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PREAMBLE

Hundreds of millions of people suffer from chronic respiratory diseases, including 300 million people with asthma, 80 million people with moderate to severe chronic obstructive pulmonary diseases, and millions of others with mild chronic obstructive pulmonary diseases, allergic rhinitis and other chronic respiratory diseases. The Global Alliance against Chronic Respiratory Diseases (GARD) was formed following a mandate from the World Health Assembly to address this serious and growing global health problem.

GARD is a voluntary alliance of national and international organizations, institutions and agencies committed towards the vision of a world where all people breathe freely. The goal of GARD is improving global lung health. Its main objective is to initiate a comprehensive approach to fight chronic respiratory diseases by: (a) developing a standard way of obtaining relevant data on risk factors for chronic respiratory diseases; (b) encouraging countries to implement health promotion and chronic respiratory disease prevention policies; and (c) making recommendations of affordable strategies for the management of chronic respiratory diseases. GARD aims at being represented in all countries, with an emphasis on meeting the needs of low and middle income countries and vulnerable populations. GARD fosters country-specific initiatives tailored to each country's local needs.

This report describes activities to date and looks at how GARD will grow in the future to combat the problem of chronic respiratory diseases.
INTRODUCTION

Background

The enormous human suffering caused by chronic respiratory diseases was recognized by the Fifty-third World Health Assembly, which requested the WHO Director-General to continue giving priority to the prevention and control of noncommunicable diseases, including chronic respiratory diseases, with special emphasis on low and middle income countries and other deprived populations. The Health Assembly also requested the Director-General "to coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research" (resolution WHA53.17).

After several consultations, held at:
- WHO headquarters, Geneva, 11–13 January 2001 (1)
- Montpellier, 11–12 February 2002 (2)
- Montpellier, 27–28 July 2002 and Paris, 10 June 2003 (3)
- WHO headquarters, Geneva, 17–19 June 2004 (4),

The Global Alliance against Chronic Respiratory Diseases (GARD) was approved by WHO in 2004. The first meeting on GARD was held at WHO headquarters, Geneva, on 18–19 January 2005 (5), followed by a General Meeting held at WHO headquarters, Geneva, on 10–11 May 2005 (6).

After the launch of the Alliance on 28 March 2006 in Beijing, a first official General Meeting was held on 28–29 March 2006. This report summarizes the consultation of experts from 41 governmental and nongovernmental organizations who participated in the General Meeting. Several observers were also invited by WHO to attend (see Annex 1).

GARD was officially launched during a ceremony introduced by Professor Wang Longde, Vice-Minister of Health, China (see Annex 2) and Dr Henk Bekedam, WHO representative in China (see Annex 3). The launch was chaired by Professor Jean Bousquet and Dr Nikolai Khaltaev. Presentations on GARD and the burden of chronic respiratory diseases were provided by Professor Nan Shan Zhong (China), Dr Suzanne Hurd (United States of America), Dr Nikolai Khaltaev (WHO headquarters), Professor Jean Bousquet (France), Professor Michael Boland (Ireland) and Mr John Walsh (United States of America).

Dr Nikolai Khaltaev, Responsible Officer, Chronic Respiratory Diseases, WHO, welcomed the participants. The purpose of the meeting was to review reports of activities conducted as part, or as a result, of GARD's mandate and recommend on future planning. While chronic respiratory diseases were the focus of the Alliance, GARD should integrate its activities with those for other chronic diseases, such as cancer, cardiovascular disease and diabetes. That approach was essential in low and middle income countries, where separate action plans were not feasible because of limited resources. Thus, the integrated approach should be extended to all chronic diseases, since many of them shared similar risk factors. It was more useful to assess the risk factors of all diseases globally than to determine them for each disease individually.

For the meeting, the participants nominated Dr Suzanne Hurd, United States of America, to serve as Chair, and Dr Jean Bousquet, France, to serve as Co-Chair. Mr Clyde Ito, Japan, and Dr Klaus Rabe, the Netherlands, served as Co-Rapporteurs.

Dr Hurd welcomed the participants and thanked WHO staff for the hard work that they had carried out over the past year for GARD.

The present report summarizes the presentations and discussions that took place during the General Meeting.
The material presented during the launch and the General Meeting, as well as the key media documents (see Annexes 4, 5 and 6), are available on the GARD web site at: http://www.who.int/respiratory/gard/launch

In closing the meeting, and speaking on behalf of all the participants, Dr Hurd and Dr Bousquet warmly thanked Professor Nan Shan Zhong, President of the Chinese Medical Association, as well as the many Chinese colleagues, and members of the Chinese Medical Association who had contributed to the success of the GARD launch and General Meeting. The participants recognized the work carried out by Dr Khatlaev and the WHO team in providing secretariat support to GARD. Dr Hurd thanked all speakers for their contributions to the meeting. Their helpful advice and suggestions would be considered by the GARD leadership.
Dr Nikolai Khaltaev proposed a series of tools aimed at engaging GARD collaborating parties in the achievement of GARD’s goal of reducing the burden of chronic respiratory diseases. After defining the goal, purpose, expected results and activities of the Alliance, it would be necessary to clarify the role and responsibilities of each collaborating party. He hoped to work with GARD collaborating parties to develop a strategic framework for the Alliance.

Working proposals for the following tools were presented to GARD collaborating parties for their consideration: GARD cycle, problem tree, objective tree, and logical framework matrix (see GARD web site: www.who.int/respiratory/gard/launch).

The GARD cycle includes 12 proposed steps to develop and manage the Alliance. The cycle is continuous, each step having its own scope. For example, the scope of the first step is to understand the challenge, gather information, and consult stakeholders and potential resource providers. At present, GARD collaborating parties are facing the challenges of the building and planning phases, as well as the managing and resourcing phases.

**Figure 1: GARD cycle**

1. Scoping
   - Understanding the challenge, gathering information; consulting with stakeholders and with potential resource providers; building a vision of the alliance

2. Identifying
   - Identifying potential participants and securing their involvement, motivating them and encouraging them to work together

3. Building
   - Participants build their working relationship through defining the goal, objectives and core principles that will underpin the alliance

4. Planning
   - Participants plan programme of activities and begin to outline a coherent project

5. Managing
   - Participants explore structure and management of their alliance

6. Resourcing
   - Participants (and other supporters) identify and mobilize cash and non-cash resources

7. Implementing
   - Once resources are in place and project details agreed, the implementation process starts – making to a pre-agreed timetable and to specific deliverables

8. Measuring
   - Measuring and reporting on impact and effectiveness – outputs and outcomes. Is the Alliance achieving its goal?

9. Reviewing
   - Reviewing the Alliance: what is the impact of the Alliance on participants? Is it time for some partners to leave and new partners to join?

10. Revising
    - Revising the Alliance, programmes and projects in the light of experience

11. Institutionalizing
    - Building appropriate structures and mechanisms for the partnership to ensure long-term commitment and continuity

12. Sustaining or terminating
    - Building sustainability or approaching an appropriate conclusion
The problem tree summarizes the causes of the burden of chronic respiratory diseases. The core problem is that existing activities for the surveillance, prevention and control of chronic respiratory diseases are fragmented, and are inefficient in controlling the increasing burden of these diseases. The effect is that hundreds of millions of people suffer from chronic respiratory diseases worldwide, and that 4 million people died of these diseases in 2005.

Figure 2: GARD problem tree

CRD = chronic respiratory diseases
The objective tree represents the positive aspects of a desired future situation. This involves the reformulation of problems into objectives. The objective tree can therefore be conceptualized as the positive mirror image of the problem tree, and the cause-and-effect relationships become means-to-an-end relationships. The tree presents the means through which GARD is expected to achieve the development of an enabling environment for sustainable and appropriate action in surveillance, prevention and control of chronic respiratory diseases at individual, community, national and global level. Once that purpose has been attained, the global burden of chronic respiratory diseases will be reduced.

Figure 3: GARD objective tree

![GARD objective tree diagram]

The logical framework matrix presents the substance of GARD in a comprehensive and clear format. The columns describe what GARD intends to do in terms of interventions: overall goal, purpose, expected results, and activities. The rows describe the measurement of the effects (objectively verifiable indicators) and of the resources used (means of verification) as well as the assumptions. Once completed, the framework will show why GARD activities are being carried out, what the expected results are, how GARD is going to achieve the expected results, which are the external factors crucial for the success of GARD, how to assess the success of projects, and by which means to evaluate progress and effectiveness.
Dr Jean Bousquet, Chair of GARD interim Planning Group, presented a progress report, including a summary of the meeting held in May 2005 in Geneva (5).

The WHO document *Preventing chronic diseases: a vital investment* provided a stepwise framework for preventing chronic diseases (7,8). The GARD approach was based on that document, as reflected in the draft document entitled *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*. The draft document had been prepared by J. Bousquet, N. Khaltaev, the Chairs and Co-Chairs of the GARD Working Groups, N. Alt-Khaled, M. Humbert and J.L. Malo. The draft document had been circulated for review and approval by GARD participants, and their comments had been received. Other documents would be prepared (pocket guide, public health guide, executive summary) using the draft document as a source.

The GARD Working Groups had been reorganized in line with the approach described in *Preventing chronic diseases: a vital investment* and reflected in the draft document, as follows:

- **Estimate population needs and advocate for action**
  - Working Group 1: Burden, risk factors and surveillance of chronic respiratory diseases
  - Working Group 2: Advocacy relating to chronic respiratory diseases

- **Formulate and adopt policy**
  - Working Group 3: Health promotion and prevention of chronic respiratory diseases
  - Working Group 4: Diagnosis of chronic respiratory diseases
  - Working Group 5: Drug accessibility and control of chronic respiratory diseases
  - Working Group 6: Paediatric chronic respiratory diseases

- **Identify policy implementation steps**
The number of GARD collaborating parties had been increasing, demonstrating the significant interest in the GARD initiative. At the time of the present meeting, 41 governmental and nongovernmental organizations had joined GARD, while many others had submitted requests to join. Ten representatives from the private sector were attending this meeting as observers. Further discussion and a final decision were required on membership criteria and on voluntary contributions from collaborating parties.

A GARD logo was being considered but might be subject to copyright. It was agreed that further research would be carried out by WHO in respect of a logo.

Regarding activities within countries, Professor Bousquet was pleased to announce that many GARD activities had commenced. Activities were currently under way in Brazil, Cape Verde, China, India, Poland, Republic of Korea, the Russian Federation and Tunisia. Reports on some of those activities would be presented during the present meeting.

The participants endorsed the draft document entitled Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach.

Discussion of the Interim Planning Group report

The question was raised of whether lung cancer should be included in the terms of reference of GARD. Various different opinions were expressed:

- Lung cancer often co-exists with chronic obstructive pulmonary diseases, thus it might be considered a chronic respiratory disease or a co-morbidity.

- Chronic respiratory diseases and lung cancer have common risk factors.

- Chronic respiratory diseases are not confined to the “airways”. For example, in China, chronic respiratory diseases are defined to include tuberculosis and lung cancer, as well as the late consequences of infections (bronchiectasis).

- The primary care level of patients is important and needs to be enhanced, as patients with chronic obstructive pulmonary disease and lung cancer can present with undifferentiated symptoms.

- The syndromic approach taken by the Practical Approach to Lung Health (PAL) could be taken as a model; for example, PAL in South Africa (PALSA) has added HIV/AIDS to PAL. Similarly, lung cancer could be added to GARD.

It was suggested that GARD should start by concentrating on core diseases, and later gradually increase the number of diseases covered. One way to choose which diseases to target first would be by examining the databases of primary care physicians. If lung cancer was added to GARD’s terms of reference, then GARD would need to attract new participants.

