



GLOBAL ALLIANCE AGAINST CHRONIC RESPIRATORY DISEASES (GARD)

General Meeting Report
Istanbul, Turkey, 30-31 May 2008



**World Health
Organization**



WHO Library Cataloguing-in-Publication Data

Global Alliance against Chronic Respiratory Diseases (GARD) : general meeting report, Istanbul. Turkey, 30-31 May 2008

1. Respiratory tract diseases - prevention and control. 2. Strategic planning. 3. Health policy. 4. International cooperation. 5. Developing countries. I. World Health Organization.

ISBN 978 92 4 159713 5

(NLM classification: WF 140)

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The report was prepared by the co-rapporteurs Dr Suzanne Hurd, GINA/GOLD, and Elisabetta Minelli, WHO. Editorial revision was done by John Dawson.

Valuable contributions and revisions were received from Alvaro A. Cruz (WHO), Jean Bousquet (GARD Chair) and from other participants of the meeting.

WHO acknowledges with gratitude the financial support provided for the meeting by GARD Turkey collaborating parties.

The Global Alliance against Chronic Respiratory Diseases is a voluntary alliance for which the World Health Organization provides technical leadership and secretariat support.

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LIST OF ABBREVIATIONS

AAAAI	American Academy of Allergy, Asthma and Immunology
BOLD	Burden of Obstructive Lung Disease
ČARO	Czech Alliance against Chronic Respiratory Diseases
COPD	chronic obstructive pulmonary disease
EFA	European Federation of Allergy and Airways Diseases
ERS	European Respiratory Society
FILHA	Finnish Lung Health Association
FIRS	Forum of International Respiratory Societies
GARD	Global Alliance against Chronic Respiratory Diseases
GINA	Global Initiative for Asthma
GOLD	Global Initiative for Chronic Obstructive Lung Diseases
GREAT	Respiratory Global Research and Training Network
HIV/AIDS	human immunodeficiency virus/acquired immunodeficiency syndrome
ICC	International COPD Coalition
IMCI	integrated management of childhood illness
NHLBI	National Heart, Lung, and Blood Institute
NIH	National Institutes of Health
PAL	Practical Approach to Lung Health
TB	tuberculosis
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
WAO	World Allergy Organization
WHO	World Health Organization
WONCA	World Organization of Family Doctors

INTRODUCTION

"In 2005, 250 000 people died of asthma and 3 million of COPD, which is expected to become the third leading cause of death in the world by 2030"

Over 1 billion people suffer from chronic respiratory diseases worldwide, and 4 million people die every year. Around 300 million suffer from asthma, 210 million from chronic obstructive pulmonary disease (COPD) and millions of others from other chronic respiratory diseases, including sleep apnoea syndrome, occupational diseases and pulmonary hypertension.¹ In 2005, 250 000 people died of asthma and 3 million of COPD, which is expected to become the third leading cause of death in the world by 2030.²

The enormous human suffering caused by chronic respiratory diseases was recognized by the Fifty-third World Health Assembly, which requested the Director-General of the World Health Organization (WHO) to continue giving priority to the prevention and control of chronic respiratory diseases, with special emphasis on developing countries and other deprived populations, and "to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research" for prevention and control of noncommunicable diseases, including chronic respiratory diseases.³

The WHO report *Preventing chronic diseases: a vital investment* (2005)⁴ and the publication *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach* (2007)⁵ further raised awareness of the huge impact of chronic respiratory diseases worldwide, and highlighted the risk factors as well as ways to prevent and treat those diseases. The Sixtieth World Health Assembly urged Member States to implement and increase support for existing global initiatives that contribute to reducing death rates from noncommunicable diseases.⁵

The action plan for the implementation of the Global Strategy for the Prevention and Control of Noncommunicable Diseases includes chronic respiratory diseases in its scope of action, together with cancer, diabetes and cardiovascular diseases.⁷ The plan also recommends the promotion of partnerships for the prevention and control of noncommunicable diseases.

The Global Alliance against Chronic Respiratory Diseases (GARD) is a voluntary alliance of national and international organizations, institutions and agencies working towards the vision of a world where all people breathe freely. It was launched in 2006 with the goal to reduce the global burden of chronic respiratory diseases. WHO provides technical leadership and secretariat support. GARD combines financial and human resources from its collaborating parties to offer support to the work of WHO on the development and implementation of the chronic respiratory disease component of national action plans against noncommunicable diseases.

The action plan of GARD 2008–2013 sets out the following strategic objectives:

GARD core strategic objectives:

1. to raise the recognition of the importance of chronic respiratory diseases at global and country levels, and to advocate the

¹ *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*. Geneva, World Health Organization, 2007 (http://www.who.int/gard/publications/GARD_Manual/en/index.html).

² *World health statistics*. Geneva, World Health Organization, 2008 (<http://www.who.int/whosis/whostat/2008/en/index.html>).

³ Resolution WHA 53.17, May 2000 (http://ftp.who.int/gb/archive/pdf_files/WHA53/ResWHA53/17.pdf).

⁴ *Preventing chronic diseases: a vital investment*. Geneva, World Health Organization, 2005 (http://www.who.int/chp/chronic_disease_report/en/index.html).

⁵ See note 1.

⁶ Resolution WHA 60.23, May 2007 (http://www.who.int/gb/ebwha/pdf_files/WHASSA_WHA60-Rec1/E/reso-60-en.pdf).

⁷ Resolution WHA 61.14, May 2008 (http://www.who.int/gb/ebwha/pdf_files/A61/A61_R14-en.pdf).

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integration of prevention and control of such diseases into policies across all government departments (advocacy);

2. to promote partnering for the prevention and control of chronic respiratory diseases (partnership).

GARD strategic objectives to support WHO technical work:

3. to support WHO in assisting countries to establish and strengthen national policies and plans for the prevention and control of chronic respiratory diseases using WHO endorsed approaches and methods (national plans on prevention and control);
4. to support WHO in monitoring chronic respiratory diseases and their determinants at country, regional and global levels (surveillance).

OPENING SESSION

"Eighty-five leaders in the field of chronic respiratory diseases attended the meeting"

The GARD General Meeting opened on 30 May 2008 in Istanbul, Turkey. According to GARD terms of reference (Annex 2), the General Meeting is the representative body of GARD. It reviews the reports and the activities of the collaborating parties and the secretariat and, where appropriate, endorses them. The present meeting was the third GARD General Meeting after the global launch of GARD, Beijing, People's Republic of China, 28–29 March 2006. It was organized by the Turkish Thoracic Society – one of the GARD participants – and GARD Turkey, and it was hosted by the Ministry of Health of Turkey in collaboration with the WHO Liaison Office. Eighty-five leaders in the field of chronic respiratory diseases attended the meeting, among whom were 69 representatives of GARD participants, 6 representatives of GARD observers and 10 WHO staff from headquarters, Regional Office for Africa, and Angola and Turkey offices. Representatives of the Ministers of Health of Portugal and Turkey were also present (see Annex 1 for list of those attending).

The present report summarizes the presentations and discussions that took place during the General Meeting. The material presented during the General Meeting is available on the GARD web site:
http://www.who.int/gard/news_events/GARD_general_meeting_istanbul/en/index.html.

Dr Arzu Yorgancioglu, Turkish Thoracic Society, welcomed the participants on behalf of the Organizing Committee of the GARD General Meeting. Dr Toker Ergüder, WHO Liaison Office, Turkey, indicated that within Turkey a country alliance was organized through collaboration between governmental agencies and many professional societies. The burden of chronic respiratory diseases was high and one important step had been taken through the implementation of a tobacco control programme. Dr Sabahattin Aydin, Deputy Under-Secretary, Ministry of Health, Turkey, indicated that chronic respiratory disease had a high public health importance. With the collaboration of GARD, the Ministry of Health of Turkey had developed and implemented a national action plan to combat chronic respiratory diseases, among other chronic diseases, and had set target goals to be reviewed at five-year intervals.

Introduction to the 2008 GARD General Meeting, nomination of chairs and rapporteurs, discussion and agreement on agenda and programme of work

Dr A. Cruz, Chronic Diseases and Health Promotion, WHO

Dr Alvaro Cruz, WHO, emphasized that GARD was not a vertical programme. It served as a catalyst for participating countries and organizations, and its strengths would be measured by collaboration among all groups involved. He noted that emphasis should be given to low- and middle-income countries where GARD would have the most impact.

The participants nominated Dr Jean Bousquet, GARD Chair, to serve as Chair of the meeting, and Dr Ronald Dahl, GARD Vice-Chair, to serve as Vice-Chair of the meeting. Dr Suzanne Hurd, Global Initiative for Asthma (GINA) and Global Initiative for Chronic Obstructive Lung Diseases (GOLD), was nominated as Rapporteur, and Ms Elisabetta Minelli, WHO, was nominated as Co-Rapporteur. The agenda and the programme of work were accepted.

WHO and the Global Alliance against Chronic Respiratory Diseases

Dr S. Resnikoff, Chronic Diseases and Health Promotion, WHO

"GARD works towards the strategic objectives of the action plan for the Global Strategy on Prevention and Control of Noncommunicable Diseases (2008-2013)"

The Chair invited Dr Serge Resnikoff, WHO, to discuss the relationship between WHO and GARD. Dr Resnikoff provided information about WHO, the specialized agency of the United Nations for health with 193 Member States. WHO was the "directing and coordinating authority on international health work" with a focus on health (rather than medicine) and the social determinants of health, including equity. WHO had two main functions: setting global, evidence-based standards for health (normative) and assisting governments, upon their request, in strengthening national health programmes (technical). WHO was a decentralized organization: the headquarters were in Geneva and there were six regional offices (Brazzaville, Cairo, Copenhagen, Delhi, Manila and Washington, DC) and 144 country offices and liaison offices, with almost 10 000 staff members from 193 countries. WHO was not a donor agency like the World Bank or an implementing agency like the United Nations Children's Fund (UNICEF); WHO was primarily a knowledge management organization. The total budget of the organization was US\$ 2 billion per year: 25% for headquarters and 75% for regional and country offices. The regular budget provided by the 193 Member States was 30% of the total budget. Seventy per cent of the budget came from voluntary contributions (85% of which was provided by Member States and 15% by foundations, nongovernmental organizations and commercial entities) while the rest came from 10 major donors. He underlined the important role that partnerships had in the work of WHO; enhancing partnerships was recommended in all the major WHO policy and management documents, including its constitution.

Within that framework, Dr Resnikoff showed how GARD could contribute to the work of WHO. He recalled that resolution WHA 53.17 (2000) had requested the Director-General to continue giving priority to the prevention and control of noncommunicable diseases, including chronic respiratory diseases, with special emphasis on developing countries and other deprived populations; and "to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research". The Sixty-first World Health Assembly (2008) had approved the action plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, which included chronic respiratory diseases in its scope of action, together with cancer, diabetes and cardiovascular diseases. He emphasized the commitment of WHO to combating chronic respiratory diseases by providing a quote from the Director-General during the Assembly: "Mr President, I agree with your views: any discussion of health development must include the chronic noncommunicable diseases. Heart disease and cancer now rank as leading killers in all parts of the world, regardless of a country's income status. Diabetes and asthma are on the rise everywhere. Even low-income countries are seeing shocking increases in obesity, especially in urban areas and often starting in childhood."

Dr Resnikoff underlined that GARD worked towards the action plan strategic objectives; it combined the partners' strengths and knowledge, thereby achieving results that no one partner could attain alone; it improved coordination between existing governmental and nongovernmental programmes, which avoided duplication of efforts and waste of resources; and it attracted and brought in resources of different kinds (technical, financial, networking). Moreover, GARD would also collaborate with WHO initiatives in the fields of Health Action in Crisis; Health Security and Environment; HIV/AIDS, Tuberculosis, Malaria and Neglected Tropical Diseases; Information, Evidence and Research; and Family and Community Health and Health Systems and Services. GARD would also collaborate, in areas related to its work, with relevant organizations within the United Nations system, for example the United Nations Environment Programme (UNEP) and UNICEF.

Update on GARD, purpose of and expectations for the 2008 GARD General Meeting

Dr J. Bousquet, GARD Chair

"The global burden of disease is shifting from infectious diseases to noncommunicable diseases"

Dr Jean Bousquet continued the session with an update on GARD and with a discussion on the purpose of and expectations for the present General Meeting. A WHO press release (20 May 2008) had stated: "The global burden of disease is shifting from infectious diseases to noncommunicable diseases, with chronic conditions such as heart disease and stroke now being the chief causes of death globally. The shifting health trends indicate that leading infectious diseases – diarrhoea, HIV, tuberculosis, neonatal infections and malaria – will become less important causes of death globally over the next 20 years."

The action plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases stated that "current evidence indicates that four types of noncommunicable diseases – cardiovascular diseases, cancers, chronic respiratory diseases and diabetes – make the largest contribution to mortality in the majority of low- and middle-income countries and require concerted, coordinated action. These diseases are largely preventable by means of effective interventions that tackle shared risk factors, namely: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. In addition, improved disease management can reduce morbidity, disability, and death and contribute to better health outcomes. The four types of diseases and their risk factors are considered together in this action plan in order to emphasize common causes and highlight potential synergies in prevention and control."

Those statements from WHO provided clear recognition of the purpose and objectives of GARD. That partnership among organizations working to reduce the global burden of chronic respiratory diseases began with an exploration phase (2000–2006), entered a building phase (2006–2008) and was currently moving into a maintenance phase (2008–2013). The building phase involved the development of coordination and management mechanisms at different levels: structural, technical, advocacy and communications, strategic, resource mobilization and monitoring and evaluation. For example, considering the structural aspects, the governance of GARD was approved by the WHO Legal Office and by the General Meeting in 2007. That structure included the General Meeting (plenary and decision-making), an Executive Committee (management) and a Planning Group (coordination). Advisory to those governance components were the country focus groups and the GARD working groups. A proposal on operating procedures for working groups was prepared for discussion by the present General Meeting. For the work at country level, a set of suggestions for the development of a country alliance to support the goal and objectives of GARD at country level had been developed for discussion by the present General Meeting. From the technical point of view, the following documents had been published: *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*, and the GARD Basket – a package of information, surveillance tools and guidelines to be offered as a service to countries. From the communications point of view, a GARD logo and a WHO co-branded web site were now in place. Considering the strategic objectives, resource mobilization and monitoring and evaluation of the work of the alliance, a GARD action plan would be discussed during the present General Meeting, and there were proposals for a working group on resource mobilization and for a management report. That would be an important step in continuing to build and maintain the alliance in the future. The present General Meeting was expected to endorse the following documents:

- GARD action plan, according to the action plan for the implementation of the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008–2013);
- management report, as a means by which the GARD secretariat can report on GARD income and expenditures to GARD collaborating parties;
- set of suggestions for the development of a country alliance to support the goal and objectives of GARD at country level (GARD Country);
- operating procedures for GARD working groups.

PRACTICES AND PROPOSALS FOR CONTROL OF CHRONIC RESPIRATORY DISEASES

Moderator

Dr Arzu Yorgancioglu, Turkish Thoracic Society

Chronic respiratory diseases and other noncommunicable diseases in Egypt

Dr M. Tageldin, Former Minister of Health of Egypt

In his presentation Dr Mohamed Tageldin said that GARD Egypt had been created in March 2008 and included many respiratory, allergy and physician care groups. The burden of tuberculosis, asthma and lung cancer in Egypt was very high, as smoking remained a big problem. A strict programme for smoking control had been implemented. The Ministry of Health programme strategy included legislation and smoke-free institutes. Furthermore, the Ministry of Health of Egypt had adopted the WHO Practical Approach to Lung Health (PAL) as a strategy for combined action against tuberculosis and chronic respiratory diseases at primary health-care level.

Chronic respiratory diseases and other noncommunicable diseases in WHO Regional Office for Africa

Dr B. Sambo, Regional Adviser, WHO Regional Office for Africa

Dr Boureima Sambo showed that cardiovascular diseases, cancer, mental health, diabetes, chronic respiratory disease, genetic disorders and injuries were increasing in the WHO African Region. Noncommunicable diseases, chronic diseases, urbanization and poverty were interconnected in a vicious cycle and related to changes in lifestyles. Chronic respiratory diseases were a major category of noncommunicable disease and were a growing burden in sub-Saharan Africa. Chronic respiratory diseases were increasing due to environmental pollution, tobacco, harmful use of alcohol, unhealthy diet, physical inactivity and the AIDS pandemic. Risk factors were highest among individuals with least education. Tobacco consumption was on the increase and according to the latest estimates, more than 80% of the 8.3 million deaths attributable to tobacco use projected to occur by the year 2030 would occur in low-income and middle-income countries. Aware of the rising burden of chronic diseases, a few countries were adopting integrated approaches to curbing the epidemic.

Long-term successful partnership against chronic respiratory diseases in Finland

Dr A. Heloma, Finnish Public Health Institute

In his presentation, Dr Antero Heloma said that Finland had implemented an asthma programme in 1994. Since then economic data had shown a significant reduction in the cost of care of people with asthma, mainly due to the large decrease in hospitalizations. In 1995, hospitalizations for COPD had been estimated to increase significantly over the next several decades and thus goals had been set to decrease the incidence of COPD. The COPD programme included training on spirometry and smoking cessation and was implemented by several different organizations, including primary care professionals. As a result, hospitalization care (and the associated cost) had not increased at the rate projected in 1995. The Finnish tuberculosis programme focused on high-risk groups; early detection, diagnosis and prevention were of high priority. A Finnish allergy programme was initiated with university hospitals and allergy and lung organizations in 2008. Smoking cessation efforts continued to be of high priority; national tobacco health days were held every two years and a national smoking hotline was available.

Development of a national

Ms Lianne Vardy showed that over 3 million Canadians suffered from one of

framework against chronic respiratory diseases in Canada

Ms L. Vardy, Public Health Agency of Canada

five major respiratory diseases: asthma, COPD, lung cancer, tuberculosis and cystic fibrosis. Thus, respiratory diseases exerted a significant economic impact on the Canadian health-care system. Most recent data (Economic Burden of Illness in Canada, 2000, preliminary estimates) indicated that almost 6.5% of total health-care costs were related to respiratory diseases (not including lung cancer). That accounted for nearly 5.7 billion Canadian dollars in direct costs (e.g. hospitalizations, physician visits, research, drugs) and 6.72 billion Canadian dollars in indirect costs (e.g. long-term disability, mortality). For the past two years, the Government of Canada had been working with stakeholders to develop a national lung health framework to advance the respiratory health of all people living in Canada. Workshops on chronic disease, infectious disease, environment and tobacco control had been conducted, and the resulting plan for action had led to the preparation of a draft national lung health framework document, planned for implementation in June 2008.

French action plans on chronic respiratory diseases

Dr E. Lemarié, French Language Society of Pulmonology, and A. Ben Kheder, Hospital A. Mami Ariana, Tunisia

Drs Etienne Lemarié and Ali Ben Kheder said that there were 55 French-speaking high-, middle- and low-income countries in the Americas, Europe, Africa and Asia. In Paris in April 2007 an agreement for the dissemination of French action plans in the French-speaking countries had been launched in collaboration with the Société de Pneumologie de Langue Française and the Société Française d'Allergologie et d'Immunologie Clinique. The exchange of information between high-, middle- and low-income countries through a common language was of great assistance in the fight against chronic respiratory diseases, which were a growing burden in sub-Saharan Africa. Smoking continued to cause health problems in many countries, and asthma prevalence was high; priorities included diagnosis and accessibility to treatment.

Action against chronic respiratory diseases in Italy

Dr S. Nardini on behalf of the National Centre for Disease Prevention and Control, Italy

Dr Stefano Nardini stated that in Italy there was low public awareness of chronic respiratory diseases, spirometry was underutilized and there was poor integration of primary care and respiratory specialists. The Italian National Health Plan included chronic respiratory diseases as one of its four priorities and a "white paper" had been prepared on how to change lifestyles to prevent chronic diseases (including those resulting from smoking). He said that GARD Italy was coordinated by the Centre for Disease Prevention and Control of the Ministry of Health, with the collaboration of professional societies and patients' associations. The goal was to develop a comprehensive strategy of primary and secondary prevention of chronic respiratory diseases, gathering together all the interventions already carried out by the government on specific risks (e.g. tobacco smoking, indoor and outdoor pollution), which so far had remained fragmented.

General discussion

The participants commented on the success of the Finland control programme for asthma and asked if it could be generalized or if there were specific situations in Finland that made the programme unique to that one country. Dr Heloma said that in his opinion the model could be implemented in other countries, but he emphasized that it did require collaboration and cooperation between the ministry of health, academic institutions and nongovernmental organizations, such as the health professional associations.

The question was raised as to whether GARD could serve as a link between low- and high-income countries. Dr Jean Bousquet said he thought that was possible, though it would take a considerable amount of work and a strategy. Through the work of Dr Eric Bateman and his colleagues from South Africa, there was an offer of support for the possible development of GARD in Malawi. It was mentioned that the challenge continued to be raising recognition of the importance of chronic respiratory diseases through the ministry of health, and assuring the availability and affordability of essential medications, using such mechanisms as the Asthma Drug Facility.

GARD WORKING GROUPS

Moderator

Dr J. Bousquet, GARD Chair

Operating procedures of GARD working groups

Dr E. Bateman, GARD Executive Committee

Dr Eric Bateman said that, in accordance with the GARD terms of reference (item 6.1.5), GARD working groups were "responsible for addressing and advising GARD participants on specific issues relating to the surveillance, prevention and control of chronic respiratory diseases, including assisting in planning and implementing GARD proposed approach at country level, if requested". He presented a proposal of the operating procedures of GARD working groups (Annex 3), which was approved by the Planning Group and submitted for endorsement by the General Meeting. The proposal was endorsed by the General Meeting with amendments included in the version in Annex 3 concerning the following issues:

- Potential risk of separation between the composition of the working groups and the scientific organizations that composed GARD. It was suggested that such a risk could be avoided by adding: "Preference will be given to advisors representing GARD participants. GARD participants will be approached for nominations of suitably qualified members for each working group executive and task force appointment" (item 3).
- Risk to the functioning of the working groups due to the fact that the operating procedures stated that "each member of working groups will, in principle, be responsible for meeting his/her own expenses in relation to GARD activities (including, but not limited to, travel and subsistence for the attendance at working group meetings, country focused initiatives, etc)" (item 7). It was suggested that that statement be removed.
- Risk to the publication of material produced by GARD working groups arising from the stipulation that "any documents prepared separately by GARD participants (other than WHO) and referring to WHO or GARD activities may not be published or disseminated without the prior written consent of WHO" (item 12). It was suggested that reference be made to the more general item on publications in the GARD terms of reference (item 8).

