

GACD: Tackling chronic non-communicable diseases head on

Chronic non-communicable diseases (NCD) account for almost 60% of global mortality and one quarter of these deaths – almost 9 million in 2005 – are in men and women aged 60 years and under. Taken together, NCDs represent globally the single largest cause of mortality in people of working age. The GACD is the first collaboration of major research funding agencies to specifically address chronic non-communicable diseases. GACD's Chair, **Professor Glenda Gray** spoke to us on how the GACD coordinates and supports research activities that address the prevention and treatment of NCDs or chronic non-communicable diseases, on a global scale.

Chronic non-communicable diseases (NCDs) are becoming an ever-increasing global burden and have their greatest effects in poorer countries. The four main types of NCDs are cardiovascular diseases (like heart attacks and stroke), some cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes.

According to the WHO'S NCDs Action Plan, NCDs are by far the leading cause of death in the world, representing 63% of all annual deaths. Non-communicable diseases (NCDs) kill more than 36 million people each year. Some 80% of all NCD deaths occur in low- and middle-income countries.

NCDs are not only a health problem but a development challenge as well. NCDs force many people into, or entrench them in poverty due to the catastrophic cost of treatment. Eliminating major risks could prevent most NCDs. If the major risk factors for NCDs were eliminated, around three-quarters of heart disease, stroke and type 2 diabetes would be prevented; and also 40% of cancer would be prevented. Paving the way in leading research collaborations to work together to help prevent chronic

diseases, is the Global Alliance for Chronic Diseases organisation. To discuss the GACD and NCDs in more detail, we spoke to the GACD's chair, Professor Glenda Gray who outlines the organisation's mission to tackle the burden of chronic non-communicable diseases in low- and middle-income countries, and their hopes for the future.

Hi Glenda! Can you tell us what your role involves Chair of the GACD?

As chair of the Global Alliance for Chronic Diseases (GACD), I oversee the strategic direction of the alliance. The alliance is made up of 14 of the world's largest publicly funded health research agencies. The alliance is the first collaboration of major public funding agencies to tackle non-communicable diseases. We meet face to face once a year in our annual board meeting where the year's priorities are set. I work closely with the GACD Secretariat, which is based in London who direct the day to day activities of the alliance, as I am Cape Town based. I also work closely with the GACD Chair Elect, which is currently Professor Anne Kelso, CEO of Australia's National Health & Medical Research Council. My role involves understanding each agency's preferences for research programme topics and establishing and encouraging new funding opportunities. ▶

The alliance is the first collaboration of major public funding agencies to tackle Non-Communicable Diseases



You also have other roles and serve on several important national and global bodies. How do you find the time to juggle these different roles and the responsibilities that come with them?

I am President and CEO of South Africa's Medical Research Council but a qualified paediatrician, first and foremost. However, the role at the GACD enhances this work, creating invaluable collaborations and developing new research into the area of NCDs.

My global profile includes being co-PI of the HIV Vaccine Trials Network (HTVN), which is a transnational collaboration for the development of HIV/AIDS prevention vaccines. I am also director of International Programmes for HVTN and a member of the Institute of Medicine of the National Academies, USA.

I have learnt the art of multi-tasking and my drive to make a difference stemmed from my early anti-apartheid activism days, when I was one of two white medical students who joined the Health Workers Association, a group who organised workers, from clerks and stretcher porters to doctors and nurses, all working to desegregate South Africa's hospitals. Later in the mid-1980s when the first AIDS cases had been confirmed elsewhere in Africa, I knew it was a matter of time before the virus reached the south and that's when I started to educate communities about prevention and I became an HIV activist. This drive continues into the current profile of global research into NCDs, such as hypertension, diabetes, lung diseases and mental health that we are developing at the GACD.

What are the GACD's core principles in terms of history, heritage and background, as well as its mission?

The GACD originated in the Grand Challenges Partnership first announced in *Nature* in 2007, which was inspired by a study published in *Nature* involving a Delphi panel recruited from 50 countries around the world. The study identified 20 Grand Challenges in chronic non-communicable diseases and highlighted a set of priorities to address the burden of cardiovascular disease, type 2 diabetes, chronic respiratory diseases, mental health and some cancers.

The GACD's core principles remain the same today, to tackle the burden of chronic non-communicable diseases in low- and middle-income countries, by systematically building the evidence base for sound policymaking, as guided by global experts on NCDs. Our



Professor Glenda Gray, Chair of GACD

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63%
of all annual deaths are from NCDs



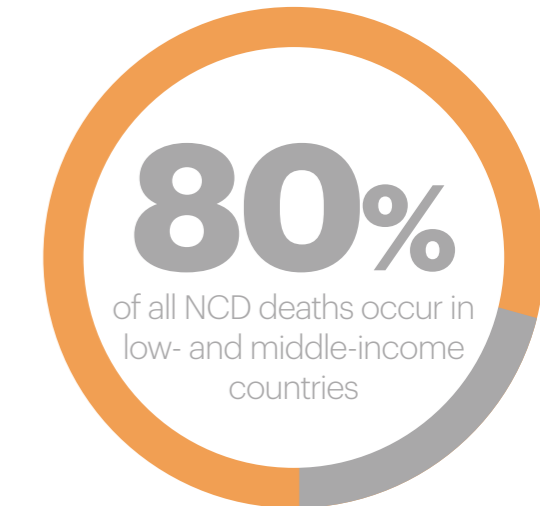
3
GLOBAL RESEARCH PROGRAMMES



36million
people killed by NCDs each year



550
RESEARCHERS FROM 45 COUNTRIES



aim as a collective funding organisation is to fund large-scale projects in low- and middle-income countries, who partner with high income institutions to fund research into NCDs.

We do this through coordination, awareness, creating a platform for general awareness raising in the media and capacity building, through our annual meetings for all our GACD researchers around the globe and our Implementation Science Workshops.

Can you tell us about any latest research projects and programmes at the GACD?

The GACD currently has three active global research programmes, supporting more than 550 researchers from more than 45 countries globally, working to address the most pressing chronic disease globally – hypertension, diabetes and lung diseases. At the end of this year, the GACD will launch its fourth and largest research programme to date focusing on the growing global burden of mental health disorders.

From your personal perspective, is there anything at the GACD, which you are particularly proud of?

I am particularly proud of the Mental Health Programme. For the first time, we use a common portal for applications, a single application deadline and an expanded joint peer review. This is a huge change in organisational behaviour for our member

agencies. Successful applicants to the GACD Mental Health Call will be announced later this year.

The GACD focuses on five major areas – do you think the GACD will further expand to focus on other chronic, non-communicable diseases in the future?

The GACD is working with partners at the World Health Organization (WHO) to scale up interventions into hypertension research. We are also running a series of Implementation Science Workshops in South Africa, Argentina and Dubai to develop capacity in the field.

The GACD has several global 'giant' alliance members – what other organisations are the GACD looking at to become alliance members?

As the GACD moves into a period of expansion, we are open to membership from more low- and middle-income countries, whilst also not shutting the door to alternative and flexible funding models.

What does the future hold for the GACD?

A great deal, I hope! I would like to see that the research programmes I have led under my chairmanship have been 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'd like to see countries take up interventions based on evidence produced by the GACD Research Network.

• You can find out more about the GACD, how to become a member or how to apply for funding by visiting their website at www.gacd.org.



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