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Essential Medicines List
WHO Expert Committee Open Session
April 20, 2015

Contribution from IMS Institute for Healthcare Informatics

Honourable members of the Expert Commitee,

The IMS Institute for Healthcare Informatics undertakes research for policy setters and decision makers on healthcare system dynamics based on granular analysis of information, and is part of IMS Health, a leading global information and technology services company.

The IMS Institute has undertaken a study of the role and use of the World Health Organization (WHO) Model Essential Medicines List (EML). The research included a review of the evolution of the WHO list since its inception; a comparison of the WHO list with the EMLs implemented in a selection of nine countries; and discussion of factors that affect the implementation of EMLs in these countries. The countries selected were Brazil, China, India, Indonesia, Kenya, Malawi, Philippines, South Africa and Tanzania. The research was undertaken independently with funding from the International Federation of Pharmaceutical Manufacturers and Associations.

New findings from this research include the following:

- The extent to which drugs included in the WHO EML are also included in country EMLs varies widely, from 65% to 31% in the countries assessed. Similar levels of variation are observed among those drugs for the treatment of key non-communicable diseases (diabetes, respiratory diseases, cancer and cardiovascular diseases) (NCD), key communicable diseases (malaria, HIV, tuberculosis) and vaccines.
- The increased focus on key non-communicable diseases is reflected in the doubling of the number of NCD medicines in the WHO list since 1977 (from 31 to 63 medicines) and their accounting for 15% of the total EML. Comparative figures are echoing this evolution at a country EML level.
- When focusing observations on more specific disease categories, the rising prevalence of diabetes has led to some country EMLs adopting very different portfolios of oral anti-diabetic treatments than the WHO model list.
- Newer targeted anti-cancer agents do not appear on the WHO Model EML, but are included in numbers in some of the country EMLs reviewed. The WHO's plan to review targeted therapies in 2015 is a positive step in potentially bringing these treatments to more patients.

- In the case of mental health, we note that the WHO EML does not include any drugs introduced since 2000, and only three of the countries studied included even one mental health drug launched in the past 15 years.
- While important progress has been made, impediments to the full implementation of country EMLs and universal availability of drugs on the lists remain significant. The most commonly cited barriers are healthcare infrastructure, availability, and pricing, but the way in which they affect EML implementation varies according to local circumstances.

Some of the issues raised in this study include the following:

- As Universal Health Coverage gains momentum as a global health platform, what should be the role of EMLs and what are the implications for stakeholders?
- How can the relevance of the WHO Model EML to country-specific interests and requirements be increased, in light of the significant deviations observed across the nine countries reviewed?
- What policy levers, tactical support and advice should the WHO prioritize in order to improve the implementation of the EML concept across low- and middle-income countries, including linkage to treatment guidelines, regulatory pathways, and procurement mechanisms?
- How can the assessment of EMLs for addition or removal be more transparent, including the approach used for cost-effectiveness assessment?
- How should the WHO EML program be evaluated and its impact measured over the next two years and longer term?

The IMS Institute appreciates the opportunity to contribute these findings and to engage with the WHO Expert Committee, at a time it considers the revision and evolution of the EMLs. The IMS Institute remains available to contribute to this important work.

Thank you for your attention.