GLOBAL ALLIANCE AGAINST CHRONIC RESPIRATORY DISEASES (GARD)

6th General Meeting,
23-24 September 2011, Warsaw, Poland
**Abbreviations**

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tr>
<td>AIDS</td>
<td>acquired immunodeficiency syndrome</td>
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<td>COP</td>
<td>cryptogenic organizing pneumonia</td>
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<td>COPD</td>
<td>chronic obstructive pulmonary disease</td>
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<td>CRD</td>
<td>chronic respiratory disease</td>
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<td>GARD</td>
<td>Global Alliance against Chronic Respiratory Diseases</td>
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<td>HAAMA</td>
<td>Hispanic-American Allergy, Asthma and Immunology Association</td>
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<td>HIV</td>
<td>human immunodeficiency virus</td>
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<td>IPCRG</td>
<td>International Primary Health Care Research Group</td>
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<td>LMIC</td>
<td>low- and middle-income country</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>NGO</td>
<td>nongovernmental organization</td>
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<td>PHC</td>
<td>primary health care</td>
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<td>UN</td>
<td>United Nations</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<td>WHO PEN</td>
<td>WHO Package of Essential NCD Interventions</td>
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Dr Piotr Kuna opened the GARD General Assembly Meeting and welcomed participants on behalf of the Ministry of Health of Poland and the Polish Society of Allergology.

Dr Shanthi Mendis (WHO NCD Coordinator; GARD Executive Committee WHO representative) updated participants on the implementation of the WHO 2008–2013 Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases (WHO Global NCD Action Plan) and the outcome of the United Nations High-level Meeting of the General Assembly on 19–20 September 2011 and the “Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases”. Dr Mendis emphasized that in all World Health Organization (WHO) regions noncommunicable diseases (NCDs) – cardiovascular diseases, cancer, chronic respiratory diseases (CRDs) and diabetes – cause 63% of all deaths and also constitute the major portion of the burden in both males and females. Premature death in people under 60 years of age is highest (about 80%) in low- and middle-income countries (LMICs). Over 9 million lives could be saved and deaths postponed by implementing the WHO NCD Action Plan. This global strategy has three main objectives:

- to map the emerging epidemics of NCDs and to analyse the latter’s social, economic, behavioural and political determinants with particular reference to poor and disadvantaged populations, in order to provide guidance for policy, legislative and financial measures related to the development of an environment supportive of control;
- to reduce the level of exposure of individuals and populations to the common risk factors for NCDs, namely tobacco consumption, unhealthy diet and physical inactivity, and their determinants;
- to strengthen health care for people with NCDs by developing norms and guidelines for cost-effective interventions, with priority given to cardiovascular diseases, cancer, CRDs and diabetes.

Dr Mendis stated that Africa attracts special attention in view of the high double burden of communicable and noncommunicable diseases. Although GARD contributes to the implementation of the WHO Global NCD Action Plan in all WHO regions, more attention to GARD partnership is needed in the WHO African Region. To better monitor GARD activities, GARD evaluation mechanisms need to be established that are comprehensive and include multidisciplinary actions, multisectoral collaboration at the country level, continuing capacity-building, public health and equity issues and clinical evaluation. In resource-constraint areas of LMICs, GARD considers the availability of resources and focuses more on health issues in general and affordable issues than on expensive technologies. GARD recommends consideration of innovative financing issues such as use of tobacco and alcohol taxation funds. Dr Mendis stressed the issue of scaling up action against NCDs and described a financial planning tool for scaling up delivery of a set of cost-effective population-based and individual-level health-care interventions in LMICs. This tool can be used to forecast financial resource needs at national or subnational levels and also to generate a price tag at the global level. It will enhance traditional budgeting mechanisms in countries and provide
information to development agencies and international institutions on the resources needed to address the growing burden of NCDs. The “best buy” approach means investment/implementation of cost-effective, evidence-based, feasible and doable interventions and a lot of return. The 14 “best buy” interventions (four for tobacco control, three for alcohol abuse, three for diet and four for NCD management) implemented in 42 LMICs with a population in excess of 20 million for the scaling-up period of 2011–2025 will bring enormous returns. Dr Mendis informed the participants about the High-level Meeting of the UN General Assembly, where global leaders met in New York from 19–20 September 2011 to set a new international agenda on NCDs. It was only the second time in the history of the United Nations that the General Assembly met on a health issue (the other issue was HIV/AIDS). The aim was for countries to adopt a concise, action-oriented outcome document that would shape the global agendas for generations to come. Responding to the challenge of NCDs a whole-of-government and a whole-of-society effort should be focused on:

- reducing risk factors and creating health-promoting environments;
- strengthening national policies and health systems;
- promoting international cooperation, including collaborative partnerships;
- research and development;
- monitoring and evaluation.

The follow-up with a comprehensive review and assessment is scheduled for 2014.

Finally, Dr Mendis stressed again that work at the country level is a priority for WHO and called upon GARD to strengthen efforts in countries.

**Dr Bousquet.** GARD Chair, informed participants of the initiative of a group of French societies for respiratory diseases under the auspices of the French Society of Respiratory Diseases in Africa during their recent meeting in Nice, France. In collaboration with the Pan African Thoracic Society (and Dr Ali Ben Kheder), GARD expansion is planned in the Republic of the Congo (Brazzaville), the Democratic Republic of the Congo (Kinshasa), Côte d’Ivoire and Senegal. The initial observations of the GARD initiative in French-speaking African countries will be presented at the next GARD General Assembly Meeting in 2012.

**Dr Benoor.** GARD Bangladesh national coordinator, presented the achievements of the Bangladesh Lung Foundation. Bangladesh is a young nation where half of the population is under 50 years of age. GARD Bangladesh represents a partnership of different societies, groups and funds, including: Bangladesh Lung Foundation; Allergy and Immunology Society; Paediatric Pulmonary Forum; International Primary Health Care Research Group (IPCRG) (Bangladesh section); and chronic obstructive pulmonary disease (COPD) patients’ group. Political commitment allows effective partnership, fundraising and intersectoral collaboration. GARD Bangladesh members have organized a series of workshops, seminars and symposia for patients and health professionals. Two volumes of a lung health manual for asthma and COPD have been published. An information package for COPD patients is published and being distributed by all GARD Bangladesh partners. GARD Bangladesh participates in different international lung health programmes in collaboration with the United Nations Environment Protection Programme, the United Kingdom Education for Health programme and the IPCRG through the Bangladesh section. Evidence-based modules in educational programmes are being introduced in the Dhaka Medical School. Joint work with the anti-
tobacco alliance led to the implementation of the effective tobacco taxation mechanisms and smokeless tobacco. A CRD awareness programme is part of global activities such as Year of the Lung, World Spirometry Day and Better Living in Bangladesh. Many special diagnostic camps were created in different regions of the country where people can be examined free of charge, including spirometric measurements. For remote areas, mobile units have been used and spirometry was available often for the first time for the majority of people. The International Conference on Lung Health will be held on 19–20 February 2013 in Dhaka.

