MESSAGE FROM THE CHAIR OF THE GACD STRATEGY BOARD

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

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

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

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

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

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

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

Prof. Anne Kelso, Chair, GACD Strategy Board
GACD ANNUAL REPORT 2018/19

GACD OVERVIEW

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

GACD WHAT DO WE DO?

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

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

Australian National Health and Medical Research Council (NHMRC)

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

Canadian Institutes of Health Research (CIHR)

Chinese Academy of Medical Sciences (CAMS)

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

Indian Council of Medical Research (ICMR)

Japan Agency for Medical Research and Development (AMED)

Mexico’s National Institute of Medical Sciences & Nutrition Salvador Zubirán

National Health and Medical Research Council (NHMRC)

South African Medical Research Council (SA MRC)

Thailand’s Health Systems Research Institute (HSRI)

UK’s Medical Research Council (UK MRC)

US’ National Institutes of Health (NIH)

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

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

GACD has an active research community of over 900

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

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

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

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

We have trained over 450 global researchers in 11 countries

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

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GACD IMPLEMENTATION SCIENCE TRAINING SERIES 2018

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

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

Curriculum

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

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

What’s next?

There have been exciting developments emerging from the 2018 trainings. Because of the workshop held in Tokyo in July 2018, a formal implementation science research network has been established in Japan. The Research Association for Dissemination and Implementation Science in Health (RADISH) has held their inaugural meeting with 120 attendees and plans to establish regular meetings and workshops, establish a reading circle to discuss 5 books and methods, and disseminate relevant research opportunities and evidence to its member base.

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

Participant objectives

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

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

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

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

Notable suggestions for improvement of future programmes included:

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

The GACD Research Network serves as a space for researchers to initiate, develop and participate in collaborative initiatives and learning platforms with the intention of building capacity and contributing to the body of scientific knowledge more broadly. Opportunities to utilise the network usually emerge from the researchers themselves, with the Secretariat positioned to support and facilitate collaborative efforts.

Annual Scientific Meeting

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

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

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

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

Working group outputs

Table 1. GACD working group development over time.

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<th>Year</th>
<th>2012</th>
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<th>2014</th>
<th>2015</th>
<th>2016</th>
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<td>8</td>
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</tbody>
</table>

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

Publications

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

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

Task Shifting/Sharing (How-To Series)

Chair: Rohina Joshi & Karen Yeates

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


Indigenous Populations Working Group

Chair: Gillian Gould, Marilyn Clarke & David Meharg

Aim: To develop a researchers’ statement to address gaps in field of implementation science related to research in indigenous populations.

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

Joint Publications Committee

Chair: Brian Oldenburg & Mayowa Owolabi

Aim: To improve the value-add of GACD research outputs by:
- Identifying opportunities for dissemination of research outputs
- Developing a joint publication and dissemination pipeline for GACD research outputs
- Developing and disseminating “GACD pragmatic guidelines” and solutions for hypertension in LMICs

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

Implementation and Scale-up: Challenges & Opportunities

Chair: Robert Schwartz & Kamran Siddiqi

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

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

NCD Multimorbidity

Chair: John Hurst

Aim: To investigate issues around multimorbidity.
- Develop a GACD statement policy brief on NCD multimorbidity in LMICs’ vulnerable populations in HICs
- Develop a GACD statement policy brief on NCD multimorbidity in LMICs’ vulnerable populations in HICs
- Conduct Multi-Morbidity in LMIC Research Prioritisation Exercise.

Progress: GACD Researchers’ Statement on Multimorbidity published in Lancet

Data Standardisation

Diabetes Chair: Meena Daivadanam
Lung Diseases Chair: Job van Boven

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

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


Data

Cardiology Clinics

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

Globalization and Health

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

The Journal of Clinical Hypertension

The Global Alliance for Chronic Diseases Supports 15 Major Studies in High-Income Countries vs. HIC – a Systematic Review

BMJ Global Health

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

Global Health

The Journal of the Neurological Sciences

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

Diabetes Care

Guides in Hypertension Guidelines in Low and Middle Income Countries vs. HIC – a Systematic Review

BMJ Global Health

Controlling cardiovascular diseases in low- and middle-income countries by placing proof in pragmatism

Hypertension

Global Health

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

Joint publications and their leads:

Rajesh Vedanthan

Cardiology Clinics

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

Michaela Riddell

Globalization and Health

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

John Hurst

The Journal of Clinical Hypertension

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

Rohina Joshi

Karen Yeates

BMJ Global Health

Controlling cardiovascular diseases in low- and middle-income countries by placing proof in pragmatism

Hypertension

Global Health

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

Global Alliance for Chronic Diseases

Research

Research Prioritisation Exercise.

The GACD annual report 2018/19

Global Alliance for Chronic Diseases

Research Prioritisation Exercise.

The GACD annual report 2018/19
The GACD Annual Scientific Meeting (ASM) brings together representatives from the GACD funded projects and member agencies, as well as local researchers, policymakers and programme implementers to facilitate discussion and share learnings around implementation science. The 2019 ASM was the 7th meeting to date and was held from 12-14 November in São Paulo, Brazil. Gracefully hosted by the São Paulo Research Foundation (FAPESP), this year’s meeting was the best attended to date, with 131 attendees.

