



GACD

GLOBAL ALLIANCE FOR CHRONIC DISEASES
AN ALLIANCE OF HEALTH RESEARCH FUNDERS

ANNUAL

REPORT

2013

GLOBAL ALLIANCE FOR CHRONIC DISEASES

A MESSAGE FROM OUR CHAIR

I am delighted to succeed Dr Susan Shurin as GACD Board Chair and am lucky to inherit a GACD which is healthy, focused, and taking a new course. The GACD now finds its home in China. To chair the Global Alliance for Chronic Diseases offers an exciting opportunity for GACD staff, board and funding agencies to further advance the exciting hypertension research initiatives launched in June 2012. Our commitment to fund groundbreaking research into diabetes treatment and control will have a significant impact on the global fight against diabetes. One in ten people in China are suffering from diabetes and it is now thought to be the country with the largest number of people living with diabetes in the world. For China, this second GACD joint research programme is a vital addition to the global health research funding landscape and we look forward to launching its successful research projects.



Dr Xuetao Cao,
Chair of the GACD Board

2013 was a year of growth and learning for the GACD. With the Secretariat fully staffed, we were able to fully support the four distinct work streams of the GACD: research facilitation, board and member coordination, communications and administration.

A MESSAGE FROM OUR EXECUTIVE DIRECTOR



Celina Gorre,
Executive Director, GACD

As I look back on 2013, I am heartened by the progress of the GACD as an important actor in the global fight against chronic, non-communicable diseases. Our key drivers for success for 2013 were process, programmes and partnership. The GACD Secretariat has provided a strong foundation through communications, strategic management and research coordination, which has streamlined processes across all member agencies. With the success of the Hypertension Programme, the GACD has proven to be a strong, global collaboration platform. This culminated in a productive 2nd Annual Meeting of the Joint Technical Steering Committee in Cape Town, where all fifteen research teams shared experiences, challenges and best practices. We then launched the GACD's second research programme, on diabetes, with 100% of our member agencies participating in strategy and funding. Lastly, the GACD has partnered with organisations such as the London School of Hygiene and Tropical Medicine's Global NCD Centre and the WHO, which enables awareness-raising to a global audience.

As we look ahead to 2014 and our focus on China, we welcome Dr Xuetao Cao as the new chair of the board for the GACD. Under his leadership, the GACD hopes to deepen its understanding of health research in non-communicable diseases (NCDs) and we look forward to building new partnerships and gaining new members committed to addressing these barriers to a healthier world.



GACD WHO WE ARE

The Global Alliance for Chronic Diseases (GACD) initiates, facilitates and supports joint research activities on chronic, non-communicable diseases (NCDs) in low- and middle-income countries (LMICs) and in vulnerable and indigenous communities in high-income countries (HIC). The research aims to contribute to the development and sharing of the evidence base with which policy makers draft and implement strategies for improving the health of their constituencies.



GACD researchers and management committee members at our annual meeting in Cape Town.

The Alliance brings together national and international funding agencies representing more than 80 per cent of all public health 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 AIMS

The goal of the GACD is to tackle the burden of chronic non-communicable diseases in low- and middle-income countries, by building the evidence base for interventions to underlie sound clinical practice and policymaking. We do this by:

COORDINATION – building increasing levels of research expertise across the research community and member agencies.

COLLABORATION – supporting global research collectively and learning from each other as funders and decision makers.

COMMUNICATION – raising awareness of global NCDs & GACD research by conducting outreach beyond the Alliance members.



GACD ADDED VALUE

The GACD connects policy makers, funders and researchers in the field of NCD, or chronic non-communicable disease, research.

“Because of GACD, we get to speak with ICMR, (Indian Council for Medical Research) and they are the people who make healthcare policy in India. The GACD’s role is to have clout to bring policymakers to these meetings. And then there is an opportunity to engage.”

GACD Researcher

FOR POLICY MAKERS



Jianguo Zhang, Vice Minister of Ministry of Human Resources and Social Security and General Director of State Administration of Foreign Experts Affairs speaking to the GACD Diabetes Meeting in July 2013, Beijing.

