GLOBAL ALLIANCE AGAINST CHRONIC RESPIRATORY DISEASES (GARD)

8th General Meeting,
3-4 July 2013, Astana, Kazakhstan
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<th>Abbreviation</th>
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<tr>
<td>ACOCU</td>
<td>Asthma and COPD Outpatient Care Unit</td>
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<td>BBB</td>
<td>Better Breathing Bangladesh</td>
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<td>BLF</td>
<td>Bangladesh Lung Foundation</td>
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<td>CAAPP</td>
<td>China Asthma and Allergy Patient Platform</td>
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<td>CME</td>
<td>continuing medical education</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>EARS</td>
<td>Euro-Asian Respiratory Society</td>
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<td>EU</td>
<td>European Union</td>
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<td>FILHA</td>
<td>Finnish Lung Health Association</td>
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<td>FSSP</td>
<td>French Speaking Space of Pulmonology</td>
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<td>GAAPP</td>
<td>Global Asthma and Allergy Patient Platform</td>
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<td>GARD</td>
<td>Global Alliance against Chronic Respiratory Diseases</td>
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<td>GP</td>
<td>general practitioner</td>
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<td>ICC</td>
<td>International COPD Coalition</td>
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<td>IPCRG</td>
<td>International Primary Care Respiratory Group</td>
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<td>LAN</td>
<td>Lung Alliance Netherlands</td>
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<td>MCRML</td>
<td>Mobile cardiorespiratory and metabolic lab</td>
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<td>NAC</td>
<td>National Asthma Council</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>PAL</td>
<td>Practical Approach to Lung Health</td>
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<td>POLASTAMA</td>
<td>National Programme of Early Diagnosis and Treatment of Asthma (Poland)</td>
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<td>PSA</td>
<td>Polish Society of Allergology</td>
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<td>SPLF</td>
<td>Société de Pneumologie de Langue Française</td>
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<td>TB</td>
<td>tuberculosis</td>
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<td>UK</td>
<td>United Kingdom of Great Britain and Northern Ireland</td>
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<td>USA</td>
<td>United States of America</td>
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<td>WHO</td>
<td>World Health Organization</td>
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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 improving global lung health. 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.

Objective

The purpose of the 2013 GARD General Assembly Meeting is to consider GARD activities with the WHO Global action plan for the prevention and control of noncommunicable diseases 2013–2020 (1) (referred to throughout as the WHO Global NCD Action Plan 2013–2020), by reviewing country reports, discussion and agreement on recommended actions.

Expected outcomes

- GARD activities that are well focused on the accomplishment of WHO Global NCD Action Plan 2013–2020
- Agreement that the contribution of GARD to the global need for prevention and management of CRDs will be made through an integrated approach to other NCDs and emphasis on primary health care
- Strengthened collaboration with patient organizations and other partners

1. Opening session

Dr A Baigenzhin, GARD Kazakhstan coordinator and Executive Director of the Euro-Asian Respiratory Society (EARS) opened the GARD General Assembly Meeting and welcomed participants on behalf of EARS.

Dr O Chestnov (WHO Assistant Director-General), in a video message (attached), outlined the size of the NCD problem at the global scale. The CRDs that contribute the most to the global disease burden are asthma and chronic obstructive pulmonary disease (COPD). CRDs are estimated to account for more than four million deaths annually. By 2030, COPD is predicted to become the third-leading cause of death worldwide.

The Global Ministerial Conference on Healthy Lifestyles and NCD Control, held in Moscow on 28–29 April 2011, and the Political Declaration on NCDs, adopted during the United Nations High-level Meeting on Prevention and Control of Noncommunicable Diseases, held in New York, on 19–20 September 2011, were landmark events for the prevention and control of NCDs. Chronic respiratory diseases, together with cardiovascular diseases, cancer and diabetes are the main focus of the WHO Global NCD Action Plan 2013–2020 (1), which was endorsed by the 66th World Health Assembly in May 2013. According to this plan, there are nine global voluntary targets to achieve by 2025, including a target of 25% reduction in NCD mortality.

GARD unites a range of governmental and nongovernmental organizations in different areas of medicine, such as chronic respiratory and lung diseases, primary health care, allergic diseases and family medicine, as well as patient organizations. By working together, these organizations can effectively contribute to achievement of this global voluntary target and to improvement of lung
health in general. Under WHO leadership, GARD has worked to promote global lung health, as reflected in the report on GARD country activities in countries from all WHO regions. In recent years, GARD has aligned its workplan with the WHO Global NCD Action Plan 2013–2020 (1). An integrated approach for the prevention, diagnosis and treatment of NCD at the primary health-care level is a key element of this alignment. Reports from Kyrgyzstan, where the GARD approach is used in the national programme for the prevention and control of NCD; France, where an integrated approach for NCD prevention and healthy ageing is used in the Languedoc Roussillon Region; the Netherlands, where the Dutch National Action Plan against Chronic Respiratory Diseases is focused on primary health care; and Russia, where a “Mobile cardiopulmonary and metabolic lab” is utilized for affordable investigation of key parameters of cardiovascular, respiratory and metabolic systems, at the primary health-care level or at the workplace, demonstrate this alignment well. Dr Chestnov stressed that without GARD help, it will be difficult to achieve the World Health Assembly targets.

Dr E Baydjunusov, Deputy Minister of Health, welcomed participants on behalf of the Ministry of Health of Kazakhstan. Respiratory health is one of the major problems of the national health-care system. During recent years, patients with asthma or COPD have been given basic therapy and diagnosis free of charge. This has led to a substantial decrease in requests for ambulances, emergency room visits and rates of hospitalization. Primary invalidity due to CRD has also decreased, while the quality of life of patients with CRD has improved. Widely available modern technology, and new internationally recognized diagnostic and treatment standards allow better diagnosis and treatment of all CRDs, reduce the rates of invalidity and complications, and have stabilized mortality rates. The Ministry of Health considers that the choice of Kazakhstan as a venue for the GARD General Assembly recognizes the country’s achievements in the area of respiratory medicine.

1.1 Objectives of the meeting, election of the chair and rapporteur

Dr S Mendis (WHO Director a.i. Management of Noncommunicable Diseases) presented the objectives of the meeting and called for election of a chair, vice-chair and rapporteur of the meeting. Dr N Khaltaev was elected as meeting chair, Dr A Baigenzhin as vice-chair and Dr A Cruz as rapporteur.


