

# Report of the eighteenth annual meeting of the Global Alliance against Chronic Respiratory Diseases

Virtual meeting  
28 October 2025



World Health  
Organization



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## Contents

Acronyms and Abbreviations .....	ii
Introduction .....	1
Background to GARD.....	1
Membership.....	1
Steering committee 2024–2025.....	2
GARD communications .....	2
WHO webpage .....	2
WHO Knowledge Action Portal on noncommunicable diseases.....	2
Introductory remarks .....	3
Part 1: High level commitments on CRDs .....	4
Update on WHA resolution on lung health.....	4
GARD key asks – presentation of the background and advocacy papers .....	4
Brief update on UN HLM on NCDs .....	5
Questions and answers: open discussion .....	6
Part 2: Taking action on CRDs.....	8
Access to inhaled medicines campaign.....	8
Collaboration on access to medicines.....	9
Global Primary Care Respiratory Collaborative.....	9
Engaging people living with CRDs .....	10
Questions and answers: open discussion .....	11
Part 3: GARD administration and wrap-up.....	13
Steering committee rotation.....	13
Wrap-up .....	13
Closing remarks.....	13
References.....	15
Annex 1: Agenda for GARD annual meeting .....	17
Annex 2: List of participants.....	18

## Acronyms and Abbreviations

COPD	Chronic obstructive pulmonary disease
CRD	Chronic respiratory disease
ECOSOC	United Nations Economic and Social Council
ELF	European Lung Foundation
ERS	European Respiratory Society
FIRS	Forum of International Respiratory Societies
GAAPP	Global Allergy and Airways Patient Platform
GARD	Global Alliance against Chronic Respiratory Diseases
GINA	Global Initiative for Asthma
GOLD	Global Initiative for Chronic Obstructive Lung Disease
HLM	High-level meeting
IPCRG	International Primary Care Respiratory Group
LMICs	Low- and middle-income countries
NCD	Noncommunicable diseases
UN	United Nations
UNIATF	United Nations Inter-Agency Task Force on NCDs
UNICEF	United Nations International Children's Emergency Fund
WHA	World Health Assembly
WHO	World Health Organization

# Introduction

## Background to GARD

The Global Alliance against Chronic Respiratory Diseases (GARD) is a voluntary network of national and international organizations, institutions and agencies, convened by World Health Organization (WHO), committed to the vision of a world in which everyone can breathe freely.

GARD's overarching goal is to reduce the global burden of chronic respiratory diseases (CRDs), with particular attention to low- and middle-income countries (LMICs).

The initiative was created in response to a World Health Assembly (WHA) resolution from May 2000 (WHA53.17), which highlighted the growing need to address the rising epidemic of chronic diseases worldwide (1). GARD was formally launched in Beijing in 2006 with four strategic priorities: advocacy, partnership, national plans for prevention and control, and surveillance (2).

Updated terms of reference for GARD were endorsed in September 2022 and are available on the GARD webpage: [https://www.who.int/groups/global-alliance-against-chronic-respiratory-diseases-\(gard\)/terms-of-reference](https://www.who.int/groups/global-alliance-against-chronic-respiratory-diseases-(gard)/terms-of-reference)

GARD has two main objectives:

- to lead advocacy efforts that increase awareness and support for the prevention, diagnosis and management of CRDs; and
- to strengthen networking and the exchange of knowledge.

The annual GARD meeting serves as a key forum where representatives from member organizations come together to review progress, discuss achievements and challenges, and identify opportunities for further collaboration.

## Membership

At present, 47 organizations have been reaffirmed as members of GARD, including GARD-Italy and GARD-Türkiye, both of which are recognized as national GARD alliances embedded within their respective ministries of health. The full list of member organizations is available on the WHO GARD webpage at: [https://www.who.int/groups/global-alliance-against-chronic-respiratory-diseases-\(gard\)/members-of-gard](https://www.who.int/groups/global-alliance-against-chronic-respiratory-diseases-(gard)/members-of-gard)

A number of additional organizations are currently at different stages of the membership review process. To complete the assessment, it is essential that each organization submits all required documents as outlined in the application form and provides any supplementary information requested for clarification.

