#  Personal details

Name: Aliya Naheed

Citizenship: Bangladeshi

Date of birth: 09 June 1966

Gender: Female

Address: icddr,b, 68, Shaheed Tajuddin Ahmed Sarani, Mohakhali, Dhaka 1212, Bangladesh

Telephone: (+880) 17 0965 1476

Email: anaheed@icddrb.org

ORCID ID: 0000-0002-6016-5603

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**Personal statement**

I am a medical doctor with 30 years of health research experience in Bangladesh, including a research track record in disease epidemiology, population studies and health systems research. I joined the International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b) in 1994 after obtaining my degree in medicine from the University of Dhaka in 1992. I began my career as an independent researcher in infectious disease epidemiology in 2003 after obtaining an MPH degree from the Johns Hopkins University, USA in 2002. I have focused my research career in Noncommunicable Diseases (NCD) after obtaining my PhD from the Tulane University, USA in 2012. I further concentrated in health systems research for strengthening NCD services at primary care settings after my post-doctoral training in health systems policy from the University of Melbourne, Australia in 2015. I was the Head of the Initiative for Non Communicable Diseases at the Health Systems and Population Studies Division (HSPSD) in icddr,b between for 8 years (2025-2022). Currently I am holding the position as a Senior Scientist in Nutrition Research Division of icddr,b. I have received the prestigious Bangladesh Academy of Science (BAS) Sultan Ahamed Choudhury Science and Technology Gold Medal Award 2021 for my recognition of extraordinary contribution as a scientist in the field of Medical & Health Sciences research in Bangladesh. I have been honored as a Fellow of The World Academy of Sciences (TWAS) and Bangladesh Academy of Sciences (BAS).

#  Academic background

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| **Degree** | **Year** | **Field of study** |  **Institution and location** |
| MBBS | 1992 | Medicine | Mymensingh Medical College,Dhaka University, Bangladesh. |
| MPH | 2002 | Public Health | Johns Hopkins Bloomberg School of Public Health, Maryland, USA. |
| PhD | 2012 | Health SystemsEpidemiology | Tulane University School of Public Health and Tropical Medicine, New Orleans Louisiana, USA. |
| Post doc | 2015 | Health Policy | The Nossal Institute for Global Health, University of Melbourne, Melbourne, Australia. |

**Appointments**

***Current appointment***

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| --- | --- |
| 2024- | Senior Scientist, icddr,b |
| 2019-2023 | Scientist, icddr,b |
| 2022- | Fellow, Bangladesh Academy of Sciences (BAS) |
| 2025- | Fellow, The World Academy of Sciences (TWAS)  |

 ***Past appointments***

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| 2015-2022 | Head, Initiative for Non Communicable Diseases, Health Systems and Population Studies Division, icddr,b |
| 2014-2015 | Interim Head, Noncommunicable Disease Initiative, Health Systems and Population Studies Division, icddr,b |
| 2014-2015 |  Asia Pacific Observatory Fellow, World Health Organization (WHO) |
| 2013-2018 | Associate Scientist, icddr,b |
| 2013-2015 | Coordinator Governance and Accountability Research Group, icddr,b |
| 2012-2014 | Assistant Professor (adjunct), Tulane University School of Public Health, USA |
| 2012-2013 | Faculty, James P. Grant School of Public Health, BRAC University, Bangladesh |
| 2010-2011 | Teaching Assistant, Tulane University School of Public Health, USA |
| 2009-2010 | Research Assistant, Tulane University School of Public Health, USA |
| 2004-2012 | Assistant Scientist, icddr,b |
| 1998-2003 | Research Investigators, icddr,b |
| 1996-1997 | Research Investigators, icddr,b |
| 1994-1995 | Medical Officer, icddr,b |

**Contributions in health science innovations**

**Prevention and control of infectious diseases**

Between 2003 and 2015, I have played a pivotal role in developing large scale research infrastructures in both hospital and community settings for conducting many epidemiological investigations for infectious diseases along with testing of innovative solutions for common enteric and respiratory infections. Food and water borne diseases including diarrhea and other enteric diseases are prevalent in Bangladesh and other low- and middle-income countries (LMIC), and are important causes of illnesses in young children. Due to advent of the oral rehydration solutions mortality from diarrhea has substantially reduced, but the burden still remains high, particularly in young children, while pneumonia remains the top killer among young children. I have led a number of large research activities in Bangladesh that had impacted on health benefit in Bangladesh and globally. A few notable examples are,

1. “Development of a national laboratory network for investigating pneumococcal and Hib diseases among children <5 years of age in Bangladesh (PneumoADIP)” between 2004 and 2009 funded by Bill and Melinda Gates Foundation through Global Alliance for Vaccines and Immunization (GAVI). This study assessed the burden of Hib and pneumococcal diseases, and also determined the most common circulatory serotypes among children through hospital and community-based surveillance. This breakthrough research evidence supported development of pneumococcal vaccines for low-and middle-income countries and set the essential path to introducing both of the Hib and pneumococcal vaccines in Bangladesh. [<https://www.gavi.org/bangladesh-introduces-new-vaccine-to-prevent-severe-forms-of-child-pneumonia-and-meningitis> and <https://bdnews24.com/health/2015/03/20/bangladesh-set-to-launch-anti-pneumonia-vaccine-on-saturday-to-cut-child-deaths>
2. “Establishing a national surveillance for investigating outbreaks of *Shigella dysenteriae* type 1 (SD1) in Bangladesh” has been a breakthrough research conducted in 64 districts in Bangladesh that has detected two outbreaks of SD1 in Bangladesh between 2003 and 2005, which is rare to find. Following publication of the first research report in the Lancet Infectious Disease, the World Health Organization (WHO) modified the recommendation of the first line antibiotic therapy for treating SD1 and the recommended drug was made widely available in Bangladesh. <http://apps.who.int/iris/bitstream/handle/10665/43252/9241592330.pdf;jsessionid=18D3F61A659A34C8D836CBC271AD29A9?sequence=1>
3. “Assessment of the burden of typhoid fever and its risk factors in an urban population in Bangladesh” was the first population based epidemiological study on typhoid fever in South Asia that reported substantial multi-drug resistance of common antibiotics used to treat typhoid and paratyphoid fever, which guided clinicians to prescribe alternative antibiotics in the community and reported the risk factors of typhoid fever for the first time. A simultaneous evaluation of validity and reliability of multiple rapid diagnostic techniques had demonstrated low utility of any rapid detection tool of typhoid fever over a blood culture and a few commercially available rapid test kits were called off the market in Bangladesh following publication of the first report.
4. The collective knowledge of typhoid and paratyphoid fever prompted me to develop a project ‘*Evaluating impact of street food safety training among street food vendors for promoting microbial quality of street food in urban areas’* , which was awarded the *Stars of Global Health* by the Grand Challenges Canada, and demonstrated impressive improvement in microbial safety in mobile street foods sold in Dhaka South City Corporation areas.[https://www.grandchallenges.ca/grantee-stars/0241-01/#](https://www.grandchallenges.ca/grantee-stars/0241-01/) Following dissemination of the results of the intervention had the opportunity to testing another innovation on ‘*Strengthening Street food vending systems for promoting street food safety in Dhaka city’* that had demonstrated significant reduction in microbial contamination in street food in Dhaka city (Annex B. 5). The training curriculum developed under the successful outcome was later adopted by five City Corporations for improving knowledge and promoting behavioral change among the mobile street food vendors in urban areas in Bangladesh. <https://nextcity.org/features/view/bangladesh-food-cart-safety-health>
5. “Evaluation of validity and reliability of multiple rapid diagnostic techniques for rapid detection of cholera” helped me to identify a low-cost rapid diagnostic kit for detection of cholera in the community setting. Following publication of the report the Pasteur Institute made the kits commercially available at a very low cost and later it was used by WHO for detection of cholera outbreak globally.

**Prevention and control of Non Communicable Diseases (NCD)**

Non Communicable Diseases (NCDs) are the largest contributors of mortality globally. Cause of death data collected through verbal autopsy under Matlab Health and Demographic Surveillance System (HDSS) of icddr,b have revealed that deaths from NCDs rose from around 8 % in 1986 to more than 70% in 2013, and WHO reported that more than 67% deaths are attributable to cardiovascular diseases. Very little research has been conducted in icddr,b to determine the burden and risk factors of the common NCDs, hence generating epidemiological evidences on NCDs are essential for developing cost effective interventions for prevention and control of NCDs in Bangladesh. Since 2012 I have concentrated my research interests on NCDs and health systems on top of my long track record in communicable diseases.

Prevent and control of NCDs is a very important goal of the three Strategic Plans of icddr,b developed between 2015 and 2023. Till date I have led more than 36 research projects on NCDs, mostly implementation research for identifying innovative strategies for strengthening health service delivery for major NCDs, including hypertension, diabetes, mental health, nutritional epidemiology and while testing novel solutions at low cost for mitigating NCD risk factors, including environmental risks. Learning from a wider range of interlinked NCD research enabled me to play a leadership role in designing a number of large-scale multi-country randomized control trials and experimental studies in collaborations with a broad network of national and international institutions supported by various external funders.

