



GACD

GLOBAL ALLIANCE FOR CHRONIC DISEASES
AN ALLIANCE OF HEALTH RESEARCH FUNDERS



ANNUAL REPORT 2014/15

GLOBAL ALLIANCE FOR CHRONIC DISEASES

A MESSAGE FROM OUR CHAIR

I am delighted to present the Global Alliance for Chronic Diseases annual report 2014/15, at such an important milestone in our work.

It's now five years since the GACD was established in response to an article in Nature magazine, which predicted¹ "with concerted action, we can avert at least 36 million premature deaths by 2015."

I am proud to say that as we move into 2015 this "concerted action" has been realised through the GACD funders' investments into over 30 research studies in over 40 different project locations throughout the world. We are beginning to see the effects of our original investments into the GACD Hypertension Programme, as results begin to be published in professional publications across the globe and due to GACD projects, we are planting the seeds of behaviour change with families beginning to change the way they eat, exercise and interact with their environment in low- and middle-income settings.

As we launch our Diabetes Programme, the GACD is collectively committing an investment of over USD 30 million into the fight against non-communicable diseases (NCDs).

We welcome Mexico and Thailand as new members and look forward to an enriched global alliance of public health research funders covering more regions of the world, uniting with a collective commitment to addressing the barriers that NCDs present to a healthier world.

I hope you enjoy our project stories, meeting our researchers and reflecting on the groundbreaking research that is the face of the GACD in 2014 and into 2015.



Dr Xuetao Cao,
Chair of the GACD Board

A MESSAGE FROM OUR EXECUTIVE DIRECTOR



Celina Gorre,
Executive Director, GACD

The GACD had an action-packed year in 2014 and I am pleased to report that we have made good progress on a number of fronts across our mandate.

Under the leadership of Dr Xuetao Cao as the board chair, China became a central focus of our activities. In July, China hosted our summer board meeting in Shanghai, with an insightful keynote address by Dr Chen Zhu, former Minister of Health. We returned in November for the 3rd annual scientific meeting in Xi'an, where researchers were beginning to share results emerging from the studies. In fact, the first completed study on a school-based salt reduction intervention also took place in China. There is no question that the GACD made its mark in China in 2014.

Last year, the next cohort of researchers was selected making up the GACD Diabetes Programme to be launched in 2015. In July, the board approved lung diseases as the next GACD call, bringing the collective resources of member agencies to bear on important risk factors, including indoor and outdoor air pollution. In November, at the scientific meeting, in addition to the research discussions, we also held the first workshop on implementation research for early-career investigators. With such a full set of joint research activities under way, I am gratified that the GACD is addressing multiple priorities on the research agenda.

We also broke new ground in the area of research call management with an expanded joint peer review process for diabetes, with four agencies participating in the peer review and all nine members using the same assessment criteria. It is also evident that the reinforcement of the collaborative model is producing benefits across member agencies.

I hope you enjoy getting to know the many faces of the GACD (researchers, agencies, policymakers, students and secretariat), all working together to tackle NCDs around the world.

GACD WHO WE ARE

The Global Alliance for Chronic Diseases funds coordinated research programmes into non-communicable diseases (NCDs). Our research unites research teams in high- and low- and middle-income countries, developing capacity on the ground. Currently, our research programmes are investigating hypertension and diabetes and our project sites are within low- and middle-income countries (LMICs) and aboriginal and vulnerable populations in high-income countries. GACD research is focused on implementation science and aims to inform policymaking with evidence.



The GACD researcher network and management committee at the 2014 annual meeting in Xi'an, China.

Our funders represent more than 80 percent of the world's public health funding, uniting both national and international funders.

-  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
-  US National Institutes of Health

OUR GOALS

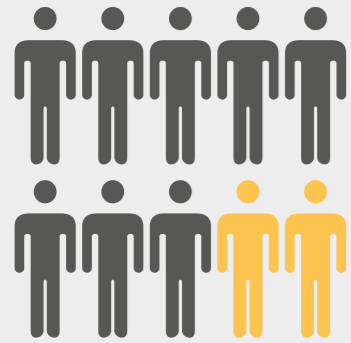
The GACD aims to tackle the burden of NCDs in LMICs, by building the evidence base to underlie sound clinical practice and policymaking. We do this by:

COORDINATION – building increasing levels of research expertise across the global health 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 and GACD research by conducting outreach beyond alliance members.

NEW MEMBERS



In 2014 the GACD welcomed two new members, expanding our research influence into East Asia and Central America. We welcome two new research institutions from Mexico (CONACYT and INCMNSZ), Mexico's National Council for Science and Technology and National Institute of Medical Sciences and Nutrition Salvador Zubirán, and Thailand's Health Systems Research Institute, who will engage in GACD future joint programmes.



