I am pleased to introduce the GACD annual report for 2016-17 which reflects another exceptional year of growth and innovation. The growth is reflected in the expansion of the GACD Research Network which is now supporting more than 550 researchers from over 45 countries to address some of the most pressing chronic diseases globally – hypertension, diabetes and lung diseases.

The past year also saw the GACD launch its fourth and largest research programme to date focused on the growing global burden of mental health disorders. This programme is also the first to feature a common portal for applications, a single application deadline, and an expanded joint peer review.

GACD membership continued to expand with the joining of Japan and Brazil in 2016 (see page 23). Innovation in the GACD is being driven by the Research Network, through their collaborative efforts in furthering implementation science, standardising data, and publishing guidelines to inform the global management of NCDs.

The GACD has also taken critical steps to ensuring research evidence is applied for improved performance and sustainability of health care systems through an innovative new partnership with the World Bank. Together this growth and innovation will lead to tangible improvements in health as well as the social and economic wellbeing of nations around the world. It has been a true pleasure and honour to chair the GACD Board and I wish the Board and the Secretariat continued success as the GACD continues its journey and efforts to turn the tide on the crisis of chronic diseases.

As I look back on the past year, I can truly say that 2016 was GACD’s best year yet. We have continued to enlarge our community of funders and researchers and collaborated in new and impactful ways to extend our reach while remaining small and nimble. In the process, we have demonstrated how the GACD is much more than the sum of its parts.

I am also very pleased that in November 2016 we signed a memorandum of understanding with the World Bank, to work together on research for development, supporting the implementation and scale up of evidence-based health interventions across low- and middle-income countries with which they work.

This year, after five fantastic years at UCL, the GACD can look forward to yet more change, with a move to the Wellcome Trust for the International Secretariat. I would like to thank in particular Professor Dame Anne Johnson and Professor Ibrahim Abubakar for their unwavering support of this maturing organisation.

We will also be welcoming our new Chair of the Board, Prof Glenda Gray, with the retirement of Dr Alain Beaudet (see page 26), who has been instrumental in the successful engagement with the World Bank and numerous new members. I’d like to thank Alain, who has been there from the very start of the organisation, for his tremendous leadership, commitment to the GACD and focus on results.

We are excited for what this year has in store and we welcome your interest and participation across the many activities of the GACD. In particular, I look forward to meeting the newest investigators with the launch of the GACD Mental Health Programme and welcoming the Research Network in Buenos Aires in October 2017.
The Global Alliance for Chronic Diseases (GACD) is a collection of the world’s largest public research funding agencies. We fund joint programmes into lifestyle related or chronic diseases – which to date has included hypertension, diabetes and lung diseases.

Implementation science examines what works, for whom and under what circumstances, and how interventions can be adapted and scaled up in ways that are accessible and equitable.

Why does the GACD focus on implementation science?
Implementation science is trying to address the significant knowledge gap between interventions that research has shown to be effective, and their delivery to communities and translation into practice, particularly in low- and middle-income countries. Implementation research is needed to account for the complexities of the systems in which interventions are implemented, since other approaches often fail to address these. Implementation research plays a particular role in supporting decision makers in the scale-up of interventions and their integration into health systems at the regional or national level. By funding implementation research, GACD supports evidence-based policymaking that can build robust programmes to improve public health.

Which factors can affect implementation?
When interventions are proven to be effective, implementation research can build on a solid understanding of what can work (efficacy) and what does work (effectiveness). There are several characteristics that influence whether interventions can be implemented. Cost, relative to other similar interventions, is one. Another is the extent to which different stakeholder groups are actively engaged in the intervention. While implementation relies on health care workers, policymakers and patients who adopt, carry out or benefit from interventions, researchers also need to identify the knowledge gaps and find answers to the challenges facing these groups.

Implementation science studies commonly focus on whether findings can be generalised across different settings and individuals. This can be achieved by examining context, which can account for a number of barriers and facilitators that determine the success of implementing an intervention. Implementation also commonly requires the study of behaviour change among individuals or organisations and therefore a deeper understanding of the social, economic, institutional or cultural factors that shape this behaviour.
GACD Overview

GACD programmes put research into action

US$174 million
To date, the GACD has invested a total of US$174 million in NCD research in 45 countries on 6 continents around the globe.

US$70 million
Our current research call is committed to spending up to US$70 million into global mental health research.

Funding alliances
By joining forces in a funding alliance, the members of the GACD are able to create efficiencies and invest substantial resources in global NCD research.

Shared learning
GACD researchers benefit from shared learning across the alliance.

Specialist researchers
Our researchers are specialists in global implementation science.

GACD growth
The GACD, which started operating in 2009 with 6 founding alliance members, has grown in 2017 to 13 members.

Our members represent the world's largest public health funding agencies.

Our investments into global NCD research
The first coordinated research programme into hypertension was launched in 2012, with a funding amount of US$22 million.

Our Diabetes Programme, launched in 2013, invested US$27 million into joint research programmes.

The Lung Diseases Programme, launched in 2016, is investing US$55 million into allied programmes.

The GACD mental health call launched in 2017 and has committed to invest up to US$70 million.

Why invest in global health research?
Investments in global health research can bring substantial health and economic benefits of research to populations around the world. On balance, the benefits of the right health investments far exceed the costs. The results can have the potential to save millions of lives and years lost to disability, and often also millions of dollars.

There is clear evidence that investing in health improvements can have a significant positive impact on countries’ economies, including by making populations more productive. Helping to improve health systems of developing countries through targeted research therefore is an important contribution to international development. Specifically, funding of implementation research can leverage investments to a maximum degree by generating significant impact on health by improving policy and practice. At the same time, investments in global health research also produce direct benefits to the countries that are investing. They strengthen and support the domestic research community and spur scientific innovation, often as a result of the international research collaborations that are an integral part of this area of research.

“Exciting opportunities for joint publications, data sharing and more.”

Dr. Gillian Gould via Twitter
GACD Making an impact

GACD members aim to jointly address the burden of NCDs, by funding research that contributes to the evidence underpinning sound policy and practice.

One of the GACD’s objectives is for participating funding agencies to share good practices and develop and improve joint processes, to achieve the best possible peer review and grantmaking, which supports high-quality research. To this end, over the past few years, the GACD has been providing opportunities for funders to adapt new ways of working together and explore different areas of operational and strategic collaboration.

