

# **ITM Hybrid Symposium: Conversations for Change: Shaping the Future of Essential medicines**



*The Lancet* Commission on  
Accelerating Progress on  
Essential Medicines

**Veronika J. Wirtz & Hans Hogerzeil on behalf of the Commission**

## Important developments in the last decade impacting on essential medicines policies

- **COVID-19 pandemic**; increased emphasis on a responsive R&D pipeline (the 100 Days Mission) as a key component of future pandemic preparedness, but also supply security, hence the focus on regional and national manufacturing of medicines, vaccines and other health technologies
- **Expanding range of new, expensive medicines** on the market, placing additional demands on essential medicine selection processes, financing and considerations of affordability
- **Global climate disasters and conflicts**, displacing millions of refugees, increasing carbon footprint, and requiring climate adaptations
- **Economic recession and increased poverty**, reducing the availability of public funds and donor funding for healthcare, increasing debt level and tax avoidance, putting more strain on governments in low- and middle-income countries (LMICs)
- **Political extremism, populism, anti-science propaganda and reduced trust in public institutions**, with a retreat from multilateralism, solidarity and evidence-based policies



Pharmacy in a rural health clinic in northern Uganda, with the monthly stock for a catchment area of around 5000 people; picture by Hans Hogerzeil

## Accelerating progress on essential medicines: a new *Lancet* Commission

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“There is no equity in access to basic health care. The latest biennial report on universal health coverage reported that in 2021 4.5 billion people—about half the world’s population—had no access to basic health services, and progress has stalled since 2019. The percentage of people facing catastrophic out-of-pocket expenditure for health care has risen from 11.9% in 2005 to 16.7% in 2019, with high expenditure on medicines being a major contributor.”

“The concept of essential medicines was born in the 1970s out of economic necessity and common sense. ... For five decades, the concepts of equity and efficiency in medicines have proven durable. Can they still help countries to accelerate progress in delivering universal health coverage?”

# A clear vision aligned with UHC



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Why essential medicines matter



**Building a future where everyone in need  
has access to quality-assured, affordable  
essential medicines**

<https://essentialmedscommission.org/>

## Objectives of The Lancet Commission

- **Present an update of key developments** and new evidence from the last decade
- **Critically examine how the essential medicines concept can accelerate** equitable access as part of universal health coverage (UHC), with special attention to the needs of LMICs
- **Develop priority recommendations** to accelerate universal access to essential medicines in the light of recent global health developments
- **Promote more effective measurement of progress** on equitable access to essential medicines.



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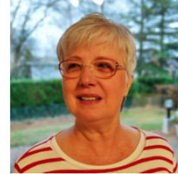
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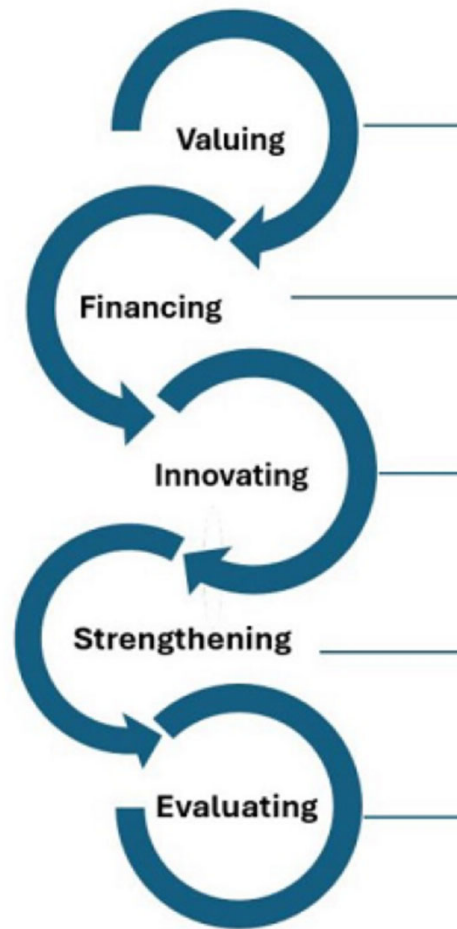
The WHO Council  
on the Economics of  
Health for All



**Health for All –**  
transforming economies  
to deliver what matters

Final report of the WHO Council  
on the Economics of Health for All

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**Is the concept of Essential Medicines still relevant?**

