



**GLOBAL
ALLIANCE**
AGAINST
**CHRONIC
RESPIRATORY
DISEASES**

ACTION PLAN 2008–2013



World Health
Organization



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Action plan of the Global Alliance against Chronic Respiratory diseases, 2008–2013.

1.Respiratory tract diseases – prevention and control. 2.Strategic planning. 3.Lung diseases. 4.International cooperation. I.World Health Organization. Dept. of Chronic Diseases and Health Promotion.

ISBN 978 92 4 159720 3

(NLM classification: WF 140)

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Printed in Italy

The core contributors to this publication were A. Alwan, A. Ross, S. Resnikoff, S. Mendis, A.A. Cruz, E. Minelli from WHO and GARD Executive Committee and Planning Group. Editorial revision was done by I. Nandra and design and layout by Blossom Italy – www.blossoming.it. WHO acknowledges with gratitude the technical and financial support provided for this publication by GARD collaborating parties.

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TABLE OF CONTENTS

1.	INTRODUCTION.....	1
2.	PARTICIPATING COUNTRIES.....	3
3.	VISION AND GOAL.....	4
4.	PURPOSE.....	5
5.	STRATEGIC OBJECTIVES.....	6
6.	STRATEGY TO ACTION.....	7
7.	RESOURCE NEEDS AND FINANCING.....	25



1. INTRODUCTION

The Global Alliance against Chronic Respiratory Diseases (GARD) is a voluntary alliance of national and international organizations, institutions and agencies working towards the vision of a world where all people breathe freely. The World Health Organization (WHO) provides technical leadership and secretariat support for the alliance.

Chronic respiratory diseases are chronic diseases of the airways and other structures of the lungs. Some of the most common are asthma, chronic obstructive pulmonary disease (COPD), allergic rhinitis, occupational lung diseases, sleep apnea syndrome and pulmonary hypertension.

Hundreds of millions of people suffer from these chronic respiratory diseases worldwide. 300 million have asthma, 210 million have COPD and millions of others have other chronic respiratory diseases. In 2005, 250,000 people died of asthma and 3 million of COPD. By 2030, COPD is predicted to become the third leading cause of death worldwide!

The enormous human suffering caused by chronic respiratory diseases was recognized by the Fifty-Third World Health Assembly which requested the Director-General of WHO to continue giving priority to the prevention and control of noncommunicable diseases, including chronic respiratory diseases, with special emphasis on developing countries and other deprived populations and "to coordinate, in collaboration with the internatio-

nal community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research" (resolution WHA 53.17, May 2000).

The WHO Report "Preventing chronic diseases: a vital investment"² (2005) and the publication "Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach"³ (2007) further raised awareness of the huge impact of chronic respiratory diseases worldwide, and highlighted the risk factors as well as ways to prevent and treat these diseases. The Sixtieth World Health Assembly urged Member States to implement and increase support for existing global initiatives that contribute to achieving the target of reducing death rates from noncommunicable diseases by 2% annually for the next 10 years (resolution WHA60.23, May 2007). The Assembly also asked the Secretariat to draw up an action plan in order to guide Member States, the Secretariat and international partners in working towards the prevention and control of noncommunicable diseases.

The Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases was endorsed by the World Health Assembly with resolution WHA61.14 in May 2008. This plan includes chronic respiratory diseases in its scope of action, together with cancer, diabetes and cardiovascular diseases, and addresses their main risk factors: tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.

¹ World Health Statistics. Geneva, World Health Organization, 2008. (<http://www.who.int/whosis/whostat/2008/en/index.html>)

² Preventing chronic diseases, a vital investment. Geneva, World Health Organization, 2005. (http://www.who.int/chp/chronic_disease_report/en/index.html)

³ Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach. Geneva, World Health Organization, 2007. (http://www.who.int/gard/publications/GARD_Manual/en/index.html)

The plan has the following strategic objectives:

1. To raise the priority accorded to noncommunicable diseases in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments;
2. To establish and strengthen national policies and plans for the prevention and control of noncommunicable diseases;
3. To promote interventions to reduce the main shared modifiable risk factors for noncommunicable diseases: tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol;
4. To promote research for the prevention and control of noncommunicable diseases;
5. To promote partnerships for the prevention and control of noncommunicable diseases; and
6. To monitor noncommunicable diseases and their determinants and evaluate progress at national, regional and global levels.

