

# GLOBAL ALLIANCE FOR CHRONIC DISEASES



## A MESSAGE FROM OUR CHAIR

Often referred to as “lifestyle” diseases, most chronic non-communicable diseases (NCDs) are largely preventable. Yet a fraction of global health funding is focused on NCDs despite their increasing burden on already burdened nations, limiting economic development and improvements in quality of life for billions. On the heels of the UN High-level Meeting on NCDs, the Global Alliance for Chronic Diseases (GACD) is attempting to provide the evidence which will enable international donors and governments to bridge this gap by leveraging research funding to address NCDs globally. Our member research funding agencies support research which provides evidence that is changing global health policy in low- and middle-income countries today. In my travels this year as Chair of the GACD, I have been encouraged by the creative and energetic research partnerships across the globe, with true commitment to changing the NCD landscape. I am delighted to introduce you to our ground-breaking hypertension research projects and the personalities that make up our Global Alliance for Chronic Diseases. Our focus now is to support governments to reach the new health goal, highlighted by the World Health Assembly: to reduce mortality from NCDs by 25% by 2025. Our commitment to this is strengthened by our combined energy, resources and expertise to generate the evidence base to meet that goal.



Left to right: Abdallah Daar, past Chair, Celina Gorre, Executive Director, Susan Shurin M.D. Current Chair, Dr. Xuetao Cao Chair-elect.

**Susan B Shurin, M.D.**  
Chair, GACD

## A MESSAGE FROM OUR EXECUTIVE DIRECTOR

On the first anniversary of the establishment of the Global Alliance for Chronic Diseases (GACD) Secretariat, I'd like to offer some reflections on a year that has been dynamic, challenging and inspiring. Throughout 2012 the GACD navigated through the growing pains of a startup international alliance, bringing together large national research organisations in measured, thoughtful steps. This has resulted in a sharp, robust and lean team tackling some of the biggest challenges we face in global NCD research.

Each of the three defining moments of 2012 has been key to the successes we have achieved thus far. In June 2012, Dr. Francis Collins announced the fifteen research teams as the first-ever grantees of the GACD Hypertension Programme. This watershed moment reflected countless hours of hard work by the member agencies to break out of national silos and focus on the areas of collaboration. The second moment was the re-launch of [www.gacd.org](http://www.gacd.org), putting GACD on the virtual map and laying the groundwork for all virtual, global collaborations under the GACD. Finally, the 1st Joint Technical Steering Committee Meeting in Ottawa in December 2012 was the culmination of the entire year's efforts to coordinate 15 research teams from around the world. This annual meeting paved the way for joint publications and new professional relationships to develop, which will contribute to the global NCD research community for many years to come.

The hard work is far from over. In fact, this is just the beginning, as we apply all the essential lessons learned throughout the year to future joint research programmes and activities both in person and online. In the process we aim to increase the quality and quantity of research in the field of global NCDs. The future is full of challenges but together, we have the ability to turn them into opportunities, building concrete evidence to change global health policy in low- and middle-income countries through all GACD research programmes to come.

**Celina Gorre,**  
Executive Director, GACD

## INTRODUCTION

The Global Alliance for Chronic Diseases (GACD) is a unique collaboration of major research funding agencies that seek to address the prevention, control and treatment of chronic non-communicable diseases (NCDs) in low- and middle-income countries and marginalised populations of more developed countries.



GACD members, ambassadors and researchers at Ottawa meeting in December 2012

The Alliance brings together national and international funding agencies representing more than 80 percent of all public research funding in the world:

-  Australia's National Health and Medical Research Council
-  Canadian Institutes of Health Research
-  Chinese Academy of Medical Sciences
-  The U.K.'s Medical Research Council
-  The U.S.'s National Institutes of Health
-  Indian Council of Medical Research
-  South Africa's Medical Research Council
-  The European Commission's Health Directorate at the Research & Innovation Directorate General

### Our mission

The GACD's goal is to ease the burden of chronic non-communicable diseases in low- and middle-income countries, by systematically building the evidence base for sound policymaking, as guided by global experts on NCDs.

We do this by:

- 1 Coordination** - building increasing levels of research collaboration across the member agencies.
- 2 Awareness** - raising understanding of global NCDs and conducting outreach beyond the founding members.
- 3 Capacity-building** - facilitating platforms for global chronic non-communicable diseases research.