It was decided that from the present meeting onwards those operating procedures would act as instructions for the functioning of the working groups, without the need for more formal terms of reference.

Dr Bateman said that the following working groups would be convened:

1. burden, risk factors, and surveillance of chronic respiratory diseases and allergy;
2. awareness and advocacy for chronic respiratory diseases and allergies;
3. health promotion and disease prevention of chronic respiratory diseases and allergies;
4. diagnosis of chronic respiratory diseases and allergies;
5. control of chronic respiratory diseases and allergy and drug accessibility;
6. paediatric chronic respiratory diseases and allergies;
7. resource mobilization for GARD.

The establishment of an ad hoc working group for resource mobilization for GARD was endorsed by the General Meeting.

Composition of GARD working groups

Dr R. Dahl, GARD Vice-Chair

Dr Ronald Dahl pointed out that, as amended, the operating procedures for GARD working groups stated that each working group was composed of (i) an executive comprising a chair, co-chair and three additional members; (ii) additional members as may be necessary for the projects proposed and under way, as members of a task force.

In defining a proposal for the GARD working group executives, the distribution by gender, low-, middle- and high-income countries, and WHO regions was taken into consideration, according to WHO rules. A proposal was presented naming the individuals who had been invited to serve on the executives of the working groups. It was made clear that while those advisers were asked to be part of the executives, the composition of the working groups was task oriented and would vary according to the project under way.

Working group tasks would be identified to meet the goals of the action plan. Specific tasks could be proposed by the working group, by a country or by GARD participants. The GARD Planning Group would recognize the importance of constructing a wide variety of tasks covering multiple topics. It was suggested that to prevent duplication of effort, GARD participants should provide information about task groups that were being formed or were planned by their societies.

The presented composition of the executives was discussed and it was proposed that the final list of members would be approved at a later stage. Considering that, according to the GARD terms of reference, the composition of GARD working groups fell under the responsibility of the GARD Executive Committee, the Committee committed to revising the list. Moreover, the Planning Group was requested to develop a procedure for the selection of the advisers to constitute working group task forces, taking into consideration the suggestions of GARD participants.

Proposals on the areas of work of GARD working groups

Burden, risk factors and surveillance

Dr G. Viegi, chair of working group 1

Dr Giovanni Viegi presented several published papers that provided excellent data on burden, risk factors and surveillance of chronic respiratory diseases as examples of published research that should become part of the resources for working group 1.

Dr Viegi gave a presentation on behalf of Dr Teresa To of the Respiratory Global Research and Training (GREAT) Network, headquartered at the Research Institute at the Hospital for Sick Children, Toronto, which collaborated with many professional and governmental groups in Canada. Its goals were to provide training to respiratory investigators and to collect, process and analyse national and global data to identify trends, gaps and solutions to improve respiratory care and reduce the related burden on individuals, families and society. The project could provide uniform training and exchange programmes for investigators from GARD participating countries and streamline support in gathering and analysis of country-specific and global chronic respiratory disease data.

Dr Viegi said that, during the previous few decades, evidence from epidemiological studies had found consistent associations between air pollution and various outcomes (respiratory symptoms, reduced lung function, chronic bronchitis, hospital admissions for respiratory causes and mortality), suggesting that outdoor air pollution was a contributing cause of respiratory morbidity and mortality. A proposed work package from the working group would, therefore, provide an overview of the burden of air pollution-related respiratory morbidity and mortality in the world, using existing data. It would consist of a review of the published literature, available databases and ongoing projects at national and international level in order to collect data at the world level on the burden of major respiratory diseases and air pollution-related respiratory diseases and events.

Prevention and health promotion

Dr M. Boland, chair of working group 3

Dr Michael Boland stated that smoking remained the major issue that needed to be addressed to prevent chronic respiratory diseases. Others included second-hand smoke and pollution from domestic cooking and heating. Smoking prevention programmes targeted to young children were essential for long-term prevention of chronic respiratory diseases. Education of general practitioners, including in the use of spirometry, would lead to better diagnosis. In comparison to other chronic diseases, especially cardiovascular diseases and diabetes, COPD had received less attention by government and by the medical professions and that situation needed to be improved.

Diagnosis of chronic respiratory diseases

Dr R. Perez Padilla, representative of working group 4

Dr Rogelio Perez Padilla outlined COPD-related issues that should be considered in working group 4. Data from several studies indicated that COPD was both underdiagnosed and misdiagnosed. Thus, a priority was to improve diagnosis of COPD by use of spirometry, but the barriers needed to be examined within each country. In many countries, for example, even simple spirometry equipment was not available. Guidelines for use of spirometry in general practice (for example those of the Spirometry Task Force of the Forum of International Respiratory Societies (FIRS), and GOLD's *Spirometry for general practitioners*) should prove to be helpful. However, it was suggested that it would be very useful to implement a pilot study in rural areas to test the usefulness of the methods. Data from the study by the Burden of Obstructive Lung Disease (BOLD) initiative and the Platino project (Latin American Project for the Investigation of Obstructive Lung Disease) suggested that peak flow might be an alternative to spirometry for diagnosis of COPD, but that should be further explored.

Allergy diagnosis

Dr W. Canonica, representative of working group 4

Dr Walter Canonica presented a progress report on three projects related to the topic of working group 4: (i) survey on allergy diagnosis procedures; (ii) survey on prevalence of allergens; and (iii) simple and cheap diagnostic test development. For example, questionnaires were developed and circulated to all member societies of the World Allergy Organization (WAO) to collect data about the diagnostic procedures used in the countries and regions. Results were submitted from several WAO members and would be presented at the WAO member society forums in June 2008.

Management: Asthma Drug Facility

Dr N. Ait-Khaled, representative of working group 5

Dr Nadia Ait-Khaled said that the International Union against Tuberculosis and Lung Diseases had created the Asthma Drug Facility to provide access for low- and middle-income countries to affordable good-quality essential asthma medicines and to promote standardized management of asthma with evaluation of quality of care. She described how the Asthma Drug Facility worked, particularly regarding the qualifications of manufacturers and their products (four manufacturers had submitted expressions of interest for hydrofluoroalkane (HFA) inhaled steroids and short-acting beta agonists and those were currently under review). She affirmed that GARD would play a decisive role in obtaining commitment from low-income country governments by encouraging them to recognize asthma as a new public health priority and to allocate a budget line for the purchase of essential asthma medicines.

Paediatrics

(Dr E. Valovirta and Dr C. Baena-Cagnani, co-chairs of working group 6)

Dr Erkka Valovirta stated that the goal of the working group was to decrease the burden of childhood asthma by early diagnosis, including allergy diagnosis and co-morbidities, early anti-inflammatory treatment, continuity of care, education of parents, children, adolescents, health-care providers and others involved, and increasing awareness among health policy-makers and the public. To improve surveillance, the working group proposed studies of prevalence of asthma and risk factors in preschool children and in developing countries. Programmes of prevention should include smoking cessation during pregnancy, educating adolescents to avoid smoking, reducing second-hand smoke and avoidance of allergens triggering exacerbations. A comprehensive plan to improve diagnosis, management and awareness was also presented.

ACTION AT COUNTRY LEVEL

Moderator

Dr A. Cruz, Chronic Diseases and Health Promotion, WHO

Set of suggestions on the establishment of a country alliance with the aim of pursuing the GARD goal and objectives at country level (GARD Country)

Dr A. Cruz, Chronic Diseases and Health Promotion, WHO

Dr Alvaro Cruz said that GARD had been very successful in raising awareness and advocating action, but it was time to scale up activities related to prevention and control of chronic respiratory diseases. To achieve tangible, quick and sustainable results, worldwide action was required at country level. Multisectoral partnerships should be reproduced at the country level, and there should be a focus on integrated prevention and control of chronic diseases in primary health care.

Dr Cruz made a brief presentation on a set of suggestions on the establishment of a country alliance with the aim of pursuing the GARD goal and objectives at country level (GARD Country) (Annex 4). Interested parties could constitute a country alliance with the aim of pursuing the GARD goal and objectives; such an alliance would be a country group for GARD (GARD Country). It would provide local coordination, momentum and capacity to scale up surveillance, prevention and control of chronic respiratory diseases and should support the development and implementation of the chronic respiratory diseases component of national action plans against noncommunicable diseases. GARD Country, he said, was part of the effort of GARD, but was legally independent of GARD and therefore of WHO. It could be constituted as an independent legal entity in the form of a not-for-profit organization under the law of the country in question. It could not use the GARD logo to depict its own visual identity, and should create an appropriate GARD Country logo, which may follow a model proposed and already adopted by some countries (see below the logo for GARD Turkey, with the GARD vision of a world where all people breathe freely inscribed in Turkish). The steps to develop a GARD Country were described.



The set of suggestions was endorsed by the GARD General Meeting, as it was recognized that GARD should provide specific guidance on how to build GARD Countries. It was emphasized, however, that implementation would be different in each country, even in different areas within countries (rural, urban). Once a GARD Country was in place, the parties could look to existing initiatives and programmes and request the collaboration of WHO regional and country offices for adapting the GARD proposed approach to local conditions.

GARD demonstration projects at country level

Dr J. Bousquet, GARD Chair

Dr Jean Bousquet defined a GARD demonstration project as a project that provided means for dissemination of beneficial innovations for the surveillance, prevention and control of chronic respiratory diseases, adapted to local needs. He reported that there were projects in Brazil, Finland, France, Portugal, Republic of Korea, South Africa, Turkey and the United States of America that could be taken as GARD demonstration projects. A summary of the following projects was presented:

- reduction in hospitalizations and emergency room visits in children

and adolescents with asthma after enrolment in a public asthma programme for low-income families, Belo Horizonte City, Brazil;

- impact of a public health intervention for management of severe asthma on hospital admissions, health resource utilization and costs, Bahia, Brazil;
- allergy, asthma and COPD programmes, Finland;
- asthma and COPD programmes, France;
- asthma and COPD programmes, Portugal;
- Practical Approach to Lung Health in high-HIV prevalence countries (PALSA Plus), South Africa;
- GARD Turkey and its role in the development of the National Control Programme for Chronic Airway Diseases (asthma, COPD);
- GARD Korea and its role in the development of a three-year national plan on asthma, allergic rhinitis and atopic dermatitis;
- a national campaign – “Learn More, Breathe Better” – to increase awareness and understanding of COPD and its risk factors by the National Heart, Lung, and Blood Institute (NHLBI), United States of America;
- a web-based tool to assist proper implementation of asthma guidelines by the American Academy of Allergy, Asthma and Immunology (AAAAI), United States of America.

Those projects were recognized by the GARD General Meeting as GARD demonstration projects.

Report of progress in countries interested in building a GARD Country

Prior to the meeting, countries were provided with a format to present their progress reports. The summaries below are based on materials submitted and included in the meeting folder, along with additional information presented.

Bangladesh Dr K.S. Bennoor

Dr Kazi S. Bennoor, GARD Bangladesh initiator, gave a presentation on the burden of COPD, asthma, tuberculosis and lung cancer in Bangladesh. While a national plan on chronic respiratory diseases did not exist in the country, the GARD approach had been considered of potential value for work to reduce the burden of chronic respiratory diseases. The Ministry of Health had been informed and a group of parties had shown interest in becoming involved with GARD. Those parties would meet in June to discuss the way forward. GARD would help to scale up the current work in the field of chronic respiratory diseases in the country, including a national asthma prevalence study, a Burden of Chronic Obstructive Lung Disease in Bangladesh (BOLD-BD) study, development of guidelines for medical practitioners, World Asthma Day observance, World No Tobacco Day observance, awareness on chlorofluorocarbon-free inhalers with the assistance of UNEP and the United Nations Development Programme (UNDP), and PAL guidelines for Bangladesh.

Bulgaria Dr T. Popov

Dr Todor Popov, GARD Bulgaria coordinator, reported that GARD Bulgaria had been launched in March 2007. It had been accepted as a programme priority by the Union of Bulgarian Medical Societies, and was established through collaboration between medical societies, universities, the Ministry of Health and industry.

Canada Dr L.-P. Boulet

Dr Louis-Philippe Boulet, GARD Canada coordinator, reported that GARD Canada included the Canadian Thoracic Society, the Canadian Lung Association, the Allergy, Genes and Environment (AllerGen) Network of Centres of Excellence and the Public Health Agency of Canada. One of the main subjects of work was the development of a national lung health framework.

He also presented information on GREAT, a partnership between GARD Canada and the Research Institute at The Hospital for Sick Children in

Toronto. That initiative offered the possibility of having a global chronic respiratory disease database for surveillance and research and a training programme on knowledge translation and exchange. Other goals and projects included development and implementation of guidelines for a variety of chronic respiratory diseases and education on respiratory diseases in Canada. Furthermore, a web site had been developed by AllerGen to provide information on allergic diseases and allergens in Canada.

Egypt
Dr M. Tageldin

Dr Mohamed Tageldin, GARD Egypt coordinator, reported that GARD Egypt had been launched in March 2008 with the participation of the Ministry of Health and WHO during the 50th International Congress of the Egyptian Society of Chest Diseases and Tuberculosis organized under the patronage of President Mubarak of Egypt. The burden of COPD, asthma, tuberculosis and respiratory tract infections in Egypt was very high. A national plan for chronic respiratory diseases had been developed in collaboration with the Egyptian Society of Chest Diseases and Tuberculosis. The Minister of Health had been informed and several other organizations in Egypt were involved.

Finland
Dr E. Valovirta

Dr Erka Valovirta, GARD Finland coordinator, reported that GARD Finland had been launched in May 2008 with the participation of the Ministry of Social Affairs and Health, the Institute of Public Health and a variety of respiratory, paediatric, allergy and hospital-based organizations. National programmes were already under way on asthma, COPD, tuberculosis and sleep apnoea, and there was collaboration with a PAL programme in Kyrgyzstan. A national allergy programme had been initiated in April 2008, and its goals and objectives were described. It was made clear that networking and partnerships with different sectors was the key to successful implementation.

Georgia
Ms M. Maglakelidze

Ms Mariam Maglakelidze, on behalf of Dr Tamaz Maglakelidze, GARD Georgia coordinator, reported that meetings with the Ministry of Health, the WHO Country Office and representatives from several medical schools had been held to set the stage for the development of GARD Georgia. Pilot projects on surveillance of chronic respiratory diseases at primary health-care level had been initiated in two family medicine centres in March 2007. An important priority emerging from those pilot projects was the need to implement training in the medical facilities about diagnosis and treatment of chronic respiratory diseases, especially asthma and COPD.

Greece
Dr N. Siafakas

Dr Nikolaos Siafakas, President, Hellenic Thoracic Society, reported that GARD Greece had been initiated by the Society and presented to the Minister of Health in October 2007, when it was agreed that Dr Mina Gaga would be GARD Greece coordinator. He said that the planned actions included forming partnerships with other Greek medical groups, conducting meetings about GARD at Greek medical schools and implementing further discussions with the Minister of Health.

India
Dr R. Pawankar

Dr Ruby Pawankar, one of initiators of GARD India, said that A.P.J. Abdul Kalam, when he was President of India, had delivered a statement of support for the publication Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach. Dr Pawankar acted as GARD initiator and had given a presentation on GARD in the plenary session of a conference organized by the Indian Government in January 2008 with the purpose of introducing the subject to the Ministry of Health. Contact had been made with the WHO Country Office and the Regional Office for South-East Asia.

Islamic Republic of Iran
Dr M. Reza Masjedi

Dr Mohammad Reza Masjedi, GARD Iran coordinator, said that GARD Iran had collaborated with the Ministry of Health, the Department of Disease Control, several nongovernmental organizations, medical societies and patient associations and the WHO representative in Iran. The group was active in the preparation of comprehensive protocols on asthma and COPD for integration into a national study of asthma and COPD in urban and rural

areas, in collaboration with PAL.

Kazakhstan
Mr A. Tsoy

Mr Alex Tsoy, on behalf of Dr Abai K. Baigenzhin, GARD Kazakhstan coordinator, reported that respiratory diseases were a major cause of morbidity in the population. COPD was currently the third leading cause of death. Since 2006, with the National Research Medical Centre, the Ministry of Health Care of the Kazakhstan had been carrying out a research programme on the epidemiology, diagnostics, risk factors and mechanisms in the progress and treatment of chronic respiratory diseases. GARD Kazakhstan supported that process.

Lithuania
Dr A. Valiulis

Dr Arunas Valiulis, GARD Lithuania initiator, reported that GARD Lithuania had been presented at the National Asthma Congress in October 2007. Educational programmes for doctors, nurses, teachers of primary and secondary schools and patients were the main activities of GARD Lithuania. At present, a national chronic respiratory disease programme was not available.

Mexico
Dr R. Perez Padilla

Dr Rogelio Perez Padilla, GARD Mexico coordinator, reported that GARD Mexico had been presented in January 2008 at the Ministry of Health. Various interested parties were present at the meeting and expressed their willingness to be part of the development of GARD Mexico. GARD was seen as an interesting strategy to involve different partners in a joint action against chronic respiratory diseases in Mexico.

Romania
Dr D. Dumitrascu

Dr Diana Dumitrascu, on behalf of Dr Florin Mihaltan, GARD Romania initiator, said that GARD Romania had been established, but there was no national plan for chronic respiratory diseases at present. A national committee had been established and contacts made with the Ministry of Health. Programmes for screening for asthma and COPD were in the process of being developed.

Russian Federation
Dr A. Belevskiy

Dr Andrey Belevskiy, on behalf of Dr Alexander Chuchalin, GARD Russian Federation initiator, said that a national plan on chronic respiratory diseases had been prepared, and plans were under way to build GARD Russian Federation. A complex of educational seminars, subnational GARD support meetings and large epidemiologic and educational programmes had been developed and discussions were being held with the Ministry of Health.

South Africa
Dr E. Bateman

Dr Eric Bateman, GARD South Africa initiator, said that the national plan on chronic respiratory diseases was part of an integrated primary care model based on PAL and integrated management of childhood illness (IMCI). Negotiations were under way with the National Department of Health towards a nationwide implementation of the model. A seminar convening parties interested in GARD had been organized by the South African Pulmonology Society in 2007, followed by a regional workshop with representatives from 12 African countries. Two provincial departments of health, the Human Resources Directorate in the National Department of Health and the University of Cape Town Lung Institute had all expressed an interest in participating.

Tunisia
Dr A. Ben Kheder

Dr Ali Ben Kheder, GARD Tunisia coordinator, reported that GARD Tunisia had been started in February 2007. Chronic respiratory diseases were on the increase in Tunisia, a country of more than 10 million people. The goals of GARD Tunisia included raising awareness among health-care authorities, developing a respiratory health policy, disseminating the PAL programme, implementing epidemiologic studies and mobilizing necessary resources.

Viet Nam
Dr L. Le Thi Tuyet

Dr Lan Le Thi Tuyet, GARD Viet Nam initiator, said that steps had been taken towards the development of GARD Viet Nam during a planning meeting in May 2008, which had included several medical and patient groups in Hanoi and Ho Chi Minh City as well as the Minister of Health and the WHO representative. The Minister of Health had recommended that all

the departments of the Ministry of Health (international cooperation, treatment, science and training) should be involved in the development of GARD Viet Nam. National guidelines on asthma and COPD would form the beginning of a national plan for chronic respiratory diseases. In that direction, many seminars, workshops and training sessions had been held with respiratory and primary care physicians.

PROJECTS IN COLLABORATION WITH GARD AND NEW PROPOSALS

Moderator

Dr C. Baena-Cagnani, GARD Executive Committee

Surveys on chronic respiratory diseases at the primary health-care level

Dr N. Khaltaev, Allergic Rhinitis and its Impact on Asthma (ARIA) Initiative

Dr Nikolai Khaltaev stated that primary health care was a backbone of the health-care systems in many countries and often constituted a first contact point with health professionals for the majority of patients. At the level of primary health care, assessment of prevalence of respiratory diseases, their risk factors and early diagnosis were vital not only for development of the prevention and control programme but also for the evaluation of patient flow and the workload of health professionals, and calculation of the needs for specialists, equipment and medications. Data from some pilot projects were described and shown to be directly applicable in countries with primary health-care-based systems (Cape Verde, Georgia, Philippines, Russian Federation).

Quality control in chronic respiratory disease management

Dr C. Bai, Fudan University, China

Dr Chunxue Bai stated that quality control for chronic respiratory disease management was necessary due to the high mortality and economic burden. In Shanghai, it had been of concern that 95% of asthma patients were not treated according to guidelines in spite of the fact that the guidelines had been translated and numerous training sessions had been conducted. Thus, in 2004 a Quality Control Centre for Respiratory Diseases had been established. Training courses for respiratory physicians were conducted and were followed by quality inspections to determine if work was conducted according to the approved guidelines. Data were provided to show the impact of the establishment of the Quality Control Centre.

Gaps in knowledge and in knowledge implementation for control of severe asthma: urgent guidance needed to establish priorities

Dr O. Kalayci, Turkish National Society of Allergy and Clinical Immunology, Turkey

Dr Omer Kalayci said that although severe asthma was estimated to represent less than 10% of all asthma cases, those patients were responsible for a disproportionate share of the health-care costs and morbidity associated with the disease. The actual prevalence of severe asthma and its various phenotypes worldwide was generally unknown, mainly due to the lack of clear definition. Severe asthma was also termed refractory asthma, and was seen as difficult to treat. Children often seemed to be classified using different terminology than that applied to adults. He supported initiation of a global approach to the definition of severe asthma and encouraged collaboration in clinical and basic research to try to identify phenotypic markers, biomarkers and genotypic markers with high accuracy.

Tobacco-free initiative

Dr T. Ergüder, WHO Liaison Office, Turkey

Dr Toker Ergüder said that it was estimated that approximately 30% of the population of Turkey older than 18 smoked cigarettes in spite of the tobacco control legislation that was implemented in 1986 and the subsequent laws that required labelling cigarette packages with messages about the harmful effects of smoking. In November 2004, the Turkish Parliament had ratified the Framework Convention on Tobacco Control. In 2005, the Minister of Health had formed a working group, including participants from

nongovernmental organizations, universities and other relevant institutions, to develop goals and objectives for a national tobacco control programme. The working group had agreed on objectives to reduce adult (age 15 and over) prevalence of tobacco use to 20% by 2010 and to reduce youth (< 15 years) prevalence of tobacco use to 0% by 2010. A number of actions had been taken by the government (banning smoking indoors and in public places in 2008 and in restaurants beginning in 2009) and the press (no tobacco product advertising on television), and the sale of tobacco products in health, education and training, culture and sports facilities, and to individuals under the age of 18, was limited.