The action plan of GARD shall be an instrument of this Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases, whose overall mission is to lead and catalyze an intersectoral, multilevel response to address premature mortality and ill-health due to noncommunicable diseases and their risk factors.

GARD combines financial and human resources from its collaborating parties to offer support to WHO's work in assisting the development and implementation of the chronic respiratory disease component of national action plans for tackling noncommunicable diseases. More information on GARD and the rationale for its constitu-

tion are available in the publication "Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach" and on GARD web site: www.who.int/gard.

This action plan of GARD sets out the vision, goal, purpose and strategic objectives for GARD collaborating parties, in order to guide their work between 2008 and 2013. This is the timeframe of the WHO Medium-term Strategic Plan and of the Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases. Each strategic objective shall be achieved by reaching expected outputs through the implementation of a core set of activities. The evaluation on the achievement of each strategic objective and, therefore, of the goal will be carried out through indicators and milestones. In addition, the action plan gives information on the planned costs according to each strategic objective, the expected income and the unmet needs for the period covered by the plan.

VISION

GOAL

PURPOSE

STRATEGIC OBJECTIVES

EXPECTED OUTPUTS

ACTIVITIES

The action plan is a result-based management document that should be used as an evolving tool, in order to guide the planning, monitoring and evaluation of the work of GARD. In addition, it could also be taken forward by GARD collaborating parties as a strong advocacy instrument to mobilize resources for the alliance.

2. PARTICIPATING COUNTRIES

GARD welcomes all countries interested in the approach proposed in the forthcoming point 4. Since the global launch of GARD, many countries have expressed an interest in being involved in its development. For the purpose of this planning exercise, a list of participating countries, which was determined on the dual basis of high-burden of diseases and willingness to adopt the GARD approach (point 4), follows.

These 28 countries are low- and middle-income countries in which GARD has been discussed:

Algeria, Argentina, Bangladesh, Brazil, Bulgaria, Cape Verde, China, Costa Rica, the Czech Republic, Egypt, Georgia, India, Islamic Republic of Iran, Kazakhstan, Kyrgyzstan, Lithuania, Mexico, Morocco, Pakistan, Paraguay, the Philippines, Poland, Romania, the Russian Federation, South Africa, Tunisia, Turkey, and Viet Nam.

GARD will also seek to engage a number of higher-income countries that have expressed interest in developing GARD approach (point 4):

Canada, Denmark, Finland, France, Greece, Italy, Norway, Portugal, the Republic of Korea, Spain, the United Arab Emirates, and the United States of America.

These countries may also provide technical and financial support to low- and middle-income countries.

3. VISION AND GOAL

The vision is a world where all people breathe freely. Its goal is to reduce the global burden of chronic respiratory diseases, which will be evaluated on the basis of the following three general indicators:

- a. Proportion of participating countries in which a consistent trend¹ towards reduction in hospital admissions due to chronic respiratory diseases is detected
- b. Proportion of participating countries in which a consistent trend towards reduction in mortality due to chronic respiratory diseases is detected
- c. Proportion of participating countries in which essential medicines for management of chronic respiratory diseases are affordable and accessible in primary health care

GENERAL MILESTONES

INDICATORS	2008	2009	2010	2011	2012	2013
Proportion of participating countries in which a consistent trend ¹ towards reduction in hospital admissions due to chronic respiratory diseases is detected	0%	0%	0%	0%	0%	0%
Proportion of participating countries in which a consistent trend towards reduction in mortality due to chronic respiratory diseases is detected	0%	0%	0%	20%	30%	40%
Proportion of participating countries in which essential medicines for management of chronic respiratory diseases are affordable and accessible in primary health care	0%	10%	30%	40%	50%	70%

¹The analysis of the trends will be performed by GARD working group on burden and risk factors of chronic respiratory diseases, in collaboration with WHO Secretariat.

