



# Progress Report 1996

**ACTION  
PROGRAMME  
ON  
ESSENTIAL  
DRUGS**

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## **Interim Report of the Biennium 1996-1997**

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## Preface

This interim report is much shorter than its 1994 equivalent. The reasons for the change are to minimize double reporting of activities, and to conserve programme staff time and resources. As far as possible 1996 activities are recorded in cumulative tables, which can later be expanded easily to cover the full biennium. This new summary approach for mid-biennium reporting follows a recommendation by the Management Advisory Committee (MAC). It is in line with the Committee's decision to hold shorter meetings in interim years when a new budget is not presented.

The report focuses on recording the activities and achievements of the Action Programme on Essential Drugs (DAP<sup>1</sup>) in 1996 against the 1996-1997 targets set out in the Proposed Programme Plan and Budget for 1996-1997.<sup>2</sup> It does not attempt to offer a substantive situation analysis of the pharmaceutical sector, particularly its impact on essential drugs programmes and rational drug use. Nor does it cover current trends, long term perspectives, or evaluation of impact. Some discussion of these issues can be found in the WHO Essential Drugs Strategy, since they were critical to the strategy development. However, the full biennial report for 1996-1997 will as usual focus equally on qualitative and quantitative data, providing a comprehensive analysis of programme activities, achievements and constraints. In particular, the biennial report will include a detailed account of programme impact.

Because this interim report is intentionally brief it reflects only a portion of the diversity, breadth and impact of programme activities. More information on Programme work and initiatives can be found in the most recent DAP Newsletter (November 1996), the Essential Drugs Monitor, reports and evaluations of individual country programmes (see Annex 2 for a current listing of countries), and DAP publications (see Annex 3). And, of course, DAP team members are always willing to discuss work in progress and to share experience, ideas and information.

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<sup>1</sup> In this report, DAP signifies the HQ Action Programme on Essential Drugs. WHO/DAP signifies DAP and WHO Regional Offices working on essential drugs.

<sup>2</sup> Document DAP/MAC(8)/96.8, approved at MAC8 in March 1996.



# 1. Overview of 1996

This has been a year of transition. It is the first year in which DAP has implemented a programme plan based on WHO's new product-based approach to planning and budgeting; in June, a new director was appointed following the retirement of the previous director; in November a new programme strategy was drafted following an extensive strategic planning process; and in December a new programme structure was approved.

Communication and collaboration have perhaps been the leitmotifs of 1996. The Programme strengthened existing partnerships and developed new partnerships within WHO, with other development agencies, with universities, and with nongovernmental organizations. The aim has been to share, to learn and to develop complementary technical support. This process has been systematized and sustained in the working groups and the regular interagency coordination discussions outlined in this report.

Such interactions among the "essential drugs extended family" and others working in health and development created an opportunity for an open and fundamental analysis of DAP's role, strengths, weaknesses and future focus. This was invaluable in bringing ideas, perceptions and experience of many interested parties and colleagues into the intensive strategy development process which took place during the second part of the year. It also helped DAP to review the work of WHO in a broad global context and in the light of the many complex issues and challenges faced.

This also has been a year of continued achievement in country support, development work, and operational research. The Programme has responded to emerging country needs in several regions and devoted special attention to further development and implementation of national drug policies, to strengthening its response to health reform and global change, to expanding public education efforts in rational drug use, and to widening its involvement in country-level implementation of drug regulation and quality assurance.

## 1.1 Renewed mission and revised programme strategy

Twenty years ago this year - 21 October 1977 to be precise - the WHO Expert Committee on the Selection of Essential Drugs concluded the meeting which produced the first Model List of Essential Drugs. The small blue booklet that resulted from this meeting, containing the Model List and describing the use of essential drugs, has been one of the most influential WHO documents of the last quarter of the century.

Today, twenty years later, the essential drugs concept has been widely accepted as a pragmatic approach for providing the best in evidence-based, cost-effective

health care. It focuses therapeutic decisions, professional training, public information, and financial resources on those drugs which represent the best balance between efficacy, safety, quality, and cost for a given health care setting. With appropriate adaptation, the concepts of primary health care and essential drugs are valid across the full range of health care, from teaching hospitals to rural health facilities, and in countries at all levels of development. These concepts may go by different names in different contexts, but the underlying principles of social equity, access, and solidarity are the same.

National and local treatment guidelines should be regularly updated to reflect the latest medical knowledge, new therapeutic options, and changing patterns of drug resistance. All pharmaceuticals available within a country should meet recognized standards for drug quality. And scientific resources from private industry, universities, and public institutions must continue to be available for the development of better drugs, drugs for emerging diseases, and drugs to meet changing resistance patterns.

This renewed appreciation of the essential drugs concept provided the context for a strategic planning process which began shortly after the appointment of the new DAP Director in June. At its March 1996 meeting the MAC had requested the development of an "up-to-date strategy for the Programme". Building on the DAP Future Strategy,<sup>3</sup> the process involved a strategic planning meeting with all DAP professional staff and the advisers for essential drugs from each of the six WHO regions. Input was also sought from the Division of Drug Management and Policies (DMP) and from over two dozen individuals from country essential drugs programmes, the MAC, other WHO programmes, and international organizations.

The resulting WHO Essential Drugs Strategy is presented in a separate document.<sup>4</sup> The strategy recognizes that, although the essence of DAP's mission has not changed, the world has changed dramatically in the 15 years since the Programme was created. This change calls for new thinking and approaches. Key aspects of the strategy include:

- reaffirmation of WHO's commitment to ensuring equity of access to essential drugs, rational use of drugs, and drug quality;
- increased emphasis on the positive health impact and continuing relevance of the essential drugs concept;
- definition of priorities for action in five critical policy and technical areas: national drug policy, health economics and drug financing, access and national drug supply strategies, rational drug use, and regulatory and quality assurance capacity;
- identification of mechanisms to improve effectiveness in country programme development;
- strengthening of specific approaches to partnerships and collaboration, advocacy and information, strategic and operational research, human resources development, and tools and guidelines.

Implementation of the new strategy will be supported by a revised programme structure (section 6.3), recruitment of staff based on the needs of the Programme (section 5.2), and re-structuring of the DAP budget for 1998-1999 and onwards (section 6.4).

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<sup>3</sup> Document WHO/DAP/94.4.

<sup>4</sup> Document DAP/MAC(9)/97.4.

## 1.2 Partnerships and collaboration

During 1996 additional effort was devoted to improving programme performance through partnerships and collaboration. Within WHO this has included, among other things, closer cooperation with DMP (see box); an inter-programme working group on drug development and access to new drugs; new initiatives with the Special Programme for Research and Training in Tropical Diseases (TDR) on ivermectin distribution and on the role of NGOs in drug distribution; and a joint field effort with UNAIDS to improve access to HIV-related drugs. There has also been close collaboration with regional offices, for example with AFRO on the development of an intensified regional essential drugs programme, and with AMRO on health reform and pharmaceuticals.

### EXAMPLES OF DAP-DMP COLLABORATIVE ACTIVITIES

(NOTE: For joint activities one division normally takes the lead, with the other making technical contributions as needed. The following list includes both activities in which DAP has primary responsibility and activities in which DMP has primary responsibility.)

Working group on drug development and access to new drugs (with 11 other disease control programmes)

Working group on prevention of counterfeit drugs

Working group on WHO Model Package for Computer-Assisted Drug Registration

Development of WHO Model Formulary for Essential Drugs

Development of Guidelines for Drug Donations (with the Division of Emergency and Humanitarian Action)

Review of New Emergency Health Kit (with the Division of Emergency and Humanitarian Action)

Development of UN list of essential drugs for the early phase of emergencies (with the Division of Emergency and Humanitarian Action)

Promotion of the WHO Ethical Criteria for Medicinal Drug Promotion

Development of Model Guidelines for the International Provision of Controlled Medicines for Emergency Medical Care (with the Programme on Substance Abuse (primary responsibility) and the Division of Emergency and Humanitarian Action)

Review/update WHO Model List of Essential Drugs (WHO Expert Committee on the Use of Essential Drugs)

Preparations for and participation in the Eighth International Conference of Drug Regulatory Authorities (ICDRA)

Preparation of training materials/courses with the WHO Collaborating Centre, Groningen

Collaboration with the International Pharmaceutical Federation (FIP)

Efforts with external agencies have included hosting a multi-donor meeting on CFA (Communauté financière africaine) regional support, participation in the first meeting on improving international coordination in pharmaceuticals (see section 5.1), initiation with DMP of plans for co-sponsorship with the International Pharmaceutical Federation of meetings on pharmacy education and on self-medication/self-care, and increased interaction with the World Bank on public-private issues in the pharmaceutical sector.

### **1.3 Progress towards targets for 1996-1997**

The report presents activities and achievements in 1996 set against the targets in the Plan and Budget 1996-1997. Sections 2, 3, 4, and 5 address, respectively, the areas of country support, development work, operational research and programme management.

Progress toward targets is presented numerically and descriptively in four tables, one for each of these four main categories of DAP's work. Activities are summarized under the main "products" which were defined in the Plan and Budget 1996-1997. Progress in each of these areas is also reviewed in short narrative sections.

For most targets progress is in line with mid-biennium expectations. Sections 2-5 each identify some unmet targets. Section 6.1 provides an overview of these unmet targets, the reasons why targets have not been met, and mentions corrective actions planned for 1997.

### **1.4 Response to challenges in national drug policy implementation and global change**

The Plan and Budget 1996-1997 identified many challenges for effective national drug policy (NDP) implementation. These include health sector reform; private sector expansion; equitable access to health care; drug financing; human resources development; coordination of international aid; global trade agreements; shift of drugs from prescription to over-the-counter (OTC) scheduling; and the status of women. Activities to meet these challenges are included in the Plan and Budget 1996-1997 and progress is reported in chapters 2 to 4.

