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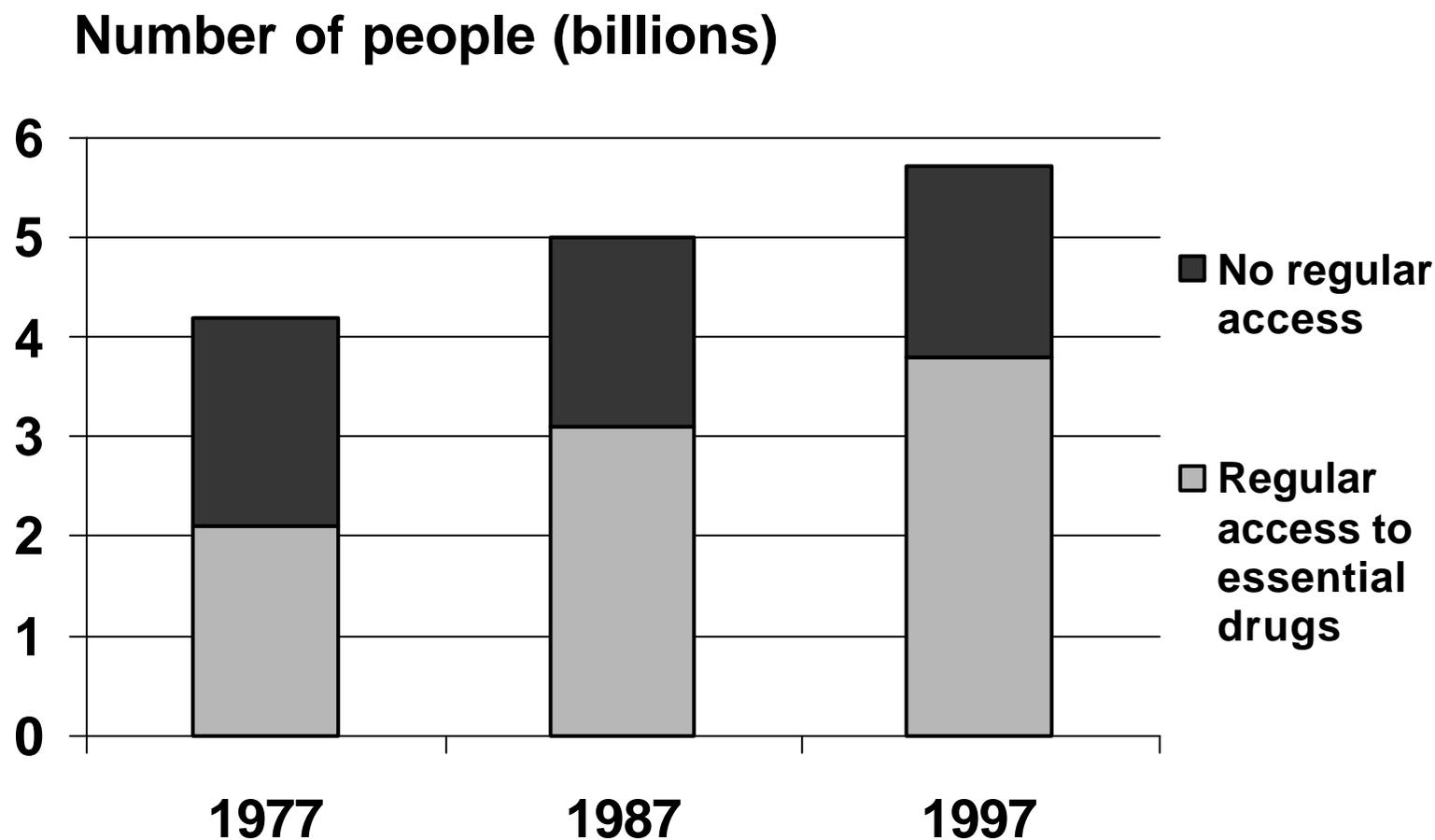
# **Ensuring access to essential drugs - framework for action**

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**World Health Organization**

April 2001

# Access to essential drugs has increased over 20 years - but a huge gap remains



# 1. Rational selection

Essential drugs concept widely accepted - a floor not a ceiling



3

Countries with an official selective list for training, supply, reimbursement or related health objectives. Some countries have selective state/provincial lists instead of or in addition to national lists.

