



Annual Report 2015



Our Vision

Our vision is for all people with allergy, asthma and chronic obstructive pulmonary disease (COPD) in Europe to live uncompromised lives, have the right and access to best quality care, participate in their care and to have a safe environment.

Our Mission

Our mission is to be the voice of allergy, asthma and COPD patients at European level and to be actively involved in the decisions impacting their health.

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Welcome from the President

While there is no cure yet for asthma, allergy or chronic obstructive pulmonary disease (COPD), there is a lot EFA can do and is doing for the people living with these diseases in Europe. It's my pleasure to present you our Annual Report 2015, where we not only report on our work, but also demonstrate the added value Europe brings towards better daily life of patients.

There are two major developments this year that I would like to highlight and that support our strategy 2015-2020, approved at our Annual General Meeting 2015.

The World Health Organisation Global Alliance Against Respiratory Diseases (GARD), of which we are founding members, reactivated and received high level support from WHO to continue its work. Following up the GARD Assembly in July in Lisbon, where we presented our advocacy, projects and capacity building work, I was invited to a crucial meeting as the patient representative to contribute to forthcoming plans on global action on respiratory diseases. We advised on how to do advocacy for respiratory diseases following our experience at the European level. The WHO puts **global focus on respiratory diseases**, especially asthma and COPD, and Europe follows global priorities.

We also strive for patient centred **EU research in allergy, asthma and COPD** that is based on real needs and meaningful participation of patients and their representatives in setting the research agenda, in guiding research, evaluation and communication of the results and their integration into healthcare and policies. In 2015 we were invited to join the EU Research Programme, Horizon 2020, Scientific Panel for Health, and be the unique voice of patients. The Panel will prepare the vision for health research to be considered by the EU institutions. We also became part of the Scientific Advisory Board of the new ERACoSysMed "Collaboration on systems medicine funding to promote the implementation of systems biology approaches in clinical research and medical practice", a joint initiative of the European Commission and 11 EU Member States, Israel and Norway to fund research initiatives that demonstrate the value and use of systems medicine in clinical practice. The Board advises on funding priorities and, in our case, systematic involvement of national patient groups, including our Members in the projects to be funded. These two high level developments help us to bring science closer to our patients.

Finally, you will see throughout this report that we are **working together with strategic partners**, whether they are healthcare professionals, in particular the European Respiratory Society (ERS) and the European Academy of Allergy and Clinical Immunology (EAACI), public health non-profits like the Health and Environment Alliance (HEAL) and the European Network for Smoking and Tobacco Prevention (ENSP), other European level patient groups such as the European Patients' Forum (EPF), scientists and other organisations such as the European Airport Council (EAC), when it comes to traveling with medical oxygen. We could not have managed without their partnership. At the end of the report we thank our corporate supporters, sustainable partners who make possible both our core-programme and projects. Their support is instrumental for the allergy, asthma and COPD patient movement.

In spring 2016 I will step down from the EFA Board, after having served the maximum term. During my final year, I had the honour and pleasure to serve as President, and work with a new board of fantastic colleagues with outstanding leadership skills and strong patient perspective. Thank you. The Board is supported by an excellent team at the office.

As a leader of one of EFA member organisations, I can honestly say that our direct work at the national level with patients to improve their care and participation would not be the same if it was not connected with EFA, its network and the synergies resulting from EFA's work. It is vital to have a voice and be represented at European level.

Enjoy reading our report,

Sincerely,
Christine Rolland



Our Values

The European Federation of Allergy and Airways Diseases Patients' Associations (EFA) is an independent non-profit organisation representing 39 allergy, asthma and chronic obstructive pulmonary disease (COPD) patients' associations from 24 European countries.

The rights and needs of the patients we represent are at the heart of everything we do.



We do this by:

Advocating at EU level for the needs of people with allergy, asthma and COPD

Enabling a powerful European network of patients' organisations

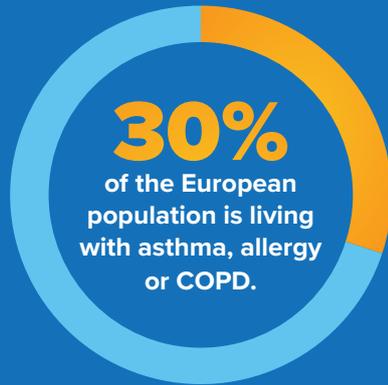
Valuing all members equally

Sharing knowledge and implementing best practices

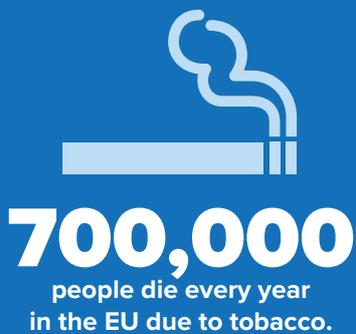
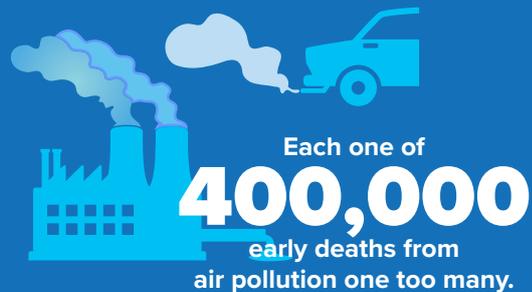
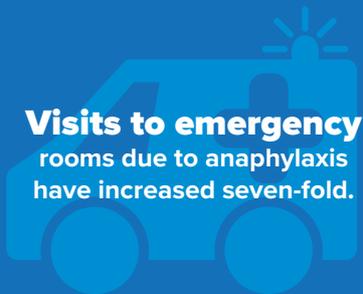
Creating patient driven projects

Cooperating with health care professionals, scientists and other stakeholders/NGOs

Our Work in Numbers



COPD will be the **third largest cause** of death by 2020



24% of adults and **40%** of children in Europe cannot travel freely due to the lack of information on atmospheric pollen concentrations in different regions in Europe.



Director's Report

Our EFA Year has been challenging and productive on the journey toward a Europe where all patients and their families with allergy, asthma and or COPD challenges in their lives have a right to care that is of high quality, an environment that does not exacerbate or cause their condition and where they are involved in all important decision affecting patient health.

This was the first of year of our strategic plan 2015-2020, developed in 2014 with the support of an operating grant from the European Commission Public Health Programme. The strategy aims to achieve equality for people with allergy, asthma and COPD in Europe, which depends on their access to care, safe environment and their participation in their care.

Sustainability is a key challenge for us, and while we do not have access to public funding for our core work under the new 'Health for Growth programme 2015-2020', we believe that patients and their organisations have a key role to play in sustainable healthcare, active patients and patient-centred prevention. We continue to demonstrate this through all our programmes and activities.

On access to care, we launched an Interest Group of Allergy and Asthma at the European Parliament for the first time. This group of engaged Members of the European Parliament (MEPs) has already helped us to make allergy and asthma more visible in the European political arena and will continue to grow and support our goals.

Our multiannual COPD project has matured, and this year we supported national meetings with health care reimbursement bodies and healthcare professionals, led by our members to reach the goals that our membership has prioritised for people with COPD.

As part of our role in promoting patient participation and self-management, we conducted a survey on adherence to treatment and health literacy among young people with asthma. Exciting results directly from Europe's young patients will be presented in 2016 along with the actions that should be taken by to support them. A relatively new opportunity for us, and for patients, is the arena of eHealth, telehealth and mobile health. We are one of the leading partners of MyAirCoach asthma self-management project, and we will be part of EC advisory group on mHealth assessment guidelines in 2016.

We continued our activity within the European Asthma Research and Innovation Partnership (EARIP) project from the EU Research Programme leading to a report on the Healthcare Change needed for Asthma for Europe.

We have a solid track record as a patient voice in Brussels regarding prevention, an area where the EU has decision making powers. We continue to play a key role in monitoring and contributing to the implementation of the famous Tobacco Products Directive and, together with members, in patient centred implementation of the European Commission Regulation on Food Information to Consumers.



On inequalities, our access to oxygen campaign during the COPD awareness month in November, in synergy with the European Commission Directorate General (DG) MOVE, and their work on passenger rights, was well received and visible in social media. Earlier in the year, at the biggest ever conference of our partner European Respiratory Society (ERS), we also presented a useful leaflet for patients on what to take into consideration when air traveling with medical oxygen, as the hurdles are many and sometimes costly. We will keep working on it! Capacity building meetings to support developing our members continued and the feedback has been very positive. Our annual training for members on what the EU is doing for health of patients and how to influence that proved once again useful to the participants.

