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ERS President 2010-2011

Launch European Respiratory Roadmap
Brussels September 6th 2011
Prudential building
Boston, MA

“ The future belongs to those who prepare for it...”
Accidents

Chronic Obstructive Pulmonary Disease

Diabetes

Major problem

Why did we make considerably more progress with stroke and cardiovascular disease than with respiratory disease?
Chronic respiratory disease

• Research for respiratory disease is underfunded\(^1\)
  - In the UK in 2002, 13% of all deaths were due to respiratory disease
  - Funding for respiratory research claimed only 2.8% of total MRC expenditure

EU 7th Framework Programme (FP7)

FP7 TOTAL: € 54 BILLION
FP7 HEALTH RESEARCH: € 6 BILLION (11%)

FP7 Respiratory research (4.3%)
i.e. € 261 million

COPD & asthma research (0.5%)
i.e. € 31 million

FP7 Health research
i.e. € 6 billion (11%)
PREVALENCE OF SMOKING

Source: Eurobarometer 2010
Objectives

• First step
  • Increase lung health awareness

• Next steps
  • Identify issues
  • Define appropriate responses
  • Integrate into existing action plans
European Respiratory Roadmap

• Pinpoints specific and cost-effective measures to prevent and control lung diseases in future

• Coincident events:
  – European Council Conclusions on chronic diseases
  – UN High Level Summit on NCD’s 19-20 September
  – Polish Presidency conference “childhood respiratory disease” 21 September

• Hope that these events lead to a sustained roadmap for future
European Respiratory Roadmap

- Prevention
- Clinical medicine
- Research
- Education
European Respiratory Roadmap

Versions

• Medical
• Health policy maker
Prevention

• Reduce inequalities between countries
• Reduce exposure of children to intra-uterine and secondhand smoke
• Reduce urban air pollution
• Improve indoor air quality
• Manage consequences of natural events (volcano eruptions, tsunami’s and floods, and climate change)
Key recommendations

Prevention

• Full implementation of WHO Framework Convention on Tobacco Control in Europe
• Action upon the Parma declaration on indoor and outdoor air pollution and climate change
• Implementation of the UN outcomes document on NCDs in the European Region
• Preparation of the challenge of increased occupational and work related diseases
Key recommendations

**Prevention**

- Promotion of physical activity and healthy diets
- Reduction of health inequalities within countries and between countries in Europe
- Development of cost-effective early diagnosis and detection of respiratory diseases in member states
- Awareness of pre-natal and early-life events for lung health in adulthood
Clinical Medicine

- Costs of health care 10.5% GDP in the EU
- Forecasted 16% by 2020
- Shortage of health care workers of 1,000,000, leaving up to 15% of care uncovered, by 2020
- Quality effective by avoiding catastrophic events resulting from poor quality

Key recommendations

Clinical medicine

- EU action on rare diseases is to be commended.
- A similar strategy for chronic diseases including respiratory should be introduced by the European Commission as part of the reflection process called for in the Council conclusions.
- There is a need to improve accessibility to care for those with chronic respiratory diseases.
- There is a need to promote and better co-ordinate lung transplantation in Europe.
- Common chronic respiratory diseases such as asthma and COPD will need clear guidelines and registries set up at the EU level.
Research

• At the verge of formidable breakthroughs
  – Boosting host defense and innate immunity
  – Personalized care for lung cancer
  – Innovative approaches for restoring pulmonary function\(^1\)
  – Better translation of research findings into clinical practice\(^2\)
• Only 9 new molecules in the last 40 years
  – Public-private partnerships (IMI)\(^3\)
  – Collaboration Industry-Innovative Academic centers

Key recommendations

Research

• EU and member states need to significantly increase investments for biomedical research to meet the grand societal challenges such as ageing of the population.
• There is a need to set up a dedicated infrastructure for health research that spans the full biomedical innovation cycle.
• Europe needs a strong generation of medical researchers trained to tackle aspects from basic to translational and clinical research, capable of supporting the chain of innovation.
Education

- Improving standards by harmonization (HERMES)
- Innovative modalities such as E-learning and skills labs
- Physician and patient mobility
  – by 2015, 11.2% of retired UK population abroad\(^1\)

Key recommendations

**Education**

- Member states and the commission must prepare for continued patient and doctor mobility in future and take account of the training and skills that will be needed.
- Member states national authorities should recognise provider led “European Accreditation” which aims to harmonise the training of doctors in Europe.
Patients and their organisations

• Patient empowerment

• “adequate amount of information of adequate quality should be available to all patients” (Prevention)

• “Guidelines need to inclusive and produced in collaboration with the relevant stakeholders, such as patients and their organizations” (Clinical)
Patients and their organisations

• “There is a need for the practitioner to be confident, competent, to show empathy, humanity and honesty, and they should be willing to view the patient as an important partner.” (Education)

• “Patients no longer see themselves as passive recipients of care: interestingly they expect to be involved in all decisions that affect them.” (Education)
Conclusions

• Respiratory diseases were not appropriately dealt with.

• This is due to a variety of reasons:
  • not enough investment in research on respiratory diseases
  • combat against the risk factors not vigorous enough.

• The European Respiratory Roadmap offers specific recommendations to health policy makers in order to improve the outlook of these diseases in future.