

## Essential Medicines And Health Supplies List For Uganda

*The Selection and Use of Essential Medicines* Diamond Pocket Books (P) Ltd.

*This third edition of Guidelines for Medicine Donations has been developed by the World Health Organization in cooperation with major international agencies active in humanitarian relief and development assistance. The guidelines are intended to improve the quality of medicine donations in international development assistance and emergency aid. Good medicine donation practice is of interest to both donors and recipients.*

*Based on Dr. Auerbach's renowned Wilderness Medicine text, Field Guide to Wilderness Medicine, 5th Edition, is your portable, authoritative guide to the full range of medical and emergency situations that occur in non-traditional settings. Useful for experienced physicians as well as advanced practice providers, this unique medical guide covers an indispensable range of topics in a well-illustrated, highly condensed format – in print or on any mobile device – for quick access anytime, anywhere. An easy-access presentation ensures rapid retrieval and comprehension of wilderness medical information, with "Signs and Symptoms" and "Treatment" sections, bulleted lists, and quick-reference text boxes in every chapter. All chapters are thoroughly up to date, including new information on travel medicine, medications, immunizations, and field treatment of common conditions. Step-by-step explanations from wilderness medicine experts cover the clinical presentation and treatment of a full range of wilderness emergencies and show you how to improvise with available materials. Comprehensive coverage includes dive medicine and water-related emergencies, mountain medicine and wilderness survival, global humanitarian relief and disaster medicine, high-altitude medicine, pain management, and much more. Line drawings and color plates help you quickly and accurately identify skin manifestations, plants, poisonous mushrooms, snakes, insects, and more. Useful appendices address everything from environment-specific situations to lists of essential supplies, medicines, and many additional topics of care. The report provides overview of the situation in the Czech Republic. Essential medicines availability gap represents both public health concern and risk of harm to individual patients. Substitute and second line therapies are often less effective, more toxic, or more expensive. Improvisation and the use of less familiar medicines are more likely to lead to medication errors. Mitigation of shortages and creation of shared contingency supplies puts additional strain on understaffed hospitals, in addition to human toll inflicted by social stress. Drug shortages make it impossible to follow evidence-based practice guidelines, and force decisions to prioritize certain group of people over another. Public health concerns arise due to inability to prevent and treat contagious diseases such as tuberculosis. Significant resources have to be dedicated to overseeing and managing the situation at*

**government and supranational level. Of the 427 essential medicines, 311 are registered. Of these, 292 essential medicines showed active marketing in Q3 2016 and 19 were registered but not marketed. 116 (27%) were not registered, and therefore not available, rather than in shortage locally. Availability gap amounts to 135 (32%) essential medicines for both unregistered and not marketed essential medicines.**

**Managing Access to Medicines and Health Technologies**

**Social and Administrative Aspects of Pharmacy in Low- and Middle-Income Countries**

**The Challenge of Ensuring Adequate Stocks of Essential Drugs in Rural Health Clinics**

**Encyclopedia of Pharmacy Practice and Clinical Pharmacy**

**Interdisciplinary Challenges, Perspectives, and Strategies**

Developed by WHO and the International Committee of the Red Cross in collaboration with the

International Federation for Emergency Medicine Basic Emergency Care (BEC): Approach to the acutely ill

and injured is an open-access training course for frontline healthcare providers who manage acute

illness and injury with limited resources. BEC teaches a systematic approach to the initial assessment

and management of time-sensitive conditions where early intervention saves lives. It includes modules

on: the ABCDE and SAMPLE history approach trauma difficulty in breathing shock and altered mental

status. The practical skills section covers the essential time-sensitive interventions for these key

acute presentations. The BEC package includes a Participant Workbook and electronic slide decks for each

module. BEC integrates the guidance from WHO Emergency Triage Assessment and Treatment (ETAT) for

children WHO Pocket Book of Hospital Care for Children WHO Integrated Management of Pregnancy and

Childbirth and the Integrated Management of Adult/Adolescent Illness (IMAI).

This book offers policy makers a hands-on approach, tested in the World Bank's field work in many

countries, for developing policies that improve access to safe, effective medicines in health systems of

low- and middle-income economies.

This study has emerged from an ongoing program of trilateral cooperation between WHO, WTO and WIPO. It

responds to an increasing demand, particularly in developing countries, for strengthened capacity for

informed policy-making in areas of intersection between health, trade and IP, focusing on access to and

innovation of medicines and other medical technologies.

