GLOBAL ALLIANCE AGAINST CHRONIC RESPIRATORY DISEASES (GARD)

7th General Meeting, 9-10 July 2012, St. Petersburg, Russia
Abbreviations

ACOCU  Asthma and COPD Outpatient Care Unit
ADF    Asthma Drug Facility
AIDS   acquired immunodeficiency syndrome
AHA    Active and Healthy Ageing
ARIA   Allergic Rhinitis and its Impact on Asthma
ATS    American Thoracic Society
BBB    Better Breathing in Bangladesh
BOLD   Burden of Obstructive Lung Disease
COPD   chronic obstructive pulmonary disease
CRD    chronic respiratory disease
CVD    cardiovascular disease
EAACI  European Academy of Allergy and Clinical Immunology
EARS   Euro-Asian Respiratory Society
EIP    European Innovation Partnership
ERS    European Respiratory Society
EU     European Union
GAN    Global Asthma Network
GARD   Global Alliance against Chronic Respiratory Diseases
GINA   Global Initiative for Asthma
GOLD   Global Initiative for Chronic Obstructive Lung Disease
HAAMA  Hispanic-American Allergy, Asthma and Immunology Association
HIV    human immunodeficiency virus
ICC    International COPD Coalition
ICS    inhaled corticosteroid
IPCRG  International Primary Care Respiratory Group
MoH    Ministry of Health
NCD    noncommunicable disease
PAHO   Pan American Health Organization
PAL    Practical Approach to Lung Health
ProAR  Programme for Control of Asthma in Bahia
The Union International Union Against Tuberculosis and Lung Disease
UN     United Nations
WG     Working Group
WHO    World Health Organization
WHO PEN WHO Package of Essential NCD Interventions
Introduction

Chronic respiratory disease (CRD) is one of the major noncommunicable diseases (NCDs). The Global Alliance against Chronic Respiratory Diseases (GARD) is a voluntary alliance of national and international organizations, institutions and agencies committed to the common goal of reducing the global burden of respiratory diseases. GARD is part of the global work to prevent and control chronic diseases. Because most CRDs are underdiagnosed and undertreated and the access to essential medications in many countries is poor, a global effort to improve diagnosis, prevention and medical care is needed. GARD supports the work of the World Health Organization (WHO) to tackle prevention and control of NCDs.


Expected outcomes:

- GARD activities that are well aligned with the WHO Global NCD Action Plan 2008–2013;
- agreement that GARD contribution to the global need for prevention and management of CRDs will be made through an integrated approach to other NCDs;
- strengthened collaboration with patient organizations and other partners.

1. Opening session

Dr A Chuchalin (Moscow), President of the Russian Respiratory Society, opened the meeting by greeting the participants from 40 countries. He stressed the importance of the meeting due to the magnitude of chronic obstructive pulmonary disease (COPD) and other CRDs in the Russian Federation and across the world. Dr Chuchalin indicated that St. Petersburg was a particularly well-suited city for the meeting given that it is on the edge of both the “older” and “newer” Russia and has always been at the forefront of research and the implementation of health care.

An enthusiastic response was given to the welcoming letter from Dr V Skvortsova, Minister of Health of the Russian Federation, who had to be in the Krasnodar region due to a devastating flood at the time of the meeting. She emphasized that this is the first GARD meeting to be held in the Russian Federation and that the country has a very high prevalence of COPD due to environmental exposures and tobacco smoking and added that it is also a severe social problem that requires joint efforts. In St. Petersburg, more than 200 physicians are devoted to the treatment of the disease. Dr Skvortsova hoped that a very productive GARD meeting would lead to practical solutions for the Russian Federation as well as for the entire world.

Dr V Zholobov, Health Care Committee of St. Petersburg, welcomed the participants on behalf of the Mayor’s Office of St. Petersburg. He stressed the considerable impacts of CRDs and underlined that holding the meeting in St. Petersburg was appropriate since the city is a leader in the Russian Federation with regards to research and quality of health. He emphasized that GARD should find strategic ways to manage CRDs and share experiences with other countries.

Dr A Lobzhanidze, board member of the Health Care Committee for the Leningrad region, welcomed the participants and expressed intense interest in participating in the partnership. The first day of the meeting was moderated by Dr S Mendis (WHO NCD Coordinator of the CHP Department), Dr J Bousquet (GARD Chair) and Dr N Khaltaev (WHO/GARD Secretariat and GARD Vice-Chair). The meeting consisted of four working sessions.
1.1 Objectives of the meeting, election of the chair and rapporteur (Dr S Mendis, WHO NCD Coordinator of the CPM Department)

Dr Mendis welcomed the participants on behalf of WHO and conveyed the best wishes of the Assistant Director-General Dr O Chestnov, who was unable to attend the meeting due to other commitments. Dr Mendis congratulated Dr Chuchalin for his many years of successful work on respiratory medicine in the Russian Federation as well as for the organization of the GARD annual meeting. The most important objectives are to share GARD experiences from around the world and to inform the GARD membership on the work of WHO.

The first global ministerial conference on healthy lifestyles and NCD control was organized in Moscow on 28–29 April 2011 and built momentum towards the UN High-level Meeting on NCD Prevention and Control on 19–20 September 2011. The political declaration of the United Nations (UN) was essential and gave assignments to WHO to put together a global monitoring framework and successful approaches for multisectoral collaboration. WHO is presently in the process of development of the Global NCD Action Plan for 2013–2020.

During this meeting, the GARD partnership should lay down a stronger foundation to contribute to WHO's work in NCD prevention and control respecting WHO rules and regulations regarding partnerships.

Dr J Bousquet, Hôpital Arnaud de Villeneuve, Montpellier, France, was elected chair and Dr Khaltaev, WHO/GARD Secretariat and GARD Vice-Chair, was elected rapporteur of the meeting.

1.2 Update on GARD, purpose and expectations for the 2012 General Assembly Meeting

The GARD Chair stated that GARD is shaped by its unique partnership with WHO. It was launched in 2006 in Beijing and there has been a very strong commitment from many stakeholders to create and develop GARD. Over 40 countries have a GARD programme with considerable success achieved in Algeria, Bangladesh, Brazil, China, Georgia, the Islamic Republic of Iran, Kazakhstan, the Republic of Korea, the Netherlands, Poland, the Russian Federation, Syria, Venezuela and Viet Nam. In some countries such as Italy, Kyrgyzstan, Portugal and Turkey, the GARD programme is under the leadership of the Ministry of Health (MoH). In addition, several patients’ organizations are actively participating in GARD.

Over the past seven years, GARD has been challenged and has evolved. The innovation linked to WHO collaboration has led to concerns about the nature of the role of GARD and its relationships. A major change occurred when the WHO Global NCD Action Plan (2008–2013) was launched because it was necessary to align GARD with it, requiring several months to do so. In 2012, GARD is evolving towards four complementary activities to strengthen the action plan in collaboration with all stakeholders involved in the field:

1. GARD activities in countries: One of the major strengths of GARD has been its activities in countries or in regions of large countries (e.g. Minas Gerais in Brazil). These activities should be strengthened and expanded.

