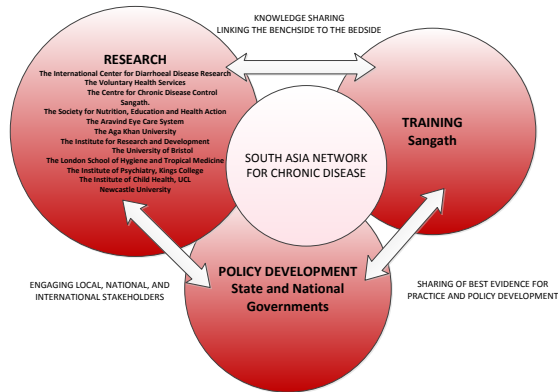


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## South Asia Network for Chronic Disease in India- Building Human and Research Capacity

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### Abstract

The South Asia Network for Chronic Disease in India is a collaborative venture between the Public Health Foundation (PHFI) of India and constituent colleges of the Wellcome Trust Bloomsbury Centre for Clinical Tropical Medicine. The South Asia Network for Chronic Disease is using multiple strategies to develop the necessary human capacity to manage the burden of such diseases in low and middle income countries. The mandate is to jointly develop research and intervention based capacity, whilst ensuring its participation in the development of priorities and practices for policy makers. Knowledge sharing, engaging of stakeholders at a national and international level, and linking the bedside to the bedside are the mechanisms creatively used to develop the necessary healthcare solutions.

### 1.0 Introduction

The South Asia Network for Chronic Disease in India is a collaborative venture between the Public Health Foundation (PHFI) of India and constituent colleges of the Wellcome Trust Bloomsbury Centre for Clinical Tropical Medicine. The Wellcome Trust awarded the London School of Hygiene and PHFI, a €4.5 million grant to build capacity and conduct research on chronic diseases by setting up a research network based in New Delhi over five years. The goal is to build research capacity, harness scientific talent within the region, gain a voice and impact in health policy and practice for chronic disease management in South Asia. (SANCD, 2012)

The objectives of the South Asia Network for Chronic Disease are to:

- Establish and maintain an infrastructure and capacity of core interdisciplinary scientific staff;
- Build on ‘state of the art research’ based on a combination of excellent research methodology, research laboratory services, health databases and research governance;
- Conduct translational research, health care evaluation studies, including RCTs, evidence synthesis, health systems, and health policy research;
- Mentor and provide career structures for researchers at all stages of their careers and;
- Network to facilitate dissemination of best evidence to support health care provision in chronic disease, the setting of priorities and practices for policy makers, practitioners and researchers.

### 2.0 Partnership Model

Network partners originate from Bangladesh, India, Pakistan, Sri Lanka, and the United Kingdom. Partners include:

- The International Center for Diarrhoeal Disease Research in Bangladesh.
- The Voluntary Health Services in Chennai.
- The Centre for Chronic Disease Control in New Delhi.
- Sangath in Goa.
- The Society for Nutrition, Education and Health Action in Mumbai.
- The Aravind Eye Care System in Pondicherry.
- The Aga Khan University in Pakistan.

- The Institute for Research and Development in Sri Lanka.
- The University of Bristol, in Bristol.
- The London School of Hygiene and Tropical Medicine in London.
- The Institute of Psychiatry, Kings College in London.
- The Institute of Child Health, UCL in London,
- Newcastle University in Newcastle.

Beyond the network partners, the network is staffed with several research personnel including visiting fellows. (SANCD, 2012)

### 3.0 The Research Projects

Several research projects are active in the South Asia Network for Chronic Disease. The projects are organized according to the following themes:

- The Indian Migration Study (IMS)
- The Andhra Pradesh Children and Parent Study (APCAPS)
- The Chronic Disease Risk Factor (CDRF) Study
- Genetics Studies
- Health Economics Studies
- Food and Nutrition Studies
- The PREMIUM Study
- Studies on Chronic Disease Epidemiology and Risk Factors
- Studies on Women and Child Health
- Pilot Studies

