The purpose of *Essential drugs in brief* is to share information on the latest country support provided or coordinated by the extended Drug Action Programme team (country, regional and HQ offices).

It is an informal instrument aiming to share our experiences with colleagues within and outside WHO, who are active in the implementation of national drug policies at national and regional levels.

The ultimate test of all WHO work is whether it contributes to improving the pharmaceutical and health sectors within countries. WHO serves countries and regions in two ways: by providing direct country support and through the development of policy and normative guidelines that can be adapted by countries to meet national needs.

Country support has been WHO’s largest area of activity in pharmaceuticals, and is provided in response to countries’ expressed wish to develop their pharmaceutical services. At the same time, many donors have been keen to use WHO’s health and pharmaceutical expertise when providing their own country support.

Policy and normative work is demand-driven, based on the needs of the countries. For example, the *Essential Drugs Concept* and the *First Model List of Essential Drugs* were developed in response to numerous country requests for pharmaceutical sector assistance.

The need is reciprocal, though, for irrespective of how country work is triggered or instigated, it is a fundamental resource for WHO.

Only by undertaking such work can WHO develop its evidence and knowledge base, and maintain its level of health expertise. This is crucial if the Organization is to maintain its position as the world’s leading authority on public health issues and its capacity to serve Member States.

“We are structuring our work to ensure that WHO speaks with one voice in the area of pharmaceuticals and essential drugs… WHO remains committed to working with countries to develop and implement effective national policies and programmes.” WHO Director-General, Dr Gro Harlem Brundtland, address to Ad Hoc Working Group on the Revised Drugs Strategy, Geneva, 13 October 1998.

Placing countries—with their needs and the experience they provide—at the core of all WHO’s pharmaceutical work is clearly essential. *Essential drugs in brief* will report on the latest WHO activities carried out in and for countries.
3rd Meeting of EDP Managers, Cape Town, South Africa, 13–17 March 2000: Experts recommend ways to improve access to essential medicines

Essential drugs programme managers from 16 African countries have accepted the Intensified Essential Drugs Programme for the African Region as an appropriate framework for addressing issues related to essential drugs.

Among their recommendations, the drug experts urged their governments to make access to essential medicines a priority, to allocate adequate budgets for them based on the needs of the people, and to ensure that drugs for priority health problems are available, affordable and accessible to those who need them.

To ensure effective implementation of the programme, they recommended that the authorities adopt good procurement practices for essential drugs, capitalising on economies of scale, and make pricing information available to drug prescribers, dispensers, consumers and health insurance companies to enable them to make informed decisions. They also proposed that governments encourage local production of essential drugs and remove taxes on such drugs and the raw materials for them.

The participants at the meeting also suggested that appropriate information be disseminated on the concept and benefits of harmonization of drug regulatory activities and the promotion of common minimum standards in order to foster confidence in the quality of services rendered.

They emphasised that easy access to reliable information on pharmaceutical suppliers and pricing was of vital importance to achieve optimal quality at affordable prices, and recommended the establishment of a web site, to be coordinated by WHO, to make such information freely available and keep it up to date.

In addition, they recommended that Member States should strengthen the capacity of drug regulatory agencies and grant them some degree of autonomy to ensure effectiveness and efficiency.

They also recommended that Member States should develop strategies on rational drug use and incorporate the principle in the training curricula for health workers.

Each country was requested to specify the activities it would carry out to implement the Intensified Essential Drugs Programme to allow WHO to make detailed plans for the support it would provide.

In his remarks at the end of the meeting, the WHO Regional Adviser on Essential Drugs for the African Region, Dr Moses Chisale, expressed the hope that the implementation of the programme would “make a difference” in the efforts to improve the health situation in the Region.

A similar meeting for essential drug managers from French-speaking African countries will take place in July 2000.

WHO Director-General, Dr Gro Harlem Brundtland, support to generics policies

Dr Brundtland, accompanied by Dr Jonathan Quick and Dr Germán Velásquez, visited Brasilia from 2 to 4 April. The Director-General addressed the Brazilian Parliamentary Commission on the issue of National Drug Policies and generic medicines. In her speech the DG said that “In the implementation of National Drug Policies, recommended by WHO, several countries today are promoting two major policy lines: the first is fundamental and concerns the promotion of essential drugs as the best approach from the health viewpoint, and this is supplemented by promoting the use of quality generic drugs as an important strategy to promote both affordability and access”.

“In terms of health sector reforms (also said the DG), promoting generics can help meet the objectives of reforms by improving affordability, reducing cost, increasing choice and helping to rationalise both the selection and use of pharmaceuticals.”

Referring to the “Bolar provision” the DG stated that WHO is in favour of so-called “early workings” of patented drugs for generic manufacturers, to encourage competition; (…) This includes the use of patented drugs for research and testing, which necessitates prompt registration and early production of generic drugs. Countries with variations of early workings provisions include Argentina, Australia, Canada, Hungary, Israel and the USA.
**Oman National Drug Policy: consensus building meeting**

A WHO team consisting of staff from HQ and EMRO visited Oman from 19 to 26 May 2000, to facilitate consensus building meetings to launch the Oman National Drug Policy (ONDP). The team participated in 4 advocacy workshops organized in Muscat, Sohar, Ibra and Nizwa. The workshops were attended by a total of approximately 400 medical doctors, pharmacists, assistant pharmacists and nurses, working at hospital and primary health care level. All workshops were inaugurated by senior Government officials; reflecting the national commitment to the strengthening of the health services in general and the pharmaceutical sector in particular.

