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.

A MESSAGE FROM OUR EXECUTIVE DIRECTOR

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.

1Nature - http://www.nature.com/nature/journal/v450/n7169/full/450494a.html
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, aboriginal and vulnerable populations in high-income countries.

GACD research is implementation science based and shares its evidence base with policy makers.

Our funders represent more than 80 percent of the world’s public health funding agencies, 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
GACD OVERVIEW

THE PARTNERSHIP MODEL

In this fifth year of the alliance, the GACD strengthened its unique model of partnership, by increasing the number of active members in its activities and by supporting the economic, political, cultural diversity represented among its membership. The GACD Secretariat facilitated these activities through on-going support of the international board and the management committee. During quarterly board meetings (in Shanghai, London and via teleconference), GACD members discuss and address high-level strategic issues and bring new members into the alliance. During monthly meetings of the management committee, GACD members work together to find innovative mechanisms of integrating individual agency processes and regulations. The partnership model has also facilitated learning among member agencies, on a number of facets of grant making, including text development, application processing, proposal review and on-going reporting.

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.

In 2014, the results, which returned value to GACD member agencies include larger research programmes with more agency participants and funding, a more coordinated call management and review process, including more agencies around the table, new joint research outputs and GACD communications tools.

Lessons learned and applied 2014

<table>
<thead>
<tr>
<th>Member agencies</th>
<th>funding GACD research programme</th>
<th>using common GACD assessment criteria</th>
<th>participating in joint peer review</th>
<th>total funding</th>
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<tr>
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<td>4</td>
<td>4</td>
<td>2</td>
<td>US$23M</td>
</tr>
<tr>
<td>Diabetes</td>
<td>9</td>
<td>9</td>
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![Bar chart showing funding members, common assessment criteria, and joint peer review for Hypertension and Diabetes.](chart.png)
The GACD Hypertension Programme made a lot of progress in 2014 with new working groups and its first published research in the BMJ.

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

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.

In 2014 the GACD welcomed two new members to the board, expanding our research influence into East Asia and Central America.
**GACD EVENTS**

**SHANGHAI BOARD MEETING**
In July 2014, the Chinese Academy of Medical Sciences (CAMS) hosted nine leaders of international funding agencies (US, Canada, South Africa, India, Mexico, UK, Australia, Canada and the European Union). The meeting took place in Shanghai, where Dr. Xuetao Cao, president of CAMS and chair of the GACD Board, set priorities for the announcement of the second funding call into diabetes. China’s former health minister Professor Chen Zhu gave the keynote speech, stressing how as China progresses, so does an alarming rise in chronic diseases. Director of the US National Institutes of Health (Dr. Francis Collins) closed the meeting, stressing the on-going economic burden of non-communicable diseases and underlining the importance of global collaborations in this process.

**LONDON BOARD MEETING**
In December 2014 UCL (University College London) hosted the GACD board meeting, where the alliance’s joint priorities and strategic direction was set. Chaired by Dr. Xuetao Cao, the meeting highlighted some of the GACD’s success in 2014, particularly the well-attended and productive research network meeting and implementation science workshop in Xi’an and the joint panel that peer reviewed diabetes research proposals for four of the GACD’s member agencies. A road map was set up for the management of the GACD’s third joint research programme into lung disease.

**XIAN SITE VISITS**
As part of the Annual Scientific Meeting in November the GACD group visited Xijing Hospital, the first affiliated hospital of the fourth military medical university in China. The hospital kindly hosted the GACD by providing a tour of its 3218 beds, and allowing the group to witness one of its 85,000 annual operations.

**UCL NCD SEASON**
From April to July 2014 the GACD co-produced a series of events, 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 representatives from Mozambique’s Ministry of Health debated global stigma around mental health. The season culminated with a photography exhibition and the winning entry by amateur photographer Souvid Dhatta, depicting a man kneeling at the grave of his brother by a power station in China.
XI’AN 2014 - GACD ANNUAL MEETING AND IMPLEMENTATION SCIENCE WORKSHOP

In November 2014 over seventy researchers from across China and the world came together in the historic city of Xi’an, hosted by the Chinese Academy of Medical Sciences for the GACD Annual Scientific Meeting and Workshop.

Annual Scientific Meeting

The GACD annual scientific meeting gives 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 has 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 are considerable gains to be made by approaching common problems together and drawing on the collective resources and skills of the community.

Implementation Science

In addition, the GACD held its first ever Implementation Science Workshop 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 the Chinese Academy of Medical Sciences and attracted delegates from all over the world. The workshop began with a broad introduction to implementation science, using case examples from China and from delegates own research studies. A rich timetable 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 technology.
There has been considerable progress across all research teams in 2014, and there is a genuine feeling that the GACD cohort of projects will greatly add to the evidence base in their respective fields.

The GACD’s inaugural research programme consisted of fifteen projects of up to five years’ duration, aiming to develop, implement, and evaluate novel approaches to improve the prevention and management of hypertension in LMICs. While most studies are implementing changes in the local health systems, diverse innovations and interventions are being used with SMS texting and other mHealth solutions are being employed in many projects.

