Workshop on European Policies and Advocacy in Respiratory care

EU workshop

3 October 2025 | 09:00 – 13:00

Thon Hotel Brussels City Centre

with the unconditional support of:

Pfizer

media partners:

TrendSanità

MEDVIX PUBLICATIONS

HEALTH EUROPA

ACTIVE CITIZENSHIP NETWORK

CITTADINANZATTIVA

OVERVIEW

- **Inside the Working Group on Respiratory Care, we present EMA's point of view, particularly with regard to relations with patients and their experiences and needs.**
- **ACN carried out projects focused on political engagement, awareness-raising campaigns and collaboration with Members of the European Parliament.**

OVERVIEW

- **EU project “Protecting the value of access to healthcare during and after the COVID-19 pandemic in Europe: focus on antivirals”**
- **EU project “Empowering & mobilizing PAGs on COVID-19 prevention & treatments for vulnerable target groups”.**

INITIATIVES

- The 2025 activities focus on shifting the EU's approach to respiratory care from emergency-driven responses to integrated, long-term strategies embedded in broader health policies.
- 2025 collaborative Call-to-Action: ‘Towards the development of an EU respiratory health plan’
- Care ForAll 2025 campaign, which will raise awareness among policymakers and the public, amplify the voices of patients and civil society, and reinforce the urgency of treating respiratory care as a top EU health priority.

ACTIVE CITIZENSHIP NETWORK

CITTADINANZATTIVA

OVERVIEW OF RESPIRATORY CARE AT THE EU LEVEL. FROM PREVENTION TO TREATMENT

Guglielmo Trovato

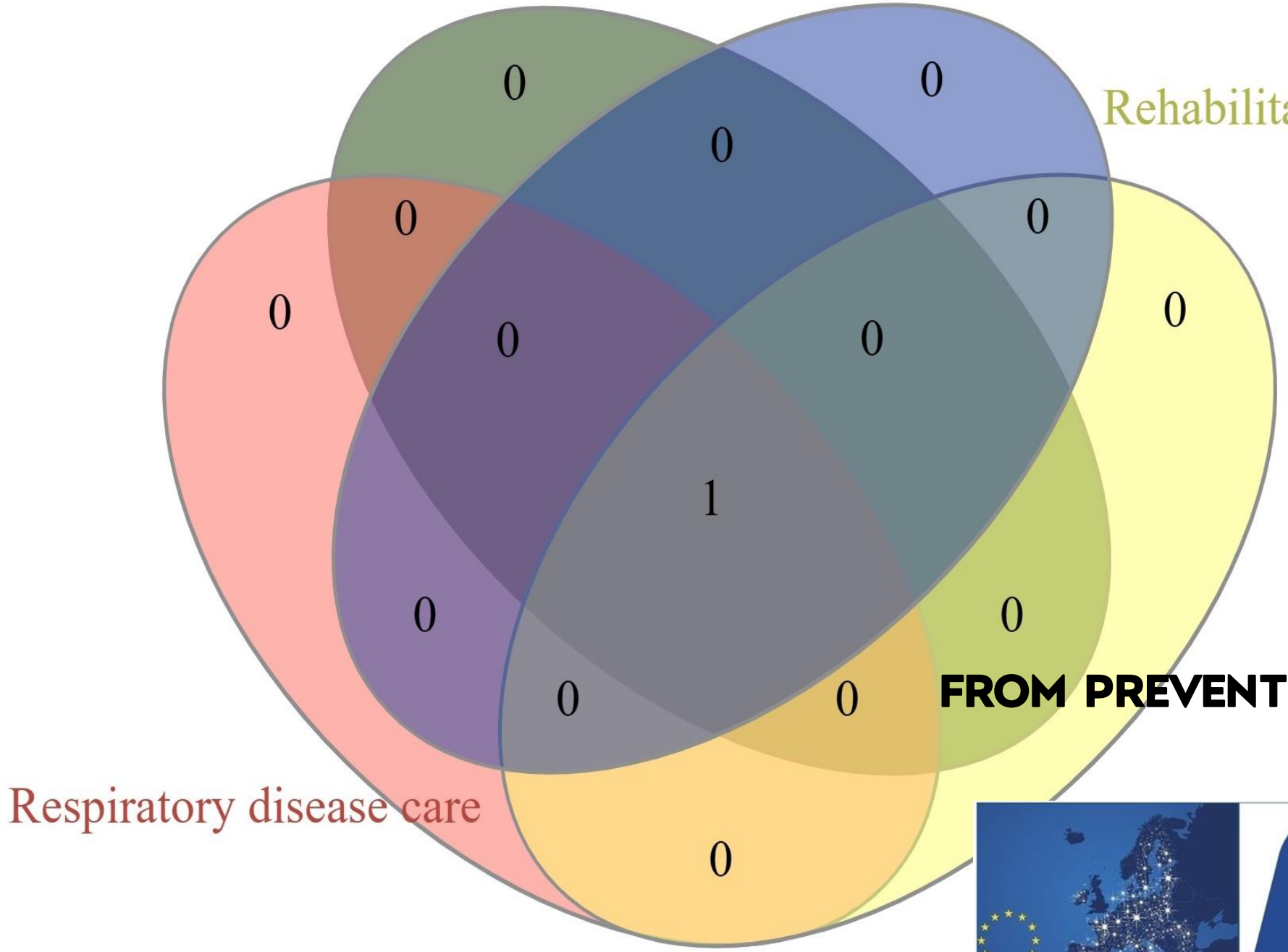
Brussels, October 3, 2025

European Medical Association

Good medicine is based on caring for people and the environment they live in. Together.

This has been one of the principles on which our medical association is founded.

VINCENZO COSTIGLIOLA, President
The European Medical Association - London. September 17, 2025



FROM PREVENTION TO TREATMENT
THE OVERLAP

Guglielmo Trovato
Brussels, October 3, 2025

European Medical Association

THE EUROPEAN MEDICAL ASSOCIATION IS A MEDICAL COMMUNITY, A NGO, WHOSE FOCUS IS ON THE NEEDS, DESIRES, AND LIVES OF PATIENTS.

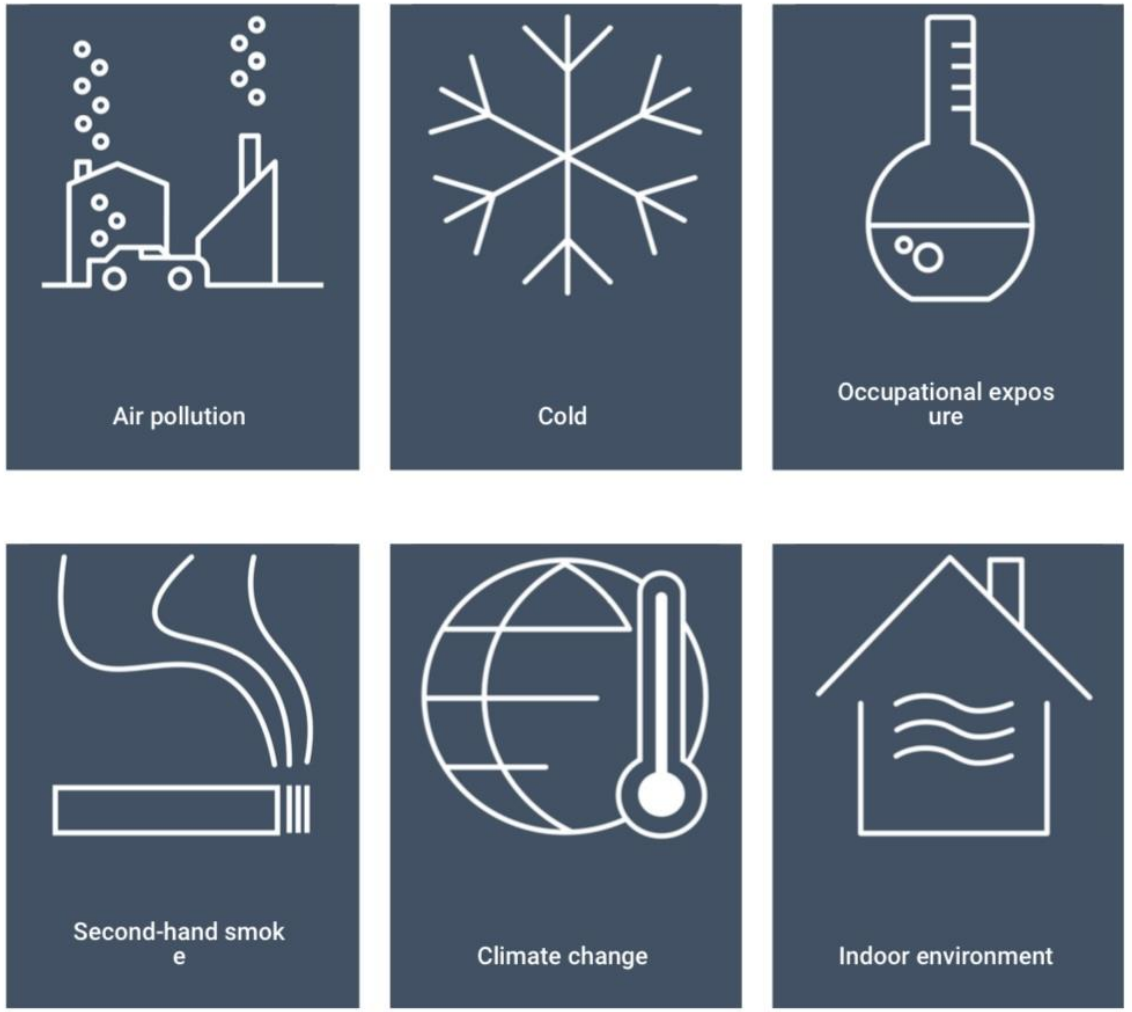
EMA HAS CONTRIBUTED AND CONTINUES TO CONTRIBUTE TO PROMOTING HEALTH, WELL-BEING, AND THE RIGHT TO A FAIR LIFE FOR ALL, BY INFORMATION AND DISSEMINATION.

ACTIONS DEVELOPED ARE RELATED TO ENVIRONMENTAL, EMPLOYMENT, AND TREATMENT STRATEGIES, BOTH IN CLINICAL AND PUBLIC HEALTH SETTINGS.

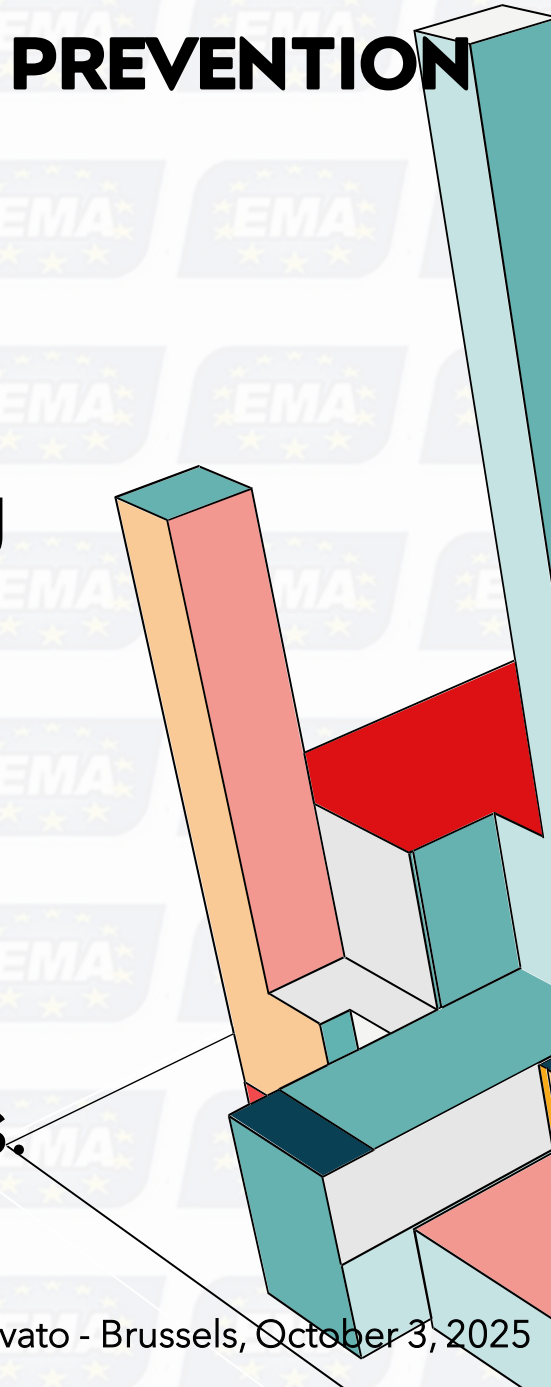
IT IS SUPPORTED BY THE ANNUAL FEES OF ITS MEMBERS.

