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.

**How WHO works with countries on medicines**

WHO works with countries in the medicines field through the coordinated efforts of: its representatives’ offices in countries (WRs); its pharmaceutical advisers designated in each regional office; and its regional focal points in the Department of Essential Drugs and Medicines Policy (EDM) located at headquarters.

Each pharmaceutical adviser and the relevant EDM regional focal point are responsible for developing and implementing an integrated Regional Office—EDM Plan of Action for their region, based on the expressed needs of national authorities and pharmaceutical plans prepared by the WHO country offices. Given the process of globalization, and the continuing development of regional and subregional pharmaceutical markets, WHO’s structure gives it a tremendous comparative advantage when carrying out regional and intercountry activities.

Within countries the Ministry of Health (MOH) is WHO’s main focal point. The MOH has primary responsibility for driving and coordinating national drug policy implementation, within the overall context of its country’s national health policy. In supporting this process, WHO encourages the MOH to integrate essential drugs programmes with health services and to coordinate all programmes with a drug component. It also encourages the MOH to work closely with other parties whose activities may influence or relate to the pharmaceutical sector, including other ministries such as industry, trade or finance, health professionals at grass-roots level, and WHO’s partners as highlighted in the figure below.

WHO coordination at country level is also crucial for the success of any essential drugs programme. The daily activities of the WR’s office and other partners’ country offices, joint missions with other UN agencies, development banks and donors, and joint planned and funded projects, all contribute to such coordination.

**WHO’s interactions with countries are central to its activities**

![Diagram showing WHO's interactions with countries]

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Department of Essential Drugs and Medicines Policy

Health Technology and Pharmaceuticals Cluster

World Health Organization Headquarters
**AFRICAN REGION**

**Strengthening country support to improve access to essential drugs**

As recommended by this year’s Meeting of Interested Parties, and as confirmed by WHO’s Director-General at the fiftieth session of the Regional Committee for Africa, in Ouagadougou, Burkina Faso, in September, WHO is strengthening support to African countries to improve access to essential drugs. Countries will receive sustained support to develop their pharmaceutical structures, systems and capacity.

Phase 1 countries under the International Partnership Against AIDS in Africa (IPAA) are considered a priority for this intensified support. However, countries are also being selected according to defined criteria relating to disease burden, political support for health sector strengthening and pre-existing technical expertise. To date, Cameroon, Ethiopia, Mali, Mozambique, Tanzania and Uganda have agreed to be part of this initiative. A series of country visits is in progress to identify additional target countries, as well as to define technical areas for collaboration. A mission to Ethiopia has just been completed and another to Uganda is currently under way.

Partners such as UNAIDS are closely involved in this work. Information is shared and joint missions carried out to address access to drugs for HIV/AIDS related diseases.

**Ministers of Health of the Southern African Development Community briefed on TRIPS and access to drugs**

WHO strongly believes that essential drugs are not simply just another commodity, and that pharmaceutical patents should therefore be managed impartially, protecting not only the interest of the patent-holder, but also safeguarding basic public health principles. This policy position is being emphasized at national and international fora—at the highest levels. For example, a technical briefing on the World Trade Organization’s TRIPS Agreement and access to drugs was made to Ministers of Health of the Southern African Development Community in Pretoria on 17 June 2000.

The briefing placed particular emphasis on measures that countries can undertake to improve access to essential drugs, including measures to promote competition (such as sharing of price information and equity pricing), application of TRIPS safeguards (i.e. compulsory licensing and use of exceptions such as the Bolar provision).

**IPAA phase 1 countries tackle access to HIV/AIDS within national essential drugs programmes**

Representatives of six phase 1 countries of the International Partnership Against HIV/AIDS in Africa (Burkina Faso, Ethiopia, Ghana, Malawi, Mozambique, Tanzania, South Africa) and two additional countries (Chad and Mali) met in Pretoria in June to outline country action plans for improving access to HIV/AIDS-related drugs. Discussions centered around the four components of the United Nations Strategy to improve access to HIV/AIDS. More efficient use of public and private funding for priority interventions was recommended as a means of improving prevention, treatment and care. Participating countries requested specific support from international organizations for: needs assessments; development of treatment guidelines; information on suppliers and prices; implementation of TRIPS safeguards; and help in negotiations with the five pharmaceutical companies who recently announced their willingness to reduce prices of anti-retrovirals.

1 Trade-Related Aspects of Intellectual Property Rights

**REGION OF THE AMERICAS**

**International training to develop expertise in national drug policies**

Formulation, implementation and monitoring of national drug policies within the context of national health systems was the main topic of an international seminar held in Rio de Janeiro, Brazil in June 2000. This second international seminar organized by the National School of Public Health (WHO Collaborating Centre for

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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Issue No. 2, September 2000
Regional coordination body to fight antimicrobial drug resistance established

Antimicrobial drug resistance is a high-priority problem in the Eastern Mediterranean Region. In recognition of this, a permanent Regional Coordination Body on Antimicrobial Drug Resistance Surveillance and Control was set up in July 2000. The Coordination Body consists of a cross-divisional and cross-programme team and a focal point (pharmaceutical regional adviser) who oversees related activities and effective coordination. The Coordination Body will:

- improve and strengthen coordination of antimicrobial drug resistance activities within the Region and with Member States
- collect and evaluate information on antimicrobial drug resistance from Member States, and provide technical advice to countries on how to combat this problem
- revitalize the regional laboratory network for antimicrobial drug resistance that was established in 1995.
- review and develop the regional strategy on the prevention, control and monitoring of antimicrobial drug resistance.

