

Increasing Access to Inhaled Medicines for COPD and Asthma

With 5 years left to achieve the Sustainable Development Goals (SDGs) and the 4th High-level Meeting of the United Nations General Assembly on the Prevention and Control of Noncommunicable Diseases and the Promotion of Mental Health and Well-being in September 2025, *now is the time* to advance access to quality, affordable, and effective inhalers for all patients.



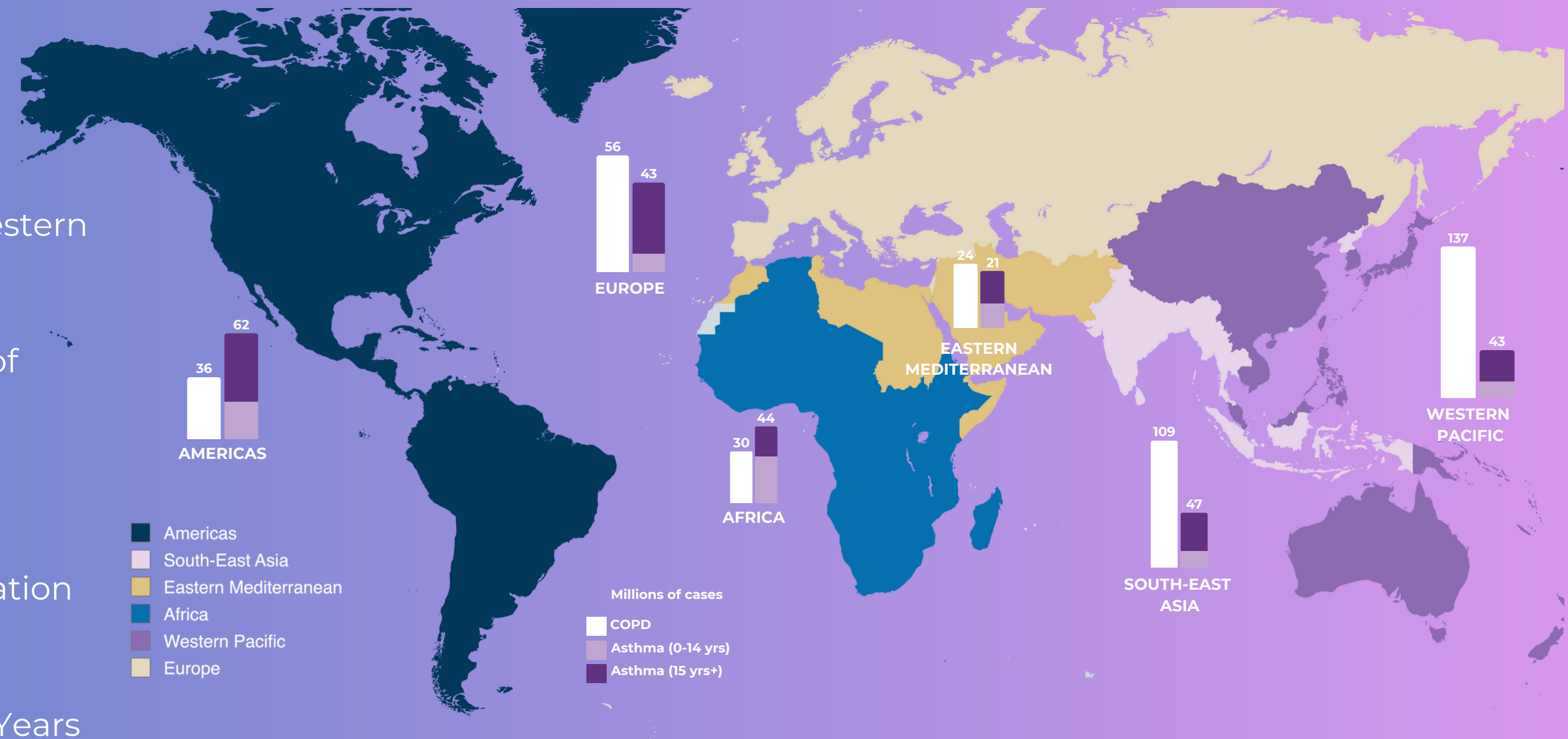
The burden of COPD and asthma is massive and rising

Chronic obstructive pulmonary disease (COPD) and asthma cause a massive and rising burden of death and disability, placing enormous demands on households and healthcare systems. Most of this burden is preventable and treatable, including with inhaled medicines.



652 million people living with COPD or asthma

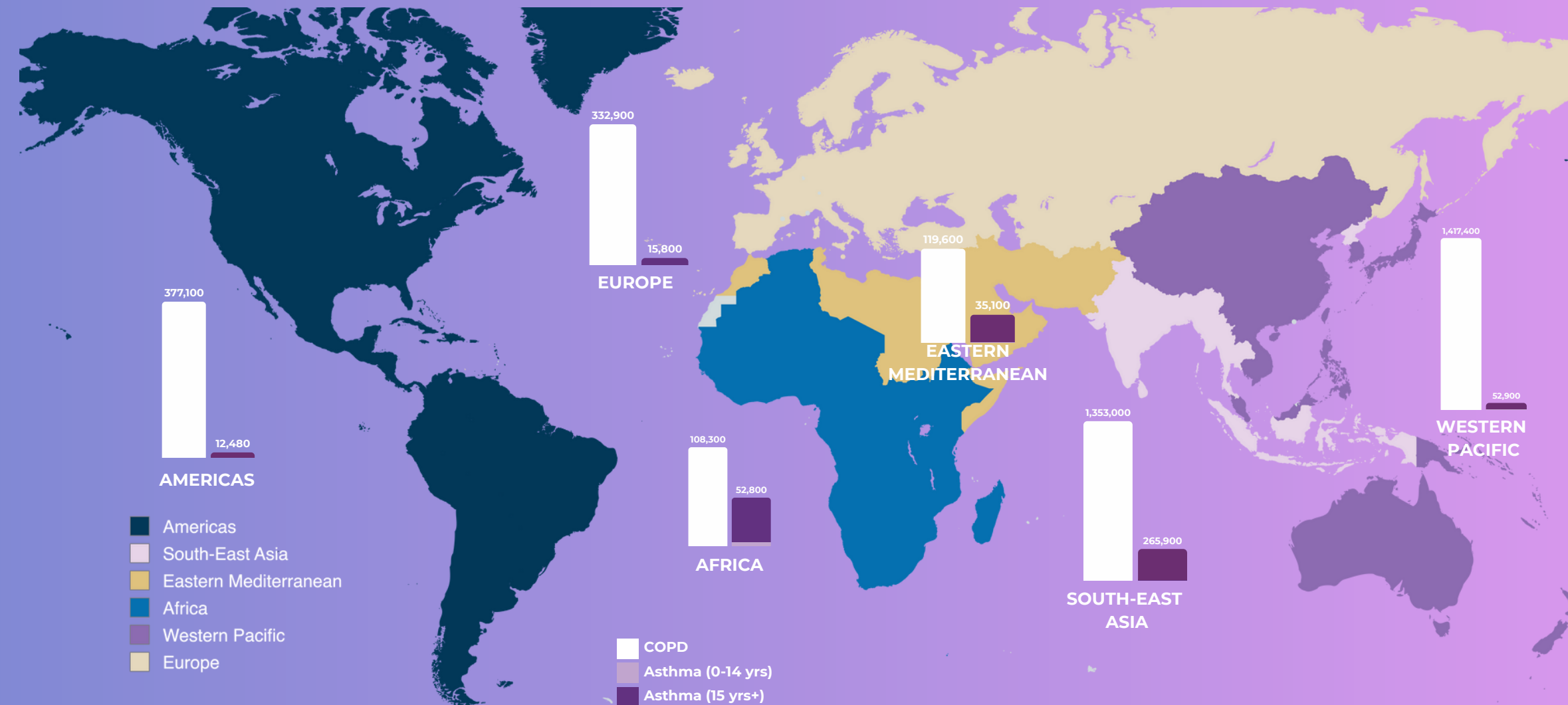
- 652 million people affected in 2021.
 - 392 million COPD
 - 260 million asthma
- 63% of people with COPD live in the Western Pacific and South-East Asia regions.
- The Americas has the largest number of people living with asthma, followed by South-East Asia.
- COPD affects older adults, but asthma affects all ages, including a large population of 96 million children under 15.
- Asthma is the second leading cause of Years Lived with Disability (YLD) among children under 5.



