



**The Lancet Commission
Accelerating Progress on
Essential Medicines**

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Essential medicines for universal health coverage

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Executive summary

Essential medicines satisfy the priority health-care needs of the population. Essential medicines policies are crucial to promoting health and achieving sustainable development. Sustainable Development Goal 3.8 specifically mentions the importance of “access to safe, effective, quality and affordable essential medicines and vaccines for all” as a central component of Universal Health Coverage (UHC), and Sustainable Development Goal 3.b emphasises the need to develop medicines to address persistent treatment gaps.

The recognition of the importance of essential medicines is not new. At the 1985 Nairobi Conference on the Rational Use of Drugs, government representatives and other stakeholders proposed a comprehensive set of essential medicines policies. 30 years later, *The Lancet’s* Commission on Essential Medicines Policies convened to explore these questions: what progress has been achieved? What challenges remain to be addressed? Which lessons have been learned to inform future approaches? And how can essential medicines policies be harnessed to promote UHC and contribute to the global sustainable development agenda? This report addresses these questions, with the intent to reposition essential medicines policies on the global development agenda.

The Commission identified five areas that are crucial to essential medicines policies: paying for a basket of essential medicines, making essential medicines affordable, assuring the quality and safety of medicines, promoting quality use of medicines, and developing missing essential medicines. The Commission located essential medicines policies within the context of current global debates about balancing trade and intellectual property policies with human rights, assuring health security, strengthening people-centred health systems, and advancing access to essential technologies. In all policy areas, particular attention was paid to furthering equity in access, strengthening relevant institutions, and creating accountability. For each policy area, the Commission made actionable recommendations, thereby reaffirming essential medicines policies as a central pillar of the global health and development agenda.

Paying for a basket of essential medicines to promote sustainable access for all

Globally, a quarter of all health expenditure is on medicines. In many countries, the main source of financing for medicines is direct payment by the individual and households—this source is both highly

inequitable and inefficient, and its reduction is a key target for UHC. Furthermore, the Commission found that the available data on pharmaceutical expenditure in many countries lack sufficient detail on the types of medicines procured or sold, public and private sector spending, and the degree of access by key population subgroups.

For this report, the Commission developed a new model-based global estimate of the total financing that would be needed to achieve universal access to a basic package of essential medicines in low-income and middle-income countries (LMICs). A costing model was developed on the basis of disease prevalence, current or projected consumption of medicines, and international reference prices. Using two consumption scenarios, the Commission estimated that between US\$77.4 and \$151.9 billion (or \$13 to \$25 per capita) is required to finance a basic package of 201 essential medicines (378 dosage forms) in all LMICs. Yet in 2010, the majority of low-income countries (LICs) and 13 out of 47 middle-income countries, spent less than \$13 per capita on pharmaceuticals. Thus, the Commission confirmed that many people worldwide do not have access to even a limited basket of essential medicines. Countries should adapt the Commission’s model to their national contexts to create a locally relevant estimate as a benchmark for measuring performance on essential medicines. The Commission’s recommendations on financing of essential medicines are:

- Governments and national health systems must provide adequate financing to ensure inclusion of essential medicines in the benefit packages provided by the public sector and all health insurance schemes.
- Governments and national health systems must implement policies that reduce the amount of out-of-pocket spending on medicines.
- The international community must fulfil its human rights obligations to support governments of LICs in financing a basic package of essential medicines for all, if they are unable to do so domestically.
- Governments and national health systems must invest in the capacity to accurately track expenditure on medicines, especially essential medicines, in both the public and private sectors, disaggregated between prepaid and out-of-pocket expenditure, and among important key populations.

Making essential medicines affordable is necessary to achieve equity in access

The affordability of essential medicines is a core challenge for any health system working to achieve UHC,



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Quoted nearly 1000 times in peer-reviewed literature

First Lancet Commission on Essential Medicines for Universal Health Coverage (2014-2017):

A response to critical international developments that have had an impact on access to essential medicines as part of universal health coverage (UHC).