# THE GACD ADDED VALUE

Connecting chronic diseases research communities by creating global links between low, middle- and high-income countries.



Dr. Derek Yach, Executive Director Vitality Institute, former VP Global Health, PEPSICO.

- 1 Facilitating virtual working groups on hypertension research.
- 2 Bringing together the global GACD research community in the annual Joint Technical Steering Committee meetings.
- 3 Managing social media spaces by maintaining an active network of researchers with the GACD Professional forum on LinkedIn, highlighting news, events and information on Facebook, inspiring real-time discussions on Twitter and NCD multi media stories on www.gacd.org
- 4 Collaborating with our host, the UCL Institute for Global Health, and engaging with the academic community of a university that is ranked 4th in the 2012 QS World University Rankings.
- 5 Engaging with policymakers – organising tailored talks and training sessions for researchers, policymakers, ambassadors, ministers and the wider international development community.

**What our researchers say:**

“Coming from a middle-income country where science is not too highly regarded, the GACD has taught me very important lessons. My backpack is now full of ideas and new things to offer and I will start to approach talking to policy makers in a different way.”

**Adolfo Rubinstein**  
GACD Principal Investigator, Argentina.

“It was a huge learning curve for me to learn how other countries are doing things, how to join research and policy. It gave me huge peace of mind when I learnt about other countries that have similar battles. Academics like politicians can stimulate debate.”

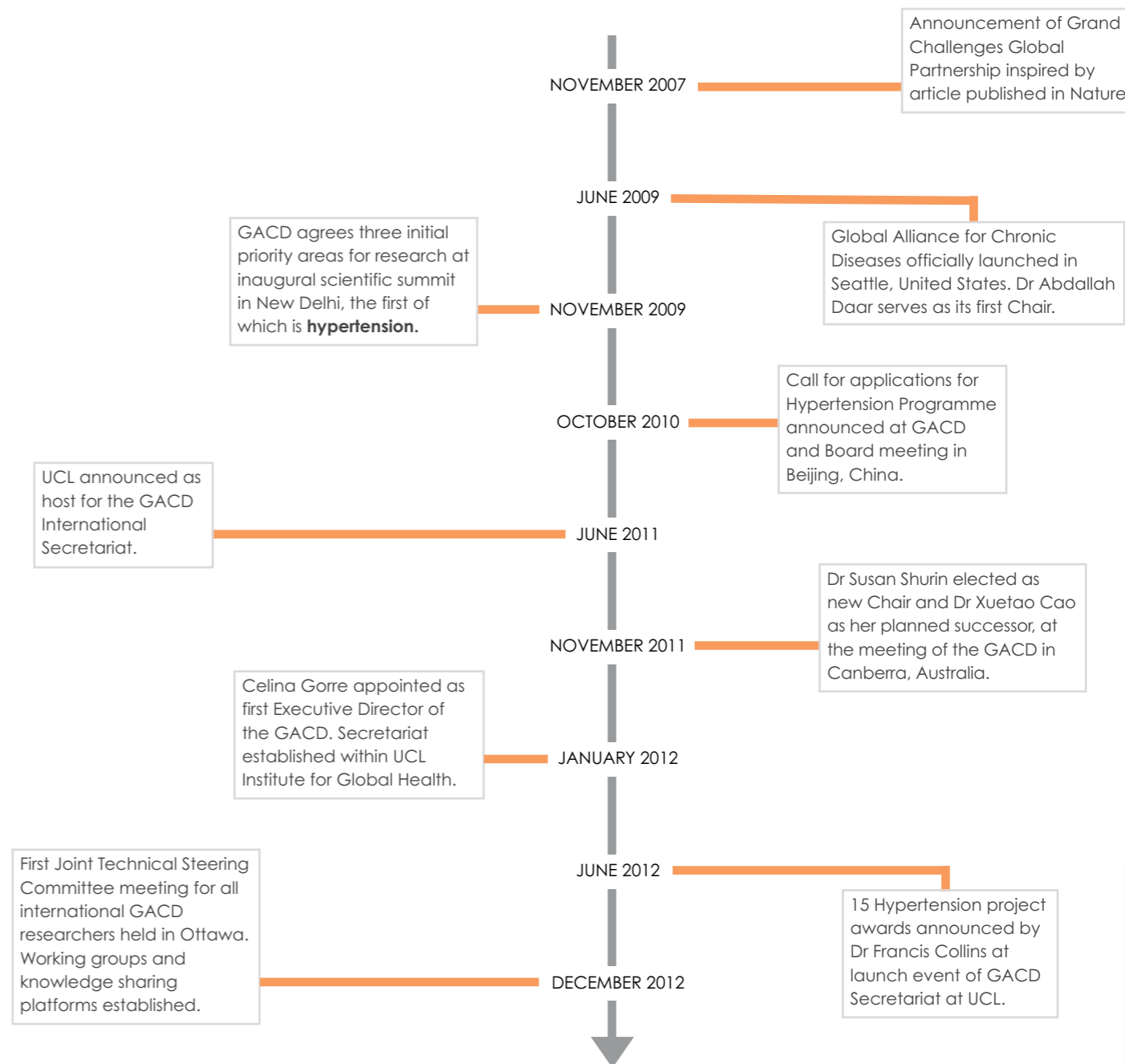
**Sarah Gumede**  
Deputy Director, Mpumalanga Department of Health, Nelspruit, South Africa.

