Addressing NCDs [chronic diseases] is critical for global public health, but it will also be good for the economy; for the environment; for the global public good in the broadest sense. If we come together to tackle NCDs, we can do more than heal individuals – we can safeguard our very future.
Ban Ki moon – UN Secretary General addressing the UN General Assembly

There is simply no justification for chronic diseases to continue to take millions of lives prematurely each year when the understanding of how to prevent these deaths is available now.
Dr JoAnne Epping-Jordan, WHO Senior Programme Adviser, Chronic Diseases and Health Promotion

Introduction

The European Respiratory Society, ERS welcomes the opportunity to respond to the European Commission’s consultation on the reflection process. In addition, the ERS fully endorses the submissions of the European Chronic Disease Alliance, European Public Health Alliance, the Smoke Free Partnership and the European COPD Coalition.

The ERS is a professional, medical organisation with more than 12,000 members in over 100 countries representing medical and scientific experts in the field of respiratory medicine and lung science. Its mission is to alleviate suffering from respiratory disease through advocacy, research, knowledge sharing and education. Its annual congress attracts over 20,000 respiratory health professionals from all across the world. More info at www.ersnet.org

In Europe, chronic respiratory diseases are characterised by high morbidity and suffering and are also a leading cause of death. Respiratory disease results in a yearly financial burden of over 100 billion euros in Europe due to direct and indirect costs. According to the Council of the European Union the prevalence of respiratory diseases in children in the European Union has been rising in recent decades with chronic respiratory diseases “the most common non-communicable diseases in children”

On the rise in Europe is COPD a chronic, complex, debilitating and life-threatening disease which gets worse over time. WHO predicts it to be the third leading cause of death by 2030. Moreover, millions of Europeans suffer from asthma, which represents one of the most prevalent long term or chronic

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3. Council conclusions on prevention, early diagnosis and treatment of chronic respiratory diseases in children, 3131st EMPLOYMENT, SOCIAL POLICY, HEALTH and CONSUMER AFFAIRS Council meeting, Brussels, 1 and 2 December 2011
conditions. In addition, lung cancer remains the number one cancer killer in men and women in Europe and is likely to increase faster than any other type. Also of increasing concern are conditions such as sleep apnoea which has been on the increase due to rising levels of obesity in the European population and pulmonary hypertension.

**Table 1. Common non-malignant chronic respiratory diseases.**

<table>
<thead>
<tr>
<th>Condition</th>
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<tbody>
<tr>
<td>Asthma</td>
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<tr>
<td>Bronchiectasis</td>
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<tr>
<td>Chronic obstructive pulmonary disease</td>
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<tr>
<td>Hypersensitivity pneumonitis</td>
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<tr>
<td>Interstitial lung disease</td>
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<tr>
<td>Pneumoconiosis</td>
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<tr>
<td>Post-tuberculous lung disease</td>
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<tr>
<td>Pulmonary circulatory disease: pulmonary embolism, pulmonary hypertension and cor pulmonale</td>
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<tr>
<td>Pulmonary eosinophilia</td>
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<tr>
<td>Rhinitis</td>
</tr>
<tr>
<td>Sarcoidiosis</td>
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<tr>
<td>Sleep apnoea syndrome</td>
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</table>

Although evidence shows that chronic respiratory diseases are on the rise and that social inequality (in all age-groups; particularly in children) causes a higher proportion of deaths in respiratory disease than in any other diseases, lung diseases are still poorly understood by the public and receive minimal funding from most national governments, foundations and intergovernmental bodies.

To feed into the European Union’s development of a strategy to tackle chronic diseases, the ERS developed a **Respiratory Roadmap** which followed on from a respiratory-focused conference held in partnership with the Belgian Presidency of the European Union (EU) in October 2010. The European respiratory roadmap makes a series of detailed recommendations to tackle respiratory diseases but also the chronic disease epidemic overall and calls for a strong European strategy on chronic diseases.

The ERS is confident that this response to the reflection process consultation together with the European Respiratory Roadmap provides concrete areas of action for both the European Commission and the Member States to take on board.

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Executive Summary

- Chronic diseases are a global epidemic and in particular a major scourge on the level of health enjoyed by Europe’s citizens.

- Chronic respiratory diseases including COPD, asthma, lung cancer and sleep apnoea account for a significant burden of the chronic disease epidemic and their prevalence is likely to increase in the coming decades.

