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SUMMARY OF PROGRESS IN THE WHO
ACTION PROGRAMME ON ESSENTIAL DRUGS AND VACCINES

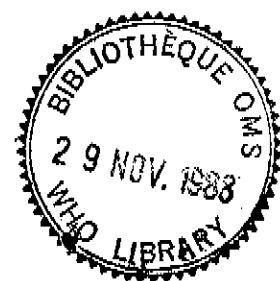


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INTRODUCTION

The purpose of this summary is to give an updated account of the progress achieved by the Action Programme on Essential Drugs and Vaccines against the action plan outlined in document A35/7 (1982) and the first three years of the medium-term programme 1984-1989. It supplements the progress report of the Executive Board Ad Hoc Committee on Drug Policies and a statement made during the Thirty-seventh World Health Assembly in May 1984 (DAP/84.4), the programme statement for the World Health Assembly in May 1985 (WHA38/1985/REC/3, p. 107), and the report of the Conference of Experts on the Rational Use of Drugs, Nairobi, 25-29 November 1985 (WHA39/1986/REC/1, Annex 5 part, 2). The last progress report was issued in April 1987.

The present report is shorter than preceding progress reports since the Action Programme on Essential Drugs and Vaccines will report on the implementation of the revised drug strategy to the Executive Board in January 1988. Relevant material will subsequently be made available to the regular recipients of this progress report.

The aim of the Action Programme in support of primary health care is to ensure the availability in Member States of a regular supply of safe and effective drugs and vaccines at an acceptable quality and low cost. The Programme addresses all the complex issues involved in the development and implementation of national drug policies. It gives direct technical, managerial, and when possible, needed financial support to country programmes. It is also engaged in operational research as well as the development of guidelines and teaching and training materials. The Programme operates under the direct supervision of the Director-General. Progress at the country, regional and global levels is carefully monitored and long-term activities receive regular evaluation and review.

WHO, as the specialized agency with primary responsibility in the field of pharmaceuticals in the United Nations family, is entrusted with both the coordination and dissemination of information to all relevant bodies and promotion of the essential drugs concept is a vital element in this area.

This report includes a detailed summary of country activities in the Eastern Mediterranean Region. Such reporting by region will continue on a rotational basis with the next progress report concentrating on the South-East Asian Region.

COUNTRY SUPPORT

National essential drug programmes

Well over half the manpower resources of the global, regional and country programmes together with most of the extrabudgetary resources of the programme are devoted to country support. Progress continues to be made at the country level, with technical and financial support being given to additional countries over the last year. Major programme development activities have been undertaken in Bhutan, Burkina Faso, Burma, Democratic Yemen, Ethiopia, the Gambia, Ghana, Guatemala, Kenya, Lesotho, Malawi, Mozambique, Nepal, Nigeria, Sierra Leone, Sri Lanka, the Sudan, Tanzania, Vietnam, Yemen and Zimbabwe as well as countries in Central America and many smaller countries in the Western Pacific Region. Many countries in Africa now operate national essential drugs programmes, often with support from WHO, UNICEF, bilateral development agencies, the World Bank or, on a smaller scale, nongovernmental organizations.

Considerable progress has been made in countries of the Eastern Mediterranean and South East Asian regions. Bangladesh has made steady progress in the implementation of its Drugs (Control) Ordinance since 1982, and WHO is working closely with the government which receives technical support from the Danish International Development Agency (DANIDA) and the Swedish International Development Agency and Swedish Agency for Research Cooperation with Developing Countries (SIDA/SAREC). The national programme in Bhutan continues to evolve, as do the programmes in Nepal and Sri Lanka.

The TCDC programme in the Association of South-East Asian Nations (ASEAN), funded by UNDP and WHO, has accelerated its activities in good manufacturing practices, quality control, drug registration and evaluation, reference standards and management training. An evaluation in August 1986 of the national drug supply system in Papua New Guinea demonstrated a highly successful and cost-effective programme.

The programme in Vietnam continues its development and is receiving both technical and financial inputs from SIDA/SAREC and WHO. The Central American essential drugs programme is also progressing well.

One hundred and eleven countries have now developed national lists of essential drugs and more than 40 are at various stages of implementing national drug policies based on the concept of essential drugs. Appendix 1 gives a schematic overview of the status of development in the WHO regions.

In September 1987 a major essential drugs scheme in support of MCH/PHC was launched in Bamako, Mali by UNICEF and the WHO Regional Office for Africa. The scheme targets sub-Saharan countries for supplies of a limited number of essential drugs to community health workers, dispensaries, health centres and smaller district hospitals. The externally funded drug supplies are intended to serve as a vehicle for the establishment of community financing systems. The drugs will be procured at the lowest possible international prices and resold with a mark-up to buy new supplies as well as supporting other local PHC costs such as staff, maintenance, immunization, family planning and health education.

