

**European Federation of Allergy and Airways
Diseases Patients' Associations**

ANNUAL REPORT 2006



European Federation of Allergy and Airways Diseases Patients' Associations

2006 Annual Report

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1 INTRODUCTION

FOREWORD

This report summarises the main activities, outcomes and progress towards the mission and objectives of the European Federation of Allergy and Airways Diseases Patients' Associations (EFA) 2006. The main areas include influencing European policy, Strengthening Infrastructure and Empowering member organisations.

We are grateful for all the support and valuable input received by EFA members in various capacities during 2006. We would also like to thank our main sponsors, European Commission, European Academy of Allergology and Clinical Immunology, AstraZeneca, GlaxoSmithKline, Novartis and UCB Pharma for their continuous support.

Svein Erik Myrseth
President

Marianella Salapatas
Vice-President

ABOUT EFA

EFA is a European network of patient organizations that was founded in 1991, prompted by the belief that an international organization formed by European patients associations that share the same aims would be a more effective way to serve the needs and safeguard the rights of patients and their carers.

EFA was created to combine the forces of national patient associations on asthma and allergy for results at European level and to improve the health and quality of life of people in Europe with those diseases. Serving the interests of allergy and airways patients at the national level is the primary responsibility of individual members and EFA supports member organisations by facilitating the sharing of knowledge and experiences.

Mission

EFA is a European community of patient organizations that share the responsibilities reducing the frequency and severity of allergies, asthma and COPD, minimizing their societal improving health related quality of life and ensuring full citizenship of people with these pursue equal health opportunities in the field of allergy and airways in Europe.

Objectives

To accomplish its mission, the EFA focuses on the following strategies:

Influencing European Union policy making in such a way that it will result in:

- appropriate regulations for healthy (indoor and outdoor) air in Europe
- appropriate regulations about the quality (including accessibility) of healthcare for people with allergies, asthma and COPD
- appropriate regulations about societal participation of people with allergies, asthma and COPD
- adequate funding of demand driven research on allergies, asthma and COPD

Supporting the realization of a European network of strong and professional national organizations of people with allergies, asthma and COPD, and a strong and professional EFA.

Empowering member organizations to reach a comparable level of serving the interests of patients by exchanging experiences on:

- influencing national policymaking on public health, healthcare, societal participation and research in relation to allergies, asthma and COPD
- products and services for people with allergies, asthma and COPD
- increasing awareness

Central Values

- Patient perspective
- Involvement
- Sharing knowledge and experience
- Partnership and cooperation
- Visibility and presence

ORGANISATION

Board (until 10 May 2006)

President

Svein Erik Myrseth
LHL Norwegian Heart and Lung Association
Postboks 4375 Nydalen
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Fax +47 22 225037
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Acting Vice President

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Treasurer

Otto Spranger
Österreichische Lungen Union
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Email: sophia@hol.gr

Board (as off 10 May 2006)

President

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Email: lungenunion@chello.at

Member-at-Large

Nikoleta Grigorova
Association of Bulgarians with Bronchial Asthma (ABBA)
3rd floor, Office 304
5B Triditza str
BG 1000 Sofia, Bulgaria
asthma@mail.bg

Member-at-Large (until 1 September 2006)

Amelia Curwen
Asthma UK
Summit House, 70 Wilson Street
London EC2A 2DB, U.K.
Tel +44 20 7786 4900
Fax +44 20 7256 6075

Co-opted Member-at-Large (as off 6 September 2006)

Roland Efraimson
Swedish Asthma and Allergy Association
Box 49303
S-10029 Stockholm, Sweden
roland.efraimson@astmaoallergiforbundet.se

Central Office

The EFA Office was located at Avenue Louise 327, 1050 Brussels, Belgium until 31 September 2006 and from the 1 October 2006 at

35 Rue du Congrès
1000 Brussels, Belgium
Tel. +32 (0)2 227 2712
Gsm. +32 (0) 476 373923
Fax. +32 (0)2 218 3141

Executive Officer
Susanna Palkonen
Email: susanna.palkonen@efanet.org

Communications (until July 2006)
Sophie Kazan

Development Manager (as off 7 July until 15 October)
Don Marquis

Membership and representation

The EFA membership 2006 consists of 34 allergy, asthma and/or COPD patient associations or their coalitions in 18 European countries, in which there are over 400.000 individual patients and carers as members. EFA represents its member associations on a European level, whereas the associations represent their individual members in their respective countries.

Austria
Österreichische LungenUnion (ÖLU) www.lungenunion.at

Belgium
Coalition of Prevention des Allergies asbl www.oasis-allergies.org
Astma-en Allergiekoepel v.z.w. www.astma-en-allergiekoepel.be
Fondation contre les affections respiratoires et pour l'éducation à la santé (F.A.R.E.S.) www.fares.be

Bulgaria
Association of Bulgarians with Bronchial Asthma (ABBA) www.asthma-bg.com

Czech Republic
Czech Initiative for Asthma www.cipa.cz

Denmark
Astma-Allergi Forbundet www.astma-allergi.dk

Finland
Allergia-ja Astmaliitto - Allergy and Asthma Federation www.allergia.com
Hengitysliitto Heli – Pulmonary Association Heli www.hengityслиitto.fi

France
Association Asthme & Allergies www.asmanet.com

Coalition of Association Française pour la Prévention des Allergies (AFPRAL) www.prevention-allergies.asso.fr
Fédération Française des Associations et Amicales d'Insuffisants Respiratoires (FFAAIR) www.ffaair.org

Greece
ANIKSI www.allergyped.gr

Italy
Coalition of FEDERASMA www.federasma.org
Associazione Italiana Pazienti BPCO (AIPBPCO) www.pazientibpco.it

Lithuania
Coalition of Association of Allergic Children Clubs
Association of Asthma Patient Clubs

Lithuanian Council of Asthma Clubs www.astmainfo.lt

Luxembourg
Satellite of Prevention des Allergies asbl, Belgium

Netherlands

Coalition of Nederlands Astma Fonds (AF) www.astmafonds.nl

Vereniging Nederlands Davos www.nederland-davos.nl and

Astmapatienten Vereniging www.astmapatientenvereniging.nl

Coalition of Stichting Voedsel Allergie - Dutch Food Allergy Organisation www.stichtingvoedselallergie.nl

Vereniging voor Mensen met Constitutioneel Eczeem (VMCE) www.vmce.nl

Norway

Norges Astma- og Allergiforbund (NAAF) www.naaf.no

Norwegian Heart and Lung Association (LHL) www.lhl.no

Poland

Polish Federation of Asthma, Allergy and COPD Patients' Organisations

Slovenia

Pulmonary and Allergy Patients' Association of Slovenia (DPBS) www.astma-info.com

Sweden

Astma- och Allergiförbundet - Swedish Asthma and Allergy Association www.astmaoallergiforbundet.se

Swedish Heart and Lung Association www.hjart-lung.se

Switzerland

Coalition of aha! Schweizerisches Zentrum für Allergie, Haut und Asthma www.ahaswiss.ch

Lungeliga Schweiz - Swiss Lung Association www.lung.ch

U.K.