4. PURPOSE

The purpose of GARD is to initiate a comprehensive approach to fight chronic respiratory diseases. Such an approach is described in the publication "Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach". In synthesis, the GARD approach consists of building alliances at country level to assist participating countries, under the leadership of their ministries of health, in obtaining relevant data on the burden of chronic respiratory diseases and their risk factors; advocating for action on chronic respiratory diseases; implementing policies for health promotion and prevention of chronic respiratory diseases; and implementing simple and affordable strategies for management of chronic respiratory diseases.

5. STRATEGIC OBJECTIVES

In order to achieve its purpose, GARD has set out four strategic objectives. The first two strategic objectives relate to the functions of the alliance, in terms of advocating and raising awareness, providing a network for discussion, enhancing partnerships at global, regional and country levels and resource mobilization for chronic respiratory diseases. The other two are related to the support that GARD provides to WHO technical work.

GARD core strategic objectives:

ADVOCACY To raise the recognition of the importance of chronic respiratory diseases at global and country levels, and to advocate the integration of prevention and control of such diseases into policies across all government departments.

PARTNERSHIP To promote partnering for the prevention and control of chronic respiratory diseases.

GARD strategic objectives to support WHO technical work:

NATIONAL PLANS To support WHO in assisting countries to establish and strengthen national policies and plans for the prevention and control of chronic respiratory diseases using WHO endorsed approaches and methods.

SURVEILLANCE To support WHO in monitoring chronic respiratory diseases and their determinants and evaluate progress at country, regional and global levels.

In addition, GARD should also:

- Promote interventions to reduce the main shared modifiable risk factors for non communicable diseases, in particular tobacco, outdoor and indoor air pollution, unhealthy diet and physical inactivity;
- Contribute to the identification of gaps in knowledge and gaps in knowledge implementation, as well as priorities for research on chronic respiratory diseases relevant to its goal, and advocate for funding for research on these topics;
- Harmonize plans and activities against chronic respiratory diseases with WHO work plans for cardiovascular diseases, cancer and diabetes, with a focus in primary care and the prevention of the common risk factors;
- Collaborate with WHO initiatives in the field of Health Action in Crisis; Health Security and Environment; HIV/AIDS; Tuberculosis; Malaria; Neglected Tropical Diseases; Information, Evidence and Research; Family and Community Health; Health Systems and Services; and
- Collaborate with the United Nations system in areas related to its work – e.g. United Nations Environment Programme (UNEP) and the United Nations Children’s Fund (UNICEF).

6. STRATEGY TO ACTION

This section describes the four strategic objectives of GARD:

- ADVOCACY
- PARTNERSHIP
- NATIONAL PLANS
- SURVEILLANCE

For each strategic objective, the expected outputs, indicators, milestones and core activities are set out. An indication of the respective planned costs is also provided.

ACTION



ADVOCACY



ADVOCACY. To raise the recognition of the importance of chronic respiratory diseases at global and country levels, and to advocate for the integration of prevention and control of such diseases into policies across all government departments.

