Why Asthma?

• Asthma is the most common chronic disease among children.
• Asthma affects millions of adults.
• 235 million people worldwide suffer from asthma.
• Asthma is a non-communicable disease (NCD).
• Effective medicines are available.
• Unfortunately, for many people with asthma – particularly the poor – these medicines are too costly or not available at all.
Why Now?

The burden of asthma has been growing over the past 30 years, particularly in the low- and middle-income countries least able to absorb its impact.

The UN High-Level Meeting on NCDs will be held to focus world attention on the increasing threat of asthma and other NCDs to global health, social welfare and economic development.
With asthma, breathing is not something you take for granted.
### What is Asthma?

**The Symptoms of Asthma**
- wheezing
- breathlessness
- chest tightness
- cough
- sputum production

**Three Components Used to Define Asthma**
- chronic airways inflammation
- reversible airflow obstruction
- enhanced bronchial reactivity
Asthma in Children

Figure 2: Asthma symptoms among 13-14 year olds


The star (*) shows the centres reporting the highest prevalence.
Asthma in Adults

Figure 1:
Prevalence of wheeze and asthma according to Gross National Income (GNI)

Source: Redrawn from data in Sembajwe G, et al., Eur Respir J. 2010
Factors Affecting Asthma

It is important to distinguish between the triggers of asthma attacks and the causes of the underlying asthmatic trait.
The prevalence of asthma symptoms is higher in children living near sources of traffic pollution.
Smoking is the leading risk factor for COPD and worsens asthma.
Lack of access to quality-assured affordable medicines is a major obstacle to effective asthma management.
Inhaled corticosteroids are essential to success

The under-use of inhaled corticosteroids results in poor asthma control, frequent unplanned visits to the emergency room, more hospitalisations, and unnecessary reduction in quality of life for those who live with asthma.
Despite the success of asthma management guidelines so far, increased efforts are required to improve adherence to guidelines and promote the delivery of quality asthma care.
Figure 2:

Affordability of Beclometasone 100μg inhaler in private pharmacies
(Number of days of wages required to purchase one inhaler)
The Asthma Drug Facility (ADF), a project of The Union, is helping to overcome high medication costs by making it possible for low- and middle-income countries to obtain quality-assured essential medicines at affordable prices.

For many patients and health systems, asthma medicines are prohibitively expensive and frequently not available.
Countries around the world are beginning to address the challenges of asthma management using a variety of approaches, strategies and structures.
Untreated and poorly managed asthma diminish the ability to learn, earn and contribute to family and community life.
Challenges to receiving care for asthma

• Asthma often goes undiagnosed.
• The most effective medicines are not prescribed.
• The gap between rich and poor is wide – and gets wider.
• In some regions, essential medicines are completely unavailable.
• In others, medicines are available – at prices out of reach for most people.
• Emergency rooms are full of people with asthma.
Asthma and Poverty

Steps:

1. Promote standardised management of asthma.

2. Identify the poor and vulnerable groups in the country.

3. Determine which barriers prevent their access to services that provide asthma diagnosis and treatment.

4. Assess potential actions to overcome the barriers to access.

5. Identify situations and groups that require special consideration.

6. Include asthma and other respiratory NCDs in discussions about health financing.

7. Evaluate the impact of pro-poor measures.

In terms of human development, poverty means far more than being economically poor. It includes and overlaps with all types of social vulnerability.
The Economic Burden of Asthma

Treating asthma entails vastly more than the cost of medicines. It amounts to billions of dollars in both direct and indirect costs.
Millions of children will fail to live up to their potential if asthma is not addressed.
An interdisciplinary approach is the most likely to open up new avenues of cutting-edge research.
Making Asthma a Global Priority

What needs to be done

• Invest in asthma research.
• Ensure that good-quality asthma drugs are affordable and accessible.
• Reorganise health services for long-term treatment.
• Support priority interventions for NCDs.

WHEN ASTHMA IS TRULY A GLOBAL PRIORITY:

1. Asthma will be recognised as a major global health problem.
2. Affordable, quality-assured asthma medicines will be universally accessible.
3. Correct asthma treatment will reduce suffering and poverty and increase prosperity, especially in low- and middle-income countries.
4. NCD priority actions, such as tobacco control, will be scaled-up massively and will help prevent asthma and other CRDs.
5. Surveillance of asthma will be ongoing and cover all countries in the world.
6. More asthma research will be funded, especially in low- and middle-income countries.