Time to Act: Joint Declaration on the Urgent Need for Coordinated Action on Chronic Obstructive Pulmonary Disease (COPD)

COPD affects 480 million people,[1] is the third leading cause of death worldwide,[2] a leading cause of hospital admissions in many countries,[3] and is projected to cost the global economy $4.3 trillion between 2020 and 2050.[4] Yet over 70% of people remain undiagnosed,[3] with inequitable access to effective treatment and care.[3] Coordinated action with measurable targets and investment is now required to match the scale of the challenge.

COPD is under-recognised

COPD is a progressive lung disease that develops over time, often going unnoticed until lung function has already declined, limiting people's ability to carry out everyday activities and reducing quality of life.[5] **People living with COPD face exacerbations**, sudden flare-ups that can be debilitating and often resulting in hospitalisation.[3] Each exacerbation further decreases lung function and increases the risk of future episodes, which can be life-threatening.[2] Without intervention, estimates predict COPD prevalence could approach 600 million cases worldwide by 2050.[1]

The burden of COPD is growing

Despite the growing burden, **COPD remains under-prioritised and often stigmatised in society and health systems.**[3,5] People living with COPD face mental health and emotional wellbeing challenges, alongside barriers that delay diagnosis and limit access to treatment and care.[5] Among those who are diagnosed, around 80% experience daily symptoms including breathlessness and fatigue,[5] limiting their ability to participate fully in work and daily life,[6] with significant impact on people, families and communities.

Underlying this impact, a wide range of risk factors influence COPD, including tobacco and nicotine use, second hand smoke, air pollution, occupational exposure, biomass fuel, genetic factors and climate change.[2] It does not affect all populations equally.[7] People from lower socioeconomic backgrounds face significantly higher risks of hospitalisation and death.[7] Notably, **gaps in diagnosis, treatment and care persist across all settings**.[3] Collectively, these elements reflect the breadth and complexity of a challenge that demands a coordinated and sustained policy response.

Governments must act to prioritise COPD

In 2025**, WHO Member States adopted a landmark resolution on integrated lung health, explicitly recognising COPD,**[8] while UN Member States committed to accelerated action on chronic respiratory diseases, including COPD.[9] These commitments must now be reflected in national strategies. The Speak Up for COPD Coalition calls on governments worldwide to take action across four priority areas: early diagnosis, access to treatment, integrated disease management and prevention to improve the lives of people living with and at risk of COPD.

THE TIME IS NOW

Coordinated and collaborative action across governments, health systems, clinicians, researchers and patient communities can transform outcomes for people living with COPD. The Speak Up for COPD Coalition is leading that effort and calls on governments to act now for the millions of people living with or at risk of COPD worldwide, their families, and the health systems and societies that bear the consequences of inaction.

LEND YOUR VOICE

Sign Your Name to the Joint Declaration to **show your support** by scanning the QR Code. Supporting references also available.

Ensure Timely and Accurate Diagnosis

Fewer than one in three people with COPD receive a formal diagnosis.[10] Limited understanding of COPD among healthcare providers and patients, symptom overlap with other conditions,[5] and significant gaps in the availability of diagnostic tools mean that millions of people worldwide are living with an undiagnosed condition.[3] **People who are diagnosed late have a 46% higher risk of first exacerbation compared with those diagnosed early,** in addition late diagnosis is associated with increased hospitalisations and avoidable disease progression.[11] Although spirometry is feasible and effective for diagnosing COPD in primary care,[2] access remains inadequate across countries at all income levels.[12] Without early identification, people continue to present late, with preventable clinical deterioration and poorer outcomes.[11]

We are calling on governments to prioritise early and accurate diagnosis of COPD by investing in diagnostic capacity in primary care and expanding access to evidence-based diagnostic tools.

Strengthen Access to Treatment

Even a single COPD exacerbation increases the risk of future exacerbations and mortality.[13] **Guideline-recommended treatment has been shown to reduce exacerbations, hospitalisations and readmissions** when appropriately prescribed and accessed.[5] Yet significant treatment gaps persist globally, with many people still not receiving the treatment they need.[3] More than one in three patients hospitalised for a COPD exacerbation are readmitted within 90 days,[14] and half die within 3.6 years of their first severe exacerbation.[15] Fewer than 5% of people who would benefit from pulmonary rehabilitation receive it.[16] Access to guideline-recommended COPD care remains inconsistently available across health systems,[3] including vaccination, oxygen therapy, inhaled treatments and biologics.[2] Improving outcomes requires earlier intervention and consistent access to treatment, rather than responding only at the point of crisis.[3]

We are calling on governments to ensure equitable access to guideline-recommended treatment, supported by health system quality measures, to improve COPD patient outcomes across all care settings.

Deliver Integrated Disease Management and Continuity of Care

People with COPD who do not receive integrated and continuous care experience avoidable disease progression, preventable hospital admissions and poorer outcomes.[17] These consequences become more significant as people age and the complexity of their needs increase.[18] Where integrated disease management is implemented, people spend two fewer days in hospital,[19] and home-based management programmes have been shown to reduce hospital readmissions by more than half.[20] Yet these approaches remain insufficiently embedded in routine practice. Integrated disease management also improves health-related quality of life and exercise capacity in people living with COPD.[19] Effective COPD care requires a multidisciplinary, system-wide approach involving physicians, nurses, pharmacists and other healthcare professionals to deliver continuous, person-centred care, alongside structured self-management support that enables people to manage their condition. [19]

We are calling on governments to embed integrated COPD management and continuity of care, including structured patient review, self-management support and multidisciplinary approaches, as standard clinical practice with measurable indicators.

Prioritise Prevention and Reduce COPD Risk

COPD places a substantial burden on people, families and carers, with **40% of working-age people living with the condition forced to reduce or stop working.**[6] Respiratory infections are the most frequent cause of acute exacerbations, responsible for up to 80% of cases.[21] Despite this, vaccination uptake remains suboptimal in many countries, even though influenza and pneumococcal vaccination are recommended and shown to reduce exacerbations and hospitalisations.[21] In addition, acute increases in air pollution are directly associated with exacerbations and hospital admissions, and chronic exposure is a recognised risk factor for the development and progression of COPD.[22] Effective interventions exist, yet prevention remains consistently under-resourced and under-prioritised.[5]

We are calling on governments to prioritise COPD prevention and reduce risk by strengthening vaccination programmes, reducing exposure to air pollution and occupational risks, addressing wider social determinants of health, and investing sustainably in prevention for vulnerable populations.

Signed by

AstraZeneca · fip International Pharmaceutical Federation · Global Allergy & Airways Patient Platform · Roche · International Coalition of Respiratory Nurses · COPD Foundation · GSK · sanofi | REGENERON · International Federation on Ageing

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