RESPONSE TO THE COMMISSION CONSULTATION 'HEALTH IN EUROPE: A STRATEGIC APPROACH'

European Respiratory Society

The European Respiratory Society

The European Respiratory Society (ERS) www.ersnet.org is a not-for profit, international medical organisation with over 8,000 members from 100 countries. It is the largest society in Europe promoting respiratory health and lung research in Europe. These objectives are accomplished by promoting basic epidemiological and clinical respiratory research, collecting and disseminating scientific information, organising congresses and conferences, producing scientific publications, supporting training and continuous education in respiratory medicine and collaborating with organisations representing patients.

Its sister organisation the *European Lung Foundation (ELF)* www.european-lung-foundation.org was created by the ERS in 2000 with the mission of making its expertise in respiratory medicine and respiratory health more accessible to the European scientific community and the European public. The *ELF* is the only pan-European foundation dedicated to advancing lung health in all its aspects.

Executive summary:

- There is an urgent need for the EU and Member States (MS) to develop a coherent and effective strategy to tackle respiratory health at European and national level
- The EU and MS should fund and implement effective public health interventions that address major health determinants, such as tobacco and diet
- Objectives, milestones and outcomes should be ambitious but feasible. Outcomes should be measured against objectives
- The EU should focus on issues where the Commission can add real value, bearing in mind that some issues are better dealt with at national level
- Priority setting should be a joint venture between the Commission and all relevant and credible stakeholders
- Standard methodologies for data gathering across all EU Member States should be developed and disseminated as soon as possible
- Key health issues, such as health inequalities and global health issues should be addressed
- Independent and impartial health information should be made more widely available
- All EC Directorates General should harmonize indicators

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Respiratory health and disease

In Europe, respiratory diseases are among the leading causes of mortality and morbidity, and a further increase in mortality is expected in the future. COPD alone now features as the 4th most common cause of mortality in the adult population and asthma and related wheezing illnesses are the most common chronic debilitating illnesses of childhood. The lungs are also a major portal of entry of established and emerging health threats including drug resistant tuberculosis, pandemic influenza, tobacco, and pollutants in the external and internal (built) environment.

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

General comments

The ERS welcomes the Commission's response to new challenges and threats to health.

The ERS welcomes the emphases on synergies and joint working in promoting health improvement. Global health and events such as SARS, the re-emergence of TB and the potential impact of climate change clearly points to areas of particular concern and relevance.

However, the ERS believes that the strategy should set not only broad but also specific objectives to support health promotion and illness prevention. Indicators to measure implementation and attainment of objectives should be developed and clearly identified in the strategy. Synergies and shared interests between health, the environment, the internal market, education and training, and global health issues need to be identified.

Specific Comments

The ERS and the ELF has through its scientific groups, its network of health care professionals and in discussion with European stakeholder organisations with an interest in respiratory health and disease, identified a number of key areas meriting further research and coordinated actions.

Q1: How should we prioritize between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?

Priority setting should take into account ongoing initiatives at national, European and international level, as well as ongoing initiatives in other sectors such as environment and the internal market. Monitoring indicators and instruments to

[1] ERS, European Lung White Book – the first comprehensive survey on respiratory health in Europe, 2003, www.ersnet.org

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attain objectives should be identified. The Commission should also identify how relevant actors and professional societies such as the ERS could assist in this task.

EC priorities should focus on issues that pose a heavy burden to society and lead to high rates of morbidity and mortality, as well as areas where actions could result in significant health gains. A number of issues can be better dealt with at European level, key examples are information to patients, harmonization of indicators and data collection, and initiatives on orphan diseases.

Despite efforts to harmonize indicators and data collection, much still needs to be done. In many areas there is still a lack of data available and available data are frequently non comparable as Member States use different methodologies to collect information. The ERS recommends the development of standard methodologies, some of which have already been used by the European respiratory health care and scientific community.

