5th General Meeting of the Global Alliance against Chronic Respiratory diseases (GARD)
Toronto (Canada), June 1-2, 2010

GARD - Italy

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2006-07 Past-President, European Respiratory Society (ERS)

DURATION: 15'


A world where
all people
breathe freely
GARD
4°GENERAL MEETING
ROME, 12-13 June 2009
AIPO
RICERCHE

Ministero del Lavoro,
della Salute
e delle Politiche Sociali

LAUNCH MEETING

Global Alliance Against Chronic Respiratory Diseases

GARD Italy

Roma, 11 Giugno 2009

Ministero del Lavoro, della Salute

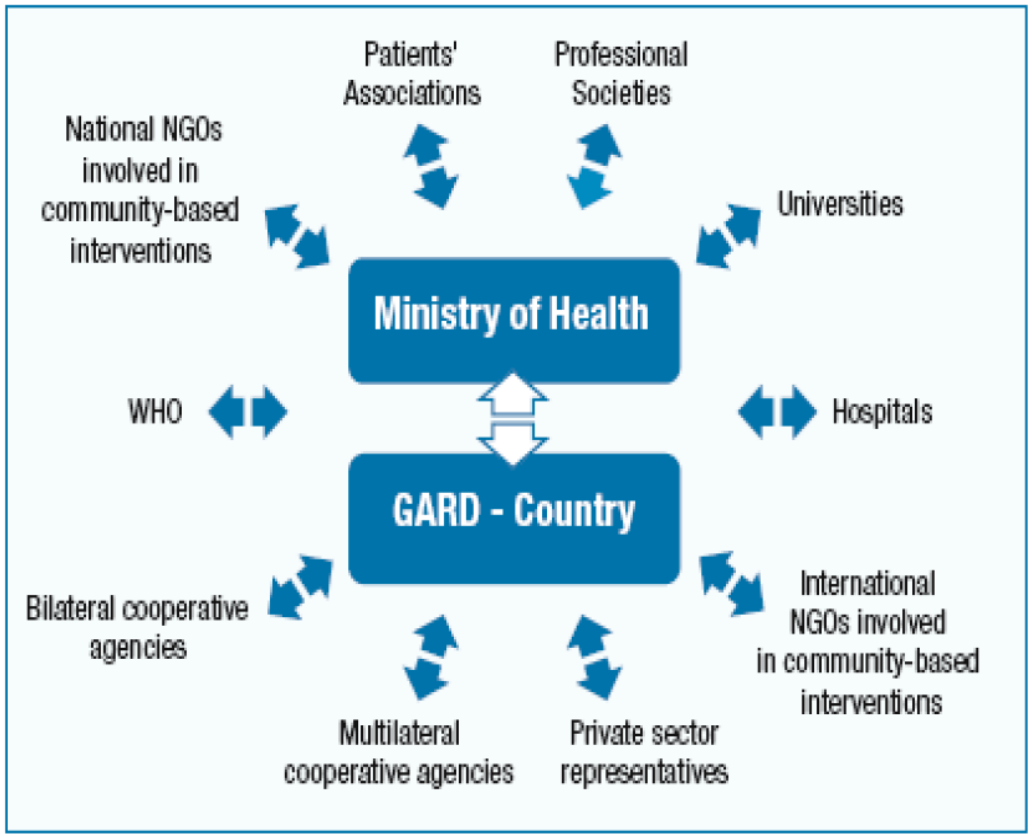
e delle Politiche Sociali

STRATEGY DOCUMENT

GARD Italy

The Italian Ministry of Health joined the international GARD through the National Centre of Prevention and Control of Diseases (CCM), coordinating agency between the Ministry of Labour of Health and Social Policies and the Regions for supervision and prevention activities instituted with the Law no. 138 of May 26, 2004. The GARD activities provide, however, an implementation at local level creating national alliances.

Figura 2: GARD at country level



Work lines

1. to promote the improvement of health education in general population
2. to promote the spreading of individual risk evaluation;
3. to promote the improvement and spreading of early diagnosis especially in the first childhood and in the age of development;
4. to promote the health staff vocational training;
5. to promote the improvement of the patients attendance, integrating specialist cares with the primary, at the same time able to give territorial – domiciliary and educational - qualified end full care;
6. to promote the improvement of territorial medicine (continuing attendance);
7. to promote the adoption of guide lines which are uniform on the national land;
8. to promote the enforcing of the smoking law (especially about the reduction of the passive smoking exposition of the children over all) and the adoption of treatments to stop smoking (especially referring to teenagers and parents of broncopneumo-allergopatic teenagers and children);
9. to promote the improvement and the implementation of the respiratory rheabilitation within the national territory;
10. to promote supervision through the activation of specific books for pathologies and respiratory allergies;

