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 collaboration and coordination 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 Ovwubги and the Hypertension Innovations group, led by Dr Rajesh Vedanthan. 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.

Whilst 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 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 (cylindrical 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 Conference 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 results and lessons learned throughout our first five years of the GACD (see page 28-29). Taking into account some of our learnings, and listening to our research community, who have highlighted the need to move beyond single disease funding calls, the next funding call will be on scale-up, with the European Commission already launching their call in October 2017 and the remaining agencies to follow in 2018.

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
Chair, GACD Board

Celine Gore
Executive Director, GACD

FACTS, FIGURES & FACES

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DEVELOPMENTS ACROSS 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?

Communicating research to policymakers

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.

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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.

Our achievements

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

To date, has disbursed over US$170 million

GACD has 14 national and international members

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.

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

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.

GACD changes policy
GACD hypertension research findings from India and Fiji & Samoa have directly impacted policy on dietary salt intake.
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 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 Karim Berkouk, Research & Innovation DG, European Commission (EC), Belgium
- Dr Fernando Cendes, São Paulo Research Foundation (FAPESP)

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

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 recognized 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.

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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 38-29).

The GACD ANNUAL REPORT 2017/18

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>How-to Series</th>
<th>Process Evaluation</th>
<th>COUNCIL</th>
</tr>
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<tbody>
<tr>
<td>2012</td>
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</table>

Table 1 (above) illustrates the development of working groups within the Research Network over time. 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 pivotal 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 pivotal 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.

Hyperension Innovations
Chair: Rajesh Vedanthan
Aim: To describe 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.

Concepts and Context
Chair: Meena Daivadanam
Aim: To describe the methods used to characterise 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.

Data Standardisation
Diabetes Chair: Meena Daivadanam
Lung Diseases Chair: TBD
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. A manuscript describing the process and the recommendations for future use will be developed from each Research Programme.
Progress: Data collection complete. Analysis and manuscript development in progress.

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.

NCD Multimorbidity
Aim: To investigate issues around NCD multimorbidities.
• Develop a GACD statement/policy brief on NCD multimorbidity in LMIC vulnerable populations in HICs.
• Combine multimorbidity data from our existing GACD trials.
• Consider a multimorbidity in LMIC research prioritisation exercise.
Progress: Initial conference call held early March 2018 to discuss objectives and next steps, multimorbidity statement in development.

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.

Joint Publications Committee
Chairs: 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 (low- and middle-income countries).
Progress: The group has developed a template for reporting GACD dissemination outputs and circulated a quarterly communiqué detailing joint publications and opportunities to collaborate and advance the work.

COUNCIL (COntral UNique to CVDs in LMICs)
Chair: Mayowa Owolabi
Aim: To develop guidelines for individual and system level control of noncommunicable diseases (NCDs) in developing counties. In the absence of specialised research, evidence and guidelines from LMICs, individual health personnel often apply available guidelines from HICs without consideration for local conditions.
Progress: Published four articles since 2015. Two systematic reviews & a systematic comparison identifying gaps in hypertension, stroke & diabetes guidelines in LMICs and an implementation cycle for developing, disseminating and evaluating cardiovascular disease recommendations for LMICs. Obesity guideline review in progress.

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.
**GACD Annual Scientific Meeting – Buenos Aires**

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 and committed community. Prof Rubinstein concluded by describing a request for applications worth some US$10 million entitled, “Implementation, dissemination and scaling-up of 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 policymakers, 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.

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.

**2018 Annual Scientific Meeting – São Paulo, Brazil**

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).

**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; and
- Providing costing information for the intervention.
The GACD currently funds implementation research projects across four programmes: hypertension, diabetes, lung diseases and mental health. Projects are conducted across 66 countries, incorporating over 250 institutions and over 900 researchers.
HYPERTENSION PROGRAMME

GACD Project descriptions

Aim: Utilising HIV/AIDS infrastructure and existing nodal centres to develop or scale-up strategic care and treatment models

- Uganda, Rwanda and South Africa

Funded by: CIHR, CSN, GCC, IDRC

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

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

- Colombia and Malaysia

Funded by: CIHR, GCC, IDRC

Aim: To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanarara in Madagascar.

