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

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

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

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

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

As the Hypertension Research Programme draws to a close, we will be launching our first status report and looking at the lessons learned to develop the next five-year strategic plan for 2019-2024, with a focus on collaboration within the GACD Research Network, amongst our member agencies and the incredible staff within the Secretariat, to improve health for people around the world.

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

Professor Glenda Gray
Chief, GACD Board

Celine Gore
Executive Director, GACD

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

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

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

How can researchers influence policy?

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

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

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

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

How we work: in partnership

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

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

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

Our focus

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

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

Network of expertise in NCDs and implementation science

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

To date, has disbursed over US$170 million

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

Has 14 national and international members

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

Our achievements

Expanded research programmes

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

Stronger together

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

Capacity-building in implementation science

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

The world is listening

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

Successful research collaborations

Our working groups have produced 8 collaborative publications.
Implementation Science Workshop series 2017

Overview

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

With the objective of building capacity amongst researchers in the local context, the workshops were supported by the co-hosting GACD funding agency, making use of their networks to identify potential participants. This was with the exception of the Oxford workshop, which was supported by the World Health Organization (WHO). This model gave each event a distinctive flavour and allowed participants to gain a deeper understanding of the host country’s healthcare and research context. The National Cancer Institute provided invaluable administrative and faculty support for the workshop held in Chandigarh, and marks the start of an exciting partnership for future offerings. The GACD Implementation Science Workshops have been facilitated since 2014 by GACD researcher, Prof Brian Oldenburg. Brian has taken the workshop offerings from modest beginnings of 25 participants at the first event in Xi’an to numbers upwards of 60 in the last two years, introducing novel and innovative approaches for engaging with policymakers and funders.

Curriculum

The Implementation Science Workshop series has evolved from its focus on training early career researchers, to catering to researchers at multiple levels of experience, which is reflected in the 2017 curriculum. Prior to the workshop, participants are requested to submit a brief overview of an implementation research project that they are currently working on or hope to work on in the future. This serves as the basis for group work and discussions over the course of the workshop. The programme begins with an introduction to implementation science, followed by a discussion on the selection of appropriate study design and measurements for projects. Group discussions on these issues are followed by what has become one of the staples of this programme: the roundtable session focused on getting from science to policy and practice. This panel provides the participants with an opportunity to hear from and engage with senior decision makers from policy, practice and research organisations who briefly describe the approach of their agency to implementation research and knowledge translation, as well as the most effective approach for presenting research findings to policymakers and programme implementers. The remainder of the time is allowed for questions from the participants.

Some of the roundtable panellists in 2017 included:

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

Workshop participant gender

- Male: 66%
- Female: 34%

Workshop participant country classification

- High-income country: 13%
- Low- and middle-income country: 87%

Key themes

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

What’s next?

The training events continue to evolve and 2018 will see the first ‘Implementation Science School’ in São Paulo, Brazil from 7-11 November, where the São Paulo Research Foundation (FAPESP) has invited the GACD to facilitate a longer, more didactic version of previous workshops. Run as a five-day school, this event will host up to 100 researchers in implementation science from around the world and will flow into a two and a half day workshop just before the Annual Scientific Meeting, where these topics will be addressed in a more interactive setting.
The GACD Research Network is a community for researchers to initiate, develop and participate in collaborative initiatives and learning platforms with the intention of building capacity and contributing to the body of scientific knowledge more broadly. Opportunities to utilise the network usually emerge from the researchers themselves, with the Secretariat positioned to support and facilitate collaborative efforts.

Now with over 900 members following the announcement of the successful applicants to the GACD funding call on mental health in early 2018, the Research Network continues to grow and evolve as an international network of researchers, implementers and advocates at the cutting edge of implementation research in global health. With 34 projects addressing mental health, the GACD now funds 83 projects across 66 countries.

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

Annual Scientific Meeting

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

Figure 1. GACD development over time

Working group outputs

Table 1. GACD working group development over time.

