



**International Primary Care Respiratory Group
(a company limited by guarantee)**

**Directors' Report
For the year ended 31 December 2018**

**Registered Company Number: SC256268
Registered Charity Number: SC035056**

International Primary Care Respiratory Group

Directors' Report

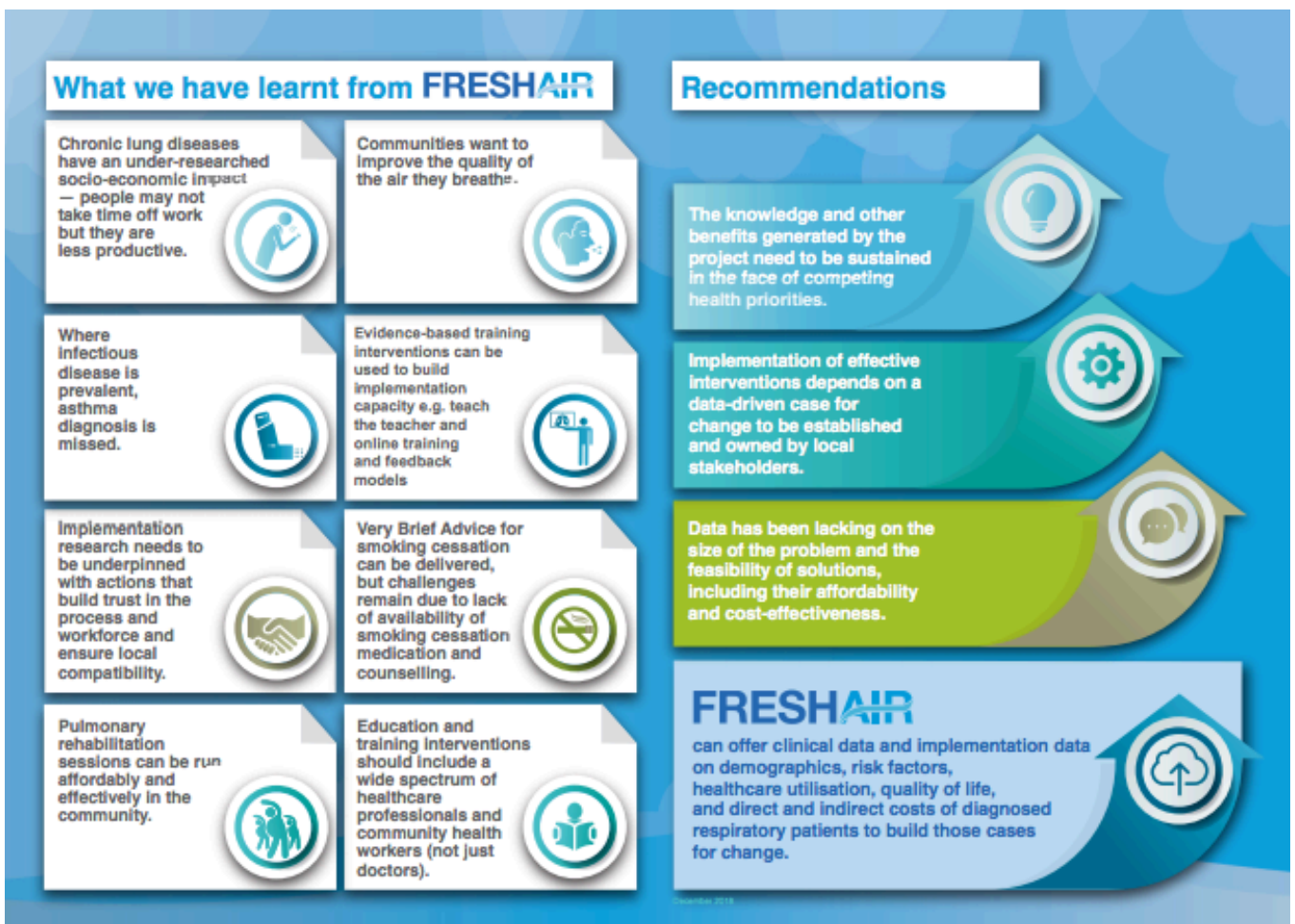
For the year ended 31 December 2018

Contents	Pages
President's Foreword	1
Directors' Report	3

President's Foreword

The last year, 2018, has seen a continued expansion of the IPCRG's role and influence internationally and reassuring improvements in IPCRG's financial position and sustainability. In July the Board of directors set a new vision for the charity, aligned to the World Health Organization goals: a global population breathing and feeling well through universal access to right care. We continue to progress towards this by working locally in primary care and collaborating globally because we understand the power of co-creating local solutions that add value to clinical care, to patient and public experience, and to funders.