11. **to promote interdisciplinary policies inside the MRC;**
12. **to pursue the attainment of purposes and positions community reconciling all the stakeholders;**
13. **to promote the implication of MMG and PLS;**
14. **to promote the implication of voluntary services association;**
15. **to promote a suited information;**
16. **to promote the integration between preventive and assistance initiatives;**
17. **to promote and diffusing the best practice;**
18. **to promote the improvement of the coordination activities**
19. **to promote the improvement and the implementation of the research activities, particularly on modifiable risk factors (smoking exposure, outdoor pollution, nutritional and life styles, physical inactivity, etc.)**

Activities of the Ministry of Labour, Health and Social Policies, within the prevention of the risk of factors

Inside the Ministry of Health the following programs, going to contrast specific risks, are being held:

- **smoking**
- **infectious diseases**
- **environmental pollution**
- **professional and environmental exposure**
- **obesity**

Ministery of Labour, Health and Social Politics

GARD - I
Statute (extract)

Introduction

The necessity of a global alliance against CRD has been evidenced by experts participated in the "WHO Consultation Meeting on the Development of a Comprehensive Approach for the Prevention and Control of Chronic Respiratory Diseases" (WHO-HQ, Geneva, January 11-13, 2001; WHO/NMH/MNC/CRA/01.1) and subsequently recognized by the WHO strategy for prevention ad control of CRD (WHO/MNC/CRA/02.1) and by the participants to the WHO meeting on "Surveillance, prevention and CRD control at national level" (HQ-OMS, Geneva, June 17-19, 2004).

- 2006-2008 National Health Plan recognized the respiratory diseases epidemiological and social impact identifying in the prevention sector the following priority actions

- **activation of intersectorial programs about the professional and environmental risk reduction**
- **information and education interventions against the main causal agents and on positive behaviour in order to reduce the risk**
- **information, communication, promotion of early diagnoses, involving the activity of GPs**
- **disability prevention and treatment**

Mission

GARD Italy is a voluntary alliance recognized at international level among the institutions, the scientific societies and the patients' associations with the aim to share opinion, recognize problems, promote solutions, coordinating activity and work towards the common objective against the CRD. Final objective is to realize a global approach towards CRD to reduce the burden of them.

Objectives

Objective is to realize a global approach towards CRD by:

. risk factors assessment, incidence of disease, trends, quality and reliability of cares, health cost;

. advocacy activity within the CRD and respiratory allergies: to increase the knowledge on these diseases and create alliances and partnership in order to make CRD priority within the public health;

. promotion of prevention politics particularly those addressed to reduce tobacco smoking impact, indoor and outdoor environment, professional risks and others important for the CRD;

. promotion of predictive medicine activities in the respiratory sector;

. promotion of initiatives to improve the early diagnoses of CRD that are lately recognized in order to reduce gravity and disability of the disease;

. promotion of initiatives to improve health care pathways;

. development of complex indicators for a precise monitoring and for results assessment.

Working Groups

1) **Promotion respiratory health in schools**
2) **Primary prevention:**
   - **smoking**
   - **indoor**
3) **Developments of predictive medicine inside respiratory diseases**
4) **Implementation of early diagnosis**
5) **Welfare continuity:**
   - **diagnostic pathways**
   - **recommendations / structures accreditation**

Scientific Societies / Associations

Associazione Allergologi Immunologi Territoriali Ospedalieri

American College of Chest Physicians Capitolo Italiano

Associazione Scientifica Interdisciplinare per lo Studio delle Malattie Respiratorie

Associazione Italiana Pazienti con Apnee del Sonno ONLUS

Associazione Italiana Pneumologi Ospedalieri

Associazione Italiana Studio Tosse

Associazione Italiana Tecnici Funzionalità Respiratoria

Associazione Mediterranea Pneumologi

Associazione Pazienti Aspergillosi Polmonari

Associazione Riabilitatori dell'Insufficienza Respiratoria

Alleanza per le malattie Toraco-Polmonari

Federazione Italiana delle Associazioni di sostegno ai pazienti asmatici e allergici

Federazione Mondiale del Termalismo e della Climatoterapia

Federazione Italiana contro le Malattie Polmonari Sociali e la Tubercolosi

Italian Federation of Immunology, Allergy and Clinical Allergy Societies

Lega Italiana delle Associazioni per la Lotta contro la Fibrosi Cistica (Mucoviscidosi)

