A MESSAGE FROM OUR CHAIR

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

Our focus now is to support governments to reach the new health goal, highlighted by the World Health Assembly: to reduce mortality from NCDs by 25% by 2025. Our commitment to this is strengthened by our combined energy, resources and expertise to generate the evidence base to meet that goal.

Susan B Shurin, M.D.
Chair, GACD

A MESSAGE FROM OUR EXECUTIVE DIRECTOR

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

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

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

Celina Gore, Executive Director, GACD

INTRODUCTION

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

Our mission

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

We do this by:
1 Coordination - building increasing levels of research collaboration across the member agencies.
2 Awareness - raising understanding of global NCDs and conducting outreach beyond the founding members.
3 Capacity-building - facilitating platforms for global chronic non-communicable diseases research.
The Global Alliance for Chronic Diseases (GACD) takes its origin in the Grand Challenges Partnership, which was first announced in 2007. This partnership was inspired by an article published in *Nature* involving a panel of fifty global experts who identified twenty global Grand Challenges in chronic NCDs and highlighted a set of priorities to address the burden of cardiovascular diseases, type 2 diabetes, chronic respiratory diseases and certain cancers. These under-resourced and preventable conditions cause the greatest share of death and disability. They account for 60 percent of all deaths worldwide, 80 percent of which are in low- and middle-income countries.

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

**YEAR IN REVIEW - 2012**

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

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

The European Commission’s Health Director of the Research & Innovation Directorate General joins as a new Alliance member.

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

The GACD International Secretariat was officially launched with a public event at UCL, which was marked by a lecture from Francis Collins. The launch coincided with the announcement of the GACD-led joint funding effort into hypertension.

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

The GACD Executive Director, Calina Gorr, presented at the Chronic Non-communicable Diseases and Disorders Research Training Networking Meeting at the National Institutes of Health in Washington DC.

The GACD Secretariat was established at its host institution, the UCL Institute for Global Health, and Calina Gorr was appointed as its first Executive Director.

The GACD Chairperson, Dr Susan Shurin, spoke about ‘The Global Alliance for Chronic Diseases: A Model for International Cooperation’ at ’Diabesity – A Worldwide Challenge’ in Brussels.

A Board and Management Committee meeting were also held in London.


The new GACD website and logo was launched. www.gacd.org is the home for GACD multimedia content and news, whilst showcasing the GACD’s coordinated research activities around the world.

The GACD Scientific Advisory Task Force issued their recommendations on the GACD’s research focus areas. Members were Dr Tim Evans, Prof Judith Whitworth, Prof Mark Hanson, Prof Bongani Mayosi, Prof Louise Gunning-Schepers and Prof Nikhil Tandon.

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

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

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

Celina Gorr spoke at a conference on obesity in mothers and children at the London School of Hygiene and Tropical Medicine.

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At the GACD Board Meeting in London, it was agreed that the focus of the next GACD funding call will be diabetes.
The GACD Board Meeting in Delhi in 2009 highlighted three growing challenges impacting the health of communities worldwide: indoor air pollution, tobacco, and hypertension.

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

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

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

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

GACD Hypertension Programme Working Groups

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

The Working Groups are organised into the following areas:

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

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

Our map on the following pages shows all funded hypertension research teams and their study locations.
In a 2009 report, the highest rate of untreated hypertension in Canada is amongst Aboriginal communities in the northern regions at 29.2%. This is compared to 12.7% in the overall Canadian population. DREAM-GLOBAL

'Approximately 40% of deaths are attributed to hypertension and other cardiovascular conditions.' WHO Peru NCD Country Profile 2011

PERU
Launching a salt substitute to reduce blood pressure at the population level in Peru
Funding Organisations: National Institute of Health/National Heart, Lung, and Blood Institute, United States
US$2,029,249

'Coronary heart disease was the number 1 cause of death in Argentina.' WHO Global status report on non-communicable diseases 2010

