

Report of the meeting
Fourth General Meeting of GARD

June 12-13, 2009

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Introduction

Dr Ferruccio Fazio, Vice Minister of Health, Italy welcomed the participants on behalf of the government of Italy. The Vice Minister indicated that Italy has been very active in promoting laws to prevent chronic respiratory diseases with a strong program to reduce smoking in public places. In spite of the efforts, in 2009, the number of smokers has increased. Thus, there is a need to increase level of action against tobacco smoking. New campaigns include TV spots about the dangers of smoking tailored for young people and there is consideration being given to increase the cost of cigarettes.

Respiratory diseases are the third cause of death in Italy; actions to fight respiratory diseases are a national priority in the Italian health plan with emphasis on programs for early detection and prevention. GARD Italy has been implemented with strategic plan categories that will be presented at this meeting. Of particular interest in the Italian Health Plan is to work toward more emphasis on the patient and to provide more importance to general practitioners. The goal is to reduce unneeded hospitalizations and, where appropriate, increase the use of home care.

Dr. Fiona Adshead, Director, Chronic Diseases and Health Promotion, WHO, thanked the Vice Minister for his comments and underscored that WHO is committed to the critical role of patients and primary health practitioners as mentioned by the Vice Minister. Dr. Adshead informed the participants that Dr. Alwan, WHO Assistant Director General, sends his greetings and underscored his continued interest in the work of GARD.

Introduction to the General Meeting, nomination of chairperson and rapporteur: Dr S. Mendis, Coordinator, Chronic Diseases Prevention and Management, WHO outlined the goals of this GARD meeting: aligning the GARD action plan with the WHO Noncommunicable Diseases Action Plan that was endorsed by the World Health Assembly in May 2008; electing GARD leaders and committee members for a two year term; and discussion of reports prepared by GARD. Dr. Giovanni Viegi was nominated to serve as Chairperson; Dr. Suzanne Hurd and Dr. Eva Mantzouranis were nominated to serve as co-rapporteurs.

Objectives and expected outcomes for the 2009 General Meeting: Dr. J. Bousquet, GARD Chair, provided information about the burden of chronic respiratory diseases as a reminder of the importance of the goal of GARD - to reduce the global burden of chronic respiratory diseases. The

objective is to initiate a comprehensive approach to fight chronic respiratory diseases and to work for, and with patients, to develop a world “where all people breathe freely.”

An important goal continues to be the integration of the GARD Action Plan into the WHO Noncommunicable Disease Action Plan. Several steps have been taken in to meet this goal, including the identification of actions based on economic status, high-, middle- and low-income. In all countries, health promotion and prevention are essential. A syndromic approach integrating all major noncommunicable diseases is needed in many countries.

Other goals for this meeting included presentation of the WHO Technical work, GARD activities within countries, discussion of the specific needs for patients with chronic respiratory diseases, collaborations with the Ministries of Health, election of GARD leadership and committee members, and the next steps for GARD.

Discussion of key topics

Day 1, Session 1: Aligning the GARD Action Plan 2008-2013 with the WHO Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases 2008-2013

Moderator: Dr G. Viegli

A. The Global Noncommunicable Diseases Action Plan (Dr F. Adshad, Director, Chronic Diseases and Health Promotion, WHO)

Noncommunicable Diseases are critically important globally, as they are increasing in all countries. The WHO Noncommunicable Disease Program includes cardiovascular diseases, diabetes, cancers and chronic respiratory diseases. These disease categories have four shared modifiable risk factors: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol. Together, these diseases cause 60% of deaths globally (2005) of which 80% are in developing countries, 40-50% are premature and 33% of preventable deaths among the world's two poorest quintiles.

The WHO has prepared a global response to address noncommunicable diseases which is based on a number of WHO documents that have been prepared over a period of time and culminated in 2008 with an action plan that provides a public health strategy with six major objectives:

1. Integrating noncommunicable disease prevention into the development agenda, and into policies across all government departments
2. Establishing/strengthening national policies and programs
3. Reducing/preventing risk factors

4. Prioritizing research on prevention and health care
5. Strengthening partnerships
6. Monitoring noncommunicable disease trends and assessing progress made at country level

For each of the 6 objectives, there are sets of actions for member states, WHO Secretariat and international partners that were described by Dr. Adshead. The next steps are to work actively with countries to strengthen and expand partnerships with the plan to provide a progress report in 2010 and to identify key actions for progress by 2013.

B. Achievements of GARD activities in 2008 (Dr J. Bousquet, GARD Chair)

Dr. Bousquet emphasized that GARD is fully committed to the six objectives presented by Dr. Adshead and recognize the need to align and integrate with other noncommunicable disease programs. WHO has developed a package for essential noncommunicable disease interventions that includes a list of essential medications and essential equipment recommended for all primary health care centers.

The GARD National Action Plan was developed five years ago and remains in operation although activities in each country are consistently being modified and updated. In April 2007, GARD membership was 45 organizations; in 2009 there are more than 100 organizations involved. A GARD Action plan has been published but needs to be revised according to the WHO Noncommunicable Diseases Action Plan. Another important project has been development and implementation of the Asthma Drug Facility (www.GlobalADF.org) by the International Union Against Tuberculosis; in May, 2009, El Salvador and Benin became the first countries to order from the Facility. A number of other countries in Africa, Asia and Latin America have expressed their interest.

C. Prioritized activities within GARD strategic objectives in alignment with the Global NCD Action Plan (Dr A. Cruz)

The effectiveness of GARD has been clearly demonstrated through program implementation in several countries with a group of individuals working to meet the objectives. However, much needs to be done at the country level and Dr. Cruz, working in Brazil, suggested fostering country networks with the aim of pursuing GARD objectives. This can be done by identification of potential partners, including the Ministry of Health and WHO Country Office, organization of

exploratory workshops, identification of a GARD Country Coordinator, and definition of terms of reference.

For each of the GARD Strategic Objectives (advocacy, partnership, national plans, and surveillance), milestones projected for 2010 and described in the GARD Action Plan were summarized along with activities proposed to reach these milestones. In addition, for each of the milestones, a proposed reporting plan was presented. This will be discussed further by the GARD Executive and Planning Committees.

D. General discussion

The discussion focused on national plans already developed by GARD leaders and the need to develop a dialogue with what is now being proposed by WHO through the Noncommunicable Diseases Action Plan. Dr. Adshead indicated that some ministries are ahead of WHO, others have yet to begin. For example, the European region has a Noncommunicable Disease action plan that was developed well in advance of the WHO program. It is less important about what Action Plans are available; the issue is whether or not actions are taking place. WHO is trying to bring together a check list of what is being done.

Irrespective of the action plan, it was suggested that government and health care leaders need to take cost of care into account. In the case of chronic respiratory diseases, setting up management and prevention programs are worth the investment in spite of the cost. This has been clearly demonstrated through the program in Finland. In addition to reduction in cost of care, asthma mortality was also shown to be an important indicator of program success in the Finnish program. In other studies, reduction of hospitalizations has been shown to be a good indicator. It is clear that indicators/outcomes involved in noncommunicable diseases need to be carefully considered.

National surveillance is difficult in a developing country because of the importance of given by the health officials to communicable diseases. It was suggested that WHO could help to emphasize the importance of noncommunicable diseases and that surveillance programs should be implemented. WHO representatives indicated that integration is essential especially in developing countries and that noncommunicable disease action plans should be integrated into other action plans including communicable diseases.

Should the control of tobacco use be a higher priority in GARD? In many countries, a tobacco control program is underway; GARD should interact with these efforts as tobacco smoking is indeed an important risk factor. However, the main objective of GARD is to develop a chronic respiratory disease management program, working with patients attending a primary health care facility. Tobacco smoking cessation efforts can be integrated into this program. In addition, it was noted that when smoke free work places are introduced, this impacts on noncommunicable diseases.