## Steering committee 2024–2025

Member organization	Representative
Forum of International Respiratory Societies (FIRS)	Stephanie Levine
Global Allergy and Airways Patient Platform	Tonya Winders
Global Initiative for Asthma (GINA)	Arzu Yorgancioğlu
Global Initiative for Chronic Obstructive Lung Disease (GOLD)	David Halpin
International Primary Care Respiratory Group (IPCRG)	Siân Williams
Asian Pacific Society of Respirology	Chul-Gyu Yoo
Bangladesh Lung Foundation, Bangladesh	Kazi Bennoor
Centre for Research and Training on Chronic Respiratory Diseases, Latakia University, Syrian Arab Republic	Yousser Mohammad
Chinese Academy of Medical Sciences and Peking Union Medical College, China	Chen Wang
GARD-Türkiye	Bilun Gemicioğlu

## GARD communications

### WHO webpage

The GARD webpage on the WHO corporate website is used for formal communications related to the initiative (3). It includes the terms of reference, the list of member organizations and information on the process for becoming a GARD member. The webpage can be accessed at:

<https://www.who.int/groups/global-alliance-against-chronic-respiratory-diseases-%28gard%29/>

### WHO Knowledge Action Portal on noncommunicable diseases

The WHO Knowledge Action Portal on noncommunicable diseases (NCDs) hosts the GARD community, an online space designed to support networking and the sharing of information and resources (4). Individuals can join by creating a user account on the portal and accessing the GARD community under the “Community” tab.

Key features include an events calendar, noticeboard and resources section, which are updated regularly as member organizations share content. A quarterly GARD community update is circulated to encourage members to visit the portal and stay informed of new developments.

## Introductory remarks

Dr Sarah Rylance, lead for CRDs in the Department of NCDs and Mental Health at WHO headquarters, opened the meeting and welcomed all participants. She noted that the period since the previous annual GARD meeting in October 2024 had been marked by substantial developments for CRDs within WHO and across the global health community. These developments reflected both expanding opportunities and a renewed commitment to strengthening lung health in the context of broader NCD and environmental health agendas.

She recalled that, following the major restructuring initiated in 2025, several WHO programmes had been brought together under the new Division of Health Promotion, Disease Prevention and Care, led by Dr Jeremy Farrar (5). This integration now aligns workstreams on chronic respiratory and cardiovascular diseases, cancer, tobacco control, air pollution, climate change, tuberculosis, and child and adolescent health, enabling more coordinated and holistic approaches to CRD prevention and care. Moving forwards, this alignment should translate into closer collaboration across teams and departments.

Dr Rylance highlighted a series of high-level global events in 2025 that further elevated the profile of CRDs. She referred to the second Global Conference on Air Pollution and Health, convened by WHO and the Government of Colombia in March 2025, which generated strong political commitment, including pledges to reduce the health impacts of air pollution by 50% by 2040 (6). She also noted the adoption of the first-ever resolution on lung health at the WHA in May 2025, together with the adoption of an updated WHO roadmap on air pollution (7). In July, the United Nations (UN) Economic and Social Council (ECOSOC) endorsed a UN Inter-Agency Task Force on NCDs (UNIATF) report calling for more comprehensive multisectoral action on prevention and control of CRDs, and in September, the UN General Assembly held its fourth high-level meeting (HLM) on NCDs and mental health, which resulted in broad support for a new political declaration.

She underscored progress achieved within WHO during the past year, including the continued development of evidence-based guidelines for the diagnosis and management of asthma and chronic obstructive pulmonary disease (COPD) in primary care, which are expected to be finalized by the end of next year. She referred to ongoing capacity-building work, such as media training programmes in Mexico and Malaysia to enhance public awareness of CRDs, as well as new regional analyses from the WHO European and South-East Asia regions highlighting opportunities to expand equitable access to prevention, diagnosis and treatment (8, 9).

In closing, Dr Rylance encouraged participants to use the annual meeting as a space to exchange ideas, share resources, and identify opportunities for coordinated action. She emphasized the importance of translating high-level commitments into concrete, country-level strategies that can improve lung health and reduce the burden of CRDs worldwide.

## Part 1: High level commitments on CRDs

### Update on WHA resolution on lung health

Dr Sarah Rylance presented an overview of the resolution “Promoting and prioritizing an integrated lung health approach” adopted by the WHA in May 2025 (7). She recalled that the resolution was initially proposed by Malaysia and co-sponsored by several Member States, marking the first time that lung health has been explicitly addressed within WHO’s normative and technical mandate. She explained that the resolution reflects the growing recognition of lung health as a global priority and provides an important framework for more coordinated action across countries and partners.

Dr Rylance outlined the broad scope of the resolution, which covers both major risk factors, such as air pollution, tobacco use and vaping, respiratory infections, and occupational exposures, and a wide range of lung diseases, including asthma, COPD, lung cancer, pulmonary fibrosis and communicable diseases such as coronavirus disease 2019, influenza, pneumonia and tuberculosis. She noted that the resolution promotes an integrated approach across the continuum of care, anchored in strong primary healthcare with effective referral pathways to secondary and tertiary services, and spanning health promotion, prevention, diagnosis, treatment, rehabilitation and palliative care.

She highlighted that the resolution sets out clear expectations for Member States, including the development and implementation of evidence-based guidelines, improving access to essential medicines and vaccines, and establishing robust systems for monitoring, evaluation and research. In parallel, she explained that the resolution outlines several responsibilities for WHO, such as mapping existing work, identifying gaps, reporting progress to the WHA in 2027, mobilizing resources, supporting collaborative research and assisting Member States in strengthening primary healthcare systems for lung health.

