

GLOBAL

ASTHMA

NETWORK



NEWSLETTER – DECEMBER 2017

Dear Global Asthma Network colleagues and friends,

This year has been very important, because GAN Phase I has well and truly started. We now have 123 centres registered from 51 countries. Those of you who have not yet registered can register your centre via the GAN website <http://www.globalasthmanetwork.org/surveillance/register.php>.

We have also developed a Frequently Asked Questions page on the website in the surveillance section (see next page for examples).

Very pleasingly, we have received Data Sets and Centre Reports from 7 centres and more are on their way. We have been refining our processes in Auckland so your data and centre report checks will be handled as efficiently as possible. Data Sets are then sent to the appropriate Data Centre - either the London (UK) or Murcia (Spain) - for final checking. A copy of the completed Data Set and Centre Report will be sent to you on completion of all these checks. It is important that you use these final copies for any data analyses that you undertake yourselves as any previous copies may contain inaccurate information.

The Centre Report needs to be completed on line, as part of our processes. This information is then captured in a data base to enable the information to be used to report on methodology in the worldwide papers. The link to the Centre Report entry is <http://www.globalasthmanetwork.org/surveillance/centre.php>

We had a successful GAN collaborators meeting at the European Respiratory Society (ERS) Congress in Milan, Italy. We have included a photo of collaborators in this Newsletter.

The GAN Steering Group held their annual meeting in Murcia, Spain, on 6 & 7 September where the main topic was analyses of data. We also decided to prepare Global Asthma Report 2018 to be prepared in time for launch at the UN Summit update on NCDs in New York in September 2018. This will be an update of the Global Asthma Report 2014, and planning is well underway.

We have included elsewhere in the newsletter some photos of our collaborators in GAN centres. Please do keep sending items in for inclusion in future newsletters for interest.

We wish you a happy festive season and a very happy New Year. With all best wishes from the GAN Global Centre, Auckland.

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- ◆ [GAN Centres](#)
- ◆ [Children in Cameroon](#)

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Innes

Professor Innes Asher ONZM
Chair of GAN

GAN Website – Frequently Asked Questions.

We are setting up a section on the website that will contain questions that come to me from our collaborators and the subsequent answer. We thought it a good idea to share these questions and answers with everyone. Please feel free to add this this list.

Q. Can the Video Questionnaire be used for the Adult group?

A. Yes. We do not, however expect the data to be sent to us at the GAN Global Centre (Auckland) or to the Data Centres (London and Murcia). Centres may wish to use the video, for example if they have a high illiteracy level as this might help them to understand the written questionnaire (therefore the video would need to be shown before the written questionnaires).

Q. My centre has a 100% response rate. Is this common?

A. It is not common to have a 100% response rate, however it could happen particularly in the 13/14 year age group, as mostly 2 visits are undertaken and the absentees on the first visit could be captured on the second visit. We do not believe that many centres will achieve a 100% response rate though, as you would need to have 100% taking part in every school that you went to.

Q. I sampled by grade/level/year. Do you want the data for the few older and younger participants sent to you?

A. Yes. If you sampled by grade/level/year we expect the data for everyone to be sent to us including the older/younger participants. However if you sampled by age group only, then we expect data only for the 13/14 and 6/7 year olds to be sent in. The Centre Report has questions relating to the method of sampling in it.

Q. I am having difficulty getting the questionnaires back from the Adult group. Do you have any ideas?

A. As it is the first time that the Adult group have been included, we do not know how successful this will be. We suggest that you involve the school in this discussion as they may provide a solution, such as suggestion to send the survey out by email. Anything that you might think could improve participation should be considered. If a school has a high illiteracy rate fieldworkers could perhaps visit the school in the evening and invite the parents to attend this meeting, so that they could be assisted in answering the questionnaire.