## 2. Country support

Country support remains at the heart of DAP's activities. The number of Member States requesting DAP's technical support in all regions remains unmatched by increased funding. The Programme responded to this challenge by developing a semi-quantitative priority-setting system. In operation since 1996, the system aids decision-making on support to different types of activities. The WHO/DAP strategy setting process undertaken in 1996 will provide even greater focus for country programme development.

Improving the access, rational use, and drug quality can best be tackled through a stepwise process: situation analysis, national drug policy development, implementation plan, adapting legislation and regulations, specific technical interventions, and monitoring/evaluation. DAP assists countries in this work through three main approaches: (1) making existing technical materials and operational guidelines known and available; (2) giving individualized technical support in such areas as situation analysis, priority setting, drug management, rational use and programme evaluation; and (3) promoting regional and sub-regional networking, exchange of information, and sharing of experience.

DAP's commitment to partnership with members of the "essential drugs extended family" promotes complementarity of country support and builds on the comparative advantages of different stakeholders. This collaboration will be critical to the Programme's effectively meeting the many new and existing country support challenges outlined in its current Plan of Action.

### 2.1 Activities in 1996

The most important activities in country support in 1996 are summarized in Table 1. These activities have been listed against the respective targets. Where appropriate, numeric targets and achievements have been included in a separate column in the middle. The table is organized along the lines of the following four "products", listed as official DAP targets within the WHO planning system and approved in the Plan and Budget 1996-1997:

- 1. Policy and management:** Provide direct technical support to countries and technical cooperation among countries for national drug policy and essential drugs programme development and implementation.
- 2. Supply and logistics:** Increase capacity and knowledge in countries for setting up efficient drug management systems for selection, procurement, and distribution of drugs; improve complementarity between the public and the private sectors.

3. **Quality assurance:** Strengthen quality assurance and drug regulatory control systems (including adequate legislation, drug regulations, drug registration, drug inspection and drug quality control).

4. **Rational use:** Increase capacity and knowledge for achieving rational prescribing, dispensing, and use of drugs by patients and consumers.

When looking at Table 1 it can be seen that, halfway through the biennium, implementation of targets is well on schedule, and that most numeric targets are likely to be achieved by the end of the biennium. In some cases the targets have already been reached, e.g. in the case of the number of people trained overseas or attending international conferences. The number of countries with support programmes in policy development, supply issues, quality assurance and rational use is according to plan.

The most important new country programme in 1996 is the programme in South Africa, where DAP will be the executing agency of a very large support project over the next four to five years. In only five countries in which work was planned has there been no DAP activity at all in 1996 (Angola, Burundi, Mozambique, Nigeria and Zambia); in six programmes (Benin, Burkina Faso, Cameroon, Ethiopia, Maldives and Niger) the areas of intervention have been fewer than planned (see also section 6.3, Unmet targets). Country programmes which were not included in the original planning for 1996-1997 but started in 1996, are Gabon, where a joint AFRO/DAP team conducted a situation analysis, and Oman, where DAP contributed to the outline of a national drug policy and identifying priorities for action.

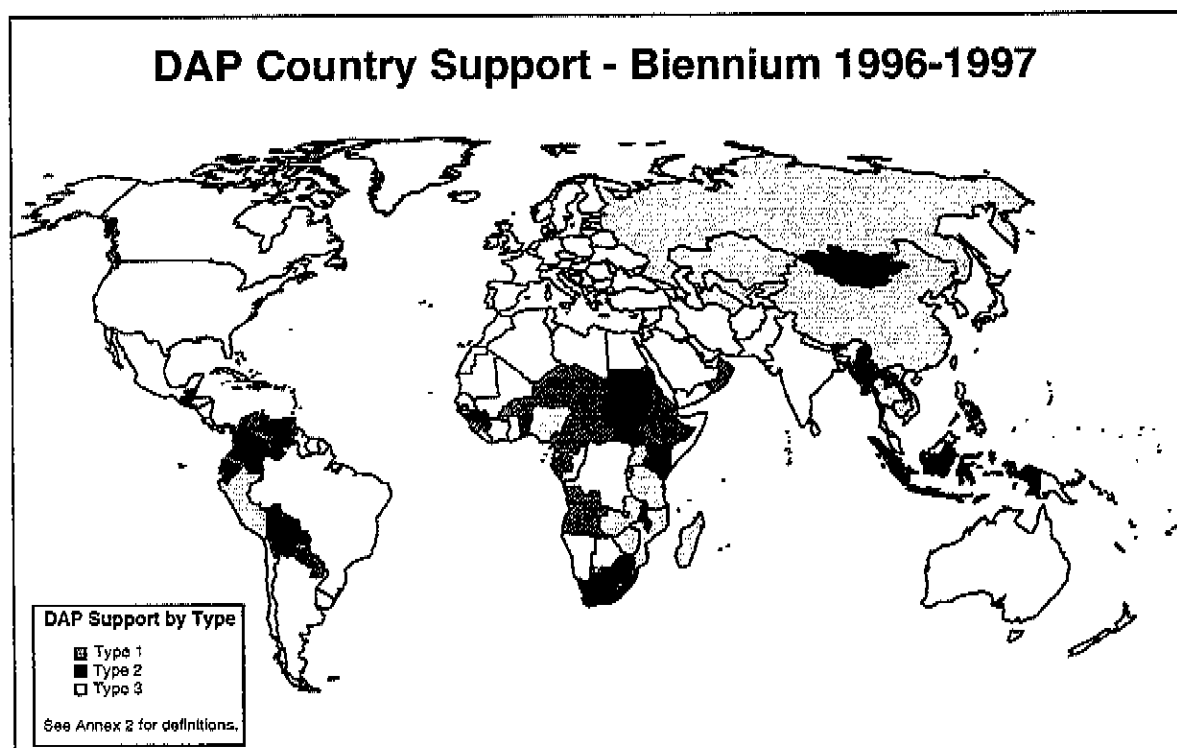


Table 1: Summary of country support activities in 1996

## Product 1. Policy and management

Continued direct technical support to countries and strengthened technical cooperation among countries for national drug policy and essential drugs programme development and implementation			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Technical support to:			Number of country programmes and projects with this technical component in 1996 (see Annex 2)
- countries	56	50	
- regional and sub-regional projects	13	12	
Countries will (re)formulate their national drug policies with DAP support	8	6	Burkina Faso, Niger, Paraguay, Peru, Oman, South Africa
National essential drugs programmes will be evaluated	4	3	Bolivia, Malawi, Sudan
Technical cooperation among countries and at regional level will be increased		yes	ASEAN 15th meeting on technical cooperation in pharmaceuticals, Manila (6/96) Regional meeting of EDP managers, Venezuela (8/96)

## Product 2. Supply and logistics

Increased capacity and knowledge in countries for setting up efficient drug supply systems covering selection, procurement, storage and distribution of drugs and improved complementarity between the public and the private sectors			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Senior management officers in procurement and/or distribution will be trained			Dakar course (1/96): 18p/9 W-African countries Aberdeen course (6/96): 12p/7 countries
- persons	20	55	Reg meeting on drug pricing, reimbursement and public/private issues, EURO (6/96): 25p/12c
- countries	10	28	
A subregional group will be organized on issues linked to procurement and distribution of drugs	1	1	Regional African meeting on procurement systems (4/96) (attended by DAP staff)
Countries will receive technical support in drug procurement and distribution	32	21	Number of country and regional programmes with this technical component in 1996
Countries will receive direct support in issues related to public/private mix	5	7	Cuba, Guinea, Kenya, Malawi, Nicaragua, South Africa, Venezuela

## Product 3. Quality assurance

Strengthened quality assurance and drug regulatory control systems (including adequate legislation, drug regulations, drug registration, drug inspection and drug quality control)			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Drug Regulatory Authority officers will be trained abroad and/or attend important meetings such as ICDRA	10	>50	EMRO regional ICDRA held in Bahrain (11/96) 10 WHO funded participants to ICDRA (11/96)
Quality assurance and regulatory control mechanisms supported in countries	15	25	Number of country and regional programmes with this technical component in 1996
Countries will be informed about (will use) the WHO Certification Scheme as part of the national regulatory system	25 (10)		Part of country support and regional meetings Discussed at subreg. meeting in Pretoria (4/96) Discussed at ICDRA in Bahrain (11/96)
African countries receiving DAP support to use the regional quality control laboratories	10	8	Angola, Burkina Faso, Benin, Chad, Equatorial Guinea, Malawi, Mozambique, Uganda
Administrative and financial mechanisms to facilitate the use of the regional quality control laboratories will be established		yes	Information brochure on the use of regional laboratories DAP funds available in AFRO for analysis of samples
Technical collaboration will be strengthened at regional level (ASEAN, CFA region)		yes	ANDEAN meetings on harmonization of drug regulation (see Table 2) Ongoing efforts to harmonize drug registration criteria in CFA countries with Tunisia training center Subregional meeting on harmonization in Pretoria (4/96) EM reg pre-ICDRA in Bahrain (11/96)

## Product 4. Rational use

Increased capacity and knowledge for achieving rational prescribing, dispensing, and use of drugs by patients and consumers			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Countries will receive technical and financial support in rational drug use	42	37	Number of country and regional programmes with this technical component in 1996
The concept of essential drugs, rational use of drugs and clinical pharmacology will be introduced in the curricula of universities	5	3	Indonesia, Philippines, South Africa
Requests from regional/subregional networks in rational drug use will be technically and financially supported		yes	Continued support to INRUD/Africa and INRUD/Asia Continued support to SOCEPTA and DURG/AFRO
People will be trained abroad and/or will attend important meetings: - people - countries	20 10	>90	WHO/INRUD course in Uganda (4/96) 46p/14c RUD planning meeting of CFA group, Mali (6/96) Problem-based Pharmacotherapy Teaching in Groningen (8/96), 22p/15c Similar course Cape Town (11/96) 26p/18c

## 2.2 Reorientation of country programme development

During the DAP strategic planning process described above (section 1.4), country and regional support was an important focus of discussion. It was concluded that country support would remain a priority for the Programme, but that WHO/DAP would work to strengthen the coordination and to increase the impact of country support through:

- focus on specific programme development objectives;
- integrated planning and monitoring with regional offices;
- careful selection of countries;
- standardized workplan for country programme development;
- increased support to intercountry and subregional activities;
- guidelines and technical advice for donors.