One way this has manifested itself is a stronger focus on how the GACD could support the scaling up of successful interventions and fill the research gap in this area. A successful workshop, hosted by the European Commission in Brussels (May 2016), brought together a high-calibre group of experts, policymakers and practitioners. The aim was to assess the current state of affairs in scale-up research and feed into the strategic direction of the GACD’s next round of funding calls with a new focus on scale-up. The GACD has also sought out potential implementation partners for larger scale interventions and signed a memorandum of understanding with the World Bank with the hope of maximising the impact of GACD funded research at scale.

GACD Lung Diseases Programme launch

The Global Alliance for Chronic Diseases announced its successful grantees at a reception hosted by the Canadian Embassy in London on 27 September 2016.

GACD member agencies are funding over...

17 international research projects in more than...

30 countries, representing over...

US$55 million of international funding into the prevention and management of chronic lung diseases.

The focus of the projects is on implementation research in low- and middle-income countries (LMICs), vulnerable populations in high-income countries (HICs), and Aboriginal communities. The research looks to address chronic lung diseases as related to environmental exposures, including indoor and outdoor air pollution and/or smoking, as a major risk factor.

More than 3 million people die each year from chronic obstructive pulmonary disease (COPD) alone, with 90% of these deaths occurring in low- and middle-income countries.*

The GACD also launched a call on mental health in late 2016 (see pages 24-25), which seeks implementation research proposals on child, adolescent and adult age onset mental disorders. This call represents a significant step forward in the evolution of the GACD as it is the first time the majority of the funders are using a common application submission portal, which streamlines the application process and increases efficiency. Many funding agencies will also continue to participate in the common GACD peer review, which sees one joint panel of experts evaluate proposals from across different funders. Both of these are successful outcomes of the GACD funding agency collaboration on funding processes and grantmaking.

On the part of the GACD funded research teams and the outcomes of their projects, the Hypertension Programme is winding down and gearing up to publish results and assess the impact of the studied interventions on the health of the populations. At the same time, the positive effects of GACD funding in terms of building new connections and developing new research ideas are already clear to see every year at the Annual Scientific Meetings of the GACD Research Network (see pages 14-15). Interactions with GACD researchers from PhD students to senior principal investigators have also provided invaluable opportunities for the funding agencies to see the impact of their funding first hand. The plethora of publications, both from individual research projects and joint papers that were developed collaboratively across different teams, speak volumes of the important contribution GACD funded research is making to the field of NCDs and implementation science.

GACD calls represent US$182 million of joint investment

Funding calls

GACD member agencies work together to develop joint calls for applications, addressing specific areas of NCD research within the wider area of implementation science. Each of these attempts to build on the learnings of previous calls, and following the GACD’s first two calls on hypertension and type 2 diabetes, the funding agencies were able to announce the successful grantees of the lung diseases call in 2016.”

* www.who.int/respiratory/en
The GACD researcher journey

The norms developed within the Research Network promote, amongst others, participation in collaborative efforts with researchers from other projects, sites and disease areas. Table 1 describes some of the ways that GACD researchers can engage with the Research Network.

Uptake of these collaborative opportunities provided within the Research Network is evidenced in part by the 5 jointly developed articles that have been published to date from members of the inaugural GACD Hypertension Programme. Of the 179 hypertension researchers, 71 have participated as co-authors on one or more of these publications so far, representing 40% of researchers within the Hypertension Research Programme.

While there are numerous ways for Research Network members to participate in collaborative efforts, working groups remain a prominent feature. Initially driven by the GACD Management Committee, the emergence of these groups has become more organic and serve as a critical platform for collaboration and knowledge sharing. The input of researchers from multiple disease areas to the research programmes has added an important layer of complexity and depth to the efforts of working groups. Table 2 illustrates the development of working groups within the Research Network over time.

Table 2. GACD working group development over time.

<table>
<thead>
<tr>
<th>Year</th>
<th>Hypertension Group</th>
<th>Lung Diseases Group</th>
<th>Diabetes Group</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>2</td>
<td>0</td>
<td>0</td>
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<tr>
<td>2013</td>
<td>3</td>
<td>3</td>
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<tr>
<td>2016</td>
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</tbody>
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Notes: HT - Hypertension, DM - Diabetes, LD – Lung Diseases

Context and scale-up

Strategies to enhance engagements with study contexts and moving interventions to scale raise a number of questions regarding the role of the researcher. One such question is does the role of the researcher extend beyond generating evidence? I.e. to what extent should researchers engage in the marketing of evidence to opinion leaders and policymakers?

In response to these challenges, members of the GACD Research Network have worked to engage policymakers and other stakeholders at various stages of project development and have spearheaded a number of initiatives that seek to contribute to bridging the gap between evidence and policy.

COUNCIL is a special joint project that has taken a practical approach to this challenge. A systematic review published by the group revealed the relative scarcity of hypertension guidelines in LMICs. Their second publication showcased an implementation cycle for developing, contextualising, communicating and evaluating cardiovascular disease recommendations for low- and middle-income countries.

A key factor in the success of moving interventions to scale is the ability of an intervention’s effects to remain strong enough to be impactful across different contexts, in line with this, the Concepts and Context Working Group is in the process of collecting data from GACD projects with the aim of describing how context is characterised and accounted for, as well as to describe how theoretical or conceptual models are utilised and evaluated in GACD funded projects.

GACD projects actively engage with policymakers and stakeholders at various levels. Interactions with these policymakers took a number of forms, including surveys, regional representatives during study development and adaptation, inviting policymakers to participate on steering committees and including end-user government agency representatives to participate as members of advisory panels related to the studies.

<table>
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Notes: HT - Hypertension, DM - Diabetes, LD – Lung Diseases
GACD Working groups, special joint projects and committees

GACD working groups and special joint projects have been a pivotal mechanism in facilitating ongoing collaborations across sites, diseases, contexts and geographic locations. They reflect some of the shared interests of researchers within the GACD Research Network.

**Data Standardisation**
Chair: Meena Daivadanam
Lung Diseases Chair: Jointly facilitated
Aim: To develop a set of consensus measures to include in the GACD Data Dictionary. The dictionary is intended to serve as a resource on which researchers can draw in order to enhance opportunities for cross site and combined analysis, to identify potential synergies between groups to promote and expand collaborative opportunities. A manuscript describing the process and the recommendations for future use and implementation will also be developed from each research programme.

