

The UK's Global Health Respiratory Network

Sheikh, Aziz; Campbell, Harry; Balharry, Dominique; Adab, Peymané; Barreto, Mauricio L; Bauld, Linda; Cooper, Philip; Cruz, Alvaro; Davidson, Fiona M; Dodd, Peter; Enocson, Alexandra; Fitch, Neil; Griffiths, Chris; Grigg, Jonathan; Heyderman, Robert S; Jordan, Rachel; Katikireddi, S Vittal; Kuo, Steven; Kwambana-Adams, Brenda; Leyland, Alastair H

DOI:

[10.7189/jogh.09.020104](https://doi.org/10.7189/jogh.09.020104)

License:

Creative Commons: Attribution (CC BY)

Document Version

Publisher's PDF, also known as Version of record

Citation for published version (Harvard):

Sheikh, A, Campbell, H, Balharry, D, Adab, P, Barreto, ML, Bauld, L, Cooper, P, Cruz, A, Davidson, FM, Dodd, P, Enocson, A, Fitch, N, Griffiths, C, Grigg, J, Heyderman, RS, Jordan, R, Katikireddi, SV, Kuo, S, Kwambana-Adams, B, Leyland, AH, Mortimer, K, Mosler, G, Obasi, A, Orme, M, Readshaw, A, Savio, M, Siddiqi, K, Sifaki-Pistolla, D, Singh, S, Squire, B, Tsiligianni, I & Williams, S 2019, 'The UK's Global Health Respiratory Network: improving respiratory health of the world's poorest through research collaborations', *Journal of Global Health*, vol. 9, no. 2, 020104. <https://doi.org/10.7189/jogh.09.020104>

[Link to publication on Research at Birmingham portal](#)

General rights

Unless a licence is specified above, all rights (including copyright and moral rights) in this document are retained by the authors and/or the copyright holders. The express permission of the copyright holder must be obtained for any use of this material other than for purposes permitted by law.

- Users may freely distribute the URL that is used to identify this publication.
- Users may download and/or print one copy of the publication from the University of Birmingham research portal for the purpose of private study or non-commercial research.
- User may use extracts from the document in line with the concept of 'fair dealing' under the Copyright, Designs and Patents Act 1988 (?)
- Users may not further distribute the material nor use it for the purposes of commercial gain.

Where a licence is displayed above, please note the terms and conditions of the licence govern your use of this document.

When citing, please reference the published version.

Take down policy

While the University of Birmingham exercises care and attention in making items available there are rare occasions when an item has been uploaded in error or has been deemed to be commercially or otherwise sensitive.

If you believe that this is the case for this document, please contact UBIRA@lists.bham.ac.uk providing details and we will remove access to the work immediately and investigate.

The UK's Global Health Respiratory Network: Improving respiratory health of the world's poorest through research collaborations



Aziz Sheikh^{1*}, Harry Campbell^{1*}, Dominique Balharry^{1*}, Peymané Adab^{2‡}, Mauricio L Barreto^{3¶}, Linda Bauld^{1†}, Philip Cooper^{4¶}, Alvaro Cruz^{5¶}, Fiona M Davidson^{1†}, Peter Dodd⁶, Alexandra Enocson^{2‡}, Neil Fitch⁷, Chris Griffiths^{8‡‡}, Jonathan Grigg^{8‡‡}, Robert S Heyderman^{9**}, Rachel Jordan^{2‡}, S Vittal Katikireddi^{10¶}, Steven Kuo^{9**}, Brenda Kwambana-Adams^{9**}, Alastair H Leyland^{10¶}, Kevin Mortimer^{11††}, Gioia Mosler^{8‡‡}, Angela Obasi^{11††}, Mark Orme^{12§§}, Anne Readshaw^{13§}, Martina Savio^{11††}, Kamran Siddiqi^{13§}, Dimitra Sifaki-Pistolla⁷, Sally Singh^{12§§}, Bertie Squire^{11††}, Ioanna Tsiligianni⁷, Siân Williams⁷

