

The state of COPD in China



- ▶ Over **50 million people** living with COPD¹
- ▶ Accounts for nearly **1.3 million deaths** each year, or one third of total deaths from COPD globally^{1*}
- ▶ Costs close to **¥9.22 trillion** (€1.2 trillion) each year^{2†}
- ▶ Direct medical costs for COPD account for **almost 10%** of total health costs^{3‡}

*2021 data †2017 data ‡2010 data

COPD is a highly debilitating and often fatal lung disease⁴

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, is the third leading cause of death worldwide (excluding COVID-19).^{1,4} It deteriorates people's lung function – restricting their airflow, making it increasingly difficult to breathe and potentially affecting every facet of a person's life.⁴ The severity of the disease increases as it progresses and people with COPD can experience flare-ups that, when severe, require emergency hospital admission.⁴ However, appropriate care can improve lung health and quality of life for people with COPD.⁴

Challenges



Facilitating access to care

Inequalities in COPD are magnified in rural communities; it is more prevalent and severe, and there is less access to treatment and to qualified primary care professionals.⁵⁻⁷



Facilitating access to care

Management of COPD in primary care is inadequate. There is widespread misdiagnosis and mismanagement,⁸ limited centralised funding,⁷ and limited use of effective diagnostic tools, such as spirometry (a globally recommended diagnostic test⁴).⁹



Strategies, research & data

National-level data are not routinely gathered, limiting the ability to track disease burden and evaluate the impact of different interventions on health outcomes.¹⁰

'Parents with COPD who have young children feel guilty and overwhelmed, as they often struggle to fulfil all the parental responsibilities they would want to, such as going on holidays or supporting their children in participating in outdoor sports.'

– Caregiver for a person living with COPD

Living with COPD: a caregiver's story¹¹

§The caregiver's name has been changed to respect their anonymity.

Lu[§] is a caregiver for their father, who has COPD. Because the father had a history of smoking, and diagnoses of rhinitis and pharyngitis (which can also be caused by smoking), family members initially thought his symptoms might be due to those other respiratory conditions. However, when his symptoms worsened, the family sought help from the respiratory department of a tertiary hospital. He received a lung function test and was diagnosed with COPD. Since then, he has managed his condition by taking medication, living a healthy lifestyle and wearing a mask when in public.



How is COPD being prioritised?

National policies

Overall status: **good**

COPD is included in several health policy plans.¹²

Clinical guidelines

Overall status: **moderate**

The Chinese Thoracic Society advises using the Global Initiative for Chronic Obstructive Lung Disease (GOLD) recommendations for managing people with COPD;¹³ however, according to one expert, these are often followed only in larger hospitals.¹⁴

Data collection

Overall status: **moderate**

There is no national COPD registry. However, the government-funded China Pulmonary Health Study (2012–15) sought to estimate the prevalence and risk factors for COPD.¹⁵ This study, nonetheless, has not been repeated.

Case studies

The Enjoy Breathing Programme patient management model⁹

covers the whole care pathway, and provided training to nearly 100,000 primary healthcare workers between 2017 and 2023.

Specific training for respiratory care has been introduced.¹⁶

More than 10,000 primary care institutions, 1,800 secondary hospitals and 1,600 tertiary hospitals were certified by the end of 2023.

Policymakers must take action to:



target populations and regions with a higher burden of COPD, particularly rural areas, for COPD testing and dedicated resourcing to ensure equitable access to care



mobilise and train community nurses and pharmacists to improve earlier detection of COPD (e.g. through screening questionnaires and lung function tests) and support primary care teams in long-term management and monitoring



expand data collection on respiratory diseases to better understand the geographic burden of COPD, evaluate different interventions and understand variations in health outcomes.

Contributors

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