Lung cancer care in Nigeria

How effective policy can transform outcomes

The Global Policy and Partnerships Committee, The Health Policy Partnership

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Lung cancer is a global health emergency.

It is the leading cause of cancer deaths and—together with tracheal and bronchus cancer—is estimated to cost the global economy $3.9 trillion between 2020 and 2050.[1,2] There were over 2.4 million new cases in 2022, and that number is expected to grow to 4.4 million by 2050.[3] The disease has a profound impact on people and their loved ones; a diagnosis can cause intense emotional distress and have knock-on effects, including on people's ability to engage in education and work.[4,5] Urgent policy action and investment are needed to address the rising toll of the disease.

Nigeria's population is approximately 236.7 million.[6]

In 2022, there were more than 2,400 people living with lung cancer who had received a diagnosis in the previous five years.[7]

Nigeria has one of the lowest rates of lung cancer incidence and mortality in the world (1.7 and 1.6 per 100,000, respectively).[8,9]* But disjointed reporting, limited data management, and people engaging with multiple health systems mean that these rates are under-reported and may be much higher.[10,11]

By 2050, incidence and mortality rates are expected to rise by over 150%, demonstrating the growing toll of lung cancer in Nigeria.[12]*

*The source combines data for trachea, bronchus, and lung cancer. However, this profile concerns lung cancer only, so, for brevity, it does not mention trachea and bronchus cancer.

IASLC
INTERNATIONAL ASSOCIATION FOR THE STUDY OF LUNG CANCER
Conquering Lung & Thoracic Cancers Worldwide in the 21st Century

This report was developed by the International Association for the Study of Lung Cancer (IASLC) Global Policy and Partnerships Committee in collaboration with The Health Policy Partnership, an independent health policy and research consultancy. The content was informed by input from various IASLC members, who contributed their time voluntarily. The report is intended for informational and policy purposes only and should not be considered medical advice. Readers are encouraged to consult qualified health care professionals for medical guidance.

Nigeria's policy and care landscape

National cancer control plan (NCCP)		The Federal Ministry of Health and the National Institute for Cancer Research and Treatment have published the National Strategic Cancer Control Plan 2023–27.[13] Application of the NCCP is guided by a documented protocol; however, budgetary challenges have hindered implementation.[14]
Lung cancer mentioned in NCCP		There is no mention of lung cancer in the NCCP.
National cancer registry		Across Nigeria, 29 in 36 states have some form of cancer registry; 19 of the registries are population-based.[15] A centralized national registry has yet to be introduced, but objectives in the NCCP include centralizing and digitizing population-based cancer registries to increase coverage to over 70% by 2027.[13]
Defined care pathway and/or guidelines for lung cancer		There is a lack of local clinical practice guidelines or pathways for lung cancer in Nigeria.[10 16]

"I see lung cancer as an upcoming epidemic. We are trying to sound the alarm and raise awareness to get systemic change from the government."

Caleb Egwuenu, advocate, Nigeria

Strategies for prioritizing lung cancer in Nigeria

Risk reduction

Tobacco smoking is the biggest risk factor for lung cancer globally, but there are other risk factors of increasing concern, including family history, occupational exposure, air pollution, and radon.[17] Enacting policies that mitigate these risks is vital to reducing the incidence of lung cancer.

Exposure to air pollution is the biggest risk factor for lung cancer in Nigeria. Data suggest that 34% of lung cancer deaths are attributable to it.* Tobacco use causes 14% of lung cancer deaths, occupational exposures cause 7%, and radon causes over 4%.[18 *]

Industrial pollution (attributed to oil refineries) and exposure to solid cooking fuels are two of the main sources of air pollution that cause lung cancer.[19]

Awareness of the risk factors for lung cancer is low among the public and clinicians; few people are aware of the impact of air pollution on lung cancer incidence.[14 20]

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National policies/strategies for risk reduction