Best wishes

Philippa

GAN Research Group and fieldwork in India led by Virendra Singh



Innes Milawi July 2017

UK research for African lung health partnered with GAN

The Liverpool School of Tropical Medicine has recently received two prestigious grants: MRC Global Challenges Research Fund (GCRF) for Lung Health in Africa across the Life Course led by Dr Kevin Mortimer and National Institute for Health Research (NIHR) Global Health Research Unit on Lung Health and Tuberculosis in Africa led by Professor Bertie Squire. They have many partners including GAN. The first meeting of the investigators and partners was held in Blantyre, Malawi from 10 to 14 July 2017 (attended by GAN Chair Innes Asher). At this meeting the planning was started for (i) methodology for the measurement of non-communicable (NCD) respiratory disease exposures and outcomes tailored to the challenges of conducting research in resource-constrained African environments (ii) generation of high quality preliminary data from multiple African sites (iii) a strategic multi-disciplinary partnership of paediatric and adult lung health investigators from Cameroon, Ethiopia, Ghana, Kenya, Malawi, Nigeria, South Africa, Sudan, Tanzania, The Gambia and Uganda, aiming to improve lung health and TB outcomes in Africa. See the photo of some of the African attendees.

Photo left to right: Asma El Sony (Sudan), Refiloe Masekela (South Africa), Irene Ayakaka (Uganda), Hellen Meme (Kenya), Amsalu Bekele (Ethiopia), Adegoke Falade (Nigeria), Bertrand Mbatchou (Cameroon), Emmanuel Addo-Yobo (Ghana), Stellah Mpagama (Tanzania), Hastings Banda (Malawi), Innes Asher (New Zealand)



ERS 2017 meeting Milan, Italy

Innes and Philippa attended the ERS 2017 in Milan (9th – 13th September). A GAN collaborators meeting was held on Sunday 10th which was well attended by those named below.



1. Sergey Fedosenko, The Siberian State Medical University, Russia 2. Innes Asher, Auckland, New Zealand 3. Grzegorz Brożek, Katowice, Poland 4. Elena Kamaltynova, Tomsk, Russia 5. Rebeca Mozun, Switzerland 6. Panayiotis Kours, Cyprus 7. Dr Sabir, Bikaner, India 8. Virendra Singh, Jaipur, India (National Co-ordinator) 9. Samya Taright, Bab El Oued, Algeria 10. Jeroen Douwes, Wellington, New Zealand 11. Professor Morzak Gharnaoui, Algeria 12. Panayiotis Yiallourous, Nicosia, Cyprus 13. Lene Lochte, Copenhagen, Denmark 14. Philippa Ellwood, Auckland New Zealand 15. Monica Barne, Pune, India.

Not in Photo: Claudia Kuhni, Switzerland; Refoe Masekala, Durban, South Africa; Shally Aswathi, Lucknow, India; Philip Pattermore, Christchurch, New Zealand; Donna Rennie, Saskatoon, Canada; Josh Lawson Saskatoon, Canada.

Global Asthma Report 2018

Work has begun on the next Global Asthma Report (GAR 2018). The GAR 2018 is being produced in time to be launched at the United Nations high level meeting on non-communicable diseases in New York, September 2018.

The following Chapters are planned:

Global Burden of Disease due to Asthma; Hospital Admissions for Asthma; Asthma Mortality; The economic burden of asthma; Factors Affecting Asthma; Inhaled corticosteroids and asthma morbidity and mortality– cost benefit analysis; Spacers for asthma and wheezing in children; Achieving Access to Quality-Assured, Affordable Asthma Medicines; Asthma Management in Low-Income Countries; Asthma in regions: Country reports from Africa; Asthma in regions: Country reports from Asia and Indian Subcontinent; Asthma in regions: Country reports from Latin America; Asthma as an NCD Priority; Asthma and the UN’s Sustainable Development Goals 2030.