<table>
<thead>
<tr>
<th>Year</th>
<th>Data Standardisation (HT)</th>
<th>Barriers to Hypertension Control</th>
<th>RCTs</th>
<th>Joint Publications</th>
<th>Task-shifting</th>
<th>Process Evaluation</th>
<th>How-to Series</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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</table>

Key themes and questions pertinent to advancing implementation research into non-communicable diseases (NCDs) are regularly addressed by members of the GACD Research Network and joint efforts often take the form of working groups. These themes often cut across disease areas, making for a richer and broader approach to implementation research. Addressing context, moving evidence to policy and practice and sharing data are examples of domains that have been identified as pivotals to effective implementation research.

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

Themes from the ASM

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

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

Publications

The GACD Research Network members have produced over 90 publications using data from GACD funded projects, with an additional 8 jointly-developed manuscripts. These joint publications reflect the collaborative work of researchers from various projects, geographies and disease areas. The evolution of the Research Network is also reflected in the nature of emerging joint activities and working groups. In 2017, these included the development of the Implementation & Scale-up and the Multimorbidity working groups. For more details on these jointly-developed outputs, see pages 12-13.
GACD working groups, special joint projects and committees

GACD working groups and special joint projects have been a pivotal mechanism in facilitating ongoing collaborations across sites, diseases, contexts and geographic location, and reflect some of the shared interests of researchers within the GACD Research Network. This page provides a brief context and overview of each of the current groups.

Task Shifting/Sharing (How-to Series)

Chairs: Rohina Joshi & Karen Yeates

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

Progress: Abstract presented at 2016 World Congress of Cardiology & Cardiovascular Health, manuscript submitted for review.

Hypertension Innovations

Chair: Rajesh Vedanthan

Aim: To summarise the experiences and review the rationale of GACD hypertension interventions in LMICs.

Progress: Published an article in early 2017 describing the innovative approaches to hypertension control employed by GACD hypertension projects.

Joint Publications Committee

Chairs: Brian Oldenburg & Mayowa Owalabi

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

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

NCD Multimorbidity

Chair: John Hunt

Aim: To investigate issues around NCD multimoralities.

Progress: Published an article in early 2017 describing the innovative approaches to hypertension control employed by GACD hypertension projects.

Process Evaluation

Chair: Felix Limbani

Aim: produce a set of guidelines, structures and practices for process evaluation, as well as aspects to consider during protocol development, implementation, and analysis.

Progress: The group developed a set of guidelines, structures and practices for process evaluation in 2015. Manuscript describing the process evaluation approaches used by GACD hypertension projects in draft.

Implementation and Scale-up: Challenges & Opportunities

Chair: Robert Schwartz & Kamran Siddiqi

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

Progress: Data collection in progress.

Data Standardisation

Chair: Meena Daivadany

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. An manuscript describing the process and the recommendations for future use will be developed from each Research Programme.

Progress (diabetes): Data collection complete. Analysis and manuscript development in progress.

Progress (lung diseases): Initial conference call held early March 2018 to discuss objectives and next steps, multimorbidity statement in development.

Concepts and Context

Chair: Meena Daivadany

Aim: To describe the methods used to characterise and account for context incorporated in GACD studies at various levels. The group also aims to identify common methodological and analytical themes across selected projects and case studies for a manuscript on the topic.

Progress: ‘Context’ manuscript in final stages of development. ‘Concepts’ data analysis underway.

Globalization and Health

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

Progress:

- Published an article in early 2017 describing the methods used to characterize and account for context incorporated in GACD studies at various levels. The group also aims to identify common methodological and analytical themes across selected projects and case studies for a manuscript on the topic.

- Served as a resource on which researchers can draw to enhance opportunities for cross site analysis and expand collaborative opportunities.

Data Standardisation

Chair: Meena Daivadany

Aim: To develop a set of consensus measures to include in the GACD Data Dictionary.

Progress: Initial conference call held early March 2018 to discuss objectives and next steps. Multimorbidity statement in development.

The Global Alliance for Chronic Diseases

Lessons from the Global Alliance for Chronic Diseases Hypertension Research Program

Progress:

- Published articles describing the process and recommendations for future use developed from each Research Programme.

- Manuscript describing the innovative approaches to hypertension control employed by GACD hypertension projects in draft.

Hypertension

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

Progress:

- Published an article in early 2017 describing the innovative approaches to hypertension control employed by GACD hypertension projects in draft.

