

GLOBAL ALLIANCE AGAINST CHRONIC RESPIRATORY DISEASES (GARD)

Executive Committee and Planning Group meeting,
30-31 January 2017, Geneva, Switzerland



**World Health
Organization**

Role of GARD in scaling up management of Chronic Respiratory Diseases (CRDs)

30 –31 January 2017

WHO Headquarters, Geneva, Switzerland (Room M505)

1. Welcome and opening address

Dr Etienne Krug, Director of the WHO Department Management of Noncommunicable Diseases, Disability, Violence and Injury Prevention (NVI), opened the meeting and welcomed all the members of the GARD Executive Committee and GARD Planning Group and thanked them for their commitment and support for the Global Alliance Against Respiratory Diseases (GARD). He also welcomed the Forum of International Respiratory Societies (FIRS) representing several important global respiratory societies.

In his opening remarks he acknowledged that CRDs had been neglected at WHO Headquarter level and that for the last seven years there was no staff dedicated to work on this important area which is affecting more than one billion people globally, mainly in low income countries.

Dr Krug reassured the participants that he will do his best to make sure that CRDs receive the attention they deserve, but also informed the participants that WHO is working under very difficult budgetary constraints. The support from GARD is therefore very important to ensure that management of CRDs can be scaled up in support of the WHO Global NCD action plan 2013-2020. Dr Krug thanked the Ministry of Health of Italy for its longstanding support for GARD.

Scope of the meeting

The main purpose of this GARD meeting gathering the two GARD governing committees was to critically analyse the activities of GARD so far, review the adequacy of the GARD structure and to propose a realistic GARD action plan for the next 3 years in order to improve the situation of CRDs in low and middle income countries.

Objectives

- a. To review the Global situation of CRDs and the NCD agenda
- b. To review recent GARD activities
- c. To discuss ways to make GARD more efficient in LMIC
- d. To propose and agree on new structures for GARD
- e. To discuss and agree on a GARD action plan
- f. To discuss strategies and actions to unite the global respiratory community
- g. To decide on key action points for 2017-2019 for GARD
- h. To suggest a fund raising plan for CRDs

2. Updates on NCDs and GARD activities

Dr Cherian Varghese, coordinator of the Management of Noncommunicable Diseases unit at WHO Headquarters, presented an overview of the burden of Noncommunicable Diseases (NCDs) globally and highlighted the fact that NCDs contribute over 50 % of all global deaths under the age of 70. Respiratory Diseases represent 8% of these deaths. Age standardized mortality is highest in South East Asia, and in several countries in the Western Pacific Region as well as in several African countries. The targets of the 2030 Sustainable Development Agenda aims to reduce premature mortality from NCDs by one third and aims to also achieve universal health coverage, including financial risk protection as well as access to quality essential health care services. Access to effective, quality and affordable essential medicines and vaccines for all is also a key objective. Several commitments and plans such as the 2011 UN Political Declaration on NCDs, the WHO NCD action plan 2013 – 2020, WHO Regional and Country Plans aim at improving governance, reduce the prevalence of risk factors, improve health systems and strengthen surveillance. WHO collects information from countries to monitor progress in advancing the NCD agenda and a survey done in 2015 shows that many countries are lagging behind with implementing preventive and management programmes in their countries. As an example, only 50 countries have fully met the goals of having guidelines for the major NCDs in place while 47 countries have only partly met this goal and 48 countries have not met this goal at all. In order to scale up the management of CRDs it will be important to introduce and improve:

- Strategic and targeted advocacy
- Simplified protocols
- Primary health care
- Technical capacity
- Link with environment, TB and other programmes
- Access to medicines
- Use relevant and feasible indicators

Dr Nikolai Khaltsev, chair of GARD, and Dr Arzu Yorgancıoğlu, Vice Chair of GARD, presented the accomplishments of GARD since its launch in 2006 over the last decade. The partnership has been able to grow after its launch to include many participants from high and low income countries and GARD national partnerships have been created in Italy, Turkey, Portugal, Czech Republic, Brazil and other countries. Over the years, GARD has been able to start several GARD demonstration projects (see Annex 2) in Finland, Brazil, Uganda, Cape Verde, South Africa, Airways ICP etc. GARD General Meetings have been organized on a yearly basis and one regional meeting has been held in 2014 in Rome, Italy. Activities have been initiated in more than 30 GARD countries in the areas of surveillance, prevention, management and advocacy. It is important to mention that GARD reports on GARD activities have been published on a regular basis on the WHO/GARD website and that several publications about GARD projects have been published in peer reviewed journals.

