Increasing access to inhaled medicines for COPD and asthma

The Forum of International Respiratory Societies (FIRS) is supporting a campaign to engage 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.

Updated January 2026

Forum of International Respiratory Societies
United for Lung Health

What is FIRS?

Representing over 100,000 respiratory health professionals across every region, FIRS is the largest global network of clinicians and scientists advocating for actions to tackle the growing burden of respiratory diseases—both communicable (e.g., pneumonia, tuberculosis, COVID-19) and non-communicable (e.g., asthma, COPD, lung cancer).

Members of FIRS include:

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

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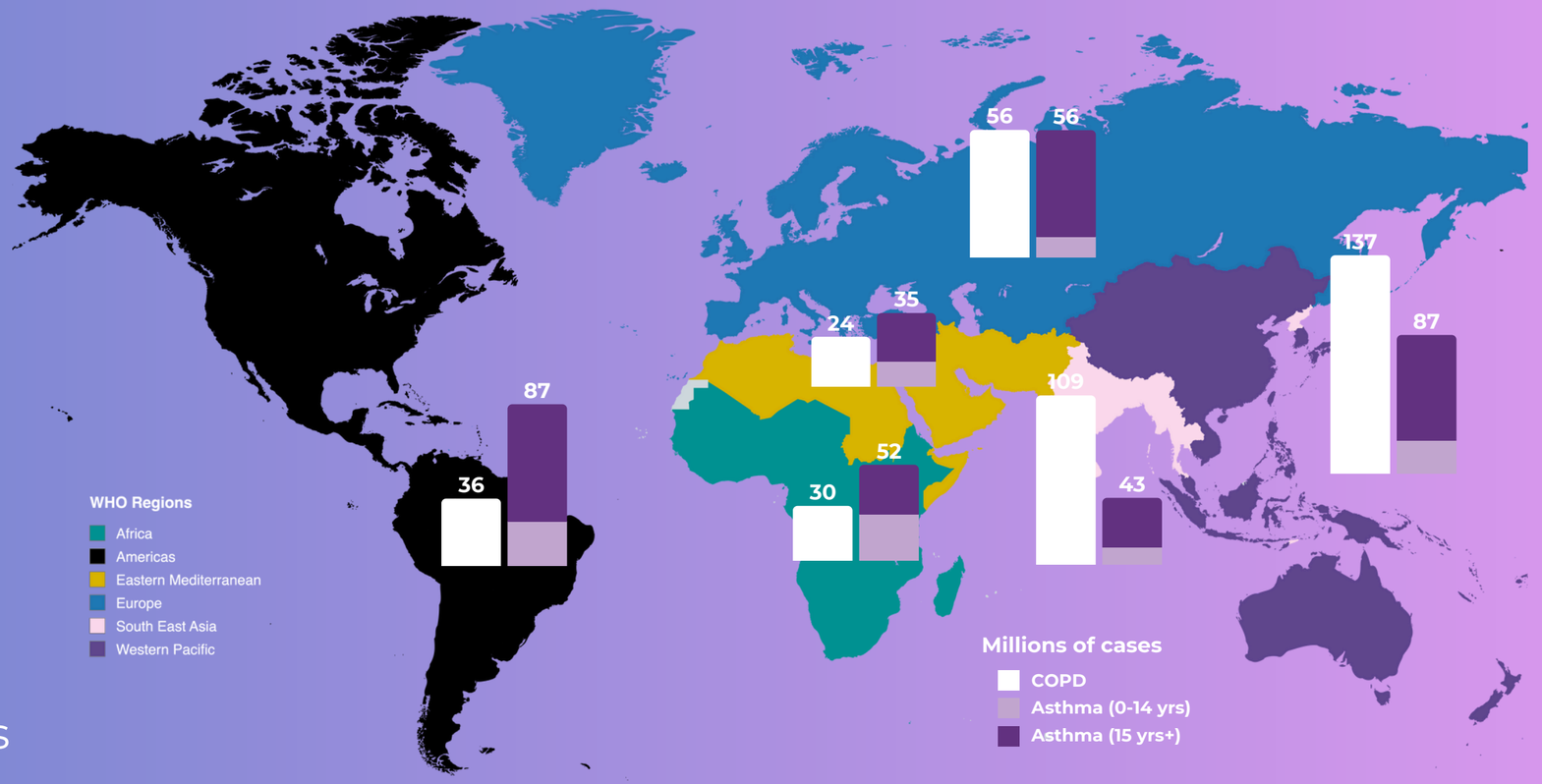
More than 750 million people live with COPD or asthma

- 392 million cases of COPD and 363 million of asthma.
- While COPD affects working age and older adults, asthma affects all ages, including 102 million children under 15.
- Most people with COPD live in Western Pacific (33%) and South-East Asia (22%) regions.
- Americas and Western Pacific regions are home to the largest number of people living with asthma.



Sources: Adeloye D, et al. *The Lancet* Respiratory Medicine, 2022 and Global Burden of Disease, 2023