¹ Usher Institute, The University of Edinburgh, Edinburgh, UK

² University of Birmingham, Birmingham, UK

³ CIDACS, Salvador, Brazil

⁴ St George's University of London, London, UK

⁵ Federal University of Bahia, Salvador, Brazil

⁶ School of Health and Related Research, University of Sheffield, Sheffield, UK

⁷ International Primary Care Respiratory Group (IPCRG)

⁸ Queen Mary University of London, London, UK

⁹ University College London, London, UK

¹⁰ MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK

¹¹ Liverpool School of Tropical Medicine, Liverpool, UK

¹² University of Leicester, Leicester, UK

¹³ Department of Health Sciences, The University of York, York, UK

* On behalf of the NIHR Global Health Research Unit on Respiratory Health (RESPIRE)

† On behalf of the GCRF funded Tobacco Control Capacity Programme (TCCP)

‡ On behalf of the NIHR Global Health Research Group on Global COPD in Primary Care (Breathe Well)

§ On behalf of the NIHR Global Health Research Group to Address Smokeless Tobacco and build Research capacity in South Asia (ASTRA)

¶ On behalf of the NIHR Global Health Research Group on Asthma Attacks Causes and Prevention Study in Urban Latin America (ATTACK)

‡‡ On behalf of the NIHR Global Health Research Group on Social Policy and Health Inequalities

** On behalf of the NIHR Global Health Research Unit on Mucosal Pathogens (MPRU)

†† On behalf of the NIHR Global Health Research Unit on Lung Health and TB in Africa (IMPALA)

‡‡ On behalf of the NIHR Global Health Research Group on Achieving Control of Asthma in Children In Africa (ACACIA)

§§ On behalf of the NIHR Global Health Research Group on Respiratory Rehabilitation (Global RECHARGE)

¶¶ Coordinators of the Global Health Research Network (GHRN)

Respiratory disorders are responsible for considerable morbidity, health care utilisation, societal costs and approximately one in five deaths worldwide [1-4]. Yet, despite this substantial health and societal burden – which particularly affects the world's poorest populations and as such is a major contributor to global health inequalities – respiratory disorders have historically not received the policy priority they warrant. For example, despite causing an estimated 1000 deaths per day, less than

half of the world's countries collect data on asthma prevalence (<http://www.globalasthmareport.org/>). This is true for both communicable and non-communicable respiratory disorders, many of which are either amenable to treatment or preventable.

Part of the reason for this has been competing donor priorities leading to a focus on other conditions such as HIV, with a relative neglect of non-communicable lung diseases and of environmental determinants of lung disease. We hope that the launch of the UK's Global Health Respiratory Network (GHRN; **Figure 1**)



Figure 1. Members of the GHRN at the inaugural meeting in Edinburgh, 2018.

represents a change in approach, at least in the UK. Central to the strength of this Network is bringing together experts across the full range of respiratory health disciplines, including social, health, clinical and biomedical sciences as well as laboratory-based, clinical, implementation and health systems research, in non-communicable respiratory disorders (eg, asthma, chronic obstructive pulmonary disease [COPD]), communicable respiratory diseases (eg, tuberculosis [TB], pneumonia), and lung health (public health) to work collaboratively and synergistically, rather than competitively. It also brings those working in public health, primary care, secondary care (paediatrics and adult) and palliative care together, looking at respiratory diseases through a system-wide scope to – most importantly – lead to improvements in the respiratory health of the world's poorest people.

