A CALL FOR SUSTAINED EUROPEAN ACTION

Towards coordinated European action on respiratory health

Turning JARED's cooperation into lasting progress on prevention, early diagnosis, better care, patient self-management and health equity

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Policy brief for Members of the European Parliament, EU institutions, national authorities, healthcare professionals, patients, civil society and public-health partners.

JARED has created a foundation for stronger European cooperation on respiratory health. The priority now is to build on that foundation and turn cooperation into sustained action.

Chronic respiratory diseases affect people throughout their lives, place increasing pressure on health systems and are closely connected with air quality, tobacco use, respiratory infections, social inequalities and cardiovascular health. Europe already has important policies, legislation and a strong evidence-base relevant to respiratory health. However, these elements do not yet form a coherent respiratory-health pathway. The challenge is to connect them more effectively and support broad, consistent implementation across all countries.

THE RATIONALE

Build on JARED's cooperation through a focused European Respiratory Health Initiative that helps Member States prevent disease, identify it earlier, improve care and rehabilitation, support patient self-management and close avoidable health gaps.

Global momentum for chronic respiratory disease action

A series of firsts in 2025 placed lung health more firmly on the global and European policy agenda. On 27 May, the Seventy-eighth World Health Assembly adopted WHA78.5, the first resolution on "Promoting and prioritizing an integrated lung health approach". It calls for coordinated action across communicable and noncommunicable lung diseases, stronger primary health care, prevention, diagnosis, treatment, rehabilitation, essential medicines and technologies, workforce capacity, data and monitoring.

Momentum continued in Europe. On 3 June, the European Parliament's Committee on Public Health held its first dedicated exchange of views on lung health and chronic obstructive pulmonary disease (COPD). On 12 June, WHO Europe and the European Respiratory Society launched the first WHO report of its kind on chronic respiratory diseases (CRDs) in the WHO European Region, documenting the burden of asthma, COPD and other CRDs and highlighting underdiagnosis, limited diagnostic capacity and uneven care. On 15 December 2025, the UN Political Declaration on NCDs and mental health gave respiratory diseases greater prominence within the wider global NCD agenda, reinforcing the call for action on CRDs.

Alongside this policy momentum, the International Respiratory Coalition (IRC) is supporting national coalitions to translate respiratory-health priorities into national strategies and implementation. Together, these developments strengthen the case for moving from recognition to implementation through national assessment, priority-setting, CRD roadmaps and measurable action.

The EU respiratory health policy landscape

Respiratory health is already addressed across several EU policy areas, through legislation, strategies, recommendations and funding frameworks. These provide important foundations, but they remain fragmented and do not amount to a coherent European approach to respiratory health.

1. NCD POLICY

The Healthier Together – EU Non-Communicable Diseases (NCD) Initiative gives chronic respiratory diseases an explicit place in the EU NCD policy. It connects CRDs with shared determinants, health inequalities, early detection, treatment management and quality of life, with implementation supported through the EU4Health Programme.

2. CARDIOVASCULAR HEALTH AND MULTIMORBIDITY

Impaired lung function is associated with increased cardiovascular risk, while chronic respiratory and cardiovascular diseases share important risk factors and pathophysiological pathways. The Safe Hearts Plan and the Commission proposal for a Council Recommendation on cardiovascular health checks create important opportunities to integrate respiratory health into cardiovascular prevention and care, including through action on shared risk factors, vaccination against respiratory infections, targeted lung-health assessment and rehabilitation for people with multimorbidity.

3. AIR QUALITY AND ENVIRONMENTAL EXPOSURES

The Directive on ambient air quality and cleaner air for Europe strengthens air-quality standards, monitoring, public information and planning. The Zero Pollution Action Plan provides the wider policy framework. Action on indoor air and harmful occupational exposures is also relevant to reducing preventable respiratory disease, particularly for highly exposed populations.