The opening of the ASM took place after lunch on Wednesday 14 November, following a warm welcome from FAPESP’s Prof Fernanda Cendes, the first session of the ASM was an interactive panel of GACD board members and a researcher from the network - a rare opportunity for the Board members and Network members to engage on the role the GACD has played in the field of implementation science and practical ways that the GACD intends to support the overall mission of facilitating research collaboration. This was followed by highlights from the GACD’s Research Implementation Science efforts to support the overall mission of facilitating research collaboration. This was followed by highlights from the GACD’s Research Implementation Science and approaches that can be used to understand the evidence base for scale-up, particularly in LMICs.

Wednesday morning (14 Nov) saw the introduction of the inaugural GACD Forum on Scale-up, focusing on the methods and approaches that can be used to understand better how to improve the evidence base for scale-up, particularly in LMICs. The forum aimed to provide information on and facilitate discussion around a variety of topics, including:

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

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

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

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

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

Possible next steps for the group and others:

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

The GACD Multimorbidity Working Group issued a researchers’ statement on multi-morbidity, the Executive Summary of which was published in Lancet Global Health in November 2018. With this statement as its starting point, John Hunt who chairs the group, presented the strategic objectives of the group, with the aim of reducing the impact of multimorbidity in LMICs: 1. Greater policy awareness and focus on multi-morbidity through integrated proactive chronic care, rather than systems that address single NCDs. 2. Changes to the way that research is commissioned, funded and delivered when considering NCDs in LMICs – particularly the promotion of working across and between traditional disease, primary care and specialist boundaries. 3. Health systems research aligned with Universal Health Coverage. In particular, greater consideration of the role of proactive Primary Care and (where appropriate) Community Health Workers in developing knowledge and skills to deliver effective integrated multi-morbidity NCD care.

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

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

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

Possible next steps for the group and others:

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

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

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

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

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

- Hypertension
  A prototype the metadata indexing platform that would allow researchers to search and identify the type of data being collected by GACD studies has been developed. Project data characterised and loaded onto prototype platform. Data dictionary developed.
- Diabetes
  Project data characterised, not yet loaded onto prototype platform. Data dictionary developed.
- Lung Diseases
  Set of ‘minimal’ and ‘optimal’ variables in development through Delphi panel of 61 nominated experts.
- Mental Health
  Intended implementation measures mapped. Care working group constituted to move efforts forward.

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

Multimorbidity
The GACD Multimorbidity Working Group issued a researchers’ statement on multi-morbidity, the Executive Summary of which was published in Lancet Global Health in November 2018. With this statement as its starting point, John Hunt who chairs the group, presented the strategic objectives of the group, with the aim of reducing the impact of multimorbidity in LMICs: 1. Greater policy awareness and focus on multi-morbidity through integrated proactive chronic care, rather than systems that address single NCDs. 2. Changes to the way that research is commissioned, funded and delivered when considering NCDs in LMICs – particularly the promotion of working across and between traditional disease, primary care and specialist boundaries. 3. Health systems research aligned with Universal Health Coverage. In particular, greater consideration of the role of proactive Primary Care and (where appropriate) Community Health Workers in developing knowledge and skills to deliver effective integrated multi-morbidity NCD care.

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GACD RESEARCH PROJECTS
EUROPE

Fundin agencies

GACD: EU Horizon 2020 Project

DIABETES PROGRAMME

DM06: HEALTHY-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes (UK)

Funded by: EC

Aim: To determine whether a family-based lifestyle modification delivered by community health workers vs usual care is clinically and cost-effective for prevention and risk reduction of T2D.

DM07: SMART2Di - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes (Swedan)

Funded by: EC

Aim: To strengthen capacity for T2D care through proven strategies like task-shifting to non-physician health care providers and community health workers, and expanding care networks through community-based peer support groups.

DM08: Feed4Diabetes: Promoting healthy lifestyle in families across Europe (Belgium, Bulgaria, Finland, Greece, Hungary and Spain)

Funded by: EC

Aim: To develop, implement and evaluate an evidence-based and potentially cost-effective and scalable intervention program to prevent type 2 diabetes among families from vulnerable groups across Europe.

LUNG DISEASES PROGRAMME

LD01: TackSHS: Tackling second-hand tobacco smoke and e-cigarette emissions: exposure assessment, novel interventions, impact on lung diseases and economic burden in diverse European populations (Bulgaria, France, Germany, Greece, Hungary, Iceland, Italy, Latvia, Poland, Portugal, Romania, Spain, UK)

Funded by: EC

Aim: To elucidate the comprehensive impact that second-hand smoking (SHS) and e-cigarettes emissions have on the respiratory health of the European population and how health impacts vary according to socio-economic parameters with particular emphasis on specific vulnerable groups.

