

Dear Global Asthma Network colleagues and friends,

We are delighted to announce the Global Asthma Report 2018, produced by GAN. This Report was launched on August 31st in Helsinki Finland at the Annual Conference of GARD (Global Alliance Against Chronic Respiratory Disease). You can find the pdf on our websites <http://www.globalasthmanetwork.org/> and <http://www.globalasthmareport.org/>.

The Global Asthma Report 2018 is an 88 page report which is a cutting edge State-of-the-Art document, with contributions from 53 experts around the globe. The Report is an update on the state of asthma globally, including research data on asthma hospital admissions, mortality, prevalence, severity, and burden, risk factors and management. GAN collaborators (EOI and Registered centres) are being sent a printed copy. I have prepared a slide set for the Report, illustrated on the following pages. If you would like the actual slides, please contact me directly i.asher@auckland.ac.nz. We hope you find the Global Asthma Report 2018 informative and useful to share with others.

I will be presenting the Global Asthma Report 2018 in New York in the week of the third United Nations High-Level Meeting on NCDs, at the NCD Alliance Civil Society Advocacy Briefing, Monday 24 September.

GAN Phase I is going well. Data Sets and Centre Reports continue to arrive to the GAN Global Centre in Auckland and following initial data checks the data is sent on to the respective data centres in London and Spain as soon as possible. On the next page, Philippa has written a short update on the progress of GAN Phase I.

As mentioned in a previous Newsletter, a requirement of the GAN Global Centre is that the Centre Report must be completed on line. This process captures the Centre Report information in a database that enables us to report on methodology in the worldwide papers. The link to the Centre Report on the website is <http://www.globalasthmanetwork.org/surveillance/centre.php>. We appreciate your assistance with this. We hope that you are well underway with your data collection and look forward to receiving this in Auckland.

The GAN annual Steering Group meeting will be held in London on the 2nd and 3rd of October and we will advise you of any significant outcomes following this meeting.

With all best wishes from the GAN Global Centre, Auckland.

Innes
Professor Innes Asher ONZM,
Chair of GAN

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NEWSLETTER CONTENT:

- ◆ Editorial: Innes Asher
- ◆ GAN Phase I update
- ◆ Social Media and Wikipedia
- ◆ GAN Centres
- ◆ GAR 2018 Slide set

Sub editor - P Ellwood
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The Global Asthma Report 2018



GAN Phase I update - Philippa

We have received 354 expressions of interest from Centres in 135 Countries. Of these, 128 centres from 53 Countries have registered to undertake GAN Phase I.

Data checks and Centre Report checks have been completed for 26 centres and 6 centres are still in the checking process.

We are pleased with the quality of data and Centre Reports. Thank you for those of you who have completed these checks with us.

For those of you who have not yet submitted your data, we urge you to get this into the GAN Global Centre in Auckland, as soon as possible.