Our challenge on diversity of, and access to, core funding prompted us to re-think strategies in order to continue our work. I am both personally and professionally grateful to our on-going sustainable funding partners, who believe in us and support us in a transparent and independent way.

We have a super team at the office and for me personally it is an honour and privilege to belong to this talented, motivated, but humble 'EFA family' at the service of the allergy, asthma and COPD patient movement. New sharing and learning experience for us was that a communications professional from our Irish member came to cover leave for one of the team. I hope we can do more similar exchanges, bringing us closer to our membership.

Work at European level distils to the national and local levels and vice versa, but only if we decide to do so. Our work is connected. 3 new associations joined us this year, bringing our membership to a total of 39 organisations, in 25 countries! EFA IS its rich membership, through which over half a million patients are involved in delivering our mission. A key tool for us to work closely and hear our membership is their involvement in our disease specific, patient education and health determinants working groups and I hope that each member is involved in at least one next year.

I look forward to continuing learning, developing, collaborating and delivering in 2016 with you. Together in 2016 let's make allergy, asthma and COPD not only patient priorities, but public health priorities in Europe.

Susanna Palkonen

Director

Our 2015 Highlights



Food Labelling

- ▶ Facilitating patient involvement in the implementation of regulations on food allergen information.
- ▶ Presenting patients' views on food allergen labelling at the Universal Exposition Milan 2015.
- ▶ Coordinating an allergy experts' network through EFA's food allergy working group.
- ▶ Mapping 'may contain' labelling use in Europe.



Tobacco & Smoking

- ▶ Representing patients at 16th World Conference on Tobacco and Health.
- ▶ Support of patients' involvement in the implementation of the EU tobacco products directive.
- ▶ Patients' views included in the fifth edition of the Tobacco Atlas.
- ▶ Ireland, the United Kingdom, France passed plain packaging legislation for cigarettes.



Air Quality

- ▶ Campaigning for stricter air pollution limits in the EU clean air package.
- ▶ Event at the European Parliament highlighting the link between asthma, allergy and air pollution.
- ▶ Proposal to develop an EFA definition of indoor air quality.



Chemicals

- ▶ Establishment of the first working group on environmental determinants.
- ▶ Collection of examples of 'suitable for' labels for people with allergy and respiratory diseases developed by EFA members.



Healthcare

- ▶ Launch of the European Parliament Interest Group on Allergy and Asthma with EAACI.
- ▶ Developing recommendations for health care systems change and identifying future research needs, as part of the European Asthma Research and Innovation Partnership (EARIP).
- ▶ Setting up the Patient Advisory Forum of the MyAirCoach mHealth Project, ensuring patients play a key role in the development of solutions to manage their conditions.
- ▶ Supporting our members through tailored training on EU institutions and our capacity building programmes.
- ▶ Campaigning to ensure access to medical oxygen for those travelling by air.
- ▶ Campaigning for the harmonisation of COPD care across Europe.



Medicine & Clinical Trials

- ▶ Patients' contributions in the implementation of the EU clinical trials regulation and discussions on medical devices legislation.
- ▶ Participation in the European Medicines Agency's Patients' and Consumers' Working Party meetings and working groups.

Activity Report 2015

Today 30% of the European population lives with allergies, asthma and chronic obstructive pulmonary disease (COPD). Our mission is to be their voice and to ensure they are actively involved in all decisions impacting their health. This annual review sets out our achievements in 2015 against the four strategic goals in our Strategy Statement 2015–2020.

Goal 1

Improving timely and equal access to quality care for patients with allergy, asthma and COPD

Influencing Policies Affecting Care for Asthma, Allergy and COPD Patients

Launch of the European Parliament Interest Group on Allergy and Asthma

One of our most exciting developments in 2015 was the creation of the first European Parliament Interest Group on Allergy and Asthma. Launched in March by MEPs Sirpa Pietikäinen (chair) and Nessa Childers (co-chair), the Interest Group serves to share expertise and align interests to drive action on allergy and asthma in the European Union. Its work contributes to the EU policies dealing with chronic diseases, air pollution and research and promotes better quality of life and access to care of European patients.

EFA manages the Secretariat of the Interest Group, in equal partnership with the European Academy of Allergy and Clinical Immunology (EAACI), in an effort to voice the needs of people living with allergy and asthma. The European Commission Directorate General (DG) Research and Innovation, DG Environment, DG

Health and Food Safety and the World Health Organisation (WHO), together with our partners European Respiratory Society (ERS), Health and Environment Alliance (HEAL) and industry representatives are active participants to the activities of the Interest Group.

For the 'EFA Family', the setup of this political platform is a milestone in bringing patients' access and equity issues to the core of the European agenda. At the end of 2015, the Interest Group had grown to 11 MEPs and it continues to expand its membership, developing a network of MEP ambassadors supportive of better allergy and asthma prevention, treatment, management and information in Europe.

Thanks to Members of the European Parliament Karin Kadenbach (Austria / S&D), Anna Zaborska (Slovakia / EPP), Aldo Patriciello (Italy / EPP), Marian Harkin MEP (Ireland / EPP), Keith Taylor (UK / Greens) for their engagement to the EP Interest Group on Allergy and Asthma.



Call for a Commission Proposal on a Strategy on Chronic Diseases



Asthma, allergy and COPD, as well as other chronic diseases, present cross-cutting risk factors that require to be tackled simultaneously. At EFA, we have been calling for the adoption of a chronic disease strategy at EU level that would frame any action dealing with the negative consequences of allergy and respiratory diseases. In 2015 we met with the team of Commissioner for Public Health and Food Safety, Mr. Vytenis Andriukaitis, to discuss their priorities for the next four years. We asked for action on chronic diseases to be put as the top priority, as well as improving prevention and including the “health in all policies” principle at EU level.

We continued to put allergy, asthma and COPD in the spotlight at several platforms dealing with chronic diseases. We participated in the chronic diseases and healthy ageing workshop organised by the Executive Agency for Consumers, Health and Food Safety (CHAFEA), that addressed prevention of chronic diseases, multimorbidity and polypharmacy, the economic burden they

pose and how to achieve better disease management. During the discussions, EFA, together with our Members Longfonds and Asthma UK, we flagged the need to develop a chronic disease strategy. The final event panel underlined our call as well as the need to capitalise existing health data.

Chronic diseases need to be addressed globally so we are also active at international level. Invited by the World Health Organisation, our President Christine Rolland spoke in 2015 at the Strategic technical meeting on management of Chronic Respiratory Diseases (CRD) in Geneva. The discussion focused on the approaches that could scale up CRD management to reduce premature mortality and served to identify strategic actions to put them in practice. EFA expressed our interest to contribute to them through advocacy, patient education and capacity building.

Calling for Personalised Care for Allergy and Airways Diseases Patients

Precision medicine is a practice that consists in treating and preventing diseases taking into account individual variability in

50% of European citizens will be affected by 2025 by some form of allergy if no action is taken now.

genes, environment, and lifestyle. It is not yet in common use, but can help achieve patient centred, individual and targeted care in the future. EFA President Christine brought the expectations of people with allergy and chronic airway diseases patients’ to the meeting at the European Parliament on precision medicine; the participation of patients, early and precise diagnosis, and access to care. All the speakers highlighted the importance of putting the patient at the centre of precision medicine. We also participated in the conference of the European Alliance for Personalised Medicines, where we called for clear regulatory frameworks at national and EU level to ensure timely and equitable access for patients to tailored therapies.



“The decisions taken by the European Parliament can make a difference in the life of European patients, and it is a pleasure to work with EFA within the Interest Group on Allergy and Asthma to push for decisions aiming at improving of health and quality of life of Europeans.”

*Sirpa Pietikäinen,
Member of the European Parliament (Finland, EPP),
and Chair of the EP Interest Group on Allergy and Asthma*

Asking for more patient involvement on medical devices and clinical trials



Devices such as medical oxygen containers, inhalers or adrenaline auto-injectors are essential for millions of patients with allergy and respiratory diseases. We continued our advocacy in the revision of the EU medical devices regulation, based on our position paper on the topic approved in 2014. We highlighted the need to close the gap in patients' safety and quality of care, to request more transparency and information to patients and reminded that involving patients in assessment committees improves governance. We also brought up these issues in our presentation at the EFGCP-MedTech Europe workshop on Ethics, Quality and Oversight in the Clinical Development of Medical Devices.

