

**WHO MEETING ON THE GLOBAL ALLIANCE
AGAINST CHRONIC RESPIRATORY DISEASES
(GARD)**

Geneva, Switzerland, 18–19 January 2005



**Noncommunicable Diseases and Mental Health
Department of Chronic Diseases and Health Promotion
Chronic Respiratory Diseases and Arthritis**

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1. Opening

Dr Robert Beaglehole, Director, Chronic Diseases and Health Promotion department WHO, welcomed participants and emphasized that WHO considers the Global Alliance against Chronic Respiratory Diseases (GARD) to be a valuable initiative with considerable potential. While the official launch of GARD will be an important event, it will be just the beginning, and much work will be required to make an impact. WHO considers that the time is right for this initiative, because Member States are highly concerned about the growing epidemic of chronic diseases. Building an integrated programme is an essential goal of WHO; groups must work together, including those interested in obesity and tobacco control, as well as those building health systems in which care can be delivered.

Dr Nikolai Khaltsev indicated that the objective of the meeting was to set priorities and to define the composition of working groups, designate chairs and issue mandates. It will be the responsibility of the working groups to discuss building and promoting GARD. All governmental and nongovernmental organizations should be actively involved in the operations of GARD. The timeline is short, as the proposed launch of GARD is autumn 2005.

➤ The participants nominated Dr Jean Bousquet, France, and Dr Ronald Dahl, Denmark, to serve as co-chairs of the meeting, and Dr Suzanne Hurd, United States, and Dr Leo Fabbri, Italy, to serve as rapporteurs.

2. Introduction to GARD

The GARD initiative was set up to respond to a resolution of the World Health Assembly in May 2000 (resolution WHA53.17) that emphasized the need to increase awareness about the growing epidemic of chronic respiratory disease worldwide. A programme was begun to design a comprehensive approach to the prevention and control of chronic respiratory diseases, for which a number of meetings have been convened (1–4).

A major goal of GARD is to encourage collaboration between WHO and GARD organizations to set up programmes to raise awareness for the control, prevention and management of chronic respiratory diseases and to generate data on the burden, risk factors and surveillance. Furthermore, efforts must be made to make affordable medications and spirometry available to all patients with these diseases. Special emphasis will be placed on implementing programmes in developing countries and deprived populations.

GARD will draw up guidelines for global disease management, using existing documents to ensure that co-morbidities are covered. Whenever possible, the programme will be integrated into existing WHO programmes. GARD will begin its work by making an inventory of existing programmes and projects in GARD organizations, on the basis of a template provided by WHO. WHO will establish a GARD website in order to initiate and maintain effective communication.

2.1 Internal regulations

WHO has regulations for the initiation and conduct of alliances, which are based on those of other WHO alliances, including the Global Alliance for Vaccines and Immunization, Vision 2020 and Stop TB. The terms of reference of GARD were made and approved by WHO. As of the date of this meeting, 24 governmental and nongovernmental organizations had signed donors' agreements and had pledged to provide the requested funds. Several other groups have expressed interest in making pledges. The initial plan was to launch GARD just before the World Health

Assembly on 11 May 2005; however, it was postponed, as it was considered that media attention would be focused on the Health Assembly to the exclusion of GARD.

The GARD structure will include an Executive Board, an Executive Committee and the Assembly of the General Meeting, to include representatives recommended by donor nongovernmental organizations. Collaboration with the private sector will adhere to the following guidelines:

- Collaboration will follow the rules and regulations of the WHO.
- Groups or members that have relations with tobacco companies will be excluded.
- Pharmaceutical companies and manufacturers of diagnostic reagents or devices may participate as observers and non-voting members. Their input at the country level should be monitored. Guidelines should be developed to ensure that there is no conflict of interest between GARD and these industries. Drug donations from pharmaceutical industries need further consideration.

2.2 Conflicts of interest

All participants in GARD committees will be asked to complete a 'Declaration of Interest Statement' drawn up by the WHO Legal Department and kept in the roster of Chronic Respiratory Diseases and Arthritis programme. The meeting participants requested that GARD consider a clearer definition of conflict of interest and additional guidance for the review and approval of forms. The participants discussed whether being a chair or a co-chair of GARD or of a working group or being a past, current or elected president or senior officer of an organization that provides support to GARD would be considered a conflict of interest. It was agreed that organization presidents or senior officers could serve in GARD leadership positions.

2.3 Election of Chair and Co-chair of GARD

Dr Jean Bousquet was elected Chair, and Dr Ronald Dahl was elected Co-chair.