- The urgent need to address the epidemic has been recognised globally inter alia by the United Nations General Assembly⁶, the World Health Organisation⁷, the OECD⁸, the World Economic Forum⁹ and the World Bank.¹⁰

- On the European level, the European Parliament¹¹ and the Council of the European Union have called for meaningful action via full implementation of the UN political declaration¹² and a comprehensive reflection process on chronic diseases that is incorporated into Europe 2020. The Council of the European Union called for the reflection process on the 7th of December 2010 to be completed by 2012.¹³

- ERS is concerned both at the apparent lack of urgency in the presentation of the reflection process and the omission of key political commitments both European and global in the consultation document dated March 2012. ERS is also troubled that feedback from key stakeholders is requested almost two years after the Council’s Conclusions on the matter.

- Currently only 6 Member States of the European Union have reported a plan to tackle chronic respiratory diseases as part of their plan to tackle chronic non-communicable diseases.¹⁴ ERS calls for the remaining 21 Member States to step up efforts to include respiratory diseases in their national action plans.

- The Commission must bring together all elements to form a comprehensive strategy on chronic diseases. This strategy should be supported at Member State level by evidence-based disease-specific strategies adapted according to the particular priorities and situation in each country.

- If every citizen had a regular lung health check, it would be possible to plan for those likely to require respiratory healthcare. This would enable us to anticipate respiratory health burdens of the future, and conveys a simple message about getting the public to understand the most basic function of their respiratory system.

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⁷ http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/resolutions-and-meeting-reports
⁸ http://www.oecd.org/dataoecd/57/14/40324263.pdf
• We urge Member States to incentivise procedures such as simple lung function tests and 
tobacco dependence treatment with obvious benefits such as early detection. There also is a 
need for Member States to encourage the development of robust and simple methods for 
screening, e.g. for sleep disorders, lung cancer, COPD and other chronic respiratory conditions, 
including infectious diseases, as these will remain significant challenges at the clinical level.

• Members States need to step up efforts to ensure that the recommendations of the Council on 
smoke-free are implemented and they should also implement the guidelines of WHO FCTC into 
national legislation such as Article 5.3 on Tobacco Industry interference.

• A shift from hospital-centred medicine to home care, from physician care to nurse care and 
from nurse care to self-management will be inevitable. The EU must do more to prepare for this 
shift.

• The use of managed clinical networks, multidisciplinary teams and collaborative efforts across 
the lines of healthcare should be stimulated and funded in the Member States. These are crucial 
for the optimal management of complex conditions, and will need to be further developed 
across Europe.

• Specialist consultation clinics should be considered in order to improve both the self-
management of chronic conditions and the communication between the medical professional 
and the empowered patient.

• Major findings of the first European COPD Audit, show remarkable health inequalities in the 
management and care of COPD patients within and between EU countries. There is a great need 
to improve the standards of care for patients in Europe with COPD.

• ERS support the efforts to improve care via the EU e-health agenda. The use of modern 
technology (such as smart phones and applications) improves patient access, information and 
disease monitoring, and will lead to cost savings.

• Presently, scientific collaboration in health in Europe lacks a strong strategic framework to 
tackle chronic diseases. Cross-fertilisation between clinical disciplines is vital, in order to 
accelerate the translation of basic science into clinical practice and to efficiently exploit basic 
science discoveries to tackle chronic diseases. If promoted by the EU and Member States this 
would result in significant cost savings and the more efficient use of research funding in Europe.

• The EU and Member States should actively consider extending the mandate of the European 
Centre for Disease Control (ECDC) to cover the chronic disease epidemic.

• The EU action on rare diseases is to be commended. The strategy for chronic disease should 
follow a similar legal and policy structure. This would include but not be limited to a Commission 
Communication, Task Force on Chronic Diseases, European Network, prioritised research and 
monitoring and surveillance of chronic diseases.
Response to specific consultation questions:

1. **What is the current situation on chronic diseases in the European Union?**

   The situation is dire. The context and basis for action is as follows:

   *The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being*

   EU Commissioner for health, John Dalli addressing the UN General Assembly

   *Recognises the urgent need for greater measures at global, regional and national levels to prevent and control non-communicable diseases in order to contribute to the full realization of the right of everyone to the highest attainable standard of physical and mental health*

   UN Political Declaration on the prevention and Control of Non-communicable Diseases

   - Worryingly, the reflection process consultation document of the European Commission does not make sufficient reference to either the basis for action nor the political will declared at the highest levels committed to act in this area namely: the Treaty on the Functioning of the European Union, the UN political declaration on non-communicable diseases\(^{15}\), the conclusions of Council of the European Union\(^{16}\), the resolution of the European Parliament\(^{17}\), Members States action plans\(^{18}\) nor the WHO declarations and action plans on this topic.\(^{19}\) ERS respectfully submits that these elements must be recalled in any reflection on chronic diseases. Moreover, the sense of urgency expressed by both heads of government and Commissioner Dalli must be central to this reflection process and referred to accordingly.