The clinical development of medical devices is a process spanning the full product lifecycle, and patient input is crucial at each step. Throughout 2015, we have voiced the broader patients call to ensure meaningful patients' involvement and access to quality information in the new regulation that will enter into force in 2016, as a way to guarantee transparency concerning the results of clinical trials and access to treatments after the end of these trials.

Strong Patients' Voice on Allergy Care

We believe in strong partnerships with healthcare professionals. EFA President Christine Rolland highlighted the need to improve allergy patients' quality of life, participation, and to prevent dis-

ease-related complications at the 2015 Annual EAACI Congress (European Academy of Allergy and Clinical Immunology) in Barcelona. During a meeting with representatives from the EU institutions on how to strengthen collaboration to end allergy, we insisted on the need to harmonise the education for medical specialists (allergologists) to guarantee expertise in allergy care in Europe.

Securing Health in Europe - Health Forum Gastein

The leading annual health policy event in the EU, the 2015 European Health Forum Gastein (EHFG), served us to follow and influence health discussions around comprehensive primary care and strengthening global health systems. EFA Young Gasteiner Roberta Savli met with the Commissioner for Health and Food Safety Vytenis Andriukaitis and discussed with him possible ways of improving health in Europe, especially by establishing health impact assessments in every EU decision to realise the 'health in all policies' principle.

Relaunching the Global Alliance against Respiratory Diseases



After a silent period the Global Alliance against chronic Respiratory Diseases (GARD) relaunched its activity with a strong push from the World Health Organisation leadership and the Portuguese Ministry of Health. As GARD founding members we participated in the Assembly celebrated in Lisbon in July where we presented about our activities, especially how national patient groups are growing

and active in advocacy and how EFA is contributing to that empowerment through our Capacity building project and EMA and EU health policy trainings. EFA is delighted that GARD is back, and it matters, since WHO works with the Ministries of Health and the European Commission health priorities will be aligned with those from WHO.

Empowering Patients through our Participation in European Patients Forum

Every year we bring our expertise on allergy and chronic diseases of the airways to the European patients' movement. In 2015, as full Members and Vice-President of the European Patients' Forum (EPF), we participated in the consultation on what adherence and concordance for chronic diseases mean for patients. Our contribution was the specific issues touching adolescent patients under treatment. We also contributed to the EPF consultation on continuous professional development of healthcare professionals in which we stressed the need to improve communication skills and to democratise the use of mobile health tools.

We also continued to contribute to the EPF Policy Advisory Group and by joining the EPF Empowerment Working Group to promote patient empowerment across diseases.

Promoting Disease Self-Management for Asthma, Allergy and COPD

Asthma is the most common chronic disease in our children.

Sharing Best Practices in Patient Education

We established a new Patient Education Working Group aiming to share best practices between EFA Members and collect these for everyone's use. Patient education materials from patients to patients in different languages were collected by the working group and will be published in an online database by disease in 2016 at EFA's website. The next step may be checking existing guidelines for patient education and developing a shared framework in our diseases areas.

Towards a Better Understanding of Adherence of Young People with Asthma

Asthma prevalence is increasing worldwide and despite the availability of an effective asthma treatment for most patients, medical adherence remains a challenge and adolescents are a very specific group. EFA identified the need to gain insight into adolescents' viewpoint, to understand the reasons' for non-adherence and to develop recommendations for supporting adolescents in overcoming this problem.

Based on a literature review produced by the Maastricht University, we launched a survey in France, Germany, Spain and the United Kingdom to investigate the factors that hinder or enable young people between 12-17 years to adhere to their treatment. The results of this research will be published in 2016 and the results promise to be exciting.



Susanna Palkonen represented EFA at the GARD meeting, where only five patients organisations were invited.

Goal 2

Ensuring people with asthma, allergy and COPD live in a healthier environment

Strengthening Patient-Centred Preventative Tobacco Control Policies



During 2015 we witnessed a number of significant developments in the role of EFA's voice representing patients, in particular patients with COPD, in the area of tobacco control.

Supporting Stricter Tobacco Policies at National Level

In July we responded to the European Commission consultation on the implementation of the new EU tobacco products directive (TPD) on tobacco traceability and illicit trade. We also continued to support our members in advocating for legislation on tobacco control, at national level. Together with other public health organisations and our member Austrian Lung Union, we wrote to the Austrian Parliament and to the Ministries of Health and Finance to call for stricter tobacco control rules and in France we welcomed the adoption of plain packaging legislation. As members, we continued to strengthen our partnership with the European Network for Smoking and Tobacco Prevention (ENSP) by participating in the ENSP strategic meetings in Athens and Vilnius, where we presented the status of the implementation of the TPD, due to be transposed by national governments by May 2016.

Our role in the EU tobacco control community was reaffirmed when we were invited to a meeting organised by the European Commission Directorate General for Health and Food Safety (DG SANTE). We also continued to contribute to the focus group on campaigns addressing smoking-related harm, which have fed into the Scoping Study on Communication to address Chronic Diseases commissioned by DG SANTE.

Better Care for Smokers Willing to Quit

Tobacco kills 2 in 3 smokers and is the most significant cause of premature death in the EU.

As part of our campaign we launched a report "Harmonizing Prevention and Other Measures for COPD Patients across Europe" showcasing the existing smoking cessation measures that can help harmonise prevention and health-care measures for COPD patients across Europe. Despite the fact that smoking is the major cause of COPD, many public health policies aimed at helping smokers to quit still provide limited support to patients. Access to appropriate counselling, medical support and treatment should be basic measures to support patients.

We marked World No Tobacco Day calling for equal access to smoking cessation programmes across Europe and we brought the issue of exposure to second-hand smoke to the European Parliament in the International Day of Children.

Bringing the Patient Perspective to the World Conference on Tobacco

In 2015 we were also invited to present the patient perspective at the World Conference on Tobacco or Health in Abu Dhabi and highlighted the especially harmful effects of second-hand smoke to people with allergy, asthma and COPD and confirmed the need for a total ban on smoking in all public places and cars.

EFA co-authored the chapter on the health consequences of tobacco use and exposure of the World Tobacco Atlas presented in Abu Dhabi.

**700,000
people die
every year
in the EU due
to tobacco.**

Involving and Representing Patients in Actions to Improve Air Quality

Poor air quality, both indoors and outdoors, is responsible for premature mortality and contributes to the incidence of respiratory disease, heavily affecting patients. Air does not respect national borders so we campaign for European clean air legislation in Europe with likeminded organisations, to limit the harmful effects air pollution has in human health.

Reducing Current Air Pollution Levels



We engaged throughout the decision process of the EU National Emissions Ceiling (NEC) Directive, legislation that sets the air pollution levels under negotiation. We coordinated our network's advocacy with members towards the European Parliament and the Council of the European Union, in one single letter and social media campaign with other public health organisations. As a result, the European Parliament proposed stricter levels to air pollution but, despite our joint actions, national Ministers opted to water down air quality targets. Nevertheless, the campaign served to promote the needs of people with allergy, asthma and COPD at the core of European decision making and regulations. In 2016, we will have another chance to contribute to the final negotiations.

The effects of air pollution on allergy and asthma was the first topic discussed by the European Parliament Interest Group on Allergy and Asthma in July, encouraging parliamentarians to think health when proposing levels to cut down air pollution. Later in October, EFA Senior Policy Advisor Roberta Savli highlighted the dangerous effects climate change has in human health in a lunch organised by the Commissioner for Health and Food Safety Vytenis Andriukaitis, that she attended as Treasurer of Health and Environment Alliance (HEAL). Afterwards, the Commissioner published a video on the need to act against climate change, an important step in raising awareness and support EU climate change initiatives.

Calling for Pollen Monitoring in Europe



Climate change considerations are crucial for people with allergies, mostly due to the link between this phenomenon and the allergenicity of pollen grains. We continued to call for resources for an integrated European real-time monitoring and dissemination of information on pollen levels during the International Ragweed Day, the final conference of the EU-funded Atopica project – that

explored the link between atopic diseases, changing climate, and land use and air quality- and the WHO European Task Force on Health Effects of Long-range Transboundary Air Pollution meeting. EFA presented on the effects of air pollution for respiratory patients and gave recommendations on how to communicate air quality levels to vulnerable groups.

Strengthening the Expert Patient Network on Air Quality and Health



We launched a new working group on environmental determinants that decided to develop a patient definition of indoor air quality to ensure all factors affecting respiratory patients' indoors are addressed. The results will be ready in 2016 feed into our long-term goal for an EU strategy on indoor air quality. We consolidated our collaboration with the European Aerobiology Society (EAS) and the International Ragweed Society (IRS), through a joint press release to raise awareness about the impact of pollen in our health. We also brought the European patient perspective to an event in Paris addressed to educators to prevent and treat respiratory and food allergies at school.