In conjunction with the planning meeting of October 1996, a separate meeting was held to plan for intensified technical and administrative support to AFRO. It was agreed that one DAP staff member would, on a regular basis, spend time in the Regional Office for specific activities. The first of such visits took place in November 1996, to collaborate with AFRO in the development of a joint Programme Review and Plan of Action for 1996-1997. This document, which follows the format already used with EMRO since 1990, gives summary information on all country programmes and intercountry activities and lists planned activities and budgets for both AFRO- and DAP-funded activities. Such a planning document is a very useful tool in coordinating country support and regional activities, and will be developed for all regions.



### 3. Development work

The impact of a national drug policy depends on a number of critical and interlinking factors. The capabilities and commitment of people are fundamental to successful policy development and implementation. Validated guidelines and materials are needed which address central issues and provide the technical tools needed to implement, monitor and adjust strategies. Support and advocacy for key concepts and policies, such as essential drugs and the systematic sharing of information, are also vital at both national and international levels. Challenges in this area are daunting. They include:

- identifying and developing appropriate training;
- determining key issues - which are often rapidly evolving - on which Member States seek guidelines and technical analysis;
- developing methodologies and materials which countries can easily adapt to their own needs and circumstances;
- creating cost-effective and sustainable strategies to promote and inform at all levels.

DAP's development work feeds directly into and derives from its country support activities and experience.

The distinct components of DAP's development work are well reflected in the four "products" listed in Table 2:

1. **National capacity strengthening:** Continued training on formulation, implementation and monitoring all components of national drug policies; strengthening training institutions and centres of excellence in the main elements of pharmaceutical systems; promotion of cooperation among countries.
2. **Tools, methodologies and guidelines:** Development and provision of tools and guidelines on key aspects of pharmaceutical systems including effective public education on rational drug use.
3. **Advocacy:** Increased knowledge of the essential drugs concept and its role in the equitable provision of safe and effective drugs to meet the majority of needs and strategies to improve rational use of drugs.
4. **Information:** Better access to WHO and selected non-WHO information about essential drugs, national drug policy, research findings and development work for policy makers, health professionals and universities.

The main achievements in 1996 were:

- the French edition of the manual on indicators for monitoring national drug policies;
- the development of an annual training course in drug policy issues for developing countries, together with the School of Public Health in Boston;
- translations with commercial and NGO publishing partners of the Guide to Good Prescribing into twelve different languages which are planned, underway or completed;
- the Guidelines for Drug Donations issued by WHO/DAP as an interagency statement, reflecting a consensus of all major UN agencies and NGOs active in humanitarian emergency relief;
- the first meeting of a WHO/SEARO working group on drug financing;
- two issues of the Essential Drugs Monitor in English, French, Spanish and Russian and one abridged issue in Chinese;
- an informal consultation on evolving public-private roles in the pharmaceutical sector;
- many regional meetings and training courses on a wide range of topics, such as rational drug use, drug pricing, drug financing, drug regulation, problem-based pharmacotherapy, and counterfeit drugs.

When looking at the table it can be seen that the Programme is on target for most of the products. There are a few planned activities which have not yet been started, e.g. the inventory of training resources, a manual on public education in rational drug use, and a global video on the concept of essential drugs (which was postponed due to lack of funds).

Table 2: Summary of development work activities in 1996

Product 1. National capacity strengthening

Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
National human resources continued to be trained to formulate, plan, implement and monitor all components of national drug policies; developed and strengthened training institutions and centres of excellence in the main elements of pharmaceutical systems and promotion of cooperation among countries; continuous review and evaluation			
An inventory of training resources and the development of a training strategy		no	Not yet started
Training institutions in Africa, Asia and Europe will continue to be supported by DAP	5	5	Universities in Aberdeen, Cape Town, Dakar Groningen, Newcastle (Aus), Yogyakarta
A new course for drug policy makers will be initiated in collaboration with the Boston University and supported in 1996-1997	1	1	Course on Drug Policy Issues for Developing Countries in Boston, (3/96), 38 part/30c Similar course planned for 2/1997
A new centre of excellence on RUS will be supported in Asia	1	1	Centre for Drug Policy and RUD Research in Yogyakarta became WHO Collaborating Centre
Regional meetings on technical cooperation	3	7	Reg. meeting on drug pricing, reimbursement and public/private issues, Copenhagen (6/96) Regi. cons drug econ/financing, Cairo (7/96) ANDEAN meetings on harmonization of drug regulation, Ecuador (9/96) and Colombia (10/96) EMRO reg. ICDRA, Bahrain (11/96) SEARO meeting drug financing (11/1996)
WHO/INRUD training courses	2	1	WHO/INRUD training course, Uganda (4/96)

Product 1 (con't)			
Three regional university workshops will be held (Latin America and Asia)	3	1	Regional course on Problem-based Pharmacotherapy Teaching, Cape Town (12/96)
People from developing countries will attend international meetings with DAP support		yes	See under relevant targets
Report of the WHO Expert Committee on National Drug Policies issued <sup>5</sup>		yes	
Updated version of NDP guidelines issued <sup>5</sup>		no	Revision has started

### Product 2. Tools, methodologies and guidelines

Development and provision of tools and guidelines on key aspects of pharmaceutical systems including effective public education on rational drug use			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Training materials will be developed in RUS and drug management		yes	Guide to Good Prescribing in 12 languages underway; teachers' guide in preparation Expert Committee Report on NDP distributed for comment Manual on NDP indicators, in French User-guide for manual on NDP indicators in preparation Paper on public/private issues in preparation
Information systems including computerized systems for drug registration, drug monitoring, Market News Service, etc., will continue or be initiated		yes	Market News Service ongoing Computerized drug registration software ongoing Database on world drug situation started Database on DAP research projects established Database on treatment guidelines established Database on public education programmes established
Documents including guidelines and brochures on quality of drugs will be finalized	5	5	Information brochure reg. quality control labs Interagency guidelines for drug donations Guidelines for drug legislation being finalized Guidelines on counterfeit drugs being finalized Guidelines for drug registration in preparation
Analysis of the global survey on public education will be finalized and published		yes	Analysis finalized; report being printed
Draft training manual on public education in rational drug use ready for field-testing		no	Early discussions held, but not yet started

<sup>5</sup> Originally appeared as part of Product 1, Policy and Strategy Development, Management Activities, Plan and Budget 1996-1997.

**Product 3. Advocacy**

<b>Increased knowledge of the essential drugs concept and its role in the equitable provision of safe and effective drugs to meet the majority of needs and strategies to improve rational use of drugs</b>			
<b>Target for 1996-1997</b>		<b>Achievements in 1996</b>	
<b>Descriptive</b>	<b>Numeric</b>	<b>Numeric</b>	<b>Descriptive</b>
Promote the understanding of the essential drugs concept		yes	Essential Drugs Monitor, two issues in 1996 in English, French, Spanish, Russian (part. Chinese) DAP Information package prepared AMRO advocacy video issued Global video postponed (lack of funds) Presentations by DAP staff at many meetings and workshops Interviews with the media
Promote the inclusion of the essential drugs concept within national drug policies and training curricula		yes	Part of most country support activities University workshops in Indonesia, Philippines, South Africa
Promote the adoption of the essential drugs concept in the work of other UN agencies, development bodies, donor agencies and NGOs		yes	Meeting UNICEF, WB, EU in Stockholm (9/96) Interagency Guidelines for Drug Donations Revision of interagency New Emergency Health Kit started

**Product 4. Information**

<b>Better access to validated WHO and selected non-WHO technical information about essential drugs, national drug policy, research findings and development work for policy makers, health professionals and universities</b>			
<b>Target for 1996-1997</b>		<b>Achievements in 1996</b>	
<b>Descriptive</b>	<b>Numeric</b>	<b>Numeric</b>	<b>Descriptive</b>
Increase access to scientifically validated and practical technical information on essential drugs and components of national drug policy		yes	Support meeting Int.Soc.Drug Bulletins (9/96) DAP Documentation Centre Wide distribution of DAP documents "Just published" section in EDM EDM and DAP Newsletter on DAP/WWW site Technical materials given free of charge to NGOs
Provide countries with technical information tools for adaptation to a national context		yes	See List of DAP publications (Annex 3)
Promote sustainable national systems of drug information and drug bulletins		yes	Included in most country support programmes Support members of ISDB

## 4. Operational research

Increasingly complex and diverse situations in developing countries mean an ever increasing role for operational research. Although the usefulness of research has been well documented in many reports, research is not seen as a priority by many policy makers and senior managers and research results are not always properly used.

Three sets of challenges therefore exist in operational research (OR):

- promoting OR as a means to improve the pharmaceutical situation;
- increasing the research capacity and capability of countries in order for them:
  - (1) to assess and prioritize their research needs,
  - (2) to conduct OR in a cost-effective and scientific manner,
  - (3) to learn and benefit from OR carried out elsewhere;
- generating information from primary or secondary research.

These challenges have been carefully taken into account when developing the two products which are described in this section.

The two products in operational research are (Table 3):

1. **Support to operational research:** Increased knowledge by countries and WHO on issues related to the formulation, implementation and monitoring of drug policies and strategies through operational research at global and country level, and wide dissemination of the research findings.
2. **Methodologies, research promotion and training:** Increased skills and action by countries in using research to formulate and implement their drug policies and in setting up monitoring systems, through provision of methodologies, promotion of networking and regional training in specific research areas.

Global research projects are those which are usually initiated by WHO/DAP on the basis of need, which focus on subjects of global interest and which involve two or more countries. Operational research projects in countries are executed as part of WHO/DAP's country support work or within the scope of collaboration with research networks such as INRUD.