2. GARD in regions: It has been proposed that GARD could have different chapters based on WHO regions since similar unmet needs can be identified and such an initiative would increase the links between regional members.

3. Scaling up GARD demonstration projects: Such projects represent one of the strengths of GARD since other members, through cross-fertilization, can use them for replication and tutoring. Several demonstration projects have been accepted in previous annual meetings and some have now matured into well-defined projects, a few of which will be discussed during the meeting – e.g. CRDs in children, WHO Global NCD Action Plan in the Languedoc-Roussillon region, Espace Francophone de Pneumologie.

4. Active and Healthy Ageing (AHA): One of the key aspects of NCD prevention and control is to keep citizens active and in good health. AHA is a priority of the European Union (EU) – and other
countries – and GARD should play a role in scaling up integrated care for chronic diseases in regions and countries, particularly in developing countries.

The GARD Chair concluded by stressing the importance of combining all efforts of stakeholders in managing CRDs in order develop a comprehensive and coordinated project. Dr Billo, Executive Director of the International Union Against Tuberculosis and Lung Disease (The Union), and other participants welcomed this proposal.

2. NCDs: Prevention and control post UN High-level Meeting on NCD Prevention and Control on 19–20 September 2011 (Moderator: Dr Bousquet, GARD Chair)

2.1 Political Declaration of the UN High-level Meeting on NCD Prevention and Control on 19–20 September 2011 and WHO assignments

Dr Shanthi Mendis, Coordinator, NCD Prevention and control reported that the UN High-level Meeting on NCD Prevention and Control was a key milestone in the struggle to bring more attention to address NCDs. Its three most important achievements are:

- obtaining commitment at the highest level for the WHO Global NCD Action Plan;
- acknowledgement that NCDs are determined by factors outside health and need commitment beyond the MoH – the political commitment paved the way for a multisectoral approach, including a strong economic impact;
- a clear focus on the four major NCDs (cardiovascular diseases/CVDs, cancer, CRDs and diabetes) and their risk factors

Health systems are of key importance and priority should be given to primary health care to reduce social inequities. The WHO Package of Essential NCD Interventions (WHO PEN) has been promoted for primary care.

The landmark consensus positions of the UN High-level Meeting on NCD Prevention and Control are:

- NCDs are a priority within the development agenda; –a need for a whole-of-government approach to address NCD prevention and control;
- WHO has a leading role in NCD prevention and control in providing technical guidance and in coordinating the work of UN agencies in NCD Prevention and control
- specific assignments that WHO are mandated to deliver over the coming years including the setting of global targets, the global monitoring framework and the Global NCD Action plan 2013-2020.

GARD should be involved in multisectoral actions, including indoor and outdoor air pollution.

The new WHO Global NCD Action Plan (2013–2020) based on the 2008–2013 plan and will focus on surveillance, prevention, disease management, multisectoral action and strengthening capacity at the country level.

Dr Mendis then discussed how GARD could be integrated within the 2008–2013 WHO Global NCD Action Plan and the 2013–2020 action plan under development and emphasized the following aspects:

- multisectoral action (e.g. what the MoH can do about indoor air pollution);
- prevention (tobacco, indoor air pollution, allergies);
- advocacy: to maintain the momentum of the UN meeting; the development agenda platform to be released in 2015; NCDs represent a development issue;
- research (operational/implementation);
- primary health care and equity (asthma prevention and healthy ageing).
Dr Mendis also gave examples of the best buys for NCDs.

Discussion

The Executive Director of The Union and the GARD Portugal coordinator stressed the need for better representation of CRDs on the political agenda of the UN High-level Meeting of the General Assembly on NCDs and MoHs. The GARD Italy representative and GARD Vice-Chair stated that CRDs are also associated with physical activity, obesity and diet and should be reflected in the table of common NCD risk factors. Regarding the best buys, the Executive Director of The Union said that asthma is a best buy. ICSs costs US$ 40 per year. The GARD Syria coordinator suggested that early diagnosis of COPD should be considered as a best buy. The GARD Italy representative said that there should be stringent criteria to qualify for cost effectiveness of interventions and Dr T To, Director of the Ontario Asthma Surveillance Information System (OASIS), stated that there should be a time prevalence for CRDs to include best buys.

2.2 Outcomes of GARD initiatives in low- and middle-income countries

2.2.1 Bangladesh

The GARD Bangladesh coordinator reported that while the Bangladesh Lung Foundation is the pioneer organization in implementing GARD in the country, other organizations also have joined the programme. The International Primary Care Respiratory Group (IPCRG) is implementing the GARD demonstration programme called Better Breathing in Bangladesh (BBB) with the objective to improve the functional infrastructure of primary care respiratory service by:

- providing high-quality health-care professional education to improve their knowledge and skills in CRDs;
- supporting basic functional equipment;
- supporting the education of patients;
- mustering sustained political and professional support for improvement in primary management of these conditions in line with GARD objectives and the WHO Global NCD Action Plan 2008–2013.

The MoH has a special interest in the BBB programme. The Hospital on Wheels programme is being initiated but needs funding. A novel project involves a tele-asthma care programme in the country.

2.2.2 Brazil

The GARD Brazil representative informed participants about GARD development in the country. The pilot project GARD–PAL, pioneered in Brazil in primary health care in two municipalities (Ribeirão das Neves and Ibirité – total of 700,000 inhabitants), has now been extended to the entire state of Minas Gerais by a resolution of the State Department of Public Health, beginning with establishing a state committee composed of representatives from 15 institutions (including GARD, medical societies of family doctors and pulmonary medicine, and universities) to develop the programme Breathe Minas, which is based on the Practical Approach to Lung Health (PAL) and GARD proposals.

Beclometasone and salbutamol pMDI, which were available for free at some of the 554 pharmacies of the Brazilian public health system, are now also available for free at 20,474 private pharmacies throughout the country, fully covered by government subsidies. This policy, called Health is Priceless, allows for a remarkable increase in access to medication for all individuals who live far from public health facilities or work during the limited hours that public pharmacies are open.
The Programme for Control of Asthma in Bahia (ProAR), a GARD demonstration project since 2006 that focuses on the treatment of severe asthma in the capital city of Salvador, completed 10 years in 2012. It combines health care, building capacity and research for asthma prevention and control and has demonstrated its strategy of prioritizing control of the most severe cases in reference centres that quickly reduced hospitalizations in the entire city of three million inhabitants with a simple and highly cost-effective intervention. After preliminary discussions with WHO/Pan American Health Organization (PAHO) officers and local authorities, a proposal for a Collaborating Centre will be presented to PAHO.

On 12 May 2012, the Brazilian MoH published a provisional guideline for the control of COPD in the public health system, adapted from the Global Initiative for Chronic Obstructive Lung Disease (GOLD), asking for revision and suggestions of experts and societies. This indicates that patients with COPD may soon benefit from the same standard access to free medication that is extended to patients with asthma mentioned above.