Dr Ivane Chkhaidze on behalf of Dr Tamaz Maglakelidze, GARD Georgia national coordinator, presented the activities of GARD Georgia, which was established in 2006. The Georgian Respiratory Association, in collaboration with WHO headquarters, the Georgian Society of Allergy, Asthma and Clinical Immunology, WHO country offices and the European Union, has initiated a primary health care (PHC)-based survey on the assessment of CRDs, co-morbidities, risk factors and social and lifestyle factors in two regions of Georgia. The official GARD Georgia launch took place in 2010 in Batumi, within the framework of the 2nd International Congress of the Georgian Respiratory Association. More than 900 health professionals from all regions of Georgia took part in the launch.

By 2011, 10 districts and 15 PHC facilities in the country have been involved in the survey that covered more than 9000 patients. Over 200 PHC doctors have been trained to diagnose and control CRDs, with a focus on COPD and bronchial asthma. Initial findings have demonstrated dramatic underestimation of the real number of COPD cases, underdiagnosis and undertreatment of bronchial asthma, and low awareness among practising health professionals regarding diagnosis, prevention and treatment of CRDs and co-morbidities. A broad countrywide, community-oriented educational campaign with the support of the Centers for Disease Control and Prevention (Atlanta) was initiated in September 2011 as an outcome of national GARD Georgia activities. This extensive national educational programme will be evaluated in 2014. A national GARD Georgia action plan is an essential part of the national NCD action plan initiated in 2010 with the aim to decrease the burden of CRDs and major NCDs.

Making NCD a priority in the country, integration of NCD prevention and control into the governmental policy development agenda, control of risk factors (tobacco, unhealthy diet, and low physical activity), better diagnosis and management, surveillance, monitoring and evaluation are key elements of the agenda. Along with promotion of the research in the field of CRD/NCD prevention and control, advocacy and partnership, these are all essential components to achieve the national goal of decreasing the burden of CRDs and NCDs. GARD Georgia maintains an intensive exchange of ideas with colleagues from Armenia and Azerbaijan, including several meetings with representatives of the ministries of health and Parliament commissions to initiate GARD Armenia and GARD Azerbaijan. The meetings support promotion and sharing of the GARD Georgia approach and experience.

Dr Vlassis Polychronopoulos presented some of the research activities of the Hellenic Thoracic Society. He spoke about bronchiolitis obliterans organizing pneumonia or cryptogenic organizing pneumonia (COP), a fairly new disease discovered by Dr Gary Epler in 1985. “Organizing” refers to unresolved pneumonia triggered by infections from bacteria, viruses and parasites, drugs, or toxic fumes. The risk of COP is higher for people with inflammatory diseases such as rheumatoid arthritis, lupus and scleroderma. A new classification has been suggested along with the histopathology, clinical picture, imaging and treatment where most patients recover with corticosteroid therapy. The coexistence of COP
with major chronic diseases, lung cancer, CRDs and diabetes was described. Some drugs, including amiodarone, can cause COP.

**Dr Jorge Quel**, Executive Director of Hispanic-American Allergy, Asthma and Immunology Association (HAAMA), presented the report of activities in the North, Central and South American Hispanic population. Asthma mortality has been consistently increasing since 1980. In the United States, the highest increases in asthma incidence have been in lower income portions of the inner cities. The highest mortality rate in the United States occurs in young adult males, of which minorities, African Americans and Hispanics have had the highest mortality rate. HAAMA’s primary concern falls upon the Spanish population, which is the minority with the most rapidly increasing population rate. HAAMA’s educational campaign concerns prevention of chronic diseases through promotion of healthy diet, tobacco cessation and increasing physical activity as part of a national prevention campaign. Advocacy, partnership and surveillance are essential elements to achieve the goal-decreasing burden and mortality from chronic diseases and allergic and immunological diseases related to the Hispanic population. HAAMA is the organizer and host of the Asthma Olympics in Los Angeles. Dr Viegi asked Dr Quel about high bronchial asthma prevalence in Puerto Rico and whether the reason is genes or close position and relation to the United States? Dr Quel explained that a mixture of Hispanic and Afro-American genes is the main reason for this high asthma prevalence.

**Dr Mohammad Reza Masjedi** informed participants about the development of GARD Iran, which was launched in 2008 and is a national partnership of the universities, institutions and research centres throughout the country under the auspices of the Ministry of Health. The main goal of GARD Iran is decreasing the burden of CRDs, mainly asthma and COPD. GARD Iran organizes a national campus for social mobilization against asthma and COPD. Since awareness of asthma in the population is much better than for COPD, particular emphasis is given to increasing the awareness of COPD. The National Parliament supports this campaign and helps with fundraising. Although cardiovascular diseases and cancer programmes are better funded than the CRD programme, GARD Iran in collaboration with the Ministry of Health and Parliament initiated a recourse mobilization activity that will allow better funding for GARD Iran. Within the national strategy for NCD, the Ministry of Health has identified four major chronic diseases: cardiovascular, cancer, CRDs and diabetes. All national research centres, institutions and universities are involved in the development of a national research network, which provides valuable information to the Ministry of Health for the active and practical implementation of the national NCD prevention and control programme. National Spirometry Day and COPD Day in Iran contributes to the NCD programme by raising awareness of CRDs and in particular COPD. A series of national guidelines for control and management of asthma have been developed and a guideline for COPD is being finalized. These guidelines have become an essential part of the integrated NCD management package for family and PHC physicians. This package is focused on management of arterial hypertension, coronary heart disease, diabetes, asthma and COPD and will be tested in the provinces of southern, central and northern Iran. GARD Iran needs a standardized assessment for a national survey of major CRDs that would allow better evaluation of GARD Iran activities in three to five years. Dr Masjedi has kindly invited GARD members to consider Teheran as a venue of the next GARD General Assembly meeting.

**Dr Giovanni Viegi** (Italy) represented the Ministry of Health and spoke on behalf of GARD Italy. CRD is the third leading cause of death in Italy and the mortality will increase in the
coming decades due to population ageing. The prevention and control strategy is focused on risk factors, integrated management, monitoring of disease progression, quality of life, partnership, network of research centres and a more visible role of general practitioners. The steady increase in the incidence of CRDs now constitutes a serious public health problem. CRDs are often underdiagnosed and many patients are not diagnosed until the CRD is too severe to prevent normal daily activities. The prevention of CRDs and reducing their social and individual impacts means modifying environmental and social factors and improving diagnosis and treatment. The prevention of risk factors (tobacco smoke, allergens, occupational agents, and indoor/outdoor air pollution) will significantly impact morbidity and mortality. The Ministry of Health has made CRD prevention a top priority and is implementing a comprehensive strategy with policies against tobacco smoking, indoor/outdoor pollution, obesity and communicable diseases; however, these actions currently are not well coordinated.

GARD Italy envisages coordination with national bodies and the GARD initiative, launched on 11 June 2009, represents a great opportunity for the Ministry of Health. Its main objective is to promote the development of a coordinated CRD programme in Italy. Effective prevention implies setting up a health policy with the support of health-care professionals and citizen associations at national, regional and district levels. What is required is a true interinstitutional synergy: CRD prevention cannot and should not be the responsibility of doctors alone, but must also involve politicians and policy-makers as well as the media, local institutions, schools, etc. GARD Italy could be a significant experience and a great opportunity for the country to share the GARD vision of a world where all people can breathe freely. The current devolution approach of the Ministry of Health gives more attention to the 21 independent regions that, through strong partnership, follow the National Health Plan. The role of the Ministry of Health is a stewardship function that includes norms, standards and leadership. The stewardship model is focused on corporative rather than individual behaviour. Strong partnership would coordinate governmental and nongovernmental activities thus avoiding duplication and saving of resources. GARD Italy working groups will produce five comprehensive documents: CRD prevention schools; smoking and environment; early diagnosis medicine; continuity of care and education; and training.

