

Towards a National Alliance against Chronic Respiratory Diseases



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Overview

1. GARD Step-wise Approach

2. GARD National Plan

3. GARD National Alliance

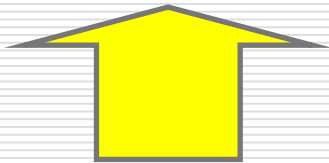
- Securing political commitment
- Approaching others
- National Coordinator
- Building the Alliance

GARD Step-wise Approach

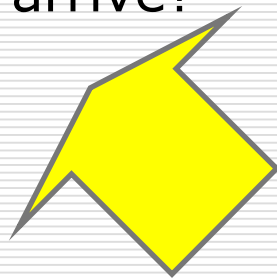
- 1. Step 1:** Development of GARD action plan (2005 – 2006)
- 2. Step 2:** Development of GARD national plan: GARD action plan is tailored on national situations and pilot demonstration studies are carried out (2006 - 2008)
- 3. Step 3:** GARD action plan is integrated in the Global Chronic Diseases program (2008 - onwards)

Step 2: GARD planning and implementation at country level

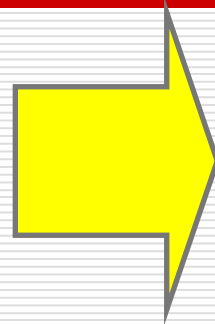
5. Forward planning:
what new problems will
we have?



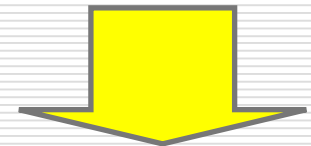
4. Monitoring and
evaluation:
when will we know when
we arrive?



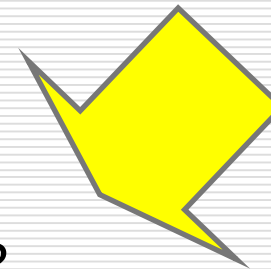
3. Implementation
(organization and
management):
how we will get there?



1. Situation Analysis:
where are we now? What
is the problem and the
available resources?



2. Planning (priorities,
goals and targets):
where do we want to go?



HOW? Establishing a National GARD

- ❑ Each country involved with GARD and willing to develop and implement GARD national plan shall establish a National GARD
- ❑ This shall be responsible for the development and the implementation of GARD National plan
- ❑ A series of steps shall be followed in order to establish a National GARD

PREREQUISITES

1. The basics of CRD surveillance, prevention and control are already in place in the country
2. The Ministry of Health of the country explicitly requests help to WHO and its partners for the development of an upgraded plan for surveillance, prevention and control of CRD

A. SECURING POLITICAL COMMITMENT

- **GARD action plan promotion paper:**
main background data to help understanding the foundation of the plan and why to adopt it.
- **Advocacy seminars:** forum for a large group of interested parties (stakeholders) to reach a common understanding on GARD Action Plan:
 - program managers and technical staff of the MoH;
 - other related ministries (education, social welfare, labor, industry, environment);
 - CRD experts and public health experts from academic and training faculties;
 - representatives from medical and nursing associations;
 - potential partners in implementing GARD activities (NGOs);
 - potential partners in providing technical and financial support such as multilateral and bilateral agencies;
 - representatives from the private sector.

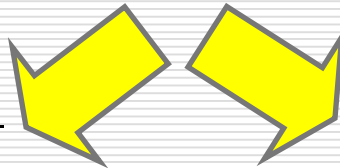
A. SECURING POLITICAL COMMITMENT (Cont')

- Ministry of Health endorsement:
 - Official statement on GARD action plan as a suitable strategy to be introduced into the health system beginning with a pilot study;
 - MOU circulated among various programmes directing them to collaborate;
 - Designate a focal point within the MoH to be in charge of coordinating the development of GARD action plan at country level

B. APPROACHING OTHERS

Coordination for the implementation of GARD national plan is needed at various levels:

Intra-organizational:



Inter-organizational:

- Btw specific programmes on CRD
- Btw supporting programs, services, dept at regional and central level: e.g. Human Resources Development Dept, Health Statistics Dept, Health Education Progr.
- With other related ministries and bodies
- With local and external NGOs providing health care services
- With external cooperation agencies, bilateral and multilateral
- With private sector actors from health and non health sectors

C. NATIONAL COORDINATOR

A full-time dedicated
GARD national coordinator
shall be appointed to:

1. Drive the intra-organizational coordination (together with the MoH focal point)
2. Drive the inter-organizational coordination for implementing GARD action plan at national level
3. Building up GARD National

D. Building up a National GARD

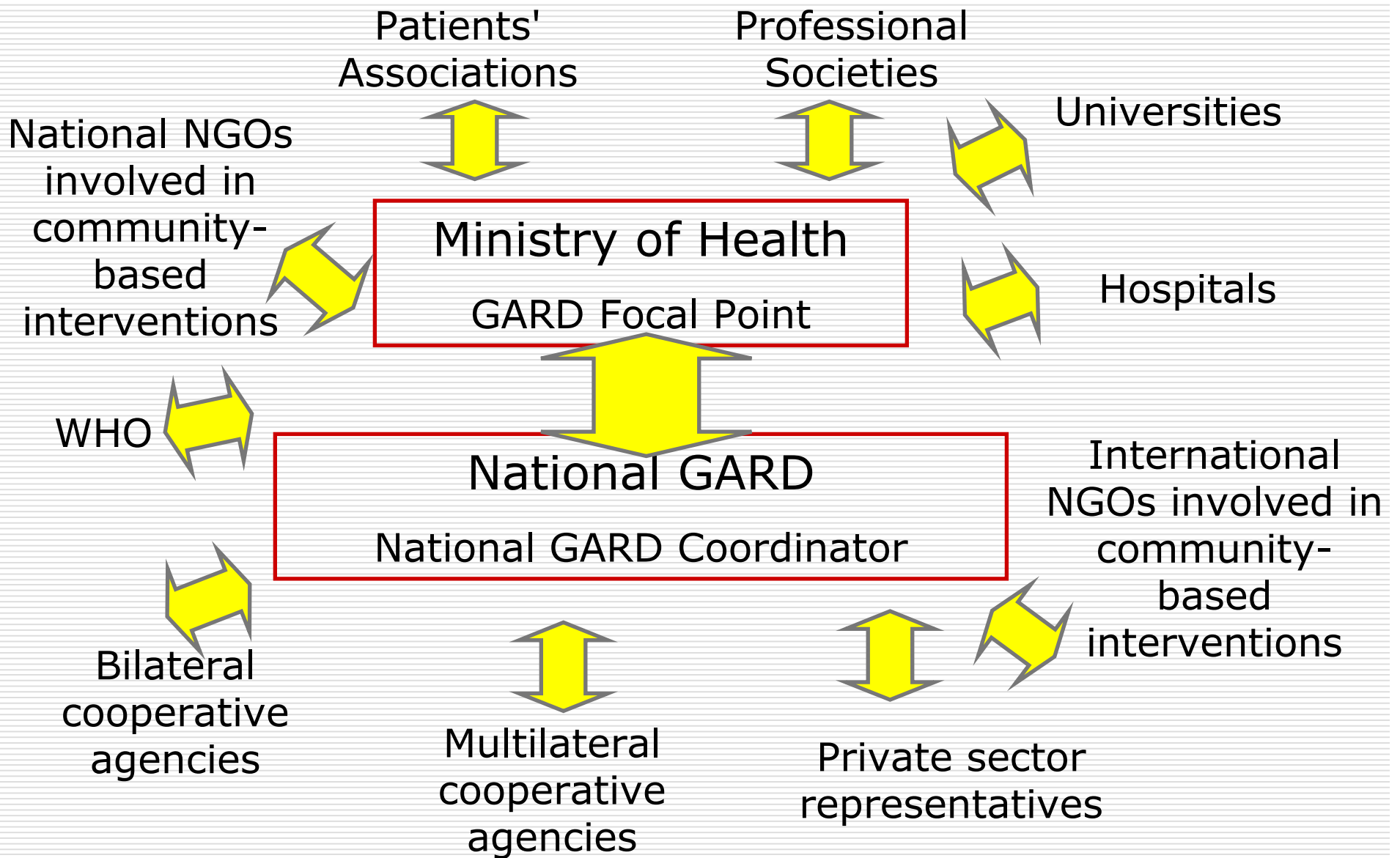
1. Making an **inventory of stakeholders**:
 - Identification of main stakeholders currently involved in surveillance, prevention and control of CRD
 - Already existing collaboration shall be identified