**Progress (diabetes):** Data collection to be completed April 2017, analysis and write up to follow.

**Progress (lung diseases):** Initial set of domains and variables to be agreed upon by April 2017. This will be followed by selection of minimal and optimal variables through a Delphi panel.

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

**Progress:** The group developed a set of guidelines, structures and practices in 2015 and are in the data collection phase for an output that describes the process evaluation approaches used by GACD projects. Preliminary analysis to be conducted in May 2017.

**Concepts and Context**
Chair: Meena Daivadanam
Aim: To describe methods used to characterise and account for context incorporated in studies at various levels. The group also aims to identify common methodological and analytical themes across selected projects and case studies for a manuscript on the topic.

**Progress:** Data collection to be completed April 2017, analysis and write-up to follow.

**Hypertension Innovations**
Chair: Rajesh Vedanthan
Aim: To summarise the experiences and review the rationale of GACD hypertension interventions in low- and middle-income countries.

**Progress:** Published an article in early 2017 describing the innovative approaches to hypertension control employed by GACD hypertension projects.

**Council (CControl UNique to CVDs in LMICs)**
Chair: Mayowa Owolabi
Aim: To develop guidelines for individual and system level control of cardiovascular diseases in developing countries. In the absence of specialised research, evidence and guidelines from LMICs, individual health personnel often apply available guidelines from HICs without consideration for local conditions.

**Progress:** Published two articles in 2016: a systematic review to identify gaps in hypertension guidelines in LMICs and a proposed implementation cycle for developing, disseminating and evaluating cardiovascular disease recommendations for LMICs.

**Task Shifting/Sharing**
Chairs: Rohina Joshi & Karen Yeates
Aim: To describe the experiences and lessons learned from projects with a task-shifting component: the transfer of tasks to non-physician health workers with the aim of improving the functioning of clinics.

**Progress:** Abstract presented at 2016 World Congress of Cardiology & Cardiovascular Health, manuscript in final stages of development.

**Joint Publications Committee**
Chairs: Brian Oldenburg & Mayowa Owolabi
Aim: This committee has evolved from a working group that originally aimed to develop guidelines and terms of references for publishing joint articles. It has since progressed as a body that serves to improve the value-add of GACD research outputs by:

- Identifying opportunities for dissemination of outputs
- Identifying commonalities in research outputs to further synergise dissemination
- Advise on the hypertension end of programme report

**Progress:** Formally constituted in September 2016, the group has developed a template for reporting GACD hypertension outputs and plans to host a training session on moving evidence to policy.

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**Innovative approaches... led to a 26% reduction in participants' salt intake in less than 4 months**

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**Average daily salt excretion at baseline varied from 7g in Samoa, 11g in Fiji, 9.5g in Andhra Pradesh, India, and 8.6g in Delhi/Haryana, India, to 12.6g in Shanxi, China**
GACD Annual Scientific Meeting Sydney

The GACD’s 5th Annual Scientific Meeting (ASM) was held in Sydney, Australia in October 2016. Hosted by Australia’s National Health and Medical Research Council (NHMRC), the meeting brought together more than 80 researchers from the GACD Research Network plus funding agency representatives, which provided a vibrant setting in which to share knowledge, experiences and insights from a variety of contexts and perspectives.

For the 1st time, three research programmes were represented at the ASM, following the announcement of the Lung Diseases Research Programme awards in 2016. Adaptations to this year’s format included the presentation of project overviews from the Diabetes and Lung Diseases Research Programme projects, as well as Hypertension Programme teams that had reached or were nearing study closeout.

Preliminary results from the Hypertension Research Programme suggest that the interventions were generally feasible and well accepted by health care providers, patients and their families, where relevant. Policymakers at national and local levels were reported to broadly have given their support to the studies. Challenges included a lack of clarity of the roles of regulatory bodies, unpredictable responses from industry representatives in the face of dynamic political landscapes, and complexities in understanding the impacts of consumer behaviour on commercially available products linked to interventions. These challenges present an opportunity for the GACD to develop capacity-building platforms, toolkits and other resources to better equip implementation researchers, regulatory bodies and policymakers in these settings.

In the same way as the 2015 ASM, projects were divided into streams on the second day according to general intervention design: mHealth, behaviour change and systems change. Within these streams, discussions focused on how projects had addressed and accounted for context, as well as their plans to take the respective interventions to scale – with a focus on integration into policy and practice.

A number of key themes and questions arose from discussions during the ASM:

- Partnerships with the private sector and collaborations with health systems and operations experts were identified as an important step in moving interventions to scale.
- Study design should cater as much as possible to the practicabilities of the study setting in order to improve true fidelity of design.
- Does the role of the researcher extend beyond generating evidence? I.e. to what extent should researchers engage in the marketing of evidence to opinion leaders and policymakers?
- The inclusion of policies and regulatory instruments into interventions is pivotal to future scale-up and integration into policy and practice. However, the inclusion of these into complex interventions was recognised by some researchers as a factor that could delay the implementation of the projects. In the face of this and other, similar challenges, lessons for future researchers include:
  - Earlier, ongoing engagement with stakeholders, regulatory bodies and policymakers may allow for smoother transition to scale-up.
  - Operations and health systems experts should be included as part of research teams to improve efforts of moving to scale, policy and practice.

Implementation Science Workshop

The 3rd annual GACD Implementation Science Workshop (ISW) took place as a pre-ASM event, 2 days prior to the start of the meeting. 48 participants took part in the workshop, with a roughly even split between first-time attendees and those who had participated in previous years.

Facilitated once again by Prof Brian Oldenburg, this capacity building event has evolved from an early career researcher workshop, to a much more dynamic discussion around implementation science issues and the advancement of the field, amongst researchers from various levels of experience. Using their own research projects as examples, participants were able to reflect on and incorporate input from peers, practitioners and ISW faculty to improve their approach to specific research questions.

This year saw the inclusion of a roundtable discussion with senior decision makers from policy, practice and research organisations, including GACD Management Committee members and Australian policymaker Prof Louisa Jorm.