HT03: DREAM-GLOBAL: Diagnosing Hypertension - Engaging Action and Management in Getting Lower Bp in Aboriginal and LMIC Countries

Funded by: CIHR, GCC, IDRC

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

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

Funded by: NHMRC

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

HT05: Treating Hypertension in rural South Africa: A clinic-based lay health worker model to enhance care and health technology-based outreach services for integrated chronic care

Funded by: UK MRC

Aim: To reduce blood pressure levels of uncontrolled hypertensive patients.

HT06: Developing the evidence base for a national salt reduction program for India

Funded by: NHMRC

Aim: The overall goal of this 3-year project is to develop the evidence base required to formulate a national salt reduction program for India.

HT07: A smartphone-based lifestyle decision support system for primary health care workers in rural Kenya

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.

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

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

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

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

Aim: To determine whether a family-based intervention delivered by community health workers vs usual care is of improved cost-effectiveness and acceptable to patients with established coronary artery disease, including those with diabetes.

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

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

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

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

Aim: To determine whether a family-based intervention delivered by community health workers vs usual care is of improved cost-effectiveness and acceptable to patients with established coronary artery disease, including those with diabetes.
**DIABETES PROGRAMME**

**DM11:** Development and validation of a software and a web site to facilitate medical treatment and empowerment of the patient with type 2 diabetes, interaction with the medical personnel and the generalization of a real time registry in Mexico and United States

**Funded by:** Conacyt

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

**South Africa & Malawi**

**Funded by:** SAMRC, UK MRC

**DM13:** The Bangladesh D-Magic trial: Diabetes Mellitus: Action Through Groups or Information for Better Control?

**Funded by:** UK MRC

**Aim:** To evaluate the impact of a participatory community mobilisation intervention and awareness intervention on the prevalence of intermediate hyperglycaemia and diabetes in rural Bangladesh.

**LUNG DISEASES PROGRAMME**

**DM14:** Implementation of foot thermography and SMS to prevent diabetic foot ulceration

**Funded by:** FHI 360

**Aim:** To compare the incidence of diabetic foot ulcer during the study between the arm that receives thermography alone and the arm that receives thermography + messages (SMS and voice message).

**DM15:** Bridging Income Generation with Integrated Care (BIGPIC)

**Funded by:** NIH/ NHLBI

**Aim:** 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) group focus discussions among individuals with diabetes or at increased risk for diabetes, microfinance group members, and rural health workers.

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

**Funded by:** ICMR, NHMRC

**Aim:** To determine whether a resource- and culturally-appropriate lifestyle intervention program in South Asian countries, provided to women with gestational diabetes after delivery, will reduce the incidence of type 2 diabetes, in a manner that is affordable, acceptable and scalable.

**DM17:** Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico

**Funded by:** NIH/ NHLBI

**Aim:** To assess the effectiveness of an adapted evidence-based community heart intervention, Meta Salud Diabetes, a 13-week intervention aimed at reducing behavioural and clinical risk for cardiovascular disease among adults with diabetes.

**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

**Funded by:** EC

**Aim:** To elucidate the comprehensive impact that second-hand tobacco smoke and e-cigarettes emissions have on the respiratory health of the European population and how health impacts vary across socio-economic parameters with particular emphasis on specific vulnerable groups.

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

**Funded by:** CHIR

**Aim:** To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.

**LD03:** Smoke Free Brain - Multidisciplinary tools for improving the efficacy of public prevention measures against smoking

**Funded by:** NIH

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

**LD04:** FreASH: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health care Integrated groups

**Funded by:** NIH

**Aim:** To prevent, diagnose and treat lung diseases in LMICs and other similar resource settings. It adapts tests and techniques to local 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.

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

**Funded by:** EC

**Aim:** To monitor and evaluate the impact of the Euroean 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, reporting, packaging, labelling, ICT trade, cross border sales, and e-cigarettes.

