



GACD

GLOBAL ALLIANCE FOR CHRONIC DISEASES
AN ALLIANCE OF HEALTH RESEARCH FUNDERS



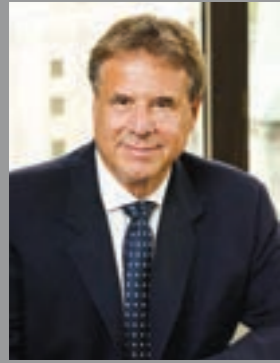
ANNUAL REPORT 2015/16



GLOBAL ALLIANCE FOR CHRONIC DISEASES

GACD WELCOME

The past year has again seen significant progress for the GACD. Particularly exciting is the continued growth in GACD membership with the joining of Argentina. Each member brings a unique perspective, knowledge and challenges related to non-communicable diseases. The Alliance and what it can achieve is strengthened by each and every member and it is my hope that we can continue to involve additional countries, particularly low- and middle-income countries, as we move ahead.



Alain Beaudet, MD, PhD
Chair, GACD Board

The year also saw the launch of a third coordinated research funding opportunity, which focuses on lung diseases. With this launch, the GACD has reached a landmark investment of US\$100 million in implementation science on the prevention, management and treatment of chronic diseases. This year's Annual Scientific Meeting held in Mexico City was a resounding success with the hypertension and diabetes networks coming together for the first time. It was fascinating to see members of our first two networks learning from one another and building the extensive linkages needed for success. It is this community of researchers and decision makers working together under the auspices of the GACD that will truly make an impact on the prevention and management of chronic diseases at local and national levels.

Priorities for the year ahead include the launch of our fourth coordinated call for proposals, further alignment of funding mechanisms across GACD members and enhancing relationships with international organisations that can assist with the scale up-of interventions.

I invite you to read the annual report and learn more about the work of the GACD.

Five years on, I continue to be encouraged by my GACD colleagues, member agencies and friends who have stuck with this experiment-turned-global force. It is my pleasure to present this year's annual report to provide a snapshot of our growth in 2015 and give a taste for what's ahead.

In 2015, the GACD marked an exciting year of firsts – the first GACD joint publication in *Implementation Science*, the first poster competition and the first keynote by a European Commissioner during the our Annual Scientific Meeting – our biggest research meeting yet. I also had the chance to visit GACD research projects on Manitoulin Island, Canada and Zamboanga, Philippines and have been inspired by the commitment of our researchers to serve these communities by tackling their NCD challenges head-on.

As we enter the 5th year of this global initiative, the GACD's success can be seen at all levels of the organisation. From the Board members, who continue to prioritise GACD investments, inspiring new agencies to join; to the Management Committee, who work to align the life cycle of a research programme; to the researchers, who have formed the most collaborative, open and committed network on the planet; and finally to the Secretariat staff who have got used to the adage that "the only thing that is constant is change."

Looking ahead, the opportunities for us to expand our reach are abundant, whether through deeper engagement with the WHO Global Coordinating Mechanism or the GACD Joint Peer Review process on lung diseases. And of course, I look forward to seeing many of you in Sydney for the 5th Annual Scientific Meeting in October 2016.

I thank you all for your efforts to ensure the greatest impact of the evidence generated, for those most at risk of facing a chronic disease in their lifetime.



Celina Gorre
Executive Director
Global Alliance for Chronic Diseases (GACD)

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GACD WHO WE ARE

The members of the Global Alliance for Chronic Diseases (GACD) fund coordinated research programmes on non-communicable diseases (NCDs). Our programmes unite research teams in high and low- and middle-income countries, developing capacity and generating results where the evidence gap is greatest.

Currently, our research programmes are investigating how to tackle hypertension and diabetes at project sites within low- and middle-income countries, aboriginal and vulnerable communities in high-income countries. With a focus on implementation science, the GACD research agenda targets what works, for whom and in what context, in order to strengthen the evidence base for policy makers.



The GACD Research Network and Management Committee at the 2015 Annual Scientific Meeting in Mexico City, Mexico.

-  Argentina's Ministry of Science, Technology and Productive Innovation
-  Australia's National Health and Medical Research Council
-  Canadian Institutes of Health Research
-  Chinese Academy of Medical Sciences
-  European Commission's Health Directorate of the Research and Innovation Directorate General
-  Indian Council of Medical Research
-  Mexico's National Institute of Medical Sciences and Nutrition Salvador Zubirán and Mexico's National Council for Science and Technology
-  South Africa's Medical Research Council
-  Thailand's Health Systems Research Institute
-  UK's Medical Research Council
-  U.S. National Institutes of Health

11 of the world's largest funders of medical research

GACD LEADERSHIP TRANSITION

The GACD Board meeting in December 2015 held in London was the organisation's largest yet, with all GACD member agencies represented. Also present were designates and observers from UCL and the World Health Organization, representatives from our newest member, Argentina, and prospective member agencies in New Zealand and Japan – 24 attendees in total.

After a lively discussion, which took place at the UK Medical Research Council, the meeting concluded with the handover of the chairmanship from Professor Xuetao Cao of the Chinese Academy of Medical Sciences (Chair 2014-2015) to Dr Alain Beaudet of the Canadian Institutes of Health Research who will now take his position as Chair for the term 2016-2017.

Under Professor Cao's chairmanship, the GACD has reached a new phase of development. As an established organisation, the GACD is in a strong position to push its partnership model even further to invite new stakeholders to the effort, coordinating the sustained international research collaboration on NCDs worldwide.



Commenting on the handover to a new Chair, Professor Cao said, "Dr Alain Beaudet is a distinguished leader in global health research. He has been a very active Board member of GACD and instrumental in several major strategic decisions. I am very confident that he will do a great job of implementing current GACD strategies, specially integrating multidisciplinary international teams and defining the tipping points for maximum impact in the global fight against major chronic diseases."

During the meeting it was also announced that Professor Glenda Gray of the South African MRC will be the next Chair Elect of the GACD Board. Professor Xuetao Cao will continue to remain involved in the governance of the GACD and Board, in his new position as Past Chair.

“ Professor Cao has been instrumental in increasing GACD's presence in China and its continued expansion globally. ”

Celina Gorre, GACD Executive Director

GACD OVERVIEW

How We Work: In Partnership

- **Quarterly Board Meetings** allow members to address strategic issues and bring new members into the alliance and leverage national investments in global health.
- The GACD's **unique partnership model** emphasises cooperation between investigators in high and low- and middle-income countries.
- In our research projects, investigators and policy makers **collaborate** from day one.
- We work on **harmonising** individual agency processes and regulations, and our partnership model improves with continuous **knowledge transfer** between agencies.

a call to action...

Without action, **388 million people will die** of one or more **NCD** in the **next decade**.

our solution...

GACD: **established in 2009** to support coordinated global research on NCDs.

Represents over **80 per cent** of all **public research funding** in the **world**.

our focus...

We focus on **implementation research** to tackle the burden of NCDs:

In **low- and middle-income** countries.

Amongst **vulnerable populations** in high-income countries.



Our Achievements

- **Expanded research programmes**, including international programmes on hypertension and diabetes, and a major call to tackle lung disease.
- **Stronger together**. Successful joint publications demonstrate the power of our research collaboration model.
- **Joint scientific meetings**, bringing together researchers from around the world. Our Annual Scientific Meeting in Mexico City welcomed 110 researchers, and brought together teams from the Hypertension and Diabetes Programmes for the first time.
- **The world is listening**. GACD has established a presence at the World Health Organization, the Global Coordination Mechanism on Non-Communicable Diseases, and hosts high-level guests from the European Commission and national health ministries.
- **Successful partnership**. By emphasising partnership among member agencies, we support the economic, political and cultural diversity of all our members.



“

As a professional association, clearly there is no comparison. Its richness in diversity, enthusiasm, generosity and academic calibre is simply outstanding.

