



## Essential Medicines : Where We Stand Today

R K Gupta

Essential medicines are those that satisfy the priority health care needs of the population (1-3). They are selected with due regard to public health relevance, evidence on efficacy, safety and comparative cost-effectiveness. Essential medicines are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality and adequate information, and at a price the individual and the community can afford. The implementation of the concept remains a national responsibility.

**WHO's goal** is to help save lives and improve health by ensuring the quality, efficacy, safety and rational use of medicines, including traditional medicines, and by promoting equitable and sustainable access to essential medicines, particularly for the poor.

### **WHO criteria to guide selection of an essential drug? (1,2)**

1. Adequate data on its safety, and efficacy should be available from clinical studies.
2. Choice of drug will depend upon incidence and prevalence of disease, pattern of prevalent disease, genetic, demographic, environmental factors, treatment facilities available, the financial resources and the technical expertise.
3. In case two or more drugs, choice should be made on the basis of relative efficacy, safety, quality, price and availability. Cost benefit ratio remains a major consideration.
4. The selection of essential list should be a continuing process, regularly updating drug selections in light of new therapeutic options and changing therapeutic needs.
5. Choice may also be influenced by comparative pharmacokinetic properties and local facilities for manufacture, shelf life and storage.

6. Most essential drugs should be single compounds. Fixed dose combination product only should be chosen when combination has a proven advantage.
7. The cost of the total treatment and not only the unit cost of the drug should be considered.
8. For the safe, effective and prudent use of essential drugs, health care professionals should receive relevant and reliable drug information.
9. Lastly it must be kept in mind that a list of essential drugs does not mean simply that no other drugs are useful, but simply in a given situation these drugs are the most needed for health care of the majority of population.

### **WHO Medicines Strategy 2000-2003 (3)**

*Objective Policy*-Ensure commitment of all stakeholders to national drug policies, a coordinated implementation, and monitor policy impact.

*Access*-Ensure equitable availability and affordability of essential drugs, with an emphasis on diseases of poor.

*Quality and safety*-Ensure the quality, safety and efficacy of all medicines by strengthening and putting into practice regulatory and quality assurance standards.

*Rational Use*-Ensure therapeutically sound and cost-effective use of drugs by health professionals and consumers

### **The impacts of essential drugs (1-3)**

1. To help save lives and improve health by closing the huge gap between the potential that essential drugs have to offer and the reality that for millions of people - particularly the poor and disadvantaged - medicines are unavailable, unaffordable, unsafe or improperly used.
2. Have a profound health impact; effective drug treatment now exists for most leading infectious diseases. Essential life-saving drugs have also been developed for leading noncommunicable diseases such as ischaemic heart

**From The Department of Pharmacology, MGIMS, Sevagram, Wardha, Maharashtra.**

**Correspondece to:** Prof. R. K. Gupta, Department of Pharmacology, MGIMS, Sevagram, Wardha, Maharashtra.

disease and cerebrovascular disease. Essential drugs save lives and reduce suffering, especially for impoverished populations.

3. Essential drugs increase the credibility of a health system and promote patient participation.
4. Effective and transparent drug procurement increases the confidence of governments, ministries of finance and donors in a country's health system.
5. Medicines represent the second largest government public health expenditure and in low- and middle-income countries, they represent the largest out-of-pocket household health expenditure. Hence they have economic impact.
6. Increase health system effectiveness.
7. Increase the cost-effectiveness of pharmaceutical expenditure.

### Progress and challenges (3)

Much has been achieved in pharmaceuticals in the 50 years since WHO began establishing international pharmaceutical standards and guidelines, and since the introduction 25 years ago of the essential drugs and national drug policy concepts. Nearly 160 countries now have national essential drugs lists; while over 100 countries have national drug policies in place or under development. Similarly, rational drug use concepts and teaching are spreading in all regions. Though, access to essential drugs grew from 2.1 billion people in 1977 to 3.8 billion people in 1997, yet at the beginning of the 21st century essential drugs remain unavailable, unaffordable, unsafe, or improperly used in many parts of the world. An estimated one-third of the world population lacks regular access to essential drugs and the figure rising to over 50% in the poorest parts of Africa and Asia and even if drugs are available, weak drug regulation may mean that they are substandard or counterfeit, rather than safe and effective. Irrational use - for example, high rates of antibiotic prescription, overuse of injections, very short dispensing times and incorrect drug use by patients - is of great public health concern too. Inappropriate spending on medicines is often a major source of impoverishment for already disadvantaged populations. In developing countries up to 80% of the population relies on traditional medicine to meet its health

care needs. However, the efficacy of much traditional medicine - no matter where it is practiced - is as yet scientifically unproven, and provision of traditional medicine is often unregulated.

To overcome these challenges recently, WHO has launched Medicines Strategy 2004-2007. The new strategy is based on four key objectives: strengthening national medicines policy; improving access to essential medicines; improving the quality and safety of medicines; and promoting their rational use (3).

In conclusion, the essential drugs concept was introduced to accelerate the positive impacts of drugs on health status, particularly for developing countries. First introduced in 1975, the concept is now widely accepted as a highly pragmatic approach to provide the best of modern, evidenced-based and cost-effective health care. It is as valid today as it was 25 years ago when first introduced. The essential drugs concept is a global concept and health systems of all types, from basic health systems in the poorest countries to highly developed national health insurance schemes in the wealthiest have recognized its therapeutic and economic benefits. Moreover, the concept is forward-looking. It promotes the need to regularly update drug selections in light of new therapeutic options and changing therapeutic needs, the need to ensure drug quality, and the need for continued development of better drugs, drugs for emerging diseases and drugs for coping with changing resistance patterns. Not only this, WHO is continuing to respond to the challenges of medicines of the 21st century through a wide range of initiatives?

### References

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