   - Article 168 of the Treaty on the Functioning of the European Union affirms that Union action shall cover the fight against the major health scourges. Described by the United Nations in the Political Declaration on non-communicable diseases as a challenge of epidemic proportions and responsible for 86% of all deaths in the European Region, chronic diseases must necessarily be defined as *a major health scourge* as set out in the primary law of the European Union.

   - Article 168 also affirms “a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”. This health protection naturally includes protection from chronic diseases -the leading causes of preventable morbidity and mortality in Europe - and this is why the Council of the European Union has rightly called on the European Commission to “integrate, where possible, chronic diseases as a priority in current

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\(^{16}\) Council conclusions on prevention, early diagnosis and treatment of chronic respiratory diseases in children,3131st EMPLOYMENT, SOCIAL POLICY, HEALTH and CONSUMER AFFAIRS Council meeting, Brussels, 1 and 2 December 2011  
\(^{19}\) http://www.euro.who.int/en/what-we-do/health-topics/noncommunicable-diseases/resolutions-and-meeting-reports
and future European research and action programmes”. Moreover, the WHO Health 2020 strategy and WHO NCD Action Plan for the European region both complement the spirit of Article 168 in emphasising the essential need for health in all policies, multisectoral whole-of-government and whole-of-society approach to fighting the scourge of chronic diseases.

What further information and evidence should be taken into account by National Governments and the EU regarding the chronic disease situation?

- Following the NCD Summit in New York, a new WHO report was released on the 14th of September featuring information about the non-communicable diseases (NCDs) situation in 193 countries. This report indicates where each government needs to focus to prevent and treat the four major killers: cancer, heart disease and stroke, lung disease and diabetes and includes details of what proportion of each country’s deaths are due to non-communicable diseases. The WHO report above reveals that, out of the 27 EU Member States, only 6 EU MS have an integrated or topic-specific policy/programme/Action plan which is currently operational for Chronic Respiratory Diseases.

2. Health Promotion and Disease Prevention – what more should be done

Worldwide, the best examples of measures to address [chronic diseases] show that such efforts can deliver health improvements sooner than commonly thought—within a few years of the elimination of exposure to risk factors, or even more quickly. Leaders at the national and local level have the power to save many lives, avoid widespread suffering, and forestall major human and economic cost, all within a short space of time. Now is the time to act.

The growing danger of non-communicable diseases: acting now to reverse course, the World Bank20

What additional actions and developments are needed to address key risk factors to prevent chronic diseases?

- An overarching chronic disease strategy or framework focusing on prevention and addressing the major risk factors of chronic diseases needs to be developed at EU level. This strategy should be supported at Member State level by evidence-based disease-specific strategies adapted according to the particular priorities and situation in each country.

- The EU must put greater emphasis on ensuring the implementation of health in all policies. In accordance with the Lisbon Treaty, the EU must ensure that policies that have an influence on the health of EU citizens must promote health and healthier lifestyles. The EU must take a leadership role to partner with other sectors to influence the environmental and social factors that influence health e.g. air pollution (outdoor and indoor) increases the risk of asthma and

other respiratory diseases, and fine particulate matter in the air increases the risk of cardiovascular disease and lung cancer significantly affecting life expectancy. A new OECD report says air pollution will be a top environmental cause of premature death by 2050.

What potential is there for broad based early detection action?

- Having a simple screening tool adapted to the primary care setting that would detect diseases in early stages would reduce the number of patient referrals. This would result in fewer later stage cases of disease and consequently, better quality of life for patients, and help savings for the healthcare burden.

- Spirometry is the most reproducible and objective measurement of airflow limitation available. Spirometry enables the primary care health professional to make an objective measurement of airflow limitation and the degree to which it is reversible, and is an important tool for accurate diagnosis and effective management of chronic respiratory diseases including asthma and Chronic Obstructive Pulmonary Disease (COPD). However, spirometry remains underused in primary care. Barriers to performing spirometry in community settings include lack of access to calibrated spirometers, inadequate training in performing spirometry, lack of quality-control systems to ensure accurate results, and inadequate interpretation skills among health professionals performing the test.

