



ANNUAL REPORT

2020

GLOBAL
INSTITUTE ^{FOR}
~~DISEASE~~
ELIMINATION

FOREWORD

FROM WALEED AL MUHAIRI, BOARD CHAIR

“GLIDE HAS ADAPTED ITS INITIAL APPROACH TO NAVIGATE THE DISRUPTIONS POSED BY COVID-19. A STRATEGIC PLAN FOR THE NEXT THREE YEARS IS UNDER DEVELOPMENT.”

This first Annual Report for the Global Institute for Disease Elimination (GLIDE) comes at a time of unprecedented challenges due to the COVID-19 pandemic. The interconnected nature of the world today, combined with this coronavirus’s ability to spread easily, has threatened to bring the world to a standstill. The pandemic has exposed systemic weaknesses, widened the gap of inequalities, and represents a major test for every nation around the world. As a result of the pandemic, the healthcare sector has been catapulted to the forefront. Working in overdrive, the world came together to develop new methods and innovative solutions to deliver healthcare while protecting patients at a rate and scale never before experienced.

More than ever, attention is drawn to the fact that there is a connection between people’s health and the health of economies, yet many countries still struggle to invest in and prioritise public health.

Despite the difficult circumstances, there is a beacon of hope. We have seen how health workers worldwide have adapted initiatives and programmes for malaria, polio, and Neglected Tropical Diseases (NTDs) with new safety guidelines to ensure continued delivery of essential services while minimising the risk of COVID-19 transmission. We have witnessed the unprecedented pace at which



diagnostics, therapeutics, and vaccine candidates have been developed. In times like these, I am encouraged by the spirit and passion of global health advocates who, even in the face of difficulty, unite to carry on the vital work that is needed to improve the health and well-being of so many people and communities.

GLIDE has adapted its initial approach to navigate the disruptions posed by COVID-19. A strategic plan for the next three years is under development. The Institute has already entered into several strategic partnerships, supporting global thinking on disease elimination, improving integration between disease communities, and seeking innovative and efficient ways of furthering elimination and eradication efforts.

I am optimistic that this next year will be one of growth for GLIDE. We will continue to advocate for resources and draw attention to devastating diseases in addition to working with local and regional partners to further our mission of disease elimination and eradication. We are proud to share our first annual report, which illustrates our determination to make a positive impact across the globe. I am confident that we can add immense value and continue to find solutions to help make the world a healthier place.

FOREWORD

FROM SIMON BLAND,
CEO

“AT THE CORE OF OUR WORK LIES OUR PRINCIPLES: COUNTRY OWNERSHIP AND LOCAL SOLUTIONS, CROSS-DISEASE, CROSS-BORDER, AND CROSS-SECTOR APPROACHES, CATALYTIC ENGAGEMENT, AND PARTNERSHIP.”

It is my pleasure to introduce GLIDE’s first Annual Report which comes at the end of a year that has posed numerous challenges for us all. Although COVID-19 has been a great disruptor, this start-up institute, the fruit of a long-standing partnership between His Highness Mohammed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, and Bill Gates, is taking shape and beginning to deliver on its mission to advance global thinking and accelerate progress towards disease elimination.

Like many other organisations, we have adapted our initial plans to the new realities of our world. Despite these unexpected changes, we have forged ahead with building a diverse and talented team, establishing meaningful partnerships, finding our voice in relevant global discussions, and developing policies and strategies that will drive us forward as we work to eliminate preventable diseases of poverty.

At the core of our work lies our principles: country ownership and local solutions, cross-disease, cross-border, and cross-sector approaches, catalytic engagement, and partnership. We believe that with these principles in mind, we can build upon existing efforts in disease elimination and identify gaps in knowledge



so that we can reach the last mile and consign these diseases to the history books.

As it becomes clearer that life will not return to a pre-COVID-19 state for some considerable time, we look ahead to how we can be a nimble institute that can continue momentum and avoid backsliding, potentially losing decades of progress in combatting malaria, polio, and NTDs.

I am proud to help establish the first and only institute of its kind in the region, with the support of His Highness Mohammed bin Zayed Al Nahyan, the Bill and Melinda Gates Foundation, and our Board of Directors. We will enter a new year with a strategic plan in place, providing clear direction for how we, as a new global health institute, can best add value to achieve our shared goals and targets.

We look forward to building new partnerships, where our support helps them go further and faster, convening stakeholders, advocating for impact, and sharing lessons learned that can support, amplify, and help sustain progress in disease elimination.

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GLIDE'S STORY



The United Arab Emirates (UAE) has a long history of philanthropy within the region and among its people and culture. At the national level, there is a commitment to make the UAE a positive contributor to development and improve the welfare of people in need across the world.

This commitment to promote global peace and prosperity has manifested in the UAE becoming one of the largest donors to global health and development worldwide, with over AED28.5 billion distributed to 42 countries in 2018.¹ In 2016, the UAE launched a ten-year foreign assistance policy aimed at advancing efforts to eradicate poverty, and address neglected issues, under-supported communities and sustainability.²

This legacy of philanthropy is exemplified by the commitment of His Highness Mohammed bin Zayed Al Nahyan, Crown Prince of Abu Dhabi, who has launched and supported numerous initiatives to provide regional and international support for humanitarian, development, and health interventions that target countries and communities most in need.

GLIDE is the result of a long-standing partnership between His Highness Mohammed bin Zayed Al Nahyan and Bill Gates, dating back to their efforts in 2011 when they pledged to fight diseases and put an end to polio.

The concept for GLIDE materialised in 2017, following an announcement by His Highness at the Reaching the Last Mile Forum to found an Abu Dhabi-based institute to develop policies to combat infectious diseases. Two years later, during the Reaching the Last Mile Forum in November 2019, GLIDE was launched. At the same event, over \$2.8 billion was raised to support the pledge to eliminate polio, and GLIDE was officially launched.

This history of collaboration is a core tenet of GLIDE's mission and

principles; with our approach to advancing disease elimination based in partnerships at local, national, regional, and global levels. As the first and only institute of its kind in the region, we hope to help build capability within the region, establishing a new epicentre of global health and development. With its unique positioning and panoramic view, GLIDE will help ensure the legacy of philanthropy in the UAE is continued and expanded upon to help achieve our vision of a world free from preventable diseases of poverty.



¹ <https://u.ae/en/information-and-services/charity-and-humanitarian-work/the-uae-aid-to-foreign-countries>
² https://www.oecd-ilibrary.org/development/development-co-operation-profiles_153f7558-en

THE GLOBAL HEALTH LANDSCAPE



Malaria, polio and NTDs thrive in resource-poor parts of the world, often in tropical and subtropical areas and amongst the most marginalised populations. Today, over 1.7 billion people suffer under the burden of these diseases. While substantial progress has been made since the advent of the 2012 London Declaration on NTDs³ and the subsequent first World Health Organization (WHO) roadmap for the prevention and control of NTDs⁴, the journey to elimination is far from over.