Important achievements in operational research during 1996 were:

- the comparative analysis of national drug policies, where 12 countries are in the final phase of implementing and disseminating their results;
- the global survey of public education in rational drug use;

- the completion of publications on several longstanding projects such as the injection research, the operational research inventory, and the report on the drug stability study in Zimbabwe;
- initiation of data collection for the World Drug Situation report.

When looking at Table 3 it can be seen that the Programme is on target for most of the products. Yet research almost invariably takes longer than planned. Most researchers have many other ongoing duties, and the last stage of every project, publication in the scientific press, is very labour-intensive and time consuming.

Research as part of ongoing essential drugs programmes has the advantage that the research questions are usually very practical and valid; but it has the disadvantage that staff working in such programmes do not necessarily have the training and time to do the research. Most ongoing research projects, as part of national essential drugs programmes, focus on monitoring national drug policies, using the new WHO indicators, and on interventions to promote rational drug use. The latter research includes some studies to test and further refine indicators for rational prescribing (Kenya, Nigeria and Zimbabwe). Most new essential drugs programmes now include a baseline study with policy indicators to measure progress over time.

Table 3. Summary of operational research activities in 1996

Product 1. Support to operational research

Increased knowledge by countries and WHO on issues related to the formulation, implementation and monitoring of drug policies and strategies through operational research at global and country level and wide dissemination of the research findings			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Finalize ongoing global research projects: World drug situation Comparative analysis of NDP		– yes	Ongoing Report second phase issued. Comparative study nearly completed in 12 countries: Bulgaria, Chad, Colombia, Guinea, India, Mali, Philippines, Sri Lanka, Thailand, Vietnam, Zambia, Zimbabwe
Injection use and practices Role of pharmaceutical private sector in Africa		yes yes	Report issued Report issued Other ongoing projects: -Counterfeit drugs: first analysis completed -Evaluation of kit system: nearly completed -Global survey on public education in RUD -Impact of Ethical Criteria: ongoing
Initiate new projects	3	4	Feasibility study on RUD Resource Centre Study on pharmacy practice Inventory/harmonization of NDP indicators How to improve access to new drugs
Operational research projects in countries	10	9	Bangladesh, Ghana, India, Kenya, Nepal, Nigeria, South Africa, Sudan, Zimbabwe
Research reports will be published in the DAP operational research series	5	2	Injection research Operational Research Inventory

## Product 2. Methodologies, research promotion and training

Increased skills and action by countries in using research to formulate and implement their drug policies and in setting up monitoring systems through provision of methodologies, promotion of networking and provision of regional training in specific research areas

Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Update and disseminate methods to investigate drug use at community and health facilities levels		yes	Update of document "How to investigate drug use in communities" nearly completed
Support operational research and the implementation of monitoring systems for NDP in countries	10	14	Research planning workshop in Geneva (6/96) In addition to the 12 countries included in the NDP comparative analysis study, support was provided to Indonesia, Jordan, Oman and South Africa in NDP monitoring
Regional training workshops on operational research in NDP	2	0	Not yet started due to lack of funds



## 5. Programme management

### 5.1 Activities in 1996

Programme management activities fall into three categories (Table 4):

1. **Policy and strategy development:** Policies and strategies to enable the Programme to achieve its overall objectives.
2. **Planning, management and fundraising:** Efficiently managed programme; comprehensive managerial procedures and information; reports; adequate financial and human resources; and managerial support.
3. **Increased collaboration among all partners in drug policy development:** Closer and more operational collaboration between all stakeholders and programmes for integrated drug policy development at country level.

For management activities the use of targets is slightly less relevant, as many of such activities are ongoing, such as programmatic and financial planning, fundraising, staff management and regular reporting. The most important activities in 1996 were:

- the preparation, and the adoption by MAC8 at its meeting in March 1996 of the Programme's Plan and Budget 1996-1997;
- the strategic plan which was developed by DAP staff, reviewed at a meeting with all DAP staff and regional advisers in September 1996, and finalized for submission to the MAC in March 1997;
- the first meeting on improving international coordination in the pharmaceutical sector, involving pharmaceutical experts of WHO, UNICEF, World Bank and the European Union, hosted by SIDA (Stockholm, September, 1996).

At the Stockholm meeting, a range of common objectives was identified and a structure was created for continuing consultations and coordination. This included an exchange of policy documents, development of common policy statements, and six-monthly coordination meetings. The next of such meetings will be hosted by DAP, immediately after the MAC in March 1997.

### 5.2 Staffing and financial situation

Programme professional staff for 1996 are listed in Annex 5. As of February, 1997, the Programme had three vacant professional posts: (1) the still-frozen regular budget post for country liaison; (2) the vacant medical officer post which was previously occupied by Dr J. Quick; and (3) the technical officer post which resulted from the retirement of Mr S. Holand in August 1996. However, Norway has indicated its willingness to support one professional in the place of Mr Holand, and the recruitment process for a second professional is underway. "Un-freezing" the third post is essential to fully implement the new Programme strategy and structure (see sections 6.3 and 6.5, below). However, it may be difficult given the current financial pressures on WHO's regular budget.

WHO is committed to gender equity and geographic representation in staffing and has set a minimum target of 30% women in professional posts. DAP fully supports WHO's commitments in this area and strongly encourages application of women and developing country professionals for all present and future vacancies. As of 31 December 1996, DAP headquarters staff (13 professionals) included 31% women professionals. Inter-regional staff funded through DAP (16 professionals) included 25% women.

An interim financial report of the Programme is issued as a separate document.<sup>6</sup>

**Table 4. Summary of management activities in 1996**

**Product 1. Policy and strategy development**

Developed policies and strategies to enable the Programme to achieve its overall objectives			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Programme's Future Strategy reviewed		yes	DAP Strategy paper drafted, reviewed at meeting with all staff and regional advisers (9/96)
DAP prioritization criteria further refined		no	No further work done

**Product 2. Planning, management and fundraising**

Efficiently managed programme; comprehensive managerial procedures and information; reports; adequate financial and human resources; and managerial support			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
Monthly/quarterly/annual financial, technical, and management reports		yes	Interim Report on the 1996-1997 biennium, and periodic management reports
MAC 1996 and 1997		yes	MAC meeting (3/1996)
Report for the Biennium 1994-1995		yes	Report for the Biennium 1994-1995 (3/96)
Financial Report for 1994-1995		yes	Financial Report for the Biennium 1994-1995 (3/96)
Programme Plans and Budgets		yes	Programme Plan and Budget 1996-1997 (3/96)
Theme papers	2	1	Theme paper on RUD: Consumer education and information, for MAC 1996
Report of MAC8		yes	MAC 1996 report issued
Progress Report 1996		yes	You are reading it now
Report for WHA1996/EB1997/WHA1997		yes	Report for WHA1996 issued
World Health Report		yes	Contribution made
Biennial Report 1996-1997			Report 1996 will be basis for Report 1996-1997
Six monthly review meetings with staff		yes	Ongoing
Donor reports		6	Specific reports to Governments of Australia, Italy, Netherlands, Oslo-2 group, UK, USAID
Upgrade management information systems		yes	Ongoing
Develop interface WHO/AMS system		no	WHO/AMS not yet introduced efforts ongoing
Budget, finance, admini-support to DAP		yes	Ongoing
Adequate numbers of fixed and short-term staff			DAP structure adapted to reflect future strategy
Staff appraisals support/supervise DAP		yes	By 12/96 there are 3 vacancies for professional staff Ongoing

<sup>6</sup> Document DAP/MAC(9)/97.6.

## Product 3. Increased collaboration among all partners in drug policy development

Closer and more operational collaboration between all stakeholders and programmes for integrated drug policy development at country level			
Target for 1996-1997		Achievements in 1996	
Descriptive	Numeric	Numeric	Descriptive
To identify key areas in pharmaceutical policy where international and programme collaboration needs improvement		yes	First meeting with UNICEF, WB and EU in Stockholm (9/96) identified key issues and established mechanism for six-monthly meetings
To strengthen the coordinating function of WHO as the leading development agency in support of NDP development		yes	See above intensive collaboration with DMP, UNAIDS, GTB, EMC and other WHO units and programmes
To assist countries in coordinating donor support to NDP		yes	Part of country support in Ethiopia, Kenya, South Africa
To support international networks in the pharmaceutical sector		yes	Partner in e-drug (internet-network) Partner in INRUD (International Network for Rational Use of Drugs) Partner in ISDB (International Society of Drug Bulletins)



## 6. Outlook for 1997

### 6.1 Addressing unmet targets

From sections 2 to 5 of this interim report it is clear that for most targets progress is in line with mid-biennium expectations. Implementation of country support activities has been delayed in some countries, but has progressed well in most. Implementation of operational research and development work activities has been close to target, though some activities are behind schedule. Programme management has proceeded effectively, with the appointment of a new Programme Director in June 1996.

Depending on the country, some delays in country support activities have occurred within the Ministry of Health or other responsible local institutions, within WHO country or regional offices, or within DAP. Strengthening DAP management through the country programme development coordinator, regional focal points, and integrated planning with the regional offices should further improve WHO/DAP's oversight of country programmes. This should help to identify implementation delays promptly and to take corrective action. In some instances, local circumstances beyond the influence of external organizations are simply not favourable for a particular period; in such cases, the best use of time and money is to wait.

Operational research and development work (OR/DW) often involve activities at country level and may be delayed for the same reasons as country support. But OR/DW also depend greatly on the time and attention of the responsible DAP staff members. Heavy country support responsibility for nearly all DAP professional staff and the current vacancies have meant less time for OR/DW; this has sometimes contributed to delays in OR/DW projects.

Important objectives of the revised programme structure (see section 6.3) are to allocate more professional time to OR/DW and to define more specific responsibilities for the major policy and technical areas. This is intended to increase the responsiveness and output in these areas. Programme activities should be kept better on target by the recruitment of staff to fill current vacancies (section 5, above) and by a mid-biennium implementation review carried out by the Programme during January and early February 1997.