UNICEF is currently developing the operational aspect of the programmes as well as trying to raise international support for the Bamako Initiative estimated at about US\$ 400 million for the next five years.

Collaborating Centres

The Action Programme has already partly achieved its goal of establishing collaborating centres in each region for the purpose of information dissemination, training and operational research. The Barbados Drug Information Centre has been in operation since October 1983, and the Kenya Management of Drug Supplies Unit is in the process of being designated a collaborating centre. Democratic Yemen, Papua New Guinea and Sri Lanka may also provide collaborating centres for regional programme activities.

The Action Programme will continue to focus support on national programmes through its global, regional, and country staff, and its panel of experienced consultants and experts in various fields.

Activities in the Eastern Mediterranean Region

Introduction

In the mid 1980's activities in the Eastern Mediterranean Region were stepped up by the appointment of a full-time Regional Adviser on Essential Drugs and Pharmaceuticals. Originally the Programme had mainly been limited to the support of drug quality control and local manufacture. New activities have now shifted the emphasis to comprehensive drug programmes which include selection of essential drugs, estimation of needs, procurement, quality control, storage, distribution, rational use, public education, local production, legislation, registration and drug information.

The programme budget increased substantially from US\$ 600 000 in 1982-83 to US\$ 1 300 000 in 1986-87 with US\$ 4 700 000 as extrabudgetary funds for use in 1987-1990.

Comprehensive drug programmes were started in Democratic Yemen, Sudan, and Yemen. A quality control network was supported with regional reference laboratories in Cyprus, Egypt, Syria, and Pakistan. Computerized systems of drug registration and drug supply have been started in three countries. This new development will be applied to other countries as well in the near future.

Country support

Afghanistan

WHO has been supporting the drug quality control laboratory in Kabul since 1979, as well as the local pharmaceutical industry in small scale manufacture of essential drugs. WHO has also assisted in drawing up the national list of essential drugs and has on several occasions advised the government on a national drug policy.

Cyprus

In 1986 a collaborative essential drugs programme was started. It was launched with a national workshop on rational use of essential drugs and extensive support to the establishment of a computerized system of drug registration and drug supply and inventory control at the Central Medical Stores. Staff members have been trained in the use of the computer programmes, which have been adapted to the local situation. Installation of the software and starting of the system has been planned for early 1988. Experiences from this programme will be used for similar programmes in Democratic Yemen and Sudan. The drug quality control laboratory is serving as a reference laboratory in the region and is giving valuable support in manpower and technical advice to the establishment of a drug quality control laboratory in Democratic Yemen.

Democratic Yemen

Since 1984 a successful comprehensive national drug policy programme has been under implementation in the Democratic Yemen with technical support from WHO. The programme started in one governorate with a drug distribution system by means of drug ration kits. This system is now gradually being introduced in other governorates, together with a training campaign for all health workers. Several national and regional seminars have been held, a quality control laboratory is being developed, computerized drug registration will be started following the Cyprus model. A new method of morbidity recording and drug need quantification has been tested. Through WHO, the programme has attracted several donors, e.g. for the building of regional medical stores, and for the establishment of a manufacturing plant for i.v. solutions and ORS. The commitment of the government is very strong and several WHO programme activities have now been taken over. Moreover, drug supplies have always been financed from the national budget. The programme will increasingly be used as an example and training ground for other country programmes, and for research and development work.

Djibouti

In 1984 new drug legislation was drafted with WHO support. A national workshop was held in 1985, during which a national list of essential drugs was drawn up. Three senior officials visited the drug support programme in Kenya. In December 1987 a WHO consultant visited the country to follow up on the implementation of drug legislation and the use of the essential drugs list. In Djibouti the WHO activities in the field of essential drugs are, administratively and financially, part of primary health care.

Egypt

Support has largely been concentrated on the national drug quality control laboratory. Its departments of physiochemical and microbiological control have been supported as well as the establishment of departments for pharmacological control and bioavailability studies. The laboratory has served as a training place for other Arab-speaking countries and has given consultant support to the establishment of a microbiological department of the laboratory in Khartoum (Sudan).

In 1985 a separate essential drugs programme was started, but activities in this programme have been limited. In November 1987 a first national workshop was held that introduced the essential drugs concept to senior officials of the ministry of health and medical schools. It is expected that the next workshop will draw up a national essential drugs list and that concrete steps will be taken to rationalize drug use.

Iran

In 1985 the Programme Manager and the Regional Adviser visited Iran and made an analysis of the drug situation. The country has a national drug policy with emphasis on the use of generic names and with 80% of all essential drugs being manufactured locally. Iran's drug policy has been very successful in producing good quality drugs at low cost while increasing coverage to the whole population. WHO assisted in the establishment of a unit for bioavailability studies, an economic analysis of the effects of the national drug policy and a study tour for senior officials to Nordic institutions for drug registration and regulation. In the coming biennium a national workshop, consultants' assistance in national use of drugs and fellowships in pharmaceutical production and drug quality control are planned.