Exchange and interaction across the projects is being encouraged in order to facilitate cross-site collaboration and learning, and with the hope of maximising the analytic potential of the data collected. The consolidation of information regarding hypertension prevention and control across contexts creates a valuable knowledge base, and a truly global research community within GACD.

Last year saw the first concrete step towards fulfilling GACD’s core goal of reducing the burden of NCDs in LMICs, with the release of results of Feng He, Graham MacGregor, and Yangfeng Wu’s School-Edu Salt study. The first GACD project to complete, the study taught young schoolchildren the dangers of eating salt and how to reduce their intake. The children then fed this information back to their parents and grandparents, leading to an almost 3g/day reduction in salt intake in the adults, and a concomitant 2.3mmHg reduction in blood pressure.

The coordination of peer-reviewed funds from developed and developing countries through the GACD has demonstrated the ability to orchestrate an implementation science research initiative that is providing new evidence on how to manage hypertension across the world. One of the key features is that the new evidence is not being generated in isolation; the collective interaction of researchers using the GACD platform is fuelling knowledge translation not only between teams, but beyond them to their local and international partners.
GACD WORKING GROUPS

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

GACD working groups

**Joint Publications Working Group**, chair: Brian Oldenburg, University of Melbourne, Australia
The working group has 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 group’s consensus measures allowing easier, more efficient joint data analysis are now in use by research teams, and the group is finalizing an article describing the standardisation process and its challenges.

**Identifying Barriers to Hypertension**, chair: David Peiris, George Institute for Global Health, Australia
The group has catalogued the interventions chosen by the research teams to overcome barriers to effective hypertension treatment, and determined the principal policy areas in which the interventions are working. A peer-reviewed article is now being prepared that details this process and its findings.

New Working Groups for 2015

A number of new joint initiatives will be launched. The **Task Shifting/Sharing Working Group** (chair: Rohina Joshi, George Institute for Global Health, Australia) will meet with the aim of providing a forum for knowledge exchange and discussion regarding the use of task shifting/sharing within the GACD Hypertension Programme.

The **Process Evaluation Working Group** (chair: Felix Limbani, University of the Witswatersrand, South Africa) will be introduced to give an opportunity for researchers to discuss and exchange views on process evaluation methodology. The group will aim to produce some guidelines and a summary article detailing the different approaches research teams are taking.

Furthermore, work on an **implementation science ‘How To’ series** of articles (initiated by Karen Yeates, Queen’s University, Canada), detailing crucial aspects of implementation science common to GACD research teams will begin. GACD writing groups will prepare articles detailing their experiences and lessons learned on a variety of topics including community engagement, working within health systems and engaging policy makers.
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 healthcare delivery system that’s used by a GACD project in India (funded by NHMRC). It 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.
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 healthcare 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.

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.

“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
<table>
<thead>
<tr>
<th>Country</th>
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<td><strong>Diabetes</strong></td>
<td>Co-funder - CIHR 1 project in South Africa</td>
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### 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]

### 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]

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

### 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]

**Update:** Over 600 participants have been screened across 18 clinics in Western Cape, and focus groups and key informant interviews are being conducted to explore options for integrating HIV and NCD care.

**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]

**Update:** Following a health systems inventory and appraisal in Colombia and Malaysia, a curriculum for training non-physician health workers was developed and implemented; NPHWs armed with mHealth applications are being deployed to pilot communities.

**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]

**Update:** The project is screening and enrolling patients in Canada and Tanzania who will receive motivational text messages, and community BP measurement. An e-voucher model of drug access/distribution is being tested in Tanzania.

### Europe

#### Diabetes

**Funder:** EC

**Project Title:** H.E.A.L.T.H-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 though 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/CAM/FC (co-funded)

**Project Title:** INDIGO (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]
**AUSTRALIA**

**Hypertension**

**Funder** - NHMRC

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

**Update:** Approximately 6,500 participants (40% of target) have been recruited in the baseline survey across three locations, and focus group interviews are being conducted to aid development of a culturally-appropriate intervention.

**Project Title:** A smartphone-based clinical decision support system for primary health. [India]

**Update:** In 54 villages, 62,000 individuals have been interviewed in a baseline survey and a multifaceted primary healthcare intervention, utilizing an electronic decision support system, has been rolled out across a number of clinics.

**Project Title:** 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 in India. [India]

**Update:** The study protocol has been developed and is awaiting approval from the requisite authorities in India.

**Project Title:** Developing the evidence base for a national salt reduction program for India. [India]

**Update:** Data collection is nearing conclusion with population and shop surveys having been completed; stakeholder and focus group discussions will continue before recommendations concerning the plausibility of a national salt reduction programme are made to the Indian government.

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

**Update:** A baseline assessment is complete and a multifaceted intervention (consisting of community meetings, television and newspaper adverts and food industry engagement) is underway in both research locations, Fiji and 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 - SMARTDiabetes. [China]

**UK**

**Hypertension**

**Funder** - MRC-UK

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

**Update:** The study has been successfully completed and published; cost effectiveness and process evaluation analysis is underway.