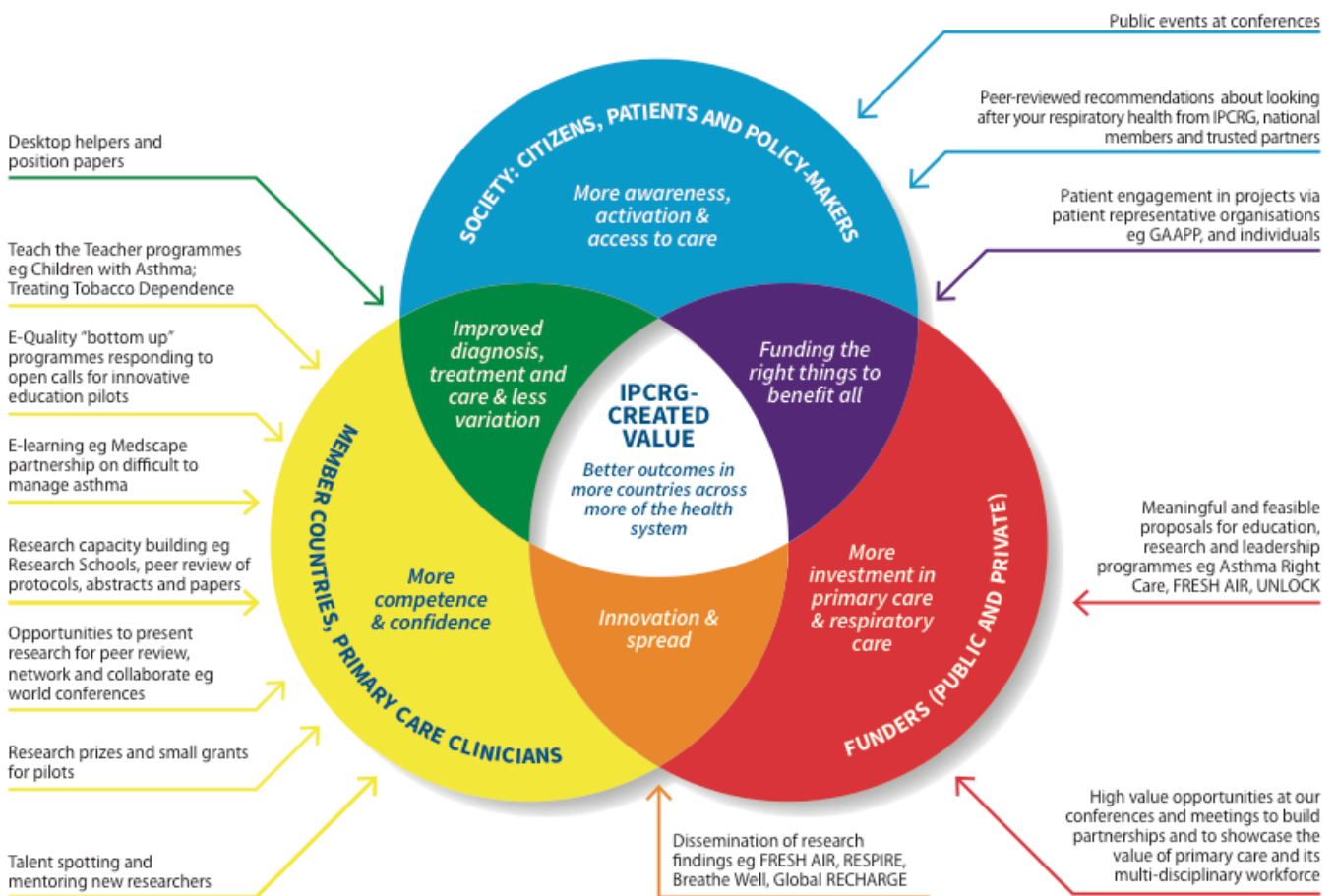
2018 highlights include our 9th World Conference, attracting over 1,000 delegates from 49 countries; the successful completion of the Horizon 2020-funded FRESH AIR programme (see the infographic here); the launch and growth of our social movement for Asthma Right care, and two Teach the Teacher programmes to build teaching capacity; one on personalising care in Kyrgyzstan as part of our first Euro-Asian conference, and one on treating tobacco dependence in four Eastern European countries. We also continued to publish highly practical guidance that builds on the evidence and experience of family doctors, nurses, pharmacists and patients such as our work on personalisation of care. This engagement of all members of the primary care team and patients is a growing feature of our work and shows real promise for the future. Finally, through collaborations with several UK universities, funded by the UK National Institute for Health Research, eleven IPCRG member low and middle income countries are now on a pathway to build primary care research capacity so that they can inform national respiratory policy using locally-generated reliable findings.