# GACD HISTORY

The Global Alliance for Chronic Diseases takes its origin in the Grand Challenges Partnership, which was first announced in 2007.

This partnership was inspired by an article published in *Nature* involving a panel of fifty global experts who identified twenty global Grand Challenges in chronic NCDs and highlighted a set of priorities to address the burden of cardiovascular diseases, type 2 diabetes, chronic respiratory diseases and certain cancers. These under-resourced and preventable conditions cause the greatest share of death and disability. They account for 60 percent of all deaths worldwide, 80 percent of which are in low- and middle-income countries.

The GACD is unique in its research partnership model, between low- and middle-income and high-income countries, putting lifestyle diseases at the heart of the global health debate.



# YEAR IN REVIEW - 2012

The GACD International Secretariat became a working team in June 2012. Throughout the year we ran events to highlight current debate around non-communicable diseases, working in alliance with our board partners and researchers across the globe. Through the development of our website in October, we are starting to see a huge thirst for knowledge sharing around NCDs. We culminated our first year with a busy month in December, when we hosted a debate at the Houses of Parliament. Shortly afterwards we held the first conference for GACD global hypertension teams in Ottawa. We were kindly hosted by the Canadian Institutes of Health Research.

A strategy meeting was held in London with key GACD and UCL executives to build the relationship between the GACD and its host institution.

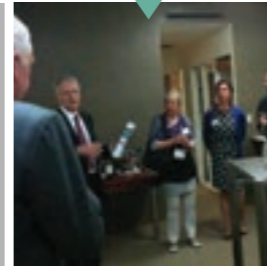
Celina Gorre presented at the launch of the Centre for Global NCDs at the London School of Hygiene and Tropical Medicine.



Two new staff members were appointed within the GACD International Secretariat to support the Alliance with the administrative, programmatic and communication aspects of the Secretariat's activities.

Australia's National Health and Medical Research Council hosted a reception for newly-awarded researchers of the GACD Hypertension Programme at the International Society for Hypertension conference in Sydney.

The European Commission's Health Directorate at the Research & Innovation Directorate General joins as a new Alliance member.



Celina Gorre spoke on the Innovative Partnerships for Global Health Research as well as decision-making for shifting demographics and disease burden at the Canadian Conference on Global Health in Ottawa.

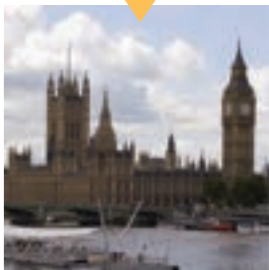


All Hypertension Programme research teams participated in the first Joint Technical Steering Committee conference call, which introduced the researchers to each other and laid out the agenda for their joint work.







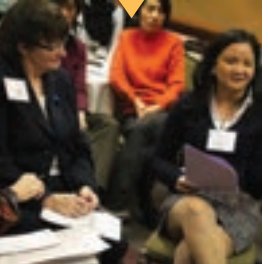


At the GACD Board Meeting in London, it was agreed that the focus of the next GACD funding call will be diabetes.

We held a panel debate at the UK Houses of Parliament "NCD time bomb – whose problem is it anyway? Learning from HIV and searching for leadership."



