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.

**WHO launched the first global strategy on traditional and alternative medicine at the World Health Assembly, May 2002**

Traditional medicine is becoming more popular in the North and up to 80% of people in the South use it as part of primary health care. The situation has given rise to concerns among health practitioners and consumers on the issue of safety, above all, but also on questions of policy, regulation, evidence, biodiversity and preservation and protection of traditional knowledge. WHO released during the Fifty-fifth World Health Assembly (May 2002) a global plan to address those issues. The strategy provides a framework for policy to assist countries to regulate traditional or complementary/alternative medicine (TM/CAM) to make its use safer, more accessible to their populations and sustainable.

"About 80% of the people in Africa use traditional medicine. It is for this reason that we must act quickly to evaluate its safety, efficacy, quality and standardization—to protect our heritage and to preserve our traditional knowledge. We must also institutionalise and integrate it into our national health systems." says Dr Ebrahim Samba, WHO’s Regional Director for Africa.

In wealthy countries, growing numbers of patients rely on alternative medicine for preventive or palliative care. But problems may arise out of incorrect use of traditional therapies. “Traditional or complementary medicine is victim of both uncritical enthusiasts and uninformed sceptics,” explains Dr Yasuhiro Suzuki, WHO Executive Director for Health Technology and Pharmaceuticals. “This strategy is intended to tap into its real potential for people’s health and well-being, while minimizing the risks of unproven or misused remedies.”

The global market for traditional therapies stands at US$ 60 billion a year and is steadily growing. In addition to the patient safety issue and the threat to knowledge and biodiversity, there is also the risk that further commercialization through unregulated use will make these therapies unaffordable to many who rely on them as their primary source of health care. For this reason policies on the protection of indigenous or traditional knowledge are necessary.

The WHO TM/CAM strategy aims to assist countries to:

- develop national policies on the evaluation and regulation of TM/CAM practices;
- create a stronger evidence base on the safety, efficacy and quality of the TM/CAM products and practices;
- ensure availability and affordability of TM/CAM, including essential herbal medicines;
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- promote therapeutically sound use of TM/CAM by providers and consumers.

The strategy, a working document for adaptation and regional implementation, and more information on TM/CAM can be accessed on:
http://www.who.int/medicines/organization/trm/orgtrmmain.shtml

AFRICAN REGION

Technical briefing session for newly recruited pharmaceutical national professional officers
PRETORIA, SOUTH AFRICA, 11–15 MARCH 2002

Following discussions between the WHO Regional Director of Africa and the Executive Director of the Health Technology and Pharmaceuticals Cluster in WHO Geneva, a decision was taken to strengthen the AFRO Essential Drugs Programme at both regional and country levels in order to respond more effectively to country support requests, particularly in improving access to drugs, including traditional medicine, for priority diseases such as HIV/AIDS, tuberculosis, childhood illnesses and malaria.

The first step in this direction was the recruitment of national professional officers (NPOs) to advise ministries of health on the best possible options for ensuring access to good quality drugs at an affordable cost in the fight against priority diseases. As of March 2002, NPOs were in place in 10 countries: Cameroon, Chad, Ethiopia, Ghana, Mali, Nigeria, Rwanda, Senegal, Tanzania and Uganda.

A technical briefing session was organized in Pretoria, South Africa, from 11 to 15 March 2002, in order to familiarise the NPOs with the work of WHO and how they can contribute to its goals, mainly of ensuring improved access to good quality drugs for priority diseases at an affordable cost, with particular focus on disadvantaged populations. The briefing was attended by all ten NPOs. Essential Drug Programme Managers from Chad, Mauritania and Namibia as well as HIV/AIDS NPOs from Ghana and Senegal were also present. A newly recruited EDM NPO from Afghanistan also attended the briefing.

During the briefing, presentations were made on policy issues, access, rational use, quality assurance, HIV/AIDS and traditional medicine. At the end of the session, NPOs were requested to provide AFRO and HQ with a work plan of agreed-upon activities and monitoring indicators. They were also urged to work closely with NPOs in other programmes, e.g. HIV/AIDS, malaria, and use the form agreed upon for their monthly reporting. On their side, the regional office and HQ made an engagement to provide, where possible, additional funding for activities not foreseen in the normal 2002–2003 plan of work and to provide the necessary logistical support for their work. Funds permitting, more NPOs will be recruited. Kenya and South Africa have already started the process.

EASTERN MEDITERRANEAN REGION

Launching of AEMAP (Afghanistan Essential Medicines Action Programme)

Since January 2002, following a preliminary assessment of the pharmaceutical sector in Afghanistan (WHO/EDM/DAP/2002.1) a number of significant activities were immediately carried out to launch the Afghanistan Essential Medicines Action Programme (AEMAP). A National Programme Officer, recruited by WHO, is now fully on board and assists the Ministry of Public Health in pharmaceutical affairs, and more specifically supports the recently established Essential Medicines Committee (EMC).

The responsibilities of the EMC are crucial in this early stage of reconstruction of the pharmaceutical sector. As soon as it was nominated it started working on some key priority areas in collaboration with other partners, such as MSH:

1. It developed and printed national guidelines on drug donations in consultation with key partners and based on the Guidelines for Drug Donations (WHO/EDM/PAR/99.4).

