

Points of View

The essential drug concept

*By Professor A.W. El Borolossy
Senior Advisor
Alquds Open University
Amman, Jordan*

Medicinal drugs are vital to the delivery of effective health care, but they are not required in every clinical situation nor can every pharmaceutical product currently in commerce be regarded as essential, or even relevant, to good clinical practice. The correct choice of a drug for an individual patient can raise complex clinical and pharmacological considerations. Similarly, the matching of drug supplies to local health needs, particularly where resources for procurement are stringently limited, needs to be based upon a variety of clinical and socioeconomic considerations. These include the pattern of prevalent diseases, the degree of development of the community, the capacity of available pharmaceutical manufacturing facilities, and the availability and distribution of health services and particularly of health workers with the necessary skills in clinical diagnosis. These factors are interdependent: socioeconomic standards determine the patterns of health care delivery which, in turn, determine the elements of a national drugs policy.

In developed countries with an advanced pharmaceutical industry and a sound health-care infrastructure the availability of effective drugs of adequate quality is largely taken for granted. This contrasts vividly with the situation in developing countries where many factors compromise access to drugs, including shortage of foreign exchange, the ever-rising cost of health services, lack of an effective distribution system, and lack of technical manpower. Nonetheless, it would be a fallacy to assume that developing countries are all at the same level of economic achievement; some possess a pharmaceutical industry which satisfies up to 80 per cent of local needs while others depend wholly on the importation of finished products. In every case, however, they have to ensure that the most effective use is made of available resources in the public sector through rigorous rationalization of services.

It is now over 10 years since the World Health Assembly first delineated the benefits to be gained from rationalizing drug availability in developing countries in the light of health priorities, therapeutic value, safety and cost. Experience over the past decade leaves no doubt that implementation of a rigorous "essential drugs" policy is of crucial importance in optimizing the deployment of available financial resources. Much of this experience has been gained with the operational assistance of WHO. Its multipartite support to Member States requesting such assistance has been of value in many contexts. These extend from advising on the drafting of national drug policy as an element within a broader health strategy, to assisting in the procurement of essential drugs at advantageous prices within the context of the Action Programme on Essential Drugs, and to assuring effective use of the Certification Scheme on the quality of pharmaceutical products moving in international commerce.

It is for sovereign governments to determine the statutory and administrative framework of drug supply and control, but WHO has a responsibility to define the options. It has made a persuasive case for the adoption of national lists of essential drugs wherever basic needs compete for available resources; it has stressed the importance of ensuring that local pharmaceutical production and formulation plants operate in consonance with national policy; it has promoted effective quality control both in principle and through the development of technical norms and training programmes and it has pointed to the need for effective use of the Certification Scheme as an aid to drug procurement. Not least, it has called for more effective dissemination of objective information about available drugs for prescribers and patients, and it has started to compile comprehensive Model Prescribing Information for adaptation by governments seeking to develop national formularies and drug licensing systems.

Central to many of these varied activities is WHO's Model List of Essential Drugs, a compilation of 279 substances classified by their international non-proprietary names and organized into standard pharmacological and therapeutic groups.

First issued in 1977, in accordance with the recommendations of an Expert Committee, the list seeks to identify those drugs — or types of drugs — in appropriate dosage forms which "should be available at all times in adequate amounts". Nonetheless, emphasis is placed upon the impossibility of constructing a model list of global relevance and upon the need for national administrations to identify their own priorities and to make their own selection. Although the list is thus purely illustrative, importance has been accorded to its updating at biennial intervals in order that it should continue to serve as a stimulus to all countries to create and maintain cost-effective drug policies in the public sector, and to provide a renewed challenge and incentive to pharmaceutical companies to remain vigilant to global health needs. That an important commitment to socially-productive research exists within the pharmaceutical industry is evident from the 21 drugs newly included in the Model List when it was last revised in December 1987. (See p. 31).

In the final analysis, it is the use that countries make of the list that determines its value. Unless it is critically studied at governmental level to determine its relevance to local needs, unless relevant listings of drugs of varying length and complexity are established nationally by competent multi-

disciplinary committees for use at the primary, secondary and tertiary levels of health care, and unless these lists are complemented by prescribing information adapted to the knowledge and training of the various cadres of prescriber and issued in a national formulary, much will have been lost. Alone, these efforts are not enough. The active collaboration of health authorities and teaching institutions needs to be engaged. Effective management of drug supplies must be assured; procedures and facilities must be set in place to ensure that quality is never compromised by other considerations in drug procurement; storage and distribution facilities must be upgraded where necessary and, whenever possible, provision for research on drug usage should be encouraged to obtain the vital confirmation that priority needs are being satisfied.

It is gratifying that WHO is pledged to sustain its patronage of the Model List and to continue to develop its collateral programmes concerned with quality assurance and dissemination of regulatory and prescribing information. It can take pride that the stimulus of its message, at global, regional and national level, has persuaded as many as 100 of its Member States to set in place, in one form or another, an administrative commitment to the concept of essential drugs.