Improving access to asthma drugs: the Asthma Drug Facility

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Providing access to affordable good quality essential asthma drugs

Summary

- What is the Asthma Drug Facility?
- Why create an Asthma Drug Facility?
- What is the ADF based upon?
- ADF strategy, procurement, prices
- What accompanies ADF drug procurement?
- What are the challenges?
- What else needs to happen?
- ADF an agent for change

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What is the Asthma Drug Facility?

- The Union created ADF to provide access for low and middle-income countries to affordable good quality essential asthma medicines
- Countries/programmes can purchase generic medicines through ADF at low prices
- Clients implement The Union's 4 step approach to asthma (locally adapted)
- Clients receive training materials and information system. They can request training and assistance
- Clients report on outcomes of persistent asthma

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Why create an ADF?
Low affordability of drugs in many countries

High cost (=low affordability for patients) of essential asthma drugs, particularly inhaled corticosteroids, has been demonstrated since 1998 in The Union studies:

– Majority of patients cannot afford the essentials.

– Minority of rich patients are purchasing costly long-acting beta2, associations and anti-leucotrienes.

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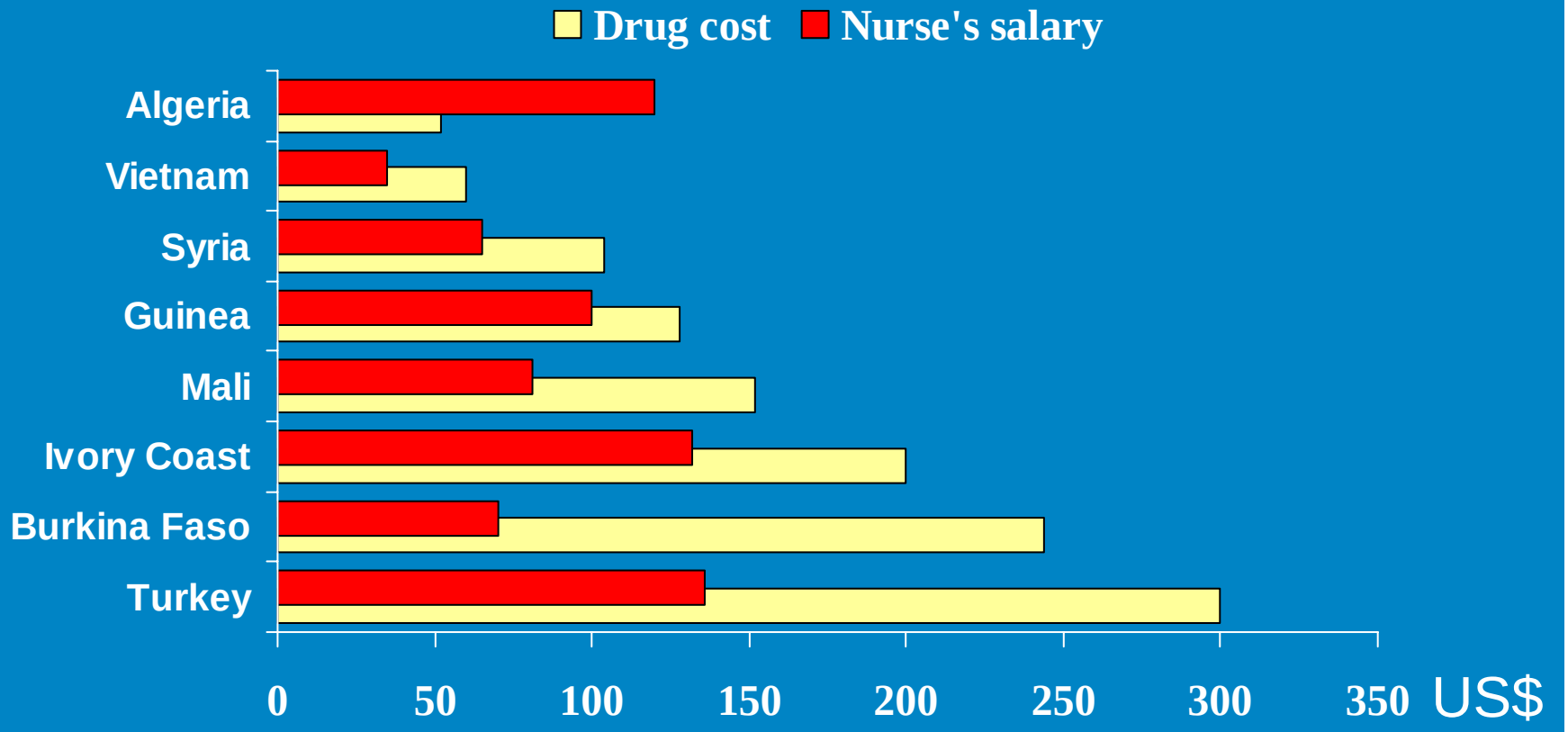
Affordability of asthma drugs

One year for moderate persistent asthma, 1998



N. Ait-Khaled et al
Int J Tuberc Lung Dis 2000; 4, 3: 268-271.

Why create an ADF?