”

Clicerio Gonzalez, GACD researcher

GACD ANNUAL SCIENTIFIC MEETING

The GACD held its 4th Annual Scientific Meeting (ASM) in Mexico City in November 2015, hosted by the Mexican National Institutes of Health and the National Council of Science and Technology (CONACYT).



More than 110 researchers from the GACD Research Network attended this year's 3-day Annual Scientific Meeting – more than double than in previous years – and brought together teams from the Hypertension and Diabetes Programmes for the first time. The integration of these teams resulted in a dynamic knowledge exchange, which promises to be beneficial for the individual research studies.

- The meeting was broken down into three streams - systems change (including task-shifting), mHealth and behaviour change theory design – which enabled a rich and focused discussion among the research teams, including lessons learned from Hypertension Programme studies taken onboard by Diabetes Programme studies.
- Discussion on the cross-cutting theme of context and end-user-orientated design have become increasingly prominent with each successive annual meeting, and are now being addressed through the creation of a new working group.
- The theme of context was a key issue in the joint paper from the Hypertension teams published in the Implementation Science journal – a model for future joint research (see page 18).
- As the GACD Research Network evolves in its discourse on context, and using its focus on chronic non-communicable diseases in LMICs, it is proving to be an important force at the forefront of the emerging science of implementation research across geographies and conditions.



Implementation Science Workshop

The 2nd GACD Annual Implementation Science Workshop was held as a pre-ASM event in the two days leading up to the meeting. The workshop – GACD's main contribution to capacity building in the field – was led by Prof Brian Oldenburg, and attended by 59 participants from both GACD and external projects.

The workshop introduced global health researchers to the growing field of implementation science. Participants from 16 countries brought their own research design challenges to the workshop and used input from their peers, practitioners and the faculty to improve their approach to specific research questions.

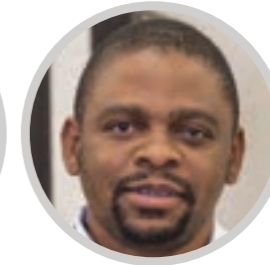


Poster Competition

Congratulations to the winners of the first-ever GACD ASM poster competition. GACD is proud to support the development of research talent on implementation science around the world.



First-time attendee Greet Cardon from Belgium took first place for her poster on the reduction of TV time and increase in physical activity for Ecuadorian children.



Felix Limbani from South Africa took second place for his work on task-shifting among community health workers.



Cristina García-Ulloa from Mexico took the People's Choice award for her work on a diabetes diagnostic application.



A Panel with the European Commissioner for Research

The high-level panel discussion focused on the future of international research collaborations. It gave researchers the opportunity to hear directly from Carlos Moedas, the Commissioner for Research, Science and Innovation from the European Commission, alongside Board members, Chair Elect Dr Alain Beaudet and Dr Guillermo Ruiz-Palacios. Contributions from Dr Jaime Miranda brought the voice of researchers to the panel.

Site Visits

Part of the GACD Annual Scientific Meeting involved visits to 3 of Mexico's 13 National Institutes of Health facilities in Genomic Medicine, Nutrition and Respiratory Disease.

The group met with the heads of the Institutes who gave presentations and tours of the core facilities and laboratories to get a first-hand look at cutting-edge research being conducted in Mexico.

This enabled GACD researchers from around the world to get an insider's view into the approaches these organisations take to address different aspects of the global challenge of NCDs in their local context.



GACD RESEARCH NETWORK UPDATE

The Network

Over the last five years, the GACD Research Programme has gone from a fledging collection of research teams defined by little more than the word *hypertension*, to a coherent, international network at the forefront of implementation research in global health. This evolution is partly the result of growth on a number of fronts: Research Network members, Working Groups, and publications, as well as the social network across these teams.

In 2015, the GACD Research Network more than doubled in size from 150 to over 300 researchers, with the integration of 17 new GACD Diabetes Programme project teams with the 15 teams of the Hypertension Programme. During the momentous November Annual Scientific Meeting (ASM) in Mexico City, over one-third of the Research Network gathered together to share study progress, develop new joint work streams, determine synergies across programmes and studies, and explore new collaborations. From 2012 to today, the Research Network members have reinforced a culture of an open, hierarchy-free zone, with constant cross-study, cross-disease learning, frank and honest sharing of the challenges of this new field, and capacity building at all stages of research. By fostering enabling platforms, such as the ASM, Working Groups and Research Network calls, Hypertension Programme researchers have set a tremendous standard of engagement for all Research Network members to follow. And, it was clear from the interactivity among the attendees that this strong culture of engagement has allowed the new diabetes researchers to "get stuck-in" from their very first ASM.



Figure 1. GACD development over time

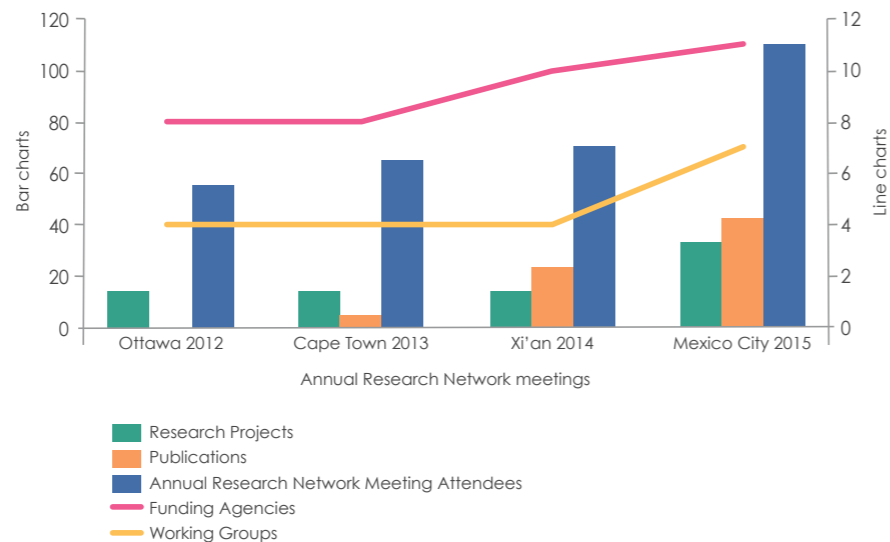


Figure 2. The GACD Researcher Journey

By now, members of the Research Network have had some time to develop a set of GACD norms. Figure 2 below describes the various ways that GACD researchers can engage with the Research Network.

STARTER	ADVANCED	EXPERT
<ol style="list-style-type: none"> 1 Sharing protocols and data for joint projects & publications 2 Contributing to the development of the GACD Common Data Dictionaries 3 Attending Annual Scientific Meetings 4 Participating in Research Network Calls 	<ol style="list-style-type: none"> 1 Intellectual contribution to joint publications texts & other collaborative research outputs 2 Becoming a member of a Working Group 3 Leading a session or being speaker at the Annual Scientific Meeting 	<ol style="list-style-type: none"> 1 Research programme co-chair 2 Working Group chair 3 Initiating and driving joint articles & other collaborative research outputs 4 Development of new workstream (e.g. Implementation Science Workshop)