EXPECTED OUTPUT

A person is nominated GARD focal point within an established unit for the prevention and control of noncommunicable diseases in the Ministry of Health or equivalent health authorities and a person is nominated GARD Country coordinator

INDICATOR

Proportion of participating countries that have nominated a GARD focal point within an established unit for the prevention and control of noncommunicable diseases in the Ministry of Health and a GARD Country coordinator

MILESTONES

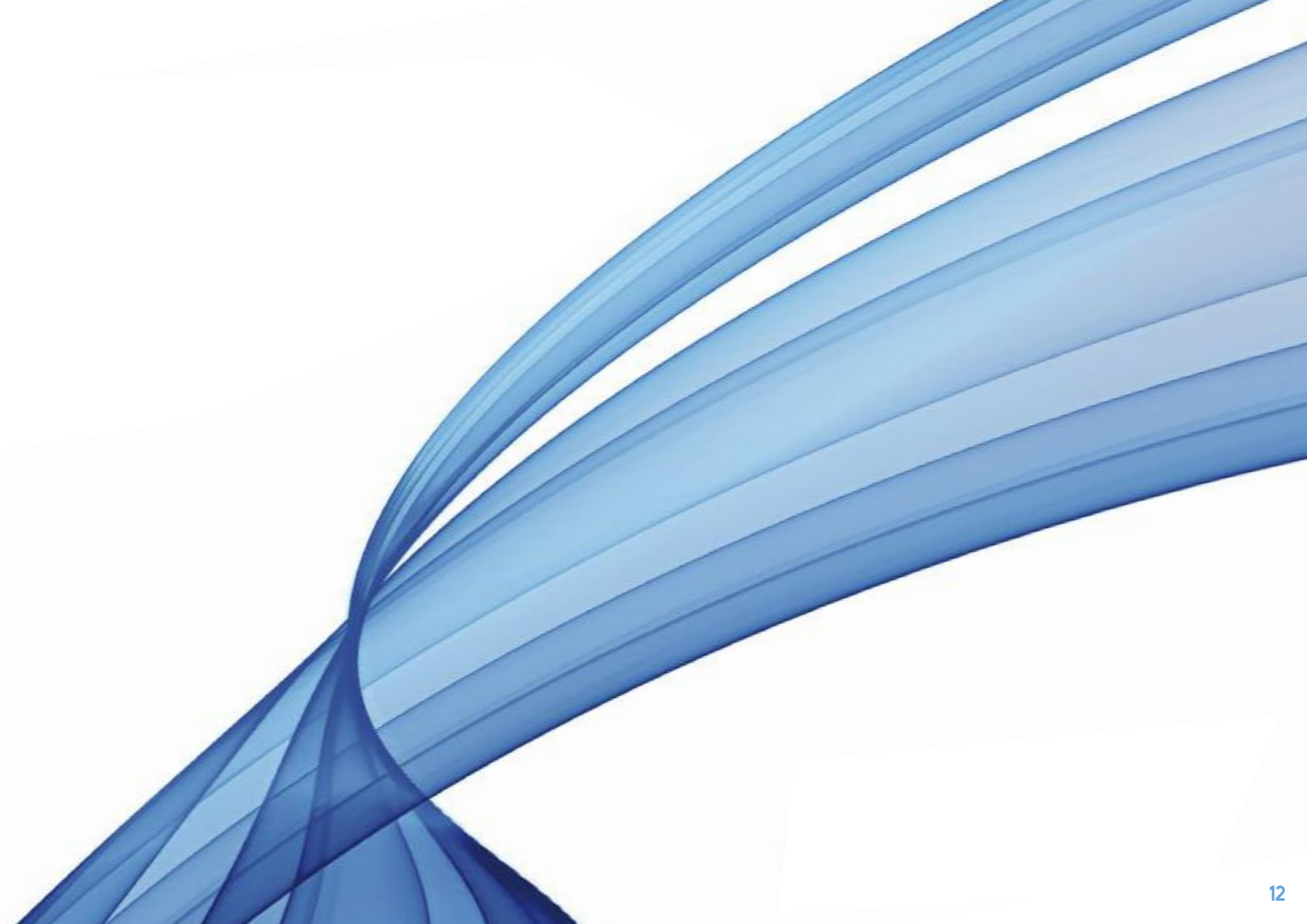
INDICATOR	2008	2009	2010	2011	2012	2013
Proportion of participating countries that have nominated a GARD focal point within an established unit for the prevention and control of noncommunicable diseases in the Ministry of Health or equivalent health authorities and a GARD Country coordinator	20%	30%	40%	50%	60%	70%

