

**Access to Medicines Publications in Developing Countries: A  
Bibliometric Study and its Implications for the Access to  
Medicines Research Network**

**A report prepared by**

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## Abbreviations

AFRO	Regional Office for Africa
AMRO	Regional Office for the Americas
ATM RN	Access to Medicines Research Network
DfID	British Department for International Development
EML	Essential Medicines List
EMRO	Regional Office for the Eastern Mediterranean
EURO	Regional Office for Europe
SEARO	Regional Office for South-East Asia
UK	United Kingdom
US	United States of America
WB	World Bank
WHO	World Health Organization
WPRO	Regional Office for the Western Pacific

# Summary

## Objectives

There are few articles about access to medicines in developing countries written by developing country authors. This bibliometric study was conducted to develop a baseline for measuring the availability of access to medicines publications. The baseline will help in future searches to assess if the creation of an Access to Medicines Research Network (ATM RN) will impact the number of publications both by developing country authors and about issues facing developing countries in accessing essential medicines. The methods described in this paper are intended for use by the ATM RN to help understand access to medicines research in developing countries.

## Methods

I searched CSA Worldwide, EMBASE, Google Scholar, ISI Web of Knowledge, Popline (One Source) and PubMed for all publications regarding access to medicines and then limited to developing countries and the years 1999-2008. All duplicate publications were eliminated. The resulting publications were analyzed for country of origin of corresponding author, year published, World Bank income level, World Bank region and World Health Organization (WHO) region. In addition information on key publication themes (such as monitoring, intellectual property and medicines selection) were collected.

## Results

Authors from high-income countries were represented in a majority of all publications for both 1999-2008 (52%) and 2005-2008 (50%). Authors from low-income countries were represented in 19% of publications in 1999-2008 and in 21% of publications in 2005-2008. American and European authors dominated publications. The top themes relating to access to medicines were monitoring, selection, intellectual property, prescribing and utilization and regulation and quality assurance.

## **Conclusion**

Few articles about access to medicines in developing countries actually had “corresponding” authors from developing countries. An ATM RN will help to encourage contributions from more developing country scholars to the field of access to medicines research, which in turn, will hopefully increase access to medicines in developing countries.

# 1. Background

Increasing access to essential medicines is crucial to preventing millions of deaths a year <sup>1</sup>. Medicines account for 20 – 60% of health spending in developing countries, and close to 90% of people in developing countries have to pay for their medicines out-of-pocket <sup>2</sup>. Those affected by these high costs are disproportionately poor and medicines remain unaffordable for many <sup>1,3,4</sup>. The WHO created the first Model Essential Medicines List (EML) in 1977 as a standard guide for the selection of medicines and to create their own national medicines lists so that access to medicines might be increased <sup>3</sup>. As of 2008, 156 countries in the world, or almost 4 out of 5 countries, had a national EML in place <sup>1</sup>.

In 1978, the Declaration of Alma Ata identified the quality, rational use and provision of essential medicines as one of the eight key components of primary health care <sup>5</sup>. During the 1985 Conference of Experts on Rational Use of Drugs in Nairobi the modern definition of rational use of medicines was set. This definition states “rational use of drugs requires that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements for an adequate period of time, and at the lowest cost to them and their community <sup>6</sup>.”

In both 1988 and 2003, the WHO published Guidelines for Developing National Drug Policies to help member countries create and improve their own national policies and to increase access to medicines by coordinating the different actors in the pharmaceutical sector. Over 100 countries currently have developed national medicines policies <sup>1</sup>.

## 1.1 Local Knowledge Base

Despite all of this progress, the problems of access to; and the rational use of; medicines still persist, especially in the developing world and for the world's poorest citizens, wherever located. A contributing factor to access problems could be the limited policy knowledge base in resource-poor settings <sup>7</sup>. These countries may not be well equipped to apply existing knowledge to create effective policies for improving the selection and use of essential medicines, ensuring affordable prices, increasing sustainable financing, or strengthening reliable supply systems <sup>8</sup>. A sound and diverse evidence base is key to informed policy making <sup>7,9</sup>.

In terms of precedence for this bibliometric study, there have been four Cochrane literature reviews published on pharmaceutical policy, dealing primarily with pricing, financial incentives for prescribers, rational use and the effects of caps and co-payments on rational use <sup>10,11,12,13</sup>. These Cochrane reviews helped us form the search strategy for the paper.