Very detailed review of 30 years’ experience with financing, affordability, quality, innovation and quality use of essential medicines;

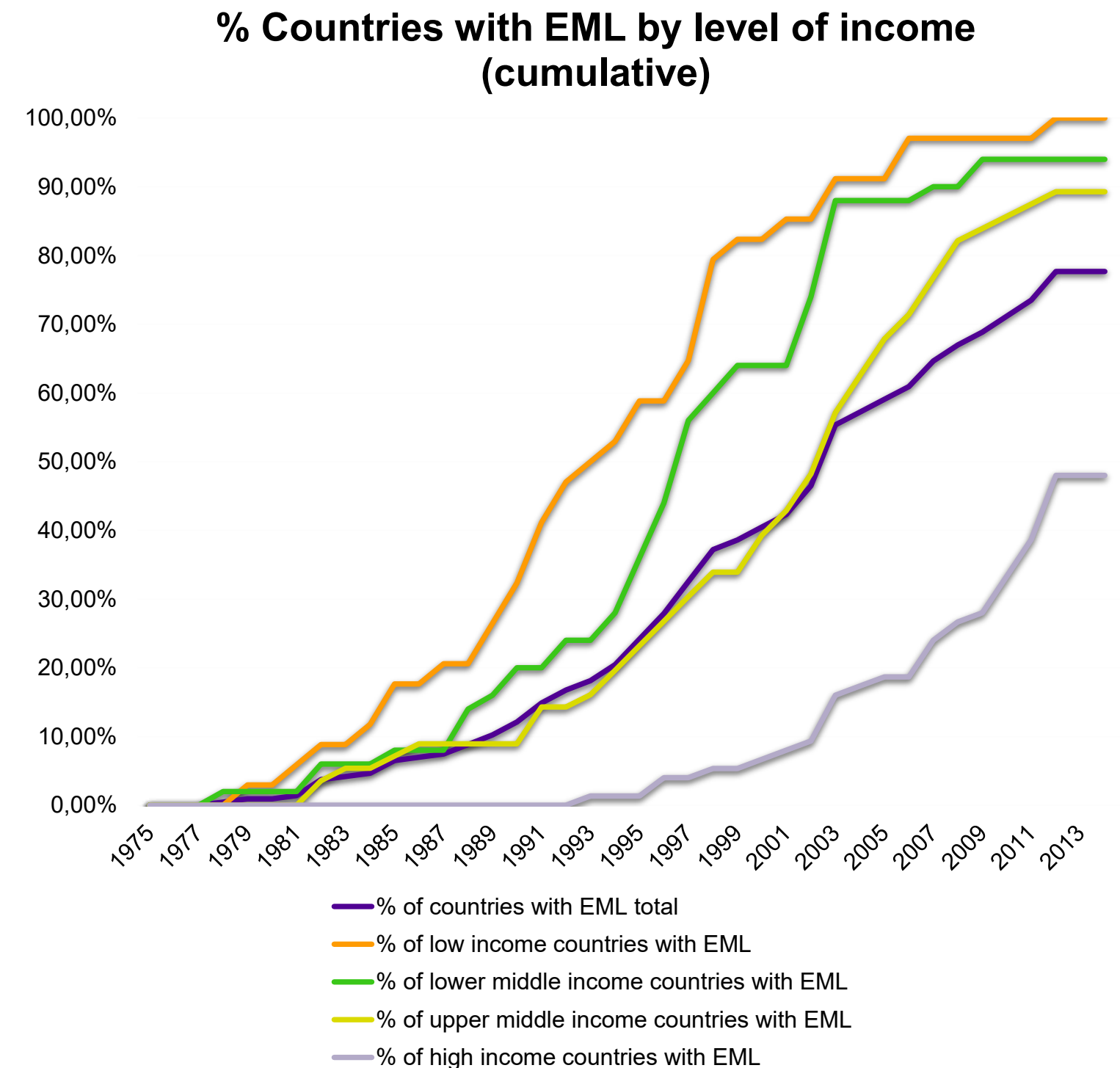
22 practical recommendations, 486 references



