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# The selection of essential medicines for mental health

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## Essential medicines

### ■ The concept of essential medicines

**A limited range of carefully selected essential medicines leads to better health care, better drug management, and lower costs**

### ■ Definition of essential medicines

**Essential medicines are those that satisfy the priority health care needs of the population**

**(Report to WHO Executive Board, January 2002)**



## Full description of essential drugs

(Expert Committee Report, April 2002)

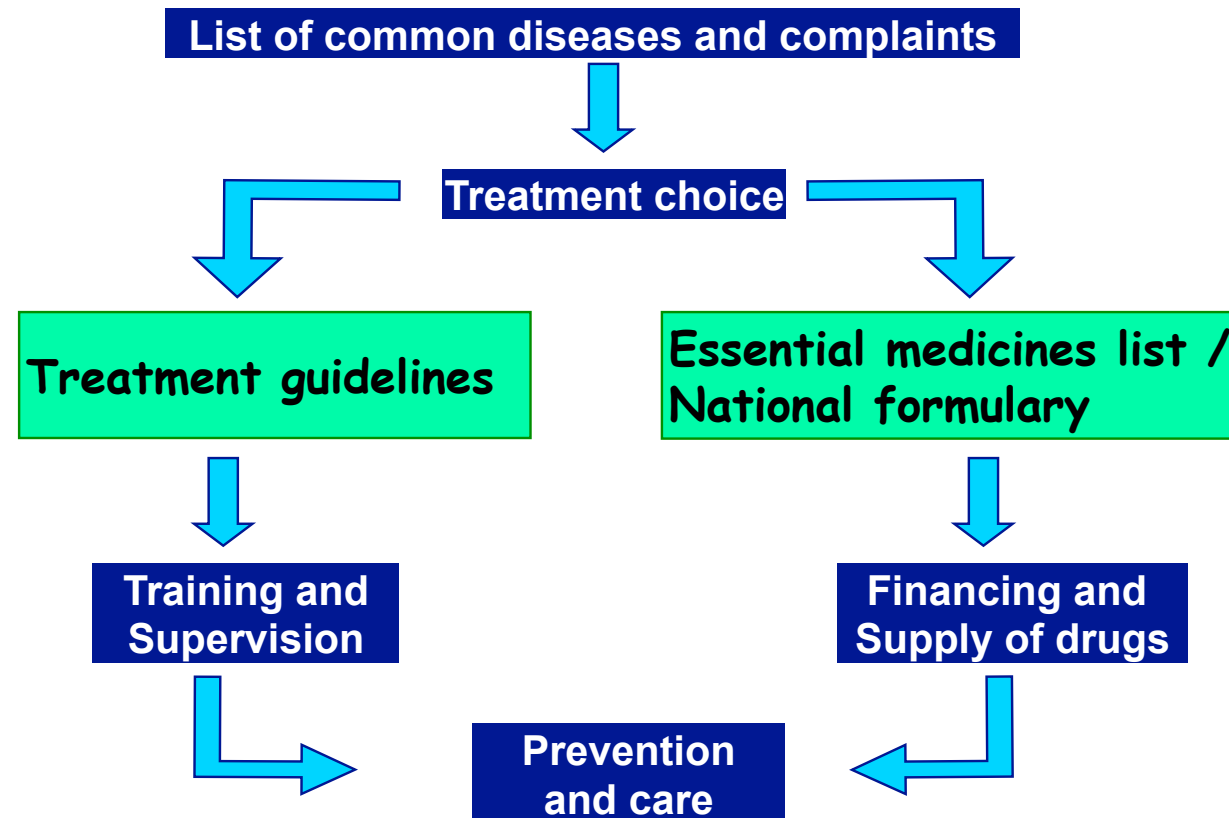
**Definition:** Essential medicines are those that satisfy the priority health care needs of the population

**Selection criteria:** Essential medicines are selected with due regard to disease prevalence, evidence on efficacy and safety, and comparative cost-effectiveness