In August 2008, the British Department for International Development (DfID) proposed the establishment of a global Access to Medicines Research Network (ATM RN) involving both high-income and developing country research institutions. The purpose of the ATM RN is increase developing country capacity to produce policy research on access to medicines, specifically focusing on medicine availability, quality and utilization <sup>14</sup>. DfID is working with the Alliance for Health Policy and Systems Research (based at WHO Geneva) to establish this network. The ATM RN will perform research to assess how to make medicines both affordable and accessible to the neediest people <sup>14</sup>.

## **1.2 Aim of study**

This bibliometric analysis was undertaken to provide a baseline to assess ATM research over the last ten years regarding access to medicine issues in developing countries. I was specifically interested to see how many total publications exist related to ATM over the past 10 years, how many publications came out year-to-year, who wrote these publications (assessed by country of origin of corresponding author) and the most prevalent access to medicines topics. A corresponding author is the author to whom correspondence about the publication is to be sent. The results from this search show where research should be thematically targeted, and which geographical areas need the most increase in published pharmaceutical access and utilization research.

## 2. Methodology

I performed a bibliometric search using CSA Worldwide, EMBASE, Google Scholar, ISI Web of Knowledge, Popline (One Source) and PubMed to assess the number of publications and trends in research related to access to medicines, specifically regarding developing countries. PubMed, Popline and Google Scholar were chosen because they are open access sites that anyone around the world can use. PubMed is considered one of the main tools for bibliometric analysis <sup>10</sup>. All published Cochrane reviews on pharmaceutical policy used the database Medline, which is encompassed in PubMed, along with other databases. The search was limited to 1999-2008, and a sub search was performed for 2005-2008 to see if there was any noticeable trend difference over a more recent time period.

In the future, authors should attempt to refer to “pharmaceuticals” or “medicines” when writing about pharmaceutical compounds.

### 2.1 Selection criteria

Where possible, MeSH headings (PubMed) and major headings (EMBASE) were carefully selected and often restricted to subheadings such as “legislation and jurisprudence” to ensure that only relevant articles resulted <sup>1</sup>. Keywords were used sparingly and restricted to title and abstracts.

Terms such as “drug”, “drugs” or “medicine” often resulted in publications that were not intended. Careful limiting was necessary in order to avoid publications on narcotics or the field of medicine in general. An extra step of eliminating references to narcotics was taken using the Boolean term NOT.

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<sup>1</sup> MeSH terms are the US Library of Medicine’s controlled vocabulary used to index articles for PubMed and Medline.

## 1. Access to Medicines themes

Several themes were specifically searched including:

- Medicines regulation and classification (licensing) policies
- Drug monitoring
- Medicines selection
- Medicines pricing policies
- Medicines intellectual property/patent policies
- Medicines marketing policies
- Drug Industry information
- Prescribing policies
- Medicines utilization or medicines use
- Medicines insurance policy and medicines financing
- Medicine reform/policy
- Access to Medicines
- Medicines supply management

## 2. Publications concerning developing countries

3. Publication date: 1999-2008; and 2005-2008

4. Limited to human subjects

5. Studies on substance abuse or poisoning were excluded

## 2.2 Retrieved articles and methods for analysis

### *CSA Worldwide*

The CSA Worldwide search resulted in 106 publications. Only 61 or 58% had country of origin of corresponding author data. All had year data.

### *EMBASE*

EMBASE resulted in 424 publications. Of these, 399, or 94% had country of origin of corresponding author data and 100% had year data. This was the best percentage of any database in terms of the quality of the citation data.

### *Google Scholar*

The Google Scholar search resulted in 424 publications. All had year data, however, none had country data. There is really no efficient way to import the citations into any type of reference software. Zotero (a Mozilla Firefox add-on) and RefGrabit® by Refworks were used to import citations. Additionally, Google Scholar is the only search engine used to find the so-called “gray literature”, but the quality of the resulting citations have not been vetted. Many of the articles have not gone through peer review.

### *ISI Web of Knowledge*

For ISI Web of Knowledge, 248 publications resulted and one was eliminated because it was published in 1998. Two hundred and twenty eight, or 92% of all publications had country and year data.

