How to develop a National Essential Medicines List

Content:

1. Introduction (Access to medicines)
2. NEML committee
   2.1 Structure
   2.2 Organization
   2.3 Membership
   2.4 Conflicts of interest
   2.5 Working procedure
   2.6 Handling of applications
   2.7 Revision of the list
   2.8 Implementing the list
   2.9 Adding medicines for children to NEML
1. Introduction

- Preamble (covers following topics; will be completed):
  - Explain right to access to the medicines from WHO point of view
  - Explain role of national governments and MOH in providing access to the medicines
  - Define essential medicines in their role in national health system (Essential Medicines are those that satisfy the health care needs of the majority of the population: they should be available at all times in adequate amounts and in the appropriate dosage forms.)

2. NEMI committee

2.1 Structure

In order to fulfill above mentioned goals MOH should establish a national committee to prepare National Essential Medicines List (NEML). The committee will identify medicines for inclusion in the national EML. Medicine selection by committee minimizes the opportunity for private interests to influence the decision-making process. MOH could later decide if procurement, distribution and even reimbursement of medicines in the public sector will be limited to the list. MOH should put in place appropriate legislation/regulation at national or ministerial level for implementation of such policy.

2.2 Organization

NEML as an advisory committee will be established in MOH and should be directly connected to the Minister of health. However a secretary should be established for the committee preferably in department of food and drug of MOH or equivalent organization. The committee will be chaired by designated representative of the Minister of health.

2.3 Membership

Expert Committee for the Selection of NEML should have a balanced membership comprises of executive managers involve in regulation and procurement of the medicines and scientists. Committee members should have relevant backgrounds and previous experience in the procurement, supply and/or use of medicines. They should be honest and dedicated and have integrity. They should not have relationships with any drug manufacturer or distributor, nor be closely related to any person who does. Suggested representatives to include (but not limited to) on the Committee are as following:
Agenda item for the 18th Expert Committee on the Selection and Use of Essential Medicines

- Ministry of Health representatives including personnel from the medicines purchasing/procurement department.
- Professional organizations, such as the national medical and pharmaceutical association.
- Regional and local health facilities (including medical and paramedical prescribers).
- ≥ 1 clinical pharmacologists/clinical pharmacists
- ≥ 1 hospital and district pharmacist
- Internist
- Infectious disease specialist.
- Paediatrician.
- Anaesthetist.
- Obstetrician.
- Representatives of disease control programmes (e.g. malaria, tuberculosis and AIDs programmes can be co-opted to attend certain meetings.
- Committee may also invite experts as temporarily advisors for the agenda items related to their expertise.

It is recommended that Committee members serve for several years with staggered terms, so that the committee retains some experienced members each year. It is also recommended that NEML committees have both professional and gender balance.

2.4 Working procedure

- The committee should start by defining a list of common diseases for each level of health care. The choice of medicine depends on several factors, such as the pattern of prevalent diseases; the need for special diagnostic or treatment facilities; the training and experience of the available personnel; the financial resources and genetic, demographic, and environmental factors.
- In the development stage involve a wide group of national experts and politicians.
- Drug policy framework needs to be in place and the list needs a purpose.
- Selection process needs to be transparent and there needs to be a procedure for suggestions and additions or deletions.
- Selection of medicines needs to be realistic (do not add sophisticated medicines for lower health care levels when resources are scarce).
- Identify the first-choice treatment for each health problem (this may be limited to one or more medicines or to various forms of non-medicinal treatment).
- This information should be available from the National Standard Treatment Guidelines. It is important to make sure that the STGs are up-to-date and in line with evidence-based international guidelines/WHO guidelines.
The list of first-choice treatments for the priority health problems will form the basis of the NEML.