Social Media

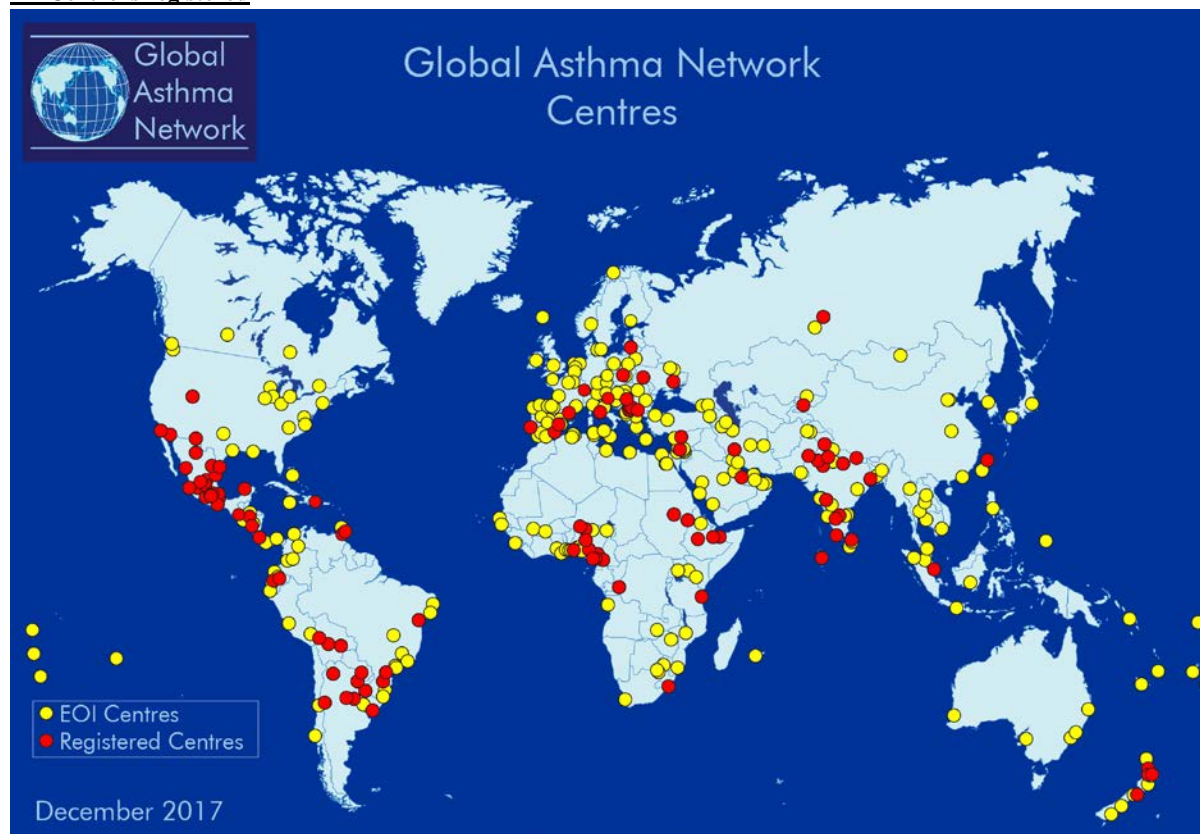
The Global Asthma Network is on [Twitter](#) and is gaining more followers regularly. We now have 258 followers. Follow us at @GlobalAsthmaNet. All Global Asthma Network tweets are included as an extension of the [news section](#). News items are tweeted, as well as pertinent Asthma related information.

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 May 2017 351 centres from 134 countries

