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 medicines policies at national and regional levels.

**WHO indicators providing updated information on country pharmaceutical situations**

WHO is monitoring its priority areas of work using key indicators to assess country, regional and global pharmaceutical situations. The **Level I** indicators use a structured questionnaire to provide a rapid means of obtaining information, for example, on the procedures for implementing pharmaceutical strategies, and the structures in place for improving a country’s pharmaceutical sector. The questionnaire was first sent to Member States in 1999, and again in 2003, permitting a useful comparison of results for those countries that completed the questionnaire in both years. Below are some examples of the results relating to national medicines policy, access and rational use.

A **national medicines policy (NMP)** document should cover the public and private sectors, and a written implementation plan should provide a basic framework for organizing and improving the pharmaceutical system. Survey results revealed that:

- Countries with an NMP updated within the previous 10 years increased from 47% in 1999 to 54% in 2003.
- 14 countries (9 of them from AFRO) have made their draft 1999 document into an official NMP as of 2003. However, 9 countries with draft documents in 1999 are still unable to make them official.
- 52% of countries have developed an implementation plan for their NMP in the 5 years prior to 2003, compared with 40% in 1999.

People’s **access to essential medicines** is being tracked by identifying countries in which less than 50% of the population have regular access.

- 11 countries, including 7 from AFRO, which said that less than 50% of their population had regular access to essential medicines in 1999 now report that the percentage has increased to over 50%.
- 5 countries reported coverage falling from more than 50% of the population to below 50% by 2003.
- 10 countries remained at below 50% coverage.

Strategies to improve access can be implemented through public financing, generic procurement, health insurance, and through appropriate procurement and drug management systems.

- Eritrea, Mongolia and Sudan reported that they had increased their per capita public drug expenditure to more than US$2.00 in 2003. There was a substantial increase in the Bahamas and Belize.
- Since 1999, 4 countries (Benin, Guinea, Rwanda and Samoa) have adopted schemes for medicines to be covered by public health insurance.
- 11 countries that did not have a policy limiting public procurement to medicines in the essential list (EML) in 1999 had adopted one by the time of the second survey.

**Rational drug use** in prescribing and dispensing can be promoted using key strategies, such as standard treatment guidelines, an EML and medicines information centres.
68 countries had updated their national EML within the 5 years prior to 1999 and again in the 5 years prior to 2003, 12 other countries updated their EML between 1999 and 2003. Fourteen countries still needed to update their EML.

In both 1999 and 2003, 35 countries reported having medicines information centres providing information for both prescribers and dispensers. An additional 7 countries had opened such a centre between 1999 and 2003.

AFRICAN REGION

Celebrating the first African Traditional Medicine Day
31 AUGUST 2003, IN PRETORIA, SOUTH AFRICA

The first African Traditional Medicine Day (ATRMD) was held in Pretoria, South Africa on 31 August 2003, with the theme, *Traditional Medicine: Our Culture, Our Future*. From now on the 31 August each year has been designated by Member States as a day for advocacy on traditional medicines. This is the result of the decision by the African Heads of State and Governments in response to a resolution adopted by the fiftieth session of the WHO Regional Committee for Africa. The resolution on *Promoting the Role of Traditional Medicine in Health Systems: A Strategy for the African Region* was adopted at the Committee meeting held in Ouagadougou, Burkina Faso, in 2000.

The ATRMD was celebrated on the eve of the fifty-third African Regional Committee for Africa, in conjunction with the launching of the South African National Reference Centre for African Traditional Medicines. Therefore it was able to bring together Ministers of Health and other national health officials from the WHO Africa Region, the WHO staff participating in RC53, the national authorities of South Africa, traditional health practitioners (THPs) and conventional health practitioners (CHPs) from South Africa and neighbouring countries, consumers and the press.

It was a very lively celebration with speeches and presentations from representatives of THP and CHP associations, national health authorities, the WHO Director-General, Dr Lee Jong-wook, and the WHO Regional Director for Africa, Dr. Ebrahim Malick Samba. The Director-General called on African governments to accord formal recognition to traditional medicine, create an enabling environment for its practice and to integrate this time-honoured system of medicine into their national health systems, as is the case in the People’s Republic of China, the Republic of Korea and Viet Nam. WHO estimates that large and growing numbers of people in developed countries are turning to traditional medicine (sometimes called alternative or complementary medicine) for preventive or palliative care. The global market for traditional therapies stood at more than US$ 60 billion in 2000, and is steadily growing.

