

## Asthma Drug Facility: from concept to reality

THE THEME of World Asthma Day on 2 May 2006, 'The Unmet Needs of Asthma', was used to draw attention to the fact that asthma is one of the most common chronic diseases, affecting more than 300 million people worldwide. Many low- and middle-income countries have not yet been able to introduce standardised asthma programmes meaning that many patients are receiving neither proper diagnosis nor appropriate treatment. One major obstacle to effective treatment remains the high cost of essential asthma medicines in many countries, as highlighted in the article of Tan and Ait-Khaled in their article in this issue of the *Journal*.<sup>1</sup> Several international partners, such as the Stop TB Department of WHO, the Global Alliance for Respiratory Diseases (GARD\*), the International Study of Asthma and Allergies in Childhood (ISAAC) and other organisations have confirmed that there is an urgent need for improved access to essential asthma medicines.

The idea of an Asthma Drug Facility (ADF) to make good quality essential asthma medicines affordable in all low- and middle-income countries was introduced in this *Journal* in 2004<sup>2</sup> based on the successful model of the Tuberculosis Global Drug Facility (GDF). In 2005 and 2006 several steps have been taken by The Union to develop the concept of an ADF<sup>†</sup> using the input from asthma and procurement specialists. A procurement agent (IAPSO<sup>‡</sup>) has been selected to guarantee a straightforward, efficient and transparent supply procedure with tracking and follow-up features. The ADF is currently pre-qualifying manufacturers of essential asthma drugs to ensure that quality standards, as defined by WHO and PIC/S (Pharmaceutical Inspection Convention and Pharmaceutical Inspection Co-operation Scheme) are met. The ADF is now ready to launch its first tender for essential asthma medi-

cines and offer interested countries, donors and NGOs a direct procurement service by the end of 2006.

Today there are many competing public health priorities (AIDS, tuberculosis, malaria, avian flu, etc), and it is difficult to convince donors and governments that chronic lung diseases such as asthma represent a huge burden to health care systems all over the world as was recently emphasized at the launch of GARD in Beijing on 28 March 2006. The availability of affordable asthma medicines through ADF and the introduction of standard case management following international recommendations will allow governments to save millions in costs for medicines and unnecessary emergency room visits and hospitalisations. Availability of affordable asthma medicines will also lead to health system strengthening through improved credibility of the public health sector. Countries implementing the WHO initiative 'Practical Approach to Lung Health' (PAL) will also be able to benefit from the ADF.

Most importantly, affordable asthma drugs will contribute to poverty alleviation by reducing the burden on governments, hospitals, persons and families affected by asthma. Improved access should be advocated forcefully by all those interested in public health with the same enthusiasm and perseverance as it is done for AIDS, tuberculosis and malaria.

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### References

- 1 Billo N. Do we need an Asthma Drug Facility? *Int J Tuberc Lung Dis* 2004; 8: 391.
- 2 Tan W C, Ait-Khaled N. Dissemination and implementation of guidelines for the treatment of asthma. *Int J Tuberc Lung Dis* 2006; 10: 710–716.

\* [www.who.int/respiratory/gard/en](http://www.who.int/respiratory/gard/en)

† [www.GlobalADF.org](http://www.GlobalADF.org)

‡ [www.iapso.org](http://www.iapso.org)