

# Policy Priorities to Strengthen Respiratory Health Strategy in the European Union

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## Abstract

Respiratory diseases represent a major and persistent public health challenge in the European Union, contributing substantially to morbidity, mortality, healthcare utilisation, and health inequalities. Despite existing initiatives, respiratory health remains insufficiently integrated into broader infection, prevention and control strategies, vaccination plans, programmes to fight antimicrobial resistance. Starting from the current burden of respiratory diseases in the EU - including the Vaccine Preventable Respiratory Diseases (VPRDs) - a consensus-based expert policy analysis was conducted through a multidisciplinary European Working Group on Respiratory Care, comprising healthcare professionals and leaders of civic and patient organisations. This article aims to outline policy priorities to support a more integrated, equitable, and resilient European respiratory health strategy, emphasizing the collaborative role of all the actors, publics and privates, of the HCPs-Health Care Professionals and of the so-called intermediated bodies of the society: patients' associations, PAG-Patients Advocacy Groups, CSOs-Civil Society Organizations.

**Keywords:** Respiratory Diseases, European Union, Public Health Policy, Infection Prevention and Control, Antimicrobial Resistance, Vaccination; Health Equity, Vaccine Preventable Respiratory Diseases (VPRDs), Civic Participation, Patients' Rights.

## Introduction

### A Cross-Cutting Threat to Health and Wellbeing

Respiratory diseases remain a leading cause of morbidity and mortality across the European Union. In 2021 alone, 324,300 deaths were attributed to diseases of the respiratory system, accounting for 6.1% of all deaths in the EU. This figure excludes deaths from respiratory cancers and COVID-19, suggesting that the actual burden is significantly higher. Notably, men are more affected than women, with 6.7% of male deaths versus 5.6% of female deaths due to respiratory cause [1].

The impact on healthcare systems is equally alarming. Over 4.2

million patients were discharged from EU hospitals in 2021 with respiratory diagnoses, resulting in 34.5 million hospital days. These figures highlight the immense pressure respiratory conditions place on hospital capacity, particularly during seasonal peaks and public health emergencies [1]. This burden extends to the healthcare workforce, where respiratory care professionals—especially nurses and pulmonologists—face increasing workloads, burnout, and staffing shortages. Vulnerable populations bear the brunt of this burden. Older adults, especially those aged 65 and above, and individuals with chronic conditions such as Chronic Obstructive Pulmonary Disease (COPD), asthma, cancer, diabetes and cardiovascular diseases, are at heightened

risk of suffering loss of functional capacity resulting from respiratory conditions. Children under five are also disproportionately affected, with respiratory syncytial virus (RSV) and other infections being leading causes of hospitalization in this age group [2]. Moreover, patients with rare respiratory diseases—such as pulmonary hypertension, cystic fibrosis, and interstitial lung diseases—face unique challenges, including delayed diagnosis, limited treatment options, and fragmented care pathways. These conditions, while individually rare, collectively affect a significant number of Europeans and require specialised, multidisciplinary approaches. In addition, underdiagnosis remains a critical issue in older adults. Many of these patients are diagnosed late or not at all, preventing optimal disease management and early intervention. Particular attention should also be paid to the links between respiratory health and other disease areas such as diabetes, oncology, and geriatrics, as well as the loss of functional capacity resulting from respiratory conditions. Neurocognitive disabilities, especially prevalent in geriatric populations, also deserve consideration to ensure that respiratory care strategies are comprehensive. Finally, the continued circulation of respiratory viruses such as influenza, RSV, and SARS-CoV-2 underscores the need for sustained vigilance and preparedness. These pathogens continue to cause seasonal surges, straining healthcare systems and exposing gaps in infection prevention and control [3].

Antimicrobial resistance (AMR) adds an additional and often invisible layer of threat to this burden. Many respiratory infections—particularly pneumonia, tuberculosis, and hospital-acquired infections—are increasingly caused by bacteria resistant

to first-line antibiotics. This not only leads to prolonged hospital stays, higher mortality rates, and increased healthcare costs, but also jeopardises the effectiveness of routine respiratory care and critical interventions such as mechanical ventilation. The overuse and misuse of antibiotics in both community and hospital settings, often linked to diagnostic uncertainty in respiratory infections, continue to accelerate resistance across Europe [4], [5]. Addressing AMR within respiratory health strategies is therefore fundamental to preserving treatment efficacy and ensuring patient safety.