- Screening the general population for respiratory symptoms and lung function has been shown to be an effective method for detecting subjects with a mildly but persistently impaired lung function at an early undetected stage of the disease. When compared to other diseases, the cost per detected case is even relatively cheap, see table 1 below. We urge Member States to incentivise procedures such as simple lung function tests and tobacco dependence treatment with obvious benefits such as early detection.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Cost per detected case</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>127</td>
</tr>
<tr>
<td>Abdominal aortic aneurysm</td>
<td>508</td>
</tr>
<tr>
<td>COPD/asthma</td>
<td>573</td>
</tr>
<tr>
<td>Hypercholesterolaemia</td>
<td>1117</td>
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</table>

Table 1
Cost per detected case in screening programmes

If every citizen had a regular lung health check, it would be possible to plan for those likely to require respiratory healthcare. This would enable us to anticipate respiratory health burdens of the future, and conveys a simple message about getting the public to understand the most basic function of their respiratory system, and preserve optimum lung capacity for each individual.

Screening for nutritional status and weight is of particular relevance in respiratory conditions. Regular monitoring in all areas of child and adolescent growth and development e.g. height, weight and lung capacity should be initiated in the EU Member States.

In asthma there is good evidence that early diagnosis resulting in early treatment with inhaled corticosteroids is effective, improves health outcomes and significantly reduces the socioeconomic burden of the disease, although medication continues to be the major component of the cost of asthma treatment. The Global Initiative for Asthma (GINA) published in 2011 the revised Guidelines on a Global Strategy for Asthma Management and Prevention with the most updated recommendations.

In COPD delayed diagnosis results in patients suffering symptoms and limitations that could otherwise be alleviated by treatment. Spirometry is the most reliable detection method for COPD. The latest evidences in COPD have proven that early detection in stage 1 and especially in stage 2 achieve significant improvements in the natural history of the disease.

In what areas is there a particular need for additional action at EU level?

Many chronic diseases are linked by common risk factors such as tobacco, physical inactivity, nutrition, alcohol, environment, and are largely preventable. These risk factors should be the focus of targeted and coordinated action at the level of prevention.

The European Commission has a unique legislative opportunity to bridge this gap in effective communication through a robust and strong revision of the Tobacco Products Directive. Introducing large mandatory pictorial warnings (front and back), and standardised packaging, would substantially increase the provision of information to European citizens on the disastrous consequences of tobacco use and remove the advertising currently contained on tobacco packs. We fully endorse the position of the European Parliament which has emphasised the need for an immediate, effective revision of the Tobacco Products Directive.
• **Article 5.3** guidelines of the WHO Framework Convention on Tobacco Control on the protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry should be transposed into national legislation and ministerial/public service codes of conducts of the Member States. We must at all times protect public health from the vested interests of the tobacco industry.

**In what areas is there a particular need for action at national level?**

• **Step up efforts** to ensure that the recommendations of the Council on smoke-free are implemented if we are to be serious about protecting Europe’s citizens from chronic diseases caused by tobacco smoking. Two years have passed since the adoption of this smoke free recommendation yet evidence of progress on the ground is severely lacking. While some countries in Europe stall on smoke-free laws\(^{22}\) other jurisdictions around the world have even moved to protect children from second hand smoke in playgrounds, parks and beaches. We request the European Commission to report on the implementation, functioning and impacts of the Council Recommendation on smoke free.

**What will your organisation contribute to address this challenge?**

• ERS is dedicated to leading the fight against this epidemic. We launched comprehensive recommendations to policy makers through the publication of the European Respiratory Roadmap. We are currently in the process of producing a European Lung Whitebook which will list the epidemiological and socio-economic burden of respiratory diseases in Europe. Furthermore, we have organised conferences on the topic and worked closely with the European Parliament, Commission and Council to call for action on chronic diseases. We have also pressed at both the WHO and UN General Assembly for efforts to be stepped up to address this major scourge both globally and locally. In this regard, we are currently producing together with other leading respiratory societies a World Atlas on Respiratory Diseases.

• Moreover, we have a fully committed team working at our European Affairs Department in Brussels. We are also fully committed financially and philosophically to numerous alliances which seek to tackle this epidemic in accordance with our mission to alleviate suffering from respiratory diseases. Alliances include but are not limited to the European Chronic Disease Alliance, the Smoke Free Partnership, the European Public Health Alliance, the European COPD Coalition, the Health and Environment alliance and the Biomedical Alliance.

