

Strategic Plan 2025-2030

Global Alliance for Chronic Diseases



The Global Landscape of Chronic Disease

Introduction

Chronic non communicable diseases (NCDs) continue to be the number one cause of death and disability worldwide, killing more than 41 million people each year and accounting for approximately three-quarters of all deaths globally.

NCDs such as cancers, cardiovascular disease, chronic respiratory diseases, diabetes, and mental health conditions require long term, frequently lifelong care. NCDs affect all countries and regions, but by far the largest burden falls on low- and middle-income countries (LMICs), where 77% of these deaths occur. They have a significant detrimental impact both on the lives of the affected individual as well as their families and carry huge costs to patients, families, communities, the health system and the economy within every country.

It is forecast that by 2050, nine of the top ten causes of premature mortality will be NCDs ([GBD 2021](#)). Unfortunately, however, the health systems in many countries have not kept pace with the rapid emergence of NCDs, their prevention, diagnosis and the shift to conditions that require more costly long-term care and treatment. Indeed, countries that are predicted to experience the largest increases in death and disability from NCDs are also, for the most part, those whose health systems are the least prepared for it.

NCDs are driven and exacerbated by genetic, behavioural, socioeconomic, environmental and commercial determinants. An estimated 80% of NCDs are preventable, with strong evidence that addressing major risk factors including tobacco use, unhealthy diet, physical inactivity, harmful use of alcohol and exposure to air pollution can delay or prevent morbidity and deaths from NCDs. However, much of the evidence for effective interventions is derived from high income countries (HICs) where the context, environment and culture may be quite different to that in many LMICs. It is vital to determine what context relevant strategies can ensure effective implementation in different settings and amongst populations experiencing health disparities.

Although several major NCDs can be prevented by addressing key common risk factors, some NCDs, including congenital heart disease, sickle cell anaemia and type 1 diabetes are not currently preventable. Ninety percent of people with sickle cell disease live in LMICs ([Dua 2023](#)) and 90% of children born with congenital heart disease live in socio-economically deprived areas ([GBD 2017](#)). Screening, diagnosis and appropriate management of such chronic conditions is essential to improve life expectancy and provide better quality of life for those affected.

During the course of a lifetime people may be exposed to and suffer both from infectious diseases and NCDs. Patients suffering sequential or concurrent illness may be more prone to or experience more severe outcomes from a 'new' condition. For example, it has been well documented that the COVID-19 pandemic took an especially heavy toll on people living with NCDs. Women living with human immunodeficiency virus (HIV) are six times more likely to develop cervical cancer compared to women without. Moreover, individuals often live with multiple long-term conditions (multimorbidity) and experience a poorer quality of life, greater health care needs and earlier mortality.

It is also increasingly recognised that tackling NCDs most effectively needs to involve sectors outside of healthcare. Coordination and policy coherence amongst those with responsibility for education, workplace, environment, transportation, agriculture and food industry, leisure and culture, around the mutual goal of reducing the burden of NCDs and their economic costs, will be essential.

Decision makers everywhere need to plan for the continued shift of the disease burden within their populations. Adoption of evidence-based interventions, using context relevant implementation strategies to reduce risk factors, encourage healthy behaviours and improve health systems will reduce health inequalities and improve the prevention and management of chronic NCDs for all.

The Global Alliance for Chronic Diseases

Mission

The Global Alliance for Chronic Diseases (GACD), launched in 2009 is an alliance of international health research funders galvanised by concern at the stark statistics on the ever-increasing burden of NCDs, who have agreed to work with a focused common mission.

GACD's mission is to reduce the burden of chronic NCDs in LMICs, and in underserved groups such as Indigenous Populations facing conditions of inequity in HICs, by building evidence to inform national and international NCD policies and contribute to the achievement of the Sustainable Development Goals under section 3.4.

The GACD is currently the only international initiative with a focus on chronic NCDs and seeks to engage new funders who are interested and can participate in this important common mission. Working in alliance funders gain mutual advantage from cooperation, promoting effective, strong international, collaborations, as well as depth and reach in agreed priority areas more likely to impact health policy and practice.

To date¹ GACD working jointly have provided over USD \$375million to a growing portfolio of more than 185 projects taking place in over 80 countries. The GACD Research Network engages more than 1000 researchers involved in implementation science worldwide.