## Methods

Starting from the current burden of respiratory diseases in the EU - including the VPRDs-Vaccine Preventable Respiratory Diseases - a structured expert-driven policy analysis was conducted through a multidisciplinary European Working Group on Respiratory Care, a collaborative initiative launched to address the growing burden of respiratory diseases across Europe. Co-organised by RPP Group's Brussels office [6] and Active Citizenship Network (ACN) [7] - the EU branch of the Italian NGO Cittadinanzattiva [8] - the EU Working Group brought together EU-level scientific societies, healthcare professionals, and national patient advocacy organisations to foster dialogue, share best practices, and shape policy recommendations. Its mission served as a practical and inclusive platform that supports the development of evidence-based strategies. By aligning efforts across Member States and sectors, the European Working Group on Respiratory Care aimed to ensure that respiratory health becomes a central component of EU public health planning, with a particular focus on prevention, equity, and resilience.



**Figure 1:** Save the date of the I<sup>o</sup> meeting of the EU Working Group on Respiratory Care, 28 May, 2025

The European Working Group on Respiratory Care convened in two formal meetings along 2025 [9, 10]. Discussions were structured around thematic areas including disease burden, preven-

tion and early detection, healthcare system capacity, workforce challenges, and equity in access to care.



**Figure 2:** Save the date of the II<sup>o</sup> meeting of the EU Working Group on Respiratory Care, 22 September, 2025

Inputs were consolidated through iterative synthesis by the coordinating authors, and then presented to a selected leaders of Patient Advocacy Groups and citizens organization on the occasion of the EU workshop “European Policies and Advocacy in

Respiratory care”, held in Brussels (Belgium) on 3 October 2025 [11], producing a consensus-based narrative analysis in the form of “Call to Action” with a set of recommendation tailored to the policy-makers at the EU level.



**Figure 3:** Save the date of the EU workshop on European Policies and Advocacy in Respiratory care, 3 October 2025

## Results

### Why We Must Act Now

The formal end of the COVID-19 health emergency in the EU does not signal the disappearance of the disease nor the need to reduce vigilance. Instead, COVID-19 is progressively entering the broader narrative on respiratory viruses, including influenza and other vaccine-preventable respiratory diseases (VPRDs). The EU has invested substantially in emergency response mechanisms such as the Health Emergency Preparedness and Response Authority (HERA) [12], but there is no comprehensive, coordinated EU Respiratory Health Plan that addresses both the legacy of Covid-19 and the systemic challenges revealed by the pandemic. The COVID-19 pandemic served as a stark reminder of the vulnerabilities in our public health systems, particularly in the area of respiratory care. It revealed critical gaps in surveillance, preparedness, and equitable access to care. As we transition into a post-pandemic era, there is a unique window of opportunity to apply the lessons learned and build more resilient systems. The European Centre for Disease Prevention and Control (ECDC) is working on EU guidance for implementation of Infection Prevention and Control (IPC) programmes at a national and healthcare facility level with a focus on AMR and healthcare-associated infections [13]. Even this document will not officially provide guidelines for specific infections, such as respiratory viral infections (ECDC recommendations from 2023 are still valid in this respect [14]. this marks a pivotal opportunity to embed respiratory care into an upgraded, unified European framework for infection control.

**The recommendations - outlined in the Call to Action - are intended to provide strong, evidence-based input into this process, ensuring that the specific needs of respiratory health are fully addressed.**

- Strengthening prevention and early detection is essential to reduce the long-term burden of respiratory diseases.
- On the one hand, strengthening prevention is essential to reduce the long-term burden of respiratory diseases. Preventive measures such as vaccination, smoking cessation, and environmental health policies can significantly reduce incidence rates and improve population health.
- On the other hand, early detection is equally important, as

it enables timely intervention, improves patient outcomes, and reduces healthcare costs and system overload. Integrating respiratory care into Infection Prevention and Control (IPC) strategies ensures that infection control measures are comprehensive and inclusive of respiratory-specific risks, which are often overlooked in broader IPC frameworks.