Asthma U.K. www.asthma.org.uk

Allergy UK www.allergyuk.org

Honorary members

Mariadelaide Franchi, Italy

Edith M.A.L. Rameckers, the Netherlands

Erkka Valovirta, Finland

Elizabeth Bell, U.K.

Arne Heimdal, Norway

Project members

European Centre for Disease Control and Prevention (ECDC)

Anna Doboszyńska, Poland

Global Allergy and Asthma European Network (GA²LEN)

Marianella Salapatias, Greece

Global Alliance against Respiratory Diseases and Allergies (GARD)

Erkka Valovirta, Finland and Svein Erik Myrseth, Norway

Severe Asthma European Survey; Fighting for Breath – A European Patient Perspective on Severe Asthma

Martin Dockrell, U.K.

COPD Advisor

Mariadelaide Franchi, Italy

ARIA Advisory Committee

Erkka Valovirta, Finland

Susanna Palkonen, Belgium

ERS Ethics Committee (as off June)

Svein Erik Myrseth, Norway

Committees and working groups

Medical Advisor

Chairperson Erkkka Valovirta, Finland

Scientific Committee EFA Conference 2006

Václav Spizák, Czech Republic

Svein Erik Myrseth, Norway

Erkkka Valovirta, Finland

Otto Spranger, Austria

Frantisek Salajka, Czech Republic

Viktor Kasák, Czech Republic

Ondrej Rybníček, Czech Republic

Local Organising Committee EFA Conference 2006

Václav Spizák, Czech Republic

Viktor Kasák, Czech Republic

Ondrej Rybníček, Czech Republic

Miroslav Kovarik, Czech Republic

Iveta Kostálová, Czech Republic

Memberships

European Patients Forum (EPF): Susanna Palkonen, Board Member (as off June 2006)

European Public Health Alliance (EPHA)

Health and Environment Alliance (HEAL) (ex. EPHA Environment Network (EEN))

EU Consultative Forum on Environment and Health

EU Health Policy Forum

European Commission Directorate General of Health, Food Safety and Consumer protection Expert Group on Indoor Air Quality: Susanna Palkonen, Member (from October)

European Network for Smoking Prevention (ENSP)

Global Alliance against Respiratory Diseases (GARD)

International Coalition of COPD Organisations (ICC)

STRATEGY AND PRIORITIES 2006

Forecast for 2006

1 Influencing European Policy

- **Influencing the policy of other NGOs** working in the field of allergy, asthma and COPD and joint patient issues by setting up informal policy discussions, getting involved and out there and partnering in advocacy.
- **Coordinated action** by preparing briefings, tools and creating opportunities for advocacy for members on at least the Thematic Strategy on Air Pollution and Directive and 7th Framework Programme for Research.
- **Improving visibility and supporting policy influencing** by organizing at least one coordinated European media campaign with focus on policy.

2 Strengthening infrastructure

- **Development, growth and sustainability of the organisation** by
 - initiating the 'EFA Development Project' with help of secondment of an external consultant including creating a more practical way for long range planning, setting up long term business plan to accompany the EFA Policy Document 2005-2008 and accompanying long term budget and any other point of development as identified by the Board.
- **Proactive project planning in support of policy, services and diversity of funding base** by
 - Applying for an EC grant from the EU Public Health Programme 2003-2008 call for proposals.
 - Partnering in a project proposal for the EU Public Health Programme initiated by the International Primary Care Respiratory Group (IPCRG) on Strengthening Pediatric Asthma Care in Europe (SPACE).
 - Partnering in a project proposal for the EU educational Leonardo Programme on "Developing a European curriculum for the specialisation of nurses in the home-care treatment of severe respiratory diseases".
- **Expanding the network** by
 - Recruiting new members by building upon and following up on member recruitment initiative initiated 2005.
 - Producing EFA leaflet to introduce the organization and promote membership benefits.

3 Empowering member organisations

- **Sharing best practices and keeping informed**
 - Regularly updating EFA website to make sure it clear, transparent, concise and up-to-date at all times for anyone seeking information.
 - Continue publishing EFA monthly ezine with brief, up-to-date, summarized and high quality information on EFA activities and European policies and with opportunity for members to share best practices via monthly calls for news.
 - Developing the members only section at EFA website
- **Capacity building/EFA school and networking of members** by
 - Organizing three events

- EFA Conference 'Asthma, Allergy and COPD 2006 From Science to Daily Practice' for members.
 - EFA-GA²LEN workshop at Global Allergy and Asthma European Network GA²LEN Annual Conference.
 - 'Meet and Greet' crash course in Brussels (originally planned for 2005) for members and concept in view of annual event for new members with on how they can bring about change on EU level and introducing EU institutions first hand.
- o Creating resources for increasing awareness, improving services for patients and shaping national policies by
 - Launching the EFA Asthma Peer Support Project and accompanying tool and educational kit.
 - Publishing/launching the EFA Allergy Patient Manifesto.
 - Sharing food allergy resources in the context of EuroPrevall – Prevalence Cost and Basis of Food Allergy in Europe project.
 - Collaborating in the first Global Allergy and Asthma European Network of Excellence (GA²LEN) Public Campaign 'From Allergic Rhinitis to Asthma' and integrating patient representation in GA²LEN.
 - Producing a toolkit to conduct and build on the EFA Fighting for Breath severe asthma survey nationally.
 - Following up on the results of the European Allergy Patient Voice Survey.

2 MAIN ACTIVITIES

INFLUENCING EUROPEAN POLICY

Objective:

Influencing European Union policy making on

- indoor and outdoor air
- healthcare
- societal participation
- research

Healthy air to breathe

During the year, one major initiative, EU Expert Group on Indoor Air Quality and one process, Green Paper on Smokefree Environments were launched and one legislative proposal in the framework of [EU Thematic Strategy on Quality and accompanying Directive on ambient air quality](#) was discussed by the European Parliament and Council. All of these can be seen as part of the SCALE EU Environment and Health Action Plan process, initiated 2004.

In October, the Directorate General of Health and Food Safety formed a small **Expert Group on Indoor Air Quality** to advise the European Commission on EU initiatives and role in this field. The mandate includes indoor air pollution but excluding second hand smoke which is dealt with separately. The group consists of independent scientific experts nominated by the Commission, experts nominated by the member states and policy experts nominated by health, environment and industry organizations. EFA represents the patients.