Publication and dissemination of GARD documents were discussed. It was suggested that, as a priority, the GARD Interim Planning Group should establish a policy for the publication and dissemination of GARD documents. In particular, it was proposed that GARD logo should be used on GARD documents. The establishment of a publications committee was also proposed.

The importance of evaluating GARD effectiveness was stressed. Such an evaluation might require assessment of the level of chronic respiratory diseases as a baseline prior to the implementation of GARD’s programmes.
Dr Nikolai Khaltaev said that current resources for GARD were US$ 410 000 with 60% of the contributions coming from GARD participants and 40% from GARD observers. Expenses to date included staff costs (US$ 181 300), meetings (US$ 42 000), publications (US$ 3800) and travel (US$ 7300). Working groups had not yet been supported by the GARD budget, but financial aid would be granted as soon as programme plans were developed and finalized by the GARD Interim Planning Group.

The first version of the GARD terms of reference had initially been proposed by the WHO Legal Office in December 2004 and approved by GARD participants. During the 2005 General Meeting, various modifications had been proposed and accepted, but it had been decided to defer sending them for approval to the WHO Legal Office.

Several months before the 2006 General Meeting, it had been suggested that GARD should include commercial private sector entities among its collaborating parties, with the status of observers. This required a modification of the terms of reference by the WHO Legal Office. Accordingly, a revised version of the GARD terms of reference had been prepared and sent to participants for review. The revised version had been approved by email in February 2006, on the understanding that: (a) the status of observer as clearly defined by WHO would be used by GARD; (b) GARD would not develop new guidelines or standards, but would implement guidelines already available from GARD organizations; (c) the copyright for GARD documents would need to be discussed further.

During the 2006 General Meeting, the revised version of the terms of reference was further discussed in order to clarify some issues. It was agreed that the modifications accepted in 2005 should be sent to the WHO Legal Office for comment and revision, with a view to incorporating those modifications in revised terms of reference. The changes being discussed during the 2006 General Meeting concerned the following topics:

- GARD should have a clear statement regarding membership, including what is expected from each collaborating party, what defines a collaborating party, and what each collaborating party is expected to contribute to GARD, both in terms of financial voluntary contributions and in terms of technical, human and physical resources. There should be clear criteria for attending the GARD General Meeting and the GARD Planning Group.

- The GARD Planning Group should be involved in budget planning and in ensuring accountability of expenses. The GARD Planning Group should report annually to the General Meeting.

- The policy for the publication of GARD documents should be articulated by a GARD publications committee. The committee should take account of the following points:
  - A GARD draft document (Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach) was sent to GARD participants for their approval and was endorsed during the 2006 General Meeting. The next steps will be endorsement and publication by WHO, following the WHO publications procedure.
  - Any WHO publication related to GARD activities will be subject to the WHO publications procedure.
  - Any publication related to GARD activities by a GARD participant other than WHO should follow the procedures of the Alliance and of the GARD publications committee. The GARD publications committee should establish rules on the preparation and dissemination of GARD publications, including documents produced by GARD participants. The
current terms of reference state that decisions on publications are to be taken by consensus. This provision would therefore need to be modified when the publications committee is established.

- Copyright for a publication issued by WHO should be vested in WHO. In the case of a compilation of works by GARD participants, the copyright of a specific article prepared by a GARD participant should remain vested in that GARD participant.
- Copyright for a publication prepared and issued by a GARD participant should remain vested in that participant.

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**GARD web site**

The GARD web site, embedded within the WHO web site ([http://www.who.int/en](http://www.who.int/en)), was launched in August 2005. It was regularly updated to take account of new organizations joining GARD and to show documents and presentations of GARD meetings. The proposal was that GARD should have a very simple web site address (currently [http://www.who.int/respiratory/gard](http://www.who.int/respiratory/gard)), which should be registered with Google and other search engines. Dr Ronald Dahl suggested that GARD should establish a web committee to assess the documents posted on the web and develop a policy for the use of the web site.

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**GARD collaborating parties**

At the time of the 2006 General Meeting, GARD participants comprised 41 international, regional and national organizations (Annex 7). In addition, 10 representatives of the private sector had joined GARD as observers. As indicated above, the criteria for becoming a GARD collaborating party as well as the role and responsibilities of each party needed to be developed.

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**Terms of reference for the Working Groups**

Terms of reference for the Working Groups had been drafted and would be circulated for comment.

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**General discussion**

Participants expressed their thanks to all who had worked so hard to develop the GARD concept and the GARD legal framework. All speakers recognized the importance of the GARD initiative and its potential for reducing the global burden of chronic respiratory diseases, through implementing appropriate programmes.

The view was strongly expressed, however, that GARD would be successful only if its governance structure and decision-making processes were carefully designed and clearly presented. Representatives from many GARD organizations felt that more work was needed in that regard. In addition, participants in the meeting considered that there should be a business plan stretching over several years, and envisaging activities to achieve the objectives of the working groups and national programmes. Progress towards GARD’s goal depended on the implementation of a transparent and accountable organizational structure and budget process.
Dr Giovanni Viegi (Chair) presented an overview of the extent of chronic respiratory diseases. He said that chronic obstructive pulmonary disease had been selected as the target for the Working Group’s first year of activity because of that disease’s increasing global burden. Recent data indicated that 50% of smokers might develop chronic obstructive pulmonary disease.

The general objectives were to develop a standardized process in order to obtain data on risk factors, disease burden, trends, quality of care, economic burden and surveillance of chronic respiratory diseases and allergies, which could then be compared across countries. The composition of the Working Group should include all the required expertise.

The Working Group planned to draw on both WHO and non-WHO programmes to develop an inventory of existing studies or reports providing data on the prevalence, risk factors, disease burden, trends, quality of care, economic burden and surveillance of chronic respiratory diseases, collect these data at country level, and build on WHO’s internal activities (routine statistics, information systems, projection modes) to cover all chronic respiratory diseases.

A workplan was presented, envisaging that Working Group 1 would:

- develop methods and select key words;
- review the literature published over the past decade;
- calculate the population-level attributable risks for host and environmental factors;
- include these data in the WHO Global InfoBase;
- develop and test methods for the estimation of the economic burden of chronic respiratory diseases;
- validate the existing models used to predict disease prevalence and its economic burden;
- identify standardized methods for the prevalence surveys of specific chronic respiratory diseases;
- establish the standards for carrying out these surveys;
- develop risk charts for educational purposes.

The first activity of Working Group 1 would be to establish a full epidemiological description of chronic obstructive pulmonary diseases. This activity was prompted by the extent of the epidemic of chronic obstructive pulmonary diseases, which was largely under-recognized at governmental level. The misuse of common indicators, such as reports derived from death certificates, presented a challenge in terms of obtaining accurate information on the extent of the epidemic.

The second activity would be to review existing and ongoing initiatives and projects pertinent to the Working Group’s activities.

The third activity would be to disseminate the outcome of the Task Force on Simple Spirometry held under the auspices of the Forum of International Respiratory Societies. Results were expected to be available by the end of 2006.

Deliverables resulting from these activities would include an inventory of recent studies providing prevalence data on chronic obstructive pulmonary disease, and a definition of standardized methods needed to perform comparable epidemiological studies among countries.

Obviously, the planned activities of Working Group 1 depended on the availability of funds to recruit the young doctors or researchers needed to carry out the work.
Dr Khaltaev indicated that part of the activities of Working Group 1 could be the subject of partnering agreements between GARD interested collaborating parties. Details regarding plans and budget information were required in order to implement such agreements. Also, every effort should be made to include data from primary care sources.

Working Group 2:
Advocacy relating to chronic respiratory diseases

Dr Claude Lenfant (Chair) said that chronic respiratory diseases clearly affected many people around the world; and something could be done to reduce the burden of those diseases. Although awareness-raising was important to draw attention to the problem, awareness was only one of the elements in an advocacy programme. It must also be made clear that measures could be taken to help improve the health of the patients affected.

Many of the recommendations in the WHO technical report on hypertension (9) were also relevant to chronic respiratory diseases. According to that report, “The key elements of effective control of the hypertension in the community include an improvement of the awareness of hypertension among health professionals and the population at large, and more specifically, among the individuals with hypertension.” The word hypertension could be replaced by chronic respiratory diseases, and the statement could be used for GARD.

Awareness-raising was a difficult task, as it took time. It should therefore be an ongoing effort. Finance ministers, who were key personnel in the development of national action plans, were often less concerned about chronic diseases than epidemics. Thus, a specific concentrated effort should be made to inform and motivate them to undertake action. The same approach should be used for the private sector.

There was no single approach to increase awareness. It was country-specific and was based upon economic status, the health-care system, the culture of the country, and the population density. Awareness-raising should be complemented by the dissemination of information and training on what to do, based on what was recommended.

The goal of an effective awareness-raising and dissemination programme was to provide evidence that something could be done, that strategies and interventions had been tested and shown to be effective, that prevention was effective for many chronic respiratory diseases, and that most patients with such a disease could be treated effectively. The primary focus should be on health-care professionals (general practitioners, pharmacists, nurses, primary health care workers and social workers). Whenever possible, patients should be educated and encouraged to become partners in the fight against chronic respiratory diseases.

Advice on raising awareness on chronic respiratory diseases should be derived from existing guidelines, which should be adapted to local situations. Besides the choice of the most appropriate and simple guidelines, it was also important to apply known working methods.

Discussion

Participants recognized that, although broad principles had been defined, it was essential to specify the primary focus of the GARD target, and what GARD could achieve. It was clear that programmes would have to be country-specific and involve different people in various settings. However, all participants agreed that it was important to include community leaders and primary care physicians. In some countries, pharmacists had also been important partners.

It was generally agreed that the awareness-raising campaign should focus on the patient, and that the dynamics between patients and physicians should be an important part of the campaign. Materials for patients should be prepared by GARD.

Some speakers noted the importance of developing materials specifically targeted to primary care physicians. Ways of reaching politicians and those who made health-care funding decisions should also be considered. WHO would surely be able to recommend how to do so, based on other
programmes that had raised the awareness of government officials about important health priorities. Dr Khaltaev noted that WHO regional offices were a good source of contacts. He emphasized the need for GARD products to be convincing.

**Working Group 3: Health promotion and prevention of chronic respiratory diseases**

Dr Michael Boland (Chair) stated that the focus of Working Group 3 was on tobacco control, indoor air pollution (caused, in particular, by the use of biomass fuels in cooking and heating) and outdoor air pollution. He suggested that the smoking ban imposed in Ireland as from 2004 in all public places, including bars, could be used as a model in other countries. In particular, he stressed the need for optimal tobacco control in order to control other risk factors.

Information on tobacco control, indoor and outdoor air pollution needed to be provided to educate people about risk factors and their effects. More help should be provided for smokers who wished to quit smoking. Regulation, in particular of the tobacco industry, was required to protect people from passive smoking. Ventilation was insufficient to create smoke-free places. A total tobacco ban was necessary. Laws should not only be passed, they should also be implemented.

It was important to build a national partnership including:

- members of the relevant parliamentary committee;
- nongovernmental organizations, including all relevant scientific societies;
- public health leaders focusing on environmental tobacco smoke;
- the Minister of Health;
- statutory agencies.

Such a national partnership should exclude the tobacco industry.

In Ireland, and other countries implementing a tobacco ban, most people (including smokers) obeyed the law. There was strong support from key stakeholders for putting in practice the measures provided by the ban, and public support continued to increase.

It was proposed that the Working Group would develop an action plan for 2006, with indicators. The Working Group would conduct quarterly telephone conferences, organize annual face-to-face meetings, and produce an annual report detailing all activities.