If there are no national STGs or the STGs have not been revised recently the 16th WHO Model List of Essential Medicines can be reviewed to inform the new NEML. http://www.who.int/selection_medicines/committees/expert/17/WEB_unedited_16th_LIST.pdf

The committee in its early stage of its activities should set criteria for selecting medicines to be included in NEML. WHO criteria for the selection of Essential Medicines as following could be applied during the selection process:

- Only medicines for which sound and adequate data on efficacy and safety are available from clinical studies and for which evidence of performance in general use in a variety of medical settings has been obtained should be selected.
- Each selected drug must be available in a form in which adequate quality, including bioavailability, can be ensured; its stability under the anticipated conditions of storage and use must be established.
- When two or more medicines appear similar in the above respects, the choice between them should be made on the basis of a careful evaluation of their relative efficacy, safety, quality, price, and availability and feasibility of use in a variety of settings, such as the need for special professional skills and/or diagnostic or treatment facilities.
- In cost comparisons between medicines, the cost of the total treatment, not only the unit cost of the medicine must be considered. Cost and cost-effectiveness comparisons may be made among alternative treatments within the same therapeutic group, but not across therapeutic categories (e.g. between treatment of tuberculosis and treatment of malaria). In some cases the choice may also be influenced by other factors, such as the pharmacokinetic properties, or by local considerations such as the availability of facilities for manufacture or storage.
- Most essential medicines should be formulated as single compounds. However, fixed-ratio combination products can be considered for selection in certain circumstances, such as when there is a high pill burden associated with the treatment regimen which can adversely affect compliance. Fixed-ratio combination products should be selected when the combination has proven advantage in therapeutic effect, safety or compliance over single compounds administered separately. Examples of combination medicines that have met these criteria include new formulations for tuberculosis, malaria and HIV/AIDS.

The Selection Committee can also critically review the national list of registered medicines to select a much shorter national list of essential drugs. Based on this list, drugs and therapeutics committees in individual health facilities can choose a treatment of first choice for that facility or district. When selecting essential medicines for use at a particular level of care within the national health system
the need for special professional skills and/or diagnostic or treatment facilities should be taken into consideration.

### 2.5 Conflicts of interest

Potential conflicts of interest of the NEML all committee members should be investigated and a system to manage them agreed by the Ministry of Health (see Annex 1).

### 2.6 Handling the application

All proposals for inclusion of the medicines to NEML should be screened by the team responsible for the co-ordination of the NEML Committee prior to being considered by the Committee. The proposals should be screened to ensure:

- Applicants contact details have been included.
- Drug can be identified in terms of the INN.
- Indication has been included.
- Relevant comparator medicines have been identified with corresponding dosing regimens.
- Supporting evidence to substantiate the request has been included.

Accepted submissions should be allocated to a suitably qualified member of the NEML Committee for review. The reviewer should compile a technical report which summarizes the data submitted in the proposal in terms of:

- Relative efficacy.
- Relative safety.
- Practice environment - the focus being efficacy relative to current NEML medicines.
- Pharmacoeconomic evaluation.

The report should be presented by the reviewer to the NEML Committee at the next planned meeting to revise the NEML.

The NEML Committee may request further information from the proposer or commission a literature search and formal review. Final decision to accept or reject the proposal rests with the NEML Committee. The outcome of the discussion should be communicated back to the proposer.

**Suggested information to include on the application form is:**

**Section 1: Proposal**

a) The name of the proposed medicine should be the International Non-proprietary Name (INN) of the medicine - this identifies a pharmaceutical substance or active pharmaceutical ingredient by a unique name that is globally recognized and is public property. A non-proprietary name is also known as a generic name.
b) Level of Care - to indicate whether the proposed medicine should be listed for use at primary care or hospital level (adapt as appropriate for your country’s health system).

c) Prescriber level - to indicate level of competency required to prescribe the drug.

**Section 2: Applicant’s details**

The review committee should acknowledge all submissions and communicate decisions with supporting arguments where appropriate. This section therefore forms a vital link between the applicant and the decision making process.

**Section 3: Proposed indications**

a) **Indication points to consider:**

- The NEML should target those conditions that are the most prevalent in the country. Where an applicant suggests an indication not currently reflected in the NEML, a brief rationale based upon the country’s epidemiological data must be included as an appendix.
- Stating the indication allows for the identification of the appropriate comparator in the current NEML.
- Many medicines have multiple indications. However, not all are equally cost effective.

b) **Proposed regimen**

These data can be used for cost comparison and is very important for pharmacoeconomic evaluation.

c) **Cost assessment**

This information is necessary for the determination of affordability.

d) **Evidence**

Evidence is a vital component of the submission and review process. Evidence does not constitute a medicine decision; it merely informs the strength of the argument. It forms the basis upon which the decision is made and allows for transparent scrutiny of the decision as well as facilitating the review.

