

EDITORIAL



Emerging Authors Program for Global Cardiovascular Disease Research-A collaboration of the U.S. Centers for Disease Control and Prevention, the Lancet Commission on Hypertension Group, Resolve to Save Lives, and the World Hypertension League

© The Author(s), under exclusive licence to Springer Nature Limited 2022

Journal of Human Hypertension; <https://doi.org/10.1038/s41371-022-00678-w>

Locally led health research in low- and middle-income countries (LMICs) is critical to overcome global health challenges because local researchers are knowledgeable about relevant health problems and understand the cultural, social, economic, and political contexts that influence patterns of disease and the effectiveness of interventions [1]. However, health research capacity in LMICs remains limited [2]. Therefore, the U.S. Centers for Disease Control and Prevention (CDC), the Lancet Commission on Hypertension Group, Resolve to Save Lives (RTSL), and the World Hypertension League (WHL) came together with a shared goal of increasing opportunities for LMIC researchers to systematically evaluate cardiovascular disease initiatives and share their results with the scientific community through publication in the peer reviewed literature [3].

In 2019, CDC established a mentorship collaboration, the Emerging Authors Program (EAP) for Global Cardiovascular Disease Research, with the Lancet Commission on Hypertension Group, RTSL, and WHL, which led to the publication of 13 scientific articles across two special sections in the *Journal of Clinical Hypertension* in 2020 and 2021 by authors from LMICs in the areas of hypertension control, trans fat elimination, and sodium reduction [3, 4]. In the Spring of 2021, a call for applications was announced for the second cycle of the EAP to continue building on the previous success.

The second cycle provided an opportunity for early and mid-career public health trainees and practitioners from LMICs to receive scientific writing and publication mentorship from international cardiovascular disease experts, while further developing the mentorship collaboration and enhancing sustainability by engaging in-country mentors.

Nearly 50 applications were received for the second cycle, and 18 candidates were selected to join the program. While an in-person kick-off meeting was not possible due to COVID-19 restrictions, a virtual orientation meeting was held with new EAP researchers, in-country mentors, global mentors, former EAP researchers, and global partners. The orientation provided a program overview, a panel on best practices from global mentors, and a panel on advice from former EAP researchers. The orientation meeting was followed by individual meetings between each EAP researcher, their in-country mentor, and their primary global mentor.

The engagement of in-country mentors has been a very positive experience for both the mentees, the in-country mentors, and the global mentors; it facilitated access to data and strengthened the career support for mentees. An in-country mentor from Nigeria wrote: "I sincerely believe that the program is off to a good start and is progressing well." An in-country mentor from Uganda wrote: "Our EAP global mentor has been extremely helpful. He has supported the team with best practices of how manuscripts are written and also given prompt comments." An in-country mentor from Tunisia wrote: "He (the global mentor) gave us many interesting comments and the candidate is working on it to improve the manuscript."

As the program continues to evolve, efforts are being made for continuous improvement and in-country mentors have been very instrumental in identifying opportunities to strengthen the mentorship collaboration. Moving forward, the program aims to:

- Increase cross-program communication around timelines, processes, and expectations
- Create a platform for sharing best practices on enhancing collaboration and facilitating mentee progress on manuscript development
- Share access to available skill development resources
- Explore ways to encourage team building and cohesiveness.

The inclusion of in-country mentors has improved the mentorship program significantly and has provided opportunities for further program development.

A staggered timeline for researcher manuscript development and publication is being used to accommodate varying stages of research development as well as delays due to mentees' engagement in COVID-19 local responses. We are therefore pleased to publish the first five papers in a special section of this issue of the *Journal of Human Hypertension*.

- Sani et al. conduct a systematic review of the literature to explore the prevalence of hypertension in rural and urban areas of West Africa. In their meta-analysis, hypertension prevalence was high in both urban and rural areas, with odds of hypertension greater for urban dwellers.
- Soua et al. investigate the prevalence of hypertension and its association to other risk factors among Tunisian adolescents. In their cross-sectional study of secondary school students, hypertension prevalence was high and associated with excess body weight.