**Discussion**

Dr Khaltaev recalled that the WHO Framework Convention on Tobacco Control was a WHO priority. Although GARD should support the convention, the Working Group should not restrict its activities to tobacco control. The Working Group should also concentrate on indoor and outdoor air pollution, allergens, occupational exposure, physical activity and diet. Many other participants concurred, stressing that the Working Group should take a broader approach.

**Working Group 4: Diagnosis of chronic respiratory diseases**

Dr Klaus Rabe (Chair) reviewed the key messages of the Working Group: in all countries, chronic respiratory diseases were under-diagnosed; there was a need for early diagnosis in order to reduce the severity of diseases and disability; and low cost and effective spirometry should be optimally accessible to all.

The general approach of Working Group 4 would be to increase awareness of the need to make a diagnosis, provide simple questionnaires leading to diagnosis, and provide information on simple measures of lung function and diagnostic tests for allergy.

The focus of the Working Group would be on chronic obstructive pulmonary diseases, asthma and allergy. It was not the intention to develop another set of guidelines, but to use existing recommendations. These recommendations should be implemented in primary health care settings and should be the source for educational activities. The focus would be on
low and middle income countries. The Working Group would define its tasks: to identify principles to assess severity, and recommend tests and treatment options in high, low and middle income countries.

The immediate aims of the Working Group were: to draft and publish a list of essential diagnostic tools; to assess the availability of those tools; and to recommend standard operating procedures for diagnosis and follow-up.

Project for allergy diagnosis in developing countries

Dr Walter Canonica described a World Allergy Organization approach that involved two surveys and a programme:

- **Allergy prevalence survey** to collect data on the prevalence of allergic diseases, based on published data or official governmental data (currently being carried out by 60 national societies);

- **Global asthma physician and patient survey** to collect data on adults and children (carried out to date in 16 countries, with 5482 interviews);

- **Emerging society programme**, in collaboration with the American College of Allergy, Asthma and Immunology to run meetings in different regions of the world, to set up educational programmes and to develop pollen traps to monitor allergens.

The proposal for a GARD project on allergy diagnosis was based on three steps: (a) to circulate a questionnaire to all World Allergy Organization member societies to collect data on the diagnostic procedures used in different countries (or regional group of countries); (b) to circulate a second questionnaire about the most relevant allergens in the country or region; and (c), on the basis of steps (a) and (b), to develop a simple and cheap tool to meet regional needs, for example a 5 or 10 skin prick test, costing about US$ 2, for use in low and middle income countries in each region.

Discussion

Dr Khaltaev welcomed the suggested stepwise approach. He proposed that GARD enter into an agreement with interested partners on a project related to allergy diagnosis. The Working Group might wish to use the lung function measurement recommendations that were being prepared by the Forum of International Respiratory Societies, which would be published in November 2006.

Participants agreed on the importance of recommending lung function tests, especially spirometry, in primary health care settings. Participants considered that the World Allergy Organization approach could be a model for a GARD partnering agreement.

Working Group 5: Drug accessibility and control of chronic respiratory diseases

Dr Jean Bousquet (Chair) indicated that the aims, terms of reference and action plans of Working Group 5 were set out in the draft document *Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach*, with specific plans for high, middle and low income countries. In Step 1, a syndromic approach (the Practical Approach to Lung Health) should be promoted in low and middle income countries.

He recalled that the Asthma Drug Facility of the International Union Against Tuberculosis and Lung Diseases had been endorsed by GARD during the 2005 General Meeting.

Working Group 6: Paediatric chronic respiratory diseases

Dr Carlos Baena-Cagnani, Estelle Simons, Ericka Valovirta and Eva Mantzouranis (Co-Chairs) said that the 2005 International Study of Asthma and Allergies in Childhood (ISAAC) would soon be published in *The Lancet* and would provide epidemiological data on childhood asthma and allergies. Increased asthma prevalence was still found in children from low and middle income countries, and in countries with a low asthma prevalence. However, in countries with a high asthma prevalence, a stable high plateau was often observed.
The Working Group planned to focus first on asthma in pre-school children, because that was the most important unmet need. In that population, the objectives were to decrease the burden of asthma by early diagnosis, implement early treatment, develop a plan for continuity of care adjusted to high, middle and low income countries, and assure availability and accessibility of drugs and diagnostic testing.

A comprehensive action plan had been drawn up, which included improved surveillance, prevention, and asthma awareness. The Working Group proposed to improve diagnosis through a “GARD card: is it asthma?” to help with the recognition of acute and recurrent symptoms, and to identify risk factors and diagnostic criteria. The aim was to improve management using existing guidelines, improve compliance, and initiate programmes of guided self-management.

In low and middle income countries, asthma was usually seen as an acute recurrent disease, but not as a chronic disease. The GARD card could be used to recognize asthma through programmes to train health-care professionals, to provide lung function tests in the primary health care setting and to provide inexpensive allergy tests with relevant allergens. The programme should be designed to treat co-existing rhinitis, monitor adherence and advise on the excessive use of bronchodilators.

Several participants raised the issue of vaccinations against respiratory infections in asthmatic children. Working Group 6 should have a very clear statement on that issue. Participants also urged the Working Group to expand its programme beyond the preschool population to be more inclusive, in particular to include adolescents. Dr Khaltaev indicated that the programme could be initiated through a partnering agreement among the organizations interested in the paediatric population.

While all Working Groups had provided names of individuals who could be contacted to serve as members, Dr Khaltaev emphasized that the Working Group membership could be established only after the Working Group terms of reference had been approved. Terms of reference had been drafted and circulated by Dr Eric Bateman on 26 March 2006. WHO and the GARD leadership would work towards the finalization of those draft terms of reference. Furthermore, they would also work with the Working Group Chairs to complete the membership of the Working Groups. Because of budgetary constraints, it was suggested that face-to-face meetings should be held to coincide with major scientific meetings.
Representatives from Brazil, Cape Verde, China, Republic of Korea, Russian Federation and Tunisia described the GARD pilot projects being carried out in their countries. The points made by each speaker are summarized below.

**Brazil**

Dr Alvaro Cruz presented the general health system in Brazil, a middle income country. Symptoms of asthma and rhinitis had a very high prevalence in many cities in Brazil (> 20%). Asthma was the fourth cause of hospitalization in the country. Chronic obstructive pulmonary disease was the fourth major cause of death in Brazil. Although there were only a few studies on chronic obstructive pulmonary diseases, several individuals were working towards obtaining additional data.

In Brazil, a tobacco advertising ban had been implemented, and free pharmaceutical assistance was available to severe asthma patients. The Ministry of Health had published guidelines for the management of asthma and rhinitis in primary care, and was planning to provide free medication for all patients with asthma and rhinitis in primary health care centres, which covered 45% of the population in Brazil.

Nongovernmental organizations had played an important role in the development of local asthma programmes, including asthma education and treatment. Several city programmes had been developed to provide free medication. Data were presented to show that providing medication reduced the number of hospitalizations for severe asthma patients and reduced costs. Future plans included development and active participation of patient organizations.

**Cape Verde**

Dr José Rosado-Pinto described the health system in Cape Verde, a small low income country with 483,000 inhabitants. Tuberculosis was still prevalent but no malnutrition existed. Life expectancy was 70.4 years. There were 340 physicians including 2 chest physicians and 1 allergist. A tobacco ban had been enforced in public places.

The health system structure in Cape Verde included 2 central hospitals, 2 regional hospitals and 17 primary health care clinics. The health system has taken steps to respond to the increasing burden of chronic respiratory diseases. In addition to an outpatient facility, each hospital had two spirometers, and emergency treatment guidelines. Nebulizers, spacers, and essential drugs were available.

The translation into Portuguese of GARD documents had been completed, the questionnaire had been validated and a national plan had been established for coordination between the Cape Verde Ministry of Health and the WHO country office in Cape Verde. A national team had been trained in November 2005, and the programme had been ready to be launched in January 2006. The launch had, however, been delayed because the funding to support the programme had not arrived.

There was official collaboration between Cape Verde and Portugal on asthma and allergic diseases.

**China**

Dr Nan Shan Zhong indicated that chronic respiratory diseases had a huge impact in China, with an estimated 32.8 million people with chronic obstructive pulmonary diseases and 39 million with asthma. Over 1.6 million deaths from chronic obstructive pulmonary diseases occurred each year.
Obstacles to the implementation of GARD activities in China included the lack of an affordable health-care system. The annual costs of inhaled medications for patients with chronic respiratory diseases were quite high, especially for combined therapies and new drugs. In China, a low income country, many patients did not have medical insurance, particularly in rural areas. Only 30% of the 130 million urban residents were medically insured. Only 177 million of the 900 million rural residents were covered by the rural cooperative health-care system. However, there were free consultations in hospitals. Dr Zhong indicated that national coordination of GARD activities required the involvement of the Ministry of Health in order to be effective. In 2006, there had been a strong governmental incentive to increase the budget for chronic respiratory diseases and to expand the rural cooperative medical system.

Existing guidelines for asthma covered less than 1% of people with asthma. A China Asthma Alliance had been formed to introduce standardized treatments, to educate and train doctors and patients, to increase awareness about asthma and to initiate national research projects. Chinese traditional medicine was widely used in China and needed to be evaluated for efficacy and safety. In China, both World Asthma Day and World COPD Day had been highly successful drawing many patients to attend the events.

A tobacco ban was essential, since smoking was a major problem in China. Over 300 million Chinese smoked (mainly men). Several tobacco control actions had been initiated under the auspices of the Ministry of Health. There were several tobacco-free hospitals. The 2008 Olympic games would be tobacco-free.

**Republic of Korea**

Dr You-Young Kim reported on the activities of the Korea Asthma and Allergy Foundation, including research to assess asthma prevalence and costs of asthma care. During World Asthma Day, activities had focused on health promotion and disease prevention. Unfortunately, large gaps existed between the Global Initiative for Asthma guidelines and current treatment in the Republic of Korea. The Korea Asthma and Allergy Foundation had developed a project on easy asthma management, which included the classification of asthma severity using an electronic system.

**Russian Federation**

Dr Alexander Chuchalin discussed an ongoing GARD pilot project in Ryazan. The health-care system included 104 hospitals, 65 out-patient clinics and 792 feldsher stations. In 2004, two Ryazan districts had been selected by WHO for a pilot study to assess the prevalence of major chronic respiratory diseases using a step protocol with a questionnaire survey and measurement of lung function. A very high smoking rate (>50% of people over 15 years of age) had been observed.

In primary health care clinics, 31% of patients reported respiratory symptoms, particularly chronic cough. In addition to smoking, other risk factors included working in dusty environments. Over 80% of patients heated their homes or cooked using an open fire.

Pulmonary function studies had been done to examine bronchial obstruction and to evaluate the correlation of function abnormalities with symptoms. Only 2% of patients with respiratory symptoms and low pulmonary function used inhaled bronchodilators and less than 1% of patients with asthma regularly inhaled glucocorticosteroids. Overall, 15% of patients with asthma used theophylline.

Dr Chuchalin indicated that education programmes were key factors for improving the prevention and management of chronic respiratory diseases in the Russian Federation.
Dr Ali Ben Kheder said that chronic respiratory diseases were a significant health problem in Tunisia: 6.8% of adults suffered from chronic obstructive pulmonary diseases; 5% of adults and 10% of the children suffered from asthma. Tuberculosis and communicable diseases were decreasing.

Tunisia had participated in a GARD pilot study since 2002. The pilot study had already provided encouraging results: an increased number of individuals with asthma, chronic obstructive pulmonary diseases and tuberculosis had been identified, and prescriptions of antibiotics had been reduced, while those of inhaled glucocorticosteroids and inhaled β2 agonists had been increased. Overall there had been a US$20 reduction of medication costs per patient.