Dr José Rosado Pinto informed the participants that a meeting of lusophone countries will be held in Portugal in spring 2017 to promote collaboration among these countries and raise awareness and initiate collaborative projects.

Role of GARD in CRD control

WHO activities

Dr Nils E. Billo presented the role of WHO at HQ, Region and Country level. WHO HQ level is responsible to formulate and develop technical norms, standards and guidelines, to foster research and development, to aggregate health data and monitor and evaluate the global health situation. WHO Regions have a regional convener role using regional governing bodies. They facilitate inputs from Member States and WHO country offices which can contribute to regional and global initiatives. They are responsible for regional coordination, for launching and implementing norms, standards and guidelines.

Regional NCD focal points are responsible to implement NCD activities and are restrained by very limited budgets and lack of personnel to tackle the many priorities. CRDs have received less attention in the last few years compared with cardiovascular disease, diabetes and cancer. The South East Asia Region has shown interest in advancing the implementation and management of CRD programmes. GARD Regional Alliances could play an important role in supporting WHO Regions.

WHO country offices are responsible to support the Ministry of Health in all areas of health. Due to very limited resources these offices can only give very limited assistance. Important areas of support include adaptation of national evidence-based guidelines, protocols and standards for the management of NCDs, support countries' efforts to increase health care coverage for NCDs and reduce risk factors, and promote operational research for prevention and control of NCDs as well as strengthen required national research capacity.

GARD has the potential to play a critical role in advocacy, but also in prevention and control of CRDs if funding permits. Potential twinning between GARD countries with successful projects and programmes and other GARD countries could be very beneficial. Operational and implementation research capacity could be provided by some GARD participants such as the American Thoracic Society through its MECOR Programme. The ATS Methods in Epidemiologic, Clinical and Operations Research ([MECOR](#)) Programme began in Latin America under the leadership of Sonia Buist, MD, and has since expanded across the globe to include Africa, China, India, Indonesia, Turkey, and Vietnam.

The MECOR Program is aimed at filling the research-training gap among many physicians and public health specialists in low and middle-income countries.

The **Package of Essential NCD interventions (PEN)** include basic protocols for the management of asthma and COPD. However, diagnostic devices such as spirometers and peak flow meters are not widely available in countries and PEN implementation has been slow in countries so far. GINA and GOLD recommendations also include the use of combination inhalers which are so far not on the WHO List of Essential Medicines (EML). An application to the EML has been submitted and will be evaluated and hopefully approved in April 2017. Technical Assistance to countries needs to be improved providing guidance on planning, implementation, monitoring and evaluation and collecting data to inform planning and budgeting processes.

At WHO, funding for NCDs is still not sufficient to implement the WHO Global Action Plan 2013-2020 fully and therefore additional advocacy is needed to change this situation. GARD could stimulate activities in countries mainly through powerful advocacy. The longstanding support provided by the Ministry of Health of Italy has been crucial to keep GARD activities going in the last decade.

Dr Haileyesus Getahun from the WHO Global TB Programme, responsible for TB/HIV and Community Engagement, presented a project “Integrated community based activities: TB and chronic respiratory diseases”. This project, with support from the private sector and the Global Fund aims at engaging the community when it comes to plan and implement health care. Community based TB activities are conducted to raise awareness, to reduce stigma and discrimination, to facilitate access to diagnostic services, to initiate and provide TB prevention measures, to refer community members for diagnosis and related diseases and to support treatment adherence. Community health workers and Community volunteers who have been given training or sensitized about TB can contribute to community-based health services. The Engage-TB approach has achieved very positive results and covered so far a population of 8 million people with community led services. 4000 new TB cases have been found through this approach and treatment adherence support was provided for up to 90% of TB patients. By integrating case finding in programmes such as maternal and child health (Ethiopia, Kenya) cervical and breast cancer screening (Ethiopia), livelihood initiatives (Kenya) and HIV projects (DR Congo, South Africa, Tanzania) synergies could be used in different sectors. It is now planned to also use this community based approach to include early identification of chronic respiratory conditions which will allow an early referral to health care facilities, to assist in treatment support and address stigma.