CORE ACTIVITIES

- To develop communications messages
- To develop and make available evidence-based advocacy material (e.g. a quarterly newsletter of GARD activities, flyers, posters and other advocacy publications)
- To create and maintain the GARD web site to disseminate information on chronic respiratory diseases, the work of GARD and its collaborating parties
- To support organization and participation in events to advocate for chronic respiratory diseases and GARD at global, regional and country levels
- To support the organization of the annual World COPD Day, World Asthma Day and World Allergy Day, and to explore the idea of a World Lung Health Day
- To help mobilize patients, families and communities
- To identify champions/Goodwill Ambassadors for chronic respiratory diseases
- To advocate chronic respiratory diseases on the health and development agenda of potential donors

PLANNED COSTS (US\$)

ADVOCACY	2008	2009	2010	2011	2012	2013
Staff for communications	140,000	140,000	140,000	140,000	140,000	140,000
Development and publication of advocacy material	5,000	5,000	50,000	50,000	100,000	100,000
Participation in key events	30,000	30,000	60,000	60,000	120,000	120,000
Awareness of chronic respiratory diseases at all levels, including awareness days	15,000	15,000	30,000	30,000	60,000	60,000
TOTAL	190,000	190,000	280,000	280,000	420,000	420,000



PARTNERSHIP



PARTNERSHIP To promote partnering for the prevention and control of chronic respiratory diseases.

EXECUTED OUTPUTS

- A. The network of GARD collaborating parties is maintained
- B. The number of interested parties involved with GARD increases
- C. Resources – both human and financial – needed to support the work of GARD and to implement the action plan are mobilized
- D. The GARD action plan is used to guide the planning, monitoring and evaluation of the work of GARD

INDICATORS

- A. The proportion of collaborating parties that participate in the annual GARD General Meeting
- B. The number of collaborating parties
- C. Resources to support the work of GARD
- D. A monitoring report on the implementation of the action plan is published every two years
- E. A final evaluation report is published at the end of the period covered by the action plan

MILESTONES

INDICATORS	2008	2009	2010	2011	2012	2013
The proportion of collaborating parties that participate in the annual GARD General Meeting	>50%	>50%	>50%	>50%	>50%	>50%
The number of collaborating parties	60	70	80	90	100	100
Resources to support the work of GARD (US\$)	500K	500K	1M	1M	1.5M	1.5M
A monitoring report on the implementation of the action plan is published every two years	0	1	0	1	0	1
A final evaluation report is published at the end of the period covered by the action plan	0	0	0	0	0	1

CORE ACTIVITIES

- To plan and implement the annual GARD General Meeting, GARD Planning Group and GARD Executive Committee meetings
- To develop and implement a resource mobilization strategy
- To develop monitoring reports every two years and an evaluation report at the end of the period covered by the action plan, including technical, management and financial aspects

PLANNED COSTS (US\$)

PARTNERSHIP	2008	2009	2010	2011	2012	2013
Staff for coordination and partnership building	368,000	368,000	368,000	368,000	368,000	368,000
Meetings of GARD collaborating parties	50,000	50,000	100,000	100,000	150,000	150,000
TOTAL	418,000	418,000	468,000	468,000	518,000	518,000

The second strategic objective will be strengthened by building alliances within countries. Interested parties in the field of chronic respiratory diseases may constitute a country alliance with the aim of pursuing GARD goal and objectives at country level.

This alliance could be called Country Group for GARD (GARD Country)¹. It could provide local coordination, momentum and capacity to scale up surveillance, prevention and control of chronic respiratory diseases.

GARD Countries could take this action plan into consideration for implementing their work in support of GARD goal and objectives.