LD02: Tobacco cessation within 18 programmes: A ‘real-world’ solution for countries with dual burden of disease (UK)

Funded by: EC

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

LD03: Smoke Free Brain: Multidisciplinary tools for improving the efficacy of public health measures against smoking (Bulgaria, Greece, Italy, Serbia, Spain)

Funded by: EC

Aim: Prevention of lung diseases caused by tobacco while at the same time developing new treatment strategies to counteract adaptability to the local and global health care system.

LD04: FreshAir: free Respiratory Evaluation and Smoke-exposure reduction by primary Health care Integrated groups (The Netherlands and Greece)

Funded by: EC

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

LUNG HEALTH PROGRAMME

MH22: Implementation of an effective and cost-effective intervention for patients with psychiatric disorders in low and middle income countries in South Eastern Europe (IMPULS) UK, Kosovo UN Resolution, Bosnia and Herzegovina, Serbia, former Yugoslav Republic of Macedonia, Montenegro

Funded by: EC

Aim: To advance the implementation of easily deliverable, cost-saving and sustainable mental health interventions in LMICs, thus expanding access to care and alleviating the global burden of severe mental disorders on individuals, families, communities and societies.

MH23: Using Peer Support in Developing Empowering Mental Health Services (UPSERVES) Germany, UK

Funded by: EC, CERHR

Aim: To improve the lives of large numbers of citizens in Europe and LMIC by modifying mental health systems using the expertise of people with personal experience of mental illness (peer-support) and integration of non-physician health care providers and community health workers.

MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISER) Germany, Austria, UK, Romania, former Yugoslav Republic of Macedonia, Moldova

Funded by: EC

Aim: To prevent child mental health disorders in LMIC, particular developmental disorders, by using Parenting for Lifelong Health (PLH) programme; thus reduce the global burden of mental disorders.

MH25: Large-scale implementation of community based mental health care for people with severe and Enduring mental Ill health in Europe (RECOVER) Netherlands, Germany, France, Belgium, Moldova, Italy, Greece, Bulgaria, Croatia, Estonia, Belgium, Malta

Funded by: EC

Aim: To develop well-functioning community mental health teams in five countries in LMIC, which will serve as the central node for coordination and provision of care for people with severe and enduring mental illness.

MH26: Refugees Emergency: Defining and implementing novel Evidence-based psychosocial interventions (RE-DEFINE) Italy, Netherlands, Germany, Malta, Greece, Belgium, Bulgaria, Croatia, Estonia, Belgium, Malta

Funded by: EC

Aim: To develop, implement and evaluate the impact of the European Commission’s Tobacco Products Directive within the context of framework convention on Tobacco Control ratification at a European level, including issues of tobacco product ingredients, additives, packaging, labelling, illicit trade, cross border sales, and e-cigarettes.

MENTAL HEALTH PROGRAMME

MH28: Prevention of Dementia using Mobile phone Applications (PRODEMOS) Netherlands, UK, France, Luxembourg, Sweden

Funded by: EC, CERHR

Aim: To make dementia prevention strategies accessible to populations in LMIC and vulnerable populations in HIC using mobile health technology.

MH29: How to best meet the needs of people with dementia with severe behavioural disturbances. Toward a respectful and cost-effective model (RECAGE) Italy, Netherlands, France, Germany, Greece, Switzerland, Norway, Belgium

Funded by: EC

Aim: To assess the effectiveness of an intervention, the special medical care unit [SCU]-8, for patients with Behavioural and Psychological Symptoms of Dementia [BPSD] that, albeit already implemented in some European countries, is not widespread and has not been sufficiently studied so far, although it seems to be promising for its short-term efficacy (alleviating BPSD) and improving quality of life of patients with Dementia and possibly for its long-term efficacy.

MH30: Integrating Treatment for Mental Disorders in Methadone Clinics in Ukraine

Funded by: NDA
GACD RESEARCH PROJECTS

AMERICAS

DIABETES PROGRAMME

DM07: Evaluation of a pilot project to prevent diabetes in the workplace using information technology (Mexico) Funded by: Conacyt Aim: To evaluate on a pilot basis the performance of a work-based e-intervention to prevent diabetes using information technology as means to deliver the intervention.

DM10: Development of an interactive social network for metabolic control of diabetic patients (Mexico) Funded by: Conacyt Aim: The development of an interactive social network, and use of the Internet to try to change behaviours and attitudes of risk in affected Type 2 diabetes community.

DM11: Development and validation of a software linked to an online site to facilitate medical treatment and empowerment of the patient with type 2 diabetes, interaction with the medical personnel and the generation of a real time registry (Mexico and United States) Funded by: Conacyt

To create, validate, and export the use of a technological tool that contributes to empowerment of patients with diabetes, the provision of care according to quality standards, and generate real-time information required to measure the effectiveness of interventions.

HYPERTENSION PROGRAMME

H202: HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle-income countries (Colombia) Funded by: CHF, GCC, CSH, IDRC Aim: To evaluate whether the cardiovascular disease risk detection, treatment, and control program can substantially improve hypertension control and overall Framingham Risk Scores at 1 year.

