



SEVENTH GENERAL PROGRAMME OF WORK  
 COVERING THE PERIOD 1984-1989

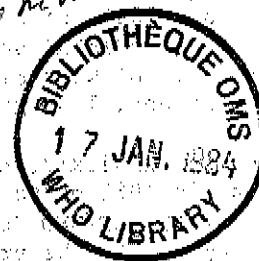
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Global Medium-Term Programme

Programme 12.2

ESSENTIAL DRUGS AND VACCINES



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

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

Governments committed to the Action Programme will decide upon and implement action appropriate to national needs and capabilities. The establishment or improvement of national drug policies, mobilization of national and international financial and technical resources, training of manpower, and development of health care infrastructures are necessary requisites for successful implementation of essential drugs programmes at country level. Many countries have already adopted the concept of essential drugs and significant progress is being made towards the implementation of their new drug policies.

WHO, in collaboration with UNICEF and supported by other United Nations agencies and bilateral agencies, the pharmaceutical industries, consumer unions and other nongovernmental organizations, will give support to developing countries committed to improvement in the supply and use of essential drugs and vaccines. This first medium-term programme, consistent with the 1982-83 work programme presented in document A35/7 (April 1982), outlines in detail these roles and how they are planned to be executed.

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## 1. INTRODUCTION AND POLICY BASIS

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

Resolutions EB61.R17, EB63.R20, WHA31.32, WHA32.41 and WHA35.27 laid the basis for the establishment in 1981 of the WHO Action Programme on Essential Drugs and Vaccines. In the same year, the UNICEF/WHO Joint Committee on Health Policy adopted a joint WHO/UNICEF programme for support to the provision of essential drugs for primary health care in developing countries.

## 2. SITUATION ANALYSIS

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

Over the past 15-20 years, the financial resources needed to satisfy the demand for pharmaceutical products, including vaccines, in developing countries have been escalating, often consuming more than 25% of the annual health budget. This situation is often aggravated due to foreign exchange shortages. In spite of the allocation of additional expenditures on drugs, most rural populations and other underserved groups have no regular access to the most essential drugs and vaccines. The procurement of substantial amounts of expensive non-essential or even inappropriate combination drugs aggravates this situation.

### 2.1 Essential drugs

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

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

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

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

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

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

## 2.2 Pharmaceutical supply systems

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

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

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

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

### 2.3 Pharmaceutical industry

The pharmaceutical industry occupies a unique position in the scope and depth of its operations in international markets. In 1982 trade in pharmaceutical products with developing countries was estimated at between 15 and 20 billion US dollars in ex-factory prices. The price to the ultimate consumer, whether paid directly or government subsidized, may be several times higher. Integrated pharmaceutical manufacture is concentrated mainly in a few industrialized countries. Processes and products are protected by patents, trade names and know-how. Pharmaceutical technology, including research and development, requires considerable skills, capital and access to relevant information sources.

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

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

### 2.4 National drug policies

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

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

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

### 2.5 The Action Programme on Essential Drugs and Vaccines

The WHO Action Programme on Essential Drugs and Vaccines, as a dynamic instrument of a national drug policy, operates in a highly complex technological, social, political and economic environment. To be effective, the policy and strategy decisions must fully reflect the realities of the predominantly societal issue of the supply and utilization of pharmaceutical products.

At the global, regional and country level, the policy and strategy on essential drugs addresses the need for a change in resource allocation toward assuring the regular supply of essential drugs initially to the primary health care system.

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

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

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

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

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

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

More than 30 fact-finding country studies have been undertaken at the request of the Member States concerned, with a view to analysing the drug supply situation and development of drug policies and programmes. The studies were carried out jointly by national experts and by WHO staff in the countries and regional offices concerned and from headquarters.

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

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

UNICEF/WHO and the Italian Government, which has offered US\$ 15 million toward the implementation of action programmes on essential drugs and vaccines, are working together to develop five country projects in Africa which are expected to start in 1984.

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

### 3. OBJECTIVE

#### 3.1 Objective of the Seventh General Programme of Work

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

#### 3.2 Specific objective

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

### 4. TARGETS

#### 4.1 Targets of the Seventh General Programme of Work

This programme's activities will aim at fostering national and international action so that by 1989 most countries will have:

- (1) formulated drug policies and strengthened national capability for their implementation, to ensure quantification of needs, procurement production as necessary, distribution, and management of essential drugs;
- (2) ensured the regular supply at the primary health care level of the most effective, frequently used, and affordable essential drugs and vaccines.

#### 4.2 Specific targets

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

##### 4.2.1 National drug policy formulation

- a) By end 1989, all countries will have been fully informed about the concept and advantages of the Action Programme on Essential Drugs and Vaccines.
- b) National drug policies based on EDV principles will have been formulated, national capability developed and programmes launched by 1986 in at least 12 countries; and by 1989 in an additional 28 countries.

