Essential Medicines And Health Supplies List For Uganda

A comprehensive and granular insight into the challenges of promoting rational medicine, this book serves as an essential resource for health policy makers and researchers interested in national medicines policies. Country-specific chapters have a common format, beginning with an overview of the health system and regulatory and policy environments, before discussing the difficulties in maintaining a medicines supply system, challenges in ensuring access to affordable medicines and issues impacting on rational medicine use. Numerous case studies are also used to highlight key issues and each chapter concludes with country-specific solutions to the issues raised. Written by highly regarded academics, the book includes countries in Africa, Asia, Europe, the Middle East and South America.

"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"--Provided by publisher.

This report is based on an exhaustive review of the published literature on the definitions, measurements, epidemiology, economics and interventions applied to nine chronic conditions and risk factors.

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.

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.

The United Methodist Church ahs had an historic commitment to medical mssions and health minitries 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 th the hospitals, clinics and community-based health care programs they serve have the essential medicine and supplies needed to alleviate human suffereing 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), antacide tablets (500 tablets), sterile gauze pads (50 pads), adhesive tape 96 rolls).

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.

BackgroundIn 2015, 415 million people were living with diabetes globally.1 In Kenya, between 2.1 and 6.7 percent of adults were estimated to be living with diabetes in 2015.2 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.MethodologyThe 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).3The list of diabetes EMTs surveyed was based on the 19th WHO Model List of Essential Medicines4 and the WHO Implementation Tools Package of Essential Noncommunicable (PEN) Disease Interventions for Primary Care in Low Resource Settings.5 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.FindingsAvailability. 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 workeru2019s 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.6 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.ConclusionTo 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.References1.International Diabetes Federation (IDF), IDF Diabetes Atlas, 7th ed. Brussels. IDF 2015. Available at http://www.diabetesatlas/resources/2015-altlas.html.2.International Diabetes Federation (IDF), IDF Diabetes Atlas, 7th ed. Brussels. IDF 2015. Available at http://www.diabetesatlas/resources/2015-altlas.html.3.Beran D, Yudkin JS, de Courten M. Assessing health systems for type 1diabetes in sub-Saharan Africa: developing a u2018Rapid Assessment Protocol for Insulin Access.u2019 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; 20136.Based on the daily wage of the lowest paid government worker, calculated on a one monthu2019s 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.

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.

Equitable Access to High-Cost Pharmaceuticals seeks to aid the development and implementation of equitable public health policies by pharmaco-economics professionals, health economists, and policymakers. With detailed country-by country analysis of policy and regulation, the Work compares and contrasts national healthcare systems to support researchers and practitioners identify optimal healthcare policy solutions. The Work incorporates chapters on global regulatory changes, health technology assessment guidelines, and competitive effectiveness research recommendations from international bodies such as the OECD or the EU. Novel policies such as horizon scanning, managed-entry agreement and post-launch monitoring are considered in detail. The Work also thoroughly reviews novel pharmaceuticals with particular research interest, including cancer drugs, orphan medicines, Hep C, and personalized medicines. Evaluates impact and efficacy of current access policies and pricing regulation of high-cost drugs Incorporates existing guidelines and recommendations by international organizations Compares and contrasts how different countries fund and police high-cost drug access Explores novel and emergent policies, including managed entry agreement, analysis of real world data and differential pricing Reviews novel pharmaceuticals of current research interest

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 medicinesâ€"and health care at largeâ€"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 drugsâ€"coupled with the broader trends in overall health care costsâ€"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.

Describes the drug situation of supply and demand at global and national levels in both the public and private sections.

The rising cost of pharmaceutical expenditures in many European countries is of concern to governments required to make effective use of health care budgets. Taking a broad perspective that encompasses institutional, political and supranational aspects of pharmaceutical regulation, this book examines approaches used to manage pharmaceutical expenditure across Europe and what impact these strategies have had on efficiency, quality, equity and cost of pharmaceutical care. Regulating Pharmaceuticals in Europe is an important book for students of health policy, regulation and management, and for health managers and policy makers.

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.

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.

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.

Based on careful analysis of burden of disease and the costs ofinterventions, this second edition of 'Disease Control Priorities in Developing Countries, 2nd edition' highlights achievable priorities; measures progresstoward providing efficient, equitable care; promotes cost-effectiveinterventions to targeted populations; and encourages integrated effortsto optimize health. Nearly 500 experts - scientists, epidemiologists, health economists,academicians, and public health practitioners - from around the worldcontributed to the data sources and methodologies, and identifiedchallenges and priorities, resulting in this integrated, comprehensivereference volume on the state of health in developing countries.