This book provides an insight of relevant case studies and updated practices in "PharmaceuticalSupply

Chains" (PharmSC) while addressing the most relevant topics within the COST Action "Medicines Shortages"

(CA15105).The volume focuses on the most recent developments in the design, planning and scheduling

ofPharmSC, broadening from the suppliers' selection to the impact on patients and healthcaresystems,

addressing uncertainty and risk mitigation, and computational issues. It is directed at MSc/PhD students

and young researchers (Post-Docs) in Pharmaceutics/Pharmaceutical sciences, Engineering fields,

Economics/Management, as well as pharmaceutical decision makers, managers, and practitioners, and advanced readers demanding a fresh approach to decision making for PharmSC. The contributed chapters are associated with the homonymous COST Training Schools (TS), and the book creates a better understanding of the Action "Medicines Shortages" challenges and opportunities.

Ten years in public health 2007-2017

Present Challenges and Future Solutions

Essential Travel Medicine

Intellectual Property and Access to Medicines

National Strategy for the COVID-19 Response and Pandemic Preparedness

Drug Utilization Research

The study explains how WTO Agreements relate to different aspects of health policies. It is meant to give a better insight into key issues for those who develop, communicate or debate policy issues related to trade and health. The study covers areas such as drugs and intellectual property rights, food safety, tobacco and many other issues which have been subject to passionate debate. In this joint effort, the first of its kind, WHO and the WTO Secretariat endeavour to set out the facts. (WTO).

**Background**In 2015, 415 million people were living with diabetes globally.<sup>1</sup> In Kenya, between 2.1 and 6.7 percent of adults were estimated to be living with diabetes in 2015.<sup>2</sup> To support government efforts to improve availability and affordability of essential diabetes medicines and technologies (EMTs), PATH, under the No Empty Shelves: Diabetes supplies there when needed project, surveyed patient access points to measure pricing and availability of select diabetes EMTs, and conducted an assessment identifying strengths and weaknesses in the Kenya supply system for these EMTs.**Methodology**The pricing and availability survey was based on World Health Organization/Health Action International (WHO/HAI) methodology and focused on essential medicines for diabetes, hyperglycemia, hypertension and dyslipidemia. The supply chain assessment was based on the Rapid Assessment Protocol for Insulin Access (RAPIA).<sup>3</sup>The list of diabetes EMTs surveyed was based on the 19th WHO Model List of Essential Medicines<sup>4</sup> and the WHO Implementation Tools Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Care in Low Resource Settings.<sup>5</sup> The pricing and availability survey was conducted through visits to outlets for diabetes EMTs (n=77) and the supply chain assessment via interviews with key stakeholders (n=55). Both collected information on products distributed through public and private health facilities, private pharmacies, and faith-based organizations (FBOs) or nongovernmental organizations (NGOs) facilities. The study was conducted in 2015.**Findings****Availability.** Overall availability of diabetes EMTs was low. Public sector availability averaged across tertiary, secondary, and primary levels of

care found no medicine available at the WHO GAP (Global Action Plan) target (80 percent). Reviewing public sector availability by level of care, (Figure 1 above), found only tertiary level facilities had some medicines and technologies available at the GAP target (80 percent) or higher. In private sector pharmacies only 4 of 10 medicines reached 80% availability. Across all products, diabetes-specific technologies, such as glucometers, had the lowest availability. Affordability. Based on the lowest paid government worker's 2019s daily wage, a person with Type 1 diabetes would pay 57% of their monthly salary for a one month supply of insulin and other medicines, blood glucose strips, and syringes in the public sector.<sup>6</sup> A person with Type 2 diabetes would pay 11% of their salary to purchase medicines and blood glucose strips. Diabetes technologies, in particular blood glucose test strips and insulin syringes, contribute a high proportion of treatment costs. Type 1 and Type 2 diabetes therapies cost higher at private pharmacies than in the public sector. Supply chain. Supply chain challenges impacting availability and affordability of diabetes EMTs include: limited government financing, delays in disbursing funds, lack of accurate quantification data, limited quality assurance regulations for medical devices and diagnostics, and unavailability of some diabetes technologies for public sector procurement by the Kenya Medical Supplies Authority. Conclusion To improve patient access to affordable, quality EMTs for diabetes, the following measures should be considered: Increase government funding for EMTs for NCDs, and include these items in the National Health Insurance Fund; Establish policies allowing lower level health facilities to detect and manage diabetes and co-morbidities to support equitable availability of diabetes EMTs; Strengthen the public sector financial process to improve timely disbursement of funds; Build health facility personnel capacity in quantification and stock management of NCD EMTs; Strengthen quality assurance regulations and testing capacity for medical devices and diagnostics, and allow for public sector procurement of diabetes technologies. Implementing such measures can help improve the personal health of citizens and the economic well-being of families and communities in Kenya. References 1. International Diabetes Federation (IDF), IDF Diabetes Atlas, 7th ed. Brussels. IDF 2015. Available at <http://www.diabetesatlas/resources/2015-atlas.html>. 2. International Diabetes Federation (IDF), IDF Diabetes Atlas, 7th ed. Brussels. IDF 2015. Available at <http://www.diabetesatlas/resources/2015-atlas.html>. 3. Beran D, Yudkin JS, de Courten M. Assessing health systems for type 1 diabetes in sub-Saharan Africa: developing a 2018 Rapid Assessment Protocol for Insulin Access. 2019 BMC Health Services Research. 2006;6:17. 4. WHO. 19th WHO Model List of Essential Medicines. Geneva: World Health Organization. 2015. 5. WHO Implementation Tools. Package of Essential Non-communicable Disease Interventions for Primary Care in Low Resource Settings. Geneva: WHO; 2013. 6. Based on the daily wage of the lowest paid government worker, calculated on a one month's 2019s salary over a 30-day month. Treatment regimens are based on type 1 and type 2 diabetes combination therapies for adults with hypertension and