“A strong voice from the health community can help overcome Member States resistance to taking further cost-effective action on air pollution”

*Thomas Verheye,
European Commission DG Environment.*

Improving Quality of Life of People with Food Allergy in Europe



Over the last decade, the number of children under the age of 5 with allergies has doubled and visits to emergency rooms due to anaphylaxis have increased seven-fold. In 2015 we continued to advocate for EU measures to enabling people with food allergy to be informed about allergens in food.

Towards accurate food labelling

The new European Union regulation on the provision of food information to consumers requires food service businesses to inform about the presence of 14 allergens in their products. However, it does not specify the way allergen information has to be provided leaving nation-

al governments to decide. We have worked with our Members to support an adequate and patient-centred transposition of the legislation.

We presented on precautionary labelling in pre-packed foods at an event of the year of the Universal Exposition in Milan. During an international seminar on food allergy and coeliac diseases celebrate at the expo, we claimed that all foods should be sold with the full ingredients' list, as many people are allergic to other substances than just the 14 allergens identified in the EC regulation.

We established a collaborative relationship with the Association of European Coeliac Societies (AESC), who has similar aims. We responded to the European Commission consultation on

**1 in 5
Europeans
suffer from
allergic
reactions
to food.**

food allergy guidelines regarding labelling, where we highlighted the need for better and more written information on allergens. We also established closer relationship with the European Food Safety Authority (EFSA) and took part as invitee of their workshop on the allergenicity assessment of genetically modified plants.

Our active Food Allergy Working Group discussed the unmet needs of people with food allergy and joint action through EFA to improve their quality of life. As a result, updated EFA's 2011 position paper on the abolishment of the "may contain" labelling use in Europe as an unreliable way of allergen information.

Limiting Patients Daily Exposure to Chemicals



One of the realities of modern life is that we are constantly exposed to chemicals. There are chemicals in the food we eat, in the cosmetics we use, and in the clothes we wear. Most of them do not harm the majority of the population, but they can provoke severe reactions in people with allergic skin, and in those with respiratory diseases or other allergies.

'Suitable for' labelling

In 2015 we established the first EFA Working Group on Environmental Determinants. Our members also shared their information on existing "suitable for" allergy and respiratory disease patients' labels developed for cosmetics, cleaning or other products, which we collected and published on our website as a tool for EU legislation advocacy to limit exposure to dangerous chemicals in everyday life for people with allergy, asthma and COPD.

**More than
80,000
chemicals
have never
been fully
assessed on
their impact
to our health
and the
environment.**

Goal 3 Ensuring patient involvement in european projects, initiatives and decisions impacting their health

Enabling Active Patient Involvement in Research

The evidence on the added value of patients' involvement in research and decisions impacting their health is slowly growing, moving from tokenism to significant impact. EFA has long experience being meaningfully involved in EU research, but there is still a lot to do to formalise involvement of people with allergy, asthma and COPD.

Throughout the years, we have been driven to improve the involvement of patients in research, with activities such as through the promotion of research results to broader audiences or the encouragement of patients to be involved in research from the early stages. The past year we informed our members about relevant EU research results and activities, and funding opportunities under the 3rd Health Programme, Horizon 2020 and the Innovative Medicines Initiative.

Making research meet patients' needs

At EFA we work to ensure that our research outcomes and achievements meet the real needs of people living with asthma, allergy and COPD. In 2015 together with our working groups, we mapped research gaps that EFA should address. With no surprise health literacy scored as one of

our top priorities for all our disease groups. In addition to that our working groups pointed out other urgent issues that need to be addressed: COPD patients pointed out the development of homecare services while people with allergy identified the need to have more and better trained personnel dealing with allergies. We integrated these priorities in seven project proposals under the European Commission Horizon 2020 programme. Although due to limited resources the projects were not successful, the development of the project plans led us to establish new collaborations with relevant actors in the field of respiratory disease.

We became part of the Scientific Advisory Board of the new ERACo-SysMed "Collaboration on systems medicine funding to promote the implementation of systems biology approaches in clinical research and medical practice", a joint initiative of the European Commission and 11 EU Member States, Israel and Norway to fund research initiatives that demonstrate the value and use of systems medicine in clinical practice. The Board advises on funding priorities and, in our case, systematic involvement of national patient groups, including our Members in the projects to be funded by the EC Programme Horizon 2020.



EFA also provided patient-friendly materials for another two EU-funded projects, **AirPROM** and **U-BIOPRED**. Our activity in 2015 focused on producing accessible information for patients through newsletters, leaflets, interviews with researchers and social media activity. This dissemination role is crucial to increase awareness of the positive aspects of having patients involved in research.

U-BIOPRED proved to be an excellent example of best practice involving patients in research as project partners count on a group of patient experts to provide input and feedback. The U-BIOPRED Patient Input Platform (PIP) contributed to the project final activities producing lay abstracts of scientific publications and supporting all communication activities. Their experience will drive other project consortia thanks to 'Successful patient involvement in EU-funded research projects', a guide developed by PIP. The guide will be available in different languages as it shows in a very tangible way how EFA has worked as a facilitator resulting in patient greater involvement in EU research projects.



MyAirCoach is an exciting research asthma project funded by Horizon 2020 that began in January 2015 and runs for three years. It will develop an app to help patients control their asthma. Our genuine involvement in myAirCoach has been the establishment and coordination of an Advisory Patient Forum (APF) for the project, in partnership with our project partner and Member, Asthma UK. APF members are direct contributors to all our communication activities. In 2015, the APF has meaningfully contributed to the project defining patient/user needs, the structure of the system and the protocol that will be used for clinical trials. As leader of the communication and dissemination work of the project, last year we developed the myAirCoach brochure, newsletter and patient blog, raised the project's social media profile, published a press release on the occasion of World Asthma Day, and promoting the project, together with partners, in several annual events.

When projects are more science driven, we also endeavour to reach broader audiences by promoting research results and activities through the organisation of public events. EFA organised the final event of the **MeDALL** project (28th of May) to present the main achievements and further actions to tackle allergy. MeDALL has shed light on why and how young people develop allergies, through new ways of classifying allergic reactions. Researchers identified new phenotypes that could help predict therapy needs and found out how to carry out immunotherapy early in life. In addition, MeDALL promoted the transfer and adaptation of the Finland's successful allergy-reduction national programme to other countries in the EU.

EARIP (the European Asthma Research and Innovation Partnership) is more than a project. It is a collective effort to reduce asthma deaths in Europe by identifying gaps in asthma knowledge. EFA partners with 11 other organisations to set a pioneer and integrated approach to research, development and innovation across Europe. In 2015, we led the development of 'National and regional asthma programmes in Europe: a systematic review', published in the European Respiratory Review. This research piece set the discussion agenda in two events where experts in the field of asthma identified recommendations for healthcare system change, namely the need for promoting tailor-made intervention strategies for different types of asthma patients, and for creating minimum standards of asthma care across Europe.



“EFA has been central in connecting myaircoach investigators with patient volunteers (APF). For certain, the interaction with the APF has greatly enhanced the planned clinical studies in myaircoach. The investigators have gained a valuable perspective on the patient role in the development of mhealth tools that has critically influenced the design of the planned clinical studies.”

Omar S. Usmani, MyAirCoach Researcher, Imperial College London.
In the picture, the MyAirCoach team.

Representing People with Asthma, Allergy and COPD in Relevant EU Health Policies

In 2015 we have fought for the need to ensure patient representativeness at EU level, something hampered by the new rules to apply for funding within the third public health programme that are too strict and limit accessibility. We believe that changing these rules is cornerstone to ensure patients' equitable representation, empowerment and participation in the decisions influencing their health. Our interlocutors at the Commission have noted our concerns, but no clear action has been put forward to amend this yet.

Harmonising COPD Care in Europe

Following the recommendations set out in our report "Harmonising Prevention and Other Measures for COPD Patients across Europe", in 2015 we identified together with the members of our COPD Working Group the three most pressing needs for patients: timely diagnosis, multidisciplinary approach to treatment, and pulmonary rehabilitation.