A schedule for the period January 2006 to 2010 had been prepared to disseminate the findings from the pilot study and to help build awareness of GARD in other Mediterranean and African countries.

Dr Jie Chen and Dr Chunxue Bai provided a summary of tools required to monitor the GARD initiative, including knowledge of drugs, equipment, medical and surgical procedures to be used for caring for patients with chronic respiratory diseases. In addition, health technology assessment included economic, legal, ethical and political issues.

Health technology assessment must be an important part of the GARD action plan to assess programme goals, to address the issues of quality control, to select benefit packages for health insurance, to determine appropriate interventions for clinical practice and to assure policy-makers that recommendations were based on scientific evidence.
PLANNING GARD EXPANSION

GARD symposia and regional launches in 2007

Dr Ronald Dahl said that inclusion of GARD symposia at international congresses and meetings would be a useful mechanism to raise awareness of GARD and to disseminate GARD materials. Scientific and practical information relating to GARD objectives and activities, as well as the reports on national and regional GARD projects, should be presented.

Regional launches should be used to raise awareness of country-based initiatives. Several venues had already been suggested for regional launches, including Buenos Aires, Argentina, 17 August 2006 (proposed by Dr Baena-Cagnani) and Dehli, India, January 2007 (proposed by Professor Pawankar).

Public campaigns should also take place. It was suggested that information about GARD could become part of current World Asthma Day (annually on the first Tuesday of May), World COPD Day (annually on the third Wednesday in November), and World Allergy Day. It might be appropriate to consider a GARD World Day in the future.

GARD General Meeting

The GARD terms of reference envisage one General Meeting of GARD per year, attended by one representative from each GARD participating organization. The General Meeting operates by consensus. One objective of the General Meeting is the coordination and review of the reports by the Working Groups. Representatives have the responsibility to review and approve changes to the terms of reference, and to establish ad hoc Working Groups to address and advise the General Meeting on issues relevant to the mandate of GARD.

GARD brings together many assets, including intellectual resources, highly motivated and skilled members, materials on diagnosis and management of chronic respiratory diseases, and the organizational knowledge of governments, WHO and GARD collaborating parties.

However, as stated on many occasions throughout the 2006 General Meeting, GARD must set out a clear policy for its governance structure, including criteria for membership and voluntary contributions, and defining the duties and responsibilities of participating organizations. While the subject has been discussed at previous meetings, participants requested further work in that area.

Standard operating procedures should be developed for consultations with Ministers of Health to inform them about GARD and define areas of intervention, and to develop and implement programmes and specific action plans.

Seoul, Republic of Korea, has been proposed as the location of the next General Meeting.

Creating GARD national

Dr Khaltiav suggested that countries involved with GARD and willing to develop and implement a GARD national plan should identify a national coordinator and establish GARD national within the framework of the action plan described in the GARD draft document Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach.

The purpose of GARD national would be to ensure that the basics for surveillance, prevention and control of chronic respiratory diseases are in place, to secure political commitment from the Ministry of Health, to approach stakeholders and interested parties, and to develop and implement the national plan.
Specific steps to develop a GARD national plan

- Situation analysis:
  - Where are we now?
  - What are the problems?
  - What are the available resources?
- Planning (priorities, goals and targets): Where do we want to go?
- Implementation (organization and management): How will we get there?
- Monitoring and evaluation: How will we know when we achieve our goal?
- Forward planning: What new problems will we have in the country?

The role of the GARD national coordinator

- Drive intra-organizational coordination (together with the Ministry of Health focal point).
- Drive the inter-organizational coordination for implementing the GARD action plan at national level.
- Promote GARD activities in the country concerned.

Building GARD national

- Make an inventory of stakeholders.
- Select key members.
- Define the terms of reference.

Role of GARD national

- GARD national will act as a coordinator and creator of momentum to upgrade national, existing programmes on chronic respiratory diseases. It will stimulate a true national response and new inputs from various stakeholders.

The future of GARD

Dr Bousquet reflected upon how the presentations and discussions at the General Meeting would affect the future of GARD. He recognized that GARD has considerable potential to benefit patients with chronic respiratory diseases.

All participants recognized that there was work to do and a need to improve the structure of GARD. That would require time, adjustments, and collaboration.

Achievements of GARD in its first year (2005–2006)

- The second version of the GARD terms of reference was approved by e-mail by GARD participants in February 2006. It allows private sector entities to collaborate with GARD as observers.
- GARD membership grew to include 41 participants. In addition, over 10 other organizations applied to collaborate with GARD and 10 commercial entities joined GARD as observers.
- GARD was launched in Beijing, China (28 March 2006).
- The GARD web site was set up, hosted by the WHO web site.
- The GARD draft document (Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach) was endorsed by all participants during the 2006 General Meeting.
- All Working Groups have started to work. The terms of reference for the Working Groups have been drafted by Dr Bateman.

Plan for 2006–2007

The following actions were approved by the General Meeting:

- Second version of the GARD terms of reference: further comments made with regard to publications will be discussed with the WHO Legal Office.
PLANNING GARD EXPANSION

- Development of GARD governance structure: the WHO team providing secretariat support to GARD will review the structure of different WHO alliances and prepare a draft structure, which will be sent to GARD participants for comment. Subsequently, a proposed structure will be submitted to the next General Meeting for approval.

- GARD collaborating parties: clear criteria for becoming a GARD collaborating party will be developed and discussed.

- Partnering agreements will be discussed between WHO and interested organizations in regard to two projects discussed during the General Meeting: (a) diagnosis of allergy in low and middle income countries (Working Group 4); and (b) paediatric asthma (Working Group 6).

- The terms of reference for GARD Working Groups, proposed by Dr Bateman, will be circulated for comment, and subsequently revised and circulated for approval.

- The GARD draft document “Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach” will be sent to WHO for endorsement.

- Based on the draft document, a pocket guide, a public health guide and an executive summary will be written. The executive summary will be submitted to a major journal for publication, and adapted (and translated) by GARD participants for publication in their own journals.

- All GARD documents will be posted on the GARD web site and will be available to be posted on GARD participants' web sites.

- The first regional launch is scheduled to take place in Argentina, on 17 August 2006. Other launches will take place in India, Europe and Africa.

- A GARD meeting will be held during the European Respiratory Society Congress, to be held in Munich in September 2006.

- National GARD coordinators will start to act at country level, subject to approval by the Ministry of Health.

Follow-up

On 30 March 2006, the World Organization of Family Doctors (WONCA), in collaboration with the Chinese Medical Association, organized a forum with Chinese family physicians to follow up the GARD launch. The forum focused on the role of primary care physicians in the prevention and early treatment of chronic obstructive pulmonary diseases. Several individuals who had spoken at the GARD General Meeting were invited to summarize the achievements of GARD and its future goals.
REFERENCES

ANNEXES

ANNEX 1

List of attendees

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<td>Mr A. Turnbull</td>
<td>Executive Secretary, Forum of the International Respiratory Society (FIRS), Lausanne, Switzerland</td>
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<tr>
<td>Dr A. Saporta</td>
<td>Stallergenes SA, Antony, France</td>
</tr>
<tr>
<td>Professor U. Solimene</td>
<td>Secretary-General, World Federation of Hydrotherapy and Climatotherapy (FEMTEC), Milan, Italy</td>
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<tr>
<td>Professor P. van Cauwenberge</td>
<td>Chairman, Global Allergy and Asthma European Network (GA2LEN), Ghent, Belgium</td>
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<tr>
<td>Professor D. Vervloet</td>
<td>President, Association Asthme et Allergies (AAA), Paris, France</td>
</tr>
<tr>
<td>Professor J. Warner</td>
<td>International Pediatric Respiratory and Allergies Immunological Societies (IPRAIS), Southampton, United Kingdom</td>
</tr>
<tr>
<td>Professor T. Zuberbier</td>
<td>European Centre for Allergy Research Foundation (ECARF), Berlin, Germany</td>
</tr>
</tbody>
</table>
Opening Address,  
Dr Longde Wang,  
Vice-Minister of Health, China

Distinguished guests, delegates, ladies and gentlemen, the ceremony to launch the Global Alliance against Chronic Respiratory Diseases is taking place at this time when the feeling of spring is very much in the air here in Beijing. This event is of great significance to promoting the prevention and control of chronic respiratory diseases in our country. First of all, on behalf of the Ministry of Health, I would like to warmly congratulate the convening of this launch ceremony; warmly welcome all domestic and international medical experts and professors participating in this event; and express my sincere gratitude to the World Health Organization which has consistently supported and assisted China in its pursue for health, as well as all domestic and international experts who have made unremitting efforts and positive contributions to prevent and control chronic respiratory diseases.

Chronic respiratory diseases are a kind of common diseases seriously affecting the health of the population. Substantial amounts of health resources are spent on prevention and treatment every year. Such diseases not only have a grave impact on the patient’s physical well-being and quality of life, but also impose an enormous financial burden on families and the society. China is a developing country, and the prevalence of chronic respiratory disease is very high. According to incomplete statistics, the number of patients suffering from chronic respiratory diseases is 32 million, the prevalence among the population above the age of 40 being as high as 8.2%; and the number of asthma patients is 39 million.

The Chinese government is paying much attention to the prevention and treatment of chronic respiratory diseases. Under the leadership of the government, proactive prevention and control activities as well as comprehensive management measures have been undertaken, gradually giving shape to a prevention and control network with the integration of government departments, specialized technical forces and the patients. Certain progress has been made in the continuing education of medical workers, the establishment of new cooperative relations between providers and users of health services, and the extension of the range and measures for prevention and control. The percentage of patients seeking care for chronic respiratory diseases is rising by the year, and there has been significant drop in the frequency of some acute asthmatic attacks, the extent of severe damages and medical expenses. Nevertheless, efforts to prevent and control chronic respiratory diseases were initiated at a rather late date in China, and there is a long way to go before we can catch up with advanced international levels. In the future, we will take necessary measures to further strengthen governmental leadership, enhance international communication, draw on successful prevention and control experiences from other countries, initiate well organized and carefully planned health education, mobilize the entire society to give attention and support to the prevention and control of chronic respiratory disease, continuously increase the capability and capacity of medical workers to diagnose and treat chronic respiratory diseases, and make efforts to reduce the socio-economic burden imposed by disease on patients and their families.

The Global Alliance against Chronic Respiratory Diseases will provide an effective form in which health care workers, institutions and governments from all countries may jointly work to mobilize the entire population in efforts to prevent and control chronic respiratory diseases. Holding this ceremony in China to launch the Global Alliance against Respiratory Diseases offers us an excellent learning opportunity to strengthen international academic exchange, carry out research on the prevention and control of chronic respiratory diseases, and improve the level of prevention and control. Over the years, China and WHO have been engaged in productive collaboration in health care. I am convinced that, with the joint efforts of all concerned, we will increasingly make improvements in the prevention and control of chronic respiratory diseases and achieve ever greater success.

Finally, I offer my best wishes to the successful completion of this ceremony to launch the Global Alliance against Chronic Respiratory Diseases.

[Speech delivered on 28 March 2006]
Your Excellency, Dr Wang Longde, Vice-Minister for Health, Distinguished guests, Ladies and Gentlemen, good morning.

On behalf of the World Health Organization, I would like to welcome you to the General Meeting of the Global Alliance against Chronic Respiratory Diseases (GARD). We are gathered here as a voluntary alliance from 41 different organizations, institutions, and agencies, with one common vision – to work towards improving lung health worldwide, and to make the right to breathe freely a reality for all of us throughout the world.

