

25 years of respiratory health in Finland

The Finnish Asthma Programme was recently discussed in Spotlight in *The Lancet Respiratory Medicine*.¹ Indeed, it started a series of six Programmes improving respiratory health in Finland. The pioneering effort was, however, the one against tuberculosis, launched in 1893. Because of *Mycobacterium tuberculosis*, Finland (which had a population of less than 4 million) built a network of 17 Central Sanatoriums comprising about 5700 beds in 1945. An integrated care pathway was constructed from prevention (vaccination) to early detection (mass miniature X-ray), treatment with long-term institutional and outpatient care, as well as rehabilitation and social support. In 1960s, other lung diseases started to gain attention as tuberculosis decreased.

Asthma emerged as a new kind of epidemic, and was still poorly treated in 1980s. When its inflammatory nature was recognised,^{2,3} treatment changes were implemented by Filha, the Finnish Lung Health Association (formerly known as the Anti-Tuberculosis Association), a professional body and non-governmental organisation. The Asthma Programme, which ran from 1994 to 2004, linked primary and secondary care,⁴ and with the help of WHO, also served as a model for countries of transition, such as Kyrgyzstan.⁵

The next focus for respiratory health was the so-called smokers' disease, chronic obstructive pulmonary disease (COPD). The patients were elderly and often vulnerable, not able to speak for themselves. During the COPD Programme which ran from 1998 to 2007, primary care personnel were trained to measure lung function for objective screening. Anti-smoking campaigns started and an endgame for smoking cessation by 2040 (now 2030) was declared, implying that at that time less than 5% of the

population would smoke.⁶ During the programme, smoking and hospital admissions decreased and disease costs decreased.⁷

Sleep apnoea was hardly recognised in the 1980s but was common and often associated with other diseases, especially in people who were overweight. The results of the Sleep Apnoea Programme (2002–12) have been poorly documented, but improved awareness has generated care guidelines for clinicians.

In 2013, Filha took up the challenge of tackling tuberculosis again, especially drug resistance concerns and the increasing numbers of new cases among young immigrants. For primary care, chest X-ray was used to screen any suspected cases. As a result of these efforts, the situation has been stable, and the number of new cases has remained under 300 per year, and drug resistance has not become a substantial problem.

In the early 2000s, a stark contrast became apparent in allergic disorders, including asthma, between Finnish and Russian Karelia populations.⁸ It was best explained by changes in environment and lifestyle affecting microbiota and immune regulation. The Allergy Programme which ran from 2008 to 2018 endorsed both immune and psychological tolerance instead of avoidance. Allergy health was promoted and severe symptoms were prioritised. The mid-term results indicate a decrease in allergy diets, occupational allergies, asthma emergency visits, and halting the predicted cost increase.⁹

Respiratory health of the Finnish population has improved substantially and benefited from innovative research and exceptionally long-term implementation strategies with the commitment of all stakeholders, including health authorities and patient organisations. The Indoor Air Programme (2018–28) is the latest action to support modern citizens, who are increasingly living in urban environments and indoors.¹⁰ Distance

learning and multidisciplinary participation of both professionals and lay public are the focus of this programme.

At 102 years old, Filha is moving its focus from treatment to prevention, and using its experience to combat other non-communicable diseases.

We declare no competing interests.

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