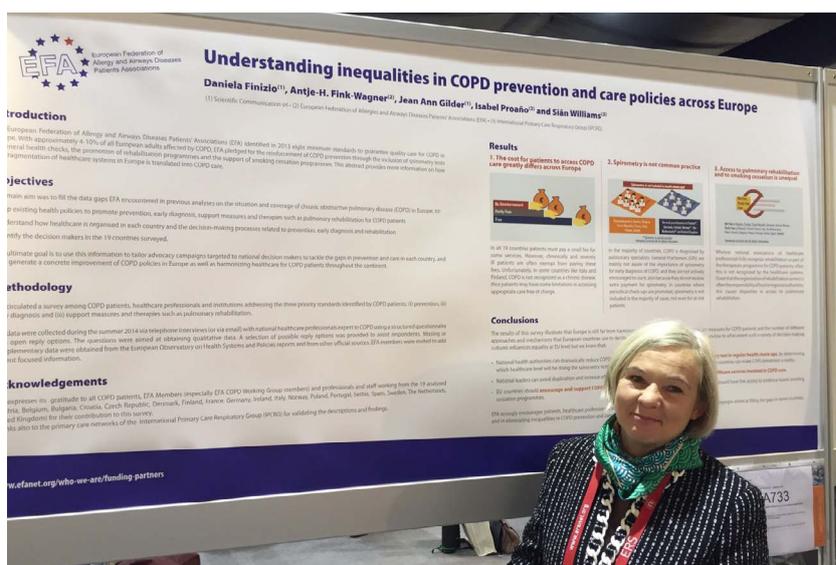
These key priorities need to be addressed in order to move towards a harmonised approach to COPD Care in Europe. As part of EFA's COPD Harmonisation Project, we organised meetings to facilitate our members' advocacy in Belgium, France and Spain.

In **Belgium**, our member Asthma and Allergiekoepeel identified the development of communication materials like a joint informative brochure and a dedicated website, well-defined guidelines, and a local pilot project 'pre-COPD' as working activities towards the harmonisation of COPD care.

In **France**, FFAAIR attendees emphasised the need for medical professional organisations and patient organisations to raise awareness about the term 'COPD', as it is often under recognised given the use of BPCO in France. FFAAIR, together with The French Federation of Pulmonology, Alliance against Tobacco, Fondation du Souffle sent a letter to the Ministry of Health and Social Security, as well as to the Ministry of Finance and Industry summarising the meeting results and requesting the realisation of the three priorities identified.

COPD is to become the third cause of death by 2020.

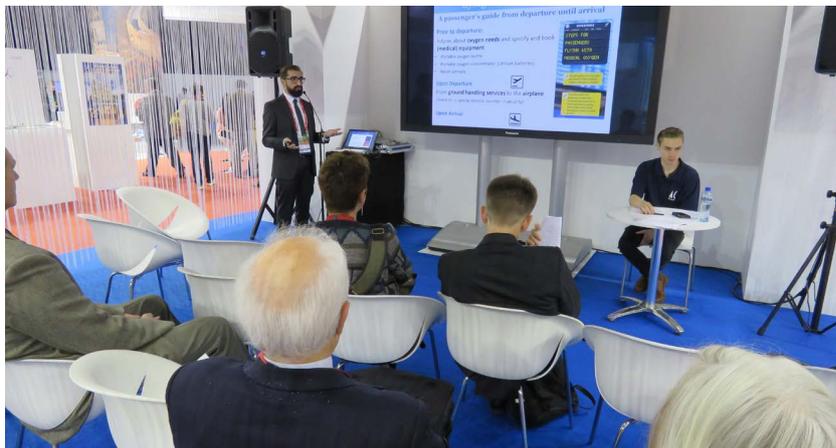
In **Spain**, FENAER participants discussed how multidisciplinary COPD Management has not yet been properly implemented into practice, and the reasons for this will be further examined by the Public Health and Pharmaceuticals department of the Andalusian Regional Government. They proposed to develop a pilot project to address pulmonary rehabilitation and health education, in collaboration with SEPAR and SEMERGEN and with the support of the Andalusian government.



EFA Corporate Relations Manager Antje-Henriette Fink-Wagner presented at ERS Congress our poster 'Understanding inequalities in COPD prevention and care policies in Europe'.

Facilitating our Members Health Policy and Advocacy Initiatives

EFA strives to ensure the representation of patients in EU health policy and one way of doing so is training patients on the functioning of the EU. In 2015, eight EFA Members and one candidate member participated in our sixth “Meet and Greet the EU Institutions” event. They learnt about the European Parliament and the Council of the European Union roles in developing healthcare policies, and about European Commission funding opportunities. We provided a session on effective communication strategies when talking to policy-makers that they put into practice when they met with Members of the European Parliament to discuss issues from their own country, as well as EFA’s priorities in the field of air quality and chronic respiratory diseases. They also invited their Parliament representatives to join the European Parliament Interest Group on Allergy and Asthma.



EFA EU Project Manager Giuseppe de Carlo launched our brochure for patients travelling with oxygen at ERS Congress.

Advocating for the Rights of Passengers Requiring Oxygen for Air Travel

Most of us take for granted the freedom to travel by air but citizens with COPD still face barriers that inhibit their freedom of movement. One of our projects aims at facilitating air travel to oxygen-dependent citizens, so that mobility rights meet patients’ needs. In 2015, we called on airlines and airport authorities to assimilate policies and to stop overcharging patients needing

oxygen bottles on board. We had meetings with the main actors operating in commercial aviation to raise awareness and have things improved on the ground. For example, we met with Airport Council International to publish a booklet on European airlines procedures and costs to travel with oxygen on board. The booklet ‘Enabling Air Travel with Oxygen in Europe’ marked our celebration of the World COPD Day and it presents the most relevant EU regulations and regulatory authorities responsible of patient rights in patient-friendly language. This materials, as well as our ‘Steps for passengers flying with medical oxygen’ informative leaflet, have been broadly disseminated and counted with the support of the European Commission Directorate-General for Mobility and Transport (DG MOVE).



Meet & Greet participants experienced EU trilogue negotiations in their visit to the facilities of the Council of the European Union.



Promoting Patients' Empowerment through their Involvement in European Decisions Affecting the Management on their Disease

In parallel to our efforts to increase the number and quality of patient participation in research, we are also active to promote patient involvement in developments regarding disease management. We work with the European Medicines Agency (EMA) since 2010, to bring 'real-life' experience, specific knowledge and transparency to scientific discussions on medicines and policies of the Agency. We are members of the EMA Patients' and Consumers' Working Party (PCWP) and in 2015, we strengthened EFA's patient expertise and members' participation through our involvement in new five EMA topic groups dealing with acknowledgement and visibility

of patient input, patient involvement, training, social media and involvement of young people and children.

We would like to present our sincere thanks to EFA's patient experts who contributed to key EMA meetings on our disease areas as volunteers: Lisa Marie Kelly from Ireland, provided her expertise on adrenaline auto-injectors; Martine C.J. Puhl from the Netherlands took part in the scientific advice procedure for treatment of COPD/asthma in a paediatric indication, as well as providing input to the asthma medicines evaluation meeting; Dominique Hamerlijnck from the Netherlands contributed to the

EMA Health Technology Assessment parallel scientific advice procedure and, together with Inga Zalnerauskiene from Lithuania, took part on the EMA patients training session; Marianella Salapatras from Greece and Mari Kempainne from Finland contributed to the scientific advice procedure for paediatric asthma. EFA also coordinates a network of patient experts that provide their input in Patient Advisory Committees of our scientific partners ERS, EAACI, ARIA and GARD.

In 2015, EFA had dedicated patient-centred sessions in major European scientific events, such as ERS and EAACI congresses.

"I participate in numerous EMA conferences and workshops, contribute to written and oral consultations and together with scientists, on medicines safety, leaflets and so on. To me, this long-lasting cooperation is one of the best examples of how patients can support authorities to carry out their responsibilities, with input coming directly from people's needs and whose ultimate goal is to fully and specifically serve the people".

Lina Bužermanienė, EFA representative at the European Medicines Agency, second from the right in this picture of the EMA PCWP Working Group.



Goal 4

Ensuring equitable representation of European patients with allergy, asthma and COPD

Expanding EFA's Network towards Underrepresented Patients with Asthma, Allergy and COPD in Europe

EFA continually seeks to increase our membership to ensure the representation at EU level of a geographically diverse group of European patients. This objective pursues not only the realisation of our mission and vision, but also helps us broaden our understanding and the relevance of our work for the many and varied needs of European patients living with allergy, asthma and COPD.

New EFA Members

In 2015, we welcomed three more members to our patient network: German Allergy and Asthma Association, Food Allergy Italia and Action against Allergy (United Kingdom). EFA's network in 2015 reached 39 associations representing allergy, asthma and COPD patients in 24 European countries.