#### 4.2.2 Supply of essential drugs

By 1989 most countries will have ensured the regular supply at the primary health care level of effective and affordable essential drugs and vaccines, specifically, at least 20 essential drugs will be available to 80% of the population, within one hour's walk or travel:

- a) By end 1986 in six developing countries;
- b) By end 1989 in an additional 14 countries.

### 5. APPROACHES

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

#### 5.1 Promotion

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

#### 5.2 Guiding principles

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

#### 5.3 National drug policy formulation

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

#### 5.4 Manpower development

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

#### 5.5 Procurement

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

### 5.6 Financial resources

It is anticipated that governments will allocate funds from national budgets on a long-term basis and request external funding as required from international resources. WHO, in cooperation with UNICEF, will seek financial cooperation in support of national programmes from the United Nations funds as well as from bilateral and multilateral agencies including the World Bank and regional banks. WHO's programme budget will be used to generate the information required by countries to develop their programmes, to cooperate with countries on request in applying this information, and to help them mobilize on a long-term basis the internal and external resources required until self-reliance is achieved.

### 5.7 Nongovernmental organizations/pharmaceutical industry

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

Discussions and negotiations with the International Federation of Pharmaceutical Manufacturers Associations (IFPMA) have improved the prospects for cooperation. Companies based in the Federal Republic of Germany, Switzerland and the United Kingdom have supplied anti-malarial drugs at low prices to WHO. A tender for essential drugs for Tanzania attracted 62 bids and about half of the successful offers were made by members of the IFPMA. The present situation with regard to the Federation is that nearly 60 companies have offered to supply some 250 drugs and vaccines (including 150 specifically listed in the Report of a WHO Expert Committee on "The Use of Essential Drugs" (TRS685)) at favourable prices in support of WHO's Action Programme. It is anticipated by IFPMA that pilot projects for individual "least developed countries" (LDCs) will be launched shortly. A few countries have approached IFPMA for supply of low cost drugs. Peru applied but was not considered eligible. Bangladesh, Bhutan and Malaysia had discussions with the Federation, and Haiti has recently made contacts with it. No country has, however, so far been able to receive drugs under the IFPMA offer. It should also be noted that this offer carries a number of conditions. For example, it is restricted to the public sector in least developed countries, based on EDV principles.

### 5.8 Technical cooperation among developing countries

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

### 5.9 Operational research

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

6. ACTIVITIES

Target 1 - National drug policy formulation

By 1989 most countries will have formulated their drug policies and strengthened national capability for their implementation. Specifically:

- a) By end 1989, all countries will have been fully informed about the concept and advantages of the Action Programme on Essential Drugs.
- b) National drug policies based on EDV principles will have been formulated, national capability developed and programmes launched by 1986 in at least 12 countries; and by 1989 in an additional 28 countries.

| Activities <sup>1</sup>   | 1984 - 1985 | 1986 - 1987                             | 1988 - 1989 | Linkages <sup>2</sup>   |  |
|---|-------------|---|-------------|---|--|
| <p>1. <u>Programme Development and Coordination</u> - Development and coordination of the worldwide Action Programme, by:</p> <ul style="list-style-type: none"> <li>- Focussing direction in countries in terms of global objectives, targets, approaches, activities and resource requirements.</li> <li>- Regional strategies and targets to guide regional/country activities and to allow confirmation of consolidated global targets, by: <ul style="list-style-type: none"> <li>- Identification of countries committed to an essential drugs concept and action programme and setting priorities for existing and potential country programmes;</li> <li>- Identification of realistic completion dates for formulation and implementation of national drug policies consistent with the needs and capabilities of each country;</li> <li>- Development of regional strategies and targets by all Regional Committees.</li> </ul> </li> <li>- Identification of potential partners in the programme, including UN agencies, bilateral and multi-lateral agencies, NGOs and pharmaceutical firms - and negotiating the nature and extent of their participation.</li> <li>- Development and testing of review and evaluation procedures</li> <li>- Monitoring programme progress and major issues for EB/WHA.</li> </ul> |             |   |             | <p>PHC*,<br/>EPI*, CDD,<br/>UNICEF**</p> <p>PHC*,<br/>UNICEF<br/>Regional,<br/>financial and<br/>development<br/>institutions</p> <p>COR</p> <p>EPI, CDD, PHC</p>     |  |
|   |             | Headquarters, all regions               |             |   |  |
|   |             |   | All regions |   |  |
|   |             |   |             |   |  |
|   |             | Headquarters                            |             |   |  |
|   |             |   |             |   |  |
|   |             | Headquarters, all regions               |             |   |  |
|   |             |   |             |   |  |
|   |             | Countries, all regions, headquarters    |             |   |  |
|   |             |   |             |   |  |
| <p>2. <u>Communication</u>. - Facilitate mechanism to prepare and implement communication plans:</p> <ul style="list-style-type: none"> <li>- Promotion of knowledge about the Action Programme at country level; (communication between Member States) number of target countries</li> </ul> <p>AFRO: _____ EURO: _____<br/>AMRO: _____ SEARO: _____<br/>EMRO: _____ WPRO: _____</p> <ul style="list-style-type: none"> <li>- Communication with other WHO programmes and external partners and organizations.</li> <li>- Dissemination of technical information</li> <li>- Information on the proper use of drugs</li> </ul>  |             |   |             | <p>PHC*, IFH,<br/>UNICEF</p> <p>COR, all WHO<br/>programmes<br/>concerned</p> <p>All WHO<br/>programmes<br/>concerned</p> <p>All WHO<br/>programmes<br/>concerned</p> |  |
|   |             | Countries, all regions,<br>headquarters |             |   |  |
|   |             |   |             |   |  |
|   |             | Headquarters, all regions               |             |   |  |
|   |             | Headquarters, all regions               |             |   |  |
|   |             | Headquarters, all regions               |             |   |  |