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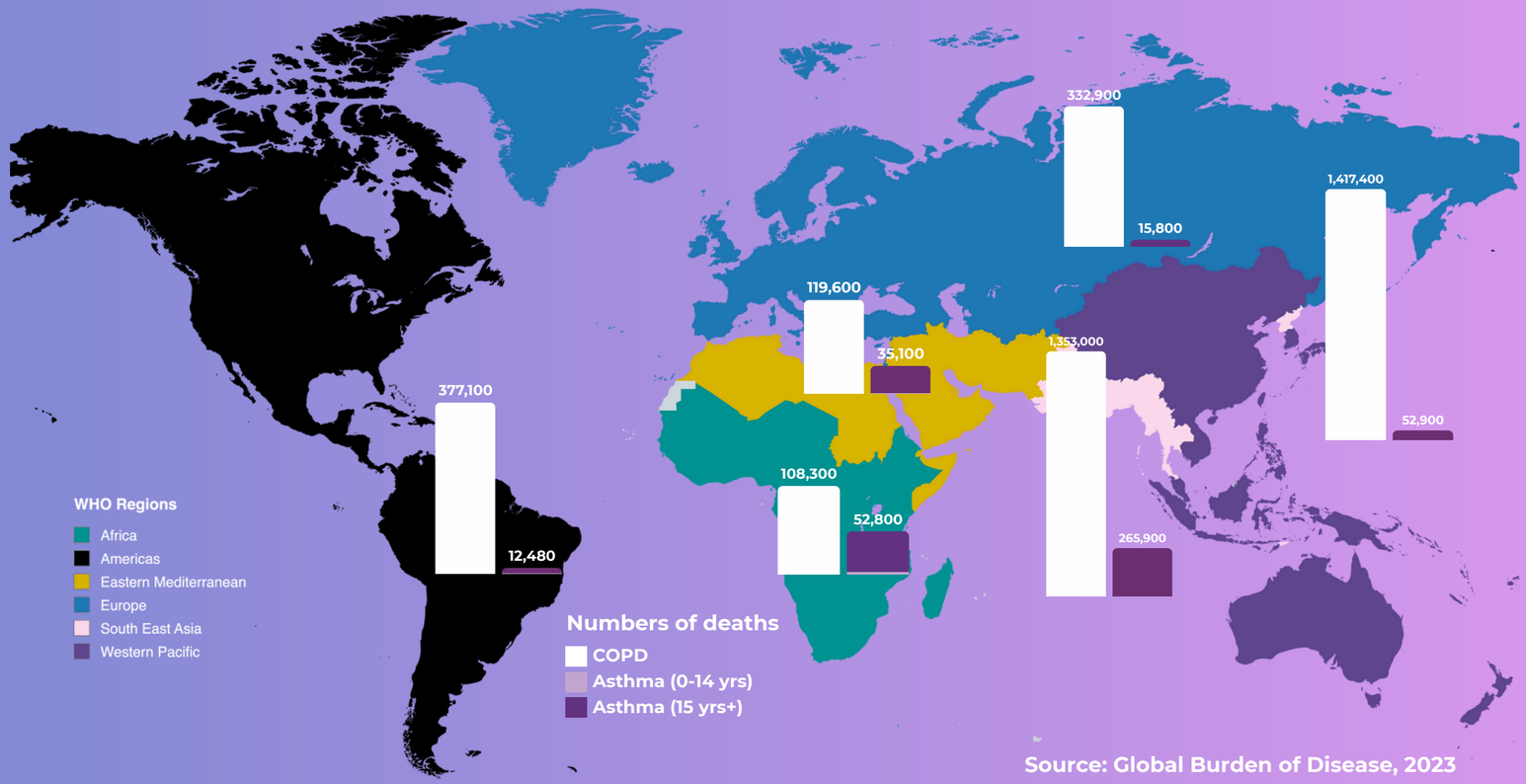
3.8 million people die from COPD or asthma

- 3.4 million deaths from COPD and 442,000 from asthma.
- 76% of COPD deaths among people over 70, 48% of asthma deaths are among people under 70, including 12,000 deaths among children under 15.
- COPD deaths concentrate in South-East Asia (37%) and Western Pacific (35%) regions, while 50% of asthma deaths are in South-East Asia.
    - 53% of all asthma deaths among children under 15 are in Africa



Source: Global Burden of Disease, 2023

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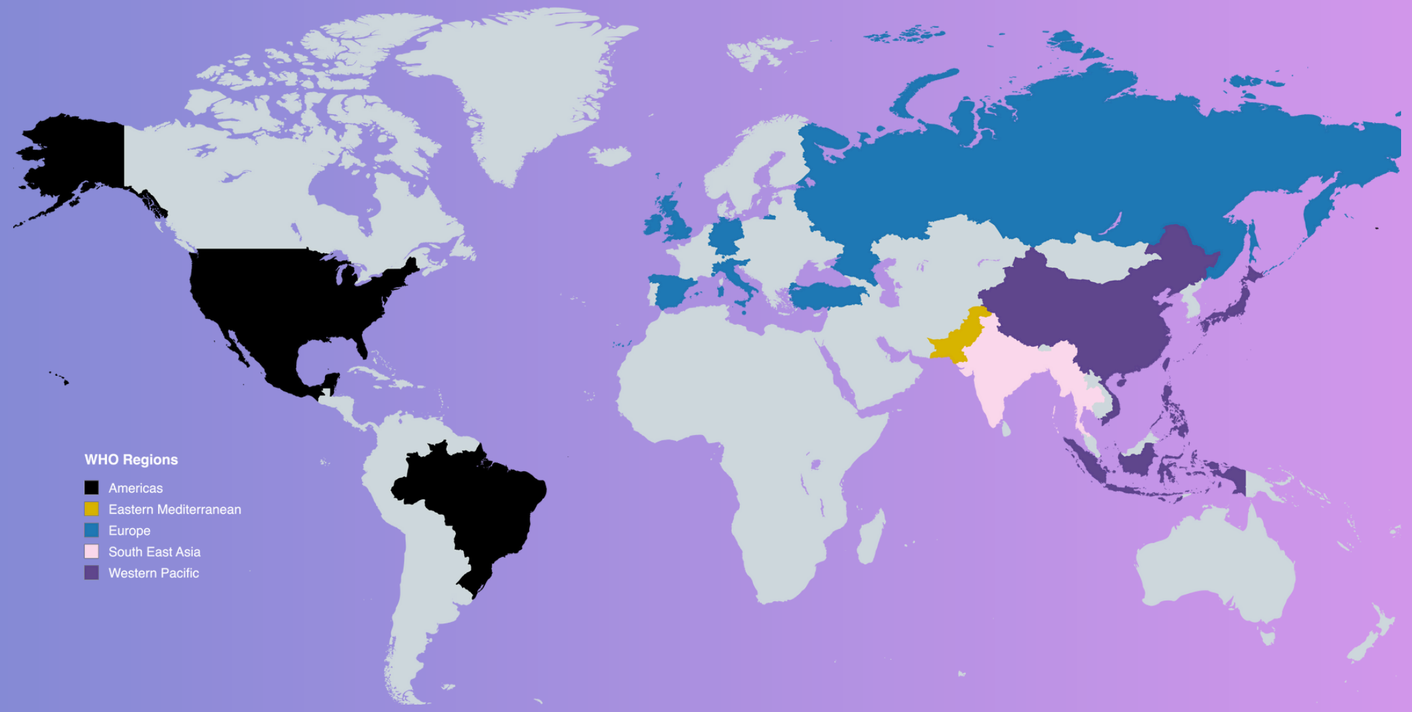
COPD deaths are highly concentrated in 20 countries