* = Centre is registered



Africa	Mekelle	Owo	Ariana	Malaysia
Algeria	Ghana	*Sokoto	Tunis	Klang Valley
Bab El Oued	Accra	Reunion Island	Uganda	Kota Bharu
Blida	Kumasi	Reunion Island	Kampala	Mongolia
Wilaya of Algiers	Kenya	Senegal	Zambia	Ulaanbaatar
Angola	*Eldoret	Dakar	Lusaka	Philippines
Luanda	*Nairobi	Sierra Leone	Zimbabwe	Metro Manila
Benin	Libya	*Freetown	Zimbabwe	Singapore
Cotonou	Benghazi	Somalia	Asia-Pacific	*Singapore
Sèmè Podji	Tripoli	*Hargeisa	China	Taiwan
Burkina Faso	Malawi	South Africa	Beijing	Tainan
Bobo-Dioulasso	Blantyre	*Cape Town	Hefei	*Taipei
Cameroon	Mali	*Durban	Tayuan	Thailand
*Bafoussam	Bamako	Ekurhuleni	Hong Kong	*Bangkok
*Buea	Mozambique	Polokwane	Hong Kong	Chantaburi
*Douala	Maputo	*Pretoria	Indonesia	*Chiang Mai
*Yaounde	Nigeria	Sudan	Bandung	*Khon Kaen
Congo, Dem. Rep.	Benin City	*Gadarrif	North Sumatera	Vietnam
*Kinshasa	*Enugu	*Khartoum	Palangkaraya	Ho Chi Minh
Egypt	*Gusau	Tanzania	Japan	
Alexandria	*Gwagwalada	*Dar es Salaam	Fukuoka	Eastern
Cairo	*Ibadan	The Gambia	Tochigi	Mediterranean
Cairo-Castle	Ife	Fajara	Korea, South	Iran
Ethiopia	Kano	Togo	Seoul	*Ahvaz
*Addis Ababa	*Lagos	Lome	Lao PDR	Birjand
*Harar	*Maiduguri	Tunisia	Lao PDR	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)
 *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
 Kingston
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
 *Toms
Serbia
 *Belgrade
 Indjija
 Novi Sad
Slovenia
 Golnik
Sweden
 Lund
Turkey
 Ankara
 Istanbul
Ukraine
 Kharkiv
 Rural Kharkiv
 *Ternopil
 *Zaporizhzhya
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
Greece
 Athens
 Crete
 Thessaloniki
Ireland
 Ireland
Italy
 Ascoli Piceno
 Bari
 Empoli
 Firenze
 Florence
 Palermo
 Roma
 Trento
Netherlands
 Leiden
 Utrecht
 Zwolle
Portugal
 *Lisboa
Spain
 Asturias
 *Barcelona
 Bilbao
 Cádiz
 *Cartagena
 Castellón
 *Girona
 La Coruña
 Madrid
 Málaga
 Mar Menor
 Salamanca
 *San Sebastián
 Santander
 Sevilla
 Toledo
 *Valencia
Switzerland
 *Bern
United Kingdom
 Birmingham
Vatican City
 *Vatican City



Help Children in Cameroon Breathe Well Everyday

Project (June 2017-July 2018)

“Your donation will make a huge difference”

GLOBAL ACTIONS:

16th World Conference on **Tobacco** or Health (17-21 March, 2015. Abu Dhabi, UAE)

3rd Global Youth Meet (GYM 2015) on **Youth, Health and Development**. From 29th Nov- 2nd December 2015. Visakhapatnam, India

3rd Emerging Leaders Think Tank with the World Heart Federation. With Focus on **Tobacco**. From 13-18th March

2016. Bengaluru, India.

8-10th June 2016 United Nations High Level Meeting to end AIDS by 2030 in New York, U.S

4-5th July 2016. PM2.5 training on smoke air pollution Kampala, Uganda



KEY NATIONAL ACTIVITIES:

The University Games 2015 and Youths for the **Tobacco** End game or ENDS game Project-From 23rd to 30th May 2015

Campaigns with associations. NewSETA, Miki Foundation, etc Launch of campaign No more **Tobacco** in Cameroon on CAUSES.COM. From October 2015 till date.

Sensitizations within academic institutions. Baptist High School (Health Club). Red Cross of the Catholic University of Central Africa (UCAC) at Ekounou and Nkolbisson.

