

FORUM: Economic and Social Council

QUESTION OF: Maintaining a ready supply of the essential medicines as indicated by the World Health Organization (WHO).

SUBMITTED BY: Brazil

CO-SUBMITTERS: World Health Organization (WHO), China, OCHA, Republic of South Korea, Saint Vincent & the Grenadines, UN Women, Andorra, Turkmenistan, African Union, Norway, Romania, Iran, France, ESA, HRW, UNESCO, Angola, Mali, UNWTO, Holy See, United Kingdom

THE ECONOMIC AND SOCIAL COUNCIL,

Expressing its concern over the risks posed to human health and safety by an ineffective, inaccessible pharmaceutical supply system, both in terms of public health and in terms of a loss of confidence by the general public regarding the efficacy of the healthcare and pharmaceutical system,

Taking into consideration that, according to the WHO, women living in Africa are more prone to die of communicable diseases (e.g. HIV, tuberculosis and malaria), maternal and perinatal conditions, and nutritional deficiencies, and that this region hosts about half (48%-57%) of anemic women worldwide,

Noting the central role of Central Medical Stores (CMSs) in accurately forecasting the medical needs of the nation, procuring essential medicines in a timely manner and efficiently distributing them to health care institutions,

Also expressing appreciation of the World Health Organization (WHO) for its important role and support in the development of a safe and efficient pharmaceutical supply system,

Recognizing the World Health Organization's (WHO's) definition of essential medicines as those that satisfy the priority health care needs of the population,

Referring to the model List of Essential Medicines (EML), moderated by the WHO, from which Member States can compile their own lists of essential medicines, specific to the needs of their local population and healthcare systems,

Acknowledging that a well-equipped workforce, comprehensive data collection systems, cost-effective commodities, and coordinated healthcare partners and institutions play a significant role in ensuring the availability and accessibility of essential medicines,

Emphasizing the importance of the development of the 'make medicines child size' (MMCS) campaign, launched by the World Health Organization (WHO), whose goal encompassed 'urging countries to prioritize procurement of medicines with appropriate strengths for children's age and weight and in child-friendly formulations of rectal and flexible oral solid formulations',

Recalling that the WHO's List of Essential Medicines (EML) is to be used as a guideline so Member States have the right to adapt it to their own needs and protect their sovereignty,

1. Requests that all Member States develop a national List of Essential Medicines, using the WHO's list as a guideline, but adapting it to national needs through application of a short course in pharmacoconomics developed by WHO, which aims to provide national professionals with knowledge of national approaches to selection and reimbursement of medicines and is structured in a way to cover modules such as comparing treatment costs, critical appraisal of economic evaluations, health-related quality of life, interpreting data from individual trials, introduction to decision-making, managing pharmaceutical prices, medicines selection exercise, modelling beyond critical trials etc. for the purpose of allocating a staff composed of doctors, nurses, and analyzers for the purpose of:
 - a) Determining the current medical situations,

