

“Asthma in the EU: towards better management and regulation of a public health issue”

Asthma – a serious public health issue

More than 30 million people in Europe suffer from asthma, a chronic respiratory disorder that affects children and adults alike. Asthma prevalence is thought to have doubled in the past ten years, and it continues to rise in a number of European countries, in particular among children. In Western Europe alone, one person dies of asthma every hour. The total cost of asthma in Europe is approximately €17.7 billion per year.

Whilst the European Union has taken action to advance asthma management in Europe¹ through its Public Health and Research Programmes, asthma management can still be considered sub-optimal in most Member States.

Against this background, the report *“Asthma in the EU: towards better management and regulation of a public health issue”* assesses the various EU policies and initiatives that impact directly and indirectly on asthma management across Europe.

To this end, the report comes up with a number of recommendations, outlining how reinforced efforts and greater coordination between the different policy fields and stakeholders concerned could positively impact on the state of asthma management across the EU.

Key findings of the report

In particular, the report finds that whilst the EU competences with regard to public health are limited, the EU has nonetheless considerable impact on asthma therapy via the European Medicine’s Agency (EMA).

- ***European Medicines Agency (EMA) / DG Enterprise & Industry – more influential than you think***

The Agency is under political control of DG Enterprise & Industry (ENTR). Its responsibilities extend far beyond the pure approval of medicines. By issuing guidance notes for the assessment of medicinal products, the EMA sets the course for disease management in key therapeutic areas. To date, however, the EMA’s procedure for development, adoption and review of such guidance documents lacks

¹ For instance, the research consortium GA²LEN – the Global Allergy and Asthma European Network – was set up under the EU’s Sixth Research Framework Programme (FP6). GA²LEN gathers European research centres specialised in allergic diseases, including asthma. It aims to integrate research activities in Europe and to accelerate the application of research results into clinical practice. Respiratory diseases, including asthma, are also covered by the Community public health programmes for 2003-2008 and 2008-2013 in the context of health information and health determinants.

transparency and fails to involve relevant stakeholders such as patient and clinician representatives in a formalised way.

In addition to influencing the treatment of diseases through the assessment of medicines, the EMEA plays a significant role in the monitoring of post approval adverse reactions. To this end, DG ENTR rightly announced in February 2007 a review of the EU pharmacovigilance system. For diseases such as asthma, where the successful treatment strongly relies on self-management, it will be of particular importance that the pharmacovigilance set up by EMEA/ DG ENTR captures real life situations. Subsequently, the EMEA has to ensure that the findings from such adverse event reporting will be reflected in the guidance notes for the assessment of medicinal products.

- ***Public Health (DG SANCO) – Identification and Communication of best practice – internal and external***

The EU's competences as regards public health are limited. This is particularly true as far as treatment is concerned, which is a core national responsibility comparable to fiscal matters and social security questions. Whilst it would be counterproductive to change this allocation, the EU has a significant role in supporting Member States with regard to the identification and of best practices, e.g. through the Open Method of Coordination (OMC). This could help to share the experiences of Member States, such as Finland, which have been particularly successful in tackling asthma by involving representatives of patient and healthcare professional associations, as well as policymakers in their disease task forces.

In addition to the identification of best practice, the communication of best practice at EU level is of vital importance. An essential tool in this context could be the disease-specific fact sheet which has to date been developed for diabetes in the framework of the discussions on patient information. DG SANCO will have to ensure that these fact sheets not only cover latest scientific findings, but also reach out to those on the lookout for information no matter which medium they choose.

Generally DG SANCO has to take the lead as coordinator the flow of information of all activities pertaining to asthma. Clearly, the findings made through projects sponsored by the 7th Research Framework Programme (FP 7) or the Public Health Programme have to be communicated to those who adopt policies at both EU (EMEA or DG Environment “indoor air quality”) and national level. This way, these policymakers will be able to take their decisions based on latest experience and knowledge.