Best wishes

Philippa

Social Media

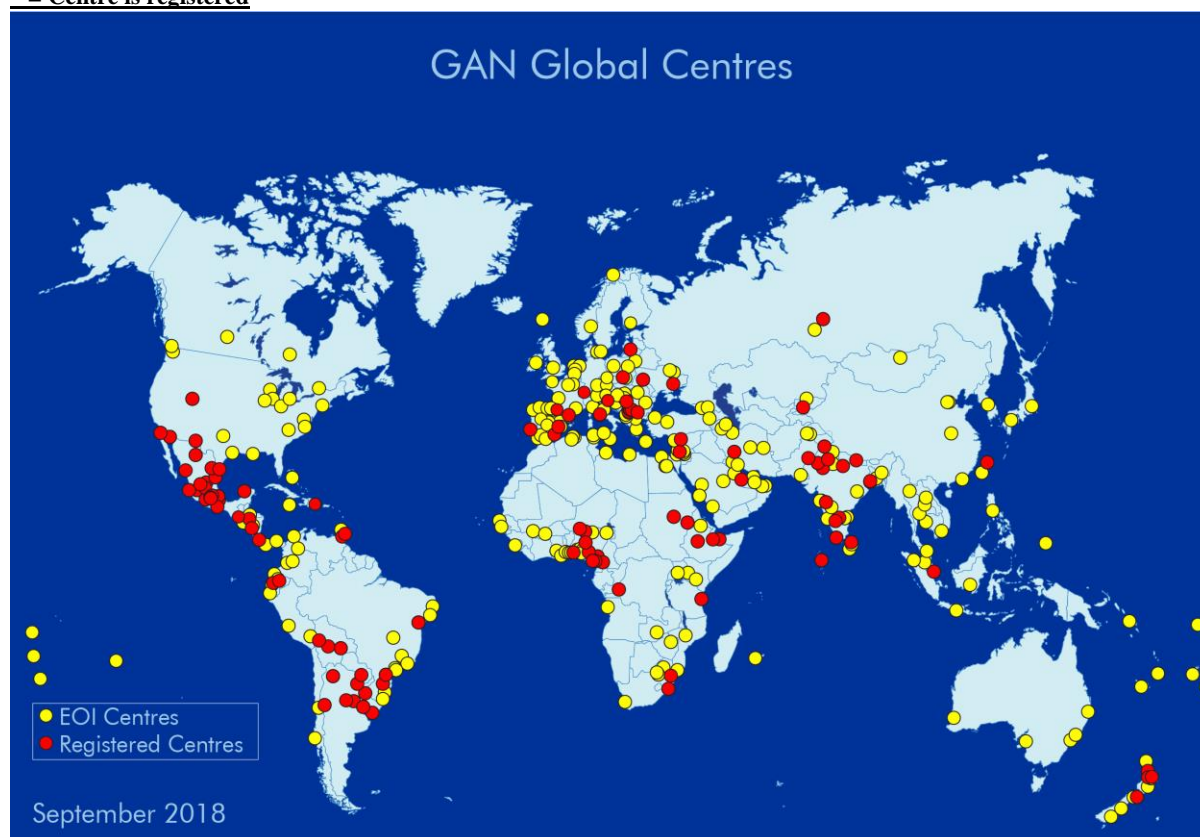
The Global Asthma Network is on [Twitter](#) and is gaining more followers regularly. We now have 265 followers. Follow us at @GlobalAsthmaNet. All Global Asthma Network tweets are included as an extension of the [news section](#). News items are tweeted, as well as pertinent asthma related information.

Wikipedia

The Global Asthma Network has a Wikipedia page. This can be found at https://en.wikipedia.org/wiki/Global_Asthma_Network

Global Asthma Network Centres September 2018 354 centres from 135 countries

* = Centre is registered



Africa

Algeria
Bab El Oued
Blida
Wilaya of Algiers
Angola
Luanda
Benin
Cotonou
Sèmè Podji
Burkina Faso
Bobo-Dioulasso
Cameroon
*Bafoussam
*Buea
*Douala
*Yaounde
Congo, Dem. Rep.
*Kinshasa
Egypt
Alexandria
Cairo
Cairo-Castle
Ethiopia
*Addis Ababa

*Harar
Mekelle
Ghana
Accra
Kumasi
Kenya
*Eldoret
*Nairobi
Libya
Benghazi
Tripoli
Malawi
Blantyre
Mali
Bamako
Mozambique
Maputo
Nigeria
Benin City
*Enugu
*Gusau
*Gwagwalada
*Ibadan
Ife
Kano

*Lagos
*Maiduguri
Owo
*Sokoto
Reunion Island
Reunion Island
Senegal
Dakar
Sierra Leone
*Freetown
Somalia
*Hargeisa
South Africa
*Cape Town
*Durban
Ekurhuleni
Polokwane
*Pretoria
Sudan
*Gadarif
*Khartoum
Swaziland
*Manzini
Tanzania
*Dar es Salaam