Iraq

For several years WHO has supported both the drug quality control laboratory and the drug information centre in Iraq. In 1986 and 1987 national workshops on rational use of essential drugs were held. In the coming biennium emphasis will be put on training in clinical pharmacy and drug information, and in strengthening the facilities for vaccine quality control.

Jordan

Two programmes are being implemented in Jordan. An essential drugs programme was started in 1986 with a national workshop on rational use of essential drugs and a revision of the national essential drugs list. In the next biennium emphasis will be put on training in rational use of drugs.

A separate programme exists to assist in the development of a microbiological section for the drug quality control laboratory. A consultant has visited the existing laboratory and has advised on the procedures and equipment necessary; staff have been trained and the equipment has been supplied; the government will adapt the premises.

Kuwait

An annual formulary of essential drugs is published by the government. However, no collaborative programme exists in Kuwait. On several occasions the Institute of Islamic Medicine has been supported by WHO consultants, e.g. in the development of clinical trials for the use of medicinal plants. The government has hosted two intercountry meetings on the selection of essential herbal remedies for the region, and for the development of guidelines for the registration of such remedies if prepared on a semi-industrial scale.

Lebanon

No national essential drugs programme is presently being supported. Nevertheless, some assistance has been given to a computerized system of drug registration, and the supply of emergency drugs.

Libya

Since the government has embarked on a national drug policy, WHO support has been given to the national drug quality control laboratory and some national seminars. In the past two years no support has been requested.

Morocco

Morocco only joined the Eastern Mediterranean Region in 1987. Although at present no support is given to the essential drugs programme, from 1988 onwards the programme will be assisted by training in drug management and quality control, and by computer support to the department of drug registration and information.

Oman

In 1987 a national workshop on the rational use of essential drugs was held in Oman and at the same time an analysis was made of the drug situation in the country. Future collaboration will concentrate on training in rational use of essential drugs by all prescribers, as availability of essential drugs and quality control are satisfactory.

Pakistan

Since 1984 the network of drug control laboratories is being strengthened through consultants' advice and supply of equipment. The establishment of a department for clinical pharmacology in the National Institute of Health, Islamabad, has been made possible by a WHO fellowship. Similarly, WHO consultants' advice has been given to the establishment of a WHO Collaborating Centre for Traditional Medicine. An overall policy on essential drugs is under active development and a WHO mission visited Pakistan in December 1987 to analyse the situation and to advise the government in this matter. In the next biennium further support will be given according to the recommendations.

Qatar

No essential drugs programme exists in Qatar but the government has expressed interest in starting a collaborative programme which will concentrate on the rational use of essential drugs and on a computerized system of drug registration and information.

Saudi Arabia

So far there has been no collaborative programme in Saudi Arabia although the government has always delegated several participants to all regional meetings and training courses. From 1988 a modest programme will start with a national workshop on rational use of essential drugs. A national formulary and essential drugs list have already been prepared by the government.

Somalia

The essential drugs programme in Somalia is an integral part of the primary health care strategy. UNICEF is supporting the programme which has made advances in procurement, storage and distribution of drugs and the training of health workers. WHO support is limited at present.

Syria

The government of Syria has not expressed much interest in developing an essential drugs programme. In the early eighties the government drug quality control laboratory was supported. The present state of the laboratory was evaluated by WHO in 1987 and its use as a reference laboratory in the region was recommended. In 1987 the Arab Drug Information Service of the University of Damascus was supported by the supply of a computer with Arabic word processing facilities and financial support to the first six issues of the Arab Drug Information Bulletin.

Sudan

In Sudan three different programmes are being implemented. From the regular budget an essential drugs programme is being supported as part of which a large and very successful national workshop was held in 1985 during which a national list of essential drugs was drawn up. This list was printed by WHO. In 1987 the list was revised, and drug information sheets were also prepared. At present the Drug Registration Department is being computerized with support from the Swedish authorities, and an IOWA microfiche system is being supplied to the Drug Information Centre of Khartoum Teaching Hospital. WHO also assists the government in the coordination of all foreign donor activities in drugs and medical supplies.

A second programme is being implemented to strengthen the drug quality control laboratory. The microbiological section has been established with the assistance of consultants, and the supply of equipment and training. Since 1986 the establishment of a pharmacological unit is actively being supported following the same approach.

In late 1986 a large programme for training in the rational use of drugs and distribution of essential drugs by means of drug ration kits, covering all health levels in the Nile Province, received extrabudgetary funding from the Dutch Government. The programme started in July 1987 and will mainly make use of national expertise, receiving continuous technical support from WHO. This programme of training and distribution will complement the Dutch support programme to rehabilitate Central Medical Stores in Khartoum.