Global initiatives of the European Respiratory Society

Dr N. Siafakas, European Respiratory Society

Dr Nikolaos Siafakas said that the European Respiratory Society (ERS) had approximately 9000 members from 100 countries. The 2008 goals included strengthening the science, education and advocacy programmes with the aim of improving patient care and health of the people; learning more about complex chronic co-morbidities; interaction with other scientific societies; continuing programmes for young members; and exploiting web technology. He provided information on the ERS annual scientific meetings and school programmes, the *European Respiratory Journal*, FIRS and the production of guidelines. In 2003 ERS, in conjunction with the European Lung Foundation, had released the *European Lung White Book*, a 200-page report that included data on the causes, means of prevention and treatment of a wide range of respiratory diseases, and epidemiological data collected from 51 countries of the WHO European Region. The book was currently under revision. Finally, he stated that ERS, as a scientific society able to provide scientific data, would be a strong partner within GARD for awareness-raising and advocacy activities related to chronic respiratory diseases.

SCALING UP PREVENTION AND CONTROL OF CHRONIC RESPIRATORY DISEASES GLOBALLY

Moderator

Dr A. Alwan, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO

Chronic respiratory diseases, one of the priorities of the Global Strategy for the Prevention and Control of Noncommunicable Diseases

Dr A. Alwan, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO

"The Action Plan of the Global Strategy for the Prevention and Control of Noncommunicable Diseases is very ambitious and needs the support of partnerships such as GARD in order to be successfully implemented"

Dr Ala Alwan expressed his pleasure at being present at the GARD General Meeting on No Tobacco Day (31 May). He thanked Dr Bousquet for his commitment to chronic respiratory diseases and congratulated GARD for its impressive achievements. He also thanked the Ministry of Health of Turkey for having hosted the present important meeting.

Dr Alwan described the WHO Cluster for Noncommunicable Diseases and Mental Health and provided data on the mortality of the diseases grouped in that cluster. WHO projections indicated that, over the next 10 years, the largest increase in deaths from cardiovascular disease, cancer, chronic respiratory disease and diabetes would occur in Africa, the Middle East and Asia. Of concern was the large (and increasing) prevalence of asthma and COPD worldwide, with COPD projected to be the third leading cause of death by 2030. Tobacco use was a risk factor for six of the eight leading causes of death in the world. Action was required to address noncommunicable diseases and a variety of cost-effective strategies existed. However, in 2002, of the US\$ 2.9 billion of official development aid to the health sector, only 0.1% was allocated to noncommunicable diseases and mental health.

Continuing his presentation, Dr Alwan said that the Global Strategy for the Prevention and Control of Noncommunicable Diseases to address cardiovascular disease, cancer, chronic respiratory disease and diabetes had been in development since 2000 and had involved a very systematic review process. A six-year action plan for the strategy had been endorsed by the WHO World Health Assembly on 24 May 2008. In her opening address to the Sixty-first World Health Assembly, Dr Margaret Chan, Director-General of WHO, had stated: "Any discussion of health development must include the chronic noncommunicable diseases. Heart disease and cancer now rank as leading killers in all parts of the world, regardless of a country's income status. Diabetes and asthma are on the rise everywhere." The six objectives of the action plan were:

1. raise the **priority** accorded to noncommunicable disease in **development work** at global and national levels, and integrate prevention of such diseases into policies across all government departments;
2. establish and strengthen **national policies and plans** for the prevention and control of noncommunicable diseases;
3. promote **interventions** to reduce the **main shared modifiable risk factors** for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol;
4. promote **research** for the prevention and control of noncommunicable diseases;
5. promote **partnerships** for the prevention and control of noncommunicable diseases;

6. monitor noncommunicable diseases and their determinants and **evaluate progress** at the national, regional and global levels.

Describing the objectives and related key actions, Dr Alwan drew attention to the impact of chronic respiratory diseases and the potential role of GARD in contributing to the action plan. He emphasized that the plan was very ambitious and needed the support of partnerships such as GARD in order to be successfully implemented. Following development of the plan, he warned, business as usual was no longer possible. WHO Member States involved in the development of the plan had developed a sense of ownership that implied a strong commitment to moving forward and an increased need for WHO technical assistance.

Responding to questions raised during the subsequent discussion, Dr Alwan acknowledged that in developing the specific action plan for GARD, social and economic aspects needed to be addressed to raise awareness of chronic respiratory diseases; existing partnerships should be strengthened to assure that the goals could be reached; national plans should be developed to adapt integrated action for prevention and control of the most common chronic diseases to the primary health-care level; and better methods should be developed to collect data on chronic respiratory diseases. Finally, he stressed that there was an urgent need to increase resources for chronic respiratory diseases.

National Control Programme for Chronic Airway Diseases (asthma, COPD)

Dr S. Aydin and Dr N. Yardim,
Ministry of Health, Turkey

Dr Sabahattin Aydin invited Dr Nazan Yardim to make a presentation on the National Control Programme for Chronic Airway Diseases. Chronic respiratory diseases were a major cause of morbidity and mortality in Turkey, and the burden was expected to increase in the next several years. GARD Turkey had been established in 2007 with the aim of supporting the GARD goal and objectives in Turkey. The first step had been the decision to prepare the National Control Programme for Chronic Airway Diseases (asthma, COPD). For that purpose, a committee had been set up in the Turkish Thoracic Society in order to prepare a draft project. The project proposal described the current situation regarding the surveillance, prevention and control of chronic respiratory diseases in the country. In May 2007, the Ministry of Health had approved the project, signing a letter of support for GARD and its work in the country. Associate Professor Dr Sinan Yol, Director-General, General Directorate of Health Education, Ministry of Health, had been assigned as GARD focal point within the Ministry of Health, with responsibility for coordinating the development of GARD at country level. The current assigned GARD focal point within the Ministry of Health was Dr Bekir Keskinilic, Deputy Director-General, General Directorate of Primary Health Care.

The National Control Programme had the following objectives: (i) to prevent chronic respiratory diseases; (ii) to reduce the mortality and morbidity resulting from those diseases; and (iii) to reduce the social and economic burden of those diseases.

Chronic respiratory diseases component of the action plan against noncommunicable diseases in Portugal

Dr F. George, Director of Health,
Ministry of Health, Portugal

Dr Francisco George said that a Portuguese version of the publication *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach* had been produced by the Ministry of Health, Portugal. The estimated population of Portugal was 10.5 million. In the early 1990s Portugal had been confronted with an unusually high influx of immigrants from several sociocultural contexts. The flow of immigrants originated mainly from Portuguese-speaking countries; more recently, large numbers had arrived from Brazil and Eastern European countries. In a quarter of a century the foreign population had increased more than fivefold. The so-called Carnation Revolution within Portugal had been driven by three essential ideas: democratize, decolonize and develop, leading to an accelerated process of social change. Social progress, especially the peaceful transition to an open, democratic society, and joining the European Economic Community in 1986, had occurred in a sustainable manner. As a component of that social development, the National Health Service had been created and had brought about a favourable evolution of the main health indicators. In 2006, the annual budget of the National Health Service reached 8.57 billion euros and represented 22% of the current public expenditure.

Dr George introduced the National Health Plan as an action guide that defined the strategic guidelines designed to sustain – politically, technically and financially – the National Health Service. The National Health Plan comprised 40 national health programmes in different domains, including the National Programme of Asthma Control and the National Programme of Prevention and Control of Chronic Obstructive Pulmonary Diseases.

GARD ACTION PLAN

Moderator

Dr S. Resnikoff, Chronic Diseases and Health Promotion, WHO

Discussion on the outline of the GARD action plan

Dr E. Bateman, GARD Executive Committee

Dr Eric Bateman stated that the GARD action plan was an instrument of the action plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. It was a results-based management document with three components: an intervention strategy, monitoring and evaluation, and a business plan, developed along a six-year timeframe, 2008 to 2013. The action plan included a **vision** – a world where all people breathe freely; a **goal** – to reduce the global burden of chronic respiratory diseases; and a **purpose** – to initiate a comprehensive approach to fight chronic respiratory diseases according to the publication *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*⁸. General milestones were proposed for each of the six years as a way to provide a measure of success. A list of 40 participating countries, which was determined on the dual basis of high-burden of diseases and willingness to adopt the GARD approach, was presented. Dr Bateman expressed his view that with very little background on which to base the milestones, they might be optimistic estimates, but it was important to start. The general milestones of GARD were accepted, as shown in Figure 1.

Dr Bateman described the four GARD strategic objectives. The first two strategic objectives were related to the functions of the alliance, in terms of advocating and raising awareness, providing a network for discussion, enhancing partnerships at global, regional and country levels and resource mobilization for chronic respiratory diseases. The other two were related to the support that GARD provided to WHO technical work.

GARD core strategic objectives:

1. **Advocacy.** To raise the recognition of the importance of chronic respiratory diseases at global and country levels, and to advocate the integration of prevention and control of such diseases into policies across all government departments.
2. **Partnership.** To promote partnering for the prevention and control of chronic respiratory diseases.

GARD strategic objectives to support WHO technical work:

3. **National plans on prevention and control.** To support WHO in assisting countries to establish and strengthen national policies and plans for the prevention and control of chronic respiratory diseases using WHO endorsed approaches and methods.
4. **Surveillance.** To support WHO in monitoring chronic respiratory diseases and their determinants and evaluate progress at country, regional and global levels.

For each strategic objective, expected outputs, core activities, indicators and milestones were described. The business plan component outlined the planned costs for each strategic objective and the expected income from contributions from GARD participants, GARD observers, WHO and other donors, and included a segment on unmet needs. A major funding gap would be faced in the coming years if GARD did not obtain resources from additional and major donors. The funding gap would be even wider if the actual income did not match the expected income.

⁸ See note 1.

Figure 1 General milestones for GARD						
Indicators	2008	2009	2010	2011	2012	2013
Proportion of participating countries in which a consistent trend towards reduction in hospital admissions due to chronic respiratory diseases is detected	0%	0%	0%	20%	30%	40%
Proportion of participating countries in which a consistent trend towards reduction in mortality due to chronic respiratory diseases is detected	0%	0%	0%	20%	30%	40%
Proportion of participating countries in which essential medicines for management of chronic respiratory diseases are affordable and accessible in primary health care	0%	10%	30%	40%	50%	70%

Resource mobilization to implement the action plan

Dr J. Bousquet, GARD Chair

Dr Bousquet said that the current sources of income for the work of GARD were stated in the GARD terms of reference:

- "All activities undertaken by GARD, including its day-to-day operations and the secretariat support, are subject to GARD receiving adequate funds in the form of voluntary contributions from participants.
- WHO may, in its sole and absolute discretion, also accept financial contributions from observers.
- WHO may also raise funds from other sources to support the work of GARD, in accordance with WHO's established policies and principles."

Dr Bousquet also summarized the current WHO oversight procedure on GARD funding, as follows:

- Every six months a report from the GARD secretariat must be submitted to the Assistant Director-General for Noncommunicable Diseases and Mental Health on income and expenditures.
- The report was copied to the Legal Office, the Unit for Relationship with the Private Sector and the General Management Cluster.
- The list of commercial entities that were willing to collaborate with GARD was submitted to the Unit for Relationship with the Private Sector, which reviewed it and made a recommendation on the appropriateness of such a collaboration.

Dr Bousquet reported that during the period 2006–2007, GARD operated with a budget of US\$ 1.5 million. However, to meet the goals in the action plan, GARD would require US\$ 2.5 million for 2008–2009, US\$ 3.3 million for 2010–2011 and US\$ 4 million for 2012–2013. To meet those funding levels, GARD created a new working group to define a resource mobilization strategy for the implementation of the GARD action plan, raise more funds from current contributors and raise funds from other different sources. The composition of that working group was described. In addition, the proposal to have biannual donor agreements with annual instalments was presented and accepted by GARD participants.

General discussion

After discussion, it was clarified that the budget presented did not include funds for the activities of the working groups and GARD country activities. GARD was not a funding agency to be approached for funds; specific funding would have to be raised to support any project. For that reason, each working group and GARD Country should have its own plan. The Planning Group would decide whether to support fund raising for working groups and GARD country activities on the basis of those plans.

EXPERIENCES IN PLANNING GARD APPROACH AT COUNTRY LEVEL

Moderator

Dr C. Lenfant, GARD Planning Group

Turkey

Dr A. Yorgancioglu, GARD Turkey
coordinator

Dr Arzu Yorgancioglu gave a presentation on the process followed to establish GARD Turkey. The Turkish Thoracic Society had acted as GARD Turkey initiator and had ensured that the three prerequisites listed in the set of suggestions (Annex 4) were in place: (i) the situation regarding the surveillance, prevention and control of chronic respiratory diseases in the country should be analysed; (ii) the Ministry of Health of the country should be consulted and should agree on the development of a GARD Country; (iii) WHO (GARD secretariat at headquarters, WHO Regional Office and WHO Country Office) should be informed on the development of a GARD Country.

Concerning the situation analysis, chronic respiratory diseases in Turkey were a significant cause of death and a significant factor in the burden of disease. COPD currently ranked as the third cause of death and COPD prevalence was expected to increase as smoking rates continued to be high (50.6% males; 16.6% females).

Given those circumstances, the Turkish Thoracic Society had formed a GARD committee. The Society had consulted the Ministry of Health and WHO at the headquarters, regional and country levels. The first project carried out by the GARD committee had been the development of the National Control Programme for Chronic Airway Diseases. The programme had been approved by the Ministry of Health, which had nominated a focal point for GARD Turkey.

With the prerequisites in place, the Turkish Thoracic Society had started to identify new partners. Universities and nongovernmental and governmental organizations (within and outside the Ministry of Health) had become actively involved in the development of GARD Turkey, which presently counted 41 collaborating parties. The first GARD Turkey general meeting was held in October 2007 to set terms of reference and develop a GARD Turkey structure, which included an executive committee and six working groups with their own action plans. GARD Turkey was launched on 29 May 2008.

Portugal

Dr J. Rosado Pinto, GARD
Portugal coordinator

Dr José Rosado Pinto reported that GARD Portugal had been launched in October 2007 with the active participation of representatives from the Ministry of Health, professional associations, scientific societies, scientific and research academic groups, public health experts, patient groups, nongovernmental social organizations and observers from the private sector.

Dr Rosado Pinto described the wide range of projects carried out by GARD Portugal collaborating parties, such as training, research, health promotion and screening. April 2008 had been designated the “Month of the Lung” in a district in Lisbon to raise awareness of chronic respiratory diseases.

In the field of international cooperation, a survey to study the prevalence of

chronic respiratory diseases at a primary health-care facility had been conducted in Cape Verde in collaboration with the Ministry of Health. Future collaboration was planned with Angola, Brazil and other Portuguese-speaking countries, as the Ministry of Health of Portugal had translated the WHO publication *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*⁹ into Portuguese. The publication would be launched on 27 June 2008.

Republic of Korea

Dr Y.-Y. Kim, GARD Korea coordinator

In his presentation, Dr You-Young Kim said that nationwide country surveys of asthma and COPD prevalence had provided evidence of the high prevalence and economic burden of chronic respiratory diseases. That had led to the formation of GARD Korea, launched in May 2007, with the participation of the Korean Asthma Allergy Foundation, the Academy of Asthma, Allergy and Clinical Immunology, the Academy of Paediatric Allergy and Respiratory Disease and the Academy of Occupational Asthma.

The main activities of GARD Korea were (i) developing and implementing guides to prevention of chronic respiratory diseases; (ii) publicizing guides to prevention of chronic respiratory diseases via mass media; (iii) supporting chronic respiratory disease patient groups and foundations; and (iv) establishing an asthma cohort.

Dr Kim said that the Korean Ministry for Health, Welfare and Family Affairs supported the activities of GARD Korea and had assisted in the implementation of a nationwide Asthma and Atopic Disease Prevention and Management Plan in 2008. The Korean Government would provide US\$ 3 million for implementation of the plan annually from 2008. The plan included education and public relations about asthma and atopic disease, development of asthma-friendly schools, implementation of a computer-assisted asthma management programme, formation of an education and information centre for asthma and atopic diseases and establishing an asthma cohort.

Czech Republic

Dr V. Kolek, GARD Czech Republic coordinator

Dr Viktor Kolek reported that the Czech Alliance against Chronic Respiratory Diseases (ČARO) had been constituted as a national nongovernmental organization and launched in November 2007. The alliance included the active participation of many Czech medical societies, nongovernmental organizations, representatives from the Ministry of Health and the WHO Liaison Office for the Czech Republic.

Chronic respiratory diseases were a significant social and economic burden in the Czech Republic, with increasing morbidity and mortality. They were underdiagnosed and undertreated and strongly related to a high smoking rate. The implementation of a Czech asthma management programme had resulted in a 34% decrease in hospitalizations from asthma (1995–2004). Lung cancer mortality was decreasing in men, but increasing in women.

Among other activities, ČARO contributed to the National Programme against Chronic Respiratory Diseases. The goals of the programme were to decrease incidence, prevalence and mortality, improve quality of life and implement rational utilization of diagnostic and therapeutic processes. Methods used included (i) prevention of chronic respiratory diseases through antismoking activities; (ii) epidemiology and effective screening; and (iii) management in tertiary reference centres (smoking cessation, critical care related to cystic fibrosis, severe asthma and sleep apnoea, and pneumo-oncology).

Algeria

Dr H. Douagui, GARD Algeria coordinator

Dr Habib Douagui said that in Algeria, a country in epidemiologic transition, chronic respiratory diseases were increasing annually and were often underdiagnosed and undertreated. No national or domestic programmes had been in place, including prevention programmes. GARD Algeria had been suggested in response to the concerns of health practitioners and

⁹ See note 1.

others. Following presentations to the Minister of Health in July and November 2006, several regional seminars in early 2007 and collection of standardized data about the frequency and severity of chronic respiratory diseases and allergies from March to May 2007, GARD Algeria had been launched in June 2007 during the International Conference on Asthma and Clinical Immunology. The goals were to coordinate the actions of the health sector concerning COPD and allergies, to obtain reliable data and indicators, to evaluate health needs and to propose specific strategies. The official installation of the national committee had been completed in August 2007 and included 27 members representing the whole range of medical specialties, scientific associations and patients' associations.

Argentina and Paraguay

Dr C. Baena-Cagnani, GARD
Argentina coordinator

Dr Carlos Baena-Cagnani reported on GARD Paraguay on behalf of Dr Juan Carlos Sisul Alvariza, GARD Paraguay coordinator. GARD Paraguay would be launched in July 2008 by the Paraguay Association of Pneumology and the Paraguay Society of Allergy and Immunology. The Ministry of Health had been involved from the beginning in the development of GARD Paraguay, which will aim to contribute to the reduction of morbidity and mortality due to chronic respiratory diseases in the country. An early discussion with the Ministry of Health included the following starting points: (i) creating a GARD core group of interested parties in Paraguay; (ii) providing free beclomethasone and short-acting beta-agonist bronchodilator medicines to low-income patients and patients without any medical insurance (as essential medicines); (iii) setting up, with the support of the Ministry of Health, an educational programme on the diagnosis and treatment of chronic respiratory diseases for general practitioners, family doctors, paediatricians, nurses and pharmacists; and (iv) distributing free educational material to patients and parents.

Dr Baena-Cagnani said that, in Argentina, programmes for asthma control had been initiated in early 1990 and had shown considerable success. However, no national plan on chronic respiratory diseases had yet been established. GARD Argentina had been formed with close cooperation between the Argentinean Association of Allergy and Immunology and the Argentinean Association of Respiratory Medicine. GARD Argentina had been launched by the Ministry of Health during the Argentinean International Symposium on COPD in May 2008. Among the first goals were (i) to gather information about COPD and childhood asthma following one of the major international protocols; and (ii) to develop a community-based course for physicians in collaboration with the WHO Regional Office for the Americas. The programme was being expanded to include other medical groups and to gather information about other chronic respiratory diseases and allergies.

Kyrgyzstan

Dr T. Soroobaev, GARD
Kyrgyzstan coordinator

Dr Talant Soroobaev said that the population of Kyrgyzstan was 5 million and 90% of its territory was mountainous. Mortality from chronic respiratory diseases was very high. The Kyrgyz Thoracic Society had acted as the initiator of GARD Kyrgyzstan, the goal of which was to prevent and control chronic respiratory diseases in Kyrgyzstan. On its launch GARD Kyrgyzstan had developed an action plan, which included preparation and implementation of an integrated programme of prevention and control of chronic respiratory diseases. The action plan was divided into two stages. The first stage included research into prevalence and relevant risk factors at the primary health-care level; research into the disease burden at the primary health-care level; survey of diagnostics and treatment at the primary health-care level; and creation of a register. The second stage included identification of optimal ways of fighting major chronic respiratory diseases and relevant risk factors at the primary health-care level; improvement of management of chronic respiratory diseases at the primary health-care level; publishing guidelines and recommendations for chronic respiratory diseases based on evidence; and improving education of doctors and patients.

A GARD Kyrgyzstan Partners Network had been developed with the support of the Ministry of Health and several projects had been implemented. A Central Asian GARD meeting would be held in Bishkek,

Kyrgyzstan, in June 2008, attended by representatives of WHO, Central Asian countries and the Russian Federation.

A National Programme for Fighting Respiratory Diseases had been put in place for 2007–2009. In addition, GARD Kyrgyzstan had developed a special programme for prevention and control of chronic respiratory diseases, which involved GARD approaches and was expected to be discussed and adopted by the Ministry of Health in the near future. The programme was associated to PAL.

General discussion

Dr A. Alwan, Assistant Director-General, Noncommunicable Diseases and Mental Health, WHO

After the presentations from GARD Countries, Dr A. Alwan, on behalf of WHO, thanked all those who contributed to GARD, focusing on the same objectives that WHO focused on. He expressed commitment to work in close collaboration with GARD participants to address the challenges of the GARD action plan, which was consistent with the action plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases, especially the goals related to raising awareness of chronic respiratory diseases and advocating action. Another important priority was identification of what needed to be done (for example, gathering more evidence on the burden of chronic respiratory diseases, including the economic and social burden) and development of research recommendations on how to address the gaps. A meeting would be held at WHO to set priorities for research and GARD should be represented. He indicated that good progress had been made in establishing GARD as a support for WHO in assisting countries to develop national plans and programmes on chronic respiratory diseases, and that needed to be continued and strengthened. In that regard, he urged close collaboration with WHO country and regional offices. In summary, he asserted the commitment of WHO to work with GARD, to assist in finalization of the GARD action plan and its subsequent implementation.

