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Skip to main content International Nonproprietary Names (INN) facilitate the identification of pharmaceutical substances or active pharmaceutical ingredients. Each INN is a unique name that is globally recognized and is public property. A nonproprietary name is also known as a generic name.MandateWHO has a constitutional mandate to "develop, establish and promote international standards with respect to biological, pharmaceutical and similar products".The World Health Organization collaborates closely with INN experts and national nomenclature committees to select a single name of worldwide acceptability for each active substance that is to be marketed as a pharmaceutical. To avoid confusion, which could jeopardize the safety of patients, trade-marks should neither be derived from INNs nor contain common stems used in INNs. The selection and publication of INNs falls under the responsibility of the EMP/RHT/TSN team of the INN Programme. Dr R. Balocco MattavelliWorld Health OrganizationInternational Nonproprietary Names(MHP/HPS/INN)20 Avenue Appia1211, Geneva 27SwitzerlandTel: +41 22 791 1249Fax: +41 22 791 4730 The step before the adoption of an INN stem by the INN Expert Group is to publish them as a pre-stem in order to collect possible issues. The document "Use of stems in the selection of International Nonproprietary Names (INN) for pharmaceutical substances" is intended primarily for persons... -tug for “unmodified immunoglobulins”The suffix -tug is used for monospecific full-length immunoglobulins with unmodified constant... During the 79th INN Consultation, 281 INN requests were discussed, including:• 249 new INN requests, of which 155 were for biological substances•... During the 78th INN Consultation, 288 INN requests were discussed, including:• 261 new INN requests, comprising: o 129 chemical substances ... During the 77th INN Consultation, 252 INN requests were discussed, including:• 217 new INN requests, of which 146 were for biological substances•... Notice is hereby given that, in accordance with article 3 of the Procedure for the Selection ofRecommended International Nonproprietary Names for Pharmaceutical... Notice is hereby given that, in accordance with article 3 of the Procedure for the Selection ofRecommended International Nonproprietary Names for Pharmaceutical... Notice is hereby given that, in accordance with article 3 of the Procedure for the Selection ofRecommended International Nonproprietary Names for Pharmaceutical... Notice is hereby given that, in accordance with article 3 of the Procedure for the Selection of Recommended International Nonproprietary Names for Pharmaceutical... Notice is hereby given that, in accordance with article 3 of the Procedure for the Selection of Recommended International Nonproprietary Names for Pharmaceutical... Skip to main content Psychoactive substances are substances that, when taken in or administered into one's system, affect mental processes, e.g. cognition or affect. This term and its equivalent, psychotropic drug, are the most neutral and descriptive term for the whole class of substances, licit and illicit, of interest to drug policy. ‘Psychoactive’ does not necessarily imply dependence-producing, and in common parlance, the term is often left unstated, as in ‘drug use’ or ‘substance abuse’. The Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) includes in Chapter V a detailed classification of over 300 mental and behavioural disorders. Its publication follows extensive field-testing by more than 100 clinical and research centres in 40 countries.There are two main versions available: Clinical Descriptions and Diagnostic Guidelines and Diagnostic Criteria for Research. The former provides clinical descriptions detailing the principal signs and symptoms of each disorder, together with other important but less specific associated features, as well as comprehensive guidelines for their diagnosis. The latter version is intended to help those researching specific disorders to maximize the homogeneity of study groups. To this end, it sets out criteria that allow the selection of individuals with clearly similar symptoms and other characteristics. 6C40 Disorders due to use of alcohol 6C41 Disorders due to use of cannabis 6C42 Disorders due to use of synthetic cannabinoids 6C43 Disorders due to use of opioids 6C44 Disorders due to use of sedatives, hypnotics or anxiolytics 6C45 Disorders due to use of cocaine 6C46 Disorders due to use of stimulants including amphetamines, methamphetamine or methcathinone 6C47 Disorders due to use of synthetic cathinones 6C48 Disorders due to use of caffeine 6C49 Disorders due to use of hallucinogens 6C4A Disorders due to use of nicotine 6C4B Disorders due to use of volatile inhalants 6C4C Disorders due to use of MDMA or related drugs, including MDA 6C4D Disorders due to use of dissociative drugs including ketamine and phencyclidine [PCP] 6C4E Disorders due to use of other specified psychoactive substances, including medications 6C4F Disorders due to use of multiple specified psychoactive substances, including medications 6C4G Disorders due to use of unknown or unspecified psychoactive substances 6C4H Disorders due to use of non-psychoactive substances 6A41 Catatonia induced by substances or medications 6C4Y Other specified disorders due to substance use 6C4Z Disorders due to substance use, unspecified 6C5Y Other specified disorders due to addictive behaviours 6C5Z Disorders due to addictive behaviours, unspecified Skip to main content Essential medicines are those that satisfy the priority health care needs of a population. They are selected with due regard to disease prevalence and... The