(Table 1) (SANCD, 2012)

### 4.0 The Training Programs

Alongside the research program are the training opportunities provided by Sangath in Goa. Relevant training programs include “Development and Evaluation of Complex Health Care Interventions” and “Leadership

Theme	Project Focus
<b>IMS</b>	Socio-economic changes associated with migration as having relevance in explaining the high levels of obesity and diabetes among rural-urban migrants.
<b>APCAPS</b>	Trans-generational study (involving parents and children) to examine a wide range of risk factors relevant to obesity, diabetes, and cardiovascular disease, thereby creating a three-generation resource for future research.
<b>CDRF</b>	A multi-centric study on Chronic Disease Risk Factors and Outcomes in the rural South Asian population.
<b>Genetics</b>	Global diabetes genetics consortium; EU GeoCode project on Epigenetics; Genetics and COPD Consortium Proposal; Genetic analysis of juvenile glaucoma.
<b>Health Economics</b>	Social health insurance schemes in developing countries; India and Universal Health Insurance; India and Health Insurance utilization.
<b>Food and Nutrition</b>	Food consumption patterns in India; Nutritional labelling in India; Food policy and practice in India.
<b>PREMIUM</b>	Program for effective mental health interventions in under-resourced health systems.
<b>Epidemiology and Risk Factors</b>	Risk factors and food consumption in diabetes; Risk factors and environmental impact on asthma; Health and healthcare disparities among the elderly in India; Hypertension in Indians; Tobacco consumption
<b>Women and Children</b>	Health status and nutritional disadvantage among selected populations of Indian women; Risk factors for pre-eclampsia and eclampsia; Food consumption by children and socio-economic status.
<b>Pilot</b>	Study to assess follow-up rates in alcohol abusers in Goa.

**Table 1: Research Programs at the SANCD**

in Mental Health”. Sangath is registered as a non-profit organization. Its mission is to promote health, with a focus on three areas—child development, adolescent and youth health, and mental health. Sangath is driven by the following principles:

- Multi-disciplinary interventions with the belief that improving the health status of a community requires a combination of social, psychological, and medical interventions.
- Linking services with research with health programs based on the best evidence available.
- Participatory methods through engaging with beneficiaries and active involvement in the work conducted at Sangath.
- Inter-sectoral collaboration and the belief that existing community resources such as those in the public sector will provide the most sustainable setting for delivering interventions.

(Sangath, 2012)