2. Selecting the **key members**: members that can bring together a different variety of experiences in technical, managerial, advocacy and educational matters:
 - Program managers and technical staff from MOH;
 - Pneumonologists from university depts, reference hospitals, professional societies; patient associations;
 - NGOs involved in community-based interventions;
 - Representatives from bilateral and multilateral cooperative agencies;
 - Private sector representatives

3. Defining the **Terms of Reference**

Terms of Reference

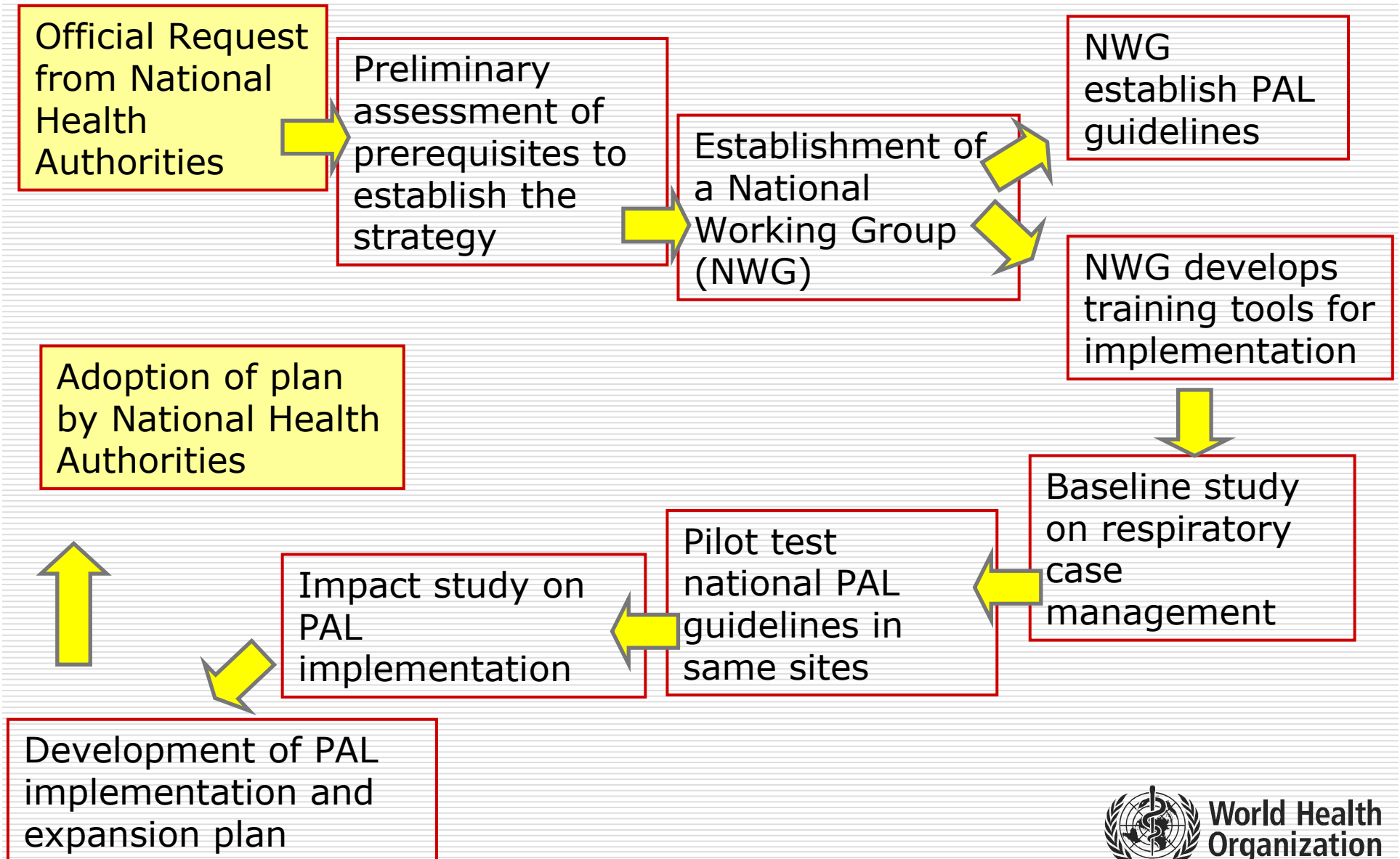
- 1. General Purpose:** to reduce the burden of CRD at national level
- 2. Technical Objectives:** different according to the products of GARD action plan that best suits the country
- 3. In general:**
 - To be a platform for agencies and stakeholders to contribute to reduce the burden of CRD;
 - To raise additional human and financial resources;
 - To allocate resources and tasks to the most appropriate members;
 - To share common resources on the basis of performance output.



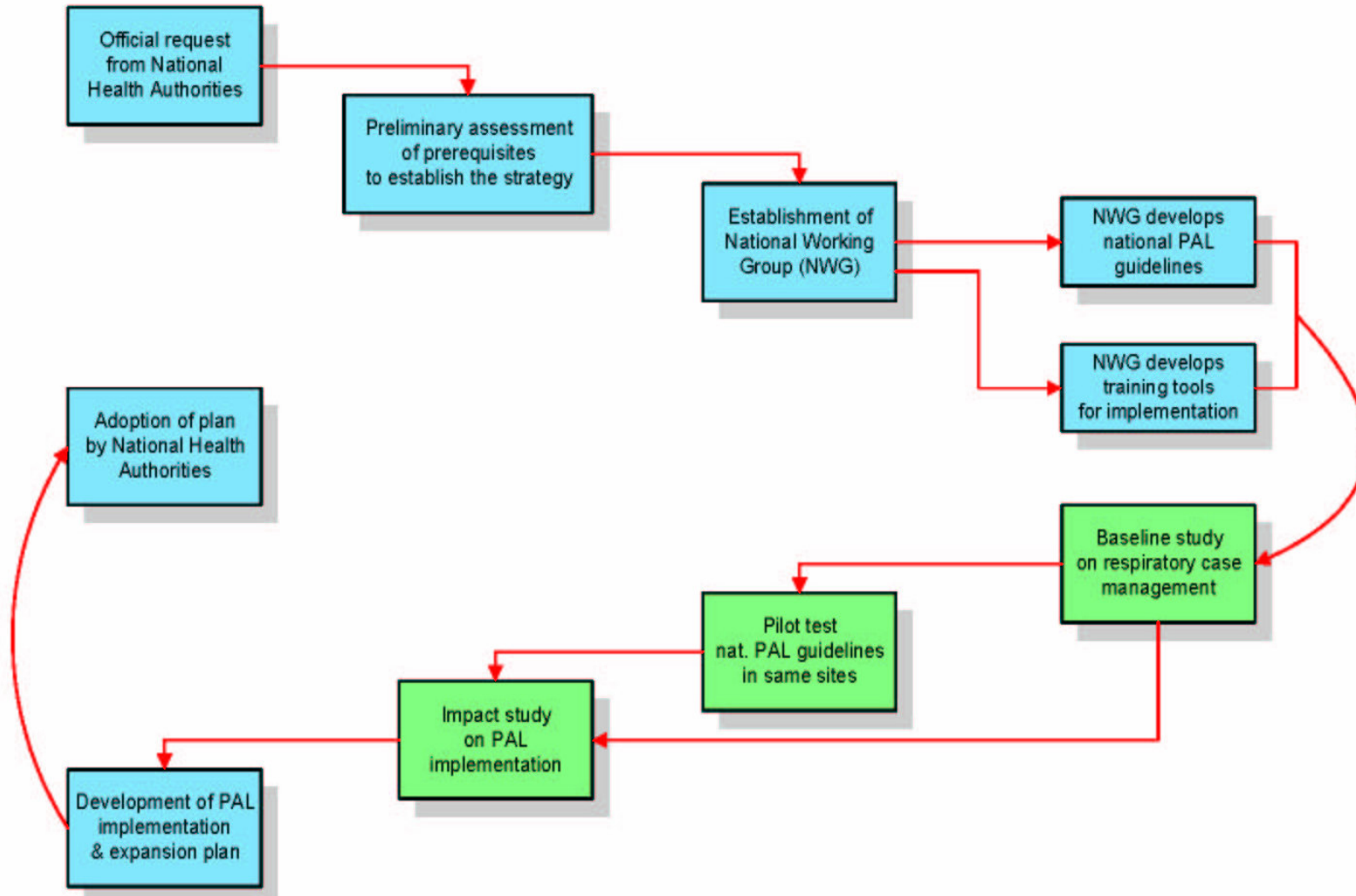
Value Added

National GARD will act as a **coordination and creation of a momentum** to upgrade the National CRD Programme to become a true national response that invites new inputs from various stakeholders.

An Example: Process to establish PAL Strategy in countries



**Practical Approach to Lung Health:
proposed process to establish the strategy in-country**



THANKS