Facebook advertisement digital advocacy training CTFK-2016-2017(42 followers to 11600 followers after 4

APYLAV Cameroon

(Association for the Promotion of Youth Leadership, Advocacy and Volunteerism)

For Global **Health improvement.**

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Welcome Note

Leadership in Health Advocacy has been an opportunity to engage Cameroonians with the notion of using their leadership skills to promote health advocacy within Cameroon and the world. Leadership is a very instrumental tool leaders can use to improve health and societies both locally and global. Accepting leadership as influencing people through vision, using this strong imagination to transfer within health advocacy endeavors. Advocacy is a process of supporting and enabling people to: Express their views and concerns. Access information and services. Defend and promote their rights and responsibilities. Young leaders need to use leadership skills to defend and promote the health rights and responsibilities of people within their communities. Health advocates of the 21st century need leadership skills of the 21st century to tackle diverse and constantly changing health challenges. The challenges of our society today are enormous, due to behavioral differences. Expressed as random sexual rectitude, drug/tobacco use/smoking, physical inactivity, abusive use of alcohol, poor eating habits, civic irresponsibility and ignorance. There is need for youths and people to volunteer for the change they love to see in Cameroon, Africa, and the world. Health is peace and the positive mind is wealth. The Sustainable Development Goals which are 17 in number, has as number three, the Healthy Wellbeing of people. We need to strive towards initiatives that protect people from all forms of pre-mature morbidity and mortality. Our people die most often before they reach the most productive years of their existence. The secret of Youth; to recapture the days of your youth, feel the miraculous, healing, self-renewing power of your subconscious mind moving through your whole being. Only good health can enable you think great. Profitable pointers for your health development; Patience, kindness, love, goodwill, joy, happiness, wisdom and understanding are qualities that never grow old. Cultivate them and express them and remain young and health in body and mind.

Sincerely,

Elvis Ndikum



President/CEO APYLAV Cameroon

About Us

The Association for the Promotion of Youth Leadership, Advocacy (APYLAV) Cameroon is a non-for-profit organization. Founded in December 2013 and acknowledged by the Cameroon government on the 8th July, 2014. With Charity Number: 00000904/ARDA/J06/APPBA. Elvis Ndikum and peers founded the Association for the promotion of Youth Leadership, Advocacy, and Volunteerism (APYLAV Cameroon) to foster positive change and thinking amongst youths. The main objectives being to promote peace, training on youth civic leadership, the importance of volunteerism to youths and to create an advocacy, leadership and volunteerism center for youths. This is translated through key actions on the field with emphasis on youth health and development, Ending HIV/AIDS, Sustainable Development Goals (SDGs), Non-Communicable Diseases (NCDs), Tobacco control. Reducing Asthma and allergies in Childhood by 50% by 2025, working towards cutting Cardiovascular Diseases by 25% by 2025 with the World Heart Federation, health rights, enabling environments, youth voices, youth employment and migration. With over 20 000 youths being involved with community services to improve others' lives, we both locally and international. Working towards guarding our globe from the challenges of climate change. APYLAV Cameroon has over 30 members with an Executive bureau which comprised of a President, Vice President Public Relations, Vice President Communications, Vice President International Relations, Vice President Finance and Administration, Vice President Program management, Vice President Civic Leadership, Vice President Volunteerism, Vice President Advocacy and Lobbying, Vice President Human Resource Management, Vice President Decent Jobs for youths and Vice President Fund raising.

Our Vision

Promotion of peace and the eradication of poverty.

Our Mission

Collaborating for positive change in the world. This is done through national and global actions. Gaining membership to more than three platforms and coalitions; National Volunteerism platform, the Cameroon African Union Charter Coalition, the Cameroon Coalition to Counter Tobacco and others. Collaborating with international organizations like the ISCASO, The International Union against Tuberculosis and Lung Disease, The World Heart Federation, the Campaign for Tobacco Free Kids, African Center for Advocacy(ACA) and others.

PROJECT: HELP CHILDREN IN CAMEROON TO BREATHE WELL EVERYDAY.