hyperlipidemia comorbidities. Conflict of Interest Disclosure: Project activities were led by PATH and financed through a partnership with Novo Nordisk. Findings presented were developed in accordance with PATH policies and were not influenced by Novo Nordisk. This poster does not contain any trade names. This poster does not cover any unapproved uses of specific drugs, other products or devices.

The adulteration and fraudulent manufacture of medicines is an old problem, vastly aggravated by modern manufacturing and trade. In the last decade, impotent antimicrobial drugs have compromised the treatment of many deadly diseases in poor countries. More recently, negligent production at a Massachusetts compounding pharmacy sickened hundreds of Americans. While the national drugs regulatory authority (hereafter, the regulatory authority) is responsible for the safety of a country's drug supply, no single country can entirely guarantee this today. The once common use of the term counterfeit to describe any drug that is not what it claims to be is at the heart of the argument. In a narrow, legal sense a counterfeit drug is one that infringes on a registered trademark. The lay meaning is much broader, including any drug made with intentional deceit. Some generic drug companies and civil society groups object to calling bad medicines counterfeit, seeing it as the deliberate conflation of public health and intellectual property concerns. Countering the Problem of Falsified and Substandard Drugs accepts the narrow meaning of counterfeit, and, because the nuances of trademark infringement must be dealt with by courts, case by case, the report does not discuss the problem of counterfeit medicines.

A collection of recommended procedures for analysis and specifications for the determination of pharmaceutical substances, excipients and dosage forms intended to serve as source material for reference by any WHO member state.

Making Medicines Affordable

The Crutch of Success

Availability of Essential Medicines in the Czech Republic

Revised 2010

Methods and Applications

Workshop Summary

Based on careful analysis of burden of disease and the costs of interventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progress toward providing efficient, equitable care; promotes cost-effective interventions to targeted populations; and encourages integrated efforts to optimize health. Nearly 500 experts - scientists, epidemiologists, health economists, academicians, and public health practitioners - from around the world contributed to the data sources and methodologies, and identified challenges and priorities, resulting in this integrated, comprehensive reference volume on the state of health in developing countries.

Managing Drug Supply (MDS) is the leading reference on how to manage essential medicines in developing countries. MDS was originally published in 1982; it was revised in 1997 with over 10,000 copies distributed in over 60 countries worldwide. The third edition, MDS-3: Managing Access to Medicines and Health Technologies reflects the dramatic changes in politics and public health priorities, advances in science and medicine, greater focus on health care systems, increased donor funding, and the advent of information technology that have profoundly affected access to essential medicines over the past 14 years. Nearly 100 experts from a wide range of disciplines and virtually every corner of the world have contributed to this third edition. In addition to many new country studies, references, and extensive revisions, MDS-3 offers new chapters on areas such as pharmaceutical benefits in insurance programs, pricing, intellectual property, drug seller initiatives, and traditional and complementary medicine. The revisions and new chapters echo the wide variety of issues that are important to health practitioners and policy makers today. MDS-3 will be a valuable tool in the effort to ensure universal access to quality medicines and health technologies and their appropriate use.

This comprehensive workbook helps readers become familiar with the structures and synthetic challenges associated with nearly 300 essential medicines and gain the skills needed for pharmaceutical development. Highlights nearly three hundred medicines on the latest World Health Organization (WHO) Model List of Essential Medicines and their manufacturing routes Features exercises that equip students with the skills necessary to solve similar real-world problems Includes a retrosynthetic analysis for each commodity chemical and supplies an extensive list of key journal and information sites and a library of reagents, solvents, and conditions for many common organic reactions In recent years, high prices of pharmaceutical products have posed challenges in high- and low-income countries alike. In many instances, high prices of pharmaceutical products have led to significant financial hardship for individuals and negatively impacted on healthcare systems' ability to provide population-wide access to essential medicines. Pharmaceutical pricing policies need to be carefully planned, carried out, and regularly checked and revised according to changing conditions. Strong, well-thought-out policies can guide well-informed and balanced decisions to achieve affordable access to essential health products. This guideline replaces the 2015 WHO guideline on country pharmaceutical pricing policies, revised to reflect the growing body of literature since the last evidence review in 2010. This update also recognizes country experiences in managing the prices of pharmaceutical products.