H203: DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower BP in Aboriginal and UMIC (Canada) Funded by: CHF, GCC, IDRC Aim: To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension.

H11: Launching a salt substitute to reduce blood pressure at the population level in Peru Funded by: NH/NIH/HLB Aim: To implement and assess the impact of an intervention using a salt substitute on blood pressure of the population level using a stepped wedge design trial.

H14: A comprehensive approach to hypertension control in Argentina Funded by: NH/NIH/HLB Aim: To test whether a comprehensive intervention program within a not-for-profit primary healthcare system will improve hypertension control among uninsured hypertensive patients and their families in Argentina.

CRONICAS

DIABETES PROGRAMME

LD06: RETRAC2 Research on Commercial Tobacco Reduction in Indigenous Communities (Brazil, India) Funded by: CHR Aim: To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.

LD07: Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries (Canada, Chile, Colombia and Ecuador) Funded by: CHF, IDRC, SAMHC Aim: To study the impact of tobacco prices on smoking onset, smoking cessation, and tobacco consumption in the targeted countries.

LD08: Household Air Pollution and Health: A Multi-Country Liquid Petroleum Gas (LPG) stove Intervention Trial (Guatemala and Peru) Funded by: NH Common Fund, NHM, NIEHS, NICHD, and NCI, with support from the Bill & Melinda Gates Foundation Aim: We propose to conduct a randomized controlled trial to detect LPG stove and fuel distribution in 3,300 households in four diverse LMIC to deliver rigorous evidence regarding potential health benefits across the region.

LD10: Genomic analysis of drug-resistant tuberculosis in sample plume (Mexico) Funded by: CONACYT, INMEGEN, IENR Aim: To identify genetic variants in mycobacterium tuberculosis associated with drug resistance in plume using targeted DNA sequencing.

LD11: Search and validation of biomarkers for tuberculosis in Mexican patients with diabetes mellitus (Mexico) Funded by: CONACYT Aim: To develop a diagnostic method to detect atypical tuberculosis in Mexican patients with diabetes mellitus.

LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries (Peru) Funded by: UK MRC Aim: To modify and assess the usefulness of a currently utilised COPD case finding questionnaire and COPD Action Plans.

LUNG DISEASES PROGRAMME

LD14: Implementation of foot thermometry and SMS to prevent diabetic foot ulcer (Peru) Funded by: NH/NIH/HLB Aim: To compare the incidence of diabetic foot ulcer during the study between the arm that receives thermometry + messages and the arm that receives thermometer + messages (SMS and voice message).

LD15: Development of a work based intervention program within a not-for-profit primary healthcare system will improve hypertension control among uninsured hypertensive patients and their families in Argentina.

Mental Health Programme

MH02: Cognitive Stimulation Therapy for dementia: International implementation in Brazil, India and Tanzania (CIS-International) Funded by: DMCRC & LMIC Aim: To develop, test, refine and disseminate implementation strategies for CIST for people with dementia in three diverse parts of the world.

MH04: Youth well-being in Central and South America: implementation of an integrated prevention and intervention program (Honduras and El Salvador) Funded by: CHF Aim: To implement and evaluate a multi-level, integrated mental health education, screening and intervention model to improve functioning and well-being among youth in China, Honduras and El Salvador.

MH06: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada Funded by: CHR Aim: To use the principles of implementation science to develop methods for adapting the SUCRE-NEED intervention for different types of suicide attempts in two very different low-resource settings – Ningxia, China and Nunavut, Canada – and subsequently promulgate these methods of adapting the intervention to other resource settings.

MH11: Enhanced Measurement-based Care (MBC) Effectiveness in Latin America (EMBED): A Canada-China Implementation Project Funded by: CHF Aim: The project design will address 4 broad aims: (1) Identify current BCW contextual enablers and barriers to MBC implementation in diverse settings in Guangxi; (2) further implementation science by exploring physician and patient factors as barriers or enablers for an evidence-based practice implementation; (3) provide clinical and health economic outcomes to establish effectiveness of eMBC in Guangxi and (4) build knowledge and capacity for scale up of eMBC in China and beyond.

MH08: Smoking Care for ADHD Children and Youth: Merging the Canadian and Chinese Experiences Funded by: CHR Aim: To adapt the Canadian mixed case model for ADHD to the Chinese context. To test its feasibility, it will be implemented within the paediatric care system in two districts of Shanghai and within the mental health care system in one district of Beijing.

MH13: Exploring stigma, Discrimination & Recovery-Based Perspectives toward Mental Illness & Substance Use Problems in Brazil Funded by: TASEP Aim: To determine the effectiveness of a comprehensive anti-stigma/recovery-oriented intervention in reducing stigmatizing attitudes and behaviours among HPC providers toward individuals with MDU in the Brazilian context, using HPA as the point of intervention.

MH14: Indigenous communities, local culture and mental health in Mexican adolescent population: a community intervention analysis Funded by: CONACYT Aim: To design, implement and evaluate an intervention with a gender perspective aimed to improve access to mental health services at the primary care level for an adolescent population living in indigenous communities in Chiapas, Mexico.

