



Global Medium-Term Programme

Programme 12.2

ESSENTIAL DRUGS AND VACCINES

The objective of the Action Programme on Essential Drugs and Vaccines (EDV) is to support Member States in ensuring the regular supply of a selected number of safe and effective drugs and vaccines of acceptable quality at the lowest possible cost, to help achieve the goal of health for all by the year 2000. At present, large segments of the world's population, especially in developing countries, do not have access to essential drugs; generally because these drugs are either unavailable in the country, inadequately distributed, too expensive and/or improperly used.

At the same time, however, a significant proportion of national health budgets is spent on the supply of drugs that may not all meet the real health needs of the population. The total drug bill of developing countries alone is estimated presently to be in the range of US\$ 15-20 billion per annum. Many countries face therefore a major challenge in using their limited financial and technical resources for the purpose of correcting the above situation and supplying essential rather than non-essential drugs to their people.

Governments committed to the Action Programme will decide upon and implement action appropriate to national needs and capabilities. The establishment or improvement of national drug policies, mobilization of national and international financial and technical resources, training of manpower, and development of health care infrastructures are necessary requisites for successful implementation of essential drugs programmes at country level. More than 100 countries have national lists of essential drugs and about 40 countries have either formulated national drug policies based on the concept of essential drugs or are implementing essential drugs programmes as part of their primary health care.

WHO, in collaboration with and supported by other United Nations agencies and bilateral agencies, the pharmaceutical industries, consumer unions, universities, professional societies, and other nongovernmental organizations, will give support to developing countries committed to improvement in the supply and use of essential drugs and vaccines. This medium-term programme, consistent with the 1982-83 work programme presented in WHA35/1982/REC/1, Annex 6, outlines in detail these roles and how they are planned to be executed. It also incorporates the revised drug strategy presented in WHA39/1986/REC/1, Annex 5:2 and endorsed by the Thirty-ninth World Health Assembly in 1986. The foundation for this strategy was laid at the Conference of Experts on the Rational Use of Drugs held in Nairobi, November 1985.

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1. INTRODUCTION AND POLICY BASIS

The concept of essential drugs and vaccines, conceived and developed in WHO over the last ten years, forms one of the basic components of primary health care. The Declaration of Alma Ata highlights the importance of the availability of essential drugs and vaccines and the regular supply of a limited number of essential drugs is one of the indicators of the success of the Global Strategy for Health for All by the Year 2000. The WHO Eighth General Programme of Work clearly indicates the objectives and targets for the WHO Action Programme on Essential Drugs and Vaccines in support of the primary health care strategy.

Resolutions EB61.R17, EB63.R20, WHA31.32, WHA32.41 and WHA35.27¹ laid the basis for the establishment in 1981 of the WHO Action Programme on Essential Drugs and Vaccines. In the same year, the UNICEF/WHO Joint Committee on Health Policy adopted a joint WHO/UNICEF programme for support to the provision of essential drugs for primary health care in developing countries.

2. SITUATION ANALYSIS

Drugs and vaccines are an integral and important component of all health services in developing countries. National drug policies and practices, including quality control, distribution systems and proper utilization of drugs, have, however, been deficient in assuring the availability of even a limited number of safe and efficacious drugs for curative, preventive and diagnostic purposes to large segments of the world population. In spite of the general recognition that medicinal products should be viewed as essential tools for health care and for the improvement of the quality of life, it is not uncommon to find that drug policies are also directed towards industrial and trade development and sometimes contradictory policies exist independently and are implemented in different sectors of the administration. Problems of cooperation and coordination vary accordingly, not only between the pharmaceutical supply system and the health care system, but also among the different components of the pharmaceutical supply system itself.

Over the past 20 years, the financial resources needed to satisfy the demand for pharmaceutical products, including vaccines, in developing countries have been escalating, often consuming more than 25% of the annual health budget. This situation is often aggravated due to foreign exchange shortages. In spite of the allocation of additional expenditures on drugs, most rural populations and other underserved groups have no regular access to the most essential drugs and vaccines. The procurement of substantial amounts of expensive brand-name products or even inappropriate combination drugs aggravates this situation.