Day 1, Session 2: Collaboration: WHO technical work and GARD. Moderator: Dr S. Mendis (Coordinator, Chronic Diseases Prevention and Management, WHO)

A. Prioritized research agenda for Prevention and Control of Noncommunicable Diseases (Dr E. Bateman, GARD Executive Committee)

Following a meeting held in Geneva, GARD has proposed five priorities for research in chronic respiratory diseases supporting the 2008-2013 WHO Action Plan for the Prevention and Control of Noncommunicable Diseases:

1. Severe/uncontrolled asthma and co-morbidities
2. Impact of primary and secondary prevention of chronic respiratory diseases
3. Effectiveness of integrated prevention and management of chronic diseases in Primary Health Care in low resource settings
4. COPD and co-morbidities: Planning management of a person with COPD and concomitant co-morbidities (Cardiovascular diseases, diabetes and others)
5. Early determinants of chronic respiratory diseases.
6. Indoor and outdoor air pollution, infections, allergens, lack of awareness and demand to health services, lack of access to proper care.

For each of these topics, short, medium and long-term objectives have been described. A report, prepared by J. Bousquet, J. Kiley, E.D. Bateman, G. Viegi , A.A. Cruz and reviewed by many scientists, has been sent to WHO for peer review and discussion at future meetings.

B. Severe Asthma: a uniform definition (Dr J. Bousquet, GARD Chair)

The report on Severe Asthma was developed during a WHO sponsored meeting in Geneva, Switzerland in April 2009 and has been submitted to WHO. The program for severe asthma is

based on diagnosis, control, future risks, treatment based on guidelines, availability and affordability of treatments and quality of treatments.

In the report, severe asthma is defined as “uncontrolled asthma which can result in risk of frequent severe exacerbations (or death) and/or adverse reactions to medications and/or chronic morbidity (including impaired lung function or reduced lung growth in children).” The report indicates that severe asthma includes three groups each carrying different public health messages and challenges: untreated severe asthma, difficult-to-treat severe asthma, and treatment-resistant severe asthma.

C. Prevention of Asthma and COPD (Dr M. Partridge)

A report of a WHO meeting on Prevention of COPD and Asthma convened in Geneva on April 7-8, 2009 is based on data to indicate that the global burden of respiratory ill health is changing from communicable to noncommunicable diseases that include asthma, chronic obstructive pulmonary disease, obstructive sleep apnea syndrome and diffuse interstitial lung disease. However, from country to country, the rate of change differs. The conference participants examined factors that lead to the increases in noncommunicable diseases by susceptibility and environment as related to asthma and to COPD. In the discussion for COPD, the participants examined data related to the role of screening. Key questions have been determined for each disease that will be submitted for a wider review. Future steps include the preparation of systematic reviews to produce guidelines to focus on the prevention of asthma and COPD.

D. General discussion

Relationships and opportunities for collaboration with the WHO Tuberculosis Program on issues related to prevention were discussed. The WHO representatives indicated that at the April 2009 meeting in Geneva, there were papers presented by other groups and the plan is to identify issues that cut across each of the topics and prioritize a research agenda. Although the research plan has not specifically identified social inequities, it was agreed this important topic must be addressed.

There are data to indicate that screening for early detection and prevention for occupational diseases can be an important contribution to identify individuals who should not participate in specific occupations but implementation of this knowledge is required, with a possible role for primary care physicians. Use of spirometry for early detection of COPD in high risk groups (50+ years and smokers) can be an effective way to identify individuals who should be counseled for smoking

cessation. In many settings, however, the cost of spirometry combined with the fact that there is no effective treatment for COPD has been used against the idea of wide-spread population based screening. It was acknowledged that during the 2009 Geneva Conference there was no final decision about the recommendation for screening; there are many studies and the results need to be examined carefully prior to reaching a recommendation.

There are many COPD co morbid conditions associated with COPD including previous infectious diseases. This is an important issue in many countries and requires collaboration with experts in infectious diseases and the need to transmit the issues to health department officials. This message is provided in the report to emphasize that COPD is not just a disease caused by smoking but that many other issues need to be examined including, for example, fetal life, nutrition, premature birth, gender, and exposure to biomass fuels.

Day 1, Session 3: Implementation of the GARD Action Plan within the Global NCD Action Plan at country level. Moderator: Dr E. Mantzouranis (Medical Officer, Chronic Diseases Prevention and Management, WHO)

A. Results of surveys conducted on patients with chronic respiratory diseases at primary health care level (Dr N. Khaltayev)

In an effort to harmonize the GARD Action plan and activities with WHO work plans for cardiovascular diseases, cancer and diabetes, a survey was conducted on patients with chronic respiratory diseases with a focus in Primary Health Care. The work was based on the WHO survey done by WHO Stop TB group in Jordan, Kyrgyzstan, Argentina, Morocco, Guinea, Nepal and Thailand showed that respiratory diseases represent from 10 to 40% of all admissions to primary health care clinics. GARD pilot projects are conducted in Cape Verde, Cambodia, Georgia, Mongolia, Philippines, Russian Federation, Syria and Viet Nam. Data collected includes distribution (%) of adult patients with airway obstruction, risk factor distribution (e.g., tobacco smoking, occupational exposures, indoor heating/cooking), medications provided, and percent of patients with concomitant cardiovascular disease. Sample data from several of the pilot projects were presented.

B. Integration of Noncommunicable Diseases (NCD) and Chronic Respiratory Diseases at Primary Care at country level (Dr S. Mendis, Coordinator, Chronic Diseases Prevention and Management, WHO)

The objectives of the WHO Noncommunicable diseases Action Plan for 2008 – 2013 include:

1. Raise the priority accorded to noncommunicable diseases in development work at global/national levels, integrate prevention of noncommunicable diseases into policies across all government departments
2. Establish and strengthen national policies, plans, programs for the prevention and control of noncommunicable diseases.
3. Promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases.
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

In 2008, the World Health Report identified reforms for primary health care in four areas: Universal Coverage, Public Policy, Service Delivery and Leadership with focus on a selected number of current global health priorities.

Overall, HIV/AIDS is the leading cause of death in adults aged 15–59; ischemic heart disease is the leading cause of death at older ages. It is important to note that 30% of deaths in developing countries occur in young adults and this vast premature adult mortality is a major public health concern. Setting program priorities is based on contribution to morbidity and mortality, availability of cost effective interventions, feasibility of implementing in primary care, and supportive policies e.g. technologies, medicines, human resources, financing and health information systems. To reduce inequities, people at the lowest quartile of wealth must have access to affordable technologies and essential medicines.

A primary health care based system can define functions of all levels of the health system based on skills, requirements, equipment, medicines, interactions between levels and sectors. Service delivery models promote continuity of care across different noncommunicable diseases, levels and sectors of care. The type of training, support and supervision needed for delivery of interventions by physician/ non-physician can be identified, and financing models for different social and economic contexts and health systems can be developed.

In summary, per capita health expenditure in many low and middle income countries is inadequate to provide universal coverage. The range of cost effective noncommunicable diseases interventions can be integrated into primary health care, even in low resource settings. Primary health care has the potential to reduce suffering from preventable noncommunicable diseases and reduce health-care costs. If sustainable approaches are used, they can reduce morbidity and premature mortality due to noncommunicable diseases.

C. General discussion

Many countries have medications available, but people cannot pay for them. Thus, the issue of equity is a very important problem. The WHO research agenda should address not only medications that are required for treatments of a specific disease, but interactions between medications. This is particularly important as treatments are implemented for patients with co-morbid conditions.

Primary health care systems vary significantly and thus within each country, principles of diagnosis and treatment of chronic respiratory diseases should be integrated into the medical curriculum to assure that individuals at all levels of the health care system (physicians, nurses, allied health professionals) are appropriately trained. In spite of the differences between health care systems from country to country, WHO could help countries learn from each other by building country partnerships.

There was considerable discussion about the concept of aligning GARD with the WHO noncommunicable disease philosophy as the enthusiasm for GARD objectives has been increasing in multiple countries. In many countries, the distribution of healthcare resources is made by the Health Ministry and thus the problems related to diagnosis, treatment and prevention of respiratory diseases needs to be made more visible.