- b) Classifying viruses and disease strains identified by the WHO,
 - c) Keeping track of death rates and seriousness of each sickness/injury by requesting the help of hospitals, ministries of health and organizations for accurate data,
 - d) Analyzing the health status specifically for women, pregnant women, children and infants, and senior citizens who are more prone to sickness than other types of people,
 - e) Examining people who are not officially registered as citizens in their residing countries, including individuals such as:
 - i. unregistered civilians,
 - ii. civilians living with Visas, Green Cards or temporary identification,
 - iii. refugees or migrants,
 - iv. undocumented detainees;
2. Calls upon Member States to assemble a committee of qualified medical professionals, government finance officers/advisors, and pharmaceutical sales representatives in order to compile a national list of essential medicines that better meets public health demands of specific nations, in order to:
- a) Establish a transparent process for creating and updating the list of essential medicines to gain public trust as well as provide a voice for key stakeholders,
 - b) Regularly update the list to reflect therapeutic advances, new emerging resistance patterns, seasonal variations in prevalence of diseases, cost-effective solutions, and public demand,
 - c) Ensure that pharmaceutical commodities are affordable to the population of Less Economically Developed Countries (LEDCs),
 - d) Coordinate with both public and private sectors of healthcare to compile monthly reports of consumption data and then utilize that data as a guideline for creating national essential medicines lists as stated in Clause 1,
 - e) Finalize a list of essential medicines to be available in all health care facilities (both public and private) in print and digital versions;
3. Urges all Member States, with an emphasis on LEDCs to adopt policies and reinforce political commitment to create a more efficient supply chain system design in regards to modifying inefficient, multi-tiered distribution systems by:
- a) Shifting to a two-tier cross-docking system from CMSs and their relevant public entities to healthcare facilities in order to reduce stockouts, achieve faster inventory replenishment and minimize transportation as well as inventory holding costs,
 - b) Strengthening the role of the CMS by introducing additional public entities into the supply chain that can emulate the functions and responsibilities of the existing CMS and actively cooperate to support the supply chain,
 - c) Funding, with support from the IMF, WHO, and relevant organizations, for reliable and efficient transport infrastructure for the pharmaceutical supply system based on the location's geography,
 - d) Adopting industries into the supply system that manufacture pharmaceutical products that have been deemed safe for public use, as outlined in the WHO List of Prequalified Medicinal Products,
 - e) Creating or strengthening existing roles within the supply system for logistical tasks inter alia;
 - i. coordinating orders from health facilities, ensuring both that they are placed monthly and received by CMSs and their relevant public entities,
 - ii. adopting efficient stock management practices including distribution planning and inventory management,
 - iii. ensuring that the requested pharmaceutical commodities are safely delivered and received by the relevant healthcare system/facility;
4. Invites Member States to create policies and laws to ensure that pharmaceutical industries involved in the storage, delivery, and transport of essential medicines comply with the standards outlined by WHO's Good Distribution Practices (GDP), Good Storage Practice (GSP), and Good Pharmacy

Practice (GPP) in order to ensure safe, efficient storage and delivery of essential medicines throughout all sectors of the pharmaceutical supply chain;

5. Expecting all Member States to incentivize and invest in an “Essential Medicines Fund”, with support from United Nations Agencies, pharmaceutical industries, intergovernmental organizations, Member States, and relevant NGOs, in the fields of health research and development, as well as the proper supplying of:
 - a) New and improved antibiotics and medicines that meet changing resisting patterns, and are able to be easily transported and stored,
 - b) Non-antibiotic medicines and treatment methods such as probiotics, phages and phytomedicines in order to reduce the effects of antibiotic resistance, which devalues the efficiency of medicines being introduced,
 - c) ‘Child-size’ medicines as defined by WHO;
6. Encourages member nations to adhere to the guidelines specified by The International Pharmaceutical Federation’s Pharmaceutical Workforce Development Goals and WHO’s Global Strategy on Human Resources for Health: Workforce 2030 in order to build a well-equipped workforce to sustain the pharmaceutical supply system;
7. Welcomes all capable and willing member states to ensure affordable, safe, efficacious and quality medicines to be accessible to all by:
 - a) Providing funding for the development of pharmaceutical industries within individual member states and if willing in other member states,
 - b) Ensuring that legal, administrative and technical measures are taken in order to monitor and reduce corruption in the pharmaceutical system, particularly in supply chain management by inter alia;
 - i. Establishing or using any existing leadership committed to addressing corruption at all levels of the system,
 - ii. Enforcing the measures outlined by UNODC’s Technical Guide to the United Nations Convention Against Corruption;
8. Suggests that UN Member States allow the WHO to enter its borders, disregarding any current policies that states may have, in order to supply essential medicines, which would be necessary in the case of:
 - a) Epidemics that have seriously harmed or killed large portions of the population of a state,
 - b) Life-threatening viruses harming the citizens of a state, and have the possibility of potentially spreading to other states, whether neighboring or in other parts of the world,
 - c) The spread of infectious diseases within conflict zones, where peacekeepers will be used as an intermediary point of agreement where soldiers can help impoverished citizens, and only when entering a violent area/region, as specified by the Security Council,
 - d) Natural disasters,
 - e) War or terrorism, in which case it is encouraged that the Security Council apply the heightened role of UN Peacekeepers to act as agents of international medical interests in impoverished and conflicted areas, so that:
 - i. Peacekeepers will be deployed and stocked with essential medicines depending on the region in which they are deployed so as to deliver them to affected individuals as instructed by an accompanying doctor appointed by the WHO,
 - ii. Peacekeepers will be used as an intermediary point of agreement by which the UN solidifies its stance as an international intermediary.