- Importantly, integrating AMR surveillance and stewardship into respiratory care pathways is critical. Rational antibiotic use, combined with improved diagnostic tools to distinguish viral from bacterial infections, can reduce unnecessary prescribing and slow resistance development. The linkage between IPC, vaccination, and antimicrobial stewardship must be recognised as a cornerstone of respiratory health policy.
- Improved access to treatment—including timely and equitable access to essential medicines, antivirals, and innovative therapies—is a cornerstone of effective respiratory care, as well as a critical contributor to the prevention of antimicrobial resistance (AMR), similar to vaccination.
- Promoting equitable access to diagnostics, treatment, including essential medicines, antivirals, and innovative therapies, and vaccination is a matter of both public health and social justice. Disparities in access lead to preventable suffering and undermine the effectiveness of EU-wide health initiatives. Supporting vulnerable populations—including the elderly, children, and those with chronic conditions—ensures that those most at risk are not let behind in policy and practice. This also includes addressing barriers to access such as long waiting times, lack of specialist care, financial constraints, and social inequality, which continue to hinder effective respiratory disease management in many EU countries.
- Public awareness campaigns are needed to improve understanding of respiratory diseases, responsible antibiotic use, and the importance of vaccination. Only a minority of EU Member States currently have comprehensive adult vaccination recommendations. At the same time, education and training of the healthcare workforce must include patient engagement strategies and digital literacy.
- Finally, addressing tobacco and smoking control and environmental determinants such as air pollution requires cross-sectoral collaboration [15]. Respiratory health cannot

be improved in isolation; it must be part of a broader strategy that includes environmental, occupational, and urban planning policies.

By acting now, we can not only reduce the current burden but also future proof our systems against emerging respiratory threats, including the growing crisis of antimicrobial resistance. The time for coordinated evidence-based action is now.

## Discussion

### Concrete Recommendations for the European Respiratory Health Plan

In continuity with the Steering Group on Prevention of Respiratory Infections, calling for a new Council Recommendation on the value of immunisation against respiratory infections [16], the European Working Group on Respiratory Care recommends the inclusion of the following strategic measures to ensure the plan is both impactful and implementable:

1. **Establish Clear EU Targets for Respiratory Health:** Define measurable objectives for reducing mortality, hospitalisation, and incidence rates of major respiratory diseases by 2030.
2. **Support National Respiratory Health Strategies:** Encourage all Member States to adopt or update national plans aligned with EU priorities, ensuring consistency and accountability
3. **Fund Cross-Border Pilot Projects:** Support innovative, scalable models of prevention and care, such as integrated respiratory clinics, telemonitoring for chronic patients, and mobile screening units, through EU health programmes.
4. **Standardise Data Collection and Reporting:** Harmonise surveillance systems across the EU to enable better comparison, early warning, and coordinated response to respiratory threats.
5. **Integrate Respiratory Health into Climate and Urban and Tobacco Control Policies:** Promote clean air initiatives, green infrastructure, and healthy housing standards as part of a broader respiratory health strategy. Tobacco control must also be a central component of this strategy,

including stronger regulation, public education, and support for cessation services.

6. **Support Workforce Development and Training:** Invest in the education and upskilling of healthcare professionals, including respiratory nurses and geriatric specialists, to meet growing care demands, as well as training on patient involvement and digital tools to enhance prevention, care delivery and communication.
7. **Embed Patient-Centred Approaches:** Ensure that patient voices, especially those from vulnerable and underrepresented groups, including the elderly and people living with chronic diseases, are systematically included in policy design and evaluation. Educational campaigns that engage both patients and healthcare professionals can foster shared responsibility in care.
8. **Promote Equity in Access to Innovation:** Facilitate equitable access to new diagnostics, therapeutics, and vaccines through joint procurement, regulatory harmonisation, and affordability mechanisms.
9. **Ensure Adequate Access to Effective Treatments for Respiratory Infections:** Promote equitable access to safe and effective treatments for respiratory infections, including antivirals, as part of a comprehensive public health response. This includes supporting innovation, ensuring timely availability during seasonal and pandemic surges, and integrating treatment strategies into national preparedness and response plans.
10. **Expand and Implement Vaccination Strategies Targeting At-Risk Adults:** Ensure that all Member States adopt adult immunisation strategies, with a specific focus on older adults, healthcare workers, and long-term care residents, by identifying and replicating best practices already in place.