This report for 2018 shows how we meet our four strategic goals to deliver value, and our plans to scale up our activity over the next three years. We:

1. Create value for our country members (organisations and individual clinicians) by improving their confidence and competence, promoting good clinical primary care practice
2. Create value for society by raising awareness of respiratory health amongst citizens and policy-makers and influencing the availability of good quality respiratory care in their community
3. Create value for our funders by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes
4. Run an efficient organisation with effective cost control and create additional value from income-generation programmes to allow the organisation to invest in infrastructure and projects for which fundraising is more challenging.

These are summarised at-a-glance below and elaborated in detail in the report.



www.ipcrg.org/desktophelpers
www.ipcrg.org/asthmarightcare
www.ipcrg.org/difficultasthma

www.ipcrg.org/PR
www.ipcrg.org/freshair
www.ipcrg.org/personalisation

www.ipcrg.org/bucharest2018
www.ipcrg.org/dublin2020

I commend this report to you, and urge you to join our network to help us achieve our vision!

Ioanna Tsiligianni
 President
 March 2019

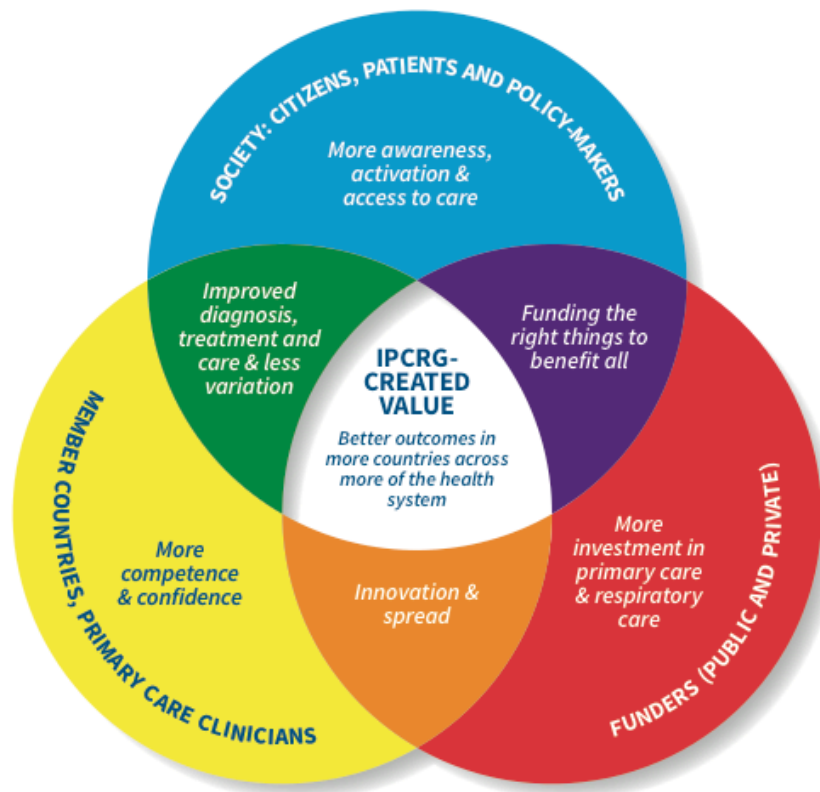
Objectives and activities

The formal mission of the International Primary Care Respiratory Group (IPCRG) agreed with the Office for Scottish Charities is “to improve public health by carrying out, funding and organising research into the care, treatment and prevention of respiratory illnesses, diseases and problems in a community setting, and to make available the results of such research for the benefit of the public and healthcare professionals.”

The charity's newly formed vision is of a global population “Breathing and feeling well through universal access to right care” and it aims to do that by working locally in primary care and collaborating globally to improve respiratory health. It believes that universal access to good quality care can only be achieved through improving access to primary care and universal access to good quality respiratory care can only be achieved if primary care is equipped with the confidence and competence to diagnose and treat people with respiratory problems in the communities where they live and work. IPCRG is the only international primary care respiratory organisation, and the only international primary care organisation with a respiratory research and education mission.

It is both an organisation of organisations and a global community of practice that shows how primary care can contribute to improved public health.

The IPCRG has four inter-connected strategic objectives to create value for our stakeholders.



We:

1. Create value for our country members (organisations and individual clinicians) by improving their confidence and competence, promoting good clinical primary care practice
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4. Run an efficient organisation with effective cost control and create additional value from income-generation programmes to allow the organisation to invest in infrastructures and projects for which fundraising is more challenging.