From Polio to Purpose, Bringing Health & Hope to the World

WHO guideline on country pharmaceutical pricing policies

Medicines and Medical Devices for 10000 People for Approximately Three Months

MDS-3

A Joint Study by the WHO and the WTO Secretariat

The Medicine Box

**Social and Administrative Aspects of Pharmacy in Low- and Middle-Income Countries: Present Challenges and Future Solutions** examines the particularities of low- and middle-income countries and offers solutions based on their needs, culture and available resources. Drawing from the firsthand experience of researchers and practitioners working in these countries, this book addresses the socio-behavioral aspects of pharmacy and health, pharmacoeconomics,

**pharmaceutical policy, supply management and marketing, pharmacoepidemiology and public health pharmacy specific to low- and middle-income countries. While some practices may be applied appropriately in disparate places, too often pharmacy practice in low- and middle-income countries is directly copied from successes in developed countries, despite the unique needs and challenges low- and middle-income countries face. Examines key issues and challenges of pharmacy practice and the pharmaceutical sector specific to low- and middle-income countries Compares pharmacy practice in developed and developing countries to highlight the unique challenges and opportunities of each Provides a blueprint for the future of pharmacy in low- and middle-income countries, including patient-centered care, evidence-based care and promoting the role of the pharmacist for primary health care in these settings Thanks to remarkable advances in modern health care attributable to science, engineering, and medicine, it is now possible to cure or manage illnesses that were long deemed untreatable. At the same time, however, the United States is facing the vexing challenge of a seemingly uncontrolled rise in the cost of health care. Total medical expenditures are rapidly approaching 20 percent of the gross domestic product and are crowding out other priorities of national importance. The use of increasingly expensive prescription drugs is a significant part of this problem, making the cost of biopharmaceuticals a serious national concern with broad political implications. Especially with the highly visible and very large price increases for prescription drugs that have occurred in recent years, finding a way to make prescription medicines and health care at large more affordable for everyone has become a socioeconomic imperative. Affordability is a complex function of factors, including not just the prices of the drugs themselves, but also the details of an individual's insurance coverage and the number of medical conditions that an individual or family confronts. Therefore, any solution to the affordability issue will require considering all of these factors together. The current high and increasing costs of prescription drugs coupled with the broader trends in overall health care costs is unsustainable to society as a whole. Making Medicines Affordable examines patient access to affordable and effective therapies, with emphasis on drug pricing, inflation in the cost of drugs, and insurance design. This report explores structural and policy factors influencing drug pricing, drug access programs, the emerging**

**role of comparative effectiveness assessments in payment policies, changing finances of medical practice with regard to drug costs and reimbursement, and measures to prevent drug shortages and foster continued innovation in drug development. It makes recommendations for policy actions that could address drug price trends, improve patient access to affordable and effective treatments, and encourage innovations that address significant needs in health care.**

**Background papers 1 to 9 published as technical documents. Available in separate records from WHO/HSS/EHT/DIM/10.1 to WHO/HSS/EHT/DIM/10.9**

**Drug Utilization Research (DUR) is an eclectic scientific discipline, integrating descriptive and analytical methods for the quantification, understanding and evaluation of the processes of prescribing, dispensing and consumption of medicines and for the testing of interventions to enhance the quality of these processes. The discipline is closely related and linked mainly to the broader field of pharmacoepidemiology, but also to health outcomes research, pharmacovigilance and health economics. Drug Utilization Research is a unique, practical guide to the assessment and evaluation of prescribing practices and to interventions to improve the use of medicines in populations. Edited by an international expert team from the International Society for Pharmacoepidemiology (ISPE), DUR is the only title to cover both the methodology and applications of drug utilization research and covers areas such as health policy, specific populations, therapeutics and adherence.**