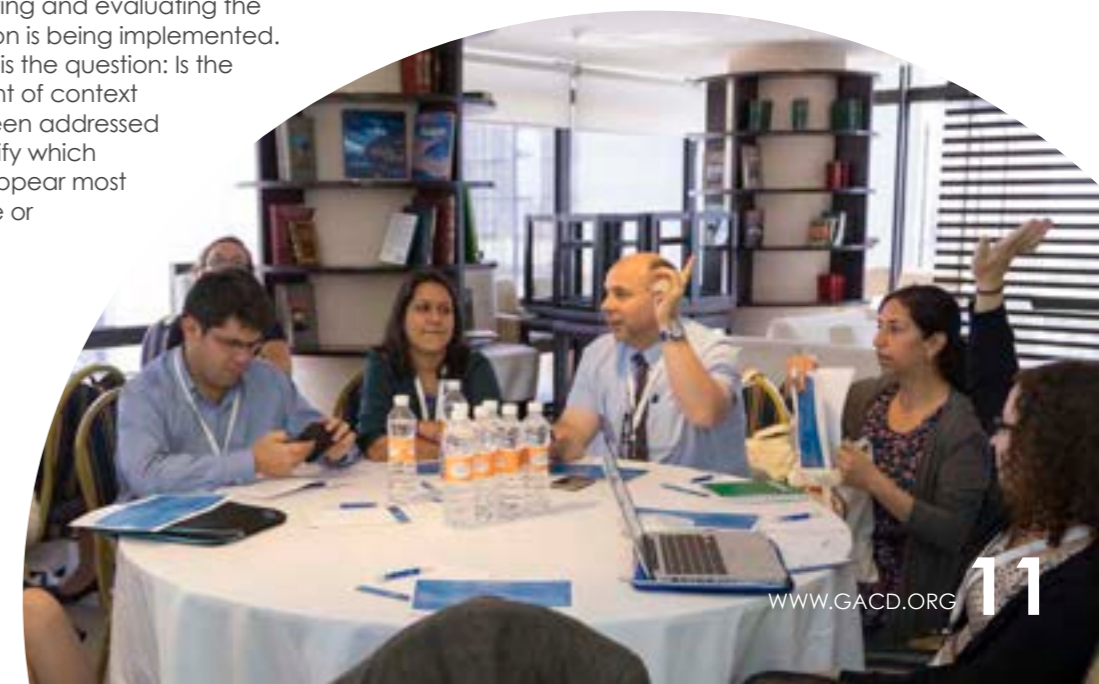
The Work Leads to Context

At this moment in the expansion of the GACD Research Network, a picture is starting to emerge of the characteristics and challenges of implementation science research in LMICs on chronic, non-communicable diseases, which will accelerate the development of the field. A convergence of discussions from the Board, Management Committee and Research Network on scale and sustainability has been observed, as proxies for broad community-wide impact on chronic NCDs. And across these groups, the current question is: *when does the 'research' stop and the 'implementation' start?*, bringing the conversation to the issue of context.

The Working Groups (see pages 12-13) have been a prominent feature of the GACD Research Network from the beginning. The first groups were initially defined by GACD management, but the platform has since morphed into a powerful mechanism for research collaboration, driven by the researchers themselves. The table below illustrates their growth, with researcher-initiated groups starting with the group on RCTs in 2012. The development of these Working Groups also signals the maturation of issues across the Network. In 2012, the topics were largely focused on building the network, while the latter groups focused on content and evaluation.

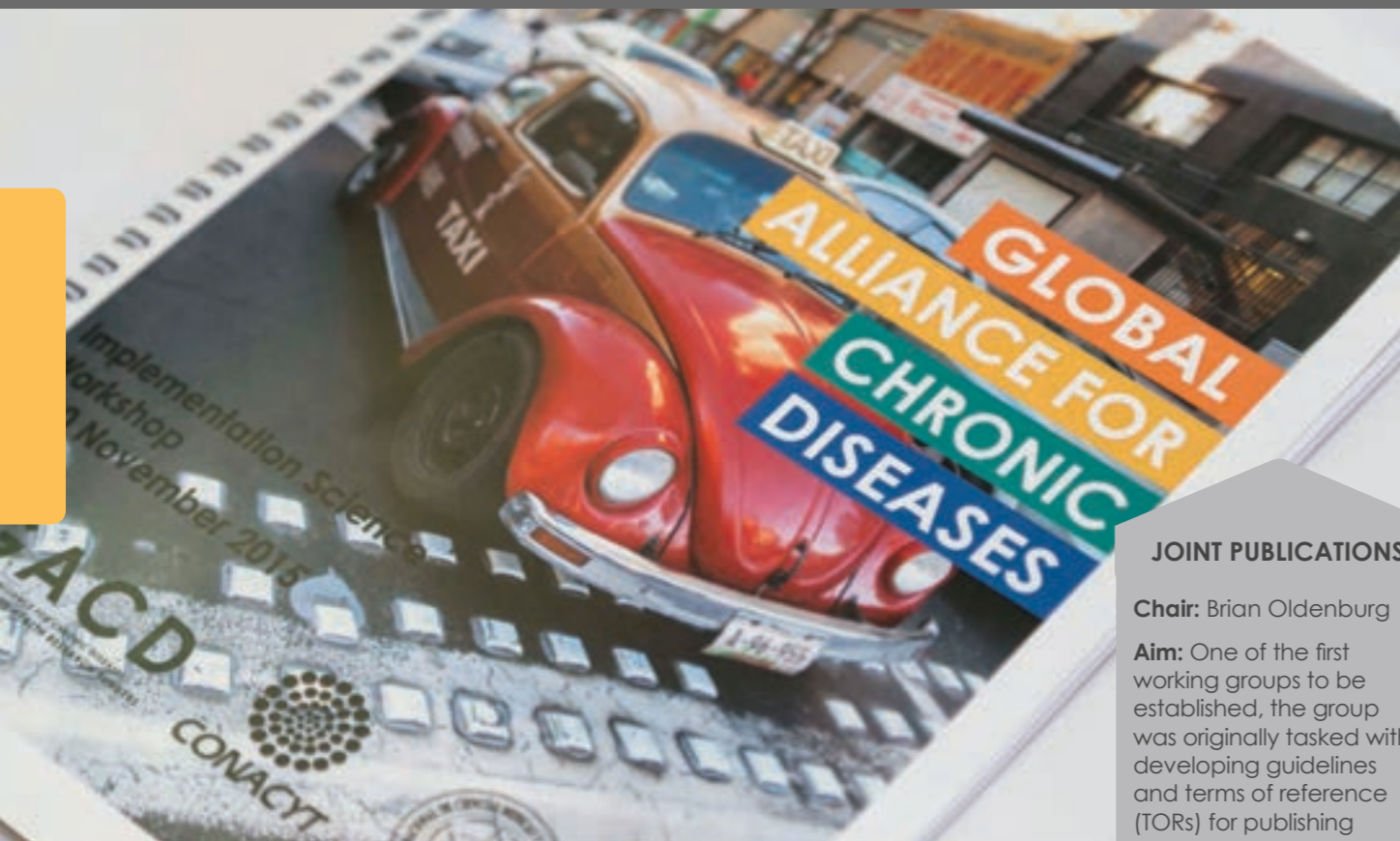
2012	2013	2014	2015
<ol style="list-style-type: none"> 1 Baseline Data 2 Barriers to Hypertension Control 3 RCTs 	<ol style="list-style-type: none"> 1 Baseline Data 2 Barriers to Hypertension Control 3 RCTs 4 Joint Publications 	<ol style="list-style-type: none"> 1 Baseline Data 2 Barriers to Hypertension Control 3 Joint Publications 4 Task-shifting 5 Process Evaluation 6 How-to Series 	<ol style="list-style-type: none"> 1 Baseline Data 2 Barriers to Hypertension Control 3 Joint Publications 4 Task-shifting 5 Process Evaluation 6 How-to Series 7 Concepts & Context

The newest Working Group on Theoretical Concepts & Context is a particularly important recognition of what is required to conduct implementation research, as indicated across the GACD. This is a result of the GACD Research Network tackling the issues of how theoretical concepts inform behavioural interventions, as well as identifying and evaluating the context in which the intervention is being implemented. Central to the issue of context, is the question: *is the identification and measurement of context possible?* Only once this has been addressed would it be possible a) to identify which elements or levels of context appear most salient, and then b) to measure or categorise these elements. It is clear that researchers see the GACD as a powerful platform for tackling this issue.