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

Occupational health problems, particularly lung diseases, account for 10%–15% of the burden of chronic obstructive pulmonary diseases. Air pollution and cigarette smoking are the most common factors leading to chronic respiratory diseases like asthma and chronic obstructive pulmonary disease (COPD). Asthma is often linked to occupational exposure, increasing risk among a range of occupations as diverse as bakers handling flour, ranchers working on animal proteins, and coal miners exposed to asbestos.

Urbanization and industrialization drive economic growth, but also threaten health. Environmental pollution and occupational diseases pose large challenges. Also in China where more than 60% of the energy is supplied by coal, and safety standards are in need to be strengthened, putting workers and the society at large under increased health risks.

In 2002, about 74% of the Chinese urban areas suffered from air quality that fell short of meeting the national standards. Pulmonary disease was the second leading cause of death with 1.3 million deaths. Such a high rate is closely linked to poor air quality and to high rates of smokers.

With approximately 320 million smokers, China has about 30% of world smokers. In 2005, China was proudly one of the first countries that ratified the Framework Convention on Tobacco Control (FCTC). Smoking behaviour and patterns, however, will not change overnight. More than 50% of all non-smokers in China are exposed to second-hand smoke, including infants and children whose parents smoke around them. It is today's children who will be tomorrow's China; and to give children every opportunity for a healthy start of their precious life, we must work today to reduce the hazards they face through second-hand smoke.

Nearly 80% of the people suffering from the problems of chronic respiratory illnesses live in low and middle income countries, where there is a general lack of awareness and safety standards are often not well established, delaying early diagnosis. Prevention and control of diseases require a considerable amount of investment, which poorer nations have often difficulties in mobilizing.

Even when diagnosis is available, medication is often not affordable for the poor. This is particularly sad because appropriate medication for chronic respiratory illnesses can fully alleviate symptoms and enable patients to lead an entirely normal life.

What can GARD do in this regard? Today many experts will tell you in detail what can be done, but it will roughly fit into two broad categories:

1. **Scale up prevention**: Risk factors leading to chronic respiratory diseases are known. GARD will play an advocacy role to build on and scale up existing prevention programmes. The FCTC will be one of the major pillars
in scaling up preventive work with countries.

2. **Increase access to improved diagnostics and treatment:** Not only make diagnostics and treatment available, but also work with governments and industries to make them affordable to those who need them most.

These are not easy tasks and do not involve the health sector alone. Action is required across a broad social spectrum, involving many players in various sectors such as financial, trade, education and other social sectors in order to achieve the goals.

It would, however, be unacceptable if not more attention is given to prevention, and if those who suffer from chronic respiratory diseases do not have access to the right diagnostics and treatment.

In the hours to follow, we will witness the launch of GARD. The main objective of GARD is to initiate a comprehensive approach to fight chronic diseases, and to make this world a safer place where we can “breathe freely”.

I wish you every success in your endeavour.

[Speech delivered on 28 March 2006]
Launch of Global Alliance Against Chronic Respiratory Diseases (GARD)

Hundred of millions suffer from chronic respiratory diseases

Beijing, 28 March, 2006 -- Today, the Global Alliance Against Chronic Respiratory Diseases (GARD) is being launched in Beijing, China. The alliance is a global voluntary alliance of 41 national and international organizations focused on reducing the global disease burden of chronic respiratory diseases by integrating and strengthening surveillance, prevention and treatment efforts.

Currently, hundreds of millions of people suffer from chronic respiratory diseases, including 300 million people with asthma, 80 million people with moderate to severe chronic obstructive pulmonary disease (COPD) and millions of others with mild COPD, allergic rhinitis, and other chronic respiratory diseases, which are often undiagnosed. WHO estimates that some 4 million people died of chronic respiratory diseases (CRD) in 2005 and that total deaths will increase by 30% in the next 10 years, if action is not taken now.

“The goal of GARD,” says Professor Jean Bousquet, GARD chairman, “is to reduce the global burden of chronic respiratory diseases. As the prevalence and global burden of chronic respiratory diseases are expected to increase considerably in the near future, it is clear that immediate action is greatly needed and the cost for inaction is unacceptable.”

The key objectives for GARD involve a comprehensive approach to fight chronic respiratory diseases and in many cases will build on already existing initiatives. They include:

- Developing a standard way of obtaining data on risk factors and disease burden of chronic respiratory diseases. This will help define strategies and raise chronic respiratory diseases on the global and local health agendas (as a public health priority).
• Encouraging countries to implement health promotion and chronic disease prevention policies such as tobacco control in order to reduce the burden of chronic respiratory disease as well as other chronic diseases.

• Making recommendations for how to provide simple and affordable strategies for the management of chronic respiratory diseases for all patients in all countries. Strategies will focus on early diagnosis and appropriate and affordable treatments, because chronic respiratory diseases are largely under-diagnosed and under-treated.

In China, an estimated 17% of all deaths are due to chronic respiratory diseases. “Rapid urbanization in China has contributed to the sharp rise in chronic disease risk factors such as tobacco use, physical inactivity, and unhealthy diet. By creating a supportive environment where healthy choices are easy and accessible, healthy life years will be added for individuals and the society at large,” says Dr Henk Bekedam, WHO Representative to China.

WHO advocates an integrated approach to prevention and care for all leading chronic diseases. Integrated approaches that combine chronic respiratory diseases prevention and management with a similar approach for heart disease, stroke, diabetes and other chronic diseases are necessary because the diseases share common risk factors and require similar responses from the health system. The integrated approach is not only best for prevention and management, it is also cost-effective. This approach is outlined in the recent released report, Preventing chronic diseases a vital investment, which also called for a Global Goal to reduce death rates from chronic respiratory diseases and other chronic diseases including heart disease, stroke, cancer and diabetes by an additional 2% per year over and above existing trends during the next 10 years, to 2015.

Note to editors:

Information about GARD is available on:
http://www.who.int/respiratory/gard/en

Information about Preventing chronic diseases: a vital investment is available on:
Content:

1. Chronic Respiratory Diseases
2. Chronic Obstructive Pulmonary Disease
3. Asthma
4. What is GARD
5. Next steps of GARD

1. Chronic Respiratory Diseases
Chronic respiratory diseases (CRD) are chronic diseases of the airways and other structures of the lung. Some of the most common are asthma, chronic obstructive pulmonary disease (COPD), respiratory allergies, occupational lung diseases and pulmonary hypertension.

- Hundreds of millions of people suffer from chronic respiratory diseases worldwide, including:
  - 300 million people with asthma
  - 80 million people with moderate to severe COPD
  - Millions of others with mild COPD, allergic rhinitis, and other chronic respiratory diseases, which are often undiagnosed.
- Chronic respiratory diseases caused over 4 million deaths in 2005, including over 3 million deaths from COPD and 253,000 deaths from asthma.
- Over 80% of chronic respiratory disease deaths occur in low- and lower-middle income countries.
- Important risk factors for chronic respiratory diseases are:
  - Tobacco smoking
  - Indoor air pollution (biomass fuels)
  - Outdoor pollution
  - Allergens
  - Occupational agents
- Chronic respiratory diseases are under-recognized, under-diagnosed, under-treated and insufficiently prevented. In addition, they cause a substantial socioeconomic burden to both individuals and societies.
- Chronic respiratory diseases will increase by 30% in the next 10 years, if urgent action is not taken.

2. Chronic Obstructive Pulmonary Disease (COPD)
- COPD is a disease state characterized by airflow limitation that is not fully reversible. The airflow limitation is usually both progressive and associated with an abnormal inflammatory response of the lungs to noxious particles or gases.
- The main cause for developing COPD is tobacco smoking. Other risk factors are indoor pollution (biomass fuels used for cooking and heating), outdoor pollution and occupational dusts and chemicals (vapours, irritants and fumes).
- Symptoms of COPD include cough, sputum production and breathlessness. Breathing becomes difficult, laboured, or uncomfortable. As symptoms interfere with daily activities, walking up a short flight of stairs may become very difficult or impossible.
- COPD is a commonly under-diagnosed, life threatening lung disease that progressively leads to death.
- Indirect and direct annual costs, caused by COPD, have been
ANNEXES

estimated in the USA as 32 billion USD, and in Europe some 60 billion USD.

- Treatment for COPD is available to alleviate symptoms and improve quality of life, however there is no cure. The first step for those with COPD is to quit smoking and to avoid unhealthy occupational and indoor air exposure.
- COPD is not just simply a “smoker’s cough”, but a disease that kills 3 million people worldwide per year.
- WHO estimates that there are 1.1 billion tobacco users worldwide, increasing to 1.6 billion by 2025. In low- and middle-income countries, tobacco use is increasing at an alarming rate.

3. Asthma

- Asthma is a chronic inflammatory disorder of the airways including an airflow limitation, which is usually reversible. It affects children and adults of all ages. Chronically-inflamed airways are hyperresponsive; they become obstructed and airflow is limited (by bronchoconstriction, mucus plugs and increased inflammation) when airways are exposed to various risk factors.
- Common risk factors include allergens such as domestic dust mites, animals with fur, cockroaches, pollens and moulds, occupational irritants, tobacco smoke, air pollution. Triggers, which can exacerbate asthma symptoms include allergens, respiratory (viral) infections, cold air, physical activity, chemical irritants and drugs (such as aspirin and beta blockers).
- Symptoms of asthma include wheezing, coughing, breathlessness and chest tightness. Symptoms can be worse during physical activity or at night, causing inactivity, poor night sleep, day fatigue, school and work absenteeism. Symptoms can have remissions and episodic exacerbations (attacks).
- Asthma is the most common chronic disease in children; its prevalence and asthma-related hospitalization of very young children are increasing; the diagnosis of asthma in very young children is difficult and not standardized. The failure of diagnosing and treating a child with asthma substantially increases the chances of asthma continuing through adulthood.
- Asthma is under-diagnosed and under-treated, creating a substantial burden to individuals and families and possibly restricting the individual’s entire life.
- An estimated 300 million people suffer from asthma; 255,000 people died from asthma in 2005.
- The total annual costs of asthma in Europe are approximately 21 billion USD.
- The anti-inflammatory treatment of asthma minimizes chronic inflammation and many people must take medications every day to control symptoms, improve lung function, and prevent attacks. Medications may also be required to relieve acute symptoms, such as wheezing, chest tightness, and cough.
- With proper diagnosis and treatment children and adults can have an entirely normal life.
4. **What is GARD?**
   - The Global Alliance against Chronic Respiratory Diseases (GARD) is a voluntary alliance of 41 national and international organizations, institutions and agencies who work towards a common vision: to improve lung health, worldwide.
   - The vision of GARD is: “A world where all people can breathe freely: Free Breath for all!”
   - The key objective for GARD is to initiate a comprehensive approach to fight chronic respiratory diseases.
   - Because most of the chronic respiratory diseases are under-diagnosed, under-treated and the access to essential medications in many countries is poor, a global effort to improve the diagnosis and the medical care is urgently needed.
   - GARD’s objectives include:
     - Developing a standard way of obtaining data on risk factors and disease burden of chronic respiratory diseases. This will help to define strategies and raise chronic respiratory diseases on the global and local health agendas, as a public health priority.
     - Encouraging countries to implement health promotion and chronic disease prevention policies, to reduce the burden of chronic respiratory diseases as well as other chronic diseases.
     - Making recommendations for providing simple and affordable strategies for the diagnosis and management of chronic respiratory diseases in all countries.
     - Adapting and tailoring all recommendations according to each country’s health priorities, health care system, diversity of chronic respiratory diseases, availability of health care personnel, facilities for diagnosis and availability/affordability of medications.
   - Additionally, GARD will improve coordination between existing governmental and nongovernmental programs, to avoid duplication of efforts and wasting of resources. It will also help participant organizations to work synergistically in order to truly achieve “free breath for all”.
   - GARD is part of the overall WHO chronic disease prevention and control framework of the Department of Chronic Diseases and Health Promotion:
     - The strategic objectives of the department are to advocate for health promotion and chronic disease prevention and control; promote health, especially for poor and disadvantaged populations; slow and reverse the adverse trends in the common chronic disease risk factors and prevent premature deaths and avoidable disability, due to major chronic diseases.
     - These strategic objectives are based on guiding principles of comprehensive and integrated public health action; intersectional action; a life course perspective; and stepwise implementation, based on local considerations and needs.
5. **Next steps of GARD**
   - To propose a stepwise and integrated approach of prevention, diagnosis and control of preventable chronic respiratory diseases and respiratory allergies.
   - To increase awareness of chronic respiratory diseases, to reduce their burden and to foster country-specific initiatives, according to local needs.
   - To give priority on the needs of low and middle income countries.
   - To assure the availability of low cost, affordable medications and appropriate technology for the diagnosis and monitoring of chronic respiratory diseases.
   - To provide appropriate training for health care personnel.
   - To provide education and information about chronic respiratory diseases to patients, their caregivers and families.