The Sustainable Development Goals, agreed in 2015, and the supporting “Global Action Plan for Healthy Lives and Well-being for All” have sent strong signals of international support towards ending the burden of preventable diseases and achieving the ambitious but necessary goal of Universal Health Coverage (UHC).

“Setting out global targets for 2030 and milestones to prevent, control, eliminate and eradicate a diverse set of 20 diseases and disease groups.”

“Today, over 1.7 billion people suffer under the burden of these diseases.”

The WHO roadmap for neglected tropical diseases 2021–2030 is the latest call to action for disease elimination, setting out global targets for 2030 and milestones to prevent, control, eliminate and eradicate a diverse set of 20 diseases and disease groups. A cross-cutting approach that seeks to integrate diseases and sectors can, in many cases, deliver more sustainable health outcomes for people and their communities.

WHAT ARE NTDs?

NTDs are a diverse group of

20

communicable diseases and disease groups prevalent in tropical and subtropical conditions in

149 countries.

Together, they affect over

1 billion

people with an additional two billion people at risk, and have a devastating impact on communities and economies.

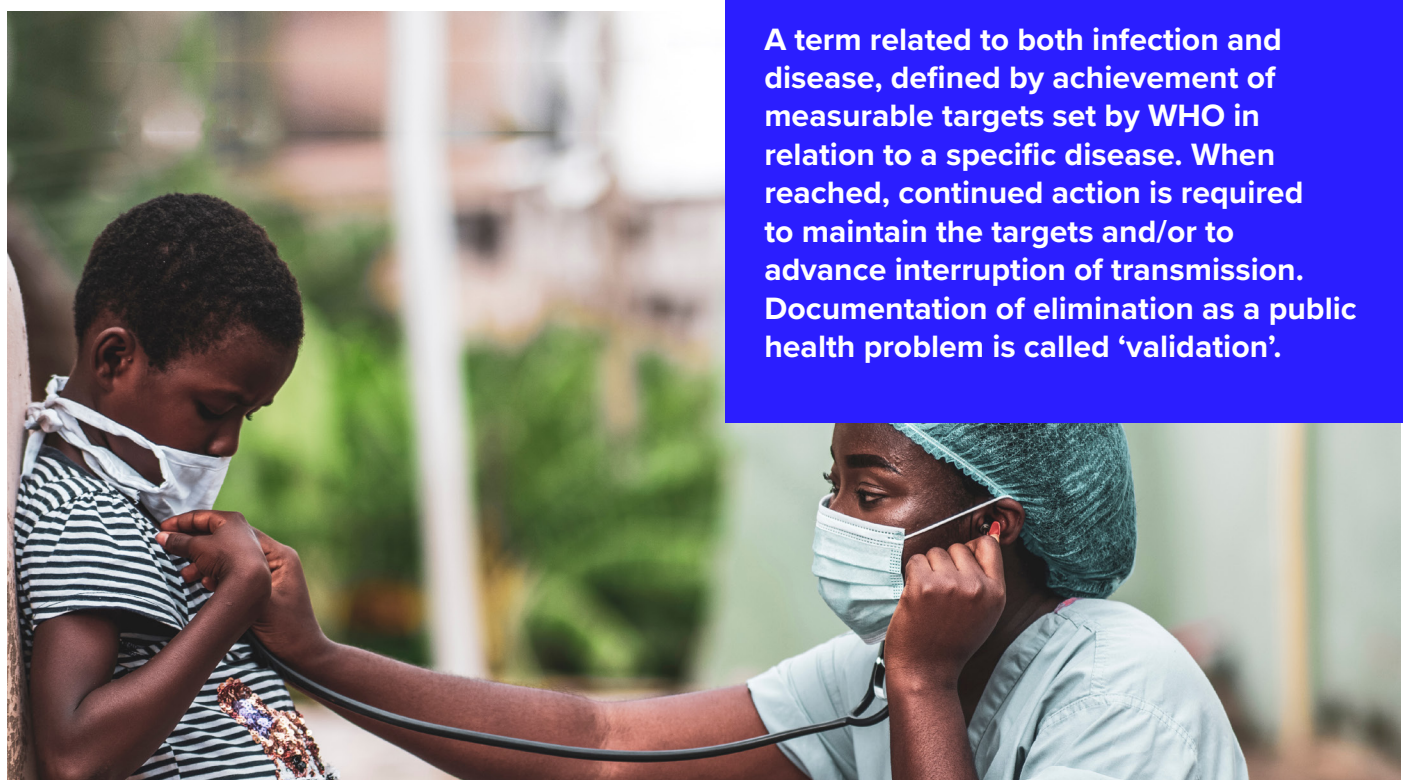
COVID-19

The SARS-Coronavirus-2 (COVID-19) pandemic has severely impacted the fight against malaria, polio, NTDs and other preventable diseases. It has disrupted the delivery of preventive therapeutics and immunisation programmes and diverted resources and attention away from research and advocacy, leaving many of the world's most vulnerable communities at even greater risk of being left behind.

Despite COVID-19, many programmes for malaria control, polio immunisation, and mass drug administration (MDA) for NTDs have been able to continue in those communities most at risk, with healthcare workers adapting new safety measures and guidelines to enable continuation of essential services.

Although challenging, disease elimination is possible, and there have been many examples of successful elimination programmes over the last decade. However, despite increased understanding of the need for cross-sector collaboration and integrated approaches, many institutions require greater guidance and support to harmonise their work to reduce inefficiencies and maximise the benefits of their interventions.

GLIDE seeks to support more integrated and joined-up efforts, bringing together actors working across diseases and sectors to adopt a multi-sectoral and multi-stakeholder approach to disease elimination. This approach calls for actors at all levels and geographies to engage in ways that facilitate collaboration, address fragmentation and avoid duplication of effort.



ELIMINATION (INTERRUPTION OF TRANSMISSION):

Reduction to zero of the incidence of infection caused by a specific pathogen in a defined geographical area, with minimal risk of reintroduction, as a result of deliberate efforts; continued action to prevent re-establishment of transmission may be required. Documentation of elimination of transmission is called 'verification'.

ELIMINATION AS A PUBLIC HEALTH PROBLEM:

A term related to both infection and disease, defined by achievement of measurable targets set by WHO in relation to a specific disease. When reached, continued action is required to maintain the targets and/or to advance interruption of transmission. Documentation of elimination as a public health problem is called 'validation'.

