Communities want to improve the quality of the air they breathe. Implementation research needs to be underpinned with actions that build trust in the process and workforce and ensure local compatibility.

Very Brief Advice for smoking cessation can be delivered, but challenges remain due to lack of availability of smoking cessation medication and counselling.

Where infectious disease is prevalent, asthma diagnosis is missed. Evidence-based education and training interventions can be used to build implementation capacity e.g. teach the teacher models.

Education and training interventions should include a wide spectrum of healthcare professionals and community health workers (not just doctors).

What we have learnt from Recommendations can offer clinical data and implementation data on demographics, risk factors, healthcare utilisation, quality of life, and direct and indirect costs of diagnosed respiratory conditions. The knowledge and other benefits generated by the project need to be sustained in the face of competing health priorities.

Data has been lacking on the size of the problem and the feasibility of solutions, including their affordability and cost-effectiveness. Implementation of effective interventions depends on a data-driven case for change to be established and owned by local stakeholders.

Pulmonary rehabilitation sessions can be run affordably and effectively in the community.

Chronic lung diseases have an under-researched socio-economic impact—people may not take time off work but they are less productive.

Globally, the number of deaths from COPD and the prevalence of asthma is increasing. Globally, the number of smokers is increasing. 90% of COPD deaths in low-resource settings. 80% of asthma deaths occur in low-resource settings.

Implementation research is needed to test how interventions work in low-resource settings.

Estimates suggest there will still be 2 billion smokers by 2040. 1.8 billion people will still rely on biomass for cooking and heating in 2040.

Exposure to smoke in pregnancy leads to preterm delivery and low birth weight and can harm children’s lung and brain development.

Increased knowledge on COPD and asthma. Pulmonary rehabilitation adapted to community-based programmes.

Patients and their families taught to deliver Very Brief Advice.

Midwives able to teach new mothers about harm of smoke.

Use of photography, film, art, dance and patient stories to build positive messages.

Improved understanding of risk factors.

Creative community engagement.

Improved health for diagnosis and treatment.

Reduced lung health in infancy.

Frontline staff taught to deliver Very Brief Advice.

Culturally-tailored information for parents of children with asthma.

Improved tools for diagnosis and treatment.

Research on perceptions of and treatments for childhood cough and wheeze, raising questions about appropriate diagnosis.

Infections from can improve prevention, diagnosis and treatment of chronic lung diseases where resources are limited.