### Integrate Antimicrobial Stewardship into Respiratory Care

Ensure that all national respiratory health strategies incorporate antimicrobial resistance (AMR) prevention and control measures, strengthening diagnostic capacity, embedding antimicrobial stewardship programmes and improving surveillance of resistant respiratory pathogens



Figure 4: “EU Working Group on Respiratory Care” Call to Action



## Conclusion

The recommendations emerging from the European Working Group on Respiratory Care have attracted interest from European institutions and relevant stakeholders. Firstly, the MEPs Interest Group “European Patients’ Rights and Cross-border Healthcare” [17] – now in its third mandate – agreed to host the official presentation of the “Call to Action” at the EU Parliament in the first half of 2026. This will be an opportunity to better understand the level of commitment of European institutions to this issue. Recently, in fact, the Steering Group on Prevention of

Respiratory Infections, in its 2025 document “Toward a Council Recommendation on the value of immunisation against respiratory infections”, called for a new Council Recommendation on the value of immunisation against respiratory infections. This raises the question of the commitment of the Cypriot-led European Union Council Presidency and subsequent Presidencies, of the European Commission, and of the standing SANT Committee [18] established in the European Parliament following urgent requests from civil society organisations. Indeed, the official document emphasises “responding to citizens’ expectations”.



**Figure 5:** logo of the MEPs Interest Group “European Patients’ Rights and Cross-border Healthcare”

A) In parallel with the dissemination of the messages linked to the “Call to Action”, the number of civic and patient associations supporting it through an official endorsement continues to grow. As of 31 December 2025, the list included a total of 32 entities, consisting of national civic associations and patient advocacy groups from 13 countries, European umbrella patient organisations and healthcare professionals’ associations.

### National Civic Associations and Patient Advocacy Groups:

1. Lower Austrian Patient and Nursing Advocacy (NÖ PPA) - Austria
2. Patients Organizations With You - Bulgaria
3. Association of Reproductive Health, Pregnancy and Child-care "Smile" - Bulgaria
4. Alliance of Transplanted and Operated ATO "Future for All"- Bulgaria
5. Association of Patients with Cardiovascular Diseases – Bulgaria
6. Bulgarian Association for Patients' Defense – Bulgaria
7. Cyprus Federation of Patient Associations (CyFPA – OSAK) - Cyprus
8. Institute of Research for Innovation and Development (IM-KKA) – Greece
9. Promitheas (Hellenic Liver Patient Association) - Greece
10. Irish Patients' Association – Ireland
11. Tribunale per i diritti del malato - Italy
12. Malta Health Network - Malta
13. National Patients Organisation – Malta
14. European Patients Empowerment for Customised Solutions (EPECS) – The Netherlands
15. Institute for Patients' Rights and Health Education (IPPEZ) – Poland
16. Alliance "Poland Breathes Healthily" – Poland
17. Sociedade Portuguesa de Literacia em Saúde (SPLS) - Portugal
18. Coalition of Organisations patients with chronic diseases in Romania (COPAC) – Romania
19. Društvo Kultrab Celje – Slovenia
20. The Slovenian foodbank (SIBAHE) - Slovenia
21. Association for Justice and Control - Slovenia
22. Asociación Española contra la Meningitis – Spain

23. Foro Español de Pacientes – Spain
24. Universidad del Paciente y la Familia – Spain

### International and European umbrella Patient Organizations:

1. European Liver Patients’ Association (ELPA)
2. International Patient Organisation for Primary Immunodeficiencies (IPOPI)