1. ***Contributions to strengthening hypertension and diabetes care at primary facilities in South Asia***
2. Evaluation of cost effectiveness of ‘*control of blood pressure and attenuation-Bangladesh, Pakistan, Sri Lanka*’ (COBRA–BPS) strategy (2016-2020) for strengthening primary care for hypertension in rural Bangladesh, Pakistan and Sri Lanka (RCT) funded by UK-MRC and Wellcome Trust was conducted in Bangladesh in collaborations with the DGHS has demonstrated that government health workers driven home based monitoring of blood pressure, doctors treating hypertensive patients following an algorithm based treatment protocol, promotion of lifestyle modification for individual patients and establishing a referral system between the community and primary care facility could be a cost effective solution for control of blood pressure among individuals living with hypertension in rural areas. The COBRA-BPS study allowed the icddr,b research team to establish the pathway of chronic care model at primary care settings in Bangladesh for the first time and then integrate hypertension care it in to the routine primary health care service delivery. The established pathway of hypertension care has been the gateway of integrating diabetes care in the primary care facilities in Bangladesh. The comprehensive learning of the NCD Control Program of DGHS has eventually supported DGHS developing national treatment protocols for hypertension and diabetes for the primary physicians and at least two anti-hypertensive and anti-diabetic drugs were made available at the primary, secondary and tertiary facilities countrywide by 2024 and also develop behaviour change communication (BCC) guidelines for community health workers.
3. Based on the success of COBRA BPS trial, I have led development of a digital service delivery platform for management of diabetes and hypertension at urban primary health care facilities (2021-2022). “Feasibility of integration of COBRA-BPS strategy using a digital app for providing primary care for hypertension in selected urban facilities in Bangladesh” allowed us to develop a digital platform for hypertension care in two urban primary care facilities and test the feasibility of the digital platform. A digital pathway of care has been developed considering practical service care and principles of the hypertension services that consist of patient e-registration, record keeping, algorithm-based decision support treatment for the doctors and online referral. The decision support system has been developed based on the hypertension treatment algorithm of the COBRA-BPS treatment guideline developed under COBRA BPS trial and the national treatment protocol for hypertension. This research demonstrated that application of the digital app for hypertension care the primary health care setting was feasible for doctors and nurses in urban health care settings in Bangladesh.
4. Based on the positive experiences of integrating a multi component intervention using digital application for early detection, treatment and effective referral for control of hypertension in urban areas, our team developed another innovative digital platform adopting SMART Health platform integrated into COBRA-BPS strategy and labelled as SMARTCOBRA. This model was tested in three Community Clinics (CC) and one Upazila Health Complex (UHC), the primary health centres in rural communities in Bangladesh for strengthening primary health care for hypertension and diabetes under the project entitled “Feasibility of a digital application for hypertension and diabetes care in primary healthcare settings in rural Bangladesh: A community-based pilot study” supported by WHO SEARO. The objective of the study was to first develop a digital model based on urban experiences for strengthening primary care for hypertension and diabetes in rural areas and mobilize patients in the community through health education by the health workers with an oversight of the Community Group members. E-registration, medical record keeping, clinical decision support system, e-prescription were the main key features of the innovative model and supported by both android and web systems, which connected the community health workers to the government Medical Officers working at the health care facilities. Following the pilot assessment most of the providers found the SMARTCOBRA model feasible for the rural health care settings in Bangladesh.
5. Following success of the SMART COBRA, our team developed another innovative a digital platform further customized for the coastal areas of Bangladesh and integrated the service to a basket of intervention including lifestyle modification, clinical management, periodic refilling of medicines by the community health worker, engaging community health workers for community mobilization, promotion of lifestyle modifications and an effective referral linkage across different tiers of health facilities for strengthening primary care of hypertension for people living in the climatically vulnerable coastal areas in Bangladesh. This approach was built into a trial combining efforts of mitigation of environmental hazards in coastal areas, such as, drinking water salinity, and was successful with obtaining a 5-year grant from the NIHR, UK in 2022.
6. Evaluation of post-partum care among women with gestational diabetes for prevention of Type 2 diabetes in urban Bangladesh, India and Sri Lanka (RCT) funded by National Health and Medical Research Council, Australia and Indian Council of Medical Research was conducted in Dhaka in collaborations with the DGFP and BADAS has demonstrated that low intensity non-pharmacological intervention to have no impact on development of diabetes following child birth. This trial has guided the global community to design therapeutic innovations for control of diabetes among the vulnerable women. Through this research I also have led the team in Bangladesh to develop a predictive model for diagnosing GDM at a very early stage of pregnancy for intervention.
7. ***Contribution to integration of services for childhood NCDs in routine NCD care at primary facilities and impacting on health policy for NCD care in Bangladesh***

1. Recently I have co-developed an innovative service delivery strategy for treatment of six childhood diseases for children less than 18 years and the service delivery model has just been in to the primary health care systems in two districts in Bangladesh in middle of February 2025 under the project entitled “Designing and piloting of an evidence-based comprehensive pediatric NCD service delivery model for children and adolescents through government primary health care” . The new services will offer treatment to bronchial asthma, epilepsy, congenital heart disease, nephrotic syndrome, thalassemia iron deficiency anemia, and type 1 diabetes diseases through adoption of a multicomponent intervention package to be built in to the existing services in the primary care facilities in 20 subdistrict hospitals (UHC) and more than 500 Community Clinics (CC) of Kishoreganj and Bagerhat districts. This innovative model has been developed in collaboration with three naitonal agenceis in the DGHS; Non Communicable Disease Control Programme, Community Based Health Care, Management Informaiton System and well reputed clinical epxerts from all six chidlhood NCD diseas domains built on our decade long eoxninces and track of helath ysstems innovaitons in primary care for NCDs targeitngt he adult populaiotn.

I had the opportunity to design and lead the research teams of icddr,b to develop six national treatment protocols for six childhood NCDS, the patient pathway from the community to tertiary care facilities, screening and registration at the CC and UHC, and medicine disbursement at the both UHC and CCs. I also have supervised the identification of indicators for six pediatric NCDs and the development of a terminology registry for the childhood NCD module in OpenMRS digital app for automation of the NCD services at the Upazila Health Complex (UHC) and the Community Clinics (CC) in collaborations with the management information system (MIS). Additionally, a monthly reporting template for these six pediatric NCDs for both UHC and CC has been developed under my supervision, ensuring integration in DHIS 2.

 Icddr,b team has also developed d community mobilization strategy based on a pragmatic community participatory method for creating a strong referral linkage between the community and the health facilities for future scalability and has developed” National Training module for Community Health Care Provider’s service delivery for six childhood NCDs at primary care settings in Bangladesh”. The research team have also developed pragmatic social behavioral change communications (SBCC) materials to enhance capacity of the grassroot level health providers and the community for better uptake of the services in two districts. This comprehensive service delivery strategy will be evaluated through an implementation research to asses feasibility and capture both of the *start-up cost* and the implementation cost at a UHC and a whole district for supporting the DGHS to scale up childhood NCD services in all 64 directs in Bangladesh.

1. ***Contributions to burden and risk factor studies in NCDs***
2. The national dementia study shows findings from the first national dementia survey in Bangladesh. We project that the prevalence of dementia will almost triple in number over the next three decades. Sociodemographic risk factors for dementia were like those reported in HICs, including increased age, female sex, low educational attainment and being single (marital status), but not type of community (e.g., urban vs. rural). This study has demonstrated regional variation (i.e., across the administrative divisions of Bangladesh) in dementia prevalence as well as interactions between sex and basic sociodemographic characteristics, which have not been reported before in LMIC settings.
3. I have led a large epidemiological investigation of risk factors of first-ever MI in among 8,133 first MI cases and 8,122 controls in collaborations with The University of Cambridge. This large case-control study confirmed the relevance of several conventional risk factors to risk of first-onset MI in the Bangladesh population.
4. I have led a nationwide survey in seven cities across to estimate the prevalence of obesity in 4,100 children 5-18 years of age in urban areas in Bangladesh, as well as their patterns of diet and physical activity Body mass index (BMI). The study revealed that 10% of children were overweight, while 4% are obese indicating a dire need of developing interventions targeting younger children for NCD risk mitigation in urban areas.
5. I have led the 2nd National Micronutrient Survey was conducted in 250 clusters across 64 districts of eight divisions in Bangladesh. Non-pregnant and non-lactating women aged 15-49 years and children aged 6-59 months were recruited to assess the prevalence of key micronutrient deficiencies such as Vitamin A, Vitamin D, Iron, Zinc, Vitamin B12, and Folate. Two-thirds of NPNL women had at least one micronutrient deficiency, while 50% of children had any micronutrient deficiency.
6. I have led a large team to collaborate with government hospitals for determining status of control of diabetes among individuals seeking care for diabetes in hospital setting and magnitude of comorbidity including diabetic retinopathy. The research explored that the existing diabetic care modalities are inadequate for glycaemic control among diabetic patients and substantial cardiometabolic risks in the background attribute to multiple long-term conditions in diabetic patients, including a high burden of diabetic retinopathy, which was not reported previously. This novel finding prompted the NCD control program for advocating the Ministry of Health establishing eye care institutions in Bangladesh. Currently we are developing innovative model for integrating eye care with mainstreaming hypertension and diabetes care in primary health facilities in rural areas.