Sources: Adeloye D, et al. *The Lancet Respiratory Medicine*, 2022 and Global Burden of Disease, 2021

COPD and asthma kill 4.1 million people

- 4.1 million deaths in 2021.
 - 3.7 million COPD deaths
 - 436,000 asthma deaths
- 74% of COPD deaths are in the Western Pacific and South-East Asia regions.
- 60% of asthma deaths across all ages occur in South-East Asia, but 47% of child asthma deaths are in Africa.
- 75% of COPD deaths occur among over 70 year olds, while 50% of asthma deaths are among those under 70, including 8,200 deaths among children under 15.
- 86% of COPD deaths and 96% of asthma deaths occur in low- and middle-income countries (LMICs).



Source: Global Burden of Disease, 2021

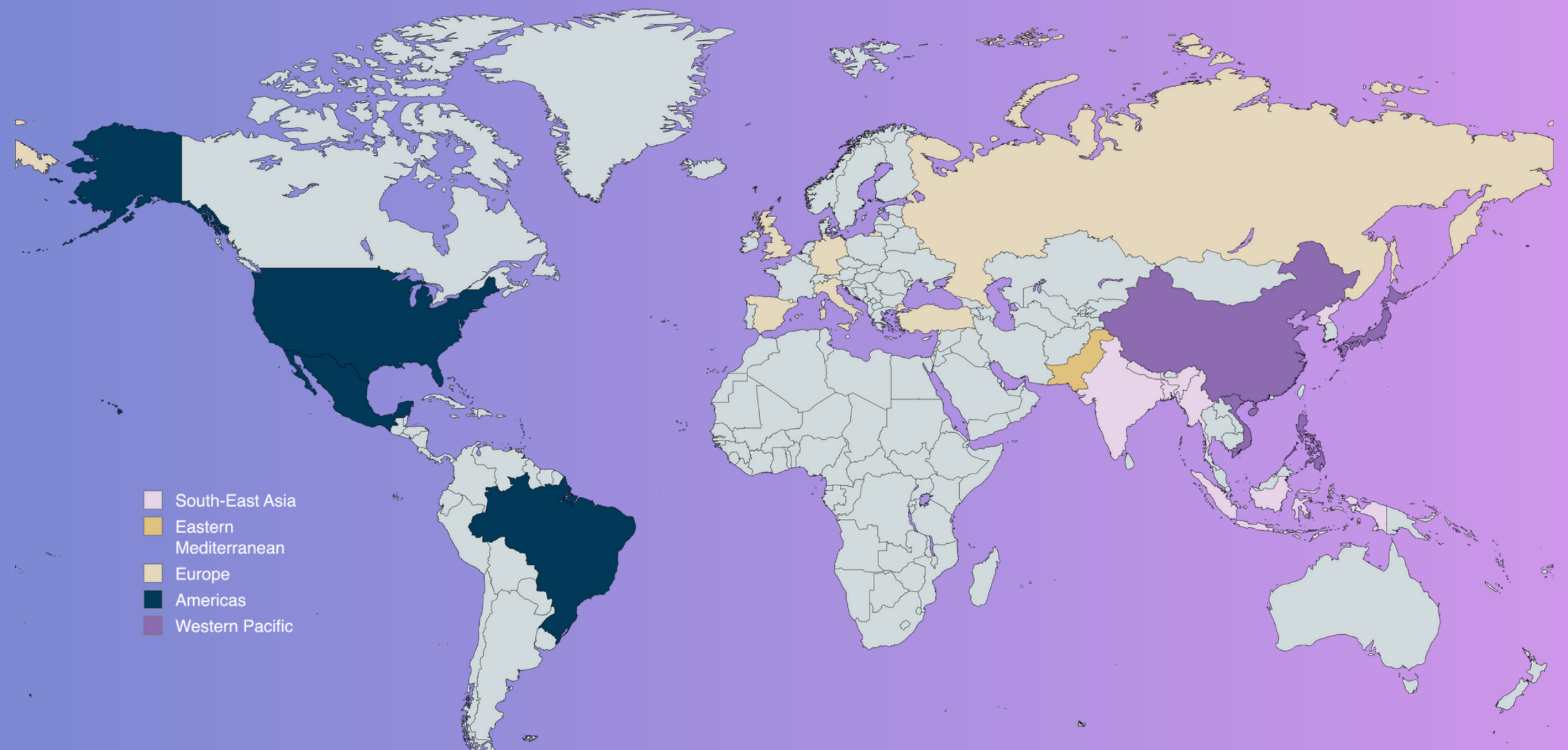
COPD deaths are highly concentrated in 20 countries

COPD deaths are highly concentrated in the following countries:

