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January 2026 Newsletter

Launch of Virtual Global Health Café

Dear All,

Happy New Year!

I am pleased to share that we are launching a **Virtual Global Health Café**, an open platform for informal discussions, exchanging ideas and supporting each other. The café will be a shared and inclusive space to connect our global health community at Keele. Whether you are a student, an early-career researcher or an established researcher, this space is for everyone.

We will meet monthly to discuss emerging global health issues, funding opportunities, and reflect on experiences from our global health work across different contexts. The café will run on the last Friday of the month at 11 am. Our first café will be held on **Friday, 27th Feb at 11 am.**

If you would like to join the café, please email Deborah Thomas (IGHW@keele.ac.uk)

I am really looking forward to seeing how this space evolves and how we can learn from each other in 2026.

Prof Priya Paudyal

Professor in Public Health and Director of the Institute for Global Health and Wellbeing

The CONTROL Dissemination Event - Colombo, Sri Lanka (4 December 2025)

Researchers, clinicians and policymakers from South Asia, Continental Europe and United Kingdom convened in Colombo for the **CONTROL Dissemination Event**, marking a major milestone in global efforts to integrate mental health care within tuberculosis (TB) treatment services. The event showcased findings from the **CONTROL programme** (COgNitive Therapy for depRessiOn in tubercuLosis treatment), funded through the **NIHR RIGHT Call 3 global health research initiative**. The dissemination event was convened to share emerging trial and implementation evidence with policymakers, programme leaders and partners, and to support the transition from research findings to policy engagement and scale-up planning. The event highlighted its potential to transform TB care in low- and middle-income settings, with a particular focus on implementation in Pakistan.

The CONTROL programme addresses a long-neglected intersection between TB and mental health, responding to growing evidence that untreated depression significantly undermines TB treatment adherence and outcomes. CONTROL has developed and tested a **culturally adapted cognitive behavioural therapy (CBT)** delivered by non-specialist TB health workers, designed to improve both mental health outcomes and TB treatment success.

Programme leadership was led by the Principal Investigators: Prof. Saeed Farooq (Keele University) & Dr. Zohaib Khan (Khyber Medical University), The event was hosted by Sri Lanka team lead by Prof. Athula Sumathipala (Institute for Research and Development, Sri Lanka).

The event comprised a formal inaugural session, a series of scientific and methodological presentations, a multi-stakeholder panel discussion, and dedicated capacity-building sessions, bringing together senior academic, clinical, and policy leaders from partner institutions across Pakistan, Sri Lanka, the United Kingdom, and Germany.

The event also showcased active Keele University participation: Prof. Antonius Raghubansie (Pro Vice-Chancellor, International) Prof. Martyn Lewis (Professor of Medical Statistics), Prof. Saeed Farooq (CONTROL study lead), and Prof. Monica Magadi (Professor of Epidemiology and Global Health). Participation from Keele Alumni further strengthened institutional links between Keele and Sri Lankan partners, notably the Institute for Research and Development (IRD) and the National Programme for Tuberculosis Control & Chest Diseases through sessions chaired by Sri Lankan clinical and policy leaders.

Strong international partnerships and research leadership

Senior representatives from Khyber Medical University (KMU), Keele University, and the Institute for Research and Development (IRD), Sri Lanka opened the event. They highlighted emergence of bilateral South-South and South-North relationships. These collaborations have strengthened research systems, training pathways and leadership in global mental health. The CONTROL programme was highlighted as a flagship example of equitable partnership, combining rigorous science with real-world relevance.

Professor Saeed Farooq, NIHR Global Research Professor and CONTROL study lead, described the programme as the largest clinical trial globally to test a psychological intervention embedded within TB services. He emphasised that alongside clinical outcomes, CONTROL prioritises capacity building, supporting doctoral and post-doctoral researchers, strengthening research governance, and equipping frontline health workers with new skills.

Evidence from the CONTROL trial

Scientific sessions detailed the programme's four-phase design, comprising formative research and cultural adaptation, pilot testing, a large randomised controlled trial and implementation planning. Early findings show high acceptability, strong engagement and promising delivery quality, with TB health workers achieving competence in CBT through structured training and supervision. Process evaluation results revealed that patients valued the opportunity to discuss psychological distress within routine TB care, reporting improved mood, motivation and confidence. While challenges such as workload pressures, limited clinical space and stigma remain; practical adaptations, including flexible session formats and phone-based support, have increased feasibility. A systematic review presented at the event reinforced the global evidence base, showing that psychosocial interventions, particularly CBT, can significantly reduce depressive symptoms among people with chronic infectious diseases, providing important external validation for the CONTROL approach.