## 2012

| JANUARY   | FEBRUARY   | MARCH   | APRIL   | JUNE   | SEPTEMBER  | OCTOBER   | NOVEMBER   | DECEMBER |
|---|--|---|---|--|--|---|--|----------|
| <p>The GACD International Secretariat was established at its host institution, the UCL Institute for Global Health, and Celina Gorre was appointed at its first Executive Director.</p>  | <p>GACD Chairperson, Dr Susan Shurin, spoke about 'The Global Alliance for Chronic Diseases: A Model for International Cooperation' at 'Diabetesity – A World-Wide Challenge' in Brussels.</p>  | <p>The GACD Executive Director, Celina Gorre, presented at the Chronic Non-communicable Diseases and Disorders Research Training Networking Meeting at the National Institutes of Health in Washington DC.</p>  |  | <p>A Board and Management Committee meeting were also held in London.</p> <p>The GACD Secretariat was officially launched with a public event at UCL, which was marked by a lecture from Francis Collins. The launch coincided with the announcement of the GACD first joint funding effort into hypertension.</p>  | <p>The new GACD website and logo was launched. www.gacd.org is the home for GACD multimedia content and news, whilst showcasing the GACD's coordinated research activities around the world.</p>  | <p>The GACD Scientific Advisory Task Force issued their recommendations on the GACD's research focus areas. Members were Dr Tim Evans, Prof Judith Whitworth, Prof Mark Hanson, Prof Bongani Mayosi, Prof Louise Gunning-Schepers and Prof Nikhil Tandon.</p> <p>Celina Gorre spoke at a conference on obesity in mothers and children at the London School of Hygiene and Tropical Medicine.</p> | <p>GACD hypertension programme research teams met for the first time to discuss their joint activities. This event was generously hosted by the Canadian Institutes of Health research (CIHR) in Ottawa. Researchers were joined by ambassadors and policy makers.</p>  |          |

## GACD HYPERTENSION PROGRAMME

The GACD Board Meeting in Delhi in 2009 highlighted three growing challenges impacting the health of communities worldwide: indoor air pollution, tobacco, and **hypertension**.



GACD research project in rural Kenya

Hypertension is associated with higher rates of stroke, heart attacks and diabetes, particularly in the developing world. Despite the abundance of robust evidence that lowering blood pressure reduces the likelihood of developing cardiovascular disease, rates continue to rise. The GACD decided to launch its first joint research programme on hypertension, to fill the knowledge gaps on prevention, control and treatment, with high-quality research, especially in low- and middle-income countries and marginalised populations in high-income countries.

Hypertension is one of the most common chronic conditions worldwide. **1 in 3** people around the world today are affected by raised blood pressure (WHO World Health Statistics 2012 Report).

**The GACD Hypertension Programme is the first initiative of its kind, with the world's largest funders of medical and health research coming together to fund NCD research.** With a collective investment of over US\$23 million, fifteen studies are being funded around the world involving researchers from nineteen countries. Each research project is conducted through a partnership between investigators from institutions in high-income and low- and middle- income countries. The aim is to build upon current research with an emphasis on implementation science.

The objectives of the GACD Hypertension Programme are to identify commonalities across research studies, to share knowledge, and adapt successful approaches within a culturally relevant and practical context.

### GACD Hypertension Programme Working Groups

We have 4 Working Groups to facilitate joint activities of the fifteen research teams and identify common approaches and metrics.

The Working Groups are organised into the following areas

- I Baseline prevalence data and data sharing
- II Evaluation and reporting
- III Cluster randomised controlled trials, including issues of consent
- IV Identifying barriers to hypertension control



Specifically, the Programme aims to:

- 1 Improve health gains whilst reducing health disparities in LMICs as well as amongst Aboriginal populations in higher income countries.
- 2 Focus on research topics where the need for evidence to inform policy, programmes, and practice is most urgent.
- 3 Pursue knowledge translation and exchange approaches that are designed to maximize the public health benefits of research findings.
- 4 Identify common approaches for implementation, integration, and the scaling-up within different health service delivery systems.
- 5 Develop common protocols for implementation science with these initiatives developed and refined, including protocols for systems analysis.
- 6 Develop a strengthened capacity for implementation research in chronic disease.
- 7 Develop a prototype for the international peer review of implementation research on chronic diseases in LMICs.