During the period 1984-1989 progress has been recorded in numerous countries. A policy on essential drugs, improved procurement, storage and distribution as well as training of health staff has enabled a number of countries, both large and small, to significantly improve both availability and rational use of a carefully selected number of drugs which meet people's common health needs. The rapid and dynamic development in the field of pharmaceuticals, the many forces at work and the world economic situation make prediction about future activities extremely difficult. Furthermore, not being able to foresee whether governments are going to demonstrate political will in favour of changing national drug policies compounds this difficulty. The Action Programme developed rapidly in the last five years in response to expressed needs for support to countries and largely financed by extrabudgetary resources. It is impossible to project the future trend in financial support and this MTP must be considered more a desirable outline of approaches, activities and targets.

2.1 Essential drugs

The definitions of "drugs," "medicines," "pharmaceutical products," and "medicinal products" vary from country to country. However, the terms usually mean substances and/or products for preventive, diagnostic, and curative purposes. This includes substances of synthetic or natural origin, biological substances, vaccines, and sera. In 1977 the WHO Expert Committee on the Selection of Essential Drugs proposed guidelines for establishing a list of essential drugs, suggestions for drug information and educational activities and a "model list" of about 250 essential and complementary drugs and vaccines which can furnish a basis for countries to identify their own priorities and to make their own selection.

¹ WHO Handbook of Resolutions and Decisions, Volume II, 1985

The selected drugs and vaccines are called "essential drugs," indicating that they are of the utmost importance, and are basic, indispensable and necessary for the health needs of the population. The WHO model list should be regarded as a contribution to solving the problems of those Member States whose health needs far exceed their resources and who may find it difficult to initiate such an endeavour on their own. This model list was updated in 1979, in 1982, in 1985 and in 1987.

Many medicinal products continue to be marketed with little concern for the differing health needs and priorities of different countries. Promotional activities of the drug manufacturers have created a demand greater than the actual need. It is clear that for the optimal use of limited financial resources, priority should be given to the availability of those medicinal products of proven efficacy, acceptable safety and suitability to satisfy the health needs of the majority of the population. Thus, the concept of "essential drugs", linking drug priorities with health priorities, implies a continuing process of product selection, taking into account financial resources, changing priorities for public health action and epidemiological conditions, as well as progress in industrial research and development, in pharmacological and pharmaceutical knowledge.

It is now widely accepted that for the optimal use of financial resources, the available drugs and vaccines must be restricted to those proven to be therapeutically effective, to have acceptable safety and to satisfy the health needs of the population. The notion that the number of necessary drugs is relatively small is supported by experience. Many developed and developing countries that have adopted limited drug lists report not only good acceptance but also favourable medical and economic results.

The WHO model list of essential drugs and the guidelines for establishing national lists of essential drugs have provided a most important tool for developing countries to start the implementation of their programmes based on the concept of essential drugs.

To meet the health needs and demands of the population, medicines are supplied through a country-wide system of institutions involved in procurement, production, quality control of drugs and vaccines, drug research and development, distribution to health services and to the public, monitoring of marketed products, etc. The term pharmaceutical supply system is used to describe all activities which form a coherent system partly related to the health care system and partly to the industry, trade and financial sectors.

2.2 Pharmaceutical supply systems

Pharmaceutical supply systems exist in all countries, ranging from the less developed countries, where only some components are present, to the industrialized countries, where all components are present, although not always coordinated to form a coherent system. Because of conflicting goals and needs that must be met, and because of the changing interplay of pressures (quality, safety, price, new products, and consumers' interest), the pharmaceutical sector undergoes continuous changes in all countries. These pressures are often conflicting because of the diverse interests of the groups involved: government, commercial enterprises, medical profession, scientific and academic communities.

Depending on a country's constitutional, organizational and administrative structures, form of government and level of socio-economic development, its pharmaceutical supply system may be part of the state system, or of another public sector organization, or may belong to the private sector or be partly in the public sector and partly in the private sector. Problems of cooperation and coordination vary accordingly, not only between the pharmaceutical supply system and the health care system, but also among the different components of the pharmaceutical supply system itself.