View of partners

Dr Jaime Correia de Sousa and Sian Williams from the International Primary Care Respiratory Group (IPCRG) presented the view of their organization and emphasized the importance of strengthening primary care to improve respiratory health as called by the World Health Assembly in a 2009 resolution (WHA62). IPCRG calls for government and health care payers to invest in:

- Primary care to diagnose and treat respiratory disease, tobacco dependence and exposure to indoor air pollution

- Practical peer-led training and education
- Integrated care systems, involving patients, multi-disciplinary health and social care
- Generation of real life evidence to feed guidelines that are useful in primary care
- Primary care as population health educators
- Right incentives to practice population respiratory health: go where the people in need are
- Universal access to good quality inhaled medicines and tobacco treatment and training in how to use them

The IPCRG calls for better surveillance for COPD and asthma in order to get consistent global data to be agreed by different partners such as WHO, OECD and the Global Burden of Disease study. Data relevant for primary care as well as costing data should also become available. An observational study in Uganda (FRESH AIR Uganda) is a good example on how prevalence data and data about risk factors can be obtained. IPCRG collaborations in 15 countries collect routine data in primary care for asthma and COPD.

Dr Correia de Sousa highlighted an important issue that countries cannot handle disease specific lobbying and approaches. Therefore adopting policies that are based on the SDG agenda and which are crosscutting across several sectors is very important, including WHO to work across silos.

He also emphasized that it is important to integrate preventive WHO messages on clean air, tobacco control and physical activity and the need to work with societies on implementation of respiratory national guidelines and programmes. He noted that the cost-effectiveness of primary care and highlighted that there is a trend to more specialists in relation to general practitioners. IPCRG is also very interested to work on educational activities as suggested in a proposal to WHO.

Dr Dean Schraufnagel, Executive Director of the Forum of International Respiratory Societies (FIRS) presented the organization and their activities. FIRS represents more than 70,000 respiratory health professionals around the world and aims at improving awareness about respiratory diseases and improve global respiratory health through activities of its 7 member organizations (GINA and GOLD are joining FIRS in 2017):

- American College of Chest Physicians (CHEST)
- American Thoracic Society (ATS)
- Asia Pacific Society of Respiriology (APSR)
- Asociación Latinoamericana del Thorax (ALAT)
- European Respiratory Society (ERS)
- International Union Against Tuberculosis & Lung Disease (The Union)
- Pan African Thoracic Society (PATS)

FIRS member societies publish several high impact journals and organize global conferences highlighting the most up to date research and projects gathering thousands of participants every year. Guidelines issued by these societies influence practice of medicine globally.

The strategy of FIRS is to provide a unified voice for lung health, to engage in advocacy activities and to work with partners such as the WHO, GARD, the UN and the NCD Alliance and others.

The second report on Respiratory Diseases in the World will be launched at a side event during the WHA 2017. FIRS and GARD have common goals and FIRS is interested in co-sponsoring activities in the future.

3. Revitalizing GARD

Three groups were tasked to review the current structure of GARD (governing materials had been sent to all participants ahead of the meeting) and to come up with recommendations which would help in revitalizing GARD. The following questions were discussed in the groups:

Group 1: Review of GARD structure and financing

1. Is the current structure still adequate? Can we reduce the number of committees?
2. Can we make the structure leaner?
 - a. Consolidate Executive Committee and Planning Group into one committee with up to 7 members?
 - b. Working groups have not been very active: should GARD rather appoint ad hoc Working Groups with time limited mandates which will yield a report and/or recommendations
3. What is the potential of GARD Regions?
4. What are the main responsibilities for a GARD country and its deliverables?
5. Funding streams for GARD: Directly to WHO and through ARIA or any other GARD participant

Group 2: GARD functions and strategic approach

What are the main functions of GARD given its limited resources?

1. Surveillance: What are the minimum data we need on CRDs?
2. Advocacy: Which would be the priority actions/activities?
3. Prevention and control: Has GARD a role in this area?
4. Partnership building: Which partners should we bring on board as a priority?

Group 3: Consolidating and expanding GARD

GARD has started with a very comprehensive plan in 2006/2007. How can we consolidate achievements in GARD countries and expand activities to low income countries?

1. Successful GARD activities which need to be continued and consolidated
2. How can we engage more organizations/colleagues to commit to the cause of CRDs in low income countries?
3. How can we engage other sectors to collaborate with GARD?
4. How can we secure funding for GARD in addition to voluntary contributions from GARD members to facilitate expansion of GARD

The consolidated conclusions and recommendations of the group discussions are summarized under agenda point 6.