The WHO message is that the GARD action plan for chronic respiratory diseases needs to be integrated into the WHO noncommunicable diseases program and priorities set in relation to impact on mortality and premature death. WHO is mandated to focus on the four disease categories within the noncommunicable disease program, not in relation to resources, but in relation to mortality and premature death. Over the last several years, WHO has tried to increase the resources for noncommunicable diseases. The current financial crisis, however, does impact on WHO like every other organization. We must continue to identify problems but at the same time, work very hard to develop solutions.

Is there room for other models for integrating care and if so, what type of endorsement will they receive at WHO? WHO is aware of other initiatives underway, e.g. PAL (Practical Approach to Lung Health, sponsored by the WHO tuberculosis program) and there is no need to change these

efforts. However, the GARD action plan does need to be integrated with the noncommunicable diseases action plan. The rationale for this is that messages for action need to be consistent when delivered to the Health Ministers.

Is their primary care integration within WHO? This integration is best done at the country level. Technical documents prepared and endorsed by WHO that include primary care approaches assure that a common message is provided to the Health Ministers.

Day 1, Session 4: Activities conducted in countries 2008-2009; new activities proposed for 2009-2010

A. Achievements of the past year presenting new projects (Dr A. Yorgancioglu, GARD Planning Group)

Eighteen countries have implemented GARD projects: Bangladesh, Brazil, Canada, Croatia, Georgia, Finland, India, Iran, Korea, Kyrgyzstan, Pakistan, Portugal, Romania, Russian Federation, South Africa, Turkey, United Arab Emirates, Vietnam. Ten countries have adopted multisectoral national policies in conformity with the Global Strategy for Prevention and Control of Noncommunicable Diseases. Examples were provided for each country.

B. Four parallel workshops on GARD Country activities towards GARD strategic objectives (1. advocacy; 2. partnership; 3. national plans; 4. surveillance): what GARD initiators/coordinators have done and can do to work towards GARD/NCD strategic objectives?

The objectives of these workshops were to summarize progress made by GARD initiators/coordinators in their work to meet the strategic objectives of GARD? For each workshop, specific questions were provided to each of the four speakers.

1. Advocacy: E. Bateman (Moderator)

Questions:

- Does your country have a focal point within the Ministry of Health and a GARD Country coordinator?
- Is the person in the Ministry of Health sitting in a unit dealing with noncommunicable diseases?
- Were the WHO Representative or the WHO Regional Adviser involved?

- Was an official launch at the presence of the Ministry of Health organized?

Speakers:

- Ritva Kauppinen (Finland)
- Giovanna Laurendi and Daniela Galeone (Italy)
- Etienne Lemarie (France)
- Mohammad Osman Yusuf (Pakistan and UAE)

Summary: Many societies/disciplines have been involved in developing a program but the role of the Ministry of Health and GARD Country coordinator varied in these countries. GARD seems to be the encouragement to implement a program and helps to promote advocacy.

Finland: A national program was underway prior to GARD, although a new program on allergies was implemented in April 2008 with strong support from the Ministry of Health officially launched as a GARD activity. A Finnish GARD Country Organization was founded in 2008.

(Italy: The program, launched on June 11, 2009, was described in detail in Session 6.)

France: A GARD meeting was organized in March 2008; the Ministry of Health has a unit devoted to noncommunicable diseases and there is a GARD Country coordinator. A WHO representative is not involved but there is a strong partnership between the Ministry of Health and the WHO. The Ministry of Health also has collaboration with the French Language Society of Pulmonology (SPLF), an international society comprising 55 countries. This society has defined plans for asthma, COPD and sleep disorders with the French Ministry of Health and propose to develop evidence-based norms, standards and guidelines for cost-effective interventions for all French-speaking people.

Pakistan: At present no individual has been named a focal point within the Ministry of Health but discussions have been initiated and a request has been made to name a senior level officer to work on a noncommunicable diseases program. GARD has not been officially launched. On World Asthma Day, 2009, in the presence of representatives from the WHO, the Federal Secretary of Health, Government of Pakistan announced that Pakistan would join GARD soon.

United Arab Emirates: Discussions have been initiated with the Health Authority of Abu Dhabi, but further discussions are necessary to launch GARD and involve the Ministry of Health. No person within the Ministry of Health has been designated responsible for noncommunicable diseases and no communications have been made with WHO. Although there has not been an official GARD launch, several symposia on GARD have been conducted.

2. Partnership: C. Baena-Cagnani (Moderator)

Questions:

- How many organizations of your country have joined GARD at the global level?
- How many organizations of your country contribute financially to GARD?
- How did you raise resources for GARD Country? And what kind?
- How do you monitor the activities of GARD Country?
- Are you planning to have an evaluation report after 5 years?

Speakers:

- J.Rosado Pinto (Portugal)
- Ivane Chkhaidze (Georgia)
- Le Thi Tuyet Lan (Vietnam)
- Kazi Saifuddin Bennoor (Bangladesh)

Summary:

Portugal: GARD Portugal was launched in 2008 by Ministry of Health and WHO and there are currently 34 partners. Resources are provided by 12 observer members from the pharmaceutical industry; the Portuguese Society of Allergology and Clinical Immunology offers structure of the secretariat; and the Ministry of Health promoted translation into Portuguese of the GARD book. The main strategy is to raise resources based on General Assembly meetings, activities of the planning group, and dissemination of the GARD book in national and Portuguese speaking countries. There is a GARD Portugal website linked with all member institutions. There is increasing collaboration with Brazil and Cape Verde.

Georgia: Georgian Respiratory Association became a GARD participant since 2006 and now there are 8 active participant organizations. However, there has not yet been an official launch of GARD in Georgia. Financial contributions have come from several sources, including pharmaceutical companies, banks, local/national companies. Pilot projects on surveillance of chronic respiratory diseases at the primary health care level have been implemented in collaboration with several groups in Georgia and MOH. The survey will be expanded to the whole country and a detailed evaluation report will be prepared after 5 years.

Vietnam: GARD Vietnam is in the process of formal approval. At present, there are two partners, University of Medicine at Ho Chi Minh City and the Vietnam association of Asthma and Clinical Immunology. Several national and international organizations contribute by providing resources, education, materials and equipment. There are many out-patient care facilities for asthma and COPD and work is underway to build a network in 21 Provinces. An electronic information system is being developed for the network with plans to prepare an evaluation report after 5 years. World Asthma Day and World COPD Day activities provide education and awareness to patients and the public.

Bangladesh: Four national associations from Bangladesh are partners in GARD; the Bangladesh Lung Foundation (BLF) is taking the lead role and financially partnering with GARD. Fund raising has included unrestricted educational grants from pharmaceuticals, membership fees & donations, registration fees for seminars and workshops, and donations from Philanthropic persons & organizations. There are plans underway to launch Bangladesh as a GARD Country by 2011. Several chronic respiratory disease projects are underway including the implementation of a “Hospital on Wheels” to treat patients and provide training to primary care physicians about chronic respiratory diseases and organize advocacy meetings for the lay public.

3. National Plan: A. Yorgancioglu (Moderator)

Questions:

- Has your GARD Country made use of GARD tools (GARD book, GARD basket?)
- Has your GARD Country supported the Ministry of Health in developing a national plan for noncommunicable diseases, including chronic respiratory diseases? Has this been adopted?
- What are the main things to be present in a national plan?
- Have you found GARD book useful?
- Have you taken into consideration the package on essential NCD interventions at primary care?

Speakers:

- M.Rıza Masjedi (Iran)
- Talant M Sooronbaev (Kyrgyzstan)
- You-Young Kim (Korea)
- Alexander Chuchalin (Russian Federation)

Summary:

Iran: The first session of GARD-Iran Committee was held on Oct. 28, 2008. The secretariat is in Chronic Respiratory Diseases Research Center (CRDRC), National Research Institute of Tuberculosis and Lung Diseases (NRITLD) with close collaboration with the Ministry of Health and many scientific associations, foundations and organizations. Several activities on chronic respiratory diseases are underway or planned. National asthma guidelines are being prepared but no information was provided about developing a national plan for chronic respiratory diseases or use of GARD materials.