3. Working groups

GARD does not duplicate the work of existing nongovernmental organizations, nor is it a 'super-nongovernmental organization'. Its role is not to discuss science or to disseminate guidelines: it is a partnership to produce concrete results in primary health care sector to combat chronic respiratory diseases, especially in developing countries and in deprived populations.

Working groups will be responsible for designing and monitoring a programme plan, based on existing materials from WHO and other programmes, to meet the objectives of GARD. GARD's scope of interest is all chronic and allergic respiratory diseases. The working groups should:

- have a high degree of autonomy;
- have an internal structure;
- have their own budget;
- develop a funding strategy with WHO staff;
- clearly define their terms of reference;
- propose indicators to evaluate outcomes, which will be used by an external review board to check their efficiency; and
- submit an annual report.

Each working group will have the same general structure and comprise:

- a chair, who will serve on the Executive Committee;
- one or two co-chairs;
- staff from WHO; and
- several members recommended by GARD organizations or selected by the chairs as expert consultants.

Because each working group will be responsible for developing its programme content and programme materials, considerable thought should be put into the selection of expert participants. Each working group will comprise a maximum of 15 members (including the chair and co-chairs).

3.1 Working group 1: Burden, risk factors and surveillance of chronic respiratory diseases

The goal of this working group is to formulate a standardized process for obtaining data on risk factors, disease burden, trends, quality and affordability of care, and economic burden of chronic respiratory diseases, which can be compared between countries.

An important goal of working group 1 is to expand existing WHO programmes:

- The WHO Global Infobase provides evidence and information for policy at WHO. Adding a chronic respiratory diseases module to the existing noncommunicable disease Infobase (www.who.int/ncd_surveillance/infobase) will allow modelling, which will give a level of comparison that has not hitherto been possible.
- The WHO stepwise approach for noncommunicable diseases (http://www.who.int/ncd_surveillance/steps/riskfactor/framework/en/) is a new WHO project for surveillance of the major risk factors that predict chronic diseases such as heart disease, stroke and diabetes. It is being expanded to include the prevalence of chronic diseases, and the addition of surveillance of chronic respiratory diseases and their risk factors is being considered.
- WHO surveys on chronic respiratory diseases at the primary health care level in middle- and low-income countries are sparse, and few valid data are available. To fill this gap, WHO has set up a programme to provide primary data on respiratory diseases and their management at the primary health care level. The aim is to assess the prevalence and severity of chronic respiratory diseases among patients attending primary health care centres in middle-income and developing countries. In addition, the programme will evaluate the underdiagnosis and management of these diseases.
- The National Chronic Respiratory Diseases Capacity Survey is based on a questionnaire that elicits information on various aspects of the prevention and control of chronic respiratory diseases at the national level. The domains are: health indicators, policies and operational plans, legislation, information systems and statistics, structure and financing of prevention and treatment activities, availability of national guidelines, nature of available services, human resources, role of nongovernmental organizations, capacity for monitoring and evaluation and drug availability. The information obtained from each domain provides an assessment of the current status of prevention and control and a baseline for monitoring change. As data collection systems at the national level become more efficient, additional information can be obtained to aid planning and decision-making.

Programmes external to WHO that should be examined include:

- Burden of Chronic Obstructive Lung Disease (www.kpchr.org/public/studies/stds);

- The healthy people 2010 goals for respiratory diseases (Department of Health and Human Services, United States) (http://www.nhlbi.nih.gov/as_frameset.htm);
- European Community Respiratory Health Survey (www.ecrhs.org);
- European Respiratory Society White Book (admin@ers.org.uk);
- The global burden of asthma report (Global Initiative for Asthma) (<http://www.ginasthma.org>);
- Indicators for monitoring chronic obstructive pulmonary disease and asthma in the European Union (europa.eu.int/comm/health/ph_projects/2001/monitoring);
- International Study of Asthma and Allergy in Childhood (<http://isaac.auckland.ac.nz/>);
- 2003 National Heart, Lung and Blood Institute fact book (<http://www.nhlbi.nih.gov/about/factpdf.htm>);
- 2003 National Heart, Lung and Blood Institute chart book (<http://www.nhlbi.nih.gov/resources/docs/cht-book.htm>), which provides statistics on heart, lung and blood diseases, primarily but not exclusively in the United States.

Once a framework (template) is developed for collecting data on chronic respiratory diseases, the strategy can be tested and evaluated in one or more countries. This working group will work closely with the working groups on diagnosis (working group 3) and awareness (working group 6) to identify simple tools that will be useful for the entire programme.

