Australian Government
National Health and Medical Research Council

Global Alliance for Chronic Diseases (GACD) scheme-specific Funding Rules for funding commencing in 2019

Contents

The following sections provide additional information about the National Health and Medical Research Council (NHMRC) GACD Request for Applications (RFA): Scaling-up of evidence-based interventions at the population level for the prevention or management of hypertension and/or diabetes including objectives, critical dates, assessment criteria, eligibility rules and funding details, and must be read in conjunction with the following supporting documents:

- *NHMRC Funding Rules 2018*
- *NHMRC Advice and Instructions to Applicants 2018*
- *GACD scheme-specific Advice and Instructions to Applicants 2018*

It is recommended that you read the *NHMRC Funding Rules 2018* before reading these scheme-specific rules.

1. About the scheme

1.1 Description

Together with other GACD member agencies, NHMRC is inviting investigators to submit applications for research associated with the scale-up of interventions for the prevention, or detection and management of hypertension and/or diabetes in low and middle income countries (LMICs) and/or in vulnerable communities in high income countries (HIC).

Members of the GACD include:

- Ministry of Science, Technology and Productive Innovation (MINCYT), Argentina
- NHMRC, Australia
- São Paulo Research Foundation (FAPESP), Brazil
- Canadian Institutes of Health Research (CIHR)
- Chinese Academy of Medical Sciences (CAMS)
- Research & Innovation DG, European Commission (EC)
- Indian Council of Medical Research (ICMR)
- Agency for Medical Research and Development (AMED), Japan
- National Institute of Medical Sciences and Nutrition Salvador Zubiran, Mexico
- Health Research Council (HRC), New Zealand
- South African Medical Research Council (SAMRC)
- Health Systems Research Institute (HSRI), Thailand
- UK Medical Research Council (MRC)
- US National Institutes of Health (NIH).

This request for applications reflects the following principles of the GACD:

- commitment to improving health gains while reducing health disparities in LMICs
- focus on research topics where the need for evidence to inform policy, programs and practice is most urgent
- pursuit of knowledge translation and exchange approaches that are designed to maximise the public health benefits of research findings
- identification of common approaches for implementation, integration and scaling up within different health service delivery systems.

It is expected that learning from individual projects will provide evidence that will support local decision making. Cumulative learning across funded projects is expected to provide a basis for evidence-informed recommendations for national and international organisations.

1.2 Objectives

NHMRC will support projects directly aligned with the scope of the **GACD call: Scaling-up of evidence-based interventions at the population level for the prevention or management of hypertension and/or diabetes**. The research must be conducted in LMIC and/or with Indigenous populations in HIC. Applications that involve collaborations between Indigenous groups in Australia and Canada are encouraged as, along with New Zealand, they have recently renewed the Agreement on improving the health and wellness of Indigenous Peoples in these countries (**http://www.cihr-irsc.gc.ca/e/50911.html**).

In 2011, Aboriginal and Torres Strait Islander peoples were more than twice as likely (2.3 times) to die early or live with poor health as non-Indigenous Australians. Chronic diseases were responsible for more than two-thirds (70%) of the total health gap. This group includes cardiovascular diseases, mental and substance use disorders, cancer and diabetes. Around 37% of the burden of disease in Aboriginal and Torres Strait Islander peoples was preventable by reducing exposure to the modifiable risk factors. The risk factors causing the most burden were tobacco use, alcohol use, high body mass, physical inactivity, high blood pressure and high blood plasma glucose.[1]

[1] Australian Institute of Health and Welfare 2016. Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011.

Scope

Proposals must focus on scalable interventions at the population level for hypertension and/or diabetes prevention or detection and management in LMIC, and/or in vulnerable populations in HIC. Proposals addressing the concurrence of hypertension and diabetes are encouraged as well as those addressing the underlying risk factors of both conditions.