THE FOUR DISEASES

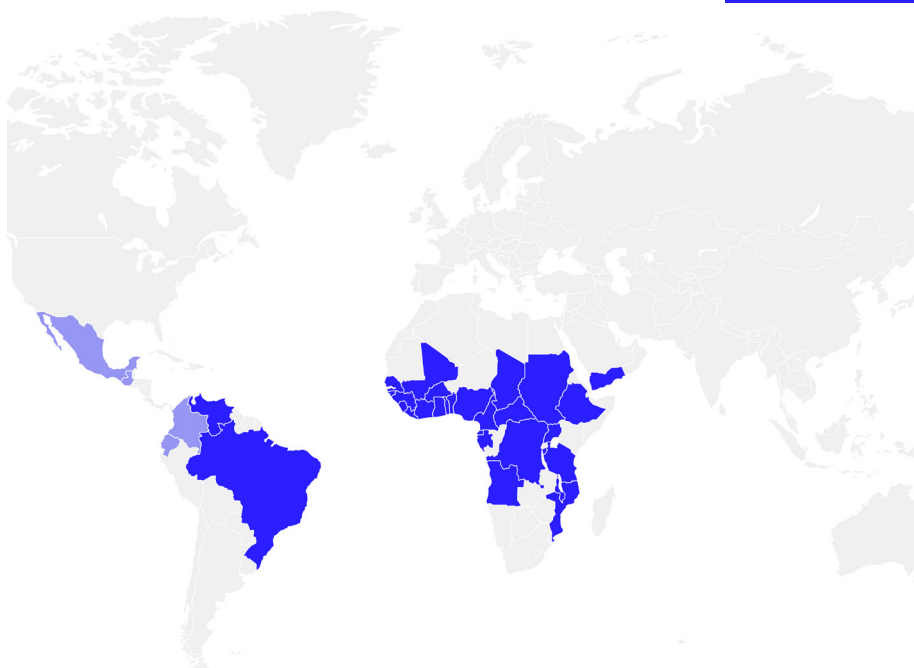


ENDEMICITY OF ONCHOCERCIASIS

In order to ensure focused and deliberate efforts towards alleviating the global burden of disease, GLIDE is concentrating its near-term efforts on the elimination of onchocerciasis, lymphatic filariasis (targeted for elimination by the WHO NTD Roadmap) malaria and polio. These four diseases are on the road to elimination regionally and globally, without significant advancement in research and development (R&D). Yet crucially, disease elimination efforts in these areas are underfunded. GLIDE's presence in this space means we can work with existing actors in global health to eliminate diseases that continue to affect the world's poorest communities.

Many countries have already made significant strides towards the elimination of these preventable diseases in the last decade. GLIDE seeks to work with partners in order to accelerate progress.

Onchocerciasis, also known as river blindness, is a NTD contracted from a parasitic worm transmitted by black flies (*Simulium* sp.), often found in and around bodies of fast-flowing water. The disease is endemic in 30 African countries, primarily in West, Central and East Africa (WHO). Once people are bitten by the infected black fly, they experience skin depigmentation and severe itching. In its most extreme form, the disease can lead to visual impairment and irreversible blindness and is the second leading cause of preventable blindness due to an infection.



ELIMINATED (POST-2010)

ENDEMIC

IN NUMBERS:

205 MILLION PEOPLE WORLDWIDE ARE AT RISK OF CONTRACTING RIVER BLINDNESS

20.9 MILLION PEOPLE ARE INFECTED. MOST LIVE IN SUB-SAHARAN AFRICA

1.1 MILLION PEOPLE WORLDWIDE ARE BLIND BECAUSE OF THE DISEASE

ENDEMICITY OF LYMPHATIC FILARIASIS

Lymphatic filariasis, sometimes known as elephantiasis, is a NTD caused by an infection of parasites classified as nematodes (roundworms), which are transmitted through the bites of infected mosquitos. Most infections are acquired in childhood, with symptoms often beginning later in adulthood. The adult worms often cause inflammation of the lymphatic system resulting in lymphatic vessel damage, primarily in the lower limbs, causing severe disability. Over 120 million people in 72 countries, primarily those in tropical and subtropical climates, are affected.



IN NUMBERS:

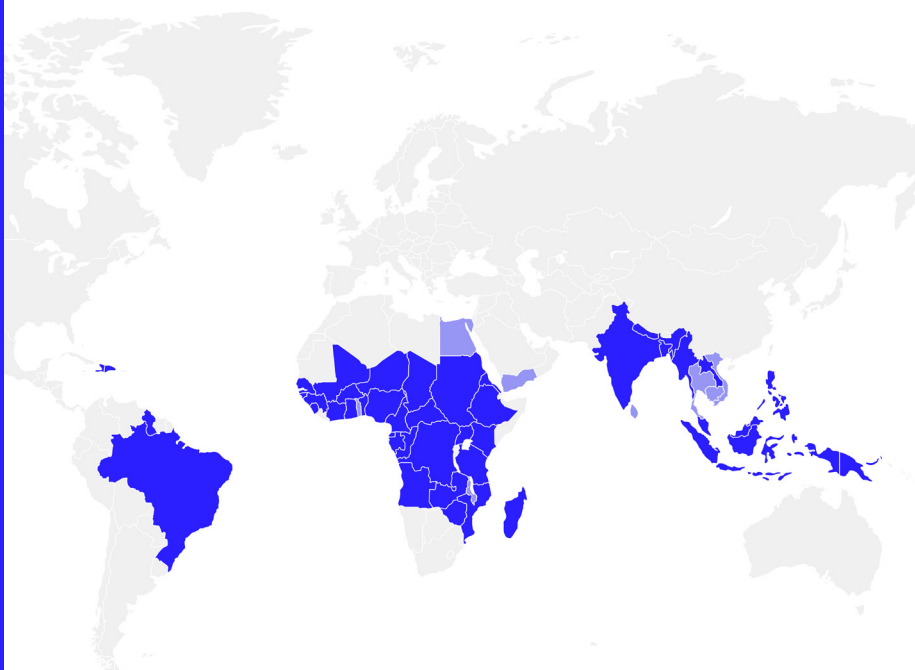
893 MILLION PEOPLE IN 49 COUNTRIES
WORLDWIDE REMAIN AT RISK IN 2000

OVER **120 MILLION PEOPLE WERE**
INFECTED, WITH ABOUT **40 MILLION**
DISFIGURED AND INCAPACITATED BY THE
DISEASE AS ONE OF THE LEADING CAUSES
OF GLOBAL DISABILITY

LYMPHATIC FILARIASIS ACCOUNTS FOR AT
LEAST **2.8 MILLION** DISABILITY-ADJUSTED
LIFE YEARS (DALYS)

THE GLOBAL BASELINE ESTIMATE OF
PEOPLE AFFECTED BY LYMPHATIC
FILARIASIS WAS **25 MILLION MEN WITH**
HYDROCELE AND OVER **15 MILLION**
PEOPLE WITH LYMPHOEDEMA

AT LEAST **36 MILLION** PEOPLE REMAIN
WITH THESE CHRONIC MANIFESTATIONS
OF THE DISEASE



ELIMINATED (POST-2010)

ENDEMIC

ENDEMICITY OF MALARIA

Malaria is a preventable and curable disease that is caused by parasites transmitted to people through the bites of infected female Anopheles mosquitoes. Children under the age of 5 are the most vulnerable age group, with the WHO African region carrying a disproportionately high percentage of the global malaria burden. Malaria results in fever, headache and chills, which if not diagnosed as malaria and treated within 24 hours, can progress to severe illness leading to death. As of 2019, nearly half of the world's population is at risk, with most malaria-related deaths occurring in sub-Saharan Africa.



