

**GARD Launch**  
Questions and Answers for media  
Press conference, 28 March 2006, Beijing

**Q 1: What is the Global Alliance against Chronic Respiratory Diseases (GARD)?**

A: 1 GARD is a voluntary alliance of organizations, institutions, and agencies working towards a common vision of improving global lung health and making the right to breathe freely a reality for all.

**Q 2: Why is there a need for a Global Alliance?**

A: 2 Hundreds of millions of people suffer from chronic respiratory diseases worldwide and over four million die from chronic respiratory diseases each year. Chronic respiratory diseases cause substantial socioeconomic burden to both individuals and societies. However, chronic respiratory diseases are widely under-recognized, under-diagnosed, under-treated and insufficiently prevented. If urgent action is not taken, chronic respiratory diseases will increase by 30% in next 10 years.

**Q 3: What are the key objectives of GARD?**

A: 3 The main objective of GARD is to initiate a comprehensive approach to fight chronic respiratory diseases. This involves developing a standard way of obtaining relevant data on chronic respiratory disease risk factors, encouraging countries to implement health promotion and chronic disease prevention policies, and making recommendations of simple strategies for management of chronic respiratory diseases.

**Q 4: What are chronic respiratory diseases and what is the global burden?**

A: 4 Chronic respiratory diseases are chronic diseases of the airways and other structures of the lung. Some of the most common are asthma, chronic obstructive pulmonary disease (COPD), and respiratory allergies. Hundreds of millions of people suffer from chronic respiratory diseases worldwide and over 80% of chronic respiratory disease deaths occur in low and lower-middle income countries. Asthma poses a substantial burden in high-income countries such as Australia, New Zealand, the United Kingdom, and the United States.

**Q 5: Why are chronic respiratory diseases increasing globally?**

A 5: Exposure to risk factors is increasing: there has been an increase in some of the causes of chronic respiratory diseases such as tobacco smoking, air pollution, occupational agents and urbanization.

**Q 6: Can chronic respiratory diseases be caused by occupational exposure?**

A 6: Occupational exposure causes a wide range of lung diseases. Between 10-15% of the burden of chronic obstructive pulmonary disease and asthma is linked to

occupational exposure, which can occur in occupations as diverse as bakers (flour), ranchers (animal proteins), and miners (asbestos).

**Q 7: What are some common barriers to proper management of chronic respiratory diseases in low and middle income countries?**

A 7: In low and middle income countries, where over 80% of chronic respiratory disease deaths occur, general lack of awareness of these diseases is a major barrier to timely diagnosis. Even after diagnosis, essential medication is often unavailable or unaffordable.

**Q 8: Does GARD have specific goals to reduce the global burden of chronic respiratory diseases?**

A 8: GARD goals will be within the framework of WHO Global Goal to reduce deaths from chronic respiratory diseases and other chronic diseases, as outlined in the recently released WHO report *Preventing chronic diseases: a vital investment*. The Goal calls for a reduction in chronic disease death rates by an additional 2% per year over next 10 years to 2015, which would save a total of 36 million lives including over 4 million people with chronic respiratory diseases. The vast majority of these lives saved – over 85% for chronic respiratory diseases - would be in low and middle income countries.

**Q 9: How will GARD achieve its objectives?**

A:9 GARD collaborating parties including WHO will contribute human, technical and knowledge resources, apart from financial donations. They will encourage implementation of existing WHO and other organizations' initiatives for improvement of lung health.

**Q 10: How will GARD build upon already existing initiatives?**

A 10: GARD will improve coordination between existing governmental and nongovernmental programmes, to avoid duplication of efforts and wasting of resources. For example, GARD will strongly support and encourage countries to become a party to the WHO Framework Convention on Tobacco Control (WHO FCTC), which has already been ratified by 124 countries and is a powerful approach to preventing lung cancer.

GARD will also work with the WHO Stop Tuberculosis Programme to work in decreasing the global burden of pulmonary tuberculosis - a bacterial infection of the lungs which is also a chronic respiratory disease.

**Q 11: Does GARD plan to promote tobacco control campaigns like in Ireland or Italy?**

A 11: Tobacco smoking is a key risk factor for chronic respiratory disease. GARD welcomes the recent tobacco control campaigns in Ireland and Italy, and encourages other countries to initiate similar tobacco control programmes.

**Q 12: Can COPD and asthma be cured?**

A 12: Chronic obstructive pulmonary disease cannot be cured. However, treatment is available to alleviate symptoms and improve quality of life.

Asthma, in some cases, resolves spontaneously over time. However in many cases, people with asthma are affected throughout their lives. With appropriate medication asthma can be controlled easily and people can have entirely normal lives.