The gap between developed and developing countries in production and trade in pharmaceutical products is creating in most developing countries ever-increasing technical, financial, and social problems in the efforts to meet the growing needs and demands for medicinal products related to the extension of organized health care to larger segments of their populations.

In some countries, the lack of a clear-cut health policy, lack of political commitment to implement a primary health care programme, as well as the shortage of technical and managerial expertise, infrastructure for logistics and distribution, and financial resources hinder the implementation of more efficient pharmaceutical supply systems.

2.3 Pharmaceutical industry

The pharmaceutical industry occupies a unique position in the scope and depth of its operations in international markets. In 1985 trade in pharmaceutical products with developing countries was estimated at about 20 billion US dollars in ex-factory prices. The price to the ultimate consumer, whether paid directly or government subsidized, may be several times higher. Integrated pharmaceutical manufacture is concentrated mainly in a few industrialized countries. Processes and products are protected by patents, trade names and know-how. Pharmaceutical technology, including research and development, requires considerable skills, capital and access to other related industries.

Price setting on raw materials, intermediate products and finished drugs is rarely based only on cost but also on market considerations. Product differentiation, transfer pricing, price discrimination, and lack of continuous information about market prices and sources of suppliers present considerable obstacles to rational procurement of essential drugs by developing countries.

Pharmaceutical manufacturers are commercial enterprises whose aim is to increase their share of national and international markets. The main criticisms of certain pharmaceutical companies are related to the pricing of medicinal products, the quality and quantity of promotion and information on the products, drug research and development policies oriented towards lucrative markets instead of real health needs, product exclusivity through patents and brand names, market collusion and, in developing countries, strategies with regard to ownership of local production facilities, raw materials' pricing and limited transfer of technology. The conflicts between concepts of social responsibility and commercial interests of the pharmaceutical industry have led many countries to apply regulations to limit the freedom of pharmaceutical enterprises.

2.4 National drug policies

Although the formulation of national drug policies is clearly a matter of national sovereignty to be decided by the authorities in each country, in consultation with national expertise, pharmaceutical industries and, in some cases, patient and consumer groups, such policies are influenced by international policies, particularly those of the transnational pharmaceutical corporations. This is due to the fact that international trade in raw materials and finished pharmaceutical products is continually increasing and very few countries can be entirely self-sufficient in pharmaceutical supply. Furthermore, national policies are often influenced by information in medical journals and in the press which stimulates the demands of physicians and consumers for certain medicinal products promoted on international markets.

The formulation of national drug policies linked to health needs is particularly important for developing countries in order for them to make progress in the pharmaceutical sector and to develop technical and economic cooperation in this field among themselves or with industrialized countries.

The aim of developing clearly-formulated national drug policies is to achieve better efficiency of the pharmaceutical supply system through better cooperation and coordination of different components and sectors involved. The main objective of a national drug policy should be accessibility for all people to the most effective and safe medicinal products of established quality at the lowest possible cost.

2.5 The Action Programme on Essential Drugs and Vaccines

The WHO Action Programme on Essential Drugs and Vaccines, as a dynamic instrument of a national drug policy, operates in a highly complex technological, social, political and economic environment. To be effective, the policy and strategy decisions must fully reflect the realities of the predominantly societal issue of the supply and utilization of pharmaceutical products. At the global, regional and country level, the policy and strategy on essential drugs addresses the need for a change in resource allocation towards assuring the regular supply of essential drugs initially to the primary health care system.

Therefore the WHO Action Programme on Essential Drugs and Vaccines is a comprehensive response to the imbalanced economic and technological situation that denies large segments of the world's population access to the most essential drugs and vaccines.

More than 40 developing countries are making great efforts to implement their programmes based on the WHO concept of essential drugs. The priorities and approaches may differ from country to country in accordance with each country's socio-economic situation, but the conceptual basis is the same. The WHO Action Programme on Essential Drugs and Vaccines provides a unique and common platform for a harmonized and collective search for suitable and feasible solutions to the problem of unavailability of the most essential drugs to the majority of the world's population.