core list presents a list of minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost–effective medicines... Essential medicines are those that satisfy the priority health care needs of a population. They are selected with due regard to disease prevalence and... The core list presents a list of minimum medicine needs for a basic health-care system, listing the most efficacious, safe and cost-effective medicines... The 25th meeting of the WHO Expert Committee on the Selection and Use of Essential Medicines to revise and update the WHO Model List of Essential... The 24th meeting of the WHO Expert Committee on Selection and Use of Essential Medicines was held in Geneva, Switzerland, from 24 to 28 April 2023. The... First published in 1977 and updated every two years, the WHO Model List of Essential Medicine serves as a guide for countries or regional authorities... The AWaRe classification of antibiotics was developed in 2017 by the WHO Expert Committee on Selection and Use of Essential Medicines as a tool to... Skip to main content WHO’s Department of Regulation and Prequalification strategic action plan (2025–2028) sets out the five strategic priorities that will enable... The WHO pharmaceuticals newsletter provides you with the latest information on the safety of medicinal products and regulatory actions taken by authorities... WHO recommends that essential medicines, including those that are controlled, be available to all patients at all times at a price that the individual... The first annual meeting of the World Health Organization (WHO) Global Network of Quality Control Laboratories for Pharmaceuticals (WHO-GNP) was organized... This second review of the world medicines situation (first published in 1988 as The World Drug Situation) presents the available evidence on global production,... Millennium Development Goal 8E aims for affordable access to essential medicines. Essential medicines, as defined by WHO, are those that “satisfy... Skip to main content WHO drug information provides an overview of topics of current relevance relating to drug development and regulation. Latest lists of proposed and recommended International Nonproprietary Names for Pharmaceutical Substances (INN) are also included. About WHO Drug InformationWHO Drug Information is a quarterly journal providing an overview of topics relating to medicines development and regulation which is targeted to a wide audience of health professionals and policy makers.Launched in 1987, WHO Drug Information communicates the latest international news and trends to regulatory agencies, academic and training institutions, researchers, consumer bodies, and pharmaceutical manufacturers and focuses on topics impacting the safety, efficacy and quality of medicines, medical products, herbals and biomedicines. It presents a range of perspectives on how current challenges impact the manufacture, prescribing and access of medicines throughout the world and introduces newly-released guidance documents.For enquiries, please send an e-mail to druginfo@who.intInformation developed by WHO:Guidelines and recommendations concerning medicines, biologicals, vaccines, medical devices, herbals and related products WHO Drug Information provides an overview of topics relating to drug development and regulation that are of current relevance and importance, and includes the lists of proposed and recommended International Nonproprietary Names for Pharmaceutical Substances (INN).WHO Drug Information is published 4 times a year.To subscribe, please send an e-mail to druginfo@who.intor order fromWHO Book orders 2024202320222021 Essential medicines treat the priority healthcare needs of the population. Essential medicines should be available, affordable and of assured quality at all times.WHO publishes its Model List of Essential Medicines every 2 years to guide countries to develop and update national essential medicine lists.WHO selects essential medicines based on public health relevance, evidence of benefits and harms, and with consideration of costs, affordability and other relevant factors.Globally, over 150 countries have national essential medicines lists based on the WHO Model List.The 2023 edition of the WHO Model List includes over 500 medicines (including 361 for children).Essential medicines are those that effectively and safely treat the priority healthcare needs of the population. They are selected by taking into consideration public health relevance, evidence of benefits and harms, and with consideration of costs, affordability and other relevant factors. Essential medicines should always be available within functioning health systems, in sufficient quantities to meet patient needs. They should be available in appropriate dosage forms for the intended uses and patients, be of assured quality, and be affordable for both individuals and the health system.While essential medicines cover a wide range of global health needs, they represent only a small proportion of the total number of medicines available globally. The use of a limited number of carefully selected medicines can lead to improved supply, better prescribing practices and lower costs.Every 2 years since 1977, WHO has published the WHO Model List of Essential Medicines (also known as the Essential Medicines List or EML).Impact and implementationOver 150 countries have adopted national lists of essential medicines based on the WHO Model List. Essential medicines lists serve as a basis for procurement and supply of medicines in the public sector, reimbursement and insurance schemes, medicine donations and local medicine production (1). When properly implemented, the essential medicines concept can help improve health outcomes