### *Popline*

The Popline search resulted in 130 results. All had year data, however, none had information on country of origin of corresponding author.

### *PubMed*

A total of 761 publications resulted from the search for 1999-2008. All references were exported from PubMed as text files in the Medline style, run through Reference Manager software and saved again as text files. They were then imported into Excel, and cleaned through macros to assess country of origin of corresponding author and date of publication.

Three publications from PubMed were eliminated because they were published in 2009, but were published electronically in 2008. All remaining 758 publications had data for year published, however, only 530 (70%) had data on country of residence of corresponding author.

### *All Publications*

A total of 2,090 publications resulted from all search engines. All duplicates were removed, resulting in 1,918 publications. All 1,918 remaining publications had year of publication data. One thousand and forty, or 54% had information on country of origin of corresponding author. Neither Popline nor Google Scholar could contribute to the country of origin analysis in any way since no information on country of origin of corresponding author was stored.

### *Analysis by World Bank Country Income Classification and Region and WHO Region*

The retrieved data sets were further analyzed to categorize corresponding authors according to World Bank country income classification, World Bank (WB) geographical region and World Health Organization region<sup>15,16</sup>. In classifying by WB income, one can get an idea of the economic state of the countries as categorized by gross national income (GNI) per capita, instead of just as a geographic categorization.

### *Analysis by Topic*

I attempted to quantify the distribution and frequency of certain topics within the articles resulting from the search. Data was assessed separately within each search using the strategy (See appendices 1-6) for the above referenced themes as well as for aggregated topics including procurement, quality assurance and references to pharmacists. This analysis should be viewed with caution as some papers are classified under several themes, so the total number of papers by theme does not add up to 100%. Additionally, for Google Scholar and Popline, topic analysis was not possible because multiple search strings are not possible.

I picked 1999-2008 to assess the trends and patterns over the past ten years and I selected 2005-2008 to give us a more focused view of the last four years to see if any of the trends before 2005 were different now.

### 3. Results

#### 3.1 Number of Publications

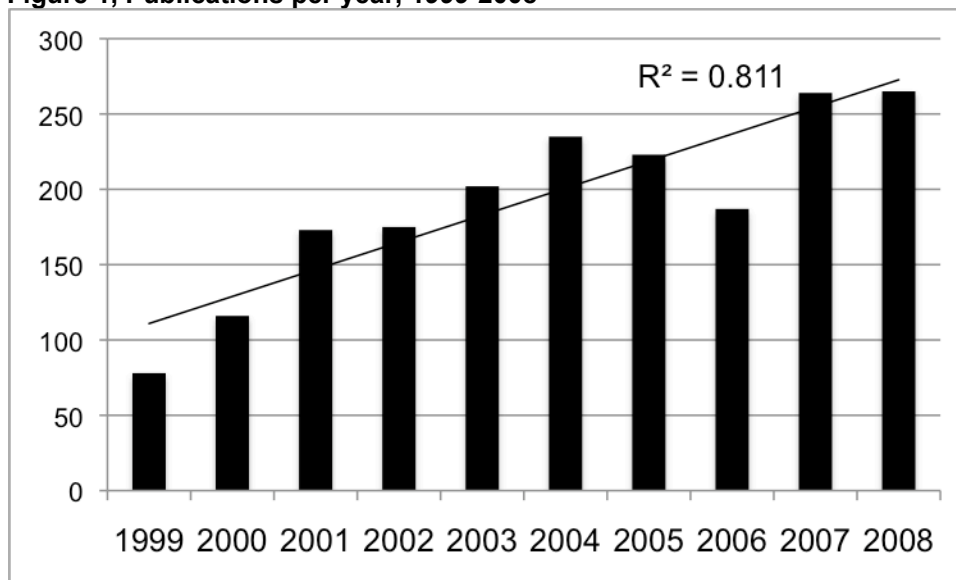
Table 1 shows the distribution of articles per year. Although there was a general increasing trend in the number of publications per year, there was some fluctuation between years with a notable decrease from 2005 to 2006.

**Table 1, Total Publications, 1999 – 2008**

Year	Number of Publications
1999	78
2000	116
2001	173
2002	175
2003	202
2004	235
2005	223
2006	187
2007	264
2008	265

There