CROWDFUNDING TO SUPPORT DATA COLLECTION AND PROVIDE AIDE TO CHILDREN AND FAMILIES EXPOSED TO TOXIC EFFECTS OF AIR POLLUTION.

RESEARCH THEME: GLOBAL SURVEILLANCE: BREATHING, HEALTH, ENVIRONMENTAL, AND RISK FACTORS. CAMEROON SURVEY OF BREATHING, HEALTH AND ENVIRONMENTAL PROBLEMS AMONG ADOLESCENTS 6/7 YEARS, 13/14 YEARS, AND ADULTS (WITHIN PRIMARY AND SECONDARY SCHOOLS IN THE CENTRE REGION)

INTRODUCTION

When we are healthy, we take our breathing for granted, never fully appreciating that our lungs are essential organs for life. But when our lung health is impaired, nothing else but our breathing really matters. That is the painful reality for those suffering from lung disease, which affects people of all ages in every corner of the world. Lung diseases kill millions and cause suffering to millions more. Threats to our lung health are everywhere, and they start at an early age, when we are most vulnerable. Fortunately, many of these threats are avoidable and their consequences treatable. By acting now, we can save lives and prevent suffering worldwide.

On behalf of those suffering from respiratory disease and those who are at risk of respiratory disease in the future, we ask for your help in making a difference and a positive impact on the respiratory health of Cameroonians, and the world.

CONTEXT AND JUSTIFICATION

Respiratory disease causes an immense worldwide health burden. According to the Forum of International Respiratory Societies, It is estimated that 235 million people suffer from asthma, more than 200 million people have chronic obstructive pulmonary disease(COPD), 65 million endure moderate-to-severe COPD, 1-6% of the adult population (more than 100 million people) experience sleep disordered breathing, 8,7 million people develop tuberculosis (TB) annually, millions live with pulmonary hypertension, and more than 50 million people struggle with occupational lung diseases, totaling more than 1 billion persons suffering from chronic respiratory conditions. At least 2 billion people are exposed to the toxic effects of biomass fuel consumption, 1 billion are

exposed to outdoor air pollution and 1 billion are exposed to tobacco smoke. Each year, 4 million people die prematurely from chronic respiratory disease.

Infants and young children are particularly susceptible. Nine million children under 5 years of age die annually and lung diseases are the most common causes of these deaths. Pneumonia is the world's leading killer of young children. Asthma is the most common chronic disease, affecting about 14% of children globally and rising.

The impact of climate change on human health is, indeed, alarming.

Around the world, variations in climate are affecting, in profoundly adverse ways, the air we breathe, the food we eat and the water we drink. We are losing our capacity to sustain human life in good health.

Consider air pollution, the single greatest environmental health risk we face. In 2012 alone, exposure to indoor and outdoor pollutants killed more than 7 million people—one in eight deaths worldwide.

Under-nutrition already accounts for 3 million deaths each year in the world's poorest regions. Rising temperatures and more variable rainfall patterns are expected to reduce crop yields, further compromising food security.

Floods are increasing in frequency and intensity, creating breeding grounds for disease-carrying insects. Mosquito-borne diseases, like malaria, are particularly sensitive to changes in heat and humidity. What will happen if rising temperatures accelerate the lifecycle of the malaria parasite?

According to WHO estimates, climate change will cause an additional 250 000 deaths per year between 2030 and 2050. Most will likely perish from malaria, diarrhoea, heat exposure and under-nutrition.

Taking the commitment to collect this data among adolescents and adults within the Centre region of Cameroon, will provide evidence related to air pollution challenges. Also showing the impact of climate change on the environment and consequently the health of children in particular. Particularly those between 6 and 7 years old, 13 and 14 years old, and adults.

GENERAL OBJECTIVES OF CROWDFUNDING

This activity aims at engaging stakeholders, civil society, businesses, academia, students, young professionals, and the international community on strategies put in place by youths to fight environmental health challenges. Presenting the global situation related to air pollution, situating Cameroon in this global challenge. Attracting funds to support the first ever global health survey on breathing and environmental risks among children and their parents. GlobalGiving is a partner to our project and supports our funding mobilization.