COPD deaths are spread across lower-middle,* upper-middle,** and high-income countries:

- India*
- China**
- USA
- Bangladesh*
- Pakistan*
- Indonesia**
- Brazil**
- Germany
- Japan
- Myanmar*
- UK
- Türkiye**
- Viet Nam*
- Russia
- Italy
- Mexico**
- Nepal*
- Spain
- Philippines*
- Thailand**

Sources: World Bank Country Income Classifications 2026, Global Burden of Disease 2023

More than 80% of COPD deaths are in 20 countries



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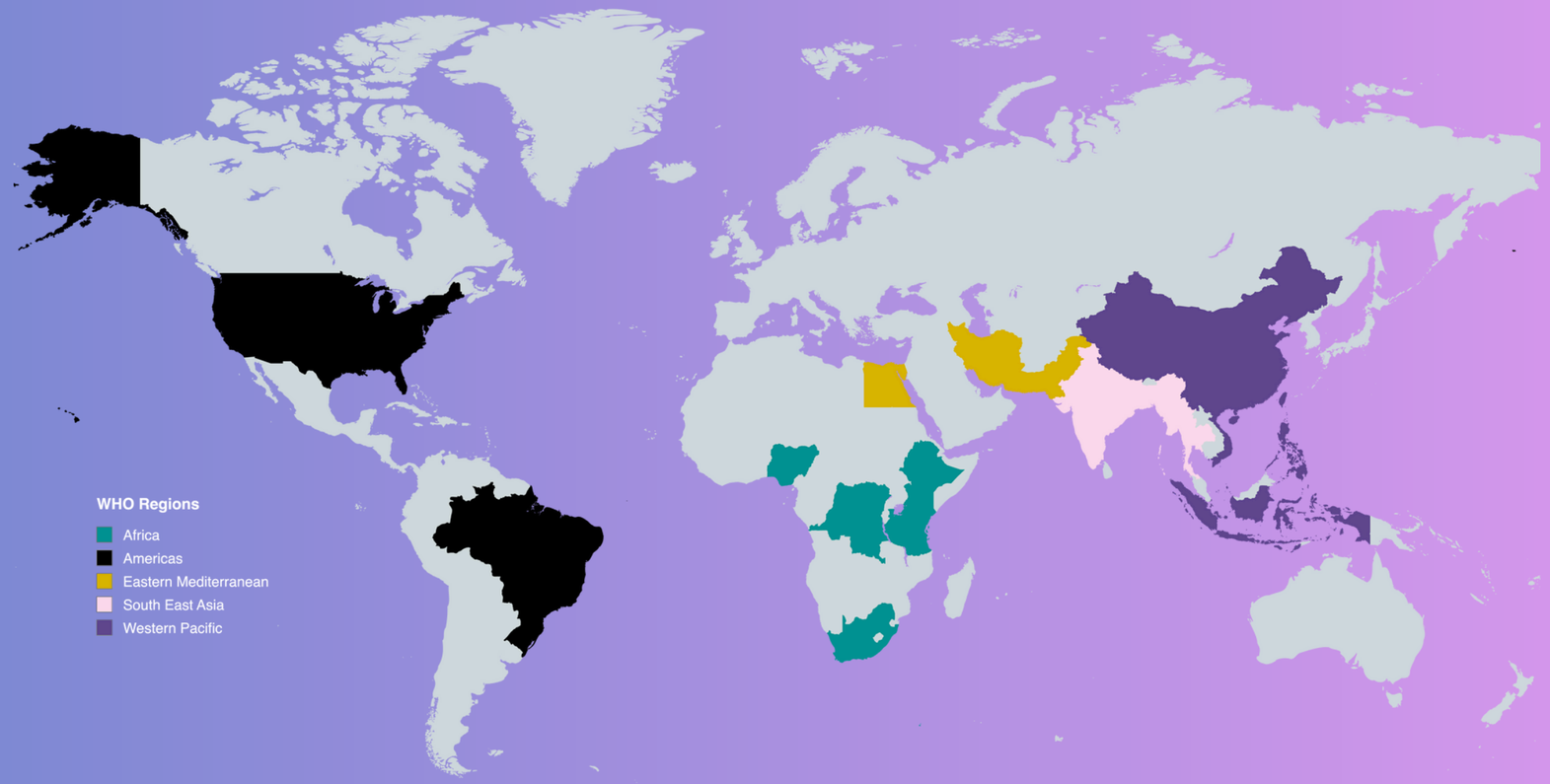
Asthma deaths are highly concentrated in 20 countries

Asthma deaths are highly concentrated in low-income,~ lower-middle*, and upper-middle** income countries:

- India*
- Indonesia**
- China**
- Bangladesh*
- Pakistan*
- Myanmar*
- Philippines*
- Viet Nam*
- Nigeria*
- Ethiopia~
- DR Congo~
- South Africa**
- Thailand**
- Nepal*
- Tanzania*
- USA
- Iran**
- Egypt*
- Kenya*
- Brazil**