- Manuscript describing the process evaluation approaches used by GACD hypertension projects in draft.

- Served as a resource on which researchers can draw to enhance opportunities for cross site analysis and expand collaborative opportunities.

Cardiology Clinics

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

Progress:

- Published an article in early 2017 describing the innovative approaches to hypertension control employed by GACD hypertension projects in draft.

- Manuscript describing the process evaluation approaches used by GACD hypertension projects in draft.

- Served as a resource on which researchers can draw to enhance opportunities for cross site analysis and expand collaborative opportunities.

Implementation Science


Progress:

- Published an article in early 2017 describing the innovative approaches to hypertension control employed by GACD hypertension projects in draft.

- Manuscript describing the process evaluation approaches used by GACD hypertension projects in draft.

- Served as a resource on which researchers can draw to enhance opportunities for cross site analysis and expand collaborative opportunities.

Joint publications and their leads:

- The Journal of Clinical Hypertension
  The Global Alliance for Chronic Diseases Supports 15 Major Studies in Hypertension Prevention and Control in Low- and Middle-Income Countries

- BMJ Global Health
  Controlling Cardiovascular Diseases in Low- and Middle-Income Countries by Placing Proof in Pragmatism

- BMJ Global Health
  Controlling Cardiovascular Diseases in Low- and Middle-Income Countries by Placing Proof in Pragmatism

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

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

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  The Global Alliance for Chronic Diseases Supports 15 Major Studies in Hypertension Prevention and Control in Low- and Middle-Income Countries

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

The keynote address was delivered by Prof Adolfo Rubinstein, who was Deputy Minister of Health at the time of the ASM, and was appointed as the Secretary of Health Promotion, Prevention & Control of Risk for Argentina one month afterwards. His experiences in moving from a researcher to policymaker informed the key factors for success in the scaling-up of interventions that he described, including simplicity of design, strong leadership and governance, appropriate delivery strategies and an engaged adopting community. Prof Rubinstein concluded by describing a request for applications worth some US$10 million entitled, “Implementation, Innovation & Scale-Up: Strategies to improve NCD prevention and control.” This will be sponsored by Argentina’s Ministry of Health, a BBC journalist and representatives from the World Bank and Inter-American Development Bank. The experience highlighted the importance and challenge of developing these types of skills with the intention to move interventions to scale through engagement with non-academic partners.

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

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

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

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

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

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

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

The World Bank maintains a laboratory of high-cost drugs in Colombia to provide information to policymakers. The IDB used to finance drugs, but this is now done by the Argentine Government. They showed that central procurement is a cost-effective way to purchase drugs.

Reflections on the GACD Joint Peer Review process

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

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

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

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

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

EUROPE

ASIA

AFRICA

AMERICA'S

HYPERTENSION PROGRAMME page 18-19
DIABETES PROGRAMME page 19-20
LUNG DISEASES PROGRAMME page 20-21
MENTAL HEALTH PROGRAMME page 22-23
Aim: To determine whether a culturally-sensitive and task-shifting approach through self-management and health-care providers, and expanding care networks through community-based peer support groups.

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

Funded by: CAMS, NHMRC

Aim: To develop the SMARTHealth Diabetes system and determine its clinical impact for people with type 2 diabetes.

DM03: INDIAGO (Integrated Intervention for Diabetes risk after Gestational diabetes). An integrated health system intervention aimed to reduce type 2 diabetes risk in disadvantaged women after gestational diabetes in South Africa

Funded by: CHIR, IDRC, SAMRC

Aim: To develop and evaluate a novel health system intervention to reduce the subsequent risk of developing T2D among women with recent gestational diabetes.

DM04: Community Health Assessment Program in the Philippines (CHAPP)

Funded by: PHCNPC, INSP, IDRC, ICI, PHC

Aim: To determine whether a family-based diabetes in the workplace using information technology

Funded by: Conacyt

Aim: To evaluate on a pilot basis an interdisciplinary workplace based e-intervention to prevent diabetes using information technology as means to promote healthy lifestyles among low socio-economic status workers.

