

A framework for achieving better asthma control: introducing two new series in the *Journal*

ASTHMA is one of the most common chronic diseases in the world. It has been estimated that around 300 million people in the world currently have asthma.¹ The number of disability-adjusted life years (DALYs) due to asthma worldwide has been estimated to be 1.5 million per year, accounting for 1% of all DALYs lost. The economic burden of the disease is high in terms of both direct and indirect costs. In a recent global evaluation of management of acute asthma, the Global Asthma Survey (GASP) found significant care gaps in the management of asthma in both industrialised and developing countries.²

Asthma affects the rich and the poor alike; while the prevalence of asthma is higher in industrialised countries in general, the prevalence of asthma in developing countries increases as communities adopt a Western style of living. Although many review articles have been written on various aspects of asthma, most have focused on research carried out in the clinical setting of industrialised countries. In this issue of the *Journal*, the first of a series of six State of the Art review articles on asthma is published.³ The first two articles aim at comparing data from industrialised and developing countries to learn more about the epidemiology and risk factors of asthma. The third and fourth articles will discuss management of acute and chronic asthma, highlighting the differences between industrialised and developing countries. The fifth article will focus on treatment of asthma in children. There are many guidelines for treatment of asthma, national and international, but they are seldom implemented effectively. In the sixth article, the barriers and challenges in implementing these guidelines will be discussed, especially the difficulties faced by health care providers in developing countries in following guidelines for the management of asthma due to the lack of availability of medication and access to resources to deliver asthma education.

Asthma is still a problem in many countries, and probably more so in low-income countries, although the lack of information makes it difficult to estimate the mortality rate due to asthma. In Finland, a gradual nationwide decrease both in mortality and in the number of days of hospitalisation for asthma since 1990 occurred due to the implementation of an asthma management programme and an increase in the num-

ber of patients with access to correct treatment and appropriate medications.⁴ Accompanying this series of State of the Art reviews on asthma is the serialisation of the update of the guide on the management of asthma in low-income countries published by the International Union Against Tuberculosis and Lung Disease (The Union).⁵ To reduce the cost of asthma management and increase the affordability of long-term treatment, the Union Asthma Guide recommends therapeutic regimens using only two essential asthma drugs.⁶ The wide implementation of asthma guidelines in developing countries could not be done without increasing the accessibility of affordable, good quality essential drugs for treatment. A new mechanism, the Asthma Drug Facility, is being created by the Union to ensure that countries can purchase essential drugs for asthma of good quality at a lower price (www.globaladf.org). We hope that these initiatives will be instrumental in reducing asthma mortality and morbidity in developing countries in the future.

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