<sup>1</sup> As there was no consolidation meeting, the detailed involvement of each region will be specified at a later date.

<sup>2</sup> \* Closely related;  
\*\* Equal partner with WHO.

| Activities <sup>1</sup>  | 1984 - 1985                          | 1986 - 1987 | 1988 - 1989 | Linkages <sup>2</sup>                                       |
|--|--------------------------------------|-------------|-------------|---|
| <p>3. <u>Policy guidelines</u> - Provision of guiding principles for the formulation of national drug policies by governments.</p> <p>- Adapting the guidelines for use by countries, e.g. list of essential drugs.</p> <p>- Support countries, as requested, in applying the guidelines.</p> <p>4. <u>Manpower development</u> - Support Member States in the preparation and implementation of manpower development plans to strengthen the capability of countries to implement their national drug policies.</p> <p>- Collaborate in the development of such a plan in each target country for implementation by end 1985/1987/1989:</p> <p>AFRO: in a total of <u>    </u>/<u>    </u>/<u>    </u> countries<br/>           AMRO: in a total of <u>    </u>/<u>    </u>/<u>    </u> countries<br/>           EMRO: in a total of <u>    </u>/<u>    </u>/<u>    </u> countries<br/>           EURO: in a total of <u>    </u>/<u>    </u>/<u>    </u> countries<br/>           SEARO: in a total of <u>    </u>/<u>    </u>/<u>    </u> countries<br/>           WPRO: in a total of <u>    </u>/<u>    </u>/<u>    </u> countries.</p> <p>- Contributing, at the inter-regional level, to such plans by organizing workshops, seminars, fellowships and by identification, establishment and strengthening of a network of training institutions with emphasis on community and primary health care workers.</p> | Headquarters, all regions            |             |             | PHA*  |
|  | All regions, headquarters            |             |             |   |
|  | All regions                          |             |             |   |
|  | Countries, all regions, headquarters |             |             | HMD, EPI, CDD, MAP  |
|  | Headquarters, all regions            |             |             | HMD - National and Regional Education training institutions |

Target 2 - Implementation

By 1989 most countries will have ensured the regular supply at the primary health care level of effective and affordable essential drugs and vaccines. Specifically, at least 20 essential drugs will be available to 80% of the population, within one hour's walk or travel:

- a) By 1986 in six developing countries;
- b) By 1989 in an additional 14 countries.

| Activities <sup>1</sup>  | 1984 - 1985                          | 1986 - 1987 | 1988 - 1989 | Linkages <sup>2</sup>                 |
|--|--------------------------------------|-------------|-------------|---------------------------------------|
| <p>1. <u>Programme Coordination</u> - Development and coordination of the worldwide Action Programme as for target 4.1.</p> <p>2. <u>Procurement</u> - Collaboration with countries, as requested, in identifying and/or resolving major issues concerning procurement - e.g. drug requirements; imports; planning of pool procurement; local packaging, formulation and production of intermediates; distribution; storage; pricing and proper use.</p> <p>3. <u>Financial resources</u> - Support governments in mobilizing international financial resources to fund national programmes.</p> <p>- Promote, in cooperation with UNICEF, the support of UN funds as well as bilateral and other multi-lateral agencies including the World Bank.</p> <p>- Support countries in financial arrangements with regional banks and promoting studies of additional financing opportunities.</p> | Headquarters, all regions, countries |             |             | COR, PHC, UNICEF                      |
|  | All regions, headquarters            |             |             | SUP, PHC, UNICEF**, NGO's, CMC, IFPMA |
|  | Headquarters, all regions            |             |             | COR*, UNICEF**                        |
|  | All regions, headquarters            |             |             |                                       |

<sup>1</sup> As there was no consolidation meeting, the detailed involvement of each region will be specified at a later date.