***C. Contributions in mental health research as an emerging NCD globally:***

A significant association between CVD and common mental disorders (CMD) such as depression and anxiety has been observed in several epidemiological studies. Evidence suggests that 9% to 23% of people with one or more chronic physical conditions (such as cancer, diabetes and cardiovascular disease) suffer from a co-morbidity with depression. I have been involved with developing and implementing a number research studies as the PI on mental health. My first contribution was to lead the first ever survey on the burden of depression among mothers of children with autism in Bangladesh. The findings of the research helped me to develop a larger program on ‘Situation Assessment of Autism and Neurodevelopmental Disorders in Bangladesh’ in collaborations with Shuchona Foundation and the Institute for Community Inclusion (ICI) at the University of Massachusetts, Boston, which led to development of the first “National Strategic Plan for Neurodevelopmental Disorders 2016 – 2021” [https://dghs.gov.bd/images/docs/Autism/2016SituationAssessmentofAutismandNeurodevelopmentalDisordersinBangladesh.pdf (Annex A.4)

The findings of those two research works have prompted me to develop an innovative model for integrating mental health services for the mothers of children with autism in to the schools offering ASD care in collaborations with National Institute of Mental Health, Bangabandhu Sheikh Mujib Medical University (BSMMU) and Shuchona Foundation*. Feasibility of Implementing a* ***M****ental H****e****alth Care Program and Home-Based Trai****n****ing for Mo****t****hers of* ***Children*** *with Autism Spectrum Dis****o****rders in an Urban Popu****l****ation in Bangladesh* (MENTHOL) funded by Harvard Medical School Center for Global Health Delivery is the first study of a mental health intervention for mothers of children with autism that has demonstrated MENTHOL strategy to be a low cost intervention to reduce the burden of depression and improve the outcomes of their children. https://ghdcenter.hms.harvard.edu/files/ghd\_dubai/files/hms2021\_digitalspreads.pdf

Our collaborative work with the Shuchona Foundation on Situation Assessment of Autism and Neurodevelopmental Disorders in Bangladesh and the MENTHOL studies have played an important role in developing ***Mental Health Strategic Plan for Bangladesh*** that aims to identify priority areas and help create a roadmap of activities, including awareness and advocacy, policies, and human resource development plans, so that mental health can be integrated into the existing system of care, using a holistic, multi-sectoral life course approach      <https://www.ipsnews.net/2021/10/mental-health-strategic-plan-bangladesh-overview/>;  (Annex A.5)

The success of the MENTHOL innovation has prompted us to mobilize the Ministry of Health and Family Welfare and the international community to push the agenda for integrating mental health services in to routine NCD programmes. With this aim, we designed the study titled **A**cces**s**ing healthcare for **c**ommon m**en**tal **d**isorder as a comorbid condition with non-communicable diseases in selected rural subdistricts in Bangladesh: Perspectives of patients, their families and healthcare providers (ASCEND) study. The study aims to generate qualitative insights of perceptions of NCD patients and their family members regarding Common Mental Disorders (CMDs), their care pathways including barriers to care and feasibility of integrating mental health services into primary care. The study also explores to understand perspectives of healthcare providers regarding the possible integration of mental health care into the regular NCD care. The research will help us to understand the strategies to integrate mental health into the primary healthcare settings and identify the gaps, challenges and recommendations for mental health services in order to inform the policy makers to develop feasible strategies to reduce the burden of CMDs among NCD patients that can be customized in other LMIC countries such as India and Pakistan. (Annex B. 3)

**A national-level survey was conducted among older adults to assess their depression burden using the Geriatric Depression Scale. The findings revealed that nearly one in two older adults experienced depression. The survey also identified higher prevalence among females, individuals with lower education levels, those currently single, and residents of urban areas.**

***D. Contribution to NCDs and Environmental Change***

I am the Country Director of The ***NIHR Global Health Research Centre on NCDs and Environmental Change,*** **Bangladesh** which has been established in collaborations with the University of Imperial College London, UK and The George Institute for Global Health, India, for developing low-cost solutions to address risk of cardiovascular disease (including hypertension and drinking water salinity) and chronic kidney diseases (CKD) in coastal Bangladesh. Under the Global Health Research Centre for Non Communicable Diseases and Environment Change project both health and environmental factors will be addressed. A basket of intervention including lifestyle modification and clinical management package has been developed for implementation in costal subdistrict and conduct an evaluation through a quasi-experimental study in order to address the high burden of cardiovascular disease and chronic kidney diseases. A digital platform has been developed by our team in collaborations with the NCD Control Programs and Management Information Systems of the DGHS, which will be the pioneering work of icddr,b to contribute to development of a standardized digital health care model (automation) using Open MRS platform at every level of health care facilities in Bangladesh, including Community Clinic, Sub district hospital (UHC), district hospital and tertiary hospitals across 64 districts. The model has been adopted from the experiences from piloting the innovative digital health platform of SMART-COBRA in Matlab, Bangladesh and being further customized for co-designing it for suitability in all parts of Bangladesh, including the coastal areas. The study also aims at capacity building of health care providers across all levels, including doctors, nurses, community health care providers for sustainability of a strong primary health care systems in climatically vulnerable regions in Bangladesh.

Under this study, we will identify and evaluate implementation strategies for use of pathogen-free and affordable sources of low salinity drinking water that will result in reductions in the sodium concentration of drinking water sufficient to produce meaningful improvements in blood pressure levels. Existing salinity mitigation technologies will be customized and tested under this study. For example, installment of filter-based tube-well for reducing pathogens of the pond water, installment of shallow and very shallow tube-well, fortification of Reverse Osmosis (RO) water and effectively manage brine waste of the RO system, making more efficient of Pond Sand Filters. Through this study, more efficient and environment friendly drinking water salinity mitigation technologies will be developed evaluated.

My overall role of this Centre is to implement targeted activities including intervention co-development for mitigating drinking water salinity and strengthening primary health care through community engagement and involvement, implement research activity in formative and full phase trial, lead Monitoring Evaluation and Learning (MEL) team, Research Capacity Strengthening (RCS) of junior researchers, engaging multi-level policy makers and stakeholders in order to enhance sustainable intervention implementation strategy for coastal areas of Bangladesh. My aim is, after five years, Bangladesh Centre will be a centre of excellence for addressing cardiovascular diseases and CKD through implementing low cost solutions to address environmental hazards (salinity) in coastal areas of Bangladesh.

**Contributions to learning and academic development for research capacity strengthening in LMICs**

One of my career goals in to identify modalities for building research capacity in NCD for the young researchers in Bangladesh and explore all possible avenues for building a highly qualified next generation researchers as well as clinicians for tackling NCDs. I have envisioned to establish a large collaborative network with the internationally reputed institutions and connect the national institutions with them for generating evidence from high quality clinical research and contribute more in saving lives, particularly the poor for setting the path for the next generation researchers for facing the unforeseen health challenges of the next century. A few notable contributions are described below.

