



10th General Meeting Global Alliance Against Chronic Respiratory Diseases

3–4 July 2015, Lisbon, Portugal





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Abbreviations

ACOS	Asthma COPD Overlap Syndrome
ACOCU	Asthma and COPD Outpatient Care Unit
AIRWAYS-ICPs	Integrated Care Pathways for Airway Diseases
ARIA	Allergic Rhinitis and its Impact on Asthma
COPD	chronic obstructive pulmonary disease
CRD	chronic respiratory disease
EARIP	European Asthma Research and Innovation Partnership
EFA	European Federation of Allergy and Airways Diseases Patients Associations
EU	European Union
FCTC	Framework Convention on Tobacco Control
GINA	Global Initiative for Asthma
GOLD	Global Initiative for Chronic Obstructive Lung Disease
GP	general practitioner
IPIRG	International Primary Care Respiratory Group
NCD	noncommunicable disease
PAL	Practical Approach to Lung Health
PNDR	Portuguese National Programme for Respiratory Diseases
VAS	visual analog scale
WAO	World Allergy Organization
WHO	World Health Organization
WHO PEN	WHO Package of Essential NCD Interventions

Introduction

More than 1 billion people in the world suffer from chronic respiratory diseases (CRDs), which is one among the four major noncommunicable diseases (NCDs). The Global Alliance against Respiratory Diseases (GARD) is a voluntary alliance of more than 90 national and international organizations, institutions and agencies working towards the common goal of improving global lung health. After the United Nations Political Declaration on NCDs (2011) and adoption of the World Health Organization (WHO) Global Action Plan for the Prevention and Control of NCDs (2013–2020), GARD promotes an integrated approach focused on primary health care.

Objectives

The purpose of the 10th GARD General Meeting in 2015 is to raise the recognition of the importance of CRDs at global, regional and country levels, and to advocate for integration of the prevention and control of such diseases into primary health care. The meeting also proposes to expand the partnership by inviting new members to join GARD for the surveillance, prevention and control of CRDs.

Opening session

Dr Rosado Pinto, Chair of the National Organizing Committee, welcomed participants from more than 30 countries, representing national and international organizations in the area of chronic respiratory diseases (CRDs). He expressed his great appreciation of the World Health Organization (WHO), both to headquarters in Geneva and the Regional Office for Europe, for the high level of representation at this meeting. He also thanked the GARD Chair and Past Chair for their assistance with the organization of this meeting and the Ministry of Health of Portugal for hosting the meeting.

Dr Eva Falcão, Head of the Department of International Affairs, representing Dr Francisco George, Director-General for Health, spoke about the importance of chronic diseases prevention and control activities in Portugal. In 2011, a special programme on CRDs, mainly chronic obstructive pulmonary disease (COPD), asthma and certain allergies, was initiated by the Ministry of Health and funded by the National Lottery. This programme is part of the National Health Service and is focused now on the implementation of the guidelines on management of CRDs in cooperation with GARD Portugal. Integration with other major noncommunicable diseases (NCDs) was initiated in 2014. In this case, revision of anti-tobacco law is one of the priorities.

Dr Nikolai Khaltsev was elected as Meeting Chair, Dr José Rosado Pinto as Vice-Chair, and Dr Pedro Martins and Dr Paula Pinto as Rapporteurs.

Dr Oleg Chestnov, Assistant Director-General, welcomed participants and called for the prolongation of WHO-GARD collaboration. He affirmed that the health issue had become a part of the United Nations General Assembly in 2011 and 2015, where world leaders agreed that CRDs and other NCDs constitute one of the major challenges for development in the 21st century. The reason is that over 14 million people die each year from NCDs between the ages of 30 and 70, of whom 85% lives in developing countries. It is estimated that up to two thirds of these premature deaths from NCDs are linked to risk factors (tobacco use, unhealthy diet and physical inactivity, and the harmful use of alcohol) and up to half of these deaths are linked to weak health systems that do not respond effectively and equitably to the health-care needs of people with NCDs. Most of these premature deaths from NCDs can be prevented by governments taking a leading role and responsibility in implementing an agreed package of very cost-effective and affordable interventions for all countries ("best buys" for NCDs).

Ministers agreed in 2014 to set national targets for NCDs and to start developing national action plans in 2015, and promised to start implementing these plans in 2016. When setting national targets, countries have committed to take into account the nine global targets for NCDs that were adopted at the World Health Assembly in 2013. This includes a target that will be included in the Sustainable Development Goals to reduce premature mortality from NCDs by one third by 2030. Setting this target at the national level will contribute to the reduction in deaths from CRDs. GARD will play an instrumental role in supporting governments to achieve such national targets by uniting initiatives on CRDs, chest diseases, primary health care, allergic diseases, family medicine and patient organizations around a common agenda of promoting lung health.

Dr Chestnov stated his wish to illustrate the consolidating role of the ministries of health in the activities of National GARD alliances in countries such as Brazil, Italy, Kyrgyzstan, Poland, Portugal, the Syrian Arab Republic and Turkey. He applauded the role of the Ministry of Health of Italy in organizing a Regional GARD meeting in Rome in 2009 and the role of the Ministry of Health of Portugal in supporting this GARD General Meeting in 2015.

Another success story is that GARD has strengthened international collaboration in 27 countries to raise the priority given to CRD prevention and control on the national development agenda. WHO recognizes GARD's efforts to support countries to build national capacity and to strengthen governance, multisectoral actions and partnerships for improving lung health as an integral part of country responses for the prevention and control of NCDs. He is impressed by the efforts of this meeting's participants to strengthen and reorient health systems to properly address CRDs. GARD's outstanding partners assure high-quality research in this area and have all the capacity to monitor trends and evaluate progress. GARD's contribution is central to the global NCD monitoring and evaluation process.

The recent World Health Assembly resolution on the health impact of air pollution emphasized the importance of acute and long-term exposure to air pollution on health. A multisectoral approach is needed to improve indoor and ambient air quality and GARD members can contribute to this work in their countries. Dr Chestnov hopes that GARD will be an active player in the recently established Global Coordination Mechanism for NCDs.

Dr Nikolai Khaltayev, GARD Chair, stressed the enormous burden caused by CRDs, which still remain less recognized than other major NCDs such as cardiovascular diseases, cancer and diabetes. More than 1 billion people worldwide suffer from CRDs; these diseases constitute 12% of total mortality and cause more than 4 million deaths every year and if the situation does not change by 2030, then COPD will rank as the fourth cause of death globally. Stopping this epidemic is a major task for GARD. GARD has more than 50 members from different areas of respiratory and pulmonary medicine, primary health care, allergy, patient associations and many others and more than 1 million health professionals. It takes a great deal of power to stop the epidemic. The GARD Action Plan is aligned with the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 and also focused on the achievements of the NCD goals and targets, in particular, a 50% reduction in CRD hospital admissions and a 50% decrease in CRD mortality by 2020. GARD global, regional and country-focused activities cover more than 70 countries in all the WHO regions. Comparing annual NCD and CRD mortality with GARD activities in certain GARD countries, a positive dynamic is observed in countries where GARD is in place and is an active part of the national health-care system (for example, Kyrgyzstan, the Netherlands, Viet Nam and other countries).

It was noted that Dr Carlos Baena-Cagnani, one of the GARD founders, passed away on the last day of 2014, and in his memory Carlos Nunes gave a memorial address.

Session 1: NCD prevention and control

Dr Cherian Varghese, Coordinator (NCD management at WHO Geneva) presented greetings from WHO, saying that his unit coordinates the management of CRD, cancer, cardiovascular disease and diabetes as a whole. WHO NCD encompasses chronic lung disease, which includes COPD, asthma and their risk factors. He emphasized that when it comes to CRD, we should also look at air pollution as one of the other major risk factors and that it should be added. The main challenge is premature mortality, as the Assistant Director-General has mentioned, but we should also look at poverty as there is considerable inequitable distribution. He suggested that GARD should again think of putting the issue of burden in a global atlas in order to bring to the attention of policy-makers that CRD is as important as diabetes and cancer. CRD should be positioned differently in order to bring out the inequities of managing asthma to a different level. The target on tobacco, the single most important risk factor for COPD, is very important. Pulmonologists have a serious and major role to play in tobacco control in their countries. Obesity is also linked with many CRDs and thus relevant. Another target is the availability of affordable basic technology and essential medicines, including generics required to treat NCDs at the primary care level such as asthma and COPD and make them available in 80% of the public health facilities across the world.

The WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020 has six objectives. The first is to raise its priority. Modifiable risk factors in addition to tobacco, are very important. Strengthening and orienting health systems capacity for high-quality research are also needed; not just basic research, but also operational research. Dr Varghese pointed out that one of the important areas is governance as well as the need to develop national multisectoral NCD plans as only about 50% on average is operational. Portugal is a good example as the Portuguese Ministry of Health considers it a part of a national plan and is putting effort into that.

Regarding tobacco, WHO has many strategies, but offering cessation to people who are smoking is something that again needs to be scaled up. We need to translate most of our very good ideas into simple operational aspects. Another issue to look at is the household indoor and outdoor air pollution, noting that there is a World Health Assembly resolution on this topic that could be presented to governments.

Physical inactivity is one of the most important rising risk factors worldwide and we need to look at physical inactivity as a major risk factor. Childhood obesity is related to asthma and allergy and various other conditions. WHO has a commission on ending childhood obesity, which is currently meeting and we will have some very clear recommendations on how to address childhood obesity. A major problem for guidelines is their implementation. WHO has again developed the protocols for asthma and COPD and we may have to really see what else can be done, such as the availability of spirometry. We have to look at regions' realities and develop protocols based on what is available. We need to develop a service delivery model for CRD and other NCDs.

The GARD Vice-Chair presented the GARD Executive Committee, reminding participants to vote in the elections, and outlined the GARD country-focused activities. GARD, which includes 90 countries, started its activities in 2006. A GARD country report was published last year, based on information sent from the countries.

Several specific GARD country projects were mentioned, for example, the CRD programme in Argentina, Brazil, Cape Verde, China, Czech Republic, Egypt, Islamic Republic of Iran, Italy, Kyrgyzstan, Mozambique, Netherlands, Pakistan, Poland, Portugal, Romania, South Africa, Syrian Arab Republic, Turkey and Viet Nam. Most of the GARD countries have a focal point within the Ministry of Health and a GARD country coordinator, who is being asked to be more active and more integrated. As far as the number of GARD partners in each country, there are 18 in Portugal, 20 in the Czech Republic, 42 in Italy and 60 in Turkey.

GARD ambassadors were asked to list three reasons for their success, three reasons for not being successful, and what the challenges are to attaining a world where all people can breathe freely. Their suggestion was to concentrate on just one or two issues and to persuade health authorities at all levels to include all stakeholders in each country to promote the public awareness and the support of WHO. The identification of an enthusiastic leader and the importance and the willingness of the Ministry of Health of the country along with the support of WHO also are key points.

Increasing COPD and asthma diagnosis capacity by health-care professionals is considered important by our leaders in combination with redirecting the attention of the health community. The challenges mentioned include the financial deficits of the country, the limited human and financial resources and the lack of support of Ministry of Health and not having all stakeholders involved were also mentioned. GARD's greatest achievements are the ability to forge collaborative partnerships and to develop a shared vision, including professional medical societies, patient organizations, medical and pharmaceutical companies, nongovernmental organizations (NGOs), governments and, most importantly, WHO.

The GARD Bangladesh coordinator stated that the country has been in GARD for the last seven years, since 2008, and has achieved considerable progress in the field of CRD, with the help of global GARD to achieve GARD objectives. The Bangladesh Lung Foundation is the primary organization and includes various partners. The first success story was the phasing out of the ozone damaging chlorofluorocarbons (CFC) inhaler, accomplished in 2012, in collaboration with the United Nations Environment Programme (UNEP), the National Asthma Council Australia and Beximco Pharma, a local pharmaceutical company.