Health inequalities

The emphases on health inequalities, on improving information to patients, and promoting health by addressing health determinants including smoking and diet is welcome. The incidence of tuberculosis and smoking related diseases such as lung cancer are considerably higher in the EU-12 than in the EU-15. In the EU-15 a third of all deaths are smoking related whereas in the EU-12 this figure rises to 40%. However health inequalities are also evident within individual member states and individual cities. In Glasgow, for example, rates of chronic obstructive pulmonary disease are nine times higher in the poorest areas as opposed to the most affluent with respective average male life expectancy of 63 and 76 years. It is therefore important that the health policies of Community and Member States address health inequalities.

Communication of health information

Comprehensive health information should be more widely available as this has an important role in prevention and treatment. Only an informed patient can develop a real relationship of trust with his or her physician and give fully informed consent. Information should be accurate, balanced, up-to-date and unbiased. The European Lung Foundation is committed to making information on lung health and disease more publicly available and to this end current items on the ELF website are in English, French, German and Spanish, with further languages planned for the coming year. All information provided is reviewed by lung specialists, and by lay members to ensure that this is timely, accurate, evidence based and understandable. However, more needs to be and could be done.

Health protection

Although communicable diseases pose a serious threat to Europe, major causes of morbidity and mortality in Europe, including respiratory disease, arise from non-communicable diseases. Thus the ERS would welcome a review of the mandate of the Centre for Disease Control, and calls on the Commission to

extend the ECDC mandate to non-communicable diseases with a major health impact.

The ERS also welcomes EU actions at global level. The increase of non-communicable diseases in developing countries leads to impoverishment of societies that are already struggling with the burden of communicable diseases. The WHO 2007 Work Plan estimates that chronic non-communicable diseases represent 60% of the current global disease burden. A few major disease factors account for the majority of non-communicable and chronic disease morbidity and mortality; these include tobacco use, unhealthy diets, physical inactivity and alcohol abuse. The WHO Framework Convention on Tobacco Control has been ratified by 143 countries and its implementation should make a major contribution to reducing smoking prevalence in Europe.

Tobacco control

When prioritizing issues and considering priority options, the Commission should work with Member States and all relevant stakeholders to ensure that actions add real value. While some issues can be better dealt with at a European level, for example information to patients, others will be better dealt with at national level. The ERS supports the strongest policies to prevent smoking in all public and workplaces, in the form of comprehensive smokefree legislation without exemptions. The ERS, in accordance with the Limassol recommendations[2], has always maintained that Member States should be encouraged to introduce comprehensive smoke free legislation including a total ban of smoking in the work place, including bars and restaurants, public places (including health and educational facilities) and public transport. Successful implementation of smoke free legislation requires strong popular support. Use of the media to present the evidence in favour of smoke free workplaces is essential, followed by opinion polls on smoke free policies. A proper preparation and consultation process is needed which should take the form of both public and parliamentary debate.

Orphan diseases

The Commission can reduce the gap in diagnosis and care between people affected by orphan diseases and more common easily recognized diseases. Key in closing these gaps will be the production and dissemination of guidelines on the treatment of such diseases, identification of reference centers and continuing support of the relevant European health care professionals. ERS is currently working in these areas.

Health Indicators

Although Healthy Life Indicators have been proposed as useful tools in estimating demands for future care and in allocating resources in themselves they do not identify gaps and areas where intervention is required. Priority setting should be

[2] http://www.ersnet.org/ers/show/default.aspx?id_attach=14772

a joint venture between the Commission and all relevant and credible stakeholders, and a mix of processes and indicators should be used.

While access to healthcare service can be measured through quantitative indicators such as the number of hospital beds per population available or physical access to health centers and hospitals, population access to information designed to impact on health behavior cannot be measured using such indicators.

In recent years the Disability-Adjusted Life Year (DALY) has been used by some EC DGs to support policy-options. The DALY indicator can be used to assess the effectiveness of a range of interventions in reducing disease burden, and to compare interventions. However, studies using DALYs are resource intensive and conclusions are usually drawn up by technical experts with little involvement of health care providers, interest groups or beneficiaries. The manner in which the information is presented can also introduce a subjective element[3].