¹ A set of suggestions on the establishment of a country alliance with the aim of pursuing GARD goal and objectives at country level (GARD Country), Annex 4, Report of GARD General Meeting, 30–31 May 2008, Istanbul, Turkey available at: http://www.who.int/gard/publications/Istanbul_report_final.pdf



NATIONAL PLANS



NATIONAL PLANS. To support WHO in assisting countries to establish and strengthen national policies and plans for the prevention and control of chronic respiratory diseases using WHO endorsed approaches and methods.

EXPECTED OUTPUTS

- A. Existing initiatives for prevention (smoking ban, reduction of indoor air pollution, reduction of occupational exposures) and control (WHO Practical Approach to Lung Diseases and WHO Integrated Management of Adult and Adolescent Illnesses) of chronic respiratory diseases are strengthened
- B. Multisectoral national policies for major noncommunicable diseases including chronic respiratory diseases in conformity with the Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases are adopted
- C. Systems of procurement and distribution able to deliver timely good quality and affordable medications and technical devices for the management of chronic respiratory diseases are functioning in low- and middle-income countries

INDICATORS

- A. Proportion of participating countries in which existing initiatives on prevention and control of chronic respiratory diseases are strengthened
- B. Proportion of participating countries that have adopted a multisectoral national policy for major noncommunicable diseases including chronic respiratory diseases in conformity with the Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases
- C. Proportion of low- and middle-income participating countries in which systems of procurement able to deliver timely good quality and affordable medications and technical devices for management of chronic respiratory diseases are available and working

MILESTONES

INDICATORS	2008	2009	2010	2011	2012	2013
Proportion of participating countries in which existing initiatives on prevention and control of chronic respiratory diseases are strengthened	0	20%	30%	40%	50%	60%
Proportion of participating countries that have adopted a multisectoral national policy for major noncommunicable diseases including chronic respiratory diseases in conformity with the Action Plan for the Global Strategy for Prevention and Control of Noncommunicable Diseases	0	10%	20%	30%	40%	50%
Proportion of low- and middle-income participating countries in which systems of procurement able to deliver timely good quality and affordable medications and technical devices for management of chronic respiratory diseases are available and working	0	0	10%	20%	30%	40%

CORE ACTIVITIES

- To coordinate the efforts of GARD participants in countries to support WHO’s assistance to Member States
- To translate and disseminate the publication entitled “Global surveillance, prevention and control of chronic respiratory diseases: a comprehensive approach”
- To develop, translate and disseminate the “GARD Basket”¹, a package of information, surveillance tools and guidelines to be offered as a service to countries that request assistance in the fields of surveillance, prevention and control of chronic respiratory diseases
- To support the development of user-friendly guidelines for a comprehensive and integrated approach to chronic respiratory diseases in primary health care
- To promote systems of procurement of medications and technical devices for chronic respiratory diseases in low- and middle-income countries
- To promote research and carry out training –of–trainers on surveillance, prevention and control of chronic respiratory diseases based on GARD approach

PLANNED COSTS (US\$)

NATIONAL PLANS	2008	2009	2010	2011	2012	2013
Staff for technical support	0	0	140,000	140,000	140,000	140,000
GARD publications (development, translation, dissemination)	50,000	50,000	100,000	100,000	175,000	175,000
Technical assistance for development of national plans, including the activities of working groups	150,000	150,000	200,000	200,000	250,000	250,000
Technical advice on systems of procurement for medications and technical devices	0	0	50,000	50,000	50,000	50,000
Training-of-trainers on prevention and control of chronic respiratory diseases according to GARD approach	150,000	150,000	200,000	200,000	250,000	250,000
TOTAL	350,000	350,000	690,000	690,000	865,000	865,000

¹ GARD Basket. A package of information, surveillance tools and guidelines, to be offered as a service to countries. Geneva, World Health Organization, 2008. http://www.who.int/gard/publications/GARD_Basket_web.pdf

SURVEILLANCE



SURVEILLANCE. To support WHO in monitoring chronic respiratory diseases and their determinants and evaluate progress at the country, regional and global levels.