In the first meeting in October, the Group decided that its role would be to advice and act as clearing house on EU programmes, guidelines and legislation, and not to fall into the trap of just recommending further research. It was also decided that the Group would send a joint response to the forthcoming opinion of the Scientific Committee on Health and Environmental Risks (SCHER), scientific committee appointed by the DG SANCO, on Risk Assessment on Indoor Air Quality, which would be open for public consultation. This opinion would set the scientific foundation on any action the EU might take in this field.

In May the European Commission pre-consulted selected experts, including the EFA on the contents of their forthcoming **Green Paper on Smoke free environments**¹, which is set to open public consultation in 2007 on the role of the European Union should take in smoke free indoor environments. The Draft included and extensive review of health effects of second hand smoke, including the EFA THADE project results, that identified tobacco smoke as the most important indoor air pollutant, economic considerations, social considerations and public support for smoke free environments, these all pointing towards the overwhelming evidence and public support, current regulations in different member states and the regulations and initiatives at EU level (nonbinding resolutions and recommendations and workplace directives for specific areas and circumstances) and examined the pros and cons for different type of EU policy options including

¹ http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/Documents/gp_smoke_en.pdf

comprehensive ban and a ban with exceptions; for the licensed hospitality sector, for pubs and bars not serving food and enclosed separately ventilated smoking rooms.

EFA consulted members, and submitted a joint response with our partner, International Primary Care Respiratory Group (IPCRG) in support of the Paper, but with following main comments:

- Everyone's right to breathe healthy indoor air, as recognised by the WHO². There is an opportunity here to seize the momentum and make a true difference in the daily life of EU citizens.
- Binding legislation banning smoking in the workplace (with the argument that all enclosed public places are also workplaces) is the only realistic and effective measure to protect from second hand smoke and that this is particularly relevant for the patients with allergy, asthma, chronic obstructive pulmonary disease (COPD) or other airways disease and other vulnerable groups, such as children. For all of these groups their airways disease may be worsened by exposure to cigarette smoke and for asthma and COPD it may interfere with the ability of their treatment to work.
- That it would have been useful to specify the lead actors for implementation as this is crucial for the success of comprehensive smoke free legislation
- Legislation require acceptance by the general population in order to be effective and therefore opinion polls on smoke free policies are recommended and a proper preparation and campaigning process prior to the introduction is needed
- The tools options should consider the need for effective enforcement and how this might be achieved. Experience from Ireland, Norway and other places suggests that prior information campaigns and high levels of public acceptance ensure almost full compliance at little or no extra cost to governments.
- Appropriate attention should be paid to the need to have a well-funded and effective smoking cessation framework in place at member state/sub-national level, as appropriate, before the introduction of comprehensive legislation maximise the public health benefits of this legislation for smokers as well as non-smokers.
- A review of how the effects of all or any of the policy-options would be monitored and evaluated pre and post legislation should be included.
- Passive smoking causes a great deal of respiratory disease – and is a major source of nuisance and exacerbation for people with asthma, allergic illnesses, chronic obstructive pulmonary disease (COPD) and other chronic airways disease leading to social and work exclusion and unnecessary illness. For some of these diseases it also stops their most important treatment from being effective. In fact, the recent Pan-European EFA survey 'Fighting for Breath' for people with symptoms of severe asthma found that one of their major wishes for the future was to be able to breathe healthy air indoors and out.

The Consultation will hopefully lead to banning smoking in workplaces, including public places across the EU, and pave the way to a coordinated European action to enforce and empower all of our patients' right to breathe healthy indoor air.

The discussions between the Commission, Parliament and the Council on the **Directive on Ambient Air Pollution**³, which accompanies the **Thematic Strategy on Air Pollution**⁴, which started 2005 continued with major disagreements on the level of ambition and showed no progress.

² http://www.euro.who.int/air/activities/20030528_9.

³ http://ec.europa.eu/environment/air/cafe/pdf/cafe_dir_en.pdf

⁴ <http://ec.europa.eu/environment/air/cafe/index.htm>

The aim of the Strategy and the Directive is to bring all the separate directives on outdoor air pollution into one single act and update and upgrade the level of protection of citizens according to current knowledge, including from the small particles.

EFA took action to boost the weak ambition of the Parliament and the Council together with our partner European Public Health Alliance and lead by the Health and Environment Alliance (HEAL) with two letter campaigns involving the rapporteurs of this file of the European Parliament and the Council in March⁵ and the Parliament lead Committee on Environment and Health in June⁶, and a press release⁷ in October.

While EFA and partners asked that the Parliament and the Council to support the original Commission proposal - no roll-back of existing standards, particularly for PM10 and that legally binding standards for PM2.5 should be introduced in line with WHO air quality guidelines⁸ to protect in particular those with respiratory diseases and allergies.

Since no agreement was reached, the second reading will take place in 2007, and EFA will follow up together with our partners.

Research on Allergic and Respiratory Diseases

The year 2006 marked the discussions regarding the EU research priorities for the next seven years, starting from 2007. In the original Commission proposal for the **EU 7th Framework Programme for Research (FP7)**, allergy was included in the Food Safety Priority only, and neither respiratory diseases, including asthma and COPD nor allergy were recognized as major diseases and as a specific target for research despite their prevalence in Europe. Delightfully, indoor air quality was included in the Environment priority.

EFA, involving members to coordinated action, together with our partner International Primary Care Respiratory Group (IPCRG) and in synergy with the EAACI and ERS, launched a campaign targeting the European Parliament to convince them of the public health relevance and impact for patients on allergy and respiratory diseases ahead their discussions and voting in June. While the European Parliament voted to amend the proposal in our favour, the Council of Ministers and the Commission ignored these in their amended proposal in July arguing that these diseases are sufficiently covered with other proposed actions in the proposal.

During the second reading in autumn, EFA, members and our partners took contacts both with Parliament and the Council and ahead of Council discussions in September, EFA and International Primary Care Respiratory Group (IPCRG) published their joint Position Paper on FP7⁹, which is also endorsed by the European Patients Forum (EPF) and making the case for allergic and respiratory diseases being a major cost for Europe and significant burden for patients and therefore must be target of investment in European research. Finally in December an agreement was reached and 'respiratory diseases including allergies

⁵ <http://www.efanet.org/activities/documents/airqualityEPfinal170306.doc>

⁶ <http://www.efanet.org/activities/documents/EPHAEFAEENLetterforENVIrAirPollutionVote210606.doc>

⁷ http://www.env-health.org/IMG/pdf/Press_release_on_air_quality.pdf

⁸ http://www.who.int/phe/health_topics/outdoorair/en/index.html

⁹ <http://www.efanet.org/activities/documents/FP7PositionPaperEFA-IPCRG.pdf>

included as major diseases alongside with a handful of other diseases and target for clinical, translational and diet related research – more than we asked for¹⁰. This research prioritising will make a significant contribution to independent research in Europe, including a total of 6100 euro-million for health, to improve care, management and prevention of a total of more than €54 billion euros budget.