The ERS believes that the Commission should harmonize the indicators used by the different DGs so that all proposals use the same methodology and can therefore be comparable. The indicator(s) used should take into account the social and economic impact of different interventions as this will promote and diversify the policy debate. A more comprehensive involvement of health care professionals and lay public in refining and applying health indicators and outcome measures is required if health indicators are to be used more widely in identifying priorities and informing policy.

Q2: What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term – 5 years and 10 years?

Please see annex 1.

Q3: Are there issues where legislation would be appropriate? What other non-legislative instruments should be used for example, a process similar to the Open Method of Coordination? How can we make better use of Impact assessment?

The need for legislation should be assessed according to the topic under review, taking into account ongoing initiatives at national, European and International level, and the Union contribution being proposed.

Lessons from tobacco control in Europe have shown that "soft-legislation" and voluntary codes are not effective in reducing smoking prevalence. However, in the case of pandemics, non-legislative instruments, such as the Open Method of Coordination (OMC), can greatly contribute to improve MS coordination and preparedness to respond to events. The EC has a key role to play in coordinating actions, preparedness plans and coordination of risk communication.

[3] http://www.worldbank.org/html/extdr/hnp/hddflash/wp_00068.html

In the field of Public health, the regulatory environment and legal base allow all Member States to collaborate towards a common framework through the OMC. A Declaration from Health Ministers to establish a European area for Health similar to the Bologna process should be made in order to ensure that clear objectives are set with a political commitment to them being met. All national health policies should have a strong European dimension, better coordination and financial synergies in order to support the EU Health strategy.

The ERS recognizes that making health a common theme in all policies involves forging new partnerships across all sectors at EU and national level, and putting in place the right systems, such as impact assessments, to ensure a systematic scrutiny of their impact. Although all major initiatives at the Community level are required to have an impact assessment including what impact the policy will have on the health, these impacts are often overlooked or minimized. A key example is the recent Commission proposal for a Directive on ambient air[4].

The ERS welcomes the development of tools to measure policy impacts on health and calls on the Commission to invest more in this area. In order to promote the implementation of health impact assessments, DG Sanco should consider developing a health handbook to define an operational framework for integrating health issues into all EC policies which impact on health and health systems. For an example, please see the Environmental Integration Handbook for EC development cooperation prepared for EuropeAid Unit E6 by the Helpdesk Environ(ne)ment http://ec.europa.eu/europeaid/reports/environmental_integration_handbook_en.pdf

As far as non legislative actions are concerned the ERS would suggest a better use of existing expertise and commitment to public and environmental health including support for the maintenance of this expertise by harmonization of training and continuing education.

Q4: How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?

The European Commission has over the past years created a number of fora and Working Groups to promote exchange of best practices and dialogue between all relevant stakeholders. Coordination between different platforms and consultative fora, EC Directorate Generals and EU agencies should be improved and made more transparent, so that EU policies are coherent and do not conflict. Therefore, the ERS would welcome better coordination between EC fora, and in particular those addressing issues which impact on health such as education and training, workplace practice, the internal market, taxation and the environment. Such collaboration would contribute to the development of a concerted action at EU/national level and implementation of the Lisbon agenda, while taking into account social and public health issues.

[4] http://ec.europa.eu/environment/air/cafe/pdf/com_2005_447_en.pdf

The ERS welcomes the creation of an EC database which includes all EU funded research, i.e. relevance of the project to the different EU policy areas, objectives and outcomes. The database should be open to all those with an interest in EU projects and policies. The creation of such database would facilitate the access to the results of projects and their integration into policy making. If the creation of a EU database proves to be difficult, then thematic databases such as SINAPSE should be created. (http://europa.eu.int/sinapse/sinapse/index.cfm). Another key example is the DG Sanco database of funded projects.

Health professionals play an important role in improving patients' understanding of the relation between health determinants, such as smoking and diet, and health. Improved understanding of the link between diseases and health determinants would help support the evidence base for health promotion.

As a scientific society, the ERS values the importance of training and life long learning. Therefore, the ERS strongly supports the proposal to develop strategies on key settings such as workplaces, and to foster education and training, of health professionals. The ERS believes that specialty curricula agreed upon at the European level should be developed and implemented by national education systems. Nevertheless, the ERS believes that European Curricula in those disciplines representing the major European health issues should be developed in collaboration with the cognate European Societies such as the ERS.