Dr Samba stated that the theme, *Traditional Medicine: Our Culture, Our Future*, was selected to highlight recognition that traditional medicine forms a basis of the various cultural backgrounds of the people of Africa. With a little effort by all the stakeholders, Africans could benefit tremendously from the health and socio-economic advantages that traditional medicines offer for the modern world. He stressed the fact that African Traditional Medicine Day was a historic event which must be accorded due recognition and support, and be commemorated by all Africans and stakeholders involved in the development of African traditional medicine.

The WHO leaders outlined other measures that should be taken by countries to promote the use of traditional medicine. These include investment in research to validate claims on the safety, efficacy and quality of traditional medicines used to treat priority diseases, with a view to increasing access to treatment; large-scale cultivation and conservation of medicinal plants, and the protection of relevant intellectual property rights.

REGION OF THE AMERICAS

Peru: National Course on Problem-Based Pharmacotherapy Teaching

The first national course on Problem-Based Pharmacotherapy Teaching was held in Peru from 24 November to 5 December 2003, and brought together a total of 24 teachers from 10 universities. The organizers of this successful event were PAHO/WHO, the Peruvian Drug Regulatory Agency of the Ministry of Health, and the Faculty of Medicine of University Cayetano Heredia. Academic support was given by the Faculty of Medical Sciences of the National University of La Plata, Argentina.

A group of five teachers from the University Cayetano Heredia who, with PAHO/WHO support, had previously attended the problem-based pharmacotherapy course organized by the University of La Plata, acted as teaching assistants on this highly participatory course. All the participants expressed their commitment to applying this new teaching methodology in their own universities.
**First WHO Regional Training Workshop on Medicine Prices**

**CAIRO, EGYPT, 20–22 OCTOBER 2003**

Participants from eight EMR countries, NGOs, and universities took part in the First WHO Regional Training Workshop on Medicine Prices, in Cairo, Egypt, from 20–22 October 2003. In his opening message, Dr Hussein A. Gezairy, Regional Director of WHO Eastern Mediterranean Region welcomed participants and emphasized the continuing challenge which medicine prices present, noting that as many as 100 million people in the region still lack regular access to essential drugs. He referred to the resolution of the 54th World Health Assembly which requested the Director-General of WHO to explore the feasibility and effectiveness of implementing, in collaboration with NGOs and other concerned partners, systems for voluntary monitoring and reporting of global drug prices, to improve equitable access to affordable medicines. Dr Gezairy indicated that WHO expects participants to conduct a country medicine price survey after the workshop, following which WHO and Health Action International (HAI) will offer support in data analysis and interpretation at a second workshop.

The WHO-HAI manual, Medicines Prices—a new approach to measurement, was introduced to participants, who briefly identified some price issues in their own countries, and considered how a medicine price survey might assist them in their work. The project’s background and the technical focus of the methodology were explained, followed by a presentation on the price survey recently completed in Rajasthan State, India. Following preparatory briefings on the data collection forms and the computerized workbook, and an exercise on data entry, participants divided into five working groups to visit nine easily accessible public and private pharmacies in the Cairo area. Following the data collection exercise, working groups exchanged their data for entry into the workbook by another group. All the results were consolidated and presented at a plenary discussion. In the coming months participants are planning to develop price studies looking at the public and private sectors, using the new sampling methodology.

**Improving regulation of herbal medicines throughout Europe**

Experts from 12 countries in Central and Eastern Europe and the Newly Independent States met in September, in Armenia, to discuss the situation regarding herbal medicines in their countries and also the various WHO guidelines on regulating herbal medicines. The Ministry of Health and the Armenian Drugs and Medical Technology Agency hosted the workshop. The participants acknowledged the importance of traditional medicine throughout Europe, both in health services and through the growing use of traditional medicine by the public, as well as because of the economic importance of medicinal plant cultivation. Participants agreed on the need for strengthening the regulation of herbal medicines in their countries, and welcomed WHO assistance in this. The Nippon Foundation has expressed interest in further supporting the work on strengthening national policies on traditional medicine in Eastern Europe.

