

Buying common medicines can push poor people further into poverty

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A substantial proportion (up to 86%) of the population living in low and middle income countries would be pushed into poverty as a result of purchasing common life-saving medicines. These are the findings of a study by Laurens Niëns from Erasmus University Rotterdam and colleagues and published in this week's *PLoS Medicine*. In addition, generic versions of such medicine were shown to be generally substantially more affordable than originator brand products.

In order to show the impact of the cost of medicines on poorer populations, the authors analysed the proportion of people who would be pushed into poverty (an income level of US\$1.25 or US\$2 a day) by paying for life-saving medicines--the "impoverishing effect of a medicine."

The authors generated "impoverishment rates" of four medicines in 16 low- and middle-income countries by comparing households' daily per capita income before and after (the hypothetical) purchase of one of the following: a salbutamol 100 mcg/dose inhaler, glibenclamide 5 mg cap/tab, atenolol 50 mg cap/tab, and amoxicillin 250 mg cap/tab. This selection of drugs covers the treatment/management of three chronic diseases and one acute illness.

The results of the study show that the high cost of medicines have catastrophic effects on poor people. In addition, as the treatment of chronic conditions often requires a combination of medicines, the cost of treating and managing a chronic condition such as asthma, diabetes,



and cardiovascular disease is likely to be even more unaffordable than what is reported in this study.

The authors conclude: "Action is needed to improve medicine affordability, such as promoting the use of quality assured, low-priced generics, and establishing health insurance systems."

More information: Niens LM, Cameron A, Van de Poel E, Ewen M, Brouwer WBF, et al. (2010) Quantifying the Impoverishing Effects of Purchasing Medicines: A Cross-Country Comparison of the Affordability of Medicines in the Developing World. PLoS Med 7(8): e1000333. doi:10.1371/journal.pmed.1000333

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