EU 7th Framework Programme for Research 2007-2013

- budget of €54 billion euros
- budget for health 6100 euro-million
- respiratory diseases including those induced by allergies as major diseases
- food allergy included in Food Safety Priority
- indoor air quality included in Environment priority

Prioritising COPD

15 November 2006 – World COPD Day EFA together with the European Respiratory Society (ERS) and European Lung Foundation (ELF) launched a press release¹¹ and coordinated advocacy campaign for signing of the **Written COPD Declaration at the European Parliament** by MEP Catherine Stihler to launch a debate at the EP, Commission and European Council of Ministers calling upon the EU to pay more attention to this under-recognised and under-funded disease. The Declaration would be available for MEPs to sign until the 21 February 2007 and EFA and members were planning to contact their MEPs to sign.

The COPD Declaration called for

- inclusion of COPD in the FP7¹;
- developing smoking cessation strategies; further studies on the most effective smoking cessation intervention are required;
- facilitating long-term epidemiological studies of the frequency of, and mortality from, COPD;
- publishing a Green Paper on Indoor air Quality under the Environment and Health Action Plan.

Care – Improving the Safety of Medicines

One important dossier, Regulation on Medicinal Products in the Paediatric population was finalised and two were under public consultation during 2006: assessment of the European Community system on pharmacovigilance (the process and science of monitoring the safety of medicines and taking action to reduce risks and increase benefits from medicines in the EU) and guidelines on implementing the paediatric medicines regulation above. All will improve the safety, transparency and information on safety of medicines in the EU. EFA, together with our partner International Primary Care Respiratory Group (IPCRG) submitted successful responses to both, outlining the patient and primary care perspective on allergy, asthma and COPD.

The European Commission Directorate General Enterprise and Industry consultation on the **community system of pharmacovigilance**¹² was based on a study conducted for the Commission 'An Assessment of the Community System of Pharmacovigilance' and resulting recommendations. The current system is organized in such a way that all functions and responsibility as well as accountability is shared between

¹⁰ http://eur-lex.europa.eu/LexUriServ/site/en/oj/2006/l_412/l_41220061230en00010041.pdf

¹¹ <http://www.efanet.org/enews/documents/WorldCOPDDayEFA-ERS-ELFPRESSRELEASE.pdf>

¹² http://ec.europa.eu/enterprise/pharmaceuticals/pharmacovigilance_acs/index.htm

Member State competent authorities, the European Medicines Agency (EMA) and the European Commission. The current system is complex and there is potential for duplication of effort, as well as for confusion of responsibilities. Also globalisation of the pharmaceutical market means that products often enter different global markets simultaneously with exposure of large numbers of patients in a short period of time and the fact that there now are large number of new member states in the EU. Also, the involvement of different stakeholders will have to be improved.

On 12 May 2006, EFA and IPCRG sent a response¹³ to the consultation and while supporting in general the suggested improvements, but with some comments. Most of our remarks were included in the final guideline, including;

- the importance of data sources and safety issue detection particularly in view of patients and their rights;
- the need for proactive use of legal framework and new legal tools to tackle safety issues;
- the importance of a clear decision making process regarding pharmacovigilance
- the importance of stakeholder participation both in terms of reporting issues of concern and in terms of disseminating and receiving information on drug safety
- expressed concern regarding the monitoring of the obligations marketing authorisation holders to monitor drug safety “a policing role“ and the need for quality management and improvement

The final decisions on improving the pharmacovigilance system following the public consultation will take place in early 2007, and include both better implementation of the current system and proposals to change the legal framework for pharmacovigilance in the EU. The change to the legal framework will involve an impact assessment during the course of 2007 with a view to a legal proposal in 2008.

The use of unlicensed and off-label medicine for children is widespread in the EU, fifty per cent or more of medicines used for children have never been actually studied in this population. This is of major concern in allergy and asthma, the most common chronic childhood diseases. The EU Paediatric Medicines Initiative¹⁴ was initiated 2000 and following a proposal from the Commission in September 2004, the European Parliament and the Council reached final agreement on a **Regulation for Medicinal Products for Paediatric Use**¹⁵ 12 December 2006 that EFA had supported. The regulation will enter into force on 26 January 2007 and improve the care of Europe's children, including those with allergy and asthma by increasing the availability of fully researched, developed and authorised medicines specifically for use in children. The main obligation is that a paediatric plan must be submitted as part of the procedure for marketing authorisation of a medicine. There will also be broader public access to information on paediatric clinical trials and three representatives from patient organisations will be invited to take part in the Paediatric Committee, which according to the regulation will be created with expertise in all aspects related to medicines for children is central to the proposal and its operation.

As a follow up, on 19 January 2006, EFA and the IPCRG therefore submitted comments¹⁶ to the European Medicines Agency (EMA) draft “**Guideline on conduct of pharmacovigilance for medicines used by the paediatric population**” - implementation plan, accompanying the new regulation when it comes to force 26

¹³ http://ec.europa.eu/enterprise/pharmaceuticals/pharmacovigilance_acs/docs/2007_02_26/icr/response_5.pdf

¹⁴ http://europa.eu.int/eur-lex/lex/LexUriServ/site/en/com/2004/com2004_0599en01.pdf

¹⁵ http://ec.europa.eu/enterprise/pharmaceuticals/eudralex/vol-1/reg_2006_1901/reg_2006_1901_en.pdf

¹⁶ <http://www.efanet.org/activities/documents/PaediatricpharmacovigilanceguidelinesResponseEFA-IPCRG.doc>

January 2007 outlining the danger of prescribing unlicensed medicines for children and special concern about the small number of thorough dose-ranging studies in children with asthma of inhaled medicines, in allergic rhinitis and atopic eczema.

The Guideline was adopted 28 June 2006¹⁷, and will enter into force together with the Paediatric regulation on 26 January 2007.

As a result, most of our comments were included;

- inclusion of patient organisations among stakeholders;
- mentioning of "skin" and "airways", when demonstration that safety data in the paediatric population cannot necessarily be extrapolated from adults
- the importance of confidentiality agreements in order to encourage the reporting of off-licensed use
- mentioning of primary care networks and the importance of linkages between primary and secondary care reporting data
- the involvement of patient representatives and primary care physicians in post-authorization safety studies.



