Launch of the Brussels Declaration on Asthma
European Parliament, Brussels
6 June 2007
On 6 June 2007, medical experts and representatives of relevant patient and professional associations, led by British Liberal Democrat MEP Liz Lynne, called on the EU to recognise asthma as a serious public health issue. The statement is part of the Brussels Declaration ¹, a 10-point action plan for improving asthma management across Europe addressed to EU and national policymakers, healthcare professionals, clinicians and patient groups alike. Better management of asthma can free up more than eight million hospital days each year, as well as reduce the annual €17.7 billion asthma-related costs in Europe. The Brussels Declaration captures the key conclusions of the ‘Summit for Change in Asthma Management’, a pivotal meeting held in the European Parliament on 18-19 October 2006 which for the first time brought together high-ranking politicians, clinicians, regulatory experts and patient representatives to discuss current concerns related to asthma and draft joint recommendations for improved management of the disease.

¹ To see the full Declaration, please visit: www.summitforchange.eu and see page 3 of this report
1. Asthma must be recognised as a serious public health issue by society and asthma care should be made a political priority.

2. Policy makers and Professional Bodies, including European Patients’ Associations must respond now to the developing understanding of asthma including recognition as a respiratory manifestation of systemic inflammatory processes.

3. The medical community, guided by its Professional Bodies, should also agree that asthma is different in adults, children and different ethnic groups and needs to be managed in different ways.

4. There should be an immediate update of the European Medicines Agency (EMEA) Regulatory Guidance Note on asthma which is essential to ensure that asthma treatment and diagnosis responds to the latest scientific knowledge, clinical and real world experience.

5. Guidelines should continue to be based on clinical trial evidence, but also take into account health economic and outcomes studies that reflect ‘real-world’ patient care and family life, including studies that particularly address the child/infant.

6. Those responsible for funding studies at EU level must consider research which helps to answer questions about the impact of other diseases on asthma, how to promote adherence to optimal treatment by both professionals and patients and advance patient-centred care, effective prevention strategies and prevalence studies.

7. Policy makers, politicians, doctors and third parties must explore variation in asthma care across Europe and distinguish between normal variation due to differences in healthcare systems and cultures, and variation that can be reduced through policies that improve organisation of care and clinical practice.

8. National policies should incentivise the organisation of care so that people with asthma can actively participate in and make choices about their care.

9. The EU and national governments must liaise with other agencies to understand and reduce the impact of environmental factors on asthma such as smoking, air pollution, hazards in schools, day care, the work place and home, as well as other environmental triggers.

10. National policies should set targets for healthcare providers to keep registries, reduce hospitalisations, emergency healthcare use, days off work and days off school experienced by people with asthma and encourage use of tools/instruments to assess asthma control and reasons for poor control where it exists in the individual.
Asthma is a respiratory manifestation of systemic inflammatory processes, which is increasing throughout the world in all age groups, particularly in children. In Europe alone, prevalence is thought to have doubled in the last ten years. However, 95 percent of asthma is estimated to be controllable given access to appropriate medical care. It is now time for a zero tolerance approach to asthma attacks.

To tackle this situation, the Brussels Declaration outlines a number of key recommendations for EU policymakers and regulatory experts:

**Promoting best practices and guided self-management of asthma**

The key for a sustainable improvement of a chronic condition such as asthma lies in the successful introduction of guided self-management of the disease by the patient. For this to happen, Liz Lynne MEP, who has asthma herself and who is the driving force behind the Brussels Declaration in the European Parliament, identifies both comprehensive patient information as well as better specialist training for healthcare professionals as essential prerequisites. Siân Williams of the International Primary Care Respiratory Group (IPCRG) agrees: “Education of healthcare professionals in primary care will be essential in Europe as they are commonly the first contact for patients.” She adds: “Doctors have to be in a position to provide tailored advice to patients based on a timely and accurate diagnosis and an understanding of the patient’s needs, health beliefs, concerns and approach to risk.”

To this end, it is extremely important that patients are seen not only as recipients of care, but as a unique source of information. Svein-Erik Myrseth, President of the European Federation of the Allergy and Airway Diseases Patients Association (EFA), stresses: “Patients are experts in living and coping with their disease day in day out.”

The innovative Finnish Asthma Programme (1994-2004) followed this approach which in essence breaks down healthcare to the micro level of each doctor-patient relationship. The results were remarkable: Hospitalisation days; days off school, work, asthma-related mortality were all significantly reduced, whilst the costs per patient treated also decreased. Prof. Tari Haahleta from the University of Helsinki and
coordinator of the successful programme confirms: “Putting the individual patient at the centre of all considerations is the key to success; introducing guided self-management of the disease its driver.”