Sources: World Bank Country Income Classifications 2026, Global Burden of Disease 2023

80% of asthma deaths are in 20 countries



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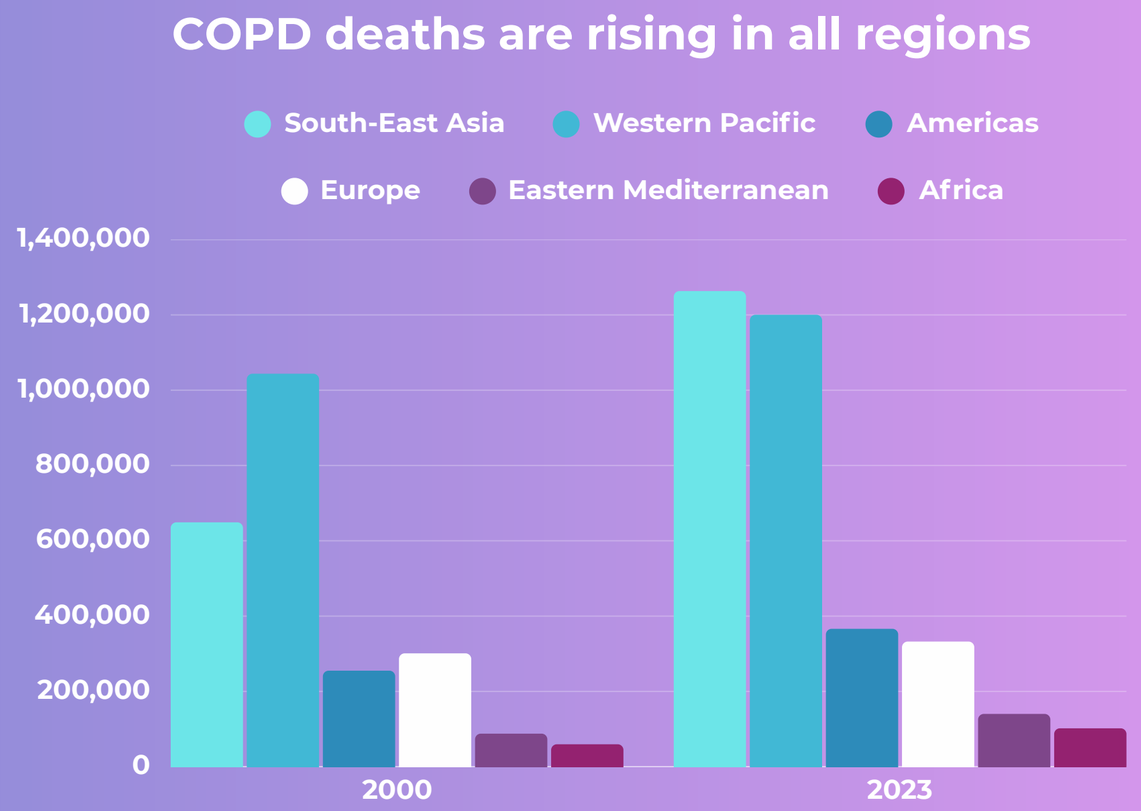
COPD deaths are rising in *all* regions

COPD deaths rose by 42% between 2000 and 2023.

- COPD deaths have risen most sharply in South-East Asia (95%), Africa (71%), and the Eastern Mediterranean (60%).
    - Among the 20 high-burden countries, COPD deaths rose by more than 90% in Bangladesh, Nepal, India, Myanmar, and Türkiye
- Major risk factors driving increases include air pollution, smoking, and non-optimal temperature (mainly low).
- COPD deaths are forecast to double to 7.4 million by 2050.



Source: Global Burden of Disease, 2023

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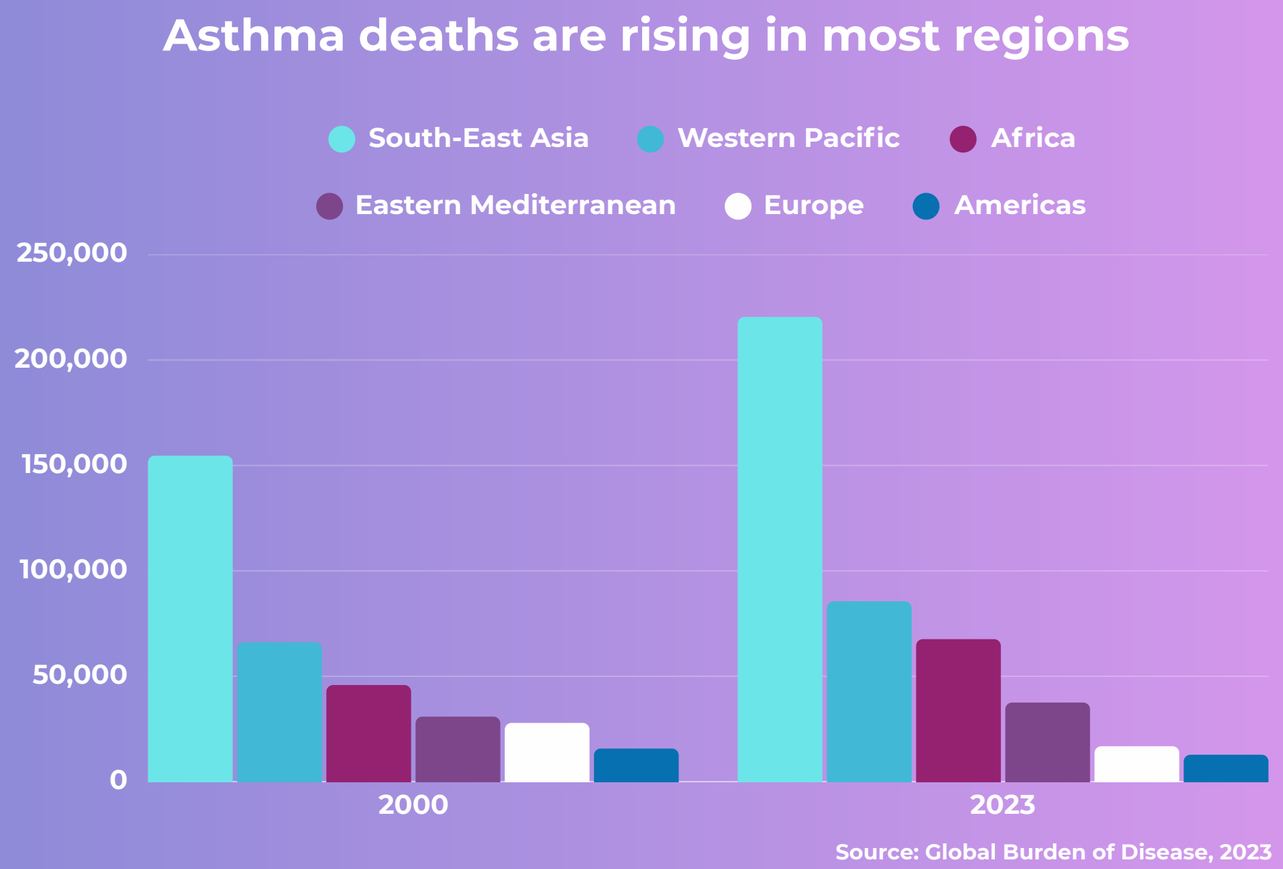
Asthma deaths are rising in *most* regions