Discussed leadership: Chair: G. Viegi, Italy; Co-Chair: S. Buist, United States

3.2 Working group 2: Health promotion and prevention of chronic respiratory diseases

As smoking is a major risk factor for chronic respiratory diseases, it should be a main focus of this group. Other risk factors, such as exposure to allergens, biomass, occupation and indoor pollution, should also be considered. The following WHO programmes should be consulted:

- Framework Convention on Tobacco Control;
- Prevention of Allergy and Allergic Asthma;
- Healthy Environments for Children Alliance; and
- Occupational Health and Environmental Health.

Several programmes of GARD organizations will also be available for consideration by this group such as those for primary and secondary prevention of occupational chronic respiratory disease.

Discussed leadership: Chair: M. Boland, Ireland; Vice-Chair: A. Custovic, United Kingdom

3.3 Working group 3: Diagnosis of chronic respiratory diseases

The goal of this working group is to remedy the problem of underdiagnosis of chronic respiratory diseases. The group will provide recommendations for diagnosis of these diseases and strategies to adapt their recommendations to various health needs, services and resources.

The problem of underuse of spirometry due to limited resources was mentioned. The participants agreed that measurement of lung function is important for diagnosis and assessment of disease severity; thus, spirometry must be considered an essential tool. Diagnosis based on signs and symptoms of disease should, however, also be addressed by the group since the equipment required for spirometry is not readily available in all primary health centres. Many groups, including the American Thoracic Society, the European Respiratory Society and the

Forum of International Respiratory Societies, are working on recommendations for the diagnosis of chronic respiratory diseases with spirometry with the goal of considerably reducing cost while at the same time ensuring high quality. Governments should be given guidelines on the minimum requirements for assessment and diagnosis of these diseases. The WHO Department of Essential Health Technologies and strategies used in the WHO Practical Approach to Lung Health programme should be good sources for this working group.

A WHO strategy for allergy diagnosis in low- and middle-income countries should also be developed.

Discussed leadership: Chair: S. Wenzel, United States; Co-Chairs: K. Rabe, Netherlands, and P. Eigemann, Switzerland.

3.4 Working group 4: Control of chronic respiratory diseases and access to drugs

This working group will be responsible for integrating existing guidelines (for example, those of the Global Initiative for Asthma, the Global Initiative for Chronic Obstructive Lung Disease, Allergic Rhinitis and its Impact on Asthma, the American Thoracic Society and the European Respiratory Society) into a comprehensive programme for global control of chronic respiratory diseases and allergies, while at the same time developing a strategy to make medications available and affordable in all countries of the world.

It was recommended that this working group examine the approach being taken within the WHO Practical Approach to Lung Health programme (5). This is a management strategy focused on primary care in low- and middle-income countries, intended to standardize and coordinate respiratory care in public health, drawing on existing guidelines and adapting them to local needs.

One of the goals of GARD is to improve access to medications. Thus, appropriate experts will have to be involved in this working group to identify the medications that are required and to design programmes to ensure their availability. The WHO Global Initiative for Treatment should be able to provide considerable expertise to this working group.

Discussed leadership: Chair: E. Bateman, South Africa; Co-Chairs: Chris van Weel, Netherlands, and Leo Fabbri, Italy.

3.5 Working group 5: Paediatric chronic respiratory diseases

It was decided that a separate working group was needed on paediatrics to cover the topics of asthma and rhinitis in infants and young children. Cystic fibrosis, tuberculosis and acute respiratory infections are covered by other WHO programmes.

The group should recall that most persons with asthma experience onset before the age of 6. As the diagnosis of asthma in children under 6 years of age cannot be based on spirometry, asthma is often undiagnosed in children of this age. Additional problems are the lack of studies on the prevalence of asthma in very young children, asthma in inner cities, passive smoking and smoking by adolescents.

Discussed leadership: Chair: E. Valovirta, Finland; Co-Chairs: F.E.R. Simons, Canada, and C. Baena-Cagnani, Argentina.

3.6 Working group 6: Awareness and advocacy for chronic respiratory diseases

An important goal of GARD is to raise awareness about chronic respiratory diseases and allergies among public health officials, government officials, patients and the public. Thus,

participants in this working group should develop a comprehensive plan to meet this goal, including setting up a GARD website in the WHO structure.

Working group members could consider participating in the WHO No-Smoking Campaign, the World Asthma Day of the Global Initiative for Asthma, the World COPD Day of the Global Initiative for Chronic Obstructive Lung Disease and the World Allergy Day of the World Allergy Organization.