This year the GACD has held a series of targeted panel discussions and events to solidify connections with global policy makers in the world of Global Health. Our aim was to highlight needs for research funding into chronic non-communicable diseases and raising the debate on an international stage.

In January Vice Minister Jianguo Zhang spoke to the GACD’s board and management committee, further enhancing our connections with China.

“...throughout the world, one way we are actively working to reduce the global burden of high blood pressure is through the Global Alliance for Chronic Diseases (GACD), of which HHS is a founding member. In 2012, GACD launched its first initiative to address high blood pressure in low- and middle-income countries. This important initiative is helping address the growing global epidemic of chronic noncommunicable diseases, affecting not only individuals, but entire populations.”

US Secretary of Health and Human Services Kathleen Sebelius

In June, the GACD held a debate on Capitol Hill titled “Global Health in the Post-2015 Agenda: A Conversation with Ambassador Eric Goosby and the GACD”



Dr Lixin Jiang - CAMS, Dr Roger Glass - NIH, Dr Guillermo Ruiz-Palacios - Mexican National Institutes of Health, Ambassador Eric Goosby, Dr Alain Beaudet - CIHR, Dr Karim Berkouk – European Commission, Dr Xuetao Cao – CAMS and Chair Elect of GACD, Prof Warwick Anderson – NHMRC, Celina Gorre – Executive Director, GACD.



FOR FUNDERS

The GACD has funding partners in both high- and low- and middle-income countries. Our funders shape the direction and content of GACD funded programmes and work together to share best practice and development of future research calls.



Dr Johan Louw, Dr Nancy Edwards, Dr Prashant Mathur, GACD Management Committee members.

"As chronic non-communicable diseases pose a major health burden in India, GACD provides an excellent platform for convergence of global researchers, optimizing and leveraging funding scenarios, sharing global best practices, strengthening research capacity and providing outcomes relevant to other similar low-middle income countries. This is a unique global effort to address the rising burden of chronic non-communicable diseases through international networking and sharing."

Dr Prashant Mathur, ICMR, India

"The GACD has allowed South Africa to join a network of international NCD researchers with a truly global reach. Through preparing the call and learning from partners, various funding opportunities and approaches to formulating calls, we have improved our own shared learning as funders. South Africa's membership with this alliance directly benefits local researchers by exposing them to established, international research platforms."

Dr Johan Louw, SAMRC, South Africa

FOR RESEARCHERS

The GACD facilitates annual training meetings and working groups to strengthen development and networking opportunities for its global research teams. We have 15 funded teams, working on hypertension research programmes across the world, who meet annually to share best practice and expand their international networks. The hypertension teams also become members of working groups that help shape the outcomes of their research collaboratively.

"I learned very quickly that there are other smart people. It is much easier to work with other smart people and together you can accomplish things that you could not accomplish alone. Now I know whom to contact if I need information about a certain approach."

GACD Researcher



"We all have our local people that we know. But coming in with the GACD may be more powerful. GACD may have more linkages with the government."

GACD Researcher



"The idea that you're progressing in parallel with other groups and feels like you're more on the spotlight. It makes you want to try extra hard. You want to make sure you're not at the bottom. If you were just on your own, it wouldn't have the same impact."

GACD Researcher



GACD 2013 HIGHLIGHTS

JANUARY 2013

FEBRUARY 2013

The GACD's Executive Director Celina Gorre spoke to the London School of Hygiene and Tropical Medicine's global NCD conference from 11th-13th February about the importance of alliances and strategic partnerships. The talk was entitled Linking Local to Global Action.

MARCH 2013

A UCL delegation visited Beijing, China. The group comprised academics from different disciplines. GACD's Rosie Bartlett and Dorothea Kanthack joined the group and held key meetings with CAMS (Chinese Academy of Medical Sciences) and British embassy staff.