4. Scaling up CRDs in the National NCD agenda

Dr Nils E. Billo presented some of the challenges pertaining to surveillance of CRDs. Global estimates are based on expert opinion and modelling exercises and data presented by WHO, the Institute for Health Metrics and Evaluation and other organizations and institutions may vary considerably and create confusion. The burden of asthma and COPD is underestimated and comorbidities need to be better communicated. Costs of CRDs to society are not known or not understood by politicians and policy makers in many countries. Out of pocket expenses and indirect costs are a high burden for families and communities and affect the overall costs in a country.

A few indicators should become available at national, district and primary health care level to assess the services and outcomes at health facility level. The following data could be collected to that effect:

- Are guidelines adapted to the local situation available
- Are diagnostic devices and medicines available and affordable
- How many patients are on treatment
- How many patients are „under control“
- How many patients have had exacerbations

- How many patients are treated by emergency departments
- How many people have been hospitalized
- How many people have died

GARD countries should attempt in getting these data (even if incomplete) in order to get more attention from policy makers and ultimately improve management of CRDs.

During the discussion it was mentioned that GARD had elaborated in the past a surveillance instrument and it was suggested that a small working group of GARD could assist WHO in developing a simple instrument to be included in the WHO STEP instrument. This would allow to get data from countries which could be used for trend analyses and comparisons between countries.

Dr Guy Marks in his presentation made the case for the need for simpler algorithms to manage lung disease. This is one of the five strategies which have been identified as important to advance CRDs within WHO HQ as listed below:

1. Evidence and guidelines
2. Facilitating access to medicines
3. Technical assistance and pilot projects
4. Surveillance and monitoring
5. Enabling advocacy

Medicine has introduced excessive complexity into the process of selecting appropriate therapies, including for CRDs. It is therefore very important to identify criteria that can validly and reliably predict treatment responsiveness in order to:

- Identify most people who will benefit
- Exclude most people who will be harmed
- Exclude most people who will not benefit
- test the feasibility

He emphasized that further work needs to be undertaken in order to develop person-centred implementation frameworks that are appropriate in specific settings and that incorporate evidence-based technologies. A strong monitoring and evaluation component for implementation of outcomes needs to be also elaborated.

Dr Eric Bateman presented the **PACK (Practical Approach to Care Kit)** approach which was developed in South Africa and introduced successfully in several countries. This is not a guideline but rather an integrated approach as a model for primary health care in low and middle income countries (LMIC). This package includes recommendations originating from WHO PEN, PAL and will soon also include HEARTS, a project recently launched by WHO with support from the US Centers for Disease Control and Prevention. PACK is adaptable to

the local needs in countries and integrates all public health areas which are faced by health personnel at the primary health care level. The PACK is:

1. Adaptable for local country use, taking into account the resources, needs, preferences and local national policies and guidelines (adaptations to date have been produced for Botswana, Malawi, Brazil, Nigeria and for provinces within South Africa)
2. Annual updating (or as required) in accordance with changes in local policies, WHO guidance, and the broader evidence from BMJ Best Practice which continuously screens relevant literature
3. Integration of algorithms for all conditions requested by local PHC authorities in a highly usable form, in each consulting room, for every patient.
4. Inclusive: It contains all that is required for the care of adults in primary care; preventive and treatment; avoiding silo management
5. Emphasizes teamwork; task-sharing according to local needs and policies; with the responsibilities and scope of practice of every category of staff clearly colour-coded and highlighted
6. Implemented with highly effective on-site training method that ensures continuing personal professional growth, confidence and empowerment. This accounts for its remarkably rapid uptake and acceptance as an indispensable tool in sites and countries that have adopted it.
7. Scalable for even large countries within a reasonable timeframe
8. Aims to develop local capacity within countries to maintain and upgrade the local programme
9. Once localized and implemented, it's continuation requires no additional staff resources. Usual staff and trainers are sufficient to ensure continued use and effectiveness.
10. Proven effectiveness and uptake: Starting with the PAL (WHO) concept, it has been developed and refinement over 16 years in a process of rigorous formative research in different country settings and for different target diseases (NCDs, TB, HIV, mental health, STI's). This experience is reported in more than 40 publications in peer-reviewed international publications.
11. The PACK Adult Global version of the clinical management guide, is available in both paper (book) and electronic forms for viewing by those considering implementing the approach.