Writing and publishing brochures, fact sheets and other materials on chronic respiratory diseases should be among the tasks of this group.

Discussed leadership: Chair: Claude Lenfant, United States; Co-Chairs: A. Turnbull, Switzerland, and P. van Cauwenberg, Belgium.

3.7 Proposed process and timetable for working groups

After the proposals for chairs, co-chairs and other participants, the following process was agreed on for the composition of working groups.

☉ The GARD Chair and Co-chair, after final approval by all GARD members, will contact the proposed working group leaders to invite them to serve as acting chair or acting co-chair for the May 2005 meeting. Information about GARD will be sent to those who accept the invitation, with a description of the tasks of working group chairs and co-chairs and financial arrangements for their travel and per diem at the May meeting. If any person asked to serve in this way at the May 2005 meeting does not accept the invitation, others will be invited.

The acting chair and acting co-chair(s) of each working group will be encouraged to contact each other before the May 2005 meeting to discuss the work of the group. Eventually, each working group will develop its own plan of work and the process, the timeline and the anticipated resources required. During the May 2005 meeting, working group chairs and co-chairs will be invited to discuss their plans.

All GARD organizations indicated an interest in nominating persons to participate in various working groups. The GARD Chair and Co-Chair, after final approval of all GARD members, will draft a letter of invitation to organization representatives, which will include a summary of GARD, the role of working group members, a date for submission of nominations and anticipated resources available to cover travel and per diem. The names of proposed members should be submitted to WHO before 15 April 2005; the decisions on working group members will be made at the May 2005 meeting. It is expected that the working groups will include members that represent the global community.

4. Financial arrangements

At least 24 organizations have pledged to meet the terms of reference of GARD and to provide the requested funding; it is expected that eventually up to 35 organizations will be involved. The funding pledged to date is expected to cover expenses only through December 2005. Participating organizations requested that any requirements for additional funds, such as an annual fee or travel funds for members to participate in working groups, be identified as quickly as possible.

Once a work plan has been developed and the required resources carefully identified, other sources will be approached for support, such as foundations, the World Bank, countries, industry and private donors. WHO regularly reports to the members concerning their fees for participation in the Alliance. Other contributions to WHO are reported in the annual statement of the Organization. Experience in other WHO programmes indicates that implementation of GARD will be financed solely by its members; however, once awareness has been raised, local governments might be willing to provide some support for programme implementation in their area.

Once each working group has developed a work plan and identified the resources required, it might be useful to form a small task group to make a fund-raising plan. A decision should be taken about whether working group budgets should be centralized or whether each group should be responsible for collecting, spending and accounting for the funds required to meet its objectives. Although the draft GARD by-laws indicate that each working group will be autonomous, participants strongly recommended that, as the groups are not fund-raising bodies, that activity should be centralized, with common accounting records presented in considerable detail to the Executive Committee. The Executive Committee should be responsible for approving the priorities submitted by the working group and for allocating resources on that basis.

5. Promoting and building the Alliance

5.1 Promoting the Alliance

WHO staff presented several ideas for describing GARD and promoting its agenda.

5.1.1 *Members' inventory*

Information about the overall mission and public health initiatives of the GARD organizations should be prepared according to a template, which was submitted. The information will be sent to donors and to governments to encourage them to participate in GARD. The information submitted should include the names and contact information of persons within the organization and should be submitted as quickly as possible so that a draft summary can be provided during the meeting in May 2005. (Note: The meeting agenda included plans for each organization to present information, but time did not allow for these presentations. All slides that were to be presented should be sent to Dr Khaltaev, and a CD will be sent to all who were present at the meeting.)

After considerable discussion, it was recognized that building a useful inventory will take time, as each organization has a different structure. It was strongly recommended that links between the GARD website and GARD organization websites would be the best way of achieving comprehensive understanding of the work of each organization.

It was decided that each organization would use the template and submit about two pages stating five to six initiatives most important to GARD. Website addresses should be provided for specific programmes within each organization.

5.1.2 *Atlas of chronic respiratory diseases*

An atlas of heart disease and stroke prepared by the Centers for Disease Control and Prevention (United States) and WHO, was presented. The participants noted that a similar booklet about chronic respiratory diseases would be useful but would clearly require time and resources. Data from the European Respiratory Society White Book, the National Heart, Lung

and Blood Institute and Centers for Disease Control and Prevention databases, and the Burden of Obstructive Lung Disease programme could be used.