GACD values

Our values and organisational culture aim to promote open, responsible, ethical global science that will provide high quality results that will offer relevant and sustainable impact to improve health for all.

GACD

- *will work globally with a range of funders and partners, respectful of all. We promote and expect integrity and the highest ethical standards in all that we do, respecting fundamental human rights.*
- *will foster meaningful participation by all partners in our global research, to ensure that our outcomes and impact are relevant and sustainable.*
- *is committed to the highest standards of transparency, scholarship, performance and delivery, striving for excellence and impact in everything we do.*
- *encourages active global citizenship, reflected in our aim to provide evidence to reduce health disparities within and between countries.*
- *seeks ways to expand and enhance collaboration within our alliance, amongst funders, researchers, stakeholders and across all sectors within the global community in a culture of mutual learning and respect to find relevant impactful solutions to real world issues.*
- *recognises the rights of all people to accessible and effective prevention and care, in particular people living with chronic NCDs. We believe in the enormous potential of our joint work to impact human health and change the world for the better.*

¹ January 2025

GACD Strategic Plan 2025-2030

Strategic objectives

GACD's strategic intent is to provide research outcomes that readily inform practices and policies for prevention and management of NCDs and minimise the systematic and avoidable differences in the health status of different population groups within and between countries.

There is an ever-increasing range of evidence-based interventions and strategies to tackle NCDs, not least, as reflected in the [WHO Best Buys](#) and other recommended interventions for the prevention and control of NCDs. However, there remains a strong and persistent need for high quality, innovative research to determine how these may be best deployed in different contexts and cultures. GACD will therefore pursue research to understand, optimise and inform context relevant practice and policy, maintaining a central focus on implementation science, a priority recognised by the [WHO Technical Advisory Group](#) on NCD related Research and Innovation.

In refreshing its strategy, GACD is mindful of the significant worldwide contextual changes that are impacting the global burden of NCDs. This includes continued population and demographic change, global economic instability, changing value chains in food and commodities, poverty, conflict and migration and the accelerating links between climate change and NCDs. People are living with multiple long-term conditions and there is an recognised interplay between infections and NCDs, effective management will require a more integrated, patient-centred approach to health. Structural and social inequities are underlying drivers of NCDs and improved cross sectoral approaches will be imperative to risk reduction and NCD prevention. GACD will expand its portfolio of impact-oriented, international, multidisciplinary, collaborative research on priority topics that tackle chronic disease in more complex, holistic approaches, reflective of the real world.

To foster strong, equitable, impactful, research GACD will also ensure that there is a growing cadre of scientists within LMICs equipped with the knowledge and capacity to deliver research of direct relevance to practice and policy change within the region in which they are based. Capacity strengthening and capability sharing will feature as a significant element of GACD's strategy.

Partnership, allies and collaboration have been a cornerstone of all GACD activities. Promoting knowledge sharing and insight through exploring innovative themes that expand on individual research project experience, supports accelerated research advances and greater likelihood of collective impact. Nurturing equitable involvement of stakeholders including communities, implementors and policy makers is critical to delivering sustainable solutions that can have real and lasting impact. Partnering with organisations to amplify and showcase our outcomes and impacts through varied media and dissemination opportunities.

Three key strategic objectives:

1. To invest in chronic NCD research to inform policy and practice

GACD will invest in high-quality, co-created research with the highest likelihood of informing policy and practice to prevent and/or manage chronic NCDs.

2. To foster capacity and capabilities in research that will inform policy and practice

GACD will nurture researchers globally to undertake relevant high-quality science and knowledge translation to tackle the growing burden of NCDs.

3. To partner and collaborate for impact

GACD will capitalise on collaborative working approaches and knowledge sharing to maximise the collective impact of the funded research.

Delivering the GACD Strategic Plan 2025-2030

1. Invest in chronic NCD research to inform policy and practice

GACD wants its research to make a real difference to people living with NCDs around the world. We will do this by funding research with the strongest potential to inform national and international policies for the prevention and control of NCDs in LMICs and within populations experiencing health disparities in HICs. A central focus will be implementation research and will involve fostering co-creation and involvement of key users of the research (communities, health workforce, policymakers, implementors) in the production of the contextual evidence and ready-to-adopt sustainable research outcomes.

