

# Global Health Research Group on Prevention & Management of Non-Communicable Diseases and HIV infection in Africa.

We hope this finds you all well and thriving. Here is our July newsletter.

## RESEARCH STUDIES

**Management of Chronic Conditions in Africa (MOCCA) study.** We are now in the follow-up stage in all 10 facilities with the focus on getting all data complete, clean and ready for analysis.



The photos above show Josephine and Ivan delivering training to groups of health care workers on NCD management in Uganda.

**META trial phase 2.** After much to and fro, we have a date. We will get the metformin and placebo around September 20<sup>th</sup> from MERCK. We are ready. The trial will start days after. And the protocol has been worked such that we can roll this into a phase 3 when (!) we get the phase 3 funding.

**INTE-AFRICA.** Thank you to partners for returning Quarter 2 progress and financial reports. The main focus of activity is on site selection and the development of the protocol, with the submission of the study protocol to the ethics committees by September. You will soon receive a draft protocol for comment. This will focus on the health facility work. The community component will go in as a separate proposal.

## TRAVEL.

August will be a busy period in Tanzania with a range of visits on communications (Hazel, Jeff and Camila), social science (Dominic), database programming (Erik and Ayoub) and preparations for the start of the META study (Joseph, Anu and Shabbar).

Sokoine and Josephine will be in Liverpool 8-15 October for a first crack at data analysis of the MOCCA study.

Preparations for the December Steering Committee meeting in Uganda (2-4 December) are well underway.

## NEW COLLABORATIONS

We have applied for a small NIHR development award to expand the African partners. We have requested expansion to University of Addis Ababa, Botswana University and Makerere University. However, it appears, half of the world has also applied to these development awards and so we will be looking at other ways of bringing these new partners on board.

## NIHR ANNUAL REPORT

We recently submitted our annual report on progress for the NIHR contract. Our self-rating was “Very successful - exceeded expectations at almost every level,” which we feel is justified given the progress

July 2019

## **Global Health Research Group on Prevention & Management of Non-Communicable Diseases and HIV infection in Africa.**

made in the last 12 months, particularly around capacity building, developing a strong equitable partnership and attracting external funding for scale-up. We identified key challenges around the limited health infrastructure in Africa for diagnosing and managing NCDs, data management, slow processes for ethics and delays in drug manufacture for META Phase 2.

We await formal confirmation from NIHR on our requested no-cost extension until 31 March 2021.

### **FOCUS ON...Social Science in MOCCA**

Social Scientists in Tanzania and Uganda have been involved in the MOCCA study to assess the acceptability of an integrated model for HIV, diabetes and hypertension in the 10 pilot facilities. Elizabeth Shayo, Senior Research Scientist at NIMR in Tanzania explains the background to the study,

“Whilst the bio-medical model sticks to the conventional system in waiting for cases to report to the health facilities for management, there is high need to study at depth the clients understanding of the disease conditions because the perceived causes, perceived symptoms and perceived quality of care delivered in the conventional health care system have great influence of where to seek care. Through MOCCA, we are hoping to better understand how NCD care integration enhances client’s adherence, compliance and retention to care that would ultimately lead to positive health outcomes using bio-medical indicators.”

The social science study has three phases: baseline, mid- and end-line. The aim is to capture clients’ understanding, perception and satisfaction towards HIV and NCD health care services in relation to the integrated model. The study design uses both quantitative and qualitative methods. Exit interviews have been used for quantifiable variables using structured questions while chats with clients and interviews with healthcare providers have provided deeper descriptions on their understanding and perception towards the integrated model. Observations were also done focusing on the important identified indicators.

At baseline assessment, a total of 225 clients (112 Tanzania and 113 Uganda) with different disease conditions, a combination of ‘new’ and ‘existing’ patients, participated in exit interviews. 22 chats with patients and 18 interviews with healthcare providers were done in Tanzania, and 36 patient chats and 10 interviews with healthcare providers in Uganda.