EXPECTED OUTPUTS

- A. A WHO framework for evaluating chronic respiratory diseases prevention and control, including an electronic information system for surveillance, is developed and results are available
- B. Recent epidemiological information on chronic respiratory diseases are collected and assessed
- C. List of cost-effective interventions for chronic respiratory diseases, gaps in knowledge and gaps in knowledge implementation is developed

INDICATORS

- A. The WHO framework for evaluation is developed
- B. Proportion of participating countries in which the framework for evaluation is implemented
- C. Proportion of participating countries whose information on chronic respiratory diseases is reported to WHO and published
- D. GARD contribution to the update of the Global Burden of Disease is provided
- E. Results of a consultation of experts on cost-effectiveness of interventions for chronic respiratory diseases leading to identification of gaps in knowledge and gaps in knowledge implementation for prevention and control are published

MILESTONES

INDICATORS	2008	2009	2010	2011	2012	2013
Framework for evaluation is developed	1					
Proportion of participating countries in which the framework for evaluation is implemented	0	10%	30%	50%	60%	70%
Proportion of participating countries whose information on chronic respiratory diseases is reported to WHO and published	0	0	20%	40%	50%	60%
GARD contribution to the update of the Global Burden of Disease is provided	0	1				
Results of a consultation of experts on cost-effectiveness of interventions for chronic respiratory diseases leading to identification of gaps in knowledge and gaps in knowledge implementation for prevention and control are published	0	1				

CORE ACTIVITIES

- To contribute to an inventory of studies relating to the prevalence and severity of chronic respiratory diseases as well as to its social and economic burden
- To contribute to the development of a framework for evaluating and monitoring chronic respiratory disease prevention and control, including an electronic information system for surveillance
- To help validate the framework in five pilot countries
- To assist in translating the framework and dissemination to all WHO member states
- To expand the use of the framework to all WHO member states
- To contribute to keeping WHO InfoBase up to date with the retrieved information
- To promote research on morbidity and mortality of chronic respiratory diseases
- To jointly work with WHO to hold a consultation of experts on cost-effective interventions on chronic respiratory diseases, to identify gaps in knowledge and gaps in knowledge implementation for prevention and control, and to publish the results

PLANNED COSTS (US\$)

SURVEILLANCE	2008	2009	2010	2011	2012	2013
Staff for secretarial support	106,000	106,000	106,000	106,000	106,000	106,000
Implementation of the framework for chronic respiratory diseases, evaluation and monitoring	50,000	50,000	100,000	100,000	150,000	150,000
Contribution to the report on the Global Burden of Diseases	25,000	25,000	0	0	0	0
Identification of cost-effectiveness of interventions and gaps	85,000	85,000	0	0	0	0
TOTAL	266,000	266,000	206,000	206,000	256,000	256,000

7. RESOURCE NEEDS AND FINANCING

EXPECTED INCOME

Since its global launch in 2006, GARD has received annually:

- Contributions from GARD participants (not-for-profit organizations) in the range of US\$200,000– US\$250,000
- Contributions from GARD observers (commercial entities) in the range of US\$200,000– US\$250,000
- Contributions from WHO: this relates to the salary and benefits of WHO staff working on chronic respiratory diseases paid from WHO Regular Budget for US\$228,000

Therefore, the total income for 2008 is expected to be in the range of US\$728,000. Moreover, a resource mobilization working group has been set up with the aim to develop a resource mobilization strategy for GARD. The income is expected to increase in the near future due to: i) more numerous and higher contributions from GARD participants; ii) more numerous and higher contributions from the observers; and iii) contributions from new potential donors. The most

likely strategy to obtain funding from additional donors is to develop project proposals for financing by major agencies, such as the Global Fund, UNICEF, the Gates Foundation, in collaboration between GARD secretariat (WHO) and GARD collaborating parties. Taking into account this potential increase in the contributions to support the work of GARD, the expected income for the period 2008–2013 can be summarized as follows:

EXPECTED INCOME (US\$)

	2008	2009	2010	2011	2012	2013
Participants	250,000	250,000	300,000	300,000	350,000	350,000
Observers	250,000	250,000	300,000	300,000	350,000	350,000
WHO	228,000	228,000	228,000	228,000	228,000	228,000
Other donors	0	100,000	300,000	300,000	500,000	500,000
TOTAL	728,000	828,000	1,128,000	1,128,000	1,428,000	1,428,000

FINANCING



PLANNED COSTS

Summarizing the budget lines mentioned under each strategic objective, the planned costs for 2008–2013 are the following:

PLANNED COSTS (US\$)

ADVOCACY	2008	2009	2010	2011	2012	2013
Staff for communications	140,000	140,000	140,000	140,000	140,000	140,000
Development and publication of advocacy material	5,000	5,000	50,000	50,000	100,000	100,000
Participation in key events	30,000	30,000	60,000	60,000	120,000	120,000
Awareness of chronic respiratory diseases at all levels, including awareness days	15,000	15,000	30,000	30,000	60,000	60,000
SUBTOTAL	190,000	190,000	280,000	280,000	420,000	420,000

PARTNERSHIP	2008	2009	2010	2011	2012	2013
Staff for coordination and partnership building	368,000	368,000	368,000	368,000	368,000	368,000
Meetings of GARD collaborating parties	50,000	50,000	100,000	100,000	150,000	150,000
SUBTOTAL	418,000	418,000	468,000	468,000	518,000	518,000

NATIONAL PLANS	2008	2009	2010	2011	2012	2013
Staff for technical support	0	0	140,000	140,000	140,000	140,000
GARD publications (development, translation, dissemination)	50,000	50,000	100,000	100,000	175,000	175,000
Technical assistance for development of national plans, including the activities of working groups	150,000	150,000	200,000	200,000	250,000	250,000
Technical advice on systems of procurement for medications and technical devices	0	0	50,000	50,000	50,000	50,000
Training for trainers on prevention and control of chronic respiratory diseases according to GARD approach	150,000	150,000	200,000	200,000	250,000	250,000
SUBTOTAL	350,000	350,000	690,000	690,000	865,000	865,000

SURVEILLANCE	2008	2009	2010	2011	2012	2013
Staff for secretarial support	106,000	106,000	106,000	106,000	106,000	106,000
Implementation of the framework for chronic respiratory diseases, evaluation and monitoring	50,000	50,000	100,000	100,000	150,000	150,000
Contribution to the report on the Global Burden of Diseases	25,000	25,000	0	0	0	0
Identification of cost-effectiveness of interventions and gaps	85,000	85,000	0	0	0	0
SUBTOTAL	266,000	266,000	206,000	206,000	256,000	256,000

TOTAL	2008	2009	2010	2011	2012	2013
	1,224,000	1,224,000	1,644,000	1,644,000	2,059,000	2,059,000

UNMET NEEDS

Considering GARD fast development and expansion, the costs are likely to increase. A major funding gap will be faced in the next years, if GARD does not obtain resources from additional and major donors. The funding gap below will even be wider, if the actual income does not match the expected income previously described.

UNMET NEEDS (US\$)

	2008	2009	2010	2011	2012	2013
Expected income	728,000	828,000	1,128,000	1,128,000	1,428,000	1,428,000
Planned costs	1,224,000	1,224,000	1,644,000	1,644,000	2,059,000	2,059,000
Funding gap	-496,000	-396,000	-516,000	-516,000	-631,000	-631,000
Funding gap as a proportion of planned costs	40%	32%	31%	31%	30%	30%



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ISBN 9789241597203



9 789241 597203