2.2.3 Islamic Republic of Iran

GARD Iran coordinator, reported the following:

- discussions on CRDs by GARD Iran members are scheduled at regular intervals at the Parliament and some parliamentarians are members of GARD – consultations have started with the MoH;
- a central committee to coordinate health-related issues and relevant researchers for diabetes, cancer, CVDs and CRDs throughout the country has been established to report to the WHO Global NCD Action Plan – CRDs are represented by the GARD Iran coordinator and members;
- activities include spirometry camps;
- GARD will be part of the national COPD and asthma guidelines to be integrated into the health national plan – services and medications will then be free of charge;
- a national asthma and COPD survey has been initiated in collaboration with the American Thoracic Society (ATS).

Finally, the establishment of GARD–EMRO was proposed to mobilize the ideas of GARD in the Member States of the WHO Regional Office for the Eastern Mediterranean.

2.2.4 Pakistan

The GARD Pakistan representative outlined the activities of GARD, which was started in 2008 and formally launched by the MoH for the Government of Pakistan in 2009. The largest GARD group in Pakistan is IPCRG–Pakistan. GARD was helpful with the anti-smoking initiative. Environmental control activities were also initiated by the Ministry of Environment, Government of Pakistan, in collaboration with GARD Pakistan. GARD is now expanding with nongovernmental organizations (respiratory societies, paediatrics and ear, nose and throat). Unfortunately, in 2011, Pakistan devolved the Ministries of Health and Environment, the two main GARD players in Pakistan, to the provinces. Pakistan has five large provinces, each with its own MoH. Because of this devolution, Pakistan no longer has a federal MoH, and hence the GARD focal point is no longer in place.

2.2.5 Syria

The GARD Syria coordinator is Director of the WHO Collaborating Centre at Tishreen University. A GARD survey has been carried out in Syria under the auspices of the MoH. GARD Syria collaborates with the International COPD Coalition (ICC) (www.internationalcopd.org) to consider WHO best buys for the NCD programme.

The ICC stresses the importance of the early diagnosis of COPD. Many patients are GOLD stage 1. The ICC will contribute a regular column in each issue of the Journal of Thoracic Diseases (http://www.jthoracdis.com/). Future columns will cover COPD advocacy activities in countries around the
world as well as the advocacy programmes of the ICC in the early diagnosis of COPD and other topics of interest in global COPD action.

The GARD survey in Syria, chaired by Tishreen University, in collaboration with the MoH and WHO, has recruited 1599 patients six years and older presenting to primary care. The results have been published in the Journal of Thoracic Diseases (13 December 2012). The prevalence of COPD is 10% after 40 years, and the prevalence of asthma is 13% for all ages in primary care. COPD and asthma are underdiagnosed and undertreated because no one has had spirometry before and only 20% have inhalers.

Morbidities: hypertension in 9.6%, diabetes in 7.8%, cardiac ischaemia in 3.88%, cardiac failure in 2.61%, allergic rhinitis in 5.64%, cancer in 1.4%, tuberculosis in 2.75%.

Risk factors associated with abnormal FEV$_1$ (FEV$_1$ <80% predicted): active and passive smoking, illiteracy, body mass index, P=0.0001. It is important to stress the impact on FEV$_1$ reduction of the passive smoking of both cigarettes and Narguile.

Accordingly, we need training modules for primary care including spirometry to accompany WHO PEN.

### 2.2.6 Turkey

The GARD Turkey coordinator stated that GARD Turkey has raised the number of collaborating parties to 58 in 2012. GARD Turkey city councils in 81 cities have been performing regional activities by the local representatives of 58 partners in the city and in conformity with the national plan. GARD working group (WG) activities are presented below.

**WG 1. Monitoring the chronic diseases and control programme evaluation**
A surveillance study has been conducted by the MoH regarding all NCDs and common risk factors. Data will be available by the end of 2012.

**WG 2. Awareness and advocacy**
This group has conducted two studies regarding the awareness of asthma and COPD among public and health-care professionals, and publication is imminent. It has prepared standard educational materials for patients and the public as well as materials for the awareness and advocacy of the GARD Turkey Project and diseases. GARD Turkey is currently organizing CRD World Days in collaboration with the Turkish Thoracic Society and Allergy Society.

**WG 3. Prevention of the development of disease**
An expert panel has prepared and published a report entitled “Evaluation of indoor and outdoor pollution and climate change in respect of the control of chronic respiratory diseases”.

**WG 4. Early detection of diseases and prevention of progress**
The curriculum and educational materials for educators in primary care settings for asthma, COPD, home care and pulmonary rehabilitation, and tobacco control have been prepared and are being followed by 400 pulmonologists. Of 20 000 primary care physicians throughout the country, 5000 have been trained by these educators using the same structured materials.

**WG 5. Effective treatment of the diseases and prevention of the development of complications**
A report has been published for home care integrated with all of the home care and rehabilitation programmes of other NCDs.

A paediatric coordination group has been established and paediatric action plans have been determined for each WG in collaboration with plans for adults.

The national control plan has been updated according to the updated WHO Global NCD Action Plan Action Plan of the MoH for 2013. Paediatric data have been added and will be published in two months.

### 2.2.7 The Russian Federation

The GARD Russian Federation coordinator discussed a very important GARD project that is in line with the anti-smoking campaigns initiated in the Ryazan region and then expanded to the other 10 regions of the country. The GARD Russian Federation consists of three phases.
• Phase 1: Epidemiological part (2010–2011): 5912 subjects: cough in 32.7%, 43.3% with at least one respiratory complaint; 43.9% of current or ex-smokers. Biomass exposure 33.9%. Chronic bronchitis (21.9%), pneumonia (20.9%), asthma (6.4%), allergic rhinitis (6.3%). Only 20% of COPD patients have a correct diagnosis and even fewer have had treatment. Almost 90% of the patients diagnosed with COPD do not receive treatment recommended by international/national guidelines.

• Phase 2: Educational part (2010–2012): 35 000 primary care physicians attended seminars on asthma and COPD; there were 3611 subjects during the spirometry day in 2010; frequent meetings and forums were organized; efforts were focused on children, especially for preventing smoking in young children.

• Phase 3: Assess changes in the management of COPD (2012–2013): Identify gaps in knowledge of CRD by physicians; monitor course of the disease and health-care utilization; evaluate the impact of educational programmes on assessing and treating patients with COPD.

The GARD Russian Federation coordinator demonstrated an innovative piece of equipment: a bus called the “Pulmobil” that is equipped with cardio-respiratory laboratory screening for early diagnosis of COPD and comorbidities. Everyone is entitled to apply for this medical examination. There was an exhibition of the Pulmobil in the Russian Federation on 9–11 July 2012.

More information about the GARD Russian Federation is available on the web page of the Russian Respiratory Society (www.pulmonology.ru/about/gard).

2.2.8 Viet Nam

The GARD Viet Nam coordinator stated that in developing countries, asthma and COPD patients usually receive treatment only in the case of acute exacerbations. After discharge from hospital, they do not know how to manage their diseases, especially how to prevent subsequent exacerbations. Such a situation increases the mortality and morbidity of asthma and COPD tremendously. For these reasons, building up and disseminating the Asthma and COPD Outpatient Care Unit (ACOCU) is very important.