In her presentation on the WHO Global NCD Action Plan 2013–2020 (1), the Director a.i. Management of NCD, pointed out that an estimated 36 million deaths, or 63% of the 57 million deaths worldwide in 2008, were due to NCDs, comprising mainly cardiovascular diseases (48% of NCDs), cancers (21%), chronic respiratory diseases (12%) and diabetes (3.5%). In view of this, key points of the political declaration of the United Nations High-level Meeting on Prevention and Control of Noncommunicable Diseases were NCD as a priority within the development agenda, and the leading role of WHO as the global public health agency. The vision of the action plan (1) is a world free of the avoidable burden of NCDs; the goal of the plan is to reduce the preventable and avoidable burden of morbidity, mortality and disability due to NCDs, by means of multisectoral collaboration and cooperation at national, regional and global levels, so that populations reach the highest attainable standards of health, quality of life and productivity at every age and these diseases are no longer a barrier to well-being or socioeconomic development. The plan comprises a set of actions which, when performed collectively by Member States, United Nations agencies,
international partners and WHO, will reduce the burden of preventable morbidity and disability and avoidable mortality due to NCDs. Key objectives of the plan are as follows:

- to strengthen international cooperation and advocacy to raise the priority accorded to prevention and control of NCDs in the development agenda and in internationally agreed development goals;
- to strengthen national capacity, leadership, governance, multisectoral action and partnerships, to accelerate country response for the prevention and control of NCDs;
- to reduce exposure to modifiable risk factors for NCDs, through creation of health-promoting environments;
- to strengthen and reorient health systems to address prevention and control of NCDs, through people-centred primary health care and universal coverage;
- to monitor trends and determinants of NCDs and evaluate progress in their prevention and control.

WHO global voluntary targets for 2025 include 10\% reduction in harmful use of alcohol and in physical inactivity; 25\% reduction in raised blood pressure; and 30\% reduction in sodium intake and in tobacco use. By this time, there should also have been no increase in the prevalence of diabetes and obesity; 50\% of NCD patients should be covered by drug therapy and counselling; and essential NCD medicines and technologies should have reached 80\% coverage. As a result, premature mortality from NCDs should fall by 25\%. The following set of actions has been outlined:

- raise public and political awareness, understanding and practice related to prevention and control of NCDs;
- integrate NCDs into countries’ social and development agenda and poverty-alleviation strategies;
- strengthen international cooperation for resource mobilization, capacity-building, health workforce training and exchange of information on lessons learnt and best practices;
- engage and mobilize civil society and the private sector as appropriate, and strengthen international cooperation to support implementation of the action plan at global, regional and national levels;
- prioritize and increase, as necessary, budgetary allocations for the prevention and control of NCDs, without prejudice to the sovereign right of nations to determine taxation and other policies;
- assess national capacity for prevention and control of NCDs;
- develop and implement a national multisectoral policy and plan for the prevention and control of NCDs through multistakeholder engagement.

And, for CRDs:

- access to improved stoves and cleaner fuels to reduce indoor air pollution;
- cost-effective interventions to prevent occupational lung diseases, e.g. from exposure to silica or asbestos;
- treatment of asthma based on WHO guidelines;
- influenza vaccination for patients with COPD.
2.1 Outline of the joint GARD countries’ report

In the formal presentation, reports from 28 GARD countries from all WHO regions were presented by country coordinators or initiators (Algeria, Argentina, Bangladesh, Brazil, Cape Verde, Czech Republic, China, Egypt, Finland, Georgia, Greece, Iran (Islamic Republic of), Japan, Kazakhstan, Kyrgyzstan, Lithuania, Pakistan, Poland, Portugal, Republic of Korea, Romania, Russian Federation, South Africa, Syrian Arab Republic, Tunisia, Turkey, Uganda and Viet Nam).

Advocacy, national plans, GARD country reports and partnership were reflected in the presentation. In 10 countries, GARD has a focal point in the ministry of health and coordinates activities with WHO representatives or WHO regional offices. In 10 countries, the number of GARD partners varies, from 3 in Romania to 58 in Turkey. All partners are working together to achieve a common goal – improvement of lung health. Partners provide logistical and financial support to national GARD activities, such as Asthma and COPD Days, Spirometry Day, and anti-smoking and clean-air activities, and contribute jointly to accomplishment of national CRD/NCD action plans. Surveillance mechanisms for assessment of disease burden and the prevalence of risk factors have been established in Brazil, Czech Republic, China, Egypt, Iran (Islamic Republic of), Italy, Kyrgyzstan, Portugal, Romania, South Africa and Turkey.

2.2 Reports from selected GARD countries

Bangladesh

The International Affairs Secretary of the Bangladesh Lung Foundation (BLF), presented his annual report. BLF has worked to provide integrated respiratory health care and promote lung health in the country. GARD Bangladesh comprises:

- Bangladesh Society of Allergy and Immunology
- Bangladesh Pediatric Pulmonology Forum
- International Primary Care Respiratory Group (IPCRG) – Bangladesh
- Club Excel (asthma and COPD patients’ organization)
- TRY Foundation (a philanthropic association)
- Bangladesh Telemedicine Association
- Evidence Based Clinical Practice Society of Bangladesh.

In 2013, BLF, jointly with the South Asia Association of Allergy Asthma and Clinical Immunology, and the South Asian Thoracic Society, organized the Third International Conference on Lung Health – PULMOCON 2013, which took place on 19–20 February in Dhaka. About 100 pulmonologists, chest surgeons and paediatricians from 17 countries participated in this conference.

Twenty scientific sessions, including three symposia and poster-viewing sessions, 83 scientific papers and 30 posters, were presented. Two pre-conference and one post-conference workshop were organized as part of the conference: “Lung health – immunological challenges”, “Interventional bronchoscopy – recent advances” and “Video-assisted thoracoscopic surgery”. Many key leaders of GARD actively participated in PULMOCON 2013.

Better Breathing Bangladesh (BBB) is a collaborative project of IPCRG, Education for Health, United Kingdom of Great Britain and Northern Ireland (UK) and the Open University, UK, with the following objectives:
• to educate primary care physicians with a university-accredited diploma module course on asthma and COPD;
• to set up one asthma clinic in each large administrative district (64 in Bangladesh), which will take care of patients with asthma, COPD and allergic rhinitis;
• to provide basic support – technical, instrumental and educational (through continuing medical education — CME) – for the asthma clinics.

BBB enrolled 286 primary care physicians in the “International asthma diploma module”, through seven cohorts; 12 community respiratory clinics have been set up in different parts of the country; and BLF has published lung health manuals and accomplished one national COPD survey and asthma prevalence study. A training workshop for 100 physicians and mass spirometry camps were organized during the World Spirometry Day. BLF is an active participant of the national anti-tobacco campaign, and promotion of evidence-based medicine at various medical schools of Bangladesh, through 14 workshops on “Integrating evidence-based medicine in clinical practice”.

A CME programme has facilitated the introduction of a new drug for COPD. An international workshop on mechanical ventilation and bronchoscopy was organized in Dhaka, in collaboration with the Bangladesh Society of Critical Care Medicine and the Bangladesh Medical Association of North America. In January 2014, GARD Bangladesh plans to inaugurate the first phase of the Bangladesh Institute of Lung Health, and plans to develop Bangladesh as a fully functioning GARD country. Finally, a proposal was made to arrange the 10th GARD General Meeting in Dhaka, Bangladesh in 2015.