REPORT OF GARD SECRETARIAT

Moderator

Dr J. Bousquet, GARD Chair

Report on activities at regional and country level

Dr A. Cruz, Chronic Diseases and Health Promotion, WHO

Dr Alvaro Cruz reported that 40 countries currently demonstrated an interest in GARD. By WHO region, those countries were as follows:

- Africa Region: Algeria, Cape Verde, South Africa
- Region of the Americas: Argentina, Brazil, Canada, Costa Rica, Mexico, Paraguay, United States of America
- South-East Asia Region: Bangladesh, India
- European Region: Bulgaria, Czech Republic, Denmark, Finland, France, Georgia, Greece, Italy, Kazakhstan, Kyrgyzstan, Lithuania, Norway, Poland, Portugal, Romania, Russian Federation, Spain, Turkey
- Eastern Mediterranean Region: Egypt, Islamic Republic of Iran, Morocco, Pakistan, Tunisia, United Arab Emirates
- Western Pacific Region: China, Philippines, Republic of Korea, Viet Nam.

Dr Cruz added that regional events were carried out with the aims of raising awareness of GARD, exploring the possibility of building further GARD Countries within the region and coordinating the activities of GARD Countries already present in the region. The following recent events were reported:

- Balkan countries: Istanbul, Turkey, 29 May 2008
- Nordic countries: Oslo, Norway, 15 November 2007
- Francophone countries: Paris, France, 11 April 2007
- Eastern European countries: Zakopane, Poland, 23–24 March 2007
- Latin American countries: Buenos Aires, Argentina, 17 August 2006.

Communications and advocacy

Ms E. Minelli, Chronic Diseases and Health Promotion, WHO

Ms Elisabetta Minelli noted that the *WHO communications toolkit* stated that "WHO has an obligation to raise awareness not only about health problems but, importantly, about solutions as well. The Organization's communications should also highlight the action WHO is taking to solve a problem." She stated that GARD followed that approach in developing its communications and advocacy tools.

She reported that the following publications had been printed and distributed since the last General Meeting:

- GARD book: *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*¹⁰;
- GARD Basket: a package of information, surveillance tools and guidelines to be offered as a service to countries;
- Report of the General Meeting, 30–31 May 2007, Seoul, Republic of Korea.

¹⁰ See note 1.

After discussion at the present General Meeting, the GARD action plan would be revised and published.

Ms Minelli stressed the importance of using the GARD web site and the WHO web site for advocacy activities related to chronic respiratory diseases. The GARD web site was maintained and up to date with information on GARD and its participants. The WHO web site included a page on chronic respiratory diseases and its home page was used to raise awareness on asthma and COPD. On World COPD Day (November 2007) WHO had published web stories on two COPD patients with links from the WHO homepage. On World Asthma Day (May 2008) WHO had highlighted asthma on the home page with a link to a web story on an asthma patient.

Other important advocacy tools were described: a GARD newsletter published regularly with the aim of informing the participants and the external public on GARD and its achievements, a GARD flyer and GARD banners. A general presentation on GARD had also been prepared and made available to GARD participants for activities related to GARD.

Finally, Ms Minelli described how a logo for a GARD Country might be created. That visual identity expressed a link between a GARD Country and the work of GARD at the global level, but the GARD Country was legally independent.

Status of collaborating parties and new applicants

Ms E. Minelli, Chronic Diseases and Health Promotion, WHO

Ms Elisabetta Minelli recalled that the 2007 GARD General Meeting had decided that GARD should follow an inclusive approach. That meant that GARD should ensure adequate and active participation of all relevant stakeholders from different sectors of society in respect of their individual mandates. In practice, that implied involvement of an increasing number of parties: GARD collaborating parties (participants and observers), participating countries and new applicants. During the 2007 GARD General Meeting, there were 58 collaborating parties (47 participants and 11 observers) and 24 participating countries, with 10 ministries of health involved. During the present 2008 GARD General Meeting, GARD counted 79 collaborating parties (51 participants, 12 observers and 16 new applicants). The participating countries numbered 40, with 22 ministries of health involved.

The following new applicants were presented for endorsement by the General Meeting and were accepted:

- AllerGen, Canada
- Belgian Thoracic Society
- Czech Alliance against Chronic Respiratory Diseases
- Ev-K2-National Research Council Committee, Italy
- Greek Paediatric Pulmonology Society
- Hispanic-American Allergy, Asthma and Immunology Association
- Health Promotion Watch, Cameroon
- Hellenic Thoracic Society
- International Rhinologic Society
- Italian Society of Allergology and Paediatric Immunology
- National Institute of Hygiene, Epidemiology and Microbiology, Cuba
- Norwegian Society of Allergology and Clinical Immunopathology
- Ontario Asthma Surveillance Information System
- Pan African Thoracic Society
- Portuguese National Institute of Health
- Tishreen University – Faculty of Medicine, Syria

According to the inclusiveness principles, it was suggested that, regardless of their financial contributions, all GARD participants (including the new applicants listed above) would appear in the GARD official list of

participants on the GARD web site, as well as in the directory of GARD participants (see Annex 5). Finally, it was suggested that all participants would have the right to vote.

In response to a query about whether the principle of inclusiveness could jeopardize the efficiency, effectiveness and transparency of the alliance, Ms Minelli said that three tools had been put in place to avoid that risk. First, the governance structure, which defined clear roles and recognized the comparative advantage of each governance component; second, the action plan, which set the shared and common goals of the alliance and offered means to measure its achievements; and third, the management report of GARD, which showed the list of contributors, as well as the contributions and related expenditures.

Report on financial status and proposal on management report

Dr A. Cruz, Chronic Diseases and Health Promotion, WHO

Dr Alvaro Cruz summarized the financial report for the period 1 January 2007 to 31 December 2007. He showed that the alliance received three different types of contributions: contributions from participants (34%), contributions from observers (29%) and contributions from WHO (37%), totalling US\$ 671 335. He also illustrated the various types of expenditures, totalling US\$ 457 159. Expenses included staff (25%), operational expenses, including GARD meetings and travel (8%) and other expenses, including publications and work at country level (5%). The remaining part related to the expenditures of WHO for staff and other activities to support GARD (55%) and to the programme support cost (7%). The expenditures were specified for each category. At the end of the presentation, the General Meeting endorsed the report.

Dr Cruz presented a proposal for a management report as a tool of the GARD action plan. The aims of the tool were to show the contribution that each collaborating party provided; to categorize the expenses according to the strategic objectives of the action plan; to plan on the resources needed for the next biennium; and to give a forecast of the gap in resources for the implementation of the plan in the next biennium. Dr Cruz described the proposed procedure for the development of the management report. The report would be developed by the GARD secretariat; it would be an annual report, but cumulated to a biennial report at the end of the second year; the figures would be cleared by WHO; and the report should be approved by the GARD Executive Committee, revised by the Planning Group and endorsed by the General Meeting. The report should comprise the following parts: (i) a summary statement of income and expenditure as at 31 December; (ii) income (detailed) received as at 31 December; (iii) expenditures – implementation of working budget as at 31 December; (iv) simulation of income, planned costs and unmet needs for the coming year; and (v) information on contributions from countries for GARD at country level.

At the end of the presentation, the proposal on the management report was accepted by the General Meeting.

General discussion

After those presentations the GARD secretariat was congratulated by the GARD collaborating parties for the excellent presentations. The Planning Group was requested to discuss and explore further the criteria for participation in GARD. It was suggested that attention should be given to keeping a balance in the financial voluntary contributions received by organizations from low- and middle-income countries, and those from high-income countries.

BEST PRACTICES RELATED TO CHRONIC RESPIRATORY DISEASES (RESOURCES FOR GARD)

Moderator

Dr E. Bateman, GARD Executive Committee

Making "Learn More, Breathe Better" campaign available to your country

Dr J. Kiley, National Heart, Lung and Blood Institute, National Institutes of Health, USA

Dr James Kiley said that in September 2006, the National Heart, Lung and Blood Institute, National Institutes of Health (NHLBI/NIH) implemented a programme designed to increase awareness of COPD – the “COPD: Learn More, Breathe Better” campaign. The objective of the campaign was to “brand” COPD and to emphasize the benefits of early detection and treatment as means to improve the quality of life. The target groups were at-risk men and women (smokers and former smokers aged 45+), diagnosed COPD patients and their caregivers, and health-care providers. The campaign led to numerous articles in the popular press (including *Wall Street Journal*, *Newsweek* and *New York Times*) and reports on television and radio. A resource kit was available on the campaign web site, www.LearnAboutCOPD.org. Dr Kiley commented that partnerships were key to the success of the campaign and GARD participants were encouraged to translate and adapt the NHLBI “COPD: Learn More, Breathe Better” campaign materials for use within their local GARD Countries.

Stop TB – Practical Approach to Lung Health (PAL)

Dr S. Ottmani, TB Strategy and Operations, WHO

Dr Salah Ottmani introduced the Practical Approach to Lung Health (PAL). PAL was a component of the WHO Stop TB strategy and was included in the Global Plan to Stop TB 2006–2015. PAL was a patient-centred approach to diagnosis and treatment of common respiratory conditions in a primary health-care setting, and it promoted symptom-based and integrated management. It sought to standardize service delivery through development and implementation of clinical guidelines and was intended to improve coordination among different levels of health care and between TB control programmes and general health services. Steps to implement a PAL programme were summarized and some results presented to show that PAL was contributing to strengthening health-care systems. A list of countries with PAL activities was provided.

The American Thoracic Society perspective on the possibilities of synergy between PAL and GARD

Dr P. Hopewell, American Thoracic Society

Dr Philip Hopewell said that the GARD terms of reference (item 4) stated that a purpose of GARD was “developing simple and affordable strategies for the management of chronic respiratory diseases”. Yet he observed that there was no GARD working group for management and thus no explicit provision for management of chronic respiratory diseases in the proposal for the GARD action plan. He suggested that PAL filled that gap, as it served as the framework for developing care services for chronic respiratory diseases in ambulatory health settings at the primary health-care level.

Finnish Lung Health

Dr Ritva Kauppinen gave a presentation on the Finnish Lung Health Association (FILHA), a nongovernmental organization working nationally

Association cooperation abroad

Dr R. Kauppinen, Finnish Lung Health Association

and internationally to promote public health in the field of tuberculosis and pulmonary disease. FILHA acted as a collaborative body of experts to design and implement national disease control programmes (asthma, COPD, sleep apnoea, smoking); provide consulting, training and information for health-care personnel; promote international collaboration in pulmonary medicine; support medical research in the field of pulmonary disease and tuberculosis; and conduct national seminars. FILHA dealt with projects in different areas of work; for example, tuberculosis projects were planned for St Petersburg, Murmansk, Tartu and Karelia. Training programmes based on the PAL strategy were being developed and implemented. In particular, FILHA was supporting Kyrgyzstan in developing a plan on chronic respiratory diseases and offering training on PAL. Under the GARD Finland umbrella, Dr Kauppinen said that national programmes for chronic respiratory diseases were being implemented and that the Finnish Allergy Programme, which was under development, could be taken as an example by other countries.

Collaboration between the American Academy of Allergy, Asthma and Immunology and the National Institutes of Health for building capacity to control asthma

Dr T. Casale, American Academy of Allergy, Asthma and Immunology

In his presentation Dr Thomas Casale said that the mission of the American Academy of Allergy, Asthma and Immunology (AAAAI) was the advancement of the knowledge and practice of allergy, asthma and immunology for optimal patient care. He said that AAAAI enjoyed a close collaboration on many aspects of asthma and other diseases (e.g. food allergy) with the National Institutes of Health (NIH). An example of a project developed with NIH was Asthma IQ, which aimed to help build capacity to control asthma. Asthma IQ was a web-based tool to help physicians understand and apply the NIH National Asthma Education and Prevention Programme asthma guidelines. The tool was designed to document and improve the quality of patient care. If it was deemed opportune, the tool could be used as a resource for GARD participating countries.

Collaboration between GARD and the World Organization of Family Doctors

Dr M. Boland, World Organization of Family Doctors

Dr Michael Boland gave a presentation on the World Organization of Family Doctors (WONCA), a partnership of academic bodies concerned with education, training, quality and research. Opportunities for collaboration with WONCA included its Global Working Party on Respiratory Diseases, a web site – globalfamilydoctor.com – for information, education, recruitment and accreditation, an annual global conference and symposia. Dr Boland said that an important priority for WONCA was programmes designed for the primary care of patients with chronic illnesses, as most of the care for those patients was delivered by family doctors and the nurses who worked with them. A project to reduce respiratory mortality and morbidity in patients with proven respiratory disease by altering risk factors through behaviour change and treatment was described.

Global activities of the World Allergy Organization

Dr C. Baena-Cagnani, World Allergy Organization

Dr Carlos Baena-Cagnani gave a presentation on the World Allergy Organization (WAO), an international coalition of 77 regional and national allergy and clinical immunology societies. Its mission was to be a global resource and advocate in the field of allergy, advancing excellence in clinical care through education, research and training as a worldwide alliance of allergy and clinical immunology societies. A monthly e-newsletter, the *World Allergy Organization Journal*, and World Allergy Day were among the activities. The outcomes of the project on Prevention of Allergy and Allergic Asthma, a major collaborative project between WAO and WHO, had been published in autumn 2004. A new project for Allergy Diagnosis in Emerging Countries had been announced in May 2007 during the GARD General Meeting in Seoul. The *State of world allergy report 2008: allergy and chronic respiratory diseases* was due for publication in June 2008.

International Union against

In his presentation on the International Union against Tuberculosis and

Tuberculosis and Lung Diseases: fighting respiratory diseases globally

Dr M. Reza Masjedi, The Union

Lung Diseases, Dr Mohammad Reza Masjedi said that the mission of the Union was the prevention and control of tuberculosis and lung disease, as well as related health problems, on a worldwide basis, with a particular emphasis on low-income countries. The goal of The Union was to promote national autonomy within the framework of the priorities of each country by developing, implementing and assessing anti-tuberculosis and respiratory health programmes. The Union was addressing new public health priorities in developing countries by working on tobacco prevention and control, implementation of asthma management programmes, organization of services for integrated management of chronic respiratory diseases and tuberculosis and developing collaboration with international partners, including GARD, for the promotion of lung health.

The role of patients' organizations in fighting chronic respiratory diseases

Mr O. Spranger, European Federation of Allergy and Airways Diseases

Mr Otto Spranger said that while medical professionals were experts in a disease, patients were experts in living with their disease every day and night. With that in mind, he gave a presentation on the European Federation of Allergy and Airways Diseases (EFA), whose mission was to reduce the frequency and severity of allergies, asthma and COPD; minimize their societal implications; improve health-related quality of life of patients; and pursue equal health opportunities in the field of allergy and airways diseases in Europe. EFA viewed the flight against chronic respiratory diseases from a patient's perspective, and its work addressed such issues as treatment, participation, environment and research. The objectives of current programmes were to provide patients with a voice (report the reality of patient experiences, identify current unmet needs and articulate patient wishes for the future); raise awareness and educate (provide an effective platform to communicate the seriousness of severe asthma); support greater prioritization of asthma (address the need to improve outcomes such as quality of life, hospitalization and death rates); and influence policy.

International COPD Coalition

Dr Y. Mohammad, International COPD Coalition

Dr Yousser Mohammad said that the International COPD Coalition (ICC) was a non-profit- patient organization founded in 1999 to develop a coalition of COPD patient organizations worldwide for better health and education of COPD patients. The goals included planning, managing and financing pilot projects for COPD patients, with particular emphasis on developing countries and deprived areas. Current projects included the preparation of a respiratory medication delivery initiative, an Arabic educational kit for COPD patients, a "white book" for COPD and an e-newsletter. ICC also promoted World COPD Day in collaboration with GOLD.

PLANNING THE NEXT STEP FOR GARD

Moderator

Dr R. Dahl, GARD Vice-Chair

Proposals for the next General Meeting (2009), including location and date

Dr J. Bousquet, GARD Chair

Dr Jean Bousquet described the criteria for hosting a GARD General Meeting. They included a commitment to the work of GARD in the previous two years, the consensus and support of GARD participants belonging to the country, recognition of GARD by the ministry of health and a relevant burden of chronic respiratory diseases in the specific country or region. Additional criteria included the intention and willingness to collaborate with the GARD Executive Committee, Planning Group and secretariat according to WHO rules and regulations, and demonstrated experience in international meeting planning and development. Consideration would also be given to ensuring that the location of meetings was varied with regard to the six WHO regions. Considering those criteria in analysis of the proposals submitted, GARD collaborating parties recommended that the next General Meeting be held in Rome, Italy, at a date to be selected to avoid conflict with meetings already scheduled by GARD participants. The following tentative dates were proposed: 12–13 June 2009.

Future plans and conclusions

Dr J. Bousquet, GARD Chair

Dr Bousquet congratulated the participants on the considerable progress that had been made in preparation for, and as a result of, the third GARD General Meeting, including the endorsement of four major documents:

- GARD action plan according to the action plan for the implementation of the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008–2013);
- management report as a means by which the GARD secretariat can report on GARD income and expenditures to GARD collaborating parties;
- set of suggestions for the development of a country alliance to support the goal and objectives of GARD at country level (GARD Country);
- operating procedures for GARD working groups.

Future plans included:

- adapt the GARD action plan to the action plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases (2008–2013), as endorsed by the World Health Assembly, and publish it;
- use the management report to report on GARD income and expenditures to GARD collaborating parties;
- establish working groups to function according to the operating procedures;
- expand gradually the number of participating countries in GARD and establish GARD Countries, involving the ministries of health, according to the set of suggestions for the development of a country alliance to support the goal and objectives of GARD at country level (GARD Country);
- increase numbers of collaborating parties;
- raise more resources devolved to GARD;
- increase numbers of proposals for demonstration projects to be

presented for endorsement by the General Meeting;

- use GARD framework for evaluation of the process, output and impact of GARD;
- distribute GARD book and GARD Basket as widely as possible.

Based on a preliminary survey among various experts consulted, new actions to support WHO in its technical and normative work were proposed by Dr Bousquet. The proposals included:

- a WHO consultation on severe asthma to try to reach a consensus on the definition and classification of severe asthma, the gaps in knowledge, gaps in implementation, and priorities for policy and research;
- a WHO consultation on the primary and secondary prevention of chronic respiratory diseases, including a plan to avert occupational asthma completely (zero occupational asthma).

General discussion

There was some discussion concerning the above-mentioned proposals related to the need to avoid duplication of activities carried out by GARD collaborating parties. After discussion, participants accepted the two proposals and asked the Planning Group to further elaborate on the plans for implementation of the cooperation with WHO and to reach a final agreement during the next meeting in Berlin on 8–9 October 2008.

After the presentations, participants expressed their endorsement of the remarkable progress that had been made on GARD and the excellent plans for the expansion of GARD.

In closing, Dr Bousquet and all the GARD participants expressed their gratitude to the GARD Turkey colleagues for their contribution to the success of the present GARD General Meeting. He also congratulated all the speakers for their excellent presentations and their work on behalf of GARD. He acknowledged and thanked the staff of WHO for the contributions they had made to the success of GARD and for the organization of the third General Meeting.

