BETTER BREATHING, BETTER LIVING:

THE ROLE OF ENVIRONMENT AND GOVERNANCE ON ASTHMA MANAGEMENT

PROPOSED YEAR 2018

PROGRMMES, PROJECTS AND ACTIVITIES





1.0 Background

According to World Health Organisation (WHO), outdoor air pollution is a major environmental health problem affecting everyone in developed and developing countries and consequently, by reducing air pollution levels, countries can reduce the burden of disease from stroke, heart disease, lung cancer, and both chronic and acute respiratory diseases, including asthma.

Overall asthma management framework therefore requires great attention to the environmental exposures (indoors and outdoors) and control practices. The indoors environment exposures which contain both pollutants (e.g, particulate matter, nitrogen dioxide, secondhand smoke, and ozone) and allergens from furred pets, dust mites, cockroaches, rodents, and molds have been associated with decreased lung function^{1,2,} greater respiratory symptoms³, and more frequent use of rescue medications among children with asthma. In addition, indoor environment exposures have been linked to inflammation in asthma---elevated exhaled nitric oxide concentration (a marker of airway inflammation) associated with an elevated PM_{2.5} concentration².

Outdoor environment exposures include particulate matter, ozone, nitrogen oxide, sulphur dioxide, pollen allergens, and air pollution. These environment exposures have been associated with higher mortality in the general population⁴. In addition, the outdoor environment exposures have been linked to exacerbations, chronic symptoms, and decline in lung function^{5,6,7}; this includes greater risk of hospitalizations for childhood asthma⁸.

Specifically, the ozone which is generated by the chemical sunlight on mixtures of Nitrogen oxide and hydrocarbons from fossil fuel combustion⁹ arising from vehicular traffic, power plants and industrial operations increase airway inflammation and hyper-responsiveness^{10,11}. These are associated with reduced lung function; increased symptoms, increased rescue medication use, and increased risk of asthma exacerbation^{12,13}. Second hand smoke caused primarily by automobile exhaust, local industry, power plants, and forest fires is associated with increased asthma symptoms, exacerbations, and hospitalizations, and with lower lung function, particularly in vulnerable populations, including young children and the elderly.^{14,15} A reduction of traffic density in a geographic region is also associated with reduced asthma morbidity,^{16,17} which may be partially mediated by the lowering of NO₂exposure.

Furthermore, sulfur dioxide (SO₂) mainly formed by the combustion of high-sulfur coal or oil has been allowed to continue in Nigeria for so long. Experimental studies suggest that SO₂ can decrease lung function in exercising adults with asthma^{18,19}. A clear example of this is the continuous and continuing gas flaring in Nigeria. It is worrisome that currently, there is no well-articulated and followed-through government policy in Nigeria to reduce the level of pollution in Nigeria, even when Nigeria was rated as the most polluted country in the world as at 2015.

Whereas people may have a greater ability to modify indoor environmental exposures, in most cases, they do not have direct control over outdoor pollutant concentrations. The control of both indoors and outdoors environment exposures therefore become the key ingredient and responsibility of government and outcome of governance (either good or bad).

According to WHO, air pollution is responsible for more than 12million deaths per year. Painfully, deaths due to non-communicable diseases, such as asthma, stroke, heart disease, cancer and other respiratory illness is about 8.2 million or nearly two-thirds of the deaths resulting from unhealthy environments. Currently, it is estimated that more than 15 million



Nigerians have asthma with about 5-10% of children in any given community suffering from asthma and this is expected to increase to more than 100 million in year 2025. Asthma as one of the world's most common long-term conditions is currently affecting over 300 million people worldwide and projected to increase by another 100 million people by the year 2025. As a non-curable disease, management strategies are geared towards controlling the disease to reduce the associated morbidity and mortality.

Notwithstanding the availability of different respiratory diseases drugs, significant numbers of patients are still suffering from respiratory diseases while a significant number still dies from the disease. For instance, an estimated 75% hospital admissions for asthma and as many as, 90% of the asthma deaths are avoidable. Painfully, in Nigeria, the estimated proportion of registered respiratory physicians to national population is 1 per 2.3 million individuals. This actually lends credence to the fact that part of the causes of increased mortality and morbidity is poor diagnosis traceable to poor governance and environmental management. In addition to other poor infrastructural issues, 13 States with an estimated combined population of 57.7 million offer no specialist respiratory services. Nigeria has lost many illustrious people through asthma already and we need to stem the tide. Asthma is already an epidemic! The global burden of asthma is already substantial in terms of mortality, morbidity and economic costs. According to the recent Global Burden of Disease (GBD) study, Asthma is estimated as the 14th most important disorder in terms of global years lived with disability. Asthma, therefore, should be among the top priorities of Ministries of Health, development partners and CSOs when assessing health priorities, allocating resources, and evaluating the potential costs and benefits of public health interventions.