JOINT PEER REVIEW

In October 2014 the GACD conducted a joint peer review process, assessing applications for our diabetes programme. Senior funding agency representatives met in London to observe the review and decide on successful applications. Experts from nine different countries took part in a rigorous review of applications led by UCL's Professor Catherine Law. They reviewed all projects, jointly deciding on a total of 16 projects which were awarded funding, many of those decisions being made under this process.



NEW RESEARCH DIABETES



In 2014 the GACD began its second joint research programme, focusing on the prevention and treatment of type 2 diabetes.

A joint funding initiative of over USD 30 million will once again join high- and low- and middle-income countries in unique implementation science collaborations. (see page 10 for more details).



NEW RESEARCH CALL LUNG DISEASE

In August 2014 the GACD agreed that its next research call will be on implementation research to address lung diseases including environmental exposures, indoor and outdoor air pollution, and tobacco. This initiative will focus on research in LMICs and/or with vulnerable populations in High-Income countries (HICs)



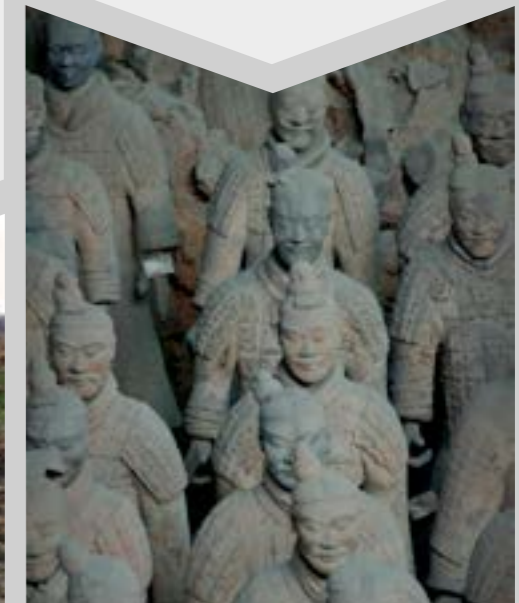
EVENTS NCD SEASON (UCL)

From April to July 2014 the GACD co-produced a series of event, talks and photography, all discussing the impact of NCDs on our lives. Themes included: "What's making us fat?", where Tesco's chief marketing officer debated the benefits of low-fat brands with architects and obesity campaigners; "Addressing the global burden of depression", where service users, professors and representatives from Mozambique's Ministry of Health debated global stigma around mental health. The season culminated with a photography exhibition and winning entry by amateur photographer Souvid Dhatta depicting an image of a man kneeling at the grave of his brother by a power station in China.



EVENTS XI'AN MEETING

In November 2014 the GACD held its annual meeting for researchers in Xi'an, China, hosted by the Chinese Academy of Medical Sciences. Representatives from each of the GACD hypertension research teams were able to share project updates and results, whilst continuing the joint working group activities engaged in the programme to date. The meeting was preceded by a 1.5-day workshop exploring the tools and techniques of implementation science where twenty-five international researchers shared best practice and discussed implementation issues within their own research projects.



GACD NEW MEMBERS

The GACD was very pleased to expand our membership into two new regions of the world in 2014, Latin America and Southeast Asia, with the joining of Mexico and Thailand.

Mexico has demonstrated their commitment to tackling NCDs within their borders and to collaborate with researchers from around the world by joining the alliance. They have joined the GACD under the auspices of two research organisations, the National Institute of Medical Science and Nutrition Salvador Zubiran (INCMNSZ) and the National Council of Science and Technology (CONACYT). As the first country from Latin America to become a member, the alliance members will be better able to engage researchers in Mexico and the surrounding region in a collective effort to understand the causes and potential means of prevention, care and treatment of NCDs. In fact, in order to partially address one of the highest diabetes rates in the world, Mexico has already participated in and are funding the GACD Diabetes Programme, with three studies in Mexico. Mexico is being represented on the GACD Board by the direction of Dr Guillermo Ruiz-Palacios.

Thailand became a member at the end of 2014 under the leadership of the Health Systems Research Institute, representing six national research agencies. Thailand joined the GACD in order to coordinate their research funding to tackle the burden of NCDs through high-quality research (in the region of the Association of Southeast Asian Nations (ASEAN) to systematically build the evidence base for interventions to underlie sound policymaking. In addition to China and India, the membership of Thailand increases the GACD's ability to gain a strong understanding of NCDs and funding collaborations throughout Asia. We look forward to Thailand's active participation in our next research calls.