Evidence is required in support of:

- relative efficacy
- relative safety
- pharmacoeconomic benefits

Evidence needs to be relevant to the country context. Multinational or foreign studies must be supported by a description of the relevance of both the outcome measures as well as socio-economic facets to the country in question.

Potential sources of information for a submission to the Review Committee:

- Literature review by applicant - submit with copies of original articles.
Example Application Form for the Inclusion of a Medicine on a National Essential Medicines List

Section 1

Name of Proposed Medicine: [ ]

Prescriber Level: [ ]

Submission date: [ ]

Section 2

Applicant's Details

Title [ ]

Tel No Code Number [ ]

Fax No Code Number [ ]

Postal address [ ]

Email [ ]

Section 3

Proposed Indication

<table>
<thead>
<tr>
<th>Indication</th>
<th>Proposed Regimen</th>
<th>Cost Assessment</th>
<th>Level of Evidence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Level of Evidence: 1 Meta-analysis 2 Randomized controlled trial 3 Controlled study with no randomization 4 Expert Committee 5 Clinical experience

Section 4

Medicines on the Current EML for the same indication

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Indication as per guidelines</th>
<th>Cost Assessment</th>
<th>Can be replaced by proposed medicine</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Section 5

FOR NATIONAL USE ONLY

Correspondence: Data received / Acknowledged / Request for more evidence / Yes/No

Evidence: No. of articles submitted / Further evidence / Proposal / New Standard Therapeutic Guideline / New/Change / Prescriber level

Decision: Accepted / Rejected

2.7 Revision of NEML

After publication of the first national list, the Committee for Selection of Medicines should meet at least every year to update it. A form for proposing revisions to NEML should be developed and widely disseminated to prescribers along with the current STG/NEML. A process for reviewing these forms at the national level should be put in place.
Agenda item for the 18th Expert Committee on the Selection and Use of Essential Medicines

Proposals for an amendment to NEML should only be considered if:
- The application form has been fully completed.
- The applicants contact details are provided.
- The drug name has been stated.
- The indication has been clearly stated.
- All relevant comparator drug(s) have been listed.
- There is sufficient evidence to support the proposed amendment.

Proposals can be separated into different categories depending on whether they address a major or minor amendment to the NEML:

<table>
<thead>
<tr>
<th>Major amendments can be considered as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New indications</td>
</tr>
<tr>
<td>• New therapeutic entities</td>
</tr>
<tr>
<td>• New therapeutic classes</td>
</tr>
<tr>
<td>• Deletion of a medicine from the NEML</td>
</tr>
</tbody>
</table>

All major amendments must be supported by evidence reflecting safety, efficacy and cost of medicine compared to an already listed medicine for the same indication.

A major amendment may also include proposals for medicines not currently listed and/or for conditions not addressed in the NEML. In such cases submissions must be supported by demographic data.

<table>
<thead>
<tr>
<th>Minor amendments can be considered as:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• New formulations</td>
</tr>
<tr>
<td>• Combination therapies of existing essential medicines</td>
</tr>
</tbody>
</table>

For minor amendments the supporting evidence should be relevant to the nature of the amendment.

2.8 Implementing the list

In order to implement the NEML and raise awareness of the completed NEML the committee should:
- Have a launching campaign to give the list national prominence and credibility.
- Make NEML and clinical guidelines available in all health care facilities and to all health care providers in printed and electronic versions, if appropriate.
- Involve the highest possible government officials, such as the minister of health or president.
- Intensive media coverage.
- Inform the general public by publishing articles in newspapers (press releases).
• National conference to emphasize topics such as the advantages of the list, the national consensus in defining the health needs of the population and the cost effective use of limited resources.

• Plan educational activities on use of NEML for prescribers

• Verify with procurement services in both public and private sectors and with regulatory authorities that medicines on the NEML are available in the country.

• Advocate for tax exemption for all medicines and commodities on the NEML.

• Assess and monitor availability and use of the medicines on the NEML

• Establish penalties for intentional ignoring of the list and prescribing outside of the list in public health facilities. By the Ministry of Health (MOH)

2.9 Adding medicines for children to NEML

• Contact child health stakeholders and develop a child health working group (CHWG) to add medicines for children to the NEML.

• Review the national NEML to identify medicines and/or special formulation to be added to the list for children

• Recommend medicines or the formulation to be added to the NEML
Annex 1

Managing conflicts of interest in potential committee members

What is a conflict of interest?