Finally, the achievement of the Sustainable Development Goals (SDGs) targets ---SDG 3 (Good health and well-being), SDG 6 (Clean water and Sanitation), SDG 7 (Affordable clean energy), SDG 13 (Climate action), SDG 14 (Life below water) and SDG 16 (Peace, Security and Strong Institutions) is dependent on the environment and governance outcomes. Governance is core to sustainable environment and development. It protects and promotes peace, justice and sustainable institutions; hence the foundation for every government responsibilities and resultant outcomes.

Therefore, in realization of and on the need to address these key components of health management; most especially asthma management, the theme for the 2018 Amaka Chiwuike-Uba Annual Asthma Conference has been chosen as <u>"Better Breathing, Better Living: The Role of the Environment and Good Governance"</u>.

The 1stAmaka Chiwuike-Uba Annual Asthma Conference held at Roban Hotels, Enugu on the 6th of July 2016 with the theme: **Improving the quality of life of Nigerians: The role of timely and accurate diagnosis and management of asthma**, organized by ACUF in collaboration with the Nigerian Medical Association, Nigerian Thoracic Society, Human Rights Volunteer Corps and the Knowledge and Policy Management Initiative was a huge success with over 700 media reportage and had H.E. Dr. Emmanuel E. Uduaghan, the Minister of Health, the Minister of Education and the Minister of Science and Technology and over 350 persons in attendance.



Objectives of the Conference

The overall objective of the Conference is to provide a platform/forum to identify, brainstorm and share information on the linkages between governance and environment, the environmental exposures/triggers, interventions and treatment of asthma as well as the overall implications of governments (in)action and governance outcomes on the environment and asthma management. The Conference will, amongst other things, help to:

- Identify the linkages between governance and environment and the overall impact of government (in)action and governance outcomes on environmental exposures and respiratory diseases;
- 2. Develop a comprehensive knowledge base on linkages between governance and environmental exposures (climatic factors) and various Governance and Environmental interventions for better breathing and better living;
- 3. Discuss, identify and propose policy actions and ways forward to recognize environment as a critical part of sustainable development and its mainstreaming in all policies, programmes, activities and funding decisions of State and Non-state actors.
- 4. Assess the means of implementation of SDGs and recommend governance innovations for effective implementation of the Sustainable Development Goals (SDGs 3, 6, 7, 13, 14, and 16) to improve overall health and well-being of Nigerians;
- 5. Develop action plans and make policy recommendations to government to promote good governance and friendly environments for health management in Nigeria.

3.0 Description of the Main Activities

The Conference will feature a keynote paper presentation on the theme of the Conference and other targeted presentations on environmental exposures and governance on asthma management. The presentations will be followed by a series of discussions and analyses by a select group of discussants/experts who will respond to the presentations from their own base of knowledge, experience and expertise.

Audience interaction will be the next phase of the Conference, and will involve a dedicated time for questions, reactions and comments from the floor. The presenters and discussants/experts will have the opportunity to respond to as many questions as time would permit. The presentation of the draft action plan/recommendations would be the final session of the Conference.

Given the importance and relevance of the subject matter, the Conference will be chaired by a prominent Nigerian.

4.0 Process Leading to the Conference

Several processes will culminate in the Conference. They include the following:

1. Phone-in TV and Radio programme on Environment, Governance and Health Management.



2. A post-Conference review meeting will be held to evaluate the Conference and its processes. This evaluation will inform future actions for the implementation of the resolutions/action plans from the Conference.