Brazil
The GARD Brazil representative presented GARD country activities in Brazil. In 2012, GARD’s proposed approach was adopted. In the State of Minas Gerais, a pilot project, GARD-PAL (Practical Approach to Lung Health), was initially carried out in two municipalities (700 000 inhabitants) and then extended to the entire state (20 million inhabitants). A programme entitled “Breathe Minas” was coordinated by 15 institutions including GARD Brazil. During this period, 700 000 Brazilians benefited from free medication for asthma (June 2012 to April 2013). This led to a 16% reduction in hospitalizations during this period (20 523 admissions avoided), with a direct saving of R$10 million, which covered part of the costs of the programme (R$32.4 million). Free medication for asthma (salbutamol, beclomethasone and ipratropium bromide) is already available in 3824 municipalities.

Thus, universal access to essential medication for asthma is one of the major achievements of GARD Brazil, along with a survey on asthma prevalence among 100 000 school adolescents, which has been completed and is under analysis. Some attempts have been made to increase attention for CRD in Minas, as well as to initiate plans for action against NCD, including CRD in the entire country. However, lessons learnt demonstrate that primary health-care professionals are not prepared to manage asthma or COPD; there is a need for more reference centres for CRD; and the Ministry of Health has lack of capacity to lead a network to fight CRD. In general, the public health system is still inefficient, and inequality in the distribution of resources is one of the major public health problems.

Turkey
The coordinator for GARD Turkey presented an update on GARD Turkey, which works jointly with 58 partners, according to a national programme and action plan against chronic airway diseases. During the reporting period, a surveillance study was completed by the Ministry of Health, regarding all NCDs and common risk factors (in press); and two studies for COPD and asthma awareness among primary care physician and the general public have been completed. Based on the study results,
standard educational materials have been produced for patients and the public, as well as materials for awareness and advocacy of the GARD Turkey Project and CRD. An expert panel report on “Evaluation of indoor and outdoor pollution and climate change in respect of the control of chronic respiratory diseases” has been prepared by the GARD working group on the prevention of the development of CRDs. A working group on early detection of diseases and prevention of progress has prepared the curriculum and educational materials for educators in primary care settings, on asthma, COPD, home care and pulmonary rehabilitation, and tobacco control. Four hundred trainers (pulmonologists) have been trained, and 15 598 out of 20 000 primary care physicians have been educated by these trainers, using the structured materials.

A working group on “Effective treatment of the diseases and prevention of progress” has organized a workshop on home care and developed a report on integration with all the home care and rehabilitation programmes for other NCDs, as well as initiating a decision on reimbursement of the items for pulmonary rehabilitation and home care. A paediatric coordination group has also been established; this group’s action plan conforms to the plan for adults. The GARD Turkey project has been accepted for the European Innovation Partnership.

**Russian Federation**

The national GARD coordinator presented the results of the integrated approach for the prevention, diagnosis and treatment of NCD; the approach, called “Mobile cardiorespiratory and metabolic lab (MCRML)” is based on the use of affordable compact systems for cross-sectional, consecutive investigation of key parameters of cardiovascular, respiratory and metabolic systems at primary health-care level, or at the workplace. MCRML allows early detection of NCD; assessment of the status of NCD control and quality of life; and measurement of dynamic risk factors during the follow-up investigation; and promotes education for patients and health professionals. MCRML can screen up to 50 patients a day. Medical records are computerized and the search is very quick and efficient. MCRML consists of three compartments – cardiovascular, respiratory and metabolic. Compact equipment for the cardiovascular system conducts electrocardiogram registration and diagnosis and measurements of blood pressure, pulse rate and blood saturation. The metabolic compartment records blood glucose and lipids levels, and the respiratory compartment uses spirometry for measurements of lung function, produces different questionnaires for diagnosis of CRDs, and assesses the concentration of nitric oxide and carbon monoxide in expired air. Pilot studies have investigated industrial workers at factories, students at universities and people from the general population visiting the polyclinics. MCRMCL has been demonstrated to be highly efficient. About 1000 people aged between 20 and 28 years have been screened in Moscow and Moscow Oblast and 1700 people of the same age in Altai Krai. NCD risk factors, major cardiovascular diseases (CVDs), diabetes and chronic respiratory diseases have been diagnosed. Regarding CRD, a very high level of newly diagnosed bronchial asthma and more than a two-fold increase of cases of COPD compared with official data have been found. It is interesting to note that that data on the prevalence of diabetes received by MCRML are almost the same as the official data.

These preliminary data demonstrate the ability of MCRM to screen large cohorts of people within a fairly short period of time (3 weeks in this case), to provide diagnostic and risk factor assessment for multiple diseases, quick selection of risk groups for interventions, and potentially provide follow-up for the evaluation of interventions. The approach discussed has a good perspective and deserves further development.
Viet Nam
GARD Viet Nam was presented by the asthma management programme in Viet Nam. According to official statistics, the country prevalence of asthma in adults is 5% and 10% among children. Formerly, asthma management was provided only during exacerbations, without access to control medication. After implementation of asthma and COPD outpatient care units (ACOCUs), with spirometry, chest X-ray and clinical examination, the diagnosis of asthma and classification of severity have significantly improved. The ACOCU network consist of 61 units. After one year of asthma management in ACOCUs, clinical asthma has been controlled in 31%, compared with 1% before implementation of ACOCUs. Partial control of asthma has increased to 58%, compared with 10%, and only 11% of individuals with asthma remained uncontrolled, compared with 89%.

Uganda
The IPCRG Chair presented the results of the Fresh Air Project in Uganda. According to WHO, in 10 years COPD will become third-leading cause of death in Africa, surpassing HIV/AIDS. In the meantime, the recently published Health sector strategic plan III 2010–2015 (2) from the Ministry of Health in Uganda does not even mention asthma or COPD. The major health problems in this country are malaria, tuberculosis (TB), HIV/AIDS and infections, diseases of childhood and the weak health-care system. NCDs receive insufficient attention and COPD is unfamiliar to the public and physicians. The main risk factors for COPD are: tobacco smoking, use of biomass fuel, occupational exposure and (treated) TB. Ten out of 54 African countries have published data on COPD in selected populations; only one has data on the general public (BOLD – Burden of Obstructive Lung Disease – study). The greatest burden is found in the poorest and most vulnerable population. Three billion people and 90% of rural households in low- and middle-income countries rely on biomass fuel use (wood, dung, crop residues, grass), causing extremely high levels of indoor air pollution, which are strongly associated with COPD, particularly in women, as well as acute respiratory infections in young children, which can be a trigger for asthma.