The findings show that most of the clients were happy with the integration, apart from stigma issues (related to HIV) that were addressed through the health education component in the integration. A high number of clients thought that integration would save time and extra costs of attending multiple clinics for those with comorbidity conditions, with few reporting that integration could jeopardise the quality of care received.

The mid-line assessment started in April 2019 through observations and provided some suggestions for improving integration, such as moving towards a single point of contact for patients to receive registration, health education, triage, medical consultation and medicines. The exit interviews and chats are ongoing and for Tanzania they are complete for Amana and Hindu Mandal hospital, now continuing to the other 3 facilities. Likewise, in Uganda about a third of the exit questionnaires and patients’ chats have been collected for the midline phase.

The findings are aimed at improving the integrated services and to inform policy makers of the willingness of the clients towards the integrated model as we are scaling up to cover many health facilities through INTE-AFRICA project.

July 2019

## Global Health Research Group on Prevention & Management of Non-Communicable Diseases and HIV infection in Africa.

Elizabeth Shayo (on the left) conducting training for research assistants in the social science. The training focusses on the methodology and data collection techniques, ethical considerations and data quality.



**STATISTICIAN POST.** We are about to advertise for a full-time NCDs senior research associate in statistics and epidemiology to join us in Liverpool. We want someone with a good grounding in maths, experience in statistics and interests in epidemiology. Please help us recruit. He/she will be an important resource for us all.

### HEALTH FACILITY POSTERS & LEAFLETS



ISGlobal has begun the poster development process for the Tanzanian and Ugandan healthcare facilities involved in INTE-AFRICA. Three posters and leaflets will eventually be produced – around diabetes, hypertension and the research study itself. Two communications agencies were identified and through a voting process among stakeholders, [Inís Communications](#) were chosen to lead in the management of the communication material, providing an impressive amount of experience and expertise in the field. An initial stakeholder call was held in July to hear initial priorities and views for the posters from the stakeholders. This information has all

been processed and Inís is currently developing a draft proposal to be shared at the beginning of August for a first round of feedback. Based on this initial feedback, the illustrators will begin developing a first visual proposal, for further consultation with a wider group of stakeholders, including Ministries of Health, healthcare providers and patients.

### FUNDING CALLS

**Mentoring.** Health Systems Global and AHPSR in collaboration with Health Policy and Planning, invite early-career women based in Low-Middle-Income Countries and working on HPSR issues, who are interested to publish their research for the first time in the Global peer-reviewed journal but require guidance and support to submit a manuscript which has the potential to be published. Interested

## Global Health Research Group on Prevention & Management of Non-Communicable Diseases and HIV infection in Africa.

applicants are requested to submit a short motivation letter, and an abstract of their completed research work (500 words max), which they intend to convert into a fully developed scientific paper for publishing in the journal. Abstracts and motivation letters must be submitted online by the deadline of 6 September.

**MRC global multimorbidity seed-funding call.** This call will support seed-funding projects that develop and test innovative ideas, foster interdisciplinary collaboration, build capacity, and lay the groundwork for future large-scale activity aimed at understanding and tackling multimorbidity in LMICs. Grants will be up to 18 months in duration and up to a maximum of £200,000. Expressions of Interest are required by 10 September. We will shall be applying.

**NIHR extension.** We plan to apply to NIHR for a costed extension to expand community engagement, capacity development in data management and statistics.

**EC Horizon 2020 New interventions for non-communicable diseases.** The EC have launched a call for proposals to conduct early stage clinical trials to validate novel or refined healthcare interventions for patients suffering from non-communicable diseases. Expected value of proposals: 4-6 million euros. Closing date for 1<sup>st</sup> stage (of 2 stage process) – 21 September

---

### With thanks to our Funders:



This research was commissioned by the National Institute for Health Research (NIHR) using UK aid from the UK Government. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.



The INTE-AFRICA project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement No 825698.

And finally, an alarming photo from beautiful France last week.

Parts of our world are becoming unbearable to live in. We have to act to lower our carbon footprints.