**LD06:** RETRAC2: Research on Commercial Tobacco Reduction In Aboriginal Communities Canada

**Funded by:** Aims: To identify genomic variants in Mycobacterium tuberculosis associated with drug resistance in sputum samples targeted DNA sequencing.

**Aim:**

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

**Funded by:** CHIR, 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 Liquefied Petroleum Gas (LPG) cook stove Intervention Trial

**Funded by:** NIH

**Aim:** To modify and assess the usefulness of a currently utilized COPD case finding

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

**Funded by:** CAMS

**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.

**LD10:** Genomic analysis of drug-resistant tuberculosis in sputum samples

**Funded by:** CONACyt, INIAGEN, INER

**Aim:** To identify genomic variants in Mycobacterium tuberculosis associated with drug resistance in sputum samples targeted DNA sequencing.

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

**Funded by:** CONACyt

**Aim:** To develop a diagnostic method to detect asymptomatic tuberculosis in Mexican patients with diabetes mellitus.

**LD12:** Case Finding and Effectiveness of a COPD Action Plan in low and Middle Income Countries

**Funded by:** UK MRC

**Aim:** To identify and understand environmental factors that increase the risk of adolescents starting to smoke tobacco, with the aim of informing interventions that can reduce the number of new tobacco smokers and ultimately prevent chronic lung disease in the future.

**LD13:** 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 smokers

**Funded by:** NHMRC

**Aim:** 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.

**LD14:** An integrated health-sector approach to prevention and control of COPD and asthma in Vietnam: A pragmatic stepped wedge randomised trial

**Funded by:** NHMRC

**Aim:** 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.

**LD15:** Implementing evidence into practice to improve chronic lung disease management in Indigenous Australians: the “Breathe Easy. We breathe better” COPD initiative

**Funded by:** NHMRC

**Aim:** A pragmatic stepped cluster randomised controlled trial to identify 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.

**LD16:** Implementing evidence into practice to improve chronic lung disease management in Indigenous Australians: the “Breathe Easy. We breathe better” (BE WELL) project

**Funded by:** NHMRC

**Aim:** To adapt a primary care-based approach for use by Indigenous health services. The implementation of BE WELL will build the capacity of the Indigenous health workforce to provide smoking cessation, evidence-based care for Indigenous Australians with COPD in their communities.
MH01: Supervised Treatment in Out-Patients for Schizophrenia (STOP) - Pakistan

Funded by: UKCRC

Aim: To assess the effectiveness and cost-effectiveness, and implementation of STOP - initiated by the National Institute of Mental Health (NIMH), in improving the treatment adherence and outcomes and access to the treatment in the primary sector.

MH02: Cognitive Stimulation Therapy for dementia. International Implementation in Brazil, India & Tanzania (CI2ST-International)

Funded by: UKCRC & MRC

Aim: To develop, test and disseminate implementation strategies for CI2ST for people with dementia in three diverse parts of the world.

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

Funded by: UKCRC

Aim: To systematically identify and test promising implementation strategies to maximise the Reach, Effectiveness, Adoption, Implementation, and Maintenance (RE-AIM) of the evidence-based Friendship Bench programme in Zimbabwe.

MH04: Youth wellbeing in China and Central America: Implementation of an integrated prevention and intervention programme

China, Honduras & El Salvador

Funded by: CIHR

Aim: To develop, test and disseminate implementation strategies for evidence-based mental health interventions for youth in China, Honduras, and El Salvador.

MH05: Implementation research: A Canada-China-India repeat exposure of repeated suicide attempts in Ningxia China and Nunavut Canada

Funded by: CIHR

Aim: To use the principles of implementation science to develop methods for adapting the MINDNET study to different types of suicide attempters in two very different low-resource settings - Ningxia, China and Nunavut, Canada. The study will subsequently promulgate these methods of adapting the MINDNET intervention to other settings.

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

China & Canada

Funded by: CIHR

Aim: To develop a protocol design address 4 broad aims: (1) Identify current BCW contextual enablers and barriers to MBC implementation in diverse settings; (2) Further demonstrate the feasibility, effectiveness, and cost-effectiveness of MBC in Japan and other high-income countries; (3) With suitable cultural adaptations, be scalable, valid and applicable and effective in several selected low- and middle-income Asian countries; (4) Build knowledge and capacity for scale-up of eMBC in China and beyond.