ANNEXES

ANNEX 1

List of attendees

Participants	
Dr N. Aït-Khaled	Head of Asthma Division, International Union against Tuberculosis and Lung Diseases (The Union), Paris, France
Dr S. Aydin	Member of the Executive Board of the World Health Organization, Deputy Under-Secretary, Ministry of Health, Ankara, Turkey
Dr F. Aydinli	Deputy General Director, General Directorate of Primary Health Care, Ministry of Health, Ankara, Turkey
Dr C. Baena-Cagnani	Member of GARD Executive Committee, Past President, World Allergy Organization (WAO), Faculty of Medicine, Catholic University of Cordoba, Cordoba, Argentina
Dr C. Bai	Director, Department of Pulmonary Medicine, Center of Combined Modality Treatment, Zhongshan Hospital, Fudan University, Shanghai, People's Republic of China
Dr A.K. Baigenzhin	Member of GARD Planning Group, Executive Director, Euro-Asian Respiratory Society (EARS), Astana City, Republic of Kazakhstan
Dr E. Bateman	Member of GARD Executive Committee, Representative American Thoracic Society (ATS), Director UCT Lung Institute, Cape Town, South Africa
Dr A. Belevskiy	Russian State Medical University, Representative Russian Pulmonologists Society (RPS), Moscow, Russian Federation
Dr A. Ben Kheder	Hôpital A. Mami Ariana, Ariana, Tunisia
Dr K. S. Bennoor	International Affairs Secretary, National Institute of Diseases of Chest and Hospital (NIDCH), Bangladesh Lung Foundation (BLF), Dhaka, Bangladesh
Dr K. Bissell	Coordinator, Health Policy Unit, International Union against Tuberculosis and Lung Disease (The Union), Paris, France
Dr M. Boland	Member of GARD Planning Group, Representative, World Organization of Family Doctors (WONCA), Irish College of Practitioners, Dublin, Ireland
Dr L-P. Boulet	Past-President, Canadian Thoracic Society (CTS), Institut de Cardiologie et Pneumologie de l'Hôpital Laval, Université Laval, Québec, Canada
Dr J. Bousquet	GARD Chairperson, Chair, Allergy Rhinitis & its Impact on Asthma (ARIA), Service des Maladies Respiratoires, Hôpital Arnaud de Villeneuve, Montpellier, France
Dr W. G. Canonica	President, World Allergy Organization (WAO), Representative, Società Italiana di Medicina Respiratoria (SIMER) and LIBRA, Ospedale San Martino, University of Genova, Genova, Italy
Dr T. B. Casale	Immediate Past President, American Academy of Allergy, Asthma and Immunology (AAAAI), Chief, Allergy/Immunology, School of Medicine, Creighton University, Omaha, NE, United States of America
Dr S. Chang	Secretary General, Korea Asthma Allergy Foundation (KAF), General Director, Sung Ae General Hospital, Seoul, Republic of Korea
Dr R. Chazan	Head of Internal Disease, Pneumology and Allergy Department, Medical University of Warsaw, Warsaw, Poland
Dr A. Cogo	Researcher, Ev-K2-CNR Committee, Bergamo, Italy
Dr R. Dahl	GARD Vice-Chairperson, University Hospital of Aarhus, Department of Respiratory Diseases, Aarhus, Denmark
Dr H. Douagui	President, Société Algérienne d'Asthmologie, d'Allergologie et d'Immunologie Clinique, Centre Hospitalo-Universitaire de Béni-Messous, Service de Pneumo-Allergologie, Alger, Algeria
Dr F. DuMelle	Director, International Activities, American Thoracic Society (ATS),

	Washington, DC, United States of America
Dr D. Dumitrascu	President, Romanian Society of Allergy and Clinical Immunology (SRAIC), University of Medicine & Pharmacy Iuliu Hatieganu, Cluj-Napoca, Romania
Dr F. George	Director General of Health, Ministry of Health, Lisbon, Portugal
Dr R. Gerth van Wijk	Member of GARD Planning Group, President, European Academy of Allergy & Clinical Immunology (EAACI), Head, Department of Allergology, Erasmus Medical Center, Rotterdam, Netherlands
Dr E. Goktas	Head of Respiratory System Diseases Unit, Department of Noncommunicable Diseases and Chronic Conditions, General Directorate of Primary Health Care, Ministry of Health, Ankara, Turkey
Dr A. Gundogan	Respiratory System Diseases Unit, Department of Noncommunicable Diseases and Chronic Conditions, General Directorate of Primary Health Care, Ministry of Health, Ankara, Turkey
Dr B. Hellquist	Chair, Danish Organization of Respiratory and Allergy Nurses, Department of Respiratory Diseases, Arhus C, Denmark
Dr A. Heloma	Senior Adviser, Finnish National Public Health Institute (KTL), Department of Epidemiology & Health Promotion, Helsinki, Finland
Dr P. Hopewell	Member of GARD Planning Group, Representative, American Thoracic Society (ATS), University of California, San Francisco General Hospital, San Francisco, California, United States of America
Dr S. Hurd	Scientific Director GINA/GOLD, Vancouver, WA, United States of America
Dr A. R. Imamecioglu	Head of Metabolic Diseases Unit, Department of Noncommunicable Diseases and Chronic Conditions, General Directorate of Primary Health Care, Ministry of Health, Ankara, Turkey
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Dr O. Kalayci	Secretary General, Turkish National Society of Allergy and Clinical Immunology (TNSACI), Hacettepe University School of Medicine, Pediatric Allergy and Asthma Unit, Ankara, Turkey
Dr R. Kauppinen	Chairman of Board, Finnish Lung Health Association (FILHA), Helsinki, Finland
Dr B. Keskinilic	Deputy General Director, General Directorate of Primary Health Care, Ministry of Health, Ankara, Turkey
Dr N. Khaltaev	Former Medical Officer, World Health Organization, Chêne-Bougerie, Switzerland
Dr J. Kiley	Director, Division of Lung Diseases, National Heart Lung Blood Institute (NHLBI), National Institutes of Health, Bethesda, MD, United States of America
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Dr V. Kolek	Czech Pneumological and Phthisiological Society, Head, Department of Respiratory Diseases, University Hospital Olomouc, Olomouc, Czech Republic
Dr E. Lemarié	President, Société de Pneumologie de Langue Française (SPLF), Paris, France
Dr C. Lenfant	Member of GARD Planning Group, Executive Director GINA/GOLD, Vancouver, WA, United States of America
Dr L. Le Thi Tuyet	Head of Center of Respiratory Care, University of Medicine and Pharmacy, Ho Chi Minh City, Viet Nam
Dr T. Maglakelidze	Vice-President, Georgian Respiratory Association (GRA), Tbilisi State University, Tbilisi, Georgia
Dr E. Mantzouranis	Associate Professor of Pediatrics, University Hospital of Heraklion, Heraklion, Greece
Dr N. Miculinic	President, Croatian Respiratory Society, University Hospital for Pulmonary Diseases, Zagreb, Croatia
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Dr Y. Mohammad	International Coalition for Chronic Obstructive Pulmonary Disease (ICC), Tishreen University, Lattakia, Syrian Arab Republic
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Dr V. Spicak	Director, Czech Initiative for Asthma, Prague, Czech Republic
Mr O. Spranger	Treasurer, European Federation of Allergy and Airways Diseases Patients' Associations (EFA), Wien, Austria
Dr M. Tageldin	President, Egyptian Society of Chest Diseases and Tuberculosis (ESCDT), Cairo, Egypt
Dr A. Tsoy	General Secretary, Euro-Asian Respiratory Society (EARS), Astana City, Republic of Kazakhstan
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Dr G. Viegi	Member of GARD Planning Group, CNR Istituto di Fisiologia Clinica, Pisa, Italy
Dr A. Yorgancioglu	Member of GARD Planning Group, Foreign Relation Chair, Turkish Thoracic Society (TTS), Ankara, Turkey
Dr T. Zuberbier	Head, European Centre for Allergy Research Foundation (ECARF), Department of Dermatology and Allergy, Charité - Universitätsmedizin Berlin, Berlin, Germany

Observers

Dr K. Allan	Head of Global Advocacy, Novartis Pharma AG, Basel, Switzerland
Mrs C. Cerci	Product Manager, GlaxoSmithKline Turkey, Istanbul, Turkey
Mr P. De Angeli	General Manager, International Division, Chiesi Farmaceutici S.p.A., Parma, Italy
Dr P. Gregory	Regional Director, Asia Pacific, Pharmaxis, Shanghai, People's Republic of China
Dr C. Özesen	Clinical Research Manager, Merck Sharp Dohme (MSD Turkey), Istanbul, Turkey
Mr D. Richards	Director of Communications, GlaxoSmithKline (GSK), Respiratory, Global Commercial Strategy, Uxbridge, United Kingdom

WHO secretariat

Dr A. Alwan	Assistant Director-General, Noncommunicable Diseases and Mental Health
Dr A. Cruz	Medical Officer, Chronic Diseases Prevention and Management, Chronic Diseases and Health Promotion
Mr P. Desloovere	Communications Officer, Chronic Diseases Prevention and Management, Chronic Diseases and Health Promotion
Dr T. Erguder	NTPO Bloomberg Global Initiative, WHO Country Office, Turkey
Dr B. Felix	WHO Liaison Office, Angola
Dr M. Kontas	WHO Liaison Officer, WHO Country Office, Turkey
Ms E. Minelli	Technical Officer, Chronic Diseases Prevention and Management, Chronic Diseases and Health Promotion
Dr S. Ottmani	Medical Officer, TB Strategy and Operations
Dr S. Resnikoff	Policy Adviser, Chronic Diseases and Health Promotion
Dr B. Sambo	Regional Adviser, Noncommunicable Diseases Management, Regional Office for Africa

Unable to attend

Dr R. Akdag	Minister of Health, Ministry of Health, Ankara, Turkey
Dr E. Benzerroug	WHO Representative, Mozambique
Dr A. Brun	WHO Representative, Cape Verde
Dr I. Chkhaidze	President, Georgian Respiratory Association (GRA), Tbilisi State Medical University, Tbilisi, Georgia
Dr L. Chovan	President, Slovakian Respiratory Society (SRS), Department of Pneumology and Phthysiology, University Hospital, Bratislava, Slovakia
Dr E. Conner	Founder and President, Asia Pacific Association for Respiratory Care (APARC), St. Louis, United States of America
Dr J. Denburg	President, AllerGen NCE Inc., McMaster University, Hamilton, ON, Canada
Dr D. Dokic	President, Macedonian Respiratory Society, Clinic of Pulmonology and Allergy, Skopje, Republic of Macedonia
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Dr A. P. Kertesz	WHO Representative, Guinea-Bissau
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Dr F. Ndembiyembe	President, Health Promotion Watch, Yaoundé, Cameroon
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Dr T. O. Pertseva	Vice-Rector, Dnipropetrovsk State Medical Academy, Dnipropetrovsk, Ukraine
Dr A. Peruga	Tobacco Free Initiative, World Health Organization
Dr P. Pisanti	Directorate General for Health Planning, Ministry of Health, Rome, Italy
Dr T. To	Director, Ontario Asthma Surveillance Information System (OASIS), The Hospital for Sick Children, Toronto, Canada
Dr P. Sangwa Kahazi	WHO Representative, Sao Tomé-et-Principe
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Dr S. T. Varghese	Executive Director, Primary Care, Global Medical Affairs, Schering-Plough Corporation, Kenilworth, United Kingdom
Dr P. Vichyanond	President, Asia Pacific Association of Allergology and Clinical Immunology (APAACI), Department of Pediatrics, Faculty of Medicine Siriraj - Hospital Mahidol University, Bangkok, Thailand
Dr M. O. Yusuf	Chief Consultant, The Allergy Asthma Institute of Pakistan, Islamabad, Pakistan
Dr M. Zedan	President, Egyptian Society of Allergy, Asthma and Immunology (ESAAI), Head of Allergy Unit-Faculty of Medicine, Mansoura University, Mansoura, Egypt
Dr J. Zheng	Principal Research Fellow, Guangzhou Institute of Respiratory Disease, Guangzhou, China

ANNEX 2

Terms of Reference of the Global Alliance against Chronic Respiratory Diseases (GARD)

1. Preamble

The enormous human suffering caused by chronic respiratory diseases has been recognized by the Fifty-Third World Health Assembly which requested the Director General of the World Health Organization (WHO) to continue giving priority to the prevention and control of chronic respiratory diseases with special emphasis on developing countries and other deprived populations and "to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research" for prevention and control of non-communicable diseases, including chronic respiratory diseases (resolution WHA 53.17, May 2000).

The WHO Report *Preventing chronic diseases: a vital investment* (2005) and the publication *Global Surveillance, Prevention and Control of Chronic Respiratory Diseases: a comprehensive approach* (2007) raised further awareness of the huge impact of chronic respiratory diseases worldwide, and highlighted the risk factors as well as ways to prevent and treat these diseases. The Sixtieth World Health Assembly urged Member States to implement and increase support for existing global initiatives that contribute to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next 10 years (resolution WHA60.23, May 2007).

The need for a global alliance against chronic respiratory diseases was first highlighted by experts attending the "WHO Consultation Meeting on the Development of a Comprehensive Approach for the Prevention and Control of Chronic Respiratory Diseases" (WHO-HQ, Geneva, 11-13 Jan 2001; *WHO/NMH/MNC/CRA/01.1*), and was subsequently further recognized by the *WHO Strategy for Prevention and Control of Chronic Respiratory Diseases (WHO/MNC/CRA/02.1)* as well as by the participants in the WHO meeting on "Surveillance, Prevention and Control of Chronic Respiratory Diseases at Country Level" (WHO-HQ, Geneva, 17-19 June 2004).

Consistent with World Health Assembly Resolution WHA 53.17, May 2000, the *WHO Strategy for Prevention and Control of Chronic Respiratory Diseases (WHO/MNC/CRA/02.1)*, and the outcome of the WHO meeting of 17-19 June 2004 on "Surveillance, Prevention and Control of Chronic Respiratory Diseases at Country Level", the Global Alliance against Chronic Respiratory Diseases (GARD) was launched in 2006 during its General Meeting (Beijing, People's Republic of China, 28-29 March 2007).

2. Vision and goal

The Global Alliance against Chronic Respiratory Diseases (GARD) is a voluntary alliance of national and international organizations, institutions and agencies committed to the vision of a world where all people breathe freely. Its goal is to reduce the global burden of chronic respiratory diseases.

3. Purpose

The purpose of GARD is to initiate a comprehensive approach to fight chronic respiratory diseases by:

1. developing a standard way of obtaining relevant data on the burden of chronic respiratory diseases and their risk factors (surveillance);
2. advocating for action on chronic respiratory diseases (advocacy);
3. encouraging countries to implement health promotion and chronic respiratory diseases prevention policies (prevention);
4. developing simple and affordable strategies for the management of chronic respiratory diseases (control).

4. Nature of the Alliance

GARD is an alliance which provides the participants the opportunity to discuss non-normative matters which fall within these Terms of Reference. Any agreement on GARD activities involving GARD participants is made by consensus in accordance with provision 6.3 of these Terms of Reference and is addressed to the GARD participants.

GARD is not a legal entity and, therefore, cannot undertake any action in its own name.

The World Health Organization has a dual role in the Alliance: it provides technical leadership and secretariat support.

5. Collaborating parties of the Alliance

To ensure an effective and efficient alliance, GARD is open to the following collaborating parties:

5.1. Participants

- 5.1.1. Inter-governmental organizations, including the World Health Organization.
- 5.1.2. Non-governmental organizations (excluding industry associations/umbrella organizations representing manufacturers of diagnostic reagents, devices, drugs or other products or services) with an active involvement in the surveillance, prevention and control of chronic respiratory diseases:
 - Professionals associations:
 - Respiratory
 - Allergy
 - Primary care
 - Pharmacists, physiotherapists, nurses and other health professional associations
 - Specific disease-related groups
 - Pediatrics
 - Patients organizations
- 5.1.3. Governmental institutions and agencies involved in the surveillance, prevention and control of chronic respiratory diseases.
- 5.1.4. WHO Collaborating Centres active in the surveillance, prevention and control of chronic respiratory diseases.
- 5.1.5. Foundations active in the surveillance, prevention and control of chronic respiratory diseases.

5.2. Observers

- 5.2.1. Industry associations/umbrella organizations representing manufacturers of diagnostic reagents, devices, drugs or other products or services relevant to the surveillance, prevention and control of chronic respiratory diseases;
- 5.2.2. Commercial enterprises and private sector entities;
- 5.2.3. Organizations that, while not fulfilling criteria for participation, are involved in activities relevant to part or all of the mandate and objectives of GARD.

Finally, collaborating parties who fall in the "Participant" category can, if they so desire, apply for "Observer" status.

Observers do not participate in the discussions and deliberations of GARD and have no role in the GARD decision-making process. However, upon the invitation of the Chairperson, observers may be permitted to make a statement to present their views or positions on issues under consideration at the end of a discussion on that issue.

For the avoidance of doubt, commercial enterprises and private sector entities and their representatives may only participate in GARD as observers.

5.3. Advisers

Advisers are individual experts with outstanding and relevant experience in the fight against chronic respiratory diseases. They are invited by the Chairperson and approved by the Executive Committee for the purpose of providing technical advice in the sphere of their competence as well as strategic advice to GARD participants. Advisers will not, however, be considered as participants, nor have a role in the GARD decision-making process.

6. Governance

6.1. Description of the governance components

The components are the General Meeting, the Planning Group, the Executive Committee and the secretariat, as well as the Country-Focus Group and the Working Groups (see figure 1).

6.1.1. The General Meeting is the representative body of GARD. It meets once a year. The General Meeting reviews the reports and the activities of the collaborating parties and the secretariat, and, where appropriate, endorses them.

6.1.2. The Planning Group is responsible for co-ordinating the main activities of GARD, and is thus considered its 'driving force'. It collects and co-ordinates the reports on the activities of the collaborating parties, and submits new proposals and ideas to the General Meeting for its endorsement. The Planning Group meets at least once a year.

6.1.3. The Executive Committee is responsible for the management of GARD, and offers overall strategic direction and guidance. It analyzes all proposals presented by the Planning Group before these are presented to the General Meeting for its endorsement/approval. The Executive Committee meets at regular intervals, either in person or via tele/telephone conference.

6.1.4. The Country-Focus Group is responsible for supporting and assisting GARD activities within individual countries.

6.1.5. The Working Groups are responsible for addressing and advising GARD participants on specific issues relating to the surveillance, prevention and control of chronic respiratory diseases, including assisting in planning and implementing GARD proposed approach at country level, if requested. Each Working Group prepares an annual report on the outcome of its work, which is presented to the General Meeting.

6.1.6. The secretariat. The Chronic Respiratory Diseases Group, Chronic Disease Prevention and Management, Chronic Diseases and Health Promotion, Noncommunicable Diseases and Mental Health, World Health Organization (CRD/CPM/CHP/NMH/WHO) provides technical leadership and secretariat support to

the GARD under the guidance of GARD Responsible Officer, a WHO staff member designated to this function.

6.2. Composition of the governance components

The composition of the governance components (see figure 2) reflects the constituencies represented in GARD.

6.2.1. The General Meeting comprises one representative from each collaborating party and WHO, which has a permanent seat. Where a collaborating party desires attendance of an additional representative, such representative is introduced to the meeting and is permitted to participate in the discussion, but is not permitted to vote. Commercial enterprises and private sector entities maintain the status of observers. Advisers may be invited to participate in the discussion, but will not have a role in the decision-making process.

6.2.2. The Planning Group comprises 17 members. The Chairperson, the Vice-Chairperson, WHO (permanent seat), and 14 members elected by the General Meeting by consensus in accordance with provision 6.3 of these Terms of Reference. First, the positions of Chairperson and Vice-Chairperson are elected, followed by the election of representatives of organizations with suitable credentials to represent the various constituencies:

- 8 representing professional organizations in the fields of respiratory medicine (3), allergy (2), primary care (1), pharmacy, physiotherapy, nursing and other associations of professions allied to medicine (1), and other organization devoted to specific diseases (1). One extra seat for a representative of a pediatric organization shall be added if a pediatric organization becomes a GARD active participant.
- one representing patient organizations (a patient)
- one representing governmental institutions
- one representing WHO Collaborating Centres
- one representing collaborating foundations
- one representing the Country-Focus Group
- one representing the Working Groups

One representative of commercial enterprises and private sector entities is elected by this group and serves as an observer on the Planning Group.

The term of office of the Planning Group members is two years, but they are eligible for re-election for a maximum of one further two-year term.

6.2.3. The Executive Committee comprises the following: the Chairperson, the Vice-Chairperson, WHO (permanent seat) and two additional members:

- The Chairperson and Vice-Chairperson are elected by the General Meeting by consensus in accordance with provision 6.3 of these Terms of Reference.
- One of the two additional members is elected by the General Meeting by consensus in accordance with provision 6.3 of these Terms of Reference.
- The other additional member is nominated by the joint decision of the Chairperson, Vice-Chairperson and WHO, and endorsed by the General Meeting by consensus in accordance with provision 6.3 of these Terms of Reference.

The term of office of the Chairperson and the Vice-Chairperson is two years, but they are eligible for re-election for a maximum of two further two-year terms. The term of office of the members of the Executive Committee is two years, but they are eligible for re-election for a maximum of one further two-year term.

Planning Group members cannot be members of the Executive Committee at the same time, with the exception of WHO, the Chairperson and the Vice-Chairperson.

General criteria for the members of the Executive Committee are:

- Commitment to the activities of GARD
- Potential to contribute to the success of the GARD strategic plan
- Strategic perspective
- Relevant skills and experience

6.2.4. The Country-Focus Group comprises GARD Country representatives invited by the Executive Committee. A member of the Country-Focus Group will be elected by the General Meeting to serve on the Planning Group.

6.2.5. The Working Groups comprise advisers invited by the Executive Committee. The Working Groups are the following: (1) Burden, risk factors and surveillance; (2) Awareness and Advocacy; (3) Health promotion and prevention; (4) Diagnosis; (5) Control and drug accessibility; (6) Paediatrics. The establishment of ad hoc Working Groups may be proposed by the Planning Group, approved by the Executive Committee and endorsed by the General Meeting.

6.3. Decision-making, voting and proxies

6.3.1. Decision-making by the governance components is by consensus. If either the Chairperson or WHO (or both) recognize that, after due debate, consensus cannot be reached, the issue is referred to a vote. If a two-thirds majority of participants present (including valid proxies) votes in favour of a proposal, the proposal is accepted. If such a two-thirds majority is not achieved, the proposal will be rejected. There shall be a quorum of at least 50% of participants (including valid proxies) applicable to the decision-making process.

6.3.2. If an issue is referred to a vote, WHO retains the right of veto on all decisions made by any of the governance components of GARD.

6.3.3. Proxies may be presented at all meetings of GARD on behalf of absent participants of Groups and representatives at General Meetings. They shall be presented in writing (as original, email or facsimile) to WHO before the commencement of any meeting of the GARD.

6.3.4. Only GARD participants in good standing and that have predefined their representatives may nominate persons for elections to vacant positions on the Planning Group and Executive Committee. Participants must first ensure that their candidates have accepted nomination prior to the election. In the event that an elected member declines office, the elected position will be offered to the candidate that received the next highest support in the election.

7. **Branding: logo and website**

GARD may develop a distinctive physical depiction of its identity, such as branded colours, graphic elements and a logo which would identify the Alliance to all audiences. In the use of its branding, GARD agrees to incorporate and clearly reflect the relationship with WHO as the legal entity providing technical leadership and secretariat support.

The GARD logo shall only be used by WHO alongside the WHO emblem when WHO is providing secretariat services to the Alliance. However, the right to use the GARD logo, including on publications, may be granted to GARD participants on a case by case basis with the prior approval of the responsible officer of the GARD secretariat.

GARD co-brand website is established according to the physical depiction of the Alliance and is maintained in accordance with WHO rules.

8. Publications

As a general rule and subject to its discretion, WHO shall be responsible for issuing publications about GARD activities. All decisions about the preparation and dissemination of publications made by GARD participants (other than WHO) concerning GARD activities shall be made by consensus by the General Meeting after approval by the Executive Committee, which will have duly considered a proposal made by the Planning Group. For the avoidance of doubt, dissemination of GARD materials will only be made by WHO or GARD participants, as may be decided on a case-by-case basis by WHO.

Copyright in any publication made by WHO shall be vested in WHO. This also applies if the work is issued by WHO and is a compilation of works by GARD participants or is otherwise a work prepared with input from one or more GARD participants. Copyright in a specific separable work prepared by a GARD participant shall remain vested in that GARD participant (or remain in the public domain, if applicable), even if it forms part of another work that is published by WHO and of which WHO owns the copyright as a whole.

Copyright in a publication prepared and issued by a GARD participant shall remain vested in that participant or shall be put in the public domain if such GARD participant so chooses.

"Publications" include any form, whether paper or electronic, and in any manner. Parties are always allowed to cite or refer to GARD publications, except for purpose of promoting any commercial products, services or entities.

Any publication about GARD activities issued by a GARD participant other than WHO shall contain appropriate disclaimers as decided by WHO, including that the content does not necessarily reflect the views or stated policy of the participating organizations, agencies and institutions (including WHO, acting as the secretariat for GARD).

9. Financing of, and fundraising for, the day-to-day operations of GARD (including the secretariat support)

Each participant, observer and adviser is, in principle, responsible for meeting its own expenses in relation to GARD (including, but not limited to, travel and subsistence for the attendance of General Meetings, Planning Group meetings, ad hoc Working Group meetings, country focused initiatives, etc).

All activities undertaken by GARD, including its day-to-day operations and the secretariat support, are subject to GARD receiving adequate funds in the form of voluntary contributions from participants.