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

**Update:** The baseline survey has been completed and trained lay health workers are in place in those clinics receiving the intervention. A comprehensive process evaluation has begun and will continue throughout the study.

**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]

**USA**

**Hypertension**

**Funder** - NIH/NHLBI

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

**Update:** Focus groups and interviews aimed at assessing the population’s predisposition towards a salt substitute have been completed, and a trial to assess the impact of salt substitution on blood pressure has completed enrolment and is in the intervention phase.

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

**Update:** Baseline recruitment of 750 patients across 32 sites is complete; follow-up is complete in a quarter of the sites, and underway in the remaining three quarters.

**Project Title:** Optimizing linkage and retention to hypertension care in rural Kenya. [Kenya]

**Update:** Training of community health workers (CHWs) and development of a smartphone-based tool is complete, and enrolment in all three arms (CHWs; CHWs + tailored behavioural strategy; CHWs + tailored behavioural strategy + smartphone-based tool) of the trial is ongoing.

**Project Title:** Comprehensive approach to hypertension and control in Argentina. [Argentina]

**Update:** Recruitment of participants is complete with nearly 2,000 individuals enrolled into the study, the comprehensive intervention program (home-based care, BP self-monitoring, and health education) is now in place and will last for 18 months.

**Funder** - NIH/NINDS

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

**Update:** The intervention (video therapy, patient report card, and text messaging) has been developed, pilot tested, and refined. Recruitment of subjects in the RCT phase of the study has begun across all four arms of the study.

**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 (BIG PIC). [Kenya]
Over the past twenty years, the global death rate from diabetes has doubled and the World Health Organization (WHO) is predicting that this will increase by two thirds by 2030. It is currently estimated that 347 million people worldwide suffer from diabetes, with more than 80% living in LMICs.

Of those suffering from diabetes, type 2 comprises 90% of this population around the world. The WHO has identified halting the rise of diabetes as a global NCD target and member states are required to consider it.

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. All member agencies of the GACD accepted applications from researchers around the world using a common call text. Funded research projects will take place in more than fifteen countries, from South Africa to Australia’s northern territories, with hundreds of researchers collaborating across different disciplines.

As with the GACD’s call for hypertension research, the focus of this programme remains implementation science. The intention is to promote the uptake of interventions that have proven effective into routine practice, with the aim of improving population health. This means that researchers that are part of this programme are examining what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible, affordable and equitable. In this way the GACD is trying to address the significant knowledge gap between innovations in health and what interventions research has shown to be effective and their delivery to communities and translation into practice.

“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 groundbreaking 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 in which independent experts assess the quality and relevance of the research proposals.

Four of the GACD member agencies organised their review jointly, using their involvement in this GACD call as an opportunity to collaborate and align their processes. The coordinated review had 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 expects to continue to build on this experience and will be coordinating the review of proposals for its next research call amongst its member agencies.
Non-communicable diseases (NCDs) cause 63% of deaths globally, according to the WHO. NCDs continue to be the leading cause of death and disability in the world and the burden of these deaths is rising rapidly amongst low- and middle-income countries. Lung diseases are a sizeable contribution to these deaths, causing over 4.2 million deaths in 2008 alone.

To address this, the Global Alliance for Chronic Diseases has agreed that its next research call will be on implementation research to address lung diseases as related to environmental exposures, including indoor and outdoor air pollution, and tobacco. This initiative will focus on research in low- and middle-income countries (LMICs) and/or with vulnerable populations in high-income countries (HICs). Once again funded projects are expected to focus on the implementation of prevention and management strategies derived from existing knowledge and research.

The European Commission published the GACD call on lung diseases as part of its Horizon 2020 programme in 2014. Other member agencies will be publishing the call over the course of 2015 and the programme will commence its research in 2016. All alliance members have coordinated their respective funding calls and funded research projects will be part of one common GACD programme. The lung diseases programme will be the third GACD research programme, significantly expanding the alliance’s efforts to curb the impact of chronic diseases around the world.

All research programmes of the GACD put an emphasis on collaboration and partnership. Most research teams have collaborators in several institutions and across different countries. In addition, all researchers have the opportunity to get involved in joint activities as part of the GACD research network. GACD calls also require all funded teams to engage with policymakers and local stakeholders from the start and throughout the research project in order to support future scale-up and sustainability of the interventions.
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.
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’s 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 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 secretariat’s budget are spent on staff costs, with the remainder covering operational costs, meeting and travel costs as well as overheads.

**GACD Secretariat Expenditure 2014**

**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
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.

**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. The third programme will focus on the prevention and control of lung diseases in LMICs.

The GACD research programmes fund 30 projects, with around 300 researchers from more than 30 countries.
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 Observer)
- **Professor Dame Anne Johnson**, University College London (Host Institution Observer)

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 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:
- **Celina Gorre**, Executive Director
- **Rosie Bartlett**, Communications Manager
- **Dorothea Kanthack-Chan**, Senior Programme Officer
- **Dr Simon Thompson**, Research Coordinator
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