

Lung health in LMICs

Ming Khoo, Ee ; Li, Donald KT ; Ugan, Mehmet ; Jordan, Rachel; Pinnock, Hilary

DOI:

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

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Document Version

Peer reviewed version

Citation for published version (Harvard):

Ming Khoo, E, Li, DKT, Ugan, 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)

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The Lancet

Re: Meghji J, Mortimer K, Agusti A, et al. Improving lung health in low-income and middle-income countries: from challenges to solutions. Lancet 2021;397(10277):928-940

--Manuscript Draft--

Manuscript Number:	
Article Type:	Correspondence
Keywords:	
Corresponding Author:	Tracey Loneragan UNITED KINGDOM
First Author:	Tracey Loneragan
Order of Authors:	Tracey Loneragan Ee Ming Khoo Donald KT Li Mehmet Urgan Hilary Pinnock Rachel Jordan
Manuscript Region of Origin:	MALAYSIA
Additional Information:	
Question	Response
If you are writing in response to published content in The Lancet, please type the full reference to that content here (for example: Cuzick J et al. Use of anastrozole for breast cancer prevention (IBIS-II): long-term results of a randomised controlled trial. Lancet 2020; 394: 117-22).	Meghji J, Mortimer K, Agusti A, et al. Improving lung health in low-income and middle-income countries: from challenges to solutions. Lancet 2021;397(10277):928-940. doi: https://doi.org/10.1016/S0140-6736(21)00458-X
Author Comments:	To the Editor, The Lancet Re: Meghji et al. Improving lung health in low-income and middle-income countries: from challenges to solutions. Lancet 2021 On behalf of my co-respondents we are pleased to submit a rapid response to the review paper published in The Lancet on March 6, 2021. While we welcome the carefully considered review, we feel that omission of the importance of the role of primary care in addressing health inequalities, especially in low to middle income countries, is an oversight. We feel that that role of primary care should form an important component of the discussion around appropriate strategies to tackle lung health and our Rapid Response highlights this point for discussion. We hope you agree that this is a point relevant for readers considering the wider context of this important review paper and look forward to hearing from you. With kind regards 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

Re: Meghji J, Mortimer K, Agusti A, et al. Improving lung health in low-income and middle-income countries: from challenges to solutions. Lancet 2021;397(10277):928-940

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

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