The launch of the **Global Alliance against Respiratory Diseases** (GARD), under planning since 2003

and an alliance of internationally recognized organizations, institutions and agencies, including EFA and general meeting¹⁸, took place in Beijing on 28 March 2006 and was attended by EFA President Svein-Erik Myrseth. The EFA, founding member of GARD and the only patient representative, conducted the European release¹⁹, coordinated with the GARD Chairman through a press release introducing the GARD to a wider public, specifically the EU policy makers.

The aim of GARD²⁰, global action taken by the WHO, is to work together towards the common goal of reducing the burden of chronic respiratory diseases, including allergy, in the world by sharing expertise, identifying problems, promoting solutions and coordinating activities. GARD was formed in response to World Health Assembly (WHA) Resolution 53.17 (2000) which requested the Director-General:

- To continue giving priority to prevention and control of non-communicable diseases including CRD, with special emphasis on developing countries and other deprived populations;
- To strengthen existing partnerships and develop new ones, notably with specialized national and international nongovernmental organizations, with a view to sharing responsibilities for implementation of the global strategy based on each partner's expertise;
- To coordinate, in collaboration with the international community, global partnerships and alliances for resource mobilization, advocacy, capacity building and collaborative research.

GARD is a major step by the WHO in recognising the management of respiratory diseases worldwide as a priority, and EFA will continue to represent the patient view in the Alliance.

¹⁷ <http://www.emea.europa.eu/pdfs/human/phvwp/23591005en.pdf>

¹⁸ http://www.who.int/respiratory/publications/Beijing%20Meeting%20Report%20FINAL%20layout%2026_12_2006.pdf

¹⁹ <http://www.efanet.org/enews/documents/EFAGARDpressrelease.doc>

²⁰ <http://www.who.int/respiratory/gard/en/>

EFA EU Policy Advocacy 2006 http://www.efanet.org/activities/eu_policy.html

- Consultation response on the draft Green Paper on EU policy on Smoke free Environments
- Campaign and Position Paper on including Allergic and Respiratory Diseases to the 7th Framework Programme for Research
- Signing Campaign of Declaration at the European Parliament on Combating COPD
- Consultation responses on Improving Safety of Medicines and availability of Paediatric Medicines
- Campaign on Improving Ambient Air Quality in the EU

STRENGTHENING INFRASTRUCTURE

Objective:

Supporting the realization of a European network of strong and professional national organizations of people with allergies, asthma and COPD, and a strong and professional EFA.

Development, growth and sustainability of the Organisation

In July a major project – **EFA Development Project** - was initiated designed to bridge the gap from internal and external vision of EFA, agreed in our Policy Document 2005-2008, to the reality of the organisation and develop us for the future, in the service of members and ultimately the allergy, asthma and COPD patients on European level by developing a number of strategies, implement our agreed policies until 2008 and to gain the necessary capacity for this.

It was also acknowledged that this work needs to be carried out in a manner that is streamlined to best fit with the developing organisation and not be intrusive on work in progress or in terms of resources required. Therefore a Project Manager Don Marquis was recruited for this purpose to support the Board and the Secretariat.

During 2006, a draft Business Plan was developed to identify clearly the goals to be achieved, how best to achieve them, by who, when they need to be achieved and what capacity is needed. Five key areas for development were identified with eighteen specific objectives (“Building Steps”)

1. Building Sustainable Capacity
2. Funding Sources to deliver Capacity
3. Policy Formulation & Advocacy
4. Membership Development
5. Building Sustainable Partnerships

It builds on the ‘global aspirations’ of our Policy Document 2005-2008 and should be seen as a definitive action plan for the Board, Member Organisations and patients to easily understand in a simple, logical and clear way, as to how we intend to meet our objectives in long term. It is also a tool to be used by the Board to monitor progress over a realistic timescale of three to complete delivery.

The Business Plan was accompanied by the following draft core strategic documents for consultation with the EFA membership for 2007, building on the example provided by the European Patients’ Forum (EPF):

- Code of Ethics and conduct
- Communications Strategy
- Framework for Policy Development
- Competency Framework for the Board and Secretariat
- Sustainable Partnership with Industry
- Sustainable Partnership with EU Institutions, Non-governmental organisations and foundations

The aim of the Code of Ethics and conduct is to agree on and set out the fundamental principles, good practice and governance and ever increasing transparency in EFA decisions and operations in serving the interest of members to fulfil our mission and objectives. It was the result of an extensive literature research on good practice in this area. The Communications strategy sets out the strategic objectives to ensure that our target audiences, external and internal understand who we are, how we work, what the products of our work are, and how they are available to those who want them, when they want them, in the format that they can use them. The step by step processes that EFA will endorse to develop policy statements (proactive and reactive) on specific issues, incorporating consultation with members and what a policy statement should comprise are set out in the Framework for Policy Formulation. The aim is to improve clarity, transparency and inclusiveness in our advocacy. The core competencies needed and division of roles between the Board, secretariat and project members to support organisational and personal development and selection and to deliver results are detailed in the Competency Framework. Developing a means of attracting greater flexible sustainable core funding that is unrestricted to increase capacity and to enable all above, also Frameworks for Sustainable Partnership with Industry and EU institutions, NGOs and foundations were developed. These include how the sustainable partnership works, the different categories for partnership, financial contribution and the benefits for partners.

The 15th of October our new Development Manager sadly passed away due to sudden illness. EFA sends our most sincere condolences for the family, friends and colleagues of Don. As a consequence, Board leads were nominated for each strategic area to support the Executive Officer in implementation.

EFA also moved to a **new office**, which gives access to meeting facilities and services and can accommodate up to three staff members. Our new office is fully accessible to patients with allergic and respiratory diseases in terms of healthy environment.

Proactive project planning

EFA was invited to take part as associated partner in **three project proposals for the EU Public Health Programme** call for proposals 2006; with ERS and the IPCRG and for the Educational Programme Leonardo, a consortium of European educational institutions. The projects would have addressed lack of data on respiratory diseases, creating a policy and science network and a strategy on respiratory diseases in Europe, improving paediatric asthma management and improving education on COPD home-care.

Unfortunately *none* of these proposals were subsequently accepted for funding by the European Commission.

Expanding the Network

At the general Meeting of Members in May, three **new members** were welcomed; Asthme&Allergies from France, The Finnish Hengitysliitto Heli (Pulmonary Association Heli), the newly established Polish Federation of Asthma, Allergy and COPD Patients' Organisations and the Swedish Heart and Lung Association.