The Lancet Commission
Accelerating Progress on
Essential Medicines

Background of The Lancet Commission

- **The 1977 WHO Model List of Essential Medicines and the WHO Action Programme** are one of the most influential public health achievements of the 20th century
- The concept of essential medicines implies a commitment to **equity and efficiency**; it has been implemented in over 150 countries
- **Rapid changes** in pharmaceutical innovation, manufacturing and increasing cost to society demand that important choices be made about the future of the concept



Lack of availability and affordability of medicines

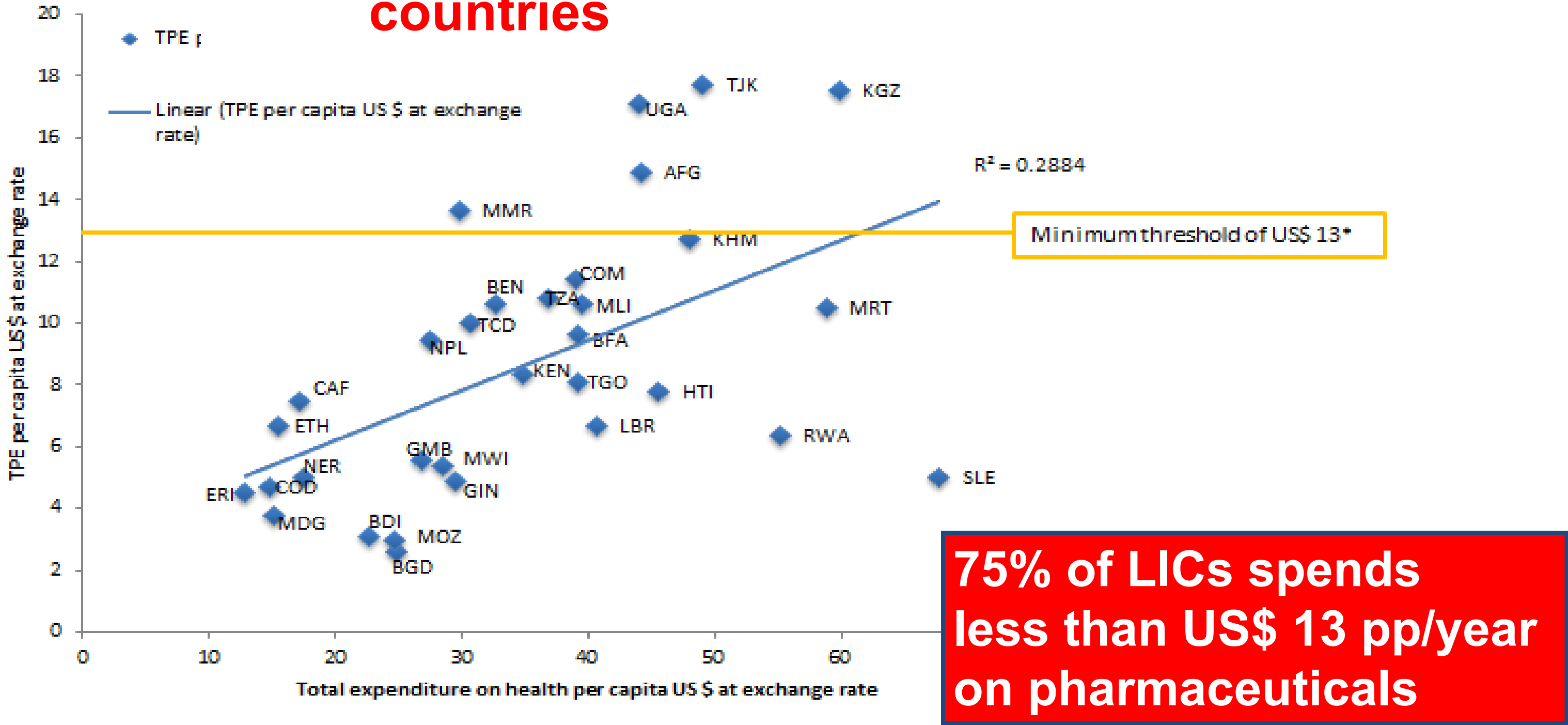


Pharmacy in a rural health clinic in northern Uganda, with the monthly stock for a catchment area of around 5000 people. Picture by Hans Hogerzeil