Initial country experience from implementing essential drug schemes indicates that the annual drug cost per capita to satisfy the most pressing needs for essential drugs in primary health care is less than one US dollar. Based on this figure, it would be reasonable to argue that there is currently enough money available to secure the financing of national essential drug schemes in most developing countries.

In spite of all its complexity, it is encouraging to observe that important improvements can be made in the pharmaceutical supply system. Opportunities to improve drug supply in developing countries are more and more evident, not only due to the fact that the extension of primary health care is opening new and diverse approaches but also due to the socio-economic and technological demands for selected essential drugs of quality, technologically suitable, at reasonable prices. Every country has some system to deliver drugs and other supplies for health care. It is possible to improve the quality, coverage and efficiency of the drug supply system if full knowledge of drug supply systems, careful planning, strategic procurement and good management is available.

Cooperation has also taken place between a number of developing countries and bilateral and multilateral agencies, sometimes supported by regional development banks, the World Bank, UNDP, and UNICEF, in such areas as local formulation plants, establishment of quality control laboratories, providing equipment, providing technical expertise, as well as a supply of essential drugs for primary health care. WHO plays a catalytic and coordinating role in these accomplishments.

Technical cooperation among developing countries has been initiated in different regions. The ASEAN countries continue their technical cooperation in six areas of pharmaceuticals, with financial support from UNDP and WHO. Caricom, SPEC and Andean Pact countries are also developing sub-regional drug policies and programmes and have undertaken some joint activities.

More than 40 fact-finding country studies have been undertaken at the request of the Member States concerned, with a view to analysing the drug supply situation and development of drug policies and programmes. The studies were carried out jointly by national experts and by WHO staff in the countries and regional offices and from headquarters.

In spite of this progress many problems remain. For example, pool procurement by groups of countries is not yet underway, although it is being considered in three WHO regions (Africa, the Americas and the Western Pacific). The lack of progress results from the complexity of the process, including administrative and financial difficulties, as well as from not yet established appropriate legal and commercial mechanisms among countries concerned.

A good deal of knowledge has been acquired from country experiences, such as that of Kenya, where efforts have been made to ensure the regular supply of 30-40 essential drugs to rural health facilities using ration kits. The Tanzanian experience has demonstrated improved techniques for international procurement of essential drugs of quality at low prices.

UNICEF/WHO and the Italian Government, which has offered US\$ 15 million toward the implementation of action programmes on essential drugs and vaccines, have been working together to develop five country projects in Africa since 1984. DANIDA, SIDA/SAREC, the Netherlands and other development agencies are supporting numerous national programmes.

Most countries are expected to carry out their own national drug policies, but intensive collaboration is foreseen in a few carefully selected countries seeking assistance. Such collaboration, in which WHO will have a leading and coordinating role, is expected to involve a variety of governments, UNICEF, other United Nations agencies, other bilateral and multilateral funding agencies, and the pharmaceutical industries.

3. OBJECTIVE

3.1 Objective of the Eighth General Programme of Work

To promote and support the use, development, and adaptation of diagnostic, therapeutic and rehabilitative technologies and the proper use of medicinal drugs, appropriate for specific national systems and institutions.

3.2 Specific objective

The programme's specific objective is to support Member States in ensuring the availability of a regular supply to all people of a selected number of safe and effective drugs of acceptable quality at the lowest possible cost.

4. TARGETS

4.1 Targets of the Eighth General Programme of Work

This programme's activities will aim at fostering national and international action so that by 1995 all countries will have:

- (1) formulated national drug policies and legislation and strengthened national capability for their implementation, to ensure quantification of needs, procurement, production as feasible, regular distribution, and improved rationality in the use of essential drugs and vaccines;
- (2) ensured the availability at the primary health care level of the most needed and affordable essential drugs and vaccines.

4.2 Specific targets

In support of the overall programme objective, specific targets have been developed in accordance with and in order to complete those of the Eighth General Programme of Work so that programme activities will aim at fostering national and international action towards the achievement of those targets:

4.2.1 National drug policy formulation

- a) By end 1995, all countries will have been fully informed about the concept and advantages of the Action Programme on Essential Drugs and Vaccines.
- b) National drug policies based on EDV principles will have been formulated, national capability developed and programmes launched by 1990 in at least 50 countries; and by 1995 in an additional 20 countries.

