CALL TO ACTION

EU Working Group on Respiratory Care

The Burden: 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 causes (Eurostat, 2023).

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 (Eurostat, 2023). 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 (ECDC, 2024). 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 (ECDC, 2025).

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 (ECDC, 2022; Oterino-Moreira et al., 2025). Addressing AMR within respiratory health strategies is therefore fundamental to preserving treatment efficacy and ensuring patient safety.

Why We Must Act Now

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), in collaboration with the European Commission, is currently developing the first-ever EU-level Infection Prevention and Control (IPC) Guidelines which will provide EU guidance for implementation of IPC programmes at a national and healthcare facility level with a focus on AMR and healthcare-associated infections. This marks a pivotal opportunity to embed respiratory care into an upgraded, unified European framework for infection control. The recommendations outlined in this 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 left 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. 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.

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, the Working Group 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.
11. **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.

Approved by the Working Group Members

The EU Working Group on Respiratory Care is a collaborative initiative launched to address the growing burden of respiratory diseases across Europe. Co-organised by the Active Citizenship Network (ACN) and the RPP Group, with the unconditional support of Pfizer, the Working Group brings together EU-level scientific societies, healthcare professionals, and national patient advocacy organisations to foster dialogue, share best practices, and shape policy recommendations. Its mission is to serve as a practical and inclusive platform that supports the development of evidence-based strategies. By aligning efforts across Member States and sectors, the Working Group aims to ensure that respiratory health becomes a central component of EU public health planning, with a particular focus on prevention, equity, and resilience.

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