The ways in which WHO supports countries

In the first two issues of Essential Drugs in brief we looked at the “why” and “how” of WHO’s country support. In this issue, we spotlight the different ways in which the individual needs of countries are met. We have identified four different types of support (A, B, C, and IC, see figure). Types A, B and C involve projects and activities at the country level, while Type IC focuses on inter-country, subregional, regional, and interregional work.

Of course, WHO’s support to any particular country will change over time. For example, specific technical support (type B) might evolve into a comprehensive programme (type C), or vice versa. As a result of WHO’s increasing focus on regional and subregional activities, some Type B country support is being shifted to intercountry programmes (type IC), in the form of regional funds. These are managed jointly by the regional adviser and EDM’s regional focal point (see Essential Drugs in brief, issue 2).

Of course, WHO’s human and financial resources are limited.

<table>
<thead>
<tr>
<th>REQUEST FOR SUPPORT FROM COUNTRY</th>
<th>REQUEST FOR SUPPORT FROM COUNTRIES OR REGIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TYPE A</strong></td>
<td><strong>TYPE IC</strong></td>
</tr>
<tr>
<td>Situation analysis</td>
<td>Intercountry programmes</td>
</tr>
<tr>
<td>Determine priority needs and what further support would be most appropriate</td>
<td>involves two or more countries, frequently from the same region</td>
</tr>
<tr>
<td>Financed primarily from unspecified funds*</td>
<td>financed primarily from unspecified funds*</td>
</tr>
<tr>
<td><strong>TYPE B</strong></td>
<td><strong>TYPE C</strong></td>
</tr>
<tr>
<td>Specific technical support</td>
<td>Comprehensive programme support</td>
</tr>
<tr>
<td>Timely interventions usually focused on a subset of the following areas: policy, access, quality, safety and efficacy, rational use</td>
<td>Ministry of health/WHO implementation plan covering most or all of the following areas: policy, access, quality, safety and efficacy, rational use</td>
</tr>
<tr>
<td>Financed primarily from unspecified funds*</td>
<td>Financed primarily from specified funds**</td>
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<td><strong>TIME FRAME</strong></td>
<td><strong>TIME FRAME</strong></td>
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<tr>
<td>May cover two or more biennia</td>
<td>Usually necessitates full-time pharmaceuti-</td>
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<tr>
<td></td>
<td>cal adviser in country</td>
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<tr>
<td><strong>TIME FRAME</strong></td>
<td>May involve drug supply</td>
</tr>
</tbody>
</table>

* i.e. funds for which the donor has not specified a particular purpose or use.
** i.e. funds for which the donor has specified a particular purpose or use.
essential drugs in brief

There are, therefore, strict criteria governing our country work. These include:

- the severity of the country's need;
- the country's level of development;
- the potential for success of the proposed activities;
- the potential for sustainable impact of the proposed activities;
- the demonstration or development value of the proposed activities;
- opportune timing (for example, resources are available or political commitment is strong);
- cost-effectiveness;
- funding opportunities; and
- support to the pharmaceutical sector provided by other agencies or organizations.

AFRICAN REGION

Quality, safety and efficacy of traditional medicines

Drugs based on traditional medicine are no different from other drugs. In one respect at least—we need the reassurance of a scientific evaluation of their quality, safety and efficacy. This was the aim of the workshop on methodology for evaluating drugs derived from traditional medicine held by the Regional Office for Africa in Antananarivo, Madagascar, from 20 to 24 November.

The overall purpose of the workshop was to agree on a methodology for evaluating drugs produced by traditional medicine in order to increase their availability through health systems. Its specific objectives were:

- to share information on a regional strategy for enhancing the role of traditional medicine in health systems;
- to draw lessons from countries’ experiences, to harmonize protocols for evaluating the quality, safety and efficacy of drugs derived from traditional medicine in treating HIV/AIDS and malaria; and
- to put forward recommendations leading to the adoption of the protocols.

The Regional Office has highlighted five priority diseases for which accelerated development of traditional medicine treatment merits special attention. They are malaria, HIV/AIDS and opportunistic infections, diabetes, hypertension and sickle cell anaemia. However, the workshop focused particularly on the treatment of malaria and HIV/AIDS.

Over 70 experts from 17 African countries and from Thailand, were present, representing ministries of health, regulatory bodies, research institutes, traditional healers, drug quality control laboratories, manufacturers, pharmacists and physicians. Consensus has been reached on various points including:

- an overall methodology to evaluate traditional medicine; and
- a protocol for evaluating the quality, efficacy and safety of drugs derived from traditional medicine (in particular those used to treat malaria and HIV/AIDS).

Further support from WHO in various areas, such as the manufacture and registration of drugs derived from traditional medicine, intellectual property rights, and protection of natural resources for traditional medicine, was requested.

REGION OF THE AMERICAS

Successful essential drugs strategy in the Americas

The Regional Office for the Americas now has 17 full-time professionals working in the area of essential drugs, five in Washington, DC, and the rest in the WR Offices in 12 countries in the region. Only two are international staff, the others are all national advisers.

The region owes its considerable success in essential drugs to this strategy, which it adopted several years ago. In addition to these full-time staff members dedicated to the implementation of national essential drugs policies, many of the advisers on health systems at the WR Offices in the region include essential drugs in their mandate. This year, advisers from Argentina, Chile, Cuba, Ecuador and Salvador were able to participate for the first time in the annual meeting of the National Essential Drugs Programmes in the Americas, which was held from 10 to 15 October, in Panama City.
EASTERN MEDITERRANEAN REGION

Eastern Mediterranean Regional Office moves to Cairo

In August, the Regional Office moved from Alexandria to Cairo. Programme implementation will benefit greatly from the improvements in space and communication systems, and the close proximity of the office to Cairo International Airport.