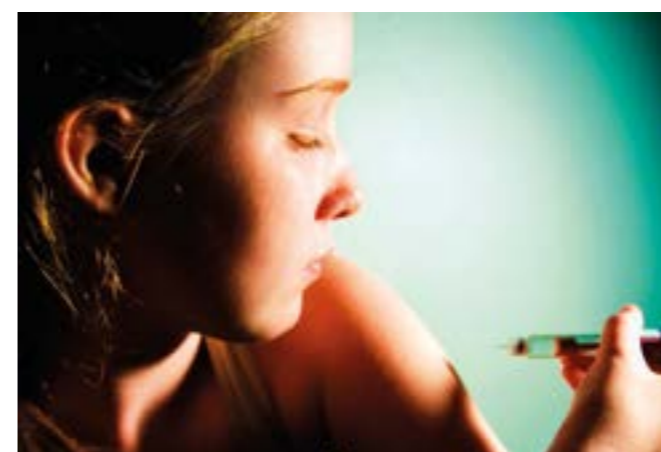


GACD DIABETES AND PEER REVIEW

Over the past twenty years, the global death rate from diabetes has doubled¹ 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% living in LMICs. Of those suffering from diabetes, type 2 comprises 90% of this population around the world.² The WHO has identified halting the rise of diabetes as a global NCD target and Member States are required to consider it.

"One in ten people in China are suffering from diabetes. It's now thought to be the country with the highest population of diabetes in the world. The GACD Diabetes Programme aims to be a ground-breaking research effort of over USD 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*



All sixteen successful projects that form the GACD Diabetes Programme were selected through a rigorous peer review process. Four of the GACD member agencies organised their review jointly with the aim of increasing consistency and maximising efficiency by avoiding duplication of effort, taking advantage of economies of scale and learning from each other's experience.

The joint review panel met in London in October 2014 to review the shortlisted research proposals, including a number of co-funding proposals involving more than one funding agency. The twelve members of the panel were experts from around the world, bringing a diverse set of knowledge and experience from a variety of disciplines to assess the quality and feasibility of the wide range of proposed research projects.

The joint peer review is one of the many areas of collaboration for members of the GACD which is creating benefits for funding agencies as well as the wider research community by building a culture based on shared learnings and cooperation.



The GACD's second ambitious joint programme on the treatment and prevention of type 2 diabetes was announced in 2014.

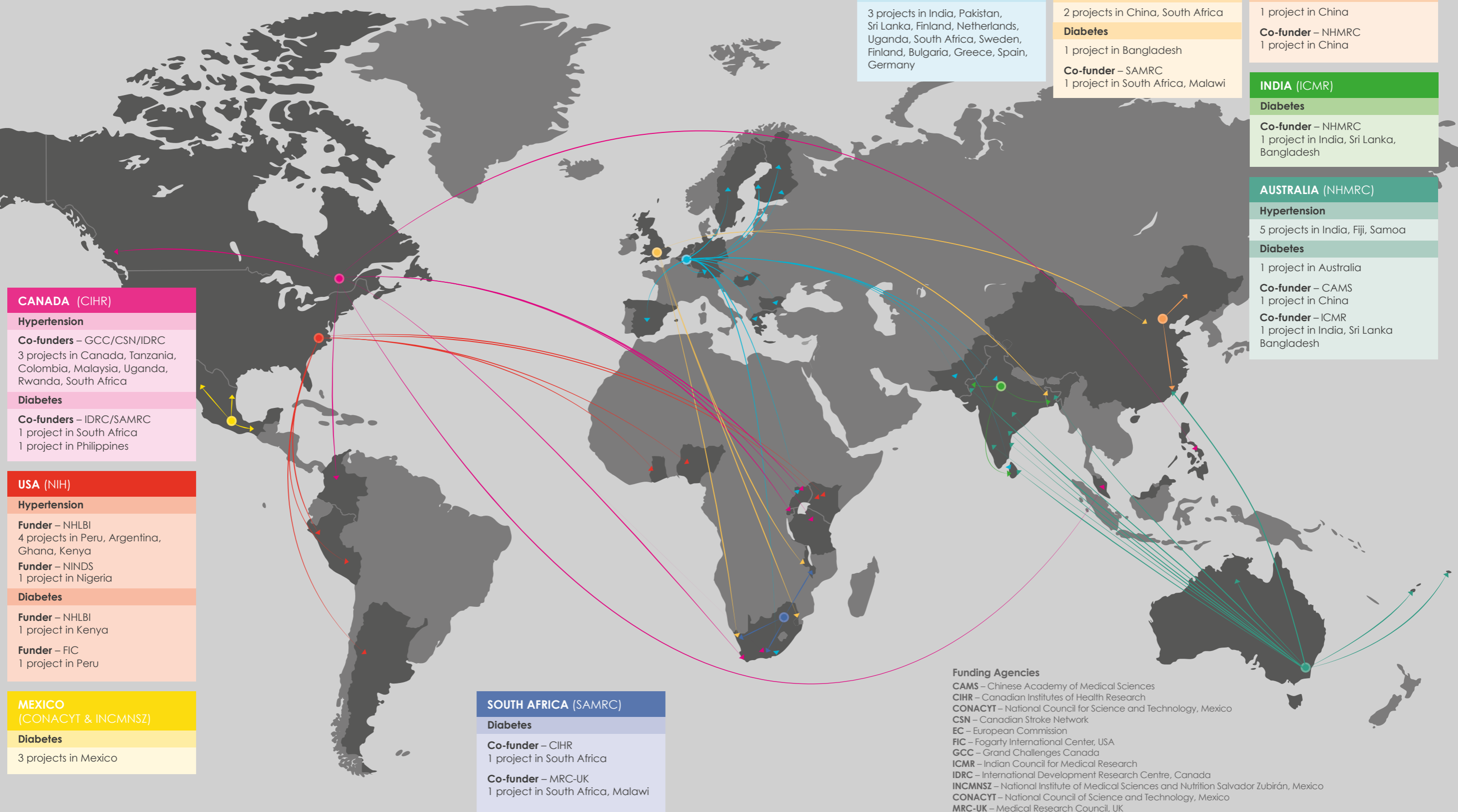
By committing over USD 30 million to funding implementation and intervention research in LMICs and vulnerable populations in HICs, GACD members have made a significant investment towards identifying solutions to this global problem.