Kyrgyzstan: A GARD National Plan is being prepared with a goal toward reduction of burden on chronic respiratory diseases and strengthening of pulmonary health; special attention will be paid to inhabitants of high-altitude regions of Kyrgyzstan. The main components will be to review prevalence, burden, and risk factors of chronic respiratory diseases; develop programs for disease prevention; prepare diagnostic strategies with focus on early detection; establish adequate control by providing accessible and affordable medications; and provide increased education about chronic respiratory diseases for doctors. The GARD Alliance and development of the National Plan will be done with support from the Health Care Ministry. Several projects are underway to implement chronic respiratory diseases programs but no information was provided about the specific use of GARD tools.

Korea: The Korean Ministry for Health, Welfare and Family Affairs supports the activities of GARD Korea and launched a Nationwide Asthma and Atopic Disease Prevention and Management Plan in 2008. The objectives are to increase awareness of asthma and atopic disease in the general community; prevent and manage asthma and atopic disease efficiently; improve quality of life and health outcomes for people with asthma and atopic disease and reduce the burden on individuals and communities; avoid poorly managed asthma and atopic disease because of environmental and economic factors; enhance research into prevention, early intervention and management of asthma and atopic disease. The Ministry implemented a Tobacco Control Policy in 1995, but in the past few years has implemented several mass media campaigns and increased the price of tobacco products. No information was provided about the specific use of GARD tools.

Russian Federation: In Russia, there are 4 partners involved in GARD: The Russian Respiratory Society, the Lung Alliance, the Moscow State University and Regional Administrations. They are planning to launch a GARD Russian Federation. The national societies have been involved in regional epidemiological studies involving 20 regions.

4. Surveillance: L.Vardy (Moderator)

Questions

- Was a situation analysis carried out before the GARD Country was set up?
- Alternatively, is it one of the objectives of the partnership to carry out situation analysis of the burden, prevalence, risk factors of chronic respiratory diseases?
- How was the result achieved? What instruments have been used?
- Do you think the proposed WHO framework paper could be useful?

Speakers

- Teresa To (Canada)
- Ronald Dahl (Denmark)
- Tunisia (Ali Ben Kheder)
- Paraguay (Sisul Alvariza)

Summary

Canada: The Ontario Asthma Surveillance Information System is designed to characterize the burden of asthma in Ontario, measuring incidence, prevalence, estimating cumulative risk of developing asthma, morbidity (Hospitalization, Emergency Department visits, Outpatient care), temporal trends and regional variations. It was implemented prior to GARD although the intent is to extend the asthma template to other chronic respiratory diseases (e.g. COPD, sleep apnea). No information was provided about a situation analysis, or recommendations about the use of a WHO framework paper.

Denmark: The Danish Government's program for health 2002-10 has as its goals to increase markedly the mean life expectancy and number of years with good quality of life and to reduce the social inequality in health. To meet these goals, a number of surveys have been done in Denmark and preparations are being made to implement a program of early detection and follow up for COPD in general practice. Some of the questions to be addressed include: how can early detection be efficient and cost effective; how early is early; how many smokers want to quit; is it possible to clean up exposure at a dusty occupation; are the recommendations from the Framework Convention on Tobacco Control followed in all WHO countries?

Tunisia: In 1996, a national study was implemented to estimate the prevalence and the gravity of chronic bronchitis and to assess the role and the intervention level of the main risk factors and in

2002, a pilot project on PAL was initiated. With the launch of GARD in Tunisia in 2007, goals were set to increase awareness of health authorities; adapt respiratory health policy, disseminate PAL, manage epidemiological studies, mobilize necessary funds, and involve health workers and non-governmental organizations. No information was provided about a situation analysis, or recommendations about the use of a WHO framework paper.

Paraguay (Sisul Alvariza). There have been several interested parties for GARD country. GARD Paraguay has been planned and a committee has regular meetings for this purpose. The Asuncion City Mayor Office, the Ministry of Health of Paraguay, national experts in respiratory diseases and Petrobras, an oil company of Latin America interested in protecting the environment, have met to discuss the GARD proposed approach. The Director General of Planning and Evaluation of the Ministry of Health of Paraguay has been informed about this plan.

General Discussion: All participants were very impressed with the workshops; all the speakers presented interesting information. The sessions were interactive and the reports indicate that considerable momentum has been established in this global chronic respiratory diseases network.

Saturday, 13 June 2009

Day 2, Session 5: Patients' needs: GARD and patients' organizations Moderator: Ms M. Franchi (International Coalition for Chronic Obstructive Pulmonary Disease - ICC)

The co-chairs thanked GARD for taking consideration of patient needs. This session represented an opportunity to meet with members of the European Federation of Allergy and Airways Diseases Patients' Association (EFA) who were also meeting on this day, along with members of the International COPD Coalition who will hold the first World COPD Patient Conference on June 14, 2009.

A. European Federation of Allergy and Airways Diseases Patients' Associations (EFA): initiatives in European countries (Dr M. Salapatas, EFA President)

The structure and objectives of the European Federation of Allergy and Airways Diseases Patients' Association, a non-profit European network of Allergy, Asthma & COPD Patient Organisations from 21 countries, were summarized, along with some of the projects of members and the work of

the organization as a political lobby. The mission is to reduce frequency & severity of allergies, asthma and COPD, minimize societal implications, improve health-related quality of life, ensure full citizenship, and to pursue equal health opportunities in Europe.

The projects of the Patient Organizations were summarized including those related to general respiratory, COPD projects, and allergy and asthma projects. They represent projects designed to convince patients with chronic airway diseases about the need to develop a sense of responsibility and willingness to understand their disease, to live with it in the best possible way, advised and guided by doctors in all medical issues; providing information on administration of asthma and allergy medications at schools; arranging conferences and special sport events for patients and family members; developing criteria for quality of COPD healthcare from the perspective of patients; pulmonary rehabilitation; and a variety of awareness campaigns including food allergies, dangers of smoking and second-hand smoke, activities for World Asthma Day, World COPD Day and Tobacco Free Day.

A specific strength of this organization is to communicate patient perspective to policy makers with current emphasis on in/out-door air and health care policies. Further information can be found on the website <http://www.efanet.org>.

B. The International COPD Coalition (ICC): initiatives in developing countries (Dr Y. Mohammad, ICC Co-Chair)

The International COPD Coalition (ICC), co-chaired by a doctor (Y. Mohammad) and a patient (M. Franchi), is a non-profit patient organization comprised of 77 member organizations and 30 corresponding organizations in 64 countries. The mission is to develop a coalition of COPD patient organizations worldwide for COPD education and health promotion among COPD patients. Projects achieved in 2008 include a respiratory medication delivery initiative, the preparation of an Arabic Educational Kit for COPD patients, participation in World COPD Day, November 19 2008, distribution of an E-newsletter, and the preparation of a Multi-Lingual Breathing Dictionary. The first International COPD Patient Conference will take place on 14 June 2009 in Rome organized by ICC collaboration with EFA; the main outcome will be discussion and implementation of the COPD Patients' Bill of Rights. Further information can be found on the website: <http://www.internationalcopd.org>

C. General discussion

The discussion focused on the role of patient organizations to raise awareness about COPD at the local level, as well as with health policy officials and politicians. For example, there have been a variety of campaigns about the environmental risk factors, and healthy indoor environments both at home and at work. Changes require time and it is often difficult to get the messages to the public. The awareness of the hazards of indoor air pollution and risks of tobacco smoking has led to smoking bans in many countries, but much work remains, especially related to exposure of children at the lowest economic strata. Animals/pets in public places and exposures to perfumes can be a hazard to those who suffer from allergies. The WHO criteria for health environments should have more attention and citizens should demand that cities meet indoor and outdoor air quality regulations. Another goal is to continue to improve methods to deliver oxygen to COPD patients to provide better mobility and encourage a more active life style.