### 6.2 Response to concerns of Member States

During the Forty-ninth World Health Assembly in May 1996 delegates reviewed the report of the Director-General on the revised drug strategy. In a lively and frank debate delegates focused strongly on issues related to access to market intelligence, quality control, drug donations and the impact of the GATT Agreement. Many of the

concerns expressed were reflected in a resolution adopted by the Assembly on the revised drug strategy.<sup>7</sup> The full text of this resolution is given in Annex 1.

Specific new programme activities in 1996, in response to this resolution, are: wide dissemination of the interagency Guidelines for Drug Donations and promotion of their use; continuing support to the market intelligence service; intensified support to regional drug quality control laboratories and the network of drug regulatory agencies in Africa; a working group on access to new drugs; and the start of a study on the impact of the GATT agreements on the pharmaceutical sector.

### 6.3 Revised programme structure

After a careful process of wide consultation a new administrative structure has been developed. The structure is based on a system of country, policy and technical areas, rather than fixed units. Following the logic of the new programme strategy, the new areas are:

- Country programme development (CPD);
- National drug policy methods and monitoring (NDP),
- Health economics and drug financing (EDF);
- Access: drug management and supply strategies (DMS);
- Rational drug use (RDU);
- Drug regulation and quality assurance capacity (RQC).

In addition to these six areas the office of the Director will be responsible for programme policy, information and advocacy, donor relations, administration and finance, management information and interdivisional coordination.

Each area will have a coordinator, who is responsible for planning, budgeting, monitoring and reporting on activities within the area. Depending on the situation and needs within each of the five policy and technical areas (PTAs), plans and strategies should address strategic and operational research, human resources development, guidelines and manuals, and partnerships and collaboration.

Most staff will divide their time on a percentage basis between at least two areas, but with a primary responsibility either within CPD or within one of the remaining five PTAs. Within CPD there will be an identified focal point for each region to oversee DAP regional and country development activities.

The aim of this approach is to strengthen development and research work in the key areas of national drug policy methods and monitoring, health economics and drug financing, drug management and national supply strategies, rational drug use and drug regulation. A second aim is to improve the effectiveness of country programme development.

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<sup>7</sup> Resolution WHA49.14.

## 6.4 Financial outlook and budgeting process

As noted in the interim financial report,<sup>8</sup> Programme revenue and Programme expenditures for 1996-1997 are generally in line with historical patterns for the first year of a biennium.

Starting with the 1998-1999 biennium, DAP's budget will be organized around the new programme areas. As in the past, the WHO 1998-1999 regular budget for DAP is largely devoted to staff and other fixed costs. The extrabudgetary portion of DAP's 1998-1999 budget - which represents over 90% of DAP's budget - will be programmed during 1997. The budget framework will be established by April 1997 and draft budgets for 1998-1999 should be completed by the end of the second quarter of 1997, in coordination with the essential drugs advisors for each region.

This approach to the budget process will allow DAP area coordinators and regional focal points to use the last half of 1997 to harmonize DAP plans and budgets with country and regional plans and budgets, to adjust plans according to available funds, and to initiate fund-raising efforts as needed. This process also will produce a listing of unfunded priorities, as requested by MAC members at the March 1996 meeting.

## 6.5 WHO Essential Drugs Strategy

The development of the new DAP strategy is described in section 1.1. After review by MAC9 of the WHO Essential Drugs Strategy<sup>9</sup> and subsequent finalization of the strategy document, DAP will initiate the implementation of new priority structures during 1997. This will be done within the framework of the existing budget for 1996-1997. All existing commitments will be honored and, where flexibility exists, resources will be grouped around new priorities.

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\* Document DAP/MAC(9)/97.6.

<sup>y</sup> Document DAP/MAC(9)/97.4.



**Annex 1**

FORTY-NINTH WORLD HEALTH ASSEMBLY

WHA49.14

**Revised drug strategy**

The Forty-ninth World Health Assembly,

Recalling resolutions WHA39.27, WHA41.16, WHA43.20, WHA45.27, WHA47.12, WHA47.13, WHA47.14 and WHA47.17;

Having considered the report of the Director-General on the revised drug strategy;

Noting the activities of WHO to further the implementation of the revised drug strategy and, in particular, the high priority given to direct country support and collaboration in drug policy formulation and implementation, in provision and dissemination of independent drug information, in improved training of health personnel, in promotion of collaborative research, and in strengthening of drug regulatory mechanisms;

Recognizing with satisfaction the increasing awareness of all parties concerned of their responsibilities in the implementation of the revised drug strategy;

Aware that WHO's strong leadership in promoting the essential drugs concept and its efforts to coordinate the growing number of those concerned in the pharmaceutical sector have been vital in promoting rational drug use;

Concerned that access to drugs is still inequitable, that promotion of commercially produced drugs still outweighs independent, comparative, scientifically validated and up-to-date information on drugs, and that problems persist in ensuring the quality of medicines both on the open market and for donation as international aid;

Aware that effective drug regulation takes time;

Aware also that economic conditions, including the changing share of the public and private sectors in health care, demand a wise use of available resources to meet drug needs for primary health care,

1. URGES Member States:

(1) to reaffirm their commitment to the development and implementation of national drug policies to ensure equitable access to essential drugs;

(2) to increase efforts to promote the rational use of drugs, through the intensification of training and education of health workers and education of the public;

(3) to enhance drug regulatory mechanisms for the monitoring and control of efficacy, quality and safety;

(4) to establish and strengthen, as appropriate, programmes for the monitoring of safety and efficacy of marketed drugs;

(5) to control unethical marketing of drugs;

(6) to eliminate inappropriate donation of drugs, as recommended by the interagency Guidelines for Drug Donations issued by WHO in May 1996;

(7) to involve health workers, consumers, academic institutions or individuals, industry, and others concerned in open intersectoral negotiation to develop, implement and monitor these activities in order to improve access to and use of drugs;

(8) to evaluate progress regularly, making use of indicators developed by WHO or other suitable mechanisms;

2. REQUESTS the Director-General:

(1) to support Member States in their efforts to coordinate the various elements of a national drug policy, improve access to essential drugs, and ensure the rational use of drugs;

(2) to encourage Member States, as far as possible, to establish a system for the coordination and harmonization of their national strategies;

(3) to develop a clear strategy for the review and assessment of the effectiveness of the WHO Ethical Criteria on Medicinal Drug Promotion;

(4) to promote vigorously the use of the WHO Certification Scheme on the Quality of Pharmaceutical Products Moving in International Commerce;

(5) to disseminate the interagency Guidelines for Drug Donations issued by WHO in May 1996 and to encourage, in collaboration with all interested parties, their use and review after one year;

(6) to strengthen market intelligence, review in collaboration with interested parties information on prices and sources of information on prices of essential drugs and raw materials of good quality, which meet requirements of internationally recognized pharmacopoeias or equivalent regulatory standards, and provide this information to Member States;

(7) to continue the development, harmonization and promotion of standards to enhance drug regulatory and quality control mechanisms;

(8) to continue the development and dissemination of information on pharmaceutical products thereby assuring the safe, effective and rational use of drugs;

(9) to encourage the promotion of research on drugs for rare and tropical diseases, and their development;

(10) to report on the impact of the work of the World Trade Organization (WTO) with respect to national drug policies and essential drugs and make recommendations for collaboration between WTO and WHO, as appropriate;

(11) to report to the Fifty-first World Health Assembly on progress achieved and problems encountered in the implementation of WHO's revised drug strategy, with recommendations for action.

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## Annex 2

Country and regional support: planned 1996-1997 and actual 1996

Region/country	Type of country support activity				Area of Technical Intervention				Fund
	I	II	III	REG	PMN	QUA	RUS	SUP	
<b>REGIONAL OFFICE FOR AFRICA</b>									
AFRO Programme Development				P, A	P, A	P, A	P, A	P, A	U, R
Angola-NEDP	P				P				U
Benin-NEDP		P, A			P	P, A	P, A	P	U
Burkina Faso-NEDP	P, A				P, A	P	P	P	U, S
Burundi-NEDP			P		P	P	P	P	S
Cameroon-NEDP	P, A				P, A	P, A	P	P	U
CAR-NEDP	P, A				P	P, A			U
Chad-NEDP	P, A				P, A	P, A	P, A		S
COMESA Support Programme				P		P			S, R
Eritrea-NEDP	P, A				P, A	P	A		U, S
Ethiopia-NEDP	P, A				P, A	P	P	P	U, S
Gabon EDP	A				A				U
Gambia-NEDP	P, A				P, A		P, A		U
Global & Inter-regional-country Activities (AFRO)				P, A	P, A	P, A	P, A	P, A	U, R
Guinea-NEDP		P, A			P, A	P, A	P, A	A	U, S
Kenya-NEDP		P, A			P, A	P, A	P, A	P, A	S
Lesotho-NEDP	P, A				P, A	P			S
Madagascar-NEDP			P, A		P, A	A			U
Malawi-NEDP		P, A			P, A	P, A	P, A	P, A	S
Mozambique-NEDP			P		P	P	P	P	U
Niger-NEDP	P, A				P	P, A	P	P, A	S
Nigeria EDP Unit (Institution Building)			P					P	S
Rwanda-NEDP	P, A				P, A	P	P	P, A	U, S
Senegal-EDP			P, A		P	P, A			U
Sierra Leone-NEDP	P, A				P, A		A		U
South Africa-NEDP	P	A			P, A		A		U, S
Tanzania-NEDP			P, A		P, A		P		U
Togo-NEDP	P, A				P, A	P			U
Uganda-NEDP			P, A		P, A	P, A	P, A	P	U
Zambia-NEDP			P		P				U
Zimbabwe-NEDP			P, A		P, A	P	A	P	U
<b>Subtotal-1996-1997 Plan</b>	<b>14</b>	<b>4</b>	<b>9</b>	<b>3</b>	<b>28</b>	<b>22</b>	<b>17</b>	<b>15</b>	
<b>Subtotal-1996 Actual</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>21</b>	<b>13</b>	<b>13</b>	<b>7</b>	