SPECIFIC OBJECTIVES OF CROWDFUNDING

1. Present to the public the situation of air pollution globally and measures put in place to fight air pollution
2. Share information on what APYLAV is doing for the past three years
3. Show evidence for the need to support environmental health research to reduce mortality in Cameroon
4. Attract at least \$50,000 to support data collection in the Centre region among 9000 adolescents and parents, and provide preventive direct support to 2000 Cameroonian children after 1 year.

EXPECTED RESULTS FROM CROWDFUNDING

1. The international community, local, and general public is informed on global solutions related to air pollution and the need to support respiratory health research.
2. More than 1000 participating donation are briefed on THE BIG 5; Five respiratory conditions account for a great burden to society. These are: 1) COPD ; 2) asthma; 3) acute respiratory infections; 4) TB; and 5) lung cancer.
3. Presenting the Realities of Today- Opportunities of tomorrow; what can be done to combat respiratory disease?
4. Participants informed on recommendations and essential actions to reduce the burden of respiratory disease and improve global health
5. Understand APYLAV's role as a youth led non-profit organization striving for peace and the eradication of poverty.
6. Fundraise at least \$50,000 to collect data within Centre Region using passive consent in primary and secondary schools. With sample size of 9000 people.
7. Offering aide to 3000 affected children and community.

METHODOLOGY

This will an offline and online gathering in Cameroon and on GlobalGivings website to raise awareness on air pollution and related risks to health, leadership, and volunteering of people with good will to support the first air pollution research project among children, pupil and parents in the Centre region. Funds donation will be only on GlobalGivings website: www.globalgiving.org (Minimum donation of \$10 and more) funds will be deposited in APYLAV's bank account at UBA Yaounde, Cameroon by ending July, 2017. Project field work starts in August 2017 with monthly reports submitted on the GlobalGiving's website with regards to funds usage. Project ends in June 2018, with follow-up done from August 2018.

PARTICIPANTS

Government officials, diplomatic missions, health professionals, NGO's representatives, business representatives, academia, civil society, individuals and more...

Help Children in Cameroon Breathe Well Everyday Project Timeline and Budget

Objective	Activities	First Semester 2017							Second Semester 2018							Deliverable
		J	J	A	S	O	N	D	J	F	M	A	M	J	J	
1	Tool review and development with Global Asthma network technical partner	x	X	X												Data collection tool
	Obtain Ethics committee approval extend from already obtained Ethics approval	X														Research outcome
	Fund raising with GlobalGiving Accelerator crowdfunding	X	X													Implementation
	Purchasing the height, weight materials for measurement in adolescents school			X												Report
	Training of research assistants(6)			X												Training Report
2	Data collection within 15 health				X		X								Report	

	districts in Centre region					X									
	Assessing data					X	X	X							Report
3	Recording of data by research assistants						x	X	x						Report
4	Data coding and sending to global partner for analysis Global Asthma Network data centres, London, United Kingdom and Murcia, Spain						x	X							Report
	Data analysis completed and return to Cameroon								X						
	Develop advocacy message, materials and tools & Methods for Delivery								X	X					Messages, advocacy and communication materials and tools for affected population
	Orient Advocates on results and									x	x	x	x		Report

messages + press/media conference with government authorities															
Dissemination Activities(Selection of beneficiaries through mobile text application to be offered Ventolin, biogas fuel and cookers, trash cans, planting of trees										x	x	X	X	X	Monitoring reports