- China*
- India*
- USA
- Indonesia*
- Bangladesh*
- Pakistan*
- Brazil*
- Germany
- Myanmar*
- United Kingdom
- Viet Nam*
- Türkiye*
- Japan
- Russia
- Mexico*
- North Korea*
- Spain
- Italy
- Nepal*
- Philippines*

*LMICs

80% of COPD deaths are in 20 countries



Source: Global Burden of Disease, 2021

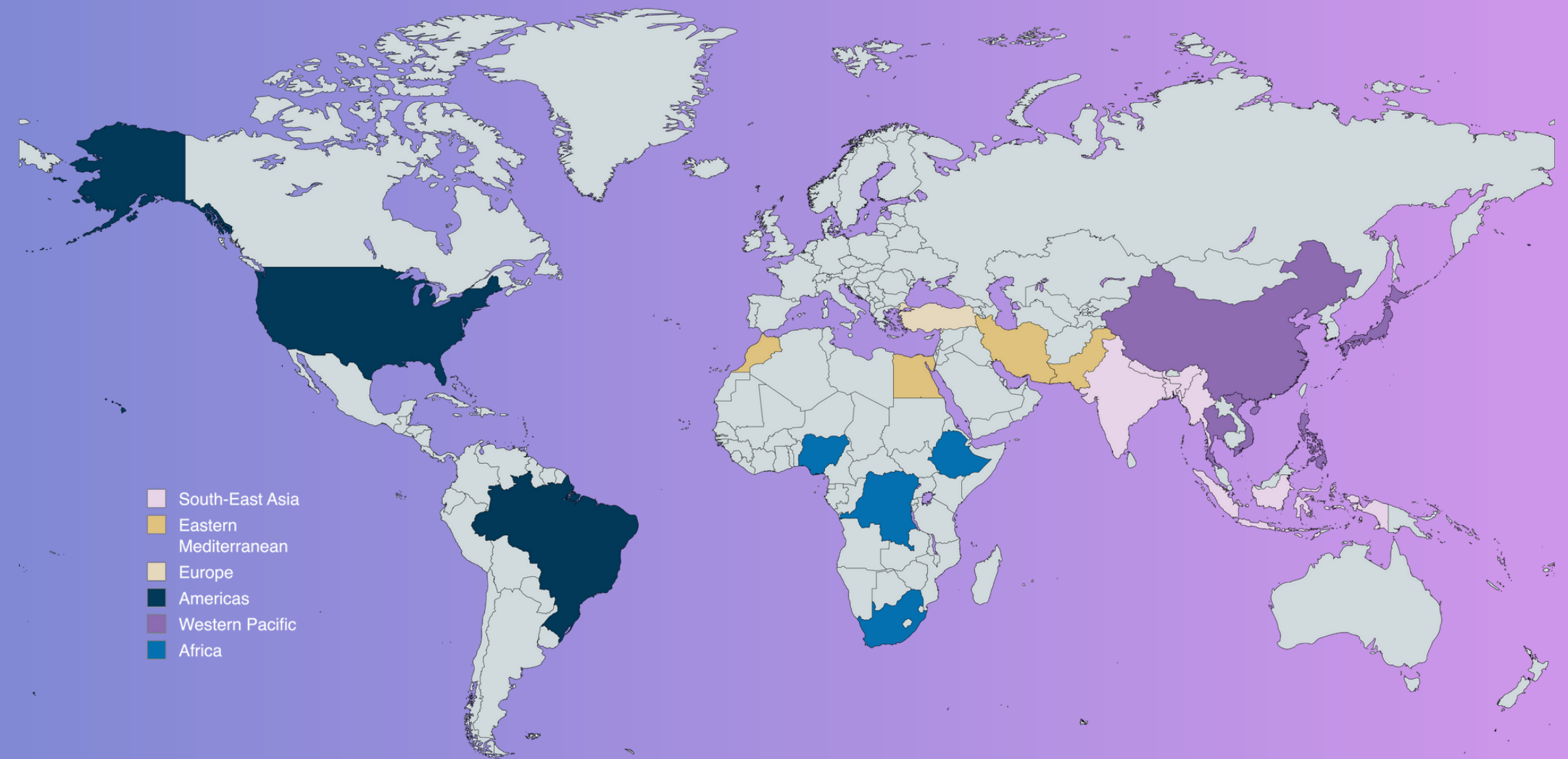
Asthma deaths are even more concentrated in 20 countries

Asthma deaths are highly concentrated in the following countries:

- India*
- Indonesia*
- China*
- Pakistan*
- Bangladesh*
- Myanmar*
- Philippines*
- Viet Nam*
- Nigeria*
- Democratic Republic of Congo*
- South Africa*
- Nepal*
- Thailand*
- USA
- Iran*
- Morocco*
- Ethiopia*
- Egypt*
- Brazil*
- Türkiye*

