

Seminar pre congress 4th National Congress on Tropical Medicine

Chronic Respiratory Diseases and Tuberculosis

IHMT, Lisbon, Portugal, 18th april 2017 REPORT

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Organizing committee

Paulo Ferrinho, IHMT, Director José Rosado-Pinto, GARD-WHO Miguel Viveiros, IHMT Cláudia Conceição, IHMT Deolinda Cruz, IHMT

Introduction

On the 18th of April of 2017, the Institute of Tropical medicine of the Nova University of Lisbon IHMT held the Pre-Congress Seminar, "Chronic Respiratory Diseases and Tuberculosis". The National Congress of Tropical Medicine was held from April 19th to the 21st. The list of participants is in Annex 1, the program in Annex 2.

Objectives of the Seminar

The seminar was organised with the following objectives:

- Increase the visibility and importance of chronic respiratory diseases in lusophone and international space;
- To advocate the integration of prevention and control of these diseases at the level of primary health care;
- Provide opportunity of collaboration in the Lusophone space;
- Provide opportunity of discussion of science in Portuguese language;
- Lay the foundations for the creation of a future Lusophone GARD

GARD Alliance

A presentation was made on GARD Alliance, its history, actions developed and evolution over 10 years. Arguments have been put forward to defend the need of a lusophone space inside GARD.

The GARD-WHO, Global Alliance against Chronic Respiratory Diseases is a voluntary Alliance of national and international organizations whose vision is a world in which everyone can breathe freely. Its main goal is to reduce the global burden on Chronic Respiratory Diseases worldwide. The main diseases encompassed are asthma, Chronic obstructive pulmonary disease (COPD), allergic rhinitis and obstructive sleep apnea syndrome.

Its worldwide presentation was at the first GARD General Assembly held in Beijing (2006). The last one was held in Lisbon (2015).

At the recent meeting of the members of the Executive and Planning Committees held in January 2017 at WHO Geneva Headquarters, strategies for 2017-2019 were defined which include greater efficiency in supporting low and middle income countries (LMIC), increased involvement of the respiratory community, increase link with infectious respiratory diseases such as tuberculosis and the possibility of establishing a Lusophone GARD.

Following the United Nations policy statement on chronic diseases (2011) and WHO's adoption of the Global Program for Chronic Diseases 2013-2020, the GARD Alliance promotes an integrated approach based on primary health care.

The GARD Alliance has its secretariat at WHO Geneva being its general secretariat Member of the Executive Committee and the Planning Group. Members of the Executive Committee and the Planning Group are elected by the delegates.

The PACK, Practical approach to Care Kit, developed under the leadership of Professor Eric Batman of the University of Cape Town, was presented as an example of cooperation in the southern hemisphere.

Having started (1999) as an adaptation of the WHO's strategy "PAL - practical approach to Lung Health: Asthma, COPD, respiratory infections and TB", it has expanded to become a comprehensive program addressing adults' health problems and aiming to satisfy needs of health professionals.

The challenges to which this approach sought to correspond were, among others, the shortage of workers in the health sector, few physicians, the demand of a lot of administrative work, diverse, sometimes conflicting and unclear requirements of various programs and norms / guidelines, comorbidity, turnover and burnout of health personnel. Thus, the PAL evolved until the PACK, practical approach to care kit.

The version developed in Brazil, "Adult Brazil PACK, Clinical Management Tool in Primary Health Care, *PACK Brasil Adulto, Ferramenta de manejo clínico em Atenção Primária à Saúde*" Florinópolis version, was briefly presented. This approach includes clinical instruments (kit), training, health system involvement and operational research.

Respiratory diseases, present situation in each country

Portugal

Portugal presented the National Program for Respiratory Diseases, which includes asthma, COPD, sleep apnea syndrome (high frequency pathologies) and cystic fibrosis, pulmonary interstitial diseases and pulmonary hypertension (highly complex pathologies).

The program components, epidemiological situation of each pathology, results achieved, including key indicators and proposals for the future were presented.

Mozambique

An overview of chronic diseases in Mozambique has been presented. Some recent or ongoing research on exposure to tobacco smoke and other indoor and outdoor air pollution, pulmonary sequelae of tuberculosis, the relation of HIV infection and chronic respiratory diseases, as well as the challenges in these areas were also presented.

A National Strategic Plan for Prevention and Control of NCDs has been in place since 2008, and clinical guidelines for adult bronchial asthma and COPD have been developed in 2013.

Angola

The epidemiological situation of tuberculosis in the country was presented, where there is a National Tuberculosis Control Program which is part of the Health Development Plan.

Also presented were data on acute respiratory infections, a recent study that characterizes asthma and allergic diseases in children and young people, as well as an overview of the health services coverage of the country.

Cape Verde

Regarding the risk factors for respiratory diseases, GARD research results and more recent research on exposure to tobacco, domestic and workplace pollution, as well as atmospheric were presented.

Progress in fight against smoking, including legislation, has been addressed. It was also mentioned that aging and poverty are additional risk factors to the previous ones for the development of these diseases.

A characterization of the respiratory diseases asthma, rhinitis, chronic bronchitis and emphysema was made. There is ongoing work in development of norms of guidelines in the area of asthma.

Brazil

The epidemiology of respiratory diseases was contextualized on an aging population, predicting the increase of chronic diseases and comorbidity. Data on asthma and COPD were presented as well as the medical resources made available by SUS (Sistema Único de Saúde, public network of health care providers). Smoking was also characterized in its consequences (namely lung cancer) and the adopted strategies of control were presented.

Tuberculosis and other mycobacteriosis

The epidemiological situation of tuberculosis in Portugal and Brazil, of the health information systems associated to this disease and the organization of health care provided to patients with TB was presented.

Information on non-tuberculosis mycobacteriosis, that is increasingly identified, has been reported. It was discussed the need for greater cooperation to establish risk standards for these infections, to define patterns of antibiotic susceptibility, clinical evolution and performance guidelines.

GARD in the future

A presentation was made of the "IPCRG - International Primary Care Respiratory Group" whose mission is "to improve public health by conducting, funding and organizing research on care, treatment and prevention of respiratory diseases, diseases and problems in the community and to provide the research results for the benefit of the public and health professionals "at the primary health care level.

The burden of disease from respiratory diseases and the burden of their treatment is not sufficiently well-known and there is a need for targeted research at local level.

There is a need for training for and between peers, and in particular for health professionals, training in research. Ongoing research projects were also presented.

A presentation was given on the GARD Projects for 2017 and 2018.

The WHO's "Global action plan for the prevention and control of non-communicable diseases 2013-2020", the global situation regarding this Plan and the instruments on asthma and COPD contained in the publication "Implementation tools: package of essential non communicable (PEN) disease interventions for primary healthcare in low-resource settings" were referred (both documents were sent to participants prior to the meeting).

In relation to this meeting the following suggestions for discussion were left:

"Creation of Lusophone GARD - collaboration between Lusophone countries and creation of a GARD website in Portuguese; Development of a training module in Portuguese for asthma and COPD; Technical assistance between interested countries; to establish an epidemiological module to obtain reliable data on asthma and COPD "

Discussion, conclusions and perspectives for the future

The heterogeneity of national situations was verified in terms of:

- Socio-economic situation, illustrated by GDP per capita, life expectancies ranging from 52 to 81 years, health priorities and health budgets;
- Knowledge on disease prevalence, burden of disease, treatment of respiratory diseases and dissemination of key indicators;
- Access to medication and other therapeutic means (e.g. home respiratory care, inhaler techniques);
- Access to complementary diagnostic exams, namely spirometry
- Training needs of physicians, non-physician clinicians, health technicians, and patients (peer and peer training);
- Approach to primary health care / primary care;
- Integrated clinical management approach to health problems;

On the other hand, the problems of population aging, comorbidities, the need for therapeutic resources, equity in access to them and the need to face the social determinants of the disease, appeared to be common problems.

The evolution to a Lusophone GARD was agreed, expressing the desire for cooperation between countries and in Portuguese, which contemplates chronic respiratory diseases and tuberculosis. The way this work was going to be organized was less defined. IHMT will continue to support the initiative and the presence of three elements of the Executive Committee of the GARD in the meeting will facilitate the work ahead. It was talked about that it would evolve into a "Lusophone GARD" working group.

It was suggested that, like the End TB Strategy, we could organize our action in three pillars:

- 1. Integrated, patient-centred care and prevention
 - Promote training in Portuguese between countries at a clinical and technical level;
 - Promote training of health professionals, patients and caregivers; for and among pairs;
 - Promote cooperation for the knowledge and application of the approach PACK Florianópolis;

2. Bold policies and supportive systems

- To place the issue of respiratory diseases on the CPLP (Community of Portuguese Language Speaking Countries) Ministers of Health' agenda meeting and in each country, at ministerial level;
- Take advantage of international meetings to raise awareness on respiratory diseases, such as the forthcoming World Health Assembly, the CPLP Health Ministers' meeting in October and the End TB Strategy meeting in Moscow in November 2017;
- Seek funding to support the work of the Lusophone GARD network;
- Advocacy and promotion of partnerships in the area of chronic respiratory diseases;
- Influence essential drugs and equipment list composition;

3. Intensified research and innovation

- To develop research in the following areas:
 - Prevalence of risk factors;
 - Prevalence of diseases (establish an epidemiological module or set of common basic indicators of reliable and comparable data in asthma and COPD);
 - o Effectiveness of interventions and care organization;
- Promote training in research, including operational research

Others:

- Creation of a common electronic platform, GARD in Portuguese, with areas of education / training, research and health care;
- Creation of an online "School of Respiratory Health" and other training modules, with various courses of varying length and for different audiences;
- Promote the joint purchase of medicines, inhalers, between countries through, for example, a cooperation agreement for their joint purchase, as well as the preparation of an equipment technical assistance plan through cooperation agreements;
- Active collaboration with GARD WHO website.

Annex 1. Participants

PARTICIPANTS		CONTACT
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Annex 2. Program

Note: For unforeseen reasons, could not attend, the General Director of Health, Dr. Francisco George, who was replaced by Dr. Andreia Silva, and Professor Miguel Viveiros, who was replaced by Professor Olga Matos.

SEMINÁRIO PRÉ-CONGRESSO

Doenças Respiratórias Crónicas e Tuberculose

(Sessão por convite)

18 de abril

9h30	Abertura do secretariado e receção dos participantes
10h00	Abertura, boas-vindas e contextualização do Encontro Paulo Ferrinho Diretor do IHMT
	Aliança GARD-OMS: Importância para as políticas de saúde respiratória nos países Lusófonos Rosado-Pinto Membro do Comité Executivo da Aliança GARD-OMS; Membro do Conselho Consultivo do IHMT
	Aliança GARD-OMS: Estratégias de controlo de doenças respiratórias Avaro Cruz Membro de Comité Executivo da Aliança GARD-OMS; Professor de Prieumologia, Núcleo de Excelôncia da Asma, Universidade Federal da Baía, Brasil
11h00	Pausa para café
11h15	DOENÇAS RESPIRATÓRIAS, SITUAÇÃO ATUAL EM CADA PAÍS Moderação: Francisco George (Diretor Geral da Saúde) e Elisa Pedro (Presidente da Sociedade Portuguesa de Alergologia e Imunologia. Clínica; Serviço de Imunoalergologia do CHLN, Hospital de Santa Maria)
	Portugal Cristina Bárbara Diretora do Programa Nacional das Doenças Respiratórias da Direcção Geral da Saúde, Ministério da Saúde; Vice-presidente Sociedade Portuguesa de Pneumologia; Professora de Pneumologia, Faculdade de Medicina, Universidade de Lisboa
	Moçambique Elizabete Nunes Professora de Pneumologia, Faculdade de Medicina, Universidade Eduardo Mondiane; Diretora do Departamento de Pneumologia do Hospital Central de Maputo, Moçambique
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	Brasil Margareth Dalcolmo Pneumologista; Membro do Comité Assessor em Tuberculose do Ministério da Saúde; Membro das Comissões Científicas das Sociedades Brasileiras de Pneumologia e Tisiologia e de Infectologia; Docente da Piccruz:
13h00	Pausa para almoço













