

## **National list of essential medicines of India, National Essential List of Medicine 2011 – does it have any merit?**

Sir,

Essential medicines are intended to be available within the context of functioning health systems at all times in adequate amounts, in the appropriate dosage forms, with assured quality, and at a price the individual and the community can afford. The WHO Model List is a guide for the development of national and institutional essential medicine lists.<sup>1</sup> The WHO Model List is updated and revised every 2 years by the WHO Expert Committee on selection and use of medicines. The 19<sup>th</sup> WHO Expert Committee on Selection and Use met in April 2013 to produce the following lists: 18<sup>th</sup> WHO Model List of Essential Medicines (2013) and 4<sup>th</sup> WHO Model List of Medicines for Children (2013). The concept of essential medicines is present in more than 150 countries which have their national list based on WHO Model List.

It is hard to comprehend that the Government of India and the Ministry of Health and Family Welfare have taken more than 7 years to revise the National List of Essential Medicines of India, 2003. The first meeting of the core Committee of National Essential List of Medicine (NLEM), 2011 was held at Central Drugs Standard Control Organization (CDSCO), Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India on July 22, 2010. At the meeting, Professor and Head, Department of Pharmacology, AIIMS, New Delhi was unanimously nominated as Chairman of the Committee for revision of NLEM of India, 2011. It is beyond my conscious effort to fathom and accept that there were no elections held in the appointment for this key post. The peaceful unanimously appointment of the chairman of the committee may either indicate the lack of interest and awareness of the physicians, pharmacologist, pharmacists, and other health care personnel in the revision of NLEM of India, 2011 or it could be due to lack of initiative and effort to generate awareness about the important meeting by the key members of Government of India and Ministry of Health and Family Affairs so that it could have had an active participation from qualified physicians, trained pharmacologists, pharmacists, and all other related allied experts from academia or industry from different parts of India to compete and challenge for such an important and prestigious post.

There are 87 Expert Committee members who were actively involved in the revision of NLEM of India, 2011.<sup>2</sup> Of 87 total members, more than 70 members were from New, Delhi. There were about 40 members from AIIMS, New Delhi, 5 members from CDSCO, New Delhi, 4 members from Maulana Azad Medical College, New Delhi, 4 members from University College of Medical Sciences, New Delhi, 2 members from PGI, Chandigarh. The expert panel members and Core Committee members associated with revision of NLEM, India, 2011 does not seem to be based on equitable geographical representation, gender balance, and professional competencies in order to provide a representation of different approaches and practical experience from all regions of the India. In contrast, WHO Model List Committee members selected from WHO Expert Advisory panels are well-represented in terms of geography, gender, and professional competency. This unfair selection process can jeopardize and defeat the main objective of the revision of National List of Essential Medicines of India.

It is unfortunate that the National List of Essential Medicines, 2003 had a large number of errors.<sup>3,4</sup> Here is the list of items that I considered as inappropriate and unacceptable in the National List of Essential Medicines of India 2011:

1. There is neither any annexure explaining dosage form, age or weight restrictions on use of the medicine or explanatory notes as found in WHO Model List
2. There may be no need to include ampicillin oral capsules, diclofenac, ether, nifedipine, procainamide, and urokinase in the list
3. The four antihistaminic drugs Chlorpheniramine, Dexchlorpheniramine, Pheniramine, and Promethazine seem not essential
4. No logical reason for the omission of beta blocker, enalapril, furosemide in the heart failure section and also of magnesium sulfate from the list
5. No section for drugs used in hypotension as found in WHO Model List.

There seem to be enough of talented and qualified physicians, pharmacologists, pharmacists, and other health care personnel still around in India who are interested and ready to contribute or assume a leadership

role in a significant way, but may be are overlooked or not given due to opportunity.

In spite of these shortcomings in NLEM, India 2011, I think the NLEM 2011 has decent merit, and we should try to follow it for better healthcare.

**Ravindra S. Beedimani<sup>1\*</sup>,  
Shivakumar G. Shetker<sup>2</sup>**

<sup>1</sup>Department of Pharmacology, Kamineni Academy of Medical Sciences and Research Centre, Hyderabad,

Telangana, India, <sup>2</sup>Department Skin and Venereal Diseases, Bidar Institute of Medical Sciences, Bidar,

Karnataka, India

**\*Correspondence to:**  
Ravindra S. Beedimani,  
Email: ravisb123@gmail.com

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