Tobacco control		Nigeria ratified the World Health Organization (WHO) Framework Convention on Tobacco Control in 2005.[21] Banning smoking in public places was an objective in the NCCP, but it is reported that compliance with these policies is limited.[13 22] Advertising tobacco products is banned, but the ban is not consistently enforced.[23] Smoking cessation services, including nicotine replacement therapies, are available in some hospitals, but service costs are only partially covered by the government.[22] The average tax on the most popular brand of cigarettes is 44%, but there has been no change in the affordability of cigarettes; therefore, taxation has been ineffective as a deterrent.[22 23]
E-cigarettes/ vaping		There are no policies or strategies specific to e-cigarettes or vaping.
Occupational exposure		There are a number of policies in place to protect people from hazards in the workplace, but they do not specifically mention lung cancer or exposure to its risk factors.[24 25] Occupational policy implementation is limited in practice due to minimal enforcement.[19 26 27]
Air pollution		Nigeria has laws, regulations, and acts in place to reduce the prevalence and impact of air pollution, but their implementation remains extremely limited.[28] This is attributed to poor enforcement of environmental protection laws, dependence on the fossil fuel industry, lack of infrastructure to manage pollution, meager fines for non-compliance, a lack of independent regulatory agencies, and poor compliance with international regulations.[28] This has resulted in 100% of the population living in areas where particulate levels exceed WHO guidelines for healthy air.[29]
Educational or public awareness campaigns		Nigeria has an anti-tobacco campaign, which is part of its tobacco control program.[23]

Earlier detection

Diagnosing lung cancer early is crucial to improving survival rates.

The five-year survival rate could be over 80% if the disease is diagnosed earlier (stage I);however, diagnosis currently occurs at a late stage (III and IV) in around 70% of cases,when the five-year survival rate falls to as low as 7–18% (for stage IV disease specifically).[30-33]

Data collection on lung cancer staging in Nigeria is limited, but small-scale studies suggest that around 83% of people present with late-stage disease (stages III and IV).[34]

Clinical awareness of lung cancer symptoms and the importance of earlier detection is limited. Many lung cancers are still diagnosed as tuberculosis or other respiratory conditions, resulting in lung cancer being mismanaged for many months, then being diagnosed at a late stage.[10 14 19 35]

Strategies to improve earlier detection

Clinical awareness campaigns		The Nigerian Thoracic Society exists to advance the quality and practice of thoracic medicine and educate clinicians to improve care.[36] No evidence was found for national clinical awareness campaigns, but see the *Case study* for an example of a small-scale intervention to enhance clinician awareness that resulted in the earlier detection of lung cancer in the Nigerian population.
Public awareness campaigns		While there are no nationally executed awareness campaigns, the *Case study* illustrates how community education can improve the earlier detection of lung cancer.
National screening program		No formalized screening program is in place in Nigeria, and low-dose computed tomography screening is not offered outside of private care.[10] Most lung cancer diagnoses are made incidentally via X-ray imaging.[14]

Case study. A community-based approach to detecting lung cancer earlier in underserved communities

The Rosana Empowerment Foundation—a non-profit organization that works to improve education, health care, and sustainability in Nigeria—implemented a community-based intervention to improve the earlier detection of lung cancer and reduce mortality rates in underserved communities.[37 38]

Pilot studies in the states of Anambra, Imo, Bauchi, and Gombe involved training local health care workers, educating the public on the importance of earlier detection and symptom awareness, and implementing cost-effective screening tools.[37]

Following the intervention, it was reported that early-stage diagnoses rose by 40%; late-stage diagnoses decreased by 30%; and, among people receiving early treatment, mortality rates decreased by 25%.[37] The program also increased community engagement in lung cancer services and significantly raised awareness of early symptoms among both the public and community health care workers.[37]

Care

Lung cancer care covers a range of elements, from treatment to palliative care. There are a number of chemotherapies, radiotherapies, and immunotherapies available, and the identification of specific biomarkers can be used to guide treatment choice.[39 40] Palliative care can be used to support people through treatment, and with pain and symptom management.[41]

The National Health Insurance Authority was established in 2022 with the goal of attaining universal health coverage by 2030.[42] However, coverage of the population is low (8.1%), which means that out-of-pocket spending accounts for 76.1% of total health expenditure.[43 44]

Coverage for cancer medications may be reimbursed by The Cancer Fund, a public–private coalition of industry partners and the Nigerian government.[14 45] However, the fund only provides reimbursement for breast, cervical, and prostate cancer medications, so people with lung cancer have to pay out of pocket for treatment.[45-47]