WHO may, in its sole and absolute discretion also accept financial contributions from observers. Finally, WHO may also raise funds from other sources to support the work of GARD, in accordance with WHO's established policies and principles. The WHO/CRD administers financial contributions intended to support the work of the GARD secretariat through an allotment entitled "Global Alliance against Chronic Respiratory Diseases". This allotment is administered in accordance with WHO's financial regulations, rules, and practices and is subject to WHO's normal programme support costs.

WHO administers any such financial contributions in accordance with its financial rules and regulations, and administrative procedures and practices (including WHO's normal programme

support costs (PSC) charge). WHO provides GARD participants with an annual financial report, including information on contributions received to support the GARD secretariat and the related day-to-day operations of GARD, and justifying how these funds have been used.

10. Applications to become a collaborating party of the Alliance

10.1. Applications for the status of participant are presented in writing to the GARD secretariat. Applications may be received from prospective participants in the categories outlined in provision 5.1, above. Following the initial screening of each applicant, and, where necessary, a process of enquiry to establish the relevant credentials of the applicant, the secretariat presents the application to the Executive Committee, with a recommendation for its formal approval. In each case, this decision is presented for endorsement at the next General Meeting. The General Meeting decides by consensus in accordance with provision 6.3 of these Terms of Reference.

10.2. Applications for the status of observer by commercial enterprises and private sector entities are reviewed in the same way by the GARD secretariat, but, in such cases, the granting of observer status is made by WHO in its sole and absolute discretion.

11. Termination of participation in the Alliance

11.1. Any participant, observer and adviser may terminate its involvement in GARD by providing written notice to WHO in its capacity as provider of secretariat services to GARD. WHO shall remove the organization, agency, institution or individual in question from the list of participants, observers and advisers and inform the General Meeting accordingly.

11.2. For participants:

- The General Meeting and WHO can recommend the termination of the participation of any participant, except WHO, in the General Meeting, the Planning Group and the Executive Committee, by consensus in accordance with provision 6.3 of these Terms of Reference. The Executive Committee takes the final decision by consensus.
- In addition, WHO can recommend the termination of the participation of any member of the Executive Committee. The remaining members take the final decision by consensus.

11.3. For observers:

The decision to terminate observer status in respect of commercial enterprises and private sector entities is made by WHO in its sole and absolute discretion.

12. Amendments

These Terms of Reference may be modified by consensus of the General Meeting in accordance with provision 6.3 of these Terms of Reference.

Figure 1

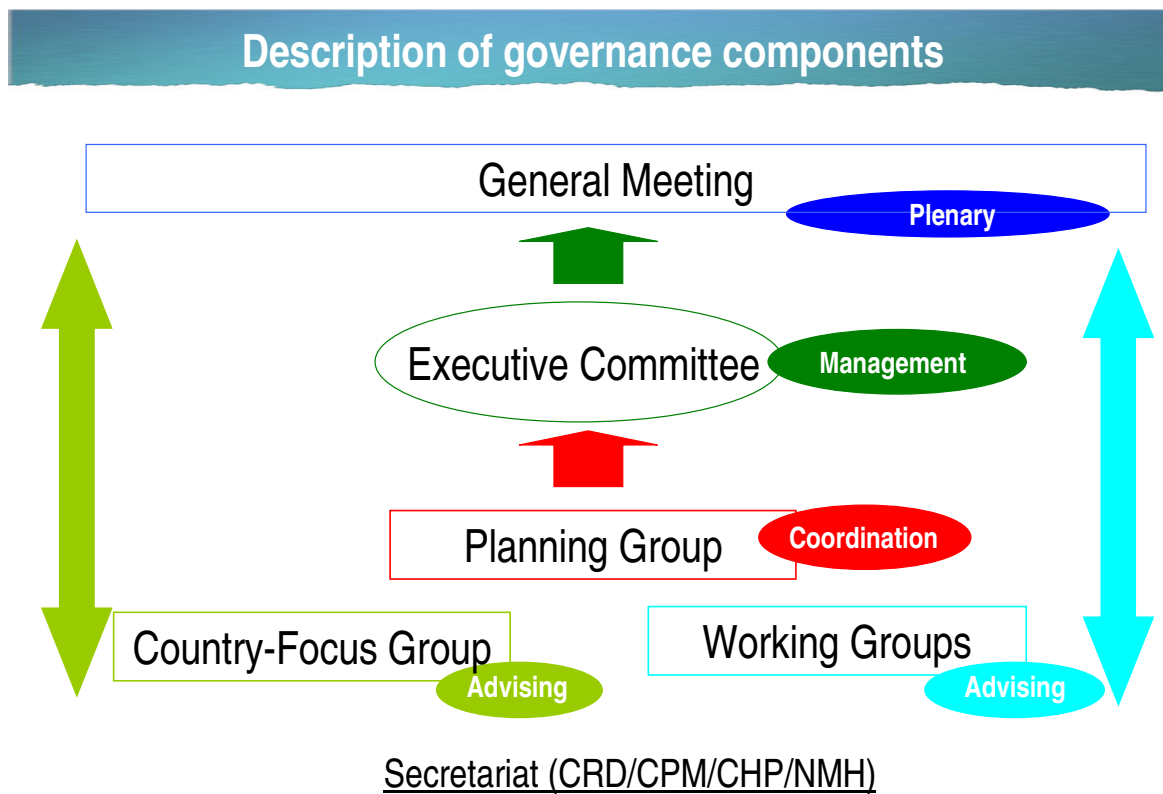
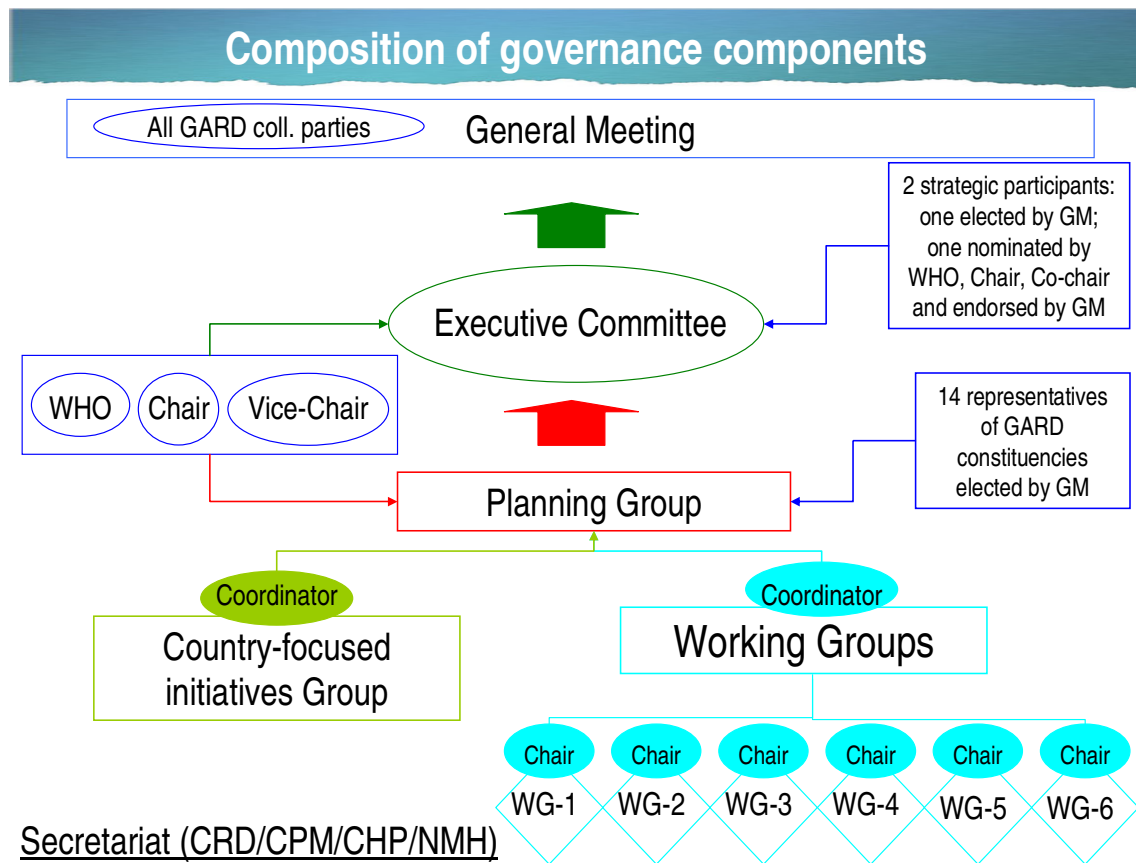


Figure 2



ANNEX 3

Operating procedures for the working groups of the Global Alliance against Chronic Respiratory Diseases (GARD)

1. The purpose of working groups

The purpose of working groups is:

- a. to address specific issues relating to the prevention and control of chronic respiratory diseases (CRD),
- b. to develop strategies, methods, materials and programmes,
- c. to coordinate activities and facilitate the collaboration related to the different areas of work, in order to serve to GARD and GARD Countries in fulfilling the strategic objectives of the alliance.

In addition, GARD working groups will jointly aim to identify gaps in knowledge and gaps in knowledge implementation as well as priorities for research on CRD relevant to the goal of GARD and advocate for funding of research on these topics.

The working groups will be formed to address the following: (1) Burden, risk factors and surveillance of CRD and allergies; (2) Awareness and advocacy for CRD and allergies; (3) Health promotion and prevention of CRD and allergies; (4) Diagnosis of CRD and allergies; (5) Control and drug accessibility for CRD and allergies; (6) Paediatric CRD and allergies; (7) resource mobilization for GARD.

2. Method of operation of working groups

The working groups will, in developing strategies, methods, materials and programmes of action, utilize existing documents and materials produced by or on behalf of the WHO, or by other organizations or may commission the development of documents or materials in consultation with outside experts. Furthermore, they may assist governments or government departments upon their request to GARD, and collaborate with GARD participants that are working to develop programmes with the same or similar objectives. The working groups will, as far as possible, conduct their work by correspondence (via the web), but groups of members will be encouraged to have face-to-face meetings whenever practically possible, within the constraints of finances.

3. The composition of working groups: Executive and Task Force

- Working groups will comprise advisers invited by GARD Executive Committee. Preference will be given to advisers representing GARD participants.
- Each working group will be composed of:
 - An Executive comprising a chair, co-chair and three additional members;
 - Additional members as may be necessary for the projects proposed and underway, termed as members of a Task Force.
- GARD participants will be approached for nominations of suitably qualified members for the appointment of each working group Task Force.
- With the exception of the working group Executive, membership of working groups is task-oriented, and is for a limited period linked to specific projects or tasks, at the end of which members are released. Members may however be re-appointed to the group to undertake or contribute to other or new tasks.

4. The responsibilities of working groups

- Within each working group, tasks and responsibilities will be assigned to members.

- Working groups will have a high degree of autonomy with respect to setting of goals, priorities, delegation of tasks and responsibilities, collaboration with external experts, methods of communication and frequency of meetings. Collaboration with agencies and governments should take place only when there is a request for assistance, and it is subject to agreement of GARD General Meeting, GARD Country Coordinator and WHO offices.
- Working groups will be required to present the following reports for adoption and/or approval at each annual GARD General Meeting and/or at other times as requested by GARD Planning Group:
 - A schedule of proposed activities: this will be tabled and presented at each GARD General Meeting.
 - A budget for proposed activities.
 - A report on current and completed work and activities.
 - Financial statements for the period under review in a standard format established by GARD secretariat.

5. The formation of working groups and appointment of the Chair, Co-Chair and members of working groups

- The establishment and disestablishment of a working group may be proposed by the Planning Group, approved by the Executive Committee, and endorsed by the General Meeting.
- The Chair, Co-Chair and two additional Executive members of each group will be invited by GARD Executive Committee to form the working group Executive. They will be selected for their special expertise in an area relevant to that working group.
- The working group Executive may request GARD Executive Committee to invite as many members as needed to join their working group in order to address the tasks in hand.
- The term of office of members of the working group Executive will be two years, but their appointment may be renewed once for a further two year period. Executive members may be re-appointed if they have been absent from the committee for at least one year.
- One or more members of the WHO/GARD secretariat, GARD Executive Committee and GARD Planning Group may serve as additional ex-officio members of a working group, but they shall not be nominated as members of the Executives of the working groups.
- A working group member (including Executive members) will not be eligible to serve on more than one working group at a time.

6. The duties and responsibilities of Chairs and Co-Chairs of working groups

- Working group Chairs are entitled to elect one representative among all working groups Chairs to be a member of GARD Planning Group for a two years term.
- Working group Chairs will be invited to attend GARD General Meetings, but have no right to vote unless they are representing a GARD participant, as this is a privilege of the representatives of GARD participants.
- The Chair and Co-Chair will work together in planning activities of and budgets for their working group, chairing meetings, and overseeing production and distribution of minutes of meetings and other means of communication between working group members.
- Preparation of reports for GARD Planning Group and GARD General Meeting.

7. The duties and responsibilities of members of working groups

- To maintain communication with other members and attend meetings of working groups.
- To assist with activities of their group in their area of expertise.
- To declare conflicts of interest or potential conflicts of interest.
- To maintain communication with the GARD participant that they represent concerning the activities of GARD and their involvement in GARD.

8. Funds and the financing of working group activities

- The activities of each working group, GARD secretariat, and related day to day operation of GARD will be financed by voluntary contributions from the GARD participants. Expenditure will be in accordance with approved annual budgets allocated on the basis of each working group's planned activities and subject to the availability of resources.
- The WHO may in its sole and absolute discretion accept financial contributions from observers and raise funds from other sources to support the work of GARD, in accordance with WHO's established policies and principles.
- A working group will not be permitted to raise funds for its own use. All donations and financial transactions relating to their activities will be processed by the WHO secretariat. WHO will administer any financial contributions in accordance with the financial rules and regulations of the organization, and administrative procedures and practices (including WHO's normal programme support costs charge). However, each working group will collaborate with the working group on resource mobilization and with GARD Executive Committee, in order to develop a fund raising plan for its activities.

9. Evaluation of the performance of working groups

Each working group will be requested to compile a schedule of performance indicators that will be used to evaluate the activities of the group. Periodic (annual) assessment of each working group's performance will, if requested by GARD Planning Group, be performed by a panel of invited external reviewers. The panel will prepare a written report and present, in the first instance, to the working group Chair and Co-Chair for comment, and then to GARD Planning Group. Following this review the report will be made available to GARD collaborating parties, including WHO.

10. Names of GARD working groups

- Burden, Risk Factors, and Surveillance of CRD and Allergies
- Awareness and Advocacy for CRD and Allergies
- Health Promotion and Disease Prevention of CRD and Allergies
- Diagnosis of CRD and Allergies
- Control of CRD and Allergy and Drug Accessibility
- Paediatric CRD and Allergies
- Resource mobilization for GARD

11. GARD secretariat support for GARD working groups

Subject to the availability of sufficient human and financial resources for this purpose, secretariat support for the GARD working groups will be provided by GARD secretariat. In case of scarce resources, GARD secretariat might decide to designate another GARD participant to serve as secretariat of a working group.

Specific functions provided by the secretariat will be:

- Advise and support (where possible) the organization of meetings of the working groups;
- Organization, and maintenance of a central repository of information and other documents relevant to the work of GARD working groups;
- Maintenance of a database of participants' activities which are completed, ongoing, or planned;
- Creation and management of a sub-heading within GARD internet site to provide information pertinent to working groups activities and products;
- Review on case-by-case basis the appropriateness of accepting a financial contribution from a commercial enterprise and make a decision on the acceptance of such a contribution.

12. Publications produced by GARD working groups

Rule 8 of the GARD Terms of Reference will apply to all publications produced by GARD working groups.

13. Termination of membership of working groups

Any member may decide to terminate his/her involvement in a GARD working group by providing written notice to the WHO as the GARD secretariat. GARD secretariat shall remove the individual in question from the list of working group members and inform the governing bodies of the Alliance accordingly.

GARD Executive Committee and WHO can recommend the termination of participation of any member of the working groups to GARD Planning Group, which should take the decision and inform GARD General Meeting.

14. Amendments

These operating procedures for working groups may be modified by simple majority decision of GARD General Meeting.

ANNEX 4

Scaling up surveillance, prevention and control of chronic respiratory diseases at country level through the Global Alliance against Chronic Respiratory Diseases (GARD Country) - Set of suggestions

1. Background

The Global Alliance against Chronic Respiratory Diseases (GARD) is a voluntary alliance of national and international organizations, institutions and agencies working towards the common goal of reducing the global burden of chronic respiratory diseases. The World Health Organization (WHO) provides technical leadership and secretariat support.

2. Purpose

GARD focuses on the needs of countries, and fosters country-specific initiatives that are tailored to local conditions. Interested parties may constitute a **country alliance with the aim of pursuing GARD goal and objectives at country level**. This alliance could be called **Country Group for GARD (GARD Country)**. It could provide local coordination, momentum and capacity to scale up surveillance, prevention and control of chronic respiratory diseases.

3. Nature

Any GARD Country constituted pursuant to this framework document should be a voluntary alliance. Unlike GARD, GARD Country should be legally independent from WHO and WHO should not be considered liable for its actions. In order to ensure this independence, GARD Country could be constituted as an independent legal entity in the form of a not-for-profit organization under the law of the country in question. The GARD secretariat may only provide GARD Country with the GARD logo for activities organized in direct collaboration with GARD and the logo should not be used by GARD Country to depict its own visual identity.

4. Goal, objective and activities

The goal of any GARD Country should be to reduce the burden of chronic respiratory diseases in the country in question, as part of the global goal of reducing the burden of chronic respiratory diseases worldwide.

The objective of any GARD Country should be to adapt the GARD approach proposed in the document entitled "Global surveillance, prevention and control of chronic respiratory diseases. A comprehensive approach" to the local situation.

The activities of any GARD Country should be compatible with GARD proposals and tailored to the local situation. They may include:

- a. Coordinating existing activities and exchanging relevant information related to chronic respiratory diseases
- b. Estimating population needs with respect to chronic respiratory diseases
- c. Advocating on chronic respiratory diseases
- d. Encouraging the adoption and implementation of health promotion and prevention policies
- e. Running intervention projects on control of chronic respiratory diseases

5. Roles and responsibilities

- a. **GARD Country initiator:** a person or an organization that has developed the initial idea and has taken the first step in proposing an alliance at country level. GARD Country initiator would become GARD Country coordinator when officially recognized by the Ministry of Health of the country in question and endorsed by the GARD General Meeting. GARD

Country initiator should work in collaboration with a core group of interested parties that will eventually become GARD Country collaborating parties.

S/he would report annually to the GARD General Meeting about the status and the activities of GARD Country. S/he would inform the WHO Country Office (cc: Regional Office and HQ) and the Ministry of Health about GARD activities and involve them in the development of a GARD Country.

- b. **Ministry of Health:** GARD initiator should consult the Ministry of Health about the proposal to create a GARD Country. If supportive, the Ministry of Health should be invited to be involved in developing GARD Country by designating a focal point within the Ministry of Health to be its representative in the process of development of GARD at country level.
- c. **WHO:** WHO should be kept informed, at all levels, of proposals and development of a GARD Country. GARD initiators should notify GARD secretariat in WHO headquarters and WHO Country Office of the willingness to establish a GARD Country. GARD secretariat should also discuss this matter with WHO Regional Office and WHO Country Office and find synergies with other WHO programmes working at country level. However, GARD Country should be legally independent from WHO.
- d. **GARD:** the General Meeting should be kept informed of proposals and development of a GARD Country. During its annual meetings, GARD initiators/coordinators could be invited to report on the development of country alliances and the General Meeting would endorse (or otherwise) their activities. Furthermore, GARD Country initiators/coordinators might be invited by GARD Executive Committee to be part of the Country-Focus Group. A member of the Country-Focus Group would be elected by the General Meeting to serve on GARD Planning Group.

6. Process

The process should be led by GARD Country initiator/coordinator at the country level (bottom-up).

GARD Country initiator should make sure that the following prerequisites are fulfilled:

1. The situation of the surveillance, prevention and control of chronic respiratory diseases in the country should be analysed.
2. The Ministry of Health of the country should be consulted and agree on the development of a GARD Country.
3. WHO (GARD secretariat at HQ, WHO Regional Office and WHO Country Office) should be informed and agree on the development of GARD Country.

Once the GARD Country initiator has verified that the prerequisites have been fulfilled, the following steps (to be adapted, as necessary) should be proposed:

- a. Agreeing on a definition of GARD Country
- b. Identifying other partners
- c. Running an exploratory workshop
- d. Proposing the GARD Country Coordinator
- e. Defining the Terms of Reference
- f. Defining the structure
- g. Reviewing the work of GARD Country

a. Agreeing on a definition of GARD Country

GARD initiator and the core group of interested parties should agree on the term "alliance". This could vary depending on the profession, culture and background. The following would be the suggested definition:

- a voluntary alliance,

- between organizations drawn from the different sectors of societies (government, private sector, NGOs)
- who commit to work collaboratively towards a common goal.

b. Identifying other partners

The GARD Country initiator, with the help of the core group of interested parties, should invite as many other interested parties as possible to join GARD Country (Annex A is a list of potential interested parties for consideration).

The range of resources (technical, financial, human, expertise, networking), which each interested party, or any form of existing collaboration among these parties, could bring, should be taken into consideration. Gaps and unmet needs towards the achievement of the common goal should also be identified.

Once a clear mapping of the present situation is available, GARD Country initiator should consider approaching other interested parties in order to fill the present gaps and help meet the unfulfilled needs. Interested parties could bring together a different variety of experiences in technical, managerial, advocacy and educational matters.

c. Running an exploratory workshop

The GARD Country initiator and the focal point within the Ministry of Health should call for a workshop including the core group of interested parties and the other potential interested parties. During this workshop, the following items should be considered:

- Agreement on the goal and objectives of the alliance at the country level;
- Identification of the resources and competencies that each interested party could bring to the alliance;
- Identification of gaps and unmet needs for the surveillance, prevention and control of chronic respiratory diseases in the country;
- Proposal and, if possible, agreement on the roles and responsibilities of each interested party;
- Outline of project ideas that could be carried out collaboratively;
- Discussion of options for the management of GARD Country.

d. Proposing the GARD Country Coordinator

There are two ways that the GARD Country Coordinator may be proposed: (i) either by GARD Country initiator and the core group of interested parties for approval of the Ministry of Health and endorsement by the GARD General Meeting; or, alternatively (ii) by the Ministry of Health in agreement with the GARD Executive Committee and endorsement by the GARD General Meeting.