EMPOWERING MEMBER ORGANISATIONS

Objective:

Empowering member organizations to reach a comparable level of serving the interests of patients by exchanging experiences on:

- influencing national policymaking
- products and services for people with allergies, asthma and COPD
- increasing awareness

Sharing best practices and keeping informed

www.efanet.org



EFA IT and information services are now fully integrated with the new re-launched EFA website and

it has become the major communication and capacity building tool of the organization, which serves and communicates our mission effectively – a one stop shop on EFA, allergy, asthma and COPD and related EU policies. The rationale being that everything we do or publish is instantly published there, either on the public zone or at the members-only section which requires a password. The website was updated regularly; however the EFA monthly eZine, launched in 2005 and featuring EFA activities and campaigns, EU health issues related to our policy priorities and EFA member news and incorporated with the website was published 6 times, instead of 11 due to lack of and changes in personnel resources. It was subscribed by 200 policy makers, environment and health and patient groups and the industry, 20% of these being EFA members.

Capacity building and networking of members



In June 2006 EFA held its statutory **Annual General Meeting (AGM)** 10 May in Prague, Czech Republic followed by EFA 15 years anniversary and 10th **Conference** 10-13 May 2006 'Allergy, Asthma and COPD – From Science to Daily Practice', which was this year jointly organised and hosted by the Czech Initiative of Asthma (CIPA) and endorsed and supported by GA²LEN. Thanks to our local hosts, the Conference had a record participation of over 500 delegates, with patient representatives and health professionals from 23 countries.

In a special session for EFA members, the new EFA members presented themselves and members had the opportunity share best practices. As a novelty, the Public Forum, organised in collaboration with the GA²LEN Global Allergy and Asthma European Network for local patients, attracted more than 200 participants from all over Czech Republic, experts answered their questions ranging from prevention, diagnosis and treatment to reimbursement, psychological factors and social support. Over 2000 members of the public had the opportunity to have their lung function measured, get further information

on allergy and asthma in form of patient education materials and personal advice at the joint CIPA-EFA-GA²LEN spirometer tent in a square in Prague.

While the planned **Meet and Greet EU institutions, two-day** training for members in Brussels to introduce EU institutions, how they work and opportunities for advocacy was still not organized due to lack of and changes in personnel resources, the programme and funding for it is in place. Significant number of members is very interested in attending and we look forward to organize two consecutive trainings in 2007 to compensate.



In May at EFA Conference in Prague the **EFA asthma peer support tool 'Learn to Live with Asthma'** was launched and a section introducing the tool published at EFA website.

The tool provides guidance for national projects for members to establish asthma peer support programmes on how experienced, well-controlled asthmatics can provide valuable support to help newly-diagnosed asthmatics cope with asthma in daily life using key messages with non-medical content and information pack for health care professionals to support the project. It also contains eight short award winning educational movies accompanied by leaflets for patients on understanding and coping with the new diagnosis and disease in different situations in daily life.

The rationale is that when a patient is diagnosed with asthma, the treating healthcare professional could guide them for additional support to local peer support programme. The project was based on needs assessment 2002 of EFA members and builds on the existing asthma peer support programmes.

The tool was sent for all EFA members and introduced and promoted at EFA stand to health care professionals at the major scientific congresses on allergy and respiratory diseases in June at the EAACI Conference in Vienna and in September at the ERS Conference in Munich.

Learn to live with asthma project helps to empower patients with asthma to cope:

- Do you understand your doctor?
- Do you have enough support?
- What is it like living with asthma at home?
- How can you best cope with asthma at work?
- What are the issues when travelling with asthma?
- How can you enjoy sports with asthma?
- How to cope with asthma when under pressure?
- What about being pregnant and having asthma?



The Prevalence, Cost, and Basis of Food Allergy across Europe
EuroPrevall²¹ is an integrated project (IP) launched 2005 in the context of the EU Framework Programme of Research FP6 and aims are to deliver improved

²¹ <http://www.euoprevall.org/>

quality of life for food allergic people through research activities. It has 54 partners in 16 European member-states, as well as Bulgaria, Switzerland and Iceland, and Ghana. EFA is the leader of allergic consumer stakeholder group in the project, and as such has influence through Executive Committee membership in all project activities. The project brings together all relevant stakeholder groups involved in the food allergy business; as a first step to assuring the production of safe food to everybody, even for those who are severely affected. EuroPrevall's strategy draws together not only education and information, but also the scientific, political and commercial angle to ensure that people with food allergies in Europe can eat safe food whatever their age or circumstances. EFA's main role within the project is to ensure that patient perspective is incorporated into the parts of the project dealing particularly with management of food allergies across Europe and assess, develop and disseminate tools for patients, in collaboration with GA²LEN.

At the EuroPrevall Congress in October, the first draft on a prototype leaflet to patients Allergic and non-allergic hypersensitivity to food, prepared by EFA EuroPrevall Project Member, for the joint EuroPrevall-GA²LEN section at GA²LEN website was introduced. It will be finalised and available for reproduction in 2007.



The second annual Conference of **Global Allergy and Asthma European Network of Excellence (GA²LEN)**, funded from the EU 6th Framework Programme for Research, in which EFA is a partner representing the European patient took place on 29 March – 1 April 2006, in Berlin. EFA members were invited to the GA²LEN in Action session 30 March and public event Allergy throughout Life and EFA-GA²LEN workshop 31 March. The conference presented the achievements of GA²LEN so far in terms of (work divided in work packages as follows):

Integration

- Instruments of integration and platform architecture,
- Integrating Research Activities: coordination including Epidemiological and clinical studies and Patients registries
- Quality management System
- Birth Cohorts
- Intellectual property management
- Ethical and gender issues

Joint research activities

- Nutrition
- Bio bank/databank
- Indoor and Outdoor Environment
- Occupation and Adolescents
- Gender
- Control of allergic inflammation; IgE sensitization and allergic diseases and Regulatory T-cells
- Early influence on airway remodeling; Airway remodeling ENT specialists/patient airways, Aspirin sensitivity
- Clinical care and quality of life and Sport and Asthma
- Genetics, genomics and post-genomics

Spreading Excellence activities

- Coordination of training and education
- Dissemination and translation of research to scientists
- Dissemination and translation of research to Health Care professionals

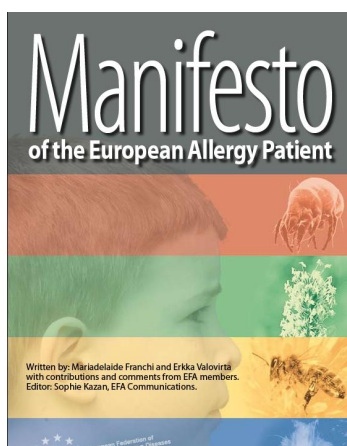
- Dissemination and translation of research to patients
- Dissemination and translation to public and policy makers
- Extension of the GA²LEN NoE

This structure might change: platform for approving trials will be established. It will be important to have a patient representative in this platform.

While there is little research results to show for thus far, GA²LEN has made significant progress in establishing the Network structure for European research on allergy and strat of meaningful collaboration and joint activities.

