In March 2005, the WHO’s Prequalification Programme became the WHO Model List of Essential Medicines was developed by the World Health Assembly. The list is updated regularly and is a key tool for improving access to essential medicines. The list includes names of medicines, the strength, and dosage form. The list is intended for use by national health authorities in selecting medicines for their national Essential Medicines List (EML). The list is also used by pharmaceutical companies to ensure that their products meet the requirements of national and international guidelines. The list is also used by international agencies and organizations to ensure that their interventions are aligned with the list.

In 2005, increased financial support flowing from the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and the President’s Emergency Plan for AIDS Relief, significantly boosted efforts to increase access to essential medicines. Additionally, the Global Health Security Agenda (GHSA) initiative, aimed at building capacity in regions with high transmission levels of HIV/AIDS, tuberculosis (TB), and malaria programs. Estimates suggest that the target of universal access to essential medicines by 2015 is on track.

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ANNUAL REPORT

Support to countries on access to medicines

Many countries across the globe received technical support to strengthen their medicines regulatory systems. In particular, WHO’s efforts in this area were facilitated by the experience of a number of countries and organizations on which they worked:

WHO Traditional Medicine Policy

WHO conducted a global survey to obtain baseline information concerning traditional medicine. WHO Traditional Medicine Strategy 2005–2010, approved at the 58th World Health Assembly in 2005, was developed in collaboration with a number of organizations, including the World Health Organization, the Asian Pacific Association of Traditional Medicine, and the Commonwealth of Independent States. Member States were encouraged to develop national traditional medicine strategies which aligned with the WHO strategy.

Global Health Epidemics

WHO, in collaboration with UNDP and the Inter-Agency Group on Strengthening of Health Systems, organized a workshop to enhance networking among western health professionals and stakeholders. A cornerstone of the workshop was the development of guidelines for national traditional medicine strategies.

Multi-country studies on supply systems

In many sub-Saharan African countries, hospitals and clinics run by faith-based organizations often have their own supply systems. For such organizations, WHO has conducted a number of surveys in large multilateral projects. In 2005, the WHO African Region conducted a survey on national drug supply systems and their effectiveness. The results of the survey, which is conducted in collaboration with the WHO African Region, are presented in the box. Other surveys were conducted in other African countries.

In India, price surveys studies from different states showed the median prices of medicines were relatively affordable, with high quality medicines. For instance, the median price of chlorproguanil–dapsone was under Rs. 100 per treatment. However, median prices of medicines varied across different countries, and some patients could not afford to purchase the medicines.

New guidelines for traditional medicine

WHO’s new guidelines for traditional medicines were published by the African Region in 2005. These guidelines were developed in collaboration with the Biomolecular Reference Substances Committee, with the aim of strengthening traditional medicine practices.

Quality of medicines

The WHO/HTM standard methodology was used by UNICEF and five African countries to assess, in addition, the quality of medicines. The results of these surveys were published in 2006, and the methodology was also used to assess the costs of reproductive health medicines in 2008.

Counterfeit medicines

WHO member states agreed to continue to provide technical support to member countries, and in May 2005, the WHO Prequalification Programme launched a Rapid System in which 30 medicines were prequalified. Within a year, 30 counterfeit medicines were detected in a number of countries. In 2007, the WHO Programme for Prequalification of Medicines (WHO PrePQ) finalized its first round of global prequalification activities.

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