### 3. Health care

**What changes could be made to enable health care systems to respond better to the challenges of prevention, treatment and care of chronic diseases?**

The focus of chronic care models needs to be shifted toward addressing people in the early stages of chronic disorders. The ultimate aim should not be solely to manage disease, but to improve the prognosis of chronic disorders.

An analysis of the economic cost of COPD in the UK shows that 54% accrues from hospitalisation; a further 32% is equally divided between scheduled care and drug treatment.\(^\text{23}\) An integrated care pathway with flexible shared-care arrangements between primary care and hospitals, facilitated by information technologies, has an enormous potential to decrease hospital admissions.

There is a need for Member States to encourage the development of robust and simple methods for screening, e.g. for sleep disorders, lung cancer, COPD and other chronic respiratory conditions, including infectious diseases, as these will remain significant challenges at the clinical level.

What changes could be important to better address the chronic disease challenge in areas such as: financing and planning; training of the health workforce; nature and location of health infrastructure; better management of the care across chronic diseases?

A major challenge will be the affordability of healthcare, as care for chronic diseases is costly. Costs are expected to rise further, mainly due to increasing costs associated with the ageing population in most European countries.

To face the growing pressure on healthcare systems in Europe, governments must be efficient when allocating budgets for healthcare and these should be set at slightly above the GDP growth level to ensure a competitive and efficient system.

A shift from hospital-centred medicine to home care, from physician care to nurse care and from nurse care to self-management will be inevitable. Health systems in the EU need to prepare and adapt to this future shift.

As a result of the very large number of patients that will be suffering from chronic respiratory diseases such as COPD, more diagnosis and management is needed in general practice and among general physicians.

Major findings of the first European COPD Audit, show remarkable health inequalities in the management and care of COPD patients within and between EU countries. There is a great need to improve the standards of care for patients in Europe with COPD.

Integrated care models: the use of managed clinical networks, multidisciplinary teams and collaborative efforts across the lines of healthcare should be stimulated and funded in the Member States. These are crucial for the optimal management of complex conditions, and will need to be further developed across Europe.

• **Comprehensive pulmonary rehabilitation in the primary care setting should be a priority**, since it can manage large numbers of symptomatic “moderate” COPD patients. Pulmonary rehabilitation has become recognised as central to the comprehensive management of patients disabled by chronic respiratory disease, including children who survive with respiratory impairment. A strong recommendation for the future is to establish accessible pulmonary rehabilitation programmes, in order to deliver remote support to patients with chronic respiratory disease in an affordable way. There is a need to optimise the availability and quality of pulmonary rehabilitation in Europe, especially since rehabilitation is acknowledged as cost-effective for these patients *i.e.* those with moderate advanced COPD. Concerted efforts are needed to encourage health care delivery systems to provide this therapy and make it affordable.

• **A great inequality in access to services currently exists between patients dying with malignant and non-malignant respiratory disease.** This is in part due to lack of resources, which constrains the wider availability of palliative care programmes in the health care system. Adequate measures should be taken and promoted across the health continuum to improve access to end-of-life care. Greater support for specialist nurses and specialist palliative care teams is required.

• **In future it will be essential to adopt an integrated and holistic patient-centred approach to long-term chronic conditions**, such as respiratory diseases, encompassing disease prevention and promotion of lung health, early diagnosis, monitoring and education, coordination of hospital and community-based care, and implementation of evidence-based guidelines.

• Specialist consultation clinics should be considered in order to improve both the self-management of chronic conditions and the communication between the medical professional and the empowered patient.

How much emphasis should be given to further developments of innovations, including eHealth and Telemedicine in prevention and treatment of chronic disease such as remote monitoring, clinical decision support systems, e-health platforms and electronic health records?

• There is a potential to increase and improve the use of home care and telemedicine, to form a valuable part of the disease management process. In that respect, it will be crucial for Member States to encourage adequate uptake of new technologies. However, in order to achieve this, appropriate training for healthcare workers will be necessary.