GACD will expand its portfolio of high-quality international collaborative research projects, through a series of calls for proposals in NCD research priority areas. GACD will maintain a focus on implementation science projects, continuing to offer support for studies that examine strategies that enable the achievement of NCD targets and that tackle implementation at scale. An [international expert advisory group](#) has contributed to the identification of major themes to be tackled over the next five years. The initial three theme agreed are:

1.1. Strengthened health systems

It is increasingly recognised that resilient, fit for purpose health systems have an important role to play in the fight against NCDs. Yet health systems in many countries have not kept pace with the rapid emergence of NCDs and are fragmented, segmented, poorly organised or underfinanced. An optimal health system should provide high-quality, safe, accessible healthcare, that reflects the needs of the population and enables the integration of healthcare for all conditions (including NCDs) across the continuum of care, encompassing prevention, screening, diagnosis and long-term management.

GACD will host a joint call for research on strategies for strengthening health systems to improve equity in health outcomes and reduce the prevalence and impact of NCDs in LMICs and/or in underserved populations experiencing health disparities such as Indigenous populations, in HICs.

1.2. Engaging sectors and settings beyond the health system

NCDs are driven by structural and social inequities, population ageing, the effects of globalisation on marketing and trade, food and commodities, rapid urbanisation and climate change – factors over which the conventional health system has little sway.

Tackling NCDs most effectively requires engagement and policy development within and across many government departments. Multisectoral approaches are already being initiated in particular countries amongst relevant ministries, including those with responsibility for education, workplace and environment, urban planning, transportation, agriculture and food, leisure and culture. Several sectors have demonstrated a willingness to jointly engage with the mutual goal of reducing the burden of NCDs and hence the significant economic costs of these conditions (WHO GCM 2023).

GACD will host a joint call for research strategies that leverage engagement of settings and sectors beyond health, and to utilise the different settings in which people are educated, work and live, will provide opportunities to expand efforts to reduce risks and prevent and control NCDs.

1.3. A spotlight on the critical life period from childhood to early adulthood (ages 1–24)

Adults have most often been the focus of attention for NCD prevention and management strategies, yet NCDs are responsible for the deaths of around 1 million young people every year and over 2.1 billion young people are affected by them.

Mental health conditions are the most common NCDs affecting children, but young people suffer from a range of NCDs including cardiovascular diseases, blood disorders, cancers, respiratory conditions, diabetes and autoimmune conditions. NCDs that begin in childhood have an impact on both quality of life and life expectancy. The conditions in which people are born, grow and live (the social determinants of health) including access to good nutrition, education, housing and health care, are major contributors to health trajectories. This critical period is also when experimentation with behaviours associated with NCD risk begins and interventions that can successfully reduce risk or prevent chronic disease in children and young people can dramatically improve health outcomes later in life. While some NCDs are preventable, many, including congenital heart disease, sickle cell anaemia and type 1 diabetes are not. These NCDs must be carefully managed to ensure that young people affected can live a long and healthy life.

GACD will host a joint call for research to study prevention, screening, diagnosis, or management intervention strategies against NCDs targeting childhood and young adulthood (1–24 years of age) within LMICs, and/or amongst underserved populations in HICs.

During this five-year period further call topics will be announced as the evidence base accumulates and readiness for implementation research is established against priority needs. Working together funding agencies in the alliance aim to:

- Increase the total investment in implementation science for NCDs by at least USD \$150m over 5 years
- Expand our global reach to include new countries and institutions.

2. Foster capacity and capabilities in research that will inform policy and practice

GACD recognises the importance of developing and nurturing researchers globally with the capability and capacity to undertake implementation science. GACD will foster capability and understanding of interdisciplinary, intersectoral and partnership working in implementation research and knowledge translation activities.

For sustainable, impactful outcomes, it is essential that investigators who have situational knowledge are equipped to conduct relevant research addressing national and local needs. GACD training activities will be positively biased to encourage and support researchers from LMICs and from underserved populations including Indigenous Populations. GACD will continue to support capacity development through three key mechanisms:

- 2.1 Embedding capacity strengthening in the research activities** supported through projects: Calls for research will expect projects to include a research capacity component to strengthen both academic researcher and implementor project team members’ knowledge and skills in undertaking implementation research.

Over 5 years GACD will support at least 50 early career researchers to complete an MSc or PhD

- 2.2 Hosting implementation science training events** for investigators at different career stages. Such events will provide opportunities to develop knowledge and understanding of implementation research, learn directly from experts, engage with global peers, initiate new collaborations and participate in the alumni network.

