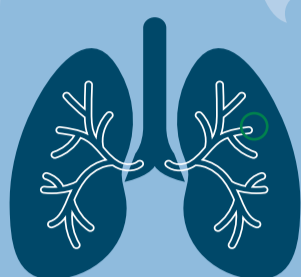


BREATHE EASIER

NOW IS THE TIME FOR GLOBAL ACTION ON CHRONIC RESPIRATORY DISEASES

CRDs affect the airways and other parts of the lungs. They include chronic obstructive pulmonary disease (COPD), asthma, occupational lung diseases and pulmonary hypertension.¹

Globally, **smoking** is the biggest risk factor for men, but indoor and outdoor **air pollution** is the biggest risk factor for women in low-income territories.⁶



What is the impact of CHRONIC RESPIRATORY DISEASES (CRDs)?



CRDs are the world's **3rd most common** non-communicable disease (NCD)² and affect over **454 million people**.³



In the US*, CRDs are the most common NCD, but receive the **least research funding**.⁷

4 million lives are lost to CRDs each year⁴ – over 17% among people younger than 65.⁵

* The only country identified which publishes data comparing disease prevalence against publicly funded research spend.

CRDs SIT AT THE CROSS SECTION OF SEVERAL MAJOR GLOBAL POLICY PRIORITIES



Reducing health inequalities

- CRDs are a major cause of the **life-expectancy gap** between the most affluent and most deprived communities in countries such as England.¹¹
- Recurrent hospital admissions from CRDs are more common in areas of **higher social deprivation** and for people with lower incomes.^{12, 13}



Mitigating the impact of climate change on respiratory health

- Extreme weather events caused by climate change, such as intense heat and wildfires, pose a **direct threat to respiratory health** by increasing levels of **harmful particulates** that can damage the lungs.⁸⁻¹⁰



Making health systems more sustainable

- **Reducing the burden of CRDs** must be part of efforts to achieve the United Nations target to reduce mortality from NCDs by 30% by 2030.¹⁴
- In the UK alone, the **economic cost of CRDs is nearly £80 billion**.¹⁵
- Without international investment in effective interventions, COPD alone is predicted to cost the global economy \$4.3 trillion by 2050.¹⁶

POLICYMAKERS MUST TAKE ACTION to reduce CRDs worldwide

Proactive steps in managing the burden of CRDs could help tackle many of the pressures facing our health systems such as their resilience and sustainability. In line with the calls from the International Respiratory Coalition,¹⁷ action is needed in four key areas:



Prevention

- ▶ Increase capacity to diagnose CRDs in primary care.
- ▶ Immunise people at different life stages to protect against respiratory illnesses.
- ▶ Include screening for CRDs in health checks, targeting high-risk individuals.



Access to appropriate and timely treatment

- ▶ Develop protocols to identify people with CRDs and provide access to appropriate care pathways.
- ▶ Embed recognised quality standards across all parts of a health system to ensure consistent, high-quality care.



Reducing health inequalities

- ▶ Publish reliable data to understand variations in quality of care, and develop targeted interventions to address them.
- ▶ Ensure equitable access to clinical trials to minimise demographic variation in participation.



Prioritising research, data and insights to improve care

- ▶ Increase research spending for CRDs in line with their burden.
- ▶ Measure outcomes for respiratory health, including exacerbations, hospitalisations, mortality and patient-reported outcomes.

REFERENCES

- World Health Organization. <https://www.who.int/health-topics/chronic-respiratory-diseases> (accessed 10/11/23)
- Pan American Health Organization. <https://www.paho.org/en/topics/noncommunicable-diseases> (accessed 10/11/23)
- Momtazmanesh S, Moghaddam SS, Ghamari S-H, et al. 2023. *eClinicalMedicine*: 10.1016/j.eclinm.2023.101936
- Forum of International Respiratory Societies. 2017. *The Global Impact of Respiratory Disease – Second Edition*.
- Institute for Health Metrics Evaluation. 2019. <https://vizhub.healthdata.org/gbd-results/> (accessed 10/11/23)
- Soriano JB, Kendrick PJ, Paulson KR, et al. 2020. *Lancet Respir Med* 8(6): 585-96
- National Institute of Health. <https://report.nih.gov/funding/categorical-spending/#/> (accessed 10/11/23)
- Ayres JG, Forsberg B, Annesi-Maesano I, et al. 2009. *Eur Respir J* 34(2): 295-302
- Asthma and Allergy Foundation of America. <https://aafa.org/asthma/asthma-triggers-causes/weather-triggers-asthma/> (accessed 10/11/23)
- American Lung Association. <https://www.lung.org/blog/how-wildfires-affect-health> (accessed 10/11/23)
- Public Health England. 2018. *Health profile for England*: 2018.
- Antunes FP, Costa Mda C, Paim JS, et al. 2013. *Cad Saude Publica* 29(7): 1346-56
- Asthma + Lung UK. 2023. *Breathing Unequal*.
- United Nations. <https://sdgs.un.org/goals/goal3> (accessed 10/11/23)
- Asthma + Lung UK. 2023. *Investing in breath: reducing the economic cost of lung conditions through increased research and innovation*
- Chen S, Kuhn M, Prettnner K, et al. 2023. *Lancet Glob Health* 11(8): e1183-e93
- International Respiratory Coalition. 2023. *A manifesto for better respiratory healthcare*.

The Health Policy Partnership

The infographic is part of a project commissioned and funded by AstraZeneca. It was developed by The Health Policy Partnership (HPP), an independent health policy research organisation. HPP had full editorial control, although AstraZeneca colleagues suggested comments and feedback during its development.