World Health Assembly elects new WHO Director-General

The WHO Executive Board nominated Jong Wook (JW) Lee as the new Director-General on 28 January 2003. Dr J.W. Lee has worked for WHO for close to 20 years in technical, managerial and policy positions, and at all levels of the Organization – country, regional and headquarters. Born in Seoul, Republic of Korea, in 1945, Dr Lee holds a medical degree from the Seoul National University and a Master of Public Health degree from the University of Hawaii. He joined WHO in 1983 in Fiji, to serve on the Leprosy Control Programme, moving in 1986 to the Western Pacific Regional Office in Manila, initially in the Regional Leprosy Control Programme, and later as Regional Adviser on Chronic Diseases. Dr Lee has an extensive experience in Pharmaceuticals as he first headed WHO’s Global Programme for Vaccines and Immunization when he came to Geneva in 1994. In 2000 he became the Director of the Stop TB programme. In addition to his mother tongue, Korean, Dr Lee speaks English and Japanese fluently, and reads French and Chinese.

Dr J.W. Lee’s vision for WHO encompasses change within and outside the Organization. Outwardly, it is a vision that calls the world to greater efforts to improve health, with clear goals and objectives, specific targets, evidence-based strategies, realistic and well-resourced plans, and effective partnerships for action. Internally, by building on the reforms of the last few years, Dr Lee aims to develop an Organization driven by vision, decentralised, focused on capacity-building and investing in information technology.

He also said that he will adhere to the five key principles which have guided his work in the past:

1. Loyalty – to the poor, to Member States, to countries and their citizens, and to his staff.
2. Focussing on results – by giving priority to actions that lead to measurable results in countries.
3. Unifying leadership – by promoting partnerships between rich and poor, south and north, public and private.
4. Transparency – in decision-making and management of resources.
5. Commitment to excellence – to ensure effective and efficient use of WHO resources.
WHO/AFRO Regional Expert Committee on Traditional Medicine adopts new technical documents. Libreville, Gabon, 4–8 November 2002

The WHO Regional Expert Committee on Traditional Medicine was established in May 2001, by the WHO Regional Director for Africa, to support the monitoring and evaluation of progress made in implementing the Regional Strategy on Promoting the Role of Traditional Medicine in Health Systems, as requested in resolution AFR/RC50/R3. The main objective is to provide expert guidance on specific technical documents developed by the Regional Office. The first meeting of the Committee, held in Harare, Zimbabwe, in November 2001, reviewed and approved a number of documents, such as tools on policy formulation, a legal framework for the practice of traditional medicine and a code of ethics for traditional health practitioners. It also recommended that other technical documents should be resubmitted for further review.

The Committee’s second meeting, held in Libreville, Gabon, 4–8 November 2002, therefore reviewed the new documents prepared by WHO/AFRO and adopted the documents which were discussed at its first meeting. At the Opening Ceremony, the Honorable Minister of Health for the Republic of Gabon, stated his major concerns about the proliferation of charlatans and the need for scientific evidence for the use of traditional medicines. The WHO Representative in Gabon, representing the Regional Director, stressed the importance of systematizing traditional medicine in Africa through appropriate legal and regulatory procedures.

The Committee adopted seven new technical documents, after discussing each one in sub-committees and plenary sessions. The documents approved covered a wide range of issues, including General Guidelines for Documenting Ethnomedical Data and Regional Framework for the Protection of Intellectual Property Rights. The Committee noted with great satisfaction the institution of the African Traditional Medicine Day and recommended Traditional Medicine: Our Culture, Our Future as the theme for the inaugural celebration on 31 August 2003.

Central American countries move together to increase access to HIV/AIDS medicines

Price negotiations between the governments of Central America and pharmaceutical companies have led to a minimum 5% reduction in the prices of HIV/AIDS antiretroviral (ARV) medicines in Central America. Six countries (Costa Rica, El Salvador, Guatemala, Honduras, Nicaragua and Panama) participated in these negotiations with five research-based pharmaceutical companies. Additional consultations were held with three generic manufacturers certified by the WHO pre-qualification project.

The negotiations were coordinated by the Secretariat of Social Integration of Central America (SISCA), with technical support from the WHO Regional Office for the Americas. The final round of negotiations, which took place in Panama City, Panama, on 28 and 29 January 2003, was the culmination of a two-year consultative process which involved the active participation of all Ministries of Health in the subregion. Central American countries are implementing a strategy to expand access to treatment for people living with HIV/AIDS, within a framework of comprehensive care, and the high price of the ARV medicines was identified as one of the main obstacles to achieving that goal.

A number of Central American countries also expressed interest in using generic ARVs, particularly those that have been evaluated according to international quality norms and certified by WHO’s pre-qualification project for procurement by UN agencies. Following these negotiations, the cost of a one-year treatment will be between US$ 800 and 900 depending on the protocol. The subregion has an estimated 180,000 people living with HIV and 25,000 cases of AIDS. With the reduced prices, the Central American countries believe that they will be able to provide an additional 16,000 treatments a year as from 2003.
**EASTERN MEDITERRANEAN REGION**

**Successful partnership in Pakistan for rational use and management of medicines**

The Essential Drugs Supply Project (EDSP) for the provinces of Balochistan and North Western Frontier Province (NWFP) is a Government programme funded by DFID. The Network for Consumer Protection, a large national NGO is responsible for implementing the technical component in close cooperation with WHO. This unique partnership resulted in six workshops on rational use of medicines, and systematic baseline surveys which are followed by targeted interventions. The most recent outputs include several guidelines for provincial level including “guidelines for developing and maintaining a formulary”, “standard operating procedures for storage and inventory control”, and “standard operating procedures for prescription handling and dispensing”, as well as a training video on storage and dispensing. As the next phase of the partnership, the project hopes to expand some training activities to the two other provinces and to the universities, and to develop further materials including provincial formularies and a training video on rational use of medicines in the communities.