- 2021: 4.5 billion people — half the world's population—had **no access to basic health care**
- 2019: 16.7% people face **catastrophic out-of-pocket expenditure** for health care
- Funding for **modern contraception** for 11.7m women is under immediate threat, potentially leading to **4.2 million unintended pregnancies**
- Medicines are a major contributor to catastrophic out-of-pocket expenses

Pharmaceutical expenditure (Lancet Commission, 2017)

Low-income countries



Case study Maldives (2022)

35/41 million MVR (84.11%) of insulin expenditure is on **non-EML insulin**

(insulin not listed on the Maldives List of Essential Medicines; much more expensive than EML-insulin)

	quantity	cost MVR'000	cost MVR'000	
Insulin Aspart plus AC plus prot	46'739	14'779	34'874*	Non-EML
Insulin Aspart	38'389	12'139	84.11%	
Insulin detemir	17'529	7'956		
Insulin glargine	22'306	5'369	6'589	EML
Human insulin	8'804	648	15.89%	
Human insulin + Isophane	1'707	357		
Insulin human rDNA	954	185		
Insulin degludec	63	30		
TOTAL		41'463	*About USD 2 million	

Summary of important developments in the last decade with impact on essential medicines policies

- **COVID-19 pandemic**; increased emphasis on supply security as a key component of future pandemic preparedness, including regional and national manufacturing of medicines, vaccines and other health products
- **Expanding range of new, expensive essential medicines** on the market, placing additional demands on selection process, financing and considerations of affordability;
- Global climate disasters and conflicts, **displacing millions of refugees**
- **Economic recession and increased poverty**, reduced the availability of public funds and donor funding for healthcare, putting more strain on governments in LMIC
- **Political extremism, populism and reduced trust in public institutions**

Objectives of The Lancet Commission

The Commission Report will add to the first Commission report, will not update / replace it

Target audience: Governments, academic institutions and NGOs active in promoting equitable access to essential medicines

- Present an update of **key developments and new evidence** from the last decade
- **Critically examine the essential medicines concept:** is it still relevant in accelerating equitable access as part of universal health coverage (UHC), with focus on needs of LMICs?
- **Develop priority recommendations** to accelerate universal access to EM in the light of recent global health developments
- **Promote more effective measurement of progress**

Global consultation process



1. 2025: Regional roundtables with policy experts and government officials with all WHO Regional Offices. **Goal: Identify key problems and positive case studies**



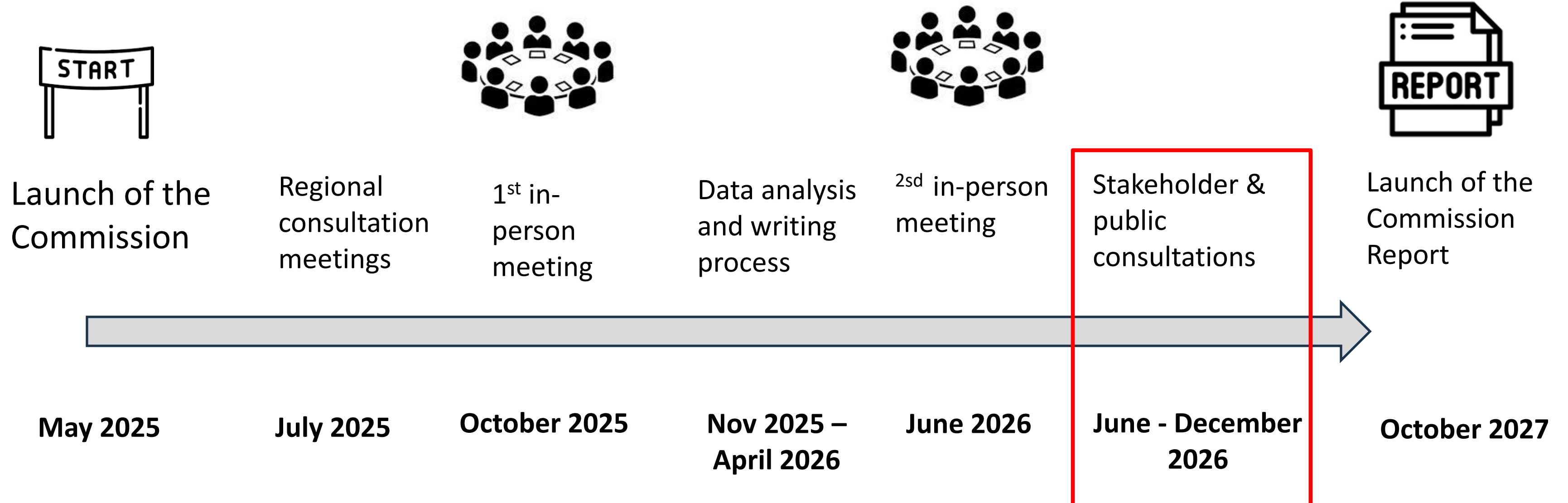
2. 2026: Two global public hearings with technical experts, patient groups, civil society, governments and industry. **Goal: Review shortlisted recommendations with a wide range of stakeholders**