EMA
European Medical Association

IN EUROPE, AS WORLDWIDE, RESPIRATORY DISEASE PREVENTION AND TREATMENT ARE IMPACTED BY SOCIAL DETERMINANTS OF HEALTH



- Access to affordable housing
- Adequate social support
- Professionally and culturally competent healthcare services.



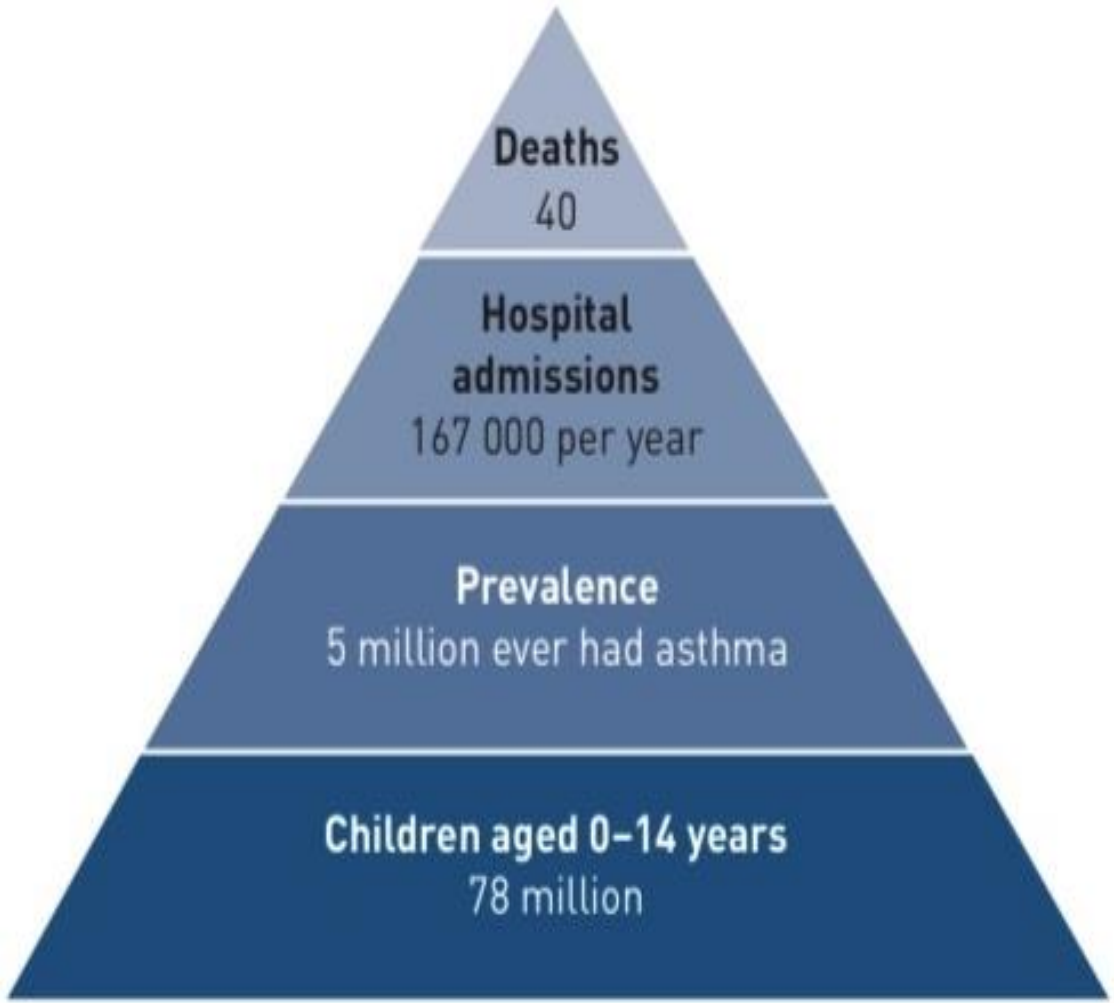
TAKING CARE OF THE RESPIRATORY HEALTH

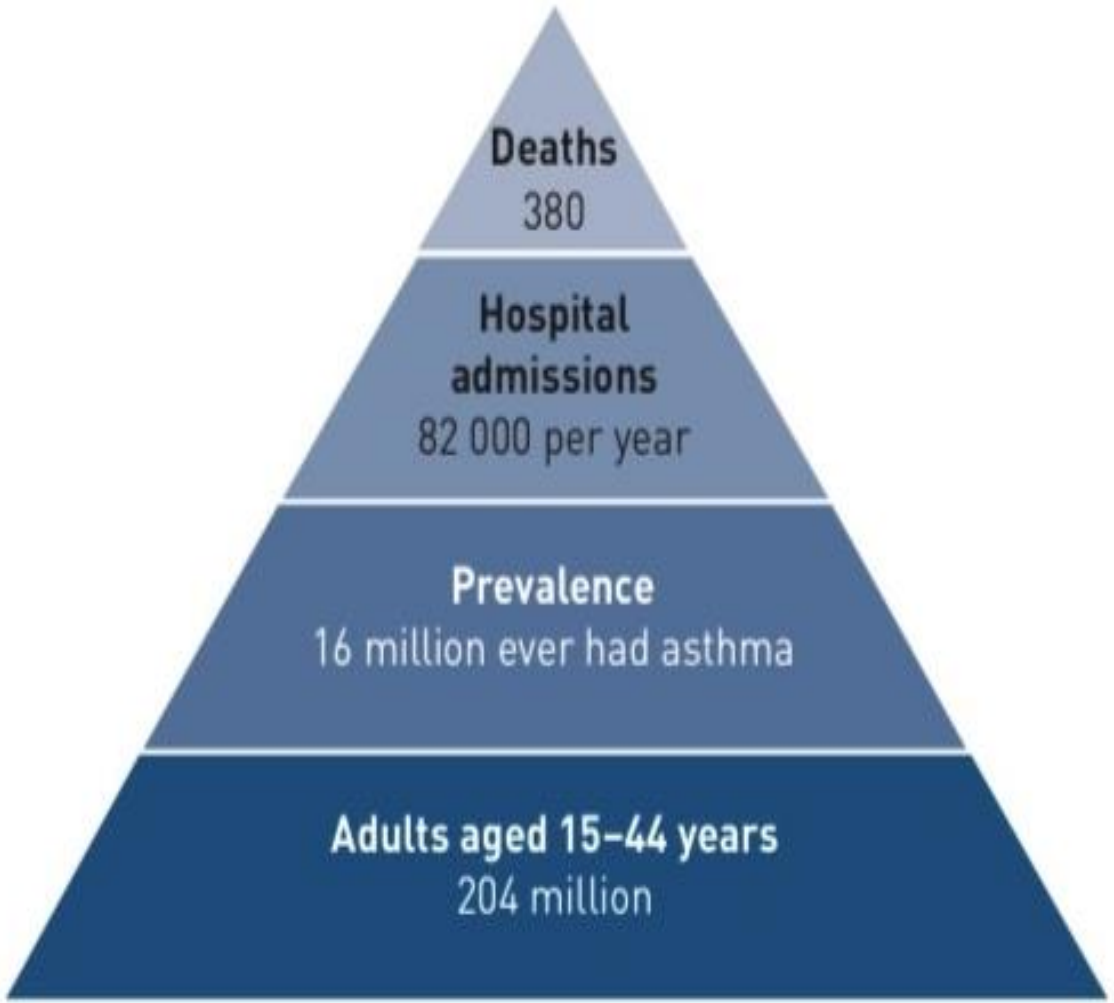
Low income, poor housing, and insufficient health literacy lead to health inequities

All may impair:

- Access to preventive measures
- Timely diagnoses
- Appropriate drugs prescription, purchase and adherence
- Rehabilitation and prehabilitation

