

Role of the Global Alliance against Respiratory Diseases in scaling up management of chronic respiratory diseases – summary meeting report

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The Global Alliance against Respiratory Diseases (GARD) Executive Committee and Planning Group met on January 30 and 31, 2017, to critically analyse the activities of GARD since its launch in 2006 and to propose a realistic GARD action plan for the next 3 years in order to reduce the burden of chronic respiratory diseases (CRDs), estimated at more than 1 billion cases globally. The participants reviewed several GARD demonstration projects such as the AIRWAYS-Integrated Care Pathways (1), a European innovation partnership on active and healthy ageing, and the South Africa Practical Approach Care Kit (PACK) (2) which provides decision support and tools to assist health care providers at primary health care level. These projects have a considerable potential to be scaled up globally in support of the WHO NCD Action Plan 2013–2020 (3).

A WHO survey in 2015 showed that many countries are slow in implementing preventive and management programmes. As an example, only 50 countries have fully met the goals of having guidelines for the major NCDs available while 47 countries have only partly met this goal. Forty-eight countries have not met this goal at all. In order to scale up the management of CRDs, it will be important to:

- ❖ Improve strategic and targeted advocacy;
- ❖ Develop simplified protocols;
- ❖ Strengthen primary health care;
- ❖ Improve technical capacity;
- ❖ Link CRD programmes with environmental, tuberculosis and other programmes;
- ❖ Improve access to medicines;
- ❖ Collect relevant and simple indicators for CRDs;

- ❖ Provide adequate funding for human resources and services.

Since its launch in 2006, the GARD partnership has been able to grow and include many participants from high and low-income countries. GARD national partnerships have been created in Italy, Turkey, Portugal, Czech Republic, Brazil and other countries. Over the years, GARD has been able to initiate several GARD demonstration projects in Finland, Brazil, Uganda, South Africa and other countries. Activities in more than 30 GARD countries in the areas of surveillance, prevention, management and advocacy are contributing to improved management of CRDs. It is important to mention that GARD reports on GARD activities have been published on a regular basis on the WHO/GARD website and that several publications about GARD projects have been published in peer reviewed journals (4).

GARD has the potential to play a critical role in advocacy, but also in prevention and control of CRDs if funding permits. Collaboration between GARD countries is critical to share experiences and learn from each other.

At WHO and in countries, funding for NCDs is still not sufficient to implement the WHO Global Action Plan 2013–2020 fully and therefore additional advocacy is needed to change this situation. GARD could stimulate support for activities in countries mainly through powerful advocacy.

Measuring success requires the collection of indicators at national, district and primary health care level. These data are useful to guide policy makers and those responsible for allocation of funding. The following indicators represent useful information which could guide and improve CRD

policies:

- ❖ Are CRD guidelines available and adapted to the local situation (in particular for asthma and COPD);
- ❖ Are diagnostic devices and medicines available and affordable;
- ❖ How many patients are on treatment;
- ❖ How many patients are “under control”;
- ❖ How many patients have had exacerbations;
- ❖ How many patients have been treated by emergency departments;
- ❖ How many people have been hospitalized;
- ❖ How many people have died.

The participants of this GARD meeting were all of the opinion that GARD must support WHO in successfully implementing the WHO NCD action plan 2013–2020 regarding CRDs. GARD should provide support to countries based on the GARD document: Global surveillance, prevention and control of CRDs, a comprehensive approach [2007] (5). Support to countries should be based on countries’ needs and requests. GARD should promote the dissemination of the PACK methodology to foster an integrated public health approach to address the most prevalent conditions and contribute to universal health coverage at primary health care level. mHealth methodologies and use of social media to improve awareness about CRDs and assist in implementation of CRD programmes and activities should also be considered as meaningful tools. It was considered essential that GARD

should not forget vulnerable populations in all its plans and activities.

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Footnote

Conflicts of Interest: The author has no conflicts of interest to declare.

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