4. TOBACCO AND NICOTINE CONTROL

The EU tobacco-control framework covers product regulation, advertising and sponsorship, taxation, and smoke- and aerosol-free environments. This framework is currently evolving: the European Commission is revising EU rules on tobacco products and advertising following its 2026 evaluation, while changes to tobacco taxation are also under consideration. Modernising the framework, including its response to emerging tobacco and nicotine products, will be crucial for respiratory-disease prevention.

5. DATA AND DIGITAL HEALTH

The European Health Data Space provides a new EU framework for the access, exchange and use of health data, alongside wider EU action on digital health and interoperability. For respiratory health, these developments can support more connected care, comparable data, research and monitoring, and the appropriate use of digital tools for diagnosis, follow-up and self-management.

6. HEALTH SYSTEMS AND ACCESS TO CARE

EU4Health and the Cross-Border Healthcare framework provide important EU-level mechanisms for strengthening health systems, cooperation and continuity of care. For respiratory health, the priority is to support better-connected primary, specialist and community services, equitable access to diagnosis, treatment and pulmonary rehabilitation, and sufficient workforce capacity to deliver high-quality care.

A stronger policy base, but no single respiratory-health pathway

Together, these EU policies and instruments create a strong foundation for action. The next step is to bring them together around shared respiratory health objectives and ensure that evidence and effective practice translate into broader national implementation. A dedicated EU Respiratory Health Initiative could provide the strategic direction needed for coherent and sustained action across Member States.

Four gaps limiting the impact of existing EU action

FRAGMENTATION

Respiratory priorities are distributed across NCD, including cardiovascular and cancer, environmental, tobacco, vaccination, and other health system targets and policies. Coordination is limited.

IMPLEMENTATION

EU frameworks set direction, but delivery depends on national systems with different capacities, pathways, workforces and access to diagnosis and rehabilitation.

CONTINUITY

Time-limited programmes and projects can build valuable networks and tools, but these assets may be lost if there is no route to sustained cooperation and wider adoption.

MEASUREMENT, SURVEILLANCE AND EQUITY

NCD surveillance remains fragmented across Europe, lacking a comprehensive framework for CRDs. Harmonised data and indicators are needed to monitor trends, inequalities and the impact of interventions.

An emerging European implementation ecosystem

EU funding is already supporting complementary initiatives that address different parts of the respiratory health continuum. This is an asset: it creates practical experience, networks and approaches that can be shared. It also increases the importance of coordination, so that projects reinforce rather than duplicate one another.

LUNGHEALTH4LIFE (LH4L)

School-based lung-function testing, lung-health education, prevention and inequality-focused implementation provide a life-course complement to JARED. Formal JARED–LH4L collaboration already covers policy alignment, prevention, screening methods,

FRESHAIR4LIFE (FA4LIFE)

Implementation research on prevention packages addressing tobacco and air-pollution exposure among disadvantaged adolescents offers complementary learning on youth engagement, behaviour change, equity and adaptation across diverse settings. These approaches complement JARED's work on prevention,

schools, vulnerable populations and knowledge exchange.

JA-SAFE

Work on tobacco use, second-hand smoke and e-cigarette aerosol exposure, smoke- and aerosol-free environments and implementation of related policies complements JARED's wider prevention agenda.

JACARDI

Cardiovascular prevention, health checks and rehabilitation provide a strategic interface for shared risk factors, multimorbidity and targeted respiratory assessment.

health equity and implementation across different national contexts.

JA PREVENTNCD

Broader action on common NCD determinants, prevention and inequalities can connect respiratory implementation with the wider European NCD agenda.

SOLACE AND SOLACE+

EU4Health-funded SOLACE and SOLACE+ support the development and implementation of equitable, high-quality lung-cancer screening, with a focus on reaching underserved populations, strengthening links with tobacco control, and building national capacity, quality assurance and sustainable scale-up.

JARED's distinctive contribution is respiratory-specific implementation across the whole pathway: prevention, earlier diagnosis, integrated care and rehabilitation, self-management and health equity.