Dr Rylance emphasized that the resolution provides significant opportunities for GARD members to align their activities with global priorities and to contribute to the advancement of integrated lung health strategies at global, regional and national levels.

### GARD key asks – presentation of the background and advocacy papers

Ms Tonya Winders, representing the Global Allergy and Airways Patient Platform (GAAPP) on the GARD steering committee, presented the GARD background paper and advocacy document (10, 11). She opened by expressing her appreciation to all participants for their ongoing commitment and noted that 2025 had been an exceptional year for the global respiratory health community. Reflecting on more than 25 years of experience in the field, she highlighted the significant collaboration and progress achieved over the past year, and conveyed, on behalf of the patient community and families living with asthma and COPD, sincere gratitude for the collective efforts to advance lung health.

Ms Winders reported that GARD produced two major publications in 2025, both of which have been available on the WHO Knowledge Action Portal since their release in October (12). The first is a comprehensive background paper, outlining the evidence base and rationale for elevating CRDs within public health and policy agendas (10). The second is a concise advocacy document intended for policymakers, summarizing key messages and offering practical guidance for operationalizing the integrated lung health resolution adopted earlier in the year (11).

Ms Winders stressed that global commitments now need to be translated into concrete regional, national and local action. She encouraged GARD members to review national NCD plans to ensure that CRDs are explicitly included and, where such plans do not exist, to advocate for their development. She called for

references to asthma, COPD and related lung conditions to align with the language of the integrated lung health resolution and the UN political declaration on NCDs.

Dr Sarah Rylance closed the session by thanking Ms Winders for the comprehensive overview and sharing the link to the shorter advocacy document. She explained that this version was specifically tailored for non-technical audiences, including policymakers and decision-makers, and therefore lends itself well to advocacy and communication efforts. She confirmed that all resources are publicly accessible on the WHO website and encouraged participants to use, reference and adapt them as needed, including for infographics, presentations and outreach activities. She welcomed feedback from members and encouraged them to make active use of these tools in their advocacy for integrated lung health.

### **Key takeaways**

Main themes outlined in the background and advocacy papers:

- Prioritize CRDs in NCD strategies and universal health coverage commitments;
- Integrate CRDs risk reduction in multisectoral policies;
- Strengthen CRDs care quality in primary health care and beyond;
- Ensure access to essential medicines and technologies; and
- Invest in data and research to drive evidence-based policy.

### **Brief update on UN HLM on NCDs**

Mr José Luis Castro, the WHO Director-General Special Envoy for CRDs, provided an update on the recent UN HLM on the prevention and control of NCDs and the promotion of mental health and wellbeing held in September 2025 in New York. He began by noting the extensive collaborative efforts undertaken over several months to inform and influence the drafting of the political declaration. This process involved close engagement with civil society organizations and other partners. He highlighted that the final text submitted for adoption included explicit references to CRDs, specifically naming asthma and COPD and integrated lung health more broadly, marking an important milestone for global advocacy and recognition of CRDs within the NCD agenda.

Mr Castro emphasized that the significance of such political documents should not be judged solely by the quantity of text allocated to specific issues. Nevertheless, the inclusion of CRDs represents a major achievement and provides a clear mandate for future action. Although the declaration was not formally approved during the meeting, it has been forwarded to the UN General Assembly for consideration and is expected to receive broad support from the vast majority of Member States.

He underscored that adoption of the declaration, while important, is only the starting point. The central challenge lies in translating high-level commitments into concrete action at national and local levels. Mr Castro noted that immediately following the UN meeting, discussions at the European Respiratory Society (ERS) congress in Amsterdam focused on next steps, including mobilizing civil society, engaging parliamentarians and collaborating with policymakers to ensure implementation of the commitments articulated in the political declaration and the integrated lung health resolution.

Mr Castro stressed that advocacy efforts must now focus on using these political commitments when engaging with ministers of health and other decision-makers. He noted that the political declaration and

the resolution provide a strong mandate for advancing integrated lung health strategies, although sustained engagement and timely action will be essential to maintain momentum.

Key points included in the final version of the draft political declaration:

- Promote national policies that support an integrated approach to lung health across both noncommunicable and communicable diseases within primary healthcare;
- Scale up prevention, early diagnosis and treatment of asthma and COPD;
- Improve access to effective treatments for CRDs;
- Strengthen diagnostic services to support timely and accurate detection; and
- Establish structured programmes and services for the long-term management of CRDs.

