

The state of COPD in Nigeria



- ▶ **1.8 million people** living with COPD^{1*}
- ▶ **85% rise in prevalence** since 1990²
- ▶ Costs **USD \$5.5 billion every year** in both direct healthcare costs and indirect costs^{3†}

*2021 data †2017 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



Identifying it early

There is limited access to key diagnostic tools for COPD and not enough expertise on how to use them, particularly in rural areas. According to a 2013 study, fewer than 30% of tertiary care hospitals have a spirometer (a globally recommended diagnostic tool⁴), and fewer than 30% of hospital-based clinicians know how to assess COPD severity.⁵



Facilitating access to care

There are few respiratory physicians; the ratio was estimated in a 2014 study to be 1 registered specialist per 2.3 million population.⁶



Facilitating access to care

COPD treatments are often not affordable or accessible (particularly in northern regions) due to lack of availability in public sector pharmacies and high out-of-pocket costs.⁷



Protecting population health

There are few vaccination programmes (particularly for adults) against respiratory infections,⁸ which are a common cause of exacerbations of COPD.⁹



Protecting population health

Indoor air pollution is a significant risk factor, and is primarily caused by the use of biomass fuels for cooking and heating.¹⁰

'We need awareness and education, in every way they can be done – through the government, through NGOs and through local groups. Education is power – and central if we are to effectively address the challenges of COPD.'

– Prof. Gregory Erhabor
Obafemi Awolowo University

Living with COPD: Uchenna's story

As a teenager, Uchenna experienced breathlessness. He was diagnosed with asthma, and received medication and advice to help him manage his symptoms. One day, Uchenna was rushed to hospital, where he was surprised to learn he also had COPD – a condition he hadn't heard of. A local NGO provided invaluable support to help Uchenna maintain a good quality of life with COPD, facilitating access to healthcare services and affordable inhalers (which can be difficult to obtain in Nigeria).



How is COPD being prioritised?

National policies

Overall status: **good**

COPD is featured in several national non-communicable disease strategies.^{11 12}

Clinical guidelines

Overall status: **moderate**

An expert stated that whilst multidisciplinary care for COPD is often in place,¹³ there do not appear to be any formal national guidelines for COPD.

Data collection

Overall status: **poor**

There is no national registry for COPD. However, the national policy for non-communicable diseases has called for the implementation of a nationwide survey on the incidence and prevalence of COPD.¹¹

Case study

The Certificate of Competence in Foundational Spirometry

is an international training programme designed by the Pan-African Thoracic Society.¹⁴ The programme, which is being delivered in Nigeria, aims to boost knowledge and use of spirometry, and broadens access to high-quality spirometers by donating equipment.¹⁵

Policymakers must take action to:



increase access to spirometry through diagnostic hubs, improving the supply of mobile spirometry tools



enhance training programmes for healthcare professionals – including primary care clinicians, nurses, community health workers and pharmacists – to diagnose COPD through spirometry and clinical examination, support people in managing their condition, and enact multidisciplinary care pathways



expand the accessibility of treatments for COPD, addressing high out-of-pocket costs and more widely implementing preventive measures such as immunisation against respiratory infections



improve the accessibility of cleaner cooking fuels and stoves to minimise exposure to indoor air pollution, a critical risk factor for COPD.

Contributors

We are grateful to the following individuals, whose valuable insights shaped the development of this country profile:

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Uchenna Ogbornia, person living with COPD; Asthma Relief Campaign Project

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