Our map on the following pages shows all funded hypertension research teams and their study locations.

# HYPERTENSION PROGRAMME LOCATIONS

**'Approximately 60% of deaths are attributed to hypertension and other cardiovascular conditions.'**

WHO Peru NCD Country Profile 2011

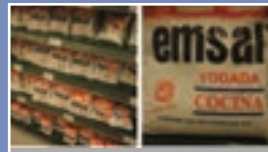
## PERU

Launching a salt substitute to reduce blood pressure at the population level in Peru

**Funding Organisations:**

National Institute of Health/National Heart, Lung, and Blood Institute, United States

**US\$2,029,249**



**'NCDs are estimated to account for approximately 66% of all deaths in Columbia.'**

WHO NCD Country Profile Columbia 2011

## COLOMBIA AND MALAYSIA

Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries (Hypertension Outcomes Prevention and Evaluation: HOPE-4)

**Funding Organisations:**

Canadian Institutes of Health Research, Grand Challenges Canada, International Development Research Centre, Canadian Stroke Network

**US\$1,431,012**

**'Coronary heart disease was the number 1 cause of death in Argentina.'**

WHO Global status report on non-communicable diseases 2010

## ARGENTINA

Comprehensive Approach for Hypertension Prevention and Control in Argentina

**Funding Organisations:**

National Institute of Health/National Heart, Lung, and Blood Institute, United States

**US\$2,083,675**



**'In a 2009 report, the highest rate of untreated hypertension in Canada is amongst Aboriginal communities in the northern regions at 29.2%. This is compared to 12.7% in the overall Canadian population.'**

DREAM-GLOBAL

## CANADA AND TANZANIA

DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower BP in Aboriginal and LMIC.

**Funding Organisations:**

Canadian Institutes of Health Research, Grand Challenges Canada, International Development Research Centre

**US\$1,915,265**

**'In 2010 NCDs accounted for 83% of all deaths in China.'**

WHO



## CHINA

A school-based education programme to reduce salt intake in children and their families

**Funding Organisation:**

Medical Research Council, UK

**US\$1,187,014**

**'Approximately 40% of 9.7 million Pacific Island citizens including Fiji and Samoa have been diagnosed with a non-communicable disease notably cardiovascular disease, diabetes and hypertension.'**

WHO Bulletin 2010

## FIJI AND SAMOA

Cost effectiveness of salt reduction interventions in Pacific Islands

**Funding Organisation:**

National Health and Medical Research Council Australia

**US\$1,008,474**



**'Our studies in rural India have found that 1 in 4 adults have hypertension.'**

Dr D Praveen, The George Institute India

## INDIA

Randomised Controlled Trial of early use of a simplified treatment regimen incorporating a half-dose, three-in-one blood pressure lowering pill vs. usual care for improving hypertension control in India.

**Funding Organisation:**

National Health and Medical Research Council, Australia

**US\$1,029,660**



## INDIA

Improving the control of hypertension in rural India: Overcoming the barriers to diagnosis and effective treatment

**Funding Organisation:**

National Health and Medical Research Council, Australia

**US\$997,105**



## INDIA

Developing a national salt reduction program for India

**Funding Organisation:**

National Health and Medical Research Council, Australia

**US\$880,045**



## INDIA

A Smartphone-based clinical decision support system for primary health care workers in rural India.

**Funding Organisation:**

National Health and Medical Research Council, Australia

**US\$897,234**

**'Nigeria is Africa's most populous country and the strain on healthcare resources has become most apparent with the increase in hypertension incidence.'**

WHO World Global Report on Non Communicable Diseases 2010



## NIGERIA

Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES).

**Funding Organisations:**

National Institutes of Health (NIH)/National Institute of Neurological Disorders and Stroke, United States

**US\$2,216,772**

**Globally, the NCD burden will increase by 17% in the next ten years and in Africa by 27%.**

WHO World Global Report on Non Communicable Diseases 2010

## GHANA

Task Shifting and Blood Pressure Control in Ghana: A Cluster-Randomized Trial

**Funding Organisations:**

National Institute of Health/National Heart, Lung, and Blood Institute, United States

**US\$2,117,296**



## SOUTH AFRICA, UGANDA AND RWANDA

Utilizing HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa

**Funding Organisations:**

Canadian Institutes of Health Research, Grand Challenges Canada, Canadian Stroke Network, International Development Research Centre