The experience in Viet Nam is described below after 12 years of working on this programme under the guidance of GOLD, the Global Initiative for Asthma (GINA), the Allergic Rhinitis and its Impact on Asthma (ARIA) programme and WHO GARD organizations. To build up and disseminate ACOCU there is a need to:

• find a doctor who is dedicated to asthma and COPD outpatient care, preferably in a teaching hospital and fluent in English;
• conduct several workshops in order to build up ACOCU staff;
• equip ACOCU programmes, preferably in a teaching hospital, with a spirometer, x-ray lab, software for electronic patient records and a free hot line for asthma and COPD – there are now 61 ACOCU in 26 provinces of Viet Nam;
• obtain (essential) funds from the local WHO office and other stakeholders and hold an annual ACOCU meeting to exchange experiences (which is highly appreciated by ACOCU members);
• conduct scientific research, publish national and international medical articles and provide postgraduate training;
• increase awareness in the community by television shows, newspapers, booklets, web site, celebrating Asthma Day, COPD Day, World Non-Smoking Day, World Spirometry Day, World Sleep Day, offer free screening for asthma and COPD by spirometers (which is highly appreciated and very effective).

It is important to promote ACOCU through:

• the local respiratory society, respiratory patient clubs, joining asthma and COPD expert panels and developing national guidelines for asthma and COPD;
• advocacy for a national programme for asthma and COPD with government involvement and budget;
• meeting with insurance companies to get asthma and COPD medications on insurance lists for district and community medical settlements.

ACOCU could be expanded by joining the WHO NCD programme. In Hochiminh City, ACOCU was expanded to all four major NCDs in six clinics. ACOCU should develop a paediatric ACOCU (PACOCU), a Stroke Prevention Unit and an Asthma, Allergy and Clinical Immunology Unit. Finally, it was emphasized that building up and disseminating ACOCU is essential and feasible. ACOCU is sustainable, expandable and could be scaled up in other countries to meet the needs of respiratory care.

2.2.9 Kyrgyz Republic

The GARD Kyrgyzstan coordinator reported on GARD progress in the country. Since Kyrgyzstan has the highest mortality for CRD in the Central Asian region due to tobacco and indoor air pollution (biomass combustion), but also possibly due to the high altitude, the GARD Kyrgyzstan team was established under the auspices of the MoH, which supported full-scale participation and mobilization of all resources on the partnership basis – patients’ associations, doctors’ associations, and commercial sector patient and family organizations. Decree 502 of the MoH led to the establishment of an asthma room network in the cities of Bishkek, Osh, Batken, Naryn, Jalalabad, Karakol and Talas within the family medical system. Within this network, multiple asthma training workshops with family medicine doctors and the National Asthma Forum (4 May 2012) were held.

A national programme for NCDs 2011–2015 has been developed and approved by the MoH with active participation of the GARD team. This will be a coordinated effort in association with NCD societies.

Despite low financial resources, GARD Kyrgyzstan participates in the creation of a GARD Central Asian group with a focus on primary health care under the auspices of the MoH.

3. GARD multinational collaborative activities (Moderator: Dr Khaltaev, WHO/GARD Secretariat and GARD Vice-Chair)

3.1 GARD in South America

The Executive Director of the Hispanic-American Allergy, Asthma and Immunology Association (HAAMA) gave a review of asthma triggers and the free-of-charge activities to manage CRDs in the region. He then presented the activities of HAAMA and PAHO in Central America. The governments have difficulties in managing CRDs in these countries. Moreover, aerobiology that studies organic particles such as bacteria, fungal spores, very small insects, pollen grains and viruses that are passively transported through the air in this region is still unavailable and HAAMA has provided assistance to be involved in the measurement and reporting of airborne pollen and fungal spores as a service to allergy sufferers.

3.2 GARD in the Euro-Asian region

A representative for the GARD Kazakhstan coordinator presented the activities of the Euro-Asian Respiratory Society (EARS), which was founded in 2006. The principal office is in Astana and the EARS Executive Board includes the speaker and the coordinators of the GARD Russian Federation, GARD Kazakhstan and GARD Kyrgyzstan. EARS aims to include research, training, implementation of best practices and education/training. EARS has disseminated GINA, GOLD and ARIA guidelines, and has given assistance for asthma and COPD treatment, sleep, pulmonary infections and tuberculosis as well as oxygen therapy and interstitial lung diseases. Telemedicine is an important activity of EARS, in particular, videoconferences with the European Respiratory Society (ERS) and ATS. Patient teleconsultations are ongoing. EARS has close contacts with GARD and many respiratory societies. It initiated a regional GARD meeting in Bishkek in February 2011.
The EARS–GARD action plan is focused on:

- conducting epidemiologic studies in four Commonwealth of Independent States countries using the GARD questionnaire and pulmonary function;
- developing implementation programmes for CRD in collaboration with the PAPA–EU (Prevention of Asthma, Prevention of Allergy in Europe) if funded by DG Sanco.

The Deputy Director on Scientific Issues of the Republican Scientific and Practical Centre of Pulmonology and Tuberculosis in Minsk, Belarus, indicated that the Belarussian Respiratory Society, a member of EARS, includes 626 members and is starting an epidemiologic study of major CRD and risk factors.

3.3 GARD in the Pacific region (Cambodia, Lao People’s Democratic Republic)

The Director of the WHO Collaborating Centre for Prevention and Control of CRDs in Tokyo presented the survey data of the prevalence of CRDs in developing Asian countries: Guimba, Philippines, 2006; Ulaanbaatar, Mongolia, 2009; Phnom Penh, Cambodia, 2011; Vientiane, Lao People’s Democratic Republic, 2011.

The survey in Cambodia was reported in detail. A randomly selected population of 1370 adults and 401 children were studied through the European Community Respiratory Health Survey (ECRHS) and the International Study of Asthma and Allergies in Childhood (ISAAC) questionnaires and lung function tests. The prevalence of asthma was as high as 33%, whereas diagnosed asthma was only 2.3%. The prevalence of current asthma was around 5%. The prevalence of COPD in people over 40 years old was 2.9% (4% in males and 1.6% in females). The prevalence of COPD increases with age and smoking status. The prevalence of asthma in children was 10%.

The survey in Vientiane was also reported using the Burden of Obstructive Lung Disease (BOLD) study for COPD and ECRHS or ISAAC for asthma in 1200 adults and children and is ongoing.

The GARD Syria coordinator commented on the difficulties of epidemiologic studies and the interpretation of the questions.

3.4 GARD in the Transcaucasian region (Armenia, Azerbaijan, Georgia)

The GARD Georgia coordinator and President of the Georgian Respiratory Association (GRA), which is a GARD member, reported that 10 country districts participated in GARD Georgia programmes with 9000 questionnaires completed: 200 physicians participated; 600 spirometric tests were performed. The study evaluated the prevalence of asthma, rhinitis, pneumonia, COPD, allergy, lifestyle and tuberculosis. The prevalence of COPD is far higher than that proposed by the MoH. It is essential to train and to increase awareness about CRDs.

