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Contacts: **Mr. Terry Collins**, +1-416-538-8712; +1-416-878-8712; tc@tca.tc

U.K. Medical Research Council: +44-(0)-207-670 5138; +44 (0) 20 7637 6011;

press.office@headoffice.mrc.ac.uk

National Heart, Lung, and Blood Institute, NIH: +1-301-496-4236; nhlbi_news@nhlbi.nih.gov

Advance interviews are available. Experts will take part in a media teleconference Mon. Nov. 16, at 1030 a.m. EST / 330 p.m. GMT. To join the call, please dial +1-303-664-6043, conf ID 8309014.

Powerful World Alliance of Health Researchers Announces Landmark Pact on Priorities In Fight Against Humanity's Most Fatal Diseases

Agencies managing 80 percent of global public health research funding set first priorities for common, concerted efforts on heart and lung diseases, other "Chronic Non-Communicable Diseases"

An alliance of institutions collectively managing an estimated 80 percent of all public health research funding worldwide today announced their first targets for concerted action in the fight against "chronic non-communicable diseases" (CNCDs).

Lowering hypertension (high blood pressure), and reducing tobacco use and the indoor pollution caused by crude cooking stoves in developing countries -- which together contribute to about 1 in 5 deaths each year -- were chosen as initial priorities for the unprecedented coordinated research program under the recently-formed Global Alliance for Chronic Disease.

The priorities were set earlier this month in New Delhi, India, at the Alliance's inaugural scientific summit.

The Alliance was created last June to support clear and coordinated research funding priorities in the battle against CNCDs, namely:

- Cardiovascular diseases (mainly heart disease and stroke)
- Several cancers
- Chronic respiratory conditions, and
- Type 2 diabetes.

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 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).

Welcomed also were three new partner organizations:

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

According to the World Health Organization (WHO), which is represented on the Alliance Board by an official observer, 58 million deaths were recorded in 2006, some 60 percent of them caused by CNCDS -- twice as many deaths as the combined total of HIV/AIDS, tuberculosis, malaria, maternal and peri-natal conditions, and nutritional deficiencies.

The health impact and socio-economic cost of CNCDS is enormous and rising, upending efforts to combat poverty.

About 11.5 million deaths per year are attributed to hypertension, tobacco and indoor air pollution from cooking stoves, representing almost one-third of the 35 million deaths caused annually by CNCDS (please see appendix 1).

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.

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.

Collectively, Alliance members expect to invest tens of millions of dollars in their first coordinated research programmes over five years.

Members agreed that the research 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.

Alliance members also agreed at their board meeting in New Delhi 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 because of their link to CNCs and the rising toll they take globally, including 1 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.

Says Dr. Pamela Y. Collins, Associate Director for Special Populations and Director, Offices for Special Populations, Rural Mental Health Research and Global Mental Health at NIMH: "Our mission at the NIMH is to conduct and support research on mental disorders that will ultimately lead to prevention, recovery and cure. We have an opportunity to engage the global mental health community around pressing research questions. We are excited to be working with the Alliance and look forward to developing the Grand Challenges in Global Mental Health."

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.

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

Appendix 1

Hypertension

According to the World Health Organization, hypertension (high blood pressure) is the leading cause of cardiovascular deaths, causing 5 million premature deaths each year.

Experts estimate 1 billion people worldwide are affected by hypertension, with 1.5 billion patients predicted by 2025.

The World Hypertension League, an umbrella organization of 85 national hypertension societies and leagues, estimates that over half those with hypertension are unaware of it.

This major cause of illness, including strokes, is very poorly addressed in developing countries.

Tobacco

Tobacco (including India's unregulated, flavored, high-nicotine bidi products, dubbed "cigarettes with training wheels" by health authorities), is expected to kill 1 billion people prematurely this century.

The challenge is to reduce this toll, especially in the developing world, which is increasingly targeted by tobacco companies as western markets diminish.

Almost 5 million people died from smoking worldwide in 2000, rough half of them living in developing countries and half in high income nations.

At least half of victims die between 30 and 69 years of age, losing decades of productive life. Cancer and smoking deaths have fallen sharply in men in high-income countries but are expected to rise globally unless smokers in low- and middle-income countries quit before or during middle age.

Indoor air pollution from cooking stoves

About 3 billion people cook meals inside their homes with wood, dung, coal and other solid fuels over open fires or on primitive stoves.

The indoor pollution results in 1.5 million premature deaths each year, according to WHO estimates.

The Alliance program will, among other goals, develop and evaluate new stove designs capable of large scale manufacturing, along with local and regional commercialization strategies.