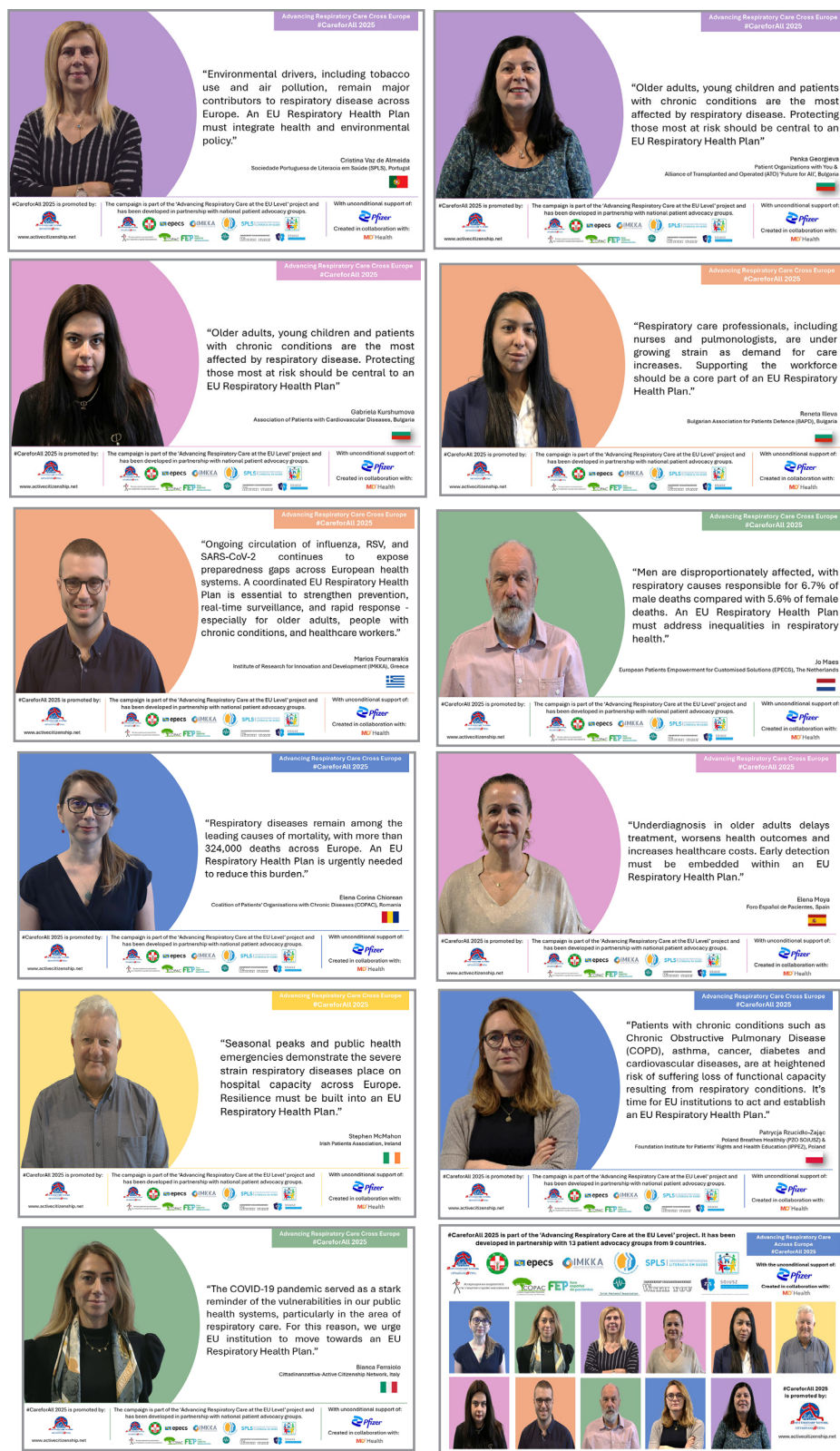
### Healthcare Professionals’ Associations:

1. Federation of European Academies of Medicine (FEAM)
2. World Federation of Public Health Associations (WFPHA)
3. European Scientific Working group on Influenza and other Respiratory Viruses (ESWI)
4. European Specialist Nurses Organisation (ESNO)
5. European Medical Association (EMA)
6. European Geriatric Medicine Society (EuGMS)

This represents a particularly important result and the best precondition for promoting, in 2026, the “EU Respiratory Health Alliance”, engaging healthcare professionals, citizens and patients, public and private bodies, as well as universities and researchers.

B) Furthermore, the content of the “Call to Action” was used to launch the social media campaign #CareForAll 2025, entitled “Advancing Respiratory Care Across Europe” [19], promoted by Cittadinanzattiva–Active Citizenship Network and developed in partnership with 13 patient advocacy groups from 9 countries. The campaign calls on the EU to move towards a comprehensive EU Respiratory Health Plan—one that places prevention, equity, and resilience at the heart of care. Every breath matters. By addressing the burden of respiratory disease through prevention, early detection and stronger healthcare systems, we can protect those most at risk and build healthier societies across Europe.

The importance given to health issues in this European political framework will indicate whether the need for a stronger European Health Union, as emphasised by the President of the European Commission, Ursula von der Leyen [20], is merely a claim or an actual direction taken by European institutions. This will be the key point by which we will evaluate their work.



**Figure 6: #CareForAll 2025 campaign “Advancing Respiratory Care Cross Europe”**

## Declarations

Each of the authors confirms that this manuscript has not been previously published by another international peer-review journal and is not under consideration by any other peer-review journal. Additionally, all of the authors have approved the contents of this paper and have agreed to the submission policies of the journal.

## Authors' Contribution

Each named author has substantially contributed in managing the described initiative and drafting this manuscript.

## Conflict of Interest

To the best of our knowledge, the named authors listed on the first page declare that they do not have any conflict of interest, financial or otherwise.

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