Dr Sohei Makino, Director of the WHO Collaborating Centre of Prevention and Control of Chronic Respiratory Diseases, Dokkyo Medical University, Tochigi, Japan, reported on the first part of the WHO survey project on CRDs in the Asia-Pacific Region that includes Cambodia, the Lao People’s Democratic Republic and Mongolia. Dr Makino focused his presentation on the survey in Ulaan-Baatar (Mongolia), where 1200 adults and 400 children were randomly selected from the population. Asthma-based symptoms were diagnosed in 15.6% of adults 20–29 years of age and 14.1% in those 20–39 years of age. Doctor-diagnosed asthma is much less at 9% and 4.7% respectively. This underdiagnosis, based on the comparisons of the currently diagnosed asthma and doctor-diagnosed asthma, is a real challenge for health care from the viewpoint of diagnosis, management and prevention. The number of asthma cases in children 6–7 years of age is 20%. This high prevalence is considered to be result of parental smoking and children’s exposure to tobacco. The current prevalence of smoking is very high: 70%–80% in males and 30% in females. Post-bronchodilator COPD diagnosed with spirometry in males over 40 years of age is 3.1%. In the age group over 60 years of age, COPD is diagnosed in 8% of the population. Symptoms diagnosed COPD (coughing and phlegm production) is sometimes higher than spirometry-based diagnosed COPD. A very high prevalence of smoking could be one of the reasons for this difference. Comparatively, the prevalence of COPD in Japan is only 3.1% whereas in
Mongolia it is 10.5%. However, the population of Mongolia is much younger than that of Japan and we can expect an increase of COPD with the ageing of the population.

**Dr You-Young Kim**, Republic of Korea, talked about elderly asthma. The rapidly ageing population in the Republic of Korea and the associated increase of chronic diseases bring a huge burden to national health care and health expenditures, which are dramatically growing and where asthma is one of the major cost factors. The proper study of chronic diseases, and in particular CRDs, is one of the challenges of GARD Korea. Despite its high prevalence, elderly asthma remains unrecognized and misunderstood because its symptoms may not be typical as in young patients, and because other cardiac or respiratory diseases may be frequently associated with it. Only a few studies on the clinical characteristics of elderly asthma have been reported until now. Prevalence of elderly asthma in people 65 years and older is very high at 10%. So far, 507 patients with late onset asthma have been studied. In general, elderly asthmatics are underdiagnosed and poorly controlled. Different phenotypes of this heterogenic form of asthma have been identified. Generally, early onset asthma patients are often non-smokers with lower body mass index and lung function. Our study suggested that cellular compositions of airway inflammation and lung function depend on the onset, and possibly the duration of disease, in elderly asthmatics. Early onset and long-standing asthma may lead to chronic persistent airway obstruction and thereby mimic chronic obstructive lung disease.

**Dr Talant Sooronbaev**, President of Kyrgyz Thoracic Society spoke about CRDs in Kyrgyzstan and the Central Asian Republics – Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan – with 51 million people. This is a huge region with common geographical features as well as social and biological risk factors. The CRD mortality rate is from two to three times higher than in Europe. Tobacco smoking is one of the major risk factors. Biomass fuel is widely used for heating and cooking in houses at high altitude; 90% of highlanders in Kyrgyzstan uses biomass fuel in their houses. This type of indoor pollution is a second risk factor in the population. Other types of air pollution and allergies also contribute to the high prevalence of CRDs. GARD Kyrgyzstan took an active role in the centres for family medicine created by the Ministry of Health – the national asthma network is also integrated into these centres – and actively participated in the Year of the Lung 2010 and World Spirometry Day. On Spirometry Day, over 1000 people had spirometry examinations and health professionals were trained to perform the spirometry test. Making spirometry a part of diagnostic procedure for CRDs, and in particular for early diagnosis of COPD at the PHC level, is one of the GARD Kyrgyzstan goals. National training workshops for family doctors organized in all parts of the country trained 500 doctors. The GARD Kyrgyzstan team, in close collaboration with the Ministry of Health, national cardiovascular, endocrinology and diabetes societies and public health officials, convened the first workshop on integrated NCD prevention and control. This workshop contributed to the development of the Integrated National NCD Prevention and Control Programme 2011–2015. GARD Kyrgyzstan partnership is used for the promotion of an integrated NCD prevention and control approach in the countries of Central Asia. A regional NCD workshop was organized on 21 February 2011 in Bishkek. This workshop stressed the importance of GARD extension to other countries in Central Asia and identified priorities and outlined a joint action plan for the related Ministry of Health.

**Dr Osman Yusuf**, GARD Pakistan country coordinator, presented the outline of CRD activities and the IPCRG activities on behalf of **Dr Niels Chavannes**. The population of Pakistan is young; 40% is younger than 15 years of age. Data from the International Study of
Asthma and Allergy in Children (ISSAC) demonstrated high prevalence of asthma symptoms. One out of five children (16%) wheezes; and only one third of children with asthma receives proper medication. Different national respiratory societies collaborated with international societies and initiatives in the area of PHC, including the IPCRG, allergy (ARIA) and asthma (GINA). In 2011, Pakistan joined GARD with Dr Tajjad appointed as the GARD Pakistan focal point. GARD Pakistan major activities are CRDs at the PHC level, provision of inexpensive medication and tobacco control due to high prevalence of tobacco smoking in the population and in particular in children. A tobacco control law has been adopted to effectively contain the growing epidemic of tobacco and CRD. The IPCRG provides a forum for its constituent national groups so that it can represent the international primary care perspectives in respiratory medicine and raise standards of care in individual countries and globally through collaborative research, innovation and dissemination of best practice and education. The IPCRG is a primary care nongovernmental organization (NGO) with a special interest in respiratory disease and a mission to disseminate evidence for the public good. The IPCRG is both an organization of organizations and a global community of practice. It develops and mobilizes national groups whose members are PHC and community health-care professionals with a respiratory interest. The organization operates virtually with annual scientific meetings, creating a global community of practice that shares data, ideas and learning from LMICs. Flagship programmes include a biennial international conference, E-Quality delivering locally acceptable educational programmes and E-Faculty that equips teams with the skills to conduct local real-life research.