## Questions and answers: open discussion

The open discussion was facilitated by Ms Nina Renshaw from the Clean Air Fund, which joined GARD as a new member this year. Ms Renshaw introduced the Clean Air Fund as a philanthropic organization that supports the global clean air movement through partnerships with civil society, governments and, in some cases, the private sector. She noted that 2025 had been a milestone year for CRDs and for advancing action on air pollution as a major risk factor. She referred to the recently published State of Global Air report, which identifies air pollution as the leading risk factor for mortality among people living with CRDs worldwide (13). She also recalled the WHO Global Conference on Air Pollution earlier in the year, which brought together more than 750 participants and resulted in the adoption of an updated global roadmap and a new WHA target to halve the health burden of man-made air pollution by 2040, with the potential to prevent an estimated 3 to 4 million premature deaths each year (14).

Ms Renshaw underscored the importance of translating international commitments into national and local action and invited participants to share their questions and experiences. She asked Mr Castro about the factors that motivate governments to champion CRD issues. Mr Castro noted that air pollution had been a major driver, particularly in large cities where visible impacts have fueled public debate. He explained that linking air pollution to health consequences, especially for children, has helped elevate CRDs on political agendas and has been reinforced by advocacy from organizations such as the UN International Children's Emergency Fund (UNICEF).

Professor David Halpin highlighted that, while prevention is critical, governments must also address the diagnosis and management needs of the millions of people already living with CRDs. Professor Teresa To agreed and noted that the impacts of wildfires and forest fires should be more explicitly reflected in discussions on air pollution. She emphasized the value of visual advocacy tools, including infographics, and asked about concrete steps required to operationalize commitments on data and research. Dr Sarah Rylance confirmed that both the lung health resolution and the political declaration include explicit references to data and research, although translating these commitments into funded action remains a challenge.

Ms Tonya Winders reported that GARD members have been active at major global events, organizing side meetings and engaging ministries of health to promote the integrated lung health resolution. She referred to forthcoming resources, including infographics and a policy paper outlining local strategies aligned with the resolution.

Professor Giovanni Viegi reflected on GARD's 20-year history and suggested reviewing progress since earlier publications. He asked how members can support dissemination of the new WHO and UN documents. Mr Castro advised strengthening engagement with parliamentarians and using patient advocates to humanize the issue, noting that personal stories often have greater impact than statistics. He also underscored the role of national NCD alliances and health journalists in raising awareness and amplifying messages.

Ms Renshaw closed the session by asking what remains most urgently needed to drive action, whether additional evidence, advocacy or tools for decision-makers. She suggested prioritizing best buys for prevention, elevating patient voices, and highlighting evidence of effective interventions, including cost-benefit analyses and the immediate health benefits of measures such as cleaner air and tobacco control. She encouraged participants to share their plans and ideas in the chat and thanked everyone for their contributions.

## Part 2: Taking action on CRDs

### Access to inhaled medicines campaign

Professor David Halpin, representing the Global Initiative for Chronic Obstructive Lung Disease (GOLD) on the GARD steering committee, delivered a presentation on behalf of the Forum of International Respiratory Societies (FIRS). Professor Halpin presented an update on work undertaken by the Forum to strengthen access to inhaled medicines and raise global awareness of CRDs (15). He began by drawing attention to the persistent inequities in access to basic treatments for asthma and COPD in many LMICs, noting that medicines considered standard of care in high-income settings are often unavailable or unaffordable. He referred to research conducted across 60 LMICs that demonstrated significant gaps in availability, emphasizing that the central challenge is not the development of new therapies but ensuring that existing, life-saving treatments reach patients. Professor Halpin mentioned that this is fundamentally an issue of equity and justice and, in many respects, a human rights concern, given the profound consequences of untreated CRDs on mortality, morbidity and health system costs.

Over the past year, Professor Halpin and colleagues, including Professor Guy Marks, Professor Heather Zar and the late Professor Eric Bateman, have worked extensively to advocate for improved access to inhaled medicines. Their efforts have included close collaboration with Ms Leith Greenslade whose experience in global health advocacy contributed important strategic direction to the campaign. Professor Halpin attended the WHO Executive Board meeting in February 2025, where he met with country missions and ministers to raise awareness of asthma, COPD and challenges related to medicine access. He observed that some countries, including China and Malaysia, demonstrated clear commitment to addressing these issues, while others required further engagement. These advocacy efforts contributed to a significant achievement, namely the inclusion of explicit references to asthma, COPD and access to medicines in the WHA resolution adopted in May 2025.

Professor Halpin described the iterative work leading up to the UN HLM on NCDs in September 2025, during which advocacy focused on ensuring that CRDs, as well as asthma and COPD, were represented in the political declaration and that the importance of scaling up access to treatment was recognized. He noted challenges encountered in the process, including text relating to oral steroid use that had been taken out of context from WHO Best Buys guidance. Despite these obstacles, the final draft incorporated the key priorities identified by the respiratory health community. Professor Halpin delivered remarks at the multi-stakeholder hearing and participated in several side events, where he observed a continued lack of awareness among policymakers, with fewer than 10 per cent recognizing COPD as the third leading cause of death globally.