MH24: Prevention of child mental health problems in Southeastern Europe – Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE) United States Funded by: EC Aim: To prevent child mental health disorders in LMIC, particular behavioural disorders, by using Parenting for Lifelong Health (P4L) programme; thus reduce the global burden of mental disorders.

MH27: Scale-up of Prevention and Management of Alcohol Use Disorders and Comorbid Depression in Latin America (SCALA) Peru, Columbia (Mexico is a subcohort for some tasks) Germany, Spain, UK Funded by: EC Aim: To scale up an integrated system in primary healthcare as the platform, embedded in the medical setting, to prevent and manage alcohol use disorders and comorbid depression in these Latin American countries – Mexico, Columbia and Peru.

MH34: OnTrackChile for First Episode Psychosis Chile Funded by: NH/NIH/HLB
GACD RESEARCH PROJECTS

AFRICA

MENTAL HEALTH PROGRAMME

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

Aim: To systematically identify and test promising implementation strategies to maximize the reach, effectiveness, adoption, implementation, and Maintenance (RE-AIM) of the evidence-based Friendship Bench program in Zimbabwe.

Funded by: UKMC

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

Aim: To improve the effectiveness of the implementation strategies of the WHO Package targeted at CV risk in those individuals at greatest risk, by supporting and strengthening the management of hypertension in primary care clinics.

Funded by: NH/NHLBI

MH04: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE) South Africa

Aim: To prevent child mental health disorders in LMICs, particularly for behaviour disorders, by using parenting for lifelong health (PLH) programmes, thus reduce the global burden of mental disorders.

Funded by: EC

MH05: Depression and Primary-care Partnership for Effectiveness-implementation Research (DAPPER) Kenya

Aim: To determine whether a culturally-sensitive multipronged post-discharge intervention can significantly reduce blood pressure, enhance achievement of guideline recommended targets for risk factor control, and lower recurrent vascular events in Nigeria.

Funded by: NIMH

MH06: Evaluating Implementation Strategies to Scale-up Transdiagnostic Evidence-based Mental Health Care in Zambia

Funded by: NIMH

HYPERTENSION PROGRAMME

HT01: Ulling HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa (Uganda, Rwanda and South Africa)

Aim: To evaluate the effectiveness of active case-finding and to investigate the presence of cardiovascular disease risk factors in patients attending antiretroviral treatment services.

Funded by: CHIR, CSN, GICC, IDRC

HT02: DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management In Getting (DREAM) in Aboriginal and LMIC (Tanzania)

Aim: To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension.

Funded by: CHIR, GICC, IDRC

HT03: Treating hypertension in rural South Africa: A clinic-based lay health worker model to enhance community-based outreach services for integrated chronic care (South Africa)

Funded by: UK MRC

HT04: Task shifting and blood pressure control in Ghana - a cluster-randomised trial (Ghana)

Funded by: NH/NHLBI

HT12: Task shifting and blood pressure control in Ghana - a cluster-randomised trial (Ghana)

Funded by: NIH/NHLBI, NIH/NICHD, and NCI, with support from the Bill & Melinda Gates Foundation

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

Funded by: NH/NHLBI

HT14: Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES) Nigeria

Funded by: NH/NHLBI

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

Aim: To evaluate the comparative effectiveness of the implementation of the WHO Package targeted at CV risk versus provision of health insurance coverage, on blood pressure reduction.

Funded by: NH/NHLBI

LUNG DISEASES PROGRAMME

LD03: LT01: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries (Uganda)

Funded by: UK MRC

LD04: FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary health care integrated groups (Uganda)

Aim: To prevent, diagnose and treat lung diseases in LMICs and other low-resource settings. It adapts and tests intervention and evidence-based practice in the prevention, diagnosis, and treatment of lung disease in low-resource settings with high levels of tobacco consumption and exposure to household air pollution.

Funded by: EC

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

Aim: To study the impact of tobacco prices on smoking onset, smoking cessation, and tobacco consumption in the targeted countries.

Funded by: CHIR, IDRC, SAMRC

Diabetes Programme

DM03: INDIA(ago) (Integrated Intervention for Diabetes risk with Gestational diabetes): An integrated health system intervention aimed at reducing type 2 diabetes in disadvantaged women after gestational diabetes in South Africa

Funded by: CHIR, IDRC, SAMRC

DM07: SMART2D - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes (South Africa and Uganda)

Funded by: EC

DIABETES PROGRAMME

DM01: Integrated Care for Barriers to Diabetes: An integrated health system intervention aimed at reducing type 2 diabetes in sub-Saharan Africa: A pragmatic individually randomised trial (South Africa and Malawi)

Funded by: SAMRC, UK MRC

DM12: Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: A pragmatic individually randomised trial (South Africa and Malawi)

Funded by: SAMRC, UK MRC

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

Funded by: NH/NHLBI

DM16: To identify the contextual factors, facilitators, and barriers that may impact integration of group medical visit and microfinance for CVD risk reduction, using a combination of qualitative research methods: 1) barazoo (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.

