



# High level forum on lung health Promoting prevention with improved lung health

Report 2026

Organised by the European Lung Health Group



## Prevention through improved lung health

The European Lung Health Group (ELHG) is composed of all European level respiratory patient groups and pulmonologists organisations and collectively represents 179 national organisations of respiratory patients and healthcare professionals. This second High-level Forum on Lung Health builds on progress since the first, notably adoption of a World Health Assembly resolution on an integrated lung health approach as well as the start of dedicated projects on respiratory diseases in the EU4Health Programme. The participants discussed the burden of respiratory disease in Europe, bringing healthcare, economic, social, patient and individual perspectives together. The Forum addressed lung health through specific European and national initiatives within a life-course approach and promoting health in all policies. The Forum therefore reviewed the current EU actions to combat the burden of lung ill health, the place these actions have within the Safe Heart Plan, other EU Joint actions to aid Member States to enact the World Health Assembly Resolution as well as stimulating calls for greater action on respiratory health for patients and the whole population.

The Forum included three sessions in a roundtable and interactive in format, covering: existing lung health policy initiatives, the need for joint future action on lung health and the next steps for creating a European Lung Health Plan. In each session, speakers were invited to make brief 2-minute interventions, followed by a general discussion between all speakers of the Forum.



# Speakers



- Antonio Parenti: Deputy Director General for Health responsible for Public Health, Cancer and Health Security, DG SANT (via video message)
- Joachim D'Eugenio: Policy Advisor for Zero Pollution, DG ENV
- Thomas Allvin: Executive Director for Strategy and Healthcare Systems, European Federation of Pharmaceutical Industries and Associations (EFPIA)
- Dr. Arzu Yorgancioglu: Board Member of Global Initiative for Asthma (GINA)
- Birgit Beger: CEO European Heart Network (EHN)
- Siân Williams: CEO International Primary Care Respiratory Group (IPCRG)
- Cornel Radu-Loghin: Secretary General, European Network for Smoking and Tobacco Prevention (ENSP)
- Dr. Ian Marnane: Head of Unit, Environment and Health, European Environment Agency (EEA)
- Alex Mulet: Policy Officer, Health Innovations and Ecosystems, DG RTD
- Catherine Draï: Senior Scientific Officer, European Medicines Agency (EMA)
- Prof. Aurelijus Veryga: Member of European Parliament, Lithuania, ECR
- Dr. Zsuzsanna Miklós: Head of the Department of Translational Medicine, National Korányi Institute for Pulmonology, representative of Joint Action for Respiratory Diseases (JARED)
- Sophie Perroud-Akkerman: Senior Coordinator, Health and Air Quality, Health and Environment Alliance (HEAL)
- Dr. Milka Sokolović: Director General, European Public Health Alliance (EPHA)

## European Lung Health Group speakers

- Dr Károly Illy: Vice President (President from March 2026), European Federation of Allergy and Airways Diseases Patients Associations, EFA
- Gergely Meszaros: Project Manager, European Pulmonary Fibrosis Federation (EU PFF)
- Hall Skaara: Project Consultant Pulmonary Hypertension Association Europe (PHA Europe)
- Frank Willersinn: Board member, Alpha-1 Europe Alliance
- Paul Sommerfeld: Chair of TB Europe Coalition
- Prof. Zorana J Andersen: Chair of the European Respiratory Society (ERS) Advocacy Task Force
- Helen Parks: Council Member of European Lung Foundation (ELF)
- Moderator: Frazer Goodwin: Policy Coordinator, EFA

## Key takeaways

- Addressing lung health through European policies is fragmented, a vision for lung health and action to reach that vision is needed. There is however a coalition of different stakeholders and institutions willing to support further and more coherent action.
- Implementation of EU laws, especially relating to air quality and tobacco control is key, not just their adoption. Whilst not high profile on EU Institution work programmes, the compliance oversight of EU law implementation is key. The Commission also needs to work with member states to ensure that implementation is effective.
- Early diagnosis and access to effective treatments remain to be attained for many locations across the EU.
- Respiratory diseases have a large unmet research and innovation need.
- Action to control commercial determinants of lung health, including tobacco and nicotine products, and ultra processed foods are key if we are to combat NCD development and progression.
- Chronic respiratory diseases have always been diseases of poverty, because poor housing and exposure to air pollution disproportionately affect poorer people and environmental factors, from indoor and outdoor air pollution to fossil fuels, further impact vulnerable groups, including those who already have respiratory disease, and children in particular.
- Environmental factors, from air pollution to fossil fuels, disproportionately impact vulnerable groups, including those who already have respiratory disease, specific high pollution areas, and children in particular.
- Collaboration between all stakeholders is necessary to work together for a joint vision on lung health. This has started already, with events like the high-level forum. Now we need the political will to turn evidence into action.
- Prevention across the life course is necessary – and many efforts to protect children’s lung health will give benefits across their life course.
- Primary health care could play a vital role in lung health and lung disease prevention, management and monitoring if the right resources are made available.
- There are co-benefits to be gained for patients and population from heart to lung, and lung to heart and other co-morbidities systematically addressing lung health.