Day 2, Session 6: Collaboration of Ministries of Health with GARD. Moderator: Dr F. Adshead (Director, Chronic Diseases and Health Promotion, WHO)

A. Republic of Korea (Dr H. Moon, Korea Asthma Allergy Foundation, on behalf of Ministry of Health, Welfare and Family Affairs, Republic of Korea)

In Korea, chronic respiratory disease is the 7th leading cause of death and there continues to be an increase in the prevalence of both asthma and COPD and an increase in mortality in both men and women. The cost of care for patients with chronic respiratory disease is comparable to that for cancer or cardiovascular disease. In spite of a National Tobacco Control Policy, designation of smoke-free areas, increase in cost of tobacco products and support for smoking cessation clinics, smoking rates remain high (25.3% in 2007). Although spirometers are available in 62% of the clinics, use of spirometry in general practice is 38%.

The National Strategy for Chronic Respiratory Disease Prevention And Control in Korea includes the Ministry of Health, Welfare and Family Affairs, Korea Asthma Allergy Foundation, Korean Academy of Asthma, Allergy and Clinical Immunology, Korean Academy of Pediatric Allergy and Respiratory Disease and the Korean Academy of Occupational Asthma. Together, many actions have been taken, including work related to tobacco control, preparation and implementation of guidelines for management of asthma and COPD, awareness campaigns and development of education/information materials, school-based activities for children with asthma, and strengthening the surveillance system.

B. People's Republic of China (Dr N. Zhong, President, Chinese Medical Association, on behalf of Ministry of Health, People's Republic of China)

In the year 2000, COPD was the leading cause of death in China with an estimated 32.8 million people with COPD, 15.0 million with asthma, and 113 million with allergic rhinitis. Thus, chronic respiratory diseases are listed as priority in the 15 year plan of the Ministry of Health for the control and prevention of chronic non communicable diseases. Dr. Zhong serves as the GARD coordinator in China with several organizations serving as GARD partners: Chinese Thoracic Society, National COPD Alliance, National Asthma Alliance, Chinese Pediatrics Society, Chinese Allergy Society and the Chinese Society of Ear, Nose and Throat. The major program goals are to reduce risk factors (smoking and indoor/outdoor air pollution), implement programs to intervene in diagnosis and management as early as possible and to develop effective and affordable medications. China has ratified the WHO Framework Convention on Tobacco Control and regulations to prohibit smoking in public places have been implemented. The government has announced more investment in the community health care system in the next 3 years and based on data that show the effectiveness of an early intervention program at the community level to effectively reduce COPD risk factors, and to slow the decline of lung function, it is anticipated that as the community health care system expands, routine (regular) lung function tests will be more widely used. Dr. Zhong and his colleagues have conducted clinical trials to indicate that two medications that are relatively inexpensive, carbocysteine and theophylline, are effective to reduce COPD exacerbations, and asthma medications at one-half recommended doses can be effective in controlling asthma in Chinese people. These studies, along with studies on traditional Chinese medications will continue with support from the government and the private sector.

In summary, in China, close collaboration with the government has shown to be critical for a fruitful and successful GARD program. Programs to prevent and control chronic respiratory diseases at the community level can be implemented and can be successful.

C. Italy (Dr Giovanna Laurendi, Ministry of Health, Italy)

In Italy, the incidence of chronic respiratory disease has been increasing steadily over the past several years and currently constitutes a serious public health problem, representing the third largest cause of death and the trend is increasing. Many patients are not diagnosed until chronic respiratory disease is severe enough to prevent normal daily activities, including attendance at school or work. The Italian Ministry of Health has made respiratory disease prevention a top priority and has been gradually developing a comprehensive strategy to implement policies against risk factors, including

tobacco smoking, indoor and outdoor pollution, and obesity. Educational programs are aimed at the public in the form of campaigns targeted at specific groups, such as school children.

The GARD initiative provides an opportunity for the Ministry of Health to coordinate activities for chronic respiratory diseases. Following a National Conference (June 11, 2009) with all societies and associations (professional and patient) involved in respiratory medicine and allergy, an alliance with the Ministry of Health was signed to discuss the development of a global chronic respiratory disease program in Italy. The goals include better surveillance of chronic respiratory disease and analysis of their risk factors and effective programs for prevention that will involve setting up a health policy with the support of health care professionals and citizen associations at the national, regional, and district levels.

In summary, although much work remains, Italy is making steady headway in bringing about momentous changes in cultural attitudes and medical practice, and showing encouraging progress in achieving ambitious national health objectives in the field of respiratory disease prevention.

D. General discussion

Participants agreed that a strength of the GARD programs is to reach to the community as demonstrated by the speakers in this session, and other countries are taking this approach. The government can play an important role to create capacity building in the community. Now there are data to show that reduction of risk factors, including tobacco smoking, air pollution and biomass fuels can reduce the prevalence of COPD. These are important messages to take to the local communities: programs of prevention and early detection can make an impact.

Day 2, Session 7: Other initiatives related to Chronic Respiratory Diseases (Moderator: Dr R. Dahl, GARD Vice-Chair)

A. The role of the European Commission (Dr G. Gallo, European Commission)

Data were provided to show prevalence of asthma (from the ISAAC study), tobacco use, percent of families that live in damp homes, and the proportion of children aged 0–14 years living in homes using solid fuels to indicate high level of chronic respiratory disease risk factors in countries of the European Union. The main approaches to improve respiratory health include ambient air legislation, climate change legislation, tobacco legislation, environment and health strategy, preparation of a European Union Health and Environment Action Plan 2004-2010, and cross-border healthcare.

The social and economic burden of tobacco smoking is high in European Union countries. A third of the citizens are daily smokers; annually, smoking kills 650 000 people and 19 000 non-smokers die prematurely due to second-hand smoke; smoking costs 1-1.4% of EU GDP a year. Programs to regulate tobacco products, limit advertising, educational campaigns especially targeted to young people, and promoting smoke-free environments have been implemented. A variety of programs directed toward improving indoor and outdoor air quality have also been developed and implemented.

Future perspectives and challenges include: continue effort on tobacco prevention and cessation including environmental tobacco smoke; strengthen coordination of initiatives in order to maximize health benefits in terms of respiratory health; support and involve national and local authorities; increase public awareness; and foster cooperation and exchange of best practices between health systems for diseases management.

B. Tobacco Free Initiative and GARD (Dr L. Sanda, Medical Officer, Tobacco Free Initiative, WHO)

Tobacco use is risk factor for six of the eight leading causes of death and a major risk factor for the development of COPD. It is estimated that tobacco will kill over 175 million people worldwide between 2010 and 2030. The WHO Framework Convention on Tobacco Control sets a foundation for the global fight against the tobacco epidemic. It is the first global health treaty negotiated under auspices of WHO and was adopted in 2003. By 2009, 164 parties have signed the agreement.

The Framework provides a series of tobacco control interventions to be implemented at the population level and for the individual. A program called MPOWER provides a roadmap to reverse the devastating global tobacco epidemic and helps countries to fulfill the WHO Framework Convention obligations:

- **Monitor** tobacco use and prevention policies
- **Protect** people from tobacco smoke
- **Offer** help to quit tobacco use
- **Warn** about the dangers of tobacco
- **Enforce** bans on tobacco advertising, promotion and sponsorship
- **Raise** taxes on tobacco

Collaboration between the WHO Tobacco Free Initiative and GARD can bring tobacco control, chronic respiratory disease prevention and treatment perspectives together more effectively; educate physicians to promote smoking cessation in their practices; advocate strongly to influence both

health professionals and policy leaders; and help spearhead establishment of smoke-free environments in healthcare settings.