Dr Boleslaw Samolinski spoke on behalf of the Polish Allergology Society and is responsible for the health priorities in the European Union during the Polish Presidency. CRDs are increasing in Poland and in other countries of Central and Eastern Europe. Respiratory allergy and bronchial asthma are among major chronic diseases in the country. Prevalence of allergic rhinitis varies from 10% to 30% and bronchial asthma from 5% to 20%. Climate and gross domestic product are among the major reasons for this high prevalence. Allergic rhinitis is considered as a risk factor for asthma; early prevention of allergic rhinitis can prevent further development of asthma. Asthma plays an important role in the development of COPD and considered as a strong risk factor for COPD. The number of coronary heart disease cases in asthmatics is 1.4 times higher than in non-asthmatics and the number of cases of arterial hypertension is 1.3 times higher in asthmatics than in non-asthmatics. This link of respiratory allergy and asthma with COPD – a systemic disease with confounding chronic diseases and in particular cardiovascular diseases (coronary heart disease and arterial hypertension) – has been seriously considered by Cyprus, Denmark and Poland, which proposed the European Union health priority “NCD and Healthy Ageing”. Allergic diseases, which in many cases start in childhood, have significant impact on the healthy ageing process and cover the whole lifespan. Thus, CRD prevention and control correspond well to CRDs, one of the European Union health priorities. A European conference entitled “Prevention and Control of Childhood Asthma” was organized just prior to this GARD General Assembly Meeting and gave a comprehensive view of the problem and stressed a new approach for its prevention. A ministerial meeting of health solidarity will be held in November 2011.

Dr José Rosado Pinto talked about the real position of GARD Portugal in the Declaration of Better Life Approach – the basis of the Portuguese delegation position at the United Nations Summit on NCDs. GARD Portugal develops along the lines of the Multisectoral NCD National Plan, which has been extensively discussed by 50 different organizations, including the Ministry of Health and Ministry of Education. The platform of this new strategy
constitutes four major directions: obesity; cardiovascular diseases; diabetes mellitus; and CRDs. Besides major NCDs, the Declaration also takes into account chronic diseases of the liver and kidney. Cardiovascular diseases account for 38% of total mortality. The CRD prevention and control programme is driven by GARD Portugal and its 18 partners, among them different professional medical societies, patient groups, research societies, nurses and other health professional groups. The National CRD Survey 2010 conducted according to the national plan against asthma found 7% of active asthma cases; 57% of patients is under treatment; 72% took drugs regularly during the last four weeks. A special asthma “illiteracy” programme includes a film about asthma, 11 books on asthma risk factors, and allergy, treatment and use of inhaled corticosteroids. The COPD hospitalization rate is increasing as is the total cost of COPD. The national plan against COPD proposes healthy diet, physical activity, smoking cessation and alcohol abuse programmes. An extensive anti-tobacco programme is associated with decreasing mortality not only for COPD patients, but also for patients with coronary heart disease. GARD Portugal was launched in October 2007 and has progressively developed and contributes to the development of the “National Declaration for Better Life” and promotion of this initiative in Cape Verde and Mozambique.

Dr Alexander Chuchalin spoke about GARD Russia, which was initiated in 2004 in Ryazan. A PHC-based survey with the use of spirometry has demonstrated dramatic underdiagnosis and undertreatment of CRDs. For instance, only two out of 100 asthmatics used inhaled corticosteroids for treatment of asthma; the majority of patients used theophylline tablets. A broad educational campaign including standardization of spirometry testing and reeducation of doctors was initiated not only in Ryazan, but also in other regions. At least 25% of the 40 000 PHC doctors in the country has been trained using a temporary approach for CRD prevention and management. GARD Russia contributed to the successful organization of the Global WHO Ministerial Conference on NCD in April 2011 in Moscow where WHO Director-General Dr Margaret Chan and Russian Prime Minister Vladimir Putin supported the WHO approach for the prevention and control of NCD. Now GARD Russia activities cover many regions of the Russian Federation: the far eastern, western and eastern parts of Siberia, the Volga river region in the central part of the country and St Petersburg in the west. More than 4000 adults have been screened with 3600 spirometric examinations. Smoking is one of the most prevalent risk factors; 40% of the population smokes. Exposure to biomass fuel is the second most important risk factor. Use of spirometry has demonstrated high underdiagnosis of CRDs, in particular compared to the diagnosis made by questionnaires. After analysing 652 post-dilating spirometric tests, COPD prevalence was 22%, compared to 13% of diagnosis made by questionnaires. The GARD Russia research component investigates different aspects of dyspnoea including psycho-emotional factors. Dyspnoea was found in 35% of people; in 28% dyspnoea is attributable to respiratory diseases. Among cardiovascular diseases patients, dyspnoea more often is seen in patients with arterial hypertension. GARD Russia considers involving paediatric specialists to better tackle COPD since chronic airway obstruction commences in early age. Dr Chuchalin indicated that the study of COPD and its co-morbidities allows better understanding of major chronic diseases and GARD Russia works along the lines of the recommendations of the United Nations High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. Finally, he kindly invited all participants to St Petersburg for the next GARD General Assembly Meeting.

Dr Youssef Mohammad described the activities of GARD Syria during the last two years. As a WHO collaborating centre for CRD and co-morbidities, Tishreen University jointly coordinated national activities with the Ministry of Health, WHO headquarters and the WHO
Regional Office for the Eastern Mediterranean, the International Coalition for COPD (ICC) and the Espace francophone de pneumologie. A series of national and international meetings have been organized for doctors, nurses, public health professionals and patients. The integration of NCDs into PHC is one of the priorities of GARD Syria. Dr Mohammad focused on the results of the PHC survey on CRDs, risk factors and awareness of CRDs. The survey also included emergency rooms admittance, which often is the first point of contact of patients with CRDs and medical professionals. It was the first CRD survey in Syria and for the WHO Regional Office for the Eastern Mediterranean. The aim of the survey was to improve the teaching and training curriculum in universities through a new approach of long-term management of CRDs and co-morbidities, taking into consideration risk factors, patient education and follow-up. The effort also intended to improve Ministry of Health programmes on CRDs and co-morbid chronic diseases. In 22 PHC centres in Lattakia, Tartous, Damascus, Aleppo, Homs and Hama, 1,599 patients six years of age or older have been screened. Obesity was found in 14% of patients and cigarette smoking in 23.2%. In addition, 47.4% of patients over 44 years of age smokes; 11.1% smokes narguile (4.7% of patients between 6 and 20 years of age smokes nargule). These statistics are considered a public health priority. Asthma was diagnosed in 13.1% of patients – there is a significant correlation between diagnosed asthma and dusty jobs and smoking. Although inhaled corticosteroids exist in the marketplace, they are underprescribed. On the other hand, oral steroids are overprescribed by 46%. This unneeded medication could be avoided if inhaled corticosteroids were properly prescribed. There is overprescription of antibiotics in 59% of patients. COPD was diagnosed in 3.5%. Smoking, level of education, obesity and age were risk factors for COPD in this study. Inhaled corticosteroids are overprescribed in 84% of COPD patients, increasing the cost of treating the disease. Oral corticosteroids in 64.3% of cases were not needed for treatment and, in addition, exposed patients to undesirable effects. The survey also found that 35.5% of people visiting PHC providers for different reasons has chronic respiratory problems. The National Action Plan against CRDs is in full concordance with the WHO Global NCD Action Plan WHO Package of Essential NCD Interventions (WHO PEN) at the PHC level and has been discussed and is actively implemented in the centres that have been studied.