Strategies to enhance lung cancer care

Biomarker testing and/or next-generation sequencing	Industry-sponsored biomarker testing is available at two centers (in Lagos and Abuja). However, next-generation sequencing and multi-panel sequencing are not available.[19]
Oncology centers that provide specialized lung cancer care	There are specialized oncology centers in major cities in Nigeria's six geopolitical zones; but much of the country has no access to specialized cancer care.[10 19]
Multidisciplinary care team	Multidisciplinary care teams are available in specialized oncology centers; these include: pulmonologists, cardiothoracic surgeons, pathologists, radiologists, radiation oncologists, medical oncologists, oncology nurses, and patient navigators.[14] Patient navigators are employed at the National Hospital in Abuja to improve patient wellbeing and ease clinician workload; this has improved patient satisfaction and care efficiency.[14] However, there is a shortage of specialist clinicians; few are being trained, and many are leaving Nigeria to practice in other countries.[19 35]
Treatments	A limited number of cancer medicines appear on Nigeria's Essential Medicines List, which guides prescribing and reimbursement under the National Health Insurance Scheme.[50 51] Systemic cancer medicines are available—with chemotherapy most frequently offered.[34] But they incur large out-of-pocket costs, meaning many people with lung cancer do not start treatment or are unable to complete their recommended treatment course.[48 49] Clinicians may also need to request imported medicines from pharmaceutical companies.[10] Some targeted therapies are available, but their use in practice is limited due to cost. Industry partners cover the costs of investigation, but people with lung cancer must pay out of pocket for the corresponding treatments.[14] Although available, surgery for lung cancer is offered on a limited basis due to the high prevalence of late-stage diagnoses.[10 48] Only ten radiation therapy machines are available in the country, and lack of maintenance results in breakdowns, cancellations, and delayed services.[19 49]
Palliative care and/or supportive services	Palliative care in Nigeria is limited, isolated to private hospitals with specialist practitioners and a small number of public hospitals. Oncologists are typically responsible for the provision of palliative care.[14 19]

Living well beyond cancer

Living well beyond lung cancer is becoming a more pressing issue as more people are living longer after diagnosis. Living well beyond lung cancer focuses on ensuring a good quality of life and providing holistic care.[52]

Support for people living with lung cancer is almost non-existent in Nigeria.[14 19] However, it will increasingly be needed, as incidence rates are expected to rise.[12]

The financial impact of a lung cancer diagnosis is considerable in Nigeria. Unless people have the ability to pay out of pocket, they will be unable to afford treatment and may experience financial toxicity.[51 53] This means that even if someone lives beyond lung cancer, they and their loved ones are negatively affected by the costs of care.

Recommendations for policymakers

- **Educate and utilize trusted people in the community, such as clinicians and faith leaders, to increase awareness** and share information about lung cancer and its risks and symptoms, and the importance of earlier detection.

- **Create and operate a national cancer registry** to collect reliable data on epidemiology, demographics, clinical characteristics, overall survival, and therapeutic management, and so build a comprehensive picture of the disease; this would help inform future policy decisions and funding allocations.

- **Implement and enforce clean air policies to reduce both outdoor and household air pollution.** These policies should follow WHO guidelines, reduce oil refinery outputs, and provide subsidies for cleaner cooking fuels to minimize exposure to air pollution.

- **Train and retain local staff to operate and maintain medical machinery (such as radiation machines)** to ensure that diagnostic and treatment services can be routinely provided.

- **Include systemic lung cancer treatments, immunotherapies, and targeted treatments in the government's Essential Medicines List** to reduce out-of-pocket costs and to support adherence to treatment plans.

- **Develop clinical practice guidelines and care pathways for lung cancer,** tailored to Nigeria and its unique context.

Appendix. Methodology

This profile was developed using a structured literature review (using peer-reviewed and grey literature from 2018 to 2025) guided by a key topics list and corresponding search terms. The data presented in each profile were dependent on what was available in the published literature.

The profiles were supplemented with expert interviews in each country. The interviews were 30–60 minutes and were facilitated by a discussion guide that aimed to discover the key challenges for lung cancer risk reduction, earlier detection, and care in each country while also revealing any best-practice initiatives in place to reduce the impact of the disease. Opportunities were also given to respondents to provide written responses to questions rather than participating in an interview, to facilitate participation.

This country profile underwent two rounds of review from the members of the IASLC Global Policy and Partnerships Committee and the experts who contributed to the country profile via interview.

More information can be found in the supplementary material.

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