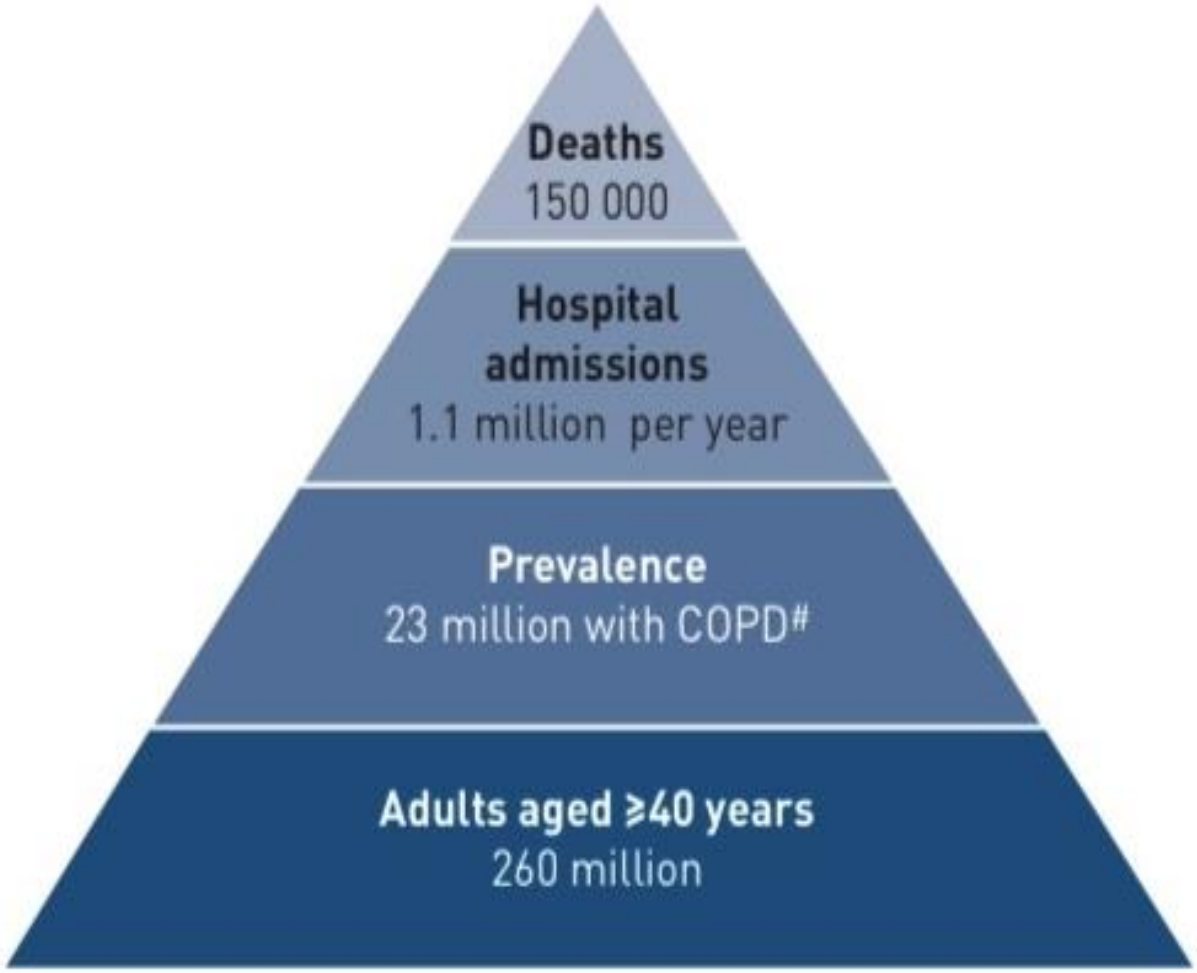
SIZE OF THE PROBLEMS



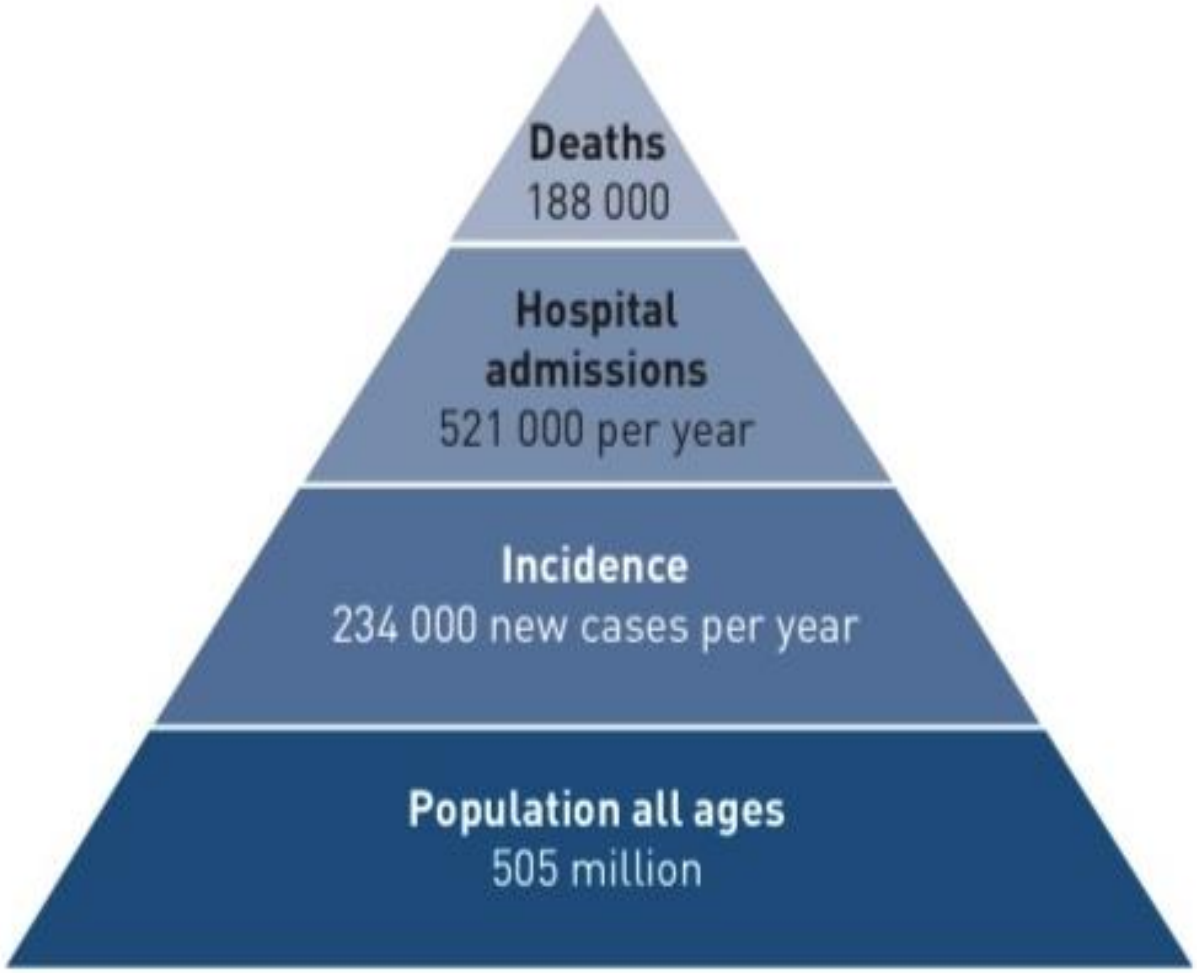


SIZE OF THE PROBLEMS

c) **COPD in older adults**

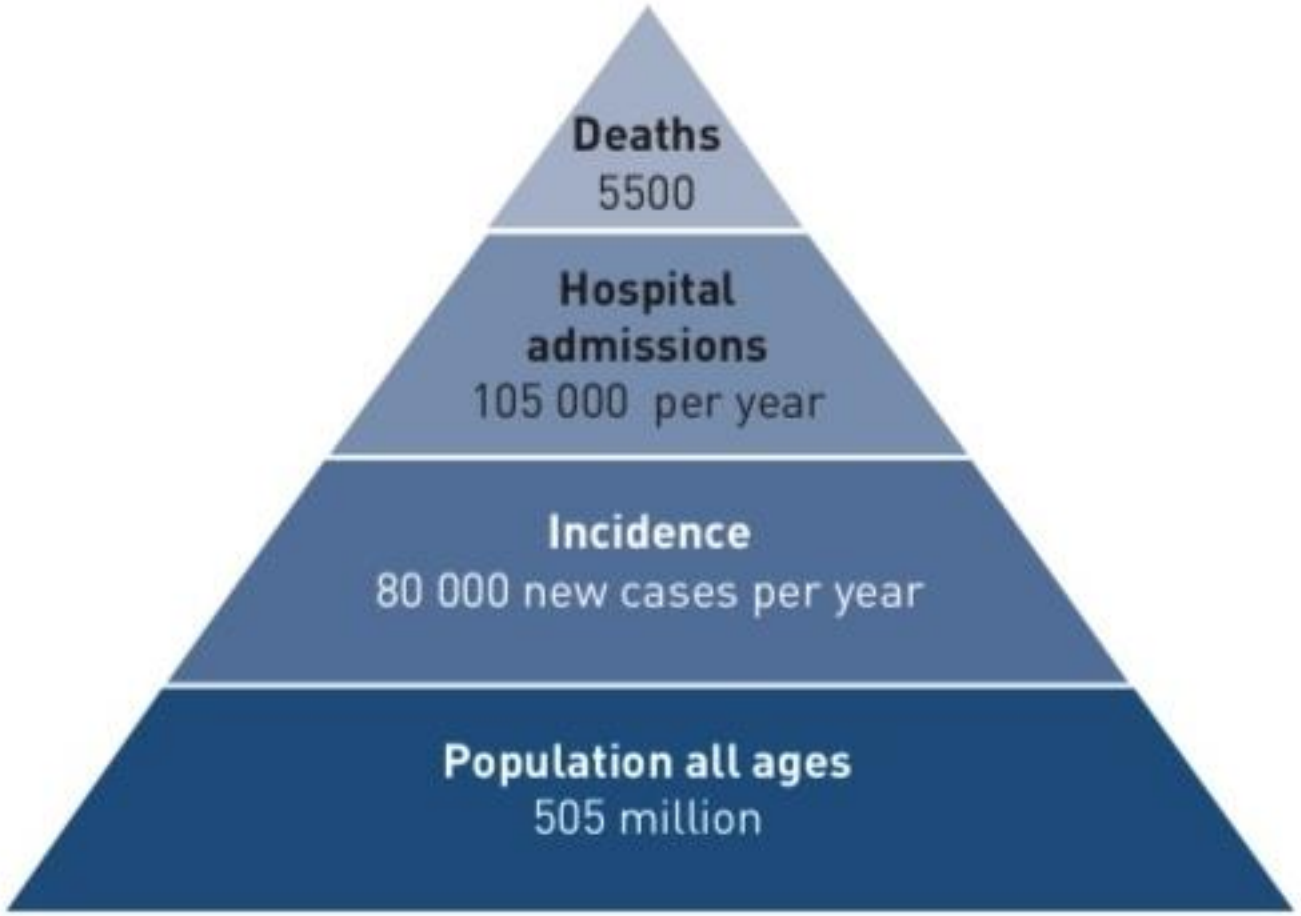


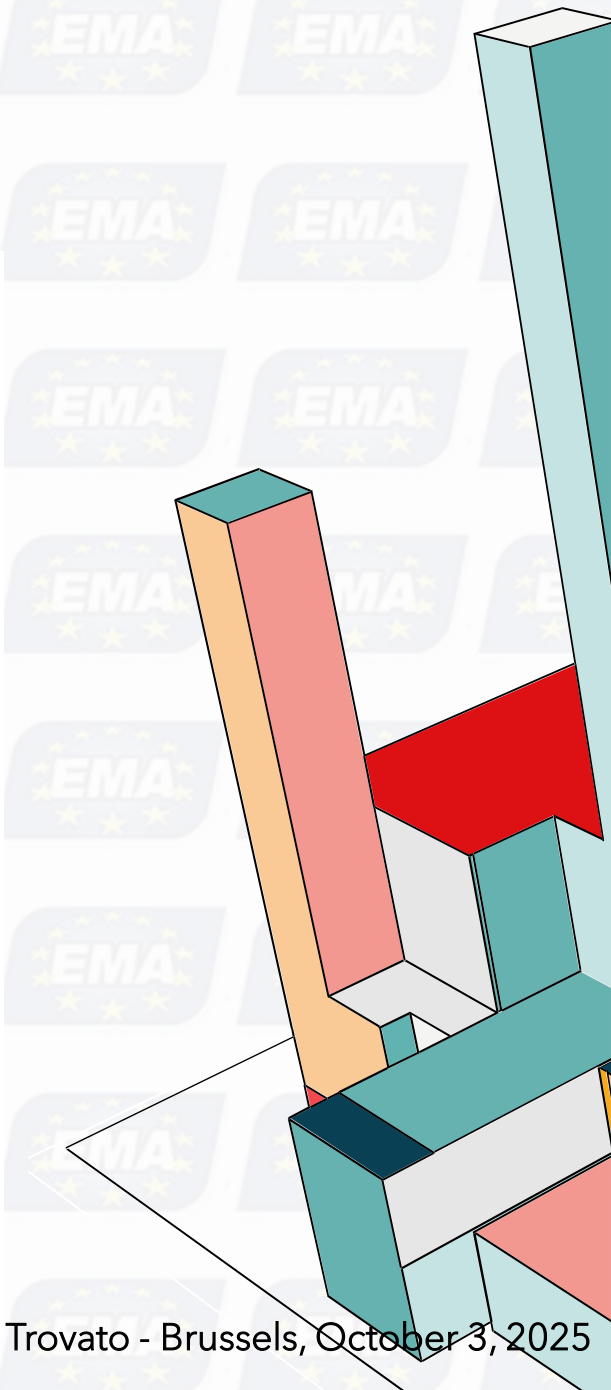
d) **Lung cancer**

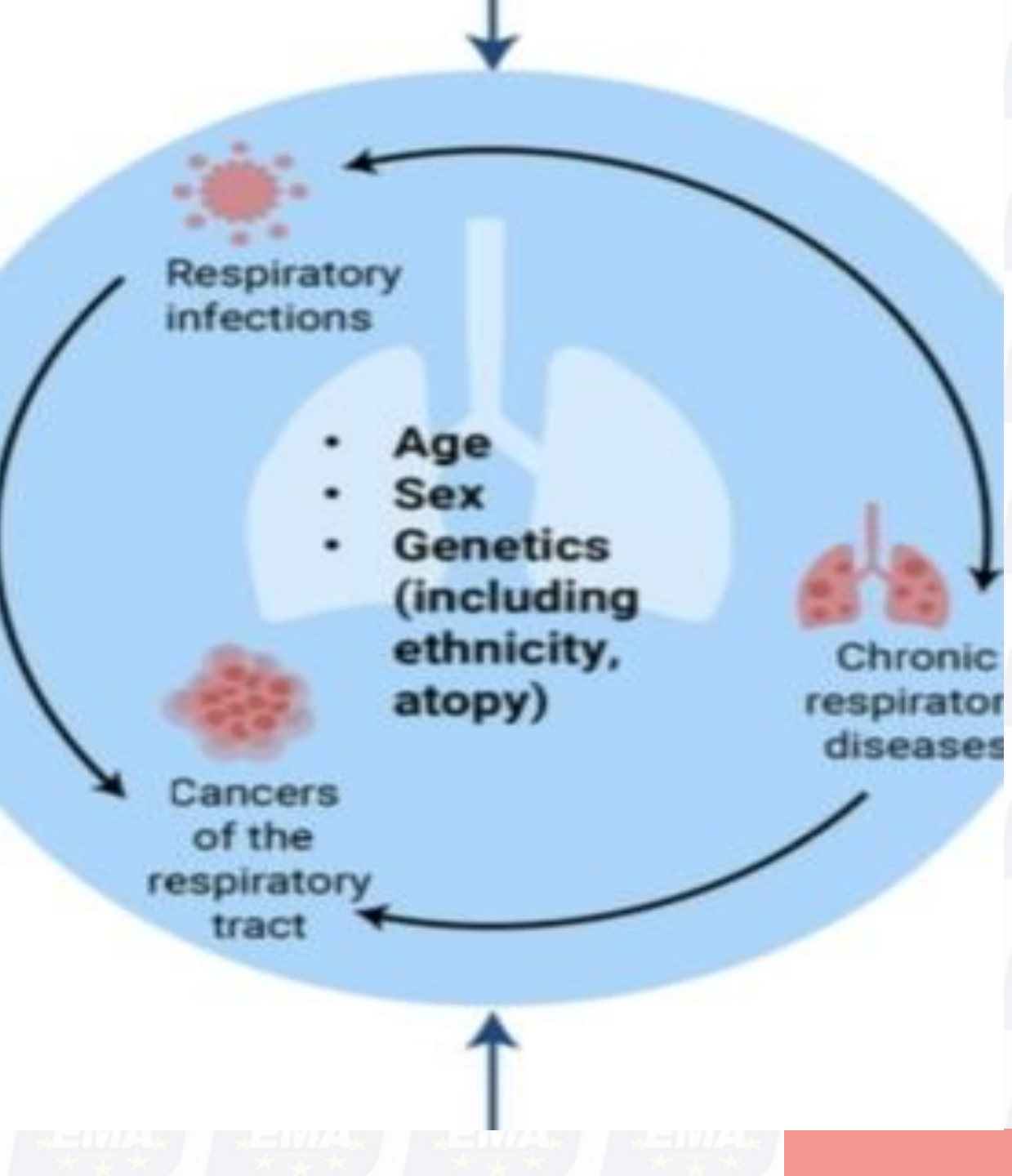


SIZE OF THE PROBLEMS

e) **Tuberculosis**

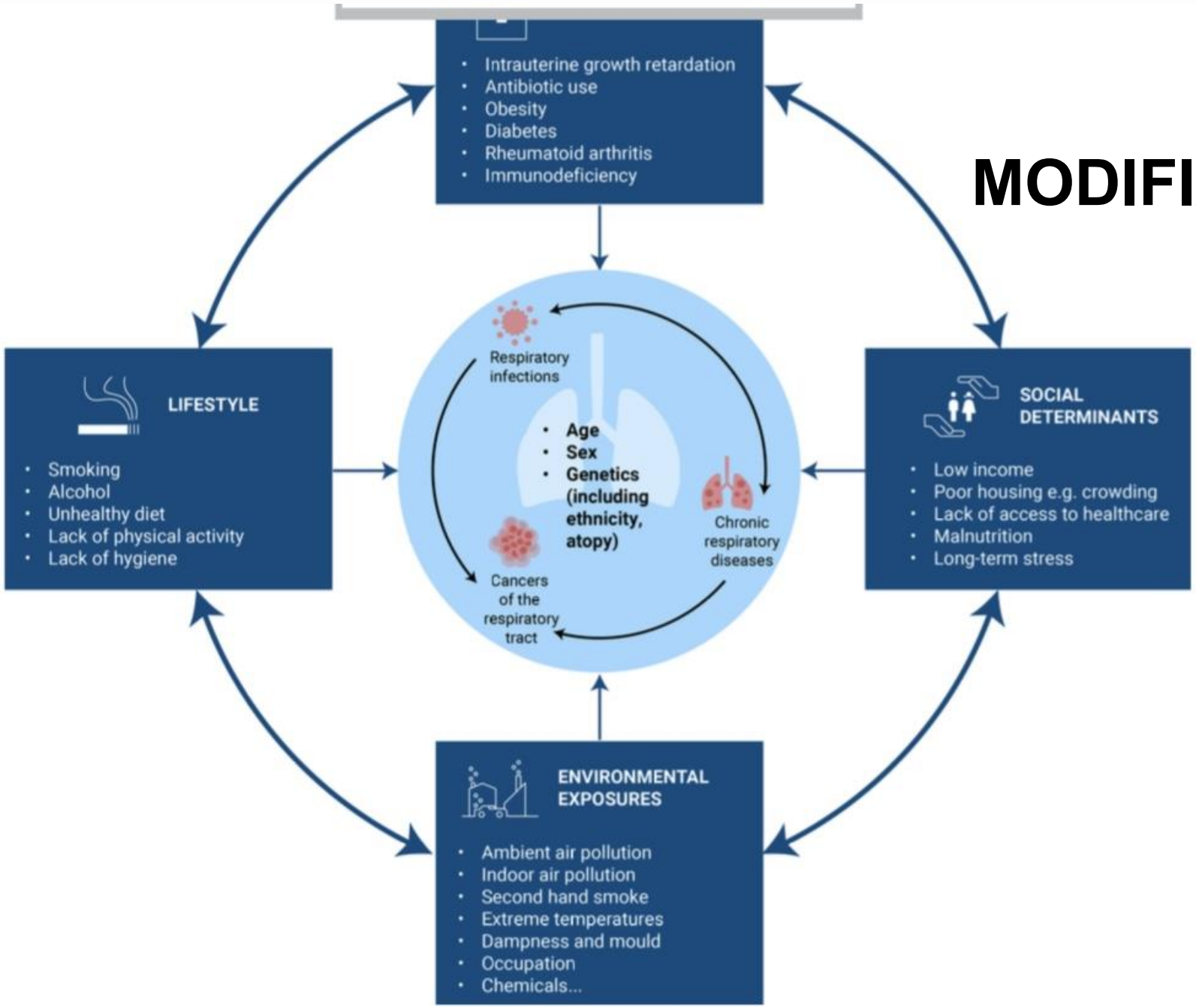


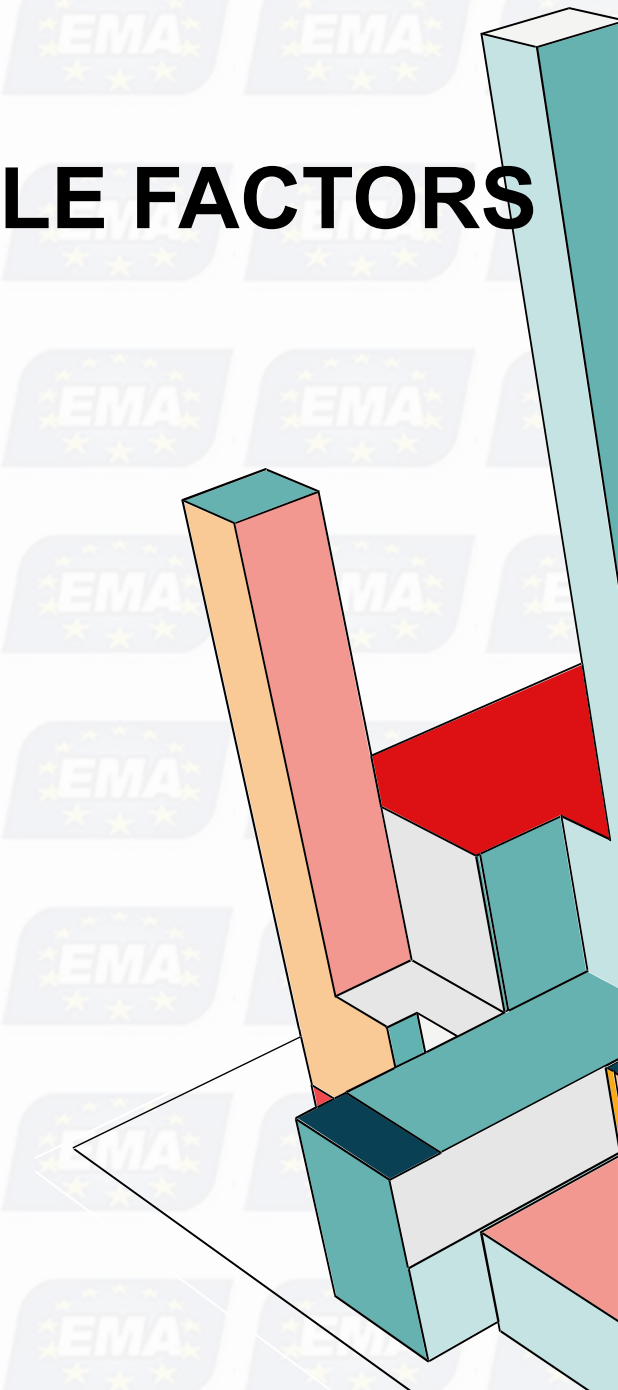




NON MODIFIABLE FACTORS AND RESPIRATORY DISEASE

MODIFIABLE FACTORS





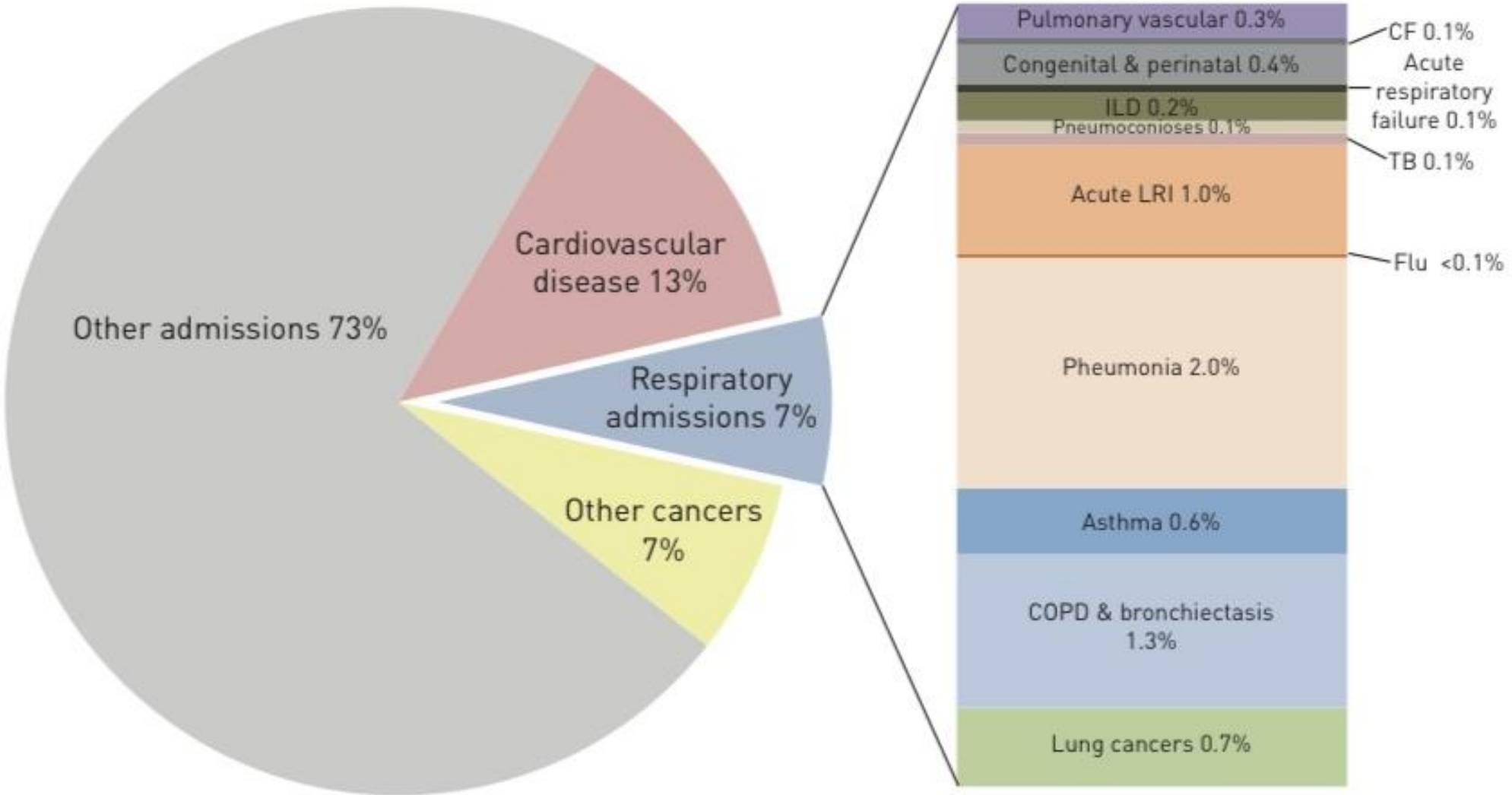