C. The Practical Approach to Lung Health (PAL) and GARD (Dr P. Hopewell, ATS)

The main components of an integrated public health approach include:

- Standardization: management through the adaptation of existing or development of new clinical guidelines
- Coordination (defines roles and responsibilities): health care levels/providers and the components of the health system, particularly at first and district levels
- Evaluation: Measuring outcomes and modifying approaches
- Strengthening the health care system

The WHO program Practical Approach to Lung Health (PAL) is a public health programmatic approach to address the common respiratory conditions encountered in a primary care setting. It is a syndromic approach to management of patients who attend primary health services for respiratory symptoms and targets multi-purpose health workers in primary care settings with successful TB control programs in low and middle income countries. It has evolved as it has been implemented in various health care settings, for example, South Africa (PALSA).

Based on experience with these WHO programs, several components can be identified that appear necessary to effectively address chronic respiratory diseases: opportunistic case finding, assessment of risk factors, detection of early disease/identification of high risk status, a combination of pharmacological and psycho-social interventions often in a stepped-care fashion, long-term follow-up with regular monitoring and promotion of adherence to treatment.

Implementation of chronic respiratory disease programs for prevention and treatment in a variety of settings will require a large effort but lessons have been learned from successful implementation of drug treatment for tuberculosis in developing countries. Required were:

- Political commitment
- Appropriate diagnostics
- Risk assessment /screening
- Drug supply
- Standardized regimens

- Analysis of outcomes

It is very likely that these same issues will have to be addressed for the successful implementation of chronic respiratory disease programs for diagnosis, treatment and prevention.

D. The Year of the Lung (Ms. F. DuMelle, ATS)

A program led by the Forum of International Respiratory Societies (FIRS) will be implemented in 2010. The goals are to raise awareness about lung health among the public, initiate action in communities worldwide and advocate for resources to combat lung disease and decrease its societal burden. The theme will be “Live. Learn. Breathe. The Year of the Lung.” The objective is to build a social movement for greater public awareness and policy action. Key tactics will include the preparation of a web site (www.yearofthelung.com) with informational and educational materials and toolkit for customized, local activities, grassroots organizing, an advocacy toolkit, and advertisement purchases. Building upon the Year of the Lung, FIRS partners may decide to expand the campaign for greater public awareness and policy advocacy by extending the public education component to year 2, focusing on advocacy for years 3-4, and expanding to research opportunities in years 5-10.

Day 2, Session 8: Report of GARD Executive Committee, Planning Group and GARD secretariat for endorsement by GARD General Meeting

Moderator: Dr C. Lenfant (GARD Planning Group)

A. Endorsement of a list of proposed GARD country activities, agreed as current objectives) (Dr J. Bousquet, GARD Chairman)

The list of demonstration projects was presented and described. The three that were mentioned include an Asthma program in Poland (Pol-Asthma), Hospital on Wheels in Bangladesh, and an integrative approach to patients with co-morbidities (primary care/tele-health/general practitioners). All the demonstration projects will be presented to the GARD planning group for further discussion.

B. Updating on the status of the working groups and on the panel of GARD advisers

(Dr E. Bateman, GARD Executive Committee).

It was reported that at this stage the working groups are not "working" yet, since there was not yet financial support available for this activity. However, the GARD advisers originally proposed as

advisers for the working groups were approved. Furthermore, during the elections one seat representing the working groups- non active yet- was elected.

The recommendations were approved. However, specific issues to better clarify the role of the working groups in the immediate future, their planned work in a specific time frame, as well as the role of advisers for the working groups were not adequately discussed.

C. Endorsement of the proposal on the revised criteria for accepting applications to become GARD participant (Dr R. Van Wijk, GARD Planning Group)

A proposal for revised criteria for acceptance of applications for GARD were described. Eligible organizations are inter- and non-governmental organizations, governmental institutions and agencies, WHO collaborating centers and foundations, all with an active involvement in the surveillance, prevention and control of chronic respiratory diseases. Applicants are expected to endorse the principles as well as the action plan of GARD and should underwrite GARD terms of reference. The applicant should be actively involved in the implementation of the GARD action plan, contribute to GARD activities, collaborate with other partners, and share knowledge and information. Attendance and contribution to the General Assembly is expected. The benefits for the applicant are information and knowledge sharing, increased access to resources provided by partners, recognition, reputation and enhanced credibility, the opportunity to participate, to network and collaborate with partners to achieve the GARD goals, and the possibility to contribute to GARD tool development. A set of supporting documents are available to assess the eligibility of applicants.

ACTION: These recommendations were approved.

D. Endorsement of communications and advocacy actions; status of collaborating parties and new applicants; financial status (January 2008-December 2008) (Dr. N. Khaltaev)

1. Publications: The Istanbul Meeting Report and the GARD Action Plan 2008-2013 are available online. The Action plan has been printed and distributed through the WHO mailing list. The report of the WHO technical meeting on priorities for research with a focus on chronic respiratory diseases and the framework for monitoring and evaluation of chronic respiratory diseases will not be WHO publications but initiatives of GARD participants. WHO provided information on the WHO internet homepage for World COPD Day, November 2008 and World Asthma Day, May 2009.

2. Financial Situation - Management Report (Tables 1 and 2):

TABLE 1: For the period January 1 through December 31, 2008	
REVENUES	
Contributions from participants (including carry over)	\$444,958
Contributions from observers (including carry over)	278,018
WHO	<u>123,043</u>
TOTAL REVENUES	846,019
EXPENDITURES	
Activities	
77,898	
Advocacy	6,573
Partnership	30,913
National Plans	40,412
Surveillance	0
Staff	
<u>409,246</u>	
TOTAL EXPENDITURES	487,144
BALANCE as of December 31, 2008*	
358,875	

* Most of the balance is currently earmarked for staff and planned activities

TABLE 2: Income, planned costs and unmet needs 2009	
Expected income	\$420,000
Planned Costs	1,016,000
Unmet needs for 2009	-596,000

3. Collaborating Parties (Table 3):

Table 3: Current GARD Parties

Participants	70
Observers	14
New applicants	9
New Applicants: Status	
<ul style="list-style-type: none"> • ALF, Australian Lung Foundation (?) • IAP COPD, Italian Association of COPD Patients (500US\$) (Approved by Planning Group, March 09) • IFIACI, Federation of the Italian Society of Immunology, Allergology and Clinical Immunology (3,000US\$) (Approved by Planning Group, October 08) • NACA, National Asthma Council Australia (0US\$ this year, 500US\$ next year) (Approved by Planning Group, October 08) • PCCP, Philippine College of Chest Physicians (?) (Approved by Planning Group, March 2008) • SIMRI, Italian Society for Infants' Respiratory Diseases (500US\$) (Approved by Planning Group, October 2009) • Spanish Society of Pneumology and Thoracic Surgery (SEPAR) \$2000 • Brazilian Association of Allergy and Immunopathology (\$1000) • Venezuelan Society of Pneumonology and Chest Surgery (0) 	

It was noted that an application from a patient group in Italy has been submitted and needs to be added to Table 3.

E. Report of the working group on resource mobilization for GARD (Dr R. Dahl, GARD Vice-Chair)

The GARD resource mobilization effort will complement the efforts of the noncommunicable diseases action plan that focuses on bilateral donors. GARD will focus on private sector (corporate social responsibility area), foundations and eventually on-line fundraising. GARD will act in the framework of the “Year of the Lung” to raise awareness of chronic respiratory diseases and the WHO Noncommunicable Diseases Action Plan. A lecture package will be prepared to be used by GARD participants and GARD Country coordinators and initiators during national, regional and international events. Included in the package will be the Action plan, information about GARD and

the role of the hosting organization in GARD. Other items may be information on the Asthma Drug Facility and a package on childhood asthma. The proposed package on childhood asthma would be based on the theme that donating inhaled corticosteroids (exact amount to be defined, e.g. 5US\$ per month) to one child of a developing country will reduce asthma (target to be defined). This lecture package will be available for approval by WHO in September 2009.