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

China

Funded by: CIHR

Aim: To adapt the intervention and implementation of an integrated evidence-informed mental health intervention, Acceptance and Commitment to Empowerment (Lytting ‘Youth’ and ‘All’ Friends (ACE-LYNN))

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

Canada & China

Funded by: CIHR

Aim: To adapt the Canadian Shared Care model into the Chinese context. To test its flexibility, it will be implemented within the paediatric care system in two districts of Shanghai and within the national healthcare system in one district of Beijing.

MH09: Screening and management of perinatal depression within primary care

China

Funded by: CIHR

Aim: To create an effective PDSM program that will be sustainable with the maternal and child healthcare system in China.

MH10: Standardizing the treatment, prevention, and mental health mental health intervention of depression in China: a multi-disciplinary approach

Funded by: CIHR

Aim: To adapt a community-based mental health services system for the early identification of individuals with depressive symptoms and to provide mental health intervention towards them; to develop a hospital-based model that improves access to mental health care and the management of patients diagnosed with clinical depression; and to provide policy recommendations to the government.

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

Funded by: CIHR

Aim: To develop a protocol design address 4 broad aims: (1) Identify current BCW contextual enablers and barriers to MBC implementation in diverse settings; (2) Further demonstrate the feasibility, effectiveness, and cost-effectiveness of MBC in Japan and other high-income countries; (3) With suitable cultural adaptations, be scalable, valid and applicable and effective in several selected low- and middle-income Asian countries; (4) Build knowledge and capacity for scale-up of eMBC in China and beyond.

MH12: A Study on Rights-based Self-learning Tools to Promote Mental Health, Well-being & Resilience after Disasters

Moldova, Philippines & Sri Lanka

Funded by: AMRED

Aim: To develop and testing localized PFA e-orientation programme among general populations, in Moldova, the Philippines and Sri Lanka.

MH17: Indigenous Mental Health: Multidisciplinary Training for Caregivers in Autism and a trans-diagnostic CBT program co-delivered with Community Australia

Funded by: NHMRC

Aim: To assess the feasibility, clinical effectiveness and cost-effectiveness of a multidisciplinary primary healthcare worker intervention.

MH18: A randomised stepped wedge trial of the scaling up of a community-based alcohol education program in rural Sri Lanka

Funded by: NHMRC

MH19: Primary care e-screening for mental health among Tafa Toreave youth

Funded by: NHMRC

Aim: To engage with local stakeholders to identify possible improvements to YouTech/ through a staged rollout, using an iterative process of adaptation and evaluation; to assess the feasibility, acceptability and capacity of its use across diverse primary care settings in the Tailevu region to identify changes in detection rates by clinicians for a range of health behaviour interventions including mental health, self-harm, substance use, physical activity and nutrition.

MH22: Implementation of an effective and cost-effective intervention for patients with psychotic disorders in low and middle income countries in South Eastern Europe (IMPULSE)

United Kingdom, Kosovo UN Resolution, Bosnia, Herzegovina, Montenegro, Former Yugoslav Republic of Macedonia, Montenegro 

Funded by: EC

Aim: To advance the implementation of scalable, flexible, cost-effective, sustainable mental health interventions in LMI countries in the Western Balkans, and developing the global burden of severe mental disorders on individuals, families, communities and societies.

MH23: Using Peer Support in Developing Empowering Mental Health Services (PSIDES) - Germany, United Kingdom, South Africa, Romania, Former Yugoslav Republic of Macedonia, United States, Moldova

Funded by: EC

Aim: To improve the lives of large numbers of people in Europe and the USA by modifying mental health systems using the expertise of people with personal experience of mental illness (peer-support).

