responding to their input, and ensuring they can make use of the findings when the project is complete. Stakeholder engagement is critical to the success of implementation research because it:
 - ensures a common recognition of priority issues;
 - acknowledges that researchers and stakeholders may ask different questions and have different perspectives on what evidence is most useful;
 - improves the sustainability of projects and interventions beyond the grant life cycle;
 - increases buy-in for implementation of interventions;
 - improves opportunities for scaleup of interventions;
 - facilitates evidence-informed decision-making; and
 - increases transparency and facilitates mutual accountability.
- **Statistical design** is covering experimental design, including replication, randomization, blocking or grouping of subjects, multifactorial design, power analysis and sequential approach to experimentation.
- **Structural determinants** of health (e.g. legislations, policies, governance structures, ecological and commercial determinants, etc.) are defined as the larger societal, economic, ecological, and political contexts which shape the social determinants of health and, in turn, population health and well-being.
- **Theories, models and frameworks** can be used to guide effective implementation and sustainability of evidence-based interventions. These can be used to describe the different stages of implementation (e.g., process models); identify barriers and facilitators that influence implementation (e.g., determinant frameworks); or predict or explain implementation success by offering an underlying mechanism or theory of change (e.g., implementation theories). Some theories, models and frameworks are broad and address the entire implementation process, while others focus on a particular implementation aspect such as intervention sustainability (Strifler 2020).