Whilst there is no EU competence on treatment per se, it should be the role of the EU to acknowledge examples of good/best practice and encourage Member States to adapt these policies to their own health systems. Jørgen Mortensen, of the Centre for European Policy Studies (CEPS), who is investigating the role of the EU in the field of public health, using asthma as a case study states: “It is a pity that disease-specific initiatives were abandoned in the context of the EU Public Health Programme 2007-2013 due to limited resources. Promotion of best practices on public health issues of European relevance is a cost effective way to really make a difference for patients across Europe.”

Improving EMEA guidance and streamlining EU pharmacovigilance

Despite the lack of legislative EU competence in treatment, the EU can and does influence treatment via the European Medicines Agency (EMEA) which adopts guidance notes for the assessment of medicinal products in specific disease areas. According to Prof. Tari Haahtela, it is vital that EMEA guidance notes, such as the 2003 EMEA Guidance Note on Asthma, are more regularly updated to ensure that Europe always responds to latest scientific knowledge, clinical and real world experience.

In addition, greater transparency of EMEA procedures can help to deepen stakeholder involvement and further improve the EU decision-making in this field. According to Jørgen Mortensen, it is critical that the EU pharmacovigilance system (the reporting of adverse events post-authorisation of medicines) is strengthened and streamlined. He says: “Above all, we need to strengthen the EMEA pharmacovigilance system in order to avoid delays in reaction to the US Food and Drug Administration (FDA) decisions.”

The knowledge gained through better monitoring of real life therapy should in turn serve to update EMEA guidance notes. Recent consultations by EMEA and DG Enterprise of the European Commission are a good start; future EU legislation on pharmacovigilance will provide added value to patients, clinicians and industry alike.

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1 The full report ‘Asthma in the EU: Towards better management and regulation of a public health issue’ will be published in autumn 2007

2 The final budget for EU health action has been settled at € 365.6 million, i.e. only about one third of the € 969 million initially foreseen in the Commission proposal of April 2005.
Environmental Factors

The quality of the air we breathe cannot be overemphasised as a huge influence on the health and well-being of asthma patients. Indoor air pollution, for example, through smoking, mould development through insufficient airing and the use of inappropriate building materials at home, the workplace, schools or daycare, as well as outdoor air pollution are of great concern. It is therefore important to take necessary action to reduce these environmental risk factors at EU and national levels now as well as to further investigate their role by promoting research in this field via the Seventh Research Framework Programme (FP7). John Bowis MEP states: “The European Parliament has the competence to act on environmental matters and must take this responsibility seriously to improve the lives of asthma patients in the EU.”

The way forward

In her closing remarks Liz Lynne MEP stresses that the launch of the Brussels Declaration is only the first step. “We must not leave the 10 point action plan on asthma management here; there is clearly much to be done to move things forward on this urgent public health issue.” The Brussels Declaration will be circulated among stakeholders at EU and national level with the request to implement the actions specified therein and regular meetings will be set up to assess progress made.
**Brussels Declaration Steering Group comprises:**

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<tr>
<th>Name</th>
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Participants at the launch of the Brussels Declaration on Asthma, European Parliament, Brussels, 6 June 2007:

- **European Parliament:**
  - Liz Lynne MEP
  - John Bowis MEP
  - Adamos Adamou MEP
  - Assistant to Adamos Adamou
  - Hiltrud Breyer MEP
  - Assistant to Liz Lynne MEP
  - Assistant to Kathy Sinnott MEP

- **European Commission:**
  - Dr. Peter Arlett, Enterprise

- **Regulatory Authorities:**
  - Dr. Ulrike Poller, Bfarm, Germany

- **Third Parties:**
  - Jørgen Mortensen, Centre for European Policy Studies (CEPS)
  - Svetla Tsolova, CEPS
  - Andrea Renda, CEPS
  - Prof. Maximillian Zach, European Academy of Paediatrics
  - Nadia Kamel, European Respiratory Society (ERS)
  - Susanna Palkonen, European Federation of the Allergy and Airway Diseases Patients Association (EFA)
  - Svein-Erik Myrseth, European Federation of the Allergy and Airway Diseases Patients Association (EFA)
  - Siân Williams, International Primary Care Respiratory Group (IPCRG)
  - Kajsa Wilhelmsson, Health Consumer Powerhouse
  - Noélie Auvergne, GA²LEN
  - Dr. Willem Ivo de Boer, Netherlands Asthma Foundation

- **Universities:**
  - Prof. Tari Hahtela, University of Helsinki
### Speaker Biographies:

#### Liz Lynne MEP
Liz Lynne MEP is a long-time campaigner on asthma issues who has fought to raise public awareness of the dangers that sufferers face and to increase the funds and resources channelled towards research into the condition and its causes.