## #KeepBreathing policy asks

### Access

much more needed to secure early diagnosis and treatment across the EU.

### Prevention

much more needed for air quality to be improved, including by strengthening tobacco and nicotine control.

### Investment

for lung health from the EU budget should match the burden of respiratory diseases.

# Welcome and introduction



Károly Illy formally welcomed participants and introduced the discussions with an outline of the burden of lung health in the EU and the need for more action to prevent, diagnose and treat it.



In the EU lung diseases are responsible for 1 in 8 deaths, representing the third most common cause of death, even though many are preventable. Behind these numbers are patients and families. They often have the fear of not being able to breathe and have serious problems organising daily life according to their disease. It is clear more is needed to confront this huge burden.

**Károly Illy**  
**EFA President**



Our policy is to  
**#KeepBreathing:**  
What is yours?

# Lung health's place within the current EU priority policy initiatives

## Roundtable 1



While there is no single European Lung Health Plan or Policy, there are many ways in which existing EU policy initiatives from across different sectors may impact respiratory patients and European citizens and can prevent respiratory conditions in the first place.

In the first roundtable session, speakers focused on presenting the existing EU preventative (primary, secondary, and tertiary) measures already in place for respiratory diseases, discussing topics of pollution, gaps in primary care, air quality evidence and legislation (indoors and outdoors) and structural reform support for health in areas like access and diagnosis.



In his [video message](#), Mr. Antonio Parenti (DG SANTE) highlighted the burden of chronic respiratory diseases on citizens, health systems and economies and showcased action in existing EU policy initiatives like, [The Joint Action on Respiratory Diseases \(JARED\)](#), the [LungHealth4Life project](#) and EU Non-communicable disease Initiative. It also linked the Commissions drive to improve the competitiveness of the life sciences and healthcare sectors within the Bio Tech act as key supportive actions for improving lung health.

In the EU, respiratory diseases account for 7% of deaths. The Commission is committed to support Member States and stakeholders in reducing the burden of chronic respiratory diseases and their risk factors.

**Mr. Antonio Parenti**  
**Deputy Director General for Health DG S&NT**



# Lung health's place within the current EU priority policy initiatives

## ENVIRONMENTAL LEGISLATION AS A PUBLIC HEALTH PREVENTION



In 2026 we are facing a political landscape which is challenging and undergoing continuous contextual changes. Health received a larger focus at one point, but now this has dropped with security and defence pressures. Given this, it is difficult to get issues like air quality, while key to lung health, on the political priority agenda. Environmental and health policy are not separate, yet an EEA analysis showed only 14 of 34 health strategies look at the link between health and environment. In the session we heard about the European Commission's Zero Pollution Agenda, looking at the [National Air Pollution Emission Reduction Commitments \(NEC\)](#).

This is a big step for improving air quality, and the key challenge is now implementation by Member States and compliance checking by the Commission. But with the change in the political context, the requirements may be reopened under omnibus package. There is still therefore more to be done for implementation and a continued vigilance for impact assessment to be undertaken for any revisions.

In general, there was concern about the European Commission's recent approach to rushing legislation without impact assessments, and therefore without sufficient research and evidence.

## PRIMARY PREVENTION AND EARLY DIAGNOSIS

Whereas primary prevention is key for preventing diseases like asthma, it is primary care where patients with respiratory symptoms typically get seen, rather than at specialists.

### WHO "5C's of primary care"

- **Contact accessibility, accuracy and responsiveness**
- **Continuity of information and relationship over the life course**
- **Coordination between specialist services**
- **Comprehensiveness**
- **Person-centeredness**

The five elements of WHO "5C's of primary care" are needed to improve care for people with CRDs and can best be delivered through trained family medicine teams.