A national campaign against CRDs was started in rural districts in 20 primary health care centres in December 2011.

GARD Transcaucasia has been proposed and includes Georgia, Azerbaijan (MoH, Institute of Tuberculosis and Lung Diseases) and Armenia (MoH). There is a need to provide WHO guidance on GARD in the region.
A GARD approach in these countries (Armenia, Azerbaijan) could be started at the end of 2012.

The GARD Lithuania representative recommended the GARD Georgia coordinator as GARD Transcaucasia coordinator. It was supported by the meeting participants.

3.5 GARD in the Espace Francophone de Pneumologie

The GARD Chair, speaking on behalf of the GARD Tunisia coordinator, presented the Espace Francophone de Pneumologie as an institutional organization that groups together the various strengths of pulmonology represented by French-speaking societies within and outside of France. This organization is led by the Société de pneumologie de langue française with the following objectives:
to establish multilateral relations with other pulmonary societies, based on partnership rather than assistance;

to ensure the sharing of knowledge and experience;

to reinforce the position of the French language as a language of scientific exchange in the domain of pulmonology in French-speaking countries.

The Espace Francophone de Pneumologie was established during the international relations seminar of the Société de pneumologie de langue française in Nice, France, on 9–11 July 2010.

Its missions are as follows:

- bilateral and multilateral cooperation with French-speaking countries;
- the development of North–South and South–South exchanges;
- academic training of pulmonology and development of an offer involving continuous medical education;
- the development of collaborative research projects in pulmonology within French-speaking countries;
- promotion and participation in the preparation of scientific publications.

4. GARD integrated and multidisciplinary activities (Moderator: Dr P Kuna, Poland)

4.1 Prevention and control of childhood asthma and allergy in the EU from the public health point of view: An urgent need to fill the gaps

The moderator and the President of the Polish Society of Allergology, both representing GARD Poland, discussed a priority for the EU’s public health policy. Asthma, allergic rhinitis and other CRDs are the most common NCDs in children, and their prevalence and burden have increased in recent decades. That is why the Polish Presidency of the Council of the EU has made their prevention, early diagnosis and treatment a priority. On 20–21 September 2011, the Polish Presidency held an expert’s conference to prepare the Conclusions of the Council. These conclusions were adopted during an interministerial conference of the 27 EU Member States on 2 December 2011. The issue of CRDs in children was also brought to the attention of the ministerial-level conference “Solidarity in health: Closing the health gaps between European Union States”, held in Poznań on 7–8 November 2011.

The leading priority for the Polish Presidency was to reduce health inequalities across European societies. CRDs put a high burden on public health in Europe. Because of the large number of people affected during their school and productive age, the economic burden of lost productivity and health-care costs due to asthma and allergic diseases is extremely large. One particular concern is that people with low socioeconomic status bear a disproportionate burden of allergic diseases and asthma.

The European Commission considers addressing respiratory diseases a key priority from many different angles. Global networking among all stakeholders is essential to develop patient-centred and transdisciplinary strategies towards allergy prevention, better patient care and new therapeutic options. A large group of experts, including representatives of the European Academy of Allergy and Clinical Immunology (EAACI), ERS, IPCRG, the Polish Allergy Society, GARD, patients and their organizations (the European Federation of Allergy and Airway Diseases Patients’ Associations/EFA), were invited by the Polish Minister of Health to convene and discuss how to prevent and control CRDs in children. The Polish priority was well timed, occurring just after the UN High-level Meeting on NCD Prevention and Control.

The conference experts requested taking urgent action to reduce inequalities incurred by respiratory diseases in children. Appropriate consideration of the prevention, early diagnosis and treatment of CRDs in children should be given in national and/or regional and/or local health programmes. Cooperation with relevant stakeholders, especially patients’ and health professionals’ organizations, should be strengthened at all levels of care, including primary and secondary prevention and health care.
In its conclusions, the Council invites Member States to:

- Tackle the problems that constitute the biggest risk factors that could trigger a CRD: tobacco smoke, poor indoor air quality and outdoor air pollution. For instance, prevention should begin before childbirth and stop-smoking programmes for pregnant women should be intensified. In addition, future mothers and children should be protected against exposure to tobacco smoke, in particular, at home and in closed spaces.
- Strengthen efforts to reduce the disability and premature death related to asthma by fostering best practices at the international level.
- Strengthen knowledge and public awareness in the prevention and treatment of these diseases. Health education of children, parents and teachers is recognized as important in this regard as well as training of health professionals.
- Foster cooperation and exchange of best practices and support Member States in implementing their policies and improving networking, in particular, international research networks to find cost-effective procedures to improve health-care systems standards for CRDs.
- Develop research for a better understanding of the reasons for the increase in the prevalence of CRDs in children and the disparities between regions and throughout Europe.

These measures will improve prevention, early diagnosis and treatment of CRDs and have a positive impact on child development, improve quality of life and contribute to an active and healthy childhood and healthy ageing. This priority is, therefore, one of the cornerstones of the future public health policy of the EU.

4.2 Dutch National Action Plan against chronic lung diseases

Both the GARD Netherlands coordinator and the President of the Astma Fonds Lung Foundation, the Netherlands, presented the Dutch National Action Plan on lung diseases, which is a federative cooperation with the aim of serving one million people. It consists of 16 noncommercial organizations (who discuss and decide) and 16 corporate members (who discuss but do not decide) and will cover COPD patients (over 350,000 patients) and asthmatics (500,000 patients). A cost-effective management programme has been devised. The Dutch programme follows the nationwide programmes of Finland and Sweden and the WHO Global NCD Action Plan.

A COPD/asthma multisectoral programme (2013–2017) with clinical and societal relevance has been set up. The five goals of the programme are:

- 25% reduction of hospital days due to asthma and COPD;
- 15% reduction of lost working days (annual losses of €1 billion per year in the Netherlands);
- 20% increase in efficiency of inhalation medication (quality per euro), including increased compliance;
- 25% reduction in children below 18 years old starting to smoke;
- 10% reduction in deaths due to asthma or COPD, in particular, related to co-morbidities.

4.3 GARD Portugal and the Portuguese National Programme on CRDs

The GARD Portugal coordinator stated that the new Portuguese National CRD Programme (2012–2016) is following the national programmes of asthma (2001) and COPD (2003) that ended in 2011. It will include an anti-smoking programme, asthma, COPD, sleep problems, rhinitis, pulmonary hypertension, interstitial lung disease and cystic fibrosis. The following participants are involved: MoH, national societies, orders of professionals, patients’ organizations, other stakeholders and celebrities promoting CRDs (Rosa Motta, marathon gold medallist at the Olympic Games in Seoul or Mario Soares, former President of the Republic). The goals are to:

- improve the prevention and early diagnosis of CRD
- improve accessibility to the health-care system for CRD patients
• reduce hospitalizations and mortality
• promote social mobilization
• enhance scientific knowledge
• consolidate political engagement.

