

- Chronic Respiratory Diseases (CRD) – Chronic Obstructive Pulmonary Diseases (COPD) and Asthma – are a major cause of death worldwide, significantly contributing to the global burden from noncommunicable diseases (NCDs). In 2015, an estimated 3.17 million deaths were caused by COPD.
- Almost three quarters of all NCD deaths occur in low- and middle-income countries. As a result, the direct and indirect costs associated with managing these diseases hinder efforts aimed at tackling global poverty.
- Tobacco smoking, indoor and outdoor air pollution, and a rapidly aging population are likely to increase the burden of CRD and more efforts are needed for prevention and health promotion across the life course.
- Management at the primary healthcare level is challenged by the lack of capacity, medicines and personnel.
- National guidelines are not sufficiently defined, disseminated and adhered to, leading to suboptimal outcomes of treatment.
- The absence of internationally recognized monitoring indicators limits the evaluation of progress and weakens the chances of obtaining strong political support.

We, members of WHO GARD call on national governments, healthcare professionals and partner organizations to scale up the prevention, diagnosis, management, monitoring and research on chronic respiratory diseases, and promote lung health, through:

1. ADVOCATING FOR ACTION ON CHRONIC RESPIRATORY DISEASES

- Advocate at all levels to scale actions towards the achievement of the Sustainable Development Goal 3.4, ensuring that CRDs are firmly placed in the national response to Noncommunicable Diseases.
- Ensure that leaders at all levels take responsibility for comprehensive local actions, together with the health sector, that can advance action for the control of CRD, as well as other NCDs.
- Acknowledge and support vulnerable high-risk populations, disproportionately exposed to modifiable risk factors, as a result of their gender, age, disability, socioeconomic status, education, sociocultural context, and any other factor that may influence their exposure to risk factors and their access to health services.

2. FOSTERING MULTISECTORAL ACTION TO REDUCE CRD RISK FACTORS

- Engage with multiple stakeholders to prioritize sustainable and long-term actions against CRD, through ‘whole-of-government and whole-of-society’ initiatives, and mainstreaming CRD prevention in all policies.

- Advocate for increasing excise taxes and prices on tobacco products, as well as for implementing other cost-effective interventions, to reduce the high burden of tobacco and the alarmingly rapid spread of Electronic Nicotine Delivery Systems.
- Promote intersectoral action to address indoor and outdoor air pollution, by engaging with a range of other sectors and identifying clean-energy strategies to shift away from kerosene, biomass and biofuel burning, and to reduce CO₂ emissions.

3. STRENGTHENING PRIMARY HEALTH CARE FOR CRD TO ACHIEVE UNIVERSAL HEALTH COVERAGE

- 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.
- Strengthen primary health services on CRD to ensure equitable coverage, including essential public health functions, such as tobacco cessation programmes, pneumococcal and influenza vaccinations, with an adequate and well-equipped

multi-disciplinary health workforce, based on task-shifting and task-sharing approaches.

- Identify synergies in chronic-care platforms and promote an integrated and holistic approach to CRD, taking into account that patients often suffer from several conditions, simulating and exacerbating lung diseases, such as tobacco dependence, allergy, pneumonia, tuberculosis, cardiovascular diseases, obesity, upper airway conditions, cancers, severe mental illness, depression and anxiety.
- Prioritize respiratory health and CRD prevention and control in the formal training provided to health professionals.
- Adapt standardized interventions for the management of CRDs at the PHC level, drawing from evidence-based recommendations and tools, such as the WHO Package of Essential NCD interventions.
- Empower patients with CRD in advocacy and self-care, including using appropriate tools, such as mobile health (mHealth).
- Recognize the importance of referral care, when necessary, and secure fast track for CRD patients who need respiratory specialist diagnoses and treatments, including culturally appropriate pulmonary rehabilitation.

4. SUPPORTING RESEARCH

- Invest in identifying bottlenecks and challenges to the large-scale implementation of interventions to prevent CRD, in order to determine feasible solutions.
- Invest in translation and health system research for global application of proven cost-effective strategies especially in resource-constrained settings.
- Develop and implement internationally recognized indicators, at the health facility, sub-national, and national levels, to measure the burden of CRD and to monitor the quality of provided services and progress in averting CRD premature deaths.
- Investigate the intersection between social and environmental determinants of health and their impact on the management of CRD, with particular emphasis on the role of populations in conflict.

5. FOSTERING PARTNERSHIPS TO SCALE UP NATIONAL PROGRAMMES

- Strengthen the presence and role of GARD in countries and promote the establishment of national programs tackling CRD.
- Promote constructive collaboration between Governments and the private sector – with the exception of the tobacco industry and with due attention to the management of commercial and other vested interests – to seek ways to strengthen commitments and contributions to achieving public health goals.
- Encourage the meaningful engagement and participation of civil society and people living with CRD and ensure that Governments work with civil society to raise awareness, increase advocacy, deliver services, and monitor progress.
- Empower the youth in taking action against avoidable CRD risk factors and in advocating to strengthen the political commitment towards healthy environment.
- Promote the dissemination of evidence and success stories and favor the creation of regional interactive and integrated platforms of successful strategies and initiatives for CRD prevention and control.