IN NUMBERS:

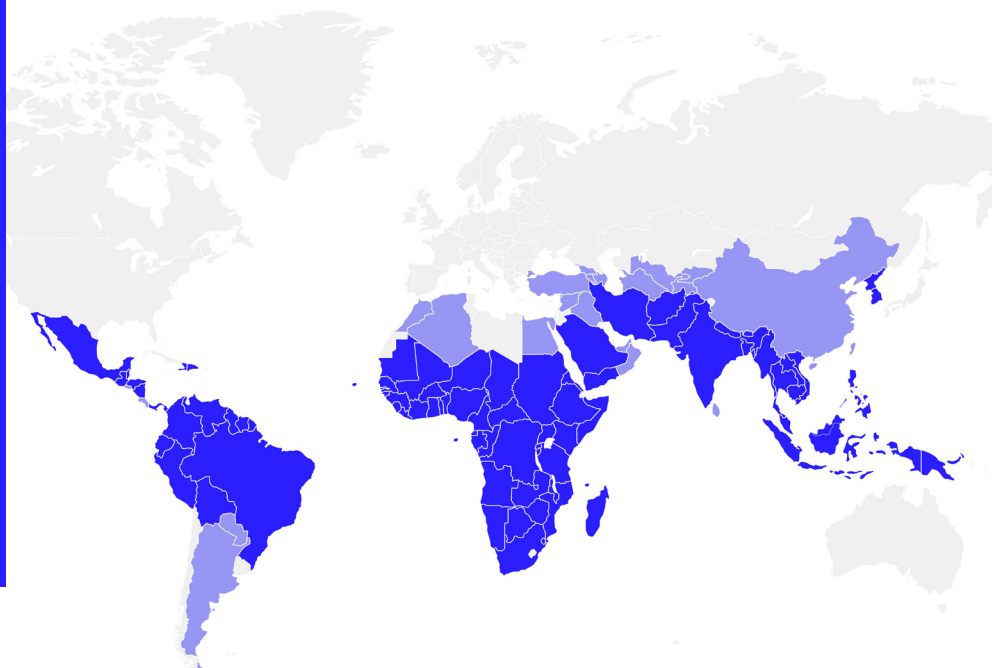
**229 MILLION MILLION CASES
WORLDWIDE IN 2019**

**<2% GLOBAL DECREASE IN MALARIA
INCIDENCE BETWEEN 2015 AND 2019**

**~10% ESTIMATED DECREASE IN
GLOBAL MALARIA DEATHS BETWEEN
2015 AND 2019**

OVER 400,000 DEATHS IN 2019

**A CHILD DIES EVERY 2 MINUTES DUE
TO MALARIA**



ELIMINATED (POST-2010)

ENDEMIC

ENDEMICITY OF WILD POLIO

Poliomyelitis (polio) is an infectious viral disease transmitted by person-to-person spread, mainly through the fecal-oral route. It primarily affects children under 5, and can result in permanent paralysis of the legs. Wild poliovirus type 2 was eradicated in 1999, and no case of wild poliovirus type 3 has been reported since 2012. As of 2020, wild poliovirus type 1 affects only two countries in the world: Pakistan and Afghanistan.

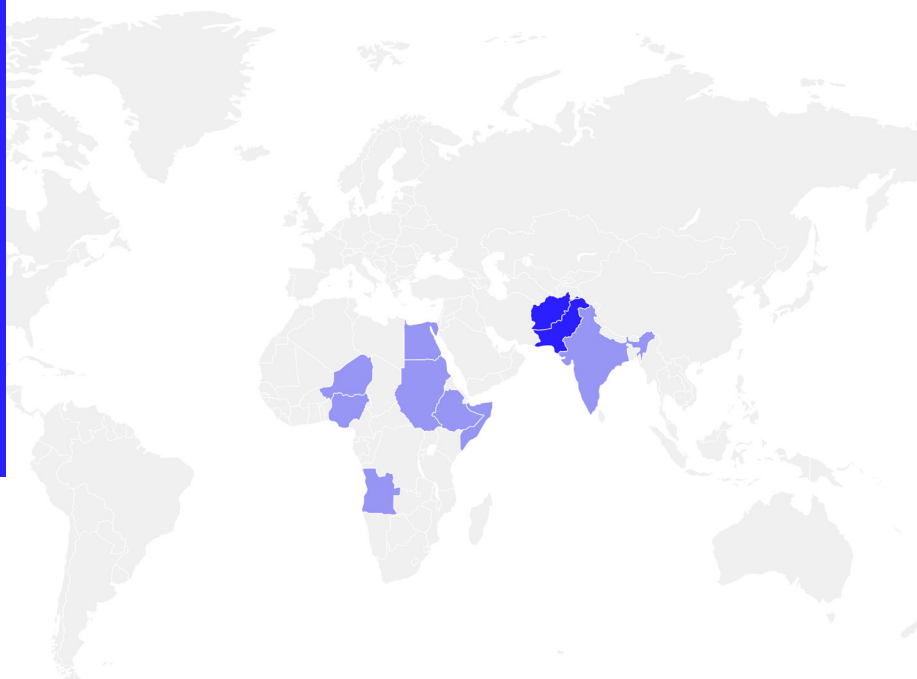


IN NUMBERS:

CASES DUE TO WILD POLIOVIRUS HAVE DECREASED BY OVER 99% SINCE 1988, FROM AN ESTIMATED 350,000 CASES TO 33 REPORTED CASES IN 2018

POLIO MAINLY AFFECTS CHILDREN UNDER THE AGE OF FIVE

1 IN 200 INFECTIONS LEADS TO IRREVERSIBLE PARALYSIS



ELIMINATED (POST-2000)

ENDEMIC



OUR WORK

MALAWI – ONCHOCERCIASIS TRANSMISSION ASSESSMENT PROGRAMME

In February 2020, GLIDE partnered with the Malawi Onchocerciasis Control Programme to better understand the transmission dynamics of onchocerciasis in areas where there was previously no data recorded for the disease.

Eliminating a disease requires a thorough understanding of “transmission dynamics” - where a disease is prevalent and how it is transmitted - in order to direct treatment and develop approaches to achieve its elimination. In 2014, Malawi began ‘transmission assessment activities’ to map and treat river blindness, by establishing catching sites to determine disease prevalence and assess transmission. While many sites yielded results, the Chiradzulu and Neno districts were not productive and no adult flies could be collected for sampling. To address this gap, GLIDE supported transmission assessment activities in these two districts between April and September 2020. The samples have now been sent for analysis and we are awaiting results.

Despite the unrelenting commitment of the government and the dedicated international and community actors across the country, river blindness and other NTDs continue to pose a challenge in Malawi and the global community as whole. GLIDE works to help ensure that no

“ELIMINATING A DISEASE REQUIRES A THOROUGH UNDERSTANDING OF “TRANSMISSION DYNAMICS” - WHERE A DISEASE IS PREVALENT AND HOW IT IS TRANSMITTED, IN ORDER TO DIRECT TREATMENT AND DEVELOP APPROACHES TO ACHIEVE ITS ELIMINATION.”

one is left behind, by supporting local actors who make the prospect of disease elimination possible.