Received: 10 February 2022 Revised: 23 February 2022 Accepted: 9 March 2022
Published online: 23 March 2022

- Adeke et al. assess sociodemographic and lifestyle factors associated with hypertension in adults across Nigeria. Their cross-sectional survey of urban and rural adults describes associations with physical activity, alcohol consumption, marital status, employment, and education.
- Ghammem et al. explore the effectiveness of a 3-year community-based healthy lifestyle promotion intervention at the neighborhood level in Tunisia to decrease blood pressure among adults. Repeat cross-sectional surveys showed lower hypertension prevalence after 3 years in the intervention area.
- Kimera et al. present the results of a pre-post longitudinal study in Uganda in which hypertensive people living with HIV were provided integrated multi-month dispensing (MMD) of hypertension medications and antiretroviral therapy. Integrated MMD for stable hypertensive people living with HIV improved hypertension control and sustained optimal HIV viral suppression and retention of patients in care.

These publications from researchers from Nigeria, Tunisia, and Uganda highlight valuable findings and broaden the global evidence base on hypertension prevention and control. As the mentorship collaboration develops, identifying best practices informed by participants' experiences and feedback, we are pleased to share the evolving mentorship model aimed at increasing the publication capacity of emerging authors from LMICs. The remaining EAP researchers are developing their manuscripts in collaboration with in-country and global mentors; we look forward to disseminating their research in future special sections.

DISCLAIMER

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

Dinesh Neupane ^{1,2}✉, Bethany Hall^{3,4}, Qaiser Mukhtar³,
Christian Delles ^{1,5}, James E. Sharman ^{1,6}, Laura K. Cobb⁷,
Daniel T. Lackland ^{8,9}, Andrew E. Moran⁷,
Michael A. Weber ^{8,10} and Michael Hecht Olsen^{1,11,12}

¹Lancet Commission on Hypertension Group, London, UK.

²Department of International Health, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA. ³Centers for Disease Control and Prevention, Atlanta, GA, USA.

⁴CDC Foundation, Atlanta, GA, USA. ⁵Institute of Cardiovascular & Medical Sciences, University of Glasgow, Glasgow, UK. ⁶Menzies Institute for Medical Research, University of Tasmania, Hobart, TAS, Australia. ⁷Resolve to Save Lives, New York, NY, USA. ⁸World Hypertension League, Charleston, SC, USA. ⁹Medical University of South Carolina, Charleston, SC, USA. ¹⁰State University of New York, New York, NY, USA. ¹¹Department of Internal Medicine, Holbaek Hospital, Holbaek, Denmark. ¹²Department of Regional Health Research, University of Southern Denmark, Odense, Denmark. ✉email: dneupan2@jh.edu

REFERENCES

1. Bowsler G, Papamichail A, El Achi N, Ekzayez A, Roberts B, Sullivan R, et al. A narrative review of health research capacity strengthening in low and middle-income countries: lessons for conflict-affected areas. *Glob Health*. 2019;15:23.
2. Franzen SR, Chandler C, Lang T. Health research capacity development in low and middle income countries: reality or rhetoric? A systematic meta-narrative review of the qualitative literature. *BMJ Open*. 2017;7:e012332.
3. Olsen MH, Neupane D, Cobb LK, Frieden TR, Hall B, Lackland DT, et al. Global cardiovascular disease prevention and management: a collaboration of key organizations, groups, and investigators in low- and middle-income countries. *J Clin Hypertens (Greenwich)*. 2020;22:1293–5.
4. Neupane D, Cobb LK, Hall B, Lackland DT, Moran AE, Mukhtar Q, et al. Building research capacity within cardiovascular disease prevention and management in low- and middle-income countries: a collaboration of the US Centers for Disease Control and Prevention, the Lancet Commission on Hypertension Group, Resolve to Save Lives, and the World Hypertension League. *J Clin Hypertens (Greenwich)*. 2021;23:699–701.

AUTHOR CONTRIBUTIONS

All authors read and approved the final editorial.

COMPETING INTERESTS

The authors declare no competing interests.

ADDITIONAL INFORMATION

Correspondence and requests for materials should be addressed to Dinesh Neupane.

Reprints and permission information is available at <http://www.nature.com/reprints>

Publisher's note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.