

## Do we need an Asthma Drug Facility?

IN THE PAST FEW YEARS, several sets of guidelines for asthma treatment have been launched to improve asthma management worldwide.<sup>1,2</sup> Huge efforts have been made by the World Health Organization (WHO) and other renowned international and national organizations to reduce the burden of asthma, and it has been shown that by applying these guidelines at national level it is indeed possible to control this disease. However, the article by Hussain et al. from Pakistan in this issue of the *Journal*<sup>3</sup> clearly shows that we have a long way to go to reduce the burden of asthma and to ensure that guidelines are being applied correctly. What are the reasons for this unfavorable situation? Are we failing to train chest physicians and general practitioners to diagnose and treat asthma? It is disturbing to see that despite international recommendations, many asthma patients are still not able to benefit from the most essential drugs such as inhaled steroids and bronchodilators. The main factors preventing many patients from being treated adequately are the non-availability of these drugs and their prohibitive prices in many developing countries.

If the cost of essential asthma drugs is beyond the reach of most patients in developing countries, then all these international guidelines are probably only valid for industrialized countries, and physicians in developing countries will continue to prescribe medicines that are the most affordable but not the most effective. This must change—all possible efforts must be undertaken by the international community to ensure that we are able to provide essential asthma drugs of good quality to all patients in all countries. This means that the prices need to come down considerably, to a level of less than US\$30 annually for the majority of patients. Today, the minimum annual costs of treatment with essential asthma drugs for a case of moderate persistent asthma range from US\$52 to more than US\$200, depending on the country.<sup>4</sup>

Pooled procurement of TB drugs in the last 10 years and the establishment of the Global Tuberculosis Drug Facility (GDF) by the Stop TB Partnership have led to reductions in the price of anti-tuberculosis drugs and to rapid expansion of the DOTS strategy in most high-burden countries.<sup>5</sup> Standardization of treatment in tuberculosis control has helped immensely in

improving TB control services and increasing cure rates to over 80% worldwide.

It is time for us to undertake similar efforts for asthma control, so that the majority of asthma patients will be able to benefit from modern therapy rather than continuing to be treated with inadequate, ineffective drugs. An Asthma Drug Facility (ADF) run along similar lines as the GDF for tuberculosis may be a solution. By coordinating and pooling procurement for several interested developing countries, and providing technical assistance in asthma management and storage and distribution of good quality essential asthma drugs, an ADF could play a crucial role in getting treatment to the majority of asthma patients in developing countries.

We all have the responsibility to ensure that international guidelines are valid for all citizens of the world and not only for a minority of wealthy countries. Let us improve the availability and accessibility of essential and effective treatment for asthma for all those affected by it.

N. E. BILLO, MD, MPH

*Executive Director*

*International Union Against Tuberculosis*

*and Lung Disease*

*Paris, France*

*e-mail: NBillo@iuatld.org*

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