MH24: Prevention of child mental health problems in Southeastern Europe - Adapt, Optimize, Test, and Extend Parenting for Lifelong Health (RISE) - Germany, Austria, United Kingdom, South Africa, Romania, Former Yugoslav Republic of Macedonia, United States, Moldova

Funded by: EC

Aim: To prevent child mental health disorders in LMC, particular behavioural 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 care for people with severe and Enduring mental illness in Europe (EUNCOVER-6)

Netherlands, Romania, Former Yugoslav Republic of Macedonia, Hungary, United Kingdom, Kosovo UN Resolution, Italy, Russia, United Kingdom, Kosovo

Funded by: EC

Aim: To develop and testing localized PFA e-orientation programme among general populations, in Moldova, the Philippines and Sri Lanka.

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

Colombia, Brazil, Peru, Ecuador, Chile, Mexico

Funded by: EC

Aim: To scale up an integrated system in primary healthcare as the platform, embedding, cost-effective, sustainable mental health and substance use disorders interventions across the three Latin American countries - Colombia, Mexico and Peru.

MH28: Prevention of Dementia (DEPRAVE) - Italy, Greece, Switzerland, Norway, Belgium

Funded by: EC

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

MH29: How to best meet the needs of people with dementia with severe behavioral and psychological symptoms (BPSD) in low and middle-income countries

United Kingdom, India, South Africa, Indonesia

Funded by: EC

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

For the following projects, details will be made available following publication of awards.

MH30: Focus – Depression and Substance use

Austria, Italy, Netherlands, Portugal, Spain, Belgium, Finland, Iceland, Italy, Netherlands, Sweden, Denmark

Funded by: EC

Aim: To test, adapt and implement the Self Help Plus (SH), a novel trans-diagnostic self-help preventive psychosocial intervention to help young people to prevent the onset of mental disorders in refugees and asylum seekers resettled in middle- and high-income countries.

MH31: Focus – Depression and Substance use

Austria, Italy, Netherlands, Portugal, Spain, Belgium, Finland, Iceland, Italy, Netherlands, Sweden, Denmark

Funded by: EC

Aim: To test, adapt and implement the Self Help Plus (SH), a novel trans-diagnostic self-help preventive psychosocial intervention to help young people to prevent the onset of mental disorders in refugees and asylum seekers resettled in middle- and high-income countries.

MH32: Implementation of an effective and cost-effective intervention for patients with psychotic disorders in low and middle income countries in South Eastern Europe (IMPULSE)

United Kingdom, Kosovo UN Resolution, Bosnia, Herzegovina, Montenegro, Former Yugoslav Republic of Macedonia, Montenegro 

Funded by: EC

Aim: To advance the implementation of scalable, flexible, cost-effective, sustainable mental health interventions in LMI countries in the Western Balkans, and developing the global burden of severe mental disorders on individuals, families, communities and societies.
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 NIH (US National Institutes of Health), 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.

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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.

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 NIH (US National Institutes of Health), 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.

The Health Research Council, New Zealand manages the government of New Zealand’s investment in health research. The HRC specifically supports research that has the potential to improve health outcomes and delivery of healthcare, and to produce economic gain for New Zealand.

Now with four active GACD research programmes addressing hypertension, diabetes, lung disease and mental health, HRC New Zealand joins the GACD at an exciting time of expansion.
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).

2016

$70m Mental health

GACD’s latest funding call opened in December 2016 inviting proposals of implementation research into mental disorders including dementia, depression, schizophrenia, bipolar and alcohol and drug use disorders. The majority of GACD member agencies were involved in this funding call and have so far financed 34 research projects with a projected funding total of US$70million.

2015

$61m Lung diseases

The lung diseases funding call was launched in 2015 accepting research proposals focused on lung diseases related to environmental exposure, including indoor and outdoor pollution and tobacco. Again these projects focused on the implementation of prevention and management strategies derived from existing knowledge. To date, 17 projects have been supported with US$61million funding from GACD member agencies.

2014

$27m Diabetes

The second GACD funding call in 2014, focused on the prevention and treatment of type-2 diabetes. This time around 17 research projects were funded with a total of US$27million. These research projects emphasised the implementation of existing approaches rather than the development of new treatments and interventions.

2012

$23m Hypertension

In 2012 GACD member agencies provided US$23million to fund 15 projects with the objective of reducing the prevalence of cardiovascular disease (CVD) as a consequence of high blood pressure. These projects aimed to inform implementation and enable scale-up of larger programmes at local, national and regional levels.