For further information: [www.who.int/respiratory/gard](http://www.who.int/respiratory/gard)
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.
## ANNEX 7

### Inventory

<table>
<thead>
<tr>
<th>Name of Organization</th>
<th>Year established</th>
<th>Journal and Website address</th>
<th>Mission</th>
<th>Category (Int.Org./NGO/etc.)</th>
<th>Interest sections or assemblies</th>
<th>Number of members/partners and representation by WHO Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergic Rhinitis and its Impact on Asthma (ARIA), Chairman: Professor Jean Bousquet (<a href="mailto:aria@montp.inserm.fr">aria@montp.inserm.fr</a>)</td>
<td>1999</td>
<td><a href="http://www.whiar.org">www.whiar.org</a></td>
<td>To educate and implement evidence-based management of allergic rhinitis in conjunction with asthma worldwide, through planning, managing, and financing pilot projects to improve the health of broad sectors of the population throughout the world, setting up rural healthcare activities, providing support for preventive diagnostic and therapeutic measures as part of basic healthcare.</td>
<td>Nongovernmental organization</td>
<td>7 interest sections: Asthma Diagnosis and Treatment; Basic and Clinical Immunology; Environmental and Occupational Respiratory Diseases; Food Allergy, Dermatologic Diseases and Anaphylaxis; Health Care Education, Delivery and Quality; Mechanisms of Asthma and Allergic Inflammation; Rhinitis, Sinusitis and Ocular Diseases</td>
<td>200: AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
</tr>
<tr>
<td>American Academy of Allergy, Asthma and Immunology (AAAAI), President-Elect: Professor Estelle Simons (<a href="mailto:simons@ms.umanitoba.ca">simons@ms.umanitoba.ca</a>)</td>
<td>1943</td>
<td>Journal of Allergy &amp; Clinical Immunology <a href="http://www.aaaaai.org">www.aaaaai.org</a></td>
<td>The advancement of the knowledge and practice of allergy, asthma and immunology for optimal patient care.</td>
<td>Nongovernmental organization</td>
<td></td>
<td>6000 in Canada, United States of America and 60 other countries: AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
</tr>
<tr>
<td>American College of Allergy, Asthma and Immunology (ACAAI), President-Elect: William Dolen (<a href="mailto:bdolen@mail.mcg.edu">bdolen@mail.mcg.edu</a>)</td>
<td>1942</td>
<td>Annals of Allergy, Asthma &amp; Immunology <a href="http://www.acaai.org">www.acaai.org</a></td>
<td>To improve the quality of patient care in allergy and immunology through research, advocacy and professional and public education; maintain and advance diagnostic and therapeutic skills of members; sponsor and conduct educational and scientific programmes and publications; develop and disseminate educational information for members, patients, health-plan purchasers and administrators, and other physicians and health professionals.</td>
<td>Nongovernmental professional association for allergists and immunologists</td>
<td></td>
<td>4900 allergists and immunologists; AMRO and possibly other regions through international affiliate membership</td>
</tr>
<tr>
<td>American Thoracic Society (ATS), President: Dr Peter D. Wagner (<a href="mailto:pdwagner@ucsd.edu">pdwagner@ucsd.edu</a>)</td>
<td>1905</td>
<td>American Journal of Respiratory and Critical Care Medicine; American Journal of Respiratory Cell and Molecular Biology; Proceedings of the American Thoracic Society <a href="http://www.thoracic.org">www.thoracic.org</a></td>
<td>To prevent and treat respiratory disease through research, education, patient care and advocacy; to decrease morbidity and mortality from respiratory disorders and life-threatening acute illnesses in people of all ages, interacting with national and international organizations that have similar goals.</td>
<td>Nongovernmental, nonprofit, international, professional and scientific society for respiratory and critical-care medicine.</td>
<td>12 specialized assemblies</td>
<td>13 000 globally: AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
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<tr>
<td>Asian Allergy and Asthma Foundation (AAAF).</td>
<td>2004</td>
<td>website in preparation</td>
<td>To advance excellent clinical practice of allergic diseases and to reduce their burden through education, training, research, cost effective treatment and public awareness through continuous dialogue with the health ministry and world organizations with the same goals.</td>
<td>Regional nongovernmental organization</td>
<td>50 members representing all Asian countries: SEARO, WPRO</td>
<td></td>
</tr>
<tr>
<td>Asian Pacific Association of Allergology and Clinical Immunology (APAACI). President: Prof Takeshi Fukuda (<a href="mailto:t-fukuda@dokkyomed.ac.jp">t-fukuda@dokkyomed.ac.jp</a>)</td>
<td>1989</td>
<td><a href="http://www.apaaci.org">www.apaaci.org</a></td>
<td>To support the development of the discipline of allergy, asthma and clinical immunology in the region; to encourage and assist in forming national societies where none exist; to promote the exchange and progress of knowledge in the region; to study the prevention and treatment of allergy, asthma and immune-mediated diseases specific to the region; to promote exchanges in training programmes between member countries; to help cooperation between clinical and basic research; to develop programmes for public education; to cooperate with other international organizations with similar goals; to disseminate knowledge through international congresses and by other means.</td>
<td>Association of national societies of allergy and clinical immunology in the Asia-Pacific region</td>
<td>15 national societies in SEARO, WPRO</td>
<td></td>
</tr>
<tr>
<td>Asian Pacific Society of Respirology (APSR). President: Professor Y. Fukuchi (<a href="mailto:yfukuchi@med.juntendo.ac.jp">yfukuchi@med.juntendo.ac.jp</a>)</td>
<td>1985</td>
<td>Respirology <a href="http://www.apresp.org">www.apresp.org</a></td>
<td>To advance and promote knowledge of the respiratory system in health and disease; to strive to encourage research and improve clinical practice through teaching; to increase awareness of health problems in the area and to promote exchange of knowledge among respirologists in the Asia-Pacific region.</td>
<td>Regional nongovernmental organization</td>
<td>10,150: SEARO, WPRO</td>
<td></td>
</tr>
<tr>
<td>Asthma and Allergy Association (AAA). President: Prof. Daniel Vervloet (<a href="mailto:daniel.vervloet@ap-hm.fr">daniel.vervloet@ap-hm.fr</a>)</td>
<td>1991</td>
<td>Journal Asthme &amp; Allergies Infos <a href="http://www.asmanet.com">www.asmanet.com</a></td>
<td>To promote information, medical training and patients education. Disseminate scientific information; function as a reference body for health organizations and media; encourage and provide training and continuing education. Answer patients' questions through a free hotline.</td>
<td>Nongovernmental, nonprofit organization for patients, doctors and health professionnals sections for asthma, dermatology, paediatrics and allergies to improve information to patients and to promote patients education. Can propose task forces and joint sessions with other specialist societies.</td>
<td>Over 2 500 members France</td>
<td></td>
</tr>
<tr>
<td>Danish Lung Health Association (DLHA). President: Charlotte Fuglsang (<a href="mailto:Charlotte.fuglsang@lunge.dk">Charlotte.fuglsang@lunge.dk</a>) Contact person for GARD: Birthe Hellquist (<a href="mailto:bhell@as.aaa.dk">bhell@as.aaa.dk</a>)</td>
<td>1901</td>
<td><a href="http://www.lungeforening.dk">www.lungeforening.dk</a></td>
<td>To improve prevention and treatment of lung diseases in Denmark and to help patients with these diseases (especially chronic obstructive pulmonary disease) in the country.</td>
<td>National nongovernmental organization</td>
<td>3493 members from the Faroe Islands and Greenland: EURO</td>
<td></td>
</tr>
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<td>Name of Organization</td>
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<tr>
<td>Dokkyo University School of Medicine, WHO Collaborating Centre for Prevention and Control of Chronic Respiratory Diseases, (DU-WCC)</td>
<td>1956</td>
<td>Terms of reference as WHO Collaborating Centre; Asia-Pacific Initiative for Chronic Respiratory Diseases.</td>
<td>WHO Collaborating Centre</td>
<td>39 European national societies, over 3 500 members: EURO</td>
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<tr>
<td>European Academy of Allergy and Clinical Immunology (EAACI), Head: Professor Anthony J. Frew (<a href="mailto:ajf@eaaci.org">ajf@eaaci.org</a>)</td>
<td>1956</td>
<td>To promote basic and clinical research; assess and disseminate scientific information; function as a reference body for other scientific, health and political organizations; encourage and provide training and continuing education; promote good patient care for allergic and immunological diseases.</td>
<td>Nongovernmental, nonprofit organization for academicians, research investigators and clinicians</td>
<td>Sections for asthma, dermatology, otorhinolaryngology, immunology and paediatrics to improve information exchange and collaboration between scientists within and outside EAACI. Sections can propose task forces and joint sessions with other specialist societies.</td>
<td>EURO</td>
<td></td>
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<tr>
<td>European Centre for Allergy Research Foundation (ECARF), Head: Professor Dr. med. Torsten Zuberbier (<a href="mailto:ecarf@charite.de">ecarf@charite.de</a>)</td>
<td>2003</td>
<td>To improve knowledge, research and awareness of allergies; decrease the burden of disease in patients and in society through structural research in allergy, spreading of excellence and knowledge among physicians and the public, initiatives for improving patient care, activities for a better quality of life for allergic patients.</td>
<td>Nongovernmental foundation</td>
<td>Collaboration with Allergy Centre Charité, specialized in clinical work, research and dissemination of knowledge in allergy: EURO</td>
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<tr>
<td>European Federation of Allergy and Airways Diseases Patients’ Associations (EFA), President: Svein-Erik Myrseth (<a href="mailto:EFAOffice@skynet.be">EFAOffice@skynet.be</a>)</td>
<td>1992</td>
<td>To improve the quality of life of people with asthma, chronic obstructive pulmonary disease and allergy and of their carers throughout Europe, contributing to a European community that shares the responsibility for substantially reducing the frequency and severity of these conditions and recognizes the social, environmental, economic and health implications.</td>
<td>Foundation</td>
<td>Alliance of 41 organizations in 23 countries in Europe representing 250 000 persons: EURO</td>
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<tr>
<td>European Respiratory Society (ERS), President: Dr Giovanni Viegi (<a href="mailto:viegig@itc.cnr.it">viegig@itc.cnr.it</a>)</td>
<td>1990</td>
<td>Promoting research; fostering education; exchanging knowledge; improving patient care.</td>
<td>Nongovernmental, nonprofit international medical organization</td>
<td>10 scientific assemblies serve as forum to present and discuss scientific work at yearly congress</td>
<td>AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
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</tr>
<tr>
<td>European Respiratory Society (ERS), President: Dr Giovanni Viegi (<a href="mailto:viegig@itc.cnr.it">viegig@itc.cnr.it</a>)</td>
<td>1990</td>
<td>European Respiratory Journal, European Respiratory Monograph, European Respiratory Review, European Respiratory Topic, ERS Newsletter, Breathe</td>
<td>European Respiratory Society, European Respiratory Monograph, European Respiratory Review, European Respiratory Topic, ERS Newsletter, Breathe</td>
<td>10 scientific assemblies serve as forum to present and discuss scientific work at yearly congress</td>
<td>AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
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<td>Mission</td>
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<td>Interest sections or assemblies</td>
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<tr>
<td>Finnish Lung Health Association (FILHA). President: Professor Markku M. Nieminen (<a href="mailto:mnieminen@tays.fi">mnieminen@tays.fi</a> or markku.nieminen@filha)</td>
<td>1907</td>
<td><a href="http://www.filha.fi">www.filha.fi</a></td>
<td>Training and education of management of chronic respiratory diseases; design, implementation of national programmes for diseases (asthma, chronic obstructive pulmonary disease, sleep apnoea), for smoking cessation (since 1994) and implementation of international project (tuberculosis); research, expert networking and human resource development.</td>
<td>National nongovernmental organization</td>
<td>WHO collaborating centre</td>
<td>EURO (Finland, Russian Federation, Baltic nations), SEARO (Kyrgyzstan, Mongolia), WPRO (China)</td>
</tr>
<tr>
<td>Forum of International Respiratory Societies (FIRS). Executive Secretary: Archie Turnbull (<a href="mailto:archie.turnbull@ersnet.org">archie.turnbull@ersnet.org</a>)</td>
<td>2002</td>
<td></td>
<td>Advocacy for global respiratory health and identification of new areas for global initiatives. Aims to be attained by the consideration of needs and the proposal of related projects, implemented jointly or individually by the member organizations.</td>
<td>Cooperative union of international professional and scientific societies</td>
<td></td>
<td>Participating organizations include ACCP, ALAT, APSR, ATS, ERS, UNION and ULASTER.</td>
</tr>
<tr>
<td>Ghent University, WHO Collaborating Centre (GU-WCC) Dept. Respiratory Diseases. Director: Professor Guy Joos (<a href="mailto:Guy.Joos@UGent.be">Guy.Joos@UGent.be</a>)</td>
<td>1817</td>
<td><a href="http://www.ugent.be">www.ugent.be</a></td>
<td>To offer high-quality, research-based education; to play an important role in fundamental and applied research; to be an open, pluralistic, international institute with a social responsibility (full mission statement: <a href="http://www.ugent.be/en/ghentuniv/management/mission">www.ugent.be/en/ghentuniv/management/mission</a>).</td>
<td>WHO Collaborating Centre</td>
<td></td>
<td>EURO</td>
</tr>
<tr>
<td>Global Allergy and Asthma European Network (GA2LEN). Chairman: Professor Paul Van Cauwenberge (<a href="mailto:paul.vancauwenberge@UGent.be">paul.vancauwenberge@UGent.be</a>)</td>
<td>2004</td>
<td><a href="http://www.ga2len.net">www.ga2len.net</a></td>
<td>To establish an internationally competitive network; to enhance quality and relevance of research and address all aspects of the disease; to decrease the burden of allergy and asthma throughout Europe. Activities consist of integration, coordination of scientific activities and spreading excellence.</td>
<td>Research network in allergy and asthma</td>
<td></td>
<td>26 leading European teams, EAACI and EFA, one or more centres in each European country: EURO</td>
</tr>
<tr>
<td>Global Initiative for Asthma (GINA). Chair of Executive Committee: Professor Paul O’Byrne (<a href="mailto:obyrnep@ths.mcmaster.ca">obyrnep@ths.mcmaster.ca</a>), Chair of Scientific Committee: Suzanne Hurd (<a href="mailto:shurd@prodigy.net">shurd@prodigy.net</a>)</td>
<td>1991</td>
<td><a href="http://www.ginasthma.com">www.ginasthma.com</a></td>
<td>Works with health care professionals and public health officials around the world to reduce asthma prevalence, morbidity and mortality. Through evidence-based guidelines for asthma management, and events such as the annual celebration of World Asthma Day, the Global Initiative for Asthma works to improve the lives of people with asthma in every corner of the globe.</td>
<td>Programme launched in collaboration with WHO and National Institutes of Health/National Heart, Lung and Blood Institute</td>
<td>Executive, Science and Dissemination Committees; national launch leaders</td>
<td>AFRO, AMRO, EMRO, EURO, SEARO, WPRO (GARD target countries: Argentina, Brazil, Costa Rica, Portugal, Georgia, Russian Federation, Syrian Arab Republic, Vietnam)</td>
</tr>
<tr>
<td>Global Initiative for Chronic Obstructive Lung Disease (GOLD). Chair of Executive Committee: Dr A. Sonia Buist (<a href="mailto:busit@ohsu.edu">busit@ohsu.edu</a>), Chair of Scientific Committee: Suzanne Hurd (<a href="mailto:shurd@prodigy.net">shurd@prodigy.net</a>)</td>
<td>1998</td>
<td><a href="http://www.goldcopd.com">www.goldcopd.com</a></td>
<td>Increase awareness of medical community, public health officials and general public that chronic obstructive pulmonary disease is a public health problem; decrease its morbidity and mortality through implementing effective programmes for its diagnosis, management and prevention strategies for use in all countries and promoting studies into the etiology of its increasing prevalence.</td>
<td>Programme launched in collaboration with WHO and National Institutes of Health/National Heart, Lung and Blood Institute</td>
<td>Executive, Science and Dissemination Committees. National Launch Leaders</td>
<td>AMRO, EURO</td>
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</table>
### Name of Organization