Following the 2015 decision of the UK Government to channel £1.5 billion of the Official Development Assistance (ODA) budget through UK Research and Innovation (UKRI)[5], there was an open call for proposals from the UK's National Institute for Health Research (NIHR) to establish Global Health Research Groups and Units [<https://www.nihr.ac.uk/explore-nihr/funding-programmes/global-health/>]. Groups would represent new partnerships between UK and low- and middle-income country (LMIC) partners, and Units would be for existing UK-LMIC partnerships to scale-up their work. Both have strong, equitable north-south partnerships that focus on addressing the needs of the poorest populations in hitherto neglected disease areas. In response to this NIHR initiative, and a related Global Challenges Research Fund (GCRF) programme from UKRI, a number of proposals with a focus on, or including, respiratory health were successful, as summarised in **Table 1**.

This has created a cohort of UK-funded Southern-facing research collaborations with a shared focus not only on respiratory related illness, but on capacity building and multidisciplinary research in active partnership with LMIC researchers. In recognition of the opportunity to move towards a more collaborative model of working, a number of the funded programmes addressing respiratory diseases came together with a view to sharing experiences, knowledge, lessons learnt and networks; leading to the formation of the GHRN. The core aim of the GHRN is to work collaboratively to improve global respiratory health, focusing on the poorest populations of the world. To this end, GHRN members, with funders' approval, agreed to pool resources to create a secretariat.

The UK arm of the GHRN has met both virtually and in-person to share ideas and establish initial priorities for work over the short- to medium-term. This initial list of priorities is summarised in **Table 2**. More fundamentally, we have sought to develop respectful, trusting relationships between the scientific and management leadership teams of these various initiatives that enable collaborative sharing and learning. Examples have included supporting ethics and regulatory approvals for overseas studies where a suitable infrastructure does not exist in an institution, sharing experiences in relation to good financial grant practice, and identifying additional networks through which pathways to impact can be accelerated and amplified.

Whilst it is still early days for the GHRN, we are pleased to see that our collaborative approach has been welcomed by our funders and, as such, other Units and Groups are being recommended to consider this approach. We hope that this will lead to researchers in other disease areas following suit to seek out synergies that can accelerate collaborative global working in their respective fields.

Table 1. Global health initiatives participating in the GHRN

| UNIT/GROUP/PROJECT | LEAD UK ORGANISATION | PARTNER COUNTRIES |
|--|---------------------------------------|--|
| NIHR Global Health Research Unit on Respiratory Health (RESPIRE); www.ed.ac.uk/usher/respire | University of Edinburgh | Bangladesh, India, Malaysia, Pakistan |
| NIHR Global Health Research Unit on Lung Health and TB in Africa (IMPALA); www.lstmed.ac.uk/impala | Liverpool School of Tropical Medicine | Cameroon, Ethiopia, Ghana, Kenya, Malawi, Nigeria, South Africa, Sudan, Tanzania, Uganda |
| NIHR Global Health Research Unit on Mucosal Pathogens (MPRU); www.mpru.org/research | University College London | Ghana, Kenya, Malawi, Mali, South Africa, The Gambia, Uganda |
| NIHR Global Health Research Group on Social Policy and Health Inequalities; www.gla.ac.uk/sphi | University of Glasgow | Brazil |
| NIHR Global Health Research Group on Global COPD in Primary Care (Breathe Well) www.birmingham.ac.uk/research/activity/applied-health/research/breathe-well | University of Birmingham | Brazil, China, Republic of North Macedonia, Georgia |
| NIHR Global Health Research Group on Achieving Control of Asthma in Children In Africa (ACACIA); https://www.acacia-asthma.org | Queen Mary University of London | Ghana, Malawi, Nigeria, South Africa, Uganda, Zimbabwe |
| NIHR Global Health Research Group on Addressing Smokeless Tobacco and building Research capacity in South Asia (ASTRA); www.york.ac.uk/igdc/research/astra-project | University of York | Bangladesh, India, Pakistan |
| NIHR Global Health Research Group on Respiratory Rehabilitation (Global RECHARGE); https://www.leicesterbrc.nihr.ac.uk/themes/respiratory/research/global-recharge | University of Leicester | India, Kyrgyzstan, Sri Lanka, Uganda |
| NIHR Global Health Research Group on Asthma Attacks Causes and Prevention Study in Urban Latin America (ATTACK); www.sgul.ac.uk | St George's, University of London | Brazil, Ecuador |
| UKRI GCRF: A mathematical modelling framework for tuberculosis burden estimation and economic evaluation of pharmaceutical interventions | University of Sheffield | Malawi, South Africa, Zambia |
| UKRI GCRF: Tobacco Control Capacity Programme (TCCP); http://ghpu.sps.ed.ac.uk/gcrf-tccp | University of Edinburgh | Bangladesh, Ethiopia, India, Ghana, Pakistan, South Africa, The Gambia, Uganda |