Asthma deaths rose by 29% between 2000 and 2023.

- Asthma deaths have risen in Africa (47%), South-East Asia (43%), Western Pacific (29%) and Eastern Mediterranean (22%), but have declined in Europe and the Americas.
    - Among the 20 high-burden countries, asthma deaths rose by more than 60% in Indonesia, Tanzania, Democratic Republic of Congo, Viet Nam, and Kenya
- High body-mass index (BMI), tobacco and occupational exposures are leading risks for asthma deaths.



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COPD and asthma impose a massive burden on society

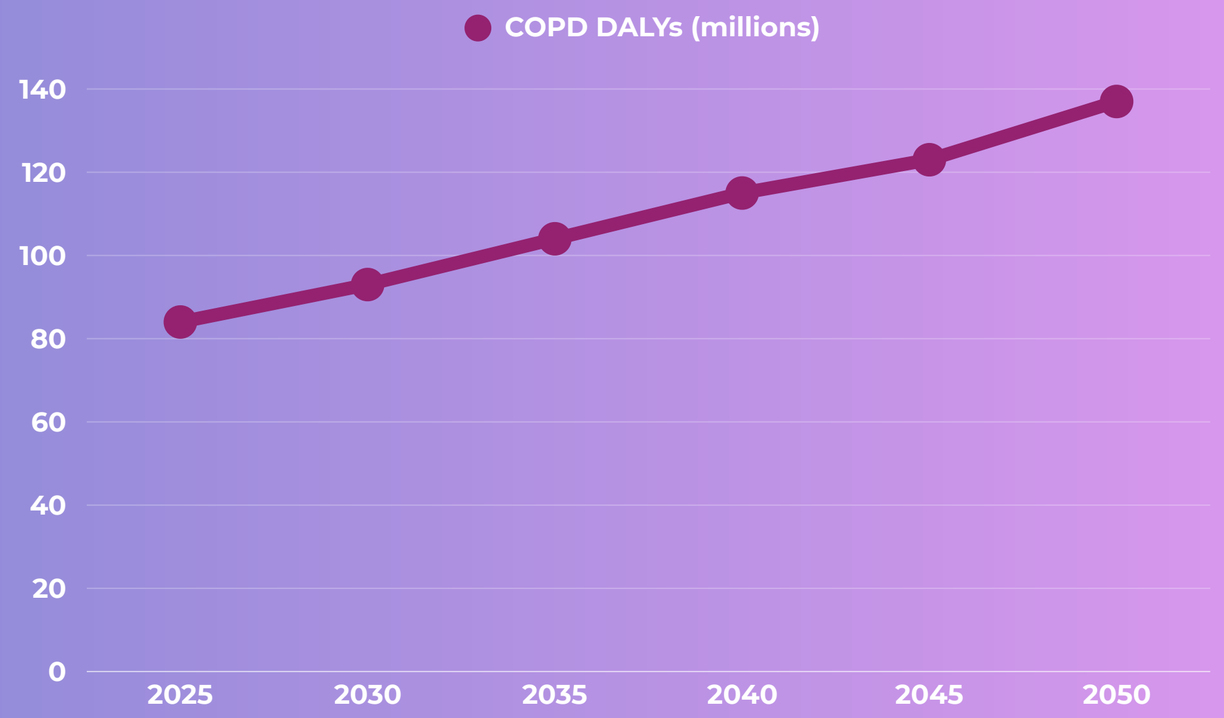
COPD and asthma pose significant costs to society:

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

Costs will continue to rise with population growth and longer lifespans:

- COPD Disability-adjusted Life Years (DALYs) - a measure of years of life lost to premature death and disability - forecast to rise by 60% in next 25 years.
- COPD cumulative economic costs to approach US$40 trillion by 2050:
    - US$24 trillion in medical expenses
    - US$15 trillion due to work disruptions