Although adoption of the political declaration was delayed due to procedural considerations, Professor Halpin emphasized that momentum must be maintained. He explained that upcoming work by the FIRS and GARD members will focus on developing multi-country demonstrator projects to address regulatory, manufacturing, supply chain and pricing challenges related to inhaled medicines. Additional priorities include strengthening the skills of community health workers to identify asthma and COPD alongside other conditions such as tuberculosis and heart failure, and developing simple and implementable guidelines tailored to the needs of LMICs to support the appropriate use of available medicines.

Professor Halpin concluded by reaffirming the importance of sustained collaboration to translate political commitments into practical, country-level solutions that ensure equitable access to inhaled medicines for all individuals living with CRDs.

## **Collaboration on access to medicines**

Professor Arzu Yorgancioğlu, representing the Global Initiative for Asthma (GINA) on the GARD steering committee, spoke about the collaboration between GINA and GOLD to improve access to inhaled medicines. She began by noting that 2025 had been a landmark year for respiratory health and emphasized that, after many years of persistent effort and occasional setbacks, the community now has a unique opportunity to influence global, regional and national policy agendas. Professor Yorgancioğlu highlighted the importance of drawing on GARD's country-level experience to support the implementation of these policy commitments.

She provided an overview of ongoing efforts by GINA to strengthen asthma care worldwide, particularly in LMICs, where the vast majority of asthma-related deaths occur. Professor Yorgancioğlu referred to recent themes of World Asthma Day campaigns, which have focused on improving access to care, strengthening education for patients, clinicians and decision-makers and underscoring the urgent need to improve affordability and availability of essential inhaled treatments at the global level. She noted that high costs and limited access to quality-assured inhaled medicines remain critical barriers, including in some high-income settings, and called for stronger engagement from governments, payers and industry to address these challenges. She added that GINA's advocacy is supported by a series of publications that examine barriers to access and outline practical strategies to improve the availability of inhaled medicines.

Professor Yorgancioğlu then described the strengthened collaboration between GINA and GOLD, formalised during a recent meeting in China. She explained that this partnership focuses on addressing shared challenges in diagnosis, management and equitable access to affordable inhaled therapies for asthma and COPD. She referred to a joint paper published in the American Journal of Respiratory and Critical Care Medicine, which outlines priority areas for cooperation, including availability and affordability of medicines, environmental considerations and overall cost (16). Professor Yorgancioğlu noted that, although essential medicines for asthma and COPD are included on the WHO Model List of Essential Medicines, actual availability and affordability in many countries remain far below recommended standards.

She concluded by reaffirming the commitment of both GINA and GOLD to work collaboratively with respiratory societies, patient representatives and policymakers to close the gap in access to inhaled medicines and ensure that no one is left behind.

## **Global Primary Care Respiratory Collaborative**

Ms Siân Williams, representing the International Primary Care Respiratory Group (IPCRG) on the GARD steering committee, introduced a new initiative entitled the Global Primary Care Respiratory Collaborative (17). She explained that the collaborative aims to strengthen primary care for CRDs, particularly in LMICs, by bringing together producers, users and funders of research to advance implementation research.

Ms Williams outlined the rationale for establishing the collaborative, noting that primary care is fundamental to achieving universal health coverage yet often lacks the mandate, capacity and resources required to diagnose and manage CRDs effectively. She emphasized that although evidence-based interventions exist, the principal challenge is implementation, particularly understanding the practical questions of "if, then and how" across diverse settings. She observed that primary care stakeholders have historically been overlooked as research users, resulting in persistent gaps between available evidence and real-world practice.

Ms Williams explained that the collaborative will begin its work by addressing two core questions: what implementation research is available on the delivery of CRD interventions in primary care settings in

LMICs and, based on this evidence, what perspectives funders, users and researchers have regarding gaps, priorities and opportunities for scaling up. To support this initial phase, the IPCRG has begun reviewing published evidence from sources such as PubMed and Google Scholar and engaging partners to identify relevant unpublished materials.

She noted that the initiative will establish a steering group and two evidence translation groups, one global and one regional, beginning with the South-East Asia Region. This work is supported by RESPIRE funding and undertaken in close collaboration with the WHO Regional Office. The process will include three online meetings to review evidence, identify gaps and priorities and explore opportunities for sustained collaboration.

Ms Williams described the planned outputs of the initiative, which include evidence summaries and short briefs on implementation considerations, a repository of relevant studies, a comprehensive report and a peer-reviewed publication. She added that the collaborative also aims to establish a network of committed stakeholders and develop a scalable approach to knowledge translation.