**China Rx**

**A Practical Approach to Pharmaceutical Policy**

**Pharmaceutical Supply Chains - Medicines Shortages**

**The International Pharmacopoeia**

**Medical Devices**

**The Interagency Emergency Health Kit 2011**

This 1st edition of Essential Travel Medicine provides an excellent concise introduction to the specialty of Travel Medicine. This core text will enable health care practitioners particularly those new to the clinical practice of Travel Medicine, to gain a fundamental understanding of the diverse and complex issues which can potentially affect the health of the many millions of people who undertake



international travel. Jane N Zuckerman is joined by Gary W Brunette from CDC and Peter A Leggat from Australia as Editors. Leading international specialists in their fields have contributed authoritative chapters reflecting current knowledge to facilitate best clinical practice in the different aspects of travel medicine. The aim of Essential Travel Medicine is to provide a comprehensive guide to Travel Medicine as well as a fundamental knowledge base to support international undergraduate and postgraduate specialty training programmes in the discipline of Travel Medicine. The 1st edition of Essential Travel Medicine offers an indispensable resource of essential information for travel health practitioners, infectious disease specialists, occupational health specialists, public health specialists, family practitioners, pharmacists and other allied health professionals. This core text will appeal similarly to those training in Travel Medicine and to those who want a concise introduction to the subject or an ideal revision companion.

The ultimate guide for anyone wondering how President Joe Biden will respond to the COVID-19 pandemic—all his plans, goals, and executive orders in response to the coronavirus crisis. Shortly after being inaugurated as the 46th President of the United States, Joe Biden and his administration released this 200 page guide detailing his plans to respond to the coronavirus pandemic. The National Strategy for the COVID-19 Response and Pandemic Preparedness breaks down seven crucial goals of President Joe Biden's administration with regards to the coronavirus pandemic: 1. Restore trust with the American people. 2. Mount a safe, effective, and comprehensive vaccination campaign. 3. Mitigate spread through expanding masking, testing, data, treatments, health care workforce, and clear public health standards. 4. Immediately expand emergency relief and exercise the Defense Production Act. 5. Safely reopen schools, businesses, and travel while protecting workers. 6. Protect those most at risk and advance equity, including across racial, ethnic and rural/urban lines. 7. Restore U.S. leadership globally and build better preparedness for future threats. Each of these goals are explained and detailed in the book, with evidence about the current circumstances and how we got here, as well as plans and concrete steps to achieve each goal. Also included is the full text of the many Executive Orders that will be issued by President Biden to achieve each of these goals. The National Strategy for the COVID-19 Response and Pandemic Preparedness is required reading for anyone interested in or concerned about the COVID-19 pandemic and its effects on American society.

Ten years in public health 2007-2017 chronicles the evolution of global public health over the decade that Margaret Chan served as Director-General at the World Health Organization. This series of chapters evaluates successes setbacks and enduring challenges during the decade. They show what needs to be done when progress stalls or new threats emerge. The chapters show how WHO technical leadership can get multiple partners working together in tandem under coherent strategies. The importance of country leadership and community engagement is stressed repeatedly throughout the chapters. Together we have

made tremendous progress. Health and life expectancy have improved nearly everywhere. Millions of lives have been saved. The number of people dying from malaria and HIV has been cut in half. WHO efforts to stop TB saved 49 million lives since the start of this century. In 2015 the number of child deaths dropped below 6 million for the first time a 50% decrease in annual deaths since 1990. Every day 19 000 fewer children die. We are able to count these numbers because of the culture of measurement and accountability instilled in WHO. These chapters tell a powerful story of global challenges and how they have been overcome. In a world facing considerable uncertainty international health development is a unifying – and uplifting – force for the good of humanity.

In developing countries, access to affordable medicines for the treatment of diseases such as AIDS and malaria remains a matter of life or death. In Africa, for instance, more than one million children die each year from malaria alone, a figure which could soon be far higher with the extension of patent rules for pharmaceuticals. Previously, access to essential medicines was made possible by the supply of much cheaper generics, manufactured largely by India; from 2005, however, the availability of these drugs is threatened as new WTO rules take effect. Halting the spread of malaria and HIV/AIDS is one of the eight Millennium Goals adopted at the UN Millennium Summit, which makes this a timely and topical book. Informed analysis is provided by internationally renowned contributors who look at the post-2005 world and discuss how action may be taken to ensure that intellectual property regimes are interpreted and implemented in a manner supportive to the right to protect public health and, in particular, to promote access to medicines for all.