The ERS for example has initiated the development of a European curriculum for respiratory specialists (HERMES - Harmonized Education in Respiratory Medicine for European Specialists), which includes training on public health and occupational and environmental diseases that has direct relevance to such issues as occupational asthma, the impacts of indoor and outdoor air quality on health and smoking related disease.

Q5: How can we ensure that progress is made and that objectives are met? For example, should indicators or milestones be used? What measures or indicators could show real short term change, within early years of the strategy?

The ERS believes that milestones should be set and a mix of indicators should be identified to measure performance and implementation of the strategy. A mix of indicators should be used, according to the policy area being assessed. The Commission should carry out a yearly evaluation of the strategy, and a mid-term review should allow a revision of objectives. Examples relevant to tobacco control for example could include support for the research into levels of support for smoke free legislation, increases in quit attempts and in the number of smoke free homes following implementation of smoke free laws. A good current example of such research is the International Tobacco Control Policy Project (www.itc.org). For more direct health outcomes those known to be influenced by passive exposure such as otitis media and lower respiratory tract symptoms and infections in young children could be used. However more work needs to done in developing and establishing the feasibility of acquiring such data.

Objectives, milestones and expected outcomes should be ambitious but feasible.

Q6: How do we ensure that the Strategy adds value to actions at Member State level? How can the responsibility for implementation be shared between the EU and Member States?

Any EU Health Strategy should take into account national and international initiatives, such as those promoted by WHO, initiatives promoted by large private donors such as the Open Society Institute and Soros Foundation Network and the Bill and Melinda Gates Foundation should also be monitored for their impact on public health in the EU27. In ensuring added value and taking responsibility for implementation the role of well established professional societies such as the ERS in promotion and dissemination should be considered.

Q7: How could methods for involving stakeholders be improved? How can we create innovative partnerships with stakeholders?

Good health can only be promoted and achieved on a platform of openness, strong science, good governance and civil society participation.

In recent years the European Commission has developed a number of tools to consult with the general public and stakeholders. A number of fora and working groups have been set up in order to promote dialogue and exchange of best practice. The ERS welcomes all EC initiatives that are transparent and involve a wide range of interest and stakeholders. We believe that a clear and detailed mission statement, terms of reference and membership criteria should be available for all Forums and working groups. All documents developed and discussed by the Forum members should be available to the public as well as minutes from the meetings. Organisations to which membership was not granted, but that have shown an interest in the issues being discussed by the forum, should have the opportunity to comment on the fora papers and recommendations.

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 are evidence based and operate with the greatest transparency.

As the leading scientific respiratory organization in Europe the ERS is 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 lung white Book published by the ERS and ELF in November 2003, with plans for regular updating and revision, 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 MS on how they compare lung disease prevalence.

The ERS also organizes seminars with policy-makers and relevant stakeholders with the aim of reviewing scientific findings, and suggesting policy actions in the light of the science available.

Q8: Further comments:

The ERS welcomes the emphases on synergies and joint working in promoting health. Issues of direct relevance to the European respiratory health care community such as pandemic influenza, SARS and the re-emergence of TB and the potential impact of climate change are clearly areas which the EU has a competence to address in partnership with other stakeholders.

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Annex 1: Priority areas and indicative milestones

Issue	Link to other policy areas	Objectives and timeline for implementation
Respiratory diseases	Environment, Climate change, Transports, Research, education and training, Employment (occupational health)	Overall objective: reduce the burden of respiratory diseases. Raise awareness of less well known lung diseases. Specific objectives: • Fill existing gaps of the prevalence of respiratory diseases in the EU 27, and, where possible, harmonize indicators and data collection • Raise awareness of respiratory diseases across the EU • Development of a coherent health strategy • Capacity building • Increase funding for Research Desired outcomes by 2013: • Comprehensive overview of the burden of respiratory health and disease in the EU. • Surveillance of respiratory health and disease with identification of important "health signals". • Development of and support for National Respiratory Plans, designed to tackle the biggest killers • Implementation of a coherent EU health strategy on respiratory disease • Reduce gaps in life-expectancy across the EU and within countries • Reduction of respiratory disease incidence across the EU by tackling determinants

