

Re: 2014 Health at a Glance Report

Dear Ms Balestat,

I am writing on behalf of three European associations working in the field of respiratory diseases: the European COPD Coalition (ECC), the European Respiratory Society (ERS) and the European Federation of Allergies and Airways Diseases Patients' Associations (EFA), together we represent millions of people living with Chronic Obstructive Pulmonary Disease (COPD), their care takers and healthcare professionals, dealing with COPD. We carefully read the OECD/European Commission 2014 Health at a Glance report, recently published.

We wrote to you when the 2012 edition of the report was published to inform you that the figures you had were not reflecting the reality of COPD. You kindly answered that you were aware of potential discrepancies between figures published in your report and the ones used in other sources, and this was because you are using the ECHI database and data provided by EU Member States. We had replied that we could help with providing reliable data as well.

2014's version of the report is a source of greater dismay than the previous one for us, especially after our correspondence: there is no chapter specific to respiratory diseases, when COPD is the 4th cause of death worldwide and the 3rd chronic disease in terms of prevalence (before diabetes and after cancer). It is first mentioned on page 50 in the report, under "risk factors".

We understand that some physicians responsible for recording causes of death still use the diagnosis of asthma/status asthmaticus instead of COPD and both under- and over-diagnosis of COPD are frequent on death certificates as well as in clinical practice. We also agree that measuring COPD incidence and prevalence is not something commonly performed in EU Member States.

However, statistical tools and projections allow a better understanding of the scale of the burden of COPD, based on different factors, including prevalence of smoking in the EU population. At the end of 2012, the Institute for Health Metrics and Evaluation (IHME) published figures on the Global Burden of Disease (GBD), which showed the scale of the issue. According to these, COPD is the 4th cause of death in Western Europe, 5th in Central Europe and 6th in Eastern Europe¹. How could this match your figures of 3% mortality rate because of COPD?

In terms of disability-adjusted life years, the figures are also alarming, with COPD ranking 7th which has a major impact on economy².

¹ <http://vizhub.healthdata.org/rank/heat.php> and <http://vizhub.healthdata.org/rank/heat.php>

Therefore, we cannot understand why the OECD/EC 2014 Health at a Glance report pays too little attention to COPD. We also know that COPD is an important co-morbidity factor and when analysing causes of death in the EU, this element should also be taken into account.

As mentioned in our previous letter on the subject of the 2012 Health at a Glance report, decision makers across Europe base their political choices related to health (and to COPD, in this specific case) on reports such as the (EU) Health at a Glance one – among other sources of information.

One may doubt that they would be incentivized to take action on COPD by reading the latest edition of the report when in reality, it is of crucial importance that frameworks and strategies are put in place both at the EU and national levels to prevent the onset of COPD (when it is preventable), to better manage the disease, and to develop research in the field. Data is key to decision making process and presenting an incomplete picture of the state of COPD in the report is indirectly affecting the political choices our EU leaders will make.

We understand that a change of methodology and process to collect and compile data for your report would probably need validation by all Member States and that this may be quite cumbersome. We shall therefore invite you to diversify your sources of information for the next issue of the report, and/or to add a word of caution under the figures provided by EU Member States, to explain that data is scarce and not always complying with other data (such as smoking prevalence). We also encourage you to dedicate a whole chapter, if not to COPD itself, to chronic respiratory diseases (CRD) for future editions.

We remain at your disposal for further information.

Sincerely yours,

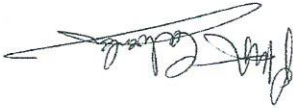


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<http://vizhub.healthdata.org/trank/heat.php>

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