“In 2014, Malawi began ‘transmission assessment activities’ to map and treat river blindness, by establishing catching sites to determine disease prevalence and assess transmission. GLIDE supported transmission assessment activities. Samples have now been sent for analysis and we are awaiting results.”



OUR WORK

BRIDGES TO DEVELOPMENT PARTNERSHIP

In May 2020, GLIDE entered a strategic partnership with Bridges to Development, a non-profit based in the US and Europe, which aims to create opportunities in education and health as critical bridges to sustainable development. The partnership built on some preliminary work on NTD Operational Research prioritisation and harmonised malaria and NTD programming in the build-up to the planned malaria and NTD summit in the margins of the 2020 Commonwealth Heads of Government Meeting (CHOGM) in Rwanda. As with many programmes, several adjustments have been necessary due to the COVID-19 pandemic, and CHOGM was postponed to 2021. Our efforts were increasingly focused on the virtual Coalition for Operational Research for NTDs (COR-NTD) and American Society for Tropical Medicine and Health (ASTMH) meetings in November.

GLIDE co-hosted two sessions as part of COR-NTD 2020, an annual event bringing together researchers, country programme managers, implementers, international organisations and donors. During COR-NTD, working groups comprised of NTD experts from a wide range of backgrounds conducted discussions at the annual meeting and throughout the year on key themes, providing important guidance on the NTD research agenda. The COR-NTD sessions hosted by GLIDE and Bridges to Development were supported by pre-session workshops which brought together experts in a forum where they could discuss the thematic topics that were later presented at the main COR-NTD event, which took place 11-14 November 2020.

CASE STUDY ONE: COR-NTD SESSION: INTEGRATING NTDs WITH OTHER PUBLIC HEALTH PROGRAMMES

This session explored options for integrating NTD and malaria programmes by identifying the win-win opportunities between existing programmes. The pre-sessions convened national programme managers and implementing partners to test an integration tool that maps out the different programme interventions and delivery methods, including drug distribution, vector control, surveillance, WASH interventions delivered through community, primary health care (PHC) and laboratory platforms. Two pre-sessions tested the tool by applying it to the Liberia and Tanzania contexts, inviting experts with both NTD and malaria backgrounds from the two regions. The breakout groups then reviewed the framework and discussed the potential to test its use. Findings were presented as part of a COR-NTD session jointly hosted by Bridges to Development, GLIDE and RTI International in November 2020.

CASE STUDY TWO: COR-NTD SESSION: OVERCOMING BARRIERS TO THE ELIMINATION AND ERADICATION OF NTDs

This session aimed to leverage the momentum initiated by the new WHO roadmap, which targets 12 diseases for eradication/elimination. The session addressed the verticality of existing eradication/elimination programmes by bringing together experts across diseases and promoting cross-learning. The pre-sessions focused on addressing common challenges and threats to existing programmes to identify non-disease specific operational research questions that could help across several disease areas and improve the likelihood of success. As part of the session, participants were assigned to breakout groups to explore common themes such as limited understanding of transmission dynamics, dependency on the health system for case detection/reporting, post-intervention surveillance, animal hosts, and reliance on other non-health sectors for success. Findings from the pre-session held in October were presented at the COR-NTD event hosted in collaboration with WHO in November 2020.



***In 1987, Merck & Co. committed to donate Ivermectin (Mectizan®) free of charge, as much as needed and as long as necessary, through the Mectizan Donation Programme (MDP).**

Since then, Ivermectin has become the drug of choice for mass drug treatment for onchocerciasis. Ivermectin is a microfilaricide and also reduces the fecundity of adult female worms. Special precautions have to be taken in areas where onchocerciasis and Loiasis are co-endemic as individuals carrying a high *Loa loa* microfilariae density can experience severe adverse events when treated with Ivermectin.

Alternative treatments with drug combinations or new drugs under consideration for onchocerciasis in different regions of the world and not part of OEPA include:

A single Ivermectin–Diethylcarbamazine–Albendazole (IDA) treatment is being considered for onchocerciasis, however individuals at risk of ocular diethylcarbamazine (DEC)-related severe adverse effects, should be excluded from IDA treatment. GlaxoSmithKline (GSK) and Eisai are donating Albendazole and DEC, respectively.

Moxidectin has recently been approved by the United States Food and Drug Administration (FDA) for the treatment of onchocerciasis in individuals over 12 years old. Moxidectin exerts a potent microfilaricidal effect and prolonged suppression of microfilaridermia. Moxidectin showed efficacy in both phase II and phase III clinical trials.

Doxycycline, a macrofilaricidal treatment endorsed by WHO, is a potential alternative to Ivermectin. It targets the filarial symbiont *Wolbachia*, which is not present in *Loa loa* therefore Doxycycline does not trigger Ivermectin-related serious adverse effects. Doxycycline is safe to use in communities co-endemic for onchocerciasis and Loiasis.

OUR WORK

OEPA PARTNERSHIP

In September 2020, GLIDE partnered with The Carter Center’s Onchocerciasis Elimination Program for the Americas (OEPA). This partnership is testing innovative technologies to reach communities on the Venezuela and Brazil border that will enable us to achieve the last mile of elimination of onchocerciasis (river blindness) in the Americas. Since 1993, OEPA has been working with Ministries of Health and the Pan American Health Organization (PAHO) to deliver and administer the necessary medicines to interrupt transmission and reduce the burden of this disease in local communities.

Onchocerciasis has recently been eliminated in four of the six countries in the Americas region where the disease was formerly endemic. In 2013, Colombia was the first country in the world to be verified free of onchocerciasis by WHO, followed by Ecuador in 2014, Mexico in 2015 and Guatemala in 2016.

River blindness is caused by bites from black flies (*Simulium* sp.) infected with the parasitic worm *Onchocerca volvulus*. These ailments inhibit the development of impoverished communities, often situated in hard-to-reach places. The disease can be treated and prevented through the mass drug administration (MDA) with Ivermectin, donated free of charge by Merck & Co.*

A key part of the elimination puzzle in the Americas is understanding the Yanomami people, an isolated indigenous community living along the border of Brazil

and Venezuela. The work of cataloguing the extent of the Yanomani settlements is now complete in Brazil and is continuing in Venezuela, home to some of the most remote Amazon rainforest villages. Through the application of cutting-edge tracking activities the OEPA programme aims to connect with the most elusive of these nomadic Yanomami villages that may be exposed to river blindness along the border regions of Brazil and Venezuela. Helping to identify additional vulnerable communities will also allow other essential health services to reach these citizens.

Together, we hope to advance our work and that of prestigious OEPA affiliates, including NASA, the University of South Florida, the Center for Geospatial Research at the University of Georgia, and Maxar, by drawing lessons from initiatives that can lend their learnings to other endemic countries.