Research projects will take place in more than fifteen countries, from South Africa to Australia's northern territories.



¹Lozano et al; The Lancet, Dec 2012, Vol 380, Issue 9859
²<http://www.who.int/mediacentre/factsheets/fs312/en/index.html>

GACD FUNDED PROJECTS BY AGENCY



CANADA (CIHR)
Hypertension
Co-funders – GCC/CSN/IDRC
 3 projects in Canada, Tanzania, Colombia, Malaysia, Uganda, Rwanda, South Africa
Diabetes
Co-funders – IDRC/SAMRC
 1 project in South Africa
 1 project in Philippines

USA (NIH)
Hypertension
Funder – NHLBI
 4 projects in Peru, Argentina, Ghana, Kenya
Funder – NINDS
 1 project in Nigeria
Diabetes
Funder – NHLBI
 1 project in Kenya
Funder – FIC
 1 project in Peru

MEXICO (CONACYT & INCMNSZ)
Diabetes
 3 projects in Mexico

SOUTH AFRICA (SAMRC)
Diabetes
Co-funder – CIHR
 1 project in South Africa
Co-funder – MRC-UK
 1 project in South Africa, Malawi

EUROPE (EC)
Diabetes
 3 projects in India, Pakistan, Sri Lanka, Finland, Netherlands, Uganda, South Africa, Sweden, Finland, Bulgaria, Greece, Spain, Germany

UK (MRC-UK)
Hypertension
 2 projects in China, South Africa
Diabetes
 1 project in Bangladesh
Co-funder – SAMRC
 1 project in South Africa, Malawi

CHINA (CAMS)
Diabetes
 1 project in China
Co-funder – NHMRC
 1 project in China

INDIA (ICMR)
Diabetes
Co-funder – NHMRC
 1 project in India, Sri Lanka, Bangladesh

AUSTRALIA (NHMRC)
Hypertension
 5 projects in India, Fiji, Samoa
Diabetes
 1 project in Australia
Co-funder – CAMS
 1 project in China
Co-funder – ICMR
 1 project in India, Sri Lanka, Bangladesh

- Funding Agencies**
 CAMS – Chinese Academy of Medical Sciences
 CIHR – Canadian Institutes of Health Research
 CONACYT – National Council for Science and Technology, Mexico
 CSN – Canadian Stroke Network
 EC – European Commission
 FIC – Fogarty International Center, USA
 GCC – Grand Challenges Canada
 ICMR – Indian Council for Medical Research
 IDRC – International Development Research Centre, Canada
 INCMNSZ – National Institute of Medical Sciences and Nutrition Salvador Zubirán, Mexico
 CONACYT – National Council of Science and Technology, Mexico
 MRC-UK – Medical Research Council, UK
 NHLBI – National Heart, Lung, and Blood Institute, USA
 NHMRC – National Health and Medical Research Council, Australia
 NIH – National Institutes of Health, USA
 NINDS – National Institute of Neurological Disorders and Stroke, USA
 SAMRC – South African Medical Research Council