The objectives of the EFA workshop were to discuss directly with the GA²LEN scientific work packages leader on patient representation in the GA²LEN scientific work packages, as incorporating patient perspective in research is a requirement for GA²LEN and to introduce and discuss EFA members' interest in and plan involvement in the first GA²LEN campaign to public to be launched 2007; 'Does Rhinitis lead to Asthma' with the GA²LEN Dissemination work package leader, based on a forthcoming review paper which is being written by GA²LEN, including EFA representative and would be published 2007. The rationale is to increase awareness on how treating allergic rhinitis may improve asthma care and that allergic rhinitis is not trivial, but should be treated.

6 EFA members from 6 countries took part in the workshop and the conference. It was agreed that patient representation in science is essential and that this would be organised centrally by EFA in GA²LEN. It will also be important is to have a patient representative in the Group of work package leaders, which meets two/three times a year to ensure better integration. Thus far there is patient representation only in the WP Clinical Care and Quality of life. The pan-European campaign on the link between allergic rhinitis and asthma would be conducted in close collaboration with EFA and members. Educational leaflets for patients and primary care to be translated to European languages are foreseen to support national and local launching of the campaign, and EFA members will have the opportunity comment on the contents. National branding of the materials was also agreed. In connection of the workshop, there was also a scoping of existing patient education materials on allergic rhinitis. Some EFA members have leaflets available (3) while others have nothing, and therefore European tool would be welcome.



In September, EFA published the **European Allergy Patient Manifesto**²² that had been under preparation since 2004. There are a lot of misconceptions on the nature, impact and seriousness of allergic diseases, their care and prevention. The Manifesto is a political declaration comprising six point strategy to counteract the growing prevalence of allergy in Europe and globally – from patients perspective, and by doing so, to improve the health conditions and quality of life of allergic patients and their families.

The purpose is to provide policy makers easily understandable information on allergy, its impact and what needs be done, call upon the partnership with all

²² http://www.efanet.org/documents/EFAAllergyManifesto_000.pdf

stakeholders and involving allergy patients in policy making. It is a tool for EFA members to replicate in their language, and use in their local advocacy.

EFA ALLERGY PATIENT MANIFESTO calls for

1. Changing the cultural attitudes towards allergy
2. Adapting healthcare systems and resources
3. Understanding the nature of allergy
4. Establishing programmes to train, educate, empower and rehabilitate allergy patients
5. Establishing research programmes on allergy and
6. Establishing an allergy friendly environment for all.

Two scientific manuscripts and one abstract of EFA surveys were published and one submitted and accepted for publication.

The results of the EFA THADE (Towards Healthy Air in Dwellings in Europe) project results '**Working Towards Healthy Air in Dwellings in Europe**'²³ from the EU Public Health Programme were published in Allergy - a peer reviewed journal and authored by the Project Coordinator Mariadelaide Franchi et al. The project results underlined the serious environment and health issue that poses air pollution in dwellings, which involves the medical profession, scientific societies, patients' organizations, lawmakers, architects and the building industry. This publication is a significant milestone in our advocacy, THADE being referenced in EU policy helping to make the case for improving indoor air quality in all levels and indoor environments.

EFA Fighting for Breath Survey results were presented at the 13th World Conference on Tobacco or Health in Washington 12-15 July by Martin Dockrell from the Asthma UK, Project Member coordinating the survey and publication on behalf of EFA. The abstract '**Severe Asthma: Experiences and Opinions of People across Europe on Smoking and Second-Hand Smoke**'²⁴ revealed that across Europe substantial numbers of people with asthma continue to be exposed to second-hand smoke at work and/or at home; Around 1 in 4 adults with asthma continue to smoke although the consequences are well established; those most exposed consistently had poorer treatment outcomes reporting more symptoms and greater impact on quality of life; there was an alarming gulf between the treatment outcomes of smokers with asthma compared to non-smokers who are not exposed.

Two further manuscripts were submitted, '**Limitations in Severe Asthma – A European survey**' and '**Allergic Rhinitis in Not a Trivial Disease**' were submitted and accepted for publication in 2007. The first based on our Fighting for Breath – a European Patient Perspective on Severe Asthma Survey 2004-2005 and the latter on EFA Patient Voice Allergy Survey 2005. These were Pan European surveys highlighting the impact of severe asthma and allergic rhinitis as voiced by patients themselves.

All the surveys have produced invaluable patient focused information for EFA, members and other stakeholders for informed policy and solid argument in advocacy.

²³ <http://www.blackwell-synergy.com/doi/abs/10.1111/j.1398-9995.2006.01106.x>

²⁴ <http://2006.confex.com/uicc/wctoh/techprogram/P3197.HTM>

3 ANNUAL ACCOUNTS

FINANCIAL REPORT

Financial report 2006

1. The Financial Report is in Euro.

2. Bank Accounts

EFA has four Bank Accounts:-

- a. A current (sight) account in Luxembourg in Euro. The balance at 31:12:06 was 45.159,52 Euro.
- b. A deposit (term) account also in Luxembourg. The balance at 31:12:06 was 83.702,58 Euro.
- c. A Visa account in Luxembourg in Euro. The balance at 31:12:05 was 7.884,86 Euro.
- d. A Swedish Currency Account in Euro. The balance at 31:12:05 was 47.353,40 Euro.

Note: EFA still has the old is registration in Sweden so a Swedish Account is necessary.

The total balance in the four Bank Accounts and Petty Cash at 31:12:05 was 184.469,57 Euro.

	<u>31-12-06</u>	<u>31-12-05</u>
Luxembourg 1	45.159,52	61.604,18
Luxembourg 2	83.702,58	41.360,05
Luxembourg 3	7.884,86	7.736,68
Sweden	47.353,40	46.404,64
TOTAL	184.191,07	157.105,55

3. Membership Fees

The Annual Membership Fee remained at 1,500 Euro per Member or Coalition Member.
All Members paid.

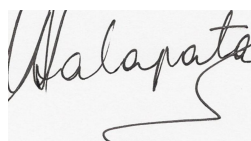
This report includes all EFA's Accounts.