Another proposal was the development of a "Noncommunicable Diseases testing kit" including a sphygmomanometer, a peak flow, device for pulse oximetry and other low cost devices to be distributed in low resource primary health care settings in accordance with WHO-PEN Package for essential Non-communicable diseases. The test kit needs to be developed and may not be ready in 2009 as it requires selection bids for equipment and costing.

F. General discussion: There were questions regarding WHO review of GARD publications and whether, or not, WHO must review a GARD publication before it is sent for peer review. This will be discussed in more detail within WHO and reported back at the next GARD planning committee.

The major discussion related to the income/expenditures. As noted in previous meetings, it was recommended that under "income received" the expenditures that GARD participant organizations make "in kind" should be included, as travel and accommodations to GARD meetings are part of the expenditures that organizations provide.

The 2008 budget (Table 1) has been analyzed and approved by WHO. The participants were informed that some of the income in Table 1 was for a two year period and it was strongly suggested that the income for each year should be displayed. Table 2, the planned expenditures showing a deficit for \$596,000 was of considerable concern and it was strongly recommended that a subcommittee of GARD members and WHO members should be convened to examine the income/expenditure situation very carefully. WHO staff indicated that the amount shown as a "deficit" (\$596,000) was the amount that would have been required to meet the action plan goals but that in the absence of reaching this total, the action plan will not be met. Commitments will not be made until the funds are available.

There is no doubt that fund raising is very difficult, particularly when GARD is not a known name. There are companies who have an interest in contributing to programs of chronic respiratory diseases, but GARD must have a program to present to them. As GARD is not a legal entity, all fund raising must be in accordance with the WHO policies for outside entities.

Day 2, Session 9: Elections of GARD Executive Committee and Planning Group for the next two-year term. Moderator: Mr I. Matta, Office of the Legal Counsel, WHO

A. Presentation of the proposal on procedure for elections of GARD Planning Group and Executive Committee for endorsement (Mr I. Matta, Office of the Legal Counsel, WHO)

A summary of the process used to develop the election ballot was described by Mr. Matta and Dr. Theresa To. After nominations were received by Email, a ballot was created and a computer format devised. All eligible voters were provided a password and individual ID code and voting was open from 10:00 am to 3:00 pm. Election results were announced prior to the close of the meeting.

GARD Executive Committee:

Chairperson	Dr. Jean Bousquet (ARIA)
Vice-Chairperson	Dr. Ronald Dahl (ERS)
WHO Representative	Dr. Shanthi Mendis (Dr. Eva Mantzouranis)
Nominated by GARD	Dr. Carlos Baena-Cagnani (WAO)
Elected by General Meeting	Dr. Eric Bateman (ATS)

GARD Planning Categories:

Respiratory	Dr. Philip Hopewell (ATS) Dr. Arzu Yorgancioglu (TTS) Dr. Jean-Luc Eisele (ERS and FIRS)
Allergy	Dr. You-Young Kim (KAF) Dr. Roy Gerth van Wijk (EAACI)
Primary Care	Dr. Neil Chavannes (IPCRG)
Pediatrics	Dr. Eva Mantzouranis (GPPS)
Disease Specific	Dr. Claude Lenfant (GINA/GOLD)
Patient	Mr. Otto Spranger (EFA)
Government	Dr. Lianne Vardy (PHAC)
WHO Coordinating Committee	Dr. Sohei Makino (Dokkyo University)
Foundations	Dr. Ruby Pawankar (AAAF)
Representing Working Groups	Dr. Giovanni Viegli (ERS)
Country-Focus Group	Dr. Alvaro Cruz (Brazil)

Day 2, Session 10: Planning the next steps for GARD

Moderator: Dr N. Khaltaev

A. Recommendations for the future: the role of GARD in the WHO Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases

(Dr F. Adshead, Director, Chronic Diseases and Health Promotion, WHO)

Dr. Adshead thanked the participants for their contribution to this meeting that addressed some of the challenges, planned programs, and future directions. The WHO Noncommunicable Diseases Action Plan and the GARD Action Plan have many common goals. Each country has its own approach to problems related to noncommunicable diseases as health challenges vary. The GARD action plan has been implemented; this is clear and is encouraging and shows the power of advocacy. The models have been described to build a national plan for chronic respiratory disease and the ability to catalyze change has been demonstrated. Of particular importance is the richness that is learned by working with many different countries. As GARD moves forward, it can also celebrate the work already accomplished and WHO looks forward to working with GARD participants to meet the many goals that have been described. In closing, Dr. Adshead thanked the Italian hosts for their hospitality and contribution to this meeting.

B. Proposals for the next General Meeting (2010), including location and date

(Dr J. Bousquet, GARD Chairman)

This meeting of GARD was held in Rome at the same time as a meeting of the European Federation of Allergy and Airways Diseases Patients' Association (EFA) and interactions with members of this organization were extremely valuable. Dr. Bousquet announced that feasibility is being explored to convene the 2010 GARD General Assembly at the time of a meeting of the International Primary Care Research Group (IPCRG) in Toronto, June 3-5 (possibly June 4-5 for GARD). This plan is now being discussed with the Canadian Ministry of Health and a decision should be available soon.

C. Summary of decisions and plans for the next steps

(Dr. S. Mendis, Coordinator, Chronic Diseases Prevention and Management, WHO)

On behalf of the WHO, Dr. Shanthi Mendis thanked all who contributed to a very rich discussion that met all the meeting objectives - elections, endorsement of the reports, and aligning the GARD and WHO Noncommunicable Diseases Action plans. GARD has some special needs to be addressed but working together, goals can be achieved. Seven areas of synergy were identified:

- Priority on equity issues from GARD and WHO Noncommunicable Diseases Action plans
- Focus and attention on people
- Capacity strengthening
- Integration into private health care
- Sustainability of program/affordability at the country level
- Research priorities – broad area of work
- Prevention – can drive the agenda for tobacco and pollution

Adjournment: Dr. Giovanni Viegi, Chair closed the meeting by thanking the Italian Ministry of Health and the Italian Organization for serving as hosts. He also thanks the GARD participants for attending the session and contributing to the excellent discussion.



WORLD HEALTH ORGANIZATION

**Global Alliance against Chronic Respiratory Diseases
(GARD) General Meeting**

3 June 2009

Rome, Italy, 12-13 June 2009

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ANNEX 2

Informal GARD meeting, ERS Vienna, September 16, 2009

N. Khaltaev started the informal meeting in the form of a workshop.

E. Mantzouranis was elected as a chair, J. Bousquet and R. Gerth van Wijk as rapporteurs.

WHO members attending the meeting:

- N. Khaltaev (NK)
- E. Mantzouranis (EM)

GARD EC and planning group members:

- C Baena-Cagnani (CBC)
- J Bousquet (J. BOUSQUET)
- N Chavannes (NC)
- A Cruz (AC)
- R Dahl (RD)
- M Fletcher (MF)
- R Gerth van Wijk (RGVW)
- L Lan (LL) (Not PG member. Invited by EM to present integrated work at PHC level)
- S Makino (SM)
- R Pawankar (RP)
- O Spranger (who kindly organized the meeting) (OS)
- G Viegli (GV)
- A Yorgancioglu (AZ)
- JL Eiselé (JLE) attended part of the meeting
- E Bateman (had to leave but gave his views before the meeting)

1- General discussion

Integration of GARD activities in the NCD action plan was in general confirmed as the top priority of GARD. Modalities need to be discussed for optimization of both GARD and its integration process.

General discussion called for a better efficacy of partnership.

The discussion was only made to build a transparent, optimistic and very strong future in order to comply totally with WHO priorities set by WHAs (2008: NCDs integration and 2009: Primary health care) keeping the strong GARD identity and visibility.

The GARD PG members highlighted the need for improvement of communication and recruitment of additional staff for GARD secretariat.