4.2.2 Supply of essential drugs

By 1995 most countries will have ensured the regular supply at the primary health care level of effective and affordable essential drugs and vaccines, specifically, at least 20 essential drugs will be available to 80% of the population, within one hour's walk or travel:

- a) By end 1990 in 25 developing countries;
- b) By end 1995 in an additional 10 countries.

5. APPROACHES

To achieve the above programme objective and targets, the following approaches will be used in line with the Eighth General Programme of Work.

5.1 Promotion

WHO will promote and support the establishment of national drug policies suited to each country's health needs and resources. Policies include lists of essential drugs, quantification of drug needs, quality control, drug supply and management, control of drug utilization, training of national managers, physicians and other health workers. Promotion includes documentation of country cases and other relevant information, workshops and seminars sponsored by governments, WHO, and WHO/UNICEF, as well as promotion through other appropriate channels and mechanisms.

5.2 Guiding principles

WHO will provide guiding principles for the formulation of national drug policies by governments. Principles will aim at greater self-reliance in the pharmaceutical sector by emphasizing the development and strengthening of national capabilities and infrastructures as well as inter-country cooperation. Principles will include such matters as guidelines for estimating needs for essential drugs and for establishing sound distribution systems and logistic support and curricula for schools of medicine, pharmacy and allied health training institutions.

5.3 National drug policy formulation

Countries will involve different governmental sectors and, when appropriate, the private sector, in the formulation of national drug policies linked with national health programmes in support of the PHC concept. WHO will provide information on content and formulation of national drug policies. WHO will provide other assistance, as requested, in applying the guiding principles in the socioeconomic context of each country.

5.4 Manpower development

WHO will support Member States in their efforts to strengthen manpower capabilities in the different components of the programme emphasizing primary health care needs. These efforts include: cooperation in the development of modular training and teaching material; supporting national training activities on request; supporting the organization of inter-country training courses as necessary; and collaborating with the Member States concerned to ensure training in specific subjects of the programme.

5.5 Procurement

Governments will decide on procurement strategies appropriate to national needs. Strategic issues concern imports, planning of pool procurement, local packaging, formulation and production of intermediates, pricing, financing and reimbursements. WHO, in collaboration with UNICEF, will make expertise available to Member States implementing procurement schemes for essential drugs.

5.6 Quality assurance

WHO will support Member States in establishing quality assurance systems and strengthen the regional and subregional quality control laboratories.

5.7 Financial resources

It is anticipated that governments will allocate funds from national budgets on a long-term basis and seek external funding as required from international resources. WHO will seek financial cooperation in support of national programmes from the United Nations funds as well as from bilateral and multilateral agencies including the World Bank and regional

banks. WHO's programme budget will be used to generate the information required by countries to develop their programmes, to cooperate with countries on request in applying this information, and to help them mobilize on a long-term basis the internal and external resources required until self-reliance is achieved.

5.8 Nongovernmental organizations/pharmaceutical industry

WHO will mobilize resources and expertise from nongovernmental organizations (NGOs), including pharmaceutical industries. Contacts at global level with relevant NGOs further strengthened collaboration on essential drugs at country level. Such NGOs include the Christian Medical Commission, which is active especially in the African region. The League of Red Cross Societies has officially adopted the list of essential drugs for its relief and development operations.

Discussions and negotiations with the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) have improved the prospects for cooperation. Companies based in the Federal Republic of Germany, Switzerland and the United Kingdom have supplied anti-malarial drugs at low prices to WHO. The present situation with regard to the Federation is that nearly 60 companies have offered to supply some 250 drugs and vaccines at favourable prices in support of WHO's Action Programme. A few countries have approached IFPMA for supply of low cost drugs. No country has, however, so far been able to receive drugs under the IFPMA offer. It should also be noted that this offer carries a number of conditions. Essential drugs under their generic names are now available from a multitude of reliable sources. UNIPAC, a number of other procurement agencies and generic manufacturers sell pharmaceuticals of good quality at consistently low prices.