Medical and Dental Expenses

The Quality of Health and Education Systems Across Africa

Evidence from a Decade of Service Delivery Indicators Surveys

Exposing the Risks of America's Dependence on China for Medicine

A Workbook for Organic Synthesis

January 2021

**“If only I’d been given a sixty-cent dose of polio vaccine, none of this would have happened...”** Born in Korea in 1956 soon after the end of the Korean War, Steve Stirling was stricken with polio at age one. Five years later, marital and financial struggles caused his father to abandon him at an orphanage. Shortly afterward, his three-year-old sister was left there as well. **The Crutch of Success** tells Steve’s incredible story of early years in the orphanage, his adoption into a large, loving family in Alaska, and his determination to succeed. He earned degrees at Cornell and Northwestern universities, married the woman who was literally the answer to his prayers, and climbed the corporate ladder with several Fortune 500 companies. Steve seemed to have it all...but his ambition was detrimental to his health, his family, and his soul. Then God touched Steve and asked him to spend his life helping those in need. All

of the experiences of his life, even polio, have prepared him for his role at MAP International—to bring life-saving medicines and health supplies to millions around the world. For we are His workmanship, created in Christ Jesus for good works, which God prepared beforehand, that we should walk in them. (Ephesians 2:10)

This publication briefly describes the processes and methodologies for building and sustaining multistakeholder coalition to drive reforms in the health sector. It is based on the experiences of three East African countries -- Uganda, Tanzania and Kenya. It outlines, by chapter, each country's experience in identifying, mobilizing, and coalescing key stakeholders to address governance bottlenecks in pharmaceutical procurement and supply chain management. It highlights challenges, successes as well as lessons learned to guide other countries.

Encyclopedia of Pharmacy Practice and Clinical Pharmacy covers definitions, concepts, methods, theories and applications of clinical pharmacy and pharmacy practice. It highlights why and how this field has a significant impact on healthcare. The work brings baseline knowledge, along with the latest, most cutting-edge research. In addition, new treatments, algorithms, standard treatment guidelines, and pharmacotherapies regarding diseases and disorders are also covered. The book's main focus lies on the pharmacy practice side, covering pharmacy practice research, pharmacovigilance, pharmacoconomics, social and administrative pharmacy, public health pharmacy, pharmaceutical systems research, the future of pharmacy, and new interventional models of pharmaceutical care. By providing concise expositions on a broad range of topics, this book is an excellent resource for those seeking information beyond their specific areas of expertise. This outstanding reference is essential for anyone involved in the study of pharmacy practice. Provides a 'one-stop' resource for access to information written by world-leading scholars in the field Meticulously organized, with articles split into three clear sections, it is the ideal resource for students, researchers and professionals to find relevant information Contains concise and accessible chapters that are ideal as an authoritative introduction for non-specialists and readers from the undergraduate level upwards Includes multimedia options, such as hyperlinked references and further readings, cross-references and videos

Millions of Americans are taking prescription drugs made in China and don't know it-- and pharmaceutical companies are not eager to tell them. This probing book examines the implications for the quality and availability of vital medicines for consumers. Several decades ago, penicillin, vitamin C, and many other prescription and over-the-counter products were manufactured in the United States. But with the rise of globalization, antibiotics, antidepressants, birth control pills, blood pressure medicines, cancer drugs, among many others are made in China and sold in the United States. China's biggest impact on the US drug supply is making essential ingredients for thousands of medicines found in American homes and used in hospital intensive care units and operating rooms. The authors convincingly argue that there

are at least two major problems with this scenario. First, it is inherently risky for the United States to become dependent on any one country as a source for vital medicines, especially given the uncertainties of geopolitics. For example, if an altercation in the South China Sea causes military personnel to be wounded, doctors may rely upon medicines with essential ingredients made by the adversary. Second, lapses in safety standards and quality control in Chinese manufacturing are a risk. Citing the concerns of FDA officials and insiders within the pharmaceutical industry, the authors document incidents of illness and death caused by contaminated medications that prompted reform. This is a disturbing, well-researched book and a wake-up call for improving the current system of drug supply and manufacturing.

#### **Guidelines for Medicine Donations**

**As Performed by the Ministry of Health and Social Welfare and Medical Stores Department**

#### **Field Guide to Wilderness Medicine E-Book**

#### **Experiences from East Africa**

**REPORT BY DR MARGARET CHAN DIRECTOR-GENERAL WORLD HEALTH ORGANIZATION**

#### **Evaluation of the Effect of Central MoH Technical Support Supervision to the District Health Management Teams (DHMT) on Essential Medicines/drugs and Health Supplies Management in Decentralised Health Care in Uganda**

This report presents the recommendations of the WHO Expert Committee responsible for updating the WHO Model Lists of Essential Medicines. It contains a summary of the Committee's considerations and justifications for additions and changes to the Model Lists, including its recommendations. Annexes to the main report include the revised version of the WHO Model List of Essential Medicines (20th edition) and the WHO Model List of Essential Medicines for Children (6th edition). In addition there is a list of all the items on the Model Lists sorted according to their Anatomical Therapeutic Chemical (ATC) classification codes.

Examines the Tanzania Essential Health Interventions Project (TEHIP).