Potential new members

We also held alignment meetings in the Czech Republic, with the President of the Czech Civil Association against Lung Diseases (ČOPN), and we mapped the potential EFA members active in the Balkan countries and Estonia.



Deutscher Allergie- und Asthmabund (DAAB)



Food Allergy Italia



Action Against Allergy



“Being part of EFA has given us the possibility to pool together our resources, ideas and projects in developing common strategies to increase European social awareness of food allergies, to give concrete help to patients/consumers and the opportunity to have more say in the EU Parliament regarding this disease”.

Marcia Podestà, Food Allergy Italia President

Increasing the Profile of Asthma, Allergy and COPD in Europe

While EFA membership provides unelidable added value in terms of influence, network and training, in 2015 we continued to publicly inform about policy developments, research and funding opportunities related to the health of allergy and respiratory diseases patients. Our informa-

tion is available to all those who share our goal of ensuring that patients are involved in all decisions affecting their health. Our website and monthly newsletter were simplified to facilitate the understanding of how the EU level affects the life of patients, and our role to represent the needs of

people living with allergy, asthma and COPD. We also expanded our virtual network on social media, and through all our communication channels, as EFA, and in our dissemination work for the research projects we partner in.

Our 2015 outreach in figures

15,196
visits to efanet.org

11
events
organised

2,500
subscribers to our
monthly newsletter

1,380
Facebook followers

56%
Twitter
followers
increase

165 events
attended,
32 as
speaker

8
testimonies
in our new blog

Supporting Allergy, Asthma and COPD Patients to Participate in European Patient-Centred Research

As a European network of patient organisations, we develop membership services that add value to EFA Members' work, through capacity building, governance, policy and practice development. Given that EFA Members encounter similar needs and limitations within their associations, in 2014 we decided to establish the first Capacity Building project that has spanned to 2015 with three more sessions in Ireland, Italy and Spain.

The trainings were organised with one member at a time to identify areas for improvement in the organisation's structure and strategy, propose solutions and specific support to members. In 2015, the Asthma Society of Ireland (Ireland) and Federación Nacional de Asociaciones de Enfermedades Respiratorias – FENAER (Spain) participated in the capacity building project, with a new session on EU funding opportunities. Both associations were

satisfied and demonstrated a real interest in being involved in future training opportunities. In addition, we organised one follow-up session with 2014 participant FederASMA e ALLERGIE Onlus (Italy) who since our first session went through an organisational reforms. In fact, our training in Italy has contributed to an increased collaboration with public institutions, scientific organisations and potential project partners.



“EFA is a referent for FENAER. In November our member associations participated in the capacity building session celebrated in Málaga and all presentations given by EFA Team served us a lot to improve our boost our activities at national level”.

Javier Palicio, FENAER President and second from the left in this picture of FENAER Board.



The team from Asthma Society of Ireland participated in the Capacity Building project to increase their involvement in EFA activities and develop new projects of their own.

Our Members, Our Strength

In 2015 our membership reached 39 members, across 24 countries.

At EFA we believe that our members represent our strength and are fundamental to the achievement of our mission and vision. Together we can continue to demand better services, and to ensure that the voice of patients is at the heart of everything we do.

We value the continuous support of all of them and work hard to ensure their voice is represented at European level. We collaborate and communicate with them constantly through meetings, working groups, and our tailored training events.

Almost 40 leaders took part in the Network Meeting that followed our 2015 Annual General Meeting. The event was very satisfactory and useful for the majority of the participants as it served to foster dialogue, exchanges and collaboration among EFA's members, to ensure that we continue to develop in line with the needs and priorities of our member organisations across Europe. EFA Working Groups (WGs) provided opportunities for members to network and exchange best practices, hold discussions on relevant but complex topics, build

capacity, and remain updated on the activities and EFA projects and EU projects plans. In 2015 we launched two new cross-cutting working groups dealing with Environmental Determinants and Patient Education, that together with the existing disease-driven working groups on Allergy and Asthma, COPD and Food Allergy, gathered our network expertise and guide EFA's positions on specific topics.



EFA's family of engaged allergy, asthma and COPD patients met in Malaga for our Annual General Meeting.

Our Governance

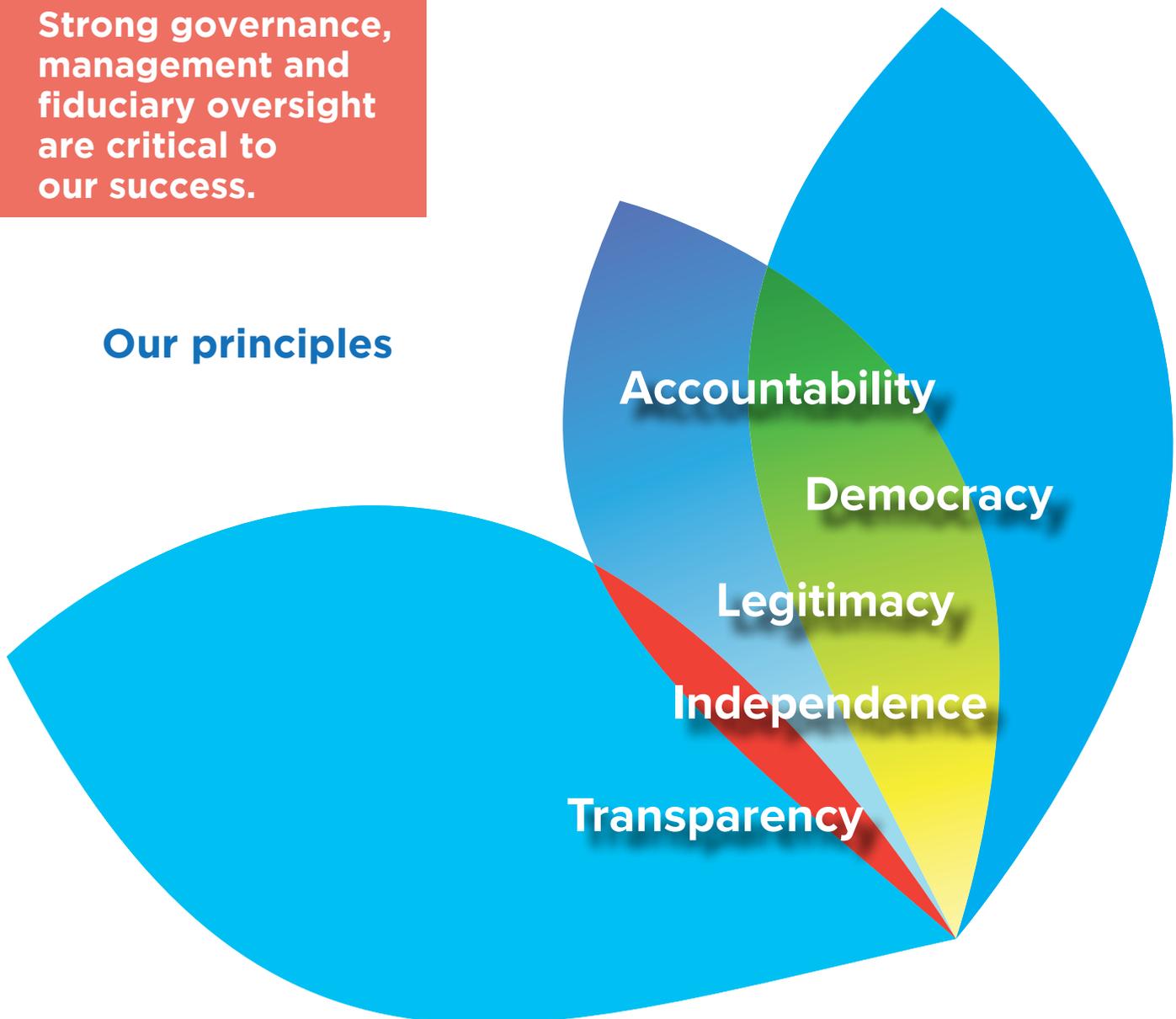
Our highest governing body is EFA's Annual General Meeting (AGM), integrated by our members, provides the platform for scrutiny and approval of the work done and corresponding finances and high level discussion forum on strategy, plans and finances for the next period. The AGM 2015 took place in Spain, including 41 EFA leaders from 18 countries attending, and gracefully hosted by our Spanish mem-

ber FENAER. A new board was elected with the responsibility to ensure the organisation is run effectively and transparently, that we work towards reaching our goals as a charity, and that we are accountable to our members, funders, partners and all our stakeholders. For this purpose, the Board met four times in Brussels and held teleconferences in between.