and achieve progress towards universal health coverage. The essential medicines concept has been successfully implemented in various countries and regions. Studies have shown that essential medicines lists are associated with greater availability of essential medicines than non-essential medicines (2), increased access (3), better prescribing and quality of care, and cost savings (4).The essential medicines concept can be adapted to different healthcare systems, settings and income levels. By focusing on a limited number of carefully selected medicines, countries can improve supply, promote more rational prescribing practices and better control costs while ensuring access to essential medicines.Challenges Despite progress, challenges remain in ensuring universal access to essential medicines. Availability and affordability of essential medicines remain issues in many countries.The high cost of new essential medicines, particularly for cancer and other noncommunicable diseases, poses challenges for health systems across all income settings.Global Health Observatory data from 2010–2019 show that the proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis in selected low- and lower-middle-income countries ranged from 8% to 41%.Medicines account for 20–60% of health spending in developing countries, with up to 90% of the population purchasing medicines through out-of-pocket payments, making medicines the largest family expenditure item after food. This means medicines are unaffordable for large sections of the global population and a major burden on government budgets. Antimicrobial resistance continues to threaten the effectiveness of many essential antibiotics, necessitating careful stewardship.History The first WHO Model List of Essential Medicines was published in 1977 and included about 200 medicines. It was seen as a major revolution in public health, highlighting that some medicines are more important than others.In 2007, the first Model List of Essential Medicines for Children (EMLc) was published in recognition of the unique needs of children. This was a major achievement, particularly in promoting research into medicines for children and the development of child-friendly formulations.Over the years, the Model Lists have expanded in scope and complexity, reflecting advances in medical science, and changing global health priorities.Update process The WHO Model List is reviewed and updated every two years following a well-established, rigorous, transparent and evidence-based process.Requests for changes to the WHO Model List, (such as the addition of new medicines or formulations, removal of medicines or formulations, or expanding the listing of a medicine to include a new indication), are made through an open application process. Applications may be submitted by anyone, including scientific researchers, academic institutions, non-governmental organizations, patient groups or networks, pharmaceutical companies and WHO technical departments.Applications are reviewed by the WHO Expert Committee on Selection and Use of Essential Medicines, whose responsibility it is to consider the evidence presented and make recommendations to WHO regarding the requested changes.Members of the Expert Committee are appointed by the WHO Director-General. They are required to have strong clinical and technical expertise in medicine evaluation and clinical use. They are selected to ensure gender balance and equitable geographical representation. Expert Committee members must disclose any circumstances that could result in a potential conflict of interest.All applications received for consideration by the Expert Committee are published on the WHO website for public review and comment. Comments received on the applications, application reviews provided by Expert Committee members, and comments from WHO technical departments are also published on the website for full transparency.This transparent, evidence-based process ensures that the WHO Model List remains a credible and valuable tool for guiding medicine selection and use globally.Evolution of the WHO Model ListThe WHO Model List of Essential Medicines has evolved significantly since its inception, reflecting its relevance to all countries, not just those with limited resources.Since the first Model List in 1977, the number and scope of essential medicines included in the Model List have grown over time. Medicines requiring specialized medical care have been introduced, such as lung surfactants for newborn babies, targeted cancer treatments and medicines for multiple sclerosis. The Model List has also included more treatments for chronic and noncommunicable diseases, reflecting the changing global disease burden and aging populations.While the cost of a medicine is a consideration in the selection process, a high absolute cost of a medicine does not necessarily prevent it from being added to the WHO Model List if it otherwise meets the required selection criteria. Since 2002, affordability has evolved from being a precondition of listing a medicine on the Model list to being a consequence. Listing a medicine on the Model List is one step in a series of actions that can lead to lower costs, better affordability and greater access.The number of patented medicines on the Model List has increased over time from 17/319 (5%) in 2003 to 82/502 (16%) in 2023.In 2017, in response to the growing threat of antimicrobial resistance, the WHO Model List introduced the AWaRe (Access, Watch, Reserve) classification of antibiotics. The AWaRe classification guides the empiric use of essential antibiotics for more than 30 clinical infections in community and hospital settings. It has formed the basis of broader