The state of COPD in Argentina

SPEAK UP for COPD

- **Some 890,000–2.6 million people** may be living with COPD in Argentina[1 2*†]
- **COPD is the sixth leading cause of death for men, seventh for women**[3*]
- Direct medical costs per year: **USD $586 million**[4‡]
- Direct hospital costs: **USD $1,462–9,898** per person[5§]
- **77% of people** with COPD remain undiagnosed[6‖]

*2021 data, †2023 data, ‡2024 data, §2018 data, ‖2016 data.

COPD is a highly debilitating and often fatal lung disease[7]

Chronic obstructive pulmonary disease (COPD), which includes emphysema and chronic bronchitis, deteriorates people's lung function – restricting airflow and making it increasingly difficult to breathe.[7] The severity of the disease increases as it progresses; people with COPD can experience flare-ups that, when severe, require emergency hospital admission.[7] People with COPD are also at increased risk of heart disease, as airflow obstruction and systemic inflammation linked to COPD can impair cardiac function.[7] However, appropriate care can improve lung health and quality of life.[7]

Challenges

Identifying it early

More than half of people with COPD are only identified after a flare-up due to poor awareness of the condition among the general public and non-specialist physicians.[4] These diagnostic delays put people at risk of pronounced decline in lung function, poorer health and death, and place greater care demands on health systems.[4 8]

Facilitating access to care

Argentina has national COPD guidelines, but because the organisation of care is fragmented, their implementation varies across the country.[9] Implementation also faces significant challenges due to limited availability of medications, often requiring clinicians and pneumologists to adjust treatment plans.[4 9-11]

Protecting population health

Gaps in healthcare infrastructure make it difficult to access essential services, including pulmonary rehabilitation, smoking cessation support, patient education programmes, inhaler training and essential vaccination.[4 7 9 11]

'Fragmentation of the health system and limited access to spirometry create inequities; whether it's to diagnosis, access to essential medication, rehabilitation, smoking cessation services or uptake of vaccination.'

– Dr Andrés Echazarreta

Living with COPD: Nestor's story

Nestor had never heard of COPD before he began experiencing severe breathing difficulties – two years ago he was diagnosed with the condition by a pneumologist. He had repeated hospital stays, is now on medication and also requires nightly oxygen therapy. Yet, Nestor's symptoms persist: he was unable to continue working as a bricklayer and instead relies on a modest pension. Even walking uphill is impossible. Winters in his home of Patagonia are long and harsh, and he is confined indoors for months at a time to protect against the risk of pneumonia. Nestor is grateful for the assistance of a local patient organisation, which secured delivery of his home oxygen, saving him a four-hour journey. They are also seeking further support from the national insurance system to help Nestor access new treatment. Nestor hopes that making more information available about COPD will help raise awareness of this difficult condition.

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How is COPD being prioritised?

National policies

Overall status: **moderate**

A national programme for the prevention and control of chronic respiratory diseases was established in 2014. In 2017, USD $13 million was allocated to improve early detection and access to treatment for COPD.[12 13]

Clinical guidelines

Overall status: **poor**

The most recent clinical guidelines were published in 2016, and advised healthcare professionals on identifying and managing COPD in outpatient settings; however, these were never fully funded or implemented.[9 14]

Data collection

Overall status: **poor**

COPD is tracked through information in death certificates and a limited hospital discharge registry. The Ministry of Health and the National Institute of Statistics and Censuses conduct regular surveys every five years to assess population risk factors, especially smoking.[2]

Case study

Breathe Well South America[15] is an international project to improve care for people with COPD living in Argentina and other countries in South America. The project was initiated in 2024 and is co-led by the Institute for Clinical and Healthcare Effectiveness, UK's National Institute for Health and Care Research (NIHR) and NIHR Global Health Research Group on Global COPD in Primary Care. It will run for four years with the aim to tackle critical issues such as limited access to quality primary care and a high rate of underdiagnosed COPD, particularly among people on low incomes. The project's broad remit to improve COPD care includes activities such as developing quality indicators, creating care pathways, training clinicians, addressing inequities and building research infrastructure.

Policymakers must take action to:

- **develop and resource a national chronic respiratory disease strategy that includes targets for reducing COPD mortality and morbidity** and ensuring consistent implementation of national guidelines and access to care across the country
- **improve primary care and relevant specialists' understanding of COPD to enable early diagnosis** of people at higher risk and timely referral to respiratory specialists, promoting timely intervention, and preventing exacerbations and hospital admissions
- **empower pharmacists to deliver patient education,** smoking cessation advice and vaccinations to help close gaps in care

Contributors

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