Scientific Societies / Associations

Mediterranean Thoracic Society _ Capitolo Italiano

Pneumologia Interattiva

Associazione Riabilitazione Malattie Respiratorie

Società Italiana di Allergologia e Immunologia Clinica

Società Italiana di Allergologia e Immunologia Pediatrica

Società Italiana per lo Studio della Fibrosi Cistica

Società Italiana di Immunologia, Immunologia Clinica e Allergologia

Società Italiana di Medicina Respiratoria

Società Italiana di Medicina Respiratoria in Età Geriatrica

Società Italiana per le malattie Respiratorie Infantili

Società Italiana di Otorinolaringologia e Chirurgia Cervico–Facciale

Società Italiana di Pneumologia dello Sport

Società Italiana di Tabaccologia

Unione Italiana per la Pneumologia

Unione Nazionale Asmatici

Associazione Lotta contro l'Insufficienza Respiratoria

Project no. 1
Prevention program for schools of indoor risks for respiratory and allergic diseases

Persons in charge:
Dr.ssa Giovanna Laurendi – Dr. Franco Falcone (AIPO) (in phase of substitution)

Action objective:
To realise the following technical documents and guide lines:
1) Revision of context analysis
2) Definition of guide lines to improve IAQ
3) Planning of information and health education campaigns for students, families, and for all school staff in order to improve behaviours able to fight the onset of chronic pathologies especially in childhood: respiratory diseases allergies, asthma.
4) Definition of records operating in order intervene to prevent and manage serious allergic reactions during school time.

Methodology/phases of project:

1) Revision of hygienic-sanitary situation of school structures and research/analysis of epidemiologic data. Elaboration of a synthesis document
2) Revision of documentation and research of good practices with reference to indoor air quality improvement. Practicability examination of identified suggestions. Elaboration of a document:
3) Recognition of the good informative practices. Individuation of communicative patterns able to be applied to the international context. Planning of information and health education campaigns.
4) Revision of scientific literature referring to prevention and management of serious allergic reactions during school time. Census of national experiences which showed their efficacy. Study of individuated feasible solutions in agreement with the Ministry of Education. Definition of operating intervention protocols.

Indicators for the monitoring of the action realization:

Realization of the following documentation:

1) The synthesis document of the contest analysis.
2) Guidelines to improve IAQ
3) Project document for information and health education campaigns for student, families and all school staff.
4) Operating intervention protocol in order to prevent and manage serious allergic reactions during school time.

Time program

1) Revision of sanitary-health situation of school structures and research/analysis of 0-6 month epidemiologic data. Planning of a 7-9 months synthesis document.

2) Revision of documentation and research of the good practices in order to improve 0-12 months IAQ. Practicability examination of 13-18 months identified suggestions. Planning of a 19-24 months document.

3) Recognition of the good informative practices. Individuation of communicative patterns able to be applied to the national contest. Planning of information and 0-18 months health education campaigns.

4) Revision of the scientific literature referring to prevention and management of serious allergic reactions during 0-6 months school time. Census of national experiences which showed 0-6 months their efficacy. Study of 7-18 months individuated feasible solutions in agreement with the Ministry of Education. Definition of 19-24 months operating intervention protocols.

Expected result

Realised the up named range of technical documents and guide lines in order to support the realization of the document titled “Scheme of addressing lines to realize a program of indoor risk factors for allergies and asthma in schools”.

Project no. 2
Smoking and indoor environment

Persons in charge:
Dr.ssa Daniela Galeone – Dr. Lorenzo Spizzichino – Dr. Stefano Centenni

Action objective:
To realize the following technical document and guidelines:
1) Revision of the context analyses
2) Definition of the guidelines to improve indoor air quality (IAQ) according to the projects about allergies prevention in schools
3) Planning of information and health education campaigns addressed to families in order to support the action against smoking behaviour

Methodology/phases of project:
1) Search/analysis of epidemiological data. Processing of a synthesis document.
2) Revision of the documentation and search of good practice in smoking prevention in indoor environment. Feasibility exam of the identified proposals. Processing of a document
3) Identification of communicable efficacy models applying in the national context. Planning of informative and health education campaigns.

Indicators for the monitoring of the action realization:

Realization of the following documentation:

Synthesis document of the context analyses

Synthesis document of the good practice analyses

Project document on informative and health education campaigns.

Time Program:

Search/analyses of epidemiological data: 0-6 months. Processing of a synthesis document: 7-9 months.