1. ***Planning for Non-Communicable Disease and Disorders Research Training******Program in Low- & Middle-Income Countries* (D71)** funded by the Fogarty International Center, NIH is a fellowship program focusing on enhancing capacity in Noncommunicable Disease (NCD) research among both clinicians and public health professionals of Bangladesh. Under this project I have mentored 25 junior researchers including 16 clinicians across different national institutions for enhancing their capacity in NCD research. D71 program supported me to establish the ‘Clinical Research Platform, Bangladesh’ a large network of hospitals and research institutions in Bangladesh in collaborations with the British Medical Journal (BMJ) and Bangabandhu Sheikh Mujib Medical University (BSMMU).
2. ***Clinical Research Platform, Bangladesh***, is a tripartite initiative of Bangabandhu Sheikh Mujib Medical University (BSMMU), British Medical Journal (BMJ) and International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b). Aim of this program is to create a strong institutional platform for strengthening research collaboration with internationally recognized experts from the three internationally well reputed academic institutions. Through this platform, we have established collaboration with 20 national institutions for clinical research and provided hands on training on research methodology, protocol development, grant writing, manuscript writing and presenting research in an international forum. More than 200 clinicians received training on manuscript writing conducted by the Clinical Editor of The British Medical Journal (BMJ) as part of the capacity building activities of this project. The Clinical Research Platform, Bangladesh hosted the “*1st Scientific Congress on Non communicable diseases”*, and jointly organized by icddr,b and Bangabandhu Sheikh Mujib Medical University (BSMMU) and published [200 abstracts](http://www.crplatform.icddrb.org/blank-page-10) in a e-book derived from local research on noncommunicable disease (<http://www.crplatform.icddrb.org/conference-copy>) (Annex A. 6). I was the Convener of the 1st Scientific Congress on Noncommunicable Diseases in Bangladesh hosted by the Clinical Research Platform jointly organized by icddr,b and BSMMU.
3. ***StrengThening & Accelerating the Global Research RespoNse to COVID-19 By Sharing Methods and Knowledge Between Countries, NEtworks and Organisations (STAND by ME)*** funded by the National Institute for Health Research, UK is a research consortium established in collaborations with The Global Health Network at the University of Oxford and established the Asian Knowledge Hub for a wider dissemination of COVID-19 research in Asia. The goal of STAND by ME was to ensure support, availability of tools and resources and provide needful guidance to aid designing and conducting studies during this rapidly evolving situation of COVID-19 and to raise research standards and enable easier and better data sharing using shared and open protocols and tools. The project opened an opportunity to collaborate through knowledge sharing among LMICs of different regions across globe including Latin America and Africa, and link a number of Bangladeshi institutions including BSMMU. <https://coronavirus.tghn.org/regional-response/asia-ncov/> (Annex A. 7)
4. ***Improving Outcomes in Mental and Physical Multimorbidity and Developing Research Capacity*****(IMPACT***)* funded by theNational Institute for Health Research, UK is a collaboration between partners in Bangladesh, India, Pakistan and the UK. The research aims to improve i) the physical health of people with severe mental illness, and ii) the mental health of people with long-term physical illness, and address the critical lack of evidence on effective, integrated interventions for mental-physical comorbidity and their spread and sustainability in LMIC health systems iii) building research capacity for applied health research on multimorbidity. Under this program I have mentored five Bangladeshi and two international young researchers to develop their concept notes for higher studies and guided them in writing papers that were published in peer reviewed journals <https://www.impactsouthasia.com/about-us/meet-the-people/>. (Annex A. 8) I am also mentoring junior researchers applying innovative methods for generating evidence on the gaps in health systems preparedness for effective prevention of COVID-19 transmission in Bangladesh. <https://www.impactsouthasia.com/our-research/impact-research-studies/>; (Annex A.9)
5. ***A New Ecosystem for Health Research & Data Science***funded by Bill and Melinda Gates Foundation will be launched in January 2022 in collaborations with icddr,b, the University of Oxford, Health Data Research, UK (HDR-UK), Fiocuz, Brazil, and Africa CDC in in order to establish the regional headquarters in three regions. This project will establish ‘Centre for Data Excellence’ at icddr,b to build The Global Health Network Asia for establishing a network of communities and hospitals in Bangladesh linked to other Asian countries for routine collection of credible data on NCD, COVID-19 and other relevant health disciplines, including infectious diseases and maternal health. Under this platform, **The Global Health Network Asia has organized several programs for research capacity strengthening, such as four webinars on research ethics, analytical plan and protocol development, and health policy.** Additionally, the network has established the Research Club platform with four sessions conducted and the Data Club program with one global session. Two regional country centers are established in 2023; The Global Health Network Bangladesh and The Global Health Network Nepal. Nepal has already implemented its research capacity strengthening program under this initiative and support of TGHN Asia, while Bangladesh has implemented networking with different institutes and research methodology training program. The Global Health Data Science Hub is supporting to develop data science capacity by Data Club, Data Clinic, Data Sharing policy and data science pathfinder study.
6. ***Development of new research platforms*** I have played a pivotal role in developing a multi-disciplinary research collaboration across several national and international intuitions for supporting NCD research as well as systems strengthening in Bangladesh. In 2021 as the joint lead with the University of Oxford I have devised **T*he NIHR Global Health Research Centre for Heart, Mind and Body*** for establishing NCD research capacity in Bangladesh and Nepal. My role has been instrumental in establishing a Centre of Research Excellence in Bangabandhu Sheikh Mujib Medical University in Bangladesh, and two institutions in Nepal for addressing NCD multimorbidity including cardiovascular disease, diabetes and mental health across lifespans.

I have also formed ***NCD Consortium, icddr,*b** inviting multi-disciplinary researchers of the health and non-health sectors across different academic, government and non-government institutions in order to create a knowledge exchange platform through active dissemination and collaborative research with relevant national institutions. This Consortium was instrumental in designing the research agenda for Bangladesh under NIHR Global Health Research Centre for NCD and Environmental Health. I am a founding member of the "South and Southeast Asia Regional Research and Innovation Hub for Climate Change, Health, and Equity" established by the Kathmandu Commitment-2024. I will represent Bangladesh in this role, drawing on her membership in the Bangladesh Academy of Science ([Workshop on Climate Change and Health in Kathmandu, Nepal (interacademies.org)](https://www.interacademies.org/news/workshop-climate-change-and-health-kathmandu).

**Competitive grants and awards**

Since 2015, I have been playing a scientific leadership roles in icddr,b and led a multi-disciplinary research teams. I have been awarded Bangladesh Academy of Sciences Sultan Ahmed Choudhury Science and technology Gold Medal Award 2021in recognition of my excellent contributions in health sciences. I am also as a Fellow of The World Academy of Sciences (TWAS) and Bangladesh Academy of Sciences (BAS) in recognition of my “outstanding contribution to science and its promotion in the developing world”. In 2027, my team has received BMJ South Asia Award 2017 in recognition of my contributions in mental health research. My commitment to strengthening research capacity among junior researchers in Bangladesh and globally is well recognized among my peer both nationally and internationally.

I have been able to maintain a long-lasting research partnership with many national and the international institutions, particularly the Ministry of Health and Family Welfare of the government of Bangladesh. Since 2012, I have been playing an active role in attracting external research supports, primarily competitive research grants and have raised more than 39 million USD research grants against more than 36 research grants in collaborations with research partners from a wide range of funders, including the National Institute of Health (NIH), Medical Research Council (MRC), National Institute of Health Research (NIHR), World Bank, Grand Challenges Canada (GCC), National Health and Medical Research Council (NHMRC), Foreign, Commonwealth & Development Office (FCDO), the government of Bangladesh, the Bill and Melinda Gates Foundation and more. A few notable grants and awards are described below.

***Grants awarded in Non Communicable Diseases***

1. *“NIHR Global Health Research Center for NCD and Environmental Health”.* NIHR/ Imperial College London ($2,438,992.00). PI: 2022-2027
2. *“NIHR GHR Cohort of Academic Development Award (CADA) Workshop”.* Imperial College London ($3,754.00); PI: 2023
3. *“Acceptability of Hypertensive Patients and Healthcare Providers on Adopting Ambulatory Blood Pressure Monitoring in Bangladesh”*. ($6492) Duke NUS. Co PI: 2023-2025.
4. “Designing and piloting of an evidence-based comprehensive paediatric NCD service delivery model for children and adolescents”. UNICEF ($659,141). PI:2023-2024
5. *“Feasibility of a digital application for providing hypertension and diabetes care in rural Bangladesh: A community-based pilot study*”. WHO-SEARO ($ 39,960.00). PI: 2022-2023
6. *“Feasibility of adopting digital apps for integrating COBRA-BPS strategy in primary facilities in urban Bangladesh*”. DocTime Ltd ($34,000.00), Co PI: 2022:2023
7. *“Dissemination and Advocacy of COBRA-BPS Trial Findings in Bangladesh*”. Duke NUS ($6,757.00), PI:2022:2024
8. *“Assessment of anaemia among under-5 children (6-59 months) and non-pregnant and non-lactating women (15-49 years) in the national micronutrient survey 2019-2020, Bangladesh”.* WHO-SEARO. (
9. *“Primary Care Strategies to Reduce High Blood Pressure: A Cluster Randomized Trial in Rural Bangladesh, Pakistan and Sri Lanka in rural communities in Bangladesh, Pakistan, and Sri Lanka”.* MRC/Wellcome Trust/DfiD, UK ($702,079). Country PI: 2015-2019.
10. *“A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus in urban communities in Bangladesh, India, and Sri Lanka*”. Global Alliance for Chronic ($ 359,634). Co Applicant & country PI: 2016-2021.
11. *“National Micronutrient Survey in Bangladesh and Prevalence of CVD Risk Factors among People with Micronutrient Deficiencies*”. National Nutrition Services, DGHS, Ministry of Health and Family Welfare (MOHFW), Bangladesh ($430,138). PI: 2019-2021.
12. *“Prevalence of dementia among elderly population in urban and rural Bangladesh"*. NCD Control Program, DGHS, MOHFW, Bangladesh ($90,066). PI: 2019.
13. *“National Micronutrient Survey in Bangladesh and Prevalence of CVD Risk Factors among People with Micronutrient Deficiencies*” (pilot phase). NNS, DGHS, Ministry of Health and Family Welfare, Bangladesh ($119,560). PI: 2018-2019.
14. *“Risks, early markers, and prevention of metabolic and cardiovascular diseases in MINIMat adolescents in Bangladesh: a pilot study”.* Fogarty International Center, NIH, USA ($71,161). Co-PI: 2018-2020.
15. *“A lifestyle intervention program for the prevention of type 2 diabetes mellitus among South Asian women with gestational diabetes mellitus”.* Global Alliance for Chronic Disease ($ 40,655). Co Applicant & country PI: 2016-2017.(Staff size:6).
16. *“Feasibility of Implementing a Mental Health Care Program and Home-based Training for Mothers of Children with Autism Spectrum Disorder in an urban population in Bangladesh*.” Delivery-Dubai, Harvard Medical School ($ 74,554). PI: 2017-2018.
17. *Accessing healthcare for common mental disorder as a comorbid condition with non-communicable diseases in selected rural upazilas in Bangladesh: Perspectives of patients, their families and healthcare providers* (*ASCEND study*). NIHR- UK ($ 109,761). PI: 2018-2022.
18. *“Policy and peer mentor intervention programs on cardiovascular disease at small to medium sized worksites in 3 South Asian countries: A pilot study for a definitive large international cluster randomized trial”*. UK-MRC ($40,855). Country Co-PI: 2015-2017.
19. “*Feasibility study for a Cluster Randomized Trial on Integrated Primary Care Strategies to Reduce High Blood Pressure (Control of Blood Pressure and Risk Attenuation-rural Bangladesh, Pakistan, Sri Lanka, Feasibility Study)”.* MRC/Wellcome Trust/DfiD, UK ($74,203). PI: 2015.
20. *“Feasibility and acceptability of implementing school based “Healthy eating and active living (HEAL) intervention to control overweight and obesity among children in urban area in Bangladesh”.* Sida Research Fund *(*$64,150*).* Co PI: 2015.
21. *“Cost effectiveness of the prevention of squatting in the reduction of pain and disability of knee osteoarthritis (OA) among female patients in a rural community of Bangladesh”.* APLAR ($12,000). Co PI: 2015.
22. “*Prevalence of diabetic retinopathy and risk factors among diabetic patients attending different tertiary level health care hospitals in Bangladesh”.* NCD Control Program, DGHS, MOHFW, Bangladesh ($63,772). PI: 2015-2016.
23. *“Prevalence of maternal depression of autistic children in Dhaka and pilot testing of feasibility of implementing household based training for mothers and identify barriers for implementing a community based supports program for children with autism*”. NCD Control Program, DGHS, MOHFW, Bangladesh ($ 64,057). PI: 2015.
24. *“Bangladesh Risk of Acute Vascular Events (BRAVE): A case-control study of acute Myocardial Infarction”*. The study aims to estimate the conventional and potential risk factors for acute MI in Bangladesh. Cambridge University ($1,449,181). PI: 2015-2017.
25. *“Population based case control study of cancer deaths in rural Bangladesh.”* SIDA Research Fund, icddr,b ($42,331). Co-PI: 2015.