Low affordability

e.g. Inhaled beclomethasone 250µg

Cost for the patient of 1 inhaler in US$	% of countries
< $5	15
$5-9	11
$10-29	**48**
$30-55	4
Do not know	22

Survey (46 countries), The Union and ADF, 2005

Why create an ADF?
Health services and Patients

- Majority of asthma and COPD cases live in developing countries. Numbers are increasing.
- Priority is still being given to communicable diseases – by countries and by international community.
- Health services are not organised for long-term quality care of asthma or COPD.
- Health workers are not trained, or insufficiently.
- People not receiving care and not being enabled to manage their own asthma.

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Why create an ADF?
The health costs argument

Low and middle-income countries cannot afford to not treat asthma

Costs increase when asthma not treated or incorrectly treated.

➔Reduce unnecessary expense of emergency visits, hospitalisation, and ineffective and inappropriate medicines

➔Reduce indirect costs on patients, families, governments

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What is ADF based upon?

Mechanism:

- requests from colleagues in low-income settings
- studies of obstacles to care
- experience of Global TB Drug Facility

Technical content:

- 4 step approach, The Union Asthma Guide and experience

Advocacy:

- The Union, Stop TB Partnership
- experience of Global Initiative for Asthma (GINA)

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What is ADF based upon?

The Union approach to asthma management

- standardised 4 step approach
- long-term care
- international guidelines (GINA) adapted to LIC & MIC economic and operational context
- tested in routine conditions
- focus on quality of care through standardisation, feasibility and evaluation
- aims to get care to the majority of patients

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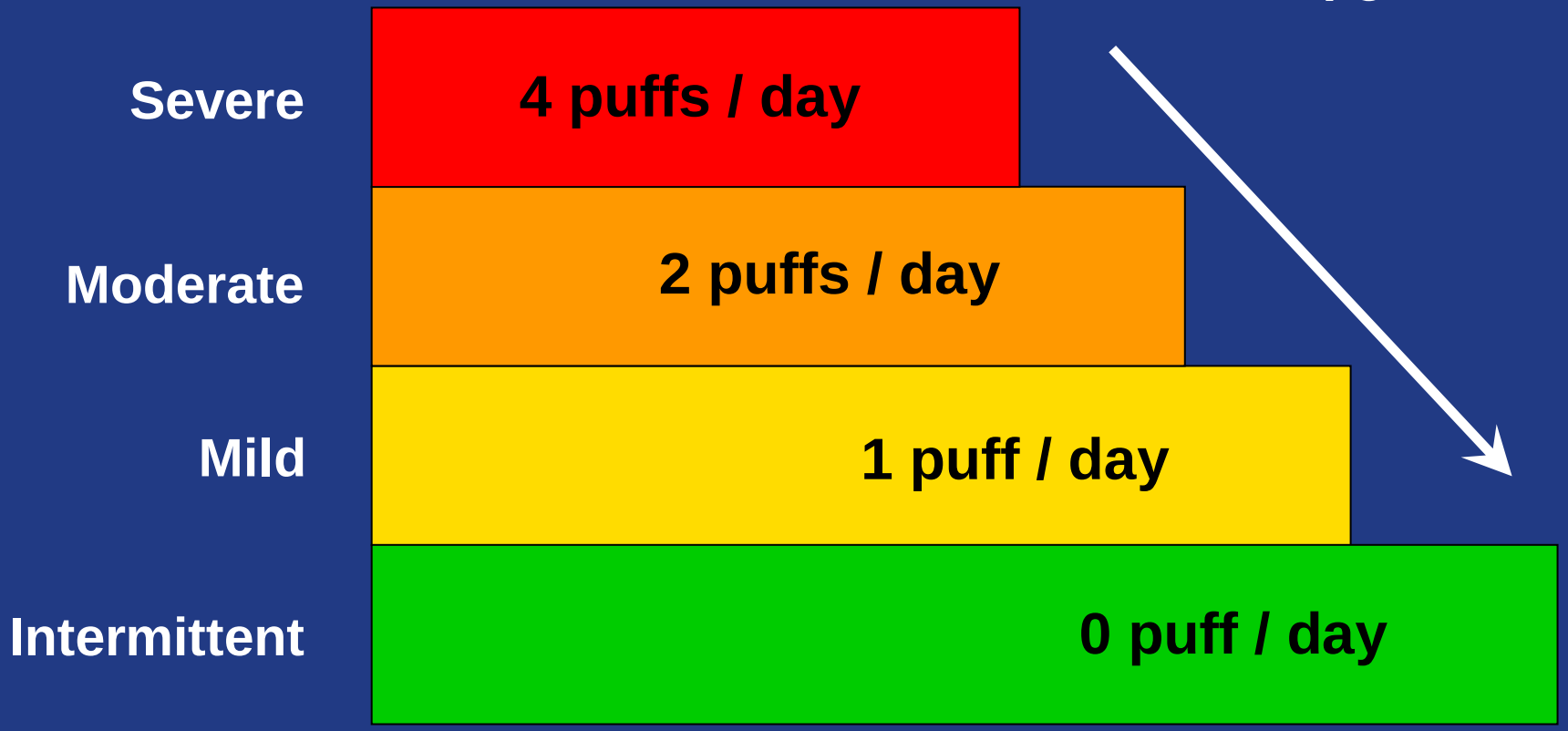
4 STEP APPROACH TO ASTHMA

with HFA inhalers (CFC-free)