Otto Spranger
EFA Treasurer



Svein-Erik Myrseth
EFA President



Marianella Salapatás
EFA Vice President

**BALANCE SHEET
IN EURO**

	31-dec-06	31-dec-05	31-dec-04
ASSETS			
VII. DEBTORS	90,71	3.362,47	44.808,79
Debtors ⁽¹⁾	90,71	3.362,47	44.808,79
IX. LIQUIDITIES	184.378,86	157.605,55	123.136,81
Bank Account 0038/4174-7	45.159,52	61.604,18	18.802,22
Handelsbanken 41 402 669	47.353,40	46.404,64	45.811,56
Bank Account 0038/8721-9	83.702,58	41.360,05	50.491,38
Bank Account 5912/7917-1	7.884,86	7.736,68	7.642,65
Petty Cash Account	278,50	500,00	389,00
Transfert	0,00	0,00	0,00
X. DEFFERRED CHARGES AND ACRUED INCO	0,00	0,00	0,00
Deferred Charges	0,00	0,00	0,00
TOTAL ASSETS	184.469,57	160.968,02	167.945,60
LIABILITIES			
IV. RESERVE	165.354,27	103.315,94	67.829,38
Reserve last year	103.315,94	67.829,38	195.585,71
Excess of income over expenditure from curren	62.038,33	35.486,56	(127.756,33)
IX. DEBTS	19.115,30	57.652,08	100.116,22
Creditors ⁽²⁾	19.115,30	7.652,08	100.116,22
Received grants for next year ⁽³⁾	-	50.000,00	
TOTAAL DER PASSIVA	184.469,57	160.968,02	167.945,60

INCOME AND EXPENDITURE ACCOUNT
IN EURO

	31-dec-06	31-dec-05	31-dec-04
Income	315.917,88	232.628,75	198.953,04
Fees	30.750,00	25.500,00	21.500,00
Grants	200.000,00	195.000,00	123.308,79
EU Project	0,00	0,00	36.194,75
EFA Conferences	8.000,00		
EFA Other Meetings	0,00	1.423,31	
EFA News			
Europevall	14.319,10		
Pinche	5.007,69		
Airnet	0,00	8.657,00	
SAFE			
Secr.	0,00		
GALEN	50.000,00	324,98	10.000,00
Bank Interests	3.551,89	1.723,46	2.353,51
Other meetings	4.289,20		5.595,99
Difference			
Expenditure	253.879,55	197.142,19	326.709,37
Board Meetings	7.238,51	6.891,59	8.448,61
EFA Conferences	44.471,16	45.238,04	102.864,66
EU Project	7.800,00	2.664,00	34.629,61
Other Meetings	27.613,69	25.337,64	18.691,78
SAFE			
Expenditures Swedish Account			
EFA News	0,00	8.208,00	8.535,00
Secretariat	47.052,37	29.829,33	32.526,16
Alpha Day			
Airnet	104,00	0,00	24.749,31
EFA Net	9.750,00	6.461,33	3.285,00
ENCPA			
GALEN	31.174,48	285,94	17.941,10
LRPC	0,00	0,00	28,59
PINCHE	2.659,40	0,00	8.370,31
Exec. Officer	72.536,25	70.474,80	57.782,54
Membership fees/Publicity	3.180,49	1.200,00	3.259,70
Bank Charges	299,20	551,52	562,00
Pres. Exps	0,00		
Difference	0,00	0,00	35,00
Devaluation on Debtors ⁽³⁾			5.000,00
Result of the Year	62.038,33	35.486,56	-127.756,33

**FOOTNOTES RELATED TO BALANCE SHEET AND
INCOME AND EXPENDITURE ACCOUNT**

(1) Mr Myrseth : advance 735 NOK	90,71
<hr/>	
Total Debtors	90,71
(2) Susana Palkonen : advance petty cash account	300,00
bankfees	10,50
Valovirta : Galen, Europrevall	2.250,10
Efraimson : boardmeeting	280,66
Spranger : telephone	824,24
Spranger : boardmeeting	1.214,23
Spranger : airproducts meeting paris	1.025,62
Spranger : boardmeeting	25,10
Myrseth : visa card	1.684,62
Securex : palkonen	1.844,68
Securex : palkonen	1.844,68
Valovirta : tel, taxi	93,61
Gilder : herald project	6.000,00
Spranger : sofia	1.635,35
Spranger : copenhagen	81,91
<hr/>	
Total Creditors	19.115,30
(3)	
<hr/>	
Total Received for next year	0,00

AUDITING OF WORKING-ACCOUNTS AND BALANCE
FOR THE FINANCIAL YEAR 2006
OF THE EUROPEAN FEDERATION OF
ALLERGY AND AIRWAYS DISEASES PATIENTS ASSOCIATIONS

As appointed EFA Auditor by the Assembly General Meeting, I checked the annual accounts of the year 2006 of the European Federation of Allergy and Airways Diseases Patients Associations.

The financial statements for the year 2006 are established in Euro.

Like last year, the bookkeeping is held on a cash-basis. All the documents I verified enabled me to match every receipt and expenditure to a supporting document.

The financial year closes at a profit brought forward of 165.354,27 Euro. The net result of the year 2006 amounts to 62.038,33 Euro and the balance-total to 184.469,57 Euro.

It is my opinion that the balance sheet and the profit and loss account as at 31 December 2006 gives a fair view of the financial situation of the organisation.



Brussels 16 April 2007
Filip MOEYKENS
Accountant

BUDGET

Revised budget 2007

Income (Credits)	in €
Membership Fees	34.500,00
EU-Projects	19.000,00
GA ² LEN	35.000,00
Other Projects	27.000,00
Sponsors long term	200.000,00
Sponsors short term	-
EFA Annual Congress	15.000,00
Total	330.500,00

Expenditure (Debits)

EFA-Net	2.500,00
Staff	90.000,00
Secretariat/Administration	53.600,00
EFA-Board Meetings	7.000,00
Projects	15.000,00
EFA-Conference	30.000,00
Other Meetings	25.000,00
EU-Project	19.000,00
GA ² LEN (Conference, WS)	35.000,00
Logistics	2.000,00
P,P&P	2.000,00
PR-Activities	1.500,00
Part-time worker	40.000,00
Booth-Material	3.000,00
Membership Fees	4.500,00
Reserve	-
Total	330.100,00
Balance	400,00

Preliminary budget 2008

Income (Credits)	in €
Membership Fees	36.000,00
EU-Projects	-
GA ² LEN	50.000,00
Other Projects	10.000,00
Sponsors long term	200.000,00
Sponsors short term	100.000,00
EFA Annual Congress	20.000,00
Total	330.500,00
Expenditure (Debits)	
EFA-Net	2.500,00
Staff	90.000,00
Secretariat/Administration	60.000,00
EFA-Board Meetings	7.000,00
Projects	15.000,00
EFA-Conference	30.000,00
Other Meetings	25.000,00
EU-Project	-
GA ² LEN (Conference, WS)	50.000,00
Logistics	2.500,00
P,P&P	2.500,00
PR-Activities	5.000,00
Part-time worker	115.000,00
Booth-Material	5.000,00
Membership Fees	4.500,00
Reserve	-
Total	414.000,00
Balance	2.000,00

EFA thanks our main sponsors:

European Commission
European Academy of Allergology and Clinical Immunology (EAACI)
AstraZeneca
GlaxoSmithKline
Novartis
UCB Pharma