Primary care needs to be reimbursed to manage CRDs including good quality diagnosis as it takes longer than other NCDs and is not yet widely available. Croatia was mentioned as an example where family medicine, the preferred model of primary care, is reimbursed for spirometry, the gold standard diagnostic test, and now for referral of highly dependent tobacco users to the new lung cancer screening programme.

In October 2020, Croatia launched the first national lung cancer screening program in the EU, which was co-developed by primary care and therefore fully integrated into primary care, using primary care records of smoking status to drive referral; and fully integrating smoking cessation into the pathway. The potential to expand to include other lung conditions is being explored. However, investment in this should also be balanced by investment in tobacco control enforcement given prevalence of 27% in 2025.

**“Diagnosis takes 4 years for COPD and asthma. 2 to 3 years for pulmonary hypertension. That is far too long to wait while disease progresses and vital treatment opportunities slip away.”**

**Hall Skaara**

**European Lung Health Group, PHA Europe**



There is a need for early and correct diagnosis of respiratory diseases, as well as timely and accurate treatment access to medicines.

## ACCESS TO TREATMENT

Health inequalities exist in terms of access to treatment. Respiratory diseases don't discriminate and incidences are increasing across demographic groups. Access to treatments is an issue both at EU and global health levels, an example being some of the latest TB treatments are yet to be placed on some EU markets as the incidence of TB in those countries is so low, whilst in some low income countries the same treatments are too expensive for many to access. At the same time, health inequalities exist in terms of risk factors, environmental pollution like air pollution impact people in different ways.

# Lung health's place within the current EU priority policy initiatives

## LEARNING FROM THE CARDIOVASCULAR HEALTH COMMUNITY



Respiratory and cardiovascular diseases share many of the same risks and inequalities amplify them. As a lung health community, the European Lung Health Group is keen to learn about the steps taken from the cardiovascular health groups that led to the drafting and publication of the EU Safe Hearts Plan. An EU level framework for patient pathways and funding levels is needed, and we need to build interest at the national level, as this is where expertise and power is to bring together the organisations.

Participants pushed for the health checks from the Safe Hearts Plan to be implemented for lung health. At the same time, there was disappointment that the Safe Hearts Plan did not include the reduction of environmental pollutants as a measure.

## COMMERCIAL DETERMINANTS TOBACCO AND NICOTINE



The main message is that smoking should be prevented in the first place by **enforcement of tobacco control regulation.**

Tobacco dependence often starts in childhood, exacerbated by marketing campaigns for new nicotine products. Yet, access to smoking cessation treatment differs greatly across the EU and can be more expensive for the patient and the healthcare system.

Tobacco control funding still falls far short of the scale of the disease burden in Europe. Weak political will has meant little progress over the past 30 years. Speakers called for a shift from tobacco control to broader nicotine control, as vaping is drawing young people into addiction and future lung disease. The EU must act faster to protect youth and help them resist aggressive marketing.

# The future of EU joint action on lung health **Roundtable 2**

Achieving a European Lung Health Plan depends on stakeholders and decision-makers coming together to bring together evidence and different perspectives of the burden of lung health in the EU. Engagement needs to be true co-creation.

## EU projects supporting lung health as the first step towards a plan



The second roundtable session presented examples of where EU collaborative and joint action on lung health has worked. It highlighted the link between all stakeholders - including institutions, authorities, medical professionals, and patient associations - and how they together progress and advance ideas. The session also explored what further collaboration stakeholders view as necessary to enable such joint efforts to progress further. Earlier detection and intervention will be essential to identify lung damage and intervene before irreversible progression occurs. Funding and support for further research is essential to increase scientific knowledge (e.g. new biomarkers) leading to novel therapies and/or diagnostic tools.

Joint EU action on lung health is already taking place in the form of collaborative EU projects, which have the potential of impacting respiratory patients from prevention to detection. The EU's JARED was highlighted as a key initiative bringing Member States' action together. Participants highlighted the existing EU projects on lung health, such as the Strengthening the screening of Lung Cancer in Europe (SOLACE) project under EU4Health and the Europe's Beating Cancer Plan and the EU4Health, LungHealth4Life project where EFA leads the community of practice. Also the European Lung Foundation (ELF) Healthy Lungs For Life campaign, and the ELGH #KeepBreathing EU policy campaign were highlighted. While participants welcomed these initiatives, more work is needed to have specific policy targets and measures in place, in a sustained way.