• **ERS support the efforts to improve care via the EU e-health agenda.** The use of modern technology (such as smart phones and applications) improves patient access, information and disease monitoring, and will lead to cost savings.
• Smoking cessation is one of the most important ways to improve the prognosis of patients with respiratory disease. More effort should be put into cessation programmes if there is any prospect of preventing the predicted rise in chronic respiratory disease. These programmes are cheap and highly cost-effective especially in the context of chronic respiratory diseases. The recent Conference of the Parties (COP4) to the WHO FCTC decided to issue excellent guidelines on how the parties could encourage smoking cessation, ranging from making the recording of tobacco use in medical notes mandatory to the development and dissemination of comprehensive guidelines and addressing tobacco use by healthcare workers and others involved in smoking cessation.

What will your organisation contribute to address this challenge?
• Common chronic diseases will require the development of clear protocols and evidence-based multidisciplinary guidelines, involving all relevant stakeholders, to ensure appropriate patient management and treatment. These guidelines should be Europe based.

4. Research
Elucidation of the causes and mechanisms of chronic diseases, better and earlier diagnosis and prevention, as well as development of novel therapies, will lead to practical benefits and improve the quality of life of EU citizens.

How should research priorities change to better meet the challenges of chronic disease?
• More research is still needed on e.g. the ‘health in all policies’ approach to health and health promotion. More case studies are needed about the factors that influence individual behaviour and social norms. The search for common solutions must build on strong research cooperation across Member States.

• Presently, scientific collaboration in health in Europe lacks a strong strategic framework. It is frustrating for European researchers to see opportunities being lost, with excellent breakthroughs in basic science not being pursued. Moreover, the innovation cycle is long in this area – approximately 10 years – yet the EU research framework programmes tend to focus on short-term collaborative projects of 3–5 years, and thus excellent collaborations are often discontinued once the project funding is completed.

• Nowhere is the interconnectiveness of diseases more apparent than in diseases of ageing. Cross-fertilisation between clinical disciplines is vital, in order to accelerate the translation of basic science into clinical practice and to efficiently exploit basic science discoveries. This should result in significant cost savings and the more efficient use of research funding in Europe.

In what areas is there a particular need for additional action at EU level?

- Major challenges facing health research and innovation in the EU cannot be met without coordinated action at EU level. Horizon 2020, the Framework Programme for Research and Innovation 2014-2020, needs to integrate a strategic approach across the entire health spectrum. The creation of a ‘European Council for Health Research (EuCHR), called for by the Alliance for Biomedical Research in Europe, can provide the best strategic scientific leadership to EU programmes in health research.

What will your organisation contribute to address this challenge?

- For the reasons already mentioned above, the European Respiratory Society (ERS) has joined together with other disciplines to form the Alliance for Biomedical Research in Europe, representing 21 health research organisations and about 250,000 biomedical researchers and health professionals. There is a need to address the current gaps in translational and clinical research at EU level if innovations are to reach the clinic.

5. Information and Information Technology

What more needs to be done on the development of information and data on chronic disease?

- Even in the best sources of data such as the European Lung White Book, Eurostat, WHO and OECD, information is incomplete or even missing for several countries or parts of Europe so that it is often difficult to compare data from different countries and/or geographic areas.

In what areas is there a particular need for additional action at EU level?

- The EU should co-operate with the WHO to establish, accurate and comparable data on the impact of chronic diseases, European and national policy makers do not have a clear picture of the scope of the problem and cannot therefore begin to tackle these diseases effectively. Funding should be allocated to support population-based surveys as well as the creation and maintenance of national and European disease registers.

6. Roles of Member States, the EU and stakeholders

What additional activities on chronic disease beyond the four areas described above should be considered at EU level?

- The EU and Member States should actively consider extending the mandate of the European Centre for Disease Control (ECDC) to cover the chronic non-communicable epidemic. The heightened co-ordination of the Member States in areas such as the European Semester and other
new fiscal co-ordination and reporting mechanisms must be used as an opportunity to promote best practice and best interventions on chronic disease.

- The EU action on rare diseases is to be commended. The strategy for chronic disease should follow a similar legal and policy structure. This would include but not be limited to a Commission Communication, Task Force on Chronic Diseases, European Network, prioritised research and monitoring and surveillance of chronic diseases.

**How can the EU engage stakeholders more effectively in addressing chronic diseases?**

- This is dealt with in the first section. In short there needs to be greater urgency, transparency and active involvement of the key stakeholders.

**How can EU Member States engage stakeholders more effectively in addressing chronic diseases?**

- EU Member States should consult with relevant stakeholders e.g. their respective national organisations and foundations that represent health professionals, public health professionals, primary care organisations, specialist organisations, patient representatives for the categories of these major chronic diseases e.g. national heart and lung institutes, foundation etc.

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