This publication shows designated first-aid providers how to diagnose, treat, and prevent the health problems of seafarers on board ship. This edition contains fully updated recommendations aimed to promote and protect the health of seafarers, and is consistent with the latest revisions of both the WHO Model List of Essential Medicines and the International Health Regulations.--Publisher's description.

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 an 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.

Examines the Tanzania Essential Health Interventions Project (TEHIP).

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

This book bridges the gap between practitioners of supply-chain management and pharmaceutical industry experts. It aims to help both these groups understand the different worlds they live in and how to jointly contribute to meaningful improvements in

supply-chains within the globally important pharmaceutical sector. Scientific and technical staff must work closely with supply-chain practitioners and other relevant parties to help secure responsive, cost effective and risk mitigated supply chains to compete on a world stage. This should not wait until a drug has been registered, but should start as early as possible in the development process and before registration or clinical trials. The author suggests that CMC (chemistry manufacturing controls) drug development must reset the line of sight – from supply of drug to the clinic and gaining a registration, to the building of a patient value stream. Capable processes and suppliers, streamlined logistics, flexible plant and equipment, shorter cycle times, effective flow of information and reduced waste. All these factors can and should be addressed at the CMC development stage.

Packed with step-by-step instructions, how-to explanations, and practical approaches to outdoor and wilderness emergencies, this newly updated guide explains the best ways to respond to just about any medical problem when help is miles or days away. Logically organized, "Medicine for the Outdoors" may literally save a life.

This casebook collects 64 case studies each of which raises an important and difficult ethical issue connected with planning, reviewing or conducting health-related research. The book's purpose is to contribute to thoughtful analysis of these issues by researchers and members of research ethics committees (REC's known in some places as ethical review committees or institutional review boards) particularly those involved with studies that are conducted or sponsored internationally. . This collection is envisioned principally as a tool to aid educational programs from short workshops on research.

A drug policy is a crucial ingredient in every country's national health strategy as it provides a strategic framework to identify goals and commitments. This publication discusses the key components of such a policy. Issues covered include: the selection of essential drugs, affordability; finance and supply; regulation and quality assurance; rational use; research; human resources; monitoring and evaluation.

In today's rapidly changing business environment, strong influence of globalization and information technologies drives practitioners and researchers of modern supply chain management, who are interested in applying different contemporary management paradigms and approaches, to supply chain process. This book intends to provide a guide to researchers, graduate students and practitioners by incorporating every aspect of management paradigms into overall supply chain functions such as procurement, warehousing, manufacturing, transportation and disposal. More specifically, this book aims to present recent approaches and ideas including experiences and applications in the field of supply chains, which may give a reference point and useful information for new research and to those allied, affiliated with and peripheral to the field of supply chains and its management.

Recent advances in electrochemistry and materials science have opened the way to the evolution of entirely new types of energy storage systems: rechargeable lithium-ion batteries, electrochroms, hydrogen containers, etc., all of which have greatly improved electrical performance and other desirable characteristics. This book encompasses all the disciplines linked in the progress from fundamentals to applications, from description and modelling of different materials to technological use, from general diagnostics to methods related to technological control and operation of intercalation

compounds. Designing devices with higher specific energy and power will require a more profound understanding of material properties and performance. This book covers the status of materials and advanced activities based on the development of new substances for energy storage.

MDS-3Managing Access to Medicines and Health Technologies

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, pharmacoeconomics, 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

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.

This portrait of the global debate over patent law and access to essential medicines focuses on public health concerns about HIV/AIDS, malaria, tuberculosis, the SARS virus, influenza, and diseases of poverty. The essays explore the diplomatic negotiations and disputes in key international fora, such as the World Trade Organization, the World Health Organization and the World Intellectual Property Organization. Drawing upon international trade law, innovation policy, intellectual property law, health law, human rights and philosophy, the authors seek to canvass policy solutions which encourage and reward worthwhile pharmaceutical innovation while ensuring affordable access to advanced medicines. A number of creative policy options are critically assessed, including the development of a Health Impact Fund, prizes for medical innovation, the use of patent pools, open-source drug development and forms of 'creative capitalism'.