***Grants awarded in Communicable Diseases***

1. *“Behavioural interventions of street food vendors for strengthening street food safety in Dhaka city, Bangladesh”.* Grand Challenges Canada ($125,000). PI: 2013-2014.
2. *“Strengthening street food safety through behavioral change communication among street food vendors in Dhaka city***.”** Food and Agricultural Organization ($100,000). PI: 2014-2015.
3. *“Evaluation of two improved technology, TubexTF and Typhirapid, for rapid diagnosis of typhoid fever with stored sera obtained from febrile patients in an urban community in Dhaka”. (*$8,600)CDC, Atlanta, USA”. PI: 2004-2007.
4. *“An exploratory study to assess perception of street food vendors about street food safety and the microbial quality of street food sold in an urban community in Dhaka”. (*$20,000)CDC, Atlanta, USA**.** PI: 2005- 2006.
5. *“Burden of Pneumococcal Disease in children in Bangladesh: A project to enhance laboratory capacity and create awareness, and to prepare for introduction of a pneumococcal Vaccine’.* PneumoADIP, Johns Hopkins University (2.5 million). Co-PI: 2004-2008.
6. *“Establishment of laboratory-based community surveillance for typhoid fever and to identify modifiable risk factors for subsequent interventions to reduce the burden of disease”.(* *$ 52,083,)* CDC, Atlanta, USA. PI: 2003-2005.
7. *“Nationwide outbreak investigation of Shigella dysenteriae* type 1 *and evaluation of Meridian, a new rapid diagnostic tool”. (*$29,329)CDC, Atlanta, USA. PI: 2003-2004.
8. *“Evaluation of IP, Medicose and SMART dipsticks for rapid diagnosis of cholera among patients admitted in ICDDR,B Dhaka hospital”. (*$ 81,111)CDC, Atlanta, USA. PI: 2003.

***Grants awarded in health systems research***

1. *“Strengthening preparedness for future pandemics among working women and factory workers living in urban informal settlements in Bangladesh.”* International Development Research Centre, Canada. Co-Investigator: 2022-2025.
2. *“Identifying opportunities for expanding service coverage for acute vascular events at primary care level in rural Bangladesh”.* James P. Grant School of Public Health ($19,277). Co-PI: 2016.
3. *“Bottlenecks to provide effective services for chronic respiratory patients at primary care settings in three rural sub district of Bangladesh: an exploratory study”.* James P. Grant School of Public Health ($19,140). PI: 2016-2017.
4. *“Generate evidence for advocating for common anti-hypertensive, anti-diabetic drugs and Aspirin in generic names and at low cost”.* Management Science for Health ($76,392). PI: 2019-2020.
5. *“A comparative study of dispensing behavior of trained and non-trained dispensers in medicine shops in Bangladesh*)”. Management Science for Health ($34,118). PI: 2020-2021.
6. “*Exploring the factors for retention of Grade A pharmacists in model pharmacies, and suitability of Grade B dispensers as Pharmacist in Charge in Model Pharmacies in Bangladesh*”. Management Science for Health ($22188.9). PI: 2020-2021.
7. *“Situation Assessment of Autism and Neurodevelopment Disorders in Bangladesh for development of a strategic plan for strengthening the national policy autism care in Bangladesh*”. Institute for community inclusion-UMass Boston, USA ($46,040). PI: 2015-2016.

***Grants awarded research capacity building in Bangladesh***

1. “*A New Ecosystem for Health Research & Data Science”.* Bill and Melinda Gates Foundation, USA *(*$ 2,785,684), Regional Director, (2022-2026).
2. “Supporting icddr,b activities on A New Ecosystem for Health Research & Data Science”. University of Oxford/BMGF ($87,993.00). (PI:2022)
3. *“1st National Conference on Non-Communicable Diseases, Bangladesh”*, Multi Sponsors ($14,867.00).PI: 2022
4. *“*Strengthening & Accelerating the Global Research Response to COVID-19 by Sharing Methods and Knowledge between Countries, Networks and Organizations”. National Institute for Health Research ($387,368.84). Co Applicant & country PI: 2020-2021.
5. *“Improving Outcomes in Mental and Physical Multimorbidity and Developing Research Capacity (IMPACT) in South Asia at the University of York”.* National Institute for Health Research, UK ($2M). Co Applicant and country PI: 2018-2021.
6. *“Planning for Non-Communicable Diseases and Disorders Research Training Programs in Bangladesh***.”** Fogarty International Center, NIH, USA ($45,000). PI: 2017-2019.

**Contributions to international committees, scientific journals and other research communities**

 I have a good track record of publishing more than 115 articles in international peer reviewed journals, including the *New England Journal and Medicine*, and *The LANCET*. **My *h*-Index in scopus is 36 and *i10*-Index is 59**. I have edited a book titled ‘Bangladesh health system review’ published by World Health Organization, which has been included as a text book in the MPH program of the James P Grant School of Public Health. I have contributed to a series of global disease burden studies published in The Lancet (and in other high impact journals) by **the Institute for Health Metrics and Evaluation (IHME)** in order to generate essential evidence of the burden of NCDs and risk factors globally, which have supported global agencies (such as WHO), policymakers and the governments of many LMICs to get directions for setting national programs along with policies, and gave directions to the global researchers setting new research priorities, particularly for the NCDs. <https://www.researchgate.net/profile/Aliya-Naheed>

I have been well recognized for my scientific contributions to many international forums. I have served in the Jury Board of the BMJ Award South Asia for five years to guide capacity building of the doctors in various national institutions in Bangladesh and other countries in South Asia to inspire them become future research leaders. Currently I am a member of the BMJ South Asia Advisory Board. I serve as an Editor of the *Journal of Health Population and Nutrition*, and *Frontiers in Public Health* and *Advances in Medicine*. I am a member of RIGHT 7 Stage 1 and Stage 2 Funding Committee of NIHR, a panel member of the UK Research and Innovation (UKRI), and a College of Expert (CoE) of the NIHR UK. I am a member of the National Research Ethics Committee (NREC) of Bangladesh Medical Research Council (BMRC). I have organized many workshops/seminars for enhancing capacities of the members of various Bangladeshi journals for reviewing articles for peer reviewed journals, including BMRC, Bangladesh College of Physicians and Surgeons (BCPS), Bangladesh Medical Association (BMA) and more. I have led the organization of the 1st NCD Congress in Bangladesh in 2019 as the Convener and the 1st National Conference on NCDs in 2021 as a Co Convener.