DIABETES PROGRAMME

DM13: Integrating diabetes care into primary health care: A multi-country randomized control trial (Ghana)

Aim: To identify the usefulness of a currently utilised COPD case finding questionnaire and COPD Action Plans to allow for simple, low-cost models of care which can be generated across LMICs.

Supported by: NICHHD, NIEHS, NHLBI, and NCI,

DIABETES PROGRAMME

DM14: DIABETES PROGRAMME (Glycemia in Low Income Communities) - A cluster-randomized trial of liquid diabetes self-management support from the Bill & Melinda Gates Foundation

Aim: To utilize a multi-disciplinary implementation research approach to address the challenge of linking and retaining hypertensive individuals to a hypertension management program.

Funded by: NIH/NCI

DM16: To modify and assess the usefulness of a currently utilised COPD case finding questionnaire and COPD Action Plans to allow for simple, low-cost models of care which can be generated across LMICs.

Supported by: NICHHD, NIEHS, NHLBI, and NCI,
**GACD RESEARCH PROJECTS ASIA**

**MENTAL HEALTH PROGRAMME**

**MH01: Supervised Treatment in Out-Patients for Schizophrenia (STOPs+) Pakistan**
- Aim: To assess the effectiveness and cost-effectiveness, and implementation of STOPs+ versus Enhanced Treatment As Usual (ETAU) in improving the treatment adherence and access to the treatment in the community.
- Funded by: UMRIC & ICMR

**MH02: Cognitive Stimulation Therapy for dementia: an implementation study in Brazil, India & Tanzania (CST-International)**
- Aim: To develop, test, refine and disseminate implementation strategies for CST for people with dementia in three diverse parts of the community.

**MH03: Mental Health Awareness, Resilience and Prevention Program (IMPRESS)**
- Aim: To implement and evaluate a multi-level, integrated mental health education, screening and intervention model to improve functioning and well-being among youth in China, Cambodia and Brazil.

**MH04: Youth well-being in China and Central America: implementation of a multi-level, integrated prevention and intervention program (China)**
- Aim: To implement and evaluate a multi-level, integrated mental health education, screening and intervention model to improve functioning and well-being among youth in China, Honduras and El Salvador.

**MH05: Implementation research: community intervention to prevent repeated suicide attempts in Ningxia China and Nunavut Canada**
- Aim: To test the hypothesis that policies, interventions and capacity-building programs that have demonstrated applicability and effectiveness in Japan and other high-income countries will, with suitable cultural adjustments, be applicable and effective in several selected low- and middle-income Asian countries, i.e., Nepal, Vietnam, and Myanmar.
- Funded by: ANZID

**MH06: Shrink/faceted Measurement-Based Care (MIC) Effectiveness for Depression (EMBED) A Canada-China Implementation Project**
- Aim: The project design will address 4 broad aims: (1) identify current BCW contextual enablers and barriers to MIC implementation in diverse settings in China; (2) further implementation science by exploring physician and patient factors as enablers or barriers for an evidence-based practice implementation; (3) provide clinical and health-economic outcomes to establish effectiveness of eMIC in Shanghai; and (4) build knowledge and capacity for scale-up of eMIC in China and beyond.
- Funded by: CIHR

**MH07: Linking Hearts: Advancing Mental Health Care of University Students through Interdisciplinary Collaboration (In Aam) China**
- Aim: To study the adoption and implementation of an integrated evidence-informed mental health intervention. Acceptance and Commitment to Empowerment – Linking Youth and Sea Hearts (ACELYH)
- Funded by: CIHR

**MH08: Shared Care for ADHD in Children and Youth: Merging the Canadian and Chinese Experiences (China)**
- Aim: To adapt the Canadian shared case model for ADHD to the Chinese context. To test if the model will be implemented within the paediatric care system in two districts of Shanghai and within the mental health care system in one district of Beijing.
- Funded by: CIHR

**MH09: Screening and management of perinatal depression within primary care (China)**
- Aim: To create an effective PDSM program that will be sustainable within the maternal and child healthcare system in China.
- Funded by: CIHR

**MH10: Standardizing the treatment, prevention and management of depression in China: a multi-disciplinary approach**
- Aim: To explore a community-based mental health service system for the early identification of individuals with depressive symptoms and to provide mental health interventions for them; to develop a hospital-based system that improves access to mental health care and the management of patients diagnosed with clinical depression; and to provide policy recommendations to the government.
- Funded by: CIHR

**MH11: Mental health promotion at workplace in low- and middle-income countries in Asia (Nepal, Vietnam, Myanmar)**
- Aim: To test the hypothesis that the policy frameworks, interventions and capacity-building programs that have demonstrated applicability and effectiveness in Japan and other high-income countries will, with suitable cultural adjustments, be applicable and effective in several selected low- and middle-income Asian countries, i.e., Nepal, Vietnam, and Myanmar.
- Funded by: ANZID

- Aim: (1) Developing and testing localized PFA e-orientation programme among general populations, in Malaysia, the Philippines and Sri Lanka.
- Funded by: ANZID