For over half a century Davidson’s Principles and Practice of Medicine has informed and educated students, doctors and other health professionals all over the world,

providing a comprehensive account of the practice of medicine. Davidson's Essentials of Medicine provides the core content of the main textbook in a condensed format which will be invaluable whenever you are on the move – whether commuting, travelling between training sites, or on electives. This book provides a distillation of the core information required for clinical studies in medicine. While retaining the acclaimed readability of the main textbook it presents the key information in a format more appropriate for practical clinical work. The contents have been carefully selected by a team of junior doctors, emphasising only the topics that will be essential for clinical studies. The book includes additional chapters of content to aid clinical practice including a practically-focussed chapter on therapeutics and a useful guide to interpreting major clinical investigations. The text draws directly on the depth and breadth of experience of the Davidson's authors and its International Advisory Board. Updated to include key changes and new illustrations included in Davidson's Principles and Practice of Medicine.

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.

The Millennium Development Goals, adopted at the UN Millennium Summit in 2000, are the world's targets for dramatically reducing extreme poverty in its many dimensions by 2015 income poverty, hunger, disease, exclusion, lack of infrastructure and shelter while promoting gender equality, education, health and environmental sustainability. These bold goals can be met in all parts of the world if nations follow through on their commitments to work together to meet them. Achieving the Millennium Development Goals offers the prospect of a more secure, just, and prosperous world for all. The UN Millennium Project was commissioned by United Nations Secretary-General Kofi Annan to develop a practical plan of action to meet the Millennium Development Goals. As an independent advisory body directed by Professor Jeffrey D. Sachs, the UN Millennium Project submitted its recommendations to the UN Secretary General in January 2005. The core of the UN Millennium Project's work has been carried out by 10 thematic Task Forces comprising more than 250 experts from around the world, including scientists, development practitioners, parliamentarians, policymakers, and representatives from civil society, UN agencies, the World Bank, the IMF, and the private sector. This report lays out the recommendations of the UN Millennium Project Task Force 5 Working Group on Access to Essential Medicine. The Working Group recommends increasing the availability, affordability, and appropriate use of medicines in developing countries. This will require new incentives for research; better procurement, supply and distribution;

strengthened primary health systems; pro-poor planning and budgeting; close collaboration with communities; and large increases in funding and the number of health workers. These bold yet practical approaches will ensure that substantially more people living in developing countries will have access to essential medicines by 2015.

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.

The Centers for Disease Control and Prevention (CDC) established the Strategic National Stockpile (SNS) with a focus on procuring and managing medical countermeasures (MCM) designed to address chemical, biological, radiological, and nuclear events and attacks by weapons of mass destruction. The stockpile is a repository of antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs, and other medical materiel organized to respond to a spectrum of public health threats. Over time, the mission of the SNS has informally evolved to address other large-scale catastrophes, such as hurricanes or outbreaks of pandemic disease, and rare acute events, such as earthquakes or terror attacks. When disaster strikes, states can request deployment of SNS assets to augment resources available to state, local, tribal, or territorial public health agencies. CDC works with federal, state, and local health officials to identify and address their specific needs and, according to the stated mission of the SNS, ensure that the right resources reach the right place at the right time. On August 28, 2017, the National Academies of Sciences, Engineering, and Medicine convened a workshop to explore the current state of the global medical supply chain as it relates to SNS assets, and the role of communications in mitigating supply chain risks and in enhancing the resilience of MCM distribution efforts. This publication summarizes the presentations and discussions from the workshop.

Every year nine million people are diagnosed with tuberculosis, every day over 13,400 people are infected with AIDs, and every thirty seconds malaria kills a child. For most of the world, critical medications that treat these deadly diseases are scarce, costly, and growing obsolete, as access to first-line drugs remains out of reach and resistance rates rise. Rather than focusing research and development on creating affordable medicines for these deadly global diseases, pharmaceutical companies instead invest in commercially lucrative products for more affluent customers. Nicole Hassoun argues that everyone has a human right to health and to access to essential medicines, and she proposes the Global Health Impact (global-health-impact.org/new) system as a means to guarantee those rights. Her proposal directly addresses the pharmaceutical industry's role: it rates pharmaceutical companies based on their medicines' impact on improving global health, rewarding highly-rated medicines with a Global Health Impact label. Global Health Impact has three parts. The first makes the case for a human right to health and specifically access to essential medicines. Hassoun defends the argument against recent criticism of these proposed rights. The second

section develops the Global Health Impact proposal in detail. The final section explores the proposal's potential applications and effects, considering the empirical evidence that supports it and comparing it to similar ethical labels. Through a thoughtful and interdisciplinary approach to creating new labeling, investment, and licensing strategies, Global Health Impact demands an unwavering commitment to global justice and corporate responsibility.
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