All participants appreciated this very innovative approach and Dr Jean Bousquet reminded the participants that this project/approach had evolved from the PALS project which was selected in the past as a GARD demonstration project.

Many countries are requesting support to adopt integrated approaches and the participants agreed that this PACK approach could be a very valuable instrument which could be

recommended to countries via GARD, WHO and other channels. It was suggested to organize a presentation at WHO HQ with all concerned Departments as soon as possible.

Allison Goldstein, technical officer at the Department of Prevention of Noncommunicable Diseases, presented a mHealth project which will address asthma and COPD within the “Be He@lthy Be Mobile” initiative which is a joint UN programme between the WHO and the International Telecommunications Union. This initiative develops evidence based tools for mHealth delivery and builds country capacity for innovation management in mHealth using a multi-sectoral partnership.

There are more than 7 billion mobile subscriptions globally, more prevalent in developing countries, and this represents a unique opportunity to reach many people through mobile devices. The following mHealth applications have been developed and tested so far:

- mTobaccoCessation (Cost Rica, Tunisia, India, The Philippines)
- mCervicalCancer (Zambia)
- mDiabetes (Senegal)
- mHypertension (United Kingdom)
- mCOPD (Norway)

Countries are assisted by building and strengthening digital and mobile health tools and knowledge, by scaling up effective national digital and mobile health programmes and by catalyzing new and impactful digital and mobile health solutions for the SDGs.

An mBreatheFreely tool on asthma and COPD is being developed at the moment with support from the GARD Secretariat to write up a handbook which will include the following components and target populations:

General population	Prevention messages: Awareness
People at risk	Prevention messages such as smoking cessation, health lifestyle messages, reduction of indoor air pollution etc
People with breathing problems but unaware	Prevention and awareness messages, healthy lifestyle, when to seek health care, etc
People with diagnosed COPD and asthma	Prevention and management messages, smoking cessation, health lifestyle, adherence, when to seek health care to control treatment and avoid exacerbations
Health Care Workers	Training messages: Disease education, awareness of prevention and management strategies

The presentation was welcomed by the participants but there were some concerns voiced that there were too many target populations involved.

5. How can GARD support countries (Group work)

The participants discussed in three groups how GARD could support countries to improve prevention and management of CRDs.

Group 1: How can we strengthen GARD country projects and expand to low income countries

1. Which should be the priorities of GARD country projects?
 - a. Advocacy
 - b. Intervention projects
 - c. Other
2. How can GARD participants support GARD countries?
3. How can we foster the development of GARD country projects in low income countries aligned to the WHO NCD action plan?

Group 2: GARD General Meeting and GARD Regional Meetings: How can we achieve impact?

1. Function of GARD General Meeting beyond GARD country/GARD participants' reports?
2. How can we use GARD General Meetings and GARD Regional Meetings strategically to improve awareness about CRDs and catalyse action and achieve results?
3. Should we strategically link GARD meetings with other important respiratory/allergy/public health meetings?
4. The use of virtual GARD meetings: is this an option?

Group 3: GARD advocacy in countries: which priorities?

1. How can GARD sustain an attractive GARD advocacy campaign throughout the year?
 - a. Collaboration between GARD participants' communication focal points
 - b. Collaboration with other advocacy organizations such as the NCD Alliance
 - c. Assist GARD countries with advocacy material
2. Use of social media such as twitter (@GARDbreathe) and Facebook etc
 - a. How can we sustain a regular tweet stream using attractive information coming from the GARD Secretariat, GARD countries and GARD participants
 - b. Twitter could be a means to communicate GARD country activities to all GARD partners
 - c. GARD could advocate ahead of important national and international meetings on important issues related to CRDs

3. Meetings and publications

- a. GARD side meetings during World Health Assembly and/or UN High Level Meeting 2018 as advocacy events
- b. What would be the value of a regular GARD report on CRDs which would highlight the situation of CRDs, the successes and the challenges
- c. Regular update of GARD website with GARD country success stories

The consolidated conclusions and recommendations of the group discussions are summarized under agenda point 6.

6. Priority areas and next steps for GARD 2017 – 2019

The deliberations during the group discussions during this two day GARD meeting led to several very important conclusions and recommendations which need to be integrated into a GARD action plan 2017-2019. This action plan needs to be regularly reviewed and adapted during the GARD General Meetings and meetings of the GARD planning group and GARD Executive Committee. This action plan needs to take into account the current realities in terms of available personal and financial resources at WHO and the possibilities of collaboration and support from GARD participants and GARD observers interested in improving the situation of CRDs globally.