We define family physicians and other primary care professionals as neighborhood-based expert generalists skilled at:

- Dealing compassionately with patients
- Providing person-centred care by relating to patients as individuals
- Using problem-solving to help patients through uncertainty and marginalizing danger without medicalizing normality
- Using a collaborative approach to manage co-morbidity and coordinating complex care
- Understanding and utilizing the physical environment of practice populations and the interrelationships between health and social care
- Offering a holistic approach by understanding and respecting patients' values, cultures and family beliefs, and how these will affect the experience and management of illness and health

[adapted from Michelle Drage, 2016]

Achievements and performance 2018

1. **Create value for our country members (organisations and individual clinicians) by improving their confidence and competence promoting good clinical primary care practice**

This strategic objective has been approached in three ways:

- a. **Raising the profile of primary care**, demonstrating how good quality primary care adds value to respiratory health through its frontline and person-centred holistic approach
- b. **Framing the problems of delivering respiratory health from a global primary care perspective** to enable solutions to be generated by our network and others.
- c. **Providing opportunities** for personal and organisational improvement in research, education and leadership

a. **Raising the profile of primary care**

As the only primary care representative on the Planning Executive of the World Health Organization-Global Alliance, against chronic Respiratory Diseases (WHO-GARD) we have continued to advocate for the role of primary care at a global level. The 1st IPCRG Euro-Asian conference in Kyrgyzstan in October was hosted by the Ministry of Health, and subsequently IPCRG has provided it with advice on behalf of the IPCRG and the FRESH AIR consortium about the priorities for investment to improve respiratory health. Fundamentally, it advises on investment in the primary care workforce. As the primary care representative in three UK National Institute of Health Research (NIHR) research programmes (RESPIRE, Breathe Well and RECHARGE) we have introduced and subsequently supported our members in 12 low and middle income countries to show why respiratory research requires primary care engagement. At a national level, many of our members have run awareness raising events such as World Asthma Day marches to demonstrate that primary care should be the first point of access for respiratory problems.

b. Framing the problems of delivering respiratory health from a global primary care perspective

IPCRG has submitted consultation responses to three World Health Organization (WHO) consultations: on the future of primary care, on the global air pollution and health agenda and to a Lancet Commission, coordinated by the World Health Organization and UNICEF, that aims to raise the profile of child health in the global public health agenda. Several board directors and sub-committee chairs have worked closely with colleagues from European Respiratory Society (ERS), European Forum for Research and Education in Allergy and Airway diseases (EUFOREA) to ensure that the questions raised by our statement of Research Needs is addressed. The Chair of our Education Committee, Prof Hilary Pinnock presented the primary care perspective at the European Parliament and has just been elected as the first GP chair of the ERS main clinical assembly, Assembly 1. At a global summit on children with asthma hosted by GlaxoSmithKline (GSK), IPCRG represented the primary care voice, seeking answers to unresolved questions about diagnosing asthma in young children.

c. Providing opportunities for personal organizational improvement in research, education and leadership

IPCRG ran two conferences in 2018: a world conference in Porto for over 1000 delegates from 49 low, middle and high income countries and the first Euro-Asian conference attracting 380 delegates from Kyrgyzstan, Kazakhstan, Uzbekistan and Tajikistan. At each, there were programmes specifically catering for the needs of the local delegates, as well as opportunities for the innovators and early adopters to network and learn about the latest research and public health leadership ideas. IPCRG bursaries were provided to support attendance by those who would otherwise be unable to attend given, in many countries, the low income levels of primary care doctors and even lower income levels of nurses and pharmacists. We ran 'Teach the Teacher' programmes in four countries in Eastern Europe to build teaching capacity. The topics were treating tobacco dependence and personalised care, but the teaching skills themselves are generic and will enable those countries to run evidence-based programmes of learning that may lead to changed practice. The programme in Kyrgyzstan, was developed in liaison with colleagues from the European Academy of Teachers in General Practice/ Family Medicine (EURACT). We were unsuccessful in a bid to fund a network for early career researchers and clinicians that would have significantly strengthened the opportunities we could offer members, particularly in countries where there are few academic departments of general practice, and few funding opportunities for clinicians to allocate dedicated time to develop research that exploits their primary care knowledge and experience. We are now seeking alternative ways to build primary care research capacity. We do now have some excellent role models from Vietnam, Malaysia, Kyrgyzstan, Greece, Bangladesh and India where IPCRG colleagues have now embarked on PhD and Masters programmes due to opportunities opened up by IPCRG with universities in Leiden, Heraklion, Edinburgh, Groningen and Leicester.