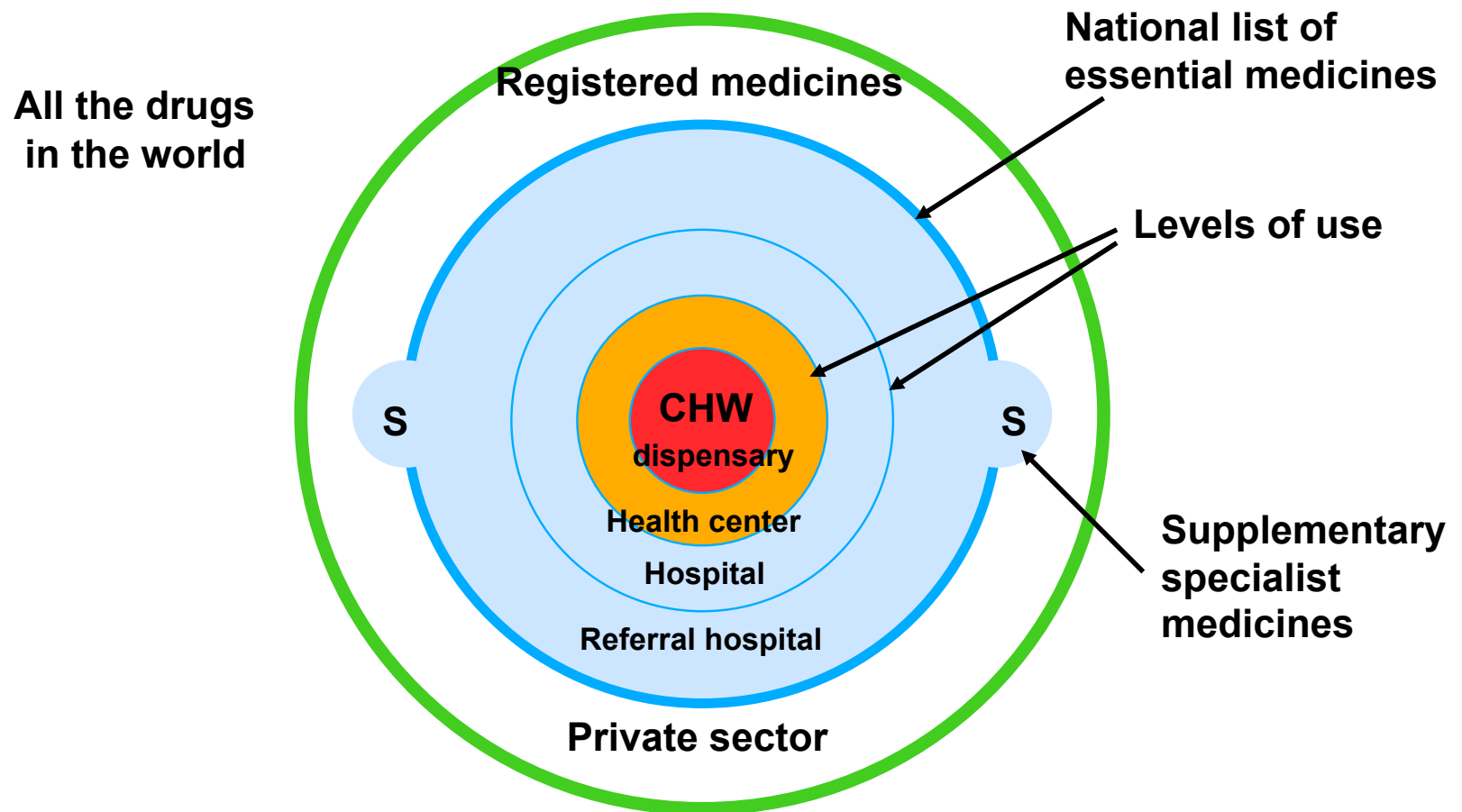
**Purpose:** Essential medicines are intended to be available within the context of functioning health systems at all times, in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford.

**Implementation:** The implementation of the concept of essential medicines is intended to be flexible and adaptable to many different situations; exactly which medicines are regarded as essential remains a national responsibility.

