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THE USE OF ESSENTIAL DRUGS

Ninth report of the
WHO Expert Committee
(including the revised Model List of Essential Drugs)

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Geneva, 15–19 December 1999

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1. Introduction

The WHO Expert Committee on the Use of Essential Drugs met in Geneva from 15 to 19 December 1999. The meeting was opened on behalf of the Director-General by Dr M. Scholtz, Executive Director of Health Technology and Pharmaceuticals, who emphasized that the concept of essential drugs was fundamental to the development of national drug policies. Regular updating of WHO's Model List of Essential Drugs sustained the momentum of WHO's revised drug strategy (*1*), as endorsed by the World Health Assembly in resolution WHA 39.27 in 1986 (*2*), and was a basic element of the validated information required by most of WHO's Member States for optimal rationalization of drug procurement and supply. Dr Scholtz also emphasized the increasing interest in and need for evidence-based decisions in the selection of essential drugs.

The Committee decided to prepare its report as a self-contained document. The eleventh Model List of Essential Drugs will be found in section 12 of the report, and explanations of the changes in section 13.

2. The concept of essential drugs

Essential drugs are those that satisfy the health care needs of the majority of the population; they should therefore be available at all times in adequate amounts and in the appropriate dosage forms, and at a price that individuals and the community can afford. This concept is intended to be flexible and adaptable to many different situations; exactly which drugs are regarded as essential remains a national responsibility.

Model lists have proved to be invaluable in improving the quality of health care and reducing costs (*3*, *4*). Better quality of care is achieved when the list of essential drugs is linked to evidence-based treatment guidelines (*5*), especially when the supply system guarantees the availability of the selected drugs. Treatment guidelines can also focus training and serve as a standard for supervision and medical audit; prescribers become more familiar with the drugs and can better recognize adverse drug reactions. Lower costs are achieved through selecting cost–effective treatment. A limited range of drugs in the supply system may lead to economies of scale and competition between manufacturers, further reducing the costs.

Market approval of a pharmaceutical product is usually granted on the basis of efficacy, safety and quality and rarely on the basis of a comparison with other products already on the market, or cost. However, in some developing and most developed countries the majority of drug costs are covered by public funds or through health insurance schemes. Most public drug procurement and insurance schemes have mechanisms to limit procurement or reimbursement of drug costs. An evaluation process is therefore necessary, based on a comparison between various drug products and on cost/benefit considerations. The advantage of a new treatment over the existing one is then compared to its extra cost. Such information has proved very helpful in taking informed decisions about the selection of essential drugs. The model list is intended to help with this evaluation.

3. The WHO Model List of Essential Drugs

In a report to the Twenty-eighth World Health Assembly in 1975 (*6*), the Director-General pointed out that the selection of essential drugs would depend on the health needs and on the structure and development of the health services of each country. Lists of essential drugs should be drawn up locally, and periodically updated, with the advice of experts in public health, medicine, pharmacology, pharmacy and drug management. By resolution WHA28.66 (*7*) the Assembly requested the Director-General to advise Member States on the selection and procurement, at reasonable costs, of essential drugs corresponding to their national health needs.

Following wide consultation, an initial Model List of Essential Drugs was included in the first report of the Expert Committee on the Selection of Essential Drugs in 1977 (*8*). This has subsequently been revised and updated in nine further reports (*9–17*). The concept of essential drugs was quickly taken up by Member States: by the end