		• Harmonized training and professional development across EU MS. • EU as the leading area for basic and applied respiratory research.
Tobacco	Taxation, internal market, workplaces, agriculture	Overall objective: reduction of smoking prevalence by 1-2% per year in the EU from current 30%. Reduction of tobacco sales. Specific objectives: • Increase tobacco excise duties or harmonize tobacco excise duties upwards • Encourage legislation banning smoking in all public and workplaces throughout EU according to the highest standards • Establish a European tobacco and nicotine products regulatory agency • Support the implementation of the FCTC including through the development of effective protocols • Adopt pictorial warnings in all EU 27 • Introduction of plain cigarette packages Desired outcomes: • Establishment of an European tobacco and nicotine products regulatory agency by 2012 • All EU countries to ratify the FCTC by 2008 • All MS to adopt pictorial warnings by 2009 • All MS to implement Irish/Scottish style smoking bans by 2008 • Introduction of plain cigarette packages by 2012

		• EU support for Research in 2008, particularly in effective interventions
TB	Neighborhood policy, development policy, global health, security and home affairs, migration	Objective: increase political support and funding for drug-resistant TB in Europe. Raise awareness about drug-resistant TB. Reduce TB incidence and mortality Specific objectives: • Information gathering and development of information material on drug-resistant TB in Europe • Raise awareness of the link between smoking and the development of TB • Capacity building • Promote research and development of new diagnostics, vaccines and drugs • Implementation of immediate surveillance activities Desired outcomes by 2013: • A significant reduction in drug-resistant TB • Prevention of extensively drug-resistant TB • Standardization of the definition of drug-resistant TB • Raise awareness about drug-resistant TB • Further research on drug-resistant TB • Reduction of multi-drug TB incidence • Put surveillance activities in place
Information to Patients	Pharmaceuticals, internal market, enterprise	Objective: better information to patients. Health promotion and prevention. Reduction in demand for unscheduled emergency care for chronic disease.

		Specific objectives: • Work with healthcare professionals to develop better and more information to patients • Train professionals • Set validation criteria • Identify valid national sources • Develop a model package of information Desired outcomes: • Identify centers of excellence (website) • Set validation criteria, taking into account existing EU initiatives in this area • Creation of independent and transparent databases • Development of a model package of information on determinants and health, which can be distributed in all EU27 • Creation of free phone/web based access to answer key questions
Avian flu	Neighborhood policy, development policy, global health, security	Overall objective: avoid different approaches and develop a coordinated response. Improve and coordinate communication of risk. Work to prevent a major pandemic. Specific objectives: • Improve coordination of responses • Raise awareness and coordinate communication of risk: keep the public and policy makers informed of how it is transmitted, especially from wild birds to domestic, and

		how it can be treated • Further resources allocation to new antivirals and vaccines Desired outcomes: • More and better information available • Better coordination of preparedness plans and communication of risk • Development of a generic vaccine for all types of flu • Further research in new antivirals
Air quality Indoor and Outdoor	Environment, Construction, Sustainable development, Climate Change, Research, Transports, Training	Overall objective: reduce ill health caused by air pollution. Specific objectives: • Control sources of pollution • Further research on indoor air quality, in order to establish links between pollutants and associated health impacts • Identify effective interventions • Development of labeling systems to control emissions from buildings and consumer products • Develop building codes and guidelines • Information on indoor air pollutants Desired outcomes: • Implementation of comprehensive smoking bans across all EU27 • EC Green paper on indoor air by 2008 • Implementation of sustainable and effective

		interventions • Education and information campaigns on sources of pollution and how to better reduce emissions • Better building codes and guidelines for ventilation and moisture control for indoor air pollutants except ETS (environmental tobacco smoke), which should be completely eliminated • Labeling systems to control emissions from buildings and consumer products