

## **Joint statement on a regional strategy and action plan on health emergency preparedness, response, and resilience in the WHO European Region for the years 2024-2029 (Preparedness 2.0 – Agenda item 6)**

*73<sup>rd</sup> meeting of the WHO Regional Committee for Europe*

*24-26 October 2023, Astana, Kazakhstan*

The undersigned organisations commend the WHO on presenting *Preparedness 2.0* at the upcoming meeting of the WHO regional committee for Europe. There is an imperative need to improve the region's readiness and capacity to respond to health crises by investing in public health measures, multidisciplinary collaboration, and coordinated efforts.

In this statement, the undersigned organisations highlight how streamlining lung health into Preparedness 2.0 is a preamble to improving preparedness in the region. The lung health community of medical societies, patient associations and public health organisations calls on the WHO to be consulted and involved in the regional strategy and action plan process.

- **Surveillance and Early Detection:** Lung diseases and respiratory infections remain a health threat with pandemic potential. Lung specialists can support monitoring and detecting, contributing to the development of early warning systems, case definitions and integrating respiratory data into collaborative surveillance systems. They can help demonstrate the respiratory dimension of One Health, such as the respiratory consequences of extreme heat, sand, thunderstorms, and increased pollen loads.
- **Risk Assessment and Preparedness:** Any planning should assess the all-encompassing risks associated with respiratory pathogens, chemical and biological threats, and One Health-derived risks. Thanks to their direct contact with vulnerable populations, the lung health community can co-create preparedness strategies tailored to patients' needs.
- **Clinical Care and Treatment:** Respiratory care is essential during emergencies. Lung experts can help design safe and scalable care pathways, ensuring patients receive treatment and support. The lung health community can advise on what therapies should be available in emergency packs and enable patients in using self-care plans, essential for prevention and disease management.
- **Palliative Care:** The COVID-19 pandemic demonstrated the need for palliative care in supporting patients who suffer from severe illness. The lung health community can support incorporating basic palliative care training to be provided to manage excessive suffering in times of crisis.
- **Health Workforce Training and Support:** Capacity building programmes can enhance healthcare workers' skills in managing respiratory emergencies and patients with chronic diseases during acute events. This includes training on ventilator use, oxygen therapy, and infection control. It should also include psychological support for healthcare teams and advice on their own health and wellbeing.
- **Community Education:** Civil society can contribute to community engagement, risk communication and tackling the infodemic. The lung health community can support the development and dissemination of information, preventive measures, and seeking medical attention and self-management during emergencies.



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- **Infrastructure and Resources:** Ensuring that healthcare facilities have the necessary infrastructure and resources for respiratory care is vital. This requires having adequate ventilators, oxygen supplies, personal protective equipment, but also stocks of critical medicines for respiratory disease.
- **Vaccination Strategies:** Respiratory infectious diseases such as influenza, COVID-19, respiratory syncytial virus (RSV) and pneumonia require specific vaccine development and distribution strategies. Lung health organisations can improve community delivery and communication to improve vaccine confidence.
- **Co-morbidities:** The Covid-19 pandemic exposed a requirement for greater attention and reflection in respect to the increasing incidence of co-morbidities among the general population, and especially among those over 65 years old. In Preparedness 2.0 the needs associated to co-morbidities should receive specific attention.
- **Collaboration and Coordination** in preparedness and response strategies: Lung specialists have skills beyond just caring for respiratory patients. They can participate in interdisciplinary healthcare teams to ensure a cohesive response. We urge Member State health coordinators to include them in such teams.

Summarising, the lung health community can enhance the region's preparedness and response to health emergencies. If properly resourced by WHO/Europe Member States, their expertise could contribute to early detection, better clinical care, community education and overall resilience in the face of emergency health challenges affecting lung health.

#### **Submitting organisation:**



European Federation of Allergy and Airways  
Diseases Patients' Associations

European Federation of Allergy and  
Airways Diseases Patients' Associations (EFA)

#### **Co-signatory organisation:**



European Network  
for Smoking and Tobacco Prevention

European Network for Smoking and  
Tobacco Prevention (ENSP)