Collaboration between neighbours

Cyprus is currently preparing to join the European Union, part of which necessitates strengthening of its technical and legal framework for ensuring good manufacturing practices (GMP). WHO has assisted this process by giving a one-month intensive GMP training course to drug inspectors, which took place 3–30 June 2000. Experts from Palestine, which has also started to develop its own regulatory system, joined the course at limited cost and derived substantial professional benefit. The generous hospitality of their Cypriot counterparts was greatly appreciated.

Pharmaceutical cooperation between Integrated Management of Childhood Illness (IMCI) Initiative and Egypt

Egypt’s head of national pharmaceutical services participated in a national IMCI review (August 2000), which included an in-depth evaluation of the pharmaceutical component (drug selection, management and rational use) of Egypt’s IMCI programme. The evaluation showed that this programme has proved very successful, but that a number of essential drugs issues remain to be addressed. EMRO’s essential drugs programme has therefore been requested to help Egypt’s IMCI programme to develop training materials specifically aimed at retail pharmacists in the private sector, as well as hospital pharmacy and therapeutic committees.

Kosovo pharmaceutical sector reform moves rapidly ahead

New regulations on the importation, manufacture, sale and distribution of pharmaceuticals came into effect in Kosovo on 1 September. The Kosovo Drug Regulatory Agency (KDRA) will be responsible for licensing imports of manufactured and intermediate products, as well as imports of raw materials and labile blood products. Under this new regulation, drug donations will be accepted only after approval and on condition that they comply with current guidelines.2

The strategic plan of the cooperative of state pharmacies—Korporata Farmaceutike e Kosovës (KFK)—has been finalized and will now be submitted to donors as part of plans for Kosovo’s pharmaceutical programme. The document will be distributed to the programme’s principal players: the European Agency for Reconstruction, Pharmaciens Sans Frontières (PSF), ECHO and WHO.

Intensifying role for pharmacists in smoking cessation

The network of WHO/EURO and national pharmaceutical associations of 34 European Member States has obtained EU support to develop a new project to intensify the role of pharmacists in smoking cessation activities. The project was launched at a first meeting with national expert groups in August, in Helsinki.

Pharmaceutical sector reform in Newly Independent States (NIS)

Policy-makers and drug regulators from the NIS met recently for two days to discuss progress in their pharmaceutical sectors. The WHO strategy for sector reform, The Patient in Focus, was reviewed and endorsed. Specific sessions were held on counterfeit drugs, antimicrobial resistance and potential implications of WTO/TRIPS regarding access to drugs. The group also joined pharmacists from NIS at the International Pharmaceutical Federation Congress in Vienna. This gave the group a major opportunity to discuss the challenges of drug sector reform in the NIS, and the role of pharmacists in such reform, with a much wider and more diverse audience.

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Issue No. 2, September 2000
**SOUTH-EAST ASIA REGION**

**Increasing access to essential drugs through health insurance and drug financing**

Health insurance coverage varies greatly in South-East Asia. Thailand reports that 75% of the population is covered by some type of health insurance or prepaid system, whereas in Indonesia coverage barely reaches 20%. In Myanmar and Nepal coverage is even more limited: only employees of the government and some institutions benefit. Earlier this year, the Third Meeting of the WHO/SEARO Working Group on Drug Financing gathered 20 participants from Indonesia, Myanmar, Nepal and Thailand to review health and drug financing schemes, as well as health insurance schemes, operating in their countries and to exchange experiences.

Action plans for health and drug financing were developed for each country, the future role of the working group reviewed and recommendations formulated for countries and WHO. Recommendations included undertaking feasibility studies for introducing social health insurance schemes and promoting rational drug use programmes for successful drug financing schemes. The Fourth meeting of the group will be held in Myanmar in 2001.

**East Timor: from emergency to development**

East Timor is now shifting from an emergency to a development phase. Together with other UN Agencies, WHO is providing support to restore access to priority health services and plan for a sustainable health system. WHO has an active role in managing drug supplies for East Timor, including procurement of drugs for immediate needs such as communicable diseases. Additionally, the Organization has provided a pharmaceutical consultant to help develop an essential drugs programme, resulting in the development of an essential drugs list and the formulation of a plan for a comprehensive essential drugs programme. This programme will develop a national drug policy, draft drug legislation, promote rational use of drugs, prepare a national formulary and undertake pharmaceutical sector capacity building.

**WESTERN PACIFIC REGION**

**Integrated drug supply management and drug use monitoring and supervision in Cambodia—an indicator based system**

Cambodia’s Essential Drugs Bureau is implementing an integrated and comprehensive drug management and drug use monitoring and supervision system nationwide to ensure the supply, availability and appropriate use of essential drugs in public health centres and hospitals.

Indicators on drug supply management and use are collected regularly, results analysed and feedback given to officials and implementers at national, provincial and district levels and to health facilities. Reports show that the system is tracking drug availability well and is proving particularly successful in identifying problems in prescribing and dispensing practices. Supervision and intervention strategies to improve drug use are now being incorporated into the monitoring activity. WHO is helping to strengthen supervision and monitoring mechanisms at provincial and district levels, and hopes to see them replicated in other countries.

**Computerized system for drug registration in Papua New Guinea and Laos**

A computerized system for drug registration has been developed and installed and staff are being trained to help in improving the drug registration process in Papua New Guinea and Laos. The system uses commercially available software, enabling maintenance by a local expert.

**Electronic discussion group to promote exchange of pharmaceutical information in the Pacific Island Countries**

An electronic system for information exchange on drug supply sources, registration status and rational drug use is now operational in the Pacific Island countries, following a workshop in 1999. The group consists of chiefs of pharmacies or representatives of the pharmaceutical regulatory authorities and is moderated by the WHO Collaborating Centre for Drug Information, University Sains, Malaysia. The network will soon be expanded to other WPRO countries.