JUNE 2013

The GACD went to Washington, where it held its bi-annual board meeting at the offices of the National Institutes of Health (USA). The meeting was followed by an interactive panel discussion on Capitol Hill entitled "Global Health in the Post 2015 Agenda: A conversation with Ambassador Eric Goosby and the GACD Board."



JULY 2013

The GACD's Management Committee held a workshop in Beijing to establish the framework for the next joint diabetes call. Hosted by the Chinese Academy of Medical Sciences, the group formulated the basic structure of the joint call for proposals into diabetes research.





AUGUST 2013

The GACD launched its second global research call into the prevention and treatment of Type 2 diabetes, with a focus on implementation science in low-and middle-income countries. The emphasis is on existing approaches to prevention and control of type 2 diabetes rather than the development of new treatments.



NOVEMBER 2013

GACD's 15 international Hypertension research teams met in Cape Town, South Africa for their 2nd annual Joint Technical Steering Committee Meeting. Cross collaborative working group met and training sessions included pitching to policy makers and media writing skills.



OCTOBER 2013

The Royal Society held an event called "Combating NCDs in LMICs. GACD's lead researcher Adolfo Rubinstein from the Hypertension team "A Comprehensive approach to Hypertension control" spoke. **"By 2013 NCDs will lead to a global loss of £30 trillion, almost half of the world's GDP."**



DECEMBER 2013

The GACD's chairmanship was formally handed from Dr Susan Shurin of the US's National Heart, Lung, and Blood Institute to Dr Xuetao Cao, director of the Chinese Academy of Medical Sciences (CAMS). Dr Alain Beaudet from the Canadian Institutes of Health Research (CIHR) was officially elected to the role of chair elect.



DECEMBER 2013

GACD HYPERTENSION PROGRAMME 2013

GACD Hypertension programme researchers and representatives from funding agencies have formed a community under the banner of the GACD Joint Technical Steering Committee (JTSC). Members of the JTSC decided on the working groups' titles and content themselves. Through these working groups researchers share information and develop common approaches to their research. The JTSC holds an annual meeting, which in 2013 took place in Cape Town.



Members of one of the working groups

"I think working together is great! We changed our focus as a research group. We interact very regularly and deeply."

GACD researcher



JTSC co-chairs Jaime Miranda and David Peiris

WORKING GROUPS

1. Identifying Barriers to Hypertension Control

Members of the working group embarked on mapping the barriers and enablers to hypertension control based on their individual research projects. The group aims to better understand the target behaviours that the GACD researchers are aiming to change by following the Behaviour Change Framework (developed by Professor Susan Michie at University College London).

2. Baseline Prevalence Data and Data Sharing

The main objective is to standardise key outcome measures such as the minimum requirements for measuring blood pressure and health outcomes across all fifteen studies for programme-wide comparisons. The goal is to generate comparative data across all studies.

3. Cluster Randomised Controlled Trials and Issues of Consent

Members meet virtually to discuss and solve methodological issues for GACD projects that use cluster randomised controlled trials. The group also explored possible crosscutting methodological themes, including individual versus community consent.

4. Evaluation and Reporting

The evaluation and reporting working group's remit is twofold and includes collaborating with the GACD evaluation committee on the evaluation of the hypertension programme, as well as pooling experiences and sharing learning on the evaluation of research projects. The goal is to create a regular process improvement cycle for the GACD.

"This year, we have started walking together and to feel stronger. We have learnt the most important aspects of a true global and horizontal collaboration and we appreciate how the GACD provides a big opportunity to all of us, irrespective of country of origin, study design or areas of concentration of our research. As such, it is only a matter of time to capitalise on our potential. This year will mark the beginning of how our story began to be told, let's do it!"

Dr Jaime Miranda – JTSC Co-Chair



GACD DIABETES PROGRAMME 2014

The GACD Board have launched their second call addressing the prevention and treatment of type 2 diabetes, with a focus on implementation and intervention research in low- and middle-income countries and vulnerable populations in high-income countries, with funding starting in 2014.