COPD burden forecast to rise dramatically



Source: Global Burden of Disease Foresight Visualization

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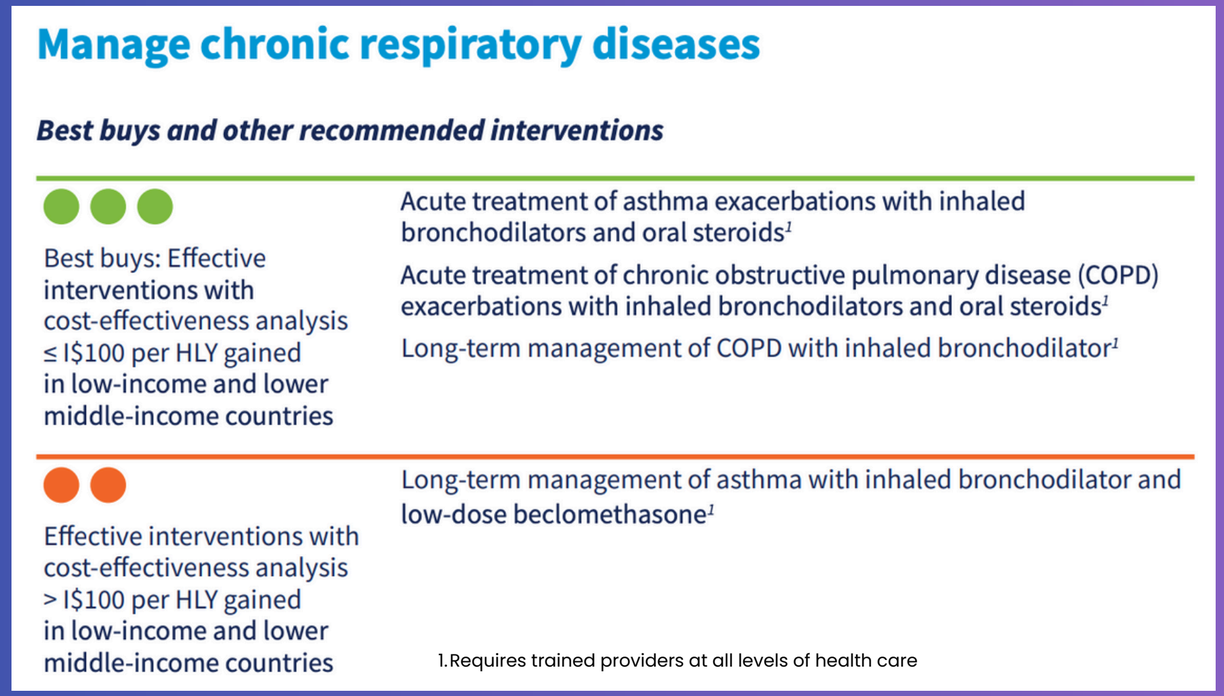
WHO lists inhalers as “best-buys” for COPD and asthma

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 ≤ I$100 per HLY gained in low-income and lower middle-income countries	Acute treatment of asthma exacerbations with inhaled bronchodilators and oral steroids[1] Acute treatment of chronic obstructive pulmonary disease (COPD) exacerbations with inhaled bronchodilators and oral steroids[1] Long-term management of COPD with inhaled bronchodilator[1]
●● 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 beclomethasone[1]

1. Requires trained providers at all levels of health care

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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.

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WHO highlights access to inhaler “equity gap”

Globally, most NCD medicines remain widely available, but regionally there are alarming differences, especially for steroid inhalers, which are available in almost all Europe Region countries but in only a third of African Region countries.

WHO NCD Country Capacity Survey, 2023

World Bank Country Income Classifications	Bronchodilators (rescue/relief)	Steroid Inhalers (prevent/control)	Combination Inhalers
Low Income	48%	36%	4%
Lower-middle Income	69%	52%	33%
Upper-middle Income	92%	87%	50%
High Income	97%	93%	80%

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Studies show *affordable* inhalers are hard to find in LMICs

Largest study of the *availability and affordability* of inhalers across 60 LMICs found:

- 6 of 58 (10%) met 80% NCD Action Plan access target for bronchodilators and 3 of 48 (6%) for inhaled steroids
- No country met target for combination inhalers

“Spacers” - tube-shaped devices that make it easier to use inhalers (especially for children) also widely unavailable across LMICs.

Available & Affordable	Bronchodilators (rescue/relief)	Steroid Inhalers (prevent/control)	Combination Inhalers
Pharmacies (mostly private)	51%	30%	11%
Hospitals (mostly public)	61%	36%	5%

Source: Stolbrink, et al, BMJ Thorax, 2024

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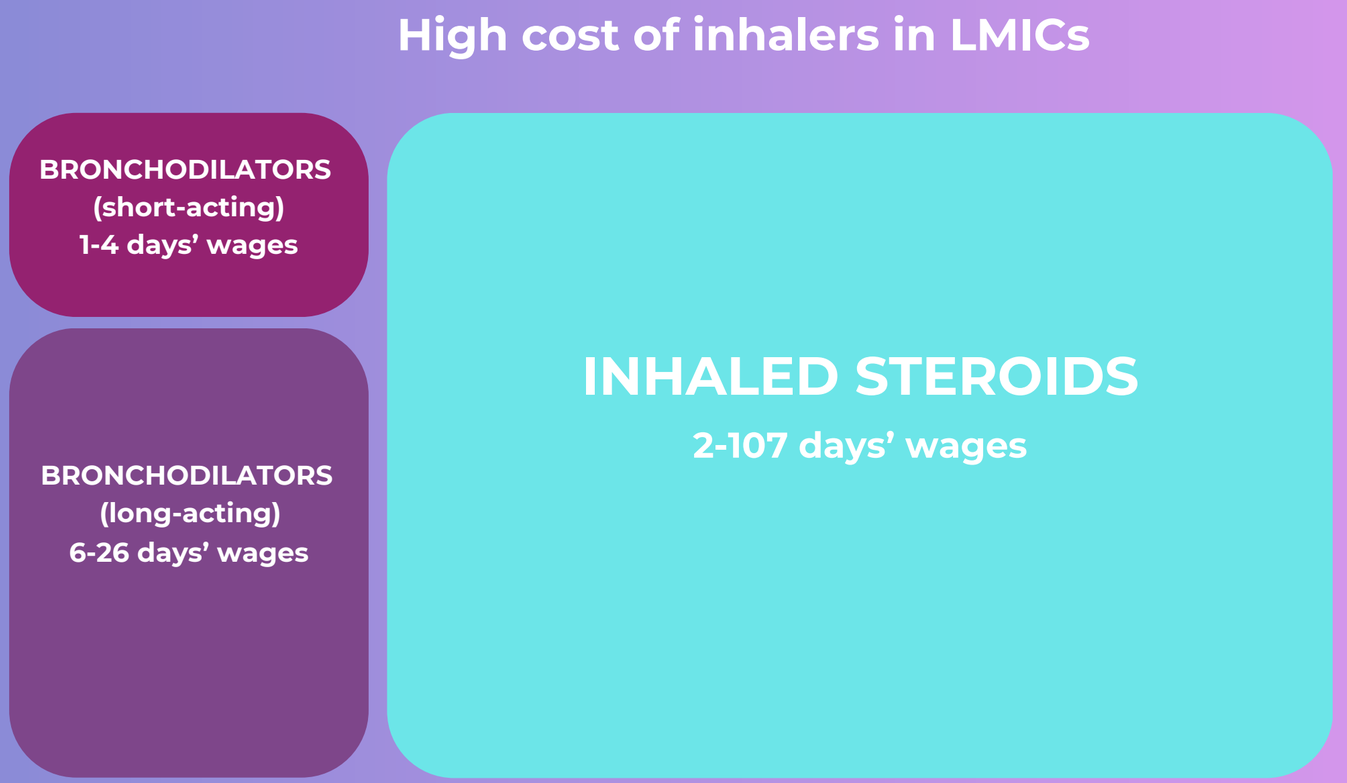
Inhalers often cost more than a week’s wages