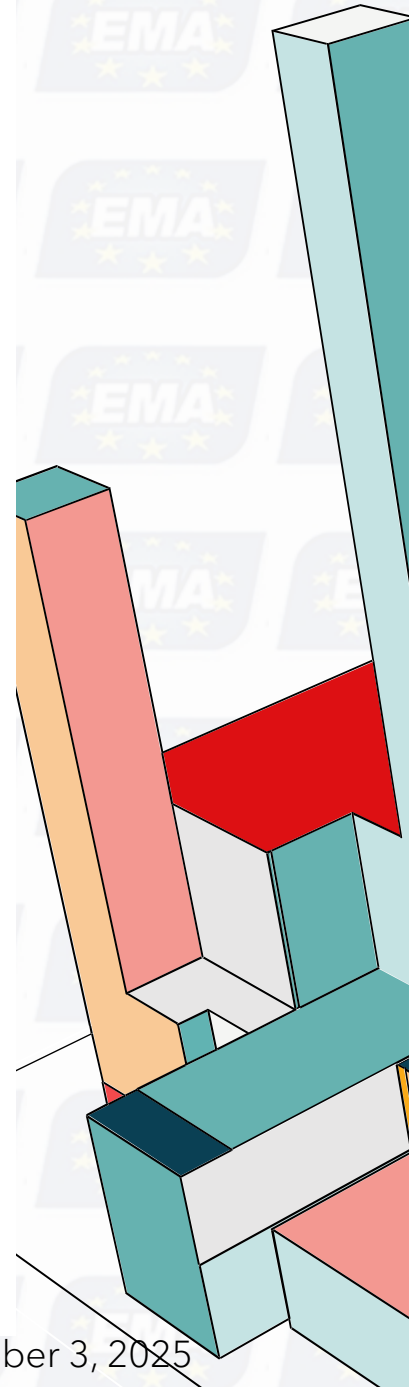
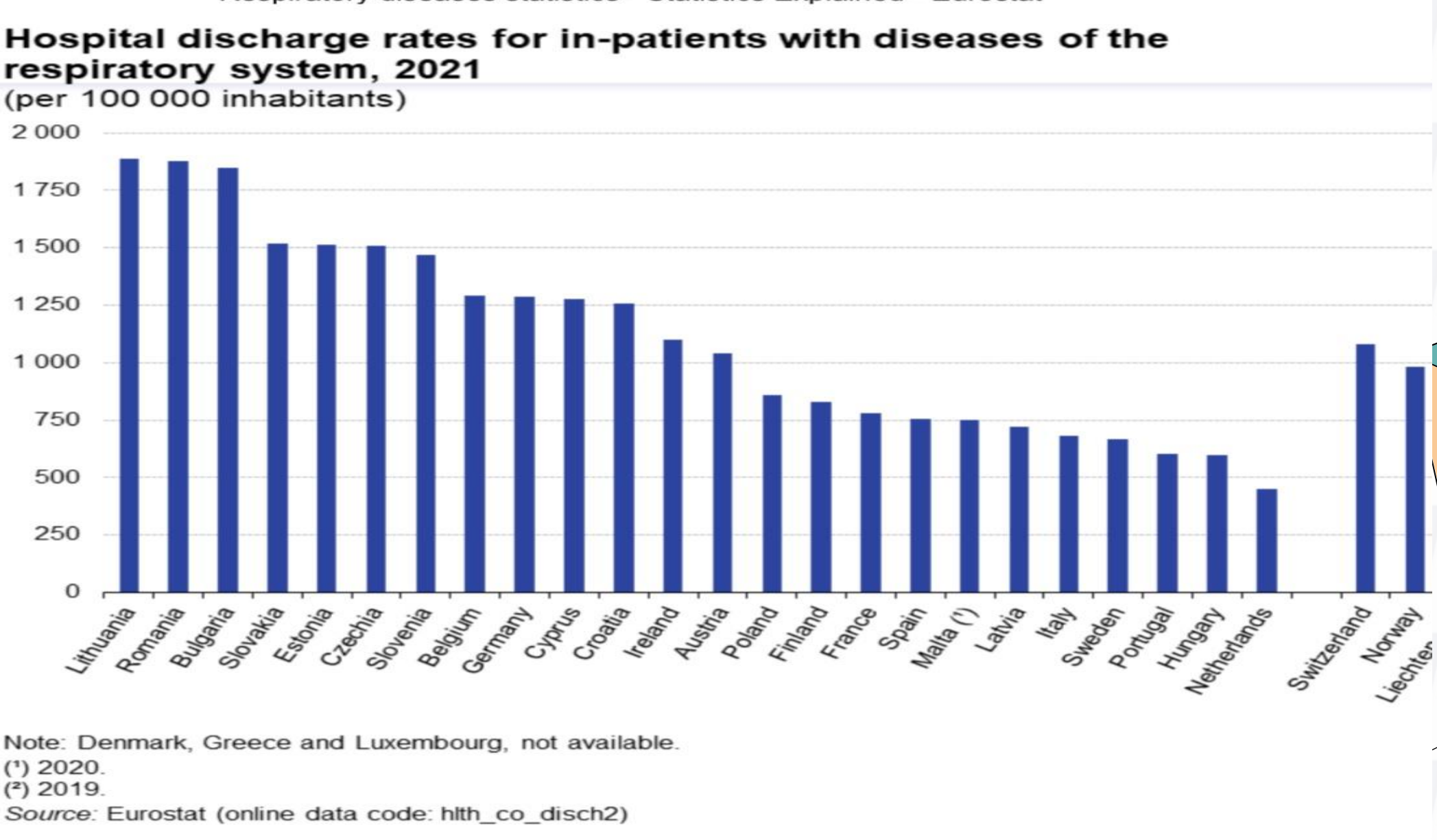


Figure 4 – Percentage of hospital admissions in selected European Union countries, by respiratory condition. CF: cystic fibrosis; ILD: interstitial lung disease; TB: tuberculosis; LRI: lower respiratory infections; COPD: chronic obstructive pulmonary disease. The countries represented are those for which full ICD-10 coding of diagnoses was available for both hospital admissions and deaths (Austria, Croatia, Cyprus, Czech Republic, Denmark, Finland, Latvia, Lithuania, Luxembourg, Malta, Poland, Slovenia, Slovakia, UK). Source: World Health Organization Hospital Morbidity Database and Eurostat.



Respiratory diseases statistics - Statistics Explained - Eurostat



Note: Denmark, Greece and Luxembourg, not available.
(¹) 2020.
(²) 2019.
Source: Eurostat (online data code: hlth_co_disch2)

Figure 2: Hospital discharge rates for in-patients with diseases of the respiratory system, 2021 (per 100 000 inhabitants)
Source: Eurostat (hlth_co_disch2)