5.1.3 GARD logo and website

These were considered essential and should be implemented by WHO before the May 2005 meeting.

5.1.4 Article in a scientific journal

Dr Bousquet and the staff of Chronic Respiratory Diseases and Arthritis team agreed to draft a summary about GARD for submission to a scientific journal. *The Lancet* or *The BMJ* were suggested, and Dr Bousquet proposed *The New England Journal of Medicine*.

5.1.5 Press briefing

To ensure an effective press briefing, materials that are informative and attractive must be prepared, and this will require resources. Although there is a journalist pool at the United Nations, GARD will have to provide resources for room rental as well as possible funding to encourage journalists who are not in the United Nations pool. The WHO Public Relations Officer will be asked to advise how to prepare this event professionally and to write press release and fact sheet for worldwide distribution. The press event itself might not attract a large crowd of reporters, but the information will be widely distributed and will reach a good market. A tentative agenda for the press briefing was discussed; it will be further developed and circulated before the May 2005 meeting.

5.2 Building the Alliance: the GARD organizational structure

The procedures described in the terms of reference of GARD must be translated into an operational plan. Models based on other WHO alliances should be collected and presented to the participants of the May 2005 meeting.

5.2.1 Executive Committee

WHO staff presented a format for an Executive Committee with 13 members. After considerable discussion, it was recommended that the number of delegates be expanded from the proposed six to approximately 15, with persons representing respiratory organizations (three), allergy organizations (two), paediatric specialty (one), primary care specialty (one), patient groups (one), expert groups (one), WHO Collaborating Centres (one) and others (four). The delegates in each of these categories would be chosen by a vote within the grouping (e.g. respiratory groups would vote for respiratory delegates). Each delegate would serve a 2-year term.

5.2.2 Membership Policy Committee

Criteria for new members were recommended. It was suggested that this should be a task of the GARD Executive Committee, who should carefully review how selection is done in other WHO alliances. The membership policy should include paying members and non-paying members from developing countries who are willing to implement GARD.

5.2.3 Publications Committee

The Executive Committee must ensure that there is a plan to read and approve all documents issued under the logo of GARD.

6. Meeting summary

Dr Bousquet and Dr Dahl thanked the participants for their enthusiasm and excellent discussions and said that considerable progress had been made. They also acknowledged the significant work done by WHO staff since the meeting in Geneva in June 2004. The interest of the respiratory and allergy community in GARD was evidenced by the participation of 33 of the 38 persons invited.

During the meeting, the terms of reference were reviewed, with the goals and objectives of GARD. Six working groups were formed; all will draw upon existing materials and integrate with ongoing WHO programmes into a comprehensive, affordable programme for the management, control and prevention of chronic respiratory diseases that can be implemented at country level.

7. Next meeting

The next meeting will be held at the expense of GARD members at WHO Headquarters in Geneva, 10–11 May 2005. The agenda will cover:

- presentation of the work plans of each working group;
- a comprehensive list of required resources (including staffing);
- review of the draft inventory, the GARD website and plans for linking to GARD organization websites;
- further exploration of an atlas of chronic respiratory diseases; and
- review of the launch materials.

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Dr Nikolai Khaltsev, Responsible Officer, Chronic Respiratory Diseases and Arthritis, Chronic Diseases Prevention and Management (*Secretary*), Department of Chronic Diseases and Health Promotion

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Dr Paolo Maria Matricardi, Research Officer, Chronic Respiratory Diseases and Arthritis, Chronic Diseases Prevention and Management, Department of Chronic Diseases and Health Promotion

Annex: GARD members as of January 2005

Name of organization	Year established	Journal and website address	Mission	Category of organization	Interest sections or assemblies	Members or partners and representation according to WHO Region ¹
<p>Allergic Rhinitis and its Impact on Asthma (ARIA) Chairman: Professor Jean Bousquet E-mail: aria@montp.inserm.fr</p>	1999	www.whiar.com	To educate and implement evidence-based management of allergic rhinitis in conjunction with asthma, worldwide through planning, managing, and financing pilot projects to improve the health of broad sectors of the population throughout the world setting up rural health care activities, providing support for preventive diagnostic, and therapeutic measures as part of basic health care	Nongovernmental organization in collaboration with WHO		200; AF, AM, EM, EU, SEA, WP
<p>American Academy of Allergy, Asthma and Immunology (AAAAI) President-elect: Professor Estelle Simons E-mail: simons@ms.umanitoba.ca</p>	1943	<p><i>Journal of Allergy and Clinical Immunology</i> www.aaaai.org</p>	The advancement of the knowledge and practice of allergy, asthma and immunology for optimal patient care	Nongovernmental organization	7 interest sections: asthma diagnosis and treatment; basic and clinical immunology; environmental and occupational respiratory diseases; food allergy, dermatologic diseases and anaphylaxis; health care education, delivery and quality; mechanisms of asthma and allergic inflammation; rhinitis, sinusitis and ocular diseases	6000 in Canada and USA and 60 countries. AF, AM, EM, EU, SEA, WP