Another success is the Better Breathing Bangladesh project. The GARD 2009 annual meeting in Rome endorsed this project and the Bangladesh Primary Care Respiratory Society is implementing it. The first phase during 2010–2014 was successfully completed and 380 primary care physicians have been graduated from the International Asthma Diploma Module accredited by Open University, United Kingdom, and 29 community respiratory clinics have been set up in remote areas of Bangladesh with clinical practice guidelines developed specifically for them. Recently, a memorandum of understanding has been signed with icddr,b – the internationally renowned research organization of Bangladesh for educational programmes and the introduction of an e-learning asthma course – with the first group of 50 students ongoing. The priority for the Bangladesh Lung Foundation last year was

patient awareness and for this purpose collaborating platforms on asthma and COPD patients were promoted in the country.

Many billboards were placed in major areas and an awareness programme was presented in schools for underprivileged children in Dhaka city. Last year, it was decided to decentralize the World Asthma Day from Dhaka to the districts of Nilfamari and Rangpur. An awareness programme for health-care providers, local radio programmes and a poster for World COPD Day and the International COPD coalition was developed. Other initiatives included the Voices of Tobacco Victims programme, clinical meetings and international workshops. Also last year, the two main two workshops were on spirometry, imaging and sleep medicine. Despite this, asthma prevalence increased from 6.9% in 1999 to 7.67% in 2009. There are only 300–350 pulmonologists in Bangladesh.

Dr Álvaro Cruz, GARD Executive Committee member, spoke on behalf of the GARD Brazil coordinator about the country's activities. Brazil has a high prevalence of asthma and COPD. The PLATINO study showed that COPD prevalence was about 16% for people over 40 years of age. Brazil faces many challenges: high prevalence of CRD; lack of capacity of primary health care workers; and no national plan for CRD. Regarding achievements, there is universal access to health care and to medication for asthma and, lately, some initiatives have increased access to medications for COPD. Beclomethasone and salbutamol continue to be free of charge and as a result there was a reduction in asthma hospitalizations from 1998 to 2009. There was about a 50% reduction following this sort of better practices, supported by essential medications being available. Recently, there has been a striking reduction in tobacco usage. A new anti-smoking law since 2014 should nearly forbid tobacco in Brazil.

Brazil welcomed the GARD general meeting last year and was asked by the Columbia Minister of Health to provide support to them. Concerning advocacy, as one of the four strategic objectives proposed last year, there is now a programme at the border between Brazil and Uruguay to support schools in developing asthma education. It was created by a nurse and includes a booklet for school-based education that was officially published by the university.

Last year's meeting was the major activity in terms of partnerships: there were 114 participants, with 50 of them representing national organizations. Related to national plans, a GARD strategy has been adopted in Minas Gerais and several collaborators are developing activities at the primary health care level in Sao Paolo. Regarding surveillance and research, the Minister of Health asked for the support of Professor Mauricio Bareto and Professor Álvaro Cruz to help analyse the national survey of schools in relation to asthma: the prevalence of symptoms of asthma was 23% and the reported asthma diagnosis was 12%. There is also an ecological study about COPD hospitalization in Brazilian municipalities. COPD hospital admission is decreasing and might be related to physicians' access and influenza vaccine coverage.

The past president of IPCRG presented the recent news about the Fresh Air programme, which has been placed under the auspices of GARD for the past seven years. He announced that he received a major European grant from the Horizon 2020 programme, in line with GARD and AIRWAYS-ICP. The aim of Fresh Air is to improve health outcomes for people at risk of or suffering from NCDs in low-resource settings and is focused not only on tobacco smoke, but also on household air pollution. The pilot work in Kampala, Uganda, has for the first time been providing pulmonary rehabilitation

on the African continent and just finished with great success. In Uganda, the prevalence of COPD reaches 16% among the rural population, the consequence of two risk factors: tobacco smoke and traditional household cooking.

The Fresh Air protocol was shared with Kyrgyzstan, where smoking is frequent and indoor burning of biomass is not just for cooking, but also for heating, so locally applicable solutions are being considered.

The GARD Turkey representative updated the meeting about the country's activities since the meeting in Salvador, which are focused in three areas. The first is GARD projects sponsored by industry, the second is the working group activities and the last one is the city council and world day activities.

The new Turkish Thoracic Society project, a website for patient education, was launched in January 2015. The GARD projects supported by an industry are categorized under three topics: creating public awareness of COPD; patient education about GARD; and primary and secondary care education about GARD, COPD and spirometry. Public service announcements prepared to create public awareness of COPD were aired on five main TV channels and 27 regional channels. COPD was featured on 200 billboards in Istanbul and 100 billboards in Ankara. Digital ads on digital new websites and newspapers were also prepared.

To support the patient education programme, more films have been produced for the education of primary and secondary care physicians on COPD, GARD and spirometry. For World COPD Day, 81 city councils and Turkish Thoracic Society representatives organized a list of activities and Rehabilitation Week activities were increased in all cities and in media. Several TV news and live broadcasts were shown on World Asthma Day. Congressmen in the Turkish National Assembly had spirometry tests and were informed about the need to raise COPD awareness.

The representative of the Polish Society of Allergology and GARD Poland stated that the number of people who smoke dropped from 60% to 20% in the last 20 years throughout the country. People have access to the new medications and there is medication reimbursement. The dialogue with governmental institutions was recently improved due to the Minister of Labour and Welfare, who is also a doctor. He well understands the problems and all these activities, including active and healthy ageing, and an integrated clinical pathway to help the ageing population is now functioning in Poland. Thus, sometimes an obstacle in one field can open the door in another one. With the help of GARD, the Polish national asthma programme POLASTHMA has been developed and implemented. Collaboration with COPD and asthma patient organizations was established and many educational websites supported by the Polish Society of Allergology were developed. Coordination between organizations, including primary care physicians, was promoted. With the support of POLASTHMA, the Clinical Forum of Experts of Central and Eastern Europe is organized every year whereby the participants try to find not just the solution, but also to promote research and collaboration among different centres. In March 2015, the presentation of the new ARIA 2015, in cooperation with Professor Jean Bousquet, took place in Warsaw. One goal is to explain to the general population that if there is moderate or severe allergic rhinitis, then the patient should consult a physician, allergologist, respiratory physician or an ears, nose and throat doctor. This year, the World Asthma Day was organized together with patient organizations.

The GARD Georgia coordinator started the presentation with a few statistics, showing how the prevalence CRD moved up from seventh position to third from 1992 to 2013. From 2010 to 2013, there was a slight decrease in the death rate, attributed to the effective policies of government regarding CRDs and to the contribution of the Georgia Respiratory Association through capacity-building and awareness-raising activities in regions of Georgia. Strategies and action plans that have been developed at the National Centre of Disease Control & Public Health of Georgia focused on CRDs, tobacco control and on NCDs in general.

The new initiative of the Georgian government is to kick start the public movement for a healthy Georgia, with the goal to build capacity for the population to increase control over major public health determinants and prevent diseases through knowledge and a healthy environment.

Georgia started a pilot project on surveillance of CRDs at the primary health care level in Family Medicine Centres in 2008, and so far 11 districts have participated in this programme. The general conclusion from the GARD survey, which was published in the Monaldi Archive for Chest Disease, is that official statistics related to CRDs might be lower than actual readings. GARD also conducted a study on smoking and COPD among medical and non-medical students in Tbilisi that showed a very high prevalence of smoking among undergraduate students. Results of this study already have been published. Another study conducted in the city of Telavi aimed to determine the prevalence of COPD: it was confirmed in about 35% of patients and the risk of COPD in men was about five times higher than in women.

Future plans for GARD Georgia include the expansion of the GARD CRD survey in two more districts by the end of 2015. The Georgian Respiratory Association is planning to host an International Congress in Batumi on 23–25 June 2016, and there is also a proposal to include a GARD session within the framework of this Congress.

The GARD Lithuania coordinator announced that the programme of the Pulmonology and Allergology School has celebrated 20 years. The first guidelines, which were focused and devoted to preschool wheezing, were published in 2008 and renewed last year. The Ministry of Health and the European Social Fund established a programme devoted to the safety of patients, led by GARD, with 123 protocols for diagnostic and treatment, including lung and allergic diseases. Additional protocols are planned for more than 500 diseases. Some of these protocols have been shared with neighbouring countries, especially from Eastern Europe such as Georgia and Moldova. The importance of paediatrician's networking was emphasized and how it could promote projects, education research in areas such as asthma inflammation and preschool lung function testing. Several Lithuanian studies on children were described that focused on wheezing children, lung function measurement, quality of life studies, adherence and a research project to investigate alpha-1 antitrypsin deficiency and the relationship with infant wheezing phenotypes.

The Viet Nam GARD coordinator presented the 2015 update. In Viet Nam, the prevalence of asthma in adults is about 4% and in children it is estimated at about 10%. For COPD, estimates indicate 4% prevalence in people over 40 years of age, reaching 10% in men and 4% in women. Particularly important is the non-smoker group, with a COPD prevalence of 8% that could be attributed to air pollution and to tuberculosis sequel. Viet Nam has had national guidelines based on the Global Initiative for Asthma (GINA), the Global Initiative for Chronic Obstructive Lung Disease (GOLD) and

national asthma and COPD programmes for the last five years. The first network of the Asthma and COPD Outpatient Care Unit (ACOCU) was set up in 2000 at the University Medical Centre in Ho Chi Min city. Today, after 15 years, there are up to 116 units throughout the country, with regular annual meetings of the network where experiences are shared. The funds for the network come from provincial and district hospitals, the National Asthma and COPD Programme, pharmaceutical companies and wealthy successfully treated patients. Now, 28 of 64 provinces are a part of ACOCU. Issues related to asthma and COPD are being taught through teleconferences and e-mentoring in order to improve the capacity of management of family physicians in rural areas.

The experience from the application of the WHO Package of Essential NCD Interventions (WHO PEN) was good. Besides ACOCU, an asthma, allergy and clinical immunology clinic was established at the University Medical Centre. The Society of Asthma Allergy and Clinical Immunology was also established this year. Continuing medical education for general practitioners (GPs) and nurses has been developed as asthma and COPD day initiatives. In the future, Viet Nam would like help to set up a central laboratory that connects to all asthma and COPD outpatient care units, to join a monitoring programme for asthma and COPD, to build up the quality control process in all asthma and COPD outpatient care units and to implement the WHO PEN in the family doctor training health posts.

The GARD Iran coordinator described how the country followed up the implementation of GARD after its launch in 2008. Today, it includes more than 16 associations and partners from different sectors. National guidelines for asthma and COPD were prepared, but it took more than three years for the approval of the Minister of Health for just one unit. However, it is suggested, if a letter from WHO were sent to the Ministry of Health, then recommendation would most likely follow, thus shortening the implementation time. During the last few years, the Islamic Republic of Iran has been trying to include CRDs among the four major diseases. A recommendation from WHO regarding the experience of Brazil, Portugal, Turkey, Viet Nam and other countries would also help this objective.

The coordinator suggested having working groups from the global GARD group provide examples, including models of guidelines about their implementation and monitoring CRD surveillance. This would motivate and activate the process of implementation of CRD control in all developing countries. The collaboration of GARD will be needed in the future to improve CRD control programmes. GARD members were then invited to participate in the Tehran GARD General meeting next year.

The GARD Syrian Arab Republic coordinator, co-chair of the International COPD Coalition, discussed the country's 2014 and 2015 achievements, including a guide for CRDs and primary care hospitals of technical and practical guidelines and an asthma survey in shelters, as there are about 1 million people living in shelters in the country. The guide is based on the results of surveys from WHO and GARD that were conducted in the country. The European Respiratory Society, technical standard and clinical practice guidelines were followed, supported by the WHO country office for publication and training. Many of the 7500 primary care centres have been destroyed and others are inaccessible. The population relies on hospital outpatient clinics and emergency rooms. Several different audits were conducted and a book guide was produced with essential information for primary care doctors and nurses about diagnosis, classifications, stepwise management, spirometry and prescription of long-term medication. The survey of asthma in shelters became a GARD project, in collaboration with the WHO country office and GARD Canada. The primary objective was to study the living conditions in shelters and assess their impact on asthma-related outcomes. It includes the

crowding of many people in one room, exposure to new triggers (such as the odor of weapons), lack of medication and lack of transport for severe cases.

