This study provides a cross-country assessment of prices, availability and affordability of CVD and hypertension medicines to identify areas for improvement in access to medication treatment.

We used survey data from the World Health Organization Health Action International database on 53 countries from 2001-2015 to analyze the following indicators:

- **AVAILABILITY**, measured as the percentage of healthcare facilities where the medicine is offered
- **PRICE**, expressed as the median price ratio (MPR) to international reference prices, adjusted for inflation and purchasing power
- **AFFORDABILITY**, measured as the number of day’s wages needed to purchase one month of treatment

**List of Medicines:** Amlodipine 5 mg; Atenolol 50 mg; Enalapril 10 mg; Furosemide 40 mg; Hydrochlorothiazide 25 mg; Losartan 50 mg; Lovastatin 20 mg; Nifedipine 20 mg

**Highlights**

- The average availability for the select medicines was 54% in LMICs and 60% in HUMICs, and was higher for generic (61%) compared to brand medicines (41%).
- Average patient MPR was 80.3 for brand and 16.7 for generic medicines and was higher for patients in LMICs compared to HUMICs across all medicine categories.
- The affordability index for brand medicines was 7.7 in LMICs and 4.2 in HUMICs. The affordability index for generic medicines was 2.3 in LMICs and 1.5 in HUMICs.

**Conclusions**

- The cross-country variations in price, availability, and affordability of CVD and hypertension medicines are considerable.
- Patients in LMICs face higher prices and lower affordability than patients in HUMICs for both brand and generic medicines, though generic medicines are more affordable in all countries.
- Actions that increase access to medicines can include use of effective generics and efficient procurement mechanisms.