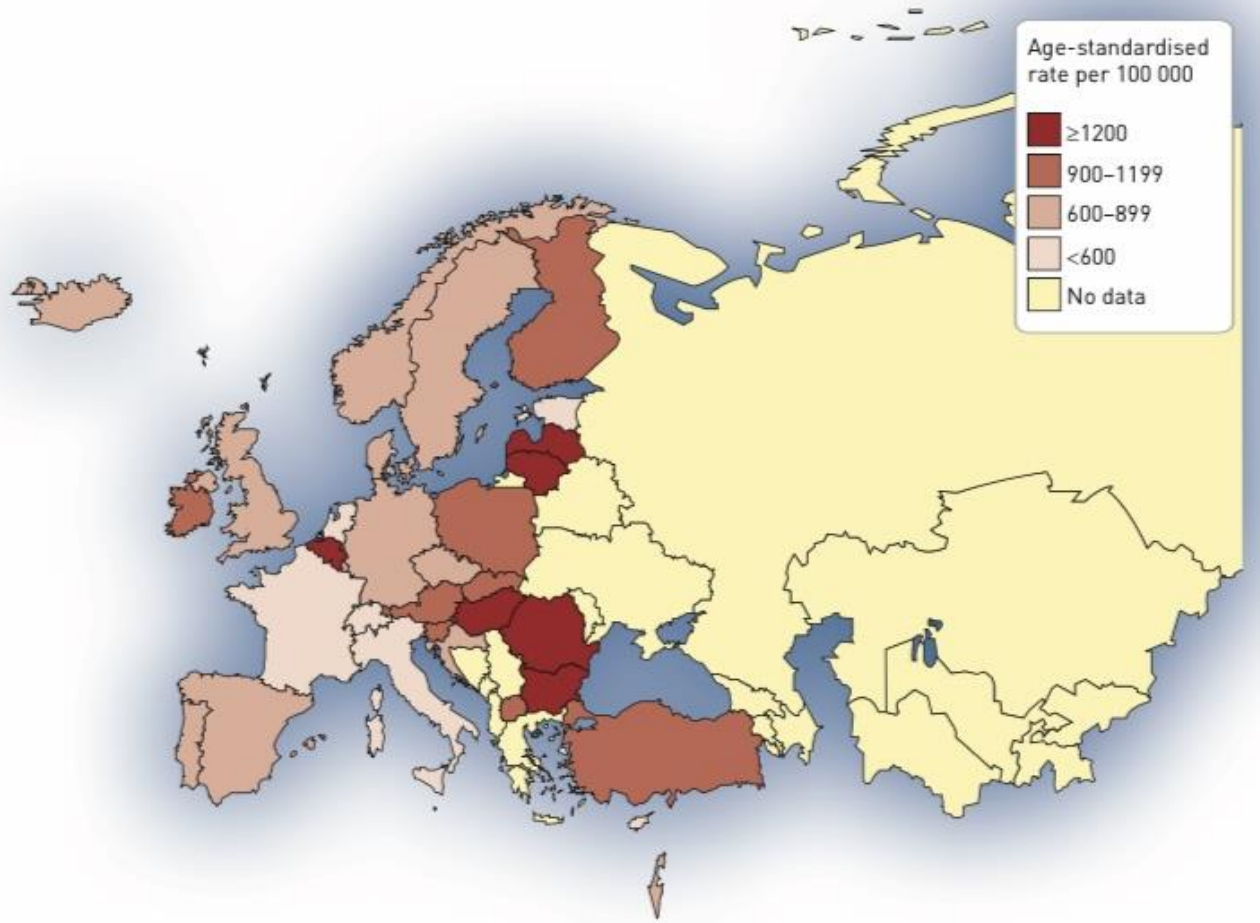
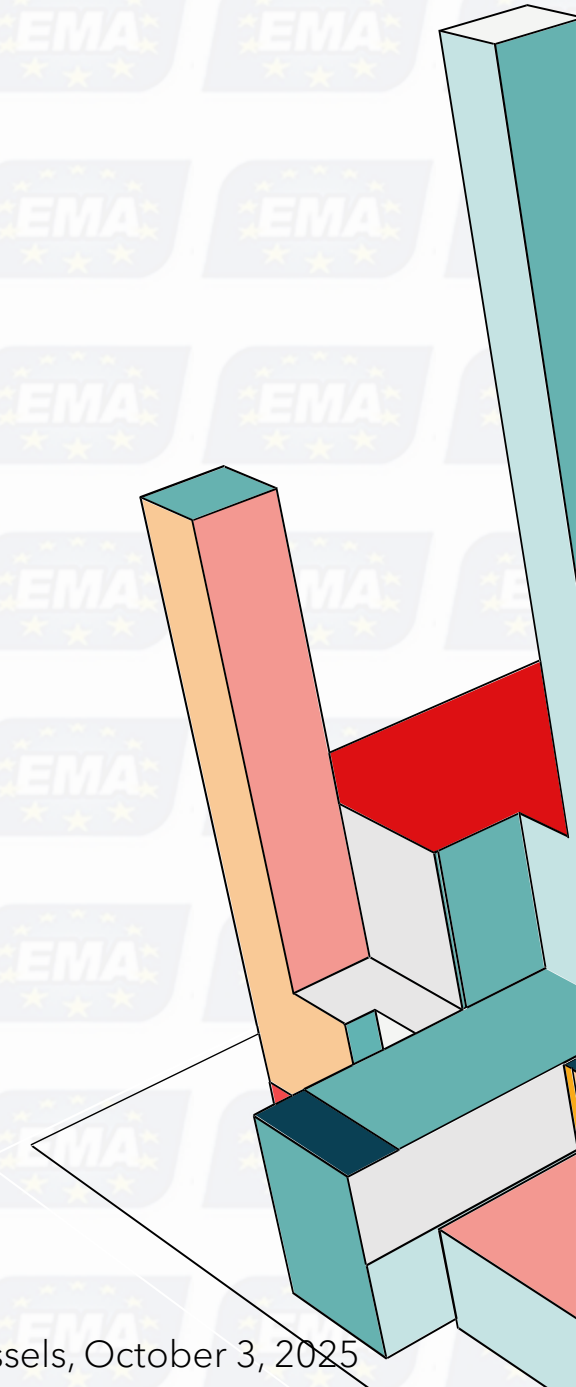
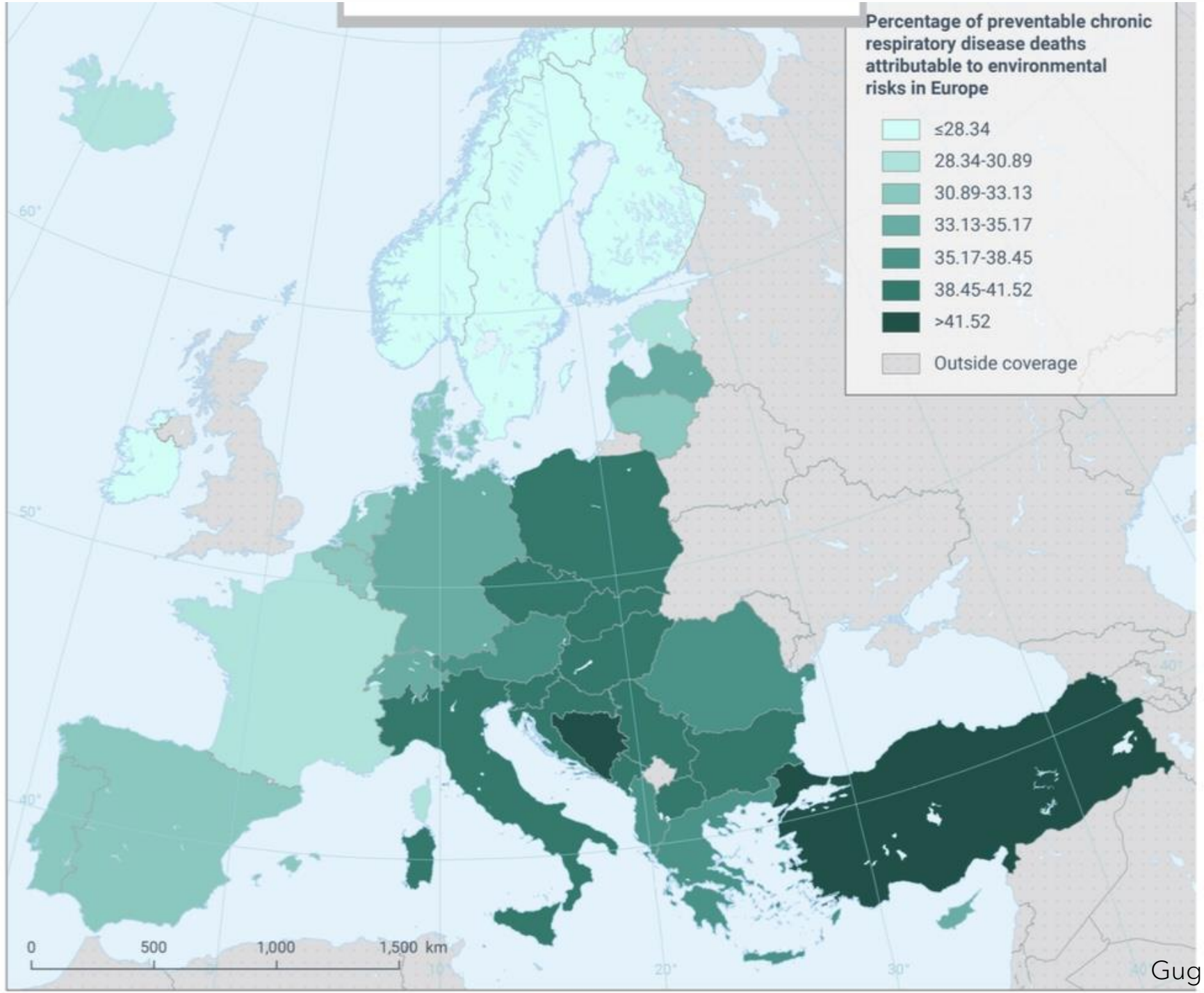
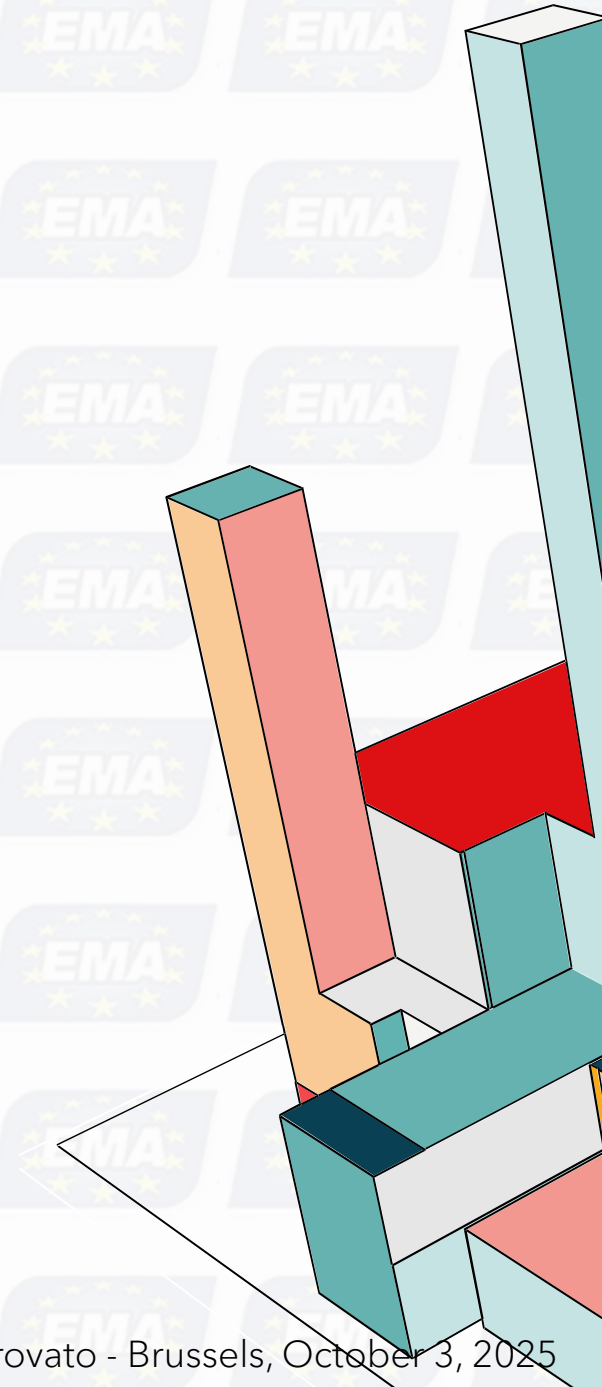
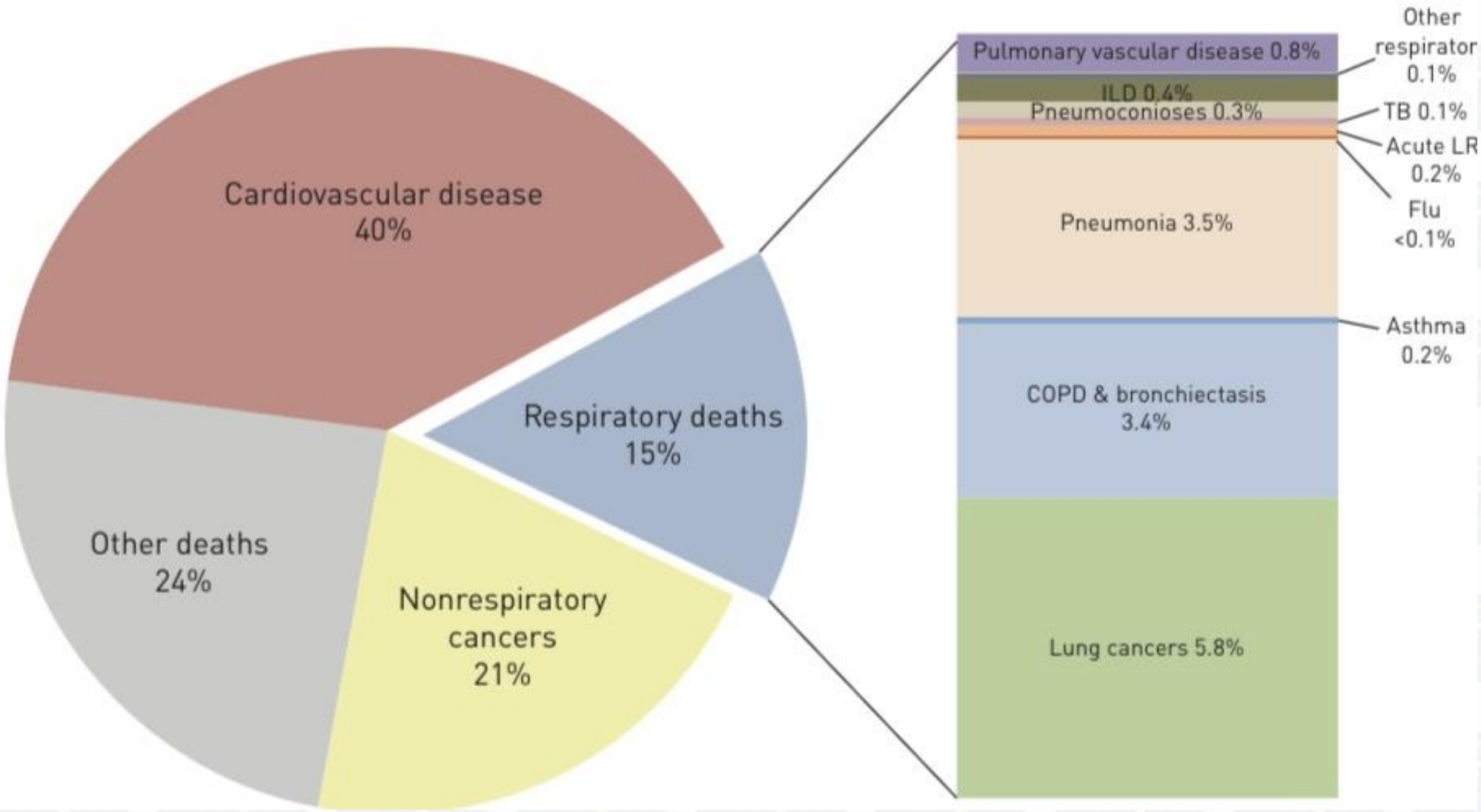