GACD will host an annual training event in implementation science with the goal of growing capacity and capability in more than 150 early career researchers and implementors in 5 years.

2.3 Providing the GACD e-Hub as an expanded and improving online platform. As a free resource it will offer a suite of self-guided training programmes, a hub of connectivity to other implementation science resources, and a unique series of curated case studies.

GACD will expand the freely accessible resources on the online E-Hub, building multi module training programmes at fundamental, advanced and express levels to broaden the range and accessibility of these tools to researchers and policy makers.

Working together we aim to:

- Increase the numbers of researchers with knowledge of implementation science for NCDs.
- Expand the range of institutions with the capacity to undertake implementation research through international collaboration.
- Deepen the understanding of implementation research amongst implementors and policymakers.

3. Partner and collaborate for impact

GACD is fundamentally built around alliance and partnership working, where synergies strengthen the sum of all parts. Through collaborating on mutual goals, sharing insights, exploring new approaches and pushing boundaries we will optimise the likelihood that our research will have impact. We will foster collaboration at multiple levels: amongst funding agencies, across the global health and development community; within our GACD Research Network, with advocacy partners and policymakers and across sectors necessary to impact future health.

3.1 Growing the alliance

To expand the reach and depth of its impact GACD will seek and encourage new health research agencies with a mutual interest in tackling NCDs to join the alliance as set out in a refreshed Associate Member strategy. Achievements of GACD will be communicated at relevant events and an open call for new Associate Members and Funding Partners will be launched.

An open call for new Associate Members and Funding Partners will be launched. GACD will nurture opportunities to encourage new agencies to join our unique and important alliance.

3.2 GACD Research Network

We will continue our proactive strategy for encouraging and supporting all members of funded project teams to actively engage in our Research Network. To promote knowledge sharing, strengthen project methodology and drive the field of implementation science forward, we will support and cultivate interaction within and beyond the network.

GACD will host and facilitate communities of practice, thematic working groups, webinars, participatory workshops, and the Annual Scientific Meeting.

GACD will encourage and support the delivery, publication and dissemination of joint activity outputs including open access publications and data standardisation resources.

GACD will coordinate and prepare portfolio and programme analyses and synthesise information, reporting on GACD programme collective outputs, outcomes and impact.

3.3 Partnering to communicate and promote impact

The measurable long term impacts we want to see include a reduction in risk factors for developing NCDs, improved management of patients living with NCDs, and a reduction in health inequalities and inequities

both within and between countries. Such impact takes time to deliver at any scale and GACD will therefore actively monitor and communicate relevant outputs and outcomes as interim measures.

GACD will foster strategic partnerships with key global health communities, including advocacy partners and policymakers and across sectors to strengthen the communication of our outcomes and accelerate their translation to impact.

GACD will encourage and support the delivery of materials to promote knowledge translation, including policy brief preparation, influential narratives and case studies using a variety of communication cascades.

GACD will promote and raise the profile of its research and capacity strengthening outcomes in regional and international showcases, highlighting potential impact and working with major advocacy partners in support of influencing policy.

Working together we aim to:

- Expand our reach and depth by attracting new funders and partners
- Promote partnership and collaboration, enhancing impact through collective knowledge
- Showcase our resources, outcomes and impact
- Foster knowledge translation to encourage the likelihood that governments (policymakers) are persuaded to adopt and implement proven, cost-effective NCD policies and practices.

GACD impact

Chronic noncommunicable diseases have a major impact on the lives of those affected as well as their families and are a significant cost to households, communities, the health system and the economy within every country. The measurable long-term impacts GACD aim for include a reduction in risk factors for developing NCDs, improved management of patients living with NCDs, and a reduction in health disparities and inequities both within and between countries. The socio-economic benefits of such a reduced burden of disease would also be expected to manifest in increased productivity and hence greater prosperity. GACD have developed a *logic model* that captures our ultimate impact objectives. However, such impact takes time to deliver at any scale. GACD will therefore actively monitor, communicate and disseminate emerging outputs and outcomes as interim measures, ensuring that patients, communities, health care providers and policy makers have relevant and evidence-based information as soon as this can be of benefit.

GACD impact objectives

A reduced burden of NCDs through improved prevention and management.

Equitable health outcomes in populations experiencing health disparities.



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