Following the presentation of Dr Eric Bateman on the PACK approach and methodology, the participants were of the opinion that this approach should be presented at WHO HQ to all interested Departments. This approach has the potential to interest many Ministries of Health from LMIC as this approach integrates all major public health interventions that are needed to achieve Universal Health Coverage as recommended by WHO.

Dr Varghese suggested creating a dedicated GARD website outside WHO in order to be more flexible in updating reports on GARD activities on a regular basis and include all important GARD demonstration projects. He also suggested to come up with clear criteria to ensure that these demonstration projects are of good quality and meaningful for improving CRDs.

In this last session of the GARD meeting, participants reviewed and agreed with the different points raised during the group and plenary discussions presented by Dr Billo. These points are summarized in the following sections according to the areas discussed, grouped and formulated in a way to be included in a GARD action plan 2017-2019.

6.1. GARD functions and strategic approach

- a. WHO must support GARD, GARD must support WHO
- b. GARD projects and activities must benefit WHO goals and support the NCD action plan 2013-2020
- c. GARD should provide what countries need and want
- d. The main focus of GARD activities needs to be clearly defined as outlined in the GARD document: Global surveillance, prevention and control of CRDs, a comprehensive approach (2007)
- e. The GARD Secretariat should collaborate closely with other WHO Departments
- f. GARD should advocate for access to essential medicines
- g. GARD should get inspired and follow the HEARTS project approach for cardiovascular diseases recently launched by WHO
- h. GARD should promote the PACK methodology to foster an integrated public health approach leading to universal health coverage at primary health care level
- i. GARD should establish new WHO collaborating Centres for CRDs to close existing gaps and support LMIC
- j. The GARD Secretariat should improve communication between GARD participants/committees using skype and other electronic communication tools
- k. GARD should enter into strategic alliances and liaise with the Global Alliance for Chronic Diseases and with all main international organizations dealing with respiratory diseases
- l. GARD should strongly consider a bottom up approach: successful GARD demonstration projects (e.g. PALSA Plus, Airways ICP integrated pathways) should be promoted to become relevant and impactful globally
- m. GARD should explore mHealth methodologies to improve awareness about CRDs and assist in implementation of CRD programmes and activities
- n. GARD should not forget vulnerable populations in all its plans and activities

6.2. GARD structure and financing

- a. WHO should get two staff with permanent contracts: 1 technical and one to support and maintain the GARD partnership
- b. GARD should ensure that the Ministry of Health is part of the GARD country alliance as a partner
- c. GARD should consider appointing Regional GARD focal points and possibly organize regional GARD meetings
- d. GARD should revise the composition of GARD Executive Committee and GARD planning group to include technical and policy capacity rather than representing all the GARD participant organizations
- e. GARD should establish only ad hoc working groups with time limited mandate GARD ad hoc working groups should support country activities
- f. GARD should explore the possibility of funding mechanisms with GARD partners outside of WHOI for amounts below 15,000 USD which cannot be routed through WHO directly

- g. GARD should organize a meeting with GARD observers which have been very supportive of GARD in the past and regain their support
- h. GARD should establish resource centers which are able to perform tasks on behalf of GARD
- i. GARD should recruit a new generation of GARD supporters: renewal of GARD is critical

6.3. GARD country projects in low- and middle income countries

- a. All GARD projects in countries should be aligned with the WHO NCD action plan 2013-2020
- b. Intervention projects should involve knowledge translation into practices and policies and should be coupled with implementation research with repeated assessment
- c. Each country should identify needs and needed support (should not be financial support requests)
- d. Collaboration between GARD countries and GARD participants needs to be strengthened
- e. Twinning GARD countries with WHO collaborating Centres is a win win situation
- f. The GARD Secretariat should support advocacy in countries
- g. mHealth activities such as mBreatheFreely should be developed to raise awareness about CRDs and improve prevention and management activities in countries