GACD WORKING GROUPS

GACD Working Groups have been a pivotal mechanism in facilitating ongoing collaborations across sites, diseases, contexts and geographic location. Further to the list of Working Groups provided on pages 10-11, this page provides a brief context and overview of each of the current Working Groups.



COUNCIL (CONTROL UNIQUE TO CVDS IN LMIC)

Chair: Mayowa Owolabi

Aim: To develop guidelines for individual and system level control of cardiovascular diseases in developing countries. In the absence of specialised research, evidence and guidelines from LMICs, individual health personnel apply available guidelines from HICs without consideration for local conditions.

Progress: Initial mapping exercise of working group affiliations completed. Next step is to begin collection of data for development of the CVD roadmap.



JOINT PUBLICATIONS

Chair: Brian Oldenburg

Aim: One of the first working groups to be established, the group was originally tasked with developing guidelines and terms of reference (TORs) for publishing joint articles. It has since put together an overview article on the Hypertension Programme, and has been working through the challenges and opportunities of joint authoring within the Research Network.

Progress: Drafted a review piece on the 15 GACD Hypertension projects. Publication imminent pending responses to review.



IDENTIFYING BARRIERS TO HYPERTENSION CONTROL & PREVENTION

Chair: David Peiris

Aim: To map the barriers and enablers to hypertension prevention and control within the research studies of the working group members. The template was based on the Behaviour Change Framework developed by Prof Susan Michie (UCL). This mapping exercise was published, and opens the door for follow-on research.

Progress: Published article in Implementation Science in November 2015.

PROCESS EVALUATION

Chair: Felix Limbani

Aim: To produce a set of guidelines, structures and practices for process evaluation, as well as aspects to consider during protocol development, implementation, and analysis.

Progress: Data collection underway. Preliminary analysis will be carried out in 2016.

THEORETICAL CONCEPTS AND INCORPORATING CONTEXT

Chair: Meena Daivadanam

Aims: To describe methods used to measure context incorporated in studies at various levels. The group also aims to identify common methodological and analytical themes across selected projects and case studies for a manuscript on the topic.

Progress: Established in early 2016. Literature review and gathering of data from across teams underway.

TASK SHIFTING/SHARING

Chair: Rohina Joshi

Aim: To improve functioning of clinics by providing support to nurses in settings where doctors are not available at clinic level.

Progress: Mapping exercise conducted and abstract developed.

IMPLEMENTATION SCIENCE 'HOW TO' PAPER SERIES

Chair: Karen Yeates

Aim: To develop a series of papers highlighting the less prominent aspects of implementation science often hidden in the main protocol papers. These themes tend to cut across many of the GACD research projects and include:

- Engaging Policymakers
- Community Participation
- Task Shifting
- mHealth

Progress: A number of case studies across various modalities collected.



A. HYPERTENSION PROGRAMME

- 1 Utilizing HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa
- 2 HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries
- 3 DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting LOwer Bp in Aboriginal and LMIC
- 4 School Edu-Salt: A school-based education program to reduce salt intake in children and their families (completed)
- 5 Treating hypertension in rural South Africa: A clinic-based lay health worker trial to enhance community-based outreach services for integrated chronic care

- 6 Improving the control of HT in rural India: overcoming the barriers to diagnosis and effective treatment
- 7 A smartphone-based clinical decision support system for primary health
- 8 Randomised control 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
- 9 Developing the evidence base for a national salt reduction program for India
- 10 Cost-effectiveness of salt reduction interventions in Pacific Islands
- 11 Launching a salt substitute to reduce blood pressure at the population level in Peru
- 12 Task shifting and blood pressure control in Ghana - a cluster-randomized trial
- 13 LARK: Optimizing linkage and retention to hypertension care in rural Kenya
- 14 A comprehensive approach to hypertension and control in Argentina
- 15 Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES)

B. DIABETES PROGRAMME

- 16 Improving the Management of Diabetes in Pregnancy in Remote Australia
- 17 Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes
- 18 Effects of information technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease
- 19 IINDIAGO (Integrated Intervention for DIAbetes risk after GestatiOnal diabetes): An integrated health system intervention aimed at reducing type 2 diabetes risk in disadvantaged women after gestational diabetes in South Africa
- 20 Community Health Assessment Program in the Philippines (CHAPP)

- 21 iHEALTH-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes
- 22 SMART2D - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes
- 23 Feel4Diabetes: Promoting healthy lifestyle in families across Europe
- 24 Evaluation of a pilot project to prevent diabetes in the workplace using information technology
- 25 Development of an interactive social network for metabolic control of diabetic patients
- 26 Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico
- 27 Development and validation of a software linked to an internet site to facilitate medical treatment and empowerment of the patient with type 2 diabetes, interaction with the medical personnel and the generation of a real time registry
- 28 Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: a pragmatic individually randomised trial
- 29 The Bangladesh D-Magic Trial. Diabetes Mellitus: Action Through Groups or Information for Better Control?
- 30 Implementation of foot thermometry and SMS to prevent diabetic foot ulcer
- 31 Bridging Income Generation with Group Integrated Care (BIGPIC)
- 32 A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus

C. LUNG DISEASE PROGRAMME

- 33 FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health cAre Integrated gRoups
- 34 The TackSHS Project. Tackling second-hand tobacco smoke and e-cigarette emissions: exposure assessment, novel interventions, impact on lung diseases and economic burden in diverse European populations
- 35 Tobacco cessation within TB programmes: A 'real world' solution for countries with dual burden of disease
- 36 Smoking Free Brain: Multidisciplinary tools for improving the efficacy of public prevention measures against smoking



GACD PROJECT DESCRIPTIONS

A. HYPERTENSION PROGRAMME

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

Uganda, Rwanda and South Africa
Funded by: CIHR, CSN, GCC, IDRC
Aim: To evaluate the effectiveness of active-case finding and to investigate the presence of cardiovascular disease risk factors in patients attending antiretroviral treatment services.

2 HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries

Colombia and Malaysia
Funded by: CIHR, GCC, CSN, IDRC
Aim: To evaluate whether the cardiovascular disease risk detection, treatment, and control programme can substantially improve hypertension control and overall Framingham Risk Score at 1 year.

3 DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower Bp in Aboriginal and LMIC

Canada and Tanzania
Funded by: CIHR, GCC, IDRC
Aim: To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension.

4 School Edu-Salt: A school-based education program to reduce salt intake in children and their families (completed)

China
Funded by: MRC UK
Aim: To determine whether an education program targeted at primary school children could lower salt intake in children and their families.

5 Treating hypertension in rural South Africa: A clinic-based lay health worker trial to enhance community-based outreach services for integrated chronic care

South Africa
Funded by: MRC UK
Aim: To reduce population levels of uncontrolled hypertension, especially in those individuals at greatest risk, by supporting and strengthening the management of hypertension in primary care clinics.

6 Improving the control of HT in rural India: overcoming the barriers to diagnosis and effective treatment

India
Funded by: NHMRC
Aim: To identify and explore potentially different barriers and knowledge gaps in the diagnosis treatment and management of hypertension in both urban and rural regions of India.

7 A smartphone-based clinical decision support system for primary health

India
Funded by: NHMRC
Aim: To test whether an electronic clinical decision support system will assist non-physician health workers and doctors in making evidence-based management decisions to lower their patients' CVD risks.

8 Randomised control 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

Sri Lanka
Funded by: NHMRC
Aim: To investigate effectiveness, cost-effectiveness, and acceptability of Triple pill therapy (Triple BP lowering therapy) compared to usual care for early management of high BP in Sri Lanka.

9 Developing the evidence base for a national salt reduction program for India

India
Funded by: NHMRC
Aim: The overall goal of this 3-year project is to develop the evidence base required to formulate a national salt reduction program for India.

10 Cost-effectiveness of salt reduction interventions in Pacific Islands

Fiji & Samoa
Funded by: NHMRC
Aim: To evaluate the impact and cost-effectiveness of multi-faceted intervention strategies to reduce salt in the Pacific Islands.