*LMICs

90% of asthma deaths are in 20 countries



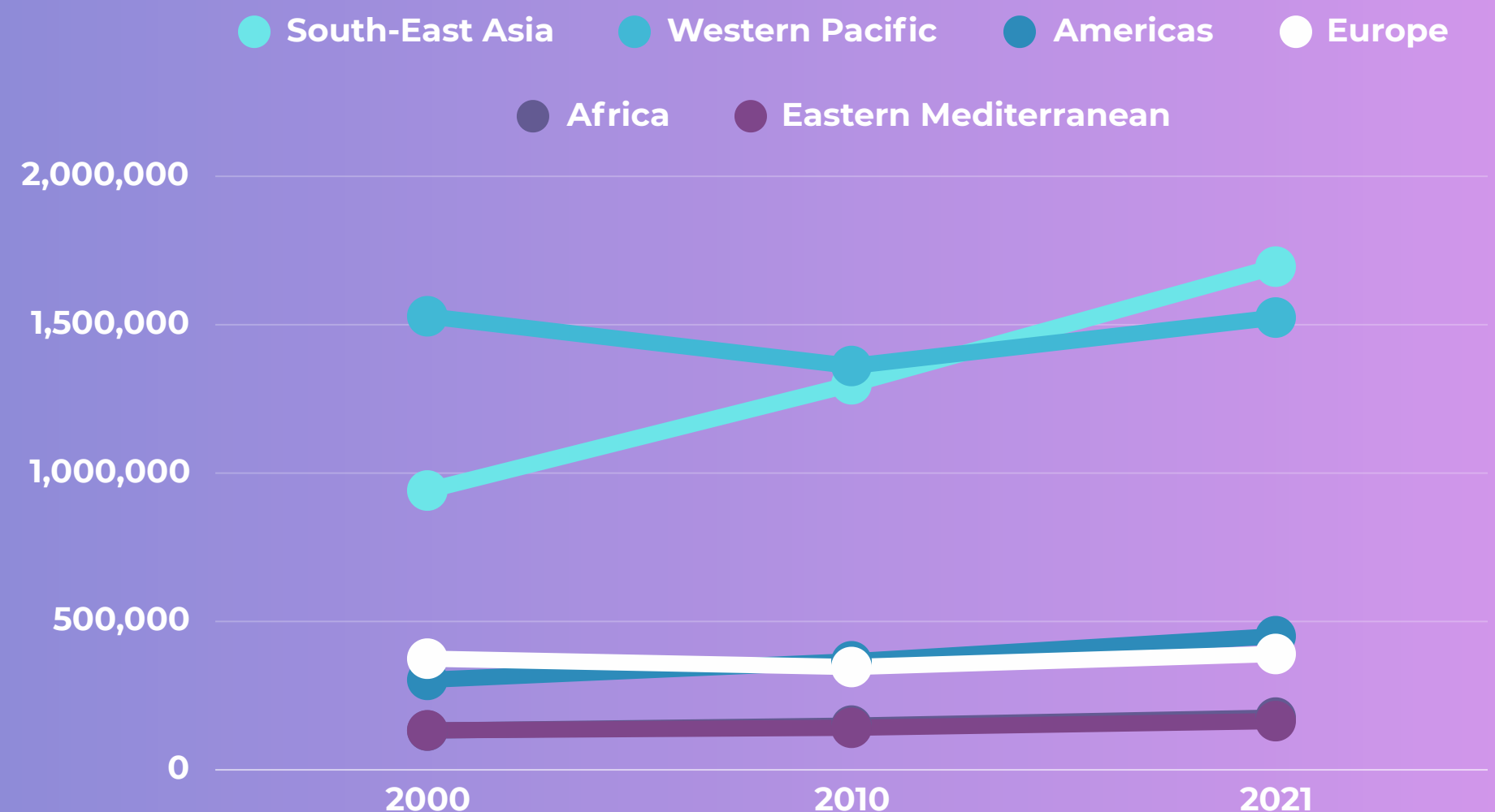
Source: Global Burden of Disease, 2021

COPD deaths are rising sharply in most regions

COPD deaths rose by 29% between 2000 and 2021.

- COPD deaths rose most sharply in South-East Asia (92%), the Americas (48%), and Africa (44%).
 - Among the 20 high-burden countries, COPD deaths rose by more than 60% in Türkiye, India, Nepal, Philippines, Mexico, and Indonesia
- Major risk factors driving increases include smoking, outdoor air pollution, and occupational exposures to particulate matter, gases, and fumes.
- COPD deaths are forecast to double to 7.4 million by 2050.

COPD deaths are rising in most regions



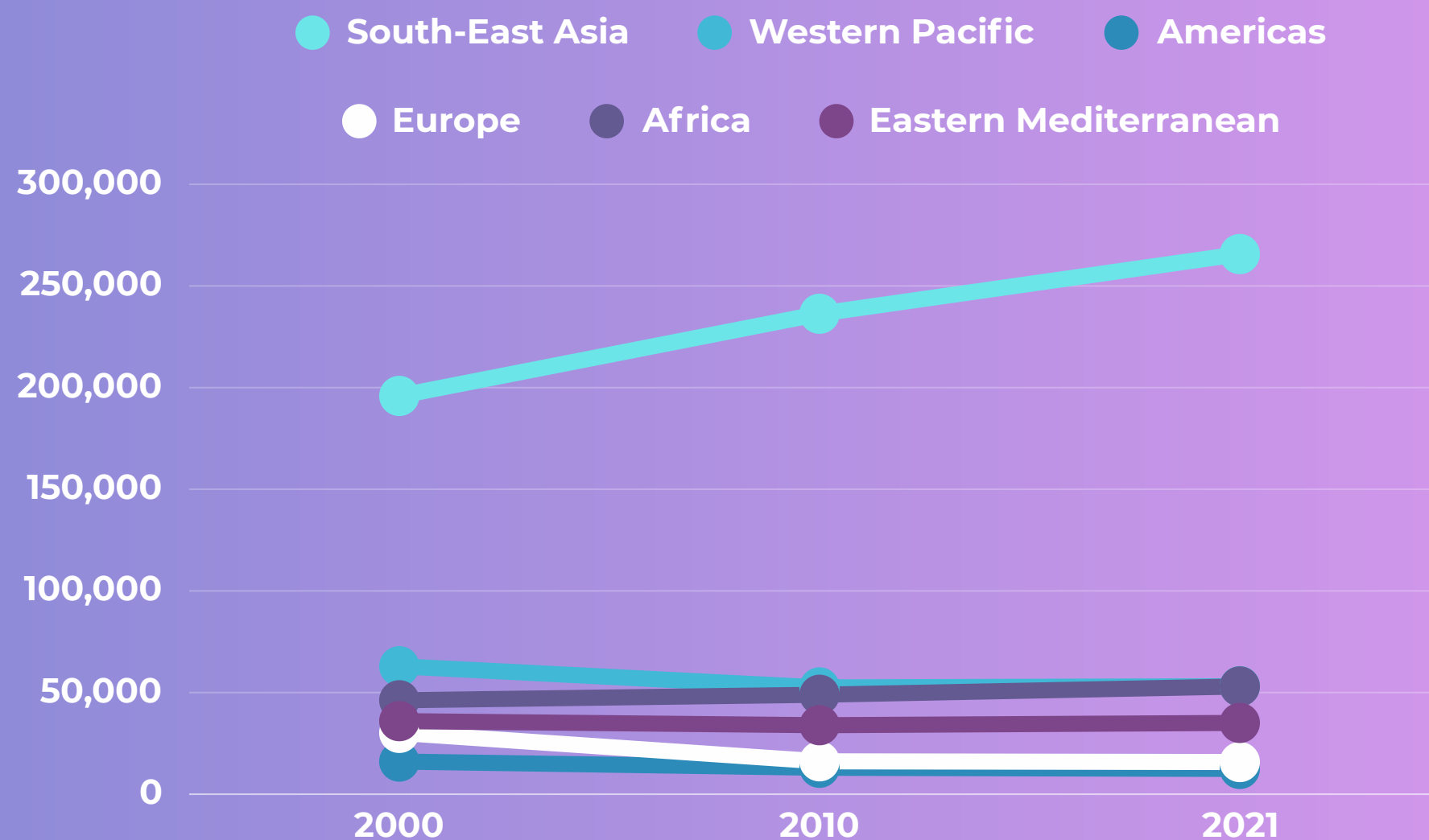
Source: Global Burden of Disease, 2021

Asthma deaths are also rising, but only in some regions

Asthma deaths rose by 12% between 2000 and 2021.

