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Submission of the European Respiratory Society and European Lung Foundation to the reflection process „Enabling Good Health for all"

Introduction

Founded in 1990, the *European Respiratory Society (ERS)* is a non-profit making, international medical organisation with over 7,000 members from 100 countries. It is the biggest society in Europe in its field and the Society co-operates with international societies from all over the world to promote education, research, patient care and public health in the field of respiratory medicine.

Its sister organisation the *European Lung Foundation (ELF)* was created by the ERS in 2000 with the mission of helping the European scientific community share its expertise in respiratory medicine with the public. The *ELF* is the only pan-European foundation dedicated to lung health.

Respiratory medicine is a vast field and includes well-known lung disorders such as lung cancer and asthma, as well as less well known conditions such as chronic obstructive pulmonary disease (COPD), sleep apnoea and interstitial lung diseases such as sarcoidosis and lung disease caused by drug toxicity. Tuberculosis is another key focus of respiratory physicians. Lung disease is the leading cause of death worldwide and the biggest cause of childhood morbidity and morality in the under fives. In some European countries, such as the UK, respiratory disease is already the

leading killer. Ireland has the worst rates of lung disease in the entire WHO European region. Rates of lung disease will continue to increase in the European Union as a result of *inter alia* the tobacco epidemic, rising rates of obesity and the high rates of tuberculosis in the Baltic EU states.

The total financial burden of lung disease in Europe is high. In 2000 the costs were estimated to be €102 billion – equivalent to the GDP of Ireland and 1% of the GDP of the European Union.

General comments

The *ERS* and *ELF* welcome the contribution of the reflection process to the public health policy of the European Union and recognise that much more must be done to place public health at the heart of all the EU's policies. We welcome the emphasis on the economic as well as public health gains to be made from promoting good health in the Community.

Specific comments

Part II: The way ahead: Good health for all

1. Putting health at the centre of EU policy

Positioning health as a driver for economic development

ERS and *ELF* support the objectives and actions proposed

1.2 Bridging the health gap

ERS and *ELF* believe that this is of crucial importance. In general, the incidence of certain lung diseases such as lung cancer and tuberculosis are considerably higher in the EU-10 than in the EU-15. This is particularly true of smoking related disease. In the EU-15 a third of all deaths are smoking related. In the EU-10 this figure rises to 40%.

However, there exist significant gaps within individual member states and even within individual cities. In Glasgow, for example, rates of chronic obstructive pulmonary disease are nine times higher in the poorest parliamentary constituencies as opposed to the richest constituency in the city. In the same poorest constituencies, the average male life expectancy is just 63 years. Eight kilometres across the city, the average life expectancy for a male rises to 76 years. It is therefore of crucial importance that Community and Member State health policy takes health inequalities seriously and ensures that policies are tailored to ensure that health inequalities are reduced as much as possible.

In this respect, the *ERS/ELF* call upon the Commission to ensure that all efforts are made to include new member states in research and other projects funded by the Commission. The difficulties experienced by organisations in the EU-10 in raising co-funding and dealing with the complicated administrative procedures required must be taken into account when allocating funding. As far as possible, the Commission

should endeavour to allocate the maximum 80% of funding as often the requirement to find 50% cannot be complied with.

Notwithstanding the lack of human resources within DG Sanco we would also like to point out that large scale projects are not always in the best interests of all their members and may not result in the best and most targeted research and evidence.

1.3 Protecting the population against health threats

Objective: To protect the health of EU citizens by developing capacity to prevent and react to health threats that cannot be adequately tackled by individual member states

ERS and *ELF* recognise the role the EU has to play in assuring food safety and co-ordinating Member State responses to emerging threats such as SARS and Avian flu, as well as biological terror threats. In this context we welcome the establishment of the ECDC in Stockholm. However, we would strongly urge the EU not to restrict its focus to communicable diseases. Whilst the disease burden from communicable diseases in the Community is significant, the main cause of morbidity and mortality in the Community arises from non-communicable diseases (NCD). Accordingly, the primary focus of Community policy must be on NCDs and their causes, and the allocation of human and financial resources within the Directorate General must reflect this.

Article III-278 in the new EU constitution is welcomed but *ERS/ELF* would urge the Commission and the Community to apply a wide definition of the term "cross-border health threats" when interpreting this article. The definition should include all health threats including tobacco, obesity and alcohol.

1.4 Enabling good health and promoting health through all policies

Objective: To increase healthy life and reduce the burden of disease by addressing behavioural, social and environmental factors which determine health and by mobilizing instruments in different policy areas

ERS and *ELF* support this objective but would also include *economic* factors.

It is clear that the major health gains in the EU in the next 20 years will come from prevention actions. *ERS* and the *ELF* call upon the Commission and the Member States to ensure that prevention is placed at the forefront of EU policies and that existing evidence of effective prevention interventions is acted upon and implemented.

Tobacco is the key example here. Effective well, funded tobacco control programmes are the second most cost-effective public health intervention after childhood immunisation programmes. The evidence shows that a small investment of €1-3 per capita on tobacco control programmes will result in significant falls in smoking prevalence and lives saved. The forthcoming *ASPECT* [1]report, Tobacco or Health in the European Union: Past present and future, sets out a series of recommendations on

[1] Analysis of the Science and Policy in Europe for the Control of Tobacco

how to reduce smoking related morbidity and mortality in the EU and we urge the Commission and Member States to implement them in their entirety[2].