3. Proposed Post-Conference Activities:

- a. Capacity building for health workers, teachers, care-givers, those with asthma and other individuals on environmental management and its impact on overall health and well-being of people;
- b. Develop environment information systems (indicators in poverty monitoring and poverty-environment mapping) that can track the value and use of key environmental assets in relation to the needs of the poor;
- c. Build the capacity of the State and Non-State actors to support environment budget reviews as part of all sectors' inputs into public expenditure review processes to determine and match the cost of environmental assets with the benefits/results;
- d. Strengthen the Civil Society Organizations' (CSOs) legal and communications skills to track both the use of environmental assets and activities to protect against environmental hazards, improving transparency of both government and private sector;
- e. Provide technical assistance to the relevant Legislative Committees to develop overall legislative and regulatory frameworks for environmental governance, rule of law and asthma management (national asthma guidelines);
- f. Continue to raise awareness on the benefits of good practice and develop practical guidelines on environmental management; and
- g. Provide the platform and facilitate regular debates and policy dialogues between key stakeholders to review and discuss states of practice on environmental governance and health management in line with the identified and relevant SDGs.

5.0 Expected Participants

We expect to have about 400 participants from all the sectors of the Nigerian economy, especially, the social and environment sectors. The participants will include the members of the legislature, the executive (key policy and decision makers who have the powers to put policies and programmes into action), those suffering from Asthma and their families, medical practitioners, and caregivers. We expect participation from private sector operators (oil and gas industries), international donor organizations and members of academia, civil society, and media, etc.

6.0 Expected Outcome

- 1. Shared understanding, lessons and experiences on the role of the government (governance) and the environmental exposures on Asthma management.
- 2. Action plan and options paper for integrating environment and governance. The options paper shall provide for the general governance principles required to influence and



inform environmental governance for greater participation, fairness, access to justice, transparency, accountability, efficiency, leadership/direction and timeliness.

3. Improved and enhanced capacity of both the State and Non-state actors to promote environment governance and friendly environment for asthma management

7.0 Expected Output

The Conference will produce a Report capturing and detailing the processes and learning from the Conference, proceedings, agreements, and proposed action plans.

8.0 Venue and Date of the Summit

The Conference is tentatively scheduled to hold 12thJuly, 2018, in Abuja.



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Budget

S/N	Description of Activity	Rate	Qty	Days/ Nights	Amount (Naira)
Α	ANNUAL ASTHMA CONFERENCE				
1	Accommodation and Transport for Resource Persons				
i	Accommodation (Local experts)	58,000.00	15	2	1,740,000.00
ii	Accommodation (Foreign experts)	58,000.00	1	4	232,000.00
iii	Transportation (including return ticket + est. airport taxis) max	120,000.00	15	1	1,800,000.00
iv	Transportation (international)	1,200,000.00	1	1	1,200,000.00
v	Subsistence	15,000.00	16	4	960,000.00
					5,932,000.00
2	Honoraria				
i	Registration, ushering attendants - 5 persons@N10,000/day	10,000.00	10	1	100,000.00
	Honoraria for Panel and Resource				
ii	N300.00.00	300.000.00	10	1	3.000.000.00
					3.100.000.00
3	Hall/LUNCH				-,,
i	Hall	720.000.00	1	1	720.000.00
ii	Group Lunch	8.950.00	400	1	3.580.000.00
iii	Tea/Coffee Break	3.920.00	400	2	3.136.000.00
iv	Bottled Water	220.00	400	2	176,000.00
v	Beverages	350.00	400	2	280,000.00
					7,892,000.00
4	Facilitation				
	Communications (emails,				
i	telephone calls, text messages, etc)				150,000.00
ii	Banners	30,000.00	5	1	150,000.00
iii	Couriers	3,600.00	100	1	360,000.00
	PA system (including console for				
iv	live streaming)	450,000.00	1	1	450,000.00
v	Power Point Projector and Screen	50,000.00	2	1	100,000.00
					1,210,000.00
5	Consumables				
	Secretariat and logistics materials				
:	including toners, papers and				150,000,00
1	Production of Conference				120,000.00
ii	Programme, etc	1,200.00	600	1	720,000.00