JARED bridging policy and implementation

JARED brings national authorities, public-health institutes, healthcare professionals, researchers, patients and civil society together around a shared implementation challenge: how to translate evidence and European commitments into workable prevention and care across different health systems.

PREVENTION + DIAGNOSIS

Connect prevention with earlier identification, quality diagnosis and effective referral.

INTEGRATED CARE

Improve cooperation between primary, specialist and community services, including rehabilitation.

PATIENT EMPOWERMENT

Strengthen health literacy, self-management and shared decision-making.

DIGITAL + DATA

Test digital approaches and support more comparable implementation data.

EQUITY

Keep remote, underserved and higher-risk communities at the centre.

PEER LEARNING

Support national respiratory planning and exchange between countries and projects.

The strategic opportunity

Europe does not need a parallel structure that duplicates existing initiatives. It needs a durable way to connect relevant policies and projects, retain implementation capacity, transfer effective approaches and support Member States in embedding them in routine systems. JARED provides a practical foundation for that role.

Five priorities for European action

A sustained European approach should concentrate on five connected priorities that cover the pathway from prevention to long-term support.

1	PREVENTION	**Prevent respiratory disease across the life course** Bring tobacco control, vaccination, clean air, healthy indoor environments and occupational prevention together around shared lung-health outcomes.
2	EARLIER DIAGNOSIS	**Support earlier, high-quality diagnosis** Strengthen symptom recognition, risk-based case-finding, quality-assured spirometry, workforce training and clear referral pathways.
3	BETTER CARE	**Make better care and pulmonary rehabilitation standard practice** Promote continuity between primary, specialist and community care, and make access to rehabilitation and follow-up visible through comparable indicators.
4	SELF-MANAGEMENT	**Empower people to manage their respiratory health** Provide understandable information, personalised plans, support for worsening symptoms, shared decision-making and appropriate digital tools.
5	HEALTH EQUITY	**Ensure progress reaches everyone** Design services for remote, underserved and higher-risk communities, measure who is missed and retain accessible non-digital routes.

From European priorities to practical implementation

A European Respiratory Health Initiative could build on the cooperation created through JARED, helping Member States turn EU commitments into practical action and supporting effective approaches to be adapted and scaled across Europe.

GUIDANCE

Translate evidence into implementation guidance that can be adapted to different health systems.

PEER EXCHANGE

Share successful national and regional approaches and lessons from implementation.

CAPACITY

Support professional education, workforce development and implementation capability.

MEASUREMENT

Use a concise set of common indicators to make progress and gaps visible.

NATIONAL ACTION

Support national respiratory-health programmes or equivalent implementation frameworks.

SCALING

Create routes to test, adapt and scale effective interventions across countries.

PATIENT PARTNERSHIP

Patients and patient organisations should help shape, implement and evaluate services and policy action.

EQUITY BY DESIGN

Every action should assess who benefits, who is missed and how barriers to participation and care can be reduced.

What we ask of European policymakers

Building on JARED's experience and the current EU policy landscape, European and national policymakers are invited to take three mutually reinforcing actions:

KEEP

Keep chronic respiratory diseases high on the European health agenda

Ensure that respiratory health retains sustained visibility in future EU health policy, programmes and funding, and is connected to cardiovascular and the wider NCD agenda, air-quality, vaccination, tobacco-control and health-system action.

PRESERVE

Preserve the European collaboration created by JARED

Maintain the network connecting Member States, public-health authorities, healthcare professionals, researchers, patients and civil society, so that implementation capacity is not lost when the Joint Action ends.

SUPPORT

Support a sustainable European Respiratory Health Initiative

Encourage the European Commission and Member States to create a longer-term, implementation-focused framework for prevention, earlier detection, better care and rehabilitation, patient self-management and health equity.

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Prof. Dr. Ildikó Horváth, Scientific Coordinator, JARED Joint Action