The Syrian Arab Republic developed an International COPD Coalition Column for the *Journal of Thoracic Disease* in 2011. At the moment, 22 articles have been published on this website and the good results might be a consequence of WHO PEN, Practical Approach to Lung (PAL) and other programmes. The coordinator thanked the GARD Chair and GARD Past Chair for their collaboration and contributions to the publications about the Syrian Arab Republic survey where exposure to passive smoking narghile and water pipe was associated with COPD.

Representatives of the Ministry of Health of Italy presented GARD Italy (GARDI) activities via Skype, coordinated by the Ministry of Health, which works within the context the evolving reform of the Constitution of 2001. Today, there is a need to renew partnerships with different sectors, not only with the medical area since the national health system must also respond to the high prevalence of chronic conditions to stabilize the situation and improve patient quality of life. In Italy, CRDs rank third as a cause of death after cardiovascular diseases and malignant neoplasms. During the last several years, the prevalence of CRDs has been steadily growing. They remain underdiagnosed and undertreated unless clinical symptoms have a significant impact on the patient's health status. CRD has become a top priority for action, focusing on the prevention, early diagnosis and treatment. Key elements of GARDI, which joined International GARD in 2004, is the integration of activities of multiple partners from different territories with different social and economic status to achieve common goal-improving lung health. This integration between government and NGOs and institutions allows getting results that no single organization could achieve alone and avoids duplication of efforts and saves resources.

In 2009, GARDI, jointly with International GARD, was involved in the accomplishment of the National Prevention and Control Plan where scientific and patients' organizations and universities are working together. The Ministry of Health provides technical leadership and secretarial support to GARDI. During the Italian Presidency of the European Union (EU), the Chief Medical Officer hosted a meeting for GARD partners from the WHO European Region in October 2014 in Rome. The new GARDI programme for 2015–2017 is focused on applicability of the screening programme for early detection of COPD, risk factors and continuity of care and will provide the guidance and recommendations for protection from second-hand smoke in confined spaces, which was regulated in 2001. GARDI is committed to accomplishing a comprehensive agenda of CRD prevention and control along the lines of the national and European context and avoiding fragmentation and lack of coordination.

Ruby Pawankar spoke a few moments in remembrance of Carlos Baena-Cagnani, who she defined as a very special person, with the knack of reaching out to anybody, dedicating the following words to him: "Dear Carlos, to lead and share with the humanity and generosity with strictness, with understanding, with openness and embracing; from any culture and every culture, with the ease of a mentor, or the simplicity of a child. If given a single name, I will call Carlos Baena. Your restful life, your love of the arts and sports, love for people, extended geographical borders, transcending cultural barriers, an inspiration to many, a leader to emulate and a human being to learn from. Thank you Carlos, not only for what you did for this specialty, for physicians and patients, but also for all of us as a friend and colleague. You have left behind an irreplaceable legacy and you will always remain alive among us".

Session 2: GARD regional and multinational collaborative activities

The representative from Nova University, Lisbon, presented CRD from the viewpoint of health economics. The most important aspects of health economics relevant to CRD are:

- quantification of disease burden;
- cost to payers and patients and quality of life of patients;
- cost-effectiveness of interventions;
- behaviour of patients that increase risk;
- role of economic factors as a general framework.

Two examples were given of the analysis of providers' activities and payment mechanisms that influence practice. The first example was measuring the impact on health and life satisfaction and the implication for the organization of health-care systems. Based on a 5-point scale for health and 4-point scale for life satisfaction, including the role of age, gender, income, education and presence of chronic conditions, made it possible to rank patients with lung diseases in EU countries and Switzerland by self-assessment health and life satisfaction. No correlation between these two indicators was seen. The second example demonstrated implications for the health system when multiple chronic conditions in an elderly population are the major challenge. Chronic lung diseases, for instance, have confounding diseases and higher demand for resources. The distribution of chronic lung diseases patients with other chronic conditions in EU countries and Switzerland was shown. The number of chronic conditions increases visits to doctors and reduces quality of life. Health promotion and prevention and self-management of chronic conditions, several at the same time, are critical for organizing the national health system where patients and health professionals are partners and payment systems need to change.

The project coordinator of the European Asthma Research and Innovation Partnership (EARIP) stated that over 30 million people live with asthma in the EU, which is a major cause of disability and impact on the quality of life. Patients often have little control over their symptoms. Treatment costs of asthma in the EU are over €20 billion annually and productivity lost is estimated to be €9.8 billion annually. EARIP is coordinated by Asthma UK, supported by the 7th Framework Programme of the EU; its 12 partners from 7 countries represent policy-makers, researchers, patient groups and industry, with these objectives:

- identify the research priority areas needed in order to bring about a cure for asthma;
- define a roadmap for a European Innovation and Research Partnership for asthma.

The major deliverable of EARIP is building on the successes of national asthma programmes to create best practice recommendations for health-care systems in Europe, which would bring about these goals:

- reduce deaths by 25% within 10 years; further reduce deaths by 50% within 20 years;

- reduce hospitalizations by 50%;
- bring new drugs and treatments to patients more quickly;
- identify and share best practices in health-care systems;
- speed up the research process across all areas of asthma research.

The Executive Director of the Hispanic American Allergy Asthma & Immunology Association (HAAMA) gave an overview of the study of asthma prevalence in Argentina and of disease management based on genetics. According to the national health statistics, in 2010, CRD causes 17% of total mortality, ranking as the third cause of death. Asthma mortality from 1980 to 2010 clearly declined for both sexes, with the most visible decline in the 3–39 years of age group. The current prevalence of Asthma 5 is 98% in the population group 20–44 years of age and has been studied based on the questionnaire adapted from the one used in the European Community Respiratory Health Survey. In 2015, the Ministry of Health adopted a national programme on the prevention and control of CRDs.

Pharmacokinetics and variations in drug response among Asians, African Americans and Hispanics are important issues. Hispanics have had a wide variation of migrations, which in turn have impacted the drug responses of patients with asthma in many countries. For instance, drug response of asthmatic patients is different for Puerto Ricans (genetic mix of African and Taines) than for Mexicans (genetic mix of Spanish and Aztec). The management and treatment of diseases in the United States have dramatically improved with the use of laboratory tests that can predetermine patient response to a certain medication based on their genetic makeup. HAAMA recommends that GARD creates a planning group to promote pharmacogenetic awareness and tailoring of clinical trials.

The GARD Executive Committee member from the Medical University of Bahia (Brazil) reviewed the diagnostic ability of GPs working in primary health care in relation to common respiratory diseases. He found a lack of consistent evidence on the accuracy of diagnosis of respiratory diseases by GP. The lack of precision for the diagnosis of asthma varied from 54% for underdiagnosis to 34% for overdiagnosis, and for COPD from 81% for underdiagnosis to 86% for overdiagnosis. The WHO PEN is already available, but as Brazil has been working with PAL it was decided to move forward with it. After four years, there was a 70% increase in the rate of tuberculosis diagnosis, a 60% increase in the proportion of patients undergoing spirometry and a 40% incorrect treatment of asthma and COPD. This was achieved by 60 primary health care physicians in one region of 700 000 inhabitants in Minas Gerais. Now, there are plans to roll out the programme to the entire state of Minas Gerais. An immediate result was the decrease of total referrals for conditions related to respiratory disease as the number of emergency unit visits due to respiratory disease. In order to support the strategic objectives of the GARD Action Plan there is an ongoing process of translation and the adaptation of PACK (Practical Approach to Care Kit), which was developed in South Africa to support and empower nurses and other health workers. Each region will be able to make a list of 15 to 20 prioritized conditions. This is the way to move forward in certain very low-resource settings.

There is an easy algorithm “assess, advice and treat”, which clearly depicts the role of each health-care professional and has recently been linked to the *British Medical Journal* best practice to obtain new updates every year. In Brazil, there is an agreement between the *British Medical Journal* and the Ministry of Health. Finally, it was stated that things were moving again and the Executive Committee member was feeling confident about the support from WHO.

The president of the Korea Asthma and Allergy Foundation gave an update on the burden of CRDs and its management programme in the Republic of Korea. Asthma prevalence has been increasing over the past 20 years, however, the prevalence of COPD has not changed. The Republic of Korea was involved in the cross-sectional, multinational, observational study on the burden of respiratory disease in the Asia Pacific. The objective was to estimate the proportion of adult patients receiving care for asthma, allergic rhinitis or rhino sinusitis, or COPD among patients receiving care for respiratory disease as diagnosed by a physician. The percentage of allergic rhinitis patients was 14% in the Asia Pacific and 12.5% in the Republic of Korea, and the asthma frequency was 13.5% and 7.2%, the COPD frequency was 4.9% and 1.3%, and the rhino sinusitis frequency was 5.4% and 1.6%, respectively. The prevalences of these four diseases were much lower in the Republic of Korea than in the Asia Pacific. Interestingly, more than 30% of the patients had combinations of the four diseases: 19% of COPD patients, 20% of allergic rhinitis patients, 35% of rhino sinusitis patients, and 46% of asthma patients had combinations of the four diseases.

The major risk factors for COPD are ageing and smoking. If we look at asthma prevalence in the country, the highest prevalence is seen in those over 65 years of age. Ageing and smoking were also the main risk factors for asthma. In the Republic of Korea, elderly people are increasing and, in contrast, the younger population is decreasing. For this reason, the Korean government has paid attention to the development of asthma and COPD in the elderly population. The Republic of Korea Centre for Disease Control organized an asthma cohort, which was a five-year follow-up study for elderly asthma patients from 2009 to 2014. More than 30% of asthma patients were smokers. Therefore, tobacco control is very important for the prevention and management of CRDs. The Korean government decided to regulate the tobacco smoking with an Anti-Tobacco Act and increased the tobacco tax. NGOs such as the Korea Asthma Allergy Foundation supported the government by conducting a smoking ban campaign. The Korea Asthma Allergy Foundation developed an asthma management programme, which is a computer-assisted asthma diagnosis and management programme, supported by the Korea Centre for Disease Control. This software programme is freely distributed to GPs.

The president of the Société de Pneumologie de Langue Française now under the oversight of the GARD French Speaking Space of Pulmonology, described what the Federation of Pulmonology Society of French Speaking Countries accomplished over the past year. A congress was organized, the largest in French-speaking countries, with more than 7000 participants and a programme for training young pulmonologists. There were additional congresses and meetings to discuss what could be done regarding the GARD recommendations. Next year, the Pan African Thoracic Society meeting will be held. For the first time, the French-speaking countries and the English-speaking countries in Africa will be linked together in a congress.

The representative of the European Academy of Allergy and Clinical Immunology outlined CRD control and surveillance activities in the European space. In terms of what is happening around Europe, about 12 EU countries have already published some control and surveillance data for different problems related to CRDs. In the Finish programme, education is one of the primary outcomes, not only for doctors, but also for primary and secondary care professionals and people involved in care at different levels. A reduction in the number of medical care visits and hospitalizations was achieved over a period of 10 years. Health service utilization was greatly improved in terms of admissions,

death rates and visits to emergency units. Costs were reduced and better disease control and quality of life was achieved. The Polish-Asthma group, which was one of the first European surveillance programmes, included the patient's perspective. The Portuguese programme on respiratory diseases was the first programme to include all CRDs: conditions with high prevalence (e.g. asthma, COPD and sleep apnea) and needing high differentiation (e.g. cystic fibrosis, pulmonary hypertension and interstitial diseases).

Several tools that have been used to conduct control and surveillance are the Asthma Control Questionnaire, visual analog scales (VAS) and the rhinitis quality of life questionnaires. These are validated instruments that can be used in practice, and some are already being used with different technologies.

The GARD Cape Verde coordinator spoke about the country, where poverty, resource constraints for the health sector, the burden of communicable diseases, climatic changes and food insecurity are major challenges. The Cape Verde government has a National Health Policy, which defines the priorities of the sector. The Plan for Prevention and Control of NCDs in the country is an important milestone that aims to tackle NCDs in an integrated way to achieve the highest level of health for all the population based on other health strategies. There is underdiagnosis and inappropriate treatment of CRDs and access to diagnostic tools and treatments is not equally distributed throughout all the islands. Regarding CRD prevalence, in a recent publication, the prevalence of chronic bronchitis, asthma and symptoms of allergic rhinitis were 4.5%, 6.2% and 12.3%, respectively. In a survey about NCD risk factors that took place in 2007, 9.9% of the population was smokers. In the fight against smoking, in 2006 Cape Verde ratified the WHO Framework Convention on Tobacco Control (FCTC).