## NOTES:

P = Planned activities for 1996-1997, A = Activities implemented in 1996

## Types of country support are:

- I: Long term policy and strategy development  
 II: Intensified support in limited number of countries  
 III: Implementation of specific technical activities  
 Reg: Regional, sub-regional, inter-country

## Types of funding are:

- U: unspecified extrabudgetary  
 S: specified extrabudgetary  
 R: regular budget

Region/country	Type of country support activity				Area of Technical Intervention				Fund
	I	II	III	REG	PMN	QUA	RUS	SUP	
<b>REGIONAL OFFICE FOR THE AMERICAS</b>									
AMRO Programme Development				P, A	P, A	P, A	P, A	P, A	U, R
Bolivia-NEDP		P, A			P, A	P, A	P, A	P, A	S
Central America NEDP	P, A				P, A	P, A	P, A	P, A	U
Colombia-NEDP		P, A			P, A	A	A	A	U
Dominican Republic NEDP	P, A				P, A				U
Ecuador-NEDP		P, A			P, A	P, A	P, A	P, A	S
Global & Inter-regional-country Activities (AMRO)				P, A	P, A				R
Guatemala NEDP		P, A			P, A	P, A	P, A	A	U
Paraguay	P, A				P, A				U
Peru-NEDP			P, A		P, A				U
Venezuela-NEDP		P, A			P, A	P, A	A	P, A	U
<b>Subtotal--1996-1997 Plan</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>6</b>	<b>5</b>	<b>5</b>	
<b>Subtotal--1996 Actual</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>7</b>	<b>7</b>	<b>7</b>	
<b>REGIONAL OFFICE FOR THE EASTERN MEDITERRANEAN</b>									
EMRO Support to NEDPs				P, A	P, A	P	P	P	U
Global & Inter-regional-country Activities (EMRO)				P, A	P, A	P, A	P, A		U, R
Oman EDP	A				A				
Palestinian-EDP	P, A				P, A	P	P	P, A	S
Sudan-NEDP		P, A			P, A	P, A		P, A	S
<b>Subtotal--1996-1997 Plan</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>3</b>	
<b>Subtotal--1996 Actual</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>2</b>	
<b>REGIONAL OFFICE FOR EUROPE</b>									
Armenia		P, A			P, A	P, A	P, A		S
EURO Programme Development				P, A	P, A				U
Georgia		P, A			P, A	P, A	P, A		S
Global & Inter-regional-country Activities (EURO)				P, A	P, A	P			R
Kazakstan			P, A		P, A	P, A	P, A		S
Kyrgyzstan		P, A			P, A	P, A	P, A		S
Pharmaceutical sector reform in Russia			P, A		P, A	P, A	P, A	P, A	S
Turkmenistan			P, A		P, A	P, A	P, A		S
Uzbekistan			P, A		P, A	P, A	P, A		S
<b>Subtotal--1996-1997 Plan</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>9</b>	<b>8</b>	<b>7</b>	<b>1</b>	
<b>Subtotal--1996 Actual</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>2</b>	<b>9</b>	<b>7</b>	<b>7</b>	<b>1</b>	

## NOTES:

P = Planned activities for 1996-1997, A = Activities implemented in 1996

## Types of country support are:

- I: Long term policy and strategy development
- II: Intensified support in limited number of countries
- III: Implementation of specific technical activities
- Reg: Regional, sub-regional, inter-country

## Types of funding are:

- U: unspecified extrabudgetary
- S: specified extrabudgetary
- R: regular budget

Region/country	Type of country support activity				Area of Technical Intervention				Fund
	I	II	III	REG	PMN	QUA	RUS	SUP	
<b>REGIONAL OFFICE FOR SOUTH-EAST ASIA</b>									
Bhutan-NEDP		P, A			P, A	P, A	P, A	P, A	U, R, S
Global & Inter-regional-country Activities (SEARO)				P, A	P, A	P	P	P	U, R
Indonesia-NEDP		P, A			P, A	P	A		U
Maldives-NEDP		P, A			P, A	P	P	P	U
Myanmar-NEDP		P, A			P, A	P, A	P, A		S
Nepal-NEDP			P, A		P, A		P, A	P	U, R
Promotion of Essential Drugs Concept in India			P, A				P, A		U
SEARO Progr Development and Review				P, A	P, A			P, A	U
Thailand-NEDP			P, A		P, A	P	A		U
<b>Subtotal—1996-1997 Plan</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>6</b>	<b>6</b>	<b>5</b>	
<b>Subtotal—1996 Actual</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>8</b>	<b>2</b>	<b>6</b>	<b>2</b>	
<b>REGIONAL OFFICE FOR THE WESTERN PACIFIC</b>									
Bi-regional meeting on TCDC follow up				P, A	P, A				U
Cambodia-NEDP			P, A		P, A	P, A	P, A	A	U, R, S
China-NEDP			P, A		P, A				U
Global & Inter-regional-country activities (WPRO)				P, A	P, A		P		U, R
Laos-NEDP	P, A				P, A				U
Mongolia-NEDP		P, A			P, A	P, A	P, A	P, A	S
Philippines-NEDP			P, A		P, A				U
Support to ASEAN TCDC	P, A					P			U, S
Viet Nam-NEDP			P, A		P, A			P	U
WPRO - Programme Development				P, A	P	P, A	P, A	P	U, S
<b>Subtotal—1996-1997 Plan</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>9</b>	<b>4</b>	<b>4</b>	<b>3</b>	
<b>Subtotal—1996 Actual</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>8</b>	<b>3</b>	<b>3</b>	<b>2</b>	
<b>GRAND TOTAL:</b>									
<b>Plan for 1996-1997</b>	<b>20</b>	<b>18</b>	<b>21</b>	<b>14</b>	<b>69</b>	<b>50</b>	<b>42</b>	<b>32</b>	
<b>Actual for 1996</b>	<b>20</b>	<b>19</b>	<b>17</b>	<b>13</b>	<b>62</b>	<b>34</b>	<b>37</b>	<b>21</b>	

**NOTES:**

P = Planned activities for 1996-1997, A = Activities implemented in 1996

**Types of country support are:**

- I: Long term policy and strategy development  
 II: Intensified support in limited number of countries  
 III: Implementation of specific technical activities  
 Reg: Regional, sub-regional, inter-country

**Types of funding are:**

- U: unspecified extrabudgetary  
 S: specified extrabudgetary  
 R: regular budget

## Annex 3

## Publications and documents

Document No.	Title	Language
WHO/DAP/96.1	The Public and Private Circuits for the Distribution of Drugs in the Chilean Health System (Health Economics and Drugs Series No. 2)	E
WHO/DAP/96.2	Guidelines for Drug Donations	E/F/S
WHO/DAP/96.3	Operational Research Projects in DAP: An Annotated Inventory (DAP Research Series No. 19)	E
WHO/DAP/96.4	Injection Practices in the Developing World (In print)	E
WHO/DAP/96.5	Essential Drugs: A Selected Listing of Publications and Documents	E
WHA49.14	Revised Drug Strategy, 25 May 1996	E/F/S
EB97/13, section IV	Revised Drug Strategy. Rational Use of Drugs and Action Programme on Essential Drugs	E/F/S
<b>Translations</b>		
WHO/DAP/91.5	Access to Drugs and Finance (original: F)	E/S
WHO/DAP/94.12	Indicators for Monitoring National Drug Policies (original: E)	F
WHO/DAP/95.2	Guide d'analyse économique du circuit du médicament (original: F)	S
WHO/DAP/95.6	Alternative Drug Pricing Policies in the Americas (original: S)	E/F
<b>MAC Document Series (Major Documents)</b>		
DAP/MAC(8)/96.4	Report of the Biennium, 1994-1995	E/F
DAP/MAC(8)/96.5	Financial Report of the Biennium, 1994-1995	E/F
DAP/MAC(8)/96.6	Rational Drug Use: Consumer Education and Information	E/F
DAP/MAC(8)/96.8	Proposed Programme Plan and Budget for 1996-1997	E/F
DAP/MAC(8)/96.9	Report of the Eighth Management Advisory Committee Meeting	E/F

Languages: E = English, F = French, S = Spanish

**Annex 4**

**Meetings organized by the Action Programme on Essential Drugs  
and/or meetings in which DAP staff participated in 1996**