 **Professional Awards**

|  |  |
| --- | --- |
| 2024 | Fellow, The World Academy of Sciences (TWAS) |
| 2022 | Fellow, Bangladesh Academy of Sciences (BAS) |
| 2021 | Bangladesh Academy of Sciences Sultan Ahmed Choudhury Science and Technology Gold Medal |
| 2017 | BMJ Award South Asia |
| 2016 | Cooperative Research Award Harvard Medical School Centre for Global Health Delivery- Dubai |
| 2014 | Asia Pacific Observatory Fellowship by World Health Organization. |
| 2014 | Rotary International Award |
| 2014 | Nandos Women Leadership Award |
| 2013 | Grand Challenge Canada's Stars in Global Health – Round 4 Phase I |
| 2009 | Tulane School of Public Health awards for doctoral training in Health Systems Management |
| 2009 | Gender Mainstreaming in Health Research award from icddr,b |
| 2008 | Travel award for the 6th “International Symposium on Pneumococci & Pneumococcal Diseases” |
| 2006 | Travel award for the 5th “International Symposium on Pneumococci & Pneumococcal Diseases” |
| 2005 | “Ethical Issues in International Health Research” award Harvard University in Boston, MA, USA |
| 2005 | Travel award for the “Global Forum on Bioethics in Research VI” |
| 2004 | Travel award for the “KOSEF-JSPS Asian Science Seminar” in Seoul, Korea |
| 2001 | Columbus Foundation Fellowship, Johns Hopkins University, USA |
| 2001 | Staff Development Fund award, icddr,b |
| 2001 | “The Gates-Bangladesh Fellow” award, icddr,b. |

***Membership of Editorial Boards***

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| --- | --- |
| 2022 |  Associate Editor, Public Mental health, Frontiers in Public Health |
| 2022- |  Associate Editor, Bangladesh Medical Research Council |
| 2021- | Guest Editor, Public Mental Health section, Frontiers in Public Health  |
| 2020- | Section Editor (NCD), Journal of Health, Population and Nutrition |
| 2014- | Editor, Advances in Medicine |
| 2015- | Member, The British Medical Journal (South Asia) |
| 2013- | Member, African Journal of Infectious Diseases Research |
| 2012- | Member, Editorial Board Dataset Papers in Medicine |
| 2012- | Member, Editorial Board ISRN Preventive Medicine |
| 2012- | Member-Asia Pacific Journal of Public Health |
| 2010- | Member- Journal Storage (JSTOR) |
| 2008- | Member, International Advisory Board, Indian Journal of Medical Ethics |

***Membership of Professional Bodies***

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| --- | --- |
| 2025- | Fellow, The World Academy of Sciences (TWAS) |
| 2022- | BMJ South Asia Advisory Board |
| 2022- | Fellow, Bangladesh Academy of Sciences (BAS) |
| 2019- | Member, American Heart Association (AHA) |
| 2008- | Member (life), One Health One World Bangladesh |
| 2004-06 | Executive Member, Alumni Association of icddr, b |
| 2004- | Member (life), Bangladesh Medical, BMA |
| 2004-11 | Member, Bangladesh Private Medical Practitioner Association (BPMPA) 2004-Member (life), Public Health Association of Bangladesh (PHAB) |

***Membership of External Panels***

|  |  |
| --- | --- |
| 2024 |  RIGHT Call 7 Stage 2 Funding Committee. |
| 2024 |  Jury for Technologies beyond Borders Innovations Challenge- (NDCs technologies) by ADB-PATH. |
| 2022- | MRC Global Health Faculty of Experts. |
| 2022-2023 | RIGHT Call 7 Stage 1 Funding Committee |
| 2022-2025 | National Research Ethics Committee |
| 2022 | The Global Health Network Strategic Partners Forum, University of Oxford. |
| 2021 |  NIHR Global Health Units Funding Committee Review panel. (Panel member). |
| 2021 | NIHR Global Health Research Units and Groups Programme (College of Expert). |
| 2020 | Global Effort on COVID-19 (GECO) Health Research Expert Panel Review (Panel member). |
| 2019 | UKRI GCRF Health and Context Call (Panel member). |
| 2018 | Examiner, MPH program at the National Institute of Preventive and Social Medicine (NIPSOM). |

# *Membership of Committees*

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| 2024- | South and Southeast Asia Climate and Health Responders Course, Global Consortium on Climate and Health Education Mailman School of Public Health, Columbia University, USA |
| 2024- | South and South East Asia Regional Climate Hub Committee |
| 2023-2024 | National Thalassemia Survey 2023 Monitoring Committee  |
| 2022- | Technical working group, National Paediatric Noncommunicable Diseases |
| 2021-2024 |  National Research Ethics Committee |
| 2021 |  Co-Convener, 1st National NCDs conference 2021 |
| 2021 |  Member, Guideline development for peer review, Bangladesh Medical Research Council |
| 2021 |  Joint Secretary, Bangladesh Non-Communicable Disease Forum (BNCDF) |
| 2021 |  Adviser, Dhrubotara Youth Development Foundation (DYDF) |
| 2019 | Convener, 1st Scientific Congress on Noncommunicable Diseases in Bangladesh |
| 2019 | Member, 2nd International Symposium on Community Health Workers |
| 2018 | Member, Technical Committee NCD Control Program (NCDCP), DGHS, MOHFW |
| 2019- | Member, lifestyle modification guidelines development committee, NCDCP, DGHS |
| 2017- | Convener, Clinical Research Platform, Bangladesh |
| 2017- | Member, Mental & Physical Health in South Asia Group |
| 2016- | Member, National Consortium for Evidence and Action on Disability in Health |
| 2016- | Member, Living Steering Committee |
| 2015-19 | Convener, COBRA Bangladesh Advisory Committee |
| 2015-19 | Member, Trial Steering Committee, COBRA-BPS |
| 2014- | Member, "Health Systems Global TWG - Ethics of Health Systems Research" group. |
| 2004-09 | Member, Ethical review Committee of icddr,b. |
| 2009 | Member, Subcommittee for developing “Guideline for Genetic Research, icddr,b” |
| 2007 | Member, 'Teaching Public Health Ethics in India: A Curriculum Review' |
| 2008-09 | Member, Task Force of Institutionalisation of a Healthy Street Food Systems in Bangladesh |
| 2008-09 | Member, Working Group Draft Street Food Vending Policies and Guidelines for Bangladesh |
| 2007-09 | Convener, Women Scientist and Researchers Forum, icddr,b. |
| 2006 | Member, Best Poster Selection Committee, Eight CAPGAN |
| 2007 | Member, Best Poster Selection Committee, Eleventh ASCON |

***Invited Speaker***

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| --- | --- |
| 2025 | “Ethical issues in environmental health research” in the bioethics workshop organized by Bangladesh Bioethics Society, Dhaka, Bangladesh.  |
| 2025 | “Ethical guideline for writing a manuscript” in “Scientific manuscript writing workshop” organized by the NSU Global Health Institute (NGHI), North South University, Bangladesh. |
| 2024 | “The Future of Health in the Face of Environmental Challenges” Panel speaker in a policy panel.  2nd Annual Symposium NIHR-GHRC for NCDs and EC, Chennai , India  |
| 2024 | Non-Communicable Diseases and Water Salinity, Brawijaya University, Indonesia |
| 2024 | Innovative Technologies for NCDs and Mental Health- burden, challenges, vision for next decade, Asian Development Bank, Headquarters, Manila |
| 2023 | “A guide to write a grant” organized by Nepal Public Health Foundation (NPHF), The Global Health Network Nepal, in Kathmandu, Nepal |
| 2023 | International Congress of The European Society for Child and Adolescent Psychiatry, Copenhagen, Denmark |
| 2023 | Ethics in Data Science in Global Health Research, The Global Health Network, Virtual event |
| 2023 | Cohort Academic Development Award-CADA workshop under the Global Health Research Centre for NCDs and Environmental Change project, University of Brawijaya, Indonesia |
| 2023 | Technical workshop “National Thalassemia Survey” Organized by Bangladesh Bureau of Statistics, Dhaka, Bangladesh |
| 2023 | “Reviewing an article for a journal” organized by Bangladesh Medical Research Council (BMRC) |
| 2023 | Workshop on Research Methodology, organized by The Global Health Network Bangladesh, conducted at Bangabandhu Sheikh Mujib Medical University |
| 2023 | How to develop an analytical plan for health research, The Global Health Network Asia  |
| 2022 | Enabling Health Research in Every Healthcare Setting. The Global Health Network Conference 2022 |
| 2022 | Women in Research. The Global Health Network Conference 2022 |
| 2022 | Workshop on Grant writing. NSU Global Health Institute (NGHI) |
| 2021 | GK Nephrology Conference 2021 |
| 2021 | Workshop on Peer Review by Bangladesh Medical Research Council |
| 2021 | Harnessing the power of data in health track: Grand Challenge Annual Meeting. |
| 2021 | Global Health Data Governance Summit: Governing data for better health, WHO. |
| 2021 | Global Health Conference titled ‘Equitably Harnessing the Power of Health Data’, Consortium of Universities of Global Health and The Global Health Network, UK  |
| 2021 | The South Asia Forum 2021, Colombo Sri Lanka. |
| 2020 | Responding to the COVID-19 Open Research Challenge. The Global Health Network, UK. |
| 2020 | Evidence-led Essential Research Skills Training Curriculum. The Global Health Network, UK. |
| 2019 | Global Health Academy Global Lecture Series 2019, The University of Edinburgh, UK. |
| 2019 | Pneumonia care seeking in Asia Webinar, Save The Children USA. |
| 2019 | Global Health Academy and RESPIRE Seminar, Edinburgh, UK. |
| 2019 | Annual CAPABLE General Assembly Meeting, The University of Cambridge, UK. |
| 2018 | The Forum of Hypertension and Cardiometabolic disease, Colombo, Sri Lanka. |
| 2017 | Systems of Care for Autism Spectrum Disorder: A Global Perspective, Dubai,UAE |
| 2017 | C3 Collaborating for Health breakfast seminar, UK |
| 2017 | Workshop on How to review a manuscript. BSMMU |
| 2016 | Workshop on How to review a manuscript. Bangladesh College of Physicians & Surgeons |
| 2016 | Workshop on How to write a manuscript. Bangladesh Medical Association |
| 2014 | Graduate seminar on contribution of icddr’b in promoting health in Bangladesh, The Nossal Institute for Global Health, University of Melbourne, Australia |
| 2013 | Workshop on Ethics of health systems research in LMIC-John Hopkins University, Berman Institute of Bioethics in Baltimore, Maryland, USA |
| 2013 | 17th Research Seminar of the EWUCRT- East West University |
| 2007 | The 2nd National Bioethics Conference of India, Bangalore, India. |
| 2006 | Gender awareness workshop, icddr,b. |