- Asthma deaths are rising in South-East Asia (36%) and Africa (15%) but falling in Europe (-48%), Americas (-23%), the Western Pacific (-16%), and Eastern Mediterranean (-12%).
 - Among the 20 high-burden countries, asthma deaths rose by more than 20% in India, Nepal, Democratic Republic of Congo, Philippines, and Morocco
- Major risk factors driving asthma deaths include increasing body-mass index (BMI).

Asthma deaths are falling in most regions



Source: Global Burden of Disease, 2021

COPD and asthma impose a massive burden on society

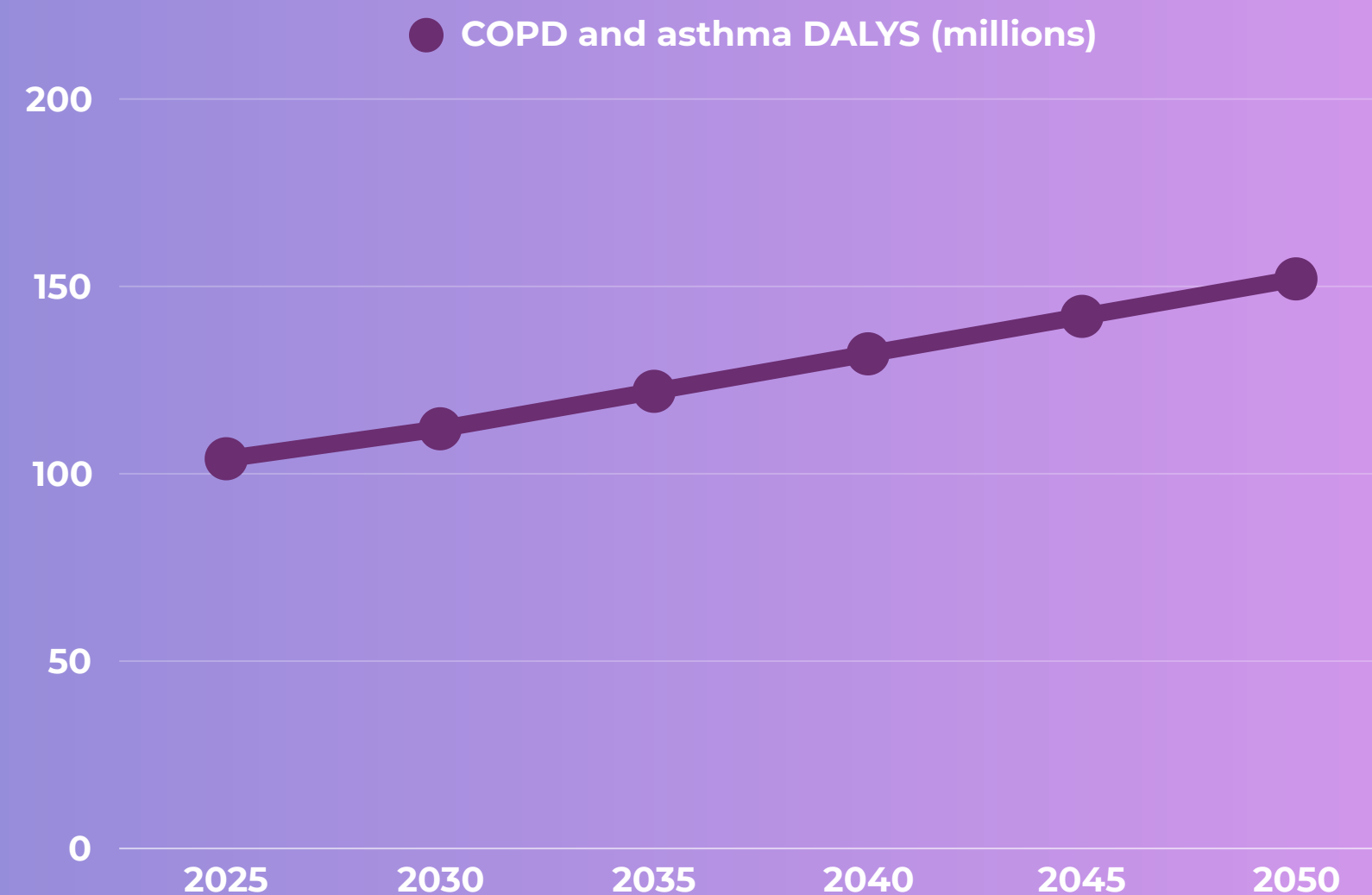
In addition to the tragic loss of life, COPD and asthma pose significant costs to society, including:

- Healthcare costs, especially hospitalization and medicines, often born by patients.
- Educational costs, including lost school days, especially for children with asthma.
- Economic costs, including lost work days, productivity, and wages.

These costs will continue to rise with population growth and longer lifespans.

- COPD and asthma Disability-adjusted Life Years (DALYs) - a measure of years of life lost to premature death and years of life lost to disability - are forecast to rise by 46% in the next 25 years.
- Cumulative economic costs for COPD alone will approach US\$40 trillion by 2050 (US\$24 trillion in medical expenses and US\$15 trillion due to work disruptions).

COPD and asthma burden forecast to rise



Source: Global Burden of Disease Foresight Visualization, 2025

Inhalers are proven to reduce disease severity and death

Inhalers contain medicines - including bronchodilators and corticosteroids and combinations of these - that deliver medication directly to the lungs. By preventing COPD and asthma flare-ups, which can be distressing, disruptive, and life-threatening, they enable people to manage their condition, lead normal lives, and engage in education, work, and sport.



Inhalers a “best-buy” for COPD and asthma management

From:
Tackling NCDs: Best buys and other recommended interventions for the prevention and control of noncommunicable diseases.