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

Peru
Funded by: NIH/NHLBI
Aim: To implement and assess the impact of an intervention using a salt substitute on blood pressure at the population level using a stepped wedge trial design.

12 Task shifting and blood pressure control in Ghana - a cluster-randomized trial

Ghana
Funded by: NIH/NHLBI
Aim: To evaluate the comparative effectiveness of the implementation of the WHO Package targeted at CV risk assessment versus provision of health insurance coverage, on blood pressure reduction.

13 LARK: Optimizing linkage and retention to hypertension care in rural Kenya

Kenya
Funded by: NIH/NHLBI
Aim: To utilize a multi-disciplinary implementation research approach to address the challenge of linking and retaining hypertensive individuals to a hypertension management program.

14 A comprehensive approach to hypertension and control in Argentina

Argentina
Funded by: NIH/NHLBI
Aim: To test whether a comprehensive intervention program within a national public primary healthcare system will improve hypertension control among uninsured hypertensive patients and their families in Argentina.

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

Nigeria
Funded by: NIH/NINDS
Aim: To determine whether a culturally-sensitive multipronged post-discharge intervention can significantly reduce blood pressure, enhance achievement of guideline recommended targets for risk factor control, and lower recurrent vascular events in Nigeria.

B. DIABETES PROGRAMME

16 Improving the Management of Diabetes in Pregnancy in Remote Australia

Australia
Funded by: NHMRC
Aim: To improve systems of care and services for women with diabetes in pregnancy in remote Australia.

17 Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes

China
Funded by: CAMS, NHMRC
Aim: To develop the SMARTHealth Diabetes system and determine its clinical impact for people with type 2 diabetes.

18 Effects of information technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease

China
Funded by: CAMS

19 IINDIAGO (Integrated Intervention for DIAbetes risk after GestatiOnal diabetes): An integrated health system intervention aimed at reducing type 2 diabetes risk in disadvantaged women after gestational diabetes in South Africa

South Africa
Funded by: CIHR, IDRC, SAMRC
Aim: To develop and evaluate a novel health system intervention to reduce the subsequent risk of developing T2D among women with recent gestational diabetes.

20 Community Health Assessment Program in the Philippines (CHAPP)

Philippines
Funded by: CIHR, IDRC
Aim: To adapt the elements of the expanded Cardiovascular Health Awareness Program (CHAP) intervention model to low- and middle-income countries (LMICs) and evaluate its effectiveness in preventing diabetes and its complications.

21 IHEALTH-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes

India, Pakistan, Sri Lanka & United Kingdom
Funded by: EC
Aim: To determine whether a family-based lifestyle modification delivered by community health workers vs usual care is clinically and cost-effective for prevention and risk reduction of T2D.

22 SMART2D - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes

South Africa, Sweden, Uganda
Funded by: EC
Aim: To strengthen capacity for T2DM care through proven strategies like task-shifting to non-physician health care providers and community health workers, and expanding care networks through community-based peer support groups.

23 Feel4Diabetes: Promoting healthy lifestyle in families across Europe

Belgium, Bulgaria, Finland, Greece, Hungary & Spain
Funded by: EC
Aim: To develop, implement and evaluate an evidence-based and potentially cost-effective and scalable intervention program to prevent type 2 diabetes among families from vulnerable groups across Europe.

24 Evaluation of a pilot project to prevent diabetes in the workplace using information technology

Mexico
Funded by: Conacyt
Aim: To evaluate on a pilot basis the performance of a work based e-intervention to prevent diabetes using information technology as means to deliver the intervention.

25 Development of an interactive social network for metabolic control of diabetic patients

Mexico
Funded by: Conacyt
Aim: The development of an interactive social network, and use of the internet to try to change behaviours and attitudes of risk in affected Type 2 diabetes community.

26 Tools and Practices to Reduce CVD and Complications in the Diabetic Population in Mexico

Mexico
Funded by: NIH/NHLBI
Aim: To assess the effectiveness of an adapted evidence-based community health worker intervention, Meta Salud Diabetes, a 13-week intervention aimed at reducing behavioural and clinical risk for cardiovascular disease among adults with diabetes.

27 Development and validation of a software linked to an internet site to facilitate medical treatment and empowerment of the patient with type 2 diabetes, interaction with the medical personnel and the generation of a real time registry

Mexico and United States
Funded by: Conacyt
Aim: To create, validate and export the use of a technological tool that contributes to empowerment in patients with diabetes, the provision of care according to quality standards, and generate real-time information required to measure the effectiveness of interventions.

28 Mobile phone text-messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: a pragmatic individually randomised trial

South Africa & Malawi
Funded by: SAMRC, MRC UK
Aim: To test the effectiveness of sending short message service (SMS) texts in improving health outcomes and supporting medication adherence in patients with type 2 diabetes in the context of implementing a low-cost, mobile-health communication infrastructure in an operational setting.

29 The Bangladesh D-Magic Trial. Diabetes Mellitus: Action Through Groups or Information for Better Control?

Bangladesh
Funded by: MRC UK
Aim: To evaluate the impact of a) a participatory community mobilisation intervention and b) an mHealth health promotion and awareness intervention on the prevalence of intermediate hyperglycaemia and diabetes in rural Bangladesh.

30 Implementation of foot thermometry and SMS to prevent diabetic foot ulcer

Peru
Funded by: NIH/FIC
Aim: To compare the incidence of diabetic foot ulcer during the study between the arm that receives thermometry alone and the arm that receives thermometry + messages (SMS and voice message).

31 Bridging Income Generation with Group Integrated Care (BIGPIC)

Kenya
Funded by: NIH/NHLBI
Aim: To identify the contextual factors, facilitators, and barriers that may impact integration of group medical visits and microfinance for CVD risk reduction, using a combination of qualitative research methods: 1) baraza (traditional community gathering) form of inquiry; and 2) focus group discussions among individuals with diabetes or at increased risk for diabetes, microfinance group members, and rural health workers.

32 A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus

Bangladesh, India & Sri Lanka
Funded by: ICMR, NHMRC
Aim: To determine whether a resource- and culturally-appropriate lifestyle intervention program in South Asian countries, provided to women with gestational diabetes after delivery, will reduce the incidence of type 2 diabetes, in a manner that is affordable, acceptable and scalable.

C. LUNG DISEASES PROGRAMME

33 FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health cAre Integrated Groups

The Netherlands, Uganda, Kyrgyz Republic, Vietnam and Greece
Funded by: EC
Aim: To prevent, diagnose and treat lung diseases in LMICs and other low-resource settings. It adapts and tests innovation and evidence-based practice in the prevention, diagnosis and treatment of lung disease in low-resource settings with high levels of tobacco consumption and exposure to Household Air Pollution (HAP).

34 The TackSHS Project. Tackling second-hand tobacco smoke and e-cigarette emissions: exposure assessment, novel interventions, impact on lung diseases and economic burden in diverse European populations

Spain
Funded by: EC
Aim: To elucidate the comprehensive impact that second-hand smoking (SHS) and e-cigarettes emissions have on the respiratory health of the European population and how health impacts vary according to socio-economic parameters with particular emphasis on specific vulnerable groups (patients suffering from pre-existing chronic lung diseases, heavy smokers, and other disadvantaged groups).

35 Tobacco cessation within TB programmes: A 'real world' solution for countries with dual burden of disease

UK, Pakistan, Nepal, and Bangladesh
Funded by: EC
Aim: To reduce the burden of tobacco-related lung diseases in developing countries by including tobacco cessation policy measures in tuberculosis programmes. Sustainability and cost-effectiveness of the programmes will be evaluated.

36 Smoking Free Brain: Multidisciplinary tools for improving the efficacy of public prevention measures against smoking

Greece
Funded by: EC
Aim: To project aims at preventing lung diseases caused by tobacco while at the same time developing new treatments analysing their contextual adaptability to the local and global health care system.