<sup>2</sup> \* Closely related;  
\*\* Equal partner with WHO.

| Activities <sup>1</sup>   | 1984 - 1985      | 1986 - 1987               | 1988 - 1989 | Linkages <sup>2</sup>  |
|---|------------------|---------------------------|-------------|--|
| <p>4. <u>Nongovernmental organizations</u> - Identify and pursue opportunities for NGO collaboration, including the pharmaceutical industries.</p>  | Headquarters     | AMRO-SEARO, EMRO-EURO     |             | PHC  |
| <p>- Collaborate with Member States in evaluating the magnitude and details of the IFPMA offer made in 1982 in favour of developing countries and in making maximum use of it.</p>  | Headquarters     | all regions, countries    |             |  |
| <p>- Support countries in the preparation and implementation of IFPMA and other industries offers to the benefit of Member States concerned.</p>  | Countries        | Headquarters, all regions |             | UNICEF   |
| <p>- Maintaining close collaboration with the Christian Medical Commission, the League of Red Cross Societies, other NGOs and consumer unions, especially with regard to distribution and use of essential drugs.</p>   | Headquarters     | all regions, countries    |             |  |
| <p>5. <u>Technical Cooperation among Developing Countries</u> - Promote inter-country cooperation, by:</p>  | All regions      | headquarters              |             | PHA, HMD, UNIDO, UNCTAD, World Bank, Regional, economic and social schemes               |
| <p>- Identifying opportunities including outline of potential projects for TCDC in each region, especially in the areas of planning of pool procurement, training, quality assurance, exchange of information, and operational research.</p>  | All regions      | headquarters              |             | PHA, UNIDO, Regional, economic and social schemes  |
| <p>- Supporting countries in designing and implementing TCDC programmes to take advantage of such opportunities.</p>  | All regions      | headquarters              |             | PHA, UNIDO, Regional, economic and social schemes  |
| <p>- Support countries in negotiations on the terms of pool procurement by countries or groups of countries and drug companies.</p>   | AFRO, AMRO, WPRO |                           |             | Regional, economic and social schemes, Financing institutions                            |
| <p>6. <u>Operational research</u> - Implementation of operational research projects to improve programme impact and reduce programme costs.</p>   | Headquarters     | all regions countries     |             | TDR, MAL, PHC, PHA, EPI, UNCTAD, World Bank, National and regional research institutions |
| <p>- Establishment of projects by a country or group of countries in selected areas, e.g. estimation of drug requirements at different levels of health care delivery, drug utilization, international drug trade, stability of drugs, economic, financial and social implications of national implementation of essential drugs schemes.</p> | Headquarters     | all regions countries     |             | TDR, EPI, MAL, PHC, MPN, HSR   |
| <p>- Implementation of these projects and proper application of their outcome.</p>  | Headquarters     | all regions countries     |             |  |

<sup>1</sup> As there was no consolidation meeting, the detailed involvement of each region will be specified at a later date.

<sup>2</sup> \* Closely related.

## 7. PROGRAMME MANAGEMENT AND RESOURCES

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

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

WHO's programme budget reached a level of US\$ 4.23 million in 1982-1983 of which extra-budgetary resources accounted for \$ 1.03 million. Increased activity in all regions explains the 1984-1985 budget level of \$ 7.32 million. Further increases are foreseen in 1986-1989 with continued and possibly increased dependence on extra-budgetary resources.

## 8. MONITORING, EVALUATION AND INDICATORS

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

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

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

## 9. LINKAGES

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

The similarities between CDD, EPI and EDV in objectives, targets and activities require close linkages between the three programmes. Joint training programmes and review and evaluation activities at the regional and country level with PHC, CDD, EPI and PHA are anticipated from 1985-86.

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

Adequately-managed linkages are a vital element for the success of the programme at all levels. As indicated under activities, the most relevant linkages within and outside WHO are listed; however, it is important to underline the fact that the process of implementation of the programme will require strengthening of the inter-sectoral linkages since the supply of drugs is intimately related not only to the selection, distribution and logistics of essential drugs, the most suitable training and manpower development schemes but also to international trade, transfer of technology, industrial property, legislation and other aspects. At present, close linkages exist with PHC, EPI, CDD, PHA from the technical and operational point of view, also COR will play important role in the present phase (1983-86).

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

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