Proposals must align with commitments or planned commitments at a regional or national level to implement evidence-based interventions (including evidence of cost-effectiveness and affordability) across health or other sectors (e.g. education, information technology). In addition to a broad geographic scope, proposals are expected to ensure scale-up covers diverse populations with consideration given to: geography (remote, rural, urban); demographic mix (gender, age, ethnicity); community readiness for intervention; political environment; and/or other relevant criteria.

Policymakers, intervention payers (excluding research funding agencies), researchers (including local researchers), implementers and beneficiaries should be involved at all stages of the interventions' selection, adaptation and implementation design to identify the challenges to the interventions' delivery in everyday settings. Such partners will be integral to the success and sustainability of the programme and it is essential that they are engaged early, and participate meaningfully in the design and conduct of the research proposal. Researchers should be closely integrated with the authorities responsible for the programme's delivery. Those authorities must commit to pay for and provide the interventions, possibly through loans contracted from development banks or other financial providers. Proposals will support the conduct of research associated with the scale-up of the interventions.

Proposals must build on evidence-based interventions (including evidence of cost-effectiveness and affordability) for the respective population groups under defined contextual circumstances and should seek to replicate and scale-up comprehensive interventions. Interventions can focus at the individual, community or system level and may combine interventions from different levels. They may target underlying risk factors for the primary prevention of hypertension and diabetes or strategies to delay onset (secondary prevention) or reduce the seriousness of disease (tertiary prevention). There should be strong evidential support demonstrating that the selected interventions are equitable, safe, effective and efficient.

The overall intention of proposals is to enhance the scale-up of interventions using an implementation science approach. 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 (please see the **GACD website** for further information and resources on implementation science). To achieve this, the research should cover several of the following:

- Identify the best evidence-based interventions and their potential for adaptation to the communities and contexts in which they will be implemented.
- Identify, develop, test, and evaluate, or refine known strategies to scale-up evidence-based practices into public health, clinical practice, and/or community settings at a regional or national level. They may include pilots in multiple settings (using a defined scalable unit), in order to identify optimal scale-up approaches.
- Identify, understand, and develop strategies for overcoming barriers to the adoption, adaptation, integration, scale-up and sustainability of evidence-based interventions across different communities and contexts. It should address a range of scale-up challenges, including complex processes, inefficient use of resources, inequitable allocation of resources, poor design, fidelity and uptake of the intervention, and supply and demand barriers to scale-up and sustainability.
- Identify, understand, and develop strategies for measuring the unintended consequences of intervening at a system level.
- Include assessments of accessibility, reach and health economic assessments as an integral part of the proposed research.

- Evaluate relevant and measurable outcomes (including health outcomes) of the implemented interventions, and their success in scale-up and sustainability. This includes measures of health equity and an understanding of how interventions impact populations differentially.

All proposals should:

- be multidisciplinary and cross-sectorial
- take into consideration relevant sex and gender and cultural aspects, as well as vulnerable populations
- promote a culture of evidence-informed learning and effective uptake of results by embedding real time monitoring/evaluation throughout the intervention selection and scale-up process
- incorporate considerations for capacity building for implementation science and knowledge translation, particularly within the countries where the research will be conducted
- have suitable governance structures in place to ensure oversight, consensus and appropriate engagement of relevant stakeholders throughout the projects
- fully consider ethical issues (e.g., related to research with populations in vulnerable circumstances; potential harmful or inequitable impacts of research outcomes; and appropriate mechanisms for protection of sensitive data while enabling data sharing for research purposes)
- ensure conflicts of interest are appropriately minimized or managed to protect the scientific integrity and credibility of the research and fulfil ethical obligations to research participants, particularly in situations where interventions are supported by the private sector and/or there is the potential for commercial gains.

Proposals may build on previous hypertension and diabetes projects supported under the GACD that have demonstrated their potential for impact, however this is not a requirement of the scheme.