The new contact details of the regional office are:
WHO Post Office, Abdul Razzak Al Sanhouri Street, Nasr City, Cairo 11371, Egypt. Phone: +20 2 6702535, Fax: +20 2 6702492 / 6702494

Training in the development of national drug policies

Some eight countries in the region are at present developing or updating their national drug policies. These countries, in particular, benefited from the Fifth Boston University training course on drug policy issues for developing and transitional countries, which was held in Beirut from 29 October to 10 November. National experts from 25 countries, including 11 countries from the Eastern Mediterranean Region, took part in this 2-week training course which covered most important National Drug Policy components. It was highly participatory and drew heavily on the experiences of the participants themselves. This year, the course was facilitated by more than 10 international experts from WHO, Boston University and other organizations. This course will have a very positive impact on the development and implementation of national drug policies in the region.

Yemen—Making the national drug policy understandable

Yemen is the first country in the region to have produced a special version of their national drug policy as a brochure for use by health professionals and other interested individuals. The brochure explains the main elements of the national drug policy in simple words, relating it to the particular conditions in the country. Topics covered include: getting drugs to the people; using drugs rationally; national production of drugs, laws and regulations, the handling of drugs, inferior, unregistered and counterfeit drugs, problems with alcohol and drug abuse. WHO/EMRO is supporting the development of the brochure.

EUROPEAN REGION

Rational drug use in Europe

Participants from ministries of health and health insurance institutions of more than 30 European countries met in Copenhagen in November to discuss national experiences and programmes to improve drug use. The group focused on measuring quality of prescribing, therapeutic guidelines, electronic prescribing systems, and on anti-microbial resistance. Recommendations for a more regular plan of work were formulated.

Romania—Good prescribing

The Guide to Good Prescribing has been translated into Romanian, and was officially launched at a national seminar. Several teachers have already been trained and will start implementing the Guide in their courses.

National policies on pricing and reimbursement of medicines

Ministry of health and health insurance institutions representatives from 30 European countries, met in WHO/EURO on November 16 and 17, and discussed the increasing use of pharmaco-economic guidelines for reimbursement, recent changes in national pharmaceutical provision schemes, and national pricing policies. A comparative study on drug prices was discussed. The meeting provided an important opportunity for information exchange, and will now be established on a regular networking basis. A menu for a plan of work was drawn up, and needs to be further developed.

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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A snap shot of the pharmaceutical situation in DPR Korea

Life expectancy in DPR Korea increased from 34 in the mid-1940s, to 74 in the 1990s. This was largely due to a strongly people-oriented health policy, in which a primary health care worker looked after families, backed up by a referral system for specialized treatment. This system also included free medical care and preventive medicine. However, the collapse of socialist markets in the 1990s, economic sanctions and natural calamities have posed grave challenges to the system, which 23 million people have grown to rely upon.

Self sufficiency in drugs and the well-established traditional Koryo medicine had both helped to provide good quality medical services. Now, pharmaceutical manufacturing plants are operating at minimum capacity and below GMP standards. Raw materials, previously manufactured in the country, are now being imported using donor funds. Rehabilitation of the pharmaceutical plants is a priority for the government but what should be produced needs to be carefully thought out; key essential drugs in sufficient quantities would be one of the options.

UNICEF is currently supplying drugs as kits, which include a limited supply of essential drugs. UNICEF reports indicate that quantities distributed by the Central Medical Store were not based on standard treatment guidelines and morbidity; 5 to 15% of key drugs were on stock (good stock keeping); an average of 1.4 drugs were prescribed per encounter, with 94% generic prescribing and 96% in WHO EDL, but 36% were injections and 59% were antibiotics.

The integrated health care system provides a good entry point for WHO to improve drug management and drug use practices in DPR Korea. WHO’s contribution, based on the essential drugs concept, would be to assist in cost-effective management of pharmaceuticals including rational drug use. Capacity building, involving both technical capability and human resources, should be an integral part of any assistance.

Cooperation in pharmaceuticals in ASEAN states

The 18th Meeting of the ASEAN Working Group on Technical Cooperation in Pharmaceuticals was hosted by the Ministry of Health, Drug Administration of Viet Nam, in Hanoi, from 30 October to 1 November. The objectives included a review of the implementation of phase V activities of this collaboration and to review and finalize the project proposal on ASEAN Harmonization. The meeting was attended by delegates from ASEAN member countries, Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam, as well as by representatives from the WHO Regional Offices for South-East Asia and for the Western Pacific, WHO Headquarters, and the Ministry of Health and Welfare, Japan. The meeting highlighted new areas of collaboration and other relevant issues, including ASEAN Harmonization on Drug Regulatory Matters, Good Clinical Practices and clinical trials in ASEAN, regional cooperation in controlling and detecting counterfeit drugs, harmonization and bioequivalence issues. The 19th meeting will be held in Brunei Darussalam in the year of 2002. Viet Nam is currently the coordinator of this working group, which liaises with the ASEAN Secretariat.

Pharmaceuticals and TRIPS

WPRO has recently published Pharmaceuticals in the Trade Related Aspects of the Intellectual Property Rights Agreement of the World Trade Organization—A briefing on TRIPS. This book provides a brief and practical guide to the TRIPS Agreement, especially as it relates to pharmaceuticals, for people involved in policy making, provision and implementation in the health and pharmaceutical sector. This publication, a good summary of the earlier WHO/EDM publication on Globalization and Access to Drugs, helps readers to understand various issues related to TRIPS, especially measures designed to safeguard public health objectives. Copies are obtainable from WPRO’s Pharmaceuticals Unit in Manila.