The international strategic framework consists of:

• GARD, major reference
• UN summit on NCDs
• EU recommendations of Poland
• ARIA, GINA, and GOLD.

4.4 Integrated approach and healthy ageing: Implementation in the Languedoc-Roussillon region and scale-up

The GARD Chair presented the following activities.

4.4.1 The European Commission has identified AHA as a major societal challenge common to all countries. The European Innovation Partnership on Active and Healthy Ageing (EIP–AHA) (http://ec.europa.eu) presents considerable potential for providing innovative responses. The pilot EIP–AHA will pursue a triple win:

• enabling citizens to lead healthy, active and independent lives while ageing;
• improving the sustainability and efficiency of social and health-care systems;
• boosting and improving the competitiveness of the markets for innovative products and services,
• responding to the ageing challenge at both the EU and global level, thus creating new opportunities for businesses.

This will be carried out in three areas: prevention and health promotion; care and cure; and active and independent living of elderly people. The overarching target of this pilot partnership will be to increase the average healthy lifespan by two years by 2020 and to reduce unscheduled hospitalizations for chronic diseases in the elderly by 30% by 2020.

4.4.2 Fighting Chronic Diseases project

Chronic diseases are the greatest challenge to the goal that the EU has set for contributing to AHA by 2020. All the stakeholders of the Languedoc-Roussillon region are participating in a call launched by the EIP–AHA (http://ec.europa.eu). This project is the follow-up of a GARD demonstration project on integrated care in chronic diseases approved in Rome.

The Languedoc-Roussillon region (2.2 million people) has a mission for education, training, economic development, long-term national and regional development, research and public health. Social care is a key factor in this region (highest population growth rate in metropolitan France) and it also has made important investments in training on health and primary prevention of chronic diseases.

Fighting Chronic Diseases is a project concerning the health and social care of chronic diseases to promote AHA in the region and scaling up globally, including the following specific actions:

• Specific Action A1: Prescription and adherence action at the regional level by pharmacists in cooperation with the Ordre and unions of pharmacists. This is associated with an innovative ICT programme (DisDeo). A pilot study is currently ongoing and will be expanded to pharmacists of
the Languedoc-Roussillon region (December 2012) and then to the entire country (France December 2013).

- Specific Action A2: Personalized health management of a Fall Prevention Initiative in patients with chronic diseases. The programme is operating in the multimorbidity clinics and a specific clinic will be set up in five locations in the Languedoc-Roussillon region for personalized management (2013). The project will then be expanded to remote rural areas of the region.

- Specific Action A3: Prevention of frailty with a national education programme for all stakeholders.

- Specific Action B3: Four actions will be undertaken:
  1. A multimorbidity clinic to investigate chronic diseases is active in Montpellier and Nîmes and patients will be further followed by information and communication technology.
  2. This programme will be expanded to primary care physicians (in collaboration with France Telecom-Orange).
  3. A mobile multimorbidity clinic has been set up to provide the management of chronic diseases in remote rural areas of the Languedoc-Roussillon region in maisons médicales pluri-professionnelles.
  4. Teaching about multimorbid chronic diseases for health and social carers.

- Specific Action C2: Development of interoperable independent living solutions compiling the different initiatives of the Languedoc-Roussillon region, including guidelines for business models.

4.4.3 Scaling up

Knowledge, best practices, implementation strategies and evidence-based policies proposed by the Fighting Chronic Diseases Action Plan (best practice and implementation) will be disseminated within and outside the EU. This will be carried out in collaboration with EIP–AHA (Dr Bousquet, coordinator of the scale-up group of Action Plan B3). Fostering capacity-building will narrow the gap in health-care inequities through the access of innovative approaches, taking into account different health systems as well as economic and cultural aspects. Accepted guiding principles should be developed with a common language for strategy development and communication. One of the most critical issues of scaling up the action plan is to replicate and transfer existing experiences across Europe using successful stories in order to scale up the project by cross-fertilization.

5. GARD experience from other initiatives (Moderator: Dr Yorgancioglu, GARD Executive Committee)

5.1 The ADF

The Executive Director of The Union presented the latest developments and outcomes of the ADF.

5.1.1 The ADF aims to distribute affordable high-quality inhalers (ICS and short-acting beta-2 agonists) to countries (www.globaladf.org/). The ADF lowers the cost of essential asthma medicines – with affordable quality-assured medicines and a strategy for the management of asthma, more people around the world would be able to manage their asthma. The ADF started its activities in 2010, and a renewal of the contract with drug companies is pending for 2012.

The cost for salbutamol and beclometasone (BDP) is €1 and for fluticasone or budesonide it is €2.5. A significant reduction of prices for inhalers was found in Benin, Salvador and the Sudan: the annual cost for severe asthma can be as low as €40. However, there are difficulties for renewal due to budget restrictions at the Global Fund. New potential clients include Médecins sans Frontières and UN agencies.

ADF services do not benefit more patients due to a lack of political will to provide essential medicines, difficulty in identifying NCD focal points, few countries that have ICS on the essential list and a lack of understanding of the importance of ICS. Patient education is mostly absent or inappropriate. There are problems with the introduction of generics in some countries. Many national procurement systems have restrictions on pooled procurement mechanisms such as the ADF. Few funds exist for purchasing essential
medicines at national and international levels. The Global Fund is unlikely to continue funding and there is a lack of governmental funds.

There is also a need to promote access to asthma medicines. The WHO prequalification programme is targeted towards essential medicines for communicable diseases and reproduction. However, this does not exist for inhalers. It is quite difficult and costly to assess the quality of an inhaler – at present, this is carried out by the ADF.

5.1.2 The Union is part of the Global Asthma Network (GAN) with the mission to raise awareness of asthma globally, to prevent asthma and improve asthma care globally with a focus on low- and middle-income countries.

The goals of GAN are:

- global surveillance network
- management with affordable and appropriate drugs
- research
- capacity-building
- access of quality-assured essential medicines
- communication and advocacy on asthma and chronic airflow limitation.

The GARD Chair proposed that GAN could be a GARD demonstration project.

5.2 Fresh Air study in Uganda.

The Fresh Air study in Uganda was presented by the President of IPCRG. The survey on the prevalence and burden of COPD and its risk factors in a rural area of Uganda consists of a large research team, including Greece, the Netherlands, the United Kingdom and physicians in Uganda working in the field and in universities. A high prevalence of communicable diseases and CRDs receive insufficient attention despite the fact that they exist in low-income countries. Smoking is not uncommon and biomass combustion is high. While 10 of 54 countries in Africa report rates of COPD, only one is carried out using BOLD. Asthma is known but diagnosis and treatment is restricted. COPD is not known.

The objectives of the study are to assess prevalence, risk factor analysis and cultural barriers. An ongoing survey of 600 people over 30 years was initiated in 30 random villages and 20 households using:

- questionnaires on symptoms and risk factors (biomass fuel, indoor air pollution, tobacco smoke)
- spirometry + beta-2 agonists
- some measures of exposure
- education and training involving health-care workers.

Ethiopia expressed interest in this study.