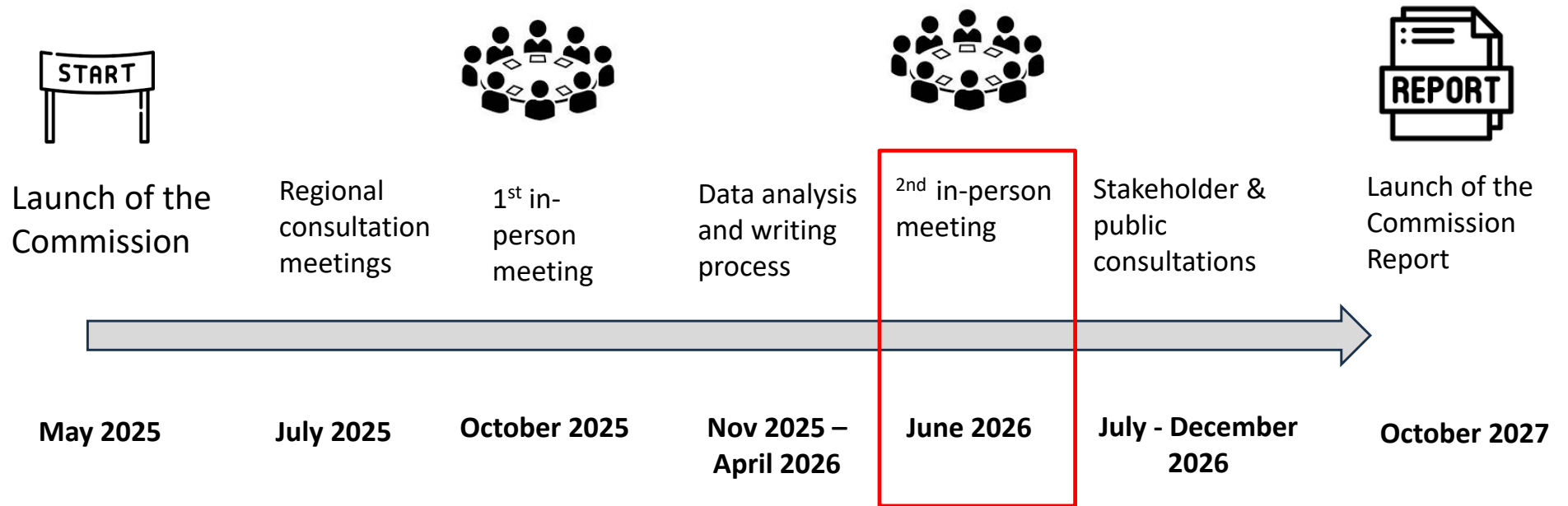
**What does it cost to provide a basket of essential medicines?**

**How can countries improve access through responsible industry policies?**

**How can countries promote the affordability of essential medicines?**

**How should countries measure progress on essential medicines?**

# Timeline of the Commission



## Consultation meetings



- WHO Regional offices support
  - **6 WHO regions** (AFRO two meetings)
  - **38 participants** from 32 countries
  - **10 ½ hours** of consultation in total
- 
- Civil society consultation with over 15 participants from 11 global and national organizations
  - 2 Roundtable Consultation with the R&D focused and generic industry (**in total 3 hours**)

## Key challenges mentioned during the consultations

- **Insufficient Public Financing**

Limited budgets and high out-of-pocket (OOP) expenditures were reported widely, especially in Africa, Southeast Asia, and Eastern Europe.

- **Weak Regulatory and Procurement Systems**

Challenges include fragmented governance, delayed registration, lack of HTA integration, and inefficient procurement processes.

- **Heavy Dependence on Imports**

Most regions rely heavily on imported medicines and active pharmaceutical ingredients (APIs), often exceeding 90%, which compromises supply security and affordability (currency fluctuations, inflation).

- **Outdated Essential Medicines Lists (EMLs)**

Many countries reported delays in updating their EMLs, leading to mismatches between supply and treatment needs (e.g., Cambodia, Sri Lanka, Egypt, India).

## Key challenges mentioned during the consultations

- **Geographic and Infrastructure Barriers**  
Distribution challenges due to geography (e.g., Indonesia, PNG), poor digital infrastructure, and lack of real-time data systems were common.
- **Appropriate Use and Workforce Gaps**  
Misuse of medicines, lack of prescribing guidelines, and insufficient trained personnel were noted across all regions.
- **High-cost medicines**  
New therapies (often biologics) included in the WHO Model EML presenting budget constraints (especially Americas, Asia, Eastern Europe).

## Promising solutions – some examples

Theme	Examples
<b>Digital Transformation</b>	Countries like Sri Lanka, Fiji, and India have implemented or are developing integrated digital platforms for procurement, forecasting, and inventory management.
<b>Centralized and Pooled Procurement</b>	PHARMAC (New Zealand), ASEAN platform (China), and pooled procurement in Africa and Latin America.
<b>Health Technology Assessment (HTA)</b>	Strengthening HTA is a priority in EMRO, PAHO, and EURO regions to guide pricing and selection decisions.
<b>Insurance Expansion and Reimbursement Reforms</b>	Initiatives like PM-JAY (India), universal coverage (Thailand, Indonesia), and fixed retail price programs (Armenia) aim to reduce OOP spending.
<b>Local Production Incentives</b>	Policies favoring high domestic content and investment in pharmaceutical infrastructure are emerging in Africa, Southeast Asia, and Eastern Europe.
<b>Youth and Education Initiatives</b>	EMRO highlighted the importance of embedding access and rational use education into medical curricula and supporting youth-led advocacy.

# Questions for the Conversation for Change

- What are some of the key gaps in the evidence base for essential medicines policies?
- How can evidence generation and advocacy in the field of pharmaceutical public health be strengthened?

# Thank you

Please contact us with questions or suggestions

<https://essentialmedscommission.org/>

Our LinkedIn page:

<https://www.linkedin.com/company/thelancet-commission-on-accelerating-progress-on-essential-medicines/>



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