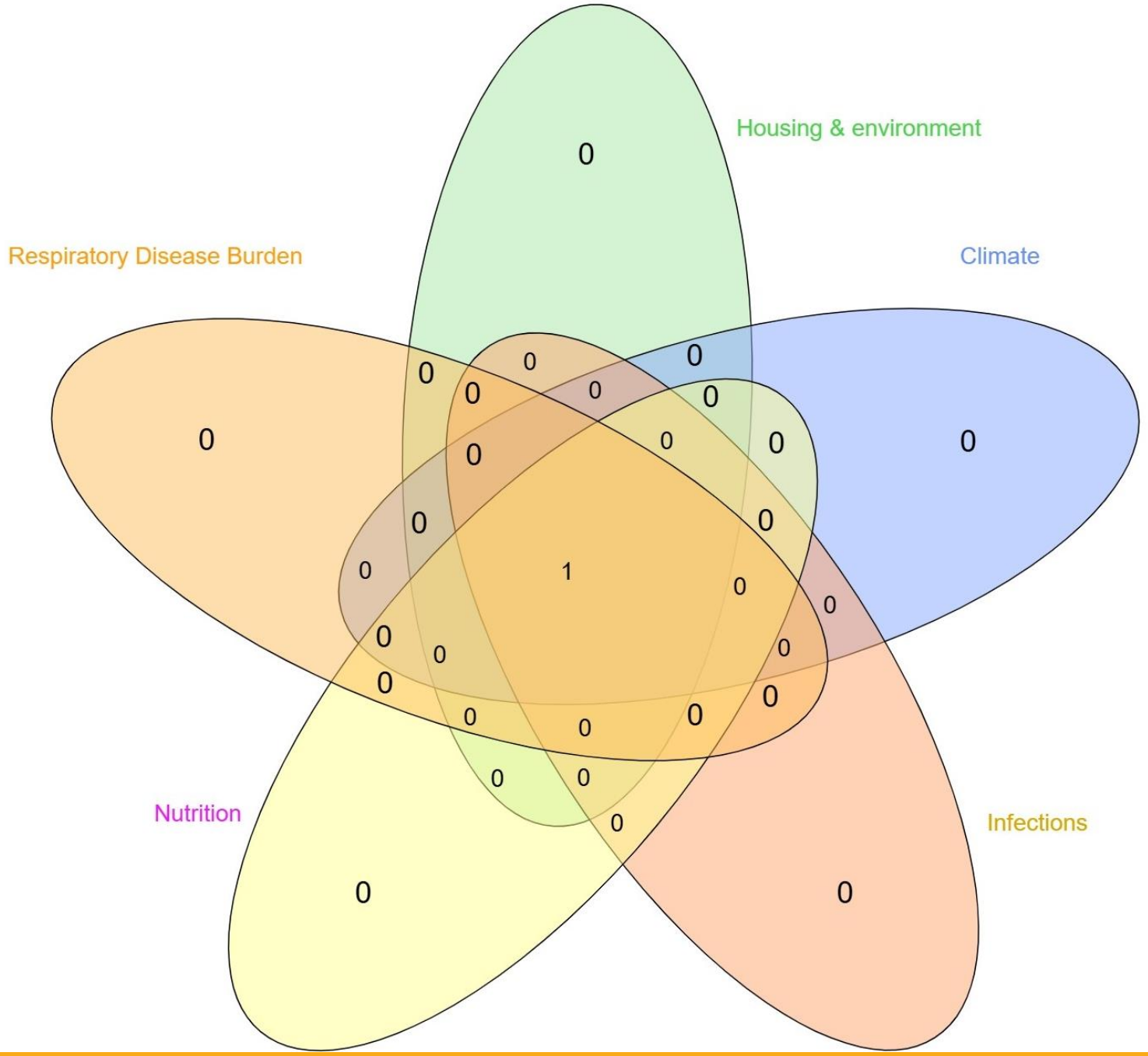
Figure 6 – Age-standardised admission rates for all respiratory conditions. The figure shows International Short Hospital Mortality Tabulation (HMT) categories only (as these are covered by both data sources, giving a wider comparable set of countries). Combined rates are shown for asthma, COPD, bronchiectasis, acute lower respiratory infections, pneumonia, lung cancer, tuberculosis and pulmonary vascular disease. Source: World Health Organization Hospital Morbidity Database (October 2011 update) and Eurostat (March 2012 update).




Percentage of preventable chronic respiratory disease deaths attributable to environmental risks in Europe
≤28.34
28.34-30.89
30.89-33.13
33.13-35.17
35.17-38.45
38.45-41.52
>41.52
Outside coverage
0
500
1,000
1,500 km



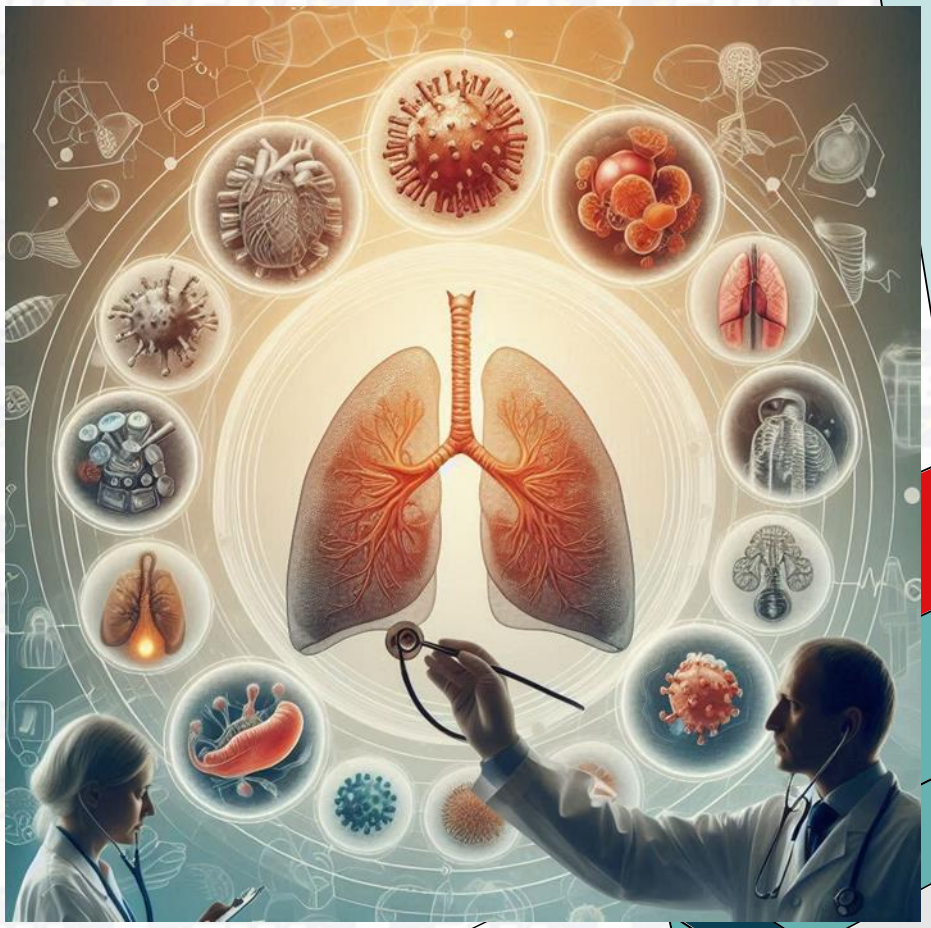

Cardiovascular disease
40%
Respiratory deaths
15%
Other deaths
24%
Nonrespiratory
cancers
21%
Pulmonary vascular disease 0.8%
ILD 0.4%
Pneumoconioses 0.3%
Other
respirator
0.1%
TB 0.1%
Acute LR
0.2%
Flu
<0.1%
Pneumonia 3.5%
Asthma
0.2%
COPD & bronchiectasis
3.4%
Lung cancers 5.8%



Factors causing and/or affecting respiratory disease

RESPIRATORY REHABILITATION SUPPORT IN EUROPE
A NEGLECTED OPPORTUNITY

- insufficient funding
- lack of trained healthcare professionals and resources
- low awareness among patients and providers
- geographic disparities
- transportation challenges



Competing patient priorities (work, family, leisure time, et al.) further restrict access, while the infrastructure for remote, home-based rehabilitation, which could expand availability, is often underdeveloped

RESPIRATORY DISEASE PREVENTION AND TREATMENT ACTING ON SOCIAL DETERMINANTS OF HEALTH

- integrated policies that improve housing conditions
- increase access to affordable care
- enhance professional workforce resources with cultural sensitivity
- promote health literacy to reduce knowledge-related inequities
- improve overall respiratory health outcomes across populations.

SOCIAL DETERMINANTS AFFECTING RESPIRATORY HEALTH

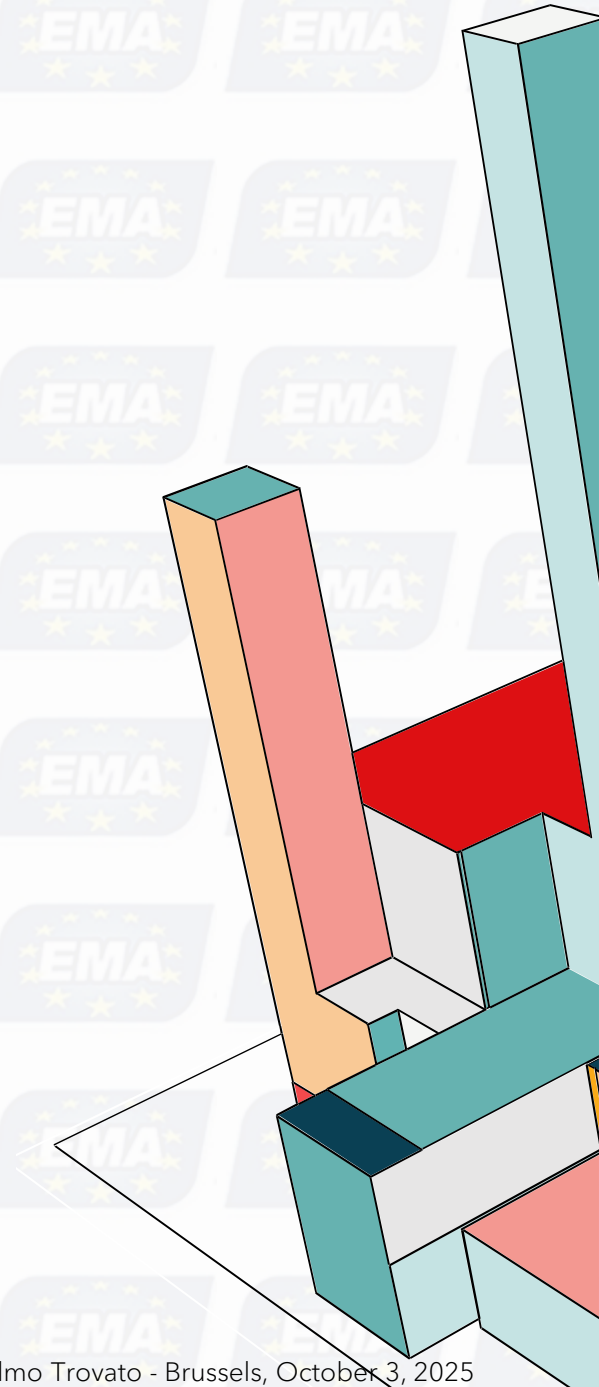
- Inadequate Housing: Poorly ventilated and overcrowded housing contributes to respiratory issues, particularly in disadvantaged communities.
- Limited Social Support: A lack of adequate social support can negatively impact coping mechanisms, worsening the management of chronic respiratory diseases.