5.3 Dutch National COPD Risk Test for application outside Western Europe

The President of the Astma Fonds Lung Foundation, the Netherlands, presented the Dutch National COPD Risk Test. The Netherlands Asthma Foundation (to be renamed the Lung Fund) reported the results of a test developed to perform COPD case-finding in population-based risk groups. The test is based on research by Maastricht University, The Netherlands (Dirven et al., Journal of Chronic Obstructive Disease, 2010). The results are encouraging. More than 220 000 people over 40 years old (ex-smokers and/or coughers) filled out the test in a one-year period. The test is Internet-based and also available on paper. Volunteers used the paper version to test populations in mosques and lower-income neighbourhoods. The results showed that
23% of the tested population had a high risk of COPD, 14% visited a general practitioner and 4% had COPD. The test also creates awareness about COPD in the population. No adverse effects were reported in those tested or those who visited a general practitioner. No data were collected on the number of tested individuals who stopped smoking as a result of the test or the general practitioner intervention. The costs of the test are acceptable. The test is available in Dutch, English, Turkish and Arabic. Other countries are free to make use of the test as long as the Netherlands Asthma Foundation (to be renamed the Lung Fund) is informed and acknowledged. The questionnaire is now integrated with CVD and diabetes checks.

5.4 GARD Italy

The GARD Italy representative informed participants about its activities, with the reminder that the 4th GARD General Assembly Meeting was held in Rome in 2009. There are now 27 centres operating in Italy under governmental commitment. The GARD Italy strategy document was published in the peer review journal *Respiratory Medicine* in 2012.

The major activities of working groups include:

- prevention in school
- smoking and indoor air
- early diagnosis
- continuity of care
- education and training.

All GARD activities are under the National Health Prevention Plan. Results of analysis of spirometry by GARD Italy are published by the *European Respiratory Journal* in 2012.

6. GARD observers: Exchange of viewpoints (Moderator: Dr Khaltaev, WHO/GARD Secretariat and GARD Vice-Chair)

The representative of GlaxoSmithKline (GSK), elected as a representative of the private sector, pointed out that GARD has evolved. Relationships with private partners have also evolved. Thus, we need to change the structure of GARD to interest the private sector.

It was emphasized that GARD is a real success and the WHO partnership is very important. However, there were 13 industrial partners when GARD was created. In 2011, three industrial partners were represented and only two were present this year. The nature of the association between GARD and WHO has meant that industry has an observer status according to the terms of reference. One representative of industry is elected to speak on behalf of the group. Although industry members are supportive of the goals of GARD and are impressed by the achievements despite the difficulties GARD has met, the lack of engagement of industrial partners at this meeting suggests that industry does not see a real way to engage with GARD and is, therefore, moving away from the observer status and from direct participation in GARD.

There are, however, two pillars of success: the activities of country member organizations and the leverage that WHO gives to GARD for the political agenda (e.g. Brazil, Viet Nam).

The representative of Chiesi stated that the key issues for the private partnership are:

- awareness of COPD and asthma
- improvement of inhalation delivery
- national and international initiatives.
The GARD Brazil representative stressed that intersectoral cooperation for the promotion of health is essential. The private sector should have a more appropriate role.

The Executive Director of The Union recommended that GARD should cooperate with industry, but not for policy-making. Industry has a central role to play in the model of HIV/AIDS for an affordable level of pricing. This could be an important topic for GARD. There is a need for guidelines in developing countries.

The GARD Italy representative emphasized that the statute of observer also merits discussion. There has been a change in the relationship between physicians and industry that has also impacted GARD. And there has been a change in GARD members: they were initially from societies and now many are country representatives.

7. Report of the GARD Executive Committee, Planning Group and GARD Secretariat for endorsement by the GARD General Meeting (Moderator: Dr Bousquet, GARD Chair)

A discussion was held to propose future GARD activities as described below. To expand the proposal of the WHO NCD Coordinator, the following activities are proposed:

- multisectoral action (e.g. what can the MoH do about indoor air pollution);
- prevention (tobacco, indoor air pollution, allergies);
- advocacy: to maintain the momentum of the UN High-level Meeting on NCD Prevention and Control; development agenda platform to be released in 2015; NCDs represent a development issue;
- research (operational/implementation);
- primary health care and equity (asthma prevention and healthy ageing).

Ongoing GARD demonstration projects discussed during the meeting should be scaled up in countries or more globally, for instance:

- Bangladesh programme;
- ProAR and Belo Horizonte programme (Brazil);
- 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.

New GARD demonstration projects approved during the 7th GARD Assembly Meeting:

- GAN (tentative)
- Fresh Air in Uganda
- Espace Francophone de Pneumologie
- Portuguese Chronic Disease Programme (following the GARD demonstration projects on asthma and COPD)
- Dutch CRD Programme.

Proposed GARD activities for 2012–2013:

- GARD has become a brand and the GARD terms of reference should be used for all GARD activities;
- plan a meeting with the WHO Assistant Director-General to discuss the future activities and the biannual budget;
- keep regular contacts with WHO;
- provide continuous support of CRDs in the WHO Global NCD Action Plan;
- promote better visibility of GARD at the United Nations and Member State levels;
hold discussions with the Forum of International Respiratory Societies (FIRS) and other respiratory/allergology societies and organize a meeting with the leadership of ERS, ATS, The Union (Dr Billo and Dr Viegi) and allergy societies (EAACI, M Walter);

- consider ICS for asthma and COPD as best buys;
- take part in the discussion on the global burden of disease (to be discussed with G Marks);
- organize a side event of GARD at the 2013 World Health Assembly.

The Executive Committee should hold Skype conference calls every two months and the Planning Group every four months. A face-to-face meeting should be arranged during major meetings of respiratory and allergy societies.

The GARD General Assembly meeting reports can be considered as annual reports. The financial report should be added.

There was a recommendation to discuss the status of collaborating parties and new applicants at each GARD annual meeting and make projections of the optimal budget for 2012–2013.

Brazil, the Islamic Republic of Iran and Italy expressed their willingness to organize the 8th GARD General Assembly meeting in 2013.

**Farewell address**

The GARD Russian Federation coordinator thanked all participants for the very fruitful meeting. He expressed his views for an optimistic future for GARD and indicated that he has sent a message to Dr Chestnov (WHO Assistant Director-General). He then welcomed GARD participants to the parallel meeting of the Russian Respiratory Society on COPD and co-morbidities on 10–11 July 2012.
ANNEX 1.