Following a career as an actress and freelance speech and voice consultant, Liz was elected to the British Parliament between 1992 and 1997 and was Liberal Democrat Shadow Secretary for Health and Community Care (1992-94) and Social Security and Disability (1994-97).

Elected to the European Parliament in 1999 as a Liberal Democrat MEP, Liz is a Vice-chair of the European Parliament's Committee on Employment and Social Affairs, a Member of the Subcommittee on Human Rights and a Member of the delegation for relations with South Asia and South Asia Association for Regional Co-operation; Liz was the European Parliament's Rapporteur for the European Year of Disabled People 2003, Shadow Rapporteur for the Working Time Directive 2005 and Rapporteur for the European Action Plan for Disabled People 2006 - 2007. She is currently European Parliament Rapporteur for Social Reality Stocktaking.

Liz campaigns on a variety of health related issues and is vice-president of the European Parliament's All Party Disability Intergroup, co-chair of the Parliamentary Intergroup on AGE and co-chair of MEPs Against Cancer (MAC). Within the European Parliament, Liz has campaigned strongly for a ban on smoking in public places and for measures to reduce low altitude ozone pollution or smog.

As someone who has asthma herself, Liz is a leading international voice on the issue and has worked closely with a variety of campaign groups, including the European Federation of Allergy and Airway Diseases (EFA), The UK's Asthma Trust, the Charity Education for Health and The George Coller Memorial Fund, which campaigns to promote better understanding of asthma among school children.

#### Professor Tari Haahtela, MD., PhD
**Education**
- 1977 Specialist in Pulmonary Medicine
- 1980 Specialist in Clinical Allergology

**Professional Experience**
- 1989- Head, Department of Allergy, Helsinki University Central Hospital
- 1994- Head, Skin and Allergy Hospital, Helsinki University Central Hospital
- 2002- Professor in Clinical Allergology, University of Helsinki

**Current International Professional Activities**
- 1997- Editorial board member, several scientific journals
- 2004 Editor (with Gunnar Johansson), WAOWHO collaborative project on Prevention of Allergy and Allergic Asthma
- 2004- Scientific partner in the Global Allergy and Asthma European Network, GA2LEN (European Union Project)
- 2007- Member of GINA (Global Initiative for Asthma) Executive Committee

**Research and Literary Work**
- Articles, reviews, books and writings on Allergology, Pulmonary Medicine, Environmental Medicine and Entomology
- Present research focus on early detection and treatment of asthma and prevention of allergy
Jørgen Mortensen

Jørgen Mortensen is an Associate Senior Research Fellow at the Centre for European Policy Studies (CEPS). Areas of expertise include: The role of intellectual capital in the economy, intangibles in business accounting and in the national economy; productivity and growth accounting; demographic ageing and its consequences for labour markets; retirement and healthcare provision; public health policy in the EU; portability of pension rights; the social impacts of globalization; the Lisbon agenda and implementation of the Integrated Policy Guidelines in the EU and the Stability and Growth Pact.

Svein-Erik Myrseth

Svein-Erik Myrseth, President of the European Federation of Allergy and Airways Diseases Patients Associations (EFA) since 2003, began his career as an officer in the Royal Norwegian Air Force before moving onto advertising, sales management, and consultancy in the chemical and pharmaceutical industries.

He studied at Oslo Bors, School of Sales and Marketing, and at the Faculties of Education at Øsfold University College in Halden, and Special Education at Lillehammer University College.

Svein-Erik, an asthma patient himself, is a member of many bodies and learned societies. He serves as President of the Executive Board at the Norwegian Heart and Lung Association (LHL), Board Member of LHL hospitals Glittrekliniken and Freiringklinikekken for lung treatment, rehabilitation and heart surgery, and Board Member of Rehabilitation International, Norway. He is also a member of the Norwegian Global Initiative for COPD (GOLD) Committee, the EU Health Policy Forum of DG SANCO, Ethics Committee of the European Respiratory Society (ERS), as well as the EFA representative of the International Coalition of COPD Patient Associations.

Having retired in 1987, Svein-Eirk is married with three children, eight grandchildren and one great grandchild.

Siân Williams

Siân Williams draws on a wide-ranging academic background and work experience in her role as Executive Officer of the IPCRG. Her degree in History and History of Art from Cambridge, and an MSc in public health from the London School of Hygiene and Tropical Medicine equips her with the analytical skills and long-term perspective to support the Group’s ambitions to explore variation in care and the cultural context of healthcare systems en route to improving respiratory care across the world.

Siân has previously worked for over a decade in senior management positions within the UK National Health Service and subsequently set up the UK division of IntraMed, a medical education division within the media group WPP. She has a strong belief in the value of primary and community care to improving people’s health. She has recently become interested in the power of patient and professional storytelling and narrative to influence change in complex systems such as health and social care.