**Traditional Medicine Workshop. Tehran, Iran, December 2002**

In October 2002, the WHO Regional Committee for the Eastern Mediterranean requested the Regional Director to take the necessary action to develop guidelines for the preparation of national policies and regulations on traditional medicine, and complementary and alternative medicine. As a follow-up, the first of two regional workshops to develop regional regulatory guidelines for the safety, efficacy and quality control of herbal medicines was held in Tehran. Eighteen participants from eight countries identified the main common challenges, and developed strategies to overcome them. The regional guidelines will be finalized and shared with Member States after a second workshop, planned for mid-2003, reviews the requirements from the perspective of importing countries. Member States will be requested to use these guidelines for development or updating of national plans of action for regulation of herbal medicines.

**EUROPEAN REGION**

**Need to develop a medication safety network for European countries**

More than 50 experts from western and central-eastern European countries met in The Hague, The Netherlands, on 20–22 November 2002, to discuss medication safety. Estimates indicate that in European countries, between 5 and 10 % of hospitalizations are due to medication problems, both from adverse drug reactions and inappropriate use of medicines. Participants exchanged experiences from their national approaches to dealing with this complex issue, and agreed to organize a more structured networking arrangement, to help develop and implement effective national programmes. The meeting was organized by the WHO Regional Office for Europe and the Council of Europe Pharmaceutical Expert Committee, with the collaboration of the Ministries of Health of The Netherlands, Spain and the United Kingdom.

**Slovak Republic aligns its medicines policy with EU requirements**

On 10–11 December 2002, more than 80 health professionals and policy-makers discussed the national policy on medicines in the Slovak Republic. The country is preparing quickly for accession to the European Union (EU) and has aligned its drug regulatory system with EU requirements. It has also successfully introduced a health insurance system, but rapidly rising costs (per capita spending at around US$ 70) and increasing demands are jeopardizing the sustainability of the system. As a result, the Ministry of Health has taken the initiative to update its 1996 policy.

**Ukraine moves forward in strengthening its pharmaceutical sector**

On 23 January 2003, a national seminar was organized in Kiev, Ukraine, to discuss the outline for the new drug law. More than 50 experts discussed the numerous amendments and the recommendations made by WHO experts. During the same week a joint mission of the WHO Pharmaceuticals and HIV/AIDS programmes reviewed the situation on access to HIV/AIDS medicines. Ukraine is experiencing one of the fastest growing AIDS epidemics, and currently very few patients receive antiretroviral medication.

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SOUTH-EAST ASIA REGION

Various medicines-related activities in Indonesia

The Directorate of Rational Drug Use in the Ministry of Health carried out a trial project on the rational use of medicines among consumers which involved the community from the very beginning. Small group discussions were conducted among women’s organizations and high school students in Bogor and Palembang areas, to assess perceptions on antibiotics and generic medicines. The results demonstrated that perceptions about generic drugs were much more biased, as they were considered of questionable quality, cheap, for those with low incomes, and unlike patented medicines “would not guarantee a cure”. The identification of misconceptions were used to develop a framework for corrective action and for a public education campaign. It is hoped to expand this project, with pre- and post-intervention measurements, to other areas of the country and ultimately to a national campaign.

The Ministry of Health recently revised the National Essential Drugs List. Eighty-six proposals were received for consideration by the National Expert Committee. The WHO Collaborating Centre for Clinical Pharmacology and Drug Policy Studies at Gadjah Mada University contributed to the evaluation, and after nine meetings the final list was agreed upon. The new list was launched by the Minister of Health on 31 March 2003.

A 2-day national workshop on Drug and Therapeutics Committees (DTCs) was conducted on 19–20 February 2003. The workshop’s aim was to revitalize hospital DTCs, which were initiated by the Directorate General of Medical Services in 1989. Since then for various reasons, activity in many of them has declined. The WHO/MSH DTC course material was used, and each hospital received a compact disc of the material. This promising initiative will be followed by workshops at provincial level with INRUD Indonesia.

WESTERN PACIFIC REGION


The main objective of the workshop was to share experience in implementing essential medicines lists (EML), to reaffirm the importance of an EML in improving access, and to explore ways to expand the use of the EML in the private sector, as well as in the secondary and tertiary health care services. The workshop also commemorated the 25th anniversary of the WHO Model List of Essential Medicines, adopted on 21 October 1977.

National workshop on Adverse Drug Reaction Monitoring. Baquio, the Philippines, 12–13 December 2002

The workshop was organized by the Bureau of Food and Drugs (BFAD), Department of Health, in collaboration with WHO. It aimed to train health professionals to become effective adverse drug reaction (ADR) monitoring collaborators, and to work with the BFAD in the promotion of drug safety. The workshop was attended by 120 pharmacists and doctors from ADR collaborating hospitals. As a follow up, ADR monitoring will be intensified in some hospitals through the Drugs and Therapeutics Committee.

Workshops and training activities in pharmaceutical area in the People’s Republic of China

Several national and provincial training workshops have been organized in China by the State Drug Administration in collaboration with WHO, during November 2002 and February 2003. These workshops focused on different technical areas, on essential medicine policy (October 2002), on good clinical practice (October 2002 and February 2003), on combating counterfeit medicines (December 2002) and on good distribution practices (December 2002). The State Drug Administration is very keen to update its staff at national and provincial levels as well as its systems, to the level of developed countries in the respective technical areas.