Funding Agencies

CAMS – Chinese Academy of Medical Sciences
CIHR – Canadian Institutes of Health Research
Conacyt – National Council of Science and Technology, Mexico
EC – European Commission, Health Directorate at Research & Innovation DG
FIC – Fogarty International Center (NIH)
GCC – Grand Challenges Canada
ICMR – Indian Council of Medical Research
IDRC – International Development Research Centre, Canada
CSN – Canadian Stroke Network
SAMRC – South African Medical Research Council
MRC UK – Medical Research Council, UK
NHMRC – National Health and Medical Research Council, Australia
NIH – National Institutes of Health, US
NHLBI – National Heart, Lung, and Blood Institute (NIH)
NINDS – National Institute of Neurological Disorders and Stroke (NIH)

GACD FIRST JOINT PAPER PUBLISHED

The first GACD joint paper has been published in the November issue of the journal *Implementation Science* summarising aspects of the work of our Hypertension Programme.

Behaviour change strategies for reducing the blood pressure-related disease burden: findings from a global implementation research programme drew on insights from all 15 projects funded by the Programme, and was led by Hypertension Programme co-chair, David Peiris.



We are delighted that all 15 GACD hypertension teams worked together on a joint publication in the *Implementation Science* journal. This research synthesizes knowledge from many different perspectives and is one of few studies of its kind to systematically map behaviour change strategies for hypertension control across the globe. It highlights the strength and breadth of GACDs work, and the importance of international collaborative research to tackle NCDs.



The report involved a reflexive mapping exercise to identify the behaviour change strategies undertaken in each of the 15 projects. All of the teams collaborated on this analysis, which enabled them to study aspects of behaviour change across their target populations.

By better understanding the barriers and facilitators to behaviour change, the aim was to learn how innovations for blood pressure control can be introduced and scaled up, and identify what health system elements must be strengthened to improve blood pressure control.

The findings highlight the importance of contextual factors in driving the success and failure of research programmes. There was a marked variation in the preparedness of principle actors to change behaviour across the projects, indicating that the interventions themselves will be variably taken up.

Further evaluations from each project will provide a greater understanding of the factors that might influence the scale-up of intervention strategies.

A key strength of the report was its collaborative nature. Having the ability to gain such insights on an international scale is a powerful demonstration of GACD's global reach, and illustrates ways in which research programmes can be transformed into "implementation laboratories," producing knowledge which extends beyond individual projects.

GACD SPOTLIGHT ON: ARTI PILLAY

Arti Pillay is a Research Fellow at the Pacific Research Centre for the Prevention of Obesity and Non-Communicable Diseases (C-POND) at Fiji National University. The Centre, in collaboration with the George Institute of Global Health and Deakin University, was awarded a National Health and Medical Research Council / GACD grant to carry out a study on the "Cost Effectiveness of Salt Reduction Interventions in Pacific Island Countries," specifically in Fiji and Samoa. Arti is mainly involved in Fiji, working closely with the Ministry of Health.

What do you hope to achieve through your research?

Our research team is evaluating the effectiveness of interventions to reduce salt in real world settings. Through national implementation programmes, we are aiming to achieve an overall reduction in sodium consumption across Fiji and Samoa and to increase the accessibility of reduced sodium products.

Tell us a little more about the project you are working on:

The research project completed Phase I (Baseline Assessment) in 2013, with the collection of baseline data on sodium intake, along with a Food Frequency, and Knowledge, Attitude and Behaviour Questionnaire, and a supermarket survey and food analysis. Following this, a multi-sectoral intervention period, targeting consumers and food businesses was rolled out. The project is currently in Phase 3 (Follow-up Monitoring) to measure the impact of the intervention.



How has being part of GACD helped your research?

GACD provided an opportunity for funding for Pacific Island countries like Fiji and Samoa to collect national salt intake data, carry out a national level multi-sectoral intervention and to measure its impact. GACD has also provided a platform to network with experts and highly experienced researchers. Being able to share opportunities and challenges with other GACD project teams, through the newsletters, regular teleconferences and participation in the annual meetings has helped us to realise that we are not unique in our challenges, and it has offered solutions and inspired us to move forward in overcoming barriers.

What do you enjoy most about your work?

Working with a dynamic and passionate team, locally and globally. Also knowing that the entire team is working towards achieving a positive health outcome by reducing sodium intake in the Pacific Islands.

Apart from the project, what are your other passions in life?

A peaceful walk along the seawall, a steaming cup of coffee and a great novel.

Can you name someone who has inspired you in your life and work?

My parents – who despite having no formal education, believed in and valued education and supported me through mine despite all difficulties. Steve Jobs – who inspires me to give a great presentation. "There is an opportunity in every challenge" is something I was once told, and this has become my motto in work and life.



Being able to share opportunities and challenges with other GACD project teams has helped us to realise that we are not unique in our challenges.



GACD LUNG DISEASES CALL UPDATE

In 2014/15, the GACD launched its call on chronic lung diseases in response to the growing burden of respiratory illness globally. The focus of this call is to address chronic lung diseases which have environmental exposures such as indoor, outdoor and occupational air pollution, and/or smoking, as a major risk factor.



Photo credit: Arman Barbuco

As the first member to complete its funding cycle, the European Commission has awarded funding to four projects which aim to address the burden of tobacco and household air pollution related lung diseases, both in vulnerable populations in Europe and in a number of low- and middle-income countries. Over the course of 2016, other GACD member agencies will announce the grants that they have awarded. All funded research studies will make up the GACD Lung Diseases Programme and join the current hypertension and diabetes researchers within the GACD Research Network.

All funded research projects are selected through rigorous peer review in which independent experts assess the quality and relevance of the research proposals. Four of the GACD member agencies are organising this review jointly, building on the experiences from their collaboration on the joint peer review for the previous diabetes call.

Sources:

<http://www.who.int/respiratory/copd/en/>
<http://www.who.int/mediacentre/factsheets/fs315/en/>
<http://www.who.int/mediacentre/factsheets/fs307/en/>

Why lung diseases?

Worldwide 235 million people are affected by asthma. 64 million people suffer from chronic obstructive pulmonary disease (COPD), 90% of which live in low- and middle-income countries.

COPD is preventable. The primary cause of COPD is tobacco smoke; other risk factors include outdoor and indoor air pollution.

WHO projects COPD will be the **3rd leading cause of death** worldwide by 2030

GACD NEW MEMBER

Argentina's Ministry of Science, Technology and Productive Innovation (MINCYT) has joined the GACD as its newest member.

Argentina has become the GACD's eleventh member agency, joining public health research funders from around the world. The country already has a strong history of forming international partnerships, including with the EU. Argentina joins as the first country from South America, opening up a new region for international research collaboration for the GACD.

"We are delighted to welcome Argentina to the GACD. By joining the alliance they are becoming part of a unique global network of funders who are jointly supporting research that will generate evidence to address implementation challenges in the area of non-communicable diseases (NCDs). With the burden of these diseases increasing and threatening the health as well as the economic development of many nations, we are pleased that Argentina has joined our collective efforts to build this evidence base to enable policymakers around the world to tackle the global NCD epidemic."

Dr Xuetao Cao, Outgoing Chair of the GACD and President of the Chinese Academy of Medical Sciences



“

Joining the GACD will create valuable opportunities for Argentinian researchers to collaborate with other international experts and to further advance the area of implementation science. Argentina has a long tradition of outstanding research and we are hoping that our involvement with the GACD will create mutual benefits and lead to positive health outcomes.

”

Agueda Menvielle, National Director of International Relations, Ministry of Science, Technology and Productive Innovation (MINCYT), Argentina

GACD LOOK TO THE FUTURE

Five years on from its inception, the GACD has become an established organisation with an international reach and a global voice. As the GACD grows and matures, we sought the views of past, present and future Chairs, to reflect on what has been achieved to date, assess the challenges of the future, and give their vision for GACD's long-term direction.