GACD PROJECT DESCRIPTIONS

USA

Hypertension

Funder – NIH/NHLBI

Project Title: Launching a salt substitute to reduce blood pressure at the population level. [Peru]

Project Title: Task shifting and blood pressure control in Ghana: a cluster-randomised trial. [Ghana]

Project Title: Linkage and retention to hypertension care in rural Kenya. [Kenya]

Project Title: Comprehensive approach for hypertension prevention and control. [Argentina]

Funder – NIH/NINDS

Project Title: THRIVES (Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke). [Nigeria]

Diabetes

Funder – NIH/FIC

Project Title: Implementation of foot thermometry and SMS text messaging to prevent diabetic foot ulcer. [Peru]

Funder – NIH/NHLBI

Project Title: Bridging Income Generation with Group Integrated Care. [Kenya]

MEXICO

Diabetes

Funder – CONACYT/INCMNSZ

Project Title: Evaluation of a pilot programme into the prevention of diabetes using information technology on a work based population. [Mexico]

Project Title: Development of an interactive social network for metabolic control of patients with diabetes. [Mexico]

Project Title: Development and validation of software linked to an internet portal to facilitate the medical treatment and empowerment of type 2 diabetes patients and real time interaction with medical staff. [Mexico]

INDIA

Diabetes

Funder – NHMRC/ICMR (co-funded)

Project Title: A lifestyle intervention programme for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus. [India, Sri Lanka, Bangladesh]

AUSTRALIA

Hypertension

Funder – NHMRC

Project Title: Developing a national salt reduction programme for India. [India]

Project Title: 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. [India]

Project Title: A smartphone-based clinical decision support system for primary health care workers in rural India. [India]

Project Title: Improving the control of hypertension in rural India: overcoming the barriers to diagnosis and effective treatment. [India]

Project Title: Cost effectiveness of salt reduction interventions in Pacific Islands. [Fiji, Samoa]

Diabetes

Funder – NHMRC

Project Title: Improving the management of diabetes in pregnancy in remote Australia. [Australia]

Funder – NHMRC/CAMS (co-funded)

Project Title: Systematic Medical Assessment, Referral, and Treatment for diabetes care in China using lay family health promoters - SMART Diabetes. [China]

Funder – NHMRC/ICMR (co-funded)

Project Title: A lifestyle intervention programme for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus. [India, Sri Lanka, Bangladesh]

EUROPE

Diabetes

Funder – EC

Project Title: 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, Finland, Netherlands]

Project Title: SMART2D: A people-centred approach through Self-Management And Reciprocal learning for the prevention and management of Type 2 Diabetes. [Uganda, South Africa, Sweden, Belgium, Finland]

Project Title: Feel4Diabetes: Developing and implementing a community-based intervention to create a more supportive social and physical environment for lifestyle changes to prevent diabetes in vulnerable families across Europe. [Bulgaria, Hungary, Finland, Greece, Spain and Germany]

SOUTH AFRICA

Diabetes

Funder – SAMRC/CIHR (co-funded)

Project Title: 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]

Funder – SAMRC/MRC-UK (co-funded)

Project Title: Mobile phone text messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa – a pragmatic individually randomized trial in South Africa. [South Africa, Malawi]

CANADA

Hypertension

Funder – CIHR/CSN/GCC/IDRC (co-funded)

Project Title: Utilizing HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa. [Uganda, Rwanda, South Africa]

Project Title: DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower BP in Aboriginal and LMIC. [Canada & Tanzania]

Project Title: Developing an innovative strategy for hypertension detection, treatment, and control in two middle-income countries (Hypertension Outcomes Prevention and Evaluation: HOPE-4). [Colombia & Malaysia]

Diabetes

Funder – CIHR/SAMRC (co-funded)

Project Title: 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]

Funder – CIHR/IDRC (co-funded)

Project Title: Community Health Assessment Program in the Philippines (CHAPP). [Philippines]

CHINA

Diabetes

Funder – CAMS

Project Title: Effects of information technology-based tools on long-term self management of diabetic and non-diabetic patients with coronary heart disease. [China]

Funder – CAMS/NHMRC (co-funded)

Project Title: Systematic Medical Assessment, Referral, and Treatment for diabetes care in China using lay family health promoters - SMART Diabetes. [China]

UK

Hypertension

Funder – MRC-UK

Project Title: A school-based education programme to reduce salt intake in children and their families. [China]

Project Title: Treating hypertension in rural South Africa: strengthening community-based outreach services for integrated chronic care. [South Africa]

Diabetes

Funder – MRC-UK

Project Title: The Bangladesh D-MAGIC trial: Diabetes Mellitus - Action through Groups of Information for better Control. [Bangladesh]

Funder – MRC-UK/SAMRC (co-funded)

Project Title: Mobile phone messaging to support type 2 diabetes treatment in sub-Saharan Africa – a pragmatic individually randomized trial. [South Africa, Malawi]

GACD WORKING GROUPS

The GACD has a number of working groups and forums that together offer a variety of ways for GACD researchers to come together and work on joint projects.