In 2015, we strengthened our financial management and updated our Framework for Sustainable Partnership with our corporate supporters. While being originally registered in Sweden, EFA started the process of becoming a fully Belgium non-profit organisation. This requires new statutes which reflect EFA principles but expand of Belgium requirements. This process will be finalised in 2016.

Strong governance, management and fiduciary oversight are critical to our success.

Our principles



Board

The EFA Annual General Meeting 2015 elected a new Board and gratefully thanked the great work of Ms. Breda Flood from Asthma Society of Ireland and EFA President, Per-Acke Wecksell, our Secretary of the Board from the Swedish Asthma and Allergy Foundation and Ondrej Rybnicek from the Czech Initiative for Asthma, our Treasurer, EFA Board Members since 2010 having served the maximum of 6 years in the Board. The following board was elected:

Christine Rolland
Asthme & Allergies,
France, EFA President



Erna Botjes
Dutch Food Allergy Organisation,
EFA Vice-President



Dan Murphy
Asthma UK, Secretary to the Board



Mikaela Odemyr
Swedish Allergy and Asthma
Foundation, Board Member



Sharon Cosgrove
Irish Asthma Society, Treasurer



Staff

Susanna Palkonen
Director



Roberta Savli
Deputy Director
and Senior EU Policy Advisor



Jelena Malinina
EU Policy
and Membership Officer



Isabel Proaño Gómez
Communications Manager



Giuseppe de Carlo
EU Projects Manager



Joke de Vocht
EU Projects Officer



Antje-Henriette Fink-Wagner
Corporate Relations
and Fundraiser Manager



Francis Grogna
Financial Manager



Members

Austria

Austrian Lung Union
(Österreichische Lungen-Union)
www.lungenunion.at

Bulgaria

Association of Bulgarians with Bronchial Asthma,
Allergy and COPD
(Асоциация на Българите Боледуващи от Астма)
www.asthma-bg.com/

Belgium

Asthma and Allergy Association
(Asthma en Allergie Koepel)
www.astma-en-allergiekoepel.be

Respiratory Diseases Fund
(Fond d’Affections Respiratoires - FARES)
www.fares.be

Prevention of Allergies Belgium
(Prévention des Allergies)
www.oasis-allergies.org

Croatia

BREATH Croatia - Association of Parents of
Asthmatic Children of Croatia
(UDAH HR- Udruga roditelja djece astmaticara
Hrvatske)
www.uadh.hr

Czech Republic

Czech Initiative for Asthma – (Česká iniciativa pro
astma – CIPA)
www.cipa.cz

Denmark

Danish Asthma Allergy Foundation
(Astma-Allergi Forbundet)
www.astma-allergi.dk

Finland

Finnish Allergy and Asthma Association
– (Allergia-ja Astmaliitto)
www.allergia.fi

Finnish Pulmonary Association – (Hengitysliitto)
www.hengitysliitto.fi

France

French Asthma and Allergies Association
(Association Asthme et Allergies)
www.asthme-allergies.org

French Federation of Friends of Respiratory or
Disabled Patients’ Associations – (Fédération
Française des Associations et Amicales de malades,
Insuffisants ou handicapés Respiratoires - FFAAIR)
www.ffaair.org

French Allergy Prevention Association –
(Association Française pour la Prévention des
Allergies - AFPRAL)
www.allergies.afpral.fr

Greece

Aniksi
www.allergyped.gr

Germany

German Allergy and Asthma Association
(Deutscher Allergie- und Asthmabund - DAAB)
www.daab.de

German League of Respiratory Diseases’ Patients
(Patientenliga Atemwegserkrankungen)
www.patientenliga-atemwegserkrankungen.de

Ireland

Asthma Society of Ireland
www.asthmasociety.ie

COPD Support Ireland
www.copd.ie

Italy

Italian Federation of Asthma and Allergy
(FederASMA e ALLERGIE Onlus – Federazione
Italiana Pazienti)
www.federasmaeallergie.org

Food Allergy Italy - Food Allergy Italia
www.foodallergyitalia.org

Latvia

Latvian Allergy and Asthma Association
(Latvijas Astmas un Alerģijas Giedrība)
www.astmaalergija.lv

Lithuania

Lithuanian Council of Asthma Clubs
(Lietuvos Astmos Klubų Taryba – LAKT)
www.astmainfo.lt

Luxembourg

Allergy Prevention Luxembourg
(Branch of Prévention des Allergies, Luxembourg)
www.oasis-allergies.org

Norway

Norwegian Asthma and Allergy Foundation
(Norges Astma- og Allergiforbund – NAAF)
www.naaf.no

The Netherlands

Dutch Lung Foundation – (Longfonds)
www.longfonds.nl

Dutch Food Allergies Foundation – (Stichting Voedselallergie)
www.voedselallergie.nl

Dutch Atopic Eczema Patients' Association –
(Vereniging voor Mensen met Constitutioneel Eczeem)
www.vmce.nl

Poland

Polish Federation of Asthma, Allergy and COPD
Patients' Organisations – (Polska Federacja
Stowarzyszeń Chorych na Astmę i POChP)
www.astma-alergia-pochp.pl

Portugal

Portuguese Asthma Patients' Association
(Associação Portuguesa de Asmáticos – APA)
www.apa.org.pt

RESPIRA - Associação Portuguesa de Pessoas com
DPOC e Outras Doenças Respiratórias Crónicas
www.respira.pt

Spain

Spanish Federation of Respiratory Diseases'
Associations – (Federación Nacional de
Asociaciones de Enfermedades Respiratorias –
FENAER)
www.fenaer.es

Slovenia

Pulmonary and Allergy Patients' Association of
Slovenia - (Društvo pljučnih in alergijskih bolnikov
Slovenije – DPBS)
www.dpbs.si

Sweden

Swedish Asthma and Allergy Association
(Astma och Allergi Förbundet)
www.astmaoallergiforbundet.se

Swedish Heart and Lung Association
(Riksförbundet HjärtLung)
www.hjart-lung.se

Switzerland

aha! Swiss Allergy Center
(aha! Allergiezentrum Schweiz / aha! Centre
d'Allergie Suisse / aha! Centro Allergie Svizzera)
www.aha.ch

Swiss Lung Association – (Lungenliga Schweiz)
www.lungenliga.ch

United Kingdom

Action Against Allergy
www.actionagainstallergy.co.uk

Allergy UK
www.allergy.uk

Asthma UK
www.asthma.org.uk

Treasurer's Report

I was elected to the EFA Board in May 2015, and became the Treasurer. As a CEO in Asthma Society of Ireland, and with long experience of managing finances, it was interesting for me to start supporting EFA in this function. In 2015, we developed monthly budgeting, quarterly reports to the Board and mid-year forecast. This helped us improve our financial management and planning at all levels, and support the Board in their surveillance and guidance. We started to develop a policy on reserves, including earmarked a social reserve, which the members will discuss at the AGM next year.



The EFA financial year started with an inherent deficit. For the 2015 accounts, we have moved to fully accrual accounting system and identified how much of restricted incomes since 2013 have been expended, and how much remained to be taken as a deficit for the accounting year. Similarly we cleaned the accounts from debit/credit carried over for several years and we verified our VAT status. Working closely and under the guidance of our new provider for accounting, we will have management accounts and annual accounts fully integrated for 2016 which will save time and monies in managing our finances in the future. This will give us a full and more accurate of the financial situation of EFA as we move forward.

The year ended with total assets of 521,430 and a deficit of -205,489. Our reserve stands at 360,605.

Like many similar organisations, we today have limited access to core-funding and no access to public core funding. For this reason, it is more than ever important that we now have systems in place to record the real time used by our staff in running and implementing the funded projects.

Diversity and sustainability in finances is our goal and we started to outreach to wider sources of support and good progress is being made in this area.

EFA today is more transparent in its finances. It now has better systems and processes in place for managing the finance on an ongoing basis and for better oversight by the Board.

The improvements made in financial management over this last period have been considerable and I would like to commend the work of Susanna and the team.