ERS/ELF believe that is is crucially important that there is more cooperation between Commission Directorates-General on health policy so that decisions taken in one DG do not adversely impact on health. Decisions taken, for example, in the Internal Market DG should not result in the undermining of key and effective policies on tobacco and alcohol control in DG Sanco or the Member States.

Mobilising different Actors: partnerships for health

ERS/ELF agree that good health policy can only be created on a platform of openess, strong science, good governance and civil society participation. However, many NGOs working in the field struggle to find the 30-50% of co-funding needed to take part in EU funded projects and to receive Commission financing. This means that increasingly, only already well-funded organisations can afford to apply for Commission funding and that organisations in more need cannot benefit from EU funding streams. This limits the work that can be done by excellent organisations in the field, such as the European Public Health Alliance, which provides an essential contribution to European health policy. Core funding of 90% should be available, particularly post-enlargement.

As the leading scientific respiratory organisation in Europe we are committed to working with the Commission and a wide range of other partners to provide a strong scientific base for policy and an overview of European policy, research and harmonized data. The European European Lung White Book published by the *ERS* and *ELF* in November 2003 was the first comprehensive survey on respiratory health in Europe and was an attempt to identify existing gaps in data and knowledge as well as to provide a benchmark for the Community and Member States on how they compare on lung disease prevalence[3].

The *ERS* and *ELF* also strongly support the proposal to make the EU‘s public health funding more policy oriented. This is particularly urgent in the case of tobacco control interventions and tobacco product regulation where critical European specific research gaps have been identified in the *ASPECT* report on evidence and knowledge throughout the EU, but particularly in the EU-10. Tobacco control and regulation is a fast moving field and we believe that the Commission should make more use of the competitive tendering system to commission the kind of research it urgently needs to develop and support its tobacco control policy.

Scientific Committees

The work of the Commission‘s scientific committees is particularly important in risk assessment, risk management and policy development. For that reason it is of the utmost importance that these committees are fully independent of commercial interests and operate with the greatest transparency. The recent appointment and subsequent removal of Professor Ragnar Rylander from the scientific committee on

[2] See chapter 7 of the report, p.227-237

[3] The European European Lung White Book, ERS, ELF, Lausanne, November 2003, http://www.ersnet.org/ers/default.aspx?id_fiche=75501

health and the environment has raised concerns as to the actual independence of committee members and the appointment mechanisms. The *ERS* and *ELF* consider that in order to restablish public trust in these committees there is a need for an urgent and open review of the appointment systems and appointees.

Capacity

The *ERS* and *ELF* agree that good health policy can only be created with the widest involvement of the scientific and NGO communities and is committed to investing in the resources this requires. However, our efforts will only be fully effective if there is a similar investment on the part of the Commission and Member States. Regrettably, we do not believe that the Commission has been given the necessary resources to ensure that it meets its treaty obligations and public health policy objectives. We call upon the Member States and European Parliament to ensure that much greater financial and human resources are made available to the Commission and DG Sanco in particular as a matter of urgency. Only then will the view of the future set out in Commissioner Byrne‘s reflection paper have a realistic chance of becoming a reality.

In conclusion, we would like to draw the attention of the Commision, European Parliament and Member States to the first recommendation of the recent Wanless Report, commissioned by the UK Treasury into future health policy[4]:

“After many years of reviews and government policy documents, with little change on the ground, the key challenge now is delivery and implementation, not further discussion […] The key threats to our future health such as smoking, obesity and health inequalities need to be tackled now. Where the evidence exists on how to do this cost-effectively, it should be used; where it does not, promising ideas should be piloted, evaluated and stopped if the evidence shows that to be appropriate.”

The *ERS* and *ELF* wholeheartedly endorse this reccomendation and hope to see it implemented across the European Union over the next five years by the incoming European Commission, fully supported by the European Parliament and the Member States of the European Union.

[4] Wanless D. Securing good health for the whole population. Final Report. Her Majesty's (HM) Treasury, HM's Stationery Office, 2004.

Recommendations

The *ERS*/*ELF* make the following recommendations to the Commission, Member States and European Parliament in response to the *reflection process for a new EU health strategy*:

- The Member States and European Parliament should make available significantly increased financial and human resources to the Commission and DG Sanco to enable them to meet their treaty obligations and public health policy objectives

- Core funding of 90% should be available in exceptional cases

- In all other cases the Commission should endeavour to allocate the maxium 80% of support to projects involving new Member States

- More consideration should be given to finding smaller projects where appropriate and streamlining the administrative burden for applications

- The definition of health threats in Article III-278 of the new constitution should include all health threats and health determinants

- Non-communicable diseases should be the primary focus of Community actions and policy. Actions which prevent and reduce respiratory diseases should be a key focus of future policy

- The Commission and Member States should implement all the recommendations of the *ASPECT* report, Tobacco or Health in the European Union: Past, present and future, as soon as possible, according to treaty competence

- More use of competitive tenders should be made to ensure that more funding is allocated to policy oriented research

- All Community policies should be subject to a health impact assessment and should improve public health

- A review of the appointments system and appointees to the Commission‘s three new scientific committees should be carried out . All future appointments should be completely independent of commerical interests

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