COPD – chronic obstructive pulmonary disease, GHRN – Global Health Respiratory Network, NIHR – National Institute for Health Research

Table 2. Agreed initial priorities for the GHRN

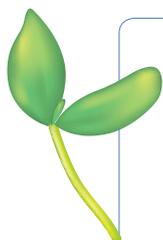
| DELIVERABLE | INITIAL PRIORITISATION |
|--|------------------------|
| Map and describe briefly each partner's relevant research - provide the baseline. | High |
| Include categories such as: Countries, respiratory category (eg, tobacco dependence, asthma, COPD, pneumonia, TB); study design (eg, RCT, cross-sectional study), what inequalities are being considered (eg, gender, income, employment), cross-cutting themes. | |
| Heat map showing intensity of GHRN research activity overlaid on burden of respiratory diseases (prevalence and DALYs of lower respiratory infections, asthma, COPD, TB, lung cancer). | High |
| Heat map showing intensity of research activity compared to burden of: a) respiratory diseases; and b) key behavioural and environmental exposures, including tobacco dependence, indoor air pollution and outdoor air pollution. | High |
| Summary of capacity building initiatives, including but not limited to, training resources available eg, spirometry, patient and public involvement, qualitative research, stakeholder mapping. | High |
| Register of data sets created by the Groups/Units that could be used in further studies. | High |
| Programme of high-level engagement opportunities. | High |
| Develop a national networking event to agree research ideas to address knowledge gaps identified by mapping and by policymakers. | High |
| Map health inequalities: ideally the burden faced by the poorest in society in each country which, seen alongside the GBD maps, would show where the effort needs to be concentrated. | Medium |
| Initially - scope what data exist and in which countries. | |
| Analysis of policy and engagement activities with policy influencers eg, parliamentarians, civil servants, non-governmental organisations, international agencies; other effective advocacy organisations and individuals – with the aim to identify areas of harmonisation, gaps, key messages, to facilitate joint planning and working. | Medium |
| Summary of tools used to engage policymakers and policy influencers eg, mapping tools, tools to analyse enablers and barriers, successful engagement activities and their costs, success stories, policy briefs, fact sheets, infographics, links to promotional videos. | Medium |
| Coordinate submissions for one or two collaborative commentaries. | Medium |
| Proposals for joint symposia/workshops at upcoming conferences. | Medium |
| Intelligence gathering to make the most of existing opportunities for networking for PhD students across the Consortium. | Review – 3 monthly |

DALYs – disability-adjusted life-years, RCT – randomised controlled trial, TB – tuberculosis

Although encouraged by the opportunities for working together, there are of course challenges. For example, within the limited resources available, we are grappling with how best to ensure that researchers based in LMICs are able to lead and shape this collaboration. Building on the equitable partnerships developed and nurtured as part of these initiatives, we are looking into the practicalities of using web-based

platforms to facilitate real-time engagement across our Network; this is not straightforward as we have yet to identify a platform that works across all countries and there are also the logistical and financial challenges of organising simultaneous interpreting facilities across multiple languages. However, we are confident that by working together we can greatly increase our ability to overcome these challenges.