Yours sincerely,
Sharon Cosgrove

Auditors Statement

INDEPENDENT PRACTITIONER'S REVIEW REPORT ON THE FINANCIAL STATEMENTS OF THE EUROPEAN FEDERATION OF ALLERGY AND AIRWAYS DISEASES PATIENTS' ASSOCIATIONS (EFA) FOR THE YEAR ENDED 31 DECEMBER 2015

Report on the Financial Statements

We have reviewed the financial statements of EFA, which comprise the balance sheet as at December 31, 2015, the income statement for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these statements in accordance with the financial-reporting framework applicable in Belgium, and for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

Practitioner's Responsibility

Our responsibility is to express a conclusion on the financial statements. We conducted our review in accordance with International Standard on Review Engagements (ISRE) 2400 (Revised), Engagements to Review Historical Financial Statements. ISRE 2400 (Revised) requires us to conclude whether anything has come to our attention that causes us to believe that the financial statements, taken as a whole, are not prepared in all material respects in accordance with the applicable financial reporting framework. This Standard also requires us to comply with relevant ethical requirements.

A review of financial statements in accordance with ISRE 2400 (Revised) is a limited assurance engagement. The practitioner performs procedures, primarily consisting of making inquiries of management and others within the entity, as appropriate, and applying analytical procedures, and evaluates the evidence obtained.

The procedures performed in a review are substantially less than those performed in an audit conducted in accordance with International Standards on Auditing. Accordingly, we do not express an audit opinion on these financial statements.

Conclusion

Based on our review, nothing has come to our attention that causes us to believe that these financial statements do not present fairly, in all material respects, the financial position of the European Federation of Allergy and Airways Diseases Patients' Associations as at December 31, 2015, and the results of its operations for the year then ended, in accordance with the financial-reporting framework applicable in Belgium.

Report on Other Legal and Regulatory Requirements

The board of Directors is responsible for the compliance with the law of 27 June 1921 on non-profit organisations, international non-profit organisations and foundations, with the by-laws and with the legal and regulatory requirements regarding bookkeeping.

In the context of our mandate and in accordance with the Belgian standard which is complementary to the International Standard on Review Engagements (ISRE) 2400 as applicable in Belgium, our responsibility is to verify, in all material respects, compliance with certain legal and regulatory requirements. On this basis, we make the following additional statements, which do not modify the scope of our conclusion on the financial statements:

- Without prejudice to certain formal aspects of minor importance, the accounting records are maintained in accordance with the legal and regulatory requirements applicable in Belgium.

- EFA is registered as Not-for-Profit Organisation in Sweden. EFA is still currently working on its full registration in Belgium and ensuring compliance with the law and regulations. Based on our assessment there are no effects on the financial statements as stated above. There are no other transactions undertaken or decisions taken in breach of the by-laws or of the Law of 27 June 1921 on non-profit organisations, international non-profit organisations and foundations that we have to report to you.

Londerzeel, May 20, 2016
Jean Bernard PIEULI-TAKOU
Registered auditor

Financial Statements 2015

Balance sheet at 31st December 2015 (€)

ASSETS	2015 (€)	2014 (€)
LIQUIDITIES	376,459	424,523
Current Account	163,684	211,827
Current Account	50,445	50,445
Deposit account	162,330	162,251
Petty Cash Account		
FURNITURES	2,664	4,357
DEBTORS	125,205	0
INTANGIBLE ASSETS	14,786	0
DEFERRED CHARGES AND ACCRUED INCOME	2,316	209,412
Deferred Charges	1,238	4,365
Accrued Income	1,078	209,412
TOTAL ASSETS	521,430	638,292
LIABILITIES	2015 (€)	2014 (€)
RESERVE	360,605	566,094
Reserve last year	566,094	574,970
Excess of income over expenditure from current year	-205,489	-8,876
DEBTS	160,825	76,563
Creditors	46,416	25,243
VAT payable on EU deliveries/services	43,843	7,049
Taxes on salary	0	8,478
Social security	-8,610	-4,369
Salaries employees		8,920
Other social debts		742
Received grants for next year (regularisation EU projects)	78,458	30,000
Received fees for next year		500
Charges postponed to next year	718	
TOTAL LIABILITIES	521,430	642,657

Income Account (€)

	2015 (€)	2014 (€)
INCOME	608,618	664,944
OPERATING PROGRAMME		
EC Operating Grant		221,524
Grants	244,000	64,000
Membership Fees	15,500	12,512
PROJECTS		
Grants		179,407
EFA Projects		
Allergy		50,000
Asthma	120,000	30,000
Capacity Building	60,000	62,000
COPD	70,000	40,000
Oxygen		
EU Projects		
Airprom	0	
EARIP	20,100	
U-Biopred	1,078	
Medall	0	3,248
MyAirCoach	27,376	
Recovery Miscellaneous	500	1,459
Regularisation previous year	49,599	
Financial Income	465	793

EU Project notes		
U-Biopred	1,078	
Medall	-9,861	Note: Advance payments received were considered as 100% income in 2010-2014 whereas the expenses are spread until 2015. Not all the budget was spent; 9861 are expected to reimburse to the EC in 2016. Thus 9861 are now taken back from the reserves as a deferred income to cover the expected reimbursement 2016 to the EC.
EARIP	-10,078	Note: Advance payments received were considered as 100% income in 2013 whereas the expenses are spread until 2016. Thus 30178 are now taken back from the reserves as a deferred income to cover the expected 2016 expenses.
AirProm	-32,790	Note: The advance payments received were considered as 100% income in 2013 whereas the expenses are spread until 2016. Thus 32790 are now taken back from the reserves as a deferred income to cover the 2016 expenses.
MyAirCoach	27,376	Note: 33005 advance payment was received in 2015 whereas 27376 spent in 2015, including 25% of overheads. Thus 5629 are earmarked as a deferred income to cover the expected 2016 expenses.

Expenditure Account (€)

	31/12/2015	31/12/2014
EXPENDITURE	814,108	673,820
OPERATING PROGRAMME		
Staff	182,941	150,960
Governance		
Office	59,181	67,249
Communication	18,015	24,108
Lawyer	7,392	
Financial Management	17,388	13,032
Accountant & Audit	15,712	
Membership Fees	1,250	1,750
Activities		
Events	26,348	51,641
AGM & Network Meetings	24,956	29,907
Fundraising	44,822	64,302
PROJECT PROGRAMME		
Staff		83,320
EFA Projects		
Allergy Project		30,908
Asthma Project	131,356	12,363
Capacity Building Project	39,164	39,079
COPD Project	54,249	58,706
Oxygen		
Project Programme		1,713
EU Projects		
AirProm	4,538	3,986
EARIP	24,529	16,071
Europevall - 2013		9,331
U-Biopred	13,167	1,458
Medall	10,257	1,814
Health Vent Project		-143
MyAirCoach	21,679	
Financial Charges	968	12,263
Regularisation EU projects	72,829	
Regul. previous year & invoices to receive	43,365	
RESULT OF THE YEAR	-205,489	-8,876

Acknowledgements

EFA thanks sincerely our sustainable funding partners who have made our work possible:

OPERATING PROGRAMME	
Grants	244,000
AirLiquide	28,000
AlkAbello	28,000
AstraZeneca	28,000
Boehringer Ingelheim	28,000
Chiesi	15,000
GSK	28,000
Novartis	33,000
TEVA	28,000
Stallergenes	28,000
PROJECT PROGRAMME	
EFA projects	250,000
COPD Project	
AstraZeneca	35,000
Novartis	35,000
Asthma Project	
AstraZeneca	30,000
GSK	30,000
Novartis	30,000
TEVA	30,000
Capacity Building Project	
Boehringer Ingelheim	30,000
Novartis	30,000

EFA thanks the work of the many organisations that embrace our mission and mission and that collaborate with us on a daily basis to defend the interests of allergy, asthma and COPD patients in Europe:

European Medicines Agency Patients' and Consumers' Working Party (EMA PCWP), European Network for Smoking and Tobacco Control (ENSP), European Patients Forum (EPF), Global Allergy and Asthma European Network (GA2LEN), Global Asthma and Allergy Patient Platform (GAAPP), Health and Environment Alliance (HEAL), International Coalition of COPD Organisations (ICC), European Respiratory Society (ERS), European Lung Foundation (ELF), International Primary Care Respiratory Group (IPCRG), European Academy of Allergology and Clinical Immunology (EAACI), Allergic Rhinitis and Its Impact on Asthma (ARIA), Global Initiative for COPD (GOLD), Global Initiative for Asthma (GINA), European Aerobiology Society (EAS), International Ragweed Society (IRS), European Environmental Bureau (EEB).



European Federation of Allergy and Airways
Diseases Patients' Associations

35 Rue du Congrès
1000 Brussels
Belgium

Tel.: +32 (0)2 227 2712
Fax: +32 (0)2 218 3141

E-mail: info@efanet.org

Transparency Register
Identification Number:
28473847513-94

www.efanet.org