"I am very impressed by the passion and dedication of the GACD family."

Professor Xuetao Cao

Reflecting on GACD's achievements so far, **Past Chair Professor Xuetao Cao** noted that GACD has reached several major milestones: integrating global resources with a multi-agency funding mechanism, developing shared strategic goals, initiating joint scientific reviews, building international multi-disciplinary teams, and promoting implementation science on a truly global scale.

A key challenge for the future, says Professor Cao, will be getting NCDs higher on the agenda of low- and middle-income countries.

"NCDs are high on the agenda in the developed countries due to the increased economic and social burden of NCDs, but not high enough for low- and middle-income countries. The key is to have sound strategies and effective implementation plans to prevent NCDs."

Speaking of his personal highlights as Chair, Professor Cao had warm praise for the GACD family:

"I am very impressed by the passion and dedication of the GACD family, from Board members and staff to local collaborators. Having the representation of the leading global funding organisations in GACD provided a unique platform to think big, and to truly address major challenges on a global scale."



"Don't try to boil the ocean: find the area where we can make a difference."

Dr Alain Beaudet

"We are in a unique position in this alliance to influence policy change."

Professor Glenda Gray



Looking to the future, **new Chair Dr Alain Beaudet** says the very health of the organisation, with new members continuing to join, presents a challenge in itself:

"GACD is growing rapidly – this is both exciting and challenging. Growth is good news, but there are a much larger number of funders around the table now, and we need to maintain strategic and effective decision making – something that's more challenging in a larger organisation."

For Dr Beaudet, focusing on key areas – and building on successes – will be the next big steps:

"What we did is decide to define a niche, which I think has been our most important lesson. Don't try to boil the ocean: find the area where we can make a difference. In our case, it was implementation science – in its early days at the time – but a field which has developed with us."

Another question for GACD is how far to go in including research users in projects. We haven't gone far enough yet, says Dr Beaudet:

"In some cases we've been doing research for researchers – and the fact is not all research users are created equal, as we know. So for the future it's important to think about how we can focus on, and involve, research users even more than we have been doing."



As **Chair Elect of GACD, Professor Glenda Gray** is in the position of being able to take a long view. So where, in her estimation, should GACD be heading in the next ten years? If research is at the heart of GACD, partnerships are the organisation's life blood. So a key question will be how to build on the worldwide networks that have developed so successfully in the Hypertension and Diabetes Programmes, says Professor Gray:

"Our partnerships are critical. The more partners we have, the more we open ourselves to innovative thinking. Partnerships are very important because all partners can benefit – partnerships can build more sustainable research, both for poorer countries which don't have resources, and for developed countries which need implementable solutions. Developing and sustaining our partnership model is going to be a key task for the future."

As GACD grows and develops – and the impact of its collaborative research is felt – its influence on the world stage is likely to grow too, says Professor Gray. So in the long-term, GACD is poised to have a greater impact not only in research, but in advocacy and policy change as well:

"Because of the unique design of the GACD we have a huge advantage, in that we are made up of major international government-funded research bodies, and other important national research organisations. So we are in a unique position in this alliance to influence policy change, both through the work of national research bodies, and through making our voice heard internationally."

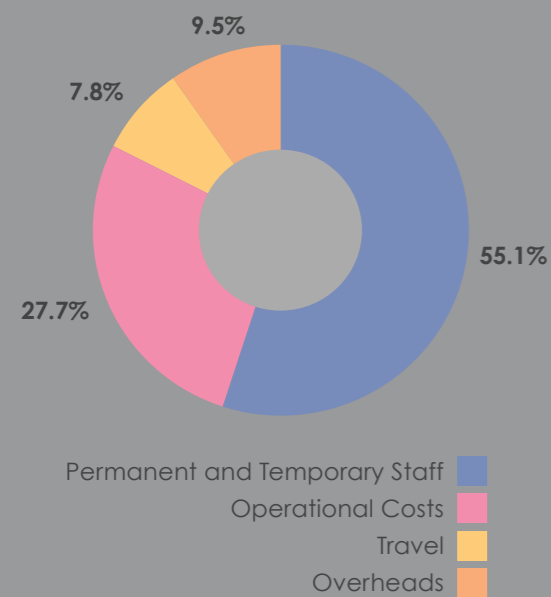
One thing is certain, as GACD continues to grow, the original vision of its founders – of joint international funding to tackle the rising epidemic of non-communicable diseases – has been realised. GACD now represents the frontline of a joined-up global effort in the fight against NCDs.

GACD FINANCIALS

GACD members are supporting chronic disease research projects in various countries. The total funding for all programmes is projected to be US\$100 million by the end of 2016: US\$23 million for the current GACD Hypertension Programme for projects lasting between 3 and 5 years, US\$27 million for the Diabetes Programme, and approximately US\$50 million is committed for the Lung Diseases Programme.

The GACD Secretariat is supported financially through annual membership fees by the Alliance members. Being based at the UCL Institute for Global Health, the Secretariat operates within the remits of UCL's financial policies and procedures. Almost two thirds of the Secretariat budget are spent on staff costs, with the remainder covering operational costs, meeting and travel costs as well as overheads.

GACD Secretariat Expenditure 2015



Income 2015

Member Contributions £373,519

Expenditure 2015

Permanent and Temporary Staff £196,169

Operational Costs £98,646

Travel £27,660

Overheads 33,692

Total Expenditure £356,167



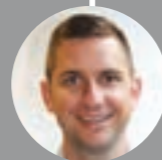
CELINA GORRE
Executive Director



DOROTHEA KANTHACK-CHAN
Senior Programme Officer



FAYE BASSETT
Executive Coordinator



GARY PARKER
Research Coordinator

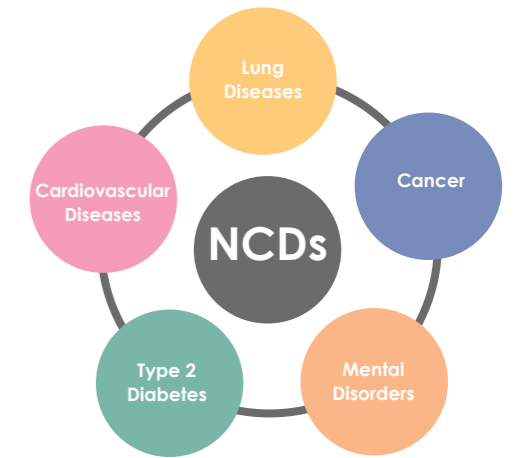


ROSIE BARTLETT
Communications Manager

GACD FACTS AND FIGURES

What are NCDs?

Non-communicable diseases (NCDs), also known as chronic diseases, are not passed from person to person and are of long duration and generally of slow progression. The five main types of NCDs are cardiovascular diseases (e.g. heart attacks and stroke), certain cancers, chronic respiratory diseases (e.g. chronic obstructive pulmonary disease and asthma), type 2 diabetes, and mental disorders as its areas of focus.



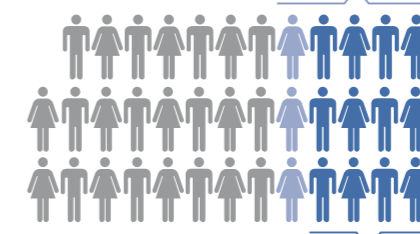
NCDs are the leading cause of death globally...