#### Institute of Neurobiology and Molecular Medicine - Italian National Research Council (INMM-CNR)
**Section Head:** Dr. Guido Rasi (guido.rasi@artov.inmm.cnr.it)

**Year established:** 1923

**Mission:** CNR promotes and carries on research activities, in pursuit of excellence and strategic relevance within the national and international ambit, in the frame of European cooperation and integration. In cooperation with the academic research and with other private and public organizations, CNR ensures the dissemination of results inside the Country, defines, manages and coordinates national and international research programs, in addition to support scientific and research activities of major relevance for the national system. It promotes the valorization, the pre-competitive development and the technological transfer of research results carried on by its own scientific network and by third parties with whom cooperation relationships have been established. It promotes the collaboration in the scientific and technological field, and in the technical regulations field, with organizations and institutions of other Countries, and with supranational organizations in the frame of extra-governmental agreements. It provides, upon request of government authorities, specific skills for the participation of Italy to organizations or international scientific programs of inter-governmental nature. It carries on, through its own program of scholarships and research fellowships, educational and training activities in Ph.D. courses, in advanced after-university specialization courses, and in programs of continuous or recurrent education;

**Public organization with autonomous rules and regulations, in accordance with the existing laws and the Italian Civil Code**

**Category:** Public organization with autonomous rules and regulations, in accordance with the existing laws and the Italian Civil Code

**Interest sections or assemblies:** The Institute of Neurobiology and Molecular Medicine (INMM) resulted from the merging of two historical major Institutes of the CNR: The Institute of Neurobiology and The Institute of Molecular Medicine. The Institute is divided in three sections: Neurobiology; Molecular Medicine and Genetics and Molecular Pathophysiology. The research activity of the INMM is mainly focussed on genetic, cellular and molecular mechanisms in health and disease with special reference to allergic and immunologic diseases, diseases of the nervous system, cancerogenesis. The following ongoing/planned studies might be relevant: Allergy and Infections; Innate immunity; IgE sensitisation and inflammation; Tissue remodelling; Biomarkers; Novel drugs; Public Awareness/Education

**Region:** CNR is made of 108 Institutes with 6962 research workers (2260 Female and 4702 Male).

#### Interdisciplinary Association for Research in Lung Disease (AIMAR)
**President:** Dr Claudio F. Donner (cfdonner@mondomedico.it)

**Year established:** 2001

**Mission:** To prevent lung disease and promote lung health; to improve the quality of patient care by educating physicians and allied professionals and providing them with programmes and strategies for fighting lung disease such as asthma, chronic obstructive pulmonary disease, infections, tobacco and environmental pollution; to promote research on lung disease; to increase the awareness of public about lung diseases and their risks; to involve all decision-makers in campaigns to reduce environmental and tobacco pollution. To promote and maintain links with all societies and agencies interested in lung health, including patients’ organizations, especially in the Mediterranean area.

**Nonprofit interdisciplinary association for research in lung disease**

**Category:** Nonprofit interdisciplinary association for research in lung disease

**Medical areas involved:** environmental, general, internal and occupational medicine, intensive care, cardiology, thoracic surgery, radiology, endocrinology, epidemiology, pharmacology, gastroenterology, geriatrics, immunology, infectious diseases, microbiology, neurology, oncology, otolaryngology, paediatrics, pneumology

