Our commitment

Non-communicable diseases (NCDs) account for 70% of deaths worldwide. Almost three quarters of all NCD deaths and 82% of premature deaths occur in low and middle income countries (LMICs). The cost of continued underinvestment in the fight against NCDs has been estimated at $47tn in lost gross domestic product globally from 2011 to 2025.

To ensure patients have access to our medicines, we continue to implement innovative solutions in order to optimise affordability and accessibility. These are not stand-alone solutions, they require industry, policymakers, and payers to address the affordability barriers together.

Where necessary, we seek to address barriers beyond price. Particularly in LMICs, barriers to healthcare can include:
- A lack of basic infrastructure
- Difficulty in accessing primary care
- A need to strengthen national regulations and regulatory systems
- Limited opportunities for disease education
- Varying rates and speeds of diagnosis for many conditions

Some patients in upper middle and high income countries (HICs) also face financial constraints to accessing the medication and treatment they need, based on their income. We take innovative steps to engage with these patients and increase their access to medicines.

Key principles of sustainable affordability

There are four key principles that drive sustainable affordability:
- **Sustainability**: of both the healthcare system and our research-led business model.
- **Value**: reflects the clinical benefit of our medicines to patients, and the broader impact on society, along with the positive economic impact to the healthcare system by reducing the need for additional medical intervention.
- **Access**: collaboration with payers and providers on solutions to enable sustainable access to our medicines.
- **Flexibility**: supporting flexibility in pricing to reflect variation in health system needs and ability to pay.

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To ensure patients have access to our medicines, we continue to implement innovative solutions, partnerships, and technologies in order to optimise affordability and accessibility”
Our focus and core affordability approach

We take a broad approach to reflect the wide variation in global healthcare systems, and we understand the need to work closely with payers and policymakers to ensure access is both widespread and sustainable.

A variety of approaches and programmes are tailored to address local needs and work with local healthcare systems. We aim to both improve health system resilience and support sustainable access to, and affordability of, healthcare.

Several of our programmes coordinate with country-specific health systems to deliver medicines in a locally affordable context for the patient. These include:

• By offering customised solutions to address the gap in ability to pay in the out-of-pocket (OOP) sector, ensuring patients stay in therapy on their prescribed medications.

• By providing discount schemes and assistance for people who can’t pay, via patient assistance programmes (PAPs).

• By strengthening health systems, for example training healthcare professionals and facilitating clinics for screening and diagnosis.

• Other patient assistance-based programmes focus on making medicines available through donation (i.e. free of charge).

• Tailored payment models, such as Tiered Pricing (based on Gross National Income) and Value-Based Agreements (VBAs), allow flexibility in linking cost to economic prosperity, real world clinical benefit of the medicine, or other agreed terms. We also take into account the ability of the relevant government to pay using factors such as national budget, health economics data, and Gross Domestic Product (GDP).

Our medicines help address unmet medical need, improve health, and create economic benefits. Each healthcare system is unique, with different healthcare costs, patient populations, and societal priorities and, as such, a medicine’s value within a particular healthcare system is different from another. Our approach is therefore driven by the belief that the price of a medicine should reflect its value, support sustainability, maximise patient access, and provide flexibility to accommodate variation in global health systems and economic realities for patients.
Our affordability approach in practice

Value-based agreements: Across multiple therapy areas

• Value-based agreements enable patient access while reducing uncertainty of payers (clinical or economic) by linking access, reimbursement, or price, to real-world clinical benefit or other agreed terms. AstraZeneca works closely with governments to create agreements, based on local real-world data, and tailored to address unmet need.

Patient access programmes

• Patient Assistance Programmes use fully donated product without expectation of payment from the patient for any portion or to access the programme. Our largest Patient Assistance Programme is AZ&Me in the United States, which provides eligible patients with AstraZeneca medicines free of charge.

• Patient Affordability Programmes aiming to close the gap in ability to pay for out-of-pocket patients in +20 LMICs.

Access to healthcare programmes

• Healthy Heart Africa is AstraZeneca's flagship innovative programme committed to tackling hypertension (high blood pressure) and the increasing burden of cardiovascular disease (CVD) in Africa. The HHA programme makes access to discounted medicines available, where applicable. In all the countries where it operates, the programme ensures access to a consistent, reliable supply of anti-hypertensive medicines for patients.

• PUMUA initiative — redefining asthma care in Africa: the PUMUA initiative makes low-cost, high quality respiratory medicines available as part of the programme at a significant discount in Kenya and Ghana, taking into account ability to pay. The programme also makes respiratory equipment for asthma management available in all participating countries.

• Making genetic testing for ovarian cancer affordable: Working in partnership with a diagnostics company, this programme supports patients until they have homologous recombination deficiency (HRD) testing reimbursement, a biomarker for cancer, with the company covering the cost of testing in more than 20 countries around the world.

References

1 World Health Organization. Noncommunicable diseases. Available at: https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1 Last accessed April 2022


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