The National Health Development Plan (PNDS) 2012–2016 aims to carry out studies to characterize the epidemiological situation of allergic diseases/CRDs, define an operational plan for these chronic diseases, improve access of the population to essential drugs, increase the public awareness about CRDs and promote continuous education and training for all health-care professionals.

The representative of the Pulmonary Department of the Central Hospital of Maputo in Mozambique reported that, in 2014, 23% of total deaths was from NCDs and 66% from communicable diseases. The burden of communicable diseases is a big problem in Mozambique. The main causes of NCD deaths were attributed to cardiovascular conditions and cancer, and only 1% to CRDs. COPD, asthma and allergic rhinitis are the main CRDs, but bronchiectasis and sequel of pulmonary tuberculosis are also of significant concern. The prevalence of tuberculosis in Mozambique is very high, affecting 559 per 100 000 inhabitants. In Maputo Central Hospital, COPD is the sixth leading cause of hospitalization. In this hospital, the main respiratory causes of hospitalization in the last year were tuberculosis sequel (19%), asthma (14%) And COPD (9%). The risk factors for COPD, besides tuberculosis, are similar to other countries. Tobacco consumption affects 18.7% of the population and is more frequent in men living in urban areas. In Mozambique, the majority of households uses biomass to cook: vegetable coal is used more often in urban areas, while firewood is more predominant in rural areas. Young people in the southern provinces of the country move to South Africa to work in mines, where they are occupationally exposed to airborne particulates, mainly dust. However, the burden of COPD is less than 1% in the national data. COPD is underdiagnosed and there is a lack of spirometry. Current estimates of COPD and other CRDs are based on an unrealistic data set. Acquisition of further data will require substantial investment in lung function equipment

and professional training. Other problems faced are that patients choose to go first to traditional healers and the difficult access to inhalers.

The representative from CRDs Education for Health reported that the organization started using e-learning about seven or eight years ago and today is very interested in how the Internet is not only collectively driving the economy, but also an important way of how we learn. She recommended that GARD use e-learning. In Bangladesh, e-learning was introduced and currently 400 GPs have gone through the programme. Although people tend to like to come together and to discuss, e-learning is probably a good alternative in many developing countries.

Nurses are being asked to participate in guideline development and there is a need to galvanize a respiratory nursing community. In the United Kingdom, nurses have been involved with respiratory diseases for many years, but in many countries, it is new. Education for Health is involved in education and research as well as advocacy. The organization established the UK Inhaler Group, which started as a national inhaler group, but has rolled out to four countries. They are concerned in keeping blue inhalers as a convention for reliever inhalers.

The president of the Polish Allergology Society confirmed that allergies are more common in urban areas than rural ones, based on the results of an epidemiological study in Poland. Information on prevention, early diagnosis and treatment of CRDs in children was published in the *Lancet* in 2012, with some recommendations for member states of the European Commission. In an epidemiological survey conducted a few years ago, data were collected from a sample of 47 000 people randomly selected from the Polish population. The results showed that rhinitis was more common in urban regions compared with rural ones. Almost 40% of the Polish population from the cities had rhinitis compared to 22% from rural regions. Wheezing and asthma prevalence were also higher in urban compared with rural regions. Urban residents had symptoms of perennial allergic rhinitis more often and rural residents had more seasonal allergic rhinitis. The results of skin prick tests to common inhaled allergens were analysed and urban residents had a greater risk of strong positive skin prick test in relation to rural residents.

Session 3: GARD integrated and multidisciplinary activities

The GARD Kyrgyzstan coordinator presented information about NCDs and GARD activity in the country. Kyrgyzstan has a very close cooperation with countries from Central Asia. Kyrgyzstan is a mountains country where biomass for heating and cooking is used. There is a high mortality from NCDs, with about 70% of all causes resulting from cardiovascular diseases, respiratory diseases and cancer. There are high mortality data for COPD, particularly for highlanders. Concerning GARD and NCD activities, GARD is one of the key initiators and participants of the National NCD Programme for 2013–2020. The main goal of the programme is to create NCD prevention and control in the country. It includes a target of 15% reduction of tobacco, a decrement of the indoor air pollution influence for highlanders and inhabitants from rural areas, a reduction of 10% of alcohol and 30% of salt sodium use, and coverage of 75% for essential NCD medicines and technologies. The implementation of WHO PEN guidelines for NCD at primary health care level began in 2014. The National Chronic Respiratory Disease Program for 2014–2020, focused on the improvement of lung health as part of the National NCD Programme, was developed. The main targets are to estimate the prevalence and study risk factors for COPD and CRD; to create a steady prevention system for COPD and other CRDs; to create a spirometry network especially at the primary health care level; to develop effective approaches for management and control of COPD and other CRDs, principally for asthma; to implement WHO PEN guidelines for COPD and asthma; and to promote education and training for local health care. The Fresh Air study and the Clean Air project are also taking place in Kyrgyzstan.

The past president of IPCRG explained that Lung Alliance Netherlands is a federative system with 35 members. It has already established care, guidance on COPD and asthma, and developed an assessment of burden of COPD tool. Currently, there are five aims. The first one is a 25% reduction in hospital days due to asthma and COPD. In the Netherlands, there are about 250 000 hospital days per year due to asthma and COPD. There are striking differences across the country, with many more hospital days in the north.

The second aim is to obtain a 15% reduction of lost working days and discussions with the Ministry of Economic Affairs are being undertaken accordingly. The third one is to have more efficient use of lung medication as many prescriptions are written without a firm diagnosis. There is also overprescription as 60–70% of COPD patients receives inhaled corticosteroids combinations, whereas it is only indicated in about 20% of patients. The fourth is to achieve a 25% reduction in children under 18 starting to smoke. In the Netherlands, up to 40% of adolescents smokes. Large campaigns have been started and presently about 70% of the schools is smoke free. The last aim is to reduce mortality by 10% for asthma and COPD. For COPD, the main focus will be on co-morbid diseases such as heart failure.

The GARD Past Chair and Chair of AIRWAYS-ICP reported that CRD affects 1 billion people worldwide and starts very early in life. For this reason, if we want to improve active and healthy ageing, which is the goal of the EU, we need to start early. AIRWAYS-ICPs is a GARD initiative corresponding to the WHO Prioritized Research Agenda for the Prevention and Control of Major NCDs research. It is also a partnership with 3000 participants and the GARD Past Chair acts as the co-coordinator of Integrated

Care Pathways for Chronic Diseases. AIRWAYS-ICPs is a European Innovation Partnership and also a GARD demonstration project. In fact, the AIRWAYS-ICP working group has included GARD and collaborating centres from 64 countries. A recent meeting was sponsored by the Région Languedoc Roussillon with 20 presentations on this subject. Many things were proposed, and most are already done. One proposal is for a common framework of care pathways with a repository, where everyone can have free access to a compilation of documents from developing and developed countries. Another one proposes to target action plans to all populations according to their culture, health system and income. Also suggested was to develop a strategy based on WHO PEN, creating a list of essential drugs for low- and middle-income countries, which is now appropriate to EU-deprived populations. A fourth area is to inform about cost-effective policy development against tobacco smoking and environmental exposure health promotion strategies. Another proposal is to aid risk stratification in chronic diseases with a common strategy, defining important questions on CRDs in the elderly. This is already being done in France and could be followed by other countries. AIRWAYS-ICPs wants to tackle chronic disease across the life cycle, to define active and healthy ageing, to help the development of the European Innovative Partnership on asthma, to develop simulation tools, to implement emerging technologies and to scale up strategies in Europe and at the worldwide level, strengthening the WHO Global Action Plan for the Prevention and Control of NCDs 2013–2020.

The representative of ARIA (Allergic Rhinitis and its Impact on Asthma) started by noting that MACVIA (Maladies Chroniques pour un Vieillissement Actif) is the e-Reference site of the Region Languedoc Roussillon and is one of the 32 reference sites that was approved by the European Innovation Partnership on Active and Healthy Ageing. ARIA is a guideline that should be implemented more widely and in a less complicated way. There is also a need to follow patients during allergens exposure and to adapt their treatment according to the regular measurement of rhinitis control. MASK is an e-Health tool that has been introduced into ARIA and will enable monitoring the onset of the pollen season by using the patient's sentinels. It will function in conjunction with the clinical decision support system that will use the recommendations of the new ARIA 2015. The app was launched in the United Kingdom and is about to be launched in 14 other EU countries. It has been approved by lawyers in each country to make sure that legal issues are respected. There is also a specific medication list for each country embedded in the system. The system is available in both Android and iOS versions and is based on a series of VAS. User patients will be selected by allergists according to their sensitization and will represent sentinels. Two weeks before the expected pollen season, a text message will be sent to these sentinels asking them to start VAS daily monitoring. Knowing when VAS levels increase would inform the need to send a text message to all app users in that particular geographical region alerting them of the onset of the pollen season. This year, a colour code will be used to indicate the level of control. Next year, the system will be improved in order to phenotype patients and allow their stratification into controlled and uncontrolled groups. In the future, this e-Tool can be used to optimize treatment during the allergy season, define responders and non-responders and stratify them, perform clinical trials in the stratified patients, treat stratified patients with new approaches and confirm in real life that the treatment is effective.

The GARD Canada coordinator spoke about the assessment of how air pollution relates to asthma and COPD. Since the Big Smog in December 1952, there has been considerable literature that suggested that air pollution increases morbidity, especially in people living with a chronic condition such as asthma or COPD. We know many things about air pollution, but its role in causing people

with asthma progress into COPD and, therefore, Asthma COPD Overlap Syndrome (ACOS) is not as well understood. In order to assess if chronic or ongoing cumulative exposure to air pollutants in asthmatic patients increase the risk of developing COPD and therefore ACOS, data for major pollutants (PM_{2.5}, ozone and nitrogen dioxide) from 1996 to 2013 from 40 monitoring stations spread across Ontario, were studied. Outcome data were obtained from the Ontario Asthma Surveillance System. A cohort of over 380 000 people who had asthma onset from 1996 to 2007 was followed until 2013, and 20% developed COPD. Results from this study indicate that exposure to air pollutants could increase asthma and COPD, thus there is a need to raise the awareness of the risk of air pollution on lung health. An app called BREATHE was also developed.

The director of the Portuguese National Programme of Respiratory Diseases (PNDR) presented the programme and the role of GARD in its development. PNDR is a priority programme from the Minister of Health and was designed under the scientific concept of GARD. The mission is to reduce the burden of CRD, with two main goals: to reduce mortality for CRD by 2%; and to reduce hospitalization by 10%. A first major evaluation is planned for 2016. Portugal has two main areas of intervention: conditions with a high prevalence and conditions needing a high differentiation. Concerning the first area, asthma, COPD and sleep apnea syndrome were chosen. For the second area, cystic fibrosis, pulmonary hypertension and interstitial lung disease were included. Strategies are based on epidemiological surveillance, primary secondary and tertiary prevention, treatment and monitoring, communication and social mobilization. Every year, there is a publication related to epidemiological surveillance and monitoring. There are also 10 national guidelines for respiratory diseases. Regarding asthma, its prevalence in Portugal ranges between 5% and 10%, there is anti-asthmatic medicines reimbursement and a spacer device reimbursement is coming. Portugal has free influenza vaccination in primary care settings. Portuguese asthma mortality rate is low, similar to the one found in Germany and Sweden. Concerning respiratory medicines, there was a decrease in salbutamol use and an increment of long-acting bronchodilators and inhaled corticosteroids consumption. The estimated COPD prevalence in Portugal is 14.2%. There is free access to smoking cessation programmes, COPD national guidelines, free influenza vaccination, and medicines, home oxygen therapy and ventilation reimbursement. Regarding COPD mortality and hospital admissions data, Portugal is well ranked. Only 30–40% of primary health care centres has spirometry. In Portugal, the estimated cost to achieve one COPD diagnosis using spirometry was estimated at €23. For cystic fibrosis, there is a referral network with three centres.