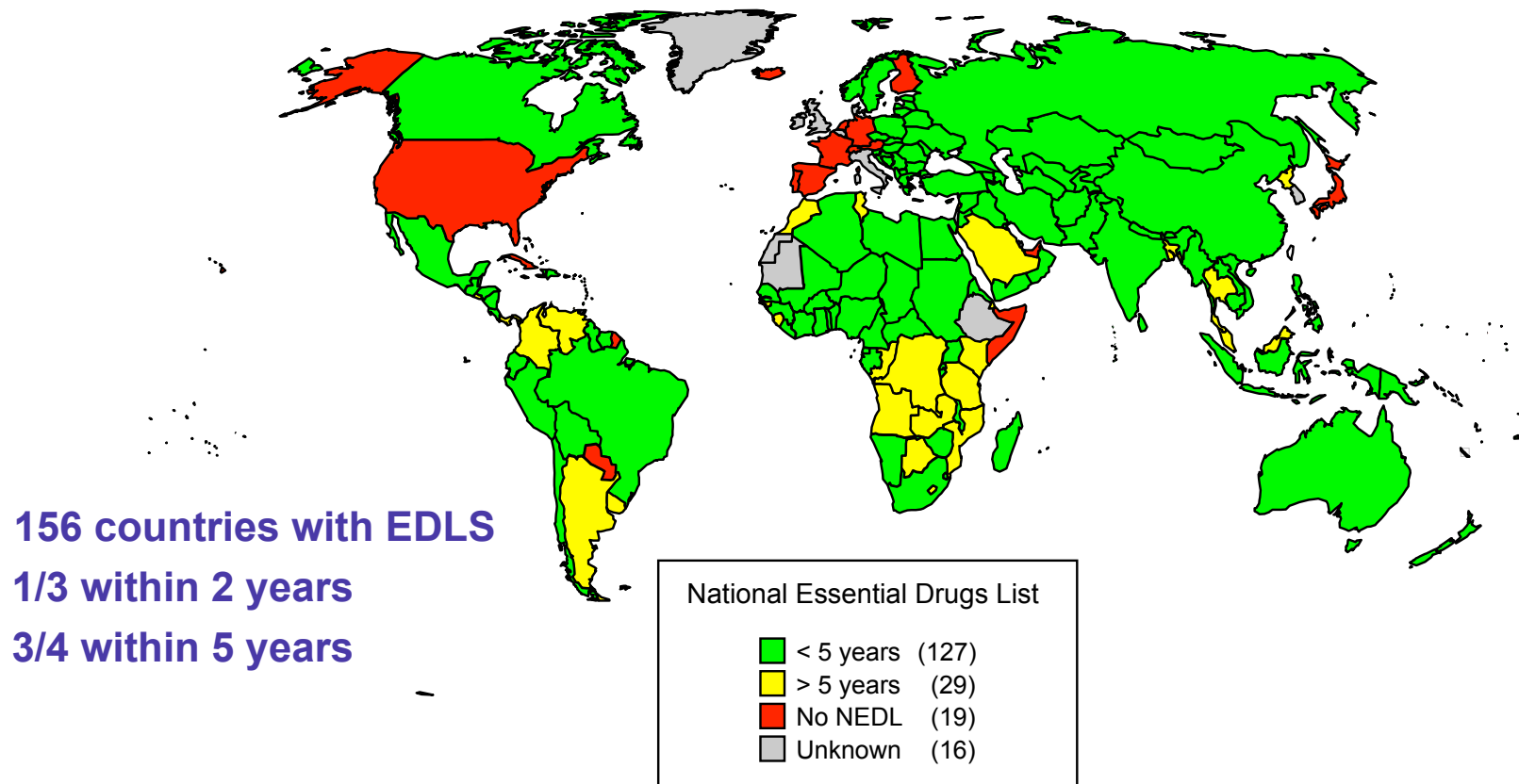
## Clinical guidelines and a list of essential medicines lead to better prevention and care