Looking ahead, we see tremendous opportunities from joined-up working. Ours is most definitely an open model of collaboration that will, we hope, see the GHRN grow in the coming years. We aspire, with continuing support beyond the initial 2017–21 first term for these collaborations, for our Network to develop an online knowledge hub on respiratory diseases and a growing cohort of GHRN-fellows/GHRN-scholars. We encourage those interested in working with us, whether in the UK or internationally, to join our Network to improve the respiratory health of the world's poorest populations.



Acknowledgments: We gratefully acknowledge the support of Stephanie Russell and Dr Martin Mulenga (NIHR), all our co-investigators and collaborators.

Funding: This research was funded by the National Institute for Health Research (NIHR) (16/136/35, 16/136/46, 16/136/109, 16/137/95, 16/137/99, 17/63/20, 17/63/76, 17/63/38, 17/63/62) and UK Research and Innovation (MR/P027946/2, MR/P022081/1), using UK aid from the UK Government to support global health research. The views expressed in this publication are those of the author(s) and not necessarily those of the NIHR or the UK Department of Health and Social Care. The Social and Public Health Sciences Unit is core funded by the Medical Research Council (MC_UU_12017/13) and the Scottish Government Chief Scientist Office (SPHSU13). CIDACS is supported by grants from CNPq/MS/Gates Foundation (401739/2015-5) and the Wellcome Trust, UK (202912/Z/16/Z). SVK acknowledges funding from the Medical Research Council (MC_UU_12017/13 & MC_UU_12017/15), Scottish Government Chief Scientist Office (SPHSU13 & SPHSU15) and a NRS Senior Clinical Fellowship (SCAF/15/02).

Authorship contributions: The concept for this paper emerged from a GHRN meeting. AS drafted the initial version, while HC and DB contributed additional text and revised the final version of the paper. The authors collaboratively reviewed the paper and provided comments and feedback to develop and approve the final manuscript.

Competing interests: The authors completed the Unified Competing Interest form at www.icmje.org/coi_disclosure.pdf (available upon request from the corresponding author), and declare no conflicts of interest.

REFERENCES

- 1 GBD 2015 Chronic Respiratory Disease Collaborators. Global, regional, and national deaths, prevalence, disability-adjusted life years, and years lived with disability for chronic obstructive pulmonary disease and asthma, 1990–2015: a systematic analysis for the Global Burden of Disease Study 2015. *Lancet Respir Med.* 2017;5:691–706. [Medline:28822787](https://pubmed.ncbi.nlm.nih.gov/28822787/) doi:10.1016/S2213-2600(17)30293-X
- 2 GBD 2017 Causes of Death Collaborators. Global, regional, and national age-sex-specific mortality for 282 causes of death in 195 countries and territories, 1980–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet.* 2018;392:1736–88. [Medline:30496103](https://pubmed.ncbi.nlm.nih.gov/30496103/) doi:10.1016/S0140-6736(18)32203-7
- 3 GBD 2017 DALYs and HALE Collaborators. Global, regional, and national disability-adjusted life-years (DALYs) for 359 diseases and injuries and healthy life expectancy (HALE) for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet.* 2018;392:1859–922. [Medline:30415748](https://pubmed.ncbi.nlm.nih.gov/30415748/) doi:10.1016/S0140-6736(18)32335-3
- 4 World Health Organization. The top 10 causes of death. Available: <https://www.who.int/news-room/fact-sheets/detail/the-top-10-causes-of-death>. Accessed: 5 October 2019.
- 5 UK Research and Innovation. Global Challenges Research Fund. Available: <https://www.ukri.org/research/global-challenges-research-fund/>. Accessed: 5 October 2019.

Correspondence to:

Professor Aziz Sheikh, OBE, MD, MSc, FRCGP, FRCP, FRCPE, FRSE, FFPH, FMedSci, FACMI, FFCI
Usher Institute
The University of Edinburgh
Old Medical School
Teviot Place
Edinburgh, EH8 9AG
UK
Aziz.Sheikh@ed.ac.uk