Joint Publications Working Group, chair: Brian Oldenburg, University of Melbourne, Australia

The Joint Publications Working Group was established to coordinate GACD's joint publications and develop guidelines and recommendation for their production. The working group has now moved its focus to producing a summary article of the Hypertension Programme as a whole.

Baseline Prevalence Data and Data Sharing, chair: Michaela Riddell, Monash University, Australia

The Baseline Prevalence Data and Data Sharing Working Group was initially charged with establishing a recommended set of consensus measures that would allow easier, more efficient joint data analysis. Those consensus measures are now in use by research teams, and the group is currently finalizing an article describing the standardisation process and its challenges.

Identifying Barriers to Hypertension, chair: David Peiris, George Institute for Global Health, Australia

The Identifying Barriers to Hypertension Working Group has spent the last year gathering and mapping data from research teams on the barriers and enablers to hypertension control across the various research projects and contexts. Using Susan Michie's behaviour change wheel, they have identified the interventions chosen to overcome these barriers, and enhance the enablers, and determined the principal policy areas in which the interventions are working. A manuscript is now being prepared that details this process.

GACD ANNUAL MEETING

In November 2014 over fifty researchers from across the world came together in the historic city of Xi'an, China for the annual GACD researcher's meeting. Over the course of three days attendees heard from each research group, and got an update on the progress made by each of the working groups.



The annual meeting gives GACD researchers the opportunity to troubleshoot, exchange ideas and network with their peers and as a research community. Attendees are encouraged from each of the project's research locations, and as such the meeting is a melting pot of backgrounds, interests, and experiences.



As research projects have progressed the direction of the meetings have changed, with this year's focusing heavily on methodological issues, and concerns over scale-up and sustainability. As the GACD community has developed there is now an increased realisation amongst its researchers that there is considerable gains to be made by approaching common problems together and drawing on the collective resources and skills of the community.

GACD IMPLEMENTATION SCIENCE WORKSHOP

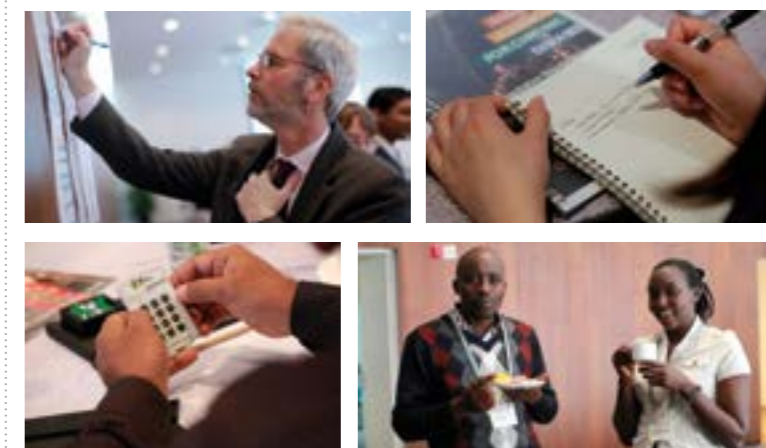
2014 saw GACD's inaugural Implementation Science Workshop, hosted by the Chinese Academy of Medical Sciences. Over two days, attendees heard from leading practitioners, researchers and policymakers in the field, and discussed implementation issues in their own research projects with peers.



Specifically targeting early career researchers new to the field of dissemination and implementation science, the workshop was open to researchers working on GACD projects and students within CAMS, and attracted around twenty-five delegates from all over the world coming from diverse backgrounds.

The workshop began with a broad introduction to implementation science, using case examples from China and from the delegates own research studies. A variety of different sessions followed, including a discussion session concentrating on funding agencies' approaches and interpretation of implementation science, and an in-depth focus on the potential applications of mobile health (mHealth) and their applicability for scale-up.

With many of the workshop participants also attending the annual meeting that followed, the workshop provided the perfect introduction to the week and has helped to build a network of young researchers within GACD.



GACD FOCUS ON TECHNOLOGY

The number of mobile phone subscriptions now exceeds the world's population, and in many places people are more likely to have access to a mobile phone than to have clean water, a bank account, or even a source of electricity. This transformation in global communications offers opportunities for those working to improve health outcomes, particularly those working in LMICs.