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<p>American College of Allergy, Asthma and Immunology (ACAAI). President-elect: Dr. Myron J. Zitt E-Mail: mzitt@optonline.net</p>	<p>1942</p>	<p><i>Annals of Allergy, Asthma and Immunology</i> www.acaai.org</p>	<p>To improve the quality of patient care in allergy and immunology through research, advocacy and professional and public education, maintain and advance diagnostic and therapeutic skills of members, foster their appropriate application, sponsor and conduct educational and scientific programmes and publications, develop and disseminate educational information for members, patients, health plan purchasers and administrators, and other physicians and health professionals</p>	<p>Professional association for allergists and immunologists; membership extended to international affiliates</p>		<p>4900 allergists and immunologists. AM and possibly other regions through international affiliate membership</p>
<p>American Thoracic Society (ATS). President: Sharon Rounds Email: Sharon_Rounds@brown.edu President-elect: Dr. Peter D. Wagner E-mail: pdwagner@ucsd.edu</p>	<p>1905</p>	<p><i>American Journal of Respiratory and Critical Care Medicine</i>, <i>American Journal of Respiratory Cell and Molecular Biology</i> and <i>Proceedings of the American Thoracic Society</i> www.thoracic.org</p>	<p>To prevent and treat respiratory disease through research, education, patient care and advocacy; to decrease morbidity and mortality from respiratory disorders and life-threatening acute illnesses in people of all ages interacting with national and international organizations that have similar goals.</p>	<p>Non-profit, international, professional and scientific society for respiratory and critical care medicine</p>	<p>12 specialized assemblies</p>	<p>13 000 globally. AF, AM, EM, EU, SEA, WP</p>

Name of organization	Year established	Journal and website address	Mission	Category of organization	Interest sections or assemblies	Members or partners and representation according to WHO Region ¹
<p>Asian Pacific Association of Allergy and Clinical Immunology (APAACI). President: Professor Takeshi Fukuda E-mail: t-fukuda@dokkyomed.ac.jp</p>	<p>1989</p>	<p>www.apaaci.org</p>	<p>To encourage and support the development of the discipline of allergy, asthma and clinical immunology in region by bringing into regional Association national societies not yet members; to encourage and assist in forming national societies where none exist; exchange and progress of knowledge in region; study, prevention and treatment of allergy, asthma and immune-mediated diseases, particularly problems specific to region; exchange in training programmes between member countries; cooperation in clinical and basic research in region; development of programmes for public information and education; cooperation with other international organizations in the study of allergy, asthma and clinical immunology; dissemination of knowledge through international congresses and by other means.</p>	<p>Association of national societies of allergy and clinical immunology in the Asia Pacific region</p>	<p>15 national societies</p>	<p>SEA, WP</p>
<p>Asian Pacific Society of Respirology (APSR) President: Professor Y. Fukuchi E-mail: yfukuchi@med.juntendo.ac.jp</p>	<p>1985</p>	<p><i>Respirology Journal</i> www.apspresp.org</p>	<p>To advance and promote knowledge of the respiratory system in health and disease; to strive to encourage research, improve clinical practice through teaching, to increase awareness of health problems in the area and to promote exchange of knowledge among respirologists in the Asian and Pacific region.</p>	<p>Professional society (regional nongovernmental organization)</p>		<p>10 150; SEA, WP</p>

