

Criteria for selection of essential medicines

The following criteria are the existing criteria use for the selection of essential medicines. They date from 2001, when the selection procedures were reviewed following extensive consultation with Member States and Organizations, and have been approved by the Executive Board of the World Health Assembly.

The expert meeting is asked to review these criteria in relation to selection of essential medicines for children. The matter of appropriate dosage forms and strengths of medicines for children is covered currently in point 1. The burden of disease in children may be different from that in adults but is still identified as a criterion.

ACTION

The meeting is asked to review and either:

- *endorse these criteria for selection of essential medicines for children*

OR

- *propose modifications to be referred to the next meeting the Expert Committee on the Selection and Use of Essential Medicines.*

1. The choice of essential medicines depends on several factors, including the disease burden and sound and adequate data on the efficacy, safety and comparative cost-effectiveness of available treatments. Stability in various conditions, the need for special diagnostic or treatment facilities and pharmacokinetic properties are also considered if appropriate. When adequate scientific evidence is not available on current treatment of a priority disease, the Expert Committee may either defer the issue until more evidence becomes available, or choose to make recommendations based on expert opinion and experience.

2. Most essential medicines should be formulated as single compounds. Fixed-ratio combination products are selected only when the combination has a proven advantage in therapeutic effect, safety or compliance over single compounds administered separately. Examples of combination medicines that have met these criteria include new formulations for tuberculosis and malaria.

3. In cost comparisons between medicines, the cost of the total treatment, and not only the unit cost of the medicine, is considered. Cost and cost-effectiveness comparisons may be made among alternative treatments within the same therapeutic group, but will generally not be made across therapeutic categories (for example, between treatment of tuberculosis and treatment of malaria). The absolute cost of the treatment will not constitute a reason to exclude a medicine from the Model List that otherwise meets the stated selected criteria. The patent status of a medicine is not considered in selecting medicines for the Model List.