



CHALLENGES ACCESSING
**PULMONARY
HYPERTENSION
CARE IN NIGERIA**

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INTRODUCTION

With a population exceeding 230 million, Nigeria is the most populous country in Africa and the sixth most populous globally. Despite this vast population, awareness of pulmonary hypertension (PH) remains alarmingly low, even among healthcare providers and the general public. Compounding this issue is the absence of national data on the number of people living with PH in Nigeria, leaving the true scope of the condition largely unknown.

For individuals living with PH in Nigeria, the journey to diagnosis and treatment is fraught with challenges. Limited access to healthcare facilities, diagnostic procedures, and essential treatments significantly hinders timely and effective care.

01 Limited Access to Diagnostics

02 Barriers to Treatment

03 Lack of Access to Surgical Interventions

01 Limited Access to Diagnostics

● Difficulties in Accessing Diagnostic Facilities

1. The gold standard for diagnosing PH the right heart catheterization procedure, isn't so accessible in Nigeria.
2. In Lagos, a city of over 20 million people, only one government hospital offers this procedure at a subsidized rate, yet many still can't afford it.
3. Private hospitals provide the procedure at higher costs, making it inaccessible to most patients.

● Rural Disparities:

Patients in rural areas face even greater challenges. Outside urban centers, access to diagnostic tools like right heart catheterization is almost non-existent.

● High Cost of Diagnostic Tests

1. Essential tests like echocardiograms, CT scans, and X-rays are unaffordable for most Nigerians.
2. Less than 10% of the population has health insurance, leaving the majority to pay out-of-pocket.

● Delayed Diagnosis:

1. Lack of awareness among general practitioners and the public often leads to misdiagnosis or delayed referrals.
- PH symptoms, such as shortness of breath, fatigue, and chest pain, are frequently mistaken for more common illnesses like asthma, further delaying accurate diagnosis.

02 Barriers to Treatment

● Limited Medication Availability:

Only a few medications for PH are available in Nigeria, such as:

1. Endothelin receptor antagonists (e.g., Bosentan)
2. Phosphodiesterase-5 inhibitors (e.g., Sildenafil and Tadalafil)
4. Diuretics
5. Blood thinners

However, even these are not widely accessible. For example, Bosentan remains hard to find and expensive.

● Access to Oxygen Therapy:

1. In urban areas like Lagos, there is access to oxygen in hospitals, but in limited capacity compared to the population demand, but smaller cities and rural areas lack this infrastructure.
2. Patients who need long-term oxygen therapy purchase oxygen concentrators, which are expensive and not covered by insurance.

● Insurance Challenges:

Most treatments, including medications and oxygen therapy, are not covered by insurance. With a large percentage of Nigerians uninsured, patients must bear the financial burden, often leading to treatment interruptions.

● Limited Expertise:

1. Nigeria has no medical specialists dedicated solely to managing PH.
2. Patients typically see general cardiologists or pulmonologists or attend cardiac and respiratory clinics.
- 3 There is no dedicated PH clinic in a country of over 200 million people. accurate diagnosis.

03 Lack of Access to Surgical Interventions

● No Availability of Surgeries:

Advanced procedures like pulmonary endarterectomy (PEA) and lung transplants are unavailable in Nigeria.

Patients requiring these interventions must travel abroad, typically to countries like India or European countries.

● Cost Barriers:

1. Only a few Nigerians can afford the significant costs of these surgeries, including travel and treatment expenses.
2. This lack of access leaves many patients without life-saving options.

CONCLUSION

The challenges faced by PH patients in Nigeria are profound and multifaceted, spanning diagnostic, treatment, and advanced care gaps.

Addressing these barriers requires:

1
Increasing awareness among healthcare professionals and the public.

2
Advocating for better healthcare infrastructure and policies to support PH management.

3
Establish dedicated PH clinics and subsidize treatment costs to make care accessible for all.

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