Out of the world's 56 million deaths in 2012, NCDs were responsible for 38 million (68%)



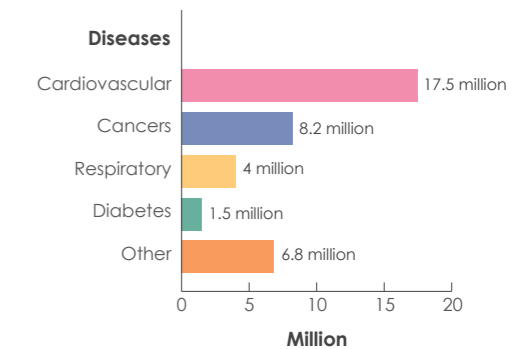
3/4 of NCD deaths occurred in low- and middle-income countries

Out of 38 million NCD deaths, more than 16 million (40%) were premature (under the age of 70)



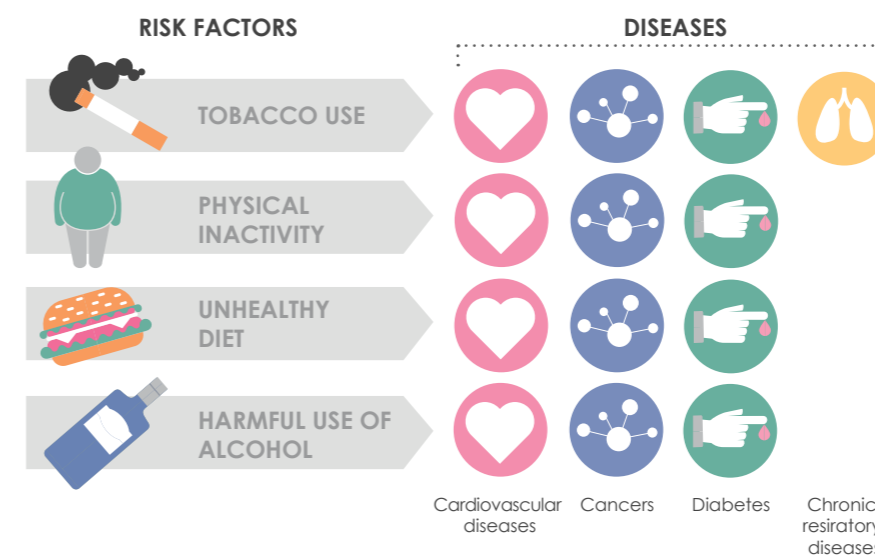
3/4 of premature deaths occurred in low- and middle-income countries

Annual NCD deaths...



Between 76% and 85% of people with severe mental disorders in low- and middle-income countries receive no treatment for their mental health conditions.

Tobacco use, physical inactivity, the harmful use of alcohol and unhealthy diets all increase the risk of dying from an NCD.



<http://www.who.int/nmh/publications/ncd-infographic-2014.pdf?ua=1>

Sources:

WHO global status report on non-communicable diseases 2014 http://apps.who.int/iris/bitstream/10665/148114/1/9789241564854_eng.pdf?ua=1
WHO non-communicable diseases factsheet <http://www.who.int/mediacentre/factsheets/fs355/en/>

How does GACD address the problem?

The GACD has so far established research programmes on diabetes and hypertension, involving more than 400 researchers from more than 30 countries. In 2016, a lung diseases programme will be launched. Collectively, GACD members are spending more than US\$ 50 million on research in low- and middle-income countries and with vulnerable populations in high-income countries, which is set to double in 2016. GACD funded research aims to contribute to the area of implementation science and address the significant knowledge gap between interventions that research has shown to be effective, and their delivery to communities and translation into practice.

GACD PEOPLE

GACD Board

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. Current GACD Board members are:

Dr Alain Beaudet, Canadian Institutes of Health Research, Canada (Chair)

Professor Glenda Gray, Medical Research Council, South Africa (Chair Elect)

Professor Xuetao Cao, Chinese Academy of Medical Sciences, China (Past Chair)

Dr Ruxandra Draghia-Akli, Health Directorate at the Research & Innovation DG of the European Commission

Dr Soumya Swaminathan, Indian Council of Medical Research, India

Dr Mark Palmer, Medical Research Council, United Kingdom

Águeda Suarez Porto de Menvielle, Ministry of Science, Technology and Productive Innovation, Argentina

Dr Roger Glass, National Institutes of Health, United States

Dr Guillermo Ruiz-Palacios, National Institutes of Health, Mexico

Professor Anne Kelso, National Health and Medical Research Council, Australia

Professor Dame Anne Johnson, University College London (Host Institution Representative)

In addition, the World Health Organization (WHO) has 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 Karim Berkouk, Health Directorate at the Research & Innovation DG of the European Commission (Chair)

Dr Prashant Mathur, Indian Council of Medical Research, India (Deputy Chair)

Dr Nancy Edwards, Canadian Institutes of Health Research, Canada

Professor Lixin Jiang, Chinese Academy of Medical Sciences, China

Dr Johan Louw, Medical Research Council, South Africa

Jill Jones, Medical Research Council, United Kingdom

Dr Daniel Gomez, and Monica Silenzi, Ministry of Science, Technology and Productive Innovation, Argentina

Dr Tony Willis, National Health and Medical Research Council, Australia

Dr Joshua Rosenthal, National Institutes of Health, United States

Margarita Irene Calleja y Quevedo, National Council for Science and Technology (CONACYT) and Dr Carlos Aguilar Salinas, National Institute of Medical Science and Nutrition Salvador Zubirán, Mexico

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

Dorothea Kanthack-Chan, Senior Programme Officer

Rosie Bartlett, Communications Manager

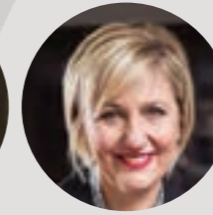
Gary Parker, Research Coordinator

Faye Bassett, Executive Coordinator

GACD Board



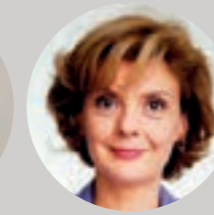
Dr Alain Beaudet



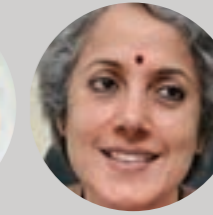
Professor Glenda Gray



Professor Xuetao Cao



Dr Ruxandra Draghia-Akli



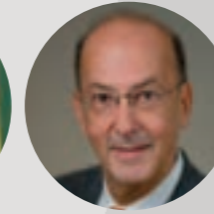
Dr Soumya Swaminathan



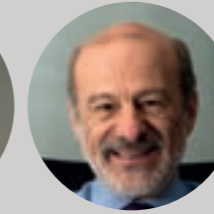
Dr Mark Palmer



Águeda Suarez Porto de Menvielle



Dr Roger Glass



Dr Guillermo Ruiz Palacios



Professor Anne Kelso



Professor Dame Anne Johnson

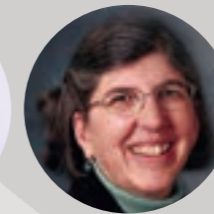
GACD Management Committee



Dr Karim Berkouk



Dr Prashant Mathur



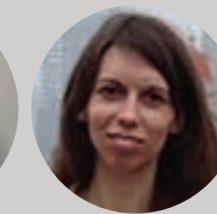
Dr Nancy Edwards



Professor Lixin Jiang



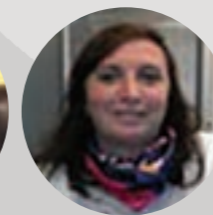
Dr Johan Louw



Jill Jones



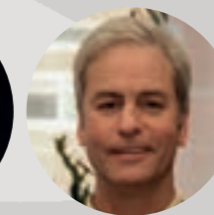
Dr Daniel Gomez



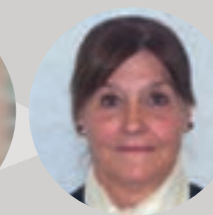
Monica Silenzi



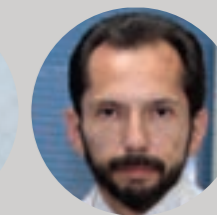
Dr Tony Willis



Dr Joshua Rosenthal



Dr Margarita Irene Calleja y Quevedo



Dr Carlos Aguilar Salinas

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