The president of the Romanian Respiratory Society spoke about tobacco control in Romania. This is a professional association with a section dedicated to smoking with the main focus on partnership with other societies. Partnerships have been built with NGOs and the National Prevention Forum that include e-learning programmes, with one on training sessions for quitting smoking. The first actions were based on the National Strategy and Anti-Smoking Law. A cooperation model with 26 professional associations, a partnership with the European Respiratory Society and joint meetings about smoking prevention were held. Conferences with cardiologists and participation in the National Day for Prevention of Cardiovascular Diseases were good opportunities for education and prevention. The first meetings took place in February–March 2015 with the Health Committee of the Senate and an extensive coalition, the “Romania Breaths”, started a debate in the Lower House and a new project of law was established. Practical guidelines for lung cancer management in Romania were created: one about diagnosis and another on therapy.

The representative of the Finnish Lung Health Association presented anti-smoking activities in Finland. Smoking in Finland has been very common among males, but is currently decreasing. This might result from the national COPD programme support in lobbying the politicians, NGOs and primary health care work. A Tobacco Act aimed to end the consumption of tobacco products was approved in 2010. It has been very supportive to have the FCTC and EU directives in lobbying for this act. The endeavour was much criticized and classified as unrealistic, but today other countries have started joining this idea. The tobacco epidemic can be stopped and Finland might be one example of it. GARD should also participate in this cooperative effort.

The GARD Italy coordinator spoke about the burden of CRDs in Europe. He showed the presentation that was given to the Chief Medical Officers of the EU in October 2014, where GARD was also publicized. In the WHO European Region, the mortality attributed to COPD represents 2.5% of the causes, whereas worldwide it is 5.8%. This number might reflect the respiratory disease underestimation from the death certificates. If we consider not only those who die from COPD, but also those who die with COPD, then the estimation would double. This is an important point because the death rates are used by politicians to allocate the health budget. According to the concept that came from an official statement of the American Thoracic Society, COPD risk factors can be divided among those that are perennial, which accompany us since birth to death, and those that only affect us during a part of our life. COPD is not only a smoking-related condition, there is also an important role of occupational and air pollution exposure. Moreover, about 10% of people who have never smoked will get COPD. Finally, it was emphasized that this decade will be the first time worldwide that the proportion of those over 65 will exceed the proportion of those under 5. In 2060, we will have almost 30% of people over 65 years old.

Session 4: GARD education experience from other initiatives

The IPCRG President-Elect shared its educational experience. IPCRG provides a primary care voice in major EU projects on asthma and COPD, coordinates Fresh Air projects such as GARD demonstration projects in Greece, Kyrgyzstan, Uganda and Viet Nam, and builds educational capacity for e-faculty in Chile, Romania and Viet Nam and capacity e-quality in Bangladesh, Brazil, India, Sri Lanka and the Yugoslav Republic of Macedonia. In the UNLOCK (Uncovering and Noting Long-term Outcomes in COPD and asthma to enhance Knowledge) study, a strong international collaboration was demonstrated between primary care researchers to coordinate and share datasets of relevant diagnostic and follow-up variables for COPD and asthma management in primary care. In July 2013, IPCRG published the first ever international mapping of primary care use of national respiratory guidelines. There is scaling up in the Asia Pacific, South America and parts of Europe where family practice is less developed. IPCRG challenges are to consider primary care more than general practice, scaling up from GP-oriented to primary care oriented and getting respiratory interventions on the WHO best buy list.

The Chief Executive Officer of the National Asthma Council, Australia described the process of developing a national asthma strategy, which is a business plan for asthma for the whole country giving opportunity to:

- review the current asthma situation;
- determine goals, objectives, priority areas, key actions and outcomes;
- involve stakeholders – communication, collaboration, coordination;
- monitor progress;
- be aspirational.

The strategy is an essential and effective tool for advocacy, lobbying and policy development. Among stakeholders are people with asthma, including:

- children, adults, parents/carers;
- disadvantaged groups– homeless, remote areas, socioeconomically disadvantaged;
- culturally diverse – Aboriginal, ethnic communities.

Other stakeholders include:

- health-care providers (professional-GPs, nurses, pharmacists, specialists);
- groups (asthma, health consumer and environmental organizations);
- interested parties (professional societies, researchers, pharmaceutical industry, government).

The measurable components of the strategy are the prevalence of current asthma, deaths (all ages), deaths (5–34 years of age), hospitalizations, general practice/specialist encounters, costs of asthma (direct and indirect), asthma control, asthma action plan ownership, controller/preventer use and quality of life.

The asthma strategy development methodology includes:

- engagement of an independent facilitator;
- conducting a short online survey with a few directed questions to gain an initial impression of stakeholder thinking;
- formation of an advisory group of key stakeholders, including patients;
- providing briefing documents of other national and international strategies, the current asthma situation and evidence based;
- preparing a strategy for larger meetings of more stakeholders;
- developing the first draft of strategy, reviewed by an advisory group;
- second draft out for public consultation on relevant website(s);
- collating responses, preparation of the final draft;
- launch and dissemination.

The representative of the Global Allergy and Asthma Patient Platform (GAAPP) presented the Austrian Pilot Study on severe asthma from the patient perspective. A computer-assisted web interviewing programme was used to study 200 cases of severe asthma patients of both sexes over 15 years of age. Working days lost during the last 12 months was 74%, 38% had sleep disturbances, 11% had problems speaking, and 75% had three or more exacerbations of their asthma. Of patients, 75% was treated by a pulmonologist, 52% by a GP, 9% at the hospital or ambulance, 4% by an internal medicine specialist and 2% by other health professionals. Among emotional effects of the disease described by patients, burdening (76%), annoying (58%) and scary (44%) were the most common. Physical activity with friends (58%) and family and sport limitations are major constraints (58%) of severe asthma patients. And 72% of patients thinks that new, more efficient medication is very important to improve their asthma symptoms, 42% believes in respiratory therapy or breathing exercises and 74% thinks that the selection of asthma medication in five years will be better.

The ASBAI representative (Brazil) presented the children's programme for asthma prevention (PIPA) in Brazil. A paediatric programme of asthma prevention could be developed by paediatricians, allergists, pulmonologists and primary care physicians. Nurses promote individual education for students, families, school staff about risk factors, medication, use of peak expiratory flow, emergency situations and environmental control. To reduce environmental factors on children's health, the programme identifies indoor/outdoor risk factors of asthma attacks with the help of the existing community health agents and adds the results to the written action plan. The programme also encourages schools to develop and implement an air quality management plan. To control asthma episodes at school, the programme should tailor the use of the patient's own bronchodilator when medication application can be performed by a nurse or trained school personnel. It should also encourage parents to notify health providers when their children have episodes of asthma at school and at home. Parents give written permission to send and receive school information. Permanent control and routing information of the evolution of asthmatic children by the nurse or school staff and promotion monitoring of children with difficult to control asthma are needed. Other partnerships to develop the programme include physiotherapy, nutrition, physical activity and pharmacy.

The representative of the European Federation of Allergy and Airways Diseases Patients Associations (EFA) reported that it embraces 40 allergy, asthma and COPD patient organizations

in 24 European countries representing 500 000 patients in Europe. EFA advocates at the EU level for the needs of people with allergies, asthma and COPD. It values all members equally, implements best practices and creates patient-driven projects. EFA cooperates with health-care professionals, scientists and other NGOs as well as develops its own projects to meet the needs of member organizations.

Regarding education, EFA provides access to information, educational tools and opportunities for project involvement in patient-friendly languages. It ensures active involvement of patients in all decisions regarding their health. EFA also represents and acts as a liaison between people with allergy, asthma and COPD and EU policy-makers. It develops and promotes long-term partnerships with other NGOs and industry as well as strengthens the patient role in EU research by facilitating meaningful patient contribution and communicating EU projects results.

Regarding the air quality advocacy, the EU clean air package is focused on patient needs plus joint NGO advocacy to keep air quality legislation high on the agenda of the new European Commission. EU advocacy letters and amendments on pollen monitoring are sent to ministers and members of the European Parliament. A patient-centred strategy on indoor air quality and stricter outdoor air quality limit values are proposed. The first public event on the link between air pollution, asthma and allergy was organized on 2 July 2014, two weeks ahead of the European Parliament Committee on Environment, Public Health and Food Safety (ENVI) vote on national emissions ceilings directive.

In the tobacco control area, EFA worked for the patients' perspective at the European and world conferences on tobacco or health; developed guides on the implementation of new EU rules on electronic cigarettes; contributed to the supervision of the implementation of the FCTC from the patient's perspective; encouraged EU legislative developments in tobacco control (smoke-free workplaces, increased taxation and stricter advertisement); and developed press releases for World No Tobacco Day 2015.

The GINA and GOLD Scientific Director presented programme updates. The GINA and GOLD major objectives are to:

- increase appreciation of COPD and asthma as global public health problems;
- present key recommendations for diagnosis, management and prevention of COPD and asthma;
- provide strategies to adapt recommendations to varying health needs, services and resources;
- identify areas for future investigation of particular significance to the global community.

Key changes of the GINA strategy in 2014 major revision concern:

- diagnosis of asthma for clinical practice;
- asthma control;
- practical and comprehensive approach to asthma management;
- continuum of care for worsening asthma and exacerbations;
- diagnosis ACOS;
- revised approach to assessment of wheezing children.

For COPD GOLD stress, the assessment issues are to assess symptoms, degree of airflow limitation using spirometry, risk of exacerbations, and co-morbidities.

For the GOLD 2017 revision, the following areas will be covered:

- definitions, risk factors and assessment;
- assessment, including multimorbidity;
- exacerbations;
- treatment strategies;
- non-pharmacologic therapies.

World Asthma Day in May and World COPD Day in November will remain major global educational and promotional events.

The representative of the Global Asthma Network (GAN) Project described GAN as a joint endeavour of the International Study of Asthma and Allergies in Children (ISAAC) and the International Union Against Tuberculosis and Lung Diseases. Phase one of the project aims to: (i) describe the prevalence and severity of asthma, rhinitis and eczema in children living in different centres and to make comparisons within and between countries; (ii) obtain baseline measures for assessment of future trends in the prevalence and severity of these diseases; and (iii) provide a framework for further aetiological research into genetic, lifestyle environmental and medical care factors affecting these diseases. Phase one also adds to ISAAC data on burden, treatment, parents and anthropological measurement (height and weight). The GAN manual *A world where no-one suffer from asthma* was published in 2014.

The World Allergy Organization (WAO) representative spoke about its educational activities on policy development in low-income countries. In the Asia Pacific region, the prevalence of asthma and allergy is steadily growing and has a major impact on patient quality of life. Allergy is one of the earliest manifestations of NCDs, thus it is important to include it in NCD policy and strategy development. Allergic diseases include asthma, rhinitis, atopic eczema, anaphylaxis, food allergy, among others that also have serious impact on the global burden of diseases. WAO is a worldwide alliance of 97 national and regional member societies with educational and advocacy activities focused on health professionals, (specialists and GPs), undergraduates and post graduates, patients, the public, policy-makers and the media. Efforts concentrate on congresses, symposia and position papers concerning various key issues in allergy and clinical immunology. Important educational and advocacy resources for all stakeholders such as continuing medical education programmes and many online resources were mentioned and, in particular, the *WAO White Book on Allergy* was highlighted. WAO pays special attention to developing and training future leaders. The WAO Allergy Training School (WATS) was formally inaugurated in 2009, an event usually in cooperation with ministries of health and where possible the WHO regional office. In 2012, a training school in Kenya involved nine countries representing the East African Region, and various theoretical and practical hands-on workshops were conducted. A final point stressed the issue that allergy should be integrated with the global NCD strategy for a more holistic approach.

The representative of INTERASMA (International Association for Asthmology) said that it is devoted to the organization of postgraduate education for GPs, paediatricians and family doctors. It also promotes regional meetings as starting points to launch national activities in each region and encourages asthma education programmes and promotes the dissemination of the guidelines for asthma. INTERASMA works actively together with national societies of lung physicians, allergists,

paediatricians and family doctors on the local adaptation of the guidelines and promotes their implementation not only among the public health care providers, but also in private health care. The objective of the association is to help peripheral regions, with special concern to the emerging countries, where there is poor sanitation, limited education, inadequate health-care infrastructures and resources and ignorance of preventive practices. Every two years, INTERASMA promotes an international forum or congress for interdisciplinary interactions where lung physicians, allergists, paediatricians and GPs have the opportunity to discuss and exchange information between these specialties on asthma research, practice and management. INTERASMA proposes to implement and develop new strategies to connect asthmatic patients associations and medical and allied associations dedicated to asthma in order to enhance better capacity to reduce social and individual impact of asthma burden. It further seeks to promote a better connection with asthmatic children' parents and schools, providing adequate and correct information about asthma problems through, for example, social activities and sports.