**“OUR WORK
ELIMINATING RIVER
BLINDNESS IN THE
AMERICAS IS A PERFECT
EXAMPLE OF HOW GLIDE
DOESN’T DUPLICATE
OUR EFFORTS, BUT CAN
HELP ACCELERATE THOSE
EFFORTS...TO ELIMINATE
DISEASE.”**

**JASON CARTER, BOARD CHAIR,
THE CARTER CENTER**



Courtesy of The Carter Center with permission of the Venezuela Ministry of Health/Oscar Noya Alarcón



Courtesy of The Carter Center

“ELIMINATING MALARIA AND LYMPHATIC FILARIASIS FROM HISPANIOLA WILL CREATE A MALARIA-FREE CARIBBEAN AND WILL HALVE THE NUMBER OF COUNTRIES FIGHTING TO ELIMINATE LYMPHATIC FILARIASIS IN THE WESTERN HEMISPHERE.”

OUR WORK

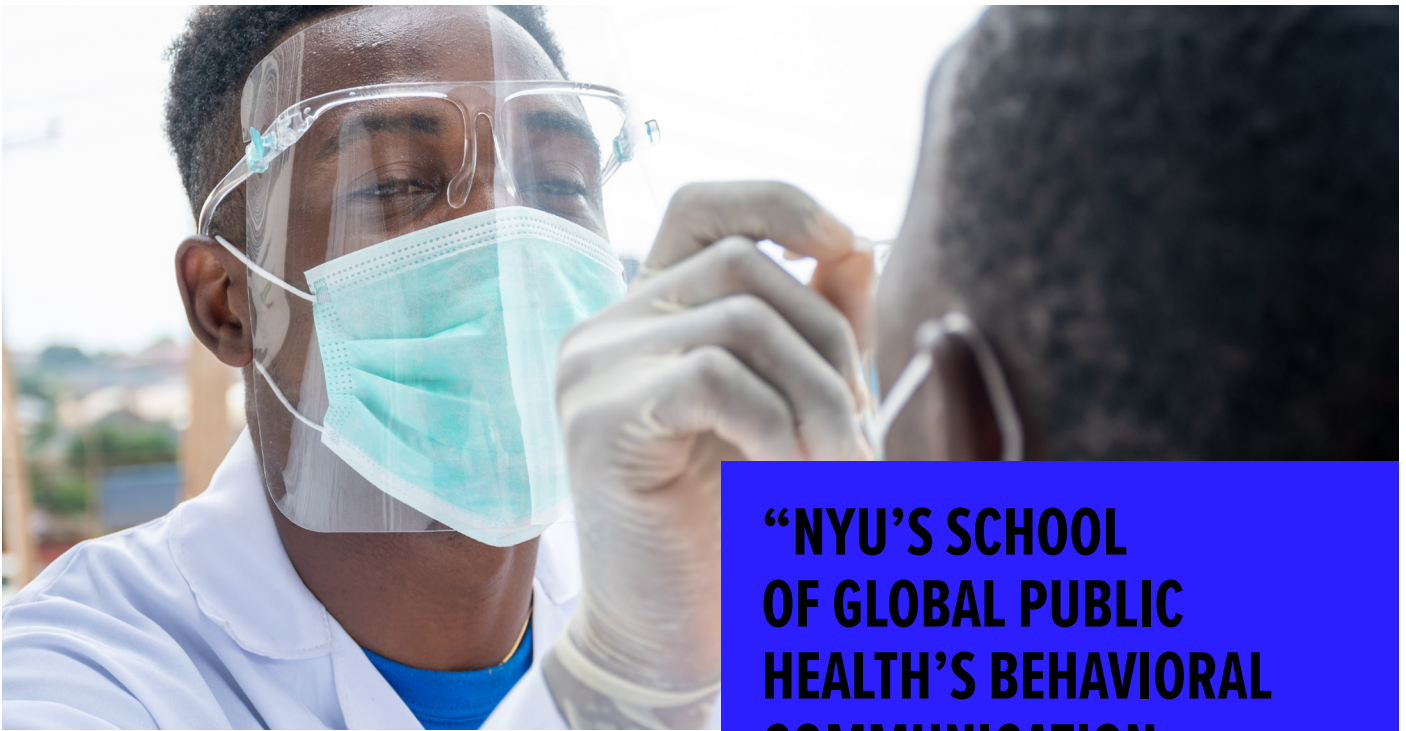
HISPANIOLA INITIATIVE TO ELIMINATE MALARIA AND LYMPHATIC FILARIASIS

The island of Hispaniola, shared by Haiti (population 10.8 million) and the Dominican Republic (population 10.3 million), is the only remaining malaria-endemic island in the Caribbean. It also accounts for 95% of the lymphatic filariasis burden in the Americas, a disfiguring parasitic disease and leading cause of disability globally.

In 2008, The Carter Center, in partnership with the Dominican Republic and Haiti, launched a historic elimination initiative to rid Hispaniola of these two devastating, mosquito-borne infections. As a result of these efforts, in December 2019, 84% of districts in Haiti have qualified to stop mass drug administration (MDA) for lymphatic filariasis, with only 22 of 140 districts still requiring MDA. In the Dominican Republic, all former lymphatic filariasis-endemic areas stopped MDA for the disease as of December 2018. Following the stop of MDA, areas must complete 3-5 years of post-treatment surveillance to ensure that transmission does not return in the absence of MDA intervention. Reported malaria cases have declined by 87.7% island-wide between 2010 - the year of the devastating earthquake on the island - and 2019: from 84,153 to 9,340 in Haiti (an 88.9% reduction) and from 2,482 to 1,314 in the Dominican Republic (a 47.1% reduction)—though cases in the Dominican Republic reached as low as 398 in 2017. The resurgence in recent years is due to an outbreak in the urban and peri-urban environments of the capital, Santo Domingo.

GLIDE partnered with The Carter Center in December 2020, to support the roll out of a nationwide lymphatic filariasis surveillance survey in the Dominican Republic that includes integrated testing for malaria and other vector-borne diseases of interest. In addition, GLIDE is also supporting MDA for lymphatic filariasis in Léogâne and Gressier districts, Haiti.

We understand that while Haiti and the Dominican Republic may share the same island, they have historically had a challenging relationship underpinned by cultural, linguistic, and political differences. Eliminating malaria and lymphatic filariasis from Hispaniola will create a malaria-free Caribbean and will halve the number of countries fighting to eliminate lymphatic filariasis in the Western Hemisphere (Brazil and Guyana are the two other lymphatic filariasis-endemic countries in the Americas). To achieve this goal and enhance the well-being of the island, cross-border collaboration is essential and will send a strong signal of how this can be possible even in the most difficult circumstances. Through this partnership, we aim to not only support novel approaches to disease elimination but to also learn critical lessons which can be leveraged elsewhere.



OUR WORK

COURSES & TRAINING

GLIDE and New York University (NYU) have established a year-long partnership that includes several capacity-strengthening initiatives. NYU's School of Global Public Health's Behavioral Communication Strategies for Global Epidemics (BCSE) course includes six weeks of foundational online coursework that culminates in the development of novel interventions to address current issues in global health. GLIDE's executive staff served as panellist judges in the evaluation of the final strategies, many of which were adopted and funded into implementation by organisations such as USAID and WHO.

