A “roadmap” is an extended look at the future of a chosen field of inquiry composed from the collective knowledge and imagination of the brightest drivers of change in that field.\textsuperscript{1}
The European Respiratory Roadmap (hereafter "roadmap"), the first of its kind, seeks to serve as a basis for the respiratory community to communicate with key decision and policy makers on the importance of a focused strategy for respiratory medicine. It is based upon the complete, medical version of the roadmap, which includes all references, and is available on the European Respiratory Society website at www.ersnet.org/roadmap

The roadmap aims to outline health priorities in the respiratory field for the next decade. In particular, the future needs in clinical practice, patient empowerment, expected new models of care delivery, and prevention strategies. It highlights the major research challenges that still persist and how the training and education of health professionals will need to adapt to meet the societal challenges of the next generation.

It is structured into four chapters: 1) Prevention, 2) Clinical care, 3) Research and 4) Education.

It is entirely independent from external funding and is published by the ERS on behalf of the whole respiratory community.

WHY A ROADMAP NOW?

Respiratory diseases – acute, chronic, communicable and non-communicable – impose a global burden affecting hundreds of millions of people. Hundreds of millions worldwide suffer from asthma and chronic obstructive pulmonary disease (COPD) alone.3

On the communicable side, infectious pneumonia is the world’s number one killer of infants and children under the age of 5 years, accounting for more childhood deaths than malaria, AIDS and measles combined.3 In 2007, there was an estimated 9.27 million cases of tuberculosis (TB) and in Europe alone there were 62,000 deaths recorded from TB in 2009.4

Non-communicable, chronic respiratory diseases, together with cancers, cardiovascular disease and diabetes, make the largest contribution to global mortality. Worldwide, non-communicable diseases account for 60% (35 million) of global deaths and are projected to increase by a further 17% in the next 10 years.5 One half of those who die prematurely from non-communicable diseases are in their productive years and the social costs and economic consequences in terms of lost productivity are considerable.6 In 2010, COPD alone was estimated to have cost the global economy $400 billion.7

In this context the European Respiratory Society (ERS), with members in 100 countries, welcomes the global initiative of the United Nations (UN) General Assembly to convene a high level UN summit on non-communicable diseases. The most important outcome of this UN summit on non-communicable diseases will be sustained and strong political support for a framework of specific commitments to tackle the non-communicable disease crisis. The ERS fully endorses the outcomes proposed by the NCD Alliance,8 the Framework Convention Alliance9 and the position outlined by the European Chronic Disease Alliance (ECDA).10 The respiratory community would like to see coherence and a linked-up approach between the UN outcomes document on non-communicable

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5 Sixty-fifth session of the United Nations General Assembly. Follow-up to the outcome of the Millennium Summit. Note by the Secretary-General transmitting the report by the Director-General of the World Health Organization on the global status of non-communicable diseases, with a particular focus on the development challenges faced by developing countries (September 2010). http://apps.who.int/gb/ebwha/pdf_files/A61/A61_8-en.pdf
10 www.ersnet.org/chronic
In October 2010, the ERS held a respiratory-focused conference in partnership with the Belgian Presidency of the European Union (EU). Key issues raised by the ERS at the conference were reflected in the EU Council conclusions on “Innovative approaches for chronic diseases in public health and healthcare systems.” The respiratory community calls for a strong strategy on chronic diseases in the planned 2012 reflection paper arising from these conclusions. In this respect we commend the initiative of the EU Presidencies to work on chronic diseases and are strongly encouraged by the Polish Presidency’s emphasis on childhood respiratory diseases. There are several reasons why respiratory health must be at the centre of such a chronic disease strategy.

One such reason is undoubtedly that not enough is being invested in research on respiratory diseases. In 2002 in the UK, respiratory research only claimed 2.8% of the Medical Research Council budget, whereas 13% of the mortality was due to respiratory diseases. Similarly, an analysis we recently made of the Seventh Framework Programme for Research and Technological Development (FP7, 2007–2013) demonstrated that, although 4.3% of the health budget was claimed by respiratory research, only 0.5% was devoted to COPD and asthma, the diseases that without question pose the greatest challenge (fig. 1).

A second reason is that we need to do more to combat the known risk factors of respiratory disease. The recent EU barometer survey on tobacco showed that smoking prevalence is still very high in the EU, even exceeding 35% in countries like Spain and Greece, and with only one country – Sweden – having the lowest prevalence of 15% (fig. 2). Our healthcare systems are overstressed and, in most European countries, healthcare costs have now risen to 10.5% of the gross domestic product (GDP) on average, which corresponds to about 28–29% of the fiscal income of those countries. Figure 3 shows the increase in healthcare costs in European countries in the past two decades. These costs are expected to increase even more because of the rising costs associated with the ageing population in most European countries. Healthcare expenditure is expected to reach 16% of GDP in most European

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13 Ibid.
14 Gerkens S, Merkur S. Belgium health system review. *Health Syst Transit* 2010; 12: 1–266.
countries by 2020. In future, concerted efforts will be required across Europe to ensure effective prevention and management of chronic respiratory diseases.

It is our hope that this roadmap will substantially improve the health of citizens in Europe and beyond, and contribute to a greatly improved quality of care in the future.

_M. Decramer and Y. Sibille_

_M. Decramer is ERS President (2010–11) and Y. Sibille is ERS European Affairs Secretary (2009–12)._

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_Ibid._