From evidence to policy and scale-up

A multi-stakeholder panel, including representatives from national TB programmes and international donors, agreed that mental health should be treated as a core component of quality TB care, not an optional add-on. Panel discussions highlighted strong alignment between the CONTROL approach and Pakistan's National Strategic Plan for TB, reinforcing the relevance of integrated mental health care within existing national policy frameworks. The CONTROL team presented a Theory of Change framework outlining pathways for national and provincial scale-up, focusing on policy inclusion, health-system integration, workforce training, financing and routine monitoring using tools such as the PHQ-9.Community engagement emerged as a defining feature of the programme. Through the VoICE of CONTROL (Value of Integrated Community Engagement), initiative, patients, caregivers and marginalised groups-including

Afghan refugees-have actively shaped intervention design, messaging and governance, helping to reduce stigma and build trust between communities and global health systems. This model goes beyond consultation by embedding community representatives within advisory and governance structures, ensuring that lived experience directly informs decision-making.

Building sustainable capacity for health research

The final session highlighted CONTROL's broader contribution to strengthening global health research capacity. The programme has supported a wide cohort of early- and mid-career researchers, clinical fellows and students, with a particular emphasis on women and under-represented groups. Presentations from doctoral researchers demonstrated how CONTROL has catalysed new work across mental health, TB stigma, maternal depression, substance use and health-system readiness. The study has helped generate policy-relevant evidence, including Theory of Change implementation plans, health facility readiness assessments, and adapted clinical guidelines. Several of these initiatives are already informing new research programmes, policy-relevant evidence generation and longer-term institutional collaborations in partner countries.

A model for integrated, people-centred TB care

Closing the event, speakers emphasised that the CONTROL programme offers a scalable, evidence-based model for integrating mental health into TB services in resource-limited settings. By combining rigorous science, community partnership and long-term capacity development, CONTROL demonstrates how global research can deliver practical solutions that improve patient wellbeing and strengthen health systems. As countries work towards more people-centred models of TB care, the lessons from CONTROL provide a timely roadmap for translating evidence into lasting change, with clear implications for future research, policy engagement and international partnership.

Closing and Next Steps

The next phase of the CONTROL programme will prioritise sustained policy engagement, coordinated implementation planning, and the development of strategic partnerships to support wider adoption of integrated mental health care within TB services. Building on the programme's evidence base, upcoming work will include structured dialogue with national and provincial TB authorities, alignment with strategic planning processes, and preparation of materials to inform guideline updates and financing pathways. Planned scale-up activities will focus on refining the implementation framework, strengthening training and supervision systems, and ensuring readiness for integration within routine service delivery. The programme will also pursue follow-on funding and collaborative opportunities to enable phased expansion,

cross-country learning, and long-term sustainability. These efforts aim to ensure that psychosocial support becomes an embedded and scalable component of high-quality TB care.

Upcoming Funding Deadlines

- Homepage - Global Health EDCTP3 - European Union

Recent Publications

Empowering women in rural Nepal: evaluating the impact of sustainable hygienic sanitary pad provision on menstrual health and quality of life

Adolescent health service provision in Sri Lanka and England: A comparative health system analysis

Poor glycemic control and its predictors among people living with diabetes in low- and middle-income countries: a systematic review and meta-analysis | BMC Public Health | Springer Nature Link

The effect of hormone replacement therapy on musculoskeletal pain in menopausal women: A systematic review and meta-analysis - Rachel Overton, Payam Amini, Adan Chew, Opeyemi Babatunde, Kayleigh J Mason, Sneha Rathod, Victoria Welsh, Claire Burton, 2025

population-level impact of COVID-19 on maternal healthcare utilization: evidence from the 2022 Kenya Demographic and Health Survey | International Health | Oxford Academic

New IGHW website and call for publications

Our new website is now live! Please take a look HERE

We have seven key research themes for which we would like to invite you to share your publications underneath. The themes are:

- Mental Health and Wellbeing

- Infectious Diseases
- Maternal, Child and Adolescence Health
- Climate and Health
- Non-communicable Diseases
- Primary Care
- Health Policy and Systems

Please forward your publications to: IGHW@keele.ac.uk

About the Institute for Global Health and Wellbeing

The Institute for Global Health and Wellbeing is one of Keele University's flagship institutes. Our aim is to address global health disparities and improve the health and well-being of the most vulnerable populations in resource poor settings. We conduct high quality interdisciplinary and innovative research in number of global health areas including mental health, infectious diseases, primary care, maternal child and adolescent health, non-communicable diseases, and climate and health. Our current research projects are supported by funding from GCRF, AHRC, MRC and NIHR. We are currently working on a number of global health projects with interdisciplinary teams in Pakistan, Sri Lanka, Brazil, Ethiopia, Malawi and India.

If you would like to stay connected with the IGHW community and activities, please complete this brief FORM

Please visit the Institute webpage here for further details.

Contact Us

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Visit us on the web at HERE

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