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# **THE USE OF ESSENTIAL DRUGS**

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Sixth report of the  
WHO Expert Committee



**World Health Organization**

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Geneva, 15–19 November 1993

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## 1. **Introduction**

The WHO Expert Committee on the Use of Essential Drugs met in Geneva from 15 to 19 November 1993. The meeting was opened on behalf of the Director-General by Dr F.S. Antezana, Assistant Director-General, who emphasized that the concept of essential drugs was fundamental both to WHO's revised drug strategy (1), as endorsed by the World Health Assembly in resolution WHA39.27 in 1986 (2), and to the development of comprehensive national drug policies. Regular updating of WHO's Model List of Essential Drugs sustained the momentum of the revised drug strategy 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.

The Expert Committee decided to prepare its report as a self-contained document and to incorporate into it those parts of the previous report (3) that required no modification or merely bringing up to date. The eighth Model List of Essential Drugs will be found in section 16 of this report, and explanations of the changes in section 17. The Committee agreed to annex to its report the report of a WHO consultation on the provision and dissemination of drug information (Annex 1), together with guidelines prepared by various WHO consultations on antimicrobial susceptibility testing (Annex 2) and on good clinical practice for trials on pharmaceutical products (Annex 3) in order to bring them to the attention of those in charge of national drug policies.

In a report (4) to the Twenty-eighth World Health Assembly in 1975, the Director-General reviewed the main drug problems facing the developing countries and outlined possible new drug policies. The Director-General also referred to the experience gained in some countries where schemes of basic or essential drugs had been implemented. Such schemes were intended to extend the accessibility and rational use of the most necessary drugs to populations whose basic health needs could not be met by the existing supply system. The Director-General pointed out that the selection of these 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. He also considered that adequate information on the properties, indications and use of the drugs listed should be provided. By resolution WHA28.66 (5), the Health Assembly requested the Director-General to implement the proposals contained in his report and, in particular, to advise Member States on the selection and procurement, at reasonable cost, of essential drugs of established quality 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 (6). This has subsequently been revised and updated in six further reports (3, 7-11).

In undertaking a further review of the list at its present meeting, the Expert Committee was guided throughout by the following statement contained in the previous reports:

Because of the great differences between countries, the preparation of a drug list of uniform, general applicability is not feasible or possible. Therefore, each country has the direct responsibility of evaluating and adopting a list of essential drugs, according to its own policy in the field of health.

The list of essential drugs based on the guidelines put forward in this report is a model which can furnish a basis for countries to identify their own priorities and to make their own selection.

The Committee also drew attention to the following guidelines set out in the initial report:

1. The extent to which countries implement schemes or establish lists of essential drugs is a national policy decision of each country.
2. As far as health services in developing countries are concerned, the organized procurement and use of essential drugs have many advantages in terms of economy and effectiveness. However, the concept of “essential drug lists” must accommodate a variety of local situations if the lists are ever to meet the real health needs of the majority of the population.
3. There are convincing justifications for WHO to propose “model” or “guiding” lists of essential drugs as a contribution to solving the problems of Member States whose health needs far exceed their resources and who may find it difficult to initiate such an endeavour on their own.
4. Such “guiding” or “model” lists should be understood as a tentative identification of a “common core” of basic needs which has universal relevance and applicability. In certain situations, there is a need to make available additional drugs essential for rare diseases. The further local needs move away from the core, the more the health authorities or specific sectors of the health services will have to adjust the lists. However, any list proposed by WHO should set out to indicate

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