Diagnosis and treatment based on symptoms and lung function

Extra-fine HFA-Beclomethasone 250 µg *



*** And HFA-Salbutamol 100 µg as needed**

With The Union's technical package for asthma management

Asthma Drug Facility
Strategy

1. Promote The Union's 4 step standardised, essential medicines approach to asthma diagnosis & treatment, and package of technical measures for quality asthma management in general health services.
2. Use purchasing and marketing strategies to lower prices of medicines so that they become affordable for the patient.
3. Target populations with large numbers of patients already seeking care from services that are not yet able to buy asthma medicines.

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Asthma Drug Facility
Strategy

4. Increase awareness that disability and poverty caused by asthma can be reduced.

5. Be an efficient, independent, transparent, sustainable drug supply system.

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ADF drug procurement

- Procurement system
- Quality products
- Low prices
- …….

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ADF prices

FCA prices in US$ for one inhaler (order of 10,000)

- **Beclomethasone 250µg**
  - HFA: $1.43
  - CFC: $1.40
- **Salbutamol 100µg**
  - HFA: $1.05
  - CFC: $0.96
- **Budesonide 200µg**
  - HFA: $1.71
  - CFC: $1.62
- **Fluticasone 125µg**
  - HFA: $2.60
  - CFC: $2.51
- **Terbutaline 250µg**
  - HFA: $1.27
  - CFC: $1.17

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Prices valid until Nov 2007
Not including extra costs e.g. transport costs

Is ADF just about low prices?

Of course, you need more than just low prices to:

- improve access to medicines
- improve asthma management
- improve advocacy

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What accompanies ADF drug procurement?

ADF offers technical package based on The Union Asthma Guide

- Training materials
- Monitoring materials for client - EpiData for patient registration and follow-up
- Evaluation of clients' monitoring reports
  1) case finding of persistent asthma
  2) outcome - cohort analysis
- Training courses and technical assistance, available on request

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What are the challenges for the ADF?
Procurement and policy

- Responding to different purchasing procedures in countries
- Obstacles to purchasing generics were identified by countries (Survey 2005)
  - medicine import regulations
  - bureaucracy
  - pharmaceutical competition
- Countries at different stages of asthma policy-making and implementation

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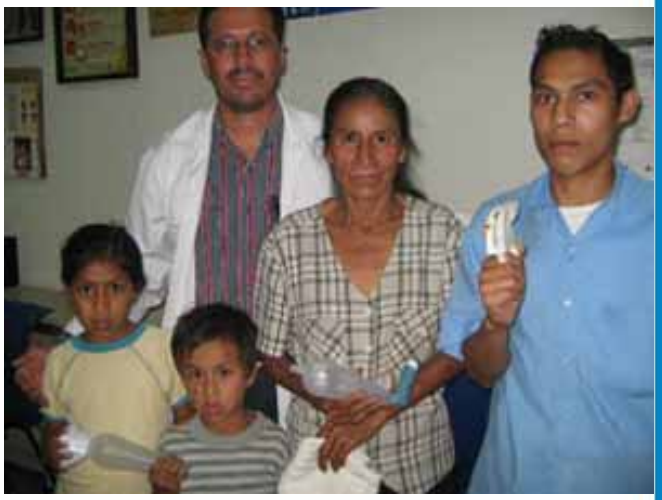
What else needs to happen for improved access to quality asthma care?

- Commitment from respiratory specialists, public health specialists, health workers
- Convince governments to allocate budget for buying essential medicines for the majority of patients



- Country adoption / adaptation of international asthma guidelines

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What else needs to happen?
Health systems

- strengthen health systems
- rationalise drug purchasing and distribution policies at country level
- have public and private as complementary partners
- ensure quality assurance at all steps and levels

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What else needs to happen?
Advocacy for Asthma and COPD

- There is intense attention and funding for AIDS, TB and malaria
- Time for funding for chronic respiratory diseases
- Make a case at high political levels for the 300 million asthma patients
- Link to poverty alleviation through evaluation of care, including economics

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What else needs to happen?

MDG 8: Develop a global partnership for development

Target 17

In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries

Health indicator 46

Proportion of population with access to affordable essential drugs on a sustainable basis

www.who.int

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A change is underway

- Increased awareness about chronic respiratory diseases
- Increased country demand, linked to new projects about asthma and COPD - Global Alliance against Chronic Respiratory Disease (GARD), Practical Approach to Lung Health (PAL),The Union, and others
- ADF can be an agent of change

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