Name of organization	Year established	Journal and website address	Mission	Category of organization	Interest sections or assemblies	Members or partners and representation according to WHO Region ¹
<p>Dokkyo University School of Medicine, WHO Collaborating Centre for Prevention and Control of Chronic Respiratory Diseases, Japan Head: Professor S. Makino E-mail: s-makino@dokkyomed.ac.jp</p>		<p>DESIGNATION IN PROCESS</p>	<p>Terms of reference as WHO Collaborating Centre; Asia-Pacific Initiative for Chronic Respiratory Diseases</p>	<p>WHO Collaborating Centre</p>		<p>SEA, WP</p>
<p>European Centre for Allergy Research Foundation (ECARF). Head: Professor Torsten Zuberbier E-mail: ecarf@charite.de</p>	<p>2003</p>	<p>www.ecarf.org</p>	<p>Improvement of knowledge, research and awareness regarding allergies; decrease of the burden caused by the disease in patients and in society through: structural research in allergy; spreading of excellence and knowledge among physicians and in the public; initiatives for the improvement of patient care; activities for a better quality of life of allergic patients</p>	<p>Foundation</p>		<p>Works in collaboration with Allergy Centre Charité, specialized centre for clinical work, research and dissemination of knowledge on allergy. EU</p>
<p>European Federation of Allergy and Airways Diseases Patients' Associations (EFA). President: Svein-Erik Myrseth Email: EFAOffice@skynet.be</p>	<p>1992</p>	<p>www.efanet.org</p>	<p>To improve the quality of life of people with asthma, chronic obstructive pulmonary disease and allergy and of their carers throughout Europe, contributing to a European community that shares the responsibilities for substantially reducing the frequency and severity of these conditions and recognizes the social, environmental, economic and health implications</p>	<p>Foundation</p>		<p>Alliance of 41 organizations in 23 countries in Europe representing 250,000 persons. EU</p>
<p>European Respiratory Society (ERS) President: Dr Ronald Dahl. E-mail: rdahl@as.aaa.dk</p>	<p>1990</p>	<p><i>European Respiratory Journal</i> <i>European Respiratory Monograph</i> <i>European Respiratory Review</i> <i>European Respiratory Topic</i> <i>ERS Newsletter</i> www.ersnet.org</p>	<p>Promoting research; fostering education; exchanging knowledge; improving patient care</p>	<p>Society</p>	<p>10 scientific assemblies serve as forums to present and discuss scientific work at yearly congress</p>	<p>Non-profit-making, international medical organization. Over 7000 members in 100 countries AF, AM, EM, EU, SEA, WP</p>

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<p>Global Initiative for Asthma (GINA) Chair: Executive Committee: Professor Paul O'Byrne E-mail: obynep@fhs.mcmaster.ca, Scientific committee: Suzanne Hurd E-mail: shurd@prodigy.net</p>	1991	www.ginasthma.com	<p>Works with health care professionals and public health asthma prevalence, morbidity and mortality. Through evidence-based guidelines for asthma management and events such as the annual celebration of World Asthma Day, Global Initiative for Asthma works to improve lives of people with asthma in every corner of the globe.</p>	<p>Programme launched in collaboration with WHO and National Institutes of Health/National Heart, Lung and Blood Institute</p>	<p>Executive Committee, Scientific Committee, Global Initiative for Asthma Assembly.</p>	<p>AF, AM, EM, EU, SEA, WP (GINA target countries: Argentina, Brazil, Costa Rica, Portugal, Georgia, Russian Federation Syrian Arab Republic, Vietnam)</p>
<p>Global Initiative for Chronic Obstructive Lung Disease (GOLD). Chair of Executive Committee: Professor Leonardo Fabbri E-mail: fabbri.leonardo@unimo.it Scientific Committee: Suzanne Hurd E-mail: shurd@prodigy.net</p>	1998	www.goldcopd.com	<p>Recommend effective management and prevention strategies for chronic obstructive pulmonary disease in all countries; increase awareness of medical community, public health officials and general public that this disease is a public health problem; decrease morbidity and mortality through implementation and evaluation of effective programmes for diagnosis and management; promote study into reasons for increasing prevalence of chronic obstructive pulmonary disease, including relationship with environment; implement effective programmes to prevent the disease</p>	<p>Programme launched in collaboration with WHO and National Institutes of Health/National Heart, Lung and Blood Institute</p>	<p>Executive, Science, and Dissemination Committees; National Launch Leaders</p>	<p>AM, EU</p>
<p>International Chronic Obstructive Pulmonary Disease Coalition (ICC) Chair of Executive Committee: Larry Grouse E-mail: lgrouse@email.msn.com</p>	1999	www.internationalcopd.org	<p>To improve care of chronic obstructive pulmonary disease patients worldwide through increasing awareness of the disease and an understanding of its diagnosis and management for both careers and patients; to create alliances with professional groups to accomplish these ends; to encourage and support affiliated national and regional groups in advocacy efforts towards policy-makers to prioritize chronic obstructive pulmonary disease in research and care</p>	<p>Non-profit corporation of medical professionals, patients and other organizations; outreach of Global Initiative for Chronic Obstructive Lung Disease and the United States Chronic Obstructive Pulmonary Disease Coalition.</p>		<p>220 000 members; AM, EM, EU, WP</p>