The GACD projects that are utilising mHealth in their interventions are targeting a variety of players in the health system, from registries and electronic health records, all the way to patient education and behaviour change. Despite this variety in application, there is considerable overlap in the software and platforms used, and a shared understanding of the importance of cultural appropriateness in the applications. This ranges from an appreciation of tone and language within patient communication, to the need for a pragmatic expectation of resources and capability across settings.



SMARThealth is a GACD project (funded by NHMRC) that uses technology at every step to improve the identification, referral and adherence of hypertensive patients in rural India. The process starts with a decision support system for non-physician health workers that helps correctly identify those most at risk during regular household screening. High risk individuals are then referred to a physician who receives the patient's data via a secure central server, and will receive follow-up prompts by SMS to attend follow-up appointments and increase their medication adherence.



GACD RESEARCH PROFILE

Spotlight on Dr Praveen Devarsetty, researcher on the GACD Hypertension Programme

"The GACD has been more than just an organisation tied to grant funding. Through the annual meetings my grant colleagues and I have been able to successfully network and forge new collaborations with other investigators that have resulted in the sharing of ideas, actual grant applications to test those ideas, and sharing of innovative technology."

GACD Hypertension Researcher



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

How has having access to a network of researchers working on mHealth within GACD helped your project?

The greatest value in working with GACD is the accessibility to a network of researchers working on a similar goal to bridge the implementation gap for blood pressure management. As these studies were in different phases of development, GACD acted as a platform for us to discuss and learn from each other's experiences.

How does your project help bridge the evidence gap for mHealth in LMIC?

Despite a number of studies demonstrating the usability of mHealth applications, the current evidence base is insufficient to guide decisions on policy and practice. Further, there is a huge gap in research for end-to-end health care systems and we feel SMARThealth is better positioned to answer many such questions about usage of mHealth tools to strengthen workforce capacity, communication, and workflows that are of particular importance in any healthcare delivery.

What are patients' and providers' reactions to the SMARThealth app?

The SMARThealth strategy was well accepted by the end users i.e. villagers, non-physician health care workers and doctors as demonstrated in the pilot. It increased the opportunities for people within the community to get screened and managed by the public health care facilities and enabled the capacity of the health care workers in a different domain of health care.



"We have appreciated the opportunity to learn from other peers and expert colleagues across a broad range of countries and health settings. The GACD provides an opportunity to share and network with the best researchers in the world."

GACD Hypertension Researcher

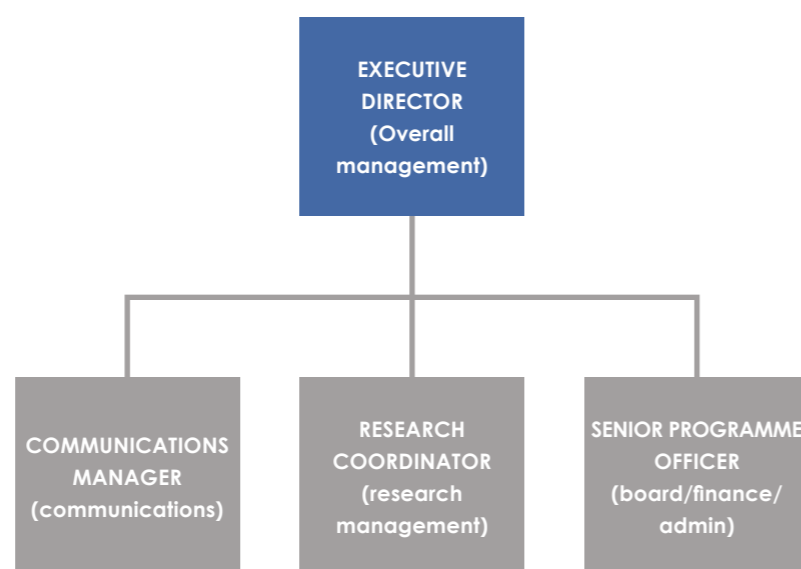
How do you see the future of mHealth?

It has the capacity to transform health care by providing high quality care at low cost. This is only possible if the mobile technology is properly harnessed and well integrated within the existing health care delivery system strengthening the existing services and filling the gaps.

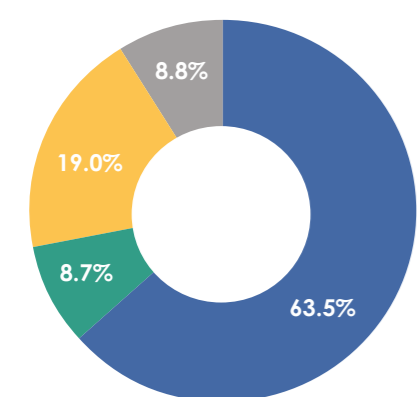
GACD FINANCIAL STATEMENT 2014

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 secretariats budget are spent on staff costs, with the remainder covering operational costs, meeting and travel costs as well as overheads.