The coordinator for the GARD Czech Republic (ČARO) reported that it has 21 multidisciplinary collaborating parties plus the WHO country office in Prague. GARD is focused on the implementation of the national programme for the fight against CRDs. The goals of the programme are increasing CRD awareness, decreasing the incidence, prevalence and mortality, improvement of quality of life and rational utilization of diagnostic and therapeutic processes. ČARO coordinates the anti-smoking campaign, effective screening, epidemiology, and prevention and management of CRD. On a regular basis, it organizes symposia as a part of national meetings, supports research and epidemiological studies, and a Booklet edition: *ČARO for patients*. It also organizes meetings of experts and the public, press conferences, TB Day, Asthma Day, COPD Day, and NoTobacco Day. ČARO research activities are focused on assessment of CRD burden, a pilot study of COPD prevalence, early detection of lung cancer, and a study on asbestos exposure and mesothelioma incidence, cardiovascular risk and obstructive sleep apnea syndrome. ČARO regularly produces patient booklets on lung cancer, pleural diseases, sleep apnea syndrome, lung fibrosis, how to stop smoking, professional lung diseases and sarcoidosis.

The GAAP Executive Director gave an update on patient-focused activities in Africa. GAAP currently has 33 members in all countries. Its mission is to support patients with allergies, asthma and urticaria throughout the world to support their rights and responsibilities of governments, health-care professional organizations and lay public. The Asthma and Allergy Association of Ethiopia (AAAE) has 500 members, with the following objectives:

- create awareness of patients and medical professional of the cause and management of asthma and provide technical support to the Ministry of Health, public and private health facilities on asthma and allergies management;
- provide technical support to the Drug Administration and Control Agency (DACA) on controlling the quality of drugs and treatment;
- support asthma and allergies patients and their families in livelihood and social integration;
- support asthma and allergies patients to have access to medicines in affordable manner;
- support research on asthma and allergies and publicize any outcome from studies;
- conduct public gatherings, seminars, workshops and use the media to disseminate information to the public;

- conduct income generating activities to enhance the capacity of the association;
- work closely with likeminded organizations locally and internationally.

Health-care professionals, government, employer associations, other NGOs and the media are major AAAE partners. Among their activities are:

- World Asthma Day celebrations since 2013;
- question and answer sessions with physicians and patients;
- mass media coverage;
- panel discussions with government official, employer associations, patients and other NGOs;
- participation in the annual “Ethiopian Great Run”, next on 23 November 2015.

The Liberian Asthma Society (LAS) was founded in 2011 and officially registered in 2014. It has 40 members with the objectives of providing a source of strength and support for people with asthma who are neglected in Liberia, supporting members in the implementation of earlier diagnosis giving patient-centred care with welfare and subsequent care, and easing access to modern medication and rehabilitation. Health-care professionals are major partners of LAS and it has applied for an affiliation status with the Ministry of Health, a relationship with the tuberculosis, lung and respiratory controls department. LAS activities include: weekly meetings; the largest audience at World Asthma Day 2015 with 100+ participants; and sharing information on how to manage asthma properly following GINA guidelines. Most recently, it bought ground to build a small hospital for respiratory diseases.

Session 5: GARD elections

An electronic voting system via the Internet was used for elections. Out of 46 eligible for voting GARD members, 42 took part in the voting (response rate 91.3%). Voting categories were GARD Executive Committee (4 positions) and GARD Planning Group (11 positions). The voting results are presented below.

GARD Executives:

(5 members)

1. Chair: Nikolai Khaltaev (eligible for 4 years)
2. Vice-Chair: Arzu Yorgancioglu (eligible for 4 years)
3. Representative nominated by GARD Chair, Vice-Chair and WHO: José Rosado Pinto (eligible for 4 years)
4. Representative elected by the GARD General Meeting: Álvaro Cruz (eligible for 2 years)
5. Representative from WHO: Cherian Varghese (permanent position)

GARD Planning Group

(11 categories, 14 members)

1. Professional Associations, Respiratory: Eric Bateman, Ali Ben Kheder Giovanni Viegj, (eligible for 4 years)
2. Professional Associations, Allergy: Moises Calderon, Boleslaw Samolinski (eligible for 4 years)
3. Professional Associations, Primary Care: Jaime Correia de Sousa (eligible for 4 years)
4. Professional Associations, Paediatrics: Teresa To (eligible for 4 years)
5. Professional Associations, Specific Disease-Related Group: Jean Bousquet (eligible for 4 years)
6. Patient Organization: Kristine Whorlow (eligible for 4 years)
7. Governmental Institutions: Hironori Sagara (eligible for 4 years)
8. Foundations: Rafael Stelmach (eligible for 4 years)
9. Working Group: Niels Chavannes (eligible for 4 years)
10. Country-Focus Group: Bilun Gemicioglu (eligible for 4 years)
11. Allied Health Professional: Monica Fletcher (eligible for 4 years)

Session 6: Advancing CRD to meet the global NCD target

The WHO NCD Coordinator began with the importance of advocacy in the preparation of CRD-related documents, in particular advocating for CRD as part of national NCD plans and identifying priority areas for action. The voice of CRD patients is important in this process. CRD policy is another aspect of advancing CRD, which means strengthening of CRD aspects of an existing or developing NCD national strategy. In the NCD/CRD risk factors area, pushing implementation of the FCTC, physical activity strategy and getting more evidence around the impact of air quality on CRD are priority actions for GARD countries. CRD management area tools focused on primary care should be developed for all countries, from low-income to high-income. GINA and GOLD guidelines should be regularly updated for use in primary care. NCD integrated with management guidelines for primary care is in the process of preparation. Special groups should be created to develop evidence-based indicators for measuring progress and web-based training manuals and mobile technology for treatment of CRD. Co-morbidity, including infectious diseases, is a big issue for CRD and other NCDs, in particular for cancer, which should be well addressed.

The representative of the WHO Regional Office for Europe underlined the importance of working with essential medicines and technologies groups on essential lists, access, affordability and availability of care. Also important is contributing to case studies of people-centred care and service delivery that are relevant not just for CRD, but also for other diseases. Other efforts should develop further and provide case studies on the care of people with co-morbidities and assist in the implementation and further development of WHO PEN in resource-setting appropriate ways. Also stressed was that in four countries of the European Region (former Soviet Union countries), WHO PEN is used not just for treatment, but also for training and investigation of how it fits into existing health-care systems.

The Global WHO NCD targets were demonstrated and how the role of GARD could assist in reaching them. Hard data are needed to demonstrate the big picture of CRD morbidity and mortality in order to attract donors. Certificates of deaths should better reflect the real cause of death. The GARD Italy representative said that it would be fair to indicate not only the main cause of death, but also other causes of death, and in this case the picture would be more objective. The GARD Chair also stressed that cor pulmonale as a consequence of COPD and pulmonary hypertension should be attributed to chronic lung diseases mortality rather than to cardiovascular mortality. The GARD Canada representative said that in terms of morbidity, we often use the term of co-morbidity. Death certificates mention underlining cause of death (main) and contributing cause of death (associated) thus it was recommended using the terms mortality and co-mortality such as in the case of morbidity to better reflect the real picture.

The NCD Coordinator stressed that after 2010 many changes happened in the NCD area and the landscape has dramatically altered. The NCD Alliance was developed and the Coordinator asked whether GARD is part of this Alliance. GARD also should revitalize its partnership with big international players in the area of chronic lung and respiratory diseases such as the American Thoracic Society and the European Respiratory Society. GARD should resume collecting membership fees/donations

and working more on continuing medical education and the organization of scientific meetings. The NCD Coordinator also asked whether GARD needs to change its structure to achieve global targets. The GARD Past Chair thanked the NCD Coordinator and reaffirmed that GARD is able to make a difference by working jointly with WHO. The Past Chair stated that since GARD-WHO is a partnership it could not be a member of the NCD Alliance. He fully supported the WHO PEN approach and said that even in Europe there are populations that need WHO PEN. He touched on the issue of the membership fee saying that it is very important to know how GARD money is spent and the need of WHO permanent secretarial support to better control GARD resources.

The GARD Portugal coordinator stressed the importance of a close link of the National GARD with the Ministry of Health in countries as this is well established in the most successful GARD countries. He also recommended updating the GARD book, published in 2007. The GARD Italy representative stressed the importance of preserving CRD identity and resuming partnerships with major respiratory and pulmonary organizations to regain a global CRD profile. The GARD Vice-Chair said that the GARD structure should not be changed since the most successful GARD projects at the country level have become possible due to close links of GARD with the ministries of health. The GARD Chair thanked the WHO NCD Coordinator for his intervention and stressed the importance of recruiting a WHO full-time staff member for CRD in Geneva who could interact with GARD on a daily basis. He also said that large international societies in the area of respiratory diseases used to be active members of GARD, but having no clear vision of the WHO role in GARD they have stopped their contribution to GARD. Regarding the membership fee/donations, previously it was regularly collected by WHO and donor agreement was issued stipulating the roles of both sides. With no staff for CRD at WHO it became problematic collecting funds. To temporarily solve this issue, GAAP has offered its help in collecting funds for GARD activities and transferring money to WHO. Otto Spranger could be a facilitator in this process. General approval is needed since without operational funds it would not be possible to accomplish even elementary GARD activities. The WAO representative said that two issues are important in attracting back former GARD members: transparency of expenses and revitalizing of GARD working group activities that could produce attractive GARD products. The WHO NCD Coordinator thanked all the participants for their contributions to the meeting and assured them that WHO is committed to continuing the GARD partnership and intends to recruit staff for CRD activities. He also mentioned the meeting on CRD Strategy to be held in Geneva on 5–6 October 2015.

In conclusion, the GARD Chair affirmed that GARD remains attractive to its members. Five countries offered to host the next GARD General Assembly Meeting: Bangladesh, Czech Republic, Ethiopia, Islamic Republic of Iran, and Lithuania. Taking into account that the Islamic Republic of Iran made proposals during previous GARD meetings and the need for geographical rotation of the meeting place, the GARD Chair seconded this proposal. Many questions concerned potential restrictions for visitors to the country, however, Dr Mohammad Reza Masjedi, GARD Iran coordinator, assured participants that there would be no restrictions for GARD members attending the meeting in Tehran.

The GARD Chair informed participants about the joint GARD/INTERASMA scientific meeting on the occasion of the 10th anniversary of the launch of GARD, which is scheduled for March 2016 in Madrid. It was suggested to focus on the issue of “Non-tobacco CRD risk factors common for other major NCDs”. Such factors as salt and unhealthy diet, low physical activity and obesity, and indoor

and outdoor air pollution are common not only for cardiovascular diseases, cancer and diabetes, but also for CRDs. Regretfully, in WHO publications these commonalities are not well reflected.

The WHO NCD Coordinator informed participants about the recent World Health Assembly resolution on air pollution, which stresses the commonality of this risk factor for major NCDs, including CRDs, and recommended public health actions to improve the health status of the population.

It was decided to hold a joint GARD/INTERASMA scientific meeting and focus on factors other than tobacco risk that are common for CRDs and other major NCDs. The GARD Brazil representative and GARD Executive Committee member informed participants that the American Thoracic Society remains interested in a partnership with GARD and suggested a common project on the harmful impact of air pollution on children's health. This project is attractive for potential donors. The WAO representative talked about the WAO project "Climate changes and allergy" and that a scientific meeting could be a platform for the development of a new project. The GARD Viet Nam coordinator suggested a project on "Dissemination and implementation of the WHO PEN approach in developing countries", in this case WONCA and IPCRG would be interested in participating. The past president of IPCRG said that the Fresh Air project is a good tool on how to develop intervention and recommended its further expansion in GARD countries. The GARD Past Chair recommended holding GARD symposia during annual congresses of major societies that are GARD members with further publications, which would be a helpful global promotion of GARD. The GARD Chair said that based on the discussion with WHO officials it could be useful to change the format of the annual meeting and along with reporting on individual activities to hear more about activities focused on advancing CRD to meet global NCD targets given by the meeting or GARD Executives. The past president of WAO said that it is very important to hear about our accomplishments, discuss achievements and learn and gain experience from others. The GARD Chair recommended updating and putting the GARD Directory on the web with a short description of its activities as well as mentioning major international events that are organized by GARD members. All of these endeavours would improve the GARD web, which needs to be updated.