2. It initiated the process of updating the national list of essential medicines, as the current one was formulated in 1995. This process involves a wide consultation with the health professionals in Kabul, the regions, the provincial hospitals and
essential drugs

in brief

Furthermore, a comprehensive plan for the reconstruction of the pharmaceutical sector in Afghanistan is also being presented to the donor community. It describes the overall needs of the Ministry of Public Health in the pharmaceutical sector, in terms of access to essential medicines, quality and safety as well as their rational use. It is estimated that the total amount required by the Ministry of Public Health in the pharmaceutical sector for the next 3 years amounts US$ 74 million, of which US$ 5 million is for technical assistance and US$ 69 million for the drug supply component.

3. Building national capacity is essential to ensure steady and sustainable progress in developing the pharmaceutical sector. Thus, key staff of the Ministry of Public Health are or will shortly be participating in various training courses and conferences (Rational Drug Use, National Drug Policy issues or International Conference of Drug Regulatory Authorities).

European Region

EuroPharm Forum Web site

The Forum Web site was redesigned, updated and relaunched in March 2002. Among many new features, it offers links to the members and observers of the Forum and project protocols can be downloaded from the site. The site is accessible at: www.euro.who.int/europharm

Central and Eastern Europe

Technical support was provided to the national country programmes of Bulgaria, Romania and Turkey, especially in the review of reimbursement policies, selection of medicines for reimbursement and drawing up of national policies on medicines. Concrete follow-up for further development in these areas was discussed and agreed.

Central and Eastern European countries met under the CADREAC (Collaborative Agreement of Drug Regulatory Authorities in EU Associated Countries) and the PERF (Pan European Regulatory Forum) in order to discuss with the European Union the progress on accession and the implications for their national pharmaceutical policies, especially issues related to access to medicines.

Western Europe

With the support of the EU health monitoring programme, 15 Western European countries and WHO/EURO have embarked on a project to map out in a more comparable way patterns in drug consumption, drug expenditure and drug prices. The first meeting took place in March 2002 and the project will take two years.

South-East Asia Region

Traditional medicine in Asia

Traditional Medicine in Asia was published as a Regional Publication by SEARO with contributions from technical as well as country resource persons. The first part is a discussion on the different systems of traditional medicine by experts in the area and the second is on policy issues such as harmonization of traditional and modern medicine, the role of traditional medicine in the national health care system, cost-benefit analysis and training programmes. The third section is on technical issues such as legislation and regulation, manufacture and quality control of herbal drugs and protection of traditional knowledge, with a final section on country situations.

This publication will serve as a complement to the recently published WHO Traditional Medicine Strategy 2002–2005, which emphasizes policy, access, quality and safety and regulation. It will contribute to regional efforts in highlighting the benefits of a system that is from the Region itself.

Meeting of Health Secretaries

NEW DELHI, 24–26 APRIL 2002

The Health Secretaries meeting was held in New Delhi from 24 to 26 April 2002. The focus was on issues that would be discussed at the forthcoming World Health Assembly. The WHO Medicines Strategy was presented along with possibilities for action in the Region. The national regulations on narcotic...
New newsletter on essential drugs and medicines policy from the Western Pacific Regional Office

The first newsletter on Essential Drugs and Medicines Policy from the Western Pacific Regional Office was published in March 2002, and will be published every six months. The purpose of this newsletter is to serve as a medium for sharing information and experiences on issues related to essential drugs and medicines policy among Member States and counterparts in WPRO, and to advocate relevant guidelines, standards and norms for improving access and availability of medicines, safety, quality and efficacy of pharmaceutical products, and promoting rational use of drugs. The newsletter is distributed to the Member States, partner organizations and collaborating centres of the Region. In the Western Pacific Region, WHO supports the sharing of information and experiences by bridging communication gaps and stimulating interaction. This newsletter also aims to facilitate the sharing of experiences as well as disseminating current information on issues related to essential drugs and National Drug Policy (NDP).

Establishment of a new Adverse Drug Reaction (ADR) Monitoring Centre in Xi’An, China.

China is an official member country of the WHO Programme for International Drug Monitoring since 1998. Currently, there are 26 Regional ADR Monitoring Centres in China. A new ADR Monitoring Centre in Xi’An was officially opened on 24 April 2002 to serve the Shaanxi Province. The Centres are mostly located in Regional Hospitals. Most Centres are supported by an Expert Committee. The regional centres report to the Division of ADR Monitoring at the Centre for Drug Re-evaluation under the State Drug Administration in Beijing, which functions as the national ADR Monitoring Centre. A three day national workshop on Adverse Drug Reaction was organized in Xi’An, from 23 to 25 October 2001, to inaugurate the establishment of this new Centre. Lectures were given on: Post Marketing Drug Risk Management by Government Authorities; The Functioning of Regional Pharmaco-vigilance Centres; How to Report and How to Supervise ADR Monitoring Activities and The Latest Information and Conditions in the World about ADR Monitoring. Participants of the workshops were mostly supervisors and staff of regional ADR Monitoring Centres in China.

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.

You may contact us by email: dap@who.int
tel: +41 22 791 4404; fax: +41 22 791 4167

World Health Organization
Essential Drugs and Medicines Policy, Drug Action Programme, Ave. Appia 20, 1211-Geneva-27, Switzerland

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