GACD members are supporting chronic disease research projects in various countries. The total funding for the current GACD Hypertension Programme is approximately USD 23 million for projects lasting between 3 and 5 years. Funding for the Diabetes Programme exceeds USD 30 million.



GACD Secretariat Expenditure 2013



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

Income 2014

Member Contributions \$600,000 USD

Expenditure 2014

Permanent and Temporary Staff \$284,456 USD
 Operational Costs (incl. communications, office equipment and expenses) \$38,900 USD
 Research and Member Meetings and Travel \$85,046 USD
 Overheads \$39,642 USD
 Total Expenditure \$448,044 USD

GACD FACTS AND FIGURES

Established in **2009...**

388 million people worldwide...

more than **80%** of all public research funding...

10 funding agency members

The Alliance was established in 2009 to support a coordinated global research effort to address chronic NCDs, a growing health crisis now reaching world epidemic proportions. Experts estimate that, unless action is stepped up, 388 million people worldwide will die of one or more such diseases within the next decade.

Current Members

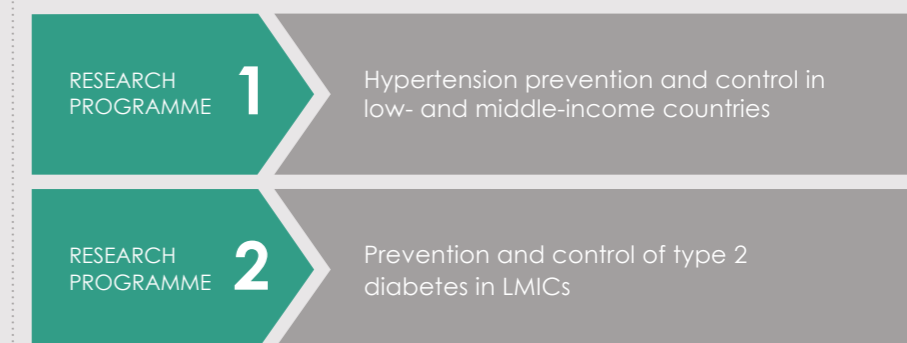
The Global Alliance for Chronic Diseases has a global reach and brings together national and international funding agencies representing more than 80% of all public research funding in the world with 10 funding agency members.

prevention and control of

type 2 diabetes...

Joint Funding Programmes of GACD Members

The first coordinated research programme of GACD member organisations focuses on hypertension prevention and control in LMICs and in vulnerable populations of high-income countries. The second programme concentrates on prevention and control of type 2 diabetes in LMICs.



30 joint projects

300 researchers

30 countries

The GACD research programmes fund 30 projects, with around 300 researchers from more than 30 countries

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 secretariat policies.

GACD Board

Current GACD Board members are:

- Professor Xuetao Cao, Chinese Academy of Medical Sciences, China (Chair)
- Dr Alain Beaudet, Canadian Institutes of Health Research, Canada (Chair Elect)
- Dr Susan Shurin, National Institutes of Health, United States (Past Chair)
- Professor Warwick Anderson, National Health and Medical Research Council, Australia
- Dr Ruxandra Draghia-Akli, Health Directorate at the Research and Innovation DG of the European Commission (Designate: Dr Karim Berkouk)
- Professor Glenda Gray, Medical Research Council, South Africa
- Dr Vishwa Mohan Katoch, Indian Council of Medical Research, India
- Dr Mark Palmer, Medical Research Council, United Kingdom
- Dr Guillermo Ruiz Palacios, National Institutes of Health, Mexico
- Dr Roger Glass, National Institutes of Health, United States
- 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 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 Nancy Edwards, Canadian Institutes of Health Research, Canada (Chair)
- Jill Jones, Medical Research Council, United Kingdom (Deputy Chair)
- Dr Johan Louw, Medical Research Council, South Africa
- Dr Prashant Mathur, Indian Council of Medical Research, India
- Dr Tony Willis, National Health and Medical Research Council, Australia
- Dr Joshua Rosenthal, National Institutes of Health, United States
- Professor Lixin Jiang, Chinese Academy of Medical Sciences, China
- Dr Karim Berkouk, Health Directorate at the Research and Innovation DG of the European Commission
- Dr Margarita Irene Calleja y Quevedo, National Council for Science and Technology and Dr Carlos Aguilar Salinas, National Institute of Medical Sciences 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:

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