Dr Arzu Yourgancioglu presented the details of the ongoing activities of GARD Turkey, which was launched in 2005 by the Turkish Thoracic Society and the Turkish Society of Allergy and Clinical Immunology jointly with the Ministry of Health. Representatives of the Ministry of Health are attending this meeting. GARD Turkey works with the involvement of the WHO Regional Office for Europe in accordance with the Ministry of Health Strategic and Action Plan 2010–2014. According to the Ministry of Health Health Burden Report, CRD is the third highest cause of mortality. There are four million asthma patients and five million people with COPD in the country. After situation analysis was presented to the Ministry of Health, the national programme and action plan against chronic airway diseases was adopted. Now GARD Turkey has 56 partners including universities, NGOs, governmental departments, ministries of education, environment, agriculture, and national and local radio and television. GARD Turkey city councils have been established in 81 cities. GARD Turkey has a comprehensive management structure and five working groups operating according to their actions plans: Working Group 1 (WG1) on monitoring the chronic diseases and control programme evaluation; Working Group 2 (WG2) on awareness and advocacy; Working Group 3 (WG3) on prevention of the development of disease; Working Group 4 (WG4) on early detection of diseases and prevention of progress; and Working Group 5 (WG5) on the effective treatment of the diseases and prevention of complication development. WG1 developed a data collection system on real prevalence of NCD. The initial data will be
available and presented at the next GARD General Assembly Meeting. WG2 studies awareness of asthma and COPD among PHC professionals and the general population. Educational materials based on these surveys will be presented to all GARD Turkey city councils. WG3 convened an expert meeting entitled “Evaluation of indoor and outdoor pollution and climate changes in respect of the control of chronic respiratory diseases” and the resultant report will be translated into English and distributed on the Internet. WG4 considers the development of educational standards and educational materials for educators at PHC settings. WG5 runs a workshop for homecare integrated with all homecare and rehabilitation programmes of other major NCDs and published a report on its activities.

Dr Yorgancioglu stressed that the National NCD Action Plan was developed in conformity with the WHO Global NCD Action Plan and GARD Turkey is well aligned with both plans. Dr Nazan Yardim, Director-General of NCD with the Turkish Ministry of Health, stated that NCDs and control of risk factors are a priority issue for the ministry. CRD prevention and control programmes operated by GARD Turkey work jointly with cardiovascular diseases prevention and control, healthy ageing and diabetes programmes. The principles of partnership that have been effectively developed by GARD Turkey are now used by other chronic diseases programmes in the country. Dr Bousquet thanked Dr Yorgancioglu and colleagues from the Ministry of Health and Allergy and Immunology Societies presented at the meeting for their outstanding contribution to GARD Turkey developments for the benefit of patients.

Dr Lan Le Thi Tuyet reported on the study of implementation of GINA and GOLD approaches for asthma and COPD at health-care centres at the district level in Viet Nam. After successful work in outpatient clinics at the province level, the goal of the study at the district level was to assess the level of control of CRD patients, improve quality of life and estimate noncompliant patients and direct cost of treatment. A two-week training seminar for district health professionals at district health care centres focused on the diagnosis and treatment of CRDs. Initial results of the study have shown that more females than males present with asthma. Only 20% of patients uses inhaled corticosteroids, 64% takes short-acting beta 2 agonists and 16% uses systemic steroids in tablets. This drug is very inexpensive, 100 tablets of beclometasone cost about US$ 0.5 Regarding COPD, 80% of patients was males and 42% was at the second stage of the disease. This early diagnosis allows more effective treatment of the disease and prevention of hospitalization, since COPD patients usually are admitted to the hospital at late stages of the disease. Study results have shown a decrease of the hospitalization rate for COPD and emergency rooms visits for asthma. The quality of life after the study has significantly improved for asthma and COPD patients. A high percentage (58%) of noncompliance for asthma patients is due to the inability to pay for the prescribed treatment: 44% of patients could not pay for the drugs. Noncompliance for COPD patients is at the same level (60%) for the same financial reason: 59% of patients could not pay for treatment. Thus, for patients with stable asthma and COPD noncompliance is one of the major problems, since only treatment in emergency departments is covered by insurance companies. A meeting with insurance companies has improved the situation and now asthma and COPD treatment for outpatients with stable asthma and COPD is considered for reimbursement. GARD Viet Nam includes the National Association for Respiratory Diseases and the Association for Tuberculosis and Lung Diseases. A national programme for asthma and COPD is implemented in 46 outpatient units at the province level, seven clinics at the district level and one centre at the commune level. An NCD workshop organized by Dr Mendis provided considerable motivation for GARD Viet Nam to promote the integrated approach for the prevention and control of NCD, in particular in remote areas.
of the country using mobile units. GARD Viet Nam collaborates with universities and current GARD members of GINA, GOLD IPSRG and respiratory groups in Cambodia, the Lao People’s Democratic Republic and Myanmar.

**Dr Shanthi Mendis** congratulated all country teams for sharing their experience and providing good examples of work at the country level. Regarding PHC and the Syrian experience, Dr Mendis emphasized the importance of the “best buy” concept and that the “good buy” approach will be implemented in the near future. WHO will continue to update GARD members regarding this progress. The tightening of regulatory framework for WHO publications should lead GARD to scrutinize the review and control of publications emanating from GARD since it is a WHO Alliance. The regionalization of GARD is an encouraging development. Portuguese leadership of the development of GARD in Portuguese-speaking countries, the work of Kazakhstan and Kyrgyzstan in Central Asia and Latin American GARD activities are good examples and demonstrate a need for the development of regional groups. From the viewpoint of developed countries, GARD Italy is a good example of universal coverage.

**Discussion**

Dr Roy Gerth van Wijk stated that GARD needs a good paper published in an international journal to promote GARD and increase awareness of this important initiative. Dr Viegi supported this suggestion and added that since 2006 a lot of development in many countries has been fostered by GARD.

Dr Alvaro Cruz informed the participants that Dr Paulo Camargos, GARD Brazil national coordinator, asked him to briefly relay its recent achievements at the country level. The Ministry of Health has published a book about CRDs in PHC settings based on GARD Brazil experience and 5000 copies have been distributed among PHC doctors in several regions of the country. A Practical Lung Approach to Health (PAL) pilot project tackling major respiratory diseases from asthma to TB has been implemented in a pilot region. The Ministry of Health established a focal point for better coordination of GARD Brazil at the country level.

Dr Nikolai Khaltaev stressed that many country presentations are focused on WHO priority issues such as PHC and NCD integration. In many PHC surveys most of the data are collected regarding co-morbidities such as cardiovascular diseases, diabetes and their control.

Dr Bousquet expressed regret that Dr Ben Kheder could not attend this meeting and report on the French Society of Respiratory Medicine and the group of French-speaking countries, including Algeria, Romania and Tunisia and a group of countries from sub-Saharan Africa. This group held a meeting in July 2011 and discussed the issue of the severity of allergic respiratory diseases.

Dr Rosado Pinto informed participants about the close collaboration between Portugal and Brazil and between Portugal and Cape Verde. He also mentioned that the findings in Cape Verde survey are similar to data from Syria.
According to the GARD Terms of Reference, the election of the GARD Vice-Chair, several members of the GARD Executive Committee and the GARD Planning Group whose terms have expired should be held during this meeting. Mr Issa Matta explained the legal procedure regarding the voting.