The FRESH AIR survey, undertaken by IPCRG has the following objectives:

- evaluation of beliefs and attitudes of local communities towards respiratory symptoms and risk factors;
- education and training of local health-care workers about CRDs;
- epidemiological study of the prevalence of COPD, and its risk factors;
- evaluation of the burden of COPD;
- measurement of direct exposure to biomass smoke (2)

The population of Masindi district, selected for the study, consists of 370 000 predominantly rural people, and 90% use wood for cooking indoors without ventilation. Their daily exposure is around 6 hours. Knowledge of CRDs is poor – asthma is recognized, although the implications are not understood; COPD is not recognized at all. After random selection of 300 men and 300 women above the age of 30 years, the prevalence of COPD in Uganda diagnosed with spirometry was high, at 12.4%. The use of biomass fuel is an important contributor to the development of COPD in rural areas of Uganda, particularly among young people. The rate of tobacco smoking is high, particularly among young men. Thus, COPD represents a major threat for people of all ages in rural Uganda. Further analyses will examine the interaction of tobacco smoke, use of biomass fuel and other factors in the development of COPD. The current priority is to increase knowledge of the harmful effects of indoor air pollution and tobacco smoke.
Poland

A representative of the Polish Society of Allergology (PSA) presented activities in Poland. Since 2006, PSA has organized one of the largest medical conferences in Poland – an Educational Conference attracting over 1500 participants every year and the Clinical Forum of Experts, dedicated to professionals dealing with issues of asthma, allergic rhinitis and COPD. PSA creates public relations and press campaigns (World Asthma Day, World Allergy Week, World Spirometry Day) and public education campaigns – POLASTMA (National Programme of Early Diagnosis and Treatment of Asthma). It also organizes an Allergy and Asthma School in every regional branch, which is devoted to all specialists and general practitioners (GPs). The Poland Global Adult Tobacco Survey has shown that in 1976, Poland had 76% smokers in the adult population while in 2010, only 30% of the adult population were smokers. Target groups for POLASTMA are GPs, paediatricians, nurses, pharmacists, patients, society and media. Severe, difficult-to-treat asthma is a major focus of POLASTMA. Out of 24 000 patients with severe asthma in Poland, there are 4000 with severe uncontrolled allergic asthma. A special reimbursement programme for treatment of severe uncontrolled allergic asthma with omalizumab is proposed by POLASTMA.

Continuing the Polish presentation, the President Elect of PSA stressed that during Polish presidency in the European Union (EU), PSA has prepared a statement, on “The prevention, early diagnosis and treatment of respiratory diseases in children”, which has been reflected in peer-reviewed journals. Allergic rhinitis in the highest risk factor for asthma development. Early prevention of allergic rhinitis prevents development of asthma. CRDs in early life are risk factors for COPD. Asthma that develops later is a significantly contributor to the development of COPD. There are 44 million cases of COPD in Europe; this disease is the fourth-leading cause of death in the world and will become the third-leading cause by 2030 if the situation does not change. COPD and asthma have close links with cardiovascular diseases. This important influence of respiratory diseases in childhood on healthy ageing leads to the conclusion that healthy ageing depends on children’s health; this has become a key element of the public health programme in Poland, which has passed through multiple debates at the highest political and economic levels.

From the scientific point of view, allergy and asthma became one of the main scientific programmes with implementation into practice. In view of the growing number of individuals with allergy in Poland, and the lack of allergists, an e-allergy programme has been developed based on survey and analysis of more than 20 000 cases. Access to the Internet is needed to use this programme. The first step assumes answers to 20–30 questions, which are available online. During the second step, a mathematical algorithm analyses the answers. This programme allows diagnosis of allergic rhinitis in 92% and bronchial asthma in 91% of affected individuals. It also assesses the risk of allergy development. The availability of e-Allergy (www.eallergy.silvermedia.pl) to all primary health-care physicians, together with development of allergy offices throughout the country, will allow early diagnosis and treatment of this condition.

Italy

The representative of GARD Italy said that GARD Italy unites 42 partners and has run several projects:

- **environment and respiratory diseases** – with main objectives to contribute promotion of knowledge and therefore the prevention of environmental risk factors for respiratory diseases, asthma and allergies; to reduce direct and indirect social-health costs linked to these diseases; and to improve the quality of life of patients;
surveillance of respiratory diseases – with main objectives to critically analyse and aggregate existing data from 2000, through an assessment of trends over time. The specific objective is to bring out knowledge on respiratory diseases in an objective manner, by creating a report of the current state of the art;

education on asthma and allergy in childhood – with main objectives to create technical documents (and guidelines) on the following:
- epidemiology, definition by age, therapy, emergency management of asthma and allergy;
- rehabilitation and physical activities/sports in children with asthma and/or allergy
- therapeutic education;
- quality of life in children and adolescents with asthma and respiratory allergic diseases;
- critical issues in management: the views of health professionals and families;
- proposals for improving therapeutic adherence;

smoking and environment in the household – with main objectives to produce the following technical documents (and guidelines):
- revision of the context analyses;
- definition of the guidelines to improve indoor air quality, according to the projects about prevention of allergies in schools;
- planning of information and health education campaigns addressed to families, in order to support the action against smoking behaviour;

continuity of care in cases of respiratory impairment – with main objectives to improve the protection of patients with respiratory disease, through the identification of integrated management models among health service levels, in order to improve the continuity of welfare and ensure the proper diagnosis and therapy; and to document the quality of pneumological and allergological services.

National statistics demonstrate a clear tendency towards a decrease in respiratory failure, based on hospital discharge data, as well as a reduction in asthma mortality.

Discussion
It was mentioned that indoor air pollution is big problem for highlanders in Kyrgyzstan and in remote areas of other Middle Asia countries and asked for advice. In Uganda it was difficult, and almost impossible at present, to change the traditions of using open fires with the associated heavy exposure to toxic fumes. Newborn children have an exposure of up to 6 hours a day. Partial solution has been found in Uganda, where, during house construction, the roof is built 10 cm higher than the wall, thus allowing natural ventilation and reducing exposure to fumes. One solution could be broader use of cheap gas in this area. It was noted that in Cape Verde, exposure to open fire is even higher than in Uganda, reaching 8 hours a day. In Uganda the lowest-level health-care professionals was trained for diagnosis of COPD. The simplest apparatus has been used to diagnose patients at risk of COPD, with further referral to hospital for final diagnosis. It was noted that there is a growing number of GARD partners in countries and governmental support to programme development.
3. Session 2: GARD multinational collaborative activities

3.1 GARD in the Euro-Asian Region
The Executive Director of EARS, founded in 2006, presented a progress report. Countries of the former Soviet Union – Azerbaijan, Belarus, Kazakhstan, Kyrgyzstan, Moldova, Tajikistan and Uzbekistan – agreed on collaboration and mutual activities in the area of respiratory medicine. As a result of EARS activity, important progress in respiratory medicine has been achieved and the international standards of the Global Initiative for Asthma (GINA) and the Global Initiative for Chronic Obstructive Lung Disease (GOLD) for diagnostics and treatment have been adapted and introduced. Issue of free supplies of basic drugs to patients with COPD and bronchial asthma has been introduced and the method of non-invasive ventilation and long-term oxygen therapy for patients with chronic respiratory failure has been actively implemented. Monitoring of regional antibiotic-sensitivity of agents of respiratory infection has started in most EARS countries. Regional and international training seminars for pulmonologists are held on a regular basis. Significant success has been achieved in a number of other respiratory diseases. As a result of the wide introduction of modern scanning technologies, as well as cyto-pathomorphological diagnostics, the quality of diagnosis and treatment of interstitial pulmonary diseases has significantly increased. In the majority of EARS countries, long-term ventilatory support and oxygen therapy in the home are widely used. A powerful telemedicine network has been created in the countries of EARS. Regular teleconferences are conducted, with participation of the Russian Respiratory Society, American Thoracic Society and European Respiratory Society.

