

# Asthma medicines a struggle for many countries

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(Medical Xpress)—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 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 University's School of Population Health, and the International Union Against Tuberculosis and Lung Disease (The Union).

"The provision of affordable essential medicines is one of the United Nations Millennium Development Goals, but there are millions of people suffering from asthma in low and middle income countries who cannot access the essential asthma medicines recommended by the World Health Organization (WHO)", says Dr Babar.

"The medicines are either not available, or if they are available, they are so expensive that people cannot afford to buy them," says Dr Babar.

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 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 used 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 serious, 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 Dr Bissell.

"Availability of inhaled corticosteroids was worse in national procurement centres and main hospitals than private pharmacies," says Dr Babar. "We also found that many national 'Essential Medicines Lists' have not been updated to incorporate these [inhaled corticosteroids](#)."

Considerable variation was found in the pricing structures across the countries and most national procurement systems appeared to be inefficient when ADF prices were used as comparison.

"Many health systems as well as patients appear to be paying more than is necessary for asthma medicines, and many prices were unaffordable for patients," says Dr Bissell.

"Some countries appear to be subsidising asthma medicines, making them free or less expensive for patients, while many other [countries](#) were applying very high margins, which can significantly increase the price for patients unless a reimbursement system existed", she says.

Procurement of [generic medicines](#) is generally expected to result in cost saving and improved affordability.

"In the majority of cases the prices for innovator brand medicines were higher than for the generic medicines," says Dr Babar. "But in India and Kenya for example, the price of innovator brand salbutamol in private retail pharmacies was less than the generic medicine."

**More information:** [link.springer.com/article/10.1 ...  
07/s40273-013-0095-9](https://link.springer.com/article/10.1007/s40273-013-0095-9)

Provided by University of Auckland

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