Recognition of the informative good practices. Identification of communicable efficacy models applying in the national context. Planning of informative and health education campaigns: 0-18 months.

Project no. 3
Developments of predictive medicine inside respiratory diseases

Persons in charge:
Dr.ssa Giovanna Laurendi – Dr. Franco Falcone (AIPO)

Action objective:
Determination of a subsample of subjects in order to predict the beginning of respiratory diseases according to appropriateness criteria and characteristics

Methodology/phases of project:
1) Literature analyses
2) Test efficacy recognition (evidence based)
3) Definition of a feasibility route (evaluation elements included)
4) Pilot study design

Indicators for the monitoring of the action realization:
1) Report production
2) Pilot study definition: whether evidences are present

Time Program:

1) Literature analyses: 0-6 months
2) Test efficacy recognition (evidence based) and report production: 7-9 months
3) Definition of a feasibility route (evaluation elements included): 10-16 months
4) Pilot study design: 17-24 months

Expected result:

Recognition of a predictive medicine diagnostic route on scientific evidences to apply at respiratory diseases

Project no. 4
Early diagnosis implementation through forming routes for health staff

Persons in charge:
Dr.ssa Paola Pisanti – Dr.ssa Giovanna Laurendi
Dr. Stefano Centanni (SIMeR) e Dr. Antonino Mangiacavallo (FIMPST)

Action objective:
Document planning for PG and PhD forming about early necessary diagnoses of lung diseases

Methodology/phases of project:
1) Existing criticality analyses
2) Good practices revision
3) Feasibility exam of the good individuated practices transfer on national areas
4) Document processing
5) Document spreading
6) Feasibility exam in order to realize pilot project

Indicators for the monitoring of the action realization:
Realization of an informative document

Time Program:
1) Existing criticality analyses: 0-6 months
2) Good practices revision: 0-6 months
3) Feasibility exam of the good individuated practices transfer on national areas: 7-9 months
4) Document processing: 0-16 months
5) Document spreading: 17-19 months
6) Feasibility exam in order to realize pilot project: 17-24 months

Expected result:
1) Forming drawn up document
2) Drawn up study of feasibility in order to realize pilot project

Project no. 5
Welfare continuity

Persons in charge:
Dr.ssa Paola Pisanti – Dr.ssa Giovanna Laurendi
Dr. Stefano Centenni (SIMeR) and Dr. Antonino Mangiacavallo (FIMPST)

Action objective 1:
To improve the protection of respiratory disease patients through the identification of integrated management models among services in order to improve the welfare continuity and ensure the right diagnosis and therapy

Action objective 2:
Document definition about the quality of pneumologic and allergic services

Objective 1

Methodology/phases of project:

1) Chose of the pathologies to take into consideration
2) Analysis of Italian context
3) Evaluation of the existing criticality
4) Evaluation of the possible solutions making
5) Processing of a recommendations document

Indicators for the monitoring of the action realization:

Making of a recommendations document

Time program:

1) Analysis of Italian context: 0-12 months
2) Evaluation of the existing criticality: 0-12 months
3) Evaluation of the possible solutions making: 13-18 months
4) Drawing up of a recommendations document: 19-22 months

Expected result:

Making of a recommendations document about diagnostic and therapeutic suitableness for the protection of subjects with individuated respiratory diseases and suggestion of integrated management models among services.

Objective 2

Proposed solutions on evidences based

1) Revision of the existing literature
2) Exam and evaluation of the good existing practices

Methodology/phases of project:

1) Analysis of Italian context
2) Criticality evaluation
3) Revision of the existing literature
4) Exam and evaluation of the good existing practices
5) Processing of a document about technological, professional and organizational quality of the pneumologic and allergic structures

Indicators for the monitoring of the action realization:

Making of a recommendations document

Time program:

Analysis of Italian context: 0-6 months
Criticality evaluation: 0-6 months
Revision of the existing literature: 7-12 months
Exam and evaluation of the good existing practices: 7-12 months
Processing of a document about technological, professional and organizational quality of the pneumologic and allergic structures: 13-24 months or more

Expected result:

Making of a recommendations document

United Nations general assembly on non-communicable diseases (NCD)

For the first time ever, the United Nations General Assembly will hold a Non-communicable Disease (NCD) Summit involving Heads of State, in September 2011, to address the threat posed by NCDs to low- and middle-income countries (LMICs).

http://www.uicc.org

UN votes yes for NCD Summit

14th May 2010

The UN General Assembly has voted in favour of a UN Resolution tabled on behalf of the Caribbean Community (CARICOM) member states to hold the first ever UN Summit on Non-communicable Diseases (NCD) in September 2011. Over 100 countries, including US, Brazil, Canada, Russia, China, India and the United Kingdom cosponsored the resolution, indicating that NCDs have become a global priority for world leaders and a core development issue on the global agenda.