DM05: Evaluation of a pilot project to improve self-management of Type 2 Diabetes in Mexico

Funded by: INSP, FONACIT, CINTERMEX, INSP

Aim: To evaluate the effectiveness of information technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease

China Funded by: CAMS

Aim: To determine whether a culturally-sensitive and task-shifting intervention model to low- and middle-income countries (LMICs) and evaluate its effectiveness in preventing diabetes and its complications.

DM06: Effect of information technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease

South Africa Funded by: CHIR, IDRC

Aim: To adapt the elements of the expanded Cardiovascular Health Awareness Program (CHAP) intervention model to low- and middle-income countries (LMICs) and evaluate its effectiveness in preventing diabetes and its complications.

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

South Africa, Sweden, Uganda Funded by: EC

Aim: To strengthen capacity for T2DM care through proven strategies like task-shifting to non-physician health-care providers and community health workers, and expanding care networks through community-based peer support groups.

DM08: FEELING2D - Promoting healthy lifestyle in families across Europe

Belgium, Bulgaria, Finland, Hungary & Spain Funded by: EC

Aim: To test an electronic clinical decision support system will assist non-physician health workers and doctors in making evidence-based management decisions to lower their patients’ CVD risks.

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

Sri Lanka Funded by: NHMRC

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

HT10: Cost-effectiveness of salt reduction interventions in Pacific Islands

Fiji & Samoa Funded by: NHMRC

Aim: To evaluate the impact and cost-effectiveness of multi-faceted intervention strategies to reduce salt in the Pacific Islands.

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

India Funded by: NHMRC

Aim: To reduce population levels of unhealthy blood pressure levels in those individuals of greatest risk, by supporting and strengthening the management of hypertension in primary care clinics.

HT05: Treating hypertension in rural South Africa: A clinic-based lay health worker model to enhance care through an integrated care model for improved hypertension control

South Africa Funded by: NHMRC

Aim: To test whether a comprehensive intervention program within a national public primary healthcare system will improve hypertension control among uninsured hypertensive patients and their families in Argentina.

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

Ghana Funded by: NHMRC

Aim: To determine the cost-effectiveness of stepped wedge trial design.

HT14: A comprehensive approach to hypertension management in Argentina

Argentina Funded by: NHMRC

Aim: To identify and explore potentially different barriers and knowledge gaps in the diagnosis, treatment and management of hypertension in both urban and rural regions.

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

Colombia and Malaysia Funded by: CHIR, CSN, IDR C

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

HT03: DREAM-GLOBAL: Diagnosing hypertension – Engaging Action and Management in Getting Lower Bp in Aboriginal and Urban

Canada and Tanzania Funded by: CHIR, CSN, IDR C

Aim: To test whether an electronic clinical decision support program can significantly improve hypertension control and overall Framingham Risk Score at 1 year.

HT07: A smartphone-based clinical decision support system for primary healthcare

India Funded by: NHMRC

Aim: To identify and explore potentially different barriers and knowledge gaps in the diagnosis, treatment and management of hypertension in both urban and rural regions.

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

India Funded by: NHMRC

Aim: To identify and explore potentially different barriers and knowledge gaps in the diagnosis, treatment and management of hypertension in both urban and rural regions.

HT01: Utilizing HIV/AIDS infrastructure and approach to chronic care of hypertension in Africa

Uganda, Rwanda and South Africa Funded by: CHIR, CSN, GCC, IDR C

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

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

Kenya Funded by: NHMRC/HLI

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

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

Peru Funded by: NH/ NHLBI

Aim: To implement and assess the impact of an intervention using a salt substitute on blood pressure at the population level using a stepped wedge trial design.

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

Nigeria Funded by: NHMRC

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

HT04: School-EduKid: A school-based education program to reduce salt intake in children and their families

China Funded by: NHMRC

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

HT16: Developing the evidence base for a national diabetes program for India

India Funded by: NHMRC

Aim: The overall goal of this 3-year project is to develop the evidence base required to formulate a national salutary intervention program for Pacific Islanders.

HT08: Improving the control of hypertension in rural India: overcoming the barriers to diagnosis and effective treatment

India Funded by: NHMRC

Aim: To identify and explore potentially different barriers and knowledge gaps in the diagnosis, treatment and management of hypertension in both urban and rural regions.
DM1: Development and validation of a software tool for use in low-resource settings to facilitate medical treatment and empowerment of the patient with type 2 diabetes, interaction with the medical personnel and the general public towards improving health outcomes. Funded by: Gates Foundation. Aims: 1) To create, validate and export a user-friendly, low-cost mobile application that is affordable, acceptable and scalable.

