2010 HAS BEEN DECLARED the Year of the Lung to raise public awareness about lung diseases such as asthma, and to propose solutions for affected individuals, families and communities. As is so often the case, the poor suffer most from the consequences of asthma, typically a chronic condition that is increasingly prevalent in many resource-poor countries. Asthma is inherently a reversible condition: symptoms can be controlled, and most attacks and virtually all deaths can be prevented. But this ideal is seldom achieved owing to the cost of the medicines needed to treat asthma. For many years, governments, asthma experts and professional societies have identified the prohibitively high cost of asthma inhalers as a key obstacle to providing satisfactory asthma care in low- and middle-income countries. Millions of patients suffering from asthma today cannot access proper asthma treatment and must therefore seek care in an emergency department or require admission to hospital. This deplorable situation is costing the patient, their families and the health care system horrific amounts of money, and this not only in developing countries.¹

Very few middle- and low-income countries have financing mechanisms in place to provide medicines for asthma free of charge or at affordable cost. In the majority of low-income countries—but also in many industrialised countries without comprehensive health insurance schemes—the patient must pay for these medicines, or endure the consequences.

The Union is pleased to bring new hope to patients suffering from asthma. The concept of the Asthma Drug Facility (ADF), described in this *Journal* in 2006,² has now become a reality: beginning with health programmes in El Salvador and Benin, the first deliveries of affordably-priced, quality-assured asthma inhalers purchased through the ADF (http://www.globaladf.org) have now been made.

The ADF has been able to reduce the price for one chlorofluorocarbon (CFC) free inhaler of beclometasone, 100 μg per inhalation (containing at least 200 doses of medicine), to a cost of between €1.59 (El Salvador) and €2.13 (Benin). Other low- and middle-income countries can now purchase the asthma medicines they need through the ADF mechanism. The final price for the patient will vary from country to country due to differences in costs such as transportation, customs clearance fees and local factors, but it is clear that the prices offered through the ADF are much more affordable for poor patients.

Asthma is a chronic lung condition that affects some 300 million people worldwide, and increasingly so in developing countries.³ If governments are serious about reducing suffering for asthma patients, but also keen to reduce unnecessary hospitalisations and the enormous direct and indirect costs of asthma, they will need to develop sound policies to improve the overall management of the disease. One key element will be to encourage the pharmaceutical industry to move from seeking high profits, with their medicines sold at prices that are affordable only for a small segment of affluent people, to providing medicines at prices that are affordable for all those affected. Through the ADF, The Union is striving to keep prices low by encouraging healthy competition among the pharmaceutical companies that produce quality asthma medicines.

Although ADF has achieved a major breakthrough that will hopefully help patients in many countries around the world access asthma medicines, we all still have a long way to go. Asthma and many other non-communicable diseases do not receive anywhere near sufficient attention. It is time for governments, development agencies and donors to stop neglecting non-communicable diseases while they concentrate instead on controlling the communicable diseases that cross borders, such as HIV/AIDS and tuberculosis, among others. To address chronic, noncommunicable diseases, low- and middle-income countries need rational management strategies and sustainable financing mechanisms. We must turn our attention to this issue most urgently.

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