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Essential drugs: a concept that remains as relevant as ever

The concept of essential drugs was both hailed and strongly criticised when it was originally published by the World Health Organization (WHO) in 1977. However, it has stood the test of time and has since been adopted by a great many countries on every continent.

Far from being a simplistic idea applicable only to low income countries, the concept of essential drugs is relevant to public health policy in all countries and to individual doctors and pharmacists in their daily practice, in every situation.

A reference list of essential drugs

The concept of essential drugs is based on a simple fact: a limited number of effective, safe, high-quality, reasonably priced drugs is capable of satisfying the priority healthcare needs of the majority of the population. This strategy was proposed by the Director-General of the WHO at the 1975 World Health Assembly to solve the problems that the provision of medicines poses in poorer countries.

Earlier strategies had already attempted to rationalise the profusion of drugs flooding onto national markets, with notable examples in Egypt in the 1950s, Sri Lanka in 1960, and Mozambique in 1975. The experience gained in these countries helped refine the concept of essential drugs, and a "model list" of essential medicines was eventually published by the WHO in 1977.

A list covering priority healthcare needs. An expert committee composed of academics, medical practitioners and pharmacists from every continent was given the task of selecting which drugs to include in the list. The committee did not intend the list to be prescriptive, but considered it "*a tentative identification of a "common core" of basic needs which has universal relevance and applicability.* […] *However, the concept of "essential drug lists" must accommodate a variety of local situations if the lists are ever to meet the real health needs of the majority of the population"* (...).

Lessons for the present and the future, in every country

The International Federation of Pharmaceutical Manufacturers and Associations were up in arms at the WHO director's suggestion in 1977 that the concept of essential drugs is "*also invaluable for industrialised countries, in which the rising cost of drugs is a growing burden*". Yet this view is universally accepted in the current era of generic drugs and containment of pharmaceutical expenditure. The experience with essential drugs in low income countries has provided useful lessons for all countries.

Rational drug use: an approach worth adopting. Numerous studies have shown that irrational prescribing occurs in both high and low income countries. It is undoubtedly difficult to change prescribing and dispensing habits acquired over many years. Therefore, although not yet part of health professionals' standard training, we need to "*immunise students against the influences they are likely to encounter in their professional life, such as patient pressure, drug promotion and irrational prescribing by peers*" (...).

Therapeutic need. According to the WHO guidelines published in 1977, new drugs are only included in the list "*if they offer distinct advantages over drugs previously selected*" (...).

The French, European and American drug regulatory agencies currently pay little attention to therapeutic need when granting marketing authorisations.

There is still a long way to go before rational drug use becomes the primary objective of pharmaceutical policy in both low and high income countries.

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