SOCIAL DETERMINANTS AFFECTING RESPIRATORY HEALTH

- Income and Poverty: Lower-income communities face higher risks for respiratory diseases due to greater exposure to risk factors like biomass fuel use, tobacco smoke, and air pollution, as well as limited access to healthcare and education.
- Health Literacy: Disparities in health literacy and education affect an individual's ability to understand triggers, use medications effectively, and manage their condition.

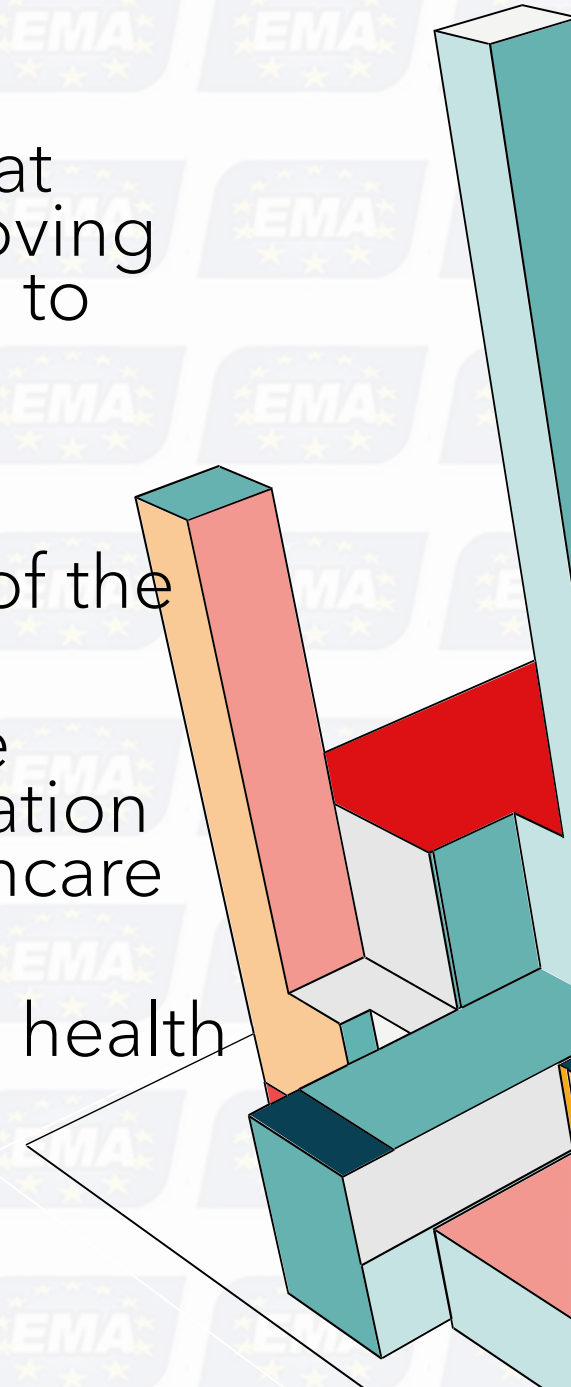
BARRIERS TO PREVENTION AND TREATMENT

- **Access to Services:** Limited access to preventive care, diagnostic tools, and chronic disease management hinders early intervention and effective treatment.
- **Drug Availability and Affordability:** Disparities in insurance coverage and financial constraints can impact access to novel and essential respiratory treatments.
- **Professional Workforce:** A lack of culturally competent healthcare professionals can create barriers, especially for minority groups and individuals with low health literacy.
- **Facilities and Infrastructure:** Inadequate facilities, combined with issues like air and noise pollution from inadequate urban planning, contribute to respiratory problems.



ADDRESSING INEQUITIES

- **Integrated Policies:** Policies need to be implemented that address the social determinants of health, such as improving housing quality and urban planning to reduce exposure to pollution.
- **Enhanced Healthcare Access:** Efforts should focus on expanding access to community health centers and promoting affordable, preventive care for all segments of the population, especially disadvantaged groups.
- **Workforce Development:** Investing in culturally sensitive professional training and multilingual health communication can improve health literacy and engagement with healthcare services.
- **Health Literacy Programs:** Programs aimed at improving health literacy can empower patients and caregivers with the knowledge needed to manage respiratory conditions effectively.



EXAMPLES AND STRATEGIES TOWARD POLLUTION ZERO

- Community-Based Models: The success of the Queensland-based Indigenous Respiratory Outreach Care service highlights how multidisciplinary, community-focused care can significantly improve respiratory health outcomes.
- Tobacco and Air Quality Control: Strong initiatives to control tobacco use and improve air quality are essential for reducing the burden of chronic respiratory diseases.
- Leveraging the WHO Report: Countries can use reports and frameworks from organizations like the World Health Organization (WHO) to prioritize essential interventions and advance health equity.

INFORMATION IS NOT ENOUGH

simply providing information

- **on issue related to health in respiratory disease**
- **on environmental and climate threats**

does not automatically lead to desired actions.

LEADERSHIP AND SUPPORT

The public needs and desires:

- **“green” behavior easier and fairer**
- **supportive policies.**
- **clear leadership**
- **coordinated government approach**

BY ITS SOCIAL MEDIA, LINKEDIN AND YOU-TUBE, THE EUROPEAN MEDICAL ASSOCIATION DISSEMINATES MESSAGES THROUGH ITS CHANNELS THAT REACH DIRECTLY A TOTAL OF 50.000 MEMBERS AND FOLLOWERS

WE CURRENTLY ARE TARGETING AN AUDIENCE OF ABOUT ONE MILLION OF READERS, IN DIFFERENT PROFESSIONAL OR ADVOCACY GROUPS.

EMA

European Medical Association

CLINICAL AND OCCUPATIONAL MEDICINE, ENVIRONMENT AND HEALTH: A NEGLECTED LINK

- Occupational Medicine is closely linked to respiratory disease burden and Environmental Health.
- Addressing how workplace and environmental exposures impact worker health, with climate change intensifying these issues.
- Climate change exacerbates hazards like extreme heat, air pollution, and vector-borne diseases, affecting outdoor workers in sectors such as agriculture and construction most severely.

Guglielmo Trovato - Brussels, October 3, 2025

WORK, MEDICINE, ENVIRONMENT AND HEALTH

Simultaneously, climate mitigation efforts, like the green transition and circular economy, introduce new occupational risks.

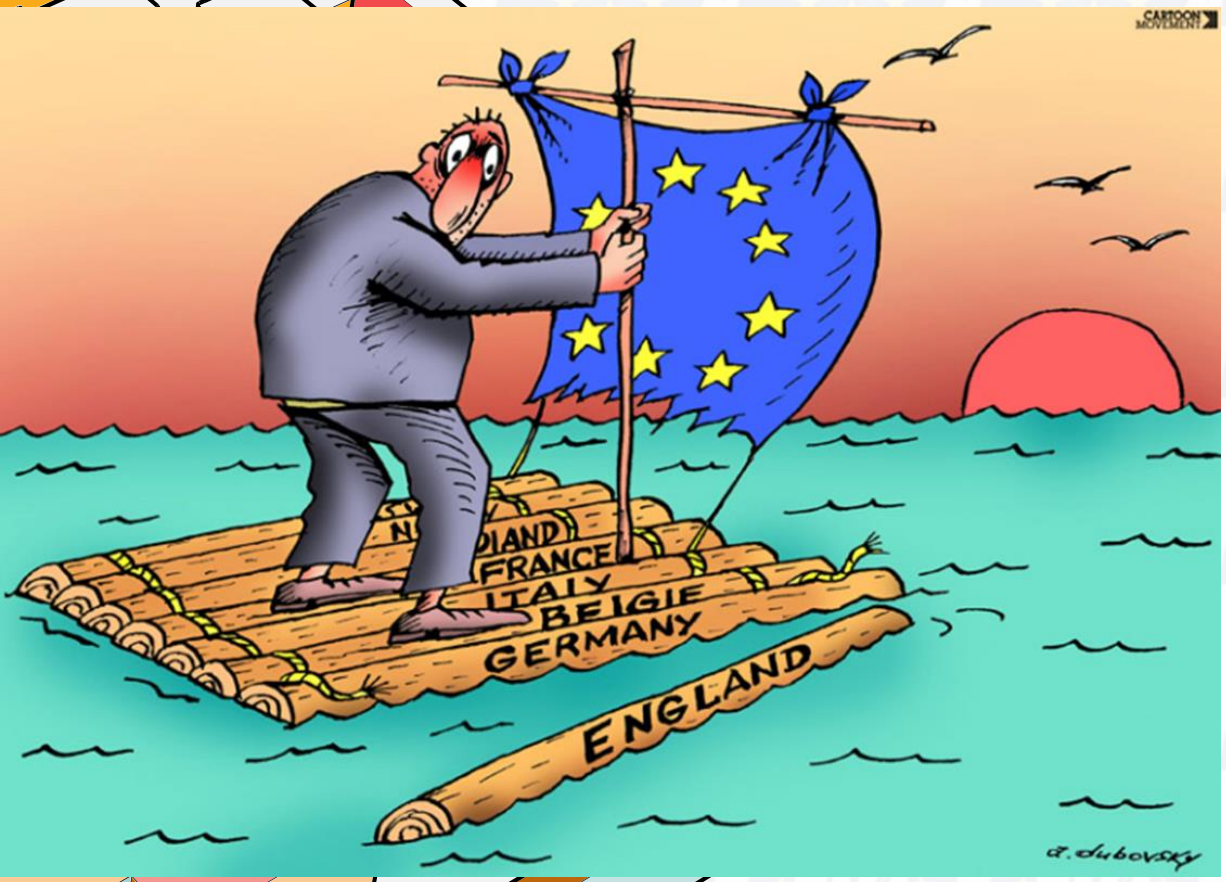
Occupational health professionals play a crucial role in research, risk assessment, implementing preventive measures, and advocating for policies to protect workers' well-being amidst these evolving challenges.

Guglielmo Trovato - Brussels, October 3, 2025

Professional medical associations are almost exclusively national, worldwide, and serve quasi-union purposes for the profession.

The EMA's objectives, differently, are European and international:

- **EMA aims to support the quality of physicians' clinical and research activities**
- **and to provide patients with information and care appropriate to current times.**



WE ARE AWARE OF THE POSSIBLE, OR APPARENT, FUTILITY OF CONTRIBUTIONS, CRITICISMS AND SUGGESTIONS WHICH, HOWEVER WELL-CRAFTED, REMAIN WITHOUT TANGIBLE OUTCOMES

WE ARE NOT DETERRED FROM CONTINUING THIS PATH OF STUDY, DISCUSSION AND INFORMATION.

EMA, LIKE THE ROYAL COLLEGE OF PHYSICIANS OF LONDON, INCLUDES MEMBERS NOT TIED TO SPECIFIC PROFESSIONAL CONSULTANCY ROLE WITH POLITICAL AND ADMINISTRATIVE INSTITUTIONS

A long way to home

Guglielmo Trovato - Brussels, October 3, 2025