Yemen Arab Republic

WHO has assisted the Government of Yemen in analysing the drug situation and is giving consultative assistance in some policy areas: central storage, quality control, and selection of essential drugs. Upon the presentation of a provisional Plan of Action by WHO, extrabudgetary support was granted by the Netherlands and a US\$2.1 million comprehensive programme was started in 1987. The programme concentrates on the development of a national drug policy, selection of drugs, central storage, quality control, training in rational use of drugs and distribution of drug ration kits to primary health care centres and country health units, as part of the country's PHC structure.

DEVELOPMENT ACTIVITIES

Guidelines on drug policies

Draft guidelines on national drug policies were produced by a meeting of experts in March 1987 and have been submitted to the January 1988 Executive Board.

Estimating drug requirements

A methodology to estimate drug requirements with greater accuracy has been under development for some time, and has now been completed after field testing in six countries. The methodology, which now exists in both a computer model and a manual form, will continue to be evaluated and, if necessary, modified by the Action Programme.

World drug situation

As requested by the experts at the Nairobi conference, and endorsed by the WHA, the Programme has prepared a report on the world drug situation. This includes an analysis of the present situation at global and country levels, based on quantitative data. The efforts made by countries to rationalize their drug policies will be outlined together with the political, social and economic constraints at the global and national levels. The report has been submitted to the January 1988 Executive Board.

Market intelligence

The revised drug strategy includes development work to provide market intelligence on prices, availability and sources of raw materials, intermediate and finished products. The first phase of the project, which is undertaken in collaboration with UNIDO and the International Trade Centre, has now been completed; if the present rate of progress continues, a pilot scheme will be operational in mid 1988.

Manpower development and needs

The programme has two aspects: development of training and teaching materials for different target groups, and training of these target groups through workshops, seminars, etc.

Although some intercountry workshops took place in 1986 and continued in 1987, the programme is generally shifting from regional to national training activities. National workshops on drug policy have been held in various countries including Democratic Yemen, Nigeria, Tanzania, Uganda and Zimbabwe. Training material on drug policy and strategy for this type of workshop was originally developed by the Action Programme and by Management Sciences for Health, Boston, USA. This material was translated into French after evaluation and improvement.

Teaching and training materials in logistics and distribution are now ready for wider application and have been used in workshops at regional and national levels. Training of primary health care workers, including physicians, is expanding rapidly. Additional countries have developed training and teaching materials for this target group, using documentation and materials prepared and supplied by WHO. The Kenya Health Workers' Manual in its original English version has already been adapted by other countries. It has recently been revised by the Kenyan Ministry of Health and a new edition has been published. The first edition of the manual was translated into French and modified. This version was ready in Spring 1987 and could also be adapted by other countries. Algeria, with the assistance of the Programme, has elaborated a therapeutic manual for doctors. A slide set for training of health workers in the rational use of drugs has been prepared by Teaching Aids at Low Cost (TALC) in association with the Programme and will be disseminated at very low cost. Some countries are beginning to review the curricula of their schools of pharmacy, medicine, etc., to include the essential drugs concept and to put more emphasis on the rational use of drugs. Workshops have been held for this purpose in Bangladesh, Democratic Yemen, India, Nepal and Tanzania.

Patient educational material on correct drug use, with accompanying materials for the health worker, have been supported by the Programme and field-tested in Bangladesh by the Program for Appropriate Technology for Health (PATH), United States. The methodology, which takes into account the cultural and sociological behaviour patterns related to drug use, will be applied in other settings to develop relevant educational materials.

The Action Programme is supporting a project to develop appropriate low-cost packaging and labelling material for individual patients which is being executed by the Appropriate Health Resources and Technologies Action Group (AHRTAG), United Kingdom. The second phase of the project has been completed including field testing in Bangladesh.

A network was formed in 1986, with support from the Action Programme and the Mario Negri Foundation, Milan to promote clinical pharmacology and collaboration among developed and developing countries. A second meeting of collaborators is planned for early 1988 in Zimbabwe. Clinical pharmacology was also an important topic in a Programme-supported course on drug epidemiology research held in Stockholm in May-June 1987 for 25 participants from eight developing countries. Identification of potential candidates for training in clinical pharmacology is part of the country situation analysis carried out by the Action Programme.

Computerized drug information system

A computer programme, tailored to the needs of the Gambia, has been developed for drug registration and inventory control. However, its general principles are suitable for wider use and adaptation and it is planned for implementation in such countries as Cyprus, Democratic Yemen, Pakistan and others.

OPERATIONAL RESEARCH

Epidemiological research

The current study, which commenced in 1986 in Botswana, Lesotho and Zimbabwe, focuses on the information needed to estimate drug requirements, using the principles of the WHO-developed methodology based on morbidity rates and standard treatment schedules. This epidemiological study is aimed at deriving population-based morbidity data for this purpose.