**Mentoring junior researchers in Bangladesh and other LMICs**

I have been actively engaged in mentoring junior researchers in icddr,b to support them obtaining higher academic degrees (PhD and MPH), promoting their research career path, and supporting them to play a leadership role in research implementation, securing competitive research grants and publishing scientific manuscripts**.** In addition to that, I have built an internship program in the Initiative for NCD for creating an opportunity of learning first hand field research experiences for Bangladeshi students coming from various reputed international institutions, such as, University of Toronto, McGill University, Umea University, National University of Singapore (NUS), Monash University, Malaysia etc. through active participation in ongoing research. I am keen to promote women in science. Between 2007 and 2009 I led the ‘Women Scientists and Researchers Forum’ (WSRF) in icddr,b, a grass root level initiative of women researchers as the founding Convener. I have mentored many doctors, nurses, and junior researchers for strengthening their research capacity under the program of Clinical Research Platform supported by Fogarty International, NIH, The Global Health Network Asia (TGHN Asia), and the RCS program of the NIHR GHR Centre for NCDs and Environmental Change.

Since 2015, I have led several large research teams of more than 200 staff recruited at various levels and directly supervised them to learn research by doing research from a level of GS4 and above. I have mentored more than 50 junior researchers helping them learning research by doing research in order to understand study designs, writing research protocols, implementing large scale research in the community and hospital settings, performing data management, data analyses, writing scientific reports, scientific manuscripts for peer reviewed journals and writing competitive grants. Several of them were promoted to a higher position by virtue of their merit and skills, and at least three of them obtained a scientific ranking through competitive processes. In addition, I have directly and indirectly supervised at least 18 students through a formalized arrangement between icddr,b and several teaching institutions at home and abroad. There were at least 2 PhD candidates from the University of Oxford, and the University of Warwick, UK and at least 4 MPH students who graduated from the James P Grant School of Public Health.

Since 2024, I have been involved as an academic teacher in the “Postgraduate Diploma in Global Health Research” program of Nuffield Department of Medicine, University of Oxford” in 2024. I have also contributed in the development of the curriculum for the “South and Southeast Asia Climate and Health Responders Course, Global Consortium on Climate and Health Education Mailman School of Public Health, Columbia University, USA” as faculty. Recently I guided two mid-level international researchers in the UK writing their manuscripts submitting to high impact peer reviewed journals. Earlier, I have served as a Faculty in Tulane University in New Orleans, USA and James P Grant School of Public Health in Dhaka Bangladesh.

# Academic Teaching

1. Postgraduate Diploma in Global Health Research, Nuffield Department of Medicine, University of Oxford.
2. South and Southeast Asia Climate and Health Responders Course, Global Consortium on Climate and Health Education, Mailman School of Public Health, Columbia University, USA.
3. Course coordinator of Field Exercise Course in Epidemiology of Infectious Diseases of Importance in Developing Countries (graded). MPH program, James P. Grant School of Public Health. Number of students: 25 (2006-2007).
4. Part time faculty, MPH program, James P. Grant School of Public Health. Course title: Epidemiology of Infectious Diseases of Importance in Developing Countries (ID course) (Credit hour: 3). Number of students: 25 (2006-2007).
5. Part time faculty, MPH program, State University of Bangladesh, Dhaka. Course title: Demography and population dynamics (Credit hours: 2). Number of students: 15 (2004-2005).
6. Coordinator of Annual Bioethics Workshop of icddr,b. Number of participants: 25-30 (2006-2008).

## Formalized mentorship program

1. Saimul Islam, PhD candidate, University of Warwick
2. Aashna Uppal, Big Data Institute, University of Oxford, UK, PhD Thesis (2023) [Rotation program]
3. Shamim Ahmed, Associate Professor and PhD candidate at Bangabondhu Sheikh Mujib Medical University (2013)
4. Sarah Mabry, Global Health, George Town University, USA, MPH thesis (2023)
5. Natalie Linton, Graduate student at Oregon State University, United States (2015)
6. Ms. Fariha Amin, National University of Singapore, MPH thesis (2017)
7. Dr. Moyukh Chowdhury, Graduate student at Umea University, Sweden on Masters of Public Health (2017)
8. Rumana Islam, James P Grant School of Public Health. MPH thesis (2005)
9. Nadia Alamgir, James P Grant School of Public Health. MPH thesis (2005)
10. Joakim Drani, James P Grant School of Public Health. MPH thesis (2012)
11. Mumbae Laurence, James P Grant School of Public Health. MPH thesis (2012)
12. Basharat Hussain Shafi, Graduate student at James P Grant School of Public Health (2013)
13. Ms. Fairooz Newaz, Graduate student at Bachelor of Science (Medical Bioscience) (2016-2017)
14. Farina Jobaida Mahmood, Undergraduate student at Syracuse University, New York, USA (2009)
15. Sabahun Saba Nur, Bachelor of Molecular Biology, University of California, Berkeley (2022)
16. Punnava Alam, Bachelor of Public Health, Brown University (2022)
17. Ryan Farhab, Bachelor of Behavioral Neurology, North Central College, USA (2019)
18. Tahsin Abedi, Bachelor of Engineering, McGill University, Canada (2019)
19. Nuha Ghani, Bachelor of Biology, University of Baltimore, USA (2020)
20. Sumaiya, Bachelor of Genetic Engineering and Biotechnology, SUST (29/05/19- 25/08/2019)
21. Amreen Hossain, Undergraduate student at University of Toronto (13/8/2018 to 26/8/18)
22. Ms. Rifat Ara Reza, Graduate student at University of Malaya, Kuala Lumpur, Malaysia on Bsc (Hons), Genetics & Molecular Biology (2016) Monash University, Malaysia

# Junior researchers mentored

 *icddr,b*

1. Dr. Fatema Khatun, Associate scientist (2003-2008)
2. Shyfuddin Ahmed, Assistant Scientist, (2015-2019)
3. Dr. Ashique Haider Chowdhury, Assistant Scientist, (2015-2019)
4. Dr. Kamrun Nahar Koly, Associate Scientist (2015-2020)
5. Dr. Ali Tanweer Siddique, Senior Research Investigator (2015- 2017)
6. Sonia Parvin, Senior Research Investigator (2015- 2018)
7. Dr. Shariful Islam, Senior Research Investigator (2015- 2016)
8. Dr. Sabrina Ahmed, Research Investigator (2015- 2019)
9. Dr. Tauhidul Islam, Research Investigator (2015- 2019)
10. Didar Hossain, Research Investigator (2015- 2016)
11. Dr. Tasdik Hasan, Research Investigator (2015-2016)
12. Dr. Monoar Hossain, Medical officer (2015-2016)
13. Dr. Sabbir Hasan, Medical officer (2015-2016)
14. Mr. Saimul Islam, Research Investigator (2015-)
15. Dr. Noshin Farzana, Research Investigator (2018-)
16. Mr. Nantu Chakma, Senior Research Officer (2015-)
17. Ms. Novera Anwar, Research Officer (2015-2017)
18. Ms. Sharmin Sultana, Research Officer (2015-2016)
19. Dr. Mir Nabila Ashraf, Senior Research Officer (2017-2023)
20. Dr. Josepha Elizabeth, Research Officer (2016- 2020 )
21. Sunjida Binta Ali, Research Officer (2015-
22. Tanisha Momtaz, Research Assistant (2020-2021)
23. Md Ariful islam, Research Assistant (2022-2023)
24. Dr. Asma Akter, Medical Officer (2022-)
25. Dr. Samantha Newaz, Research Fellow (2022-2024)
26. Dr. Asma Ul Husna, Project Research Physician (2022-2024)
27. Dr. Jannatul Ferdous, Project Research Physician (2022-)
28. Md. Nasir Uddin, Research Officer (2023-)
29. Dr. Kamruzzaman Shaikh, Research Investigator (2024-)
30. Dr. Md Shahidullah, Medical Officer (2024-)
31. Sharif Irfat Zabeen, Senior Research officer (2024-)
32. Md. Niaz Murshed, Research Officer (2024)
33. Md. Faysal Ahmed Shuvo, Research Officer (2024)
34. Mr. Md. Sojibul Islam, Monitoring and Evaluation Officer (2023-)
35. Dr. Nahian Al Sakib Nitol, Research Trainee (2023-)
36. Dr. Falguni Alam, Research Trainee (2023-)
37. Ms. Arifa Tabassum, Statistical Officer (2024-)
38. Mr. Fazley Amin, Statistical Officer (2024-)
39. Ms. Farzana Rahman, Senior Research Assistant (2023-)
40. Mr. Chowdhury Rahatul Kabir, Senior Research Assistant (2023-)
41. Ms. Mst. Azmira Khatun (2016-)
42. Dr. Md. Shoaib Hossain Fattah, Project Research Physician (2024-)
43. Mahbuba Hasan Lima, Senior Research Assistant (2024-)
44. Maruful Haque, Senior Research Assistant (2024-)
45. Ms. Farzana Shaon, Senior Research Officer (2024-)
46. Ms. Ridwana Nahrin, Research Officer (2024-)
47. Dr. Debajit Dutta, Project Research Physician (2024-)
48. Dr. Azima Sultana, Project Research Physician (2024-)
49. Dr. Golam Tousif, Project Research Physician (2024-)
50. Dr. Sourav Kumar Nath, Project Research Physician (2024-)
51. Dr. Sarah Binte Kibria Project Research Physician (2024-)
52. Dr. Tarikul Islam, Project Research Physician (2024-)
53. Dr. Nahid Nisa, Project Research Physician (2024)
54. Dr. Proshanta Nath Dalal, Project Research Physician (2025-)
55. Dr. Arifur Rahman, Project Research Physician (2025-)
56. Dr. Rafi Akash, Project Research Physician (2024)
57. Shawkat Jahangir, Data Management Officer (2015-)
58. Abu Yusuf Rana, Programmer (2023-)