Blood sugar testing

In the past twenty years the global death rate from diabetes has doubled and the World Health Organization (WHO) is predicting that this will increase by two thirds by 2030. It is currently estimated that 347 million people worldwide suffer from diabetes, with **more than 80% of those living in low- and middle-income countries**. Of those suffering from diabetes, type 2 comprises 90% of this population around the world. Halting the rise in the prevalence of diabetes has been identified as one of the 9 WHO NCD global voluntary targets to be met by Member States by 2025.

"The GACD Diabetes Call is a groundbreaking research effort of approximately US\$30 million of joint funding, which will have a significant impact in the global fight against diabetes."

*Dr Xuetao Cao,
Chair, Global Alliance for Chronic Diseases*

With the burden of this chronic non-communicable disease ever increasing, the GACD has launched a call for proposals on the prevention and treatment of type 2 diabetes, with a focus on **implementation and intervention research in low- and middle-income countries, and vulnerable and indigenous populations in Canada and Australia**.

"By 2030, global healthcare expenditure to treat and prevent diabetes is expected to exceed USD 490 billion. The personal and economic costs of diabetes to families, communities and countries greatly exceed the direct costs of care. This second funding initiative represents a commitment by GACD members to enhance the evidence available to guide national investments in the global fight against NCDs."

Susan B. Shurin, MD, Chair of the GACD and deputy director of the National Heart, Lung, and Blood Institute, part of the National Institutes of Health in the United States.

The emphasis of this initiative is on existing approaches to prevention and control of type 2 diabetes rather than the development of new treatments.

All GACD members will be participating in the diabetes funding programme and co-funding between some members is expected.



GACD HYPERTENSION PROGRAMME UPDATE

CANADA AND TANZANIA



DREAM-GLOBAL

Funding Agency: CIHR, GCC, IDRC
 Highlight: Research Engagement and Assessment of Community Health Systems (REACH) tool developed with disadvantaged communities.

COLOMBIA AND MALAYSIA

Hypertension Outcomes Prevention and Evaluation: HOPE-4

Funding Agency: CIHR, GCC, CSN, IDRC
 Highlight: Two systematic reviews of barriers to hypertension care: one published in *PLoS Medicine*.

PERU

A Salt Substitute to Reduce Hypertension at population level

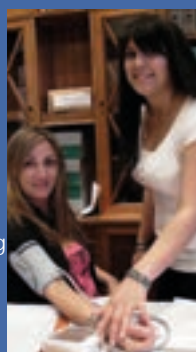
Funding Agency: NIH/NHLBI
 Highlight: Development of a social marketing campaign for salt substitution.



ARGENTINA

A Comprehensive Approach to Hypertension Prevention and Control

Funding Agency: NIH/NHLBI
 Highlight: Two training sessions conducted for staff on project implementation.



GHANA



RCT* on Task-Shifting and Blood Pressure Control

Funding Agency: NIH/NHLBI
 Highlight: Identified study sites and recruited 24 district hospitals and clinics.

Funding Agencies

- CIHR – Canadian Institutes of Health Research
- GCC – Grand Challenges Canada
- IDRC – International Development Research Centre, Canada
- CSN – Canadian Stroke Network
- MRC – Medical Research Council, UK
- NHMRC – National Health and Medical Research Council, Australia
- NIH – National Institutes of Health (USA)
- NHLBI – National Heart, Lung, and Blood Institute (USA)
- NINDS – National Institute of Neurological Disorders and Stroke (USA)



NIGERIA



THRIVES Study - Tailored Hospital-Based Risk Reduction to Impede Vascular Events after Stroke

Funding Agency: NIH/NINDS
 Highlight: Completed conducts of phase I of the study and are analysing data to prepare for phase II.



PROJECT HIGHLIGHTS FOR 2013

CHINA



Primary School Salt reduction education project

Funding Agency: MRC UK

Highlight: Recruited 28 schools with 279 children and 554 adults.

FIJI AND SAMOA



Cost Effectiveness of Salt Reduction

Funding Agency: NHMRC

Highlight: Supported a consultation meeting with the food industry on targets and strategy. Completed baseline data collection and consulted on intervention strategies.