Meeting Title	Organizing Institute/ Department	Location	Starting Date	Ending Date	Objective	Target Group/Profile	Outcome/Achievements
National workshop to promote the essential drugs concept in undergraduate medical curricula in Indonesia	WHO/DAP	Jakarta, Indonesia	16 Jan 96	18 Jan 96	Promote the essential drugs concept and rational use of drugs in undergraduate medical curricula.	University teachers, members of the consortium for health sciences.	
Concertation des partenaires des pays de la zone CFA sur le médicament	DAP	Headquarters	8 Feb 96	8 Feb 96	Coordonner les interventions de la Banque mondiale, France, l'UNICEF et l'OMS pour une coopération pharmaceutique régionale dans la zone CFA.	Représentants de l'Union Européenne, France, l'UNICEF, la Banque Mondiale et l'OMS.	Plan de soutien des partenaires aux six groupes techniques CFA.
Activity Management System (AMS)	ESI	Manila, Philippines	26 Feb 96	2 Mar 96	Workshop on the use of the AMS.	WHO staff.	Recommendations to improve the system.
Regional consultation on essential drugs procurement in Africa	DAP/AFRO	Brazzaville, Congo	1 Apr 96	4 Apr 96	Identify problems in drug procurement and propose solutions and recommendations.	Chief pharmacists and directors of central medical stores.	Main issues of drug availability/accessibility in Africa raised and strategies to improve the situation identified.
Interagency group on standardization of health relief items	WHO/DAP and EHA	Headquarters	30 Apr 96	30 Apr 96	Discuss and adopt the Guidelines for Drug Donations.	Health coordinators of all major UN organizations and NGOs active in humanitarian emergency relief.	Guidelines for Drug Donations adopted.
Health reform and drugs	WHO Representative	Managua, Nicaragua	1 May 96	4 May 96	Training.	Officials from the Ministry of Health and the Ministry of Economy.	Training.
Emergency group on the standardization of emergency relief items	WHO/EHA	Headquarters	18 May 96	18 May 96	Adopt guidelines for the shipment of narcotic and controlled drugs in emergency situations.	Major UN organizations and NGOs active in humanitarian emergency relief.	
Drug pricing, reimbursement and private/public issues in pharmaceuticals	EURO	Copenhagen, Denmark	2 Jun 96	7 Jun 96	Train NIS officials.	Representatives from all NIS countries.	Officials trained.
Second workshop on comparative analysis of national drug policy (NDP)	DAP	Headquarters	10 Jun 96	13 Jun 96	Review the results of the research on comparative analysis of NDP in 12 countries.	Principal investigators.	Report produced, data from 12 countries gathered.
Séminaire national sur la politique pharmaceutique nationale de Togo	DAP/AFRO France	Kpalimé, Togo	19 Jun 96	30 Jun 96	Adopter le document de politique pharmaceutique nationale et le projet de loi cadre pharmaceutique.	Professionnels du système santé, représentants des autres ministères, représentants des ONG et des agences de coopération bilatérale et multilatérale.	1) Document de politique pharmaceutique nationale adopté pour présentation au gouvernement; 2) projet de loi cadre pharmaceutique pour le Parlement.
Drug economics and drug financing systems	EMRO	Cairo, Egypt	22 Jun 96	27 Jun 96	To discuss issues on drug financing.	EMRO country officials from ministries of health.	Training.
Consultation on draft models for national drug regulatory authorities and registration of pharmaceuticals and pharmacies	DMP	Headquarters	14 Aug 96	17 Aug 96	Review "Guiding principles for formulating drug legislation by small national drug regulatory authorities" and review "Regulation of pharmacists and the pharmacist".	Experts from different WHO regions as well as representatives from NGOs.	Draft documents reviewed.
Consultation on model application form for marketing authorization of multi-source (generic) pharmaceutical products containing well-established drug substances	DMP	Headquarters	19 Aug 96	21 Aug 96	Review draft model application form and review draft technical pharmaceutical quality requirements for specific individual essential drugs dosage forms.	Experts drawn from different WHO regions and NGOs.	Draft documents revised.
Consultation on the guidelines on the certification of starting materials for the industrial manufacture of pharmaceutical products	DMP	Headquarters	22 Aug 96	22 Aug 96	Review draft guidelines on the certification of active pharmaceutical ingredients.	Experts from different WHO regions as well as representatives from NGOs.	Draft guidelines reviewed.
Consultation on education and training of drug inspection and analytical detection of counterfeit drugs	DMP	Headquarters	28 Aug 96	30 Aug 96	Provide guidance for developing training programmes of drug inspection and analytical detection of counterfeit drugs.	Experts from different WHO regions.	Draft report of the consultation prepared.

### Meeting Category A: WHO MEETINGS (including: expert committees, symposia, conferences, seminars and workshops)

Meeting Title	Organizing Institute/ Department	Location	Starting Date	Ending Date	Objective	Target Group/Profile	Outcome/Achievements
National workshop on health economics and drugs	DAP	Havana, Cuba	7 Oct 96	14 Oct 96	Training in health economics.	Participants from the Ministry of Health, industry and provinces.	Plan for training in this area.
Seminar on national drug policy development in the New Independent States (NIS) and the Baltic States	EURO	Copenhagen, Denmark	13 Oct 96	17 Oct 96	Share experiences on the pharmaceutical sector reform in the NIS and Baltic States.	Deputy ministers in charge of pharmaceuticals and heads of drug regulatory agencies.	Better understanding of the pharmaceutical sector reform process by all participants, identification of main issues to be addressed in the next five years.
Réunion annuelle OMS et Banque Africaine de Développement (BAD)	WHO	Abidjan, Côte d'Ivoire	17 Oct 96	19 Oct 96	Revue de la collaboration OMS/BAD 1996.	Délegations OMS (stage AFRO et EMRO) et délégation BAD.	Programme de collaboration 1997.
Consultation on national implementation guidelines for combating counterfeit drugs	DAP	Headquarters	30 Oct 96	1 Nov 96	Discuss draft guidelines developed by DAP and adopt a revised version.	Experts with experience in counterfeit drugs.	First draft of guidelines on combating counterfeit drugs.
Eastern Mediterranean Drug Regulatory Agencies Conference (EMDRAC-3)	EMRO	Manama, Bahrain	4 Nov 96	8 Nov 96	Review the situation in countries and train them in monitoring NDP.	Heads of drug regulatory agencies of the region.	Update on the pharmaceutical situation and implementation of the recommendations of EMDRAC-2.
Planning meeting for the global elimination of trachoma	WHO	Headquarters	24 Nov 96	25 Nov 96	Develop a plan for the global elimination of trachoma.	NGOs, pharmaceutical industry and WHO.	Global plan developed.
WHO/SEARO Working Group on Drug Financing, First Meeting	SEARO and Thai FDA	Korat, Thailand	26 Nov 96	28 Nov 96	Promote economic financing schemes which increase the availability and affordability of essential drugs in SEAR countries.	Essential drugs officials and health financing reform officials from each of four SEAR countries, plus local FDA participants.	1) Up-to-date analysis of drug financing situation in four SEAR countries; 2) four country plans to improve drug financing; 3) recommendations for WHO and policy makers.
<b>Meeting Category B: OUTSIDE MEETINGS (symposia, conferences, seminars and workshops)</b>							
<i>*Meetings not arranged by DAP/WHO, but technical participation and/or financial assistance provided by DAP/WHO</i>							
International conference on curricula for health economics and training	University	Rio de Janeiro, Brazil	9 Jan 96	13 Jan 96	Discussion of the curricula for training on health economics.	Professors of schools of health economics and NGO representatives.	Curricula proposal for health economics studies.
Meeting of senior university staff in South Africa		Pretoria, South Africa	24 Jan 96	24 Jan 96	Inform about the new national drug policy.	Dean and senior professors from all medical schools in South Africa.	
The role of the state in the pharmaceutical sector	World Bank	Washington, DC, USA	26 Feb 96	27 Feb 96	Identify issues and options for managing evolving public-private roles.	20 people from WHO, UNICEF, The World Bank, consumer groups, industry and universities.	Definition of issues to be pursued at follow-up meeting on public-private roles in the pharmaceutical sector at WHO.
Senior prescribers meeting	ZEDAP	Kadoma, Zimbabwe	2 Mar 96	4 Mar 96	Promote the rational use of drugs, the essential drugs concept and the general use of the Essential Drugs List for Zimbabwe (EDLIZ).	Senior prescribers from public and private sectors in Zimbabwe.	
Drug policy issues for developing countries	University	Boston, USA	8 Mar 96	22 Mar 96	Training course for senior government officials.	Chief pharmacists from developing countries.	
ENRUD training course on promoting rational drug use	ENRUD	Kampala, Uganda	15 Apr 96	26 Apr 96	Promoting rational drug use by focusing on methods of studying and remedying inappropriate drug use.	Pharmacists, doctors and others at middle level and above who are involved in teaching, counselling and distributing essential drugs.	Eight country projects to investigate aspects of rational drug use and introduce interventions for improvement.
Training seminar for Eastern and Southern African drug regulatory authorities on the computerization of drug registration	DSE	Pretoria, South Africa	20 Apr 96	29 Apr 96	Training in computerized drug registration.	Drug regulatory authorities, mostly pharmacists from nine countries.	Trainees acquired the necessary knowledge and skills to operate basic SIAMED functions, enter and retrieve data and produce reports.
International seminar on health economics	Government	Buenos Aires, Argentina	24 Apr 96	26 Apr 96	Exchange of experiences.	International conference with 300 participants.	Exchange of information and training.
32nd Annual meeting of the African Development Bank (ADB) and the 23rd annual meeting of the ADF Boards of Governors	ADB	Abidjan, Côte d'Ivoire	22 May 96	24 May 96	Review ADB activities.	ADB Board of Governors, UN agencies, governmental agencies and NGOs.	1) ADF VII replenished at US\$ 2.61 billion; 2) WHO/ADB projects and joint collaboration reactivated.
Opening of an international Dispensary Association (IDA) manufacturing plant	IDA	Malta	30 May 96	31 May 96	Opening of a new non-profit making IV production plant.	All IDA business partners.	
Meridian course on effective management and rational drug use	University	Aberdeen, UK	2 Jun 96	28 Jun 96	Train senior pharmacists in effective drug management and rational drug use.	Pharmacists/pharmaceutical managers from developing countries.	Diploma for all participants.