World Health Organization



# 1. Rational selection

Essential drugs concept widely accepted - a floor not a ceiling



## Key action - *define what is needed*

- develop evidence-based treatment guidelines
- base essential drug list on treatment guidelines
- regularly update using best evidence
- use for supply, reimbursement, training, education
- ensure development of needed new drugs

ies with EDLS  
2 years  
5 years

National Essential D

- < 5 years (127)
- > 5 years (29)
- No NEDL (19)
- Unknown (16)

4

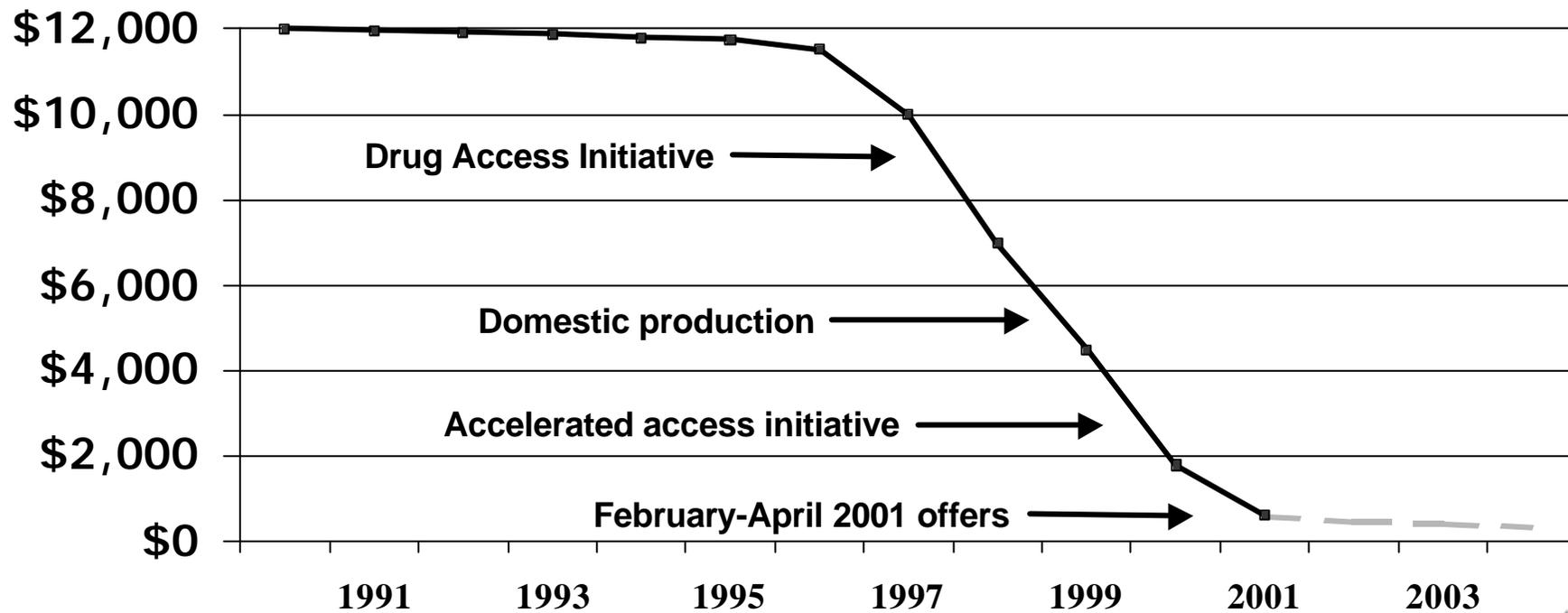
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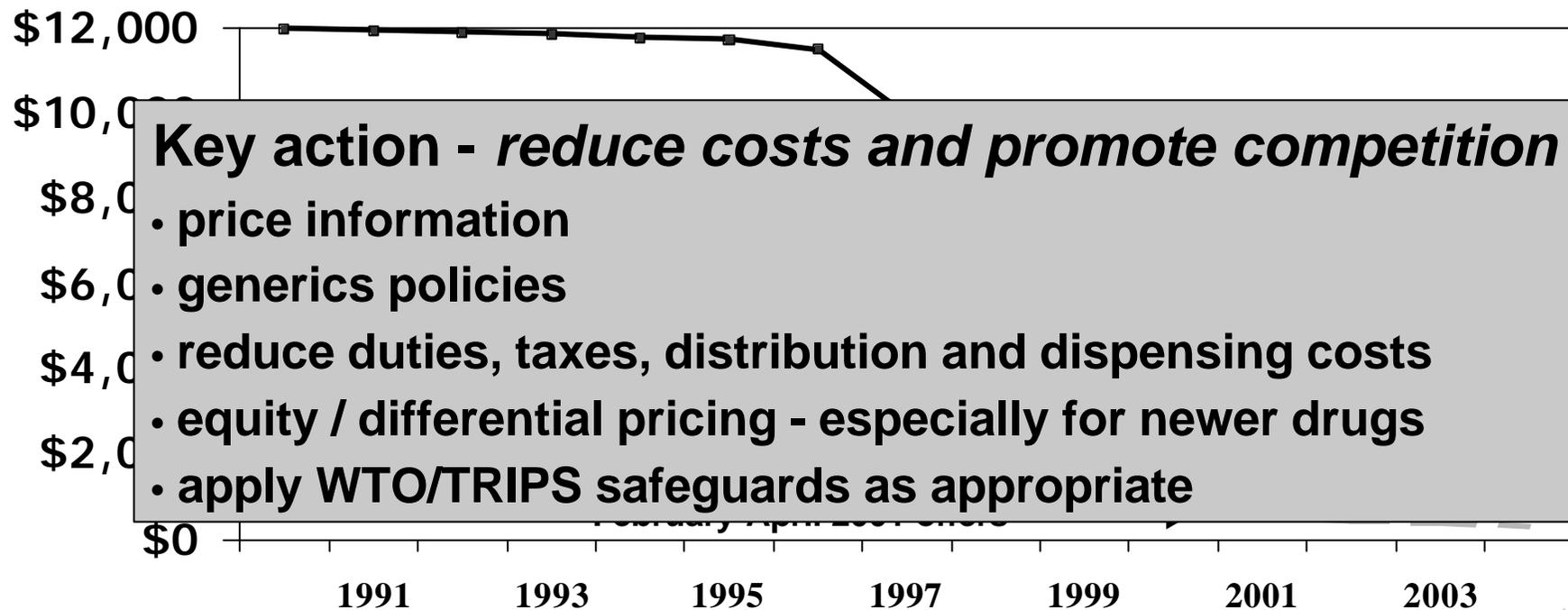
## 2. Affordable prices