5.9 Technical cooperation among developing countries

WHO will facilitate inter-country cooperation to optimize use of national resources and achieve economies of scale. Priority areas include: planning of procurement - a complex process requiring maximum negotiating power; transfer of appropriate technology and trade among developing countries; training and manpower development, e.g. through regional or subregional programmes; quality assurance, e.g. regional testing facilities; and exchange of information, e.g. progress reports, drug price trends and availability, and adverse reactions.

5.10 Operational research

WHO will sponsor operational research on issues which will improve programme impact and its efficiency and reduce the overall health care bill at country level. Areas of research include estimation of drug requirements at different levels of health care delivery, drug utilization, international drug trade, stability of essential drugs and vaccines in tropical climate conditions, economic and financial implications of national implementation of essential drugs schemes, community participation, social demands and pressures, cost recovery schemes and determination of patterns of marketing. Close collaboration with PHC, MPN and HSR should be established for this research work.

6. ACTIVITIES

Target 1 - National drug policy formulation

By 1995 most countries will have formulated their drug policies and strengthened national capability for their implementation. Specifically:

- a) By end 1995, all countries will have been fully informed about the concept and advantages of the Action Programme on Essential Drugs and Vaccines.
- b) National drug policies based on EDV principles will have been formulated, national capability developed and programmes launched by 1990 in at least 50 countries; and by 1995 in an additional 20 countries.

Activities	1990 - 1991	1992 - 1993	1994 - 1995	Linkages
1. Programme Development and Coordination - Development and coordination of the worldwide Action Programme, by:				
- Focussing direction in countries in terms of global objectives, targets, approaches, activities and resource requirements.	Headquarters, all regions			PHC, EPI, CDD, UNICEF
- Regional strategies and targets to guide regional/country activities and to allow confirmation of consolidated global targets, by:	All regions			PHC, UNICEF
- Identification of countries committed to an essential drugs concept and action programme and setting priorities for existing and potential country programmes;				Regional, financial and development institutions
- Identification of realistic completion dates for formulation and implementation of national drug policies consistent with the needs and capabilities of each country;				
- Development of regional strategies and targets by all Regional Committees.				
- Identification of potential partners in the programme, including UN agencies, bilateral and multilateral agencies, NGOs and pharmaceutical firms - and negotiating the nature and extent of their participation.	Headquarters			COR
- Evaluation of national experiences.	Headquarters, all regions			EPI, CDD, PHC
- Monitoring programme progress and major issues for EB/WHA.	Countries, all regions, headquarters			
2. Communication - Facilitate mechanism to prepare and implement communication plans:				
- Promotion of knowledge about the Action Programme at country level; (communication between Member States) number of target countries:	Countries, all regions, headquarters			PHC, IEH, UNICEF
AFRO: _____ EURO: _____ AMRO: _____ SEARO: _____ EMRO: _____ WPRO: _____				
- Communication with other WHO programmes and external partners and organizations.	Headquarters, all regions			COR, all WHO programmes concerned
- Dissemination of technical information.	Headquarters, all regions			All WHO programmes concerned
- Information on the proper use of drugs.	Headquarters, all regions			All WHO programmes concerned

Activities	1990 - 1991	1992 - 1993	1994 - 1995	Linkages
<p>3. <u>Policy guidelines</u> - Provision of guiding principles for the formulation of national drugs policies by governments.</p> <p>- Adapting the guidelines for use by countries.</p> <p>- Support countries, as requested, in applying the guidelines.</p> <p>4. <u>Manpower development</u> - Support Member States in the preparation and implementation of manpower development plans to strengthen the capability of countries to implement their national drug policies.</p> <p>- Collaborate in the development of such a plan in each target country for implementation by end 1991/1993/1995:</p> <p>AFRO: in a total of <u> </u>/<u> </u>/<u> </u> countries AMRO: in a total of <u> </u>/<u> </u>/<u> </u> countries EMRO: in a total of <u> </u>/<u> </u>/<u> </u> countries EURO: in a total of <u> </u>/<u> </u>/<u> </u> countries SEARO: in a total of <u> </u>/<u> </u>/<u> </u> countries WPRO: in a total of <u> </u>/<u> </u>/<u> </u> countries.</p> <p>- Contributing, at the inter-regional level, to such plans by organizing workshops, seminars, fellowships and by identification, establishment and strengthening of a network of training institutions with emphasis on community and primary health care workers.</p>	Headquarters, all regions			DSE
	All regions, headquarters			
	All regions			
	Countries, all regions, headquarters			
	Headquarters, all regions			HMD: National and Regional Education training institutions