2. Key changes

Applicants should note the following changes to the *GACD scheme-specific Funding Rules for funding commencing in 2019.*

- The topic of this Request for Applications (RFA) is the scale-up of interventions for the prevention, or detection and management of hypertension and/or diabetes in low- and middle-income countries (LMICs) and/or in vulnerable populations in high income countries (HIC).

3. Critical dates

9 May 2018	Applications open in RGMS
20 June 2018	Minimum data due in RGMS
15 August 2018	Applications close in RGMS
Anticipated October 2018	Not for Further Consideration (NFFC) stage
Anticipated December 2018	Joint International Review Panel meeting
Anticipated April 2019	Earliest date for funding announcement

Application outcomes are announced as peer review processes are finalised and Ministerial approvals are obtained. Refer to section 11 of the *NHMRC Funding Rules 2018* for further details.

4. Minimum data

Minimum data must be entered in Research Grants Management System (RGMS) by **5pm** Australian Eastern Daylight Time (AEDT) on **20 June 2018** to allow NHMRC to commence sourcing suitable

assessors. Applications that fail to satisfy this requirement will not be accepted. Applicants are also reminded to complete the recommended fields below with correct information. Using placeholder text such as “text”, “synopsis” or “xx” etc. is not acceptable as minimum data.

Minimum data for the NHMRC GACD RFA consist of the following:

- A-PA: Application Properties (General) - Administering Institution, Application Title, Aboriginal/Torres Strait Islander Research and Synopsis
- A-RC: Research Classification
- A-RT: Research Team - including the names of team members if known (Note: team members may be added or deleted after the minimum data deadline until the close of applications at **5pm** Australian Eastern Daylight Time (AEDT) on **15 August 2018**).

Research Administration Officers (RAOs) are not required to certify applications for the purpose of minimum data. Applications should only be certified once complete and ready for submission (see section 10.4 of the *NHMRC Funding Rules 2018* and section 6 of the *NHMRC Advice and Instructions to Applicants 2018*).

5. Assessment criteria

Applications will be assessed by peer reviewers on whether they meet the scheme objectives using the following assessment criteria, which are weighted equally. In framing applications against the assessment criteria, applicants should consider how the proposal will address the associated points.

Relevance and Quality of Project (25%)

- Proposal fits well within the purpose and scientific remit set out in the call.
- The selected intervention is evidence-based and the proposed work uses established implementation models to explore adaptation and scale-up across relevant communities/context.
- Strong scientific rationale for methodology proposed to address questions or gaps in knowledge that arise from scale up. Success is likely to lead to significant new understanding that is relevant for scientists and knowledge users.
- Proposed implementation and scale-up plans are appropriate and feasible to answer the needs of knowledge user(s) and are considered best in the international field of implementation science research.
- Anticipation of system barriers (health care and other sectors) to implementation of the interventions and quality of plan to manage them.
- Relevance of the ethical considerations that might arise in the proposed program of research, and how the team plans to address them, including issues of equity and possible conflicts of interest.

Quality of Team (25%)

- Multidisciplinary team members have established a high quality track record in related fields of proposed implementation which is pertinent to evaluative science and they have the right balance of expertise given the goal(s) of the research project.
- Evidence that the research is jointly managed by researchers from high-income countries and LMICs where applicable.
- Early career investigators are part of the team and a strong training plan for research capacity-building is included.
- Evidence that stakeholders such as decision-makers and service delivery partners have been actively involved in the research process including the selection and adaptation of the intervention and the research design.
- Demonstrable engagement with the public and/or patient and community groups or other relevant stakeholder groups.