Inhalers can cost more than a week’s wages for a month’s supply in many LMICs:

- Steroid inhalers much more expensive than bronchodilators, especially in Africa.

Without affordable inhalers, patients often rely on episodic, acute care and/or on less effective and potentially harmful treatments.

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



Source: Stolbrink, et al, 2022

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High-priced inhalers are a large proportion of NCD financing gap

New estimates reveal that the most of the additional costs LMICs should be spending for NCD management to meet global coverage targets are "*driven by the high prices of metered-dose inhalers and insulin*."

- LMICs currently spend $8 per capita on average on chronic respiratory medicines, but should be spending $19 per capita.
- Increased inhaler affordability will not only enable the treatment of more COPD and asthma patients, but will free up resources to finance other essential NCD medicines.

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Cost is not the only barrier to inhaler access

MISSING POLICIES

- Essential Medicines Lists
- Insurance Reimbursements Lists
- Clinical management Guidelines

POOR DIAGNOSIS

- Missed diagnosis
- Misdiagnosis
- Lack of spirometry clinical training

LIMITED AWARENESS

- Clinicians unaware
- Patients unaware
- Lack of patient advocacy groups

LOW SUPPLY

- Inhalers not registered
- Inhalers not procured
- Inhalers not distributed widely

WEAK DATA

- Disease burden unknown
- Inhaler cost-benefit unavailable
- Inhaler demand forecasts non-existent

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Momentum for action on access to inhalers is building

2011
1st UN High-level NCD Meeting

2013
WHO Global Action Plan for NCDs

2014
2nd UN High-level NCD Meeting

2015
Sustainable Development Goals 3.4 and 3.8

2018
3rd UN High-level NCD Meeting

2019
1st UN High-level UHC Meeting

2020
NCD Countdown 2030

2022
Updated Appendix 3 of Global NCD Action Plan

2023
2nd UN High-level UHC Meeting

2024
Global Health 2050

2025
4th UN High-level NCD Meeting and Political Declaration

Since the Political Declaration from the 1st High-level UN Meeting on the Prevention and Control of NCDs in 2011, momentum has been building to increase access to COPD and asthma inhalers.

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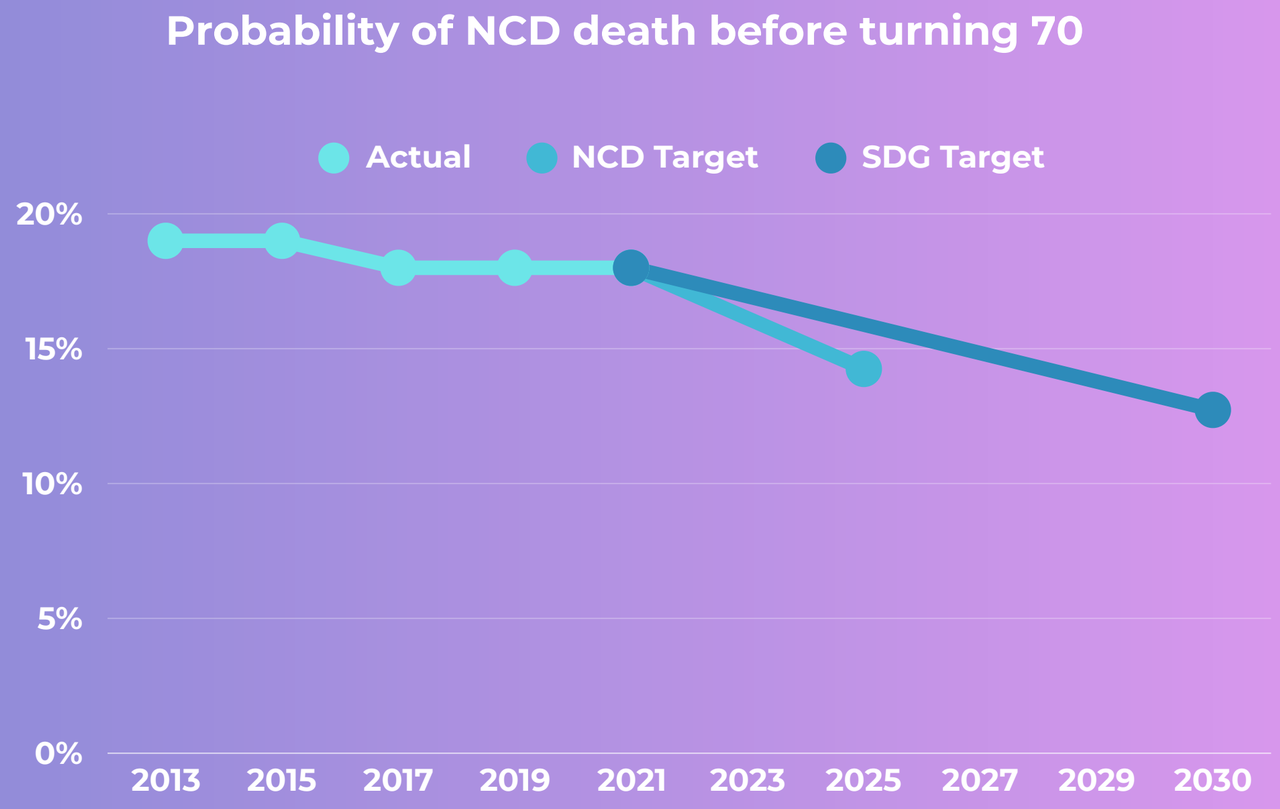
Why we need action on inhalers now