Target 2 - Implementation

By 1995 most countries will have ensured the regular supply at the primary health care level of effective and affordable essential drugs and vaccines. Specifically, at least 20 essential drugs will be available to 80% of the population, within one hour's walk or travel:

- a) By 1990 in 25 developing countries;
- b) By 1995 in an additional 10 countries.

Activities	1990 - 1991	1992 - 1993	1994 - 1995	Linkages
<p>1. <u>Programme Coordination</u> - Development and coordination of the worldwide Action Programme as for target 4.1.</p> <p>2. <u>Procurement</u> - Collaboration with countries, as requested, in identifying and/or resolving major issues concerning procurement - e.g. drug requirements; imports; planning of pool procurement; local packaging, formulation and production of intermediates; distribution; storage; pricing and proper use.</p> <p>3. <u>Financial resources</u> - Support governments in mobilizing international financial resources to fund national programmes.</p> <p>- Promote, in cooperation with UNICEF, the support of UN funds as well as bilateral and other multilateral agencies including the World Bank.</p> <p>- Support countries in financial arrangements with regional banks and promoting studies of additional financing opportunities.</p>	Headquarters, all regions, countries			COR, PHC, UNICEF
	All regions, headquarters			SUP, PHC, UNICEF, NGOs, CMC, IFFMA, UNIDO
	Headquarters, all regions			COR, UNICEF, World Bank*, Bilateral agencies
	All regions, headquarters			

* Equal partner with WHO

Activities	1990 - 1991	1992 - 1993	1994 - 1995	Linkages
<p>4. <u>Nongovernmental organizations</u> - Identify and pursue opportunities for NGO collaboration, including the pharmaceutical industries.</p>	Headquarters, AMRO-SEARO, EMRO-EURO			PHC
<p>- Maintaining close collaboration with the Christian Medical Commission, the League of Red Cross Societies, other NGOs and consumer unions, especially with regard to distribution and rational use of essential drugs.</p>	Headquarters, all regions, countries			
<p>5. <u>Technical Cooperation among Developing Countries</u> - Promote inter-country cooperation, by:</p>	All regions, headquarters			DSE, HMD, UNIDO, UNCTAD, World Bank, Regional, economic and social schemes
<p>- Identifying opportunities including outline of potential projects for TCDC in each region, especially in the areas of planning of procurement, training, quality assurance, exchange of information, and operational research.</p>	All regions, headquarters			DSE, UNIDO, Regional, economic and social schemes
<p>- Supporting countries in designing and implementing TCDC programmes to take advantage of such opportunities.</p>	AFRO, AMRO, WPRO			Regional, economic and social schemes, Financing institutions
<p>- Supporting countries in negotiations on the terms of pool procurement by countries or groups of countries and drug companies.</p>	All regions, headquarters			DSE, HMD, Regional, economic & social schemes, Bilateral agencies
<p>- Supporting regional and subregional quality control laboratories.</p>	Headquarters, all regions, countries			TDR, MAL, PHC, DSE, EPI, UNCTAD, World Bank, National and regional research institutions
<p>6. <u>Operational research</u> - Implementation of operational research projects to improve programme impact and reduce programme costs.</p>	Headquarters, all regions, countries			TDR, EPI, MAL, PHC, MPN, HSR
<p>- Establishment of projects by a country or group of countries in selected areas, e.g. estimation of drug requirements at different levels of health care delivery, drug utilization, international drug trade, stability of drugs, economic, financial and social implications of national implementation of essential drugs schemes.</p>	Headquarters, all regions, countries			
<p>- Implementation of these projects and proper application of their outcome.</p>				

7. PROGRAMME MANAGEMENT AND RESOURCES

Governments committed to the Action Programme decide upon and implement action appropriate to national needs and capabilities according to the relevant resolutions of the World Health Assembly. The supportive role provided by regions and headquarters is supplemented by the Executive Board Ad hoc Committee on Drug Policies. This Committee meets at least once a year or as necessary to review programme progress against targets and to provide guidelines on policy matters.

