GACD Hypertension Program: Challenges and Lessons Learned

Rajesh Vedanthan, MD MPH
Director, Section for Global Health
Associate Professor, Departments of Population Health and Medicine
New York University School of Medicine
Global Research Network—GACD
Challenges and Opportunities

• Conceptual/Theoretical model
  – So many to choose from!
  – All with strengths/limitations
  – What should be the role?
Challenges and Opportunities

• Complex interventions
  – How to design them
    • Participatory process
    • Human-centered design
    • Keep end-users in mind/involved
    • “Grantsmanship”
  – Which component worked?
    • Does the question matter?
Challenges and Opportunities

• Trial design and analytic issues
  – Cluster RCT
  – Stepped-wedge
  – No comparator group (full country)

• Data collection and Instruments
  – Consensus Measures
Challenges and Opportunities

• Fidelity to intervention components
  – Importance of process evaluation
  – Importance of assessment to fidelity
  – Opportunity to understand why intervention may not have worked
  – Opportunity to assess what worked, for whom, why, and why not
Challenges and Opportunities

• Sustainability/Post-Trial Implications
  – Engaging all relevant stakeholders
    • Community, clinicians, industry, policymakers
  – Cross-professional dialogue
    • Researchers can “reach across the table”
    • Take ourselves out of the “academic silo”
  – Costs
    • Who will pay? How much is acceptable?
  – Timing of these discussions/analyses
    • Pre-trial vs. Post-trial
GACD—Joint Publications

Figure 1. Collaboration network of GACD researchers from Asia Pacific (327 papers)

Figure 2. Collaboration network of GACD researchers from Africa (314 papers)

Figure 3. Collaboration network of GACD researchers from Latin America (390 papers)


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

Rohina Joshi, Amanda G Thrift, Carter Smith, Devarsetty Praveen, Rajesh Vedanthan, Joyce Gyamfi, Jon-David Schwalm, Felix Limbani, Adolfo Rubinstein, Gary Parker, Olugbenga Ogedegbe, Jacob Plange-Rhule, Michaela A Riddell, Kavumprathu R Thankappan, Marga et Thorogood, Jane Goudge, Karen E Yeates

<table>
<thead>
<tr>
<th>Process</th>
<th>Why?</th>
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<tr>
<td>Audit the health system</td>
<td>To understand the various factors which need to be considered in the implementation of the intervention from a health system’s perspective. For example, are medicines available in the health centres?</td>
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<td>Understand the regulatory framework</td>
<td>To ensure that the intervention is in accordance to the country’s policy/regulation. For example, can NPHWs prescribe essential medicines?</td>
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<td>Conduct qualitative assessment of key stakeholders</td>
<td>To gain a better understanding of the perception of key stakeholders. For example, will the community members accept the new role of the NPHW?</td>
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<td>Pilot the intervention</td>
<td>To better understand enablers and barriers to the implementation of the intervention.</td>
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<td>Train the NPHWs and assess training using a broad framework</td>
<td>To ensure NPHWs have gained the knowledge and skills required of them</td>
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<td>Supervise/monitor the implementation*</td>
<td>To ensure good quality healthcare to the community</td>
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<td>Check fidelity of intervention</td>
<td>To ensure that the intervention is being implemented in accordance to the protocol</td>
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<tr>
<td>Conduct a process evaluation</td>
<td>To get a better understanding of what worked and why</td>
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NPHW, non-physician health workers.
Global Alliance for Chronic Disease researchers’ statement on multimorbidity

The Global Alliance for Chronic Disease (GACD) is an alliance of health research funders whose research teams form a network of multidisciplinary health-care professionals and researchers. We aim to reduce the impact of non-communicable diseases (NCDs) through a focus on implementation research in low-income and middle-income countries (LMICs) and vulnerable populations in high-income countries (HICs).

The GACD has commissioned research on hypertension, diabetes, chronic respiratory diseases, mental health, and in 2018, the scale up of hypertension and diabetes interventions. We particularly recognise the importance and challenge of coexisting physical and mental health conditions in patients with multimorbidity leading to undertreatment, mistreatment, and overtreatment (in part driven by the absence of primary evidence due to exclusion of many people with multimorbidity from efficacy trials); (4) the need to provide greater access to expert, proactive holistic primary care that integrates NCDs; (5) the need for improved integration of health-care education, both to health-care providers and to patients and their families, specifically in relation to multimorbidity and including how to best access current models of care; and (6) the need for further research assessing interventions that address the challenge of multimorbidity in LMIC settings (eg, low-
In the end, everything will be OK.
If it’s not OK, it’s not yet the end.