DM2: Mobile phone text-messaging for support to people with type 2 diabetes in Sub-Saharan Africa: a pragmatic individually randomised trial. Funded by: SAMRC, UK MRC. Aims: 1) To test the effectiveness of sending short message service (SMS) texts in improving health outcomes and supporting medication adherence in patients with type 2 diabetes in the context of implementing a low-cost, mobile-health communication infrastructure in an operational setting.


DM4: Implementation of footprint, telemonitoring and SMS to prevent diabetic foot ulcer infection. Funded by: EC. Aims: To compare the incidence of diabetic foot ulcer during the study with that of the baseline period and to evaluate the impact of the intervention on the prevention of diabetic foot ulcers.

DM5: Bridging Income Generation with Integrated Care (BIGIC) Funded by: NIH/NHLBI. Aims: 1) To identify the contextual factors, facilitators, and barriers that may impact integration of group medical visits and microfinance for CVD risk reduction, using a combination of qualitative research methods: 1) baraza (traditional community gathering) form of inquiry; and 2) focus group discussions among individuals with diabetes or at increased risk for diabetes, micronutrient group members, and their health workers.

DM6: A Lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus. Funded by: ICMR, NHMRC. Aims: 1) 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.


LD1: 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. Funded by: EC. Aims: To conduct a European-wide study to determine the prevalence of second-hand tobacco smoke and e-cigarette emissions and to evaluate the impact of interventions on reducing exposure.

LD2: Tobacco cessation in LMIC programmes: A ‘real world’ solution for countries with dual burden of disease. Funded by: CHIR. Aims: 1) To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.

LD3: Smoke Free Brain: Multidisciplinary tools for improving the efficacy of public prevention messages against smoking. Funded by: EC. Aims: To reduce the burden of tobacco-related lung diseases in developing countries by increasing awareness and tobacco cessation policy measures in tuberculosis programmes. Sustainability and cost-effectiveness of the programmes will be evaluated.

LD4: Air Quality: Evaluating and reducing air pollution in urban environments. Funded by: NIH. Aims: To determine the impact of air pollution on respiratory health and to develop interventions to reduce exposure to air pollution.


LD6: RETRAC2: Research on Commercial Tobacco Reduction In Aboriginal Communities Canada Funded by: CHIR. Aims: To determine whether a tobacco control intervention that aims to prevent chronic lung diseases in Aboriginal communities in Canada.

LD7: Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries. Funded by: CHIR, IDRC, SAMRC. Aims: 1) To study the impact of tobacco prices on smoking onset, smoking prevalence, and tobacco consumption in the targeted countries.

LD8: Household Air Pollution and Health. Funded by: NIH. Aims: 1) To determine the impact of household air pollution on respiratory health and to develop interventions to reduce exposure to air pollution.

LD9: Lung function of Chinese adults and the predictive value of peak flow rate to long-term incidence and prognosis of lung diseases. Funded by: CAMS. Aims: 1) To determine whether a smoking cessation intervention that aims to prevent chronic lung diseases in Aboriginal communities in Canada.

LD10: Implementing evidence into practice for chronic lung disease in India Funded by: UK MRC. Aims: 1) To determine and understand the effectiveness of interventions that can reduce the risk of adolescents starting to smoke tobacco, with the provision of informing interventions that can reduce the number of new tobacco smokers and ultimately prevent chronic lung disease in the future.

LD11: ‘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 islanders. Funded by: NHMRC. Aims: 1) To assess the effectiveness of a multi-component intervention, ICAN QUIT in Pregnancy, uniquely designed to increase smoking cessation rates among expectant Indigenous mothers and improve the respiratory health outcomes of their babies.

LD12: ‘Lung Health for Life’ – the ‘Breathe Easy, We love the ‘Lungs for Life’ BE WELL project. Funded by: NHMRC. Aims: 1) To support a pragmatic stepped cluster randomised controlled trial to evaluate the effectiveness of (a) health-system based smoking cessation and (b) targeted low-dose inhaled corticosteroid therapy to prevent exacerbations of chronic obstructive lung disease.