6.4. GARD advocacy

- a. GARD needs to link with advocacy focal points of major respiratory/allergy organizations
- b. GARD needs to disseminate key messages such as promoting tobacco cessation and avoidance of triggers and raising public awareness
- c. GARD should use modern social media: Twitter, Facebook etc
- d. GARD should develop a dedicated GARD website
- e. The GARD communication plan should be strategic and involve WHO communication team
- f. GARD should use all social media if appropriate
- g. GARD activities should participate with own activities around World Days
- h. GARD should use ageing as entry point for activities
- i. GARD should co-sponsor World Lung Day to be launched by FIRS at WHA side event: 100,000 signatures to be obtained
- j. GARD should publish a World Report on CRDs by early 2018
- k. The GARD Secretariat should update the GARD website with GARD success stories regularly
- l. Advocacy should be well planned aimed at general population and health system and related to situation analysis

6.5. GARD General Meeting and GARD Regional Meetings

- a. The GARD General meeting needs to be more strategic in nature
- b. Each GARD General meeting should feature an important theme such as “The Ageing Lung”
- c. The GARD General Meeting should review the GARD strategic plan and action plans
- d. The meeting programme should include innovative new project ideas brought forward from GARD delegates that would raise interest for implementation among GARD participants
- e. The GARD General meeting may include a poster presentation session
- f. The GARD Secretariat should always involve the Ministry of Health and other Ministries of the host country if at all possible
- g. GARD should invite other sectors such as pharmacy, environmental agencies, occupational sector and agencies responsible for medicines etc
- h. GARD should use international meetings to hold informal meetings of GARD committees
- i. GARD should support different people from LMIC to attend the GARD General meeting
- j. The GARD General Meeting could be linked if possible to specific project: South Africa, Morocco, Japan, European Union etc
- k. The GARD Secretariat should explore possibilities to organize one of the next GARD General meetings in Africa to raise awareness about CRDs in that region

6.6. Publications

- a. GARD should raise awareness about GARD and CRDs with different means of communication such as journals, reports, websites and social media
- b. GARD should publish data on CRDs prevalence, mortality, on indicators and evaluation
- c. GARD should publish a Newsletter and press releases to be disseminated through GARD participants channels
- d. GARD should organize webinars for GARD participants and other interested organizations
- e. GARD country webpages should be updated on a dedicated GARD website, such as for GARD Italy: www.salute.gov.it/portale/temi/p2_6.jsp?id=1605&area=gard&menu=alleanza and GARD Turkey: www.gard.org.tr/english-home.html
- f. An updated GARD flyer should be prepared as soon as possible
- g. Contemplate an own www.gard-breathefreely.org website (Teresa To to lead)
- h. GARD should prepare an updated publication on GARD demonstration projects

Dr Cherian Varghese thanked all the participants for all their very valuable inputs and reiterated that support from all GARD governing bodies and GARD participants is needed to improve the situation regarding CRDs globally.

Annex 1 List of participants



**World Health
Organization**



**A world where
all people
breathe freely**

**Global Alliance Against Chronic Respiratory Diseases (GARD)
Role of GARD in scaling up management of Chronic Respiratory
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WHO Headquarters, Geneva, Switzerland
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Annex 2 List of GARD demonstration projects *

1. Fresh Air in Uganda
2. Espace Francophone de Pneumologie
3. Portuguese National Programme for Respiratory Diseases
4. Cape Verde GARD demonstration project
5. Bangladesh CRD programme: Better breathing;
6. ProAR and Belo Horizonte programme (Brazil);
7. Activities according to the priority of the Polish Presidency of the EU Council on CRDs in children(2011), including the expansion of integrated chronic disease management to AHA in the Languedoc-Roussillon Region

8. "Learn more, Breathe Better" for COPD (NHLBI, USA).
9. Asthma IQ (American Academy of Allergy and Clinical Immunology web-based asthma training program for physicians).
10. E-DIAL (Early DIAGnosis of obstructive Lung Disease, SIMER and AIPO, Italy).
11. GARD Italy (national CRD program led by the Minister of Health).
12. National Allergy Prevention Program in Finland
13. National Korean Pediatric Asthma Program in Schools.
14. National Programme of Early Diagnostic and Treatment of Asthma – POLASTMA -- Polish Society of Allergology (Poland).
15. NimMacGic: Integration of NonCommunicable diseases.
16. PALSAPlus in South Africa
17. Turkey National Plan against Chronic Respiratory Diseases (in process to be integrated in the Turkey National NonCommunicable Disease action plan)

* This list needs to be updated and up to date information on the projects needs to be provided by the principal investigator. This information will then be published on the GARD dedicated website.

GARD projects need to fulfil certain criteria which will be elaborated by a small GARD ad hoc working group.