The Gambia
Fajara
Togo
Lome
Tunisia
Ariana
Tunis
Uganda
Kampala
Zambia
Lusaka
Zimbabwe
Zimbabwe

Asia-Pacific

China
Beijing
Hefei
Tayuan
Hong Kong
Hong Kong
Indonesia
Bandung
North Sumatera
Palangkaraya

Japan
Fukuoka
Tochigi
Korea, South
Seoul
Lao PDR
Lao PDR
Malaysia
Klang Valley
Kota Bharu
Mongolia
Ulaanbaatar
Philippines
Metro Manila
Singapore
*Singapore
Taiwan
Tainan
*Taipei
Thailand
*Bangkok
Chantaburi
*Chiang Mai
*Khon Kaen
Vietnam

Ho Chi Minh

Eastern Mediterranean

Iran

*Ahvaz
Birjand
Bushehr
Rasht
Tehran
Yazd
Zanjan

Israel

Israel

Jordan

Amman

Irbid

Jerash

Kuwait

*Kuwait

Malta

Malta

Oman

Al-Khod

Muscat

Pakistan

Hyderabad

Islamabad

*Multan

Peshawar

Palestine

North Gaza

*Ramallah

Qatar

*Qatar

Saudi Arabia

Abha

Alkhobar

Jeddah

Madinah

Riyadh

Syrian Arab Republic

*Damascus

*Lattakia

United Arab Emirates

Al Ain

Sharjah

Indian Subcontinent

Bangladesh

Dhaka

Sylhet

India

Aligarh

*Bangalore

Bijapur

*Bikaner

*Chandigarh

Chennai

*Jaipur

Kolkata (10)

Kolkata (14)

*Kolkata (19)

*Kottayam

*Lucknow

Mangalore

Mumbai (11)

Mumbai (7)

*Mysore

*New Delhi

Orissa

*Pune

Rishikesh

Vellore

Maldives

*Malé

Nepal

*Kathmandu

Sri Lanka

*Anuradhapura

Colombo

*Peradeniya

Latin America & Caribbean

Argentina

Buenos Aires

Buenos Aires (2)

*Buenos Aires (3)

*Córdoba Ciudad

*Corrientes

*Mendoza

*Salta

*San Francisco

Bahamas

Bahamas

Bolivia

*Cochabamba

*La Paz

*Santa Cruz

Brazil

Belo Horizonte

Brasília

*Curitiba

*Feira de Santana

*Maceió

*Passo Fundo

Pelotas

Porto Alegre

Recife

Rio de Janeiro

*Santo André

São Paulo South

*Uruguaiana

Chile

Santiago

Valdivia

Colombia

Barranquilla

Bogotá

Bucaramanga

Cali

Costa Rica

*Costa Rica

Dominican Republic

*Santo Domingo

Ecuador

*Cumbayá

Esmeraldas

Guayaquil

Quito

*Samborondón

El Salvador

San Salvador

Grenada

Grenada

Guatemala

*Guatemala

Honduras

San Pedro Sula

*Tegucigalpa

Jamaica

Hawking

Mexico

*Aguascalientes

*Chihuahua

*Ciudad Juárez

*Ciudad Victoria

*Córdoba

*Culiacan

*Guadalajara

*Guanajuato

*Matamoros

*Mérida

*Mexicali

*Mexico City North

*Michoacán

*Monterrey

*Oaxaca

*Puerto Vallarta

*San Luis Potosí

*Tijuana

*Toluca (1)

*Toluca (2)

