

FACT SHEET



The Essential Medicines Concept

“ **Essential medicines** are those that satisfy the priority health care needs for the population. They are selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost effectiveness. Essential medicines are intended to be available within the context of functioning health systems at all times, in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford. The implementation of the concept of essential medicines is intended to be flexible and adaptable to many different situations; exactly which medicines are regarded as essential remains a national responsibility.”
(WHO, 2002)

Essential medicines were originally defined by the World Health Organization (WHO) as those which: “**satisfy the needs of the majority of the population and therefore should be available at all times, in adequate amounts, in appropriate dosage forms and at a price the individual and community can afford.**”

The idea of defining essential medicines – and establishing a list of them – was developed from a report made to the 1975 World Health Assembly. These efforts were aimed to increase the range and availability of medicines for populations with poor access.

An Expert Committee on the Use of Essential Medicines was established to assist member states to select and procure essential medicines. In 1977, the first report of the Expert Committee included (a) criteria for determining if a medicine fit the definition of an essential medicines and (b) the first model **Essential Medicines List** (EML) as two examples of how the concept of essential medicines could be implemented. Since then WHO has updated the model EML every two years. In 2007, thirty years after introduction of the essential medicines concept, a model EML for children was also introduced.

Adapting the concept at national level

The model EML is expected to be adapted at national level based on the local public health context of the country. Most countries have published a national EML. Most national lists have been updated in the past five years; this exercise is crucial to reflect new therapeutic options and changing therapeutic needs.

There should be clear links between the national EML, standard treatment guidelines, national expenditure on essential medicines, and procurement practices within the country.

Campaign partners

Kenya:
CIN Kenya
Consumer Information Network
KETAM
Kenya Access Treatment Movement
KEHPCA
Kenya Hospices and Palliative Care Association
EPN
Ecumenical Pharmaceutical Network

Malawi:
MHEN
Malawi Health Equity Network

Madagascar:
SISAL
Sambatra Izay Salama

Uganda:
AGHA
Action Group for Health Human Rights and HIV/AIDS
HEPS
Coalition for Health Promotion and Social Development
NAFOPHANU
National Forum of PLHA Networks in Uganda

Zambia:
NZP+
Network of Zambian People Living with HIV/AIDS

TALC
Treatment Advocacy and Literacy Campaign

Zimbabwe:
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Selection of medicines for the national EML

Within a country, the selection of essential medicines is usually a two-step process. The first involves regulatory approval, which is based on a review of efficacy, safety, and quality of medicines (without comparison between medicines). From these registered products, essential medicines within a therapeutic class are then selected on the basis of comparative efficacy, safety, and cost. To best ensure the widest acceptance of the list, the selection process for essential medicines needs the involvement of a number of stakeholders, including prescribers, dispensers, academics, health facilities, civil society, professional organizations, and others.

The importance of an EML

An EML serves the following important functions:

- to guide the procurement and supply of medicines in the public sector
- to inform reimbursement schemes
- to inform medicine donations
- to define training of health workers
- to guide program managers and policy makers on medicines that require priority in terms of access and production
- to stimulate local production, quality control and development of manufacturing infrastructure

Before 2002, relatively expensive medicines were basically not found on the WHO model EML. This was successfully challenged by public health advocates and treatment activists. With the issue abolished, traditionally more expensive medicines (such as antiretrovirals) were quickly included on the WHO model EML and the official definition of essential medicines was updated to: *“Essential medicines are those that satisfy the priority health care needs of the population. They are selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost effectiveness. Essential medicines are intended to be available within the context of functioning health systems at all times, in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford. The implementation of the concept of essential medicines is intended to be flexible and adaptable to many different situations; exactly which medicines are regarded as essential remains a national responsibility.”*

It is also important to stress that essential medicines are not second rate medicines for poor people, but that they represent the most cost effective treatments for a given condition

Challenges

The essential medicines concept and the model WHO EML have often been praised for establishing priorities for developing countries on selection of, and expenditure on, medicines to meet the needs of their populations. However, there is a concern that the process has eliminated some key medicines which might not be needed for the majority of the population, may be crucial for the treatment of certain diseases (such as cancer) and specific age groups (such as the elderly).

Although considerable progress has been made in the 30 years since the WHO introduced the essential medicines concept, the benefits have been inequitable. Only two-thirds of the world's population has access to the medicines they need, leaving one-third -- about 2 billion people -- without access. And in the poorest parts of Africa and Asia, more than half of the population lacks access.

A renewed commitment to the essential medicines concept is urgently needed in order to realize the spirit and intention of the deliberations of 1977.

References

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