As already indicated in Approach 5.6, it is anticipated that governments will allocate funds from national budgets on a long-term basis and seek funding as required from international resources. WHO, in collaboration with UNICEF, will seek long-term support from United Nations funds as well as from bilateral and multilateral agencies including the World Bank and regional banks in order to assist developing countries to become self-supporting.

WHO's programme budget reached a level of US\$ 8.06 million in 1984-1985 of which extra-budgetary resources accounted for \$ 2.41 million. Increased activity in all regions explains the 1986-1987 budget level of \$ 12.66 million (extra-budgetary resources: \$ 6.89 million). The programme budget estimates for 1988-1989 show an amount of \$ 10.26 million (extra-budgetary resources: \$ 4.71). The regular budget started to level off from 1988 and actually fell in AFRO and EMRO due to the financial crisis in WHO. Budget projections cannot be made in the present crisis situation. The Programme will increasingly depend on its ability to attract extra-budgetary resources.

8. MONITORING, EVALUATION AND INDICATORS

Progress in implementing the Action Programme on Essential Drugs and Vaccines will be monitored at country level. Designed to specific programme needs, the approach is based on five indicators concerning (1) government commitment to the programme, (2) country plan of action, (3) national list of essential drugs, (4) assurance of financial resources, and (5) availability of 20 essential drugs in terms of population coverage. These indicators are consistent with the two programme targets and the List of Twelve Global Indicators.

The indicators will help to establish baseline data for each country in preparation for an overall evaluation of programme progress. For example, the number of countries committed to a national drug policy based on the essential drugs concept; percent population coverage achieved by each country participating in the programme.

Evaluation will be carried out both at country and secretariat levels through regular reviews and appraisals of country information. In addition, an overall review and evaluation of operations at global level is provided every second year by the Executive Board Ad hoc Committee on Drug Policies. The consolidated conclusions of this review will result, if necessary, in periodic updating and adjustment of the programme.

9. LINKAGES

The Action Programme on Essential Drugs and Vaccines is one of the essential elements of primary health care and a limited supply of essential drugs and vaccines can be cost-effectively delivered along with a limited number of other low-cost, high impact health interventions which can act in synergy to reduce the disproportionate burden of disease, disability and premature death shared by the underserved population of many developing countries.

The similarities between CDD, EPI and EDV in objectives, targets and activities require close linkages between the three programmes. Joint training programmes and review and evaluation activities at the regional and country level with PHC, CDD, EPI, HMD and DSE will be carried out.

Other major foci of cooperative activities from the technical point of view for the Action Programme on Essential Drugs and Vaccines are within the programmes of PHC, MCH, CDS, TDR, MAL and elements of DTR.

Adequately-managed linkages are a vital element for the success of the programme at all levels. As indicated under activities, the most relevant linkages within and outside WHO are listed; however, it is important to underline the fact that the process of implementation of the programme will require strengthening of the inter-sectoral linkages since the supply of drugs is intimately related not only to the selection, distribution and logistics of essential drugs, the most suitable training and manpower development schemes but also to international trade, transfer of technology, industrial property, legislation and other aspects. At present, close linkages exist with PHC, EPI, CDD and DSE from the technical and operational point of view.

In addition to UNICEF, the United Nations family, as well as other national and regional financial and economic institutions, will be consulted as necessary and participate in the process of planning, programming and implementing national and subregional programmes according to each country's particular needs and socio-economic realities. National and regional scientific and technical institutions will also be consulted and requested to participate in the above processes, especially in the planning and implementation.

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