3.2 GARD in the Western Pacific Region
The Chief Executive Officer of the National Asthma Council (NAC) said that in Australia this organization is the major national body for asthma. Out of 23 million Australians, 10% have asthma. NAC was formed in the late 1980s to combat the alarming asthma problem, since, at that time, the prevalence of asthma was rising and death rates were high. GPs, practice nurses and pharmacists lacked information, there was no community awareness and patients remained uninformed. There was no stakeholder coordination and no guidelines had been developed.

In 1989, NAC produced the world’s first national treatment guidelines for asthma and ensured widespread dissemination to all primary care health professionals (GPs, practice nurses, pharmacists, asthma educators). It also initiated national surveys of patients, GPs and pharmacists, to monitor the uptake of asthma management practices. Massive public awareness campaigns were organized and evaluated when media activities had been accepted. As a result, asthma mortality significantly reduced in children and young people. Emergency department attendances, hospital admissions and unnecessary GP visits reduced.

A series of reports, such as Report on the cost of asthma in Australia (3), National asthma strategy (4) and the Asthma adherence spirometry guide (5) lobbied Australian Government so that asthma became a national health priority in 2001. The seventh edition of the Australian asthma handbook will be launched in November 2013, followed by a national media campaign for GPs, pharmacists, asthma educators, practice nurses and students, with a full interactive version on a dedicated website; 80 000 copies of the Pocket book of practical tips on asthma management will be distributed, and 89% of GPs are aware of the handbook. Annual programme activities are conducted, in liaison with, and advising, the Australian Government departments (e.g. Health, Environment, and Veterans’ Affairs).
The NAC web site is very popular and well regarded. It was established in 1996, is regularly updated and is among the top 10 web sites in *Aus Doc*’s (weekly medical newspaper). It has a wide range of resources – information papers and consumer brochures, spirometry publications, asthma action plan templates, videos on device use. The site has high number of visitors and produces a monthly e-newsletter.

NAC is a driver of regional collaborations in Asia Pacific. It is on the Asia Pacific Paediatric Asthma Advisory Board and runs the Asia Pacific Airways School. NAC is adviser to national bodies of the Korea Asthma and Allergy Foundation, Asthma Council Malaysia, Taiwan Asthma Council, BLF, National Asthma Council Sri Lanka, China Asthma Alliance and the United Nations Environment Program consultancy on phasing out metered dose inhalers containing chlorofluorocarbons in low- and middle-income countries.

3.3 GARD in the Espace francophone de pneumologie

A representative of the Tunisian Society of Respiratory Diseases (Tunisia) and Secretary-General of the federation of pulmonology societies of the French-speaking countries (Société de Pneumologie de Langue Française – SPLF) (France) presented GARD development in French-speaking countries. SPLF and the associations bring together 27 francophone countries plus Algeria and unite over 10 000 pulmonologists. SPLF plays the role of central pivot. Its goal is a charter of harmonization for training and promotion of the practice of French pulmonology in French-speaking countries. A roadmap for the development of the French Speaking Space of Pulmonology (FSSP) is an objective of SPLF. The following actions will be taken: bilateral and multilateral collaboration, mutual assistance, professional exchange – North–South, South–South, East–West – and academic training and continuing professional development.

To ensure coordination and synchronization of FSSP’s scientific activities, its sessions are organized at all Francophone events. A series of applied research projects with subsequent publications are planned, as well as standardization of equipment and development of spirometric standards for specific ethnic groups. Continuing professional development for trainers, sleep apnoea training and setting up of a human resources bank are also among the major activities planned by FSSP.

3.4 GARD and the Global Asthma and Allergy Platform–International COPD Coalition

The Executive Director of the Global Asthma and Allergy Patient Platform (GAAPP), Germany presented the joint GAAPP–ICC (International COPD Coalition) report on “Assets and needs of respiratory patient organizations: differences between developed and developing countries”. Studies confirm the importance and cost efficiency of having patients involved in making decisions about their own care. Health-care professionals often do not have the time to explain everything in detail, using terminology their patients can understand, to reach agreement on joint decisions with the patient. Therefore, patient organizations and self-help groups become increasingly important. Asthma and allergy patient organizations have existed in Europe and the United States of America (USA) for over 100 years. Patient organizations are usually founded by patients, caregivers and health-care professionals, who mainly work as volunteers; these groups also work to build their membership. More than half of the patient organizations in central Europe have a defined legal
status. ICC and GAAPP believe that patient organizations with common interests, such as respiratory care, should work together in advancing efforts to benefit their patient members.

In April 2013, an online survey was conducted in collaboration with ICC and GAAPP. It included questions on CRD patient organizations, the availability of educational programmes for patients, and barriers to patient education. There were 28 respondents from high-income countries and 27 from low- and middle-income countries. Patient organizations in the area of allergy, asthma, COPD, oxygen supply and fibrosis existed in 89% of high-income countries and in 63% of low- and middle-income countries. The major activities of these organizations were awareness campaign, information, education and training, and lobbying. Providers of CRD patient education were respiratory specialists, primary health-care physicians, nurses, pharmacists, patients’ peers, patient organizations and hospitals. In some countries there are no patient organizations because: sustainability is difficult as there are not sufficient funding agencies; patients are too tired to make the effort; under diagnosis of CRDs is rampant; and diversity of language regional disparities may also be playing a role. Perhaps, patients do not have the same sense of autonomy.

GAAPP and ICC suggest a foundation for CRD patient organizations by educating patients in all health-care settings; these could be called patient micro-organizations. This approach is suitable for low- and middle-income countries to overcome the economic, social and administrative barriers preventing the creation of nationwide patient organizations. They would function to train health-care professionals to educate patients and their families. The families would then be integrated into providing COPD and asthma/allergy care. These patient micro-organizations could be part of the existing health-care structures (e.g. hospitals, health centres, pharmacies and nursing schools). Four steps would need to be taken:

1. prepare tools – key messages about the essentials of their disease and its care would be provided, either in hard copies or electronically, depending on the level of education and culture; photos or videos would be provided for patients who cannot read;
2. medical staff would integrate these tools in their knowledge and training materials, and universities would integrate them into their curricula;
3. key messages should then be delivered to patients as part of medical care by health professionals; sessions for groups of patients would be supervised by primary care practitioners or by trainees, postgraduate medical students and nurses;
4. audits and feedback for evaluation of each of the three steps are mandatory.

