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Report of the WHO Expert Committee, 2002
(including the 12th Model List of Essential Medicines)

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Geneva, 15–19 April 2002

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* Each Member of the Committee signed a statement that he or she agreed not to participate in the review of any matter under consideration in which there was a real or perceived conflict of interest. Two Members reported an interest but no real or perceived conflicts of interest were disclosed.

† Unable to attend: The World Bank and the United Nations Population Fund (UNFPA).

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1. Introduction

The WHO Expert Committee on the Use of Essential Drugs met in Geneva from 15 to 19 April 2002. The meeting was opened on behalf of the Director-General by Dr J. Quick, Director, Department of Essential Drugs and Medicines Policy, who drew attention to the fact that 2002 was the twenty-fifth anniversary of the WHO Model List of Essential Drugs (the Model List). He mentioned that this was an especially significant meeting, not only because it would be the first to operate under new procedures but also because it would be required to discuss several important issues, such as the application for the inclusion in the Model List of a number of antiretroviral medicines for the treatment of human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS). The Committee would also be required to report to the Director-General on progress in the implementation of the new procedures and to suggest future improvements.

The Secretary informed participants that following a request from the WHO Secretariat, the Committee had agreed to hold an open session as part of its present meeting (see section 2). The reason for the open session was to allow all stakeholders to participate in discussions and to comment on issues relating to the WHO Model List of Essential Drugs. For Expert Committee members, it created an opportunity to receive first-hand additional information and opinions on matters under consideration. Participants were assured that the discussions and considerations of the open session would be reflected in the report of the meeting. A summary of the Committee's meeting report would be submitted to the WHO Executive Board in January 2003, together with a statement on the public health implications of its recommendations.

In a change from the format adopted for previous reports, the Committee decided to present the updated version of the Model List (the 12th) as an annex to its meeting report (Annex 1). In addition to a full set of explanatory notes, Annex 1 provides background information relating to the development and use of the Model List. Supporting evidence for the safety and efficacy of those medicines that were recommended for inclusion at the present meeting is summarized in Annex 2.

2. Open session

The open session was opened by Dr Y. Suzuki, Executive Director, Health Technology and Pharmaceuticals, who stated that this

meeting should be seen in the light of other related activities, such as the recent publication of the first list of pre-qualified products and suppliers of medicines for the treatment of HIV/AIDS (*1*). He reminded participants that all their comments would be noted and that final recommendations on each of the agenda items would be formulated in subsequent private sessions of the Committee.

3. The new procedures for updating and disseminating the Model List

3.1 Background

At its previous meeting held in 1999, the Committee reviewed past experience with the Model List and discussed future needs (*2*). It noted that:

— with regard to the selection process for essential medicines, efforts to link the selection of medicines for inclusion in the Model List to WHO treatment guidelines should be further encouraged;
— decisions on whether or not to include medicines in the Model List should be based on properly identified evidence, and the reasons for their inclusion or otherwise should be carefully recorded;
— proposals to include medicines in the Model List need to be better defined, and should include a valid analysis of the cost-effectiveness of each medicine;
— available evidence supporting the inclusion of medicines already on the Model List should be identified and made available;
— more explicit criteria for determining which diseases or conditions should be covered by the Model List are required, as are clearer descriptions of the criteria for selecting medicines for inclusion in the Model List;
— the Model List should not only identify priority conditions and those medicines for which equitable availability and affordability