



THE UNIVERSITY *of* EDINBURGH

Edinburgh Research Explorer

Lung health in LMICs

Citation for published version:

Khoo, EM, Li, D, Ungan, M, Jordan, R & Pinnock, H 2021, 'Lung health in LMICs: tackling challenges ahead', *The Lancet*, vol. 398, no. 10299, pp. 488-489. [https://doi.org/10.1016/S0140-6736\(21\)01230-7](https://doi.org/10.1016/S0140-6736(21)01230-7)

Digital Object Identifier (DOI):

[10.1016/S0140-6736\(21\)01230-7](https://doi.org/10.1016/S0140-6736(21)01230-7)

Link:

[Link to publication record in Edinburgh Research Explorer](#)

Document Version:

Peer reviewed version

Published In:

The Lancet

General rights

Copyright for the publications made accessible via the Edinburgh Research Explorer is retained by the author(s) and / or other copyright owners and it is a condition of accessing these publications that users recognise and abide by the legal requirements associated with these rights.

Take down policy

The University of Edinburgh has made every reasonable effort to ensure that Edinburgh Research Explorer content complies with UK legislation. If you believe that the public display of this file breaches copyright please contact openaccess@ed.ac.uk providing details, and we will remove access to the work immediately and investigate your claim.



Improving lung health in low-income and middle-income countries: from challenges to solutions.

We welcome the review by Meghji et al “Improving lung health in low-income and middle-income countries (LMICs): from challenges to solutions” and are particularly encouraged by the focus on the frequently neglected field of chronic respiratory diseases (CRD). However, we find that insufficient attention is paid to the role of primary care, which is the keystone for universal health coverage and therefore the route to better prevention, diagnosis, individualised and holistic treatment for the majority of the population.² Its interconnection with public health can address the social determinants of health and promote community participation that are critical to lung health across the life course.^{3,4}

Challenges which must be addressed include lack of investment in recruitment and reimbursement, education, status and power in decision processes;⁵ and limited respiratory prescribing rights for family physicians. The potential of primary care leadership is not considered. Yet primary care is essential for prioritisation at an individual patient and community level to manage all non-communicable diseases. Their common risk factors such as air pollution, tobacco dependence, lack of physical activity and poverty impact on the prevalence of all NCDs.

Where there is no family medicine strategy, the PACK approach may indeed be important, but there is much more to be gained by promoting a family medicine-led service that is funded, implemented, evaluated and endorsed by governments, academics and disease specialists with the support of international research and advocacy organisations such as the International Primary Care Respiratory Group. Without this vision respiratory diseases will remain challenging.

Ee Ming Khoo

International Primary Care Respiratory Group (IPCRG), UK and NIHR Global Health Research Unit on Respiratory Health (RESPIRE) Collaborator and University of Malaya, Malaysia

Donald Li

WONCA, World Organisation of Family Doctors, Brussels, Belgium and General Practice, Hong Kong, China

Mehmet Ungan

WONCA Europe, Ljubljana, Slovenia and Ankara University School of Medicine, Ankara, Turkey

Rachel Jordan

International Primary Care Respiratory Group (IPCRG), UK and Institute of Applied Health

Research and Breathe Well, NIHR Global Health Research Group on Global COPD,
University of Birmingham, UK

Hilary Pinnock

University of Edinburgh, UK, Asthma UK Centre for Applied Research, NIHR Global Health Research Unit on Respiratory Health (RESPIRE) Unit, Allergy and Respiratory Research Group, IPCRG and Whitstable Medical Practice, Whitstable, UK

References

1. Meghji J, Mortimer K, Agusti A, et al. Improving lung health in low-income and middle-income countries: from challenges to solutions. *Lancet* 2021;S0140-6736(21)00458-X. doi: 10.1016/S0140-6736(21)00458-X.
2. World Health Organization. Primary health care on the road to universal health coverage: 2019 monitoring report: executive summary. Geneva; 2019(WHO/HIS/HGF/19.1). Available at : <https://www.who.int/docs/default-source/documents/2019-uhc-report-executive-summary>. Accessed March 2021.
3. Li D, De Maeseneer, Howe A, et al. Re: Primary healthcare is cornerstone of universal health coverage. *BMJ* 2019;365.l12391. Available at: <https://www.bmj.com/content/365/bmj.l2391/rapid-responses>. Accessed March 2021.
4. IPCRG. Primary care and chronic lung disease. Position paper 1. September 2011. Available at : https://www.ipcrg.org/sites/ipcrg/files/content/attachments/2020-02-19/IPCRG_PP1_Primary_care_and_chronic_lung_disease.pdf. Accessed March 2021.
5. Kleinert S, Horton R. From universal health coverage to right care for health. *Lancet*. 2017;390(10090):101–102.