According to the World Health Organization, noncommunicable diseases are responsible for over 36 million deaths worldwide each year. Such a global challenge then, requires a global response. Speaking on behalf of the Alliance, Executive Director Celina Gorre reveals some shocking statistics as well as the organisation’s plans to prevent and protect against these lifestyle-related diseases.
How is the Global Alliance for Chronic Diseases (GACD) using its world-leading position to address the ever-growing burden of chronic noncommunicable diseases (NCDs)? What are the GACD’s priority research areas?

The GACD has a broad mandate that it addresses in a focused way. We harness the resources of the world’s largest public funders of health research to build an evidence base for targeted solutions to the large burden of chronic NCDs in low- and middle-income countries and in vulnerable populations in high-income countries. Current research priorities include the implementation of science studies with outcomes focused on cardiovascular disease, diabetes, respiratory diseases, certain cancers and mental health.

As economies develop and become more successful, the prevalence of chronic diseases increases rapidly. Could you explain how this occurs?

The general trend is that once a country begins to achieve economic gains and moves from being a low-income to lower-middle-income country, the per capita income increases, as does the ability to purchase lifestyle-altering items. This could include unhealthy food, alcohol, tobacco, a car, a television and accommodation in cities where pollution, lack of outdoor space and traffic congestion lessen one’s physical activity.

Additionally, I have consulted the World Bank report entitled Public Policy and the Challenge of Chronic Non-communicable Diseases, which is the source of the graphs to the right.

In Figure 1 we can see that the burden of projected deaths from NCDs disproportionately affects lower-middle-income and low-income countries in the same measure. In other words, there is little difference between low-income and lower-middle-income countries.

In Figure 2 we can see the low-income countries have very similar burdens of NCDs and communicable diseases (43 per cent versus 47 per cent). However, once a country is no longer a low-income country, the proportionate burden of NCDs skyrockets (75 per cent versus 12 per cent for lower-middle-income and middle-income countries) and remains high for even high-income countries (90 per cent versus 7 per cent).

Finally, in Figure 3 we can see that the countries in the middle percentiles of world income bear the largest burdens of NCD deaths as a percentage of excess deaths.

How important is a multidisciplinary, multidimensional approach to the GACD’s activities? Could you provide examples of where this has been most effective?

The GACD is fully supportive of multidisciplinary approaches to tackling NCDs. Dr Susan Shurin, our Past Chair of the Board, comments: “While the problems exist in the healthcare sector, the solutions are often outside of it in other sectors like transportation, urban planning, agriculture, manufacturing, etc”. Therefore, a multidimensional approach is critical to making a dent in the global NCD epidemic.

Do you collaborate globally, and if so, what is the significance of such an approach?

The GACD is itself a global collaboration of health research funders and this is central to the very definition of the organisation. We do meet with other global organisations which focus on NCDs, including the World Health Organization (WHO), NCD Alliance, London School of Hygiene and Tropical Medicine (LSHTM)’s Centre for Global NCDs, and other similar organisations. It is critical to our work that we collaborate, so as not to duplicate efforts, ensuring we maximise our impact by aligning agendas and leveraging our influence globally.

Figure 1. Projected deaths due to NCDs by country income level, 2005 and 2030.


Figure 2. Causes of death by World Bank income group, 2005.


Figure 3. World income percentiles and NCDs as a percentage of excess deaths by World Bank region, 2005.

Source: Smith (2006)
THE GACD’S AIMS

The GACD's goal is to tackle the burden of chronic NCDs in low- and middle-income countries by building the evidence base for interventions to underlie sound clinical practice and policy making. They do this by:

COORDINATION
Building increasing levels of research expertise across the 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 the Alliance members

What kind of support is offered by your member organisations?

The Association’s members are extremely engaged with our work. The Board is comprised of member research agency heads that drive our strategic direction. The Management Committee includes senior programme staff from these agencies, who really focus on the actual execution of the GACD work programme. In addition, we utilise the expertise of our communications and evaluation staff, which are critical inputs into the GACD work programme.

How can young people who are interested in the field of chronic disease research look to the GACD as a resource? Do you offer any training or education for students?

We engage with young people in three main ways. The first is through our home at the University College London (UCL) Institute for Global Health, where we host interns, participate in teaching courses and co-sponsor events such as the UCL NCD Season – which involves bringing together multidisciplinary teams from UCL, LSHTM and others in a series of symposia to discuss NCDs.

The second is our active relationship with the Young Professionals Network on NCDs. We meet regularly with the group to explore opportunities for collaborations.

Finally, we encourage and support our GACD research teams to integrate junior researchers into GACD joint activities, enabling them to take advantage of educational and mentoring opportunities.
Presently, what do you think are some of the most innovative and creative projects addressing chronic diseases?

Within our group of research projects, we have a number focused on the application of mobile technology for the prevention and management of hypertension. We also have teams working on repurposing infrastructure meant for HIV to address the burden of hypertension. Lastly, we have studies examining both salt reduction policies and salt substitution through working with food companies.

Beyond the medical and health fields, what activities are underway to eradicate these diseases?

We are engaged with some of the following: policy makers working with the private sector; technological applications for prevention and management; urban planning to reimagine outdoor space to increase physical activity; and education to integrate healthy behaviours into school curricula.

In September last year, you gave a TED Talk on ‘Disruptive Innovation: Approaches to Everyday Life and Global Challenges’. Could you explain this concept and the results you hoped to achieve from this presentation?

The concept is rather simple – when we want change, we have to alter how we work. I wanted to demonstrate that, even when you work within largely bureaucratic institutions, every person could see themselves as an agent of change through being ‘constructively disruptive’. As an organisation with a specific focus, this is how we approach pushing the boundaries of cross-national collaboration.

What do your roles and responsibilities entail as the GACD’s Executive Director? How have your academic and professional experiences led you to this position?

I oversee the Secretariat and all its functions, including communications, finance, administration, board management, member relations, new member recruitment, outreach and awareness. Because my background is quite varied and multifaceted it has prepared me for the diversity of activities and requirements this position demands, including meeting with a number of different stakeholder groups, from students to health ministers, from CEOs to UN leaders. In addition, I have graduate degrees in Public Health and Public Administration, which correspond well to the focus of global health, politics and diplomacy.