Discussion
The success achieved in Brazil with the free access to asthma medication, and in the Russian Federation with the development of mobile labs for integrated diagnosis and management of CRD and other major NCDs were highlighted. It was necessary to see whether these programs could be replicated in other settings. Short summaries of success stories were needed that would show how a country managed to overcome the existing barriers, lessons learnt and how these individual approaches could be applied to other countries. These success stories could be put on the WHO/GARD web site for broader dissemination and use by other NCD partners.

Preventable mortality from CRD (asthma and COPD) could be reduced by treatment modalities mentioned in the WHO Global NCD Action Plan 2013–2020 (1). It was necessary to identify priority areas for action in each country, to reach WHO global voluntary targets. These priority actions could
be put on the WHO/GARD web site and followed through with results oriented programmes. The objective evaluation component needed to be strengthened in all GARD programmes.

4. Session 3: GARD integrated and multidisciplinary activities

4.1 Kyrgyzstan

The President of the Kyrgyz Respiratory Society presented the “National programme for the prevention and control of NCD” in Kyrgyzstan. During 2011, the GARD/NCD meeting in Bishkek Ministry of Health and GARD Kyrgyzstan have suggested the development of national programmes for prevention and control of chronic NCD/CRD in Central Asia and adoption of a coordinated action plan with an emphasis on the primary care level. They took into consideration, and supported, the creation of the GARD Central Asian Group (the Regional Alliance), based on partnership for the purpose of coordinating measures taken towards the improvement of lung health in the population. They also supported GARD assessment studies of the prevalence and burden of chronic NCD/CRD in Kyrgyzstan, in order to map and prioritize efforts in the expansion of prevention and control at the primary care level.

Based on the official statistics, the main risk factors in Kyrgyzstan are: hypertension (12.8%), tobacco smoking (12.3%), excessive use of alcohol (10.1%), hypercholesterolaemia (8.7%), overweight (7.8%), inadequate intake of fruit and vegetables (4.4%), and low physical activity (3.5%); 70% of all causes of death are NCDs (51% cardiovascular diseases, 9% cancer, 7% CRD). Creation of a national system for NCD prevention and control is a goal of the “National programme for the prevention and control of NCD 2013–2020” in the Kyrgyz Republic. This will allow reduction of morbidity, mortality and disability due to NCDs in the population of the Kyrgyz Republic, reducing the prevalence of risk factors for NCDs and the social and economic burden of NCDs. The programme’s priorities are:

- creation of national policy for the prevention and control of NCD, based on a multisectoral approach and partnership;
- survey of the prevalence of NCDs and their risk factors at the primary health-care level;
- regulation and control of major NCD risk factors at the individual and population level;
- improving the quality of care for NCDs, using available interventions on the principles of evidence-based medicine for all health-care levels;
- improving access to health care for all people, regardless of their geographical conditions of residence, transport accessibility and level of income.

Guiding principles of the programme are:

- a priority for the primary health care level;
- increasing the role and responsibility of each individual for their own health;
- access to health care for all people;
- a multisectoral approach with active participation of all government agencies, nongovernmental organizations, individuals and the community.

The main targets of the programme are: 15% reduction of tobacco use, 10% reduction of harmful use of alcohol, 30% reduction of salt/sodium intake, 10% reduction of physical inactivity, 75% coverage of essential NCD medicines and technologies, and the stabilization of mortality from NCDs.
4.2 The Netherlands

The Chair of IPCRG presented the Dutch National Action Plan against chronic lung diseases, focused on primary health care. Lung Alliance Netherlands (LAN) is federative cooperation of organizations involved in prevention of disease and care of one million Dutch people with a CRD. The aims of LAN are to contribute to: reduction of the number of people suffering from CRDs, burden of CRDs, and mortality due to CRDs; and improvement of the quality of life of people with CRDs. There are 150 000 children and 370 000 adults with asthma in the Netherlands, and 540 000 patients suffer from COPD. In view of this, preparation of the National action program on chronic lung diseases 2014–2018, focusing on COPD and asthma with possible expansion to other CLDs, is a LAN priority. The Ministry of Health has secured funding from the end of 2013. The aims of the plan are as follows:

1. 25% reduction in inpatient days due to asthma and COPD;
2. 15% reduction of lost working days due to asthma and COPD;
3. 20% increase in efficiency of inhalation medication (quality of life per euro);
4. 25% reduction in the number of children below 18 years starting to smoke;
5. 10% reduction in deaths due to asthma and COPD.

Some of the activities, such as better treatment outside hospital, will be at the level of primary health care. There will be a targeted approach to reduce lost working days. First contact will be made with large high-risk companies and occupational physicians; 95% of CRD patients use inhalation medication, with annual costs of €440 million. Each year, 19 000 deaths in the Netherlands are due to smoking. Six per cent of 13 year-old individuals are smokers, rising to 19% at 14 years, 34% at 15 years, 37% at 16 years and 40% at 17/18 years. The prevalence of smoking in the total population is 25%. To monitor asthma mortality, it is essential to set up a national audit structure to register and analyse all deaths and admissions to intensive care units. A targeted approach to comorbidities is important for COPD, where many comorbidities lead to excess mortality; these include heart failure, lung cancer, pulmonary fibrosis, diabetes with neuropathy, depression and pulmonary embolism.

4.3 Portugal

The national GARD coordinator presented the impact of legislation banning tobacco smoking in Portugal. The prevalence of smoking in the EU is 28% (32% male, 24% female), in Portugal it is 19% (26.2% male and 12.2% female) and 17.2% are ex-smokers. After the tobacco legislation, 5% stopped smoking, and 22% of smokers reduced their consumption to around nine cigarettes a day; 93% of the population has positively accepted the legislation. The legislation changed smoking habits; it protects nonsmokers and increases the indoor air quality in public spaces. After the start of the legislation in 2006, only 29% of smokers did not smoke at home; by 2009 this had risen to 66%. The number of smoking-cessation consultations in outpatient clinics increased by 30%. The prevalence of second-hand smoking at workplaces decreased by 20%. However, some difficulties have been observed with the smoking ban in restaurants and public spaces. Indoor air measurements have shown a nicotine concentration of 0.24 mg/m³ in spaces without smokers, 2.5 mg/m³ in spaces with an area for smokers and 7.03 mg/m³ in smoking spaces. The vision of the National Programme for Tobacco Control and Prevention 2012–2016 is promotion of a tobacco-free healthier future, with the aim to increase healthy life expectation for the Portuguese population, through reduction of disease and mortality due to tobacco consumption. The main strategies of the programme are:

- design of the intervention and monitoring strategies;
- definition of prevention and control policies;
• decreased social acceptance of tobacco smoking;
• reinforcement of community activities;
• enhancement of tobacco prevention and cessation literacy;
• establishment of a national network within the Portuguese national health service for coordination and implementation.