# The future of EU joint action on lung health

## Need to prevent next generation of respiratory patients

Once again, in this session the dangers of novel tobacco products were raised, this time focused on the impacts of children, who are the respiratory patients of the future. Children need to be informed that the lungs are needed across the whole life and lung health is not given. We need to educate young people of air quality, the benefits of physical activity and address social and environmental factors that drive health outcomes.

**“Spirometry matters. A single low measurement is linked to respiratory problems later in life”**

**Helen Parks**  
**European Lung Foundation**



## Need for further research for innovative medicines

Further research is paramount to increase understanding of pathophysiological pathways involved in respiratory diseases. Validated diagnostic tools and new biomarkers allowing early identification of lung damage before irreversible progression occurs would help. This knowledge would translate into development of innovative and personalised medicines aimed at prevention and treatment of respiratory diseases.

The one health initiative is an important tool to ensure a global approach addressing the multifactorial drivers of respiratory diseases.

Finally, the new pharmaceutical package will introduce more flexibility and incentives for medicine developers, shorten the approval process and strengthen the input and role of patient and healthcare professionals in regulatory decision making.

# The future of EU joint action on lung health

## Impact of air pollution as environmental factor

The European economy needs healthy and resilient people and to protect people against environmental risk factors. One in three respiratory health conditions is because of environmental risk factors including air pollution, extreme temperatures and occupational exposure. For **air pollution alone, there are 420 thousand deaths per year in Europe related to lung cancer and 15,000 related to COPD.** Apart from premature deaths, there is also a significant burden associated with morbidity, as a result of living with the impacts of air pollution related diseases on health and wellbeing. We are also not all exposed to the same levels of pollution, and additionally some people are more vulnerable to the impacts of air pollution. In Europe, for example, Eastern Europe tends to be more exposed, while 94% of people living in urban areas are exposed to unsafe levels of PM2.5. There are also socio-economic groups which are disproportionately impacted. To note, children's biological response to environmental pollution is very high and often has life-long impacts.

Exposure starts already in pregnancy, impacting lung function development and linked to risk of asthma in children. Looking at indoor air quality, we need stronger measures for practices like wood burning inside, which also impacts outdoor air when emitted. The results of the Synair\_G project were also promoted as an example of best practice of stakeholders adding to EU research to both improve the knowledge base of poor air problems and potential solutions.

## Need for environmental and health data



Speakers highlighted the European Health Data Space (EHDS) as a collective, evidence-based tool to improve patient outcomes, while stressing the need to better integrate environmental health. The European Lung Health Group also underlined that **lung diseases cause 1 in 8 deaths in the EU and are the third leading cause of death**, even though many are preventable.

A health in all policies approach is key to changing that, from reducing air pollution and strengthening tobacco control to including people with chronic respiratory diseases in seasonal vaccination programmes. Across all of these measures, collaboration is essential for both policy adoption and implementation.

# The EU's role – the need for a dedicated lung health plan

## Roundtable 3



In 2025, the World Health Assembly (WHA) adopted the resolution on lung health, giving WHO member states a framework for national action and cooperation. At EU level, however, there is still no dedicated lung health plan.

The third roundtable opened with this global context and looked at what a European Lung Health Plan should prioritise. Speakers stressed that progress will depend on both political will and adequate funding, and also highlighted the need to involve civil society in shaping the discussion.



The session also connected lung health to wider EU policy, including the EU Safe Heart Plan, the SANT Committee, the National Emission reduction Commitments Directive and the Ambient Air Quality Directive. Participants underlined that lung health should not be treated in isolation, but embedded in the broader EU agenda on non-communicable disease prevention, so that action across sectors is better aligned and prevention efforts reinforce one another.

MEP Aurelijus Veryga took the floor to present lung health in the broader context of European policy making. He underlined that the Europe's Beating Cancer Plan was also built with a movement, with support from the political will of that political cycle.

## Getting the timing right in the political cycle

**“One day there will be a comprehensive health plan for all areas, and no one left behind, rather than state by state, which leads to many problems for innovation, and elements of cross border travel.”**



**MEP Aurelijus Veryga  
ECR, Lithuania**

The need for member state support is essential. Finding the allies in Brussels but also at national level. Revision of the Multi-annual Financial framework (MFF) was identified as key moment to push for stronger health budget. EU4Health budget is very low already, at 0.5 percent of EU funds and JARED is only a quarter of one thousandth of a percent of the EU health budget. Current discussion on MFF needs to include the space on the lung health plan to support healthy Europe. We need collaboration and civil society at the table in these negotiations.