INDIA



Overcoming Barriers to Hypertension Diagnosis and Treatment

Funding Agency: NHMRC

Highlight: Developed protocols for obtaining pricing of medicines and healthcare seeking behaviours.

INDIA



A Smartphone-Based Clinical Decision Support System

Funding Agency: NHMRC

Highlight: Identified barriers and solutions to the uptake of the intervention.

INDIA

RCT of Simplified Treatment Regimen vs. the Usual Care of Hypertension*

Funding Agency: NHMRC

Highlight: Prepared the recruitment of 700 patients within 8 months with a 6-month follow-up.

INDIA

A National Salt Reduction Programme

Funding Agency: NHMRC

Highlight: Completed indexing of 7000 food items, commenced population survey and initiated stakeholder interview invitations.

SOUTH AFRICA

Strengthening integrated chronic care in rural clinics

Funding Agency: MRC UK

Highlight: Baseline survey of 4000 individuals now completes. Lay health workers in the first (pilot) clinic.

KENYA



LARK Study - Optimising Linkage and Retention to hypertension care in rural Kenya.

Funding Agency: NIH/NHLBI

Highlight: Conducted 17 focus group discussions and 6 community meetings, on the barriers to hypertension care.

UGANDA, RWANDA AND SOUTH AFRICA HIV/AIDS Infrastructure as a Gateway to Hypertension Care

Funding Agency: CIHR, GCC, CSN, IDRC

Highlight: Assessment of 7,000 HIV-positive adults, which was published in *Hypertension*.

*RCT - Randomised Controlled Trial



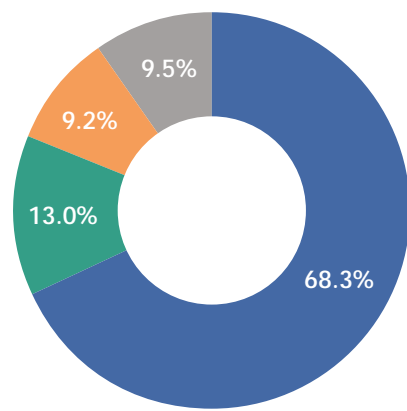
GACD FINANCIAL STATEMENT 2013

The GACD Secretariat is supported financially through annual membership fees of the Alliance members. In addition, GACD members are supporting chronic disease research projects in various countries.

The total funding for the current GACD Hypertension Programme is approximately US\$23 million for projects lasting between 3 and 5 years. Funding for the upcoming Diabetes Programme is expected to exceed US\$30 million. All of the research funds are managed by the individual GACD member agencies. The annual operational budget for the GACD Secretariat is explained below.

Even though the membership base is growing at a slow, but steady pace the Alliance and Secretariat have not been unaffected by the global economic climate and ensuring an effective use of resources has been a priority. All of the GACD's members are public research funding agencies and as such are required to economise carefully. Nevertheless, by facilitating collaboration and knowledge sharing, the GACD Secretariat has been able to create additional value to members and partners over the past two years since its inception.

GACD Secretariat Expenditure 2013



- Permanent and Temporary Staff
- Operational Costs (incl. communications, office equipment and expenses)
- Travel
- Overheads