Joint peer review

As part of the decision making process for funding mental health applications, GACD conducted its fourth joint peer review. Seven GACD member agencies participated in the panel meeting, which took place in Cape Town, consisting of 29 reviewers, chaired for a third time by Professor Catherine Law.

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.1

Implementing a funding call with multiple stakeholders is unique in global health research funding. The process showed that proposals had a good geographic coverage across most regions of the world. The majority of projects also focused on common mental health disorders such as depression and anxiety with others tackling substance abuse, suicide or dementia.

To date, the GACD has invested a total of US$181 million in NCD research.
GACD Hypertension end of programme report preview

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.

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.

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

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.

“The GACD model is pioneering how implementation science in the NCD field should be done.”

GACD member agency representative

“We are all constrained by our individual mandates as public funders. GACD provides an opportunity for us to learn about other ways of doing things.”

GACD member agency representative

Value-add of the GACD

 “[A] collective voice aware of how challenges on the ground can be resolved by linking research to policy.”

GACD member agency representative

The GACD hypertension end of programme report will be launched at the UN General Assembly in September 2018.
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.

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 relationships 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

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

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

Visit www.gacd.org to watch the full film about communicating research results to policymakers with Adolfo Rubinstein here.
The GACD Secretariat is supported financially through annual membership fees by the alliance 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, each country is classified as low-income, middle-income (subdivided into lower-middle and upper-middle), or high-income.

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 Financials**

**GACD Secretariat expenditure 2017**

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**GACD Facts and figures**

**What are NCDs?**

Noncommunicable diseases (NCDs) are the number one cause of death and disease worldwide. NCDs – mainly heart disease, some cancers, respiratory diseases, diabetes, and mental illness – 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.

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.

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.

Every year 39.5 million people die prematurely from NCDs.
GACD People

GACD BOARD

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 (observer)
- Dr Chen Wang, Chinese Academy of Medical Sciences, China (outgoing Board member)
- Dr Balram Bhargava, Indian Council of Medical Research, India (outgoing Board member)
- Dr Soumya Swaminathan, Indian Council of Medical Research, India
- Dr Peerapol Sutiwisesak, National Institute of Medical Science and Nutrition Salvador Zubirán, Mexico
- Dr Fernando Cendes, São Paulo Research Foundation, Brazil
- Dr Rupinder Dhaliwal, Indian Council of Medical Research, India
- Dr Daniel Gomez, and Monica Silenzi, Ministry of Science, Technology and Productive Innovation, Argentina
- Alex Harris, Medical Research Council, United Kingdom
- Dr Steven Hoffman, Canadian Institutes of Health Research, Canada
- Professor Linx Jiang, Chinese Academy of Medical Sciences, China
- Stacey Pene, Health Research Council, New Zealand
- Dr Joshua Rosenthal, National Institutes of Health, United States
- Dr Tony Wills, National Health and Medical Research Council, Australia

GACD MANAGEMENT COMMITTEE

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 Akiyuki, Japan Agency for Medical Research and Development, Japan
- 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
- Dr Fernando Cendes, São Paulo Research Foundation, Brazil
- Dr Rupinder Dhaliwal, Indian Council of Medical Research, India
- Dr Daniel Gomez, and Monica Silenzi, Ministry of Science, Technology and Productive Innovation, Argentina
- Alex Harris, Medical Research Council, United Kingdom
- Dr Steven Hoffman, Canadian Institutes of Health Research, Canada
- Professor Linx Jiang, Chinese Academy of Medical Sciences, China
- Stacey Pene, Health Research Council, New Zealand
- Dr Joshua Rosenthal, National Institutes of Health, United States
- Dr Tony Wills, National Health and Medical Research Council, Australia

GACD INTERNATIONAL SECRETARIAT

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 Gorre, Executive Director
- Rosie Bartlett, Communications Manager
- Faye Bassett, Executive Coordinator
- Dorothea Kantack-Chan, Senior Programme Officer
- Gary Parker, Research Coordinator

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

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