Dr Simon Thompson, GACD Research Coordinator, explains how the Alliance aims to tackle the burden of chronic diseases in vulnerable communities around the world through funding, developing, facilitating and promoting innovative research collaborations.

What are your primary duties within the Global Alliance for Chronic Diseases (GACD)?

As Research Coordinator, I’m mainly responsible for coordinating all of the joint activities of our 150 researchers. Each project is independently backed by funding agencies, but there’s no requirement for them to take part in GACD activities, so a big part of my job is to make participation rewarding, easy and valuable. Day to day that can mean anything from putting together a newsletter to drafting research articles.

Could you give an insight into the organisation’s current priorities for research action?

As its name suggests, GACD is focused on chronic diseases, and particularly funds implementation science in low- and middle-income countries (LMICs) and vulnerable populations. Thus far we’ve issued joint calls on hypertension and diabetes, and we are about to launch one on lung disease. Future call topics are still under discussion, but we will always focus on chronic diseases, although we may move into looking at cross-cutting issues in the future. We also expect to focus heavily on issues of scale-up, providing opportunities for multidisciplinary research teams keen to cure cases of ‘pilotitis’.

Are there any key programmes underway?

At present we have 15 teams conducting research across 16 different countries. Within the next month or so we’ll be welcoming a similar number of diabetes teams, and the lung disease call will follow on in 2016. The research teams are involved in a number of different joint activities, from research projects on the programme as a whole (that are now resulting in original journal articles) to knowledge sharing on common research topics (eg. process evaluation).

The organisation recently released a call for science implementation proposals on lung diseases. What is the call’s expected impact?

It will ask for research projects focusing on the prevention and treatment of lung diseases with a focus on intervention research in LMICs, and vulnerable populations in high-income countries. Proposals must address what works, for whom and under what contextual circumstances, and provide interventions that are affordable, adaptable and scalable in ways that are accessible and equitable.

We expect that learning from the individual projects will provide evidence that will support local and national decision making, while cumulative learning from across the funded projects is expected to provide a basis for evidence-informed recommendations for national and international organisations.

Why is it important to involve local policy makers?

The involvement of local and/or national policy makers is crucial to both implementing the research projects and ensuring the evidence they generate is presented to those capable of scaling up successful interventions. GACD recognises this, and so makes the involvement of policy makers a key assessment criteria for research proposals.

Feedback from our research projects suggests that maintaining policy-maker engagement as projects progress and policy makers move requires considerable dexterity and persistence.

Can you share some of the organisation’s key discoveries to date and the impact of these?

The first GACD research project to finish was recently accepted for publication in the British Medical Journal. The study monitored both salt intake and blood pressure in young Chinese schoolchildren and their families after a short salt reduction education programme was delivered to the schoolchildren alone. The study showed that the ‘Little Emperors’ became their family’s health ambassadors, reducing salt intake by around 25 per cent across the family, and systolic blood pressure in adults by around 2 mmHg. The team is currently talking with policy makers to discuss scale up across China.

2015 will see many more research projects move from data collection to data analysis, and we hope that it will be the year GACD’s hypertension programme comes to fruition, significantly adding to the evidence base. The diversity of interventions we’ve funded, from decision support systems to salt substitutes, and the variety of contexts, from rural villages in India to First Nations people in northern Canada, means the evidence base from the hypertension programme will be wide and its implications felt by those most in need.

On a personal level, are there any achievements of which you are particularly proud?

I’m now in my seventh month at GACD, and it feels great to be able to start implementing some of the ideas that have cropped up during 2014. One of the standout highlights of last year was our annual researcher meeting in Xi’an, China. Arranging the meeting was my number one priority from the moment I started at GACD, so to have all the researchers come together, for it to be a positive experience and to see how things move on when people meet face to face was very satisfying. I also got to scratch a lifelong itch by visiting the Terracotta Warriors.