She emphasized that the initiative is open to broad collaboration and encouraged participants to share relevant publications, research networks and resources, as well as opportunities for partnership and funding. Although the initial focus is on the South-East Asia Region, she noted that the collaborative intends to expand its work to other WHO regions, including Africa, the Americas and the Eastern Mediterranean.

Dr Sarah Rylance concluded the session by noting the strong alignment between this initiative and the lung health resolution, emphasizing the essential role of primary care as the entry point for prevention, diagnosis and treatment of asthma and COPD. She expressed optimism about the potential impact of the collaborative and its expansion in the coming years.

### Engaging people living with CRDs

Dr Pippa Powell, representing the European Lung Foundation (ELF) on GARD, introduced the organization's work to amplify the voices of people living with CRDs. She explained that the ELF, which works in partnership with the ERS, was established to connect patients and patient organizations with healthcare professionals in order to strengthen advocacy and promote meaningful change in respiratory health.

Dr Powell outlined three overarching priorities that guide the organization's activities. The first is ensuring that the perspectives of people living with CRDs are brought into policy discussions. The second is strengthening public and patient engagement to build awareness and foster active involvement in decision-making. The third is adding real-life experience to statistical information, recognizing that personal stories are essential to humanise data and reinforce advocacy efforts.

She provided practical examples from 2025 to illustrate these priorities. At the WHO Global Conference on Air Pollution and Health in Cartagena, the ELF supported the participation of its chairperson, a person living with cystic fibrosis, who shared his experience of improved lung health after moving away from highly polluted urban environments. The organization also highlighted its Healthy Lungs for Life campaign, which has recently expanded to incorporate cardiovascular health, and conducted lung function testing both at the conference venue and in public areas to demonstrate links between air quality and lung health.

Dr Powell noted that the organization contributed to the launch of the report of "Chronic respiratory diseases and health equity by 2050 in the WHO European Region" by developing a toolkit for patient organizations to support the use of the report's data in advocacy and communication (18). Recognizing

the importance of patient perspectives in global policy, the ELF collected more than 200 stories from individuals across regions to illustrate the lived experience of CRDs. These stories were compiled into a video showcased at the ERS Congress and at a UN General Assembly side event, together with representatives from WHO, the ERS and the Clean Air Fund (19).

Dr Powell also described the organization's annual Patient Organization Networking Day, held immediately before the ERS Congress in Amsterdam, which brought together 120 participants in-person and a further 300 online. The event provided an opportunity to discuss how high-level political commitments, including the lung health resolution and the political declaration on NCDs, can be translated into practical action for patient organizations. Breakout discussions centred on two questions: how organizations are responding to the priorities set out in the lung health resolution and what further steps they can take to strengthen engagement and advocacy.

Key themes emerging from these discussions included limited awareness of the resolution among patient organizations but strong enthusiasm to raise the visibility of lung health as a political priority, a clear need for advocacy tools and training, and readiness to link personal experiences to data when engaging policymakers. Participants also emphasized the importance of building partnerships at local and national levels, supporting primary care as an essential entry point for CRD management and advocating for government investment in respiratory health. Many expressed hope that the resolution would help reduce inequalities and improve access to care.

Dr Powell concluded by reaffirming the commitment of the ELF to working with WHO and partners to develop an action plan that will strengthen the capacities of patient organizations and ensure that the voices of people living with CRDs remain central to national and global lung health initiatives.

### Questions and answers: open discussion

The final discussion session was facilitated by Mr José Luis Castro. Mr Castro opened the session by commending GARD members for what he described as an exceptional year of achievements. He highlighted progress in securing recognition of CRDs in the UN political declaration, advancing access to essential medicines, amplifying the voices of people living with CRDs and strengthening understanding of research priorities. He emphasized the importance of sustaining momentum into the coming year and invited participants to share views on how best to engage advocates and policymakers at national and regional levels.

Professor Giovanni Viegi reflected on the value of GARD as a platform for exchanging experiences beyond high-level conferences and technical documents. He suggested revitalizing country-level GARD networks and proposed marking the twentieth anniversary of GARD in 2026 with an in-person meeting to reinforce collaboration and networking. He also underscored the role of respiratory specialists in prevention and called for broader dissemination of recent publications on prescribing for prevention, noting the importance of clinicians in engaging patients and shaping practice.

Dr Yuanlin Song described recent work undertaken in China, where a commission of more than 30 experts in COPD reviewed several decades of progress and remaining challenges in prevention, diagnosis and treatment. He explained that the resulting paper is intended to guide future priorities and investment decisions related to CRD care in China and may serve as a model for strategic planning and research investment in other settings.

Professor Teresa To highlighted the impact of patient perspectives in advocacy and shared an example from Canada, where testimony from a seven-year-old child had a powerful effect on an audience. She emphasized the importance of including children and young people in advocacy efforts and raised a

question regarding equitable access to biologics and biosimilars for severe asthma in LMICs. Professor David Halpin responded that although biologics play an important role in care for severe disease, the primary focus should remain on ensuring universal access to inhaled medicines and basic treatments, which are still unavailable for many people worldwide. He acknowledged that biologics will become increasingly relevant but stressed the importance of addressing foundational gaps first.

