The activity of the Global Alliance against Respiratory Diseases (GARD)

Italian

GARD-I

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Introduction

Policies, objectives

Financial resources

Organization structures, Financial allocate

Economical resources (doctors, nurses, technology, equipment)

Central Administration

Regions

Region Health Services

Evaluation
The Ministry of Health works in the context of devolution, according to the reform of Title V of the Constitution of 2001. Today the National Health System is responding to new and different requests for assistance:
- High prevalence of chronic conditions
- Long periods care
- Continuity of care
- Use of strategies, and actions to stabilize acute pathological situations and improve patients quality of life.
Public Health Current Situation in Italy

- It's necessary to look for new and different balance in which the patient, and not the disease, is at the heart of the system.
- We need to create renewed partnerships.
- The person and not the disease must be at the center of the care pathway.
- Need for "integration" between hospitals and territories: preservation of the function of the networks specialist, and the appreciation of the role of general practitioners (GPs) and pediatricians (PLS).
Respiratory Diseases

- Third cause of death
- Incidence increase
- Under-diagnosed
- Adverse effect quality of life
Italian Strategy prevention against Respiratory Diseases

Subscription GARD 2004

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GARD-Italy 2009

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National Plan of Prevention

Prevention and control of non communicable diseases

Voluntary national alliance involving the main actors of respiratory diseases: scientific societies, patient organizations, and universities, aimed at the development and implementation of a comprehensive strategy to fight respiratory diseases

Agreement between State and Regions
Among priority areas prevention of respiratory diseases
Gard-Italy

- Voluntary national alliance involving the main actors of respiratory diseases, such as scientific societies, patient organizations, and universities, aimed at the development and implementation of a comprehensive strategy to fight respiratory diseases.
- Gard-I mission is to reduce the incidence, morbidity and mortality of respiratory diseases in the long term through an integrated approach.
- The mission and intent of Gard-I are indicated in the strategy document, prepared by the Ministry of Health in collaboration with scientific societies and patient associations working in the field of respiratory disease.
- Each subscriber to GARD-I in Italy accepts unreservedly the strategy document and shares the purpose of the Alliance expressed in it.
Strategy document

- Building alliances
- Creating a data base for respiratory diseases
- Advocacy
- Implementation of policies for health promotion and prevention of respiratory disease (intervention on the population)
- Implementation strategies for management of chronic respiratory diseases (individual action)
- Implementation of policies across sectors
Organization

• Gard-I has set up its own rules of procedure, and is divided into a General Assembly and an Executive Committee and also operates through working groups.

• The Alliance is not financed by the Ministry of Health. Members and experts participate voluntarily in meetings of the Assembly, the Executive Committee and Working Groups.

• Publications on the activities of GARD-I, including those written by experts or members, must receive authorization from the Ministry of health before its release.

• The Ministry of Health is responsible for the technical leadership and secretary of GARD-I.
Working group GARD-I (2010-2012)

- Prevention of respiratory disease in schools
- Smoke and home environment
- Early diagnosis medicine
- Continuity of care: COPD
- Education/Training
La continuità assistenziale: 
*Broncopenumopatia Cronica Ostruttiva (BPCO)*

La qualità dell’aria nelle scuole e rischi per malattie respiratorie e allergiche

Quadro conoscitivo sulla situazione italiana e strategie di prevenzione

La formazione nell’ambito delle malattie respiratorie:

*il punto di vista del Medico di Medicina Generale*

http://www.salute.gov.it/gard/gard.jsp
http://www.salute.gov.it/gard/paginalInternaMenuGARD.jsp?id=1646&lingua=italiano&menu=linee
http://www.salute.gov.it/gard/paginalInternaMenuGARD.jsp?id=1602&lingua=italiano&menu=linee
http://www.salute.gov.it/gard/paginalInternaMenuGARD.jsp?id=1645&lingua=italiano&menu=linee
Working group 2013-2014

• Environment and respiratory diseases

• Surveillance in chronic respiratory diseases

• Asthma and allergies of children

• Smoke and home environment

• Continuity of care: Respiratory Failure
Conclusion

We have to:
Make institutions, scientific societies and patients sit around a table with the specific target of giving directions and useful indications to policy-maker to try to overcome current problems.

This doesn’t mean only empowering fields actors as essential, it doesn’t mean to arrive at a synthesis of the scientific evidence and organizational,
it doesn’t mean only to arrive at a compromise between the ideal and the real,
it means put the center of thought at first, and the action, then, in the complexity of the patient's needs.
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