**US\$1,887,409**

## KENYA

Optimizing linkage and retention to hypertension care in rural Kenya

**Funding Organisations:**

National Institutes of Health/National Heart, Lung, and Blood Institute, United States of America

**US\$2,104,519**

## SOUTH AFRICA

Treating hypertension in rural South Africa: Strengthening community-based outreach services for integrated chronic care

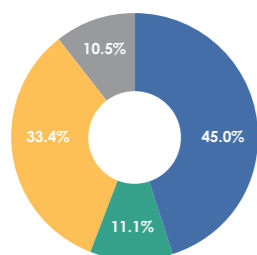
**Funding Organisation:**

Medical Research Council, UK

**US\$1,408,457**

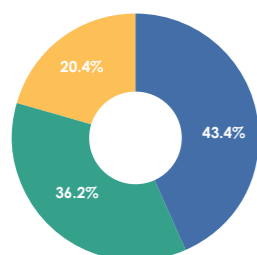
# FINANCIAL STATEMENT 2012

Expenditure 2012

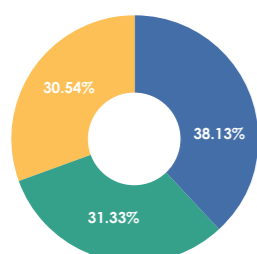


- Permanent and temporary staff
- Travel
- Operational costs (including communications, office equipment, expenses, overheads)
- Overheads

Actual Expenditure 2012



Projected Expenditure 2013



- Objective #1: Coordination
- Objective #2: Awareness
- Objective #3: Capacity-building

## Income 2012

|  |                    |
|--|--------------------|
| Total Member Contributions   | US\$400,000        |
| <b>Expenditure 2012</b> (As of 15 January 2013)                          |                    |
| Permanent and Temporary Staff  | US\$167,882        |
| Travel   | US\$41,287         |
| Operational costs (including communications, office equipment, expenses) | US\$124,653        |
| Overheads  | US\$39,161         |
| <b>Total Expenditure</b>   | <b>US\$372,983</b> |

## Budgeted Expenditure by Objective

**Objective #1:** Coordination – To build increasing levels of research collaboration across the member agencies.

**Objective #2:** Awareness – To raise understanding of global NCDs and conducting outreach beyond the founding members.

**Objective #3:** Capacity-building – To facilitate platforms for global chronic non-communicable diseases research.

In 2012, the GACD International Secretariat was established at the UCL Institute for Global Health in London. In this inaugural year, the Secretariat focussed on three key priorities: building staff and infrastructure at its host institution, creating an online presence, and forming the GACD Hypertension Programme. In 2013, with the Secretariat well-established, the GACD can dedicate more of its resources to capacity-building, including the development of the next GACD research programme.

The GACD Secretariat has put the following measures in place to make the best use of its resources:

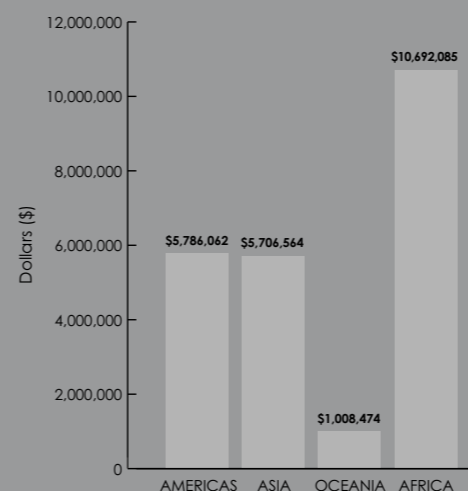
- Scheduling of Board meetings in conjunction with other international research meetings to save travel costs and lessen its environmental footprint.
- Organising the vast majority of GACD meetings virtually. For example, the Management Committee met only twice in 2012, but held more than 8 teleconference meetings.
- Making use of the infrastructure offered by its host institution UCL to redesign the GACD website, host public events, and guide finance and human resources policies and procedures.
- Engaging an external auditor to validate the Secretariat's financial systems.