In October 2020, NYU in partnership with GLIDE and others, launched the BCSE course with a focus on COVID-19. Two separate courses ran parallel to one another: one specifically developed for Eastern and Southern African regions and one for the Middle East North African (MENA) region. Over 150 participants enrolled in the course, many of whom were identified by GLIDE to ensure individuals directly involved in the COVID response in the region received the training. GLIDE also provided scholarships for five participants from Strathmore University in Kenya to participate in the course.

GLIDE and NYU will develop and deliver another course that uses a multi-thinking approach to develop strategies that address real-world issues in disease elimination. This course will be formally accepted into NYU's Department of Global Health's elective course catalogue and will be launched in February 2021, to run twice a semester. In addition, the course will target students from other

“NYU’S SCHOOL OF GLOBAL PUBLIC HEALTH’S BEHAVIORAL COMMUNICATION STRATEGIES FOR GLOBAL EPIDEMICS (BCSE) COURSE INCLUDES SIX WEEKS OF FOUNDATIONAL ONLINE COURSEWORK THAT CULMINATES IN THE DEVELOPMENT OF NOVEL INTERVENTIONS TO ADDRESS CURRENT ISSUES IN GLOBAL HEALTH.”

universities in endemic countries, non-governmental organisations (NGO) and Ministry of Health (MOH) employees, frontline health workers in endemic countries, and individuals working in sectors with a focus on elimination and eradication.

“GLIDE and NYU will develop and deliver another course that uses a multi-thinking approach to develop strategies that address real-world issues in disease elimination.”



OUR WORK

IMPROVING PHC ALLY

GLIDE joined the Primary Health Care Performance Initiative as an inaugural member of Allies Improving PHC,⁵ an alliance of global and local organisations committed to advancing PHC for all, launched in October 2020, on the second anniversary of the Astana Declaration on PHC. This diverse group of Allies unites global and local organisations representing communities, patients, healthcare workers, NGOs, advocates, academics, and private sector partners to unlock the full potential of PHC. The alliance aims to reinvigorate and advance the historic commitments made in 2018, recognising that PHC is the foundation of universal health coverage (UHC) and achieving health for all. and achieving health for all.

As an inaugural member, GLIDE supported the campaign launch on social media and published a brief video featuring GLIDE's CEO committing to advocating for PHC in our work. GLIDE's mission to eliminate preventable infectious diseases is made stronger by PHC as it helps bring essential care and services closer to those that need it. PHC, as the foundation of UHC, is a core component of strong health systems, and is key to ensuring health workers have the resources and training they need to provide quality care.

“GLIDE’S MISSION TO ELIMINATE PREVENTABLE INFECTIOUS DISEASES IS MADE STRONGER BY PHC AS IT HELPS BRING ESSENTIAL CARE AND SERVICES CLOSER TO THOSE THAT NEED IT. IT IS KEY TO ENSURING HEALTH WORKERS HAVE THE RESOURCES AND TRAINING THEY NEED TO PROVIDE QUALITY CARE.”



OUR WORK

TAKING ACCOUNT OF COVID-19

As the world adapts to the new normal presented by the COVID-19 pandemic, GLIDE has received an additional grant from the Bill & Melinda Gates Foundation to lead advocacy efforts in support of the COVAX facility across the MENA region.

This one-year campaign will focus on raising awareness and support for the COVAX facility to galvanise action and encourage countries in the MENA region to commit financially. It will also encourage the equitable distribution of a successful COVID-19 vaccine in the MENA region, prioritising those most at risk, including healthcare workers, people with pre-existing conditions, and older persons. Finally, the campaign aims to spark national conversations to understand, explore and address the behaviour change strategies and issues around vaccine hesitancy and uptake.

“THIS ONE-YEAR CAMPAIGN WILL FOCUS ON RAISING AWARENESS AND SUPPORT FOR THE COVAX FACILITY TO GALVANISE ACTION AND ENCOURAGE COUNTRIES IN THE MENA REGION TO COMMIT FINANCIALLY. IT WILL ALSO ENCOURAGE THE EQUITABLE DISTRIBUTION OF A SUCCESSFUL COVID-19 VACCINE IN THE MENA REGION.”

BUILDING THE NARRATIVE

A key element of GLIDE's work is advocacy and communications, furthering the narrative to eliminate and eradicate preventable diseases of poverty. Over the past year, several video and print interviews have been published, establishing GLIDE as a thought leader.



REACHING THE LAST MILE: FIGHT AGAINST DEADLY DISEASES 'WILL STALL' WITHOUT FUNDING AND COMMITMENT

PUBLISHED BY: THE NATIONAL

DATE: 18 NOVEMBER 2019



VIDEO INTERVIEW WITH SIMON BLAND

PUBLISHED BY: IDEAGEN

DATE: 20 FEBRUARY 2020

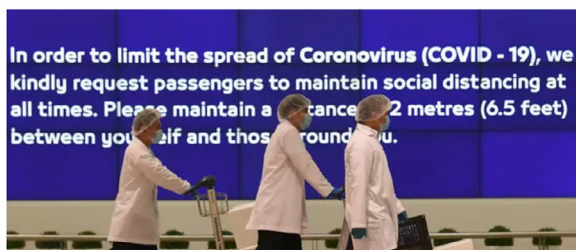


UAE INSTITUTE TO BOOST GLOBAL FIGHT AGAINST TROPICAL DISEASES

PUBLISHED BY: PHILANTHROPY AGE

DATE: 17 MARCH 2020

Why we need to globalize global health



AN OP-ED BY GLIDE CEO 'WHY WE NEED TO GLOBALIZE GLOBAL HEALTH'

PUBLISHED BY: AL ARABIYA

DATE: 27 MAY 2020



END GAME: GLOBALISING THE FIGHT AGAINST NTDs

PUBLISHED BY: PHILANTHROPY AGE

DATE: JULY 2020



VIDEO POWER CHAT WITH SIMON BLAND

PUBLISHED BY: IDEAGEN;

EU GLOBAL GOALS SUMMIT

DATE: 22 JULY 2020

Covid-19 could set fight against malaria back by 20 years, top UAE disease expert says

► Simon Bland, head of Abu Dhabi's Global Institute for Disease Elimination, says hundreds of thousands could die if tropical diseases are forgotten