Finally, the GARD Chair thanked the WHO Assistant Director-General Dr Oleg Chestnov, WHO NCD Coordinator Dr Cherian Varghese, and the representative of the WHO Regional Office for Europe Dr Jill Farrington for active participation in the meeting. Special gratitude was expressed to the local organizers of the meeting and, in particular, to Dr José Rosado Pinto and his colleagues.





Annexes

1. Programme

Friday, 3 July 2015, GARD General Meeting 2015 (GARD Assembly)

- 08h00–09h00 Registration of participants
- 09h00–09h50 Opening session**
- 09h00–09h05 Introduction and welcome address – José Rosado Pinto
- 09h05–09h15 Welcome speech – Eva Falcão
- 09h25–09h35 Welcome address – Oleg Chestnov
- 09h35–09h50 Update on GARD: Purpose and expectations for the 2015 General Meeting
Nikolai Khaltsev
- 09h50–10h20 Coffee break and Group photo
- 10h20–10h30 **Carlos Baena-Cagnani Memorial Address**
Carlos Nunes / Ruby Pawankar
- 10h30–13h00 Session 1: Noncommunicable diseases prevention and control**
Moderators: Nikolai Khaltsev / Mário Morais-Almeida
- 10h30–10h45 Implementation of the Global NCD Action Plan 2013-2020
Cherian Varghese
- 10h45–11h00 Outline of GARD country-focused activities – Arzu Yourgancioglu
- GARD Reports–Update**
- 11h00–11h10 GARD in Bangladesh: Experience of 7 years – Kazi Bennoor
- 11h10–11h20 GARD Brazil progress report – Álvaro Cruz
- 11h20–11h30 The H2020 EU funded FRESH AIR Study, a GARD demonstration project
Niels Chavannes
- 11h30–11h40 GARD Turkey update activities – Bilun Gemicioğlu
- 11h40–11h50 GARD Poland update – Piotr Kuna
- 11h50–12h00 GARD implementation status in Georgia – Tamaz Maglakelidze
- 12h00–12h10 Cross border collaboration in deeply divided Eastern Europe: GARD Lithuania
experience – Arunas Valiulis
- 12h10–12h20 Viet Nam GARD 2015 update – Lê Thi Tuyêt Lan
- 12h20–12h30 GARD report update in the Islamic Republic of Iran: how to succeed the
implementation – Mohammad Reza Masjedi
- 12h30–12h40 GARD Syria activities in 2014-2015 – Youssef Mohammad
- 12h40–12h50 GARD Italy report – Giovanna Laurendi
- 12h50–13h00 **Discussion**
- 13h00–14h00 Lunch

14h00–16h10	Session 2: GARD regional and multinational collaborative activities Moderators: Arzu Yourgancioglu / Carlos Robalo Cordeiro
14h00–14h15	CRD: a view from health Economics – Pedro Pita Barros
14h15–14h30	Putting patients in the centre of research – Samantha Walker
14h30–14h40	HAAMA update activities – Jorge Quel
14h40–14h50	Collaboration south-south for PHC – Álvaro Cruz
14h50–15h00	Burden of chronic respiratory diseases update and its management programme in the Republic of Korea – You-Young Kim
15h00–15h10	GARD French Speaking Space of Pulmonology: new overlook of the Société de Pneumologie de Langue Française – Bernard Pigearias
15h10–15h20	CRD Control and surveillance at the European Space – Moises Calderon
15h20–15h30	CRD in Cape Verde – Maria do Céu Teixeira
15h30–15h40	CRDs in Mozambique – Elisabete Nunes
15h40–15h50	Education for health – Monica Fletcher
15h50–16h00	Is it true that allergies are more common in urban areas compared to rural? Results from the study of epidemiology in Poland – Boleslaw Samolinski
16h00–16h10	Discussion
16h10–16h30	Coffee break
16h30–18h15	Session 3: GARD Integrated and multidisciplinary activities Moderators: Jean Bousquet / Ana Todo-Bom
16h30–16h40	GARD Kyrgyzstan National Programme for the Prevention and Control of NCD Talant Sooronbaev
16h40–16h50	Progress of the Dutch National Action Program against Respiratory Diseases Niels Chavannes
16h50–17h00	AIRWAYS ICP – Jean Bousquet
17h00–17h10	Macvia ARIA Sentinel Network (MASK) – Anna Bedbrook
17h10–17h20	Assessing how air pollution relates to asthma and COPD – Teresa To
17h20–17h30	GARD in the Portuguese National Programme on Respiratory Diseases Cristina Bárbara
17h30–17h40	Tobacco control in Romania – Florin Mihaltan
17h40–17h50	Anti-Smoking activities in Finland – Arvid Nyberg
17h50–18h00	Burden of chronic respiratory diseases in Europe – Giovanni Viegi
18h00–18h15	Discussion
20h00	Official Dinner

Saturday, July 4th 2015, GARD General Meeting 2015 (GARD Assembly)

- 08h30 – 10h45** **Session 4: GARD education experience from other initiatives**
Moderators: Álvaro Cruz / Jaime Correia de Sousa
- 08h30–08h40 Promoting good clinical respiratory practice through research and education in
PHC – Jaime Correia de Sousa
- 08h40–08h50 Developing a National Asthma Strategy in Australia – Kristine Whorlow
- 08h50–09h00 Patient perspective on severe asthma – Otto Spranger
- 09h00–09h10 Children's programme for asthma prevention (PIPA) in Brazil
Marilyn Urrutia Pereira
- 09h10–09h20 EFA and educator activities – Susanna Palkonen
- 09h20–09h30 GINA and GOLD achievements – Suzanne Hurd
- 09h30–09h40 Global Asthma Network Project – Luis Garcia-Marcos
- 09h40–09h50 **Discussion**
- 09h50–10h00 Education and policy activities in low-income countries: The *WAO White Book*
Ruby Pawankar
- 10h00–10h10 INTERASMA activities and projects – Carlos Nunes
- 10h10–10h20 ČARO activities in Czech Republic – Vitezslav Kolek
- 10h20–10h30 Update of GAAPP activities: the patients focus – Antje Fink-Wagner
- 10h30–10h45 **Discussion**
- 10h45–11h15 Coffee break
- 11h15–11h45** **Session 5: GARD elections**
- 12h00–13h00** **Session 6: Advancing CRD to meet the global NCD target**
Panel: Cherian Varghese, Jill Farrington, Nikolai Khaltaev, Arzu Yourgancioglu,
Álvaro Cruz, Jean Bousquet and José Rosado Pinto
- 13h00–13h30 Proposed activities for 2016, conclusions, farewell address
Nikolai Khaltaev
- 13h30** **Lunch**

2. List of participants

GARD Chair

Nikolai Khaltaev

GARD Vice-Chair

Arzu Yorgancioglu

GARD Executive Committee

Alexander Chuchalin

Álvaro Cruz

Cherian Varghese

GARD Planning Group

Abai Baighenzin

Antje Finkwagner

Cezmi Akdis

hironori Sagara

José Rosado Pinto

Lan Le Thi Tuyet

Mohammad Reza Masjedi

Monica Fletcher

Niels Chavannes

Osman Yusuf

Piotr Kuna

Talant Sooronbaev

Teresa To

Yousser Mohammad

Representative of the Portuguese health Ministry

Francisco George

GARD General Meeting 2015 Local Organizing Committee

José Rosado Pinto

Carlos Robalo Cordeiro

Cristina Bárbara

Ana Todo-Bom Elisabete Melo Gomes

Fernando Meneses

Jaime Correia de Sousa

Mário Morais Almeida

Paula Pinto Pedro Martins

www.who.int/gard

BAKEYALA MONGONO, SÉRGIO

David Bernardino Pediatric hospital – Pediatric
Pneumology, Luanda
Angola
Email: sbakeyala@yahoo.fr

BÁRBARA, CRISTINA

Portuguese Director of the National Programme
of Respiratory Diseases – PNDR Professor of Lisbon
Faculty of Medicine
Head of Pneumology Department of Centro
Hospitalar Lisboa Norte
Portugal
Email: cristinabarbara@dgs.pt

BARI, RAHMATUL

Chest Hospital, Faridpur
Bangladesh
Email: rahmatulbari09@gmail.com

BEDBROOK, ANNA

MACVIA ARIA (Allergic Rhinitis and its Impact on
Asthma)
Sentinel Network (MASK)
France
Email: anna.bedbrook@inserm.fr

BENNOOR, KAZI SAIFUDDIN

GARD Bangladesh Coordinator
Assistant Professor of Respiratory Medicine, Dhaka
Bangladesh
Email: bennoor@gmail.com

BOUSQUET, JEAN

GARD Past Chair
Professor of Pulmonary Medicine – University of
Montpellier
MACVIA-LR, ARIA and AIRWAYS ICP Chairman
France
Email: jean.bousquet@orange.fr

BRANDÃO, JORGE

Vice-president of Portuguese Association of General
Practice/Family Medicine (APMGF)
Portugal
Email: apmgf@apmgf.pt

CALDERON, MOISES

European Academy of Allergy and Clinical
Immunology (EAACI)
Imperial College of London
United Kingdom
Email: m.calderon@imperial.ac.uk

CARDOSO, JOÃO

Head of Pulmonology Department, Santa Marta
hospital (CHLC)

Assistant Professor of NOVA Medical School Lisbon,
Portugal
Email: joacardoso@meo.pt
P07

CHAVANNES, NIELS

Past-president of IPCGR
Professor of Primary Care Medicine
Chair of Health Applications in Disease Management
at Leiden University
Netherlands
Email: n.h.Chavannes@lumc.nl

CORREIA DE SOUSA, JAIME

President-Elect of IPCRG
Professor of School of Health Sciences, University of
Minho Braga
Portugal
Email: jaimecsousa@gmail.com

CRUZ, ÁLVARO

GARD Executive Committee Member
Associate Professor of Medicine, Faculty of Medicine
Universidade Federal da Bahia, Salvador
Brazil
Email: cruz.proar@gmail.com

DELGADO, LUÍS

President of Portuguese Society of Allergy and
Clinical Immunology (SPAIC)
Associated Professor and head of Basic and Clinical
Immunology Department
Faculdade de Medicina, Universidade do Porto
Portugal
Email: ldelgado@med.up.pt

FALCÃO, EVA

Director of the Directorate of International Relations
Direcção Geral da Saúde
Portugal
Email: evafalcao@dgs.pt

FERRINHO, PAULO

Member of the TDR Board of WHO
Director of Portuguese Institute of Hygiene and
Tropical Medicine Lisbon, Portugal
Email: Pferrinho@ihmt.unl.pt

FINK-WAGNER, ANTJE HENRIETTE

Executive Director GAAPP
Germany
Email: info@ga2p2.org

FLETCHER, MONICA

Education for Health
United Kingdom
Email: m.fletcher@educationforhealth.org

GARCIA-MARCOS, LUIS

GAN Ex-Com Member
Respiratory Medicine and Allergy Unit, Professor
of Asthma Epidemiology and Genetics University
Children's Hospital
Murcia Spain
Email: lgmarcos@um.es

GEMICIOGLU, BILUN GARD Turkey

Turkish Thoracic Society
Department of Pulmonary Disease, Faculty of
Medicine Istanbul University
Turkey
Email: bilung@gmail.com

GEORGE, FRANCISCO

Director-General of Health
Portugal
Email: george@dgs.pt

GOMES, ELSA

Clinical Director of the Pediatric Hospital Doctor
David Bernardino, Luanda, Angola
Email: jacigelcia@yahoo.com.br