# The EU's role – the need for a dedicated lung health plan

## Differences in healthcare systems should not stop us from developing a plan

JARED was presented as an initiative which aims to deliver practical and feasible solutions to issues presented today – prevention, early detection, self-management, health literacy, and health equity. JARED is already delivering concrete action, and the deliverables and end products are designed to provide evidence-based solutions for a lung health policy. Although JARED tries to provide solutions with these deliverables, it does not provide a unique solution for Europe. JARED can be seen as the first step which may build momentum for European lung health policy.

Speakers also emphasised that prevention must address the upstream drivers of lung disease, including environmental exposures, tobacco use, and wider social determinants of health. Addressing these factors was highlighted as essential for reducing the long-term burden of respiratory disease across Europe. To proceed, there is a need for joint political commitment, capacity and resources.



## A future plan covers all areas of Europe

The future plan should cover chronic respiratory diseases, but also infectious respiratory diseases. Infectious diseases do not have borders and while diseases like tuberculosis are more prevalent in Eastern Europe, they can still impact anyone in Western Europe. There needs to be awareness and action on diagnosis and prevention of all respiratory infections all around Europe.

**Lung health is a test for how we design our society.**

**Milka Sokolović,  
EPHA**



# The EU's role – the need for a dedicated lung health plan

Participants noted that policies shaping air quality, transport, housing, energy systems and working conditions all influence respiratory health outcomes, reinforcing the need for a cross-sectoral and systemic approach in a future European Lung Health Plan.

## Access to new products vs. existing products

Participants noted the need to ensure access to existing medicines for respiratory diseases, as well as personalised medicines entering the market. Regarding existing medicines, these are often generic. Real innovation is about better, more targeted to a specific issues of patients medicines and vaccines. We need improvements within legislation like the EU Pharma Package to make Europe a place where innovation happens and reaches patients who need them. Other key policy files include the EU Clinical Trials regulation and the EU Biotech Act, which can enable Europe to tackle preventatively lung health and disease.

## Conclusions

**a consensus needed to act on lung health**

## Our policy is to #KeepBreathing, what's yours?

The main conclusion from the High Level Forum was that the burden of respiratory disease was large and the response to it so far has been inadequate. Change has begun, with the inclusion of respiratory health benefits from both the EU's Beating Cancer and Safe Heart plans. And the need to improve air quality had also been agreed, as has international political acceptance for the need to improve lung health at the World Health Assembly with a comprehensive resolution on Lung Health. The EU has also begun to fund some initiatives that address lung health too. But all present agreed that the burden of disease was such that a dedicated EU plan on lung health was necessary to go beyond the efforts now beginning to fully address, and fund, all the challenges of prevention, early diagnosis, and treatment. All present also agreed that a coalition of like-minded experts, stakeholders and individuals would need to press for such a plan if it is to be realised.

# The European Lung Health Group and the #KeepBreathing project

9	179	34
European-level patient and healthcare professional organisations	member associations	countries

ELHG brings together expertise to empower patients with lung diseases, improve early diagnosis, optimise multidisciplinary care, advance research and enhance quality of life. Building on this coalition, ELHG launched the Breathe Vision for 2030, a flagship initiative designed to advance respiratory health across Europe. Breathe Vision seeks to influence European and EU policy priorities to maximise benefits for respiratory health, promote greater understanding of respiratory diseases in society, support research and improvements in care and address the long-term impacts of COVID-19 on lung health. Through Breathe Vision, ELHG coordinates European-level advocacy and engagement with policymakers, healthcare professionals and patient communities. The initiative provides the framework for campaigns, projects, and collaborations, including work with the MEP Lung Health Group and the #KeepBreathing campaign.

The #KeepBreathing campaign is an actionable arm of Breathe Vision. Launched by ELHG, it focuses on promoting prevention, early diagnosis, equitable access to care and patient-centred approaches across the life course. By uniting patient organisations, healthcare professionals, and policymakers, #KeepBreathing raises awareness of the burden of respiratory diseases, influences EU decision-making, and supports the development of a coordinated, long-term European strategy and plan for lung health. If you are an actor on lung health and would like to get involved and lend your expertise for a future European lung health plan, or would wish to contribute to a reflection paper upon the topic please contact [policy@efanet.org](mailto:policy@efanet.org)



# Acknowledgements

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We extend our sincere thanks to all speakers for their thoughtful contributions and for bringing expertise, vision and urgency to the discussion. Their insights were essential in shaping a meaningful dialogue on the future of lung health in Europe. See our acknowledgement at [About – BreatheVision](#),


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