



Strategic tools

Several tools are available to implement the third WHO Medicines Strategy. The use of some of these tools involves a strategic choice as well and is therefore included in this document.

Advocacy of good public health and ethical values

A long-standing function of WHO, and especially of the former Action Programme on Essential Medicines, has been the advocacy of core public health principles. In the first decades of the programme, these messages focused on promoting the concept of essential medicines in support of equity and basic health care needs as part of Health for All. These principles are now generally understood and accepted. Yet the need to promote public health principles remains, although the nature of the messages has changed. Advocacy will continue to focus on access to essential medicines as part of the fulfillment of the fundamental right to health, the promotion of medicine quality, of transparency in medicine registration, procurement and pricing, of principles of good governance and social justice, and the promotion of rational use of medicines as part of procurement costs.

The evidence base

A second strong point of WHO's medicine programme has always been its solid foundation on highly standardized procedures and a scientific approach to develop evidence-based standards and policy guidance. This approach will be continued, and strengthened where needed (e.g., in the area of policy advice on pricing policies). The work of the five WHO Expert Committees, the three expert advisory groups and the global databases on medicine prices and medicine use studies will be continued. The Expert Committee on Medicine Policies will be re-started to focus on scientific evidence on medicine pricing, transparency, and reimbursement schemes. The accessibility of all available information to national programmes will be strengthened by

improving the WHO/medicines web site and its document-search facilities.

Within-WHO collaboration

The many medicine-related activities within WHO disease programmes are both a source of concern and a further proof that there is an increasing demand for medicine-related advice and support. Collaboration with some of the disease-oriented programmes on the selection of essential medicines, quality assurance, regulatory strengthening and medicine pricing is already very structured and advanced. The new focus of the collaboration will be the development of evidence-based treatment guidelines, comprehensive supply systems and promoting rational use. Efforts will also continue to further standardize WHO's many different methods for prequalification of priority medicines, diagnostics, reproductive health devices and vaccines. Technical collaboration within the Health Systems group will focus on PHC, support to district hospitals, medicines benefits as part of social health insurance in middle-income countries, and on planning human resources for the pharmaceutical sector.

Country support

The number of countries that are seeking WHO's advice and support in organizing their pharmaceutical sector (currently over 80 and rapidly approaching 100) is increasing to such an extent that the regional offices and HQ find it difficult to respond to all requests. Where possible, efficiencies will be achieved by reducing the support to individual countries and increasing the support to subregional and/or economic blocs, for example in the area of regional regulatory harmonization or medicines supply strategies. However, in those countries with a real political interest, WHO's

technical support will be intensified through the appointment of dedicated national programme officers. In those countries, the focus will shift towards better country information, comprehensive multi-stakeholder planning in strategic areas (regulatory support, procurement and supply chain management, rational use, national coordination of development agencies, UN reform) and on strengthening the medicines components of WHO's Country Collaboration Strategies. Where possible, the medicine programme will actively support UN reform at country level. A special case will be made for setting up basic pharmaceutical systems in countries post-emergencies.

Partnerships and WHO Collaborating Centres

The programme will continue its successful partnerships. These include the bi-annual International Conference of Drug Regulatory Authorities, the six-monthly Interagency Pharmaceutical Coordination group with all UN agencies, the WHO/UN Prequalification Programme with over 50 national regulatory agencies, Health Action International with all its medicine pricing work in over 50 countries, the International Network for the Rational Use of Drugs with over 20 countries, and the more recent International Regulatory Cooperation for Herbal Medicines and the IMPACT partnership on combating counterfeit medicines. Participation of more countries in such initiatives will be encouraged and supported. Collaboration will be further strengthened with the Global Fund, UNITAID, public-interest NGOs, and the research-based and generic pharmaceutical industry.

A very special type of partnership exists with the many WHO Collaborating Centres. The relationship with these centres of excellence will be further strengthened. Their number will be increased, in close collaboration with the regional offices; and they will be more involved in the implementation of the strategy and programme of work. At country level, the medicine programme will be further integrated within the programme of health systems.

Human resources for the pharmaceutical sector

The increasing need for human resources and task-shifting in the pharmaceutical area will be addressed by the promotion of good undergraduate training with the focus on good pharmaceutical care. In



addition, WHO will use its convening power to start a process to develop skills-based pharmaceutical training materials and performance-assessment tools for various levels of non-pharmacist staff performing pharmaceutical services within PHC. Policy guidance will be developed on setting priorities for such human resources in resource-poor settings and small countries. Work will also be undertaken with the International Pharmaceutical Federation (FIP) to further define and strengthen the role of the pharmacist; and with the International Union of Basic and Clinical Pharmacology (IUPHAR) to define and strengthen the role of the clinical pharmacologist.

WHO staff and rotational posts

The programme will continue to attract the best global experts in their respective technical fields. It will also strive to achieve full gender balance by increasing the number of female experts, especially from developing countries, through active invitations to briefing and training sessions and involvement in research projects, leading to membership of WHO Expert Advisory Panels and WHO Expert Committees. The very successful general Technical Briefing Seminars for WHO staff, UN staff, national counterparts and NGOs will be continued in two languages; in addition, specialist technical briefing seminars will be continued in selected areas, such as prequalification and medicine pricing.

If requested by the regional offices, efforts will be made to increase technical staff in regional and country offices and in technical areas identified by recent WHA resolutions. The very successful system of 3-month or 6-month rotational posts for experts from developing countries (as done already in the Prequalification and Selection Units) will be expanded to include 6-month rotational systems for selected NPOs to regional or headquarters departments. Secondments from developing countries will also be encouraged. ●



Conclusion

The need for essential medicines is as urgent now as it ever was. The achievement of the MDGs and the necessary elements of renewed primary health care are unthinkable without WHO's norms and standards, policy guidance and technical support in this area. This strategic implementation

plan provides practical guidance to WHO and all interested stakeholders on how the benefits of the essential medicines concept and WHO's longstanding experience and reputation can be used to promote universal access and patient-centred health care for all. ●