*Xalapa

Nicaragua

*Managua

Matagalpa

Panama

David-Panamá

Panamá City

Paraguay

*San Lorenzo

Peru

Lima

Puno

Tumbes

Trinidad and Tobago

*St Augustine

*Tobago

Uruguay

*Montevideo

North America

Canada

Montréal

Ontario

Saskatoon

Vancouver

United States

Chicago

Dallas

Fort Wayne

Hartford

Houston

Iowa City

Madison

Metropolitan Detroit

New Orleans

North Carolina

Seattle

*Utah

Virginia

Washington DC

Northern and Eastern

Europe

Albania

Lezhë

Tiranë

Armenia

Yerevan

Belarus

Grodno

Bosnia and Herzegovina

Prijedor

Bulgaria

*Sofia

Croatia

*Rijeka

Czech Republic

Prague/Pilsen

Denmark

Copenhagen

Faroe Islands

Faroe Islands

Finland

Helsinki

Georgia

Kutaisi

Tbilisi

Hungary

Szeged

Szigetvár

Kosovo

*Gjakova

*Gjilan

*Mitrovica

*Peja

*Prishtina

*Prizren

Kyrgyz Republic

Bishkek

*Jalalabat

Latvia

*Riga

Macedonia

Skopje

Norway

Oslo

Tromsø

Poland

*Katowice

Kraków

Poznan

Warsaw

Romania

Bucharest

Cluj-Napoca

Russia

Novosibirsk

*Tomsok

Serbia

*Belgrade

Indjija

Novi Sad

Slovenia

Golnik

Sweden

Lund

Turkey

Ankara

Istanbul

Ukraine

Kharkiv

Rural Kharkiv

*Ternopil

*Zaporizhzhia

Oceania

Australia

Adelaide

Brisbane

Newcastle

Perth

Sydney

Fiji

Suva

French Polynesia

Polynésie française

New Caledonia

Nouvelle-Calédonie

New Zealand

*Auckland

Bay of Plenty

Christchurch

Hawke's Bay

Marlborough

Northland

Otago

*Waikato

*Wellington

*Whakatane

Niue

Niue Island

Palau

Republic of Palau

Samoa

Apia

Solomon Islands

Honiara

Tokelau

Tokelau

Tonga

Nuku'alofa

Tuvalu

Funafuti

Vanuatu

Port Vila

Western Europe

Austria

Salzburg

Urfahr-umgebung

Belgium

Antwerp

Channel Islands

Guernsey

Cyprus

Nicosia

France

Bordeaux


Créteil

Marseille

West Marne

Germany

Munich





Purpose of the Report

Global Asthma Network
www.globalasthmanetwork.org

This Report by the Global Asthma Network (GAN) brings together in one document an up-to-date account on what is known about asthma, its management and where the major gaps lie.

It is intended to influence those in authority to act promptly and wisely to reduce the global burden of asthma.



Contents of the Global Asthma Report


Global Asthma Network
www.globalasthmanetwork.org

88 pages written by 53 authors from around the world

Foreword by Cherian Varghese, Coordinator, Management of Noncommunicable Diseases (NCDs), WHO

3 main parts:

- I. Burden of Asthma
- II. Management of asthma and capacity building
- III. Asthma – a global priority




Asthma remains a worldwide health problem

Global Asthma Network
www.globalasthmanetwork.org

Globally asthma is a common chronic disease.


It affects about 339 million people worldwide.

About 1000 people die from asthma each day.



16th among the leading causes of years lived with disability (YLD).


28th among the leading causes of burden of disease, as measured by disability adjusted life years (DALYs).




Asthma remains a worldwide health problem

Global Asthma Network
www.globalasthmanetwork.org

Asthma continues to be a major source of global economic burden in terms of both direct and indirect costs.



Strategies to improve access and adherence to evidence-based therapies can be effective in reducing the economic burden of asthma.




Global trends in the burden of asthma are poorly documented


Global Asthma Network
www.globalasthmanetwork.org

Establishing the proportion of the population who have asthma (that is, the prevalence of asthma), and comparing this prevalence between countries, requires the use of standardised measures implemented in large-scale, global surveys.


The last such surveys were about 15 years ago.

