



Editorial

Raising chronic obstructive pulmonary disease awareness in Africa: Time to walk the talk

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Chronic obstructive pulmonary disease (COPD) is the third leading cause of death globally, and its prevalence is increasing.^[1] Sub-Saharan Africa (sSA) currently bears the highest burden, and this is projected to grow in the coming decades.^[2,3] Increased survival and aging of the population, together with rising exposure to risk factors such as air pollution and tobacco smoking, are driving this trend.^[4] Low socioeconomic status and previous pulmonary tuberculosis, which are endemic in sSA, are additional risk factors.^[5,6]

Most COPD deaths occur in low-income to middle-income countries (LMICs), and there are many underpinnings to this.^[7] Underdiagnosis and late presentation to the hospital, coupled with weak health systems and limited access to diagnostic and treatment facilities, are important factors.^[8] More upstream factors include low awareness and prioritization of COPD as a public health problem by policymakers, which limits the allocation of resources for disease prevention, diagnosis, and treatment.^[8]

The Global Initiative for Chronic Obstructive Pulmonary Disease (GOLD) produces an evidence-based strategy to guide the diagnosis and treatment of COPD. An executive summary of the 2023 version of the guideline is published in this issue of the journal.^[9] The GOLD strategy is designed and expected to inform the development of context-based local COPD guidelines. Nonetheless, only a few African countries have national COPD guidelines, and many do not specifically include medicines for COPD on the Essential Medicine List.^[10]

COPD underdiagnosis is a global challenge, more so in the African continent, where about 99% of people with COPD in epidemiological studies were not previously diagnosed or treated.^[11,12] Underdiagnosis is a consequence of failure to present to the healthcare facility for evaluation and diagnosis, either due to the lack of recognition or understanding of the symptoms or limited access to healthcare services. It could also stem from misdiagnosis by a healthcare professional with poor knowledge about the disease or lack of access to necessary diagnostic facilities. Underdiagnosis bodes for poor outcomes because it results in inappropriate treatment or no treatment at all.

Low population literacy and poor knowledge among doctors are important factors contributing to COPD underdiagnosis in Africa and other LMICs.^[13,14] Population literacy about a disease

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drives health-seeking behavior, adherence to treatment, and allocation of resources for care. In a population-based survey in India, <1% of the participants were aware of COPD as a disease affecting the lungs.^[14] In Africa, doctors' knowledge and practice about COPD diagnosis and treatment are low, particularly among those practicing in primary and secondary healthcare facilities, where most of the population seek care.^[13]

Against this backdrop, GOLD is partnering with the Pan African Thoracic Society to deliver a program aimed at improving COPD outcomes in Africa. This program titled, Raising COPD Awareness in Africa (RACE Africa), aims to improve doctors' knowledge and practice and community literacy about COPD in six African cities: Lagos, Nigeria; Port Harcourt, Nigeria; Addis Ababa, Ethiopia; Doula, Cameroon; Ouagadougou, Burkina Faso; and Kigali, Rwanda. It comprises a series of doctors' education workshops on COPD diagnosis and treatment, including training on screening symptomatic patients for COPD. Through the training and ongoing support for doctors practicing in primary and secondary care facilities, a pathway for spirometry

referrals has been established. We are also conducting community surveys to understand the current level of COPD awareness to quantify the magnitude of the problem in Africa. We have developed and are distributing educational materials, including videos (<https://www.instagram.com/reel/DDuQBG-q9jm/?igsh=cm83a3JudGsxbGlu>), flyers, and posters [Figure 1] in many languages about symptoms, risk factors, prevention, and treatment of COPD across communities and on social media.

As the United Nations and the global community work toward reducing the burden of non-communicable diseases by 30% in 2030, there is a need for all stakeholders to begin to "walk the talk" toward achieving this sustainable development goal.^[15] RACE Africa is an example of how international organizations could partner with regional societies to improve COPD outcomes in LMICs. By improving COPD awareness and knowledge in Africa, we expect a rising demand for COPD diagnostics and treatment that will drive policy toward prioritization and optimization of services and hopefully stem the tide in disease burden.



Figure 1: Flyer/Poster used for community education in the Raising COPD awareness in Africa (RACE Africa) project. (a-c) Shows the English, Amharic and French versions respectively.

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