Dr Pippa Powell supported the points raised by Professor To and described initiatives led by the ELF to engage young people, including a dedicated youth group advocating for cleaner air and tobacco control and participation in projects such as Fresh Air for Life. She noted growing interest among young people in contributing to climate and health advocacy and highlighted upcoming sessions focused specifically on youth engagement.

Mr Castro then drew attention to the importance of working with mainstream media to humanize chronic respiratory issues through patient stories and advocacy campaigns. He described ongoing WHO efforts to train health journalists and encouraged collaboration from GARD members to amplify these narratives. Ms Siân Williams agreed and emphasized the need to protect the mental health and well-being of young advocates, noting the risk of discouragement or burnout when political processes are slow or uncertain. She underlined the importance of support systems to ensure that young advocates remain safe, motivated and able to contribute effectively.

Mr Castro concluded the session by reaffirming that compelling personal stories are vital for capturing public attention and influencing policymakers. He encouraged sustained collaboration across sectors and stakeholder groups to ensure that global commitments translate into concrete and meaningful action.

## Part 3: GARD administration and wrap-up

### Steering committee rotation

Dr Sarah Rylance provided an update on the composition of the GARD steering committee, which currently includes representatives from ten member organizations. She expressed appreciation for the contributions of the committee over the past two years and outlined the rotation policy set out in the terms of reference, noting that members may serve a two-year term, renewable once for an additional two years, with a maximum service of four years.

As GARD approaches the end of its current two-year cycle, Dr Rylance announced that invitations will be extended to additional organizations to join the steering committee in order to ensure an appropriate balance between continuity and the introduction of new perspectives. She emphasized that rotation strengthens the committee by bringing new energy and ideas while preserving momentum. She added that organizations stepping down from the committee will continue to have opportunities to contribute actively to GARD's wider activities.

Dr Rylance encouraged organizations interested in joining the steering committee to express their interest by email. A formal call for nominations will be issued in the coming weeks. She also highlighted the importance of expanding GARD membership more broadly, noting that the network currently consists of approximately 50 organizations. Participants were invited to recommend or reach out to additional organizations aligned with GARD's mission, particularly from LMICs and underrepresented regions. Information on membership and application procedures is available on the WHO GARD webpage (3).

### Wrap-up

Dr Rylance thanked all participants for their active engagement throughout the meeting. She acknowledged that not all participants had the opportunity to speak and encouraged them to share insights and resources discussed during the meeting within their respective organizations. She invited members to reflect on how they can contribute to advancing GARD's priorities at national, regional and global levels and encouraged them to reach out with suggestions for future collaboration.

Dr Rylance reiterated that GARD is a network-driven initiative and stressed the importance of collective action beyond individual institutional efforts. She invited members to propose topics for future workshops or meetings, noting that such initiatives should be driven by organizational interest and commitment given WHO's resource constraints. She encouraged participants to maintain the momentum generated during the meeting by making use of the tools and resources shared, strengthening partnerships and contributing to advocacy efforts.

Dr Rylance concluded by reaffirming WHO's support in facilitating collaboration across the network and expressed optimism about the opportunities ahead for strengthening global action on CRDs.

### Closing remarks

Mr José Luis Castro closed the meeting by thanking all participants for their dedication and contributions over the past year. He reflected on collective achievements, noting the significant progress made in elevating CRDs on the global health agenda and the strong advocacy efforts that contributed to their inclusion in the UN political declaration. Mr Castro emphasized that major public health breakthroughs, including advances in tobacco control and the widespread introduction of vaccines, began when inaction was no longer considered acceptable. He noted that the global lung health community faces a similar moment today.

Mr Castro highlighted that the UN political declaration provides a clear framework for action, that GARD offers a collaborative and engaged network and that scientific evidence provides the solutions needed. What remains, he stressed, is the collective will to act. He underscored that the coming year must prioritize impact, justice and equity, focusing on translating high-level commitments into tangible actions that improve the lives of people living with CRDs. He reiterated WHO's commitment to working alongside GARD members to support implementation efforts and expressed optimism regarding the next phase of collaboration.