Panel: addressing context and moving to scale

A panel discussion on addressing context and moving interventions to scale was held on the final day of the ASM. The panel included GACD Management Committee member Josh Rosenthal from NIH Fogarty International Center, as well as GACD Research Network members Anushka Patel and Elsa Canojo Vucovich. The session generated lively discussion, with reflections on a range of issues, including the possibilities of social enterprises as a route to scale-up of interventions in implementation research. The session highlighted the value of being able to reflexively engage with funders on, amongst others, the scale-up of interventions. A central message that ran through this discussion was that scale-up is not something that can be seen in the short-term.

The 2nd GACD ASM poster competition attracted 15 strong entries. Congratulations to the prize winners for 2017:

- Evon Okidi was awarded first place for her poster on methods to reduce cardiovascular risk in a Mexican diabetic population.
- Samantha Saba took second place with a poster detailing the work of the Meta Salud trial to reduce cardiovascular risk in a Mexican diabetic population.
- Natalie Lean won the People’s Choice Award for her poster on developing and pre-testing a set of SMS text messages for diabetes adherence support in Sub-Saharan Africa.

Poster competition

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GACD Research projects

A. HYPERTENSION PROGRAMME
1. Utilizing HIV/AIDS infrastructure as a gateway to chronic care of hypertension in Africa
2. HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle-income countries
3. DREAM-GLOBAL: Diagnosing hypertension - Engaging Action and Management in Getting Lower BP in Aboriginal and LMIC
4. School-EduSalt: A school-based education program to reduce salt intake in children and their families
5. Treating hypertension in rural South Africa: A clinic-based lay health worker trial to improve hypertension control in St. Lucia
6. Improving the control of HT in rural India: overcoming the barriers to diagnosis and effective treatment
7. A smartphone-based clinical decision support system for primary health care for improving hypertension control in India
8. Randomised control trial of early use of a simplified treatment regimen incorporating a half-dose, three-in-one blood-pressure lowering pill vs. usual care for improving hypertension control in St. Lucia
9. Developing the evidence base for a national salt reduction program for India
10. Cost-effectiveness of salt reduction interventions in Pacific Island populations
11. Launching a salt substitute to reduce blood pressure at the population level in Peru
12. Task shifting and blood pressure control in Ghana - a cluster-randomised trial
13. LARK: Optimising linkage and retention to hypertension care in rural Kenya
14. A comprehensive approach to hypertension control in Argentina
15. Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THRIVES)

B. DIABETES PROGRAMME
16. Improving the Management of Diabetes in Pregnancy in Remote Australia
17. Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART Diabetes
18. INDACO (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
19. Community Health Assessment Program in the Philippines (CHAPP)
20. Effects of information technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease
21. HEALTH-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes
22. SMART2D - A people-centred approach through self-management and reciprocal learning for the prevention and management of type 2 diabetes
23. Feel4Diabetes: Promoting healthy lifestyle in families across Europe
24. Evaluation of a pilot project to prevent diabetes in the workplace using information technology
25. Development of an interactive social network for metabolic control of diabetic patients
26. Development and validation of software linked to an internet site to facilitate medical treatment and empowerment of the patient with type 2 diabetes, interaction with the medical personnel and the generation of a real time registry
27. Mobile phone text messaging to support treatment for people with type 2 diabetes in sub-Saharan Africa: A pragmatic individually randomised trial
28. The Bangladesh D-Magic Trial. Diabetes Mellitus: Action Through Groups or Information for Better Control?
29. Implementation of foot thermometry and SMS to prevent diabetic foot ulcer
30. Bridging Income Generation with Group Integrated Care (BIGPIC)
31. Development of evidence for a strategy for hypertension detection, treatment and control in two middle-income countries
32. Implementing evidence into practice to improve chronic lung disease management in Indigenous Australians: the “Breathe Easy, Walk Easy-Lungs for Life” (BE WELL) project

C. LUNG DISEASES PROGRAMME
33. TrackSHS: Tackling second-hand tobacco smoke and e-cigarette emissions: exposure assessment, novel interventions, impact on lung diseases and economic burden in diverse European populations
34. Tobacco cessation within TB programmes: A “real world” solution for countries with dual burden of disease
35. Smoke Free Brain: Multidisciplinary tools for improving the efficacy of public prevention messages against smoking
36. FreshAir: Free Respiratory Evaluation and Smoke-exposure reduction by primary Health care Integrated groups
37. EUREST-PLUS: Policy Implementation to Reduce Lung Diseases
38. RERAC2: Research on Commercial Tobacco Reduction in Aboriginal Communities
39. Examining the impact of tobacco pricing and packaging strategies on tobacco use and equity in middle-income countries
40. Household Air Pollution and Health: A Multi-Country Liquefied Petroleum Gas (LPG) cook-stove intervention trial
41. Lung function of Chinese adults and the predictive value of peak flow rate to long-term incidence and prognosis of lung diseases
42. Genomic analysis of drug-resistant tuberculosis in sputum sample
43. Search and validation of biomarkers for tuberculosis in Mexican patients with diabetes mellitus
44. Case Finding and Effectiveness of a COPD Action Plan in Low and Middle Income Countries
45. Muslim Communities Learning about Second-hand Smoke (MCLASS II): An effectiveness-implementation hybrid study
46. Preventing smoking uptake among adolescents: A primary prevention initiative for chronic lung disease in India
47. “Indigenous Counselling and Nicotine (ICAN) QUIT in Pregnancy”: A cluster randomised trial to implement culturally competent evidence-based smoking cessation for pregnant Aboriginal and Torres Strait Islander smokers
48. An integrated health sector strategy to combat COPD and asthma in Vietnam: A pragmatic stepped intervention cluster randomised trial
49. Implementing evidence into practice to improve chronic lung disease management in Indigenous Australians: the “Breathe Easy, Walk Easy-Lungs for Life” (BE WELL) project
GACD Project descriptions

A. HYPERTENSION PROGRAMME

1. HT01: Utilising HIV/AIDS infrastructure as a gateway to chronic care hypertension in Africa
   - Uganda, Rwanda and South Africa
   - Aim: To evaluate the effectiveness of active-case finding and to investigate the presence of cardiovascular disease risk factors in patients attending antiretroviral treatment services.

2. HT02: HOPE-4: Developing an innovative strategy for hypertension detection, treatment and control in two middle-income countries
   - Colombia and Malaysia
   - Funded by: CIHR, GCC, CIN, DRC
   - Aim: To evaluate whether the cardiovascular disease risk detection, treatment, and control programme can substantially improve hypertension control and overall Framingham Risk Score at 1 year.