The content of a questionnaire, used in Lesotho for interviews of panels of knowledgeable persons (modified Delphi technique), has now been extensively revised to correct weaknesses which became apparent in the pilot study in which the role of interviewers was also identified as being of crucial importance. WHO staff, together with a temporary adviser, assisted the national working group in Lesotho in April 1987 to plan the implementation of the second phase of the study in which the revised questionnaire is administered to a carefully selected panel of knowledgeable persons.

Because of its particularly rich sources of information on health status, Botswana was selected as a "comparison country" for the region of southern Africa. Raw data (two types of health surveys) have been analysed, and together with national staff in the Ministry of Health, the Central Statistical Office and the National Health Institute, the WHO team reviewed the study protocol with a view to deriving drug cost per treatment episode, drug cost per capita, and total national drug costs based on population morbidity patterns.

In Zimbabwe, where a national essential drugs programme is under implementation, the epidemiological study will be particularly appropriate. This is now under discussion.

A health survey will start this year in the Philippines, and the Action Programme is exploring ways to include the epidemiological study.

Several other research projects which reflect concern over the way drugs are bought and used by people in developing countries have added a new dimension to the activities of the Action Programme on Essential Drugs.

Socioeconomic research project

This project is aimed at collecting data on how much people from various income groups and areas (urban, semi-urban, rural) spend on medicines for themselves and/or relatives. Data will also include the type of medicine purchased and its relevance for the reported symptoms, distance travelled to the medical outlet (pharmacy, market, clinic, etc.), and the proportion of purchasers with prescriptions.

This SIDA/SAREC-financed research project is being conducted in India, Kenya, Mali, Sri Lanka and Thailand, and may be extended to two more African countries. It will assist health care planners to determine the consumption of products on the essential drugs list compared with other medicines and the extent to which communities can participate in the financing of their own health care.

Sociocultural research project

This project on people's perception and use of drugs studies how modern medicines fit into popular beliefs about the causes of illness and appropriate forms of treatment. An important part of the research project is to introduce in selected areas patient educational material on the rational use of drugs. The effect of the educational intervention will be analysed through comparison with areas which have not been exposed. The research results will be used to develop a methodology which will give a critical assessment of the main cultural factors influencing people's perception and use of drugs. This could be used by health care personnel at various levels, facilitating the promotion of rational drug use.

SIDA/SAREC has provided funds for the first year of the project's implementation in Zimbabwe and research started in April 1987. It is intended to carry out the same project in Nepal and India, enabling cross-cultural comparisons when developing the final methodology.

Cost recovery

Financing of drug supplies remains a critical issue, and reliance on donor funding continues to be great in many countries. But, whereas in the past many countries were reluctant to impose a charge for drugs, this situation appears to be gradually changing under the pressure of the economic crisis. WHO has been assisting countries to find ways to generate additional resources for drug purchase. This assistance has taken the form of

country visits to help design cost recovery systems (some in coordination with the World Bank) and the preparation of reports informing national decision makers about various aspects of financing drug supplies. A consultant's report on alternative (indirect) mechanisms for financing drug supply, and on drug supply under social security systems, has been prepared and will soon be ready for distribution. Staff from the Action Programme presented a paper on cost recovery at the May 1987 conference on essential drugs held in Paris. An African regional conference on cost recovery for drugs is expected to be held in the spring of 1988, at which time representatives of different countries will meet to compare experiences with cost recovery and drug financing schemes.

Deterioration of pharmaceuticals during transport and storage in tropical climates:
stability of essential drugs

Some drugs deteriorate when exposed to high temperature and humidity, with antibiotics, vitamins and hormones particularly susceptible to degradation. It is of great concern that drugs shipped to developing countries are often exposed to temperatures considerably above recommended storage temperatures for prolonged periods of time during shipment and during local storage. The result may be loss of potency of the drugs and even harmful side effects, which may not be recognized as such. The Action Programme, in collaboration with the Unit of Pharmaceuticals and others, is investigating the problem. Recommended storage conditions are available for all essential drugs, but the consequences of not following recommendations are sometimes difficult to assess, e.g., what happens when a drug which is to be stored below 25°C is kept at 45°C for six months? Many manufacturers evaluate the stability of their drugs, when exposed to elevated temperatures and humidity, but the results are generally not available.

The Swedish Government Quality Control Laboratory, as part of a training programme in quality control, is studying the stability of a selected number of drugs delivered to the Sudan through a bilateral Essential Drugs Programme. The Action Programme in collaboration with UNICEF and the Department of Drugs, National Board of Health and Welfare, Uppsala, Sweden is planning to extend this study to encompass a larger number of drugs known to be susceptible to deterioration.