GOMES, MARIA CONCEIÇÃO

Coordinator of the National Programme on
Respiratory Diseases for the Lisbon Region
President of Portuguese National Association of
Tuberculosis and Respiratory Diseases
Portugal
Email: gcrd@arsltv.min-saude.pt

HURD, SUZANNE

Scientific Director GINA and GOLD Project
United States
Email: hurd1839@comcast.net

KHALTAEV, NIKOLAÏ

GARD Chair
Geneva
Switzerland
Email: khaltaevn@bluewin.ch

KHEDER, ALI BEN*

GARD Tunisia Coordinator
Coordinator of EFP
Tunisia
Email: ali.benkheder@rns.tn

KIM, YOU-YOUNG

President of Korea Asthma Allergy Foundation (KAF)
Chairman of Department of Asthma and Allergy
National Medical Centre Seoul Korea
Email: youyoung@snu.ac.kr

KOLEK, VITEZSLAV

President of ČARO
Head of Department of Respiratory Medicine
University Hospital, Olomouc
Czech Republic
Email: vitezslav.kolek@fnol.cz

KUNA, PIOTR

GARD Poland
Polish Society of Allergology
Barlicki University Hospital, Lodz
Poland
Email: pk@pta.med.pl

LAURENDI, GIOVANNA

GARD Italy
Italy
Email: g.laurendi@sanita.it

LENFANT, CLAUDE

Global Initiative for COPD, Coordinator of GINA and
GOLD Project
Canada
Email: lenfant1928@comcast.net

LONGO, CECÍLIA

Associação Chama Saúde
Portugal
Email: longo.cecilia@gmail.com

MAGLAKELIDZE, MARIAM

Georgian Respiratory Association
Georgia
Email: maka_mag@hotmail.com

MAGLAKELIDZE, TAMAZ

GARD Georgia Coordinator
Vice-president Georgian Respiratory Association
Georgia
Email: tmaglak@gmail.com

*. Unable to attend

MANTZOURANIS, EVA*

Director of Pediatric Allergy, Respiratory and Immunology Unit of Department of Pediatrics University of Crete, Greece President of Greek Pediatric Pulmonary Society Greece
Email: evamantzouranis@yahoo.com

MARTINS, PEDRO

Professor of NOVA Medical School Lisbon Investigator of CEDOC - Chronic Diseases Research Center Immunoallergology Department, Dona Estefania Hospital (CHLC) Portugal
Email: pmartinsalergo@gmail.com

MASJEDI, MOHAMMAD REZA

GARD Iran Coordinator Deputy Director National Research Institute of Tuberculosis and Lung Disease (NRITLD) Islamic Republic of Iran
Email: mrmasjedi@gmail.com

MELO GOMES, ELISABETE

National Programme of Respiratory Diseases (PNDR) Executive Coordinator Portugal
Email: elisabetemelogomes@dgs.pt

MENEZES, FERNANDO

Pulmonology Department - Garcia de Orta Hospital, Almada Assistant Secretary of Portuguese Society of Pneumology Portugal
Email: fm25232@gmail.com

MIHALTAN, FLORIN DUMITRU

President of Romanian Respiratory Society National Institute of Pneumology, Narta, Bucharest Romania
Email: mihaltan@starnets.ro

MOHAMMAD, YOUSSEF

GARD Syria Coordinator Co-Chair International Coalition for Chronic Obstructive Pulmonary Disease (ICC) Syrian Arab Republic
Email: mohamyous@scs-net.org

MORAIS-ALMEIDA, MÁRIO

Past-president of Portuguese Society of Allergy and Clinical Immunology Vice-president of Portuguese Association of Asthmatic and Allergic Patients Head of Immunoallergy Department CUF Descobertas Hospital, Lisbon Portugal
Email: mmoraisalmeida@netcabo.pt

NEUPARTH, NUNO

Professor of NOVA Medical School, Lisbon Principal Investigator of CEDOC - Chronic Diseases Research Center Portugal
Email: nneuparth@gmail.com

NUNES, CARLOS

INTERASMA - General Secretary of Global Asthma Association Director of Algarve Allergy Centre Portugal
Email: cnalvor@hotmail.com

NUNES, ELISABETE

CRD in Mozambique Pneumology Department of Central Hospital of Maputo Mozambique
Email: dra.elizabete.nunes@gmail.com

NYBERG, ARVID

Finnish Lung Health Association (FILHA), Helsinki Finland
Email: arvid.nyberg@filha.fi

PALKONEN, SUSANNA

Federation of Allergy and Airways Diseases Patients' Associations (EFA) Belgium
Email: susanna.palkonen@efanet.org

PAULINO, EMA

President of the Regional Directorate of Lisbon Ordem dos Farmacêuticos Portugal
Email: direccao.nacional@ordemfarmaceuticos.pt

PAWANKAR, RUBY

WAO Representative Nippon Medical School Japan, Tokyo Japan
Email: pawankar.ruby@gmail.com

*: Unable to attend

PEDRO, ELISA

Vice-president of Portuguese Society of Allergy and Clinical Immunology (SPAIC)
Allergology Department of Centro Hospitalar Lisboa Norte
Portugal
Email: elisa-pedro@netcabo.pt

PIGEARIAS, BERNARD

Société de Pneumologie de Langue Francaise
Pneumologie - Allergologie – Médecine Tropicale,
Nice
France
Email: dr.bernard.pigearias@wanadoo.fr

PINTO, PAULA

General Secretary of Portuguese Society of Pneumology
Professor of Lisbon Faculty of Medicine
Pneumology Department of Centro Hospitalar Lisboa Norte Portugal
Email: paulagpinto@gmail.com

PINTO SARAIVA, ANTÓNIO

Portuguese Medical Association Representative
Portugal
Email: apintosaraiva@gmail.com

PITA BARROS, PEDRO

Professor of Economy Nova Business and Economics University, Lisbon
Vice Dean - Nova University of Lisbon
Portugal
Email: pitabarros@sapo.pt

QUEL, JORGE

Executive Director Hispanic-American Allergy, Asthma and Immunology Association (HAAMA)
United States Email: email@haama.org

RAMIRES, JOÃO

Representative of the Portuguese Respiratory PHC Group Portugal
Email: joavazramires@gmail.com

REIS, MARIA GUILHERMINA

Representative of Portuguese Paediatric Society Portugal
Email: mariaguilherminareis@hotmail.com

ROBALO CORDEIRO, CARLOS

President of Portuguese Society of Pneumology
Professor of Pneumology, Coimbra University Portugal
Email: carlos.crobalo@gmail.com

ROCHA, BELMIRO

Chairman of the College of Rehabilitation Nursing Specialty
Ordem dos Enfermeiros
Portugal
Email: mail@ordemenfermeiros.pt

ROOSENS, WIM

Representative of GARE - Respiratory Disease Monitoring Office
Portuguese Society of Pneumology Portugal
Email: wim.roosens@sppneumologia.pt

ROSADO-PINTO, JOSÉ

GARD 2015 Portugal Coordinator
Portuguese Directorate General of Health - Consultant
Head of Immunoallergy Department, Hospital da Luz Lisboa Portugal
Email : rosadopinto@mail.telepac.pt

SAMOLIŃSKI, BOLESŁAW

President of Polish Allergology Society (PSA)
Department of Prevention of Environmental Hazards and Allergology
Medical University of Warsaw
Poland
Email: bsamol@amwaw.edu.pl; boleslaw.samolinski@wum.edu.pl

SASTRE, JOAQUÍN

President of Sociedad Española de Alergología e Inmunología Clínica (SEAIC)
Allergology Department, Foundation of Allergology of University Jimenez Dias, Madrid
Spain
Email: jsastre@fjd.es

SOARES BRANCO, LUISA

President of Respira Association
Portugal
Email: geral@respira.pt

SOORONBAEV, TALANT

GARD Kyrgyzstan Coordinator
President Kyrgyz Thoracic Society
Respiratory Medicine and Allergology Department
National Centre of Cardiology and Internal Medicine Kyrgyzstan
Email: sooronbaev@yahoo.com

SOUSA UVA, ANTÓNIO

National School of Public Health, Nova University of
Lisbon Representative
Portugal
Email: asuva@ensp.unl.pt

SPRANGER, OTTO

Global Allergy and Asthma Patient Platform Treasurer
(GAAPP)
EAACI Ethics Committee member
Austria
Email: spranger@bscc.at

STELMACH, RAFAEL

Director Associação ProAR, Salvador
Brazil
Email: rafael.stelmach@incor.usp.br

TEIXEIRA, MARIA DO CEU

GARD Cape Verde Coordinator
Clinical Director Hospital Agostinho Neto, Praia
Cape Verde Republic
Email: teixeiramc@hotmail.com

THI TUYET LAN, LE

GARD Vietnam Coordinator
Head of Respiratory Care Center, University of
Medicine and Pharmacy, Ho Chi Minh
Viet Nam
Email: tuyetlanyds@gmail.com

TO, TERESA

GARD Canada Coordinator
Senior Scientist, Hospital of Sick Children, University
of Toronto
Canada
Email: teresa.to@sickkids.ca

TODO-BOM, ANA

GALEN Representative
Professor of Physiopathology, Coimbra University
Head of Department of Immunoallergology of
Coimbra University Hospital
Portugal
Email: flcosta@netcabo.pt

TOMLINSON, LUKE

Representative of Asthma UK
United Kingdom
Email: ltomlinson@asthma.org.uk

ULMEANU, RUXANDRA

Faculty of Medicine , University of Oradea
Institute of Pneumology "Marius Nasta" Bucharest
Executive Director of the Romanian Society of
Pneumology School
Elected President of the Romanian Society of
Pneumology
Romania
Email: r_ulmeanu@yahoo.com

URRUTIA PEREIRA, MARILYN

PIPA - Children Program Asthma Prevention of Brazil
Brazilian Association of Allergy and Immunology
(ASBAI) Representative Brasil
Email: urrutiamarilyn@gmail.com

VALIULIS, ARUNAS

GARD Lithuania Chairman
Clinic of Asthma, Allergy and Chronic Lung Diseases,
CEO
Vilnius University Clinic of Children`s Diseases
Lithuania
Email: arunas.valiulis@mf.vu.lt

VIEGI, GIOVANNI

GARD Italy Coordinator
Institut of Biomedicine and Molecular Immunology,
Pisa
Italy
Email: viegi@ibim.cnr.it

WALKER, SAMANTHA

Executive Director, Research & Policy
Deputy Chief Executive, Asthma UK, Warwick
United Kingdom
Email: swalker@asthma.org.uk

WHORLOW, KRISTINE

Chief Executive Officer, National Asthma Council
Australia
Medical Technical Options Committee, UNEP
Australia
Email: kristine.whorlow@nationalasthma.org.au

YORGANCIOĞLU, ARZU

Gard Vice Chair
Celal Bayar University Department of Pulmonology
Manisa
Turkey
Email: arzuyo@hotmail.com

WORLD HEALTH ORGANIZATION

CHESTNOV, OLEG

Assistant Director-General - Noncommunicable Diseases and Mental Health
WHO Headquarters, Geneva
Switzerland Email: chestnovo@who.int

VARGHESE, CHERIAN

Coordinator Management of Noncommunicable Diseases
WHO Headquarters, Geneva
Switzerland
Email: varhesec@who.int

WHO REGIONAL OFFICE FOR EUROPE

FARRINGTON, JILL

Senior Technical Officer
Division of Noncommunicable Diseases and Promoting Health through the Life-Course Denmark
Email: ast@euro.who.int

OBSERVERS

AGULHEIRO, CARLOTA NOVARTIS Portugal

Head of Respiratory Unit
Portugal
Email: carlota.agulheiro@novartis.com

ENCARNAÇÃO, RICARDO

ROCHE Portugal
Medical Manager
Portugal
Email: ricardo.encarnacao@roche.com

GALA, ACÍLIO

BIAL
Head of Medical Affairs
Portugal
Email: acilio.gala@bial.com

MACEDO, CARLOS

GSK Portugal
Medicar Director
Portugal
Email: carlos.m.macedo@gsk.com

MENDES, PEDRO

TECNIFAR
Sales Training Manager
Portugal
Email: pedro.mendes@tecnifar.pt

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