The rapid growth of home health care has raised many unsolved issues and will have consequences that are far too broad for any one group to analyze in their entirety. Yet a major influence on the safety, quality, and effectiveness of home health care will be the set of issues encompassed by the field of human factors research--the discipline of applying what is known about human capabilities and limitations to the design of products, processes, systems, and work environments. To address these challenges, the National Research Council began a multidisciplinary study to examine a diverse range of behavioral and human factors issues resulting from the increasing migration of medical devices, technologies, and care practices into the home. Its goal is to lay the groundwork for a thorough integration of human factors research with the design and implementation of home health care devices, technologies, and practices. On October 1 and 2, 2009, a group of human factors and other experts met to consider a diverse range of behavioral and human factors issues associated with the increasing migration of medical devices, technologies, and care practices into the home. This book is a summary of that workshop, representing the culmination of the first phase of the study.

This contributed volume motivates and educates across fields about the major challenges in global health and the interdisciplinary

strategies for solving them. Once the purview of public health, medicine, and nursing, global health is now an interdisciplinary endeavor that relies on expertise from anthropology to urban planning, economics to political science, geography to engineering. Scholars and practitioners in the health sciences are seeking knowledge from a wider array of fields while, simultaneously, students across majors have a growing interest in humanitarian issues and are pursuing knowledge and skills for impacting well-being across geographic and disciplinary borders. Using a highly practical approach and illustrative case studies, each chapter of this edited volume frames a particular problem and illustrates how interdisciplinary problem-solving can address the greatest challenges in global health today. In doing so, each chapter spurs critical and creative thinking about emergent and future problems. Topics explored among the chapters include: Transforming health and well-being for refugees and their communities Governing to deliver safe and affordable water The global crisis of antimicrobial resistance Low-tech, high-impact interventions to prevent neonatal mortality Communicating taboo health subjects Alternative housing delivery for slum upgrades Transforming Global Health: Interdisciplinary Challenges, Perspectives, and Strategies is a vital and timely compendium for any reader invested in improving global health equity. It will find an audience with researchers, practitioners, policymakers, and program implementers, as well as undergraduate and graduate students and faculty in the fields of global health, public health, and the health sciences.

Basic Emergency Care: Approach to the Acutely Ill and Injured

Routes to Essential Medicines

Standard Treatment Guidelines, Essential Medicines List & Essential Laboratory Supplies List for Zambia

Countering the Problem of Falsified and Substandard Drugs

Transforming Global Health

Fixing Health Systems

**This report presents the recommendations of the WHO Expert Committee responsible for updating the WHO Model List of Essential Medicines. The first part contains a progress report on the new procedures for updating the Model List and the development of the WHO Essential Medicines Library. It continues with a section on changes made in revising the Model List followed by a review of some sections such as hypertensive medicines and fast track procedures for deleting items. Annexes include the 13th version of the Model List and items on the list sorted according to their 5-level Anatomical Therapeutic Chemical classification codes.**

**Health experts and policymakers want people to have access to affordable and high-quality medical care. But in some developing countries, making quality healthcare available may first necessitate ensuring that essential medicines are available, such as anti-malaria pills and antibiotics. The challenge to guaranteeing a steady supply is not only related to the financial side of paying for medicines. Poor roads, limited communications and storage problems can make it difficult to keep medical facilities stocked**

**with what they need to provide children and adults with regular and lifesaving care. The World Bank is working to help countries provide quality medical care, a key part of many of the United Nations Millennium Development eight goals. Recently, in Zambia, the World Bank supported a project exploring how to guarantee the availability of essential medicines in often-remote health facilities. The 12-month study, which covered almost 22 percent of Zambia's rural population, found that streamlining the delivery of medicines directly to health centers and introducing a dedicated staff member to help facilitate and track orders cut down on the rate at which clinics ran out of basic medicines. The focus on just one aspect of good healthcare, making certain necessary supplies are in stock in medical clinics, does not answer all the questions that experts face in building or supporting functioning health systems. But it may help them as they work towards creating the quality healthcare that all people deserve. Have teachers mastered the subject matter they are teaching? Can doctors accurately diagnose and treat critical health conditions? Are schools and health facilities sufficiently stocked with needed equipment and supplies? Are they sufficiently supported and staffed to optimize learning and health care outcomes? For the past decade, the World Bank's Service Delivery Indicators (SDI) surveys have collected nationally representative data in countries across Sub-Saharan Africa to answer these questions. The surveys aim to measure the quality of services where they meet citizens: in schools and health facilities. The Quality of Health and Education Systems Across Africa: Evidence from a Decade of Service Delivery Services Indicators identifies areas of achievement and constraint in service delivery, shedding light on how service delivery may foster or stunt human capital accumulation. SDI surveys show that schools and health clinics across Africa are still falling short in some critical areas. The delivery of primary care services is very heterogenous between and within countries. Many health facilities lack the basic necessities to provide proper care, such as essential medicines, basic diagnostic equipment, and adequate water and sanitation. Moreover, health care providers' ability to diagnose and treat common health conditions correctly is low and distributed unevenly. Health personnel's absence from health facilities remains a concern across the surveyed countries. Learning is low, and, not unlike health care, levels of student learning vary significantly across countries: less than half of grade 4 students can recite a simple sentence or perform basic mathematical operations. This deficient learning is correlated with teachers' low levels of content knowledge and sub-par pedagogy skills. Some schools are also missing crucial inputs, such as blackboards or private and gendered toilets, and struggle with high pupil-teacher**

