The Union

International Union Against Tuberculosis and Lung Disease

NCD POLICY LAB

ADVOCACY BRIEF

Enhancing Access to Inhaled Medicines

Lessons from Insulin Access



Around 750 million people live with asthma or chronic obstructive pulmonary disease (COPD), yet most lack access to affordable, appropriate inhaled medicines to keep them healthy, out of hospital and at work or school. This gap imposes enormous health and economic costs on families and health systems. Drawing on insulin access experience in Kenya, Kyrgyzstan, Peru, and Tanzania, this report examines what lung health can learn from diabetes care and recommends a new approach to expanding access.

What inhaler access can learn from insulin

Diabetes has gained more government attention and industry support than asthma and COPD. Countries have updated guidelines, included insulin in health coverage, brought screening into local clinics and negotiated lower prices. Manufacturer partnerships and donations have helped fill funding gaps.

But access remains fragile. Insulin can be free on paper while clinics have no stock. Limited budgets, reliance on specialists and distant services leave patients paying privately or interrupting treatment.

Dependence on a few suppliers creates further risks. Lung health must learn from these gaps as well as the successes.

Country	Main insulin findings	What this means for inhalers
Kenya	A partnership improved prices and supplies. Weak funding, delayed diagnosis and stock-outs still interrupted care.	Improve medicine supply and patient care together.
Kyrgyzstan	Negotiations reduced purchase prices by 13–19% in 2023. Shortages and distant specialist care still limited access.	Negotiate prices, fund reliable supplies, and provide care locally.
Peru	Insulin was meant to be free, but hospital-only access and shortages forced patients to travel and pay privately.	Supply inhalers through local clinics and prevent shortages.
Tanzania	Dedicated clinic days combined medicines, education and monitoring. Low diagnosis, stigma, shortages and costs still disrupted care.	Combine inhaler access with education and regular follow-up.

Three lessons stand out:

1. Fund delivery. Adding medicines to national lists must lead to purchasing, distribution and reliable clinic stocks.
2. Plan for continuing access. Donations need a clear transition to lasting government funding and supply.
3. Track patients' costs. Low manufacturer prices can rise through distributor charges and taxes. Savings must reach patients.



The level of political attention and funding to increase access to inhaled medicines must be elevated to match the high burden of asthma and COPD.

How these lessons apply to inhaled medicines

Asthma and COPD face similar barriers, with less political attention, funding and industry engagement. Affordable inhalers must come with services that help people receive and use them. Both insulin and inhalers require practical instruction: supplying the medicine alone is not enough.

- **Recognise illness earlier.** Asthma and COPD are often missed or mistaken for other conditions. Health workers need clear guidance and referral routes.
- **Provide the right medicines.** Short-term relief inhalers are often easier to obtain than medicines that control illness over time. For asthma, inhaled corticosteroids reduce inflammation and help prevent serious attacks. For COPD, long-acting medicines that open the airways improve symptoms and quality of life.
- **Make treatment affordable.** Medicine and travel costs, alongside lost income, can force families to delay care or stop treatment.
- **Support continuing treatment.** Demonstrate inhaler use, check technique and arrange follow-up. Challenge stigma and fears about steroids or addiction among patients and health workers.

Experience with inhaler programs reinforces the insulin lessons. The Asthma Drug Facility lowered medicine costs but closed in 2013 amid low uptake, limited political commitment and weak asthma care systems.

Most inhalers need no refrigeration, and important generic medicines already exist. Helping quality-assured suppliers register products in more countries could expand choice and competition. Governments and partners can build on existing tuberculosis, primary care and chronic disease services.

In Brazil, after free inhalers were introduced, asthma hospital admission rates fell by 34% and household asthma costs fell from 29% to 2% of income.



What the report recommends

1. **Turn political commitments into funded care.** Use global lung health and NCD commitments to demand action. Give asthma and COPD an accountable home in the health ministry, dedicated budgets and coverage that protects families from unaffordable treatment costs.

2. **Update treatment guidance and train health workers.** Help countries align guidelines with current asthma and COPD evidence. Train staff to prescribe appropriate inhalers, explain their use and support continuing care. Prioritise asthma management in primary care, with clear referral pathways.

3. **Test complete programs in countries ready to act.** Start where governments are committed and appropriate products are registered. Combine affordable medicines, trained staff, patient support and reliable delivery. Measure treatment use, health outcomes and household costs, then use the evidence to expand successful approaches.

4. **Negotiate affordable prices and secure supplies.** Work directly with manufacturers on lower prices, predictable demand and longer-term agreements. Track stocks and the prices patients pay. Help quality-assured generic suppliers enter more markets and build toward pooled purchasing across countries.

5. **Strengthen patient voices and challenge stigma.** Support patient groups to advocate for better services and financial protection. Involve them in designing care that fits daily life. Explain why continuing treatment matters and address fears that prevent people from using inhalers.



High inhaler prices force patients to pay high out-of-pocket costs at private pharmacies or go entirely without treatment.

About the report

Enhancing Access to Inhaled Medicines: Lessons from Insulin Access (September 2026) draws on over 240 documents, 15 expert interviews and studies in Kenya, Kyrgyzstan, Peru and Tanzania. Commissioned by the International Union Against Tuberculosis and Lung Disease (The Union) and written by Alstonia Impact, it received support from the University of Geneva's NCD Policy Lab, funded by the Swiss Agency for Development and Cooperation (SDC).

Read the full report: theunion.org/technical-publications/enhancing-access-to-inhaled-medicines-lessons-from-insulin-access