3. 2026: Solicit public feedback on shortlisted recommendations

Timeline of the Commission

50th Anniversary of
WHO Model List of
Essential Medicines



Commissioners are global experts in essential medicines



28 Commissioners from 24 countries

57% women

83% based in LMIC or work focusing on LMIC

In addition:

Large numbers of collaborating experts, PhD students, government officials, civil society from LMICs, for research projects, regional and subject related consultations, discussions and review.

All collaborators and reviewers will be acknowledged



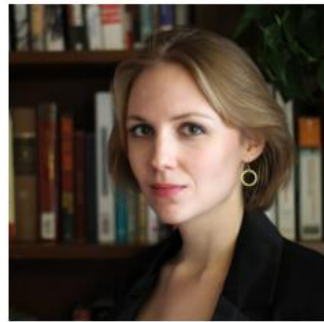
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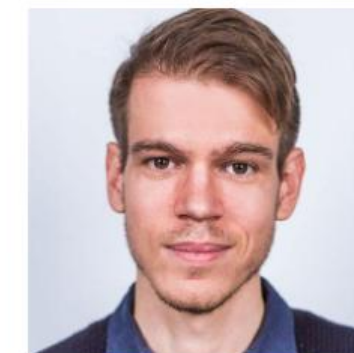
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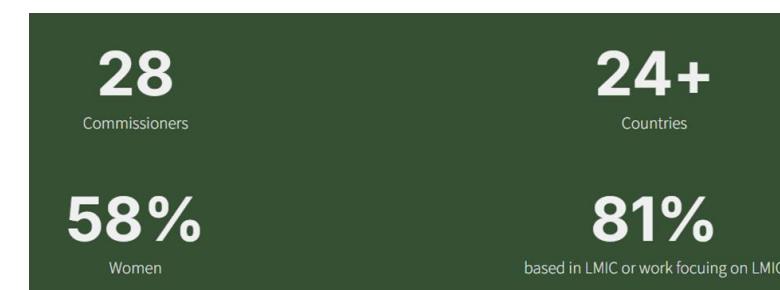
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What does success of The Lancet Commission mean?

- **Updated evidence available** on best practices on essential medicines, with focus on new evidence since 2015
- **Increased global advocacy and practical knowledge** on essential medicines among officials and experts, with focus on LMIC
- **Governments, academia and other critical actors empowered and motivated** to promote and accelerate progress on essential medicines
- **More effective measurement of progress** on equitable access to essential medicines.

Consultation for Lancet-2: focus on quality assurance

- **Lancet-1** had a strong section on regulation, practical recommendations, targets
- **New developments last decade:**
 - Global cooperation and collaboration (ICH, PIC/S open to LMIC)
 - WHO benchmarking (global benchmarking tool, maturity levels, WHO listed authorities)
 - Much more involvement of LMIC, no longer top-down
- **Questions for the audience, for use in Lancet-2:**
 - 1): What are the most important recent problems / challenges in quality assurance?
 - 2): What are examples of activities/institutions/countries that do well, and should be mentioned as a positive example / best practice?