Conflict of interest means that the expert or his/her partner (“partner” includes a spouse or other person with whom s/he has a similar close personal relationship), or the administrative unit with which the expert has an employment relationship, has a financial or other interest that could unduly influence the expert’s position with respect to the subject-matter being considered. An apparent conflict of interest exists when an interest would not necessarily influence the expert but could result in the expert’s objectivity being questioned by others. A potential conflict of interest exists with an interest which any reasonable person could be uncertain whether or not should be reported.

Different types of financial or other interests, whether personal or with the administrative unit with which the expert has an employment relationship, can be envisaged and the following list, which is not exhaustive, is provided for your guidance. For example, the following types of situations should be declared:

1. a current proprietary interest in a substance, technology or process (e.g. ownership of a patent), to be considered in - or otherwise related to the subject-matter of - the meeting or work;

2. a current financial interest, e.g. shares or bonds, in a commercial entity with an interest in the subject-matter of the meeting or work (except share holdings through general mutual funds or similar arrangements where the expert has no control over the selection of shares);

3. an employment, consultancy, directorship, or other position during the past 4 years, whether or not paid, in any commercial entity which has an interest in the subject-matter of the meeting/work, or an ongoing negotiation concerning prospective employment or other association with such commercial entity;

4. performance of any paid work or research during the past 4 years commissioned by a commercial entity with interests in the subject-matter of the meetings or work;

5. payment or other support covering a period within the past 4 years, or an expectation of support for the future, from a commercial entity with an interest in the subject-matter of the meetings or work, even if it does not convey any benefit to the expert personally but which benefits his/her position or administrative unit, e.g. a grant or fellowship or other payment, e.g. for the purpose of financing a post or consultancy.

With respect to the above, an interest in a competing substance, technology or process, or an interest in or association with, work for or support by a commercial entity having a direct competitive interest must similarly be disclosed.
Agenda item for the 18th Expert Committee on the Selection and Use of Essential Medicines

The best way to obtain complete and accurate disclosures on financial ties and other competing interests is to develop a specific, detailed and structured "declaration of interest" form that will allow the organization to obtain as much information as possible about the nature and extent of the competing interests. It is recommended that explicit criteria be developed to determine when a disclosed financial tie or other competing interest constitutes a conflict of interest.

When a conflict of interest is identified in a potential selection committee member, possible management strategies include: public disclosure of the financial tie(s) to the essential medicines selection committee as a minimum and in certain instances disqualification of conflicted individuals from participation in the decision making process. For example, when the Selection Committee is discussing the addition of a medicine to the National Essential Medicines List which is manufactured by a company in which a committee member or a member of their immediate family has a financial interest and may personally gain from its inclusion in the National Essential Medicines List, the committee member in question should excuse themselves from the decision making process.

---

Example of a Declaration of Interest Form

DECLARATION OF INTERESTS FOR WHO EXPERTS

Title of meeting or work to be performed, including description of subject-matter, substance (compounds and organisms), technology or process to be considered:

Public health considerations have a primary importance in all WHO technical work. Measures need to be taken to ensure that the best possible assessment of scientific evidence is achieved in an independent atmosphere free of either direct or indirect pressures. Thus, to assure the technical integrity and impartiality of WHO’s work, it is necessary to avoid situations in which financial or other interests might affect the outcome of that work.

Each expert is therefore asked to declare any interests that could constitute a real, potential or apparent conflict of interest, with respect to his/her involvement in the meeting or work, between (1) commercial entities and the participant personally, and (2) commercial entities and the administrative unit with which the participant has an employment relationship. “Commercial entity” refers to any company, association (e.g., trade association), organization or any other entity of any nature whatsoever, with commercial interests.

In addition, as a result of WHO’s strong stance against tobacco use, it is considered relevant for the Organization to know whether experts working with it have, or have had, any relationship with any part of what may be called “the tobacco industry”. Nevertheless, declaration of such an interest would not necessarily be considered a reason to disqualify an expert.