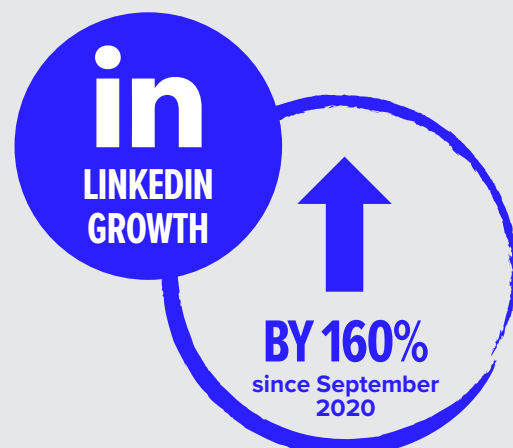
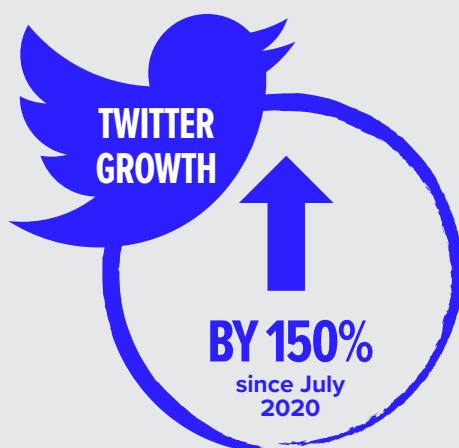
COVID-19 COULD SET FIGHT AGAINST MALARIA BACK BY 20 YEARS, TOP UAE DISEASE EXPERT SAYS

PUBLISHED BY: THE NATIONAL

DATE: 30 SEPTEMBER 2020

SOCIAL MEDIA

GLIDE continues to build its social media presence and has increased its following on Twitter and LinkedIn. Our focus on amplifying messaging and supporting campaigns on malaria, polio, NTDs, and COVAX enables us to establish our voice in these global discussions.



FORWARD LOOK



Over the past several months, we have undergone a strategic review process to help focus our efforts for the next three years. This consultative process has allowed us to evolve our existing vision, mission, and strategy to be fit for purpose and adapt to the changed global landscape and priorities created by COVID-19.

During the first year of operations, our small yet growing GLIDE team has focused on building the foundations for long-term success. The first few months involved creating the operational building blocks of policies, procedures, administrative arrangements, office space and governance structure. As a modest start-up we were acutely aware that we would need to build our expertise and core partnerships. We have and are developing these relationships with organisations such as The Carter Center, Bridges to Development, The END Fund and Sightsavers, as well as with New York University and the Government of Malawi.

Equally, we knew we would need to refine the delivery model and find our unique voice in advocacy. We wanted to learn by doing. While COVID-19 has made this more difficult, we have made progress. We also knew that we would only be able to help advance global knowledge by learning from experts and field-

testing approaches. We understand the importance of early in-country impact, both through partner-driven field efforts and through advocacy. We are therefore advancing with efforts in Malawi, Haiti, Dominican Republic, Venezuela, Cameroon, Mozambique, and Tanzania.

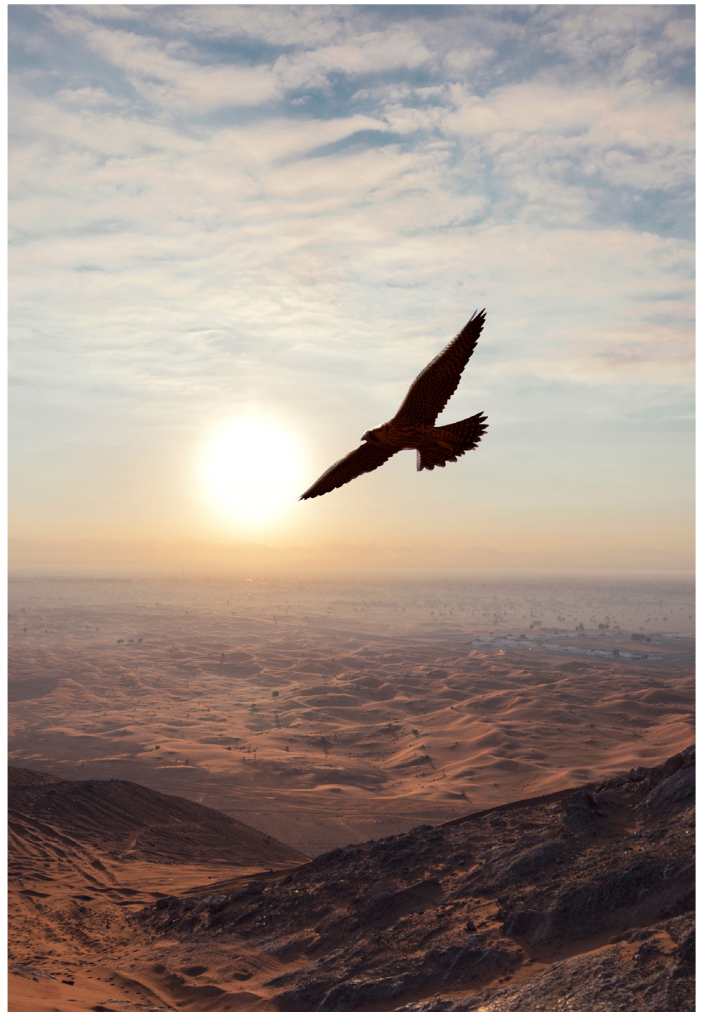
The programmes, partnerships, and advocacy initiatives detailed in this first annual report have set a strong foundation for our next steps, with the strategic review process refining and not rewriting our existing scope of work.

We will enter 2021 poised for impact and ready to work in partnership as we seek to accelerate progress towards disease elimination. We look forward to ensuring that, despite setbacks due to COVID-19 and shifting global attention, the momentum is not lost. With concerted action, we can and must consign these diseases of poverty to the history books.

“WE UNDERSTAND THE IMPORTANCE OF EARLY IN-COUNTRY IMPACT, BOTH THROUGH PARTNER-DRIVEN FIELD EFFORTS AND THROUGH ADVOCACY. WE ARE THEREFORE ADVANCING WITH EFFORTS IN MALAWI, HAITI, DOMINICAN REPUBLIC, VENEZUELA, CAMEROON, MOZAMBIQUE, AND TANZANIA.”

OUR TEAM

“THIS YEAR, WE LAUNCHED OUR INTERNSHIP PROGRAMME AND WELCOMED OUR FIRST TWO INTERNS FROM NYU IN NOVEMBER. THIS PROGRAMME STEMS FROM OUR BELIEF THAT YOUNG PEOPLE ARE AGENTS OF CHANGE AND CAN MAKE A MEANINGFUL CONTRIBUTION TO ADVANCING GLOBAL DISEASE ELIMINATION EFFORTS.”



We have a small and nimble team, comprised of a diverse group of experts with extensive experience in global health, development, training, and education, who are passionate about improving the health and well-being of all people, everywhere. We undertake our work to ensure country and community ownership, innovation, and sustainability with our core values of inclusivity, humility, and excellence are at the forefront of all that we do.

This year, we launched our Internship Programme and welcomed our first two interns from NYU in November. This programme stems from our belief that young people are agents of change and can make a meaningful contribution to advancing global disease elimination efforts. The programme offers interns the opportunity to work directly with GLIDE’s Technical Knowledge, Research, and Capacity Building team to gain experience and knowledge with regards to the diseases in our remit, and on potential projects and programmes to be implemented in endemic countries. Case studies and proposals currently being conducted by our interns include vaccine hesitancy and reducing the burden of vaccine-derived polio in Nigeria, and an investment case for onchocerciasis in Cameroon.

FOR MORE INFORMATION:

WWW.GLIDE.AE

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