

# FOREWORD

**We take more than 20,000 breaths every day, and most of us notice them only when they become difficult. For many thousands of people in Ireland living with respiratory disease, breathlessness is a daily reality.**

This report continues a body of work that we began more than two decades ago. In 2003, Drs Neil Brennan and Terry O'Connor compiled the first report, *INHALE – Ireland Needs Healthier Airways and Lungs – the Evidence*, which found that one in five deaths in Ireland was due to respiratory conditions. The second INHALE report followed in 2008, and *Respiratory Health of the Nation* in 2018. Each report has reached the same essential point. Respiratory disease is among the most common causes of illness, hospital admission and death in this country – and yet it has never received policy attention in proportion to its burden.

Much has changed since 2018. The COVID-19 pandemic placed respiratory health at the centre of national life. It showed the extraordinary commitment of respiratory teams, and it exposed the limits of our capacity. Real progress has also been made. Integrated community models, such as the hub-and-spoke approach to chronic disease and respiratory virtual ward initiatives, are now cited as examples of good practice. The GP-delivered Chronic Disease Management Programme, part of the Enhanced Community Care Programme, had enrolled 405,131 people with asthma, COPD, type 2 diabetes or cardiovascular disease by the end of 2023, with 97% of GPs taking part. Over 91% of participants now receive their routine chronic disease care in the community rather than in hospital.

Integrated care is delivering results. Twenty-six of a planned thirty Ambulatory Care Hubs are established, 43 pulmonary rehabilitation teams are operational, COPD outreach teams have more than doubled since 2021, and a virtual ward able to care for people with COPD, bronchiectasis and asthma at home now operates in each of the six health regions. Where services have been resourced to deliver the full End to End COPD Model of Care, COPD hospitalisations fell by 12% between 2018 and 2024.

The same is true of treatment and prevention. CFTR modulator therapies have transformed the outlook for many people with cystic fibrosis. New treatments are reaching patients across many respiratory diseases such as asthma, cystic fibrosis and lung cancer. The Lung Health Check pilot lays important groundwork for early detection of lung cancer. The pilot infant RSV immunisation programme achieved 83% uptake in 2024/2025 and was followed by a 78% reduction in RSV hospitalisations among infants born during the programme.

Technology, including artificial intelligence, is beginning to change how respiratory disease is detected and managed. Used appropriately, such tools could bring earlier diagnosis to patients and specialist expertise closer to home. Across Ireland, there is a great deal of excellent work under way in respiratory health, but it now needs to come together under the umbrella of a National Respiratory Strategy, so that services can learn from one another, use resources more efficiently and deliver better outcomes for patients.

Yet many challenges remain. Tobacco smoking is still our leading cause of preventable death, and new nicotine products are creating new risks, especially for young people. Air pollution and a changing climate threaten lung health across the life course. The chapters that follow describe persistent gaps in access to specialist respiratory care, diagnostics and pulmonary rehabilitation. As a result, too much chronic lung disease is detected late and managed in emergency settings.

Respiratory disease caused 6,832 deaths in 2024, almost one in five (19.4%) of all deaths in Ireland. In 2025 it accounted for 82,003 inpatient admissions (11.5% of the total) and 13.3% of inpatient bed days, a larger share on both measures than cardiovascular disease, and just four respiratory diagnoses accounted for almost 10% of emergency inpatient admissions.

Between 2015 and 2024, the age-standardised respiratory death rate fell by 15.8% - little more than half the improvement achieved in cardiovascular disease, and in 2022 Ireland's death rate from diseases of the respiratory system was 24.6% higher than the average of eight comparator European countries. Access to specialist care is deteriorating: 29,169 adults were waiting for a first respiratory outpatient appointment in July 2026, 54% more than in January 2022, and the respiratory consultant workforce would need to grow by a quarter to meet current need. Hospital activity data is now grouped differently, so these figures cannot be compared directly with those published in 2018. They nonetheless tell a consistent story. Many respiratory conditions remain under-recognised and unknown due to data gaps, so this report is still likely to underestimate the true impact of respiratory health in Ireland.

The European picture confirms this. In 2025, the WHO Regional Office for Europe and the European Respiratory Society published the first regional report dedicated to chronic respiratory diseases. It places Ireland among a small group of countries with above-average mortality, disability and prevalence from chronic respiratory disease. It also reports that Ireland has among the highest admission rates for COPD and asthma in Europe. The same report estimates the productivity lost to chronic respiratory disease in Ireland at more than US\$250 million per year. Yet it also recognises Ireland's leadership. Our 2004 workplace smoking ban was a world first and is associated with some 800,000 fewer smokers today. When Ireland acts decisively and collaboratively on respiratory health, the results follow.

We are at a consequential moment for respiratory health. In May 2025, the World Health Assembly adopted resolution WHA78.5, *Promoting and prioritizing an integrated lung health approach*. It addresses communicable and noncommunicable lung diseases together, along with shared risk factors including tobacco and vaping, air pollution and occupational exposures. It urges Member States, Ireland among them, to develop integrated national policy on lung health through whole-of-government and whole-of-society approaches, built into primary care with effective referral pathways to specialist services.

Commitments like this matter, but they are only the beginning. The real test is whether they translate into stronger primary care, earlier diagnosis, affordable medicines, access to technologies and cleaner air for people living with chronic respiratory disease. Behind every figure in this report is a person: a child whose asthma keeps them from school, an adult too breathless to work or a family caring for someone with advanced lung disease. Our success will not be measured by the eloquence of the plans we write, but by what changes in people's lives.

This report is not simply a record; it is a call to action. The challenge is no longer to secure ambition; it is to turn ambition into action. In 2018, we called for a Taskforce to deliver an over-arching Respiratory Strategy for the nation, which did not happen. The bridge we now must build runs from international commitments to national policy, from policy to implementation, and from implementation to better care in every community. The Irish Thoracic Society and our partners across the respiratory community now call on the Government to commit to developing and implementing a National Respiratory Strategy - the kind of integrated national lung health policy that the World Health Organization urges Member States to develop, and consistent with Sláintecare's vision of care. This cannot be left to the health service alone, none of us can deliver it alone. It requires a whole-of-government and whole-of-society approach, with health, environment, employment, education and finance each playing its part, alongside clinicians, patients, communities, advocates, carers, policymakers, Oireachtas members and health system leaders. Let this report prompt the sustained, coordinated action that respiratory health has long deserved - for every person in Ireland, in every community and at every stage of life.



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