We have provided practical tools to enable clinicians to improve their care such as desktop helpers (www.ipcrg.org/desktophelpers) and position papers. These are well-received and translated and adapted for use by our members. In 2018 we published [Personalised care: adults with asthma](#), funded by a grant from GSK,

[Improving care for women with COPD: guidance for primary care](#) funded by Novartis, and two policy position papers: [Making the Case for Personalised Care for Adults with Asthma](#) funded by a grant from GSK and [Pulmonary Rehabilitation \(PR\) helps people breathe better, feel good, and do more: Why you should invest in PR for your population](#), funded by a grant from Boehringer Ingelheim.

We successfully negotiated a partnership arrangement with Medscape, that will commence in 2019, to produce an e-learning resource on difficult to manage asthma. This is part of our implementation of our education strategy which includes a commitment to explore the value of online learning.

In addition, as part of NIHR RESPIRE we have explored the potential for a Massive Open Online Course (MOOC) on the recognition, diagnosis and management of chronic respiratory disease in low and middle income countries, subject to funding.

We have also facilitated links directly between members so that they can exchange knowledge through FRESH AIR but also by encouraging same-language connections eg between GRESP Portugal and Brazil and between GRAP and colleagues in Spanish-speaking Latin America.

2. Create value for society by raising awareness of respiratory health amongst citizens and policy-makers and influencing the availability of good quality respiratory care

This strategic objective has been approached in three ways:

- a. **Improve awareness amongst citizens and patients** about the risk factors of, and primary care solutions to, poor respiratory health by generating evidence about risk factors and practical affordable solutions
- b. **Influence the quality and availability of respiratory care delivered by primary care** practitioners by improving the confidence and competence and connectedness of our members and networks.
- c. **Motivate more primary care to take an interest in good quality respiratory care** by offering role models, mentors and peer review

- a. **Improve awareness amongst citizens and patients** about the risk factors of, and primary care solutions to, poor respiratory health by generating evidence about risk factors and practical affordable solutions

Awareness raising of the main risks to respiratory health has been a core activity of our FRESH AIR programme, including the programme in four countries funded by a research grant from European Union's Horizon 2020 research and innovation programme, but also including related FRESH AIR projects in Turkey and Nepal. As dissemination partner of the Horizon 2020 programme we have published newsletters and guides for the public on the harms of smoke to lungs and breathing. These have been translated into relevant local languages. We have collaborated with the European Lung Foundation (ELF) to extend their Healthy Lungs for Life programme, including, for example, awareness raising activities in public spaces in Bishkek, just before our 1st Euro-Asian Conference.

Hand in hand with increasing awareness about risks is offering affordable solutions to reduce that risk. Through IPCRG's investment in the bid to Horizon 2020, we have been able to connect our country members with other investors, such as the World Bank and Global Alliance for Clean Cookstoves. We have made a voluntary commitment to the WHO/UN Environment BreatheLife campaign. This will constitute a core part of the implementation of the global air pollution and health agenda promoted by WHO and the collaborating partners through international resolutions and action. All three NIHR Global Health projects are researching how best implement and spread non-pharmacological programmes for breathlessness including physical activity and self-management education. The founder of our Bangladesh group is now undertaking a PhD at the University of Edinburgh in Pulmonary Rehabilitation as a result of our introductions and support. The prize-winners of our 2015 research school in Singapore completed the research they funded and are now also embarking on PhDs at the University of Edinburgh. These are exploring Malaysian population health beliefs about asthma in order to develop appropriate educational interventions.

We continue to make the case for investment in treating tobacco dependence and the availability of smoking cessation medicines. We have agreed with our new partner, Federation of International Pharmaceutical Societies (FIP) as well as the Finnish Public Health Association (FILHA) that this is an area of common advocacy interest. In particular, the availability of cytisine, an effective and affordable medicine that is not available outside eastern Europe.

Our Asthma Right Care programme, supported by grants from AstraZeneca, engaged many people with asthma in four countries in 2018, to talk about the over-reliance on a medicine, salbutamol, that should be kept for emergency asthma situations. A range of innovative "communication starters" has triggered substantial debate and discussion about the reasons and the alternatives.

- b. Influence the quality and availability of respiratory care delivered by primary care practitioners by improving the confidence and competence and connectedness of our members and networks.**

In addition to the activities listed under our first strategic objective, we have spread our activity to more non-respiratory interested primary care practitioners through participation in meetings hosted by WONCA (The World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians). As the special interest group on respiratory care for WONCA Europe we led workshop programmes at their annual meeting attended by over 2000 family physicians. For the first time we also led programmes at the WONCA Asia Pacific meeting in Seoul. Applications have already been accepted for a repeat in 2019. We also work closely with colleagues in secondary care with the same commitment to improving primary care through an exchange of teaching, learning and research. Our Expert Research Faculty and our Individual Associate Members are drawn from primary care, secondary care and academia.