MANAGEMENT, MONITORING, EVALUATION AND ADMINISTRATION

Internal Management Survey

The expanded scope of the Action Programme following the Nairobi conference and the revised drug strategy has necessitated a change in management procedures. An internal management survey was carried out during the second half of 1986. Numerous changes in procedures were implemented along with the survey and the major recommendations are presently under implementation. Appendix 2 shows an organizational chart of DAP staff as at December 1987.

The present extrabudgetary situation is sufficient to meet the most pressing programme needs for 1988. Support for the revised drug strategy has so far been received from two donors. The Government of Japan has made a first contribution to the Programme; and the Government of the Netherlands has agreed to provide substantial support for a period of three years. Most of the Dutch funds will be used for country support, to strengthen essential drugs programmes in five countries (Gambia, Kenya, Malawi, the Sudan and Yemen), and the remainder will be used to implement part of the revised drug strategy.

The Government of the United Kingdom has considerably increased its contribution and all other donors have maintained their contributions in national currencies. This has improved the extrabudgetary position due to the change in the exchange rate of the dollar. The Government of Norway has also indicated its willingness to contribute to the Programme.

Appendix 3 summarizes the financial situation as of December 1987.

Evaluation

The methodology for evaluation (DAP/85.8) developed in 1985 continues to be reviewed after having been tested in three national programmes, i.e., Bhutan, Papua New Guinea and Thailand.

Emergency health kit

The WHO Emergency Health Kit has been found to be unsuitable for many emergency operations because of its composition, size and bulk. Distribution of drugs and supplies from the kit has created logistical problems. The Kit has now been revised in collaboration with UNHCR. The selection of drugs for the revised kit, to be named the Emergency Health Kit, will reflect recommendations by specialized programmes within WHO for treatment of most common diseases. The Emergency Health Kit comprises two lists of drugs: List A with basic drugs to be used by primary health workers (or doctors) in outpatient clinics or dispensaries; and List B containing drugs to be used by doctors (and senior health workers) in referral units. The quantities of drugs on list A are estimated to cover the needs of a population of 1,000 for a period of 1-3 months. List A does not contain any injectables, which may prevent the spread of hepatitis B and HIV/LAV virus.

In emergencies, drugs will often be dispensed by health workers with insufficient training. Simple treatment schedules to accompany kits containing list A drugs have therefore been developed. The trial version of the Emergency Health Kit was ready in September 1987 and will be field tested during 1988.

CONCLUSION

In spite of the many problems - inadequate supply of drugs, logistics, financing, management, manpower training, and irrational use of drugs - which still exist in many parts of the world, considerable progress has nevertheless been achieved at country level in the past year. Cooperation with Member States towards the improvement of their pharmaceutical supply systems is greatly enhanced by regular and continuous donor support to the Action Programme on Essential Drugs and Vaccines.

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INFORMATION ON COUNTRY ACTIVITIES

AFRICAN REGION *****	Operating and/or engaged in EDV programme	Very early stage of establishing EDV programme	EDV Policy formulation under consideration	List of essential drugs	No or little information available to WHO/DAP
Countries					
Algeria	X			X	
Angola		X		X	
Benin		X		X	
Botswana	X			X	
Burundi		X		X	
Burkina Faso		X		X	
Cameroon					X
Cape Verde		X		X	
Central African Republic					X
Chad				X	X
Comoros			X	X	
Congo				X	
Equatorial Guinea			X	X	
Ethiopia	X			X	
Gabon				X	
Gambia	X			X	
Ghana		X		X	
Guinea			X	X	
Guinea-Bissau	X			X	
Ivory Coast					X
Kenya	X			X	
Lesotho	X			X	
Liberia			X	X	
Madagascar		X			
Malawi		X		X	
Mali		X		X	
Mauritania				X	X
Mauritius		X		X	
Mozambique	X			X	
Niger			X		X
Nigeria		X		X	
Rwanda		X		X	
Sao Tome and Principe					X
Senegal			X	X	
Seychelles	X			X	
Sierra Leone	X			X	
Swaziland		X		X	
Togo		X		X	
Uganda	X			X	
United Republic of Tanzania	X			X	
Zaire				X	X
Zambia	X			X	
Zimbabwe	X			X	

REGION OF THE AMERICAS *****	Operating and/or engaged in EDV programme	Very early stage of establishing EDV programme	EDV Policy formulation under consideration	List of essential drugs	No or little information available to WHO/DAP
Countries					
Argentina	X			X	
Bahamas				X	X
Barbados	X			X	
Bolivia		X		X	
Brazil	X			X	
Canada					
Chile		X		X	
Colombia			X	X	
Costa Rica	X			X	
Cuba	X			X	
Dominica		X		X	
Dominican Republic		X		X	
Ecuador			X	X	
El Salvador		X		X	
Grenada				X	
Guatemala		X		X	
Guyana		X		X	
Haiti			X	X	X
Honduras			X	X	
Jamaica				X	
Mexico	X			X	
Nicaragua	X			X	
Panama		X		X	
Paraguay					X
Peru	X			X	
Saint Lucia			X	X	
Suriname				X	X
Trinidad and Tobago				X	
United States of America					
Uruguay					X
Venezuela				X	

