IDA and the concept of essential drugs *

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1. Introduction: the WHO essential drugs strategy in a changing world

Millions of children and adults still die each year from easily treatable diseases. WHO’s mission in essential drugs is to close this gap between potential and reality, by assisting countries to ensure equity of access to essential drugs, rational use of drugs, and drug quality. The essential drugs concept is as relevant today as it was 20 years ago. It is evidence based, aiming at the best balance between efficacy, safety quality and cost; it promotes efficiency by careful management of resources; it is globally applicable, from small rural clinics to large teaching hospitals; and it is forward looking through regularly updated drug selections.

Since 1972, when IDA was founded, considerable progress has been made. National drug policies now guide development in numerous countries; the essential drugs concept is widely accepted, even in developed countries such as Australia, Norway, the United Kingdom and the United States; undergraduate, clinical and in-service training are improving; and access to independent therapeutic information is increasing.

All the same, global changes pose new challenges and uncertainties. Health sector reform leads to changes in health care financing and drug supply systems; emerging diseases, ageing populations and growing drug resistance result in new and more expensive drug needs; and global trade agreements, industrial restructuring and the shift from prescription to over-the-counter drugs are leading to considerable changes in the pharmaceutical industry. In response to these challenges, the WHO Department of Essential Drugs and Other Medicines (EDM) has identified six areas for policy and technical development. Each of them will briefly be described below.

2. National drug policies

The benefits of national drug policies are not being fully realized. Less than one third of countries have developed national drug policies, less than half of these have active implementation plans, and fewer than 20 countries have systems to monitor the impact of these policies on society. EDM will expand its activities to promote the participatory policy process, and to assist countries in priority setting, developing implementation strategies and monitoring mechanisms.

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3. Access to essential drugs

Too many people still lack access to essential drugs. Over one third of the world’s population have no regular access, of which 320 million in Africa; especially in Africa and more recently in Asia the problem is worsening due to economic pressures. Over the coming years EDM will expand action to defending the case for essential drugs in health reform, to develop and publish practical experience in drug financing, and to encourage studies on the effect of globalization of trade on the health scene.

4. Supply systems

Drug supply systems are too often costly, unreliable, or both. In 13 countries studied, public sector purchase prices proved to range from 63 to 200% of world market prices, with 125% as an average figure; privatization and decentralization of central medical stores have unintended effects; and in most developing countries a large proportion of drugs are distributed through the informal sector. EDM plans to intensify its activities to promote availability of drugs and the efficacy of distribution through better national drug supply strategies, review of the respective roles of the public and private sectors, application of modern management methods, and the placing of more emphasis on the informal sector.

5. Rational use of drugs

Irrational drug use remains a widespread hazard to health. In teaching hospitals up to 75% of antibiotic prescriptions are inappropriate; in some countries children of 2 years old have already had an average of 20 injections or more; 50–90% of drug purchases are private; in most developing countries about half of the consumers buy not more than one day’s supply at a time; and half of the people worldwide fail to take their medicines correctly. EDM will continue to promote the rational use of drugs by prescribers, dispensers and consumers by adopting new approaches to training health professionals, promoting continuing education, more involvement of pharmacy staff, and intensified work on consumer and patient education.

6. Quality assurance

High standards exist for drug regulation and quality, but enforcement is variable. Less than one third of developing countries have well-functioning regulatory authorities; in one study covering ten countries on average 20% of drugs failed quality control tests; and global trade is bringing new challenges to quality assurance worldwide. EDM will support activities to strengthen regulatory authorities by improved financing, management and human resources development, and will continue to promote drug quality management through good manufacturing practices, good procurement practice, the efficient use of quality control facilities, and active inspection.

7. Finding the right balance

In achieving the above-mentioned goals, several political choices have to be made and balances have to be struck. The following are only a few examples.
Equity versus privatization: Privatization and equity do not go very well together. The current global trend towards reduced government involvement through decentralization and privatization, is leading to increased inequities between the rich and the poor, between cities and rural areas, and between districts themselves. Even with reduced government involvement in health, good governance should always include mechanisms to promote and control the quality of health care, irrespective of who delivers it, and the provision of a social safety net for the poor and disadvantaged. Private health care has a natural tendency to gravitate towards urban areas and richer patients, and usually leaves large sections of the population uncovered. Solidarity is the issue here, and an enlightened government is needed to compensate for the lack of it. In the words of Dr Bengzon, the former Minister of Health of the Philippines, society should try to find the right balance between public good and private gain.

The price of quality: Quality has a price, and not everybody is willing or able to pay for it. Here another balance has to be struck. The international manufacturing industry promotes a global quality standard; but, on the other hand, in most developing countries the high standard of the developed world is not easily achieved. The choice of drug products then becomes an issue of risk management, based on a solid assessment of what one might well call the marginal cost-effectiveness of drug quality. In other words, a high standard of drug production and quality control eliminates a certain medical risk, but at a price which may be scarcely affordable. The decision to procure particular products or brands should then be based on the balance between the extra cost involved and the reduced medical risk that is achieved.

8. IDA and the concept of essential drugs

The 25th anniversary of the International Dispensary Association is an appropriate moment to put on record WHO’s appreciation for the great contribution that IDA has made to promoting WHO’s essential drugs concept. One might first mention IDA’s support in developing the New Emergency Health Kit and the many joint studies on the stability of essential drugs in tropical climates. But more important than that is the immediate and nearly complete application of WHO’s technical policies and guidelines. Examples are the IDA catalogue which, for many years, strictly follows the WHO Model List of Essential Drugs; the immediate supply of the New Emergency Health Kit in accordance with the WHO guidelines; and the rapid inclusion of magnesium sulphate as an essential drug on the IDA list. The EDM logo on most of IDA’s products has been a major factor in the global promotion of the essential drugs concept, and is still fully justified by all standards.

Good performance also brings a responsibility to share. IDA is doing exceedingly well in linking drug procurement with a carefully planned and well-executed cost-effective quality assurance system. This is where many developing countries can benefit from IDA’s experience, and this is also the area where EDM would like to continue the fruitful collaboration with IDA through the development of training courses, fellowships and joint training materials.

The concept of essential drugs implies a moral choice for equity, solidarity and compassion for the poor and disadvantaged. IDA has made this choice long ago and we all hope that it will continue along the same lines for many years to come.