What is a conflict of interest?
Conflict of interest means that the expert or his/her partner (“partner” includes a spouse or other person with whom s/he has a similar close personal relationship), or the administrative unit with which the expert has an employment relationship, has a financial or other interest that could unduly influence the expert’s position with respect to the subject-matter being considered. An apparent conflict of interest exists when an interest would not necessarily influence the expert but could result in the expert’s objectivity being questioned by others. A potential conflict of interest exists with an interest which any reasonable person could be uncertain whether or not should be reported.

Different types of financial or other interests, whether personal or with the administrative unit with which the expert has an employment relationship, can be envisaged and the following list, which is not exhaustive, is provided for your guidance. For example, the following types of situations should be declared:

1. a current proprietary interest in a substance, technology or process (e.g. ownership of a patent), to be considered in - or otherwise related to the subject-matter of - the meeting or work;
2. a current financial interest, e.g. shares or bonds, in a commercial entity with an interest in the subject-matter of the meeting or work (except share holdings through general mutual funds or similar arrangements where the expert has no control over the selection of shares);

3. an employment, consultancy, directorship, or other position during the past 4 years, whether or not paid, in any commercial entity which has an interest in the subject-matter of the meeting/work, or an ongoing negotiation concerning prospective employment or other association with such commercial entity;

4. performance of any paid work or research during the past 4 years commissioned by a commercial entity with interests in the subject-matter of the meetings or work;

5. payment or other support covering a period within the past 4 years, or an expectation of support for the future, from a commercial entity with an interest in the subject-matter of the meetings or work, even if it does not convey any benefit to the expert personally but which benefits his/her position or administrative unit, e.g. a grant or fellowship or other payment, e.g. for the purpose of financing a post or consultancy.

With respect to the above, an interest in a competing substance, technology or process, or an interest in or association with, work for or support by a commercial entity having a direct competitive interest must similarly be disclosed.

**How to complete this Declaration:** Please complete this Declaration and submit it to the Secretariat. Any financial or other interests that could constitute a real, potential or apparent conflict of interest should be declared (1) with respect to yourself or partner, as well as (2) with respect to the administrative unit with which you have an employment relationship. Only the name of the commercial entity and the nature of the interest is required to be disclosed, no amounts need to be specified (though they may be, if you consider this information to be relevant to assessing the interest). With respect to items 1 and 2 in the list above, the interest should only be declared if it is current. With respect to items 3, 4 and 5, any interest during the past 4 years should be declared. If the interest is no longer current, please state the year when it ceased. With respect to item 5, the interest ceases when a financed post or fellowship is no longer occupied, or when support for an activity ceases.

**Assessment and outcome:** The information submitted by you will be used to assess whether the declared interests constitute an appreciable real, potential or apparent conflict of interest. Such conflict of interest will, depending on the situation, result in (i) you being asked not to take part in the portion of the discussion or work affecting that interest, (ii) being asked not to take part in the meeting or work altogether, or (iii) if deemed by WHO to be appropriate to the particular circumstances, and with your agreement, you taking part in the meeting or work and your interest being publicly disclosed.

Information disclosed on this Form may be made available to persons outside of WHO only when the objectivity of the meeting or work has been questioned such that the Director-General considers disclosure to be in the best interests of the Organization, and then only after consultation with you.
Declaration: Have you or your partner any financial or other interest in the subject-matter of the meeting or work in which you will be involved, which may be considered as constituting a real, potential or apparent conflict of interest?

Yes: ☐ No: ☐ If yes, please give details in the box below.

Do you have, or have you had during the past 4 years, an employment or other professional relationship with any entity directly involved in the production, manufacture, distribution or sale of tobacco or any tobacco products, or directly representing the interests of any such entity?

Yes: ☐ No: ☐ If yes, please give details in the box below.

<table>
<thead>
<tr>
<th>Type of interest, e.g. patent, shares, employment, association, payment (including details on any compound, work, etc.)</th>
<th>Name of commercial entity</th>
<th>Belongs to you, partner or unit?</th>
<th>Current interest? (or year ceased)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is there anything else that could affect your objectivity or independence in the meeting or work, or the perception by others of your objectivity and independence?

__________________________________________________________________________________

__________________________________________________________________________________

I hereby declare that the disclosed information is correct and that no other situation of real, potential or apparent conflict of interest is known to me. I undertake to inform you of any change in these circumstances, including if an issue arises during the course of the meeting or work itself.

__________________________________________________________________________________

Signature ___________________________ Date ___________________________

Name ___________________________ Institution ___________________________