3. HT03: DREAM-GLOBAL: Diagnosing hypertension, engagement action and management in getting lower BP in Aboriginal and UMIC Canada and Tanzania
   - Aim: To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension.

4. HT04: School-ÈduSalt: A school-based education programme to reduce salt intake in children and their families
   - China
   - Funded by: UK MRC
   - Aim: To determine whether an education programme targeted at primary school children could lower salt intake in children and their families.

5. HT05: Treating hypertension in rural South Africa: A clinic-based lay health worker trial to enhance community-based outreach services for integrated chronic care
   - South Africa
   - Funded by: UK MRC
   - Aim: To reduce population levels of uncontrolled hypertension, especially in those individuals at greatest risk, by supporting and strengthening the management of hypertension in primary care clinics.

6. HT06: Improving the control of HT in rural India: overcoming the barriers to diagnosis and effective treatment
   - India
   - Funded by: NHMRC
   - Aim: To identify and explore potentially different barriers and knowledge gaps in the diagnosis, treatment and management of hypertension in both urban and rural regions of India.

7. HT07: A smartphone-based clinical decision support system for primary health
   - Ghana
   - Funded by: NHMRC
   - Aim: To test whether an electronic clinical decision support system will assist non-physician health workers and doctors in making evidence-based management decisions to lower their patients’ CVR risks.

8. HT08: 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 Sri Lanka
   - Sri Lanka
   - Funded by: NHMRC
   - Aim: To assess the effect of SMS messages on BP control in aboriginal people in Canada and rural Tanzania with hypertension.

9. HT09: Developing the evidence base for a national salt reduction program in India
   - India
   - Funded by: NHMRC
   - Aim: To test whether a comprehensive intervention program within a national public primary healthcare system will improve hypertension control among uninsured hypertensive patients, their families and in Argentina.

10. HT10: Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THREVS)
    - Nigeria
    - Funded by: NHNIDS
    - Aim: To determine whether a culturally-sensitive multifaceted post-discharge intervention can significantly reduce blood pressure, enhance achievement of guideline recommended targets for risk factor control, and lower recurrent vascular events in Nigeria.

11. HT11: Launching a salt substitute to reduce blood pressure at the population level in Peru
    - Peru
    - Funded by: NIH/NHLBI
    - Aim: To implement and assess the impact of an intervention using a salt substitute on blood pressure at the population level using a stepped wedge trial design.

12. HT12: Task shifting and blood pressure control in Ghana: a cluster-randomized trial
    - Ghana
    - Funded by: NH/ NHLBI
    - Aim: To evaluate the comparative effectiveness of the WHO Package targeted at CV risk assessment versus provision of health insurance coverage on blood pressure reduction.

13. HT13: LARK: Optimizing linkage and retention to hypertension care in rural Kenya
    - Kenya
    - Funded by: NH/ NHLBI
    - Aim: To utilize a multi-disciplinary implementation research approach to address the challenge of linking and retaining vulnerable individuals to a hypertension management program.

14. HT14: A comprehensive approach to hypertension control in Argentina
    - Argentina
    - Funded by: NH/NHLBI
    - Aim: To test whether a comprehensive intervention program within a national public primary healthcare system will improve hypertension control among uninsured hypertensive patients, their families and in Argentina.

15. HT15: Tailored Hospital-based Risk Reduction to Impede Vascular Events after Stroke (THREVS)
    - Nigeria
    - Funded by: NHNIDS
    - Aim: To determine whether a culturally-sensitive multifaceted post-discharge intervention can significantly reduce blood pressure, enhance achievement of guideline recommended targets for risk factor control, and lower recurrent vascular events in Nigeria.

B. DIABETES PROGRAMME

16. DM01: Improving the Management of Diabetes in Pregnancy in Remote Australia
    - Australia
    - Funded by: NHMRC
    - Aim: To improve systems of care and outcomes for women with diabetes in pregnancy in remote Australia.

17. DM02: Systematic Medical Assessment, Referral and Treatment for Diabetes care in China using Lay Family Health Promoters - SMART
    - China
    - Funded by: CAMS, NHMRC
    - Aim: To develop the SMARTHealth Diabetes system and determine its clinical impact for people with type 2 diabetes.

18. DM03: INDIA-GO (Integrated intervention for Diabetes risk after Gestational diabetes): An integrated health system intervention aimed at reducing type 2 diabetes risk in disadvantaged women after gestational diabetes in South Africa
    - South Africa
    - Funded by: CIHR, DRC, SAMRC
    - Aim: To develop and evaluate a novel health system intervention to reduce the subsequent risk of developing T2DM among women with recent gestational diabetes.

19. DM04: Community Health Assessment Program in the Philippines (CHAPP)
    - Philippines
    - Funded by: CIHR, DRC
    - Aim: To adapt the elements of the expanded Cardiovascular Health Awareness Program (CHAP) intervention model to low- and middle-income countries (LMICs) and evaluate its effectiveness in preventing diabetes and its complications.

20. DM05: Effects of information/technology-based tools on long-term self-management of diabetic and non-diabetic patients with coronary heart disease
    - China
    - Funded by: CAMS
    - Aim: To determine the effectiveness of health technology-based tools on long-term adherence to secondary prevention and risk factors control among patients with established coronary artery disease, in particular those with diabetes.

21. DM06: IREADTH-T2D - Family-based intervention to improve healthy lifestyle and prevent Type 2 Diabetes amongst South Asians with central obesity and prediabetes
    - India, Pakistan, Sri Lanka & United Kingdom
    - Funded by: EI
    - Aim: To determine whether a family-based lifestyle modification delivered by community health workers vs usual care is clinically and cost-effective for prevention and risk reduction of T2D.

22. DM07: SMART2D - A people-centred health system intervention to improve self-management and reciprocal learning for the prevention and management of type 2 diabetes
    - South Africa, Sweden, Uganda
    - Funded by: EI
    - Aim: To strengthen capacity for T2DM care through proven strategies like task-shifting to non-physician health care providers and community health workers, and expanding care networks through community-based peer support groups.

23. DM08: Fee4Diabetes: Promoting healthful lifestyles in families across Europe
    - Belgium, Bulgaria, Finland, Greece, Hungary, Norway, Slovenia
    - Funded by: EI
    - Aim: To evaluate the comparative effectiveness of a cost-effective and scalable intervention program to prevent type 2 diabetes among families from vulnerable groups across Europe.