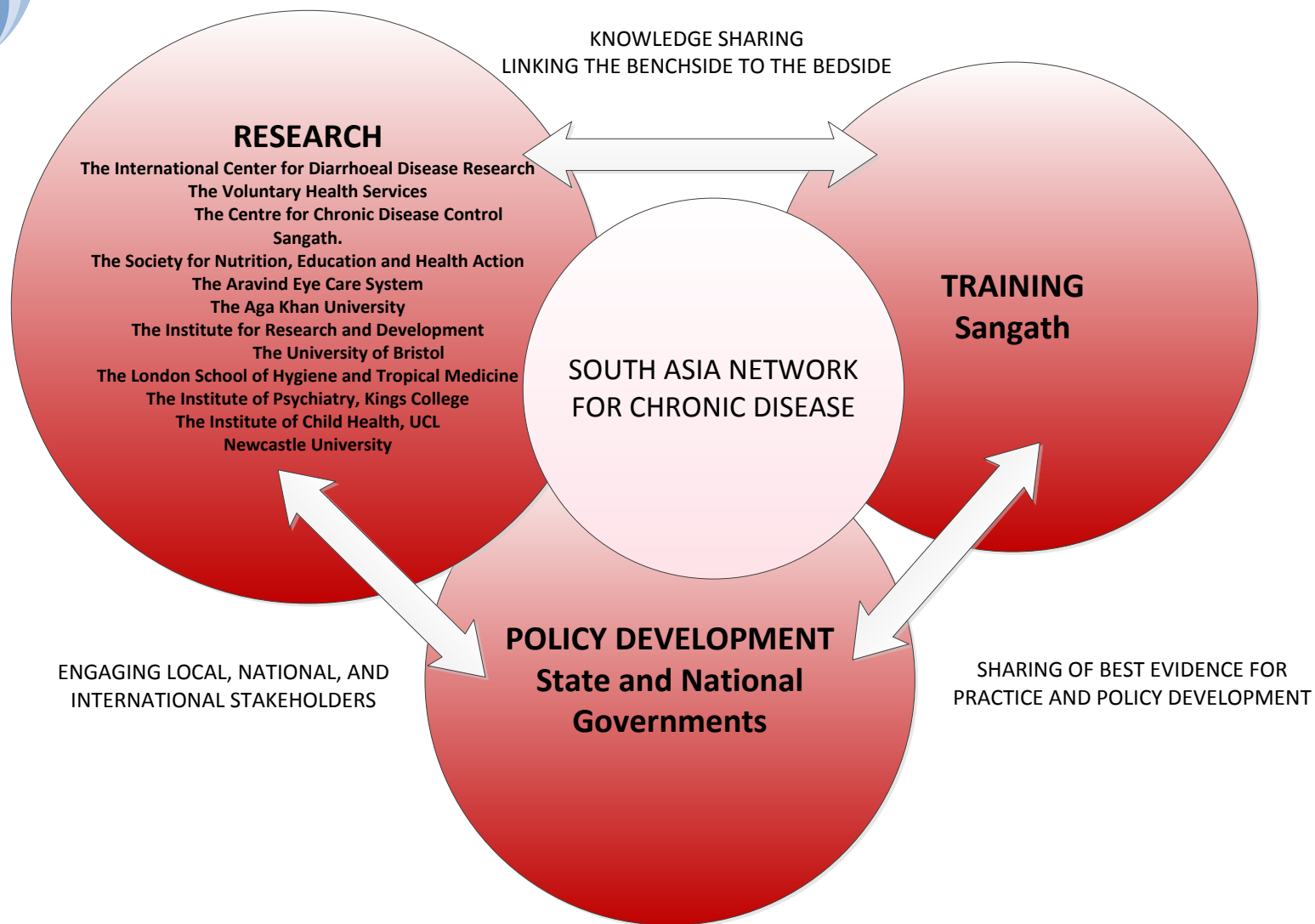
‘Development and Evaluation of Complex Health Care Interventions’ aims to provide participants with a framework for understanding the methodology for developing and evaluating complex health care interventions. At the end of the course participants should be able to design protocols for systematically developing and evaluating complex interventions for public health problems of their interest. (Sangath, 2011) ‘Leadership in Mental Health’ is designed to equip participants in the methods to develop and scale up interventions for people with mental disorders in communities based on a population model. (Sangath, 2012)

## 5.0 A Model of Human Capacity Development

The South Asia Network for Chronic Disease is using multiple strategies to develop the necessary human capacity to manage the burden of such diseases in low and middle income countries. The mandate is to jointly develop research and intervention based capacity, whilst ensuring its participation in the development of priorities and practices for policy makers. Knowledge sharing, engaging of stakeholders at a national and international level, and linking the benchside to the bedside are the mechanisms creatively used to develop the necessary healthcare solutions. (Figure 1) Here, the association to policy-makers is worth emphasizing. Progressing beyond enabling health research and intervention—namely, understanding diseases and the associated intervention processes at the local level, the goal of the South Asia Network is to engage policy makers to ascertain that the necessary components of the healthcare system are in place to manage the increasing burden of chronic diseases in emerging and BoP markets. We suggest therefore, that the lessons learned and collaborative models employed by such emerging networks charged with the management of NCDs should continue to provide insight for stakeholders not only in Asia, but those in Africa and in developed world—who equally seek to join the dialogue.

## 6.0 References

1. <http://www.sanecd.org>, accessed 3/2012.
2. <http://www.sangath.com>, accessed 3/2012.



**Figure 1: Stakeholders and Interactions in the South Asia Network for Chronic Disease**