LD13: Implementing evidence into practice for chronic lung disease management in Indigenous Australians: the ‘Breathe Easy, We love the ‘Lungs for Life’’ project. Funded by: NHMRC. Aims: 1) To conduct a randomised controlled trial to test the effectiveness of a low-cost, mobile-based smoking cessation intervention that is affordable, acceptable and scalable.

LD14: Preventing smoking uptake among Aboriginal and Torres Strait Islander primary prevention initiative for chronic lung disease in India. Funded by: UK MRC. Aims: 1) To assess the effectiveness of public health strategies and evidence-based smoking cessation for pregnant Aboriginal and Torres Strait islanders.

LD15: ‘Indigenous Counselling and Nicotine (ICAN) QUIT in Pregnancy’ – a cluster randomised trial to implement culturally competent evidence-based smoking cessation for pregnant Aboriginal and Torres Strait islanders. Funded by: NHMRC. Aims: 1) To assess the effectiveness of a multi-component intervention, ICAN QUIT in Pregnancy, uniquely designed to increase smoking cessation rates among expectant Indigenous mothers and improve the respiratory health outcomes of their babies.

LD16: An integrated health-sector smoking cessation intervention across Australia, Canada, Chile, Colombia, Ecuador, South Africa, Mexico, Peru, Rwanda, Thailand, Vietnam, and the United Kingdom. Funded by: SAMRC. Aims: 1) To determine whether a smoking cessation intervention that aims to prevent chronic lung diseases in Aboriginal communities in Canada.

LD17: PGD17: Developing an Integrated Respiratory Care Plan to improve chronic lung disease management in Indigenous Australians: the ‘Breathe Easy, We love the ‘Lungs for Life’’ project. Funded by: NHMRC. Aims: 1) To support a pragmatic stepped cluster randomised controlled trial to evaluate the effectiveness of (a) health-system based smoking cessation and (b) targeted low-dose inhaled corticosteroid therapy to prevent exacerbations of chronic obstructive lung disease.

LD18: ‘Lung Health for Life’ – the ‘Breathe Easy, We love the ‘Lungs for Life’’ project. Funded by: NHMRC. Aims: 1) To support a pragmatic stepped cluster randomised controlled trial to evaluate the effectiveness of (a) health-system based smoking cessation and (b) targeted low-dose inhaled corticosteroid therapy to prevent exacerbations of chronic obstructive lung disease.
Aim: To develop a fully scaled-up and disseminate implementation strategies for CST for people with dementia in three diverse parts of the world.

Aim: To develop a new e-learning tool on human rights of people with psychosis in diverse settings in Shanghai.

Aim: To develop a new e-learning tool on human rights of people with psychosis in diverse settings in Shanghai.

Aim: To explore the effectiveness of this training in improving participants’ attitudes and behaviours towards psychotic disorders in LMIC.

Aim: To develop a community-based mental health service system for the early identification of individuals with depressive symptoms and to provide mental health interventions to them;

Aim: To adapt the Canadian board care model to the Chinese context. To test its flexibility, it will be implemented within the board-care system in two districts of Shanghai and within the whole health care system in one district of Beijing.

Aim: To develop and test promoting implementation strategies to maximize the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) of the evidence-based friendship bench programme in Zimbabwe.

Aim: To develop a hospital-based system for the early identification of depression within primary care settings in Te Tai Tokerau; (3) to perform a benefit analysis of wider rollout.

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Aim: To explore the feasibility, clinical effectiveness and cost-effectiveness of a multi-faceted primary healthcare worker intervention.

Aim: To assess the effectiveness of intervention: The Friendship Bench for people with dementia in three Latin American countries – Brazil, India & Tanzania (CST-International).

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Aim: To develop an intervention with a gender perspective on inclusion and access, in close collaboration with UN Women; and to subsequently implement it on a larger scale in Latin America (SCALA).

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GACD Researcher spotlight: John Hurst

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

What challenges have you found working in these rural areas?

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

How has being part of the GACD helped your work?

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

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

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

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

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

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

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

What are your passions outside of work?