A. Project budget

Activity	Description	Unit	Period	Unit cost in \$ USD	Total cost in \$ USD
Project coordinator	Time allowance for 1 month	1	12 months	200	2 400
Consultant	(national Statistician, institutional costs)	1	4	200	800
Training of 6 assistants (for measurement, height and weight)	Transport for data collection training	6	02 days	15	180
	Field work package(Stationary+Feeding+water)	6	02 days	8	96
Printing of data collection questionnaires	Support & Implementation-Printings	9000	03 months	0.416 /child/adult	3750
Scale balance for weight measurement	1 scale balance for each health district	15	03 months	50	750
Stadiometer for height measurement	1 stadiometer for height measurement per health district	15	03 months	100	1500
Data collection	Transport & refreshment	6	03 months	150	2 700
Data recording and coding	Data entry	6	14 days	8	672
Beamer for video questionnaire	Projection and watching	01	03 months	750	750
Measurements of qualitative and quantitative data	Height measurements	6	03 months	20	360
	Weight measurements	6	03 months	20	360
	Video interviews	6	03 months	20	360

Accommodation within 15 health districts	Infrastructure and logistics safety, working space within 15 health districts (More for rural settings)	01	12 months	417	5000
Data analysis and interpretation	Send data after recording to the UK or Spain for analysis by technical partners	01	02 months	0	00
Dissemination	Two events + Media/press conference with government authorities (Minister of Public Health, Minister of the Environment and Nature Protection etc).	2	April and May	2500	5000
Stationary	Lumpsum	1	1 month	25	300
Ethics committee costs	Local Ethical costs approval for human research	1	1	150	150
Ventolins	Offer free Ventolin to adolescents with asthma	500	02 months	6.25	3125
Biogas and cooker	Provide biogas and cookers for free to affected families within 15 health districts	75	03 months	200	15 000
Trash cans	Provide 5 trash cans for free to primary schools of 100 children minimum	20	02 months	200	4000
Tree planting	Plant 10 trees (Fruit trees or medicinal) in primary schools with 100 children minimum	20	02 months	100	2000
Reports to donors and partners	Editing, printing monthly reports on evolution of project, impact and affected communities impressions	01	12 months of project implementation	92.25	1107
Grand Total					50 000

'Peace and eradication of poverty'

First five months will be collecting data for evidence of air pollution harmful effects on children in Yaounde Cameroon, the next six months will be for the dissemination of data accompanied by providing aid to affected children and families with air pollution. The last month will be evaluation and follow-up for more funding to save more lives given that the project will be pilot phase. \$50 000 will be sufficient for the 1 year pilot phase of collecting and analyzing data, then providing aid to affected population as the way forward to sustainable development.

Upcoming projects

1-Green text project; improving agriculture through mobile text message

2- Educational Relief Service (ERS Project): Providing assistance to children in need who cannot go to school on day 1.

Conclusion

The Association for the Promotion of Youth Leadership, Advocacy and Volunteerism Cameroon (APYLAV), has been active within youth communities. Empowering more than 100 youth lead organizations on the importance of using leadership skills as advocates to volunteer for change in their communities. Being involved locally and internationally with the support of stakeholders. The way forward will not have been possible without the support of some structures like the largest student run organization in the world AIESEC, the Cameroon Coalition to Counter Tobacco, the National Drugs Control Committee, the National Volunteerism Platform, NewSETA, The Shemka Foundation, the Regional Delegation of Youth and Civic Education, Center for Tobacco control in Africa(CTCA), African Center for Advocacy(ACA), UNFPA, the Campaign for Tobacco Free-Kids(CTFK), UNAIDS West and Central Africa, the International Union against Tuberculosis and Lung Disease, The Health Related Information Dissemination amongst Youths(HRIDAY India), The Public Health Foundation of India, The Global Asthma Network, The World Heart Federation, Housing Works, The US Embassy in Yaounde and more. The endeavor to keep protecting our globe from the challenges of climate change and behavioral differences. The health of our children and youths as citizens is our priority as we strive to promote peace and eradicate poverty.

Please let me know if you have any questions related to this project brief, timeline and budget.

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Association for the Promotion of Youth Leadership, Advocacy and Volunteerism.

'Peace and eradication of poverty'

THANK YOU FOR READING!!!

PLEASE FEEL FREE TO CONTACT US!

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