

ERS submission to the European Commission's consultation for the proposed regulation on serious cross border threats to health

The COVID-19 pandemic and particularly the severe acute respiratory disease causing both premature death and chronic lung conditions, has caused an unprecedented worldwide health crisis. The scale of the crisis demonstrates more than ever the importance of EU actions to tackle serious cross border health threats.

Before the pandemic, respiratory diseases represented an enormous and increasing healthcare and economic burden across Europe, with over 600 000 deaths a year and six million hospital admissions with total costs exceeding €380 billion per year [European Lung Whitebook]. The pandemic has increased this burden.

In this context, the European Respiratory Society supports the European Commission's proposal to strengthen the EU's health security framework through a regulation on serious cross-border threats to health. In particular, we see the necessity to:

- Improve preparedness plans established at EU and national level.
- Have training programmes for our specialists.
- Have digitalized, integrated surveillance system at EU level with better detection of early signals.
- Establish new EU networks of laboratories;
- Reinforce risk assessments for chemical, environmental and climate threats.
- Develop standardised research protocols and common platforms for rapid recruitment into adaptive clinical trials via the work of EMA and ECDC.

Recital 10

Unlike for communicable diseases, the surveillance of which at Union level is carried out on a permanent basis by the ECDC, other potentially serious cross-border threats to health do not currently necessitate monitoring by EU Agencies. A risk-based approach, whereby monitoring is carried out by Member States and available information is exchanged through EWRS, is therefore more appropriate for such threats

We strongly disagree and suggest that EU agencies such as ECDC and EMA should (as is allowed by the Treaty) have a surveillance and monitoring role for 'other health threats' on a permanent basis. While it may not be expedient from a political perspective it makes no sense scientifically or medically to omit non-communicable threats. As an example, this pandemic has shown multiple interlinkages between respiratory infections such as SARS-CoV-2 and chronic conditions.

Preparedness plans (Articles 5-10)

The experience of the COVID-19 pandemic has highlighted huge challenges for doctors and patients in providing care simultaneously for COVID-19 and non-Covid-19 patients. EU and national preparedness and response plans should clearly cover requirements to ensure the continuity of healthcare services for chronic conditions such as COPD and asthma.

Training of health care staff and public health staff (Article 11)

ERS stands ready to provide training programmes to respiratory health care professionals on future cross border health threats. Education is a core pillar of our society and moreover we have a global network to disseminate relevant training information. During the COVID-19 pandemic we have worked well with both EMA and ECDC to disseminate information to healthcare professionals and our sister organisation the European Lung Foundation has done so for patients. We therefore welcome a formal structure to support this for future cross border threats. We can also support training on rearranging of care services that result from a pandemic and on the impacts on care as a result of a pandemic (e.g. Long Covid). During this pandemic, respiratory support units enabled many patients with COVID-19 pneumonia to be cared for at enhanced level on respiratory wards using non-invasive respiratory support, thereby reducing pressures on Intensive care beds. We support the development of these units and the training of multidisciplinary respiratory teams to staff them, working closely with Intensive Care colleagues.

Epidemiological surveillance (Articles 13-17)

Long-term threats - such as climate related respiratory pathogens or antimicrobial resistance (AMR) and the interlink between infections and chronic diseases -will also pose a challenge to Europe's health systems in future. Many respiratory diseases are related to environmental factors and this is expected to increase with climate change.

We advocate for a harmonised approach, enhanced coordination and ample and flexible support instruments. As above (on recital 10) we argue for the broadest based surveillance and monitoring network.

Platform for surveillance (Article 14)

The digital platform for surveillance is a welcome and necessary part of the proposal given the direction on digital health systems. However, it would be more efficient to have the possibility to include full health data and not only restrict to communicable diseases especially in the context of other Commission's initiatives such as the European Health Data Space.

Advisory Committee on public health emergencies (Article 24)

There should be maximum flexibility to include and allow European and international experts to take part where appropriate and necessary. Learned medical societies such as ERS should be consulted when relevant.