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## Global Alliance announce research priorities for combating chronic disease

17 November 2009

The Medical Research Council, as part of a global alliance of research institutions, announced this week their first targets for concerted action in the fight against 'chronic non-communicable diseases' (CNCDs).

Lowering hypertension (high blood pressure), reducing tobacco use and the indoor pollution caused by crude cooking stoves in developing countries, which together contribute to around one in five deaths each year, were chosen as the initial priorities for the coordinated research program for the recently-formed Global Alliance for Chronic Disease.

According to the World Health Organization (WHO), 58 million deaths were recorded in 2006, some 60 per cent of them caused by CNCDs, twice as many deaths as the total of HIV/AIDS, tuberculosis, malaria, nutritional deficiencies, maternal and peri-natal conditions combined.

The priorities were set earlier this month in New Delhi, India, at the Alliance's inaugural scientific summit, where members attributed about 11.5 million deaths per year to hypertension, tobacco and indoor air pollution from cooking stoves, representing almost one-third of the 35 million deaths caused annually by CNCDs.

The Alliance's multi-country, multi-disciplinary research will focus in particular on the needs of low and middle income countries, and on those of low income populations of more developed countries. The health impact and socio-economic cost of CNCDs was described as "*enormous, rising and derailing efforts to combat poverty.*"

Collectively, Alliance members expect to invest tens of millions of dollars in their first coordinated research programmes over five years. The call for proposals will be launched next spring.


*Sir Leszek Borysiewicz, Chief Executive of the Medical Research Council: "These diseases have a huge global impact. As an Alliance, we aim to adopt an approach that will lead to clear and quick actions. To do this we need to take existing solutions and conduct research to understand how to implement them globally and adapt them to different local settings. We need to bring a wide-range of people together, develop and test interventions and eventually scale up the approach. The real challenge will be the science of local implementation."*

Alliance members also agreed in New Delhi to commission several scoping initiatives to prepare future joint research into obesity and diabetes, a process to be led by the Alliance's acting Executive Director, Prof. David Matthews of Oxford University.

Alliance members also agreed to fund a program to identify the world's "Grand Challenges in Mental Health" under the leadership of the US National Institute of Mental Health, in association with Alliance Board Chair Abdallah Daar and Vikram Patel, of the London School of Hygiene & Tropical Medicine and Sangath in Goa, India.

Though not traditionally listed among chronic non-communicable diseases, the Alliance expanded its mandate to include mental illnesses

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because of their link to CNCDS and the rising toll they take globally, including one million suicides annually, eating disorders and alcoholism leading to death by illness and injury.

Some experts predict mental health problems will become the world's second leading cause of disease burden by the early 2020s.

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1. The Global Alliance for Chronic Disease was created last June to support clear and coordinated research funding priorities in the battle against CNCDS, and together they fund an estimated 80 per cent of public health research worldwide.

2. Three new members (the South African Medical Research Council, the Qatar Biomedical Research Institute, and the National Institute of Mental Health (NIMH) of the US National Institutes of Health) were welcomed in November by the Alliance's six charter members:

- › Australia National Health and Medical Research Council
- › Canadian Institutes of Health Research
- › Chinese Academy of Medical Sciences
- › Indian Council of Medical Research
- › U.K. Medical Research Council, and
- › U.S. National Institutes of Health, specifically its National Heart, Lung, and Blood Institute (NHLBI), the Fogarty International Center, now joined by NIMH (the three NIH members sharing one vote on the Alliance board).

3. The Alliance has also welcomed three new partner organizations:

- Pan American Health Organization, Chronic Disease Prevention and Control Department
- World Heart Federation, and
- National Institute of Medical Research, Tanzania

4. Members agreed that their coordinated research programme must, among other things:

- Involve local policymakers from the outset, with a commitment to scale up successfully tested programs
- Measure clinical outcomes – for example, a reduction in the incidence of stroke, not just a drop in the incidence of hypertension
- Ensure that human and other resources are not diverted from local health care systems
- Create a tool-kit to be used later to scale up and replicate successfully tested programs
- Include a training / capacity building component.

5. It was agreed in New Delhi that Canada's International Development Research Centre will host the Alliance secretariat, subject to IDRC board approval. IDRC will leverage its experience with the Global Health Research Initiative in the delivery of the goals and objectives of the GACD. Ottawa-based IDRC was chosen from among six expressions of interest from around the world.

6. At the invitation of the Chinese Academy of Medical Sciences, China will host the Alliance's next scientific and Board meeting in 2010.

