

EaP PLUS

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Call decoding

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National Contact Point
in P O L A N D



Call decoding exercise

Dec 11, 2013

Global Alliance for Chronic Diseases: prevention and treatment of type 2 diabetes

ID: HCO-05-2014

Type of action:

◦ RIA Research and Innovation action

Deadline Model : single-stage

Opening: **11 December 2013**

Deadline: **15 April 2014 17:00:00 Brussels time**

Closed

Horizon 2020



Call name: Health Co-ordination activities | **Call ID:** H2020-HCO-2014-2015

[See all topics of this call >](#)



[See budget overview](#)

Cross-cutting Priorities:

[Gender](#)

[International cooperation](#)

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What to pay attention to?

- objectives / challenge
- scope
- expected impact
- type of action
- suggested participants
- suggested budget
- cross-cutting issues

Call decoding exercise – challenge

Specific challenge:

In the past 20 years the global death rate from diabetes has doubled and the World Health Organisation (WHO) is predicting that this will increase by 2/3 by 2030. It is currently estimated that 347 million people worldwide suffer from diabetes with more than 80% from low-and middle-income countries. Of those suffering from diabetes, type 2 comprises 90% of this population around the world. Halting the rise in prevalence of diabetes has been identified as one of the 9 WHO non communicable diseases global voluntary targets to be met by Member States by 2025

With the burden of this chronic non-communicable disease ever-increasing the Global Alliance for Chronic Diseases (GACD) partnership, of which the Commission is a member, has agreed to launch a call for proposals on the prevention and treatment of type 2 diabetes, with a focus on implementation and intervention research in low- and middle-income countries and in vulnerable populations in high income countries.

Call decoding exercise – scope

Scope:

Proposals must focus on **type 2 diabetes**. Proposals should generate new knowledge on interventions and their implementation for the prevention and treatment of type 2 diabetes **in low and middle income countries**, and **in vulnerable populations in high income countries**. **Proposals must focus on existing approaches to prevention and control of type 2 diabetes rather than development of new treatments**. Proposals may address prevention or treatment of specific complications of type 2 diabetes.

Proposals may focus on a wide range of prevention and/or treatment strategies. This may include programmes addressing (one of or combinations of):

- **Changes to lifestyle and behaviour** resulting from the provision of an environment that supports and promotes better health. This may include community-wide approaches, or other strategies targeting individuals at high risk. For example, population prevention strategies designed to address unhealthy diets and physical inactivity as risk factors for diabetes;
- **Structural interventions or policies** designed to promote improved health outcomes. For example, evaluating the contribution of public policies to diabetes prevention efforts, or monitoring the potential effects of such policies if adopted and implemented;
- Delivery of relevant **health care and health interventions**;
- Approaches to implementing accessibility of or adherence to, pharmaceutical, nutritional or other promising or proven interventions.

Call decoding exercise – scope

Scope:

Proposals should **focus on implementation research**, to examine what works, for whom and under what contextual circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable. Proposals **may address prevention or treatment of specific complications of type 2 diabetes**. Proposals may also focus on gestational diabetes. Proposals may focus on **specific societal groups but a clear justification should be provided** as to why the group has been chosen and how the choice will assist the funders in delivering their aim to address health inequities at a local and/or global level. Proposal should focus on implementation research into interventions for prevention and treatment of type 2 diabetes that are applicable in low resource settings. However, in some settings, proposals **may incorporate work to establish baseline data** on prevalence of diabetes and its risk factors to evaluate the impact of the intervention. Proposals may include these aspects if they do not duplicate existing evidence available.

Call decoding exercise – scope

All proposals should:

- Focus on research into implementation of prevention and/or treatment strategies derived from existing knowledge and research.
- Develop an improved understanding of the key barriers and facilitators at local and national levels that affect the prevention and treatment of type 2 diabetes.
- Include an **assessment of equity and gender gaps** in diabetes prevention and treatment.
- Demonstrate a sound **understanding of the local health system** context.
- Provide evidence of a **health economics dimension** such as cost effectiveness of the proposed intervention and its scalability.
- Describe a clear proposed pathway to embedding the **intervention into policy and practice** (...)
- Be proposed by a **multidisciplinary project team, including local researchers** as co-investigators where applicable.
- Include local stakeholders such as patient groups or community groups.

The Commission considers that proposals requesting a **contribution from the EU of between EUR 1 to 3 million** would allow this specific challenge to be addressed appropriately. Nonetheless, this does not preclude submission and selection of proposals requesting other amounts.

Call decoding exercise – impact

Expected impact:

- Reducing health inequalities and inequities, including gender, in the prevention and treatment of type 2 diabetes in both a local and global context.
- Pursuing knowledge translation and exchange approaches that are designed to maximize the public health benefits of research findings within different health contexts.
- Providing evidence to inform local health service providers, policy and decision makers on the effective scaling up of the interventions at the local, national and regional levels. For example, applicants could address affordability for users and the financial implications for implementing organisations and funders or might assess scalability to various socio-political contexts.
- Contribute to the Global Alliance for Chronic Diseases.
- Appropriate leveraging of existing programmes and platforms (e.g. research, data, and delivery platforms).
- Contribute to the WHO Global Action Plan on NCDs (2013-2020) as proposals will demonstrate alignment with international and/or national commitments to halt the rise in prevalence of type 2 diabetes.
- Contribute to the United Nations Millennium Development Goals.

Call decoding exercise – successful project

Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes

iHealth-T2D

Grant agreement ID: 643774

[Project website](#)

Status

Ongoing project

Start date

1 January 2015

End date

31 December 2019

Funded under:

H2020-EU.3.1.3.

Overall budget:

€ 3 614 083,75


EU contribution

€ 3 614 083,75



Coordinated by:

IMPERIAL COLLEGE OF SCIENCE
TECHNOLOGY AND MEDICINE

 United Kingdom

Call decoding exercise – successful project

Abstract

South Asians, who represent one-quarter of the world's population, are at high risk of type-2 diabetes (T2D). Intensive **lifestyle modification** (healthy diet and physical activity) **is effective at preventing T2D amongst South Asians with impaired glucose tolerance, but this approach is limited by high-cost**, poor scalability and low impact on T2D burden. We will complete a cluster-randomised clinical trial at 120 locations across **India, Pakistan, Sri Lanka and the UK**. We will **compare** family-based intensive **lifestyle modification** (22 health promotion sessions from a community health worker, active group, N=60 sites) **vs usual care** (1 session, control group, N=60 sites) for prevention of T2D, amongst 3,600 non-diabetic South Asian men and women with central obesity (waist \geq 100cm) and/or prediabetes (HbA1c \geq 6.0%). Participants will be followed annually for 3 years. The primary endpoint will be new-onset T2D (physician diagnosis on treatment or HbA1c \geq 6.0%, predicted N~734 over 3 years). Secondary endpoints will include waist and weight in the index case and family members. **Our study has 80% power to identify a reduction in T2D risk with family-based intervention vs usual care of: 30% in South Asians with central obesity; 24% in South Asians with prediabetes; and 24% overall. Health economic evaluation will determine cost-effectiveness of family based lifestyle modification for prevention of T2D amongst South Asians with central obesity and / or prediabetes. The impact of gender and socio-economic factors on clinical utility and cost-effectiveness will be investigated.** Our results will determine whether screening by waist circumference and/or HbA1c, coupled with intervention by family-based lifestyle modification, is an efficient, effective and equitable strategy for prevention of T2D in South Asians. Our findings will thereby provide a robust evidence base for scalable community-wide approaches to reverse the epidemic of T2D amongst the >1.5 billion South Asians worldwide.

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