**DIABETES PROGRAMME**

**DM01: Diabetes Prevention and Risk Reduction in Predictive Diabetes in South Asians in Pakistan**
- Aim: To evaluate the impact of a) participatory community mobilisation intervention and b) an mHealth health technology intervention to reduce the treatment gap for diabetes and its complications.
- Funded by: UMRIC

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

**DM04: Community Health Assessment Program in the Philippines (CHA-P)**
- Aim: To develop and implement evidence-based tools and strategies in preventing diabetes and its complications.
- Funded by: CIHR, IDRC

**DM05: Effects of information technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease (China)**
- Aim: To evaluate the effectiveness of information technology-based tools on improvement of long-term adherence to secondary prevention and risk factor control among patients with established coronary artery disease, including those with diabetes.
- Funded by: ICMR

**DM06: HEALTH-T2D: Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes (India, Pakistan, Sri Lanka)**
- Aim: To determine whether a family-based lifestyle modification delivered by community health workers vs usual care is clinically and cost-effectively for prevention and task reduction of T2D.
- Funded by: EC

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

**DM16: A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus (Bangladesh, India, Sri Lanka)**
- Aim: To determine whether a resource- and culturally-appropriate lifestyle intervention program in South Asian women, 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.
- Funded by: CIHR, NHMRC
LUNG DISEASES PROGRAMME

LD02: Tobacco cessation within TB programmes: A ‘real world’ solution for countries with dual burden of disease (Pakistan, Nepal, Bangladesh)
Funded by: EC
Aim: To reduce the burden of tobacco-related lung diseases in developing countries by including tobacco cessation policy measures in tuberculosis programmes. Sustainability and cost-effectiveness of the programmes will be evaluated.

LD04: FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health Care Integrated groups (Vietnam and Egypt)
Funded by: EC
Aim: To prevent, diagnose, and treat lung diseases in LMICs and other low-resource settings. It adopts tests and finds evidence and innovation-based practice in the prevention, diagnosis and treatment of lung diseases in low-resource settings with high levels of tobacco consumption and exposure to Household Air Pollution.

LD07: Examining the impact of tobacco pricing and smoking policies on tobacco use and equity in middle-income countries (Vietnam)
Funded by: CIHR, IDRC, SAMRC
Aim: To study the impact of tobacco prices on smoking onset, smoking cessation, and tobacco consumption in the targeted countries.

LD08: Household Air Pollution and Health: A Multi-Country Liquified Petroleum Gas (LPG) stove cook-stove Intervention trial (India)
Funded by: CIHR/ICMC/India Fund, HELB, NERS, NCHHD, and NCI, with support from the Bill & Melinda Gates Foundation
Aim: We propose to conduct a randomised controlled trial of liquid petroleum gas (LPG) stove and fuel distribution in 3,200 households in four diverse LMIC areas to conduct rigorous evidence regarding potential health benefits across the lifespan.

LD09: Lung function of Chinese adults and the predictive value of peak flow rate to long-term incidence and prognosis of lung diseases (China)
Funded by: CAMS
Aim: To describe the status of lung functions and evaluate the risk for COPD information about lung diseases and related symptoms were collected by the standard questionnaire in this study.

LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries (Nepal)
Funded by: UK MRC
Aim: To study the effectiveness of a newly identified condition COPD care, the diagnostic, treatment and management of COPD in both urban and rural areas of India.

LD13: Muslim Communities Learning about Second-hand Smoke (MCLASS II): An effectiveness-implementation hybrid study (Bangladesh)
Funded by: UK MRC
Aim: Our overall aim is to reduce the burden of disease due to SHS in LMICs by discovering innovative community-based approaches to behaviour change.

LD14: Preventing smoking uptake among adolescents: A primary prevention initiative for chronic lung disease in India
Funded by: UK MRC
Aim: To identify and understand environmental factors that increase the risk of smoking onset among adolescents. Our overall aim is to prevent smoking uptake.

LD16: An integrated health-sector strategy to combat COPD and asthma in Vietnam: A pragmatic stepped intervention cluster randomised trial (Vietnam)
Funded by: NHMRC
Aim: A pragmatic, stepped cluster randomised controlled trial to evaluate the effectiveness of (i) health system-based smoking cessation, and (ii) targeted low-dose inhaled corticosteroid therapy to prevent exacerbations of chronic obstructive lung disease.

HYPERTENSION PROGRAMME

HT02: HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle-income countries (Malaysia)
Funded by: CIHR, GGC, CS, IDRC
Aim: To evaluate whether the cardiovascular disease risk detection, treatment, and control programme can substantially improve hypertension control and overall Framingham Risk Score at 1 year.

HT04: School-Eddas: A school-based education program to reduce salt intake in children and their families (China)
Funded by: UK MRC
Aim: To determine whether an education program targeted at primary school children could lower salt intake in children and their families.

HT06: Improving the control of hypertension in rural India: Overcoming the barriers to diagnosis and effective treatment
Funded by: NHMRC
Aim: To identify and explore potentially different barriers and knowledge gaps in the diagnosis, treatment and management of hypertension in both urban and rural areas of India.