24. DM09: Interactive Social Network for diabetes care in China using Information Technology
    - Mexico
    - Funded by: Conacyt
    - Aim: To evaluate an interactive social network for the prevention and management of diabetes.

25. DM10: Development of an interactive social network for metabolic control of diabetic patients
    - Mexico
    - Funded by: Conacyt
    - Aim: The development of an interactive social network for diabetic patients to try to change behaviors and attitudes of risk in affected Type 2 diabetes community.
C. LUNG DISEASES PROGRAMME

33 LD01: The TackShS Project. Tackling second-hand tobacco smoke and e-cigarette emissions: exposure assessment, novel interventions, impact on lung diseases and economic burden in developing countries. Funded by: NHLBI

34 LD02: Tobacco cessation within TB programmes: a ‘real world’ solution for countries with dual burden of disease. Funded by: ICMR

35 LD03: Smoke Free Brain: Multidisciplinary tools for improving the efficacy of public health campaigns. Funded by: EC

36 LD04: FreshAir: Free Respiratory Evaluation and Smoking-exposure reduction by primary Health-care Integrated groups. Funded by: EC

37 LD05: eUREST-PLUS: Policy Implementation to Reduce Lung Diseases Funded by: NHLBI

38 LD06: RETRAC2: Research on Commercial Tobacco Reduction in Aboriginal Communities Funded by: CONACYT


40 LD09: Lung function of Chinese adults and the predictive value of peak flow rate to long-term incidence and prognosis of lung diseases Funded by: CAMS

41 LD10: Genomic analysis of drug-resistant tuberculosis in spumum sample Funded by: CONACYT

42 LD11: Search and validation of biomarkers for tuberculosis in Mexican patients with diabetes mellitus Funded by: CONACYT

43 LD12: Case Finding and Effectiveness of a COPD Action Plan in Low and High Income Countries Funded by: CIHR

44 LD13: Muslim Communities Learning and Activating against Second-hand Smoke (MCLASS II): An effectiveness-implementation study Funded by: UK MRC

45 LD14: Preventing smoking uptake among adolescents: A primary prevention initiative for chronic lung disease Funded by: UK MRC

Aim: To reduce the burden of tobacco-related lung diseases in developing countries by using tobacco cessation policy measures in tuberculosis programmes. Study to identify intervention costs and cost-effectiveness of the programmes will be evaluated.

Aim: To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.

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

Aim: To evaluate the impact of a COPD case finding questionnaire and COPD Action Plan to allow for diverse, low-cost models of care which can be generalised across LMICs.

Aim: To describe the status of lung function data and evaluate the impact of the European Commission’s Tobacco Products Directive within the context of Framework Convention on Tobacco Control ratification at a European level, including issues of tobacco product ingredients, additives, reporting, packaging, labelling, illicit trade, cross border sales, and e-cigarettes.

Aim: To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.

Aim: To assess the effectiveness of a multi-component intervention, ICAN QUIT in Pregnancy, uniquely designed to increase smoking cessation rates among expectant Indigenous mothers and improve the respiratory health outcomes of their babies.

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Aim: To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.

Aim: To contribute to knowledge about commercial tobacco control interventions that aim to prevent chronic lung diseases in Aboriginal communities in Canada.

Aim: To test the effectiveness of sending short message service (SMS) text messages to improving health outcomes and supporting medication adherence in patients with type 2 diabetes in the context of implementing a low-cost, mobile-health communication infrastructure in an operational setting.
GACD Spotlight on: Kirsten Bobrow

Kirsten is a post-doctoral researcher with the Chronic Diseases Initiative for Africa, and is completing her registrar training in public health at the University of Cape Town. Her career has taken her across the globe, completing her undergraduate medical training at the University of Cape Town and her MSc in Global Health and DPhil in Epidemiology with the Cancer Epidemiology Unit at the University of Oxford. She is currently working on research into how mobile phones can improve management and outcomes in people with chronic diseases in low resource settings. Kirsten works in the Western Cape Department of Health.

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

Our project is a randomised clinical trial at three sites in sub-Saharan Africa: Cape Town and Johannesburg in South Africa and Lilongwe in Malawi. We are aiming to provide information about the overall benefits and harms of sending carefully developed messages via SMS text messaging to tell people about the benefits of their diabetes treatment and provide patients with reminders and encouragement to take it regularly. We will follow people for 12 months and measure important risk factors for the development of complications in diabetes, including blood glucose control and blood pressure control so we can then estimate potential health benefits, and the costs of doing this, whilst considering cost-effectiveness.

What tips do you have for early career researchers trying to establish international collaborations?

Make contact with the people and teams who you would like to work with in terms of skills as well as content area. Be patient, it can take time to find a project that is a good fit and that gets funded.

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

I live in Cape Town, which is beautiful and full of opportunity for outdoor adventure. I enjoy running, hiking and swimming on the mountain and ocean. I have a small dog and we spend our free time exploring the peninsula.

What motivated you to follow this global health career path?

As a young graduate student I went to a lecture by Sir Richard Peeto on global health. And to paraphrase him, he said he wasn’t concerned with hundreds of people or even thousands of people, he was interested in improving outcomes for millions of people. I was really struck by this idea and especially having come from a clinical setting where strategy and thinking are largely about individual patients. It also helped me realise that I wanted to be an epidemiologist.

GACD New members

The Global Alliance for Chronic Diseases welcomes Japan’s Agency for Medical Research and Development (AMED), and Brazil’s São Paulo Research Foundation (FAPESP) as its newest members. The agencies become GACD’s 12th and 13th member agencies respectively, joining public health research funders from around the world.

We are excited by this opportunity to collaborate with key international funders. The GACD will provide a distinctive platform for fostering collaborative research to facilitate scientific collaboration between researchers in São Paulo, Brazil with a unique cohort of international non-communicable disease researchers.

By joining the GACD, Japanese researchers will be given valuable opportunities to collaborate with other international experts and to further advance the area of implementation science. Japan through AMED has a long tradition of outstanding research and we are hoping that our involvement with the GACD will lead to positive health outcomes in the area of non-communicable diseases.

AMED was established just two years ago, to serve as an institution consolidating medical research across the government and is dedicated to improving medicine through research and development in Japan. Their goal is to fast-track medical R&D that directly benefits people, not only by extending lifespans, but also by improving quality of life.