**WORLD HEALTH ORGANIZATION**

7th General Meeting of the Global Alliance against Chronic Respiratory Diseases (GARD)

St.-Petersburg, Russia, 9-10 July 2012

**PROVISIONAL PROGRAMME**

**Monday, 09 July 2012**

08h30-09h00  Registration of participants

**Opening**

09h00-09h05  Introduction and welcome address from the Russian Respiratory Society (Prof. Alexander Chuchalin)

09h05-09h10  Welcome speech from the Mayor’s office of St.-Petersburg (speaker to be confirmed)

09h10-09h15  Welcome speech from the Ministry of Public Health, Russia (speaker to be confirmed)

09h20-09h30  Welcome address from WHO (Dr. Oleg Chestnov, Assistant Director General)

09h30-09h40  Objectives of the meeting, election of chairperson and rapporteurs, (Dr. Shanthi Mendis, Coordinator, CPM)

09h40-10h00  Update on GARD, purpose and expectations for the 2012 General Meeting (Prof Jean Bousquet, GARD President)

10h00-10h30  Coffee break & Group Photo

**Session 1: Noncommunicable diseases prevention and control, post UN High Level Meeting. Moderator Prof Jean Bousquet, GARD Chair.**

10h30-10h45
Political Declaration of the UNHLM, WHO assignments (Dr Shanthi Mendis, WHO)

**10h45-13h00**

*Outcomes of GARD initiatives in Low and Middle income countries*

Bangladesh, Brazil, China, Iran, Pakistan, Syria, Turkey, Russia “Results of the GARD Phase 1 approach” 
Vietnam “Building up Asthma and COPD outpatient care unit network in a developing country” 
Kyrgyzstan: News and future activities of GARD in Kyrgyz Republic.

Discussion

**13h00-14h00 Lunch**

Session 2  GARD Multinational Collaborative Activities  Moderator (Dr Nikolai Khaltaev, WHO/GARD Secretariat, GARD Vice-Chair)

14h00-15h30

GARD in South America (Argentina, Paraguay, Venezuela) Prof Carlos Baena-Cagnani, Argentina

GARD in Euro Asian Region
Prof A Baigenzhin, President of Euro-Asian Respiratory Society, Kazakhstan

GARD in the Pacific Region (Cambodia, Laos)
Prof H. Sagara, Director WHO Collaborating Centre for Prevention and Control of CRD, Tokyo, Japan

GARD in Transcaucasia Region (Georgia, Azerbaijan, Armenia)
Prof T. Maglakelidze, Georgian Respiratory Association, Georgia

GARD in Espace francophone de pneumologie
Prof Ali Ben Kheder, President, Pan African Thoracic Society, Tunisia

Discussion

**15h30-16.00 Coffee break**

Session 3  GARD integrated and multidisciplinary activities. Moderator: Prof Boleslaw Samolinski, Poland

16h00-16h15 - Chronic respiratory diseases in children. Prof B. Samolinski GARD Poland.

16h15-16h30  Dutch National Action Plan against chronic lung diseases Prof Niels Chavannes, President IPCRG, Dr M. Rutgers, Astma Fond, Lung Foundation, Netherlands

16h30-16h45 GARD Portugal and the Portuguese National Programme on Chronic Respiratory Diseases”. Prof J Rosado Pinto

16h45-17h00

Integrated approach and Healthy Aging: Implementation in the Languedoc Roussion Region.
Prof Jean Bousquet, GARD Chair.

17h00-17h45

GARD in Czech Republic, Greece, and Lithuania.

Discussion
Tuesday, 10 July 2012

Session 4: GARD experience from other initiatives
Moderator: Dr Arzu Yorgancioglu, GARD Executive Committee

9h00-09h20 The Asthma Drug Facility (ADF): last developments and outcome. Dr N. Billo, President, the Union
9h.20 9h.30 Fresh air study in Uganda Prof N. Chavannes, President, IPCRG
9h30-9h40"Dutch National COPD Risk Test for application outside Western Europe” M. Rutgers, Director Astma Fond Lung Foundation. Netherland

Discussion

Session 5: GARD observers: exchange of views
Moderator: Dr Nikolai Khaltaev GARD Vice Chair

10h00-10h15
Discussion

10h30-11h30 Coffee break

Session 6: Report of GARD Executive Committee, Planning Group and GARD secretariat for endorsement by GARD General Meeting
Moderator: Prof Jean Bousquet, GARD Chair

11h30-11h55:

- GARD proposed activities for 2012-2013
- Status of collaborating parties and new applicants. Financial status.
- Proposals for the 8th GARD General meeting 2013 and Executive Committee and Planning group meetings 2012-2013
- GENERAL DISCUSSION
- Conclusions

11h55-12h00: Farewell address (Prof Alexander Chuchalin, President of The Russian Respiratory Society, GARD Executive Committee)

12h00-13h00 Buffet lunch

PARALLEL MEETING ON COPD AND CO-MORBIDITIES (July 10th-11th, 2012)

13h00-15h 00
1. WHO strategy on NCD (Prof. Nikolai Khaltaev).

2. COPD in Russia: where we are?. (Prof. Alexander Chuchalin.)

3. Social burden on COPD. (Prof Giovanni Vieggi.)

4. The results of BOLD (Burden of Lung Disease) Study in Poland. (Prof. Ewa Nizankowska-Mogilnicka)
15.00h15-15.15  Coffee break

15h15-16h45

5. COPD and asthma: similarities and differences (Prof Jean Bousquet)

6. COPD and arterial hypertension (Prof. Irina Chazova)

7. COPD and tuberculosis: how often and clinically significant this co-existence? (Prof. Evgeniy Shmelev)

16h45-17h.00  Coffee break

17h00-18h30

8. COPD and Respiratory failure (Prof. Sergei Avdeev)

9. Rehabilitation in COPD  (Prof. Andrey Belevskiy)

10. COPD: respiratory viruses as the cause of exacerbation. (Prof. Andrey Egorov)

**Wednesday, 11 July 2012**

09h00-11h00

11. COPD and depression (Prof. Svetlana Ovcharenko)

12. COPD and osteoporosis (Prof. Natalia Shaporova)

13. COPD and lung cancer. (Prof. Gilbert Massard)

14.COPD and disability (Prof. Vasiliy Trofimov)

11h00-11h15  Coffee break

11h15-12h 45:

15. Systemic effect of COPD  (Prof. Igor Leshchenko )

16. COPD and cardiovascular diseases, clinical and physiologic relationship  (Prof. Zaurbek Aisanov)

17. Role of vascular disturbances in COPD and possibilities of their correction (Prof. Natalia Kuzubova)

12h45-13h45  Lunch

13h45-15h15

18. COPD and tobacco (Prof.Nikolai Antonov)

19. Smoking, COPD and sarcoidosis: inconclusive discussion (Prof. Alexander Visel)

20. The organization of the support for patient with respiratory diseases who quitting smoking in St.-Petersburg (Prof. Olga Titova)
15h15-15.30 *Coffee break*

15h30-16h15

- GENERAL DISCUSSION
- Conclusions

**EXHIBITION:** “PULMOBIL” PROJECT IN RUSSIA FOR EARLY DIAGNOSIS OF COPD AND COMORBIDITIES (JULY 09TH-11TH, 2012)

**PARALLEL POSTER SESSION:** “COPD – DIAGNOSIS AND MANAGEMENT” (JULY 10TH-11TH, 2012)
ANNEX 2.

WORLD HEALTH ORGANIZATION

Global Alliance against Chronic Respiratory Diseases (GARD) General Meeting
St.-Petersburg, Russia, 9-10 July, 2012

22 May 2012

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