If a GARD Country Coordinator has not been nominated, GARD Country initiator should carry out the various steps, until a GARD Country Coordinator is nominated. The GARD Country Coordinator might be the same person as the GARD Country initiator.

e. Defining the Terms of Reference

Once the abovementioned is discussed and agreed upon, the core group of interested parties and the other interested parties should be called the "collaborating parties". At this point, the collaborating parties should agree on the formation of a sub-committee to draft the Terms of Reference of GARD Country. Before any formalization, it is absolutely important that the interested parties have agreed, informally, on the function of GARD Country and the roles and responsibilities of the collaborating parties. It would be better to take longer to achieve consensus than to rush to the Terms of Reference stage without taking into account all the different interests.

The content of the Terms of Reference may vary substantially according to the country and the different situations at hand, but they should always include and adapt the goal, objective and

potential activities mentioned in point 4. Annex B is an example of the various components that could be included in the Terms of Reference.

A draft of the Terms of Reference should be circulated to all collaborating parties and to the Ministry of Health for comments. Once all parties agree on the document, they should sign it.

f. Defining the structure

The collaborating parties should find the best way to govern GARD Country according to their various needs. Here it is an example:

- a. GARD Country Council: this is the plenary body, chaired by the Country Coordinator, on which all collaborating parties are represented. Decisions are taken by consensus.
- b. GARD Country Planning Group: this is the proposing body, chaired by the Country Coordinator, composed of 3 to 5 collaborating parties elected by the GARD Country Council every 2 years. Decisions are taken by consensus.
- c. GARD Country Secretariat: this supports GARD Country and assists the collaborating parties, being managed by the Country Coordinator.

Depending on the situation in the country in question, GARD Country Coordinator might decide to register the alliance as an independent legal entity under national law, such as a not-for-profit organization. If GARD Country is not a legal entity, the secretariat could be hosted by one of the collaborating parties selected by all the collaborating parties by consensus. The host organization could provide the legal umbrella to GARD Country. The secretariat should follow the administrative rules and regulations of the host entity. However, GARD Country would preserve its own budget and functions. GARD Country should not be hosted by the WHO Country Office.

GARD Country Coordinator should work in close collaboration with GARD focal point within the Ministry of Health and the WHO Country Office.

g. Reviewing the work of GARD Country

The GARD Country Coordinator should review the work of GARD Country on a regular basis. S/he should ask:

- Is GARD Country doing things right?
- What has been learnt from building GARD Country?
- Has GARD Country been effective in achieving its aims?
- Have the collaborating parties all benefited from their involvement?
- How much has GARD Country achieved in the country (process and output)?
- Has GARD Country brought any change in the surveillance, prevention and control of chronic respiratory diseases in the country (outcome)?

Annex A: A list to help identify potential interested parties

1. Within the Ministry of Health:
 - programme managers and technical staff from specific programmes on chronic respiratory diseases;
 - programme managers and technical staff from supporting programmes, services, departments such as the Human Resources Development Department, the Health Statistics Department, the Health Finance Department, the Drug Control Department, the Health Education Programme, the Health Care Reforms Unit, the Environmental Health Unit.

2. Outside the Ministry of Health:
 - related ministries (education, social welfare, sport and leisure, labour, industry, environment);
 - chronic respiratory diseases experts and public health experts from academic and training faculties, including some among the political opposition;
 - representatives from professional associations and scientific societies (medical, pharmacists, physiotherapists and nursing);
 - representatives from patient groups;
 - local and international nongovernmental organizations;
 - representatives from the educational sector;
 - potential partners in providing technical and financial support such as multilateral and bilateral agencies;
 - representatives from the communities;
 - representatives from churches and religious leaders;
 - representatives from the private sector;
 - representatives from the media.

Annex B: Possible components of Terms of Reference of a GARD Country

1. Name
2. Preamble
3. Assumptions
 - The situation of the surveillance, prevention and control of chronic respiratory diseases in the country is analysed.
 - The Ministry of Health of the country is consulted and agrees on the development of a GARD Country.
 - WHO (GARD secretariat at HQ, WHO Regional Office and WHO Country Office) are informed and agree on the development of GARD Country.
 - Collaborating parties agree that the upgrade of the plan for surveillance, prevention and control of CRD in the country requires a formal working alliance as outlined in this agreement.
 - Etc.
4. Representatives of each collaborating party and their respective functions
5. Target of the GARD Country - both geographically and in terms of population
6. A common vision statement, a goal, objective and activities
 - A world where all people breath freely
 - The goal to reduce the burden of chronic respiratory diseases in the country, as part of the global goal to reduce the burden of chronic respiratory diseases worldwide.
 - The objective to adapt GARD approach described in "Global surveillance, prevention and control of chronic respiratory diseases. A comprehensive approach" to the local situation.
 - The activities compatible with GARD approach and adapted to the local situation:
 - Coordinating existing activities and exchanging relevant information related to chronic respiratory diseases
 - Estimating population needs on chronic respiratory diseases
 - Advocating on chronic respiratory diseases
 - Encouraging the adoption and implementation of health promotion and prevention policies
 - Running intervention projects on control of chronic respiratory diseases
7. Joint workplan: expected results, activities, timing, indicators, milestones, resources (not only funds, but expertise, technical and human resources, contributions in-kind, contacts, equipment, venue) committed by each collaborating party
8. Membership
 - Benefits of each collaborating party
 - Roles and responsibility of each collaborating party, including project management responsibilities.
 - Commitment to the vision, goal and objectives
 - Criteria for becoming a collaborating party
 - Application procedure
 - Termination procedure
9. Structure
 - Council and Planning Group: composition and frequency
 - Nomination of Country Coordinator
 - Establishment of a secretariat
10. Decision-making principles

- Consensus
 - If consensus cannot be achieved, majority and allocation of veto if applicable.
11. Funding arrangements
 - How does the GARD Country intend to finance its management and its activities?
 12. Rules for branding and other rules for the public profile of the GARD Country
 - Use of logo and website
 - Publications
 - Copyright
 - Authorised spokespersons
 - Clearance procedure for public messages
 13. Procedures for accountability, transparency and on-going communications between: a) the collaborating parties; b) the collaborating parties and their constituencies; c) the collaborating parties and beneficiaries of the alliance activities; and d) the alliance and external audiences.
 - Creation of a distribution list
 - Partners' directory
 - Six-month progress report (to be circulated by email)
 - Yearly report
 14. Procedures for monitoring and measuring the performance of the GARD Country
 - Six-month technical report to collaborating parties
 - Six-month financial report to collaborating parties
 15. A sustainability strategy for GARD Country over the long-term
 16. Grievance mechanism to resolve differences
 17. Exit strategy for the GARD Country

ANNEX 5

Directory of GARD participants

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
AllerGen NCE Inc.	2005	www.allergen-nce.ca	To catalyze and support discovery, development, networking, capacity building, commercialization and knowledge translation that contribute to reducing the morbidity, mortality and socio-economic burden of allergic and related immune diseases.	Not-for-profit national cross-sectoral, multidisciplinary research network, made possible through funding from the Networks of Centres of Excellence (NCE) Canada	Meeting of members held annually (February); board of directors meets twice annually, research management committee meets twice annually; additional executive committees meet several times annually	Total number: 143; foundations/associations: 27; governmental agencies: 22; federation Canada: 14; federation international 2; provincial: 6; hospitals 5; industry: 41; academic institutes: 48; university: 34; research institutes: 14 AMRO/PAHO/EURO/WPRO
Allergic Rhinitis and its Impact on Asthma (ARIA)	1999	www.whiar.org	To educate and implement evidence-based management of allergic rhinitis in conjunction with asthma worldwide, through planning, managing, and financing pilot projects to improve the health of broad sectors of the population throughout the world, setting up rural healthcare activities, providing support for preventive diagnostic and therapeutic measures as part of basic healthcare.	Nongovernmental organization		200 AFRO, AMRO, EMRO, EURO, SEARO, WPRO
ALLERG.O.S	2003		To improve, at a regional level (French Languedoc-Roussillon region), the diagnosis of patients with a suspected severe allergic reactions	Nongovernmental organization, nonprofit organization for clinicians	Missions split into work packages (hymenoptera venom and food anaphylaxis, drug allergy, difficult to control asthma)	70 members (physicians, pharmacists, nurses involved in the network) EURO
American Academy of Allergy, Asthma and Immunology (AAAAI)	1943	<i>Journal of Allergy & Clinical Immunology</i> www.aaaai.org	The advancement of the knowledge and practice of allergy, asthma and immunology for optimal patient care.	Nongovernmental organization	7 interest sections: Asthma Diagnosis and Treatment; Basic and Clinical Immunology; Environmental and Occupational Respiratory Diseases; Food Allergy, Dermatologic Diseases and Anaphylaxis; Health Care Education, Delivery and Quality; Mechanisms of Asthma and Allergic Inflammation; Rhinitis, Sinusitis and Ocular Diseases	6000 in Canada, United States of America and 60 other countries AFRO, AMRO, EMRO, EURO, SEARO, WPRO

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
American College of Allergy, Asthma and Immunology (ACAAI)	1942	<i>Annals of Allergy, Asthma & Immunology</i> www.acaai.org	To improve the quality of patient care in allergy and immunology through research, advocacy and professional and public education; maintain and advance diagnostic and therapeutic skills of members; sponsor and conduct educational and scientific programmes and publications; develop and disseminate educational information for members, patients, health-plan purchasers and administrators, and other physicians and health professionals.	Nongovernmental professional association for allergists and immunologists		4900 allergists and immunologists AMRO and possibly other regions through international affiliate membership
American Thoracic Society (ATS)	1905	<i>American Journal of Respiratory and Critical Care Medicine;</i> <i>American Journal of Respiratory Cell and Molecular Biology;</i> <i>Proceedings of the American Thoracic Society</i> www.thoracic.org	To prevent and treat respiratory disease through research, education, patient care and advocacy; to decrease morbidity and mortality from respiratory disorders and life-threatening acute illnesses in people of all ages, interacting with national and international organizations that have similar goals.	Nongovernmental, nonprofit, international, professional and scientific society for respiratory and critical-care medicine.	12 specialized assemblies	13 000 globally AFRO, AMRO, EMRO, EURO, SEARO, WPRO
Asian Allergy and Asthma Foundation (AAAF)	2004	website in preparation	To advance excellent clinical practice of allergic diseases and to reduce their burden through education, training, research, cost effective treatment and public awareness through continuous dialogue with the health ministry and world organizations with the same goals.	Regional nongovernmental organization		50 members representing all Asian countries SEARO, WPRO
Asian Pacific Association of Allergology and Clinical Immunology (APAACI)	1989	www.apaaci.org	To support the development of the discipline of allergy, asthma and clinical immunology in the region; to encourage and assist in forming national societies where none exist; to promote the exchange and progress of knowledge in the region; to study the prevention and treatment of allergy, asthma and immune-mediated diseases specific to the region; to promote exchanges in training programmes between member countries; to help cooperation between clinical and basic research; to develop programmes for public education; to cooperate with other international organizations with similar goals; to disseminate knowledge through international congresses and by other means.	Association of national societies of allergy and clinical immunology in the Asia-Pacific region		15 national societies SEARO, WPRO
Asian Pacific Society of Respirology (APSR)	1985	<i>Respirology</i> www.apsresp.org	To advance and promote knowledge of the respiratory system in health and disease; to strive to encourage research and improve clinical practice through teaching; to increase awareness of health problems in the area and to promote exchange of knowledge among respirologists in the Asia-Pacific region.	Regional nongovernmental organization		10,150 SEARO, WPRO

GLOBAL ALLIANCE AGAINST CHRONIC RESPIRATORY DISEASES

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Asthma and Allergy Association (AAA)	1991	<i>Journal Asthme & Allergies Infos</i> www.asmanet.com	To promote information, medical training and patients' education. Disseminate scientific information; function as a reference body for health organizations and media; encourage and provide training and continuing education. Answer patients' questions through a free hotline.	Nongovernmental, nonprofit organization for patients, doctors and health professionals	sections for asthma, dermatology, paediatrics and allergies to improve information to patients and to promote patients' education. Can propose task forces and joint sessions with other specialist societies.	Over 2 500 members, France EURO
Belgian Thoracic Society (BTS)	1963	www.webweaver.be/pneumo/indexEN.cfm	Founded as society of individual members working in the field of pneumology, the society aims at promoting the study and the dissemination of scientific knowledge (medical, paramedical, pharmaceutical, research, etc.) directly or indirectly related with the respiratory tract. Its principal objectives are: to promote basic and clinical research in the field of pneumology; to collect, evaluate and disseminate scientific knowledge related to environmental and respiratory diseases; to encourage and support continuous education in the field of pneumology; to stimulate and organize mutual exchange between clinicians, researchers and, more in general, between all scientists active in the sector; to support and promote pneumology as a medical specialty in a general way; to preserve and develop relations with the proper authorities.	Nongovernmental, nonprofit organization	Board of directors meeting every 2 months. Yearly annual scientific meeting. 17 working groups, amongst which one on asthma and allergy, on alpha 1 antitrypsin deficiency, and on pulmonary rehabilitation.	Active membership: open to all medical doctors, graduated from a Belgian university, who have applied for membership to the Board of Directors. Honorary membership: all those appointed by the General Assembly upon recommendation by the Board of Directors. Honorary members have the right to attend General Assemblies, but have no voting right. EURO
Czech Alliance against Chronic Respiratory Diseases (ČARO)	2007	www.caro-gard.cz	To realize the national programme for the fight against chronic respiratory diseases; to improve the prevention and early detection of chronic respiratory diseases; to decrease incidence and mortality of chronic respiratory diseases; to establish specialized centers and improve the quality of respiratory medicine in the Czech Republic; to provide education, research, advocacy and lobbying among governmental institutions and mass media.	Nongovernmental nonprofit organization	Executive committee meets twice a year; general meeting takes place annually	21 organizations cooperating as partners: nongovernmental organizations, medical societies, patient organizations, association of nurses EURO
Danish Lung Health Association (DLHA)	1901	www.lungeforening.dk	To improve prevention and treatment of lung diseases in Denmark and to help patients with these diseases (especially chronic obstructive pulmonary disease) in the country.	National nongovernmental organization		3493 members from the Faroe Islands and Greenland EURO

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Dokkyo University School of Medicine, WHO Collaborating Centre for Prevention and Control of Chronic Respiratory Diseases. (DU-WCC)			Terms of reference as WHO Collaborating Centre; Asia-Pacific Initiative for Chronic Respiratory Diseases.	WHO Collaborating Centre		SEARO, WPRO
European Academy of Allergy and Clinical Immunology (EAACI)	1956	<i>Allergy (European Journal of Allergy and Clinical Immunology)</i> www.eaaci.net	To promote basic and clinical research; assess and disseminate scientific information; function as a reference body for other scientific, health and political organizations; encourage and provide training and continuing education; promote good patient care for allergic and immunological diseases.	Nongovernmental, nonprofit organization for academicians, research investigators and clinicians	Sections for asthma, dermatology, otorhinolaryngology, immunology and paediatrics to improve information exchange and collaboration between scientists within and outside EAACI. Sections can propose task forces and joint sessions with other specialist societies.	39 European national societies, over 3 500 members EURO
European Centre for Allergy Research Foundation (ECARF)	2003	www.ecarf.org	To improve knowledge, research and awareness of allergies; decrease the burden of disease in patients and in society through structural research in allergy, spreading of excellence and knowledge among physicians and the public, initiatives for improving patient care, activities for a better quality of life for allergic patients.	Foundation		Collaboration with Allergy Centre Charité, specialized in clinical work, research and dissemination of knowledge in allergy EURO
European Federation of Allergy and Airways Diseases Patients' Associations (EFA)	1992	www.efanet.org	To improve the quality of life of people with asthma, chronic obstructive pulmonary disease and allergy and of their carers throughout Europe, contributing to a European community that shares the responsibility for substantially reducing the frequency and severity of these conditions and recognizes the social, environmental, economic and health implications.	Foundation		Alliance of 41 organizations in 23 countries in Europe representing 250 000 persons EURO

GLOBAL ALLIANCE AGAINST CHRONIC RESPIRATORY DISEASES

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
EV-K2-CNR Committee (EV-K2-CNR Committee)	1989	www.evkc2cnr.org	To promote sustainable mountain development and to safeguard high altitude environments by implementing management-oriented research to the benefit of local populations and decision makers, while building local capacity to understand and apply this type of specialized scientific knowledge.	Independent, nonprofit association; with UNEP (observer status) and ECOSOC (roster status) accreditation for NGOs.	Relevant interest sections: High Altitude Medicine and Physiology, Hypoxia, COPD, Indoor Air Pollution. Institutional scientific assemblies which meet periodically include Ev-K2-CNR External Research Unit Management Committee; Ev-K2-CNR Executive Committee; Ev-K2-CNR Scientific Council; Ev-K2-CNR / Nepal Academy of Science and Technology Bilateral Technical Committee, High Altitude Medicine and Physiology Research Sector	17 institutional members, 43 international staff/consultants working in offices and on the field in Italy, Nepal, Pakistan, Uganda and Kuwait. 180 national and international collaborating or affiliated scientific institutions, of which about 20 are dedicated exclusively to medical/physiology research. EURO, AFRO, EMRO, SEARO
European Respiratory Society (ERS)	1990	<i>European Respiratory Journal,</i> <i>European Respiratory Monograph,</i> <i>European Respiratory Review,</i> <i>European Respiratory Topic,</i> <i>ERS Newsletter,</i> <i>Breathe</i> www.ersnet.org	Promoting research; fostering education; exchanging knowledge; improving patient care.	Nongovernmental, nonprofit international medical organization	10 scientific assemblies serve as forum to present and discuss scientific work at yearly congress	Over 7000 members in 100 countries AFRO, AMRO, EMRO, EURO, SEARO, WPRO
Finnish Lung Health Association (FILHA)	1907	www.filha.fi	Training and education of management of chronic respiratory diseases; design, implementation of national programmes for diseases (asthma, chronic obstructive pulmonary disease, sleep apnoea), for smoking cessation (since 1994) and implementation of international project (tuberculosis); research, expert networking and human resource development.	National nongovernmental organization	WHO collaborating centre	EURO (Finland, Russian Federation, Baltic nations), SEARO (Kyrgyzstan, Mongolia), WPRO (China)
Forum of International Respiratory Societies (FIRS)	2002		Advocacy for global respiratory health and identification of new areas for global initiatives. Aims to be attained by the consideration of needs and the proposal of related projects, implemented jointly or individually by the member organizations.	Cooperative union of international professional and scientific societies		Participating organizations include ACCP, ALAT, APSR, ATS, ERS, UNION and ULASTER EURO

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Georgian Respiratory Association (GRA)	2004	<i>sakartvelos respiraciuli jurnali</i> (Georgian) www.georonet.org.ge	To promote basic, epidemiological and clinical research in respiratory medicine; to organize regular congresses, conferences, symposia, seminars, scientific meetings, exhibitions and all other clinical and scientific events; to develop and maintain high standards of continuing medical education for medical specialists; to produce scientific publications by the editing, printing, and publishing of reviews, journals, and bulletins to promote, encourage or disseminate research or educational work in the field of respiratory medicine; to produce guidelines on the diagnostic and management of respiratory diseases; to collaborate with other national and international organizations having a similar objectives or similar functions.	National nongovernmental, nonprofit organization	10 scientific working groups	420 members, 6 branches throughout Georgia EURO
Ghent University, WHO Collaborating Centre (GU-WCC) Dept. Respiratory Diseases.	1817	www.ugent.be	To offer high-quality, research-based education; to play an important role in fundamental and applied research; to be an open, pluralistic, international institute with a social responsibility (full mission statement: www.ugent.be/en/ghentuniv/management/mission).	WHO Collaborating Centre		EURO
Global Allergy and Asthma European Network (GA2LEN)	2004	www.ga2len.net	To establish an internationally competitive network; to enhance quality and relevance of research and address all aspects of the disease; to decrease the burden of allergy and asthma throughout Europe. Activities consist of integration, coordination of scientific activities and spreading excellence.	Research network in allergy and asthma	Work packages include: nutrition, infection, environment and pollution, occupation, gender sensitization and allergic disease, airway remodelling, clinical care, genetics and genomics	26 leading European teams, EAACI and EFA, one or more centres in each European country EURO

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Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Global Initiative for Asthma (GINA)	1991	www.ginasthma.com	Works with health care professionals and public health officials around the world to reduce asthma prevalence, morbidity and mortality. Through evidence-based guidelines for asthma management, and events such as the annual celebration of World Asthma Day, the Global Initiative for Asthma works to improve the lives of people with asthma in every corner of the globe.	Programme launched in collaboration with WHO and National Institutes of Health/National Heart, Lung and Blood Institute	Executive, Science and Dissemination Committees; national launch leaders	AFRO, AMRO, EMRO, EURO, SEARO, WPRO (GARD target countries: Argentina, Brazil, Costa Rica, Portugal, Georgia, Russian Federation, Syrian Arab Republic, Vietnam)
Global Initiative for Chronic Obstructive Lung Disease (GOLD)	1998	www.goldcopd.com	Increase awareness of medical community, public health officials and general public that chronic obstructive pulmonary disease is a public health problem; decrease its morbidity and mortality through implementing effective programmes for its diagnosis, management and prevention strategies for use in all countries and promoting studies into the etiology of its increasing prevalence.	Programme launched in collaboration with WHO and National Institutes of Health/National Heart, Lung and Blood Institute	Executive, Science and Dissemination Committees. National Launch Leaders	AMRO, EURO
Greek Paediatric Pulmonology Society (GPPS)	1997	In preparation	Target is: pediatric respiratory and allergic diseases Goals: to improve the quality of care of children with these diseases; to promote education and awareness of chronic respiratory diseases; to promote research on risk factors, diagnosis, clinical presentation and prevention; to disseminate and exchange recent knowledge on diagnosis and management; to promote excellence in training in pediatric lung diseases.	Nongovernmental organization	Asthma, allergies, environment, pulmonology/physiology, cystic fibrosis, congenital or acquired pediatric lung diseases, bronchoscopy	50 members in Greece mostly pediatricians and allergists EURO