HT10: Cost-effectiveness of salt reduction interventions in Pacific Islands (PB and Samoa)
Funded by: NHMRC
Aim: To evaluate the impact and cost-effectiveness of multifaceted intervention strategies to reduce salt in the Pacific Islands.

DIABETES PROGRAMME

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

HYDROGEN PROGRAMME

HD01: ‘Indigenous Counselling and Nicotine (ICAN) QUIT in Pregnancy’ - A cluster randomised trial to implement culturally competent evidence-based smoking cessation for pregnant Aboriginal and Torres Strait Islander smokers (Australia)
Funded by: NHMRC
Aim: To evaluate the effectiveness of a multi-component intervention, ICAN QUIT in Pregnancy, uniquely designed to increase smoking cessation rates among expectant Indigenous mothers and improve the respiratory health outcomes of their babies.

MM17: Indigenous Mental Health Model of Care (RCI) based on a trans-diagnostic CBCT program co-designed with Community (Australia)
Funded by: NHMRC
Aim: To evaluate the effectiveness of MMHMC for 6 months in indigenous populations with depression.

M19: Primary care e-screening for mental health among Taal Tornado youth (New Zealand)
Funded by: HRC
Aim: To engage with local stakeholders to identify possible improvements to YouthCHAT through a dialectical, using an iterative process of implementation and evaluation: to assess the utility, feasibility, and acceptability of its use across diverse primary care settings in Taal Tornado; to identify changes in detection rates by clinicians for a range of health behaviours including mental health; to assess the utility and scalability of this intervention and to fully understand its impact.

M10: Pathways to Post-episode Psychosis and Outcomes in Māori (New Zealand)
Funded by: HRC
Aim: To address critical gaps in our understanding of first episode psychosis (FEP) amongst rangatahi (youth) Māori, by identifying opportunities for primary prevention of FEP and cross-system pathways associated with 5 year outcomes.

MM12: Indigenous Solutions: Enabling Māori & Pacific mental health resilience (New Zealand)
Funded by: HRC (post-funded)
Aim: To enable the application of Indigenous Māori and Pacific approaches to increase mental health resilience among young Māori and Pacific, their families and communities.
GACD SPOTLIGHT ON RESEARCH
WALKING AND TALKING SAVES LIVES

Interview with Kishwar Azad, Co Principal Investigator

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

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

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

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

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

**Are there any lessons learnt?**

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

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

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

**What were your cultural challenges?**

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

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

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

**Why was the M Health intervention had four phases...**

1. PROBLEM IDENTIFICATION

- Awareness raising strategies
- Home visits to raise awareness
- Arrange local blood glucose testing
- Kitchen garden and income generation
- Exercise in groups
- Men not ridicule women taking exercise
- Tobacco specific awareness raising groups
- Funds for care-seeking

2. PLANNING TOGETHER

- 122 groups
- 124 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups

3. STRATEGY IMPLEMENTATION

- 124 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups
- 122 groups

4. PARTICIPATORY EVALUATION

- 104 groups (7 to 9 groups per month)
- 104 groups (7 to 9 groups per month)
- 104 groups (7 to 9 groups per month)
- 104 groups (7 to 9 groups per month)
- 104 groups (7 to 9 groups per month)
- 104 groups (7 to 9 groups per month)
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GACD FUNDING CALL UPDATES

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

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

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

GACD joint peer review

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

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

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

GACD ACTION

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

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

The current charity trustees for GACD Action are as follows:

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

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

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

GACD Action will continue to trade under the name GACD.

New legal/regulatory reporting lines for GACD Action

Charity Commission

Board of Trustees

Strategy Board

Secretariat

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

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

The current charity trustees for GACD Action are as follows:

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

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

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

Chronic diseases have their own specific challenges, but part of the process in developing the field is developing process evaluation and the intricacies of study designs. Principal Investigator on hypertension project 13, Rajesh Vedanthan, explained the unique importance of policy makers as part of the research process and the importance of looking at both negative and positive results. "The value of the project was in widening our implementation science knowledge through workshops to researchers who were outside the GACD umbrella.”

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

At a global level, Deputy Director General of the WHO Soumya Swaminathan added her thoughts on implementation science. "The WHO we are also thinking about how we reduce the time from producing guidelines to having country wide impact.” In conclusion, the panel recognised the key challenge ahead, which is that to scale up NCDS, we still lack the strategy to combat the evidence to action gaps.

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

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

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

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

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

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

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

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

I hope that today we can all walk away with a stronger understanding of how hypertension affects the patients who have it, as well as even more compassion in our hearts.”
The GACD Secretariat is supported financially through annual membership fees from associate members. The tiers of annual contributions to support the Secretariat are based on the World Bank categorisation of countries by income. Based on Gross National Income per capita, every country is classified as low-income, middle-income (subdivided into lower-middle and upper-middle), or high-income.

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

GACD Secretariat expenditure 2018

Income 2018
Associate member contributions £622,607

Expenditure 2018
Staff £279,988
Operational costs £166,227
Overheads £125,689
Total expenditure £571,904