S/N	Description of Activity	Rate	Qty	Days/	Amount					
iii	Conference Folders	800.00	600	1	480,000.00					
					1,350,000.00					
6	Publicity and Dissemination									
i	TV/Radio Announcements	125,000.00	5	4	2,500,000.00					
	Press/Media releases,									
	announcement articles,									
ii	conferences, Op-Eds, etc	120,000.00	8	1	960,000.00					
iii	Videographer	560,000.00	1	1	560,000.00					
					4,020,000.00					
7	Transportation & Logistics (Provision		1,000,000.00							
	Preparation and production of Policy									
8	the Conference and Stakeholder Enlig	Conference and Stakeholder Enlightenment Papers								
					1,958,000.00					
	Sub-Total to Annual Asthma									
	Conference				25,462,000.00					
В	PRE & POST CONFERENCE ACTIVITIE	S								
	AWARENESS CREATION, EDUCATION	I & TRAINING A	ND ADVC	OCACY						
1	Phone-in Radio Programme (Airtime	/Slot Payment)								
i	Experts (transportation, etc)	20,000.00	2	24	960,000.00					
ii	Airtime/slot payment	50,000.00	4	24	4,800,000.00					
					5,760,000.00					
2	Schools Training and Advocacy on As									
i	Experts transport and honorarium	30,000.00	30	2	1,800,000.00					
ii	Projector	30,000.00	30	2	1,800,000.00					
iii	PA System	15,000.00	30	2	900,000.00					
					4,500,000.00					
	Training of Doctors and other Medic	al Practitioners	on							
	Asthma Management Tools (5 Days	Training holding a	it each							
	geo-political zone of Nigeria: max exped	ted participants-	120							
3	persons per meeting)									
i	Venue	150,000.00	6	5	4,500,000.00					
ii	Refreshment	5,000.00	6	150	4,500,000.00					
iii	Honorarium to 2 Facilitators	200,000.00	12	1	2,400,000.00					
iv	Transportation – 2 facilitators	120,000.00	12	1	1,440,000.00					
v	Accommodation – 2 Facilitators	20,000.00	12	5	1,200,000.00					
	Training facilities (PA System, Flip		_							
vi	Chart, Power Point, etc)	60,000.00	6	5	1,800,000.00					
	Production of Information,									
:	Educational and Communication			1	4 000 000 00					
VII		800.00	5000	T	4,000,000.00					
					19,840,000.00					
	Sub-Total to Awareness Creation	and Advocacy			30,100,000.00					
С	GRAND TOTAL (A+B)				55,562,000.00					



2018 WORKPLAN

S/No	Programme/Project/Activity	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		17	17	18	18	18	18	18	18	18	18	18	18	18	18
1	Physicians Asthma Management Education														
	(PAME). This is a quarterly 2-days training and														
	capacity building session for doctors to be held in														
	each of the six geo-political zones of Nigeria.														
2.	Asthma and Respiratory Management Workshop														
	for Practice Nurses														
	The Practice Nurse Seminar aims to enable nurses														
	to provide consistent, up to date and holistic care to														
	people with asthma and other respiratory diseases														
	more effectively and efficiently. It shall be held														
	every other month.														
3.	Comprehensive training in the application,														
	measurement and interpretation of spirometry for														
	GPs and practice nurses														
	The workshop is aimed to increase the knowledge														
	and awareness of the role of spirometry in asthma														
	primary care; hence, help the practitioners and														
	asthma patients (including family members) to														
	understand interpretation and clinical implications														
	of spirometry results, including differential														
	diagnosis.														
4.	Annual National Asthma Conference – tagged														
	"Amaka Chiwuike-Uba Annual Asthma														
	Conference"														
	This is an annual conference that brings together														
	the health practitioners, the government, the														



S/No	Programme/Project/Activity	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		17	17	18	18	18	18	18	18	18	18	18	18	18	18
	asthma patients and their families and all the														
	relevant stakeholders to discuss and review issues														
	related to asthma management under different														
	themes.														
5.	Asthma Crisis Management Centres														
	The foundation has established 3 asthma crisis														
	management centers and plans to establish asthma														
	management centers in all local government														
	headquarters and other locations.														
	In 2018, we plan to establish the centers in all the														
	IDPs camps and some selected prisons in Nigeria.														
6	Schools' Education and Training Workshops on														
	Asthma Management														
	To educate school staff, teens, parents and														
	community health professionals with asthma Under														
	ACUF's Better Breathing Program														
/.	Radio and TV Programmes on Asthma														
8.	Development, printing and distribution of Asthma														
	Management Toolkit and handbook														
9.	Development, printing and distribution of Asthma														
	Basics for Children														
10.	Development, printing and distribution of														
	educational resources and forms (manuals, action														
L	plans, reference cards, factsheets, etc) on asthma														
11.	Bringing Youth to Services Project														
12.	Youth Entrepreneurship Program														