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Asthma medicines still unavailable and unaffordable for most in low-income countries - Global Asthma Network calls for action from the global NCD movement

The availability, pricing and affordability of three essential asthma medicines varies greatly according to a new study of 52 low- and middle-income countries.

The study, by researchers at the University of Auckland and the International Union Against Tuberculosis and Lung Disease (The Union), was published in the journal *PharmacoEconomics*. It was led by Dr Zaheer Babar from the University's School of Pharmacy and Dr Karen Bissell from The Union and the University of Auckland, School of Population Health.

Professor Innes Asher, Chair of the Global Asthma Network, advocates access to quality-assured, affordable asthma essential medicines for all patients in all countries. "The Millennium Development Goals acknowledge the need to improve the availability of affordable medicines for the world's poor (Target 8e). This study proves that for asthma, one of the major chronic non-communicable diseases (NCDs), we are still a very long way from reaching our target. People in low- and middle-income countries are not benefiting from the essential asthma medicines they need, to control their asthma and lead active, productive lives," says Professor Asher. "International and national efforts to address NCDs will be futile unless we urgently address issues of availability, affordability and quality of the essential medicines and technologies required to treat and manage NCDs such as asthma".

Research on medicine prices is still scarce. This study, conducted in 52 selected low- and middle-income countries, investigated the availability, pricing and affordability of the three main asthma medicines on the World Health Organisation's (WHO's) Model List of Essential Medicines - beclometasone, budesonide and salbutamol.

Data was collected from private retail pharmacies, national procurement centres and public hospitals. The study uses as benchmarks the international reference prices (IRPs) generated by Management Sciences for Health, and the 2011 prices of the Asthma Drug Facility (ADF – a project of The Union), which were lower than the IRPs.

"The results indicate that the availability of inhaled corticosteroids was particularly poor. This is of great concern, because under-use of inhaled corticosteroids results in poor asthma control, frequent unplanned visits to the emergency room, more hospitalisations and an unnecessary reduction in quality of life for those who live with asthma" says Professor Asher. "In addition, it

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seems that many national Essential Medicines Lists have not been updated to incorporate inhaled corticosteroids. This is bound to affect access to these medicines.”

Considerable variation was found in the pricing structures across the countries and most national procurement systems appeared to be inefficient when compared with ADF prices. The authors found that many health systems as well as patients appeared to be paying more than is necessary for asthma medicines, and many prices were unaffordable for patients. Some countries seem to be subsidising asthma medicines, making them free or less expensive for patients, while many other countries were applying very high margins. This can significantly increase the price for patients unless a reimbursement system existed.

The Global Asthma Network calls for asthma to be properly recognised as a major chronic NCD, and for global NCD policy, strategy and funding to give due priority to resolving problems of access to essential medicines for asthma and other major NCDs.

<http://link.springer.com/article/10.1007/s40273-013-0095-9>

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Further information

Global Asthma Network

Established in 2012, the Global Asthma Network is working worldwide to reduce the burden of asthma through improving management, research, surveillance, capacity building and GAN strives to achieve global access to quality-assured essential medications.

www.globalasthmanetwork.org