



A new movement to transform respiratory outcomes in a post-pandemic world

On 28–29 June 2022, the founding partners of the International Respiratory Coalition (IRC) convened respiratory disease stakeholders from around the world at a special summit in Paris, France to explore how care for patients with respiratory diseases can be transformed in the post-pandemic world.

Synonymous with the concept of revolution, Paris was a fitting venue to host discussions and planning for how our global community can spark its own revolution in the care, outcomes and experiences of those living with respiratory conditions globally.

This document summarises the concept, intent, and future actions of the IRC. It also represents an open request – that all who share the IRC’s goals take steps to support this movement.

The IRC is a movement to reduce deaths from respiratory diseases by a third, by 2030

The IRC was an idea born at the height of the early COVID-19 pandemic and was officially launched by founding partners in September 2021, with the aim of transforming respiratory care. Reflecting on all that collaboration was able to deliver in response to the pandemic, the IRC represents a true multi-sectoral partnership, which seeks to utilise the unique strengths of each participant.

The founding partners include the European Respiratory Society (ERS), the European Lung Foundation, the Global Allergy & Airways Patient Platform, AstraZeneca, Amgen, the Chiesi Group and GlaxoSmithKline. Additional support is also provided from Boehringer Ingelheim.

The Coalition aims to support the transformation of post-pandemic respiratory healthcare and reduce deaths from respiratory disease by 1/3 globally, by 2030. This goal, which aligns with the fast-approaching deadline set for the United Nation’s (UN) sustainable development goals¹, will be delivered through the creation or update of national respiratory strategies which accelerate and scale adoption of best practice care models.

The IRC model will initially be piloted in Europe and, if validated, will seek to expand into additional regions of the world in late 2023. Membership of IRC remains open to all who share these stated aims, including through national-level affiliation.

The time for action is now

Approximately 550 million² people globally live with respiratory diseases such as asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis and many other respiratory diseases. The tragedy of COVID-19 has shown the world the true importance of respiratory health and its community, whilst also revealing fragilities in care long-highlighted by this same group.

As the world looks beyond the acute pandemic phase, our community faces both a major opportunity and a clear risk. Efforts to build resilient and sustainable health systems, capable of overcoming future risks (including pandemics and climate change) represent a hook and potential investment route well aligned to our stated aim of improving respiratory care – currently a significant burden on those services most relied upon for acute response.

At the same time, a worsening economic outlook and pressure for a ‘return to normality’ post-pandemic represent a challenge. A failure to act is no longer an option.

We must build on the momentum of the IRC Summit to mobilise across Europe

Coalition formation

Securing the update or creation of new national respiratory strategies can only be achieved through dedicated national-level action to engage political and health system leaders. The Summit highlighted emerging movements in some European countries as well as the appetite in other parts of the region to form new national-level collaborations.

The IRC will support the formation of these new groups and offer support to pre-existing groups which share its ambition. This will begin with an initial cohort of countries. We believe these groups should comprise multisectoral organisations and individuals capable of assessing the current environment, identifying and setting ambitious improvement goals, developing aligned interventions and a roadmap for their delivery.

The IRC will support countries, as needed, by working directly with participating national coalitions to undertake this planning, design their workplans and provide the tools required to implement at pace. The IRC may also support through appropriate investment of selected projects and initiatives at a country level.

In addition to multisectoral partners, the IRC will identify individuals to become official IRC Ambassadors – people who champion the initiative by increasing the visibility of the Coalition’s goals, both nationally and internationally. A call will be issued for applications from members of the health community, with a strong commitment to the IRC mission, to represent the Coalition to policymakers, peers from medical, patient and civil society organisations as well as general public, therefore contributing to better awareness about national IRC projects and their successful implementation.

The call to form national coalitions and nominate IRC Ambassadors was launched at the Summit, with further announcements to be made at the ERS International Congress in September.

Those interested in becoming an IRC partner organisation or ambassador, to support the formation of a national coalition in their country are invited to get in touch at irc@ersnet.org to learn more.

Building the comprehensive case for change

Up to date evidence on the burden of respiratory diseases on patients, health systems and economies is vital to ensuring effective advocacy for change. To meet this need, the IRC is working with the School of Health and Related Research (SchARR) to produce “**Lung Facts**”; an online web resource providing key epidemiological data and economics for Europe and per European country, to be released in 2022. The Lung Facts resource will employ a novel methodology assessing the social cost of respiratory diseases and its first phase will be launched at the ERS International Congress on Sunday 4 September.

Recognising that the development of national disease strategies is often a complex process, the IRC will also develop a **position paper** on what the contents of a best practice national strategy should include. This document will contain an analysis of which projects and programmes exist within national respiratory strategies in those European countries which have such policies in place, as well as what can be learnt from other diseases areas (including cancer, cardiovascular disease and rare diseases) with an established record of securing national strategies. It will also speak to how national level targets for the improvement of key outcomes can be developed, what interventions and initiatives should be considered and the enablers and instruments required to ensure successful implementation.

Taking our case directly to policymakers

To support efforts at a national level to advance the political prioritisation of respiratory diseases, the IRC will work to **engage relevant supranational policymakers and other actors (including the media)** to raise awareness of our case for transformative change in respiratory care and the need for ambitious new national strategies. The IRC will work with and through the EU’s new non-communicable disease initiative, as well as global platforms such as the World Health Assembly to seek the acceleration and, where possible, funding of national initiatives.

References

1. Goal 3 ‘Good health and wellbeing’, UN Sustainable Development Goals. Online: <https://www.un.org/sustainabledevelopment/health/>
2. GBD Chronic Respiratory Disease Collaborators. Prevalence and attributable health burden of chronic respiratory diseases, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet Respir Med*, 2020 Jun;8(6):585-596.