WHO, 2024

Manage chronic respiratory diseases

Best buys and other recommended interventions



Best buys: Effective interventions with cost-effectiveness analysis $\leq$ I\$100 per HLY gained in low-income and lower middle-income countries

Acute treatment of asthma exacerbations with inhaled bronchodilators and oral steroids¹

Acute treatment of chronic obstructive pulmonary disease (COPD) exacerbations with inhaled bronchodilators and oral steroids¹

Long-term management of COPD with inhaled bronchodilator¹



Effective interventions with cost-effectiveness analysis $>$ I\$100 per HLY gained in low-income and lower middle-income countries

Long-term management of asthma with inhaled bronchodilator and low-dose beclomethasone¹

1. Requires trained providers at all levels of health care

Affordable inhalers are hard to find in LMICs

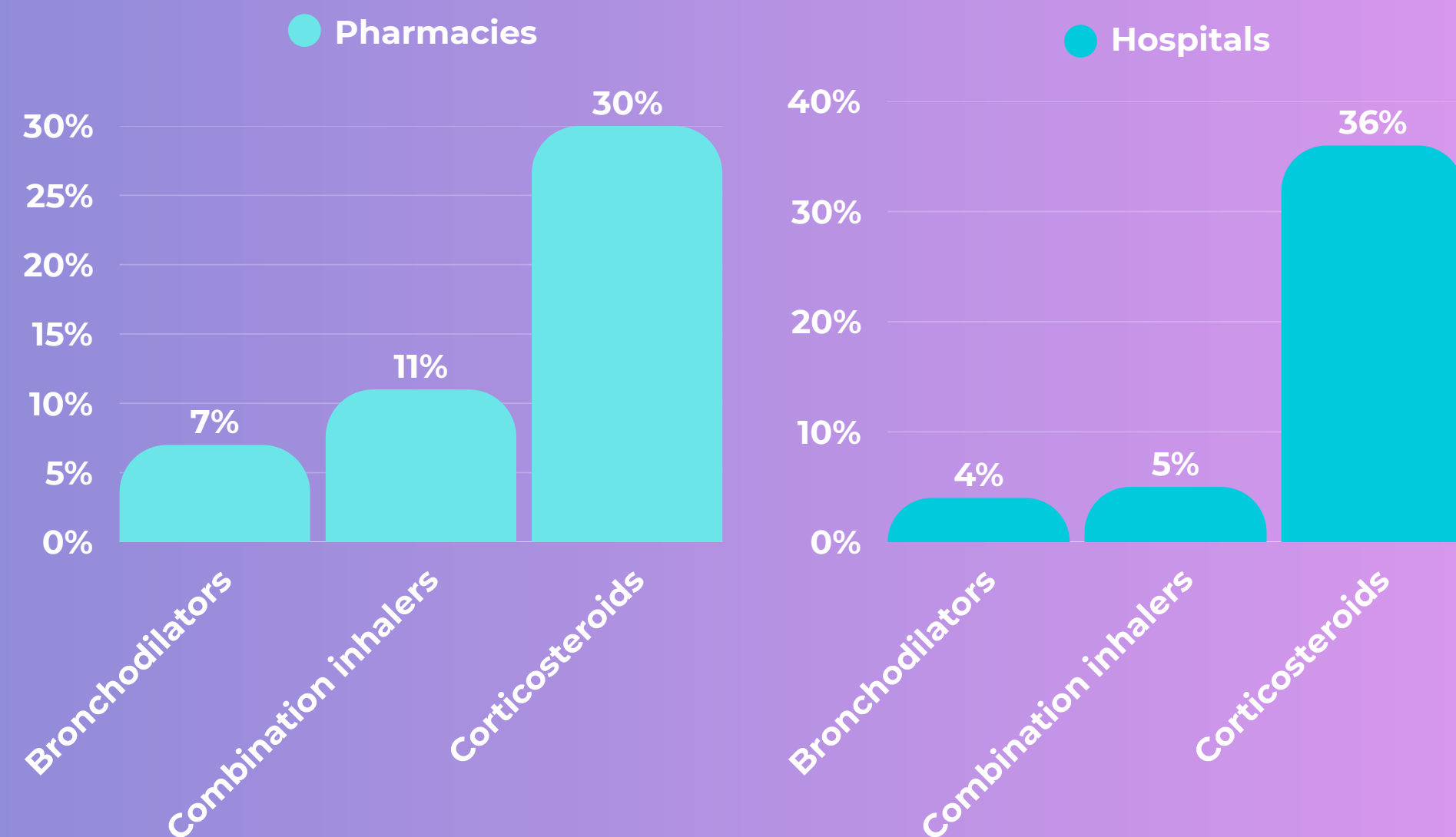
Wide gaps in access to inhalers in most LMICs, driven by high costs and many other factors.

- Long-acting inhaled bronchodilators for COPD available and affordable in just 7% of pharmacies and 4% of hospitals.
- Combination long-acting inhaled bronchodilators and corticosteroids for COPD and asthma in just 11% of pharmacies and 5% of hospitals.
- Inhaled corticosteroids for asthma in 30% of pharmacies and 36% of hospitals.

All well below the 80% Global NCD Action Plan target.

Wide “equity gap” in access to inhalers with 93% of high-income countries and 26% of low-income countries reporting general availability.

% LMIC health facilities with COPD and asthma inhalers



Source: Stolbrink, et al, 2024

Inhalers often cost more than a week's wages

Studies have found that inhalers can cost more than a week's wages for a month's supply in many LMICs.

- Corticosteroid inhalers are much more expensive than bronchodilators, especially in African countries.

When affordable inhalers are unavailable, patients often rely on episodic, acute care and/or on less effective and potentially harmful treatments.

- A study of asthma treatment found widespread use of inappropriate oral medicines with increased risk of adverse effects.

High cost of inhaled medicines in LMICs

**BRONCHODILATORS
(short-acting)**
1-4 days' wages

**BRONCHODILATORS
(long-acting)**
6-26 days' wages

CORTICOSTEROIDS
2-107 days' wages

Source: Stolbrink, et al, 2022

The cost-effectiveness of affordable inhalers is well documented

After Brazil introduced free inhaled medicines for asthma care, household costs fell from 29% of income to 2% and the hospitalisation rate fell from 90 per 100,000 to 60 per 100,000 people.

Source: Comaru T, et al, Free asthma medications reduces hospital admissions in Brazil, Respiratory Medicine, 2016.