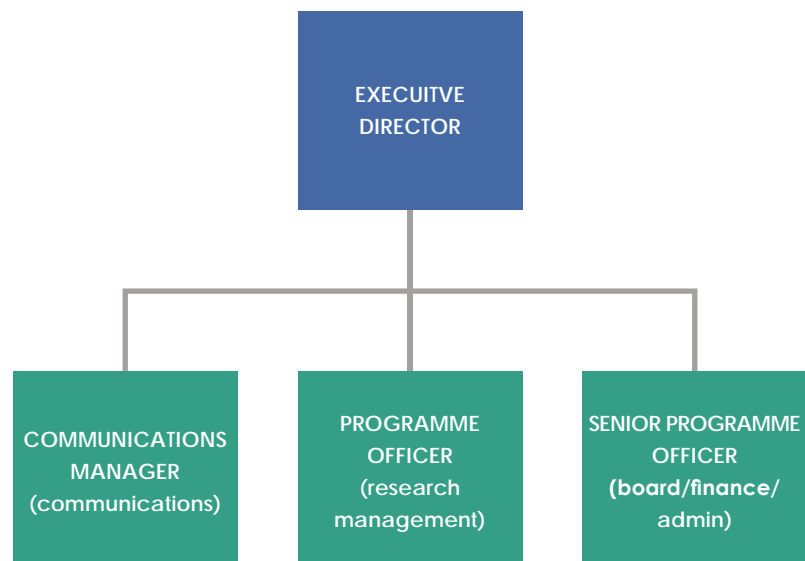
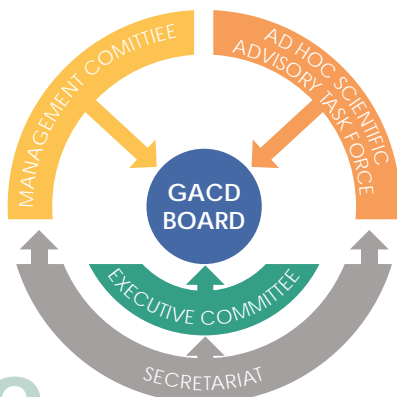
Income 2013

Total Member Contributions \$480,000 USD

Expenditure 2013

Permanent and Temporary Staff	\$276,342 USD
Operational Costs (incl. communications, office equipment and expenses)	\$52,704 USD
Travel	\$37,263 USD
Overheads	\$38,552 USD
Total Expenditure	<u>\$404,861 USD</u>

Governance and Structure



GACD FACTS AND FIGURES




2nd Annual Joint Technical Steering Committee Meeting

There were **65** participants, including representatives from all **15** funded research teams, GACD member agencies and GACD Secretariat

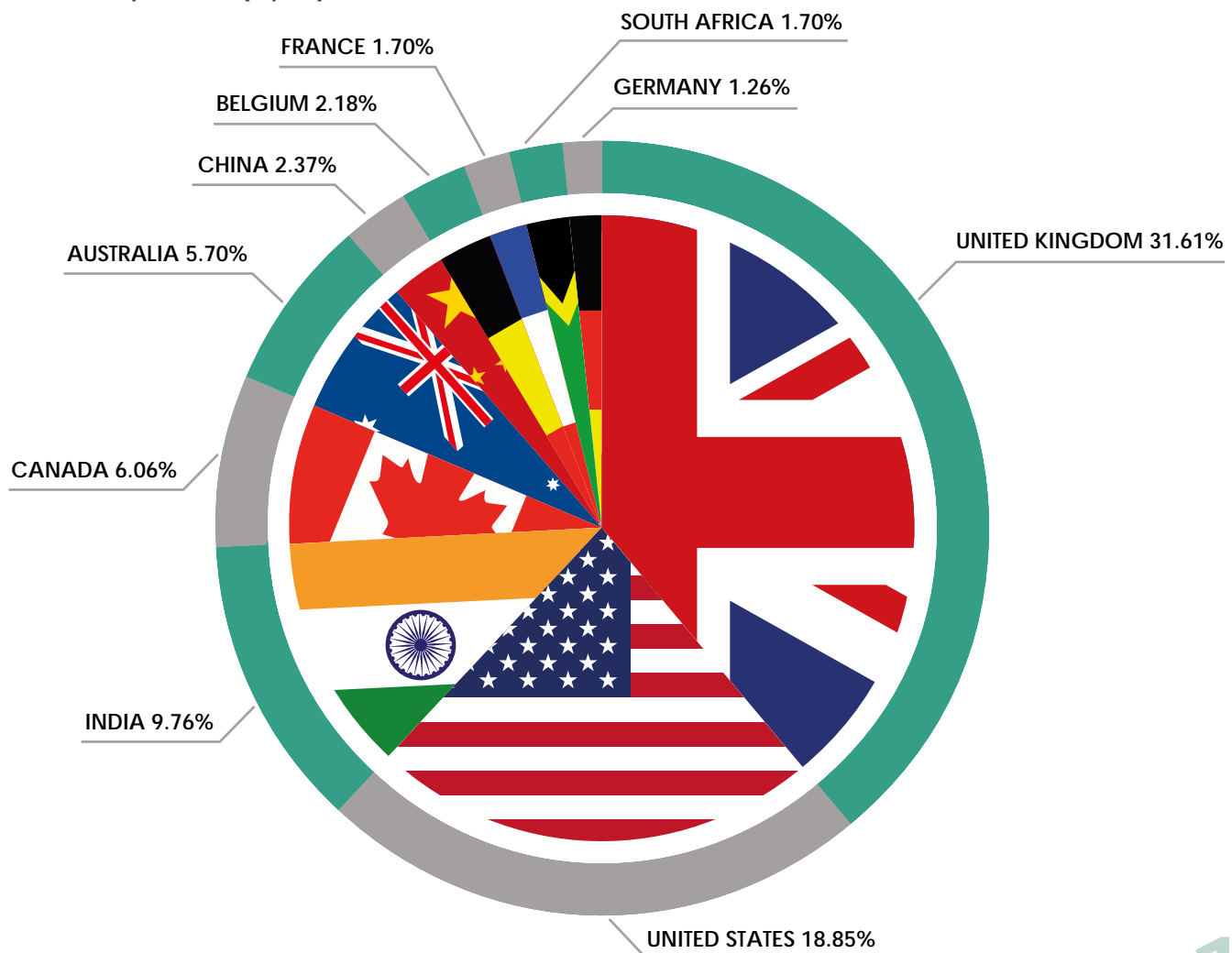
Attendees from more than **17** different countries