### Action points for GARD members

- Join the [WHO Knowledge Action Portal on NCDs and the GARD community](#), if not already a member, and contribute resources, tools and updates to support shared learning across the network;
- Reflect on opportunities for organizational advocacy at national level, including improving care for CRDs and promoting the integration of CRDs into national NCD plans and policies, and encouraging the inclusion of lung health within the curricula of schools and universities;
- Explore future opportunities for collaboration with other GARD members, in order to advance commitments articulated in the lung health resolution and the UN political declaration on NCDs;
- Support dissemination of the WHO and GARD publications, including the background paper and advocacy document, by sharing them with national stakeholders, health professional groups and patient organizations;
- Encourage the inclusion of patient voices in national and regional discussions, with particular attention to people living with asthma and COPD, who represent a large proportion of those affected by CRDs. Approaches highlighted during the meeting, including youth engagement and storytelling, may support these efforts; and
- Identify opportunities to engage with the media and health journalists, using patient stories and evidence-based messaging to elevate CRDs in public discourse.

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## Annex 1: Agenda for GARD annual meeting

Time (CET)	Session	Contributors
12:00–12:10	Opening	
	Welcome Agenda and housekeeping	Mohammad Rashidi, Consultant, Department of NCDs and Mental Health
	Introductory remarks	Sarah Rylance, Lead for CRDs, Department of NCDs and Mental Health
12:10–12:50 40 mins	Part 1: High level commitments on CRDs	
	Brief update on WHA resolution on lung health (5 mins)	Sarah Rylance
	Brief update on UN HLM on NCDs (5 mins)	José Luis Castro WHO Director-General Special Envoy for CRDs
	GARD key asks – presentation of the background and advocacy papers (5 mins)	GARD steering committee (Tonya Winders)
	Q&A/Open discussion (25 mins)	Facilitator: Nina Renshaw (Clean Air Fund)
12:50–13:35 45 mins	Part 2: Taking action on CRDs	
	Access to inhaled medicines campaign (5 mins)	Forum of International Respiratory Societies (David Halpin)
	GINA and GOLD collaboration on access to medicines (5 mins)	Global Initiative for Asthma and Global Initiative for Chronic Obstructive Lung Disease (Arzu Yorgancioglu)
	Global Primary Care Respiratory Collaborative (5 mins)	International Primary Care Respiratory Group (Siân Williams)
	Engaging people living with CRDs (5 mins)	European Lung Foundation (Pippa Powell)
	Q&A/Open discussion (25 mins)	Facilitator: José Luis Castro
13:35–13:50	Part 3: GARD administration and wrap-up	
	Steering committee rotation	Sarah Rylance
	Wrap up – summary of key points	Sarah Rylance
13:50–14:00	Close	José Luis Castro

## Annex 2: List of participants

### GARD member organizations

1	American Thoracic Society (ATS)	Cristina Braz
2	Asian Pacific Society of Respirology (APSR)	Chul-Gyu Yoo
3	Asthma and Respiratory Foundation New Zealand	Letitia Harding
4	Austrian Lung Union	Gundula Koblmiller
5	Brazilian Association of Allergy and Immunology (ASBAI)	Marilyn Urrutia Pereira
6	Center of Research and Training on Chronic Respiratory Diseases, Syrian Arab Republic	Yousser Mohammad
7	Chinese Academy of Medical Sciences and Peking Union Medical College	Yuanlin Song
8	Chinese Thoracic Society	Jing Zhang
9	Clean Air Fund	Nina Renshaw Yasmine Yau
10	European Lung Foundation (ELF)	Pippa Powell
11	Finnish Lung Health Association	Tuula Vasankari
12	Forum of International Respiratory Societies (FIRS)	Stephanie Levine Leith Greenslade
13	Global Allergy & Airways Patient Platform (GAAPP)	Tonya Winders
14	Global Initiative for Asthma (GINA)	Arzu Yorgancioğlu
15	Global Initiative for Chronic Obstructive Lung Disease (GOLD)	David Halpin
16	International Coalition of Respiratory Nurses (ICRN)	Andreja Šajnić
17	International Primary Care Respiratory Group (IPCRG)	Siân Williams
18	Kyrgyz Thoracic Society	Talant Sooronbaev
19	Ontario Asthma Surveillance Information System (OASIS), Canada	Teresa To
20	ProAR Foundation, Brazil	Angela Honda
21	Romanian Society of Pneumology	Mihaltan Florin
22	The Center for Tobacco Control Research, Zhejiang University, School of Medicine, China	Weifang Zang Ling Zhang

23	The First Affiliated Hospital of Guangzhou Medical University, China	Wei-jie Guan Zihui Wang
24	Zhongshan Hospital, Fudan University, China	Yuanlin Song
25	GARD Italy	Giovanni Viegi Alessandra Pandolfo
26	GARD Türkiye	Bilun Gemicioglu

#### **WHO Secretariat**

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Mohammad Rashidi	Consultant, Department of NCDs and Mental Health
Tara Adhikari	Consultant, Department of NCDs and Mental Health
Patricia Alupo	Consultant, Department of NCDs and Mental Health
Irina Nozdrina	Assistant, Department of NCDs and Mental Health

#### **CRD focal points from WHO Regional Offices**

Elena Tsoy	Regional Office for Europe
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