Statement of the General Meeting of the Global Alliance against 
Chronic Respiratory Diseases 
Seoul, Republic of Korea, 1–2 June 2007

The General Meeting of the Global Alliance against Chronic Respiratory Diseases (GARD), gathered together in Seoul, Republic of Korea, on 1–2 June 2007, expressed the urgent need to tackle chronic respiratory diseases and to improve global lung health.

GARD was launched in 2006 as a voluntary alliance of national and international organizations, institutions and agencies committed to the vision of a world where all people breathe freely. Its goal is to reduce the global burden of chronic respiratory diseases. Its main objective is to initiate a comprehensive approach to fight chronic respiratory diseases by: (1) developing a standard way of obtaining relevant data on the burden of chronic respiratory diseases and their risk factors; (2) advocating for action on chronic respiratory diseases; (3) encouraging countries to implement policies for health promotion and prevention of chronic respiratory diseases; (4) developing simple and affordable strategies for management of chronic respiratory diseases. The World Health Organization provides technical leadership and secretariat support.

GARD provides a network through which collaborating parties from different sectors of society can achieve results that no single partner could attain alone. GARD also improves the coordination between existing governmental and nongovernmental programmes, thereby minimizing duplication of effort and wastage of resources.

GARD collaborating parties noted that:

a. Hundreds of millions of people suffer worldwide from a chronic respiratory disease. Currently 300 million people have asthma, 210 million people have chronic obstructive pulmonary disease, while millions of others have allergic rhinitis, occupational lung diseases, pulmonary hypertension, bronchiectasis, and other often undiagnosed chronic respiratory diseases.

b. The growing number of smokers, especially among young people and women, brings the perspective of an increasing burden of chronic respiratory diseases in the future.

c. Air pollution continues to pose a significant threat to health worldwide. According to a WHO assessment of the burden of disease due to air pollution, more than 2 million premature deaths each year can be attributed to the effects of urban outdoor air pollution and indoor air pollution (caused by the burning of solid fuels). More than half of this disease burden is borne by the populations of developing countries.

d. Women and children are the most vulnerable. Most of their time is spent indoors and they are exposed on a daily basis to indoor air pollution from solid fuels for cooking and heating, which is still very common in many low- and middle-income countries.

e. Many risk factors, such as tobacco smoking and exposure to outdoor and indoor air pollution, have been identified and can be controlled and prevented.

f. Medications for effective treatment of chronic respiratory diseases are not always affordable especially for low-income families.

GARD collaborating parties recognized that:

a. Taking up the challenge of chronic respiratory disease prevention requires a comprehensive approach, integrated with prevention of other chronic diseases.
b. The burden of chronic respiratory diseases is a socioeconomic problem that cannot be addressed by the public health sector alone.

c. Tackling chronic respiratory diseases requires the collaboration of partners from all sectors of society (multilateral and bilateral agencies, governments, civil society and the private sector).

d. Affordability of and accessibility to treatment requires urgent attention.

**GARD collaborating parties decided to continue to work together to accelerate action against chronic respiratory diseases by:**

a. Developing a standard way of obtaining relevant data on the burden of chronic respiratory diseases and their risk factors.

b. Advocating for action on chronic respiratory diseases to increase awareness and strengthen commitment across a wide range of interested parties.

c. Encouraging countries to establish, implement, monitor and evaluate a national health promotion and chronic respiratory disease prevention policy.

d. Developing simple and affordable strategies for management of chronic respiratory diseases.

e. Mobilizing human and financial resources on a sustainable basis to meet the challenges of fighting chronic respiratory diseases.

f. Ensuring that the implementation capacity is developed to utilize these resources efficiently and effectively.

g. Preparing and developing educational tools which are focused on prevention and tailored to local cultural and economic conditions.

While recognizing that it is the responsibility of affected countries to take the necessary actions, GARD collaborating parties called attention to the fact that the problem is often the greatest in countries which can least afford it. It is in the interest of the global community to support the fight against chronic respiratory diseases worldwide.

**Realizing the magnitude of the task ahead, GARD collaborating parties agreed to tackle the burden of chronic respiratory diseases by:**

a. Sharing information on chronic respiratory diseases.

b. Mobilizing and involving patients, families, the community and the media to raise awareness of chronic respiratory diseases.

c. Enhancing the recognition of chronic respiratory diseases on the global health agenda through seeking support of the ministries of health as well as other related ministries such as finance.

d. Promoting the development of national and international networks with all possible interested parties in society, including governments, the private health sector, industry, nongovernmental organizations and the community to help reduce the burden of chronic respiratory diseases.

e. Supporting country-focused activities in the field of chronic respiratory diseases, which are crucial to scale up the interventions to reduce the chronic respiratory disease burden.