**Kyrgyzstan launches 3rd edition of its National Drug Formulary**

The third edition of Kyrgyzstan’s National Drug Formulary was launched on 6 November 2003—the result of successful interagency collaboration in the field of rational use of drugs. Since 1997 WHO’s efforts in capacity-building and other technical assistance, together with financial support from the World Bank and DFID have assured sustainable development and implementation of rational use tools in the Kyrgyz Republic. Monitoring the use of the country’s Formulary and Standard Treatment Guidelines in health facilities has shown a significant increase in the prescribing of essential drugs and generics, and a decrease in injection and antibiotic prescribing. The National Formulary and Standard Treatment Guidelines are included in the curricula of pharmacy and medical schools, so helping to ensure the future development of rational drug use concepts. In addition, the Formulary and Formulary-based treatment guidelines are successfully used in the compulsory medical insurance system, assuring that the majority of the population has access to essential medicines.

WHO is planning to continue its support of rational use activities in Kyrgyzstan, for example, through further development of medicines lists, formularies and treatment guidelines at different levels of health care, and through support to a Drug Information Centre. Drug quality is now the main area of concern. Recent abolition of value added tax on medicines and medical devices has already reduced the black market in pharmaceuticals, and increased the quantities of officially registered drugs in the country. Progress will be monitored, and the major focus in the coming years will be on regulatory issues related to the provision of access to good quality medicines.

**Bhutan’s Essential Drugs Programme enters a new phase**

The Bhutan Essential Drugs Programme, which was established in the late 1980s with DANIDA support, has built on its very basic beginnings to become a good example of a programme with a successful drug supply system. Currently it can estimate, procure and supply almost all the medicines needed of the population. However, this supply system is now facing the challenges of “maturing”
into the next stages of development. Key human resources need further training to gain new skills, and while Bhutan can train its basic health workers, higher level training poses problems for this small country. With a population close to a million it is not practical or sustainable to have postgraduate institutes, so this type of training has to be done abroad, and it is expensive.

There are also new factors affecting the health system that need to be dealt with. At present the State provides all aspects of care, but with the gradual opening up of the country, the private sector will need to be accommodated, although the priority is to maintain the equity that has characterized the system to date. With the private sector will come other influences, such as pharmaceutical companies, their products and medicines promotion. The recently approved Medicines Act of the Kingdom of Bhutan will provide the basis for regulating medicines.

Imported medicines are checked for quality in a centre abroad, but Bhutan is now planning to develop a basic quality control laboratory, beginning with the use of facilities available in the National Institute of Traditional Medicine. The laboratory will enable the quality of the imported drugs to be checked much more quickly, and will increase Bhutan’s capacities in the pharmaceutical sector.

These changes mean that Bhutan’s Essential Drugs Programme is at a crucial stage; it has developed well in terms of serving the population, but needs further support to meet the demands of a rapidly developing society. Continuing success will depend on Bhutan using its resources well, and on technical and financial support from donors.

Improving access to essential medicines and strengthening vaccine security for Pacific Island Countries

Nadi, Fiji, was the venue for an inter-country workshop on Improving Access to Essential Medicines and Vaccine Security for Pacific Island Countries, held from 25th to 27th November 2003. Discussions focused on reviewing problems and experiences related to access to essential medicines and vaccine security, and promoting effective collaboration to improve the situation, in part through the collaborative work plan developed in Nadi. The workshop was attended by delegates from 21 countries and areas in the Pacific, and representatives from various international organizations, such as UNICEF, AusAID and JICA.

New bioequivalence testing unit at the National Institute for Drug Quality Control, Hanoi

As part of its continuing work to improve the quality assurance of pharmaceutical products in Viet Nam, the National Institute of Drug Quality Control (NIDQC) has set up a bioequivalence testing unit. With WHO support, three staff underwent short-term training on bioequivalence study in human volunteers, in July 2003 at the Department of Clinical Pharmacology, Gadjah Mada University, Yogyakarta, Indonesia. These staff then successfully undertook pilot bioequivalence testing at NIDQC in September 2003, with technical assistance from Gadjah Mada University. This is a significant development, as Viet Nam is an important manufacturer of generic essential medicines in the Region.