All 35 eligible GARD members (including proxies) participated in the voting for the GARD Vice-Chair and GARD Executive Committee members.

**GARD Executive Committee**

Dr Nikolai Khaltaev was elected for three consecutive 2-year terms as GARD Vice-Chair.

Dr Arzu Yorgancioglu was elected as a member of the GARD Executive Committee for two 2-year terms.

Dr Alexander Chuchalin was elected as a member of the GARD Executive Committee for two 2-year terms.

Dr Shanthi Mendis remains a GARD Executive Committee member as WHO representative.

Dr Jean Bousquet continues as GARD Chair for one more 2-year term.

**GARD Planning Group**

Out of 36 eligible GARD members, 30 participated in the electronic voting for the GARD Planning Group.

**Results of the election of representatives**

Representative of professional organizations in the field of respiratory medicine (elected for two 2-year terms): Dr Talant Sooronbaev, Dr Mohammad Reza Masjedi, Dr Lan Le Thi Tuyet.

Representative of professional organizations in the field of allergy (elected for two 2-year terms): Dr Piotr Kuna, Dr Cezmi A. Akdis.

Representative of professional organizations in the field of primary care (re-elected for another 2-year term): Dr Niels Chavannes.

Representative of pharmacy, physiotherapy, nursing and other associations of professions allied to medicine (re-elected for another 2-year term): Dr Monica Fletcher.

Representative of organizations devoted to specific diseases (elected for two 2-year terms): Dr Osman Yusuf.
Representative of professional organizations in the field of paediatrics (elected for two 2-year terms): Dr Carlos Baena-Cagnani.

Representative of patient organizations (elected for two 2-year terms): Ms Antje Fink Wagner.

Representative of governmental institutions (elected for two 2-year terms): Dr José Rosado Pinto.

Representative of WHO collaborating centres (elected for two 2-year terms): Dr Hironori Sagara.

**Representative of collaborating foundations (elected for two 2-year terms): Dr Yousser Mohammad.**

Representative of the country-focus group (re-elected for another two years): Dr Alvaro Cruz.

Representative of the working group (elected for two 2-year terms): Dr Teresa To.
ANNEX 1.

WORLD HEALTH ORGANIZATION

6th General Meeting of the Global Alliance against Chronic Respiratory Diseases (GARD)

Warsaw, Poland, 23-24 September 2011

PROGRAMME

Friday, 23 September 2011

08h30-09h00 Registration of participants

Opening

09h00-09h10 Welcome and Introduction address (The Polish Society of Allergology/National Asthma Programme)

09h10-09h20 Welcome address the Ministry of Health, Poland

09h20-09h30 Welcome address from WHO

09h30-09h40 Introduction to the General Meeting, nomination of chairperson and rapporteur, discussion and agreement on the agenda and programme of the meeting

09h40-10h00 Update on GARD, purpose and expectations for the 2011 General Meeting (GARD President)

10h00-10h30 Coffee break & Group Photo

Session 1: Priorities of GARD work and country initiatives

10h30-10h45 Priorities of GARD work for 2011 to support the implementation of the Global NCD Action Plan (WHO)
10h45-12h00  GARD country initiatives: Moderator: Dr N. Khaltaev
- Bangladesh: Advancing Lung Health in Bangladesh: Capitalizing on the success achieved
- Georgia: Update 2011
- Greece: Update 2011
- Hispanic American Allergy, Asthma and Immunology Association: Update 2011
- Iran: Update 2011
- IPCRG (International Primary Care Respiratory Group): Update 2011
Discussion

12h00-13h00  Buffet lunch

13h00-14h15  GARD country initiatives: Moderator: Dr A. Cruz
- Italy: Update 2011
- Japan: Update 2011
- Korea: Elderly Asthma Cohort in Korea
- Kyrgyzstan: News and future activities of GARD in Kyrgyz Republic and Central Asian region
- Pakistan: Update 2011
Discussion

14h15-14h30  Coffee break

Session 2: GARD integration into PHC – demonstrations from countries
Moderator: Dr P.Kuna

14h30-16h15
- Poland: Chronic respiratory diseases as an important health priority during the Polish Presidency in the European Union Council
- Portugal: GARD Portugal and the “Declaration for a better life: approach to CD through prevention”
- Russia: GARD in Russia: results of the 1st phase of the project
- Syria: Update 2011
- Tunisia: Update 2011
- Turkey: Update 2011
- Vietnam: Implementation of GINA and GOLD at district level healthcare centers in Ho Chi Minh city

Discussion

**Session 3: ELECTIONS** (GARD President, Vice-president, EC and Planning Group members)

16h15-17h00  GARD ELECTIONS - electronic voting
17h00-17h30  General discussion

19h00-...  Reception & Dinner

**Saturday, 24 September 2011**

Session 4: GARD experience from other initiatives
Moderator: Dr J. Bousquet

08h45-09h00  The Asthma Drug Facility (ADF): last developments

Session 5: GARD observers: exchange of views (round table)
Moderator: Dr N. Khaltaev

09h00-10h00

10h00-10h30  Coffee break

Session 6: Report of GARD Executive Committee, Planning Group and GARD secretariat for endorsement by GARD General Meeting
Moderator: Dr J. Bousquet

10h30-11h55:

- GARD proposed activities for 2011-2012
- Status of collaborating parties. Financial status. Results of elections.
• Proposals for the 7th GARD General meeting 2012 and Executive Committee and Planning group meeting 2011

• GENERAL DISCUSSION

• Conclusions

11h55-12h00: Farewell address (President of The Polish Society of Allergology)
LIST OF PARTICIPANTS

Dr Abai K. Baigenzhin
Executive Director
Euro-Asian Respiratory Society (EARS)
Abylai-Khan Avenue, 42
010000 Astana City
KAZAKHSTAN

Telephone No.: +7 717 23 12 40
Fax No.: +7 717 223 2927
national_clinic@mail.ru

Dr Ali Ben Kheder
Representative Tunisian Society
of Respiratory Diseases (TSRD)
Representative Pan African Thoracic Society
Hôpital A. Mami Ariana
2080 Ariana
TUNISIA

Telephone No.: +216 22 335 066
Fax No.: +216 71 821 184
Email : ali.benkheder@rns.tn

Dr Kazi Saifuddin Bennoor
International Affairs Secretary
Bangladesh Lung Foundation
National Institute of Diseases of Chest
and Hospital
Mohakhali
Dhaka 1212
BANGLADESH

Telephone No.: +880 171 154 2467
Fax No.: +880 2 882 66 28
Email : bennoor@gmail.com

Dr Gulbin Bingol Karakoc
Turkish National Society and Clinical Immunology (TNSACI)
Cukurova University, Faculty of Medicine
Pediatric Allergy-Immunology
Adana
TURKEY

Telephone No.: +90 533 411 47 14
Fax No.: +90 322 338 68 32
Email : gulbin2@yahoo.com

Dr Przemyslaw Bilinski

Telephone No.: +48 22 536 13 00
Chief Sanitary Inspectorate  
Ministry of Health  
Warsaw  
POLAND  
Fax No.: +48 22 635 61 94  
Email: pbilinski@ihit.waw.pl