FAPESP is a public foundation in the state of São Paulo, with the mission to support research projects in higher education and research institutions, in all fields of knowledge. This new collaboration with one of Latin America’s key research funders will further strengthen the GACD Research Network in the region.

With three active research programmes on hypertension, diabetes and lung diseases underway and a further call on mental health now launched, Japan and Brazil join the GACD at an exciting time of expansion.
The Global Alliance for Chronic Diseases (GACD) has opened its fourth call for proposals—funding research into mental health. The call is ambitious in scale and size and will be supported by the majority of GACD member funding agencies. For the first time, many of them will be accepting applications through a common submissions portal. This is intended to make the application experience more consistent and straightforward for researchers. All funded research projects will be selected through a rigorous peer review process, with most funding agencies using a jointly selected panel of independent experts.

The joint call will fund interventions in low- and middle-income countries (LMIC) and/or vulnerable populations in high-income countries (HIC), which will look to improve the management of mental disorders including, but not limited to, depression, dementia, schizophrenia, bipolar disorders and alcohol and drug-use disorders. Proposals will focus on implementation science research by building on interventions with proven effectiveness, equitable and affordable ways. The GACD funding agencies aim to harmonise the research and outcomes assessment of GACD projects in order to maximise the potential for learning across the network and the impact of the initiative as a whole, and research teams are encouraged to work together to agree on common indicators.

**Growth in GACD call funding**

The mental health call is the GACD’s largest investment to date. Through funding this unique research programme, the GACD will be offering a truly unique and global contribution to implementation science research, thus improving mental health worldwide.

**Why mental health?**

Mental disorders represent an ever-increasing burden to all ages of the population. For example:

- **Depression** affects 350 million people in all communities across the world and represents the leading cause of disability worldwide, making it a major contributor to the overall global burden of disease.[3]

- **Dementia** affects 47.5 million people worldwide, with a projected rise to 75.6 million by 2030 which is attributable to the rising numbers of people with dementia living in low- and middle-income countries.[4]

- **Mortality rates** among people with schizophrenia is 2 to 2.5 times higher than the general population.[5]

- People with bipolar mood disorders have high mortality rates ranging from 35% higher to twice as high as the general population.[6]

- Mental disorders can be experienced in isolation or as comorbidities with other NCDs. It has been found that the presence of mental disorders increases the chance that an individual will also suffer from other chronic illnesses, as they are often less likely to seek help for other symptoms.[6]

**GACD Research Network**

Successful applicants for the GACD mental health call will join the GACD Research Network.

The GACD aims to coordinate research on chronic diseases at a global level in order to enhance knowledge exchange across individual projects, and to better understand the impact of socio-economic, cultural, geopolitical and policy factors on the effectiveness and scalability of interventions, so as to appropriately adapt health interventions to different geographical, economic and cultural settings. Research under GACD involves regular exchange of research findings and information across participating projects by means of cross-project working groups and GACD Annual Scientific Meetings (see pages 10-11).

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GACD Leadership

As Dr Alain Beaudet prepares for his retirement and the end of his term as Chair of the GACD Board, what achievements is he most proud of and what are his hopes for the future?

Professor Glenda Gray, President & CEO of South Africa’s Medical Research Council, succeeds Alain Beaudet as GACD Chair (April 2017). Here she reflects on what she would like to see in place by the end of her term leading the alliance.

One of the first things I said I would do is to increase the outreach to the number of countries participating in the GACD with a focus to include more low- and middle-income countries in an attempt to obtain representation from all major regions of the world. We now have Mexico, Argentina, Brazil and Thailand on board, so I’m really proud of that. We’ve also made huge progress in fostering joint peer review, having joint deadlines, a joint GACD portal and a single date for submission of applications.

The research that we have funded and the networks that we have created are a huge success of the GACD and thanks in no small part to the staff of the Secretariat. This contribution to the evolution of implementation science, which is a very young area of health research, is a great achievement of the GACD.

What we’ve been able to achieve through the memorandum of understanding with the World Bank is a milestone, and we can start having true impact by embedding research in country-wide (or at least province-wide) health.

In a few years’ time, the area I hope GACD will be delivering on is the training aspect. In low- and middle-income countries there’s so much to be achieved in terms of training and changing into a culture of evidence based practice and research-based evidence.

I’m excited about implementation science and the ability to scale-up NCD interventions that will have impact at a country level.

I would like to see that the interventions we would have funded under my chairmanship were effective, and we are starting to understand how to scale them up. In a lot of the work we are doing in implementation science, we are demonstrating their feasibility - and we need to go from feasibility to scale-up. It’s only when we move interventions to scale that we have great impact.

It would be nice for us to start demonstrating our impact on NCDs and our understanding of what it takes to scale up interventions, and how we influence policy at a country level. I would like to see this final translation, that we release the evidence, we demonstrate that implementation can work and we take it to scale. I hope to see countries take up interventions based on evidence produced by the GACD Research Network.

GACD Thank you UCL

Interview with Professor Dame Anne Johnson, Professor of Infectious Disease Epidemiology at University College London (UCL), Wellcome Trust Governor and GACD Board observer.

Professor Dame Anne Johnson has been an adviser and observer to the GACD Board since the inception of the GACD International Secretariat, in 2012 to the present day. Here she remarks upon the special relationship that GACD has built with UCL over its 5 years at the university before the GACD Secretariat moves to its new location at the Wellcome Trust.

What has been special about the UCL – GACD relationship?

The special contribution from UCL in our global health work has been the opportunity to bring a multidisciplinary university to global problems. Clearly, the root causes of many global chronic diseases lie well beyond the narrow confines of biomedicine. They involve the obesity epidemic, issues around food, nutrition practices, as well as the problems of under and over nutrition. Where we felt we could add value was to bring the UCL community to the GACD by fostering the right environment with our international links as a place for the GACD Secretariat to be born and thrive. My view is that it has thrived.

What personal observations have you made as to how the GACD has developed?

The GACD started with 6 international funding agencies involved, most of them in the northern hemisphere and it’s changed the focus of its ambitions. Now it has 13 members in 6 continents. We’ve moved from perhaps having a more disease focused biomedical approach to one that embraces a broader set of disciplines and questions. So our latest call, which focuses on mental health, is again taking that broad perspective going into an area which has been chronically underfunded across the globe and one in which there are still very varied views across the globe. So it’s also quite ambitious to do that.