Meeting Title	Organizing Institute/ Department	Location	Starting Date	Ending Date	Objective	Target Group/Profile	Outcome/Achievements
Summer course on problem-based pharmacotherapy teaching	University	Groningen, The Netherlands	5 Aug 96	17 Aug 96	Training in problem-based pharmacotherapy teaching.	Professors and lecturers in pharmacotherapy.	Participants trained in pharmacotherapy teaching.
56ème Congrès de la FIP	FIP	Jerusalem, Israel	1 Sep 96	6 Sep 96	Adopter des résolutions pour la promotion du rôle des pharmaciens à travers le monde.	Pharmaciens et professionnels de santé et universitaires représentés près de 54 pays.	Plaidoyer pour le rôle et les fonctions des pharmaciens dans différents domaines. Plan de collaboration FIP/OMS
Conference on system science in health care	Government	Bucelona, Spain	15 Sep 96	18 Sep 96	Present a paper on health reform and drugs.	International conference with 250 participants.	Exchange of experiences.
The Hague donor meeting		The Hague, The Netherlands	18 Sep 96	18 Sep 96	Report to donors.	Staff from the Ministry of Health and Development Cooperation.	
Improving international coordination in the pharmaceutical sector	World Bank	Stockholm, Sweden	19 Sep 96	20 Sep 96	Improve coordination among four multi-lateral donors.	15 individuals from the World Bank, WHO, UNICER, European Commission; plus three SIDA observers.	1) Agreement for regular coordination mechanisms; 2) plan to address specific policy issues; 3) actions to improve country-level coordination.
International Society of Drug Bulletin (ISDB) 4th General Assembly and workshops	ISDB	Granada, Spain	23 Sep 96	1 Oct 96	Share information about provision of objective drug information and train editors of new bulletins.	Editors of drug information bulletins.	New steering group for society and successful networking and exchange of information.
Les médicaments essentiels génériques dans le secteur privé des pays de la zone Franc	Government ReMed	Douala, Cameroon	26 Oct 96	26 Oct 96	Sensibiliser les acteurs du privé à une collaboration/coopération régionale.	Fabricants, grossistes, pharmaciens d'officine, directeurs des services pharmaceutiques de 14 pays d'Afrique.	Engagement d'accroître la part des génériques sur le marché des médicaments dans la zone Franc.
Forum d'Agen		Agen, France	25 Oct 96	25 Oct 96	Present the Guidelines for Drug Donations.	NGOs in France.	Plaidoyer pour le développement des génériques et des plantes médicinales.
Les médicaments génériques et les plantes médicinales pour un développement en Afrique	ReMed	Paris, France	29 Oct 96	29 Oct 96	Présentations des études sur les deux thèmes.	Professionnels fabricants, grossistes et d'officine d'Afrique et de France.	Exchange of information. Stimulation of regional networks in AFRO, EMRO and EURO. Regional follow-up. Specific recommendations on WTO, harmonization, etc.
Eighth International Conference of Drug Regulatory Authorities (ICDRA)	Bahrain Government	Manama, Bahrain	10 Nov 96	13 Nov 96	Promote collaboration, technical exchange and consensus among national drug regulatory authorities.	Drug regulatory authorities from all regions.	
IEC Planning meeting	SADAP	Pretoria, South Africa	14 Nov 96	15 Nov 96	Discuss needs/planning and coordinated approach for information and education in support of SADAP.	Ministry of Health officials, SADAP staff/consultants, representatives of consumer and other NGOs, professional associations and drug information centres.	Preliminary data needs identified prior to development of IEC strategy.
IEC Task Force meeting	ZEDAP	Harare, Zimbabwe	18 Nov 96	18 Nov 96	Review and plan further development of ZEDAP information/education/communication strategy.	Officials from Ministry of Health, university teachers, drug bulletin editors, consumer groups and other NGO representatives.	Updated plan of action.
Séminaire sur l'usage rationnel des médicaments		Paris, France	23 Nov 96	23 Nov 96	Sensibilisation sur le concept des médicaments essentiels et de l'usage rationnel des médicaments.	Médecins et pharmaciens des hôpitaux publics à Paris.	
African course on problem-based pharmacotherapy teaching	University	Cape Town, South Africa	23 Nov 96	6 Dec 96	Teach about the inclusion of rational drug use in undergraduate medical curricula.	Senior lecturers and professors of pharmacotherapy.	
Public-private partnerships for development: win-win strategies	INMED/World Bank	Washington, DC, USA	5 Dec 96	6 Dec 96	Discuss collaboration between The World Bank, NGOs and the private sector.	Representatives from The World Bank, NGOs and private industry, mainly pharmaceutical industry.	

## Annex 5

## Professional staff

Headquarters staff of the WHO Action Programme on Essential Drugs\*

Dr Jonathan D. Quick, Director  
 Mrs Margaretha Helling-Borda, Director (retired 31.5.96)  
 Mrs Pascale Brudon, Scientist  
 Mr Brendan Daly, Administrative Officer  
 Ms Daphne A. Fresle, Technical Officer  
 Dr Vincent Habiyambere, Medical Officer (STP)  
 Mr Jörg Hetzke, Technical Officer (STP)  
 Mr Steinar Holand, Technical Officer (retired 31.8.96)  
 Dr Hans V. Hogerzeil, Medical Officer  
 Mrs Kathleen Hurst, Technical Officer (part-time) (STP)  
 Dr Sam Muziki, Medical Officer (STP)  
 Dr Anne V. Reeler, Technical Officer (STP) (from 1.2 to 31.12.96)  
 Dr Théophile Sdogandji, Technical Officer  
 Dr German Velasquez, Technical Officer  
 Mr Eshetu Wondemagegnehu, Technical Officer (STP)

Interregional Staff/Country Staff funded through DAP

Dr Francisco Rossi, Pharmaceutical Services Adviser (STC)	Bolivia
Dr Juan Arango, Pharmaceutical Services Adviser (STC)	Colombia
Mr William Barriga, Pharmacist	Ecuador
Ms Karin Timmermans, Technical Officer (STP) (until 9.12.96)	Guinea
Mr Peter Graaff, Technical Officer	Kenya
Mr Christopher Forshaw, Technical Officer (STP)	Malawi
Ms Edith Kaufmann, Technical Officer	Malawi
Miss Valerie M. Remedios, Technical Officer (STP) (until 30.8.96)	Malawi
Ms Agnes White, Training Officer (SSA)	Malawi
Dr Alejandro Midzuaray, Pharmaceutical Services Adviser (STC)	Peru
Dr Wilbert Bannenberg, Medical Officer (from 30.12.96)	South Africa
Mrs Ilham A. Bashir, IEC Officer (SSA)	Sudan
Dr Abdel Moneim El Hassan, Assistant Training Officer (SSA)	Sudan
Dr Mohamed H. Gabr, Training Adviser (SSA)	Sudan
Professor Abdel Hamid Ibrahim, Programme Coordinator (SSA)	Sudan
Dr Kamil K. Kheiralla, Training Officer (SSA)	Sudan
Dr Miguel A. Lopez, Pharmaceutical Services Adviser	Venezuela

\* The Programme reports to Dr Fernando S. Antezana, Assistant Director-General.

Regional Office funded professional staff working full-time or part-time on EDV

**AFRO**

Dr Moses G.P. Chisale, Regional Adviser, Essential Drugs and Vaccines  
Dr Bipi Mulumba, Adviser (part-time) (SSA)

**AMRO**

Dr Enrique Fefer, Regional Adviser, Programme Coordinator, Essential Drugs and Health Care Technology  
Dr Rosario d'Alesio, Adviser

**EMRO**

Dr Samira Islam, Regional Adviser, Essential Drugs  
Ms Marthe Everard, Technical Officer (to 31.7.96) (partly funded by DAP)

**EURO**

Dr Kees de Joncheere, Regional Adviser, Pharmaceuticals  
*Programme for Pharmaceuticals in CCEE/NIS:*  
Mr Kurt Fønnesbaek Rasmussen, Project Coordinator  
Dr Natela Menabde, Adviser (partly funded by DAP)  
Mr Gilles Forte, Adviser (partly funded by DAP)  
Mr Einar Magnusson, Adviser (partly funded by DAP)  
Mr Frans Stobbelaar, Adviser (partly funded by DAP)  
Mr Sam Tornquist (partly funded by DAP)

**SEARO**

Dr Kin Shein, Regional Adviser, Essential Drugs and Vaccines  
Ms Karin Timmermans, Technical Officer (STP) (from 10.12.96) (funded by DAP)

**WPRO**

Mr Truls Eriksen, Regional Adviser Pharmaceuticals and Essential Drugs, Vaccines and Biological Products

## Annex 6

## List of acronyms

ADB	African Development Bank
AFRO	Regional Office for Africa, WHO
AIDS	Acquired immunodeficiency syndrome
AMRO	Regional Office for the Americas, WHO
ANDEAN Region	Bolivia, Colombia, Ecuador, Peru and Venezuela
ASEAN	Association of South-East Asian Nations (Brunei Darussalam, Indonesia, Malaysia, Philippines, Singapore and Thailand)
CCEE/NIS	Countries of Central and Eastern Europe and the New Independent States
CPD	Country programme development
DAP	Action Programme on Essential Drugs, WHO
DMP	Division of Drug Management and Policies, WHO
DMS	Access, drug management and supply strategies
DURG	Drug Utilization Research Group
DW	Development Work
EDF	Health economics and drug financing
EDP	Essential Drugs Programme
EDV	Essential Drugs and Vaccines
EHA	Division of Emergency and Humanitarian Action, WHO
EMRO	Regional Office for the Eastern Mediterranean, WHO
EURO	Regional Office for Europe, WHO
FDA	Food and Drug Administration
FIP	International Pharmaceutical Federation
GATT	General Agreement on Tariffs and Trade
GTB	Global Tuberculosis Programme
HIV	Human immunodeficiency virus
ICDRA	International Conference of Drug Regulatory Authorities
INRUD	International Network for Rational Use of Drugs
MAC	Management Advisory Committee
MOH	Ministry of Health
NDP	National Drug Policy or National drug policy methods and monitoring, depending on context
NEDP	National essential drugs programme
NIS	New Independent States
NGO	Nongovernmental organization
OR	Operational research
OTC	Over-the-counter
PMN	Policy and management
PTAs	Policy and technical areas
QUA	Quality assurance
RDU	Rational drug use
ReMeD	Réseau Médicaments & Développement
RQC	Drug regulation and quality assurance capacity
RUS	Rational use
SEARO	Regional Office for South-East Asia, WHO
SIDA	Swedish International Development Authority
SOCEPTA	Society of Clinical and Experimental Pharmacology and Toxicology in Africa
SSA	Special Services Agreement
STC	Short-term consultant
STP	Short-term professional
SUP	Supply and Logistics
TDR	Special Programme for Research and Training in Tropical Diseases, WHO
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNCTAD/GATT	United Nations Conference on Trade and Development/General Agreement on Tariffs and Trade
UNICEF	United Nations Children's Fund
WHO	World Health Organization
WHO/DAP	DAP and WHO Regional Offices working on essential drugs
WPRO	Regional Office for the Western Pacific, WHO
WTO	World Trade Organization