NEWS EVENTS

http://www.ncdalliance.org

Milano, 20 aprile 2010

S.E. Ambasciatore Cesare Maria Ragaglini
Rappresentante Permanente d`Italia
presso le Nazioni Unite
United Nations Palace
2 UN Plaza, 24th Floor, New York, NY 10017
Fax 1 212 486 1036
e-mail: info.italyun@esteri.it
Stati Uniti di America (USA)

Signor Ambasciatore,

secondo l'OMS, le malattie croniche non contagiose (Non-Communicable Diseases o NCD) includenti il diabete, le malatie cardiovascolari, il cancro e le malattie respiratorie, sono all'origine del 60% dei decessi mondiali (80% nei paesi à reddito medio o basso). I fattori di rischio sono il tabacco, la dieta insalubre e l'assenza di attività fisica. La mortalità legata a queste malattie croniche continuerà ad aumentare nei prossimi 10 anni, principalmente nei paesi africani.

L'impatto delle NCD sulla salute mondiale è molto elevato. Esse sono una causa essenziale di povertà ed un ostacolo allo sviluppo economico. Per questo motivo la comunità internazionale si è mobilitata e progetta di organizzare una sessione speciale in occasione dell'Assemblea generale delle Nazioni Unite, nel settembre 2011(United Nations General Assembly Special Session on Non-Communicable Diseases - NCD UNGASS).

Cinquantasette paesi hanno già dichiarato il loro sostegno a questa sessione. Noi chiediamo che l'Italia si associ a questa iniziativa sostenendo la risoluzione allegata intitolata «CARICOM Resolution» per l'organizzazione di un summit in settembre 2011 al fine di sviluppare risposte strategiche a queste malattie croniche ed alle loro conseguenze.

Restiamo a Sua disposizione per eventuali ulteriori informazioni.

Nel ringraziarLa per l'attenzione, in attesa di un Suo cortese cenno di riscontro, cogliamo l'occasione per porgerLe i nostri più cordiali saluti,

Prof Stefano Centanni
Presidente della Società Italiana
Di Medicina Respiratoria (SIMeR)

Prof. Vito Brusasco
Past President SIMeR

Prof. G. Di Maria
Presidente Eletto SIMeR

On. Dott. Antonino Mangiacavallo
Presidente della Federazione Italiana
contro le Malattie Polmonari Sociali
e la Tubercolosi (FIMPST)

Prof. Giuseppe Girbino
Vice Presidente FIMPST

Dott. Franco Falcone
Presidente dell'Associazione Italiana
Pneumologi Ospedalieri (AIPO)

Dott. Antonio Corrado
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Dott. Giovanni Viegi
Direttore IBIM-CNR, Palermo
Planning Group Member
Global Alliance against chronic Respiratory
Diseases (GARD)

Il Rappresentante Permanente d'Italia
presso le Nazioni Unite

2357
New York, MAY 19 2010

Gentili Signori,

A seguito della lettera del 20 aprile, ho il piacere di informare che il 13 maggio 2010 l'Assemblea Generale delle Nazioni Unite ha adottato all'unanimità una Risoluzione su "Prevenzione e Controllo delle Malattie Croniche Non Contagiose (Non-Communicable Diseases)", presentata dai Paesi CARICOM.

Come noto, con tale Risoluzione si attira l'attenzione sulla necessità di intraprendere azioni collettive e coordinate di fronte all'incremento dell'incidenza di tali malattie che rappresentano il 60% delle cause di morte a livello globale e l'80% nei Paesi in via di sviluppo.

L'Italia ha sostenuto e co-sponsorizzato, insieme ad altri Paesi dell'Unione Europea, il testo con il quale viene deciso di tenere nel settembre 2011 alle Nazioni Unite un Incontro a livello di Capi di Stato e di Governo sul tema con lo scopo di sensibilizzare la comunità internazionale sulla gravità del fenomeno delle malattie croniche non contagiose e del suo impatto anche economico sulla salute globale.

L'occasione mi e' gradita per porgere i miei piu' cordiali saluti.

Cesare Maria Ragaglini
Ambasciatore

Prof. Stefano Centenni
Presidente della Societa' Italiana
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MINISTERO DELLA SALUTE