Disease Area Breakout Aims:

1. One priority message to drive awareness of the disease.
2. One priority unmet need/message in disease education to patients and healthcare professionals.
3. One priority policy change is needed to improve outcomes.
4. One research priority for 2025.

Asthma

1. Awareness message: Shortness of Breath is not normal.
2. Education need:We need to provide education tools for disease management to HCPs and Patients.
3. Priority Policy: Ensure a gold standard access to care, diagnose and prevention.
4. Research priority: We need to conduct research to understand the NEW risk factors around the world.

COPD

1. Breathlessness is not normal
2. Early diagnosis – get screened, get diagnosis, know your options
3. To have a dedicated national plan in all countries
4.

Rare

1. One in a million is rare, but it doesn't make me different.
2. In rare diseases, the lack of knowledge kills me more than the disease itself.
3. Access to early diagnosis with timely appropriate therapy improves outcomes.
4. In all countries, clinical trials for rare diseases should have patient equal involvement.

The global message for rare diseases was: "All patients are the protagonists, include us!"

Atopic Diseases

1. Psychological impact/burden of the disease on the quality of life
2. Personal management plan – education of patients and healthcare professionals
3. Shared data among different specialists to get access to patients data in order to contribute to more wholesome approach to treatement.
4. Research Comorbidites – which ones, how often do they occur, what to expect with a certain diagnosis.

Regional Breakout Aims:

1. The biggest challenge in the region for airways, atopic and allergic diseases
2. Proposals to overcome said challenge that can be carried out from the patient advocacy community

3. Identification of potential opportunities to collaborate

Western Europe

1. Access to treatement (access to medications, specialists, PCs)
2. Cost calculator tool– fair allocation of resources based on burden
3. Health as a national asset – Investment versus Expense. Advocacy vision 2030 documents to advance integrated lung health.

Eastern Europe Alliance

1. Access to treatment – even if medications are available there are budget limits or delays to get it.
2. We need to empower patient experts, organizations, where and how to make the change.
3. Connect patient organizations, patient experts and others in that effort, and make sure to include media, policymakers, and other organizations' representatives.

North America

1. Equitable access to care and treatment
2. Work through Education and advocacy/policy change with leveraging our charters in advocacy work, working to increase allied health provider and educator care in areas with low resources, community health workers in areas where they are trusted bringing them as local as you can — clinics, churches, schools, empowering and educating professional and nonprofessional caregivers, policymakers need to hear the stories
3. Opportunities to collaborate — Working together in sharing those messages — not recreating the wheel — Unique groups we share? Yes Indigenous peoples, veterans, firefighters and connect with those who already existing relationships

Ibero-America (SAREAL)

1. Education and safe, timely access to health with equity in Latin America.
2. Develop a document on public policies endorsed by a multilateral body such as PAHO and seek to obtain a resolution from them regarding respiratory health, allergies, and atopy.
3. From all SAREAL members, commit to giving visibility to this document in each country through health ministries, political entities, and social networks.

APAC Africa + ME

1. Challenge: Access to early diagnosis, HCPs, specialist and quality care (disparities betwen metropolitan vs rural, etc.)
2. Propose: Well-trained mobile HCPs and/or community leaders.
3. Collaborative approach: Joint training to local mobile HCPs and empower local patient communities. Mentorship program between GAAPP MOs (i,e. HSAACI train others on ACOCU).