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International Association of Asthmology (INTERASMA). President: Hugo E. Neffén (Argentina)	1954	<i>Journal of Investigation and Clinical Immunology</i> <i>Interasma Newsletter</i> www.interasma.org	To focus on all aspects of asthma, bridging the gap between academia and clinical practice; a forum for interdisciplinary discussions for pneumonologists, allergologists, paediatricians and general practitioners to exchange information on asthma research, practice and management; to encourage asthma education programmes all around the world for physicians, other health professionals, educators and administrators; to improve the quality of life of asthmatics and to decrease the prevalence, morbidity and mortality of asthma	Worldwide nongovernmental organization	Executive Committee, regional chapters	AM, AF, EM, EU, WP
Korea Asthma and Allergy Foundation (KAF) President: Professor Kim You Young Email: youyoung@plaza.snu.ac.kr	2003			National nongovernmental organization		286 members focusing on respiratory medicine and allergy; Republic of Korea, WP
National Heart, Lung and Blood Institute, Division of Lung Diseases Director: James Kiley E-mail: kileyj@nhlbi.nih.gov		www.nhlbi.nih.gov	Programme on asthma and chronic obstructive pulmonary disease includes goals on epidemiology, research, genetics and pharmacogenetics, clinical trials, demonstration and education initiatives.	Governmental organization		Active partner with Global Initiative for Chronic Obstructive Lung Disease initiative and with WHO AF, AM, EM, EU, SEA, WP

Name of organization	Year established	Journal and website address	Mission	Category of organization	Interest sections or assemblies	Members or partners and representation according to WHO Region ¹
<p>World Allergy Organization (WAO) President: Dr Carlos E. Baena-Cagnani E-mail: cebaena@arnet.com.ar</p>	<p>1950</p>	<p><i>Journal of World Allergy Organization</i> <i>International Archives of Allergy and Immunology</i> www.worldallergy.org</p>	<p>To build a global alliance of allergy societies to advance excellence in clinical care, research, education and training</p>	<p>Worldwide nongovernmental organization. Member of Council for International Organizations of Medical Science. Has working relationship with WHO.</p>	<p>Federation of 70 national, regional and affiliated organizations</p>	<p>Total individual membership of member societies, over 38 000, in 92 countries; AF, AM, EM, EU, SEA, WP</p>
<p>World Federation of Hydrotherapy and Climatotherapy (FEMTEC) President: Dr N Storoshenko E-mail: kurort@online.ru Secretary-General: Professor Umberto Solimene Email: umberto.solimene@unimi.it</p>	<p>1937</p>	<p>www.femteconline.com</p>	<p>To explain the contents of the medical spa world; to promote them in an international context among states and governing bodies; to encourage international cooperation between spas; to exchange studies, research and practices in the field of hydrotherapy; to promote development of medical spas and climatic resorts among members and worldwide.</p>	<p>Nongovernmental organization in official relations with WHO since 1985</p>	<p>2500 medical centres involved in activities. Once a year: general meeting of Executive Board Meeting of the four permanent committees: medical, economic, technical and social.</p>	<p>35 members: thermal and medical spa associations and federations, and organizations dealing with spa problems in various countries. AF, AM, EM, EU, SEA, WP</p>

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<p>World Organization of Family Doctors (WONCA) President-elect: Professor Chris Van Weel E-mail: c.vanweel@hag.umcn.nl</p>	<p>1972</p>	<p>www.globalfamilydoctors.com</p>	<p>To improve the quality of life of peoples of the world through defining and promoting its values; by fostering and maintaining high standards of care in general practice and family medicine; by promoting personal comprehensive and continuing care for the individual in the context of the family and the community; by encouraging and supporting development of academic organizations of groups and family physicians; by providing forum for knowledge and information exchange between members; by representing educational, research and service provision activities of members before other world organizations and fora concerned with health and medical care</p>	<p>Nongovernmental organization</p>	<p>Governing council meets every 3 years. Regional councils in each region. Executive Committee meets annually.</p>	<p>97 member organizations in 79 countries. Total membership, over 200 000 general practitioners and family physicians. AF, AM, EM, EU, SEA, WP</p>

¹ WHO Regions: AF, African; AM, Americas; EM, Eastern Mediterranean; EU, European; SEA, Southeast Asian; WP, Western Pacific