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Hispanic-American Allergy Asthma and Immunology Association (HAAMA)	1981	www.haama.org/	To promote care, access, diversity and quality of care in the field of allergy, asthma, chronic pulmonary disease and immunological diseases. Some steps that will be taken to accomplish these goals will be: to interact with other organizations including advocacy groups; to focus on diverse ethnic groups especially the Hispanics of the American continents; to include the underserved population in developed and undeveloped countries and to promote research, professional education and public education.	Nongovernmental organization	Asthma, rhinitis, chronic obstructive lung disease; prevention, diagnosis, treatment; genetic pharmacogenetics; occupational diseases; aerobiology; related comorbidity of infectious and non infectious diseases; education of physicians and patients.	Global, with focus on North, Central ,and South American countries AMRO
Health Promotion Watch (HPW)	2004	www.africahealthpromotion.org	To promote community health in African countries and to contribute to the reduction of preventable diseases. Plaider for health in a healthy environment. To improve the effectiveness of health promotion and the necessary competences. To promote the health and environment status of surveillance for what it concerns the international commitments for health. To facilitate the access to education for girls, social justice and equal treatment.	Nongovernmental, nonprofit organization		AFRO
Hellenic Thoracic Society (HTS)	1966	www.hts.org.gr	Aims of the Organization are: (1) the advancement and promotion of knowledge in issues relevant with the function and the diseases of the respiratory system; (2) doctor's training in new prospects and techniques for the management of the diseases mentioned above; (3) research of conditions (social, economic and occupational) in which these diseases develop in our country and composes suggestions to the state concerning the above; (4) advise the public in issues concerning prevention and management of diseases associated to our speciality. In order to accomplish its aims, the Organization organizes congresses, lectures, symposiums, educational seminars, lectures to the public, issues books, magazines, leaflets and uses generally every approving scientific method that the Executive Committee and the General Assembly decide. The Organization collaborates with other organizations with the same or similar purpose, Greek or foreign, concerning the issues mentioned above.	Nongovernmental, nonprofit organization	General Assembly, Executive Committee and 17 Working Groups: physiology & pathophysiology of the respiratory system, asthma, lung cancer, infections of the respiratory system, tuberculosis, diffuse (interstitial) lung diseases, COPD, endoscopic techniques, occupational lung diseases and environmental pollution, smoking cessation, thoracic surgery, pleural diseases, immunology and cellular biology, intensive care, sleep apnea, prevention and management of drowning, geriatrics	EURO

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Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Institute of Neurobiology and Molecular Medicine - Italian National Research Council (INMM-CNR)	1923	www.cnr.it	CNR promotes and carries on research activities, in pursuit of excellence and strategic relevance within the national and international ambit, in the frame of European cooperation and integration. In cooperation with the academic research and with other private and public organizations, CNR ensures the dissemination of results inside the Country, defines, manages and coordinates national and international research programs, in addition to support scientific and research activities of major relevance for the national system. It promotes the valorization, the pre-competitive development and the technological transfer of research results carried on by its own scientific network and by third parties with whom cooperation relationships have been established. It promotes the collaboration in the scientific and technological field, and in the technical regulations field, with organizations and institutions of other Countries, and with supranational organizations in the frame of extra-governmental agreements. It provides, upon request of government authorities, specific skills for the participation of Italy to organizations or international scientific programs of inter-governmental nature. It carries on, through its own program of scholarships and research fellowships, educational and training activities in Ph.D. courses, in advanced after-university specialization courses, and in programs of continuous or recurrent education.	Public organization with autonomous rules and regulations, in accordance with the existing laws and the Italian Civil Code	The Institute of Neurobiology and Molecular Medicine (INMM) resulted from the merging of two historical major Institutes of the CNR: The Institute of Neurobiology and The Institute of Molecular Medicine. The Institute is divided in three sections : Neurobiology; Molecular Medicine and Genetics and Molecular Pathophysiology. The research activity of the INMM is mainly focussed on genetic, cellular and molecular mechanisms in health and disease with special reference to allergic and immunologic diseases, diseases of the nervous system, cancerogenesis. The following ongoing/planned studies might be relevant: Allergy and Infections; Innate immunity; IgE sensitisation and inflammation; Tissue remodelling; Biomarkers; Novel drugs; Public Awareness/Education	CNR is made of 108 Institutes with 6962 research workers (2260 Female and 4702 Male) EURO
Interdisciplinary Association for Research in Lung Disease (AIMAR)	2001	<i>Multidisciplinary Respiratory Medicine</i> www.aimarnetwork.org	To prevent lung disease and promote lung health; to improve the quality of patient care by educating physicians and allied professionals and providing them with programmes and strategies for fighting lung disease such as asthma, chronic obstructive pulmonary disease, infections, tobacco and environmental pollution; to promote research on lung disease; to increase the awareness of public about lung diseases and their risks; to involve all decision-makers in campaigns to reduce environmental and tobacco pollution. To promote and maintain links with all societies and agencies interested in lung health, including patients' organizations, especially in the Mediterranean area.	Nonprofit interdisciplinary association for research in lung disease	Medical areas involved : environmental, general, internal and occupational medicine, intensive care, cardiology, thoracic surgery, radiology, endocrinology, epidemiology, pharmacology, gastroenterology, geriatrics, immunology, infectious diseases, microbiology, neurology, oncology, otolaryngology, paediatrics, pneumology	EURO

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
International Association of Asthmology (INTERASMA)	1954	<i>Journal of Investigational Allergology & Clinical Immunology</i> , <i>Interasma News newsletter</i> www.interasma.org	A forum for interdisciplinary discussions among pneumologists, allergists, paediatricians and general practitioners to exchange information on asthma research, practice and management: to focus on all aspects of asthma, bridging the gap between research and clinical practice; to encourage asthma education programmes for all health care professionals, educators and administrators; to improve the quality of life of asthmatics; to decrease the prevalence, morbidity and mortality of asthma.	International nongovernmental organization	Executive Committee, regional chapters	AMRO, AFRO, EMRO, EURO, WPRO
International Chronic Obstructive Pulmonary Disease Coalition (ICC)	1999	www.internationalcopd.org	To improve care of chronic obstructive pulmonary disease patients through increasing awareness of the disease and an understanding of its diagnosis and management for both carers and patients. To create alliances with professional groups to accomplish these ends. To encourage and support national and regional groups in advocacy efforts toward policy-makers to prioritize chronic obstructive pulmonary disease in research and care.	Nonprofit corporation; outreach of Global Initiative for Chronic Obstructive Lung Disease and the United States Chronic Obstructive Pulmonary Disease Coalition		220 000 members AMRO, EMRO, EURO, WPRO

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International Primary Care Respiratory Group (IPCRG)	2000	<i>Primary Care Respiratory Journal</i> www.theipcrq.org	The primary objects of the charity are to improve public health by raising funds to organise research and reviews into the care, treatment and prevention of respiratory illnesses, diseases and problems in a community setting, and to make available the results of such research for the benefit of the public and healthcare professionals.	Scottish Charity, Company Limited by Guarantee	Sub Committees: Research, Education, Membership, Guidelines and Governance	15 Ordinary Members with voting rights, 19 Associate Members, 2 international organizations and 6 Invited specialists
International Rhinologic Society (IRS)		<i>International Rhinology Journal</i> www.rhinologyjournal.com <i>American Journal of Rhinology</i> www.americanjournalofrhinology.com	To promote education on rhinology and to promote graduate and post-graduate training, support research activities, to bring all rhinologists and related science people together to create a scientific forum for exchange of scientific information. To help epidemiologic studies all over the world to have new comparable data between the regions. To produce and disseminate evidence based guidelines. To help scientific people interact with the public health political and administrative bodies at the international and regional levels.	International nongovernmental organization	Executive Committee, board of directors, regional committees	All rhinology societies in the world (numbers of members all over the world around 10,000)
International Union Against Tuberculosis and Lung Disease (The UNION)	1956	<i>International Journal of Tuberculosis & Lung Disease</i> www.iaatld.org	To prevent and control tuberculosis and lung disease, particularly in low-income countries. To promote national autonomy, within the framework of priorities of each country, by developing, implementing and assessing antituberculosis and respiratory health programmes. To disseminate knowledge on tuberculosis, lung disease, HIV and resulting community health problems in order to alert doctors, decision-makers, opinion-leaders and the general public to the diseases' related dangers. To coordinate, assist and promote the work of its constituent members throughout the world. To establish and maintain close links with WHO, other United Nations organizations, governmental and nongovernmental institutions in health and development sectors.	Membership organization with partners in all regions of the world	Scientific groups in asthma, tuberculosis, tobacco prevention, nursing, child lung health	Partners include WHO tuberculosis programme; Stop TB Initiative; Global Fund to Fight AIDS, Tuberculosis and Malaria; Centers for Disease Control and Prevention AFRO

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Italian Society of Allergology and Pediatric Immunology (SIAIP)	1979	www.siaip.it	To improve the knowledge and the treatment of allergic and immunologic diseases and to educate patients to manage the burden of their diseases.	Nongovernmental organization	Asthma, allergic rhinitis, food allergy, diagnostic allergy, dermatologic diseases and anaphylaxis, immunology and vaccines	615 members EURO
Italian Society of Respiratory Medicine (SIMER)	1993	<i>Medicina Toracica</i> www.simemet.eu	To promote education respiratory medicine and respiratory research, to bridge academic and hospital based respiratory medicine and research by fostering innovation in graduate and post-graduate training, to raise the standards of respiratory care by the production and dissemination of evidence based guidelines and the interaction with the public health political and administrative bodies at the national and regional levels.	Scientific, nonprofit organization	Clinical problems, respiratory biology, intensive and home care, respiratory patophysiology, interventional pneumology, allergology and immunology; infections and tuberculosis, epidemiology, interstitial lung disease, quality in medicine, pulmonary oncology, sleep medicine	2100 members EURO
Korea Asthma Allergy Foundation (KAF)	2003	www.kaaf.org	To increase the awareness of asthma and allergy to the government and the public and to increase the priority of asthma and allergy in the national health system and to improve the prevention and management of asthma and allergy.	National nongovernmental organization	Sections for special task forces such as Burden of Asthma and Computer Assisted Easy Asthma Management and sections for Public Awareness and Education of Physicians and Patients to improve the management of asthma and allergy and to increase priority of asthma and allergy in national health system.	286 members focusing on respiratory medicine and allergy, Republic of Korea WPRO

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Latin American Thoracic Society (ALAT)	1996	www.alatorax.com	To record and disseminate scientific information about lung diseases; to teach and to promote research on thoracic diseases in Latin America; to stimulate scientific contact between the society's members and other national and international respiratory societies; to develop guidelines for the management of thoracic diseases; to develop scientific departments inside the association; to edit scientific publications.	Nongovernmental organization	Asthma, chronic obstructive pulmonary disease, critical pulmonology, endoscopy, interstitial lung diseases, lung infections, thoracic surgery, paediatric pulmonology, pulmonary circulation, respiratory pathophysiology, tuberculosis	5700 AMRO, EURO
Libra Project (LIBRA)	2006	<i>News Letter Progetto Libra</i> www.progettolibra.it	To raise awareness in public institutions, amongst healthcare workers and the general public on the importance of chronic obstructive diseases which should be considered and dealt with as one of the major problems regarding public health; to make the guidelines known and to change diagnostic and therapeutic standpoints by promoting educational and formative initiatives for healthcare workers; to reduce the number of unrecognized cases and to improve their treatment and optimize costs for the National Health Service whilst improving the quality of diagnostic and therapeutic treatment.	Nongovernmental, nonprofit organization for academicians, research investigators and clinicians	LIBRA (Linee Guida Italiane per BPCO, Rinite e Asma – COPD, Rhinitis and Asthma Guidelines) is the joint Italian project for the dissemination of COPD, Rhinitis and Asthma Guidelines which incorporates in one unique structure the Italian GINA, ARIA and GOLD-ERS/ATS projects.	The Executive Committee is made up of the national reporting members of the International Projects: S. Bonini (Rome), G.W. Canonica (Genoa), L.M. Fabbri (Modena), L. Corbetta (Florence), G. Passalacqua (Genoa), P.L. Paggiaro (Pisa). EURO
National Centre for Disease Prevention and Control, Ministry of Health, Italy (CCM)	2004	www.ccm.ministerosalute.it	To analyze health risks; coordinate surveillance and active prevention plans of the national alert and response systems; promote and train on the implementation of annual programmes; implement and evaluate annual programmes; network with other national and international health institutions; and information.	Governmental organization	The Centre is responsible for active prevention of chronic diseases and life styles.	EURO

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National Heart, Lung and Blood Institute (NHLBI), Division of Lung Diseases		www.nhlbi.nih.gov	Programme on asthma and chronic obstructive pulmonary diseases includes goals on epidemiology, research, genetics and pharmacogenetics, clinical trials, demonstration and education initiatives.	Governmental organization		Active partner with Global Initiative for Chronic Obstructive Lung Disease and with WHO AFRO, AMRO, EMRO, EURO, SEARO, WPRO
National Institute of Hygiene, Epidemiology and Microbiology, Cuba (INHEM)		www.inhem.sld.cu	To provide research results and technology innovation related to public health issues in the areas of epidemiology of chronic diseases and injuries, social determinants of health, health system and services, environmental health and school health; to develop programmes to train health professionals and other sectors of society, to provide scientific and technical services of excellence and to technically assess the direction of the national health system and of the country in the adoption of health policies and strategies aimed at improving the health status, the hope and the quality of life of the Cuban population.	Governmental institute (under the Ministry of Public Health); WHO Collaborating Centre		Cuba AMRO
National Public Health Institute, Finland (KTL)	1911	www.ktl.fi/portal/english	To promote people's possibility of living healthy lives. International collaboration (e.g. multilateral monitoring of trends and determinants in cardiovascular diseases (MONICA) project).	Governmental institute (under the Ministry of Social Affairs and Health), WHO Collaborating Centre		Finland EURO
Norwegian Association of Allergology and Clinical Immunopathology (NFAI)	1946	www.legeforeningen.no/nfai	To improve the knowledge, research and clinical care in allergology in Norway.	Nongovernmental organization, part of the Norwegian Medical Association	General assembly every second year, two yearly meetings/seminars, executive board (6 doctors)	225 members, mostly specialists in the fields of pulmonology, ENT, pediatrics, dermatology, gastroenterologists EURO
Ontario Asthma Surveillance Information System (OASIS)		www.sickkids.ca/oasis	The Ontario Asthma Surveillance Information System (OASIS) was created to provide a population-based longitudinal surveillance system for asthma. The ultimate aim is primary and secondary prevention of asthma by identifying risk factors for the development of asthma and asthma-related morbidity. Its missions are to create and maintain a population based longitudinal surveillance system for asthma in Ontario; to examine the burden of asthma in Ontario, to examine the impact of health care programs and policies on asthma.	The OASIS project at the Hospital for Sick Children, Toronto, is managed by the project investigators and research team, and is funded by the Ontario Ministry of Health and Long-Term Care.	Incidence and prevalence of asthma in Ontario; asthma related morbidity and mortality; health care utilization by people with a diagnosis of asthma; provider practice patterns with respect to the treatment of asthma, and other asthma relevant data.	AMRO

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Pan African Thoracic Society (PATS)	2003	www.africanthoracic.org	To improve the respiratory health of people in Africa by collaborative research, teaching and advocacy.	A web-based network.		212 registered members AFRO
Polish Society of Allergology (PSA)	1982	<i>International Review of Allergology & Clinical Immunology;</i> <i>Pulmonologia i Alergologia Polska;</i> <i>Alergia Astma Immunologia</i> www.pta.med.pl	The objective of the society is to organize and support research and scientific works in the field of experimental and clinical allergology, to associate persons working in these fields and to popularize achievements in pertinent branches of science, as well as to care for a proper level of treatment in allergology.	Nonprofit organization	Sections for dermatology, otorhinolaryngology, clinical immunology, eye diseases, young allergologists and paediatrics to improve information exchange and collaboration between scientists within and outside PSA. Sections can propose task forces and joint sessions with other specialist societies	13 Regional Branches, about 1000 members EURO
Portuguese National Institute of Health (PNIH)	1899	www.insa.pt	To do analysis, research, training and to act as reference organization and epidemiological observatory of diseases.	Governmental organization	Environmental Health Department: Water and Soil sanitation, Air and Occupational Health, Research and Emerging risks Units EURO	
Portuguese Society of Allergology and Clinical Immunology (SPAIC)	1950	<i>Revista Portuguesa de Imunoalergologia</i> www.spaic.pt	To prevent and treat allergic diseases through research, education, patient care and advocacy. To decrease morbidity and mortality from allergic and respiratory disorders, including asthma, in people of all ages, interacting with national and international organizations that have similar goals.	Nonprofit, nongovernmental, national, professional and scientific society for allergic and respiratory care medicine	12 specialized interest sections: aerobiology, allergy and asthma in sports, asthma, drug allergy, epidemiology, food allergy, immunotherapy, insect venom allergy, latex allergy, primary immunodeficiency, skin allergy, rhinitis	355 active members EURO

Name of Organization	Year established	Journal and Website address	Mission	Category (Int.Org./NGO/etc.)	Interest sections or assemblies	Number of members/partners and representation by WHO Region
Public Health Agency of Canada (PHAC)	2004	www.phac-aspc.gc.ca	To promote and protect the health of Canadians through leadership, partnership, innovation and action in public health.	Governmental organization	The Centre for Chronic Disease Prevention and Control has several sections including cancer, diabetes, cardiovascular and respiratory disease, and works in the areas of prevention, control, surveillance, risk assessment and policy.	AMRO
Respiratory Society of French Speaking countries (SPLF)	1916	<i>Revue des maladies respiratoires, Info-Respiration</i> www.splf.org	To promote all aspects of research in the field of lung diseases; to educate health professionals and patients in order to increase quality of care and awareness; to elaborate programmes for screening, prevention and treatment of lung diseases such as asthma, chronic obstructive pulmonary disease and occupational diseases; to interact with respiratory health officials in order to produce evidence-based guidelines.	Society	22 working groups involved in the preparation and conduct of a yearly congress	Over 1500 members from various French-speaking countries (central and eastern Europe, African and Asian countries) AFRO, EURO, WPRO
Russian Society of Pulmonologists (RSP)		No information available.				
Société Française d'Allergologie et d'Immunologie Clinique (SFAIC)	1950	<i>Revue Française d'Allergologie et d'Immunologie Clinique</i> www.sfaic.com	To promote basic and clinical research; assess and disseminate scientific information; function as a reference body for other scientific, health and political organizations particularly in French speaking countries; encourage and provide training and continuing education; promote good patient care especially for allergic diseases and also for immunological diseases.	Nongovernmental, nonprofit organization for academicians, research investigators and clinicians	Sections for asthma, pulmonology, gastro- enterology, ophthalmology, dermatology, otorhino- laryngology, immunology and paediatrics, occupational diseases to improve information exchange and collaboration between scientists within and outside SFAIC Sections can propose task forces and joint sessions with other specialist societies.	Over 1500 members all over the world but especially EURO

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Tishreen University, Lattakia, Syria	1971	<i>Tishreen University Journal of Studies and Scientific Research</i> www.tishreen.shern.net	To develop high education in all scientific and different humanity studies and various fields of knowledge; to prepare academic staff, to provide studies and experiences to develop and modernize societies; to provide opportunities for scientific research; to make available a training center for professionals and the community.	Public university affiliated to the Ministry of Higher Education	University Council is held every two weeks, Department Council meets every week and Medical School Council meets every week	Number of academic staff is 1135 in 2008, among them 130 in the Medical School , 14 in Nursing and 20 Pharmacy. Tishreen University has many scientific agreements with universities in different European countries and all Arab countries and Iran. The University also cooperates with many international organizations (the European Tempus Poject for Academic Development, Agence Universitaire de la Francophonie, JICA, UNESCO) and international societies (UMPT, SPLF). The University also hosts a national group working with International COPD Coalition, GOLD, ARIA and GINA. Teaching language is Arabic. EMRO
Turkish National Society of Allergy and Clinical Immunology (TNSACI)	1989	<i>Turkish Journal of Allergy Asthma and Immunology</i> www.aid.org.tr	Tackle with and try to solve medical, social and economic problems of allergic patients. Conduct investigations into the medical and social aspects of the allergic diseases, and providing support to studies carried out by the government, other associations and organizations in this field. Make propagandas through various publication and broadcasting means and organize conferences in order to elucidate the society in the struggle against allergic diseases and harms caused by them.	Nongovernmental nonprofit organization	Asthma, dermatology, immunotherapy, education, rhinitis, immunology and paediatrics	145 members EURO
Turkish Thoracic Society (TTS)	1992	<i>Turkish Respiratory Journal</i> www.toraks.org.tr/english	To provide the most effective scientific methods for prevention, control and treatment of respiratory diseases, and to increase national respiratory health through patient care, research, education and promotion of national policies.	National, nonprofit educational and scientific society	14 scientific working groups	1500 members, 15 branches throughout Turkey EURO

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World Allergy Organization (WAO)	1950	<i>Journal of World Allergy Organization, International Archives of Allergy & Immunology</i> www.worldallergy.org	To build a global alliance of allergy societies to advance excellence in clinical care, research, education and training.	Worldwide nongovernmental organization; member of Council for International Organizations of Medical Sciences; working relationship with WHO	Federation of 70 national, regional and affiliate organizations	Total individual membership of member societies over 38 000, representing 92 countries AFRO, AMRO, EMRO, EURO, SEARO, WPRO
World Federation of Hydrotherapy and Climatotherapy (FEMTEC)	1937	www.femteconline.com	To explain the medical spa world; to promote it in an international context among States and governing bodies; to encourage international cooperation between spas; to exchange studies, research and practices in the field of hydrotherapy; to promote development of medical spas and climatic resorts among members and worldwide.	Nongovernmental organization in official relations with WHO since 1985	2 500 medical centers involved in activities; once a year, general meeting of Executive Board; meeting of the four permanent committees - medical, economic, technical and social	35 members: thermal and medical spa associations, federations and organizations dealing with spa problems from various countries AFRO, AMRO, EMRO, EURO, SEARO, WPRO
World Organization of Family Doctors (WONCA)	1972	www.globalfamilydoctor.com	To improve the quality of life of peoples of the world through defining and promoting its values; by maintaining high standards of care in general practice/family medicine; by promoting personal, comprehensive and continuing care for the individual in the context of the family; by supporting development of academic organizations of general practitioners/family physicians; by providing education to members; by presenting educational, research and service activities of members in other world medical and health organizations.	Nongovernmental organization in official relations with WHO	Governing council meets every three years; regional councils in each region; executive committee meets annually	97 member organizations in 79 countries, total membership over 200 000 general practitioners and family physicians AFRO, AMRO, EMRO, EURO, SEARO, WPRO



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ISBN 978 9241 59713 5



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