Appendix 1
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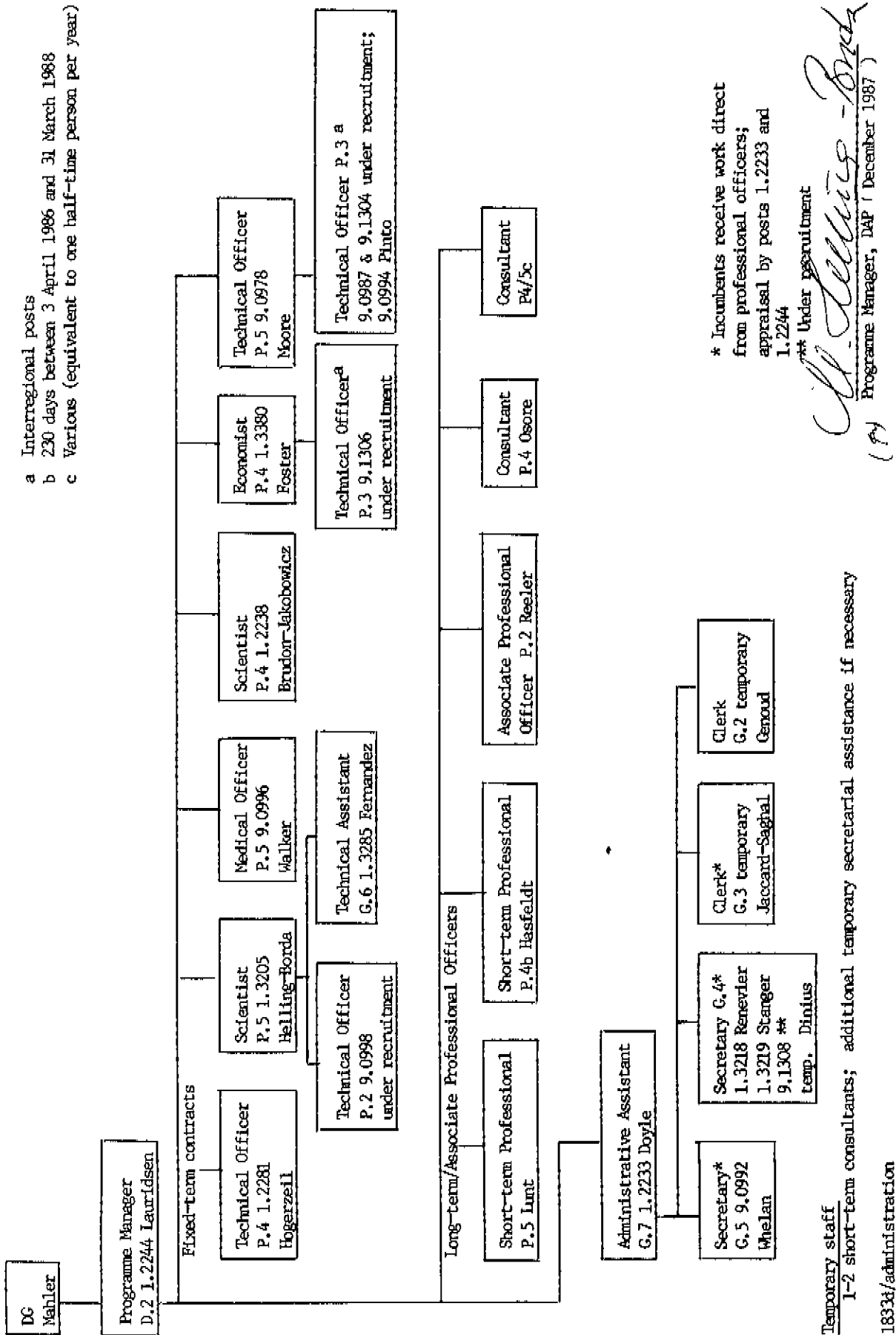
<u>EASTERN MEDITERRANEAN REGION</u>					
<u>REGION</u>					
<u>Countries</u>					
	Operating and/or engaged in EDV programme	Very early stage of establishing EDV programme	EDV Policy formulation under consideration	List of essential drugs	No or little information available to WHO/DAP
Afghanistan			X	X	
Bahrain				X	
Cyprus				X	
Democratic Yemen	X			X	
Djibouti			X	X	
Egypt	X			X	
Iran	X			X	
Iraq			X	X	
Jordan				X	X
Kuwait				X	X
Lebanon			X	X	
Libyan Arab Jamahiriya			X	X	
Morocco				X	X
Oman				X	X
Pakistan			X	X	
Qatar				X	X
Saudi Arabia				X	
Somalia	X			X	
Sudan	X			X	
Syrian Arab Republic					X
Tunisia			X	X	
United Arab Emirates				X	X
Yemen		X		X	