- c. Motivate more primary care to take an interest in good quality respiratory care by offering role models, mentors and peer review.**

Career researchers go where the funding is. Respiratory care typically receives less funding than other non-communicable disease, and so we lose researchers to other better-funded research areas. Equally, there is often more awareness raising, more investment in education, more availability of drugs and more incentives to diagnose in other non-communicable diseases and infection. Therefore it is critical that IPCRG invests in making the field of primary care respiratory medicine attractive. Over the last year we have involved at least 100 members of our network in peer reviewing abstracts, offering moral and technical support, highlighting areas of excellent practice and showcasing these in newsletters and developed plans for 2020 that go further in engaging members of our network in planning our conferences. In the last quarter the Board made the decision to actively seek more engagement of pharmacists, nurses and patients, and has begun to explore how best to develop networks, building on the success of Asthma Right Care in engaging community pharmacists.

In the last quarter of 2018 we also provided two keynote speakers for the national meeting of our China group, CARDPC that attracted several thousand delegates. Family medicine was only introduced as a separate discipline in medical teaching in 2011 and therefore there is a need to provide role models and mentors. This was our first step in this process. Meanwhile we continued to work with CARDPC to plan for the 1st IPCRG International (China) Conference in 2020.

- 3. Create value for our funders by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes**

This strategic objective has been driven forward by focusing on two outcomes:

- a. **Increase accuracy and comprehensiveness of diagnosis** of respiratory symptoms in primary care globally
- b. **Reduce unwarranted variation in treatment and care** between countries and between practitioners by reaching more practitioners, in more countries and affecting their actions with our education and information

a. Increase accuracy and comprehensiveness of diagnosis of respiratory symptoms in primary care globally

The theme of our 9th World Conference was value: improving health outcomes at an affordable cost. Key to that is ensuring that people receive an accurate and timely diagnosis so that they can understand what is causing their symptoms and how to manage it with the interventions available to them in their country. It also requires good communication from their clinician so that they accept the diagnosis and therefore agree the treatment plan. Nearly 50% of the questions in our statement of research needs are about diagnosis in primary care. Therefore we continue to seek ways to help our community. We continued to support the E-Quality programme in Sri Lanka that has rolled-out nationwide Spirometry 360, a distance learning and mentoring programme for spirometry in partnership with the University of Washington. This programme was also translated and adapted in all four of the FRESH AIR countries funded by the Horizon 2020 programme. We published guidance for policy-makers, clinicians and patients on how to personalise care, based on our network's experience blended with the evidence on shared-decision making and personalization. This was funded by GSK. We collaborated with clinicians globally to set the agenda for improving care for children with asthma. Diagnosis in young children remains a significant challenge, as shown in the FRESH AIR programme, and this will therefore be taken forward in a Teach the Teacher programme in 2019, that was kicked off in the last quarter of 2018.

Reduce unwarranted variation in treatment and care between countries and between practitioners
There is substantial variation in respiratory treatment and care that is not warranted by disease differences; that is, it is about clinical behaviour, not patient need. IPCRG aims to influence clinical behaviour to reduce that variation and improve the quality of care globally. In 2018 we worked on the FRESH AIR programme that was testing the feasibility of implementing evidence-based interventions that work in high income countries in low income settings. At the end of 2018 we were able to report to the European Union that it is feasible and acceptable to implement pulmonary rehabilitation and treatment for tobacco dependence in these settings. We continue to build capacity of our network in Eastern Europe, with Global Bridges funding, to treat tobacco dependence. Our involvement in the NIHR-funded programmes RESPIRE, Global RECHARGE and Breathe Well is enabling pulmonary rehabilitation and smoking cessation in primary care to be tested in additional countries in our network.

Asthma Right Care, funded from a grant from AstraZeneca, has used an innovative social movement approach to build awareness of the variation in care for people with asthma between individual clinicians. Our model is to spread this programme by reaching more parts of the health care system, in more geographies and affecting their actions with our education and information. In 2018 we co-created the programme in four countries, and set up sub-groups of pharmacists and patients. This has led to a new partnership with the Federation of International Pharmaceutical Societies and stronger relations with patient organisations such as the Global Asthma and Allergy Patient Platform (GAAPP). We presented the programme at WHO-GARD and at the Union conference to reach other countries and other audiences and secured funding to increase the spread in 2019.