Feasibility of Project (25%)

- Major scientific, technical or organizational challenges have been identified, and realistic plans to tackle them are outlined.
- Proposed intervention strategies are relevant to the socio-political, cultural, policy and economic contexts of the study settings and proposal demonstrates understanding of the contextual factors (e.g. health systems, intersectoral policy, governance, leadership) affecting implementation, indicating how those factors and their impact will be analyzed.
- Inequities and equity gaps, including sex and/or gender, have been taken into account.
- Appropriate measures of evaluation have been included. Programmes that are able to track long-term clinical, public health, policy and/or health system outcomes are expected.
- Appropriateness of the governance plan, including evidence of ultimate accountability, shared strategic leadership, transparency in decision making, management of conflicts of interest, clearly defined roles/responsibilities/contributions, demonstrating that all key participants are highly engaged and committed.
- Appropriateness of the collaboration plan, including but not limited to communication and coordination, management and administration, conflict prevention/resolution, quality improvement, budget and resource allocation and publication approach amongst team members.

Potential Impact (25%)

- Number of the expected impacts as listed in the scope above that project is likely to achieve.
- Project demonstrates alignment with international and/or national commitments.
- Project appropriately leverages existing programs and platforms (e.g. research, data, delivery platforms), if relevant.
- The potential for sustaining intervention at scale.
- The potential for translation of findings into different settings.

Applications are assessed relative to opportunity taking into consideration any career disruptions (see section 6.2 of the *NHMRC Funding Rules 2018*).

5.1 Additional criteria for Aboriginal and/or Torres Strait Islander health applications

NHMRC is encouraging applications that address Aboriginal and/or Torres Strait Islander health, in particular applications that involve collaborations between Indigenous groups in Australia and Canada (see section 1.2).

All applications that are accepted to relate to the improvement of Aboriginal and/or Torres Strait Islander health must also address the NHMRC *Indigenous Research Excellence Criteria* (see section 6.3 of the *NHMRC Funding Rules 2018*).

Further information on how these criteria are assessed is provided in section 7 ‘Selection Process’.

6. Eligibility

GACD has eligibility criteria additional to those identified in section 7 of the *NHMRC Funding Rules 2018*. Applications will be excluded from consideration if eligibility requirements are not met (see section 10.7 of the *NHMRC Funding Rules 2018*).

Applications seeking funding under the NHMRC GACD RFA should note the following eligibility criteria.

6.1 Chief Investigator A based in Australia

The Chief Investigator A (CIA) must be based in Australia. Where the work will be mainly carried out in low and middle income countries, it would be expected at least one Chief Investigator (other than CIA) on the application will be from the country where the work will take place.

6.2 Multiple grant eligibility

Applicants are free to hold, or apply for, other NHMRC grants during the period of funding offered under this call (subject to any limits set for holding grants in other NHMRC funding schemes). However, the time commitments of the Chief Investigators will be carefully considered in the review of the application.

6.3 Duplicate applications

Duplicate applications or applications with substantial overlap submitted to one or more participating GACD member agencies will not be permitted in this RFA, unless they are applications for joint funding with Canada. It is mandatory for applicants to notify NHMRC, the Canadian Institutes of Health Research (CIHR) and the GACD Secretariat of their intention to request joint funding when their application is submitted.

In order to verify that applications have not been submitted to more than one funding agency or that there is not significant overlap between applications submitted, the partnering GACD organisations and listed partners will share the applications. Duplicate applications will be deemed ineligible and will not be considered further.

7. Funding

7.1 Level and duration of funding

NHMRC has allocated a total of $4.9 million for this RFA. Duration of successful grants will be for five years or less. Applicants are required to fully and clearly justify the requested budget to demonstrate value for money.

7.2 Use of funds

7.2.1 Salary support for Chief Investigators and other personnel

Applications to NHMRC for funding as part of this NHMRC GACD RFA may include salary support for Chief Investigators, based on Personnel Support Packages (PSPs). These requests must be justified in the proposed budget as being directly associated with achieving the outcomes of the research.

The application may seek salary support for one or more Chief Investigators based in the relevant LMIC. Salaries for other research staff must only be based on PSPs. For PSPs requested for team members local to LMICs, requests should reflect the rate of pay relevant to that country.

Associate Investigators are not permitted to draw salary from an NHMRC grant.

