**Response to correspondence to our paper “Improving lung health in low-income and middle-income countries: from challenges to solutions”**

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We thank Tracey Lonergan and colleagues for their letter welcoming our review “Improving lung health in low-income and middle-income countries (LMICs): from challenges to solutions”.1 We entirely agree that high quality primary care is a key component for the successful delivery of Universal Health Coverage (UHC) and has a particularly crucial role to play in the provision of health services for people with chronic respiratory diseases (CRDs) in LMICs. We applaud the efforts of the International Primary Care Respiratory Group in championing this cause. Health systems are complex and adaptive, functioning at multiple interconnected levels, therefore improving quality of care will require system-wide action.2 It is not only primary care services, but the connections between primary care, community health workers and secondary care services which need to be strengthened in LMICs. Furthermore, it is vital that these quality reforms are country-led.

We also thank Benoit Nemery and colleagues for their letter. We had very much hoped that our review would provide a wake-up call about CRDs in stretched health systems in LMICs and are delighted to hear this was well received. Although we discuss air pollution at several points in our paper and specifically highlight the need to address tobacco smoke, household and ambient and occupational exposures in our conclusion, the importance of air pollution cannot be understated as a contributor to the burden of CRDs (the focus of our review) and numerous other diseases.3,4 The importance of air pollution extends well beyond human health to include climate and planetary health5 so we could not agree more with the suggestion to go beyond medical solutions here and take a global (including planetary) health approach.

# References

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