We have evaluated all programmes thoroughly so that we can demonstrate return on investment to funders.

4. Run an efficient organisation with effective cost control and create additional value from income generation programmes to allow the organisation to invest in infrastructures and projects for which fundraising is more challenging

As a charity, the IPCRG has chosen to focus its attention increasingly where it can make the biggest impact: where the largest populations at risk of respiratory ill health and death live. These are in low and middle income countries. However, low and middle income countries have fewer public funds available for healthcare than high income countries and many competing priorities for these reduced funds. In addition, these are often countries where the private sector is also less active. Therefore the directors seek to fundraise to offer funds that our members in these countries cannot raise. This requires IPCRG to find ways to raise funds for its own infrastructure including governance, fundraising, network development; and also for small incentives ranging from conference bursaries, research prizes, discounts for article submission charges, taking expert faculty to countries that cannot afford to invite them; and offering research and educational programmes.

In 2018 we ran a successful conference programme and were able to replenish our conference bursary funds that supports clinicians and early career researchers to attend our meetings. We were also permitted to allocate funds from the closure of the European COPD Coalition, one of the Horizon FRESH AIR collaboration to our 1st Euro-Asian meeting in Kyrgyzstan; this supported the expenses of our international faculty. We applied to two programmes to support the extension of such programmes but were unsuccessful. We continued to control costs, particularly travel and accommodation expenses for our 9th World Conference, which led to a strong financial performance after a loss-making 8th world conference.

Two Associate Corporate Members also supported us in 2018: Boehringer Ingelheim, and Vitalograph, which enabled us to maintain and spread our network. We had one new member join in 2018, Montenegro, and also began conversations with several more including Mexico, Uganda and Nepal.

The IPCRG Chief Executive continued to participate in the Joint Management committee of Nature Partner Journals (npj) Primary Care Respiratory Medicine to guide its development and marketing in support of IPCG's community.

Board and its sub-committees

Two longstanding directors stood down in May: our Treasurer, Ms Kristine Whorlow and past President Dr Ron Tomlins. Assistant Prof Ioanna Tsiligianni took over as President, Dr Janwillem Kocks was elected as President Elect and Michael Barron as Treasurer. Three directors were co-opted to add their expertise. Therefore for the second half of the year the Board had six members. The Board has three sub-committees with delegated authority for specific functions: governance and finance, education and research. Membership of all three was reviewed and refreshed in 2018.

Plans for future periods

Directors met in July 2018 to review the charity's strategy and agreed a new vision: **Breathing and feeling well through universal access to right care**. That is, it should support the World Health Organization's campaign for universal health coverage, agreeing that this can only be achieved through primary care, and only if that care is "right". Right respiratory care improves breathing and quality of life and is delivered to the right person at the right time in the right place in the right way: nothing more and nothing less. Directors acknowledged that there is a substantial body of evidence about right respiratory care, and therefore the priority is to ensure primary care globally is sufficiently informed and educated to deliver it. Education to be adapted and delivered locally in the places where people live and work, collaborating with the global IPCRG network to ensure best practice is known and implemented. However, there is still a need to research how to implement interventions locally to ensure they remain sufficiently faithful to the original design to be considered the same quality, but adapted to fit local health beliefs, workforce arrangements, language and culture.

Strengths and opportunities

The IPCRG is a clinically-led organisation with a robust track record demonstrating how primary care can detect and improve the respiratory health of populations and individuals. We are now the first point of contact for many policy-makers and organisations wanting to collaborate with, understand or influence the international primary care respiratory community, including the World Health Organization. We are regarded as a thought-leader offering practical solutions in tobacco dependence, asthma, allergic rhinitis, chronic obstructive pulmonary disease and respiratory infection. The IPCRG is both an organisation of organisations and also a global community of clinicians passionate about improving the lives of people with, or at risk of, chronic lung disease. We represent 31 national primary care respiratory organisations adding new countries each year. Through our network we directly reach at least 150,000 practising primary care clinicians who then share with their colleagues.

Core programmes include world and regional conferences, Teach the Teacher programmes and research capacity building as well as advocacy for the importance of investment in primary care. There is scope to look at how m-health and e-health can be an adjunct to care, by informing and supporting primary care globally; particularly where there are workforce shortages, eg in rural areas. There is also scope to join forces with other organisations wanting to understand and alter the impact of indoor and outdoor air pollution on respiratory health.

Discussions with the global movement Nursing Now offer opportunities to include more nurses in the IPCRG's activities as 50% of the global workforce are nurses, and, in the Euro-Asian region we uncovered significant interest in nurses for FRESH AIR.