Dr Jean Bousquet  
GARD Chairperson  
Allergy Rhinitis & its Impact on Asthma (ARIA)  
Service des Maladies Respiratoires  
Hôpital Arnaud de Villeneuve  
371 ave. Doyen Gaston Giraud  
34295 Montpellier Cédex 5  
FRANCE  
Telephone No.: +33 46741 67 00  
Fax No.: +33 467 04 27 08  
Email: jean.bousquet@orange.fr

Dr Ivane Chkhaidze  
Executive Director  
Georgian Respiratory Association (GRA)  
Tbilisi State Medical University  
33, Vazha Pshavela Av  
0177 Tbilisi  
GEORGIA  
Telephone No.: +995 77 418912  
Fax No.: +995 32 940 009  
Email: ivane_ch@internet.ge

Dr Alexander Chuchalin  
Chairman  
Russian Respiratory Society (RRS)  
Pulmonology Research Institute  
32, 11th Parkovaya, 105077  
Moscow  
RUSSIAN FEDERATION  
Telephone No.: +7 495 465 52 64  
Fax No.: +7 495 465 52 64  
Email: chuchalin@inbox.ru

Dr Alvaro A. Cruz  
Associate Professor of Medicine  
Federal University of Bahia  
cruz.proar@gmail.com  
School of Medicine  
Ave. Sta. Luzia, 379 apto. 1501-OB  
40295-050 Salvador Bahia  
BRAZIL  
Telephone No.: +55 71  
Fax No.: +55 71 3335 2508  
Email:

Dr Ronald Dahl  
GARD Vice-Chairperson  
University Hospital of Aarhus  
Dept of Respiratory Diseases  
8000 Aarhus C  
DENMARK  
Telephone No.: +45 8949 2085  
Fax No.: +45 8949 2110  
Email: ronadahl@rm.dk

Dr Habib Douagui  
President  
Société Algérienne d'Asthmologie, d'Allergologie et d'Immunologie Clinique  
Centre Hospitalo-Universitaire de Béni-Messous, Service de Pneumo-Allergologie  
Route de l'Hôpital, Beni-Messous  
1600 Alger  
Telephone No.: +213 21 93 1494/1334  
Fax No.: +213 21 93 13 34  
Email: habibdouagui@yahoo.fr
ALGERIA

Ms Antje Henriette Fink-Wagner  
Executive Director  
Global Allergy & Asthma Patient Platform (GAAPP)  
GAAPP Office  
Altgasse 8-10  
1130 Wien  
AUSTRIA

Telephone No. : +049 (0)171 761 69 23  
Fax No. : +049 (0)171 761 69 23  
Email : info@ga2p2.org

AUSTRIA

Dr Adam Fronczak  
Undersecretary of State– supervisor of the International Cooperation, Public Health and Science and Higher Education.  
Ministry of Health  
Warsaw  
POLAND

Telephone No. : +48 22 634 96 18  
Fax No. : +48 22 831 21 46  
Email : sekretariat-af@mz.gov.pl

POLAND

Dr Roy Gerth van Wijk  
President  
European Academy of Allergy & Clinical Immunology (EAACI)  
Head, Department of Allergology  
Erasmus Medical Center  
s Gravendijkwal 230  
3015 CE Rotterdam  
THE NETHERLANDS

Telephone No. : +31 10 7033981  
Fax No. : +31 10 7034081  
Email : r.gerthvanwijk@erasmusmc.nl

THE NETHERLANDS

Mr Goktas Ertugrul  
Health Education Trainer  
Turkish Ministry of Health  
Primary Health Care General Directorate  
Head of NCD Department  
Ataturk Bulv. No. 65 Kat 9  
06410 Sihhiye - Ankara  
TURKEY

Telephone No.: +90 312 435 8218  
Fax No.:+90 312 431 5915  
Email:

TURKEY

Dr Nikolai Khaltaev  
4, rue François-Joulet  
1224 Chêne-Bougeries  
SWITZERLAND

Telephone No. : +41 22 349 39 84  
Email: khaltaevn@bluewin.ch

SWITZERLAND

Dr You-Young Kim  
President  
Korea Asthma Allergy Foundation (KAF)  
Department of Internal Medicine, College of Medicine  
Seoul National University  
28 Yeongeon-Dong, Chongno-Gu  
110-744 Seoul  
REPUBLIC OF KOREA

Telephone No. : +82 2 2072 2232  
Fax No. : +82 2 745 0257  
Email : youyoung@plaza.snu.ac.kr

REPUBLIC OF KOREA
Dr Marek L. Kowalski  
Past President of Polish Society of Allergology,  
Head of Clinic of Immunology, Rheumatology and Allergy  
Medical University of Lodz  
POLAND

Dr Jerzy Kruszewski  
Polish Society of Allergology,  
National Consultant in Allergology  
POLAND

Dr Marek Kulus  
Polish Society of Allergology,  
Warsaw Medical University – Vice Rector  
POLAND

Dr Piotr Kuna  
Past President Polish Society of Allergology,  
Head of Clinic of Internal Diseases, Asthma and Allergy  
Medical University of Lodz  
POLAND

Dr Giovanna Laurendi  
Medical Officer  
Dirigente Medico I livello  
National Centre for Disease Prevention and Control (CCM)  
Ministry of Labour, Health and Social Policies  
Via della Civilità Romana 7  
00144 Rome  
ITALY

Dr Lan Le Thi Tuyet  
Head, Respiratory Care Center  
University Medical Center  
University of Medicine and Pharmacy  
217 Hongbang, District 5  
Ho Chi Minh City  
VIET NAM

Dr Cécile Macé  
Asthma Drug Facility Coordinator  
Quality Assurance Pharmacist  
International Union Against Tuberculosis and Lung Disease (The Union)  
68, Boulevard Saint-Michel  
75006 Paris  
FRANCE

Dr Tamaz Maglakelidze  
Vice-President  
Georgian Respiratory Association (GRA)  
Tbilisi State University  
GEORGIA
Dr Sohei Makino  
Professor of Dokkyo Medical University  
Head  
WHO Collaborating Centre of Prevention and Control of Chronic Respiratory Disease  
880 Kitakobayashi Mibu  
Shimotsuga-gun  
Tochigi 321-0293  
JAPAN

Dr Eva Mantzouranis  
Department of Pediatrics  
University Hospital of Heraklion  
Voutes Stavrakia  
Heraklion 1110  
Crete  
GREECE

Dr Mohammad Reza Masjedi  
Deputy Director  
National Research Institute of Tuberculosis and Lung Disease (NRITLD)  
Shaheed Bahonar Ave.  
Darabad  
Tehran 19575/154  
ISLAMIC REPUBLIC OF IRAN

Dr Sonia Mele  
59943372  
Dirigente Medico  
59946062  
Ministerodella Salute  
Dipartimentodella Prevenzione e Comunicazione  
DirezioneGenerale della Prevenzione - CCM  
Ufficio IX - Promozione comportamenti e stili di vita  
Viale Giorgio Ribotta, 5  
00144 Roma  
ITALY

