Underutilized Commodities in Essential Medicines Lists

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Essential Medicines Lists

• The World Health Organization issues an Model List of Essential Medicines, updates it regularly (every 2 years).

• Countries develop their own Essential Medicines Lists (EML), largely based on the WHO list. However, countries don’t always include all of the drugs and commodities that are included in the WHO list.

• Each country has its own process and timeframe for updating its EML.

• At the country level, the EML is sometimes (but not always) an important policy document that dictates what the public sector will procure for health systems.

• Drugs can be registered and sold in a country without being in the EML.
Problem: Information on which RH commodities are included in country EMLs is hard to find.

Solution: An on-line database, searchable by country or commodity
Demonstration of EML Database

http://www.cecinfo.org/rhsc/
Discussion:

• How can this database be used by advocates to track and influence the EML revision process at the country level?

• What is the process for keeping the database updated as new methods are added to the mix and as countries update their EMLs?

• Currently filled for the 13 commodities identified as underutilized by the NURHT Caucus. Is there a benefit to adding other RH Commodities?