Challenges

The principal risk and uncertainty facing the IPCRG is its type of funding, which is, with the end of the Horizon 2020 funding, grants from the pharmaceutical industry or foundations. This carries risk because it is dependent on an annual decision-making cycle of the industry and swings in the priority accorded to primary care. The Board commissioned a review of potential additional sources of funding in the autumn of 2018 and will continue to see which best align with its activity plans for 2019-20 and beyond.

Additional challenges include the need to work in multiple languages because English is not the universal language of primary care. Translation is straightforward, and our members excel at adapting materials to their local needs. However, interpretation for research collaborations and conferences remains a logistical and financial challenge if we want to avoid excluding members who are not comfortable working in English.

Succession planning in a charity is always challenging, but to date the Board and its sub-committees and projects have been able to recruit a high calibre of members. This is due in part to the collaborative non-hierarchical culture of the organisation, its inclusiveness, its role in raising the profile and respect for primary care and in the research and education opportunities it has offered. We have expanded the opportunities for participation in the sub-committees, for example four early career researchers are now on the Research sub-committee. This increases the pool of candidates with experience of IPCRG committees who may succeed to Board roles.

Plans 2019-2021

Over the next three years our priorities are as follows.

1. **Create value for our country members (organisations and individual clinicians) by improving their confidence and competence promoting good clinical primary care practice**
 - a. *Raise the profile of primary care*
 - i. Continue to campaign for investment in primary care to deliver respiratory care at an international level including through WHO-GARD engagement and other partnerships
 - ii. Produce resources to support our members to make this case at a national level
 - iii. Prioritise 2-3 countries where there is a need to demonstrate how primary care adds value and develop appropriate programmes
 - b. *Frame the problems of delivering respiratory health from a global primary care perspective*
 - i. Produce a new statement of prioritised research needs that takes account of the progress made since 2012 and the perspectives of more parts of the system including patient voices, pharmacists, nurses, and environmentalists
 - ii. Influence investment in those prioritised research needs
 - c. *Provide opportunities*
 - i. Run inclusive conferences that provide opportunities for research collaboration, learning and personal development including 6th IPCRG Scientific Meeting, Bucharest May 2019; 10th IPCRG World Conference, Dublin May 2020; 1st IPCRG International (China) conference October 2020; 7th IPCRG Scientific Meeting May 2021.
 - ii. Build a larger cohort of trusted teachers to enable expansion of the IPCRG Teach the Teacher programme including through the Children with Asthma programme
 - iii. Expand the Asthma Right Care programme to more geographies, more parts of the healthcare system, and to a behavioural level.
2. **Create value for society by raising awareness of respiratory health amongst citizens and policy-makers and influencing the availability of good quality respiratory care**
 - a. *Improve awareness amongst citizens and patients*
 - i. Provide more exposure to existing materials that our members could use to inform citizens, patients and policy-makers
 - ii. Revise the website to make it easier to find good quality information
 - iii. Identify and fill any gaps in information eg a Massive Open Online Course (MOOC) on the recognition, diagnosis and management of respiratory problems in low income settings and evaluate the impact of such approaches
 - b. *Influence the quality and availability of respiratory care delivered by primary care*
 - i. *Achieve objective 1.*
 - c. *Motivate more primary care to take an interest in good quality respiratory care*
 - i. Run educational sessions about best practice at WONCA World and regional meetings to reach non-respiratory interested clinicians and teachers
 - ii. Find ways to hold early career researchers in the respiratory field by offering funded research opportunities in collaboration with other partners
3. **Create value for our funders by increasing the accuracy of diagnosis, reducing the variation in care and improving outcomes**
 - a. *Increase accuracy and comprehensiveness of diagnosis*
 - i. Explore the link between the diagnosis and communication of the diagnosis to patient adherence to asthma treatments.
 - ii. Continue to develop ways to improve diagnosis in primary care settings including questionnaires, algorithms and history taking
 - iii. Provide excellent input into the development of e-learning resources on difficult to manage asthma in partnership with Medscape and review its impact
 - b. *Reduce unwarranted variation in treatment and care*
 - i. Explore innovative ways to disseminate research and project findings eg animation, open webinars, translation

4. **Run an efficient organisation with effective cost control and create additional value from income-generation programmes to allow the organisation to invest in infrastructures and projects for which fundraising is more challenging**
- a. Control costs
 - b. Ensure all projects contribute to overheads
 - c. Develop and review the fundraising strategy
 - d. Build membership in new countries
 - e. Build collaborations with new partners to create strong groups able to bid successfully for funding
 - f. Actively identify and nurture new talent for the Board, sub-committees and projects