Annual cost per person for triple therapy in Africa  
(US \$)



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**Key action - *reduce costs and promote competition***

- price information
- generics policies
- reduce duties, taxes, distribution and dispensing costs
- equity / differential pricing - especially for newer drugs
- apply WTO/TRIPS safeguards as appropriate



### 3. Sustainable financing

#### Fairness in financial contribution varies greatly

- rank order of 191 WHO Member States

##### ■ Top 5 countries, Africa

- Mozambique 39
- Tanzania 48
- Chad 59
- Rwanda 59
- Ghana 74/75

##### ■ Bottom 5 countries, Africa

- Burkina Faso 173/174
- Zimbabwe 175
- Nigeria 180
- Cameroon 182
- Sierra Leone 191

In 38 countries public drug expenditure is < US\$ 2.00 / capita



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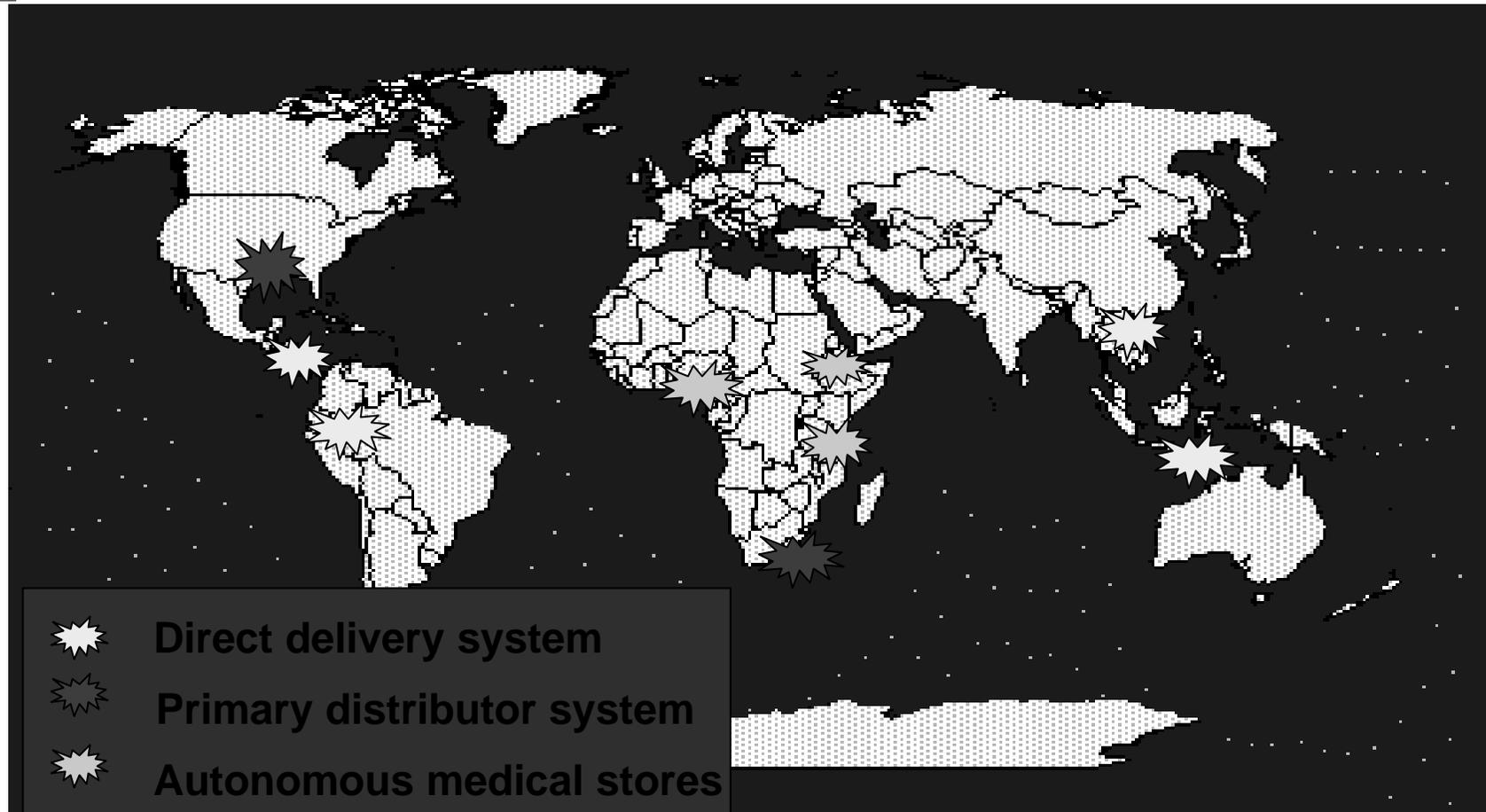
#### ■ Key action - *develop all viable funding sources*

- appropriate public funding
- expand health insurance coverage & drug benefits
- extend employer role in health financing
- better use of out-of-pocket spending
- ➔ expand external funding - grants, donations

In 38 countries public drug expenditure is < US\$ 2.00 / capita



## 4. Reliable health and supply systems



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### **Key action - *ensure availability and quality***

- integrate drug management in health systems development
- create efficient public-private-NGO mix
- assure drug quality through production & distribution chain
- promote rational prescribing, dispensing, use by patients

- ✦ Direct delivery system
- ✦ Primary distributor system
- ✦ Autonomous medical stores



# UN framework for action - Access to HIV-Related Drugs



## 1. Rational selection

↳ review of HIV-related drugs in treatment guidelines

## 2. Affordable prices

↳ UNICEF-UNAIDS-WHO list of prices for HIV-related drugs

## 3. Sustainable financing

↳ advocacy for substantial increases in external financing

## 4. Reliable health and drug systems

↳ operational research on optimal monitoring of ARV therapy

Developed by Interagency Task Team on Access to HIV Drugs, consisting of UNAIDS, WHO UNICEF, the World Bank, UNFPA, UNDCP, UNDP, UNESCO, WIPO



# Ensuring access to essential drugs

- framework for collective action and  
for defining roles and responsibilities