<u>SOUTH-EAST ASIA REGION</u>					
<u>REGION</u>					
<u>Countries</u>					
	Operating and/or engaged in EDV programme	Very early stage of establishing EDV programme	EDV Policy formulation under consideration	List of essential drugs	No or little information available to WHO/DAP
Bangladesh	X			X	
Bhutan	X			X	
Burma	X			X	
Democratic People's Republic of Korea				X	X
India			X	X	
Indonesia	X			X	
Maldives	X			X	
Mongolia				X	X
Nepal	X			X	
Sri Lanka	X			X	
Thailand	X			X	

<u>WESTERN PACIFIC REGION</u>					
<u>REGION</u>					
<u>Countries</u>					
	Operating and/or engaged in EDV programme	Very early stage of establishing EDV programme	EDV Policy formulation under consideration	List of essential drugs	No or little information available to WHO/DAP
Australia					
China	X			X	
Democratic Kampuchea				X	X
Fiji				X	
Japan					
Lao People's Democratic Republic				X	X
Malaysia				X	X
New Zealand					
Papua New Guinea	X			X	
Philippines			X	X	
Republic of Korea				X	X
Samoa				X	X
Singapore				X	
Solomon Islands				X	X
Tonga				X	
Vanuatu			X	X	
Viet Nam	X			X	

The above data is based on information currently available to DAP at headquarters (December 1987)

DAP ORGANIZATIONAL CHART



- a Interregional posts
- b 230 days between 3 April 1986 and 31 March 1988
- c Various (equivalent to one half-time person per year)

* Incumbents receive work direct from professional officers; appraisal by posts 1.2233 and 1.2244

** Under recruitment

D. J. Collins - Bnda
Programme Manager, DAP (December 1987)

Temporary staff
1-2 short-term consultants; additional temporary secretarial assistance if necessary

1833d/administration

ACTION PROGRAMME ON ESSENTIAL DRUGS

Appendix 3
December 1987
page 1

Funds from extrabudgetary sources
for headquarters' activities

A. For programme activities
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<u>Country/agency</u>	<u>Year</u>	<u>Amount US\$</u>	<u>Remarks</u>
<u>Received</u>			
Canada	1984-85	379 332	
DANIDA	1983	595 238	
	1984-85	1 165 488	
	1986-87	2 171 411	
FINNIDA	1985	71 318	
	1986-87	205 572	
France	1980	400 000	
	1985	24 631	
	1986-87	90 833	
Interpharma	1985	37 879	
Italy	1985	800 500	15 million pledged for 5 year programme in 5 African countries; \$10 mill. allocation to UNICEF, \$5 mill. to WHO
	1986	250 000	
Japan	1987	50 000	
Netherlands	1986-87	5 601 254	
Nigeria	1986-87	629 351	
SIDA/SAREC	1984-85	351 753	
	1986-87	549 801	
Switzerland	1985	186 143	
	1986-87	773 221	
UNHCR	1987	20 000	
UNICEF	1987	5 000	
United Kingdom	1985	282 692	
	1986-87	550 264	
Various institutions	1984-85	750	Honoraria
<u>Firm pledges</u>			
Netherlands	1988-89	NLG 9 594 685	Pledged in 1986
Norway	1988	NKR 1 million	Pledged in 1987
SIDA/SAREC	1988	SEK 2 million	Pledged in 1987

ACTION PROGRAMME ON ESSENTIAL DRUGS

Funds from extrabudgetary sources
for headquarters' activities

<u>Country/agency</u>	<u>Year</u>	<u>Amount US\$</u>	<u>Remarks</u>
<u>Projected contributions</u>			
DANIDA	1988	Dkr.9 million	Anticipated contribution

B. For Associate Professional Officers
=====

<u>Country/agency</u>	<u>Year</u>	<u>Amount US\$</u>	<u>Duty station</u>
Japan	1983-84	25 657	Geneva (Ito)
Denmark	1984-85	112 800	Geneva (Hasfeldt)
	1984-85	138 500	New Delhi (Thorstensen)
	1986-87	98 100	Geneva (Reeler)
	1987	61 100	New Delhi (Trap)
Netherlands	1985-86	156 400	Alexandria (Hogerzeil)
	1985-87	102 088	Panama (de Joncheere)
	1987	54 656	Conakry (Everard)

C. For Procurement Fund
=====

<u>Country/agency</u>	<u>Year</u>	<u>Amount</u>	<u>Remarks</u>
Netherlands	1986	NLG 8 million	Pledged for use through UNICEF, WHO and UNFPA

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