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The selection of essential drugs

Second report of the
WHO Expert Committee

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CONTENTS

WHO EXPERT COMMITTEE ON THE SELECTION OF ESSENTIAL DRUGS

Geneva, 2–6 July 1979

Members

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Dr M. El Fekih, Director, Tunisian Central Pharmaceutical Supplies Depot, El Menzah, Tunis, Tunisia

Professor P. Lechat, Director, Institute of Pharmacology, Faculty of Medicine, Pierre et Marie Curie University, Paris, France (*Chairman*)

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Professor O. Sylla, Technical Adviser to the Ministry of Public Health, Faculty of Medicine and Pharmacy, Dakar, Senegal

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Dr H. Probst, Procurement Officer, Supply Division, European Office of UNICEF, Geneva, Switzerland

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Dr V. Fattorusso, Director, Division of Prophylactic, Diagnostic and Therapeutic Substances, WHO, Geneva, Switzerland

Dr A. Herxheimer, Senior Lecturer in Clinical Pharmacology and Therapeutics, Charing Cross Hospital Medical School, University of London, England (*Temporary Adviser*)

Dr P. K. Lunde, Associate Professor in Clinical Pharmacology, University of Oslo, and Head, Division of Clinical Pharmacology and Toxicology, Central Laboratory, Ullevål Hospital, Oslo, Norway (*Temporary Adviser*)

Dr G. Peters, Professor of the Faculty of Medicine, and Director of the Institute of Pharmacology, University of Lausanne, Switzerland (*Temporary Adviser*)

Mr A. Shields, Assistant Director-General, Pharmaceuticals Benefit Branch, Department of Health, Canberra, Australia (*Temporary Adviser*)

Professor Song Zhenyu, Head, Department of Pharmacology, Institute of Materia Medica, Chinese Academy of Medical Sciences, Beijing (Peking), China (*Temporary Adviser*)

Dr G. Tognoni, Head, Clinical Pharmacology Laboratory and Regional Centre for Drug Information, Mario Negri Institute, Milan, Italy (*Temporary Adviser*)

WHO EXPERT COMMITTEE ON THE SELECTION OF ESSENTIAL DRUGS

Second Report

The WHO Expert Committee on the Selection of Essential Drugs met in Geneva from 2 to 6 July 1979. The meeting was opened on behalf of the Director-General by Dr V. Fattorusso, Director, Division of Prophylactic, Diagnostic and Therapeutic Substances.

1. INTRODUCTION

The main purpose of the meeting was to review and update the model list of essential drugs contained in the first report of the Expert Committee (WHO Technical Report Series, No. 615, 1977) by the addition or deletion of substances on the basis of the latest available knowledge and informed opinion. The criteria for the selection of essential drugs were laid down in the above-mentioned report. These criteria had been endorsed in 1978 by the World Health Assembly in resolution WHA31.32, which, recognizing the existence of wide variations in national health needs and in the degree of development of health services, also urged developing countries in particular to establish their own national lists of essential drugs.

The first report of the Committee was sent, with requests for comments, to all members of the WHO Expert Advisory Panels on Drug Evaluation and on the International Pharmacopoeia and Pharmaceutical Preparations, to the WHO regional offices, to national health authorities, and to interested international and nongovernmental organizations. The responses to this request, as well as many unsolicited comments, were collated and presented to a preparatory meeting convened in 1978. Proposals for the revision and updating of the model list were contained in the report of that meeting (unpublished WHO document DPM/79.2). Details of commonly used dosage forms and strengths selected for the drugs in the model list—a matter of obvious importance for developing countries wishing to use the model list as a basis for drawing up or revising their own national lists—as well as a number of proposals

for the eventual consideration of the Expert Committee were also included in the report of the preparatory meeting.

Finally, the provision of information on each drug in the model list for the guidance of prescribers raised a number of issues on which the advice of the Expert Committee was sought, due account being taken of the concomitant need for information and education on the proper use of the selected drugs for personnel at the different levels of health care systems.

2. GENERAL CONSIDERATIONS

In undertaking its work the Expert Committee noted the criteria for the selection of essential drugs enumerated in WHO Technical Report Series, No. 615, and recalled the following statement contained therein:

"Because of the great differences between countries, the preparation of a drug list of uniform, general applicability and acceptability 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."

No modification of the initial model list was introduced unless definite advantages were considered to accrue from the change and, in some cases (e.g., the use of cimetidine in peptic ulcer, praziquantel in schistosomiasis, and timolol in glaucoma), drugs of considerable promise were omitted from the list on the ground that the currently available evidence of performance in general use in a variety of medical settings was insufficient. In every instance in which a change in the list was made a short comment was provided (see section 5). The Expert Committee considered that the list of antidotes and that of antineoplastic and immunosuppressive drugs should be fully reviewed at a future meeting on the basis of further expert opinion and documentation on the specialized use of these drugs.

3. GUIDELINES FOR THE SELECTION OF PHARMACEUTICAL FORMS

The purpose of selecting dosage forms and strengths for the drugs in the model list was to identify the most appropriate pharmaceutical forms and to give advice to countries wishing to standardize or minimize the number of preparations in their own drug lists. As a