I have also seen that the Board has developed an ambition to think about implementation at scale. I think that’s really exciting. So we are moving away from individual interventions to how can we work not just as empirical discovery scientists, but look at how we implement findings and engage communities and governments to try and make those changes at scale.

The GACD Secretariat is about to change host institutions and move into a new environment at the Wellcome Trust. How do you see GACD developing there?

The GACD has always been independent of UCL and the important thing is to say it will remain independent of the Wellcome Trust. What excites me is that it’s moving to the next phase. It has an increasingly important role working across a whole range of science, as well as in public engagement. It’s been a great privilege to be associated with the development and growth of the GACD since its birth. I think it’s grown to be a very happy teenager and I am sure that GACD will continue to mature and have a long and healthy life.
GACD Financials

The GACD Secretariat is supported financially through annual membership fees by the alliance members. The tiers of annual contributions to support the Secretariat are based on the World Bank categorisation of countries by income. Based on Gross National Income per capita, every country is classified as low-income, middle-income (subdivided into lower-middle and upper-middle), or high-income.

Currently based at the UCL Institute for Global Health, the Secretariat operates within the remits of UCL’s financial policies and procedures. Almost half of the Secretariat budget is spent on staff costs, with the remainder covering operational costs, meeting and travel costs as well as overheads.

GACD Secretariat expenditure 2016

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>49.8%</td>
<td>£222,877</td>
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<tr>
<td>Operational costs</td>
<td>19.7%</td>
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<tr>
<td>Travel and meetings</td>
<td>17.1%</td>
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<tr>
<td>Overheads</td>
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</table>

Total expenditure £448,038

GACD Facts and figures

Non-communicable diseases (NCDs) kill 38 million people each year. This disproportionately affects low- and middle-income countries where almost ¾ of these deaths (28 million) occur.

Everyone is vulnerable to the main risk factors that contribute to NCDs, whether from unhealthy diets, physical inactivity, exposure to tobacco smoke or the effects of the harmful use of alcohol.

Cardiovascular diseases account for most NCD deaths (17.5 million people annually), followed by cancers (8.2 million), respiratory diseases (4 million), and diabetes (1.5 million). These 4 groups of diseases alone account for 82% of all NCD deaths. Premature deaths also occur among people with severe mental disorders, with a 10-25 year reduction in life expectancy. The vast majority of these deaths occur as a result of comorbidities with chronic physical medical conditions (such as those listed below). Suicide is another important cause of death.

In response to this global NCD burden, the GACD research areas are:

- Cardiovascular diseases: The number 1 cause of death globally.
- Cancer: Globally, nearly 1 in 6 deaths are due to cancer. 30-50% of cancers are preventable.
- Lung diseases: >90% of COPD (chronic obstructive pulmonary disease) deaths occur in low-income and middle-income countries.
- Diabetes: It is estimated that 175 million people have undiagnosed type 2 diabetes globally.
- Mental disorders: The burden of mental disorders continues to grow with significant impacts on health and major social, human rights and economic consequences in all countries of the world.

How does GACD address the problem?

The GACD has so far established research programmes on hypertension, diabetes, and lung diseases involving more than 500 researchers from more than 45 countries. In 2017, a Mental Health Programme will be launched. Collectively, GACD members are spending more than US$180 million on research in low- and middle-income countries and with vulnerable populations in high-income countries. GACD funded research aims to contribute to the area of implementation science and address the significant knowledge gap between interventions that research has shown to be effective, and their delivery to communities and translation into practice.

All data derived from WHO resources at www.who.int.
The Board has the ultimate authority over the alliance’s vision, values and overall governance framework, and develops and implements GACD policies. Current GACD Board members are:

- Dr Alain Beaudet, Canadian Institutes of Health Research, Canada (Chair)
- Professor Glenda Gray, Medical Research Council, South Africa (Chair, Bect)
- Professor Xuefao Cao, Chinese Academy of Medical Sciences, China (Past Chair)
- Professor Carlos Henrique de Brito Cruz, São Paulo Research Foundation, Brazil
- Dr Ruxandra Draghia-Akli, Health Directorate at the Research & Innovation DG of the European Commission
- Dr Roger Glass, National Institutes of Health, United States
- Mariano Jordan, Ministry of Science, Technology and Productive Innovation, Argentina
- Professor Anne Kelso, National Health and Medical Research Council, Australia
- Dr Mark Palmer, Medical Research Council, United Kingdom
- Dr Guillermo Ruiz-Palacios, National Institutes of Health, Mexico
- Dr Makoto Suematsu, Japan Agency for Medical Research and Development, Japan
- Dr Peerapol Sutlivesak, Health Systems Research Institute, Thailand
- Dr Soumya Swaminathan, Indian Council of Medical Research, India
- Professor Dame Anne Johnson, University College London (host institution representative)
- Professor Ibrahim Abubakar, University College London (host institution representative)

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

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

- Dr Karim Berkouk, Health Directorate at the Research & Innovation DG of the European Commission (Chair)
- Dr Johan Louw, Medical Research Council, South Africa (Deputy Chair)
- Dr Reiko Akizuki, Japan Agency for Medical Research and Development, Japan
- Margarita Irene Calleja y Quevedo, National Council for Science and Technology and Dr Carlos Aguilar Salinas, National Institute of Medical Science and Nutrition Salvador Zubrán, Mexico
- Dr Fernando Cendes, São Paulo Research Foundation, Brazil
- Dr Rupinder Dhaliwal, Indian Council of Medical Research, India
- Dr Daniel Gomez, and Monica Silenzi, Ministry of Science, Technology and Productive Innovation, Argentina
- Dr Steven Hoffman, Canadian Institutes of Health Research, Canada
- Professor Li Xin Jiang, Chinese Academy of Medical Sciences, China
- Alex Harris, Medical Research Council, United Kingdom
- Dr Joshua Rosenthal, National Institutes of Health, United States
- Dr Tony Willis, National Health and Medical Research Council, Australia

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

- Celina Gorre, Executive Director
- Dorothea Kanthack-Chan, Senior Programme Officer
- Gary Parker, Research Coordinator
- Faye Bassett, Executive Coordinator
- Rosie Bartlett, Communications Manager

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