All participants questioned agreed that the meeting has given them the opportunity to make new connections, **84%** agreed that the meeting has given them new ideas for their research

Web traffic and statistics

-  13,918 website visits in 2013, including 8,600 unique visitors, with 43,398 total page views
-  Website visits from 147 countries
-  The Diabetes Call page had 2,329 page views

Web traffic by location (top 10)



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

- **Dr Susan Shurin**, National Heart, Lung, and Blood Institute, National Institutes of Health, United States (Chair until December 2013)
- **Professor Xuetao Cao**, Chinese Academy of Medical Sciences, China (Chair as of December 2013)
- **Professor Abdallah Daar** (Past Chair)
- **Dr Alain Beaudet**, Canadian Institutes of Health Research, Canada (Chair Elect as of December 2013)
- **Professor Warwick Anderson**, National Health and Medical Research Council, Australia
- **Dr Ruxandra Draghia-Akli**, Health Directorate at the Research & Innovation DG of the European Commission (Designate: Dr Karim Berkouk)
- **Professor Salim S. Abdool Karim**, Medical Research Council, South Africa
- **Dr Vishwa Mohan Katoch**, Indian Council of Medical Research, India
- **Professor Sir John Savill**, Medical Research Council, United Kingdom (Designate: Dr Wendy Ewart)
- **Professor Anthony Costello**, University College London (Host Institution Representative)
- **Professor Dame 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:

- **Dr Johan Louw**, Medical Research Council, South Africa
- **Dr Prashant Mathur**, Indian Council of Medical Research, India
- **Dr Nancy Edwards**, Canadian Institutes of Health Research, Canada
- **Jill Jones**, Medical Research Council, United Kingdom
- **Dr Tony Willis**, National Health and Medical Research Council, Australia
- **Dr Cristina Rabadán-Diehl**, National Heart, Lung, and Blood Institute, National Institutes of Health, United States
- **Professor Lixin Jiang**, Chinese Academy of Medical Sciences, China
- **Dr Karim Berkouk**, Health Directorate at the Research & Innovation DG of the European Commission

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



GACD
country teams
in 2013





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