The Global Alliance against Chronic Respiratory Diseases: journey so far and way ahead

Arzu Yorgancioglu¹, Nikolai Khaltaev², Jean Bousquet³, Cherian Varghese⁴

The Global Alliance Against Chronic Respiratory Diseases (GARD) is a voluntary alliance of national and international organizations, institutions, and agencies committed to the vision of "a world where all people breathe freely." [1,2] Its goal is to reduce the global burden of chronic respiratory disease (CRD).

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 of the growing epidemic of CRDs worldwide. A program was begun to design a comprehensive approach to the prevention and control of CRDs. [1,2] The resolution was approved by the General Assembly of World Health Organization (WHO) in 2004. The first meetings of GARD were held at WHO headquarters in Geneva in January and May 2005. [1,3] Its management was established with an Executive Committee, Planning Group, and GARD General Assembly. GARD is a global and multidisciplinary alliance that is charged with helping developing countries; representation from all WHO regions, especially middle and low-income countries, is essential. The structure of GARD management was revised in 2019 to ensure that all major member organizations are represented on the Planning Group.

Jean Bousquet was elected the first Chair, Ronald Dahl the co-Chair, and Nikolai Khaltaev directed the WHO Secretariat. The terms of reference were reviewed with the goals and objectives of GARD. Six working groups were formed; they drew upon existing materials, integrated with WHO initiatives, to develop comprehensive and affordable programs for the management, control, and

prevention of CRDs that could be implemented at the country level.

GARD has four strategic objectives: advocacy, partnership, national plans, and surveillance. Its main objective is to promote a comprehensive approach to fight CRD by:

- 1. Developing a standard way of obtaining relevant data on the burden of disease and risk factors
- 2. Advocating for action
- 3. Encouraging countries to implement policies for health promotion and prevention
- 4. Developing simple and affordable strategies for management

The first General Meeting and GARD launch took place in Beijing in 2006. [4] The prerequisites for becoming a GARD country and the initiatives for establishing a GARD country project were defined. The second prerequisite, that the Ministry of Health of the country is informed about GARD and asked to be involved, is considered as the main difference between GARD and other initiatives. [4,5]

The annual meeting of GARD is a forum for exchanging opinions to improve care for CRDs and to achieve the GARD goals. Thirteen general meetings have taken place in different GARD countries between 2006 and 2019. All posters, presentations, and reports can be found on the link: https://gard-breathefreely.org/resources.

Since its inception, GARD has had many successes, particularly at the country level, which have been reported in many publications. [6-13] Coinciding with these successes, there has been increased recognition of the importance of

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Correspondence to: Prof. Arzu Yorgancioglu, Department of Pulmonology, Celal Bayar University, Manisa 45140, Turkey E-Mail: arzuyo@hotmail.com

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¹Department of Pulmonology, Celal Bayar University, Manisa 45140, Turkey;

²Global Alliance Against Chronic Respiratory Diseases (GARD), Geneva 1224, Switzerland;

³Contre les MAladies Chroniques pour un Vleillissement Actif (MACVIA), University Hospital, Montpellier 34090, France;

⁴Department of the Management of Noncommunicable Diseases, World Health Organization, Geneva 1224, Switzerland.

chronic diseases, as demonstrated by the United Nations High Level Meeting on Chronic Diseases held in 2011, during which CRD, along with cardiovascular disease, diabetes, and cancer, were recognized as major health priorities.^[7]

Several GARD demonstration projects have been implemented. Some of the most successful include: the Finnish Allergy Programme, [14,15] integrated care pathways for airway diseases (AIRWAYS ICPs) on behalf of Director General Santé and Director General (European Union), [16,17] and Mobile Airways Sentinel Network (MASK). [18] MASK was awarded a Good Practice of Director General Santé (European Union) for digitally enabled, patient centered care [19] and was listed in the WHO-International Telecommunications Union booklet, mBreatheFreely [20] as well as the FRESH-air study in developing countries. [21-2.5]

GARD country projects vary according to country-specific needs and the level of engagement of government health departments. Where government involvement is strong, as in Turkey, Italy, and Portugal, progress has been considerable. In Italy, Portugal, Kyrgyzstan, Russia, and Turkey, GARD has played a significant role in assisting the development of national CRD control programs. [6]

GARD supports WHO in successfully implementing the WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013 to 2020. [7] At the last General Meeting, in 2019 in Beijing, GARD adopted the "Beijing Call to Action for Lung Health Promotion" with four key priority areas that conform with the United Nations Sustainable Development Goal 3.4:

- 1. Advocating for action on CRDs
- 2. Fostering multi-sectoral action to reduce risk factors for CRDs
- 3. Strengthening primary health care to achieve universal health coverage for CRDs
- 4. Supporting research

GARD aims to engage with multiple stakeholders to prioritize sustainable and long-term actions against CRD through "whole of government" and "whole of society" initiatives. These would "mainstream" CRD prevention in all policies and promote inter-sectoral action to address indoor and outdoor air pollution. GARD seeks to engage a range of sectors of society and identify clean-energy strategies to shift away from kerosene, biomass, and biofuel burning, and reduce CO₂ emissions.

GARD seeks to ensure that national Universal Health Coverage benefit packages include CRD services, including respiratory health promotion and prevention, as well as access to essential medicines and technologies, through the adaptation of the WHO Model Lists of Essential Medicines and Essential *in vitro* Diagnostics. It also fosters investigation of the inter-section between social and environmental determinants of health and their impact on

the management of CRD with emphasis on the role of populations in conflict.

GARD's greatest achievement has been its ability to forge collaborative partnerships and develop a shared vision with a large number of parties. Preventing and controlling CRDs and keeping them on the global health agenda will require the ongoing energies of all involved in GARD^[6,7] and is a step toward allowing all people to breathe more freely.

Conflicts of interest

None.

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