- WHO CC of Montpellier is giving help for secretariat assistance (explicit mandate of the CC recently renewed) and kindly offered to continue its complimentary help.
- The image of GARD among members was very high and it should be maintained.
- GARD-country name can be used when approved by the EC and Planning Group. The name of WHO should be strictly used in compliance with WHO rules. For the Toronto meeting, it was approved that IPCRG can use the GARD-Canada logo similar to the ones in Istanbul or Rome.

2- GARD action plan and its alignment to the NCD action plan as agreed during the GARD meeting in Rome

It is clear that CRDs are among in the 4 WHO NCD priorities and that GARD should be aligned (although this term is not agreed by G. Viegli who does not understand its meaning. He proposed “In support of”) with the WHO NCD action plan.

This does not mean that GARD should lose its identity but strengthens it to better accomplish integration.

Presentations on GARD should be promoting CRDs and their NCD integration. J. Bousquet proposed that a slide set should be prepared for the introduction and conclusion of the NCD action plan.

Advocacy: J. Bousquet reported that advocacy cannot be effective before the fixed term officer has been selected. All proposals from external sources should be shared between GARD and WHO staff members in order to optimize GARD and integration.

Partnership: RD. GARD is part of the NCD net and we need to introduce a strategy in order to optimize the links with other NCD groups. More communication is needed in order to set up a strategy.

National plans and NCD integration: AY. All feedbacks from GARD country coordinators were very positive after the meeting in Rome. 18/41 replies were received. 10/18 action plans are aligned with the NCD action plan.

The Turkish MOH has agreed to have a plan aligned with WHO NCD action plan. Meetings are in process.

The members of the meeting congratulated Arzu for her excellent job and felt that these integration actions are of great importance.

The Pakistan MOH has signed the GARD action plan.

Surveillance update: GV: The WG has not started since no budget has yet been approved.

E Duran has agreed to make a collaboration between IMCA and GARD. The IMCA report is meant to be published in June 2010.

The World Health Survey (2003) has been published in the webpage. Data on asthma prevalence and diagnosis are available for adults (<http://www.who.int/healthinfo/survey/en/>).

3- Decisions planned during the last EC meeting:

3-1- Apply tobacco ban in areas with GARD country representatives.

3-2- Train primary health care professionals to integrate CRD with the other NCDs

3-3- Implementation of a pilot project decided during the last tele-conference.

Vietnam:

LL, GARD coordinator in Vietnam, presented the activities in the country.

Implementation of WHO PEN in Vietnam.

- Dr Mendis went to Vietnam in May 2009 and led a very successful meeting.
- Recruitment of HCPs has been done.
- The proposal to the government has been made.
- A first joint meeting has been gathered with Primary care physicians to adapt WHO PEN to Vietnam.
- There is a need for provision of drugs. ADF has been approached. J. BOUSQUET has proposed to approach French-Vietnamese foundations to pay for 5,000 drugs and WHO PEN sets for diagnosis (spirometry, blood sugar, sphygmomanometer, pulse oxymeter, etc).
- There is a great interest for this project by all stakeholders of Vietnam.
- The GARD visibility is insured (GARD demonstration project).
- The planning group members congratulated warmly Dr Lan for her continuous and every productive efforts.
- (ARIA-GINA and GOLD activities are implemented in Vietnam with training courses with great success).

WAO will have an emerging society program in Vietnam next year in collaboration with GARD Vietnam and the MOH.

Syria:

Dr Youssef Mohammad , GARD coordinator in Syria, is leading this project which has already started.

- Dr Mendis went to Syria in March to start the program and training was done for diabetes, hypertension and CRDs
- It is associated with a PHC survey which will be analyzed with the support of the WHO CC of Montpellier (ongoing).

3-3- Severe asthma registry in LA:

CBC reported on the registry supported by ALAT and Latin American Allergy Societies. This registry is expanded successfully in different Latin American countries.

4- Year of the Lung

JLE reported on the Year of the Lungs (YOL).

In February 2008 FIRS suggested that 2010 could be the YOL. Other partners were invited to participate.

In January 2010 it was asked to Edelman Communication to give a global implementation plan adapted to a local level.

In June 2010 the budget was 130,000 € covered by FIRS.

Actions

- To provide all partners with materials.
- To give the campaign an consistent image of CRDs.
- To give core material campaigns to be used for all stakeholders and focused on all 7 respiratory days (translated in French and Spanish).
- To give tools to be efficient
- Official launch Cancun meeting (The Union meeting)
- ERS will offer the website.

What GARD can do:

- To facilitate relationships between Year of the Lungs and MOHs and WHO. It was discussed that this should follow WHO rules and may be difficult;
- To increase advocacy.

5- Current WHO initiatives

5-1- Severe asthma

There is a general anxiety by the members of the group that the process is very slow.

5-2- Prevention of asthma and COPD

Prevention of asthma and COPD was indicated as a WHO major priority. The members proposed their help to speed up the process.

5-3- WHO PEN

A meeting was held at WHO in order to prepare a document to be used in countries to prevent and control the 4 major NCDs (December 3-4, 2008). This is a major step in the integration of NCDs in PHC and this was reflected by the group. During the WHO-PEN meeting it was agreed that there should be flexibility if other approaches are currently used in some countries.

WHO-PEN is already used in Vietnam and Syria (GARD activities) and other countries for other NCDs.

6- Legal issues

The following points were agreed:

- **GARD adviser status and new proposals:** Nominated by EC under chairman proposal: O Yussuf, A Turnbull, N Khaltaev.

- **GARD members who did not pay for the last 3 years and did not attend the annual meeting for 3 consecutive years** will be suspended
- The donation of GARD members to WHO should be clearer (OS) and it should follow WHO rules (NK).

7- 2010 GARD

NC has made a report which will be discussed with NK, Heidi Leopold and Lianne Vardy.

- The IPCRG will run its meeting following its own policies, aims and objectives. We are being advised by the University of Toronto about Canadian rules for meetings and sponsorship.
- PHAC will host the GARD meeting immediately before this, following WHO rules for meetings and sponsorship and its own policies.

There is the potential for the two events to be more than the sum of their parts, if we work in a coordinated way. This would strongly promote the message about the importance of primary care in delivering global improvements in respiratory health.

NC said that Canada could support the meeting expenses for 2 countries: Syria and Viet Nam

We suggest this as follows:

1. IPCRG already has a venue and hotel rooms booked, and can offer conference facilities (depending on numbers), as its contribution. The opportunity for delegates from both meetings to be in the same venue increases networking possibilities. IPCRG expects PHAC to contract a conference organizer to manage logistics. Alan Kaplan is our contact for any venue requirements.

2. IPCRG already has a conference programme. This offers plenty of opportunities for GARD delegates to contribute as researchers, or to attend as delegates. It offers plenty of opportunities for IPCRG delegates to learn about GARD. For example, Jean Bousquet is an invited speaker and the IPCRG GARD demonstration project leads will also present.

3. IPCRG already has a social programme planned. There may be further networking opportunities for delegates if they attend these together.

4. There is a further possibility that some GARD committee members/PHAC might be invited to attend the IPCRG research committee meeting, which will be scheduled during the IPCRG conference. This will alert GARD/PHAC invitees to the IPCRG's research programme and potentially offer opportunities to learn and to contribute.

5. In addition, The IPCRG is able to support a number of primary care professionals with a travel bursary to enable them to attend the GARD meeting on the understanding that they also attend the IPCRG world conference. We would like to encourage contributions to our scientific and educational programme, and so would prioritise those people who submit an abstract in one of the three categories (research idea, qualitative research, quantitative research) or who are invited to speak or chair at the IPCRG world conference. We also see the bursary programme as a way of supporting individuals to understand more about the IPCRG and to be motivated to develop a primary care respiratory group in their own countries and so would wish to maintain a dialogue with those bursary recipients after the meeting.

The IPCRG views this as an excellent opportunity for synergy and to restate our constituencies' commitments to each other.

Conclusion

In summary the meetings accomplished:

1. the organization of the next GARD meeting in Canada,
2. the legal issues in the agenda,
3. the description of the two pilot integrated demonstration projects (Syria and Viet Nam).