Dr Yousser Mohammad  
Co-Chair  
International Coalition for Chronic Obstructive Pulmonary Disease (ICC)  
Tishreen University  
POB 1479  
Lattakia  
SYRIAN ARAB REPUBLIC
Dr Ewa Nizankowska-Mogilnicka  
58  
Polish Society of Allergology,  
Head of Pulmonary Clinic  
Jagiellonian University Krakow  
POLAND

Telephone No. : +48 12 430 51
Fax No. :
Email: ewa.nizankowska@mp.pl

Dr Cezary Palczynski  
Polish Society of Allergology,  
Head of Clinic of Occupational Diseases and Toxicology  
Institute of Occupational Medicine  
POLAND

Telephone No. : +48 42 631 47 69
Fax No. : +48 42 631 47 69
Email: cpalczn@imp.lodz.pl

Dr Vlasis Polychronopoulos  
Hellenic Thoracic Society  
152 Mesogeion Av.  
115 27, Athens  
GREECE

Telephone No. : +30 210 7487723
Fax No. :
Email: vlasispo@hotmail.com

Dr Jorge Quel  
Executive Director  
Hispanic-American Allergy, Asthma and  
Immunology Association (HAAMA)  
4644 Lincoln Blvd. 410  
90292 Marina del Rey, California  
USA

Telephone No. : +1 310 823 6766
Fax No. : +1 310 823 6966
Email : email@haama.org

Dr Barbara Rogala  
Polish Society of Allergology,  
Head of Clinic of Internal Diseases, Allergology  
and Clinical Immunology  
Silesian Medical University, Katowice  
POLAND

Telephone No. : +48 32 35 81 435
Fax No. : +48 32 35 81 437
Email: barbara.rogala@pta.med.pl

Dr José Rosado Pinto  
Head  
Unidade de Imunoalergia  
Hospital de Luz  
Avenida Lusiada 100  
1500-650 Lisbon  
PORTUGAL

Telephone No. : +351 217576646
Fax No. : +351 217524561
Email : rosadopinto@mail.telepac.pt

Dr Nelson Augusto Rosário Filho  
Professor of Pediatrics  
Brazilian Association of Allergology and  
Immunopathology (ASBAI)  
University of Parana  
Rua Pedro Viriato P. de Souza 1861 Ap. 501  
81200-100 Curitiba, PR  
BRAZIL

Telephone No. +55 41 9101 5181
Fax No.: +55 41 3339 7043
Email: nelson.rosario@onda.com.br
Dr Michael R. Rutgers  
Director  
Astma Fonds Lung Foundation  
P.O. Box 5  
3830 AA Leusden  
THE NETHERLANDS

Dr Hironori Sagara  
Vice-Director  
WHO Collaborating Centre of Prevention and Control of Chronic Respiratory Disease  
Chief of Department of Respiratory Medicine  
Dokkyo Medical University Koshigaya-Hospital  
Tochigi  
JAPAN

Dr Boleslaw Samolinski  
President-Elect  
Polish Allergology Society (PSA)  
Department of Prevention of Environmental Hazards and Allergology  
Medical University of Warsaw  
ul. Banacha 1a  
Warsaw  
POLAND

Dr Talant Sooronbaev  
President  
Kyrgyz Thoracic Society (KTS)  
Respiratory Medicine and Allergology Dept.  
National Centre Cardiology and Internal Medicine  
3, Togolok Moldo Str.  
720040 Bishkek  
KYRGYZSTAN

Mr Otto Spranger  
Treasurer  
European Federation of Allergy and Airways Diseases Patients' Associations (EFA)  
Altgasse 8-10  
1130 Wien  
AUSTRIA

Dr Muhammad Tahir Sajjad  
Deputy Director General  
Health Ministry of Health  
Coordinator GARD  
Block C  
Islamabad  
PAKISTAN
Dr Arunas Valiulis
Chairman
Faculty of Medicine
Vilnius City University Hospital
Antakalnio Str. 57 Vilnius 10207
LITHUANIA

Telephone No. : +370 699 85185
Fax No. : +370 5 2344203
Email : arval@vmul.lt

Dr Giovanni Viegi
Director
Institute of Biomedicine and Molecular Immunology (IBIM - CNR)
Via Ugo La Malfa, 153
90146 Palermo
ITALY

Telephone No. : +39 091 6809194
Fax No.: +39 091 6809504
Email: giovanni.viegi@ibim.cnr.it

Dr Nazan Yardim
Public Health Specialist
Turkish Ministry of Health
Primary Health Care General Directorate
Head of NCD Department
Ataturk Bulv. No. 65 Kat 9
06410 Sihhiye - Ankara
TURKEY

Telephone No.: +90 312 435 8218
Fax No.:+90 312 431 5915
Email: nazan.yardim@saglik.gov.tr

Dr Arzu Yorgancioglu
Foreign Relation Chair
Turkish Thoracic Society (TTS)
Turan Günep Bulvary Koyunlu Sitesi No. 175/19 Oran
Ankara
TURKEY

Telephone No. +90 532 265 6277
Fax No.: +90 312 49 04 142
Email : arzuyo@hotmail.com

Dr Mohammad Osman Yusuf
Chief Consultant
The Allergy Asthma Institute of Pakistan
No 275 Gomad Road Sector E-7
44000 Islamabad
PAKISTAN

Telephone No. +92 51 265 4445
Fax No. : +92 51 265 4446
Email : osman_allergy@yahoo.com

Dr Torsten Zuberbier
Head
European Centre for Allergy Research Foundation (ECARF)
Dept. of Dermatology and Allergy
Charité - Universitätsmedizin Berlin
Schumannstrasse 20-21
10117 Berlin
GERMANY

Telephone No. : +49 30 450 518 112
Fax No. : +49 30 450 518 919
Email : torsten.zuberbier@charite.de

Observers

Mr Paolo De Angeli
Telephone No.: +39 0521 279 276
General Manager
International Division
Chiesi Farmaceutici S.p.A.
Via Palermo, 26/A
43100 Parma
ITALY

Fax No.: +39 0521 279 614
Email: p.deangel@chiesigroup.com

Dr Dmitry Galkin
Chief, Respiratory Branch,
Medical Affairs, GSK,
Dmitry.V.Galkin@gsk.com
Krylatskay Street 17/3

Tel No +7 495 777 89 00 (263)
Mob +7 917 582 6757
Email
dvgalkin@googlemail.com

Gilbert Nadeau
Director, Medical Sciences
GSK - Respiratory Centre of Excellence
gilbert.a.nadeau@gsk.com

Telephone No.: +44 (0) 790 005 1927
Fax No.: 
Email:

World Health Organization

Mr Issa Matta
Senior legal Officer
Office of the Legal Counsel

Telephone Ni.: +41 22 791 8232
Email: mattai@who.int

Dr Shanthi Mendis
Coordinator
Chronic Diseases Prevention and Management
Department of Chronic Diseases and Health Promotion

Telephone No.: +41 22 791 3441
Email: mendiss@who.int

Dr Eugene Zheleznyakov
Technical Officer
Chronic Diseases Prevention and Management
Department of Chronic Diseases and Health Promotion

Telephone No.: + 41 22 791 3184
Email: zheleznyakov@who.int

Dr Paulina Miskiewicz
Head of WHO Office in Poland

Telephone No. : +48 22 635 94 96
Email : mip@euro.who.int