*External institutions*

1. Sumaita Chowdhury, PhD candidate, University of Texas
2. Dr. Momena Begum , Bangabandhu Sheikh Mujib Medical University (BSMMU) (2020)
3. Dr. Farzana Saleh, Bangladesh University of Health Sciences (BUHS) (2020)
4. Dr. Barun Nahid, Armed Forces Medical College (2020)
5. Dr. Farah Naz Rahman, Centre for Injury Prevention and Research, Bangladesh (CIPRB) (2020)
6. Dr. Masrura Jabin, Gonosastho Nagar Hospital (2020)
7. Dr. Shonia Sheheli, Agricultural University Bangladesh (2020)
8. Dr. Sejuti Rahman, Australian National University (2020)
9. Dr. Jannatara Shefa, Research Physician, Institute of Paediatric Neurodisorder & Autism, BSMMU (2020)

*NIH Program D71 Fellow (2018-2019)*

1. Dr. Fatema Doza, Associate Professor, National Institute of Cardiovascualr Diseases (NICVD)
2. Dr. Mohammad Arifur Rahman, Junior Consultant, NICVD
3. Dr. Farhana Ahmed, Registrar, NICVD
4. Dr. Kaniz Fatema Ananya, Medical Officer, NICVD
5. Dr. Fatima Zohra, Post Graduate Student, National Institute of Mental Health, Bangladesh (NIMH,B)
6. Dr. AKM Monwarul Islam, Associate Professor, NICVD
7. Dr. Md. Abdullah Al Mamun, Post Graduate Student, NIMH,B
8. Dr. M M Jalal Uddin, Associate professor, National Institute of Neuro Science (NINS)
9. Tanvir Haider, Research Assistant, NINS
10. Dr. Mir Ishraquzzaman, Consultant, National Heart Foundation and Research Institute (NHF&RI)
11. Dr. Kalim Uddin, Assistant professor, NHF&RI
12. Dr. Redoy Ranjan, Medical Officer, Bangabandhu Sheikh Mujib Medical University (BSMMU)
13. Dr. Hasinatul Zannat, Post Graduate Student, Department of Nephrology, BSMMU
14. Dr. Ashok Kumar, Post Graduate Student, Department of Cardio Thoracic Surgery, BSMMU
15. Dr Mohammad Ashraf Uddin Sultan, Research Assistant, Department of Public Health & Informatics, BSMMU
16. Dr. Jannatara Shefa, Research Physician, Institute of Paediatric Neurodisorder & Autism (IPNA), BSMMU

# Referees

|  |  |
| --- | --- |
| 1. Professor Abdullah H BaquiProfessor, Department of International HealthDirector, International Center for Maternal and Newborn Health, Johns Hopkins University, Board of Trustees, Icddr, bTel:+1 (410) 967 1656Email: abaqui@jhu.edu | 2. Professor Kerim M. Munir Boston Children's Hospital Harvard Medical School Developmental Medicine Center 300 Longwood Ave, Fegan-10 Boston, MA 02115Tel + 617 355-7166 | Fax + 617 730 0252Email: kerim.munir@childrens.harvard.edu  |
| 3. Professor Trudie LangDirector, The Global Health Network, Nuffield Department of Medicine, University of OxfordTel + 44 7962 063061 Email: trudie.lang@ndm.ox.ac.uk | 4. Professor Dr. ABM Abdullah Honorable Prime Minister’s Personal Physician and Chair National Research Ethics Committee (NREC).Professor Emeritus and Ex Dean Faculty of Medicine, Bangabandhu Sheikh Mujib Medical University (BSMMU)Tel: +8801-317479188Email: abdullah\_bsmmu@yahoo.com |
| 5. Professor Blossom StephanChair in DementiaFaculty of Health ScencesDepartment of Health Policy **|** London School of EnAble Institue, Curtin UniversityTel + 44 7878 846658Email: Blossom. Stephan@curtin.edu.au | 6. Professor Vidhya VenugopalDepartment of Environmental Health Engineering, Faculty of Public Health, Sri Ramachandra Institute of Higher Education and Research.Tel +91 97108 30010Email: rvidhyavenugopal@gmail.com |
| 7. Professor Tazeen H. Jafar Research Professor of Global HealthProfessor Health Services & Systems Research Duke-NUS Graduate Medical School Singapore Tel +65 9658 8143Email: tazeen.jafar@duke-nus.edu.sg | 8.Dr. Lesong ContehChair, GECO Health Research. MRC, UKRI Associate Research ProfessorDepartment of Health Policy **|** London School of Economics & Political Science* 1. Cowdray House **|** London WC2A 2AE Tel + +44 020 7107 5697

Email: l.conteh@lse.ac.uk |

**Publications: Naheed, Aliya (Author)**

***Total articles found: 118***.

h-index: 36

i10 Index :59

Published ~50% articles in the high impact journals with an impact factor (IF) above 10.

* + - New England Journal (IF:96.2); The Lancet (IF:98.4); Nature Medicine (IF: 58.4); Lancet Neurology (IF: 46.5); Nature Genetics (IF: 38.3); Lancet Infectious Disease (IF:36.4; Circulation (IF: 37.5); Gastroenterology (IF: 26.3); JAMA Pediatrics (IF: 26.1).

Published books: 3

Published books chapter: 4

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3. Chowdhury R, **Naheed A**, Monower MM, Shahzad S, Raqib R, Tasmin I, Spackman S, Kaptoge S, Pennells L, Butterworth AS, Danesh J. Conventional and regionally distinctive risk factors for first-onset myocardial infarction: the Bangladesh Risk of Acute Vascular Events (BRAVE) case–control study. The Lancet Regional Health-Southeast Asia. 2025 Jan 1;32. (Total citation:0)
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##### Published books

1. Editor. ‘Bangladesh health system review’. (Health Systems in Transition, Vol.5 No. 1 2015). World Health Organization. WHO Library Cataloguing in Publication Data.

##### Published books chapters

1. Emch, M.E.; **Naheed, A.**; and Ali, M. (2002) Tropical Disease, in (Eds.) D. Levinson, D. and Christensen, K. et al., Encyclopedia of Modern Asia, New York: Charles Scribner's Sons.
2. Emch, M.E.; **Naheed, A.;** and Ali, M. (2002) Jute, in (Eds.) D. Levinson, D. and Christensen, K. et al., Encyclopedia of Modern Asia, New York: Charles Scribner's Sons.

***Reviewer of peer-reviewed journals:***

1. The Lancet
2. Lancet Global Health
3. Plos One
4. Frontiers in Public Health
5. Frontiers in Pharmacology
6. Journal of Health, Population and Nutrition (JOHPN)
7. Autism Journal
8. Journal of global health
9. Journal of infectious diseases
10. BMC Public Health
11. BMC Pediatric
12. BMJ Open
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14. Global Mental Health Journal
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17. Journal of Medical Internet Research
18. African Journal of Infectious Diseases Research
19. Journal Storage (JSTOR)
20. World Journal of Clinical Cases
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22. Scandinavian Journal of Infectious Diseases
23. Dataset papers in medicine, Hindawi
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31. Journal of Health, Population and Nutrition by icddr,b (JHPN)
32. Global Burden Diseases, Obesity
33. Asian Journal of Medical Research
34. Journal of Geophysical Research-Willey online
35. International Journal of One Health