## The Essential Medicines Target



## Number of countries with a national list of essential medicines





## **Applying the essential medicines concept to mental health: Special issues for EMs for mental health**

- **No international political support (not in Alma Ata, MDGs)**
- **Evidence on effectiveness often not available; health outcomes often not very well defined or difficult to measure**
- **Strong advocacy for “range of personal choices” is opposed to concept of essential medicines**
- **Insufficient trained personnel; common practice of hospital-based care in urban areas rather than rural outpatient care**
- **Need for task-shifting to lower-level health workers**
- **Chronic treatment may lead to catastrophic health expenditure (>20% of income) and poverty**

## Applying the essential medicines concept to mental health: WHO Model List of Essential Medicines, 2012

Psychiatric disorders	chlorpromazine	inj, liq, tab
	fluphenazine	inj
	haloperidol	inj
	rispiridone	tab/caps
	clozapine	tab/aps
Mood: Depression	amitriptyline	tab
	fluoxetine	tab/caps
Mood: Bipolar disorders	carbamazepine	tab
	lithium carbonate	tab/caps
	valproic acid	tab
Anxiety	diazepam	tab
Obsessive compulsive dis.	clomipramine	tab
Substance abuse	nicotine	gum, patch
	methadone	liq
Epilepsy/anticonvulsant	carbamazepine	tab, liq
	diazepam	gel, solution
	lorazepam	inj
	magn. Sulfate	inj
	phenobarbital	tab, inj, liq
	phenytoin	tab, inj, liq
	valproc acid	tab, liq
	ethosuximide	cap, liq



## Applying the essential medicines concept to mental health: Levels of essential mental health care

*N.N.Wig, H.V.Hogerzeil, WHO/EMRO 1990*

	Spec	GP	M.Ass	CHW
<b>Neurotic disorders</b>				
Anxiety	x	x	>	
Depression	x	x		
<b>Psychiatric disorders</b>				
Schizophrenia	x	x	x	>
Other	x			
<b>Epilepsy</b>				
Grand mal	x	x	x	>
Other	x			
<b>Emergencies</b>				
Acute psychosis	x	x	>	
Acute alcohol withdrawal	x	x		
Status epilepticus	x	x		
<b>Other disorders</b>				
Withdrawal	x	x		
Insomnia	x	x		



## **How is appropriate selection of medicines adversely affected by low and/or variable availability?**

- **Low availability of generic products in the public sector forces patients purchase products from the private sector; usually branded products at 3-6 times the price**
- **Generic supply in the public sector is the most cost-effective way of supplying essential medicines**



## Medicine market: Private dispensing is less cost-expensive than public supply of generic medicines

Days' minimum wages needed to pay for treatment, Peru

	Brand – Private pharmacy	Generic – Private pharmacy	Generic – Public sector
One month's therapy – glibenclamide*	4.4 days	2.1days	0.9 days
One month's therapy – ranitidine**	7.9 days	2.2 days	1.3 days


\*for oral treatment of type-2 diabetes; \*\* for treatment of peptic ulcer



## **How is appropriate selection of medicines adversely affected by regulatory and procurement procedures?**

- **Most EMs for mental health are off-patent. This implies many generic products are potentially available; most generic EMs are very cheap**
- **Regulatory problems may be linked to bad quality domestic products, and/or lack of commercial interest by international companies due to small market volume and low prices**
- **Lack of public procurement is usually due to lack of treatment capacity in public sector, lack of patient demand, and lack of political interest**

**If you don't ask, you don't get**



## **How is appropriate selection of medicines adversely affected by prescription practices and patient demand? And by cost generation?**