No progress reducing NCD deaths:

- Only 19 out of 194 countries are on track to meet SDG target 3.4 to reduce NCD mortality by one third by 2030.
- 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



Source: WHO, 2024

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UN Member States commit to action on access to inhaled medicines

We, Heads of State and Government assembled at the United Nations on 25 September 2025 commit to urgently strengthen primary health care, by:

Clause 55

Promote national policies for an integrated approach to lung health encompassing both noncommunicable and communicable diseases within primary health care and scale up prevention, early diagnosis and treatment of asthma and chronic obstructive pulmonary disease by improving measures such as access to effective treatment, strengthening diagnostic services and establishing structured programmes and services for the long-term management of chronic respiratory diseases...

UN Political Declaration on NCDs, adoped 15 December, 2025

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What is FIRS calling for?

There are several actions that need to happen to transform access to inhalers, 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...*

Join us!

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

Please contact the following members:

Professor David Halpin, **d.m.g.halpin@exeter.ac.uk**
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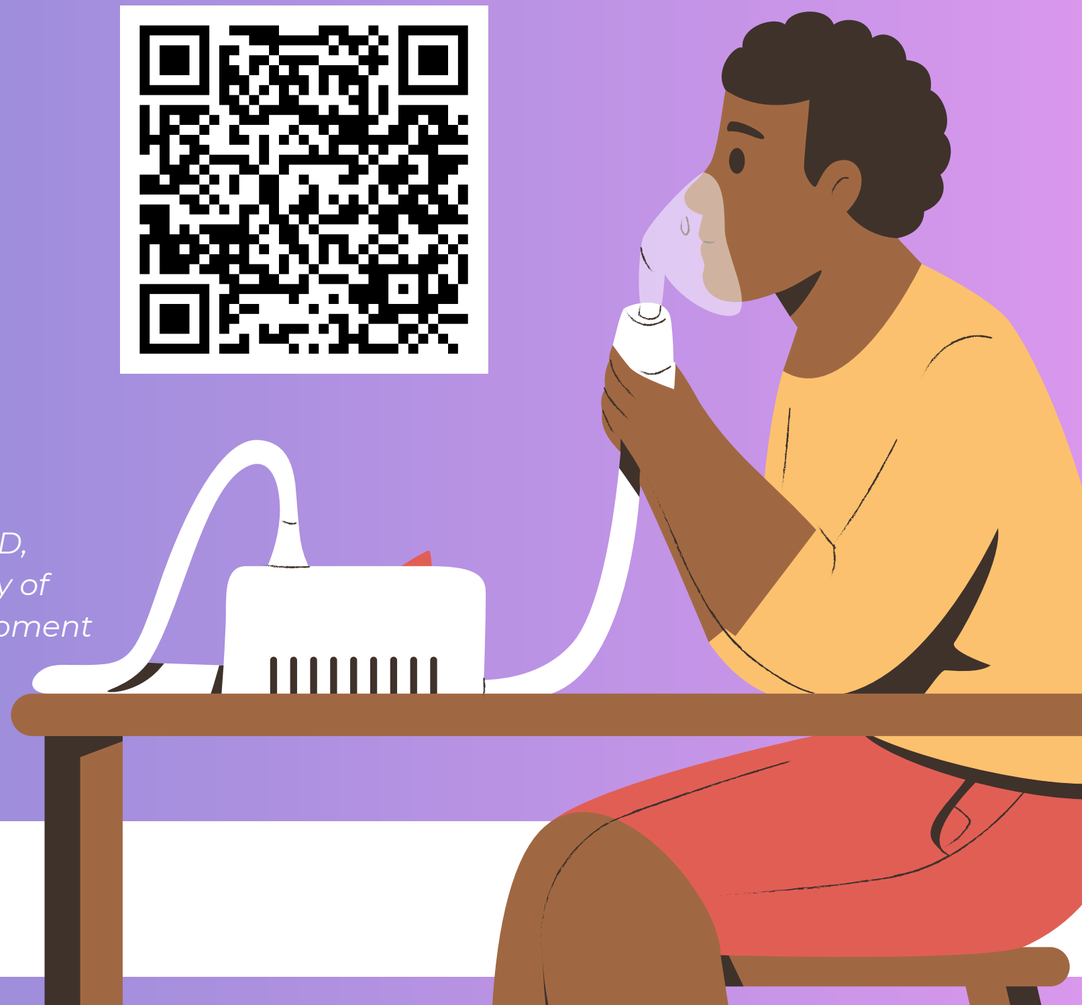
Professor Heather Zar, **heather.zar@uct.ac.za**

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.



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