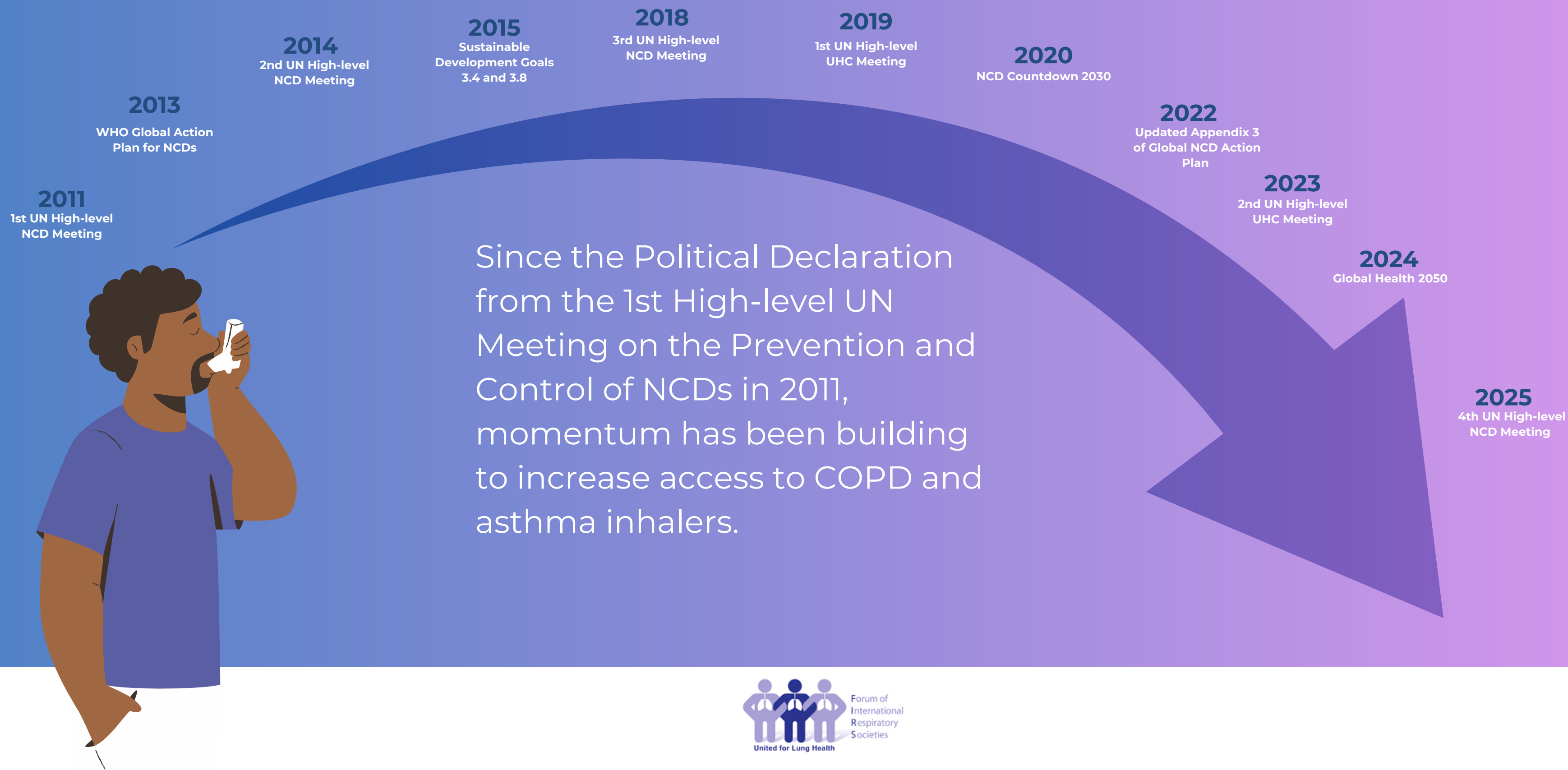


Cost is not the only barrier to inhaler access

Weak data	• National COPD and asthma disease burden unknown • Cost-benefit analysis of inhaled medicines unavailable • Demand forecasts for inhaled medicines non-existent
Missing policies	• Global guidelines out of date (Note: WHO is currently in the process of updating both COPD and Asthma Diagnosis and Treatment Guidelines and the Package of Essential Noncommunicable Disease (PEN) Interventions for primary health care) • Inhaled medicines not on national medicines lists, health policies/plans, treatment guidelines, and/or drug reimbursement lists • Primary care workers unable to prescribe inhalers
Poor diagnosis	• Lack of diagnostic tools (e.g., spirometry) • High rates of missed and misdiagnosis (e.g., asthma misdiagnosed as pneumonia/lower respiratory infection)
Low supply	• Inhalers not registered • Inhalers not procured adequately • Inhalers not distributed widely (e.g., do not reach primary health care or rural areas) • Lack of government/industry collaboration (e.g., public-private partnerships, local manufacturing via technology transfer, voluntary licensing, etc.)
Limited awareness	• Clinicians not trained to prescribe inhaled medicines • Patients not aware of inhaled medicines or how to use them; stigma associated with their use • Lack of resourced patient advocacy groups, especially in LMICs



Momentum for action on access to inhalers is building



Fourth High-level UN Meeting on NCDs and Mental Health and Well-being

Ensuring the inclusion of access to inhaled medicines in the Political Declaration at the UN 4th High-level Meeting on NCDs and the Promotion of Mental Health and Well-being, September 2025

Proposed language:

We, Heads of State and Government and representatives of States and Governments, assembled at the United Nations...

Acknowledge the wide gaps in access to quality and effective inhaled medicines for children and adults with COPD or asthma that are affordable to patients in low- and middle-income countries (LMICs), despite the high burden of these chronic lung diseases.(1)

We therefore commit to scale up our efforts and further implement the following actions:

Increase access to quality and effective inhaled medicines for the management of COPD and asthma that are affordable to patients, taking special measures to reduce the wide gaps in access to appropriate inhaled bronchodilators, corticosteroids, and combinations of these in LMICs. These measures will accelerate both the achievement of Sustainable Development Goals 3.4 and 3.8, as well as the target of 80% availability of affordable essential medicines to treat major NCDs, in the public and private sectors.

