

Global Partnerships for Late Stage T4 Translation Research in Low and Middle Income Countries

D.G. Leventhal¹, L.A. Salicrup²; ¹UCLA, Los Angeles, California, USA, ²NHLBI, Bethesda, USA

Background: The National Heart, Lung, and Blood Institute's (NHLBI) Center for Translation Research and Implementation Science (CTRIS)' mission is developing a robust, integrated and coordinated portfolio of late stage (T4) translation research and training activities domestically and in low- and middle-income countries (LMICs). Partnerships with public health and clinical practitioners, government agencies, and the private sector are essential to late stage (T4) translation research, for testing optimal and sustainable implementation strategies for proven effective intervention. To inform CTRIS' strategic engagements with international partners, a directory of international organizations and institutions was created with information about institutions' programs and initiatives relevant to the CTRIS mission.

Methods: The search was conducted by reviewing each organization's website, exploring all ongoing projects and interviewing program officers. Institutional programs and initiatives were considered for their potential as 1) research partnerships to support late stage (T4) translation research 2) training/capacity building partnerships to support training and capacity building activities for late stage (T4) translation research 3) models of projects and programs in high income countries adaptable to LMICs, or 4) outreach partnerships and opportunities to disseminate knowledge and/or engage with LMIC researchers. We found many institutions including multilateral organizations (e.g. the World Health Organization/WHO and its regional offices), other United Nations (UN) agencies (e.g. UNICEF), development banks (e.g. the World Bank), non-governmental organizations (NGOs) and foundations (e.g. The Global Alliance for Chronic Diseases), U.S. government and international research funding agencies (e.g. the Centers for Disease Control and Prevention/CDC, the Wellcome Trust), and professional societies (e.g. the American Heart Association).

Findings: The search reviewed 40 organizations in total, consulting seven program officers from NIH, CDC, WHO, WHO regional office for the Americas (PAHO), UNICEF, and the United Nations Development Program (UNDP). Overall, 204 pertinent projects were included in the directory, in addition to 45 resources.

Interpretation: This directory will be a tool for CTRIS to enhance its global health programs and activities through strategic partnerships and help with efforts implementing a late stage (T4) translation research agenda and capacity building programs for the prevention, control and treatment of HLBS diseases and disorders in LMICs.

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Depression and Anxiety Disorders in Child and Adolescent Populations in Low and Middle Income Countries: A Review

S. Yatham¹, S. Sivathasan², R. Yoon³, T. da Silva³, A.V. Ravindran³, S.E. Levitt⁴; ¹St. Georges, University of London, London, United Kingdom, ²McGill University, Montreal, Canada, ³University of Toronto, Toronto, Canada, ⁴University of Toronto, Toronto, Ontario, Canada

Background: The World Health Organization (WHO) estimates that mental illness accounts for 14% of the global burden of disease. Depression and anxiety disorders are among the most common mental illnesses—constituting the 4th and 26th most disabling disorders, respectively—and often have their onset in childhood or adolescence. Although the majority of the world's population lives in Low and Middle Income Countries (LMICs), very little research addresses mental health in these nations, particularly in childhood and adolescence. Given that 30–50% of the world population is under 18 years of age, research on depression and anxiety disorders in LMICs is crucial to reducing the burden of disability in the long-term. The aim of this study was to review the published literature on the prevalence, services and barriers to care for youth with depression and anxiety in LMICs.

Methods: A comprehensive PubMed search was performed using the keywords, low and middle income country, depression, anxiety, child, youth, adolescent, prevalence, treatment, intervention, services, and outcomes, for articles published in English up to May 2016. The reference lists of sourced articles were also searched for additional citations.

Findings: Prevalence studies were few and rates varied depending on the measurement tools used. While rates for anxiety disorders among youth in LMICs were similar to those in high income countries (5–26%), rates for depression varied widely (2–76%). The few studies on interventions assessed only psychological modalities, such as cognitive-behaviour therapy, interpersonal psychotherapy, peer support, and classroom-based trauma and grief therapy. However, clinical diagnoses were often not reported and results were frequently negative. Barriers to adequate care included lack of national mental health policies, limited mental health infrastructure and funding, and scarcity of mental health specialists. Services specific to a child and adolescent population were very sparse.

Interpretation: The mental health burden due to depression and anxiety disorders in childhood and adolescence is substantial in LMICs but systematic research on prevalence rates, service needs and gaps is limited. To support the future well-being of this vulnerable population, more research and policy changes are urgently needed to improve funding, services and accessibility.

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