7.2.2 Direct Research Costs

NHMRC will only fund the direct costs of the research proposal. For more information, applicants should refer to section 8 of the *NHMRC Funding Rules 2018* and the *NHMRC Direct Research Costs Guidelines*.

Direct Research Costs may include support, other than salary, for Chief Investigators based in the relevant LMIC.

7.2.3 Travel Costs

Applicants must budget for the costs of having two team members participate in one annual face-to-face meeting of the GACD Research Network (location to vary annually). Attendance at this meeting is mandatory for two team members, with at least one participant from the LMIC team where relevant. Teams are strongly encouraged to include one junior team member in each annual meeting.

Travel costs associated with the conduct of field research and GACD meetings, including GACD Research Network (GRN) meetings, are permissible in the budget proposal as Direct Research Costs. Requests for these funds must be fully justified in the application.

8. Selection process

This RFA is being conducted in a two-stage assessment process consisting of an initial NHMRC peer review process, resulting in a list of Not For Further Consideration (NFFC) applications, followed by non-NFFC applications proceeding to a Joint International Review Panel.

8.1 NHMRC Not for Further Consideration (NFFC) stage

For the NFFC stage, NHMRC will conduct a peer review process to evaluate the merit of applications. Each application will be allocated peer reviewers who will score it against the assessment criteria (see section 5) using the category descriptors (at Attachment A).

The least competitive applications, bottom 50%, based on the scores provided by the peer reviewers will be added to a NFFC list.

Applications may be excluded from the list in the following circumstances:

- Applications deemed to relate specifically to the health of Aboriginal or Torres Strait Islander peoples, or that are requesting joint funding with Canada, that score Category 4 or higher after initial assessment will proceed to full discussion by the Joint International Review Panel. These applications will not be included in the NFFC list regardless of whether they fall within the lowest 50% of applications.
- Where NHMRC receives more than 15 applications, a maximum of 15 applications will proceed to full review provided their initial scores do not place them in Category 3 or below.
- Where NHMRC receives fewer than 15 applications, all applications will proceed to full review except for those that score a Category 3 or below after initial assessment.

A maximum of 15 applications will proceed to the Joint International Review Panel.

8.2 GACD Joint International Review Panel

Following the NHMRC NFFC process, non-NFFC applications will be reviewed by a joint panel of international peers selected by participating GACD agencies, established specifically for this RFA.

The joint panel will individually assess the applications of each participating agency and make its recommendations based on its judgement about the overall merits of each application against the advertised assessment criteria (as described in section 5).

The panel will:

- review the applications against the advertised assessment criteria
- ensure applications which address Aboriginal and/or Torres Strait Islander health and medical research issues have been assessed against the assessment criteria taking into account the NHMRC *Indigenous Research Excellence Criteria*
- rank applications.

The panel will submit funding recommendations for Australian applications to NHMRC. Following the Joint International Review Panel meeting, NHMRC will:

- review budgets of applications recommended for funding
- provide a ranked list of applications with recommendations for funding
- provide feedback to unsuccessful applicants.

NHMRC will seek the advice of its Research Committee and Council prior to the NHMRC CEO making funding recommendations to the Minister for Health.

8.3 Aboriginal and/or Torres Strait Islander Assessment Process

Applications with an Aboriginal and/or Torres Strait Islander focus or involving Aboriginal or Torres Strait Islander populations will be assessed against the assessment criteria (as described in section 5), and must address the NHMRC *Indigenous Research Excellence Criteria.* These applications will be assessed against the NHMRC *Indigenous Research Excellence Criteria* by an external assessor with expertise both in science and in Aboriginal and/or Torres Strait Islander health research. This assessment will be provided to advise the GRP.

9. Grant administration

Awardees must meet the administrative obligations and processes specific to GACD. General requirements are set out in the *NHMRC Funding Agreement* and section 12 of the *NHMRC Funding Rules 2018*.

9.1 Reporting

The requirements for financial and scientific reporting are as described in section 12.7 of the *NHMRC Funding Rules 2018*.