**ratios. Despite these challenges, success stories in both sectors illustrate the quality of service delivery that could be achieved and showcase the dedication of teachers and medical staff across Africa. By studying data from thousands of facilities, considering the local context, and drawing insights from the literature, this book offers important insights for how countries can strengthen health and education systems and build back better in the wake of the massive disruptions brought about by the COVID-19 pandemic.**

**The United Methodist Church has had an historic commitment to medical missions and health ministries evidenced through the sending of medical missionaries and the establishment and support of hospitals and clinics. That commitment continues today in response to medical emergencies and to disasters, both human and natural in origin. The Church also works to ensure that health workers and the hospitals, clinics and community-based health care programs they serve have the essential medicine and supplies needed to alleviate human suffering and promote recovery of health. THE MEDICINE BOX Program is a cooperative effort of Health and Welfare Ministries and the United Methodist Committee on Relief (UMCOR) of the General Board of Global Ministries, in conjunction with Interchurch Medical Assistance, Inc. (IMA), a nonprofit organization owned by 12 American relief and development organizations. The MEDICINE BOX contains 17 essential medicines and medical supplies - enough to respond to illnesses and injuries in a population of 1,000 people for a period of three months. The boxes included Aspirin (1,000 tablets), Acetaminophen (1,000 tablets), multivitamin with iron (500 tablets), antacid tablets (500 tablets), sterile gauze pads (50 pads), adhesive tape 96 rolls).**

**WTO Agreements & Public Health**

**Promoting Access to Medical Technologies and Innovation - Intersections between Public Health, Intellectual Property and Trade**

**The Selection and Use of Essential Medicines**

**Report of the WHO Expert Committee, 2017 (including the 20th WHO Model List of Essential Medicines and the 6th WHO Model List of Essential Medicines for Children).**

**Managing the Mismatch : an Outcome of the Priority Medical Devices Project**

**A National Imperative**

UN agencies and international and nongovernmental organizations are increasingly called upon to respond to large-scale emergencies to prevent and manage serious threats to the survival and health of the affected populations. Medicines and medical devices have been supplied by

relief agencies for decades. In the 1980s, the World Health Organization (WHO) facilitated a process to encourage the standardization of medicines and medical devices needed in emergencies to allow efficient and effective responses to the need for medicines and medical devices. This initial work led to the supply of standard, pre-packed kits that could be kept in readiness to meet priority health needs in emergencies. The concept of the emergency health kit has been adopted by many organizations and national authorities as a reliable, standardized, affordable and quickly available source of the essential medicines and medical devices (renewable and equipment) urgently needed in a disaster situation. Its content is based on the health needs of 10,000 people for a period of three months. The Interagency Emergency Health Kit, now in its fourth edition, explains how to use standardized packages of essential medicines, supplies and equipment in such circumstances. The fourth edition improves the kit content and takes into account the need for mental health care in emergency settings and the special needs of children. This document provides background information on the composition and use of the emergency health kit. Chapter 1 describes supply needs in emergency situations and is intended as a general introduction for health administrators and field officers. Chapter 2 explains the selection of medicines and medical devices--renewable and equipment--that are included in the kit, and also provides more technical details intended for prescribers. Chapter 3 describes the composition of the kit, which consists of basic and supplementary units. The annexes provide references to treatment guidelines, sample forms, a health card, guidelines for suppliers, other kits for emergency situations, a standard procedure for importation of controlled medicines, and useful addresses. A feedback form is also included to report on experiences when using the emergency health kit, and to encourage comments and recommendations on the contents of the kit from distributors and users for consideration when updating the contents. This is an interagency document published by the WHO Department of Medicines and Pharmaceutical Policies on behalf of the organizations listed.

Accelerating Health Reforms through Collective Action

The Role of Human Factors in Home Health Care

Negotiating Health

A Performance Audit Report on the Management of Demand Forecasting and Distribution of Essential Medicines and Medical Supplies to Health Facilities in Tanzania

Availability and Affordability of Essential Diabetes Medicines and Technologies and Supply Chain Functionality in Kenya

Disease Control Priorities in Developing Countries