guidance for optimal antibiotic prescribing and use, supporting antimicrobial stewardship. (5).WHO responseWHO continues to work to improve global access to essential medicines, regularly updating the WHO Model Lists of Essential Medicines and providing technical support to Member States to support them in implementing the 2014 World Health Assembly Resolution on Access to essential medicines (WHA 67.22).Improving access and affordability of essential medicines forms an important part of WHO’s broader efforts to improve access and affordability of all essential health products – including medicines, assistive technologies, in vitro diagnostics, medical devices, and vaccines – as a key strategy for supporting countries to attain the goal of universal health coverage. To achieve this, WHO has developed a range of guidance, tools and resources to support countries in the selection and use of essential medicines and other health products. Together with other WHO activities, such as prequalification of medical products and WHO guidelines, these efforts help to ensure evidence-based guidance is available for countries to make informed decisions for their national medicines policies, and selection and use of medicines for national essential medicines lists.ReferencesHogerzeil HV. The concept of essential medicines: lessons for rich countries. BMJ. 2004;329(7475):1169-72 (.Bazargani YT, Ewen M, de Boer A, Leufkens HG, Mantel-Teeuwisse AK. Essential medicines are more available than other medicines around the globe. PLoS One. 2014;9(2):e87576 (.Maiti R, Bhatia V, Padhy BM, Hota D. Essential Medicines: An Indian Perspective. Indian J Community Med. 2015;40(4):223-32 (.Gustafsson LL, Wettermark B, Godman B, Andersen-Karlsson E, Bergman U, Hasselstrom J et al. The 'wise list'- a comprehensive concept to select, communicate, and achieve adherence to recommendations of essential drugs in ambulatory care in Stockholm. Basic Clin Pharmacol Toxicol. 2011;108(4):224-33 (.Moja L, Zanichelli V, Mertz D, Gandra S, Cappello B, Cooke GS et al. WHO's essential medicines and AWaRe: recommendations on first- and second-choice antibiotics for empiric treatment of clinical infections. Clin Microbiol Infect. 2024;30 Suppl 2:S1-s51 (. The system has fourteen main anatomical or pharmacological groups (1st level). The ATC 1st levels are shown in the figure. Pharmacological or Therapeutic subgroup Chemical, Pharmacological or Therapeutic subgroup Skip to main content Despite advancements in testing and treatment, over one million people became infected with HIV in 2022. This warrants a need for a revitalized focus on proven HIV prevention interventions such as HIV post-exposure prophylaxis (PEP). WHO’s updated PEP guidelines prioritize broader access to PEP, including community-based delivery and task sharing to mitigate barriers such as stigma and to ensure timely access post exposure. PEP involves administering antiretroviral (ARV) medication after potential HIV exposure to prevent infection. Timely access to PEP is the most crucial factor in PEP effectiveness. PEP is most effective when initiated as soon as possible, ideally within 24 hours and no later than 72 hours after exposure. While a PEP regimen of two drugs can be effective, three drugs are preferred. It is recommended that people be given a 28-day prescription for PEP. This guideline includes recommended drug regimens for adults, adolescents and children. Skip to main content In the area of psychoactive drugs, the Unit focuses on strengthening public health responses to the world’s drug problem and contributing to international drug policy dialogues by:developing, disseminating and supporting implementation of technical guidelines, standards and tools for prevention, identification, diagnosis and treatment of health conditions due to psychoactive drug use within the framework of Universal Health Coverage (UHC);working with United Nations Office on Drugs and Crime (UNODC) on implementation of the WHO-UNODC program on drug dependence treatment and care; and,generating, compiling and disseminating reliable information on the health impacts of psychoactive drug use, effectiveness of prevention and treatment interventions, and on prevention and treatment capacity of health systems with regard to drug use disorders and associated health conditions. The International Standards for the Treatment of Drug Use Disorders was prepared by World Health Organization (WHO) and United Nations Office on... The first edition was published in 2013 and summarized the evidence of drug use prevention at the global level. The value of the first edition was widely... The publication was invited by resolution 58/5 of the Commission on Narcotic Drugs entitled “Supporting the collaboration of public health and justice... Joint UNESCO, UNODC and WHO publication on education sector responses to substance use in 2017 UNESCO (the United Nations Educational, Scientific and Cultural... Cannabis is globally the most commonly used psychoactive substance under international control. In 2013, an estimated 181.8 million people aged 15-64 years... There is growing concern around the world about drug use and road safety. Drinking alcohol and driving is a well studied risk factor for road traffic crashes,... These guidelines contain recommendations on the identification and management of substance use and substance use disorders for health care services which... An estimated 69 000 people die each year from opioid overdose. Opioid overdose is easily reversed with the opioid antidote naloxone and with basic life... Manuals for the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and the ASSIST-linked brief interventionsThe ASSIST package, which...