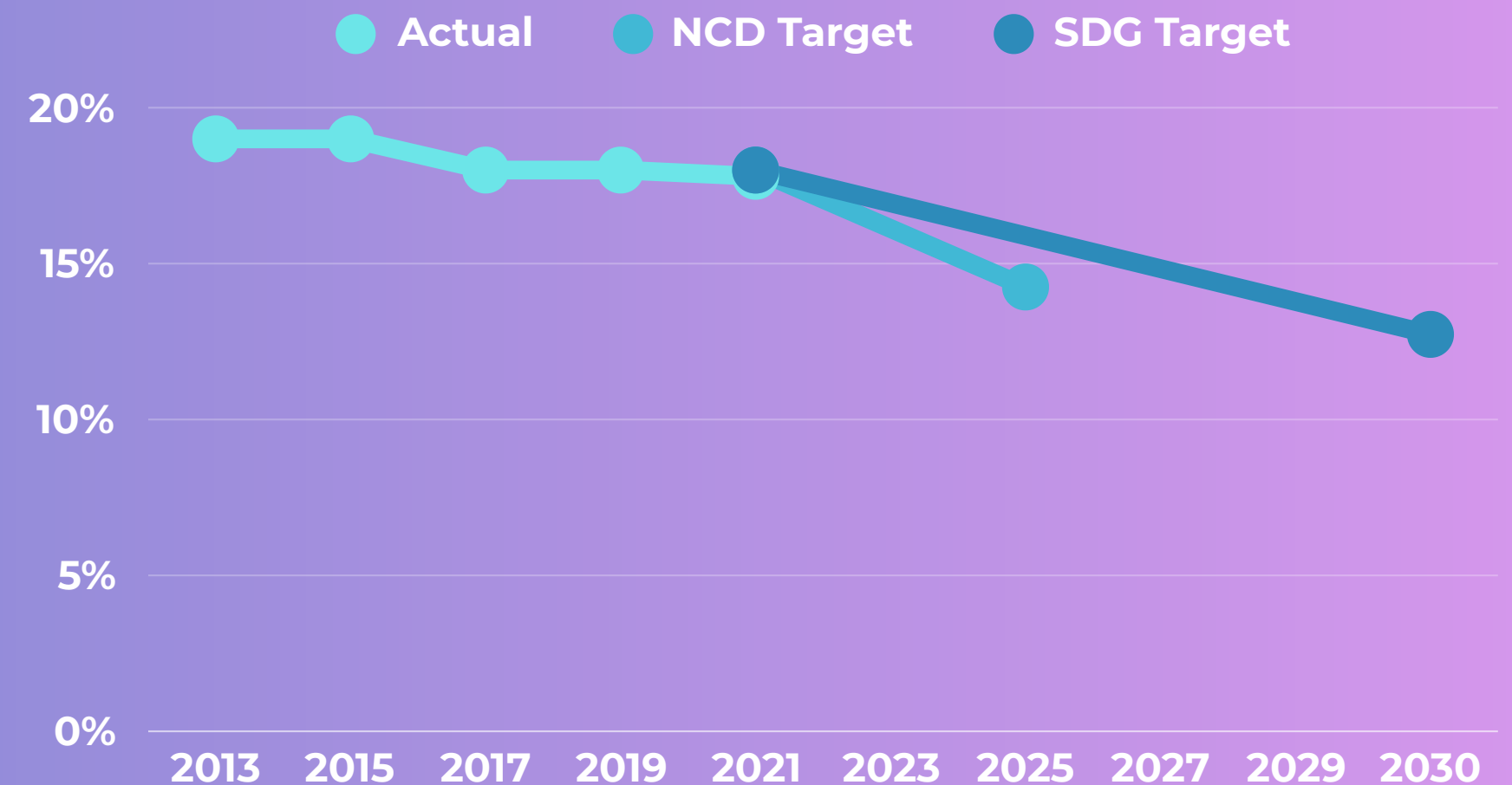
(1) Stolbrink M, Ozoh OB, Halpin DMG, Chronic Respiratory Diseases Medicines Survey Investigators Collaboration, et al. Availability, cost and affordability of essential medicines for chronic respiratory diseases in low-income and middle-income countries: a cross-sectional study. *Thorax*, 2024

Why we need action on inhalers now

Accelerated action is urgently needed to increase access to COPD and asthma inhalers:

- Probability of a 30 year old dying from one of the four major NCDs (cardiovascular diseases, cancer, diabetes, and chronic respiratory diseases) before they turn 70 has barely changed in the last decade (19%-18%), despite two global goals.
 - Global NCD Action Plan target of 25% reduction in probability of dying between 30 and 70 from cardiovascular disease, cancer, diabetes, or chronic respiratory disease, between 2013 and 2025
 - SDG 3.4 target of one-third reduction in probability of same between 2015 and 2030
- Only 19 out of 194 countries are on track to meet SDG target 3.4 to reduce NCD mortality by one third by 2030.

No progress reducing probability of premature deaths from NCDs (%)



Source: WHO, 2024

What does action on inhaled medicines look like?

There are several actions that need to happen to transform access to inhaled medicines for all, including:

- *Inclusion of the latest evidence-based inhalers in the WHO COPD and asthma management and PEN guidelines...*
- *Alignment of national COPD and asthma treatment guidelines, essential medicine lists, and other relevant health policies with best practices for children and adults...*
- *Addition of inhalers to the WHO Prequalification Programme, and facilitation of product registration and regulatory harmonisation across LMICs...*
- *Stronger partnerships with pharmaceutical companies to increase access to inhalers, including by technology transfer, voluntary licensing agreements, and other proven strategies...*
- *Inhaler price reductions from bulk purchasing/pooled procurement, tiered/differential pricing, promoting generic alternatives, and other proven strategies...*
- *Out-of-pocket cost reductions by including inhalers in UHC packages and on national reimbursement lists...*
- *Training for healthcare providers, especially in primary care, to diagnose and manage COPD and asthma with inhalers...*
- *Campaigns to increase community awareness of COPD and asthma and destigmatize use of inhalers...*
- *Increased research to generate up to date local data on the burden of COPD and asthma, inhaler availability, cost, affordability, demand, and cost-benefit...*
- *Smoothing the transition to environmentally safer inhalers without compromising patient access, especially for children...*

What is FIRS doing?

The **Forum of International Respiratory Societies** (FIRS), comprised of the world's leading international professional respiratory societies, is supporting a campaign to improve access to quality, affordable, and effective inhalers for COPD and asthma, with a special focus on low-resource, high-burden settings.

The campaign is engaging governments, UN and global health agencies, industry, donors, patient advocacy and civil society organizations, and media in the actions required to transform access to inhaled medicines.

Members of FIRS include:

- **American College Chest Physicians**
- **American Thoracic Society**
- **Asian Pacific Society of Respirology**
- **Asociación Latino Americana De Tórax**
- **European Respiratory Society**
- **International Union Against Tuberculosis and Lung Disease (The Union)**
- **Global Initiative for Asthma**
- **Global Initiative for Chronic Obstructive Lung Disease**
- **Pan African Thoracic Society**



Join us!

This initiative is led by the **FIRS Working Group on Increasing Access to Affordable Inhaled Medicines for COPD and Asthma.**

Please contact the following members for more information:

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We acknowledge the leadership and support of the late Eric Bateman, FERS, FRCS, MBChB, MD, Professor of Medicine, Head of the Division of Pulmonology, Department of Medicine, University of Cape Town (UCT), and Founder, UCT Lung Institute, South Africa in the conception and development of this initiative. We honor his memory.