ARGENTINA
Comprehensive Approach for Hypertension Prevention and Control in Argentina
Funding Organisations: National Institute of Health/National Heart, Lung, and Blood Institute, United States
US$2,083,675

COLOMBIA AND MALAYSIA
Developing an innovative strategy for hypertension detection, treatment and control in two middle income countries (Hypertension Outcomes Prevention and Evaluation: HOPE-4)
Funding Organisations: Canadian Institutes of Health Research, Grand Challenges Canada, International Development Research Centre, Canadian Stroke Network
US$1,431,012

'NCDs are estimated to account for approximately 66% of all deaths in Columbia.' WHO COLOMBIA AND MALAYSIA Country Profile 2011

COLOMBIA
Launching a salt substitute to reduce blood pressure at the population level in Columbia
Funding Organisations: Canadian Institutes of Health Research, Grand Challenges Canada, International Development Research Centre, Canadian Stroke Network
US$1,431,012

MALAYSIA
Developing a national strategy for hypertension control in Malaysia
Funding Organisations: Canadian Institutes of Health Research, Grand Challenges Canada, International Development Research Centre, Canadian Stroke Network
US$1,431,012

'Nigeria is Africa’s most populous country and the strain on healthcare resources has become most apparent with the increase in hypertension incidence.' WHO World Global Report on Non Communicable Diseases 2010

NIGERIA
Developing a national strategy for hypertension control in Nigeria
Funding Organisations: National Institute of Health/National Heart, Lung, and Blood Institute, United States
US$2,117,296

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

CHINA
A school-based education programme to reduce salt intake in children and their families
Funding Organisation: Medical Research Council, UK
US$1,187,014

'Approximately 40% of 9.7 million Pacific Island citizens including Fiji and Samoa have been diagnosed with a non-communicable disease notably cardiovascular disease, diabetes and hypertension.' WHO Bulletin 2010

FIJI AND SAMOA
Cost effectiveness of salt reduction interventions in Pacific Islands
Funding Organisation: National Health and Medical Research Council Australia
US$1,008,474

'Our studies in rural India have found that 1 in 4 adults have hypertension.' Dr D Praveen, The George Institute India

INDIA
A Smartphone-based clinical decision support system for primary health care workers in rural India
Funding Organisation: National Health and Medical Research Council Australia
US$997,105

GLOBALY, the NCD burden will increase by 17% in the next ten years and in Africa by 27%.
WHO World Global Report on Non Communicable Diseases 2010

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

CHINA
A school-based education programme to reduce salt intake in children and their families
Funding Organisation: Medical Research Council, UK
US$1,187,014

HYPERTENSION PROGRAMME LOCATIONS
**Hypertension research funding**

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

**Funding by continent**

<table>
<thead>
<tr>
<th>Continent</th>
<th>Dollars ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Americas</td>
<td>31,318,474</td>
</tr>
<tr>
<td>Asia</td>
<td>6,716,863</td>
</tr>
<tr>
<td>Oceania</td>
<td>31,435,086</td>
</tr>
<tr>
<td>Africa</td>
<td>1,420</td>
</tr>
</tbody>
</table>

**Web traffic and statistics**

- **3,675 visits** to our website since October 2012 (between 1 Oct and 31 Jan)
- Increase of **34.7%**

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**Income 2012**

- Total Member Contributions: US$400,000

**Expenditure 2012** (As of 15 January 2013)

- Permanent and Temporary Staff: US$167,882
- Travel: US$41,287
- Operational costs (including communications, office equipment, expenses): US$124,453
- Overheads: US$19,161
- Total Expenditure: US$372,983

**Budgeted Expenditure by Objective**

- **Objective #1: Coordination** – To build increasing levels of research collaboration across the member agencies.
- **Objective #2: Awareness** – To raise understanding of global NCDs and conducting outreach beyond the founding members.
- **Objective #3: Capacity-building** – To facilitate platforms for global chronic non-communicable diseases research.

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

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

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

GACD Board

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

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

GACD Management Committee

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

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

GACD International Secretariat

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

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

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