**Region:** EURO
<table>
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<tr>
<th>Name of Organization</th>
<th>Year established</th>
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<th>Interest sections or assemblies</th>
<th>Number of members/partners and representation by WHO Region</th>
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</thead>
<tbody>
<tr>
<td>International Association of Asthmology (INTERASMA). President: Hugo E. Neffen (<a href="mailto:heneffen@infovia.com.ar">heneffen@infovia.com.ar</a>)</td>
<td>1954</td>
<td><strong>Journal of Investigational Allergology &amp; Clinical Immunology, Interasma News newsletter</strong> <a href="http://www.interasma.org">www.interasma.org</a></td>
<td>A forum for interdisciplinary discussions among pneumologists, allergists, paediatricians and general practitioners to exchange information on asthma research, practice and management; to focus on all aspects of asthma, bridging the gap between research and clinical practice; to encourage asthma education programmes for all health care professionals, educators and administrators; to improve the quality of life of asthmatics; to decrease the prevalence, morbidity and mortality of asthma.</td>
<td>International nongovernmental organization</td>
<td>Executive Committee, regional chapters</td>
<td>AMRO, AFRO, EMRO, EURO, WPRO</td>
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<tr>
<td>International Chronic Obstructive Pulmonary Disease Coalition (ICCC). Chair of Executive Committee: Larry Grouse (<a href="mailto:lgrouse@email.msn.com">lgrouse@email.msn.com</a>)</td>
<td>1999</td>
<td><a href="http://www.internationalcopd.org">www.internationalcopd.org</a></td>
<td>To improve care of chronic obstructive pulmonary disease patients through increasing awareness of the disease and an understanding of its diagnosis and management for both carers and patients. To create alliances with professional groups to accomplish these ends. To encourage and support national and regional groups in advocacy efforts toward policy-makers to prioritize chronic obstructive pulmonary disease in research and care.</td>
<td>Nonprofit corporation; outreach of Global Initiative for Chronic Obstructive Lung Disease and the United States Chronic Obstructive Pulmonary Disease Coalition</td>
<td>220 000 members: AMRO, EMRO, EURO, WPRO</td>
<td></td>
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<tr>
<td>International Pediatric Respiratory and Allergies Immunological Societies (IPRAIS). President: Prof. John Warner (<a href="mailto:j.o.warner@imperial.ac.uk">j.o.warner@imperial.ac.uk</a>)</td>
<td>1992</td>
<td>To promote a high standard and clinical service and research for children with respiratory, allergy and immunological disorders. This has been achieved by organising meetings every 2-4 years (Prague 2000, Hong Kong 2003,) and by developing clinical guidelines.</td>
<td>Officially established as a forum, since 1998 IPRAIS became a society</td>
<td>Members from all WHO regions but with particularly strong representation of Asia/Pacific region</td>
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<tr>
<td>International Primary Care Respiratory Group (IPCRG). Focal point for GARD: Niels Chavannes (<a href="mailto:niels.chavannes@hag.unimaa.s.nl">niels.chavannes@hag.unimaa.s.nl</a>)</td>
<td>2000</td>
<td><strong>Primary Care Respiratory Journal</strong> <a href="http://www.theipcrg.org">www.theipcrg.org</a></td>
<td>The primary objects of the charity are to improve public health by raising funds to organise research and reviews into the care, treatment and prevention of respiratory illnesses, diseases and problems in a community setting, and to make available the results of such research for the benefit of the public and healthcare professionals.</td>
<td>Scottish Charity, Company Limited by Guarantee</td>
<td>Sub Committees: Research, Education, Membership, Guidelines and Governance</td>
<td>15 Ordinary Members with voting rights, 19 Associate Members, 2 International Organisations and 6 Invited specialists</td>
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<tr>
<td>International Union Against Tuberculosis and Lung Disease (UNION). Executive Director: Dr Nils Billo (<a href="mailto:nbillo@iuatld.org">nbillo@iuatld.org</a>)</td>
<td>1956</td>
<td>International Journal of Tuberculosis &amp; Lung Disease <a href="http://www.iuatld.org">www.iuatld.org</a></td>
<td>To prevent and control tuberculosis and lung disease, particularly in low-income countries. To promote national autonomy, within the framework of priorities of each country, by developing, implementing and assessing antituberculosis and respiratory health programmes. To disseminate knowledge on tuberculosis, lung disease, HIV and resulting community health problems in order to alert doctors, decision-makers, opinion-leaders and the general public to the diseases' related dangers. To coordinate, assist and promote the work of its constituent members throughout the world. To establish and maintain close links with WHO, other United Nations organizations, governmental and nongovernmental institutions in health and development sectors.</td>
<td>Membership organization with partners in all regions of the world</td>
<td>Scientific groups in asthma, tuberculosis, tobacco prevention, nursing, child lung health</td>
<td>Partners include WHO tuberculosis programme; Stop TB Initiative; Global Fund to Fight AIDS, Tuberculosis and Malaria; Centers for Disease Control and Prevention: AFRO</td>
</tr>
<tr>
<td>Korea Asthma Allergy Foundation (KAF). President: Professor Kim You Young (<a href="mailto:youyoung@plaza.snu.ac.kr">youyoung@plaza.snu.ac.kr</a>)</td>
<td>2003</td>
<td><a href="http://www.kaaf.org">www.kaaf.org</a></td>
<td>To increase the awareness of asthma and allergy to the government and the public and to increase the priority of asthma and allergy in the national health system and to improve the prevention and management of asthma and allergy.</td>
<td>National nongovernmental organization</td>
<td>Sections for special task forces such as Burden of Asthma and Computer Assisted Easy Asthma Management and sections for Public Awareness and Education of Physicians and Patients to improve the management of asthma and allergy and to increase priority of asthma and allergy in national health system.</td>
<td>286 members focusing on respiratory medicine and allergy, Republic of Korea</td>
</tr>
<tr>
<td>Latin American Thoracic Society (ALAT). President: Dr Carlos M Luna (<a href="mailto:cymluna@advancedsl.com.ar">cymluna@advancedsl.com.ar</a>)</td>
<td>1996</td>
<td><a href="http://www.alatorax.com">www.alatorax.com</a></td>
<td>To record and disseminate scientific information about lung diseases in Latin America; to stimulate scientific contact between the society's members and other national and international respiratory societies; to develop guidelines for the management of thoracic diseases; to develop scientific departments inside the association; to edit scientific publications.</td>
<td>Nongovernmental organization</td>
<td>Asthma, chronic obstructive pulmonary disease, critical pulmonology, endoscopy, interstitial lung diseases, lung infections, thoracic surgery, paediatric pulmonology, pulmonary circulation, respiratory pathophysiology, tuberculosis</td>
<td>5700: AMRO, EURO</td>
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<tr>
<td>National Heart, Lung and Blood Institute (NHBLI), Division of Lung Diseases. Director: Dr James Kiley (<a href="mailto:kiley@nih.gov">kiley@nih.gov</a>)</td>
<td></td>
<td><a href="http://www.nhlbi.nih.gov">www.nhlbi.nih.gov</a></td>
<td>Programme on asthma and chronic obstructive pulmonary diseases includes goals on epidemiology, research, genetics and pharmacogenetics, clinical trials, demonstration and education initiatives.</td>
<td>Governmental organization</td>
<td>Active partner with Global Initiative for Chronic Obstructive Lung Disease and with WHO: AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
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<tr>
<td>National Public Health Institute, Finland (KTL). Director: Pekka Puska (<a href="mailto:pekka.puska@ktl.fi">pekka.puska@ktl.fi</a>)</td>
<td>1911</td>
<td><a href="http://www.ktl.fi/portal/english">www.ktl.fi/portal/english</a></td>
<td>To promote people’s possibility of living healthy lives. International collaboration (e.g. multilateral monitoring of trends and determinants in cardiovascular diseases (MONICA) project).</td>
<td>Governmental institute (under the Ministry of Social Affairs and Health), WHO Collaborating Centre</td>
<td>Sections for dermatology, otorhinolaryngology, clinical immunology, eye diseases, young allergologists and paediatrics to improve information exchange and collaboration between scientists within and outside PSA. Sections can propose task forces and joint sessions with other specialist societies</td>
<td>Finland: EURO</td>
</tr>
<tr>
<td>Polish Society of Allergology (PSA). President: Prof. Piotr Kuna (<a href="mailto:alergologia@toyainet.pl">alergologia@toyainet.pl</a> or <a href="mailto:pkuna@bg.p.lodz.pl">pkuna@bg.p.lodz.pl</a>)</td>
<td>1982</td>
<td>International Review of Allergology &amp; Clinical Immunology; Pulmonologia i Alergologia Polska; Alergia Astma Immunologia <a href="http://www.pta.med.pl">www.pta.med.pl</a></td>
<td>The objective of the society is to organize and support research and scientific works in the filed of experimental and clinical allergology, to associate persons working in these fields and to popularize achievements in pertinent branches of science, as well as to care for a proper level of treatment in allergology.</td>
<td>Nonprofit organization</td>
<td>13 Regional Branches, about 1000 members</td>
<td>EURO</td>
</tr>
<tr>
<td>Portuguese Society of Allergology and Clinical Immunology (SPAIC). President: Mario Morais de Almeida (<a href="mailto:spaic@sapo.pt">spaic@sapo.pt</a>)</td>
<td>1950</td>
<td>Revista Portuguesa de Imunoalergologia <a href="http://www.spaic.pt">www.spaic.pt</a></td>
<td>To prevent and treat allergic diseases through research, education, patient care and advocacy. To decrease morbidity and mortality from allergic and respiratory disorders, including asthma, in people of all ages, interacting with national and international organizations that have similar goals.</td>
<td>Nonprofit, nongovernmental, national, professional and scientific society for allergic and respiratory care medicine</td>
<td>12 specialized interest sections: aerobiology, allergy and asthma in sports, asthma, drug allergy, epidemiology, food allergy, immunotherapy, insect venom allergy, latex allergy, primary immunodeficiency, skin allergy, rhinitis</td>
<td>355 active members: EURO</td>
</tr>
<tr>
<td>Respiratory Society of French Speaking countries (SPLF). President-Elect : Professor Philippe Godard (<a href="mailto:SPLF@splf.org">SPLF@splf.org</a>)</td>
<td>1916</td>
<td>Revue des maladies respiratoires, Info-Respiration <a href="http://www.splf.org">www.splf.org</a></td>
<td>To promote all aspects of research in the field of lung diseases; to educate health professionals and patients in order to increase quality of care and awareness; to elaborate programmes for screening, prevention and treatment of lung diseases such as asthma, chronic obstructive pulmonary disease and occupational diseases; to interact with respiratory health officials in order to produce evidence-based guidelines.</td>
<td>Society</td>
<td>22 working groups involved in the preparation and conduct of a yearly congress</td>
<td>Over 1500 members from various French-speaking countries (central and eastern Europe, African and Asian countries): AFRO, EURO, WPRO</td>
</tr>
<tr>
<td>Russian Society of Pulmonologists (RSP). President: Professor Alexander G Chuchalin (<a href="mailto:Chuchalin@inbox.ru">Chuchalin@inbox.ru</a>)</td>
<td>No information available.</td>
<td>No information available.</td>
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<tr>
<td>Société Francaise d’Allergologie et d’Immunologie Clinique (SFAIC). President: Professor Pierre Scheinmann (<a href="mailto:p.scheinmann@nck.aphp.fr">p.scheinmann@nck.aphp.fr</a>)</td>
<td>No information available.</td>
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<td>Turkish Thoracic Society (TTS)</td>
<td>1992</td>
<td>Turkish Respiratory Journal <a href="http://www.toraks.org.tr/english">www.toraks.org.tr/english</a></td>
<td>To provide the most effective scientific methods for prevention, control and treatment of respiratory diseases, and to increase national respiratory health through patient care, research, education and promotion of national policies.</td>
<td>National, nonprofit educational and scientific society</td>
<td>14 scientific working groups</td>
<td>1500 members, 15 branches throughout Turkey: EURO</td>
</tr>
<tr>
<td>World Allergy Organization (WAO)</td>
<td>1950</td>
<td>Journal of World Allergy Organization, International Archives of Allergy &amp; Immunology <a href="http://www.worldallergy.org">www.worldallergy.org</a></td>
<td>To build a global alliance of allergy societies to advance excellence in clinical care, research, education and training.</td>
<td>Worldwide nongovernmental organization; member of Council for International Organizations of Medical Sciences; working relationship with WHO</td>
<td>Federation of 70 national, regional and affiliate organizations</td>
<td>Total individual membership of member societies over 38 000, representing 92 countries: AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
</tr>
<tr>
<td>World Federation of Hydrotherapy and Climatotherapy (FEMTEC)</td>
<td>1937</td>
<td><a href="http://www.femteconline.com">www.femteconline.com</a></td>
<td>To explain the medical spa world; to promote it in an international context among States and governing bodies; to encourage international cooperation between spas; to exchange studies, research and practices in the field of hydrotherapy; to promote development of medical spas and climatic resorts among members and worldwide.</td>
<td>Nongovernmental organization in official relations with WHO since 1985</td>
<td>2 500 medical centers involved in activities; once a year, general meeting of Executive Board; meeting of the four permanent committees - medical, economic, technical and social</td>
<td>35 members: thermal and medical spa associations, federations and organizations dealing with spa problems from various countries: AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
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<td>World Organization of Family Doctors (WONCA)</td>
<td>1972</td>
<td><a href="http://www.globalfamilydoctor.com">www.globalfamilydoctor.com</a></td>
<td>To improve the quality of life of peoples of the world through defining and promoting its values; by maintaining high standards of care in general practice/family medicine; by promoting personal, comprehensive and continuing care for the individual in the context of the family; by supporting development of academic organizations of general practitioners/family physicians; by providing education to members; by presenting educational, research and service activities of members in other world medical and health organizations.</td>
<td>Nongovernmental organization in official relations with WHO</td>
<td>Governing council meets every three years; regional councils in each region; executive committee meets annually</td>
<td>97 member organizations in 79 countries, total membership over 200 000 general practitioners and family physicians: AFRO, AMRO, EMRO, EURO, SEARO, WPRO</td>
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