Mental Health

According to the WHO, "mental, neurological, and substance use disorders are common in all regions of the world, affecting every community and age group across all income countries. While 14% of the global burden of disease is attributed to these disorders, most of the people affected - 75% in many low-income countries - receive no treatment or care."

Estimates in 2001 suggested that about 450 million people worldwide suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug

abuse. Many of them suffer silently and alone without care on the frontiers of stigma, shame, exclusion and death.

Major depression is now the leading cause of disability globally and ranks as the world's 4th leading cause of disease burden, rising to the 2nd leading cause by the early 2020s, according to WHO predictions.

In 2001, 70 million people suffered alcohol dependence, about 50 million had epilepsy and 24 million had schizophrenia. For every suicide (1 million in 2001), the WHO estimates there are 10 to 20 other attempts.

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Quotable quotes:

Dr. Abdallah S Daar, Alliance Chair, Prof. (Public Health Sciences), McLaughlin-Rotman Centre for Global Health, at the University of Toronto and University Health Network: "Our 2007 study in *Nature* identified the Grand Challenges in chronic non-communicable diseases. This month in Delhi, some of the world's leading CNCD experts discussed potential early research funding priorities, such as the link between undernutrition in early life and the risk of diabetes and heart disease later, the connection between tuberculosis, diabetes and chronic obstructive lung disease, the strength of evidence for nutritional advice given to the public, and the growing epidemic of diabetes and obesity in developing countries. At future scientific and board meetings we will return to these and other topics, but for now we wanted to pilot the concerted research approach that, once successfully demonstrated for one condition, can be used for others."

Dr. Elizabeth G. Nabel, Director, NHLBI: "Alliance members intend to jointly develop the request for proposals and combine on the peer review of those received, coordinate funding by Alliance members and partners, create standardized data gathering tools and databases, and harmonize evaluation methods. The Alliance represents an important new vehicle for making optimal use of limited global resources available to reduce the enormous toll of these largely-preventable diseases."

Dr. David Matthews, Professor, Oxford University and acting Executive Director of the Alliance: "The epidemic of chronic disease in the world has accelerated. We urgently need to understand how to reverse the trend, not just in small trials, but in all the world communities. This new initiative will provide urgently needed resources to find and implement solutions"

Dr. Alain Beaudet, President, Canadian Institutes of Health Research: "We know quite a lot about how to manage chronic diseases on a small scale. The challenge is how to scale up interventions, especially in low resource settings. For Canadians, this includes our own aboriginal populations, whose health outcomes need to be improved dramatically. For example, the prevalence rate for type

2 diabetes among First Nations people living on reserves in Canada is three times higher than that for non-aboriginals in Canada and one of the highest in the world."

Prof. Warwick Anderson, CEO of the Australia National Health and Medical Research Council: "Australia has some of the most advanced medical care in the world, yet Indigenous Australians suffer from high levels of both infectious and chronic diseases. Aboriginal and Torres Strait Islander people have high rates of Type 2 diabetes, and many wind up with end-stage kidney failure. We must address chronic diseases seriously and urgently and Australia is keen to do its part."

Sir Leszek Borysiewicz, Chief Executive, Medical Research Council of the UK: "These diseases have a huge global impact, contributing to 35 million deaths annually. 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 challenge will be the science of implementation; implementation that we urgently need now."

Dr. V.M. Katoch, Director-General, Indian Council of Medical Research: "India has become the diabetes capital of the world; its people suffer from cardiovascular diseases at an early age and millions suffer chronic lung diseases as a result of smoking tobacco and our own type of cigarettes, the bidi. And indoor pollution from traditional stoves, the 'chullah', is one of the major cause of chronic lung diseases, especially among children and women. Tackling these problems cannot afford to wait."

Prof. Depei Liu, President, Chinese Academy of Medical Sciences: "China has a huge population, and CNCs and mental health problems constitute a huge burden of disease and disability. The Alliance provides a mechanism for us to work with our colleagues around the world to identify how best to address these conditions. We welcome the Alliance to China next year."

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Media contacts at member institutions:

National Heart, Lung, and Blood Institute (NHLBI) of the U.S. National Institutes of Health:
+1-301-496-4236; nhlbi_news@nhlbi.nih.gov

Canadian Institutes of Health Research
+1-613-941-4563; +1-613-808-7526 (m); mediarelations@cihr-irsc.gc.ca

U.K. Medical Research Council
Ms. Catherine Beveridge, +44-(0)-207-670 5138; +44 (0) 20 7637 6011; press.office@headoffice.mrc.ac.uk

Australia National Health and Medical Research Council
Ms. Carolyn Norrie, +61 (02) 6217 9342; +61-0422 008 512 (m); carolyn.norrie@nhmrc.gov.au