Brief presentations were given in plenary to introduce the ONDP, to clarify the underlying concepts, to introduce the new Directorate for Rational Drug Use, and to stress the importance of monitoring and evaluation. The various components of the ONDP were discussed in detail in working groups, after which, the outcome of the discussions was presented and debated in plenary.

The overall objective of the ONDP is to develop, within the resources of a country, the potential that drugs have to control common diseases and alleviate suffering. The Policy aims to ensure and express government commitment to this objective and to serve as a guide for action by all involved: government, academia, professional organizations, nongovernmental organizations, industries, patients and consumers.

The team also had a debriefing session with His Excellency the Minister of Health of Oman where observations and recommendations were presented.

**3rd Regional Meeting on Reimbursement and Pricing of Medicines in the Countries of Central and Eastern Europe, Prague, 19–21 March 2000**

More than 35 participants from CCEE Ministries of Health and Health Insurance Institutions, plus several experts from western European countries participated in this seminar, hosted in Prague by the Ministry of Health of the Czech Republic, and with the assistance of the WHO office. Previous meetings in Budapest and London have led to an intense exchange of experiences and information, and have strengthened the evolving network.

This seminar was planned as an interactive meeting to discuss the latest issues for the regulation of the pharmaceutical sector in CCEE countries. While health indicators and total health care and drug expenditures in CCEE countries are below the European average, pharmaceutical spending represents proportionally the largest private health expenditure and the second largest public expenditure in these countries.

The participants of the meeting drafted a workplan for future work, and conclusions included:

- periodic meetings and other forums for allowing exchange of information and experiences are needed; these should be for the network, and can also be convened to address specific topics (i.e. TRIPS impact on access to medicines in CCEE);
- it would be useful to have country profiles on pharmaceutical policies for the different countries;
- further exchange and training is needed for strategies on improving prescribing and the use of drugs;
- drug reimbursement status and price comparisons would be helpful to national authorities.

The Department of Essential Drugs and Medicines Policy (EDM) is comprised of four teams:

- Drug Action Programme (DAP); Policy, Access and Rational Use (PAR); Quality Assurance Safety: Medicines (QSM); and Traditional Medicine (TRM).
- Support to countries is provided in coordination with WHO Regional and Country Offices.
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**SOUTH-EAST ASIA REGION**

**Joint ASEAN–WHO Workshop on the TRIPS Agreement, 2–4 May 2000, Jakarta, Indonesia**

The workshop gathered international experts and national officials from the 3 parties involved in the TRIPS Agreement and its impact on access to Essential Drugs, i.e. Health, Trade and Intellectual Property. Over 30 participants from the 10 ASEAN countries took part in the workshop, with representatives of Ministries of Health, Trade, and Patents, as well as WTO, WIPO, consumer organizations, and the pharmaceutical industry. DAP provided technical and financial support in the organization of the meeting, including a presentation on "WHO policy perspectives on globalization and access to drugs".

The outcome of the meeting resulted in the development of recommendations which include:

- National governments, while reviewing their legislation to be in compliance with the TRIPS Agreement, should define criteria or standards of patentability, and include provisions related to safeguards provided by the TRIPS Agreement;
- ASEAN should develop new instruments related to the protection of traditional knowledge (as this is not covered by the TRIPS);
- ASEAN to establish an expert group on the impact of globalization and trade liberalisation on the health sector;
- ASEAN Member States to request WHO's participation in the next trade negotiations having an impact on health.

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**WESTERN PACIFIC REGION**

**China—25% of the world’s population, 3rd largest country by land mass, a major exporter of pharmaceuticals.**

China's transition to a free market economy and its imminent participation in the WTO will have an impact on economy, politics and health. WHO fielded several missions related to pharmaceuticals in China. Officials and staff from the State Drug Administration (SDA) and the Ministry of Health (MOH) were invited to meetings and training in various fields of pharmaceuticals. A better understanding of the country and its people evolved from these initial activities.

Several activities were undertaken during the last mission in January 2000:

- Seminar on globalisation, impact of TRIPS and drug financing, attended by 50 key officials. Lectures on rational drug use and national drug policy were also given;
- Meeting with officials at the MOH on the health insurance system, on the development of national drug policy and on the promotion of rational drug use in hospitals;
- Monitoring of the pharmaceutical situation in 7 hospitals and 6 drug outlets gave the following results: % availability of key drugs (97%), affordability (8% of minimum government wage), adequate storage system at facility and outlets, average number of drug prescribed (2.4%), % antibiotic prescribing (45.8%), % injection (18%), % drugs in EDL (81%), % drugs adequately labelled (99.4%), % patients with adequate knowledge (85%), % cases treated according to STG (65%), all facilities have Standard Treatment Guidelines.

A step-by-step approach to assist the country on its way to joining the WTO will be one of the main activities of WHO, to ensure that people's health will be considered as government officials debate on the changes which China has to undertake.