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

Listen to the full interview here (duration: 8’05).

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

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

Prof Kathryn McPherson, Executive Director HRC, New Zealand

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

### GACD Update on funding calls

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

#### Joint peer review

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

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

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

#### Scale-up implementation call

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

#### Implementation science

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

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

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1. [https://www.gacd.org/research/implementation-science](https://www.gacd.org/research/implementation-science)
The first research programme of the GACD, which funded 15 studies focused on hypertension research across 19 settings in low- and middle-income countries and indigenous and vulnerable populations in high-income countries. The programme’s projects concluded in 2017, producing evidence to better inform policy and practice across areas of hypertension detection, prevention and management and the expansion of primary care.

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

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

Interventions employed by GACD hypertension projects included five broad themes:

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

What do our member agencies think?

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

- Positive change in relationships and greater trust among researchers and policy-makers within the country/ countries of focus
- Greater participation of researchers in the national policy discourse
- Greater participation of researchers in the subnational policy discourse
- Greater participation of researchers in the global policy discourse
- Evidence uptake potentially greater due to policy-maker engagement during the study

Enabling early career researchers

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

What do our researchers think?

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

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

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

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

GLENDA GRAY
Time Magazine – Top 100 Influencers

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

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

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

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

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

Visit www.gacd.org to watch a short film with Adolfo Rubinstein about communicating research results to policymakers.

PHD POWER AT THE GACD

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

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

Dr Claire Johnson

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

Dr Felix Limbani

WORKING GROUP SUCCESSES

Guidelines for the prevention and control of NCDs

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

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

### GACD Facts and figures

#### What are NCDs?

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

<table>
<thead>
<tr>
<th>Heart disease</th>
<th>Some cancers</th>
<th>Respiratory diseases</th>
<th>Diabetes</th>
<th>Mental illness</th>
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<tr>
<td>68%</td>
<td>31%</td>
<td>86%</td>
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</table>

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

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

Most NCDs are preventable

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

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

Every year 39.5 million people die prematurely from NCDs

Source: https://ncdalliance.org/

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

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

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

### GACD Secretariat expenditure 2017

<table>
<thead>
<tr>
<th>Income 2017</th>
<th>Expenditure 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member contributions</td>
<td>£640,000</td>
</tr>
<tr>
<td>Staff</td>
<td>£264,973</td>
</tr>
<tr>
<td>Operational costs</td>
<td>£166,144</td>
</tr>
<tr>
<td>Overheads</td>
<td>£102,696</td>
</tr>
<tr>
<td>Total expenditure</td>
<td>£533,813</td>
</tr>
</tbody>
</table>

**CELINA GORRE**
Executive Director

**ROSIE BARTLETT**
Communications Manager

**FAYE BASSETT**
Executive Coordinator

**DOROTHÉA KANTHACK-CHAN**
Senior Programme Officer

**GARY PARKER**
Research Coordinator
The Board has the ultimate authority over the alliance’s vision, values and overall governance framework, and develops and implements GACD policies. Current GACD Board members are:

- **Professor Glenda Gray**, Medical Research Council, South Africa (Chair)
- **Professor Anne Kelso**, National Health and Medical Research Council, Australia (Chair Elect)
- **Dr Mark Palmer**, Medical Research Council, United Kingdom (Executive Committee member)
- **Professor Carlos Henrique de Brito Cruz**, São Paulo Research Foundation, Brazil (outgoing Board member)
- **Dr Chen Wang**, Chinese Academy of Medical Sciences, China (observer)
- **Professor Xueliao Cao**, Chinese Academy of Medical Sciences, China (observer)
- **Professor Roger Glass**, National Institutes of Health, United States (observer)
- **Mariano Jordan**, Ministry of Science, Technology and Productive Innovation, Argentina (observer)
- **Dr Line Matthiessen**, Research & Innovation DG of the European Commission (observer)
- **Professor Kathryn McPherson**, Commission on Innovation DG of the European Commission (observer)

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

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

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

- **Celina Gore**, Executive Director
- **Rosie Bartlett**, Communications Manager
- **Faye Bassett**, Executive Coordinator
- **Celina Gorre**, Executive Director
- **Gary Parker**, Research Coordinator

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