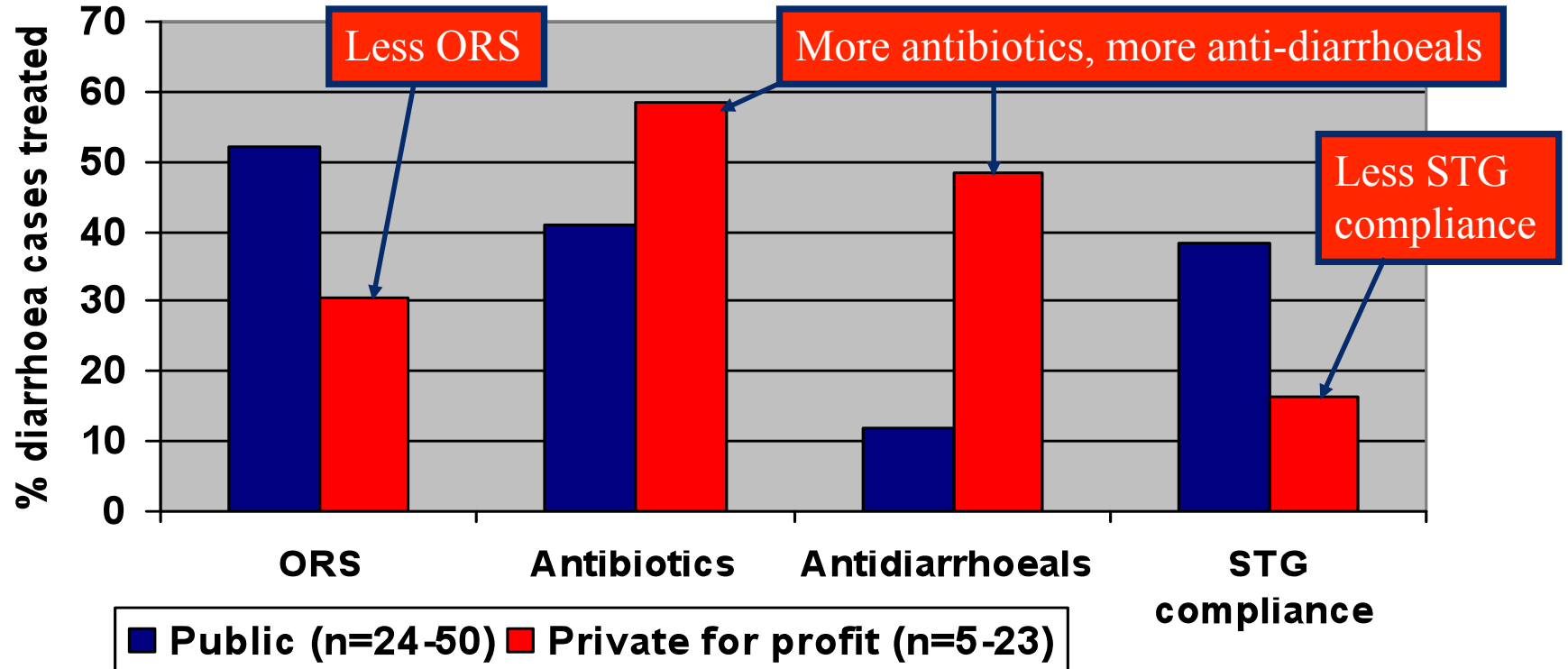
- **International evidence-based treatment guidelines have long been missing; but good WHO model treatment guidelines for mental health are now available ([linked to WHO/EML](#))**
- **Patient demand is low because patients have learnt not to expect much from the public sector**
- **In the private sector, many doctors prescribe and dispense; this creates a conflict of interest. Prescribing in private practice is less cost-effective than in the public sector**

## Reliable systems: the treatment

Treatment is less effective in the private sector

### Treatment of acute diarrhoea in 73 public and private practices

Source: WHO/PSM database, 2004.





## Conclusion

- **The concept of essential medicines is a global concept; essential medicines are NOT second-rate medicines for rural areas**
- **The selection of essential medicines is closely linked to evidence-based clinical practice guidelines**
- **Privatised psychiatrist-based hospital-based mental health care will never achieve universal access to essential mental health care**

**Universal access to essential care for mental health should be based on expansion of outpatient care, performed by trained paramedical personnel, supported by evidence-based treatment guidelines and a national list of essential medicines for mental health, supplied as generic medicines, and reimbursed within social health insurance schemes.**