# FACTS AND FIGURES

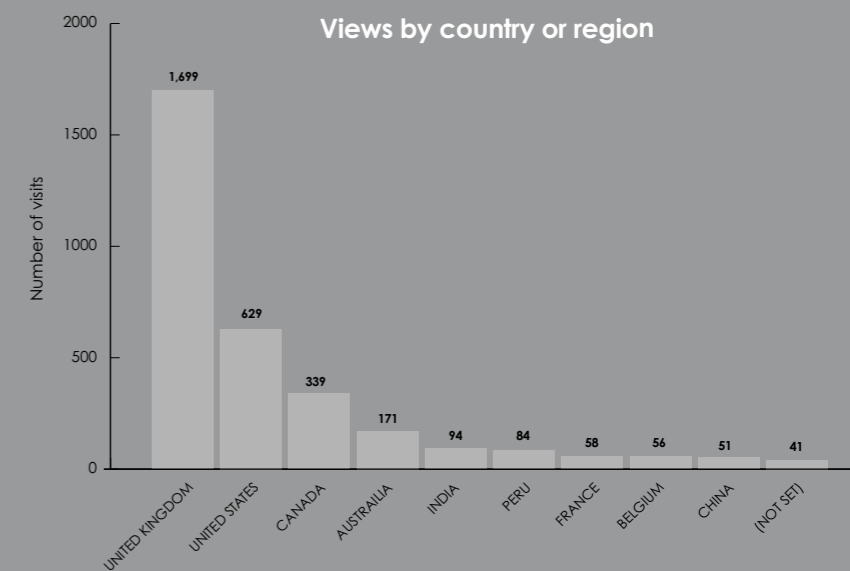
## Hypertension research funding

- ▶ The total amount of research funding for Hypertension Programme is **US\$23,193,186** (exchange rates as of 4 June 2012)
- ▶ Research funding for studies focussing on salt reduction is **US\$5,104,782**
- ▶ Research funding for studies using mobile communication technology is **US\$9,021,199**

## Funding by continent



## Web traffic and statistics



**3675 visits**

to our website since October 2012 (between 1 Oct and 31 Jan)

Increase of **34.7%**

## GACD PEOPLE

The Board has the ultimate authority over the Alliance's vision, values and overall governance framework. The Board works in collaboration with UCL representatives to develop and implement GACD policies.

### GACD Board

- **Susan Shurin**, National Heart, Lung, and Blood Institute, National Institutes of Health, United States (Current Chair)
- **Xuetao Cao**, Chinese Academy of Medical Sciences, China (Chair Elect)
- **Abdallah Daar** (Previous Chair)
- **Warwick Anderson**, National Health and Medical Research Council, Australia
- **Alain Beaudet**, Canadian Institutes of Health Research, Canada
- **Ruxandra Draghia-Akli**, Health Directorate at the Research & Innovation DG of the European Commission (Designate: Karim Berkouk)
- **Salim S. Abdool Karim**, Medical Research Council, South Africa
- **Vishwan Mohan Katoch**, Indian Council of Medical Research, India
- **John Savill**, Medical Research Council, United Kingdom (Designate: Wendy Ewart)
- **Anthony Costello**, University College London (Host Institution Representative)
- **Anne Johnson**, University College London (Host Institution Representative)

In addition, the World Health Organization (WHO) has an observer status on the GACD Board.

### GACD Management Committee

The Management Committee is responsible for the oversight, management and coordination of the portfolio of research awards made under the umbrella of the Alliance. Current Management Committee members are:

- **Muhammad Ali Dhansay**, Medical Research Council, South Africa
- **Nancy Edwards**, Canadian Institutes of Health Research, Canada
- **Jill Jones**, Medical Research Council, United Kingdom
- **Clive Morris**, National Health and Medical Research Council, Australia
- **Cristina Rabadán-Diehl**, National Heart, Lung, and Blood Institute, National Institutes of Health, United States

### GACD International Secretariat

The Secretariat serves as the administrative hub for the GACD member agencies, funded research teams and host institution, and represents the Alliance externally. Current staff members are:

- **Celina Gorre**, Executive Director
- **Rosie Bartlett**, Communications Manager
- **Dorothea Kanthack**, Senior Programme Officer
- **Eshe Jackson-Nyakasikana**, Programme Officer



The GACD members fund innovative research that will change NCD global health policy around the world.

Additional photography: Kenya images courtesy of Rajesh Vedanthan, Ampath Kenya & Tom Kelly, IGH, UCL.