The main targets of the national programme are: reduction of the proportion of 13 year olds who ever smoked last month, from 5.3% to 4%; a reduction for 16 year olds from 43% to 40%; and a reduction of the proportion of daily smokers aged \( \leq 16 \) years from 15% to 12%.

4.4 Czech Republic

The national GARD coordinator presented GARD development in the Czech Republic. There are 21 partners from Czech GARD, and 622 pulmonologists and 411 allergologists in the Czech Republic. The prevalence of COPD in the country is 7.8%, and for asthma it is 8%. The objectives of the national programme against CRD are to decrease the incidence and prevalence of, and mortality from, CRD; improvement of quality of life; and rational utilization of diagnostic and therapeutic processes.

The fight against CRD forms a part of politically supported activities on various levels of social life, such as:

• increasing community knowledge about CRD, with legislative and working interaction of subjects (21 organizations) collaborating in the National Programme for the Fight against CRD;
• cooperation with WHO and EU authorities dealing with public health;
• continuation of the established activities in respiratory medicine by continuing innovation;
• longitudinal evaluation of epidemiological data;
• evolution of preventive, curative and economic indicators of respiratory diseases.

During the Year of the Lung, GARD organized a series of medical meetings and studies on screening and early detection of CRD. It produced multiple educational publications for patients, to increase public awareness of respiratory diseases, and organized a national conference on CRD.

During World Spirometry Day, GARD organized a meeting in Parliament, spirometry demonstrations in public places and a wide range of medial activities (TV, radio, press).

Session 4: GARD experience from other initiatives

4.1 Building of new patient organizations in Asia and Africa

The Executive Director of GAAPP informed the meeting about new national patient organization members of GAAPP, with the mission to support patients with allergies and asthma throughout the world, to raise awareness of their rights and duties in governments, health-care professional organizations and the lay public. China and Ethiopia have recently joined GAAPP. In March 2012, during the China Asthma and Allergy Patient Platform (CAAPP) communication day, patients were heavily involved in doctors’ presentation of asthma management and also played an important role in sharing their experience and in demonstration of asthma control.

In May 2012, during the World Asthma Day, China Central Television recorded the whole activity and made a TV programme, which helped to promote CAAPP’s Asthma Day activity to the lay public. In
July 2012, CAAPP organized Sport Games to build the confidence of children with asthma to engage in sporting activities and help to build the network among children with asthma, and their parents.

In April 2013, a CAAAP children’s talent show introduced CAAPP to paediatricians from different cities and recruited volunteers to show the talent among children with asthma and demonstrate the good results of asthma treatment.

During Asthma 2013, CAAPP published new material on eczema and rhinitis and stressed that comorbidities should be treated together. CAAPP’s new book was edited by doctors and patients and CAAPP activities became more interactive.

The Asthma and Allergy Patient Organization (AAA) of Ethiopia was founded in October 2012 with the following objectives:

- create awareness in patients and medical professionals of the cause and management of asthma;
- provide technical support to the Ministry of Health and public and private health facilities on management of asthma and allergies;
- provide technical support to the Drug Administration and Control Agency on controlling the quality of drugs and treatment;
- support asthma and allergy patients and their families in their livelihood and social integration;
- support asthma and allergy patients to have affordable access to medicines;
- support research on asthma and allergy and publicize any outcome from studies;
- conduct public gatherings, seminars and workshops and use the media to disseminate information to the public;
- conduct income-generating activities to enhance the capacity of the association;
- work closely with like-minded organizations locally and internationally.

AAA Ethiopia has achieved legal registration, registered more than 500 members within 3 months, and organized World Asthma Day On 7 May 2013, with an emphasis placed on occupational asthma. In the future, AAA will consider Ethiopia’s plan on asthma, and subsidizing asthma medicines.

4.2 The Finnish Lung Health Association

A senior specialist on treatment of tobacco dependence, from the Finnish Lung Health Association (FILHA) spoke about tobacco control in Kyrgyzstan and Finland – as a model for broader cooperation on lung health.

From 1950 to 2012, tobacco consumption in Finland dramatically declined in men and remained practically unchanged in women. By 2040, Finland should become a tobacco-free country. The country’s comprehensive approach to reducing tobacco use consists of legislation, prevention and cessation and treatment of tobacco dependence. FILHA is a key player in tobacco-cessation activities, owing to collaboration with government and primary care specialists. The Kyrgyz–Finnish collaboration began in 1999, after implementation of the PAL (Practical Approach to Lung Health) programme. It became a part of the national health-care reform funded by Finland. A tobacco control collaboration began from a small tobacco-control pilot project in Kochkor and community-based action on smoking in Chui Oblast (2011–2013), which could potentially be a model for country-wide implementation in 2014–2016. The pilot project led to an increased level of skills and knowledge among primary health-care specialists (doctors, nurses), school teachers, village health
committees, national and local media and local authorities and in the area of monitoring and research. The Ministry of Health, Ministry of Education, Republican Centre of Health Promotion, National Academy of Medical Science, and Institute of Continuous Medical Education work together on the WHO Framework Convention on Tobacco Control (6) and the WHO Global NCD Action Plan 2013–2020 (1). A model of a comprehensive, cost-effective approach, with a partnership of governmental–nongovernmental organizations, for planning and execution should lead to nationwide implementation, with potential promotion in other countries in Central Asia.

4.3 Education for Health

In her presentation, the Chief Executive of Education for Health focused on the impact of COPD on a working-age population. Approximately 10% of the population aged over 40 years in Finland has at least moderate COPD, which limits the ability of patients to work and function on a day-to-day basis. People aged 40–65 years drive the global economy, and most are at the peak of their earning and spending power. In the UK and USA, people of this age earn two thirds of the total national pay. To explore behaviours, quality of life, comorbidities, health-care utilization, productivity and ability to continue to work, a cross-sectional survey was carried out. A total of 2426 individuals with COPD aged 45–67 years (49% males and 51% females) were studied in China, Germany, Portugal, Turkey, UK and USA.

The majority of patients were heavy smokers with multiple comorbidities. A strong positive linear correlation was seen between disease severity and level of anxiety and depression; 13% of patients continued to work with activity impairment due to COPD. One in five (26%) 45–67 year olds were forced to retire prematurely because of COPD. The average retirement age for the cohort was 54 years, with estimated lifetime income losses of $316 000. Twenty-two per cent needed regular care on a daily basis, with an average loss of income of $16 000 per annum. The annual cost of health care per individual was estimated to be $2364. Fifty per cent of the cohort had accessed primary care services, including GPs, within the month preceding the survey.

Health-care resource utilization is highest in patients with severe COPD, and their ability to plan for the future also depends on the severity of disease. At the governmental level, it is vital to develop and implement national strategies that promote the prevention of COPD, improve diagnosis, drive awareness of COPD and unite stakeholders in a joint effort to encourage access to a high-quality education programme.

Finally, at the conclusion, it was stated that younger working-age people with COPD carry a high burden associated with their condition. Financial factors, ability to plan for the future and factors associated with social activities are key issues. The severity varied by country; however, there will also be an inevitable influence of cultural and social differences on disease impact. Younger people with COPD need help to maintain optimum health, allowing them to contribute more fully to life

4.4 World Federation of Hydrotherapy and Climatotherapy

A representative of the World Federation of Hydrotherapy and Climatotherapy spoke about the federation’s activities in the area of NCDs. Hydrotherapy and spa therapy have a broad therapeutic history in the management of chronic diseases, and are widely used in cases of airway diseases. Hydrotherapy is considered as a complementary treatment in the national health systems of certain countries.
Discussion
It was noted that hydrotherapy is not indicated in cases of asthma and there was need to gather evidence on the effectiveness of these therapies through controlled trials.

5. Election
According to the GARD Terms of Reference, the election of the GARD chair and several members of the GARD Executive Committee and Planning Group whose terms have expired should be held during this meeting. Thirty-two eligible GARD members (including proxies) participated in the voting.

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

GARD vice-chair
Dr Arzu Yorgancioglu was elected for three consecutive 2-year terms as GARD vice-chair.

GARD Executive Committee
Dr Alvaro Cruz was elected as GARD Executive Committee member for two 2-year terms.

GARD Planning Group
Dr Abay Baigenzhin was elected as representative of the country-focus group for two 2-year terms.

Ms Monica Fletcher and Professor Niels Chavannes remain Planning Group members for a 2-year term, as per voting of eligible GARD members.

Farewell address
In his farewell address, the GARD Kazakhstan coordinator and Executive Director of EARS, Dr Abay Baigenzhin, thanked all participants for the very fruitful meeting. He expressed his views of an optimistic future for GARD and thanked WHO for support. He then welcomed GARD participants to the parallel meeting of the National Respiratory Society 4–6 July 2013 and wished them all success.

References


Annex 1.
PROVISIONAL AGENDA

Wednesday, 3 July 2013

08:30 – 09:30 Registration of participants

Opening session

09:30 - 09:35 Introduction and welcome address
Abay Baigenzhin
Euro-Asian Respiratory Society

09:35 - 09:40 Welcome speech
Salidat Kairbekova
Minister of Health

09:40 - 09:45 Welcome address
Oleg Chestnov, Assistant Director-General
Noncommunicable Diseases and Mental Health (NMH)

09:45 - 09:50 Welcome address
Abouva Gaukhar, NPO
WHO Country Office, Astana, Kazakhstan

09:50 - 09:55 Objectives and election of chairpersons and rapporteurs
Shanthi Mendis, Director a.i.
Management of Noncommunicable Diseases (MND)

09:55 - 10:05 Update on GARD
Purpose and expectations for the 2013 General Meeting
Jean Bousquet, GARD President

10:05 – 10:30 Coffee break and Group Photo


Moderator: Jean Bousquet, GARD Chair

10:30 - 10:45 Global Action Plan for prevention and control of NCDs 2013-2020
Shanthi Mendis, Director a.i.
Management of Noncommunicable Diseases (MND)
10:45 – 11:00  Outline of GARD country report  
Arzu Yourgancioglu, GARD Executive Committee

11:00 - 12:45  Reports:  
Bangladesh  
‘GARD Brazil. From 2006 to 2013-achievements and hurdles’ – Alvaro Cruz  
Pakistan  
Syria  
‘Update of GARD Turkey’ Arzu Yourgancioglu  
Russia  
‘The management of asthma in Viet-Nam’  
Uganda  
‘Results of the Fresh Air Project’ - Niels Chavannes  
Poland  
“Premedical early diagnosis of allergic diseases in Poland” Boleslaw Samolinski  
“POLASTMA in Poland-focus on management of severe asthma. National Registry” Piotr Kuna  
‘Initiatives of GARD Italy’ - Giovanni Viegi  
‘Mortality due to respiratory diseases and the climate’ Abuova Gaukhar, NPO,WHO.

12:45 – 13:00  Discussion

13:00 - 14:00  Lunch

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

14:00 - 15:30  GARD in South America (Argentina, Paraguay, Venezuela)  
Carlos Baena- Cagnani, Argentina

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

GARD in the Pacific Region (Republic of Korea, Australia)  
You Young Kim, GARD Korea  
Kristin Whorlow, National Asthma Council, Australia

GARD in Espace francophone de pneumologie  
Ali Ben Kheder, Coordinator  
Espace francophone de pneumologie, Tunisia
Bernard Pigearias, Secretary General, SPLF, France

GAAPP&ICC joint report:
‘Assets and needs of respiratory patient organizations: difference between developed and developing countries’
Antje Fink Wagner & Yousser Mohammad.

15:30 – 16:00 Coffee break

Session 3: GARD integrated and multidisciplinary activities.
Moderator: Arzu Yorgancioglu, GARD Executive Committee

16:00 – 16:15 National Programme for the prevention and control of NCD
T. Sooronbaev, GARD Kyrgyzstan

16:15 - 16:30 Dutch National Action Plan against chronic lung diseases with the focus on PHC.
Niels Chavannes, President IPCRG

16:30-16:45 GARD Portugal - The impact of the ban tobacco legislation in Portugal.
J. Rosado Pinto

16:45 - 17:00 Integrated approach and Healthy Aging: Implementation in the Languedoc Roussion Region.
Jean Bousquet, GARD Chair

17:00 - 17:45 GARD in Czech Republic, Greece, and Lithuania.
Discussion

Thursday, 4 July 2013

Session 4: GARD experience from other initiatives.
Moderator: Alvaro Cruz, GARD Planning Group

09:00 – 09:50 GAAPP – ‘Building of new patient organizations in Asia and Africa’
Antje Fink Wagner,

FILHA - "Tobacco Control in Kyrgyzstan and Finland – a model for broader lung health cooperation in Central Asia"
Patrick Sandstrom,

FEMTEC - 'Integration of thermal medicine in the national health systems in the prevention, treatment and rehabilitation of CRD.'
Session 5: GARD election.
Moderator: Nikolai Khaltaev, GARD Vice Chair
Issa Mata, WHO Office of the Legal Counsel

10:00 - 11:00 Election of GARD Chair and GARD Planning Group members

11:00 - 11:30 Coffee break

Moderator: Jean Bousquet, GARD Chair

11:30 - 11:55 GARD proposed activities for 2013-2014
Status of collaborating parties and new applicants
Financial status
Proposals for the 9th GARD General meeting 2014 and Executive Committee and Planning group meetings 2013-2014
General Discussion
Conclusions

11:55 - 12:00 Farewell address
Abay Baigenzgin, President
Euro - Asian Respiratory Society.

12:00 - 13:00 Buffet lunch
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