GAN is currently collecting new information on global asthma prevalence, severity, management and risk factors in children and adults.







Hospital admissions for asthma are poorly documented in LMICs




Hospital admissions for asthma are an indirect indicator of the burden of more severe asthma, and the efficacy of care.

Currently, routinely collected asthma admissions information is almost entirely restricted to high-income countries, limiting the value of admission rates for surveillance of the global burden of asthma.






Asthma deaths are poorly documented and many are preventable




Deaths due to asthma are of serious concern because many of them are preventable.




Although asthma mortality rates have fallen in many countries over the last decade, avoidable asthma deaths are still occurring due to inappropriate management of asthma, including over-reliance on reliever medication, rather than preventer medication, and this needs to be rectified.


Inadequate access to effective treatments for asthma



Many governments have overlooked asthma in their plans to address NCDs and have made little progress in improving access to asthma management and medicines, especially the inhaled corticosteroids crucial for the long-term control of asthma.


Effective treatments for asthma are often unavailable or unaffordable




In many countries, essential asthma medicines are unavailable, unaffordable, or are of unreliable quality, resulting in unnecessary burden and mortality from asthma.

Patients are dying of asthma in low-income countries from lack of effective management.

Prompt action is needed from leaders (governments, development partners and technical organisations) to address this and achieve more success stories.





Asthma as a national policy issue: examples from Africa




Country profiles from Benin, Ghana, Kenya, Nigeria, South Africa and Sudan show that asthma is a large problem.

Unmet needs should be addressed by comprehensively applying asthma Standard Case Management and improving access to affordable quality-assured essential asthma medicines.


Asthma as a national policy issue: examples from Asia and India



Country profiles from China, India, Indonesia, Malaysia and Thailand indicate that the burden of asthma is substantial, but asthma remains underdiagnosed and undertreated.

Many asthma patients are not using inhaled corticosteroids, mainly because these medicines are either inaccessible or unaffordable.

To improve asthma care, implementation of asthma guidelines should be strengthened.



Asthma as a national policy issue: examples from Latin America

Country profiles from Argentina, Brazil, Chile, Colombia and Mexico demonstrate important advances in asthma care.

But to improve asthma care from infancy to late adulthood there are continuing needs for:

implementation of national asthma programmes with up-to-date public registries, universal access to essential asthma medicines, and education on asthma for parents, patients and health personnel.





Asthma is a global NCD priority requiring global action

Asthma is one of the most significant NCDs. Two of the five interventions adopted by the World Health Organization (WHO) to tackle NCDs – tobacco control, and essential medicines and technologies – will directly reduce the worldwide burden of asthma.

A third priority aimed at reducing obesity – improved diets and physical activity – is likely to be beneficial for asthma.



But more research is needed to identify interventions specific for asthma.



Asthma is a global SDG priority requiring global action

The focus of the United Nations (UN) 2030 Strategic Development Goals on mortality alone does not capture morbidity and the imperative to reduce the worldwide burden of asthma.



Economic prosperity will be helped by correctly treating asthma, especially in LMICs.

Asthma is a global priority requiring global action for medicines

Policies are needed to enable access to affordable, good quality health care and quality-assured asthma medicines for all people with asthma worldwide.


Patient advocacy can ensure integration of patient viewpoints into planning and policy decisions.


Asthma is a global priority requiring up-to-date global data

Asthma monitoring needs to be ongoing and widespread. Nearly half of the world's countries have never studied the prevalence of asthma.

For many of the remainder, the latest available information on the prevalence and severity of asthma is about 15 years old.





Prevalence of symptoms of asthma in the past 12 months among persons aged 15 to 45 years in 70 countries, World Health Survey 2002-2003.




22 key recommendations in the Global Asthma Report

- 5 to the World Health Organization (WHO)
- 9 to Governments
- 4 to Health authorities
- 4 to Health professionals, professional societies and patient organisations






Key recommendations to WHO




www.globalasthmanetwork.org

WHO should

ensure that asthma and other chronic respiratory diseases are included as a priority in the outcome document of the 2018 United Nations (UN) High Level Meeting on NCDs



Key recommendations to WHO




www.globalasthmanetwork.org


WHO should

develop and disseminate training manuals for asthma management for low-and middle-income countries (LMICs)

ensure essential asthma medicines are added to its Prequalification Programme



Key recommendations to WHO



www.globalasthmanetwork.org

WHO should

promote the harmonisation, across international reference pharmacopoeias, of quality requirements that govern the production and testing of asthma medicines




Key recommendations to WHO




www.globalasthmanetwork.org

WHO should

facilitate the development of independent laboratories for the testing of generic products that are not already approved by a stringent regulatory authority or relevant global mechanism




Key recommendations to Governments




www.globalasthmanetwork.org

Governments should

include asthma in all their actions resulting from the WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020, and the WHO NCD Global Monitoring Framework



Key recommendations to Governments



www.globalasthmanetwork.org

Governments should

ensure their country has a coordinated national strategy towards better measurement of the true burden of asthma, improving access to care and improving adherence to asthma management strategies




Key recommendations to Governments




www.globalasthmanetwork.org

Governments should

aim to achieve the UN Strategic Development Goal 3: “ensure healthy lives and promote well-being for all at all ages” to lessen the burden of asthma

Key recommendations to Governments




www.globalasthmanetwork.org


Governments should

ensure that essential asthma medicines are on their country's Essential Medicines List and ensure that they are free, subsidised or reimbursed

develop and implement insurance schemes which will allow patients to access and buy asthma medicines



Key recommendations to Governments



www.globalasthmanetwork.org


Governments should

strengthen their national policies, such as those to reduce tobacco consumption, encourage healthy eating and reduce exposure to potentially harmful chemicals, smoke and dust

support further research into known asthma triggers and identifying the causes of asthma



Key recommendations to Governments




www.globalasthmanetwork.org


Governments should

commit to research that increases the understanding of asthma, its causes, its costs, and leads to improvements in management

support the acquisition of new standardised data to track the country and global burden of asthma



Key recommendations to Health Authorities




www.globalasthmanetwork.org


Health Authorities should

collect counts of hospital admissions for asthma among children and adults from defined catchment populations, to monitor trends in asthma over time

report national rates of asthma deaths in children and adults to monitor progress in asthma care, and as an early warning of epidemics of fatal asthma



Key recommendations to Health Authorities




www.globalasthmanetwork.org


Health Authorities should

develop new ways to target and deliver asthma care in diverse health systems and contexts, and assess their cost-effectiveness, affordability and feasibility

in LMICs recognise asthma as an important public health issue, include asthma in all their actions and set up a national programme to improve asthma care and limit costs




Key recommendations to Health Professionals, Professional Societies and Patient Organisations




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They should

- encourage patient advocacy to improve asthma outcomes
- support the government in developing asthma guidelines which are adapted to the national situation
- assist in improving correct inhaler technique and adherence to treatment
- ensure that their country joins the Global Asthma Network



Chapter 1 The Global Asthma Network



www.globalasthmanetwork.org

Global Asthma Network Phase I Surveillance data collected in 2017 to 2019 will provide new information on global asthma prevalence, severity, management and risk factors in children and adults






Figure 1 Global Asthma Network Centres at June 2018





Chapter 2 What is asthma?




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Although many causes and biological mechanisms may lead to asthma, the use of this term as a clinical diagnosis is useful in the majority of patients because it will open the door to appropriate management to reduce disease burden





Chapter 3 Global burden of disease due to asthma



www.globalasthmanetwork.org

Globally, asthma is ranked 16th among the leading causes of years lived with disability and 28th among the leading causes of burden of disease

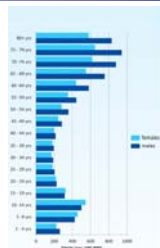




Figure 4 Burden of disease, measured by disability adjusted life years (DALYs) per 100,000 of global population attributed to asthma by age group and sex, 2010.



Chapter 4 Hospital admissions for asthma



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There is potential for using asthma hospital admissions as an indirect indicator of the burden of more severe asthma, and the efficacy of care. However, more research is required to understand factors underlying the variations in hospital admission rates observed in different settings.

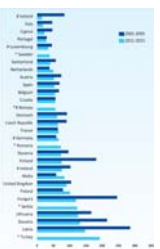




Figure 1 Title: Age-standardised admission rates for asthma (all ages) in 30 European countries, 2001-2005 and 2011-2015, ranked by age-standardised admission rate in 2011-2015.



Chapter 5 Asthma mortality



www.globalasthmanetwork.org

Avoidable asthma deaths are still occurring due to inappropriate management of asthma, including over-reliance on reliever medicines, rather than preventer medicines.






Figure 2 Age-standardised asthma mortality rates (ages 5-34) 2001-2005 and 2011-2015 by country, ranked by 2011-2015 age-standardised mortality rate within World Bank 2014.





Chapter 11

Asthma management in low-income countries




Patients are dying of asthma in low-income countries from lack of effective management. Prompt action is needed from leaders (governments, development partners and technical organisations) to achieve more success stories.







Chapter 12

Asthma in regions: Country reports from Africa: Benin






Patient Story
24 year old Anita received preventer medicine for her asthma, but abandoned it when she lost her job and her income. When she was five months pregnant she had a severe exacerbation and required urgent hospital admission. Patient access to asthma preventer medicines remains a major issue in Benin.



Chapter 12


Asthma in regions: Country reports from Africa: Ghana




Patient Story
After hospitalisation for life-threatening asthma at 5 years of age and regular follow-up asthma clinic visits, 12 year old Sefa now enjoys a normal life.

However, being in a family of 11, monthly treatment costs are difficult to sustain, being 15% of the annual family income of US\$4,000.


Moreover, asthma medicines are not always available.





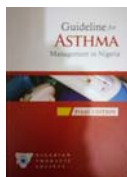
Chapter 12


Asthma in regions: Country reports from Africa: Nigeria



Doctor Story
"For children under 5 years old who need inhaled corticosteroid the family cannot buy it even when they could afford it.


Use of leukotriene modifiers in these children is frequently associated with side effects. This makes management of paediatric asthma difficult."






Chapter 12


Asthma in regions: Country reports from Africa: South Africa



Patient Story
A 5 year old child has attended clinic three times with recurrent wheezing and a troublesome cough which have not improved with inhaled asthma reliever. The father is being treated for tuberculosis (TB). There is a family history of asthma. The mother smokes.


Whether the child's symptoms are due to poorly controlled asthma or TB may be a diagnostic dilemma in areas of high TB prevalence.






Chapter 12


Asthma in regions: Country reports from Africa: Sudan



Patient Story
Ahmed, a 9 year old child from central Sudan, repeatedly admitted to hospital for asthma at least monthly for the past 2 years, is clearly in a need of an asthma preventer medicine. Unfortunately, physicians have never prescribed him an inhaled corticosteroid.




Chapter 12
Asthma in regions: Africa-tailored spirometry training course




There is no job more rewarding than seeing a child encumbered by debilitating asthma freed and living a healthy life, or a group of healthcare professionals inspired and using spirometry for the first time, making considerable change to the care they deliver.


It takes a network of teams to make it happen.




Chapter 12
Asthma in regions: Country reports from Asia and India: China



Patient Story
A 4 year old child with recurrent wheezing was referred to a Tier III hospital to consider asthma diagnosis and management. The specialist suggested an asthma preventive medicine; however, the parent asked "could you NOT prescribe corticosteroids for my child" as they did not want an asthma diagnosis. This can also lead to parents stopping prescribed asthma treatment once symptoms have improved.




Chapter 12
Asthma in regions: Country reports from Asia and India: India




In India, almost 80% of expenditure on a sick patient is on buying medicine, mostly from personal savings.


Since 2011, Rajasthan state has provided free inhaled asthma medicines at all points of care. Pooled procurement of medicines for 70 million people has reduced the costs to the state.




Chapter 12
Asthma in regions: Country reports from Asia and India: Indonesia




Patient Story
A 5 year old boy has persistent asthma that requires management with an inhaled corticosteroid. The drug is available and covered by health insurance. However, the family cannot afford a spacer. Hence, a homemade bottle spacer is used.




Chapter 12
Asthma in regions: Country reports from Asia and India: Malaysia




Patient Story
A 5 year old girl had episodes of cough and breathlessness after colds and running. She responded well to nebulised bronchodilator. There was a strong family history of asthma and atopy. The parents (physicians) believed she had reactive airway disease but were wary of the diagnosis of asthma. Thus, the girl only took the prescribed inhaled corticosteroids or montelukast during acute episodes. There was no asthma action plan or regular medical follow-up.




Chapter 12
Asthma in regions: Country reports from Asia and India: Thailand




Patient Story
A 50 year old woman dentist with latex allergy had breathlessness and nasal congestion for six months. She partly responded to antibiotics, asthma relievers and an inhaled preventer. Her investigations showed high blood and eosinophil counts, and sputum with numerous degranulated eosinophils. She responded well to a short course of prednisolone, resulting in reduction of eosinophil levels.




Chapter 12
Asthma in regions: Country reports from Latin America: Argentina




Patient Story
A 9 year old boy, on budesonide treatment, was admitted to hospital for asthma. The physician recommended switching to inhaled corticosteroid with long-acting β_2 -agonist treatment, but the public hospital pharmacy did not stock it. The mother could not afford to buy it at a private pharmacy, so he continued with only budesonide.




Chapter 12
Asthma in regions: Country reports from Latin America: Brazil




Patient Story
A 6 year old boy presented to the emergency department with his third severe asthma attack in one year. He improved with salbutamol by nebuliser, oxygen and intravenous hydrocortisone. Upon discharge, 24h later, he was prescribed oral prednisolone for 5 days and inhaled salbutamol as needed, but no inhaled corticosteroid was recommended nor was he referred for follow-up.




Chapter 12
Asthma in regions: Country reports from Latin America: Chile




Patient Story
A 5 year old girl, whose mother has asthma, had recurrent wheeze from 12 months of age. Previously only assessed in primary care, she was hospitalised for an obstructive crisis and diagnosed with asthma. For the first time doctors prescribed inhaled corticosteroids to manage her symptoms.




Chapter 12
Asthma in regions: Country reports from Latin America: Colombia




Patient Story
Marta, whose 6 year old son Santiago suffers from asthma, recently attended an asthma education programme where she learnt about the benefits of the regular use of an inhaler. She is very pleased, as since then Santiago has not been hospitalised for asthma.




Chapter 12
Asthma in regions: Country reports from Latin America: Mexico




Patient Story
Gabriel is 8 years old and he has suffered more than six asthma attacks during the last 12 months, resulting in several hospital admissions. His treating physician prescribed inhaled corticosteroids but the family cannot afford to buy the medicine regularly because of their low income.



Chapter 15
The role of patient advocacy



Patient advocacy can ensure integration of patient viewpoints into planning and policy decisions.





Chapter 16 Asthma as an NCD Priority



www.globalasthmanetwork.org

Asthma is an important NCD in all regions of the world, affecting people in low- and middle-income countries as well as high-income countries.



Chapter 17 Asthma and the UN's Sustainable Development Goals 2030



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The Strategic Development Goals' focus on mortality alone does not capture morbidity and the imperative to reduce the burden of asthma.

