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# AstraZeneca Affordability Statement

January 2021



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## Our commitment

Non-communicable diseases (NCDs) account for 70% of deaths worldwide.<sup>1</sup> 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.<sup>2</sup>

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.

We seek opportunities to make our medicines accessible and affordable and, where necessary, address barriers beyond price. Particularly in developing economies, barriers to healthcare can include a lack of basic infrastructure, difficulty in accessing primary care, limited opportunities for disease education and varying rates and speeds of diagnoses for many conditions.



# 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 together with healthcare systems, with the aim of both improving health system resilience and supporting sustainable access to, and affordability of, healthcare. For example:

- Several of our programmes coordinate with country-specific health systems to deliver medicines in a locally affordable context for the patient, and/or support sustainable infrastructure, 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, allow flexibility in linking cost to economic prosperity, real world clinical benefit of the medicine or other agreed terms.

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. 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 four key principles 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 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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# 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 assistance-based programme: AZ&ME

- Our largest Patient Assistance Programme is [AZ&Me](#) in the US, which provides eligible patients with AstraZeneca medicines at no cost.

## Access to healthcare programme: Healthy Heart Africa

- [Healthy Heart Africa](#) (HHA) is AstraZeneca's flagship innovative programme committed to tackling hypertension (high blood pressure) and the increasing burden of cardiovascular disease (CVD) in Africa.

For more information on our approach to affordability see [here](#)

Further detail can also be found in our [Sustainability Report](#).

## References

<sup>1</sup> World Health Organization. Noncommunicable diseases. Available at: [https://www.who.int/health-topics/noncommunicable-diseases#tab=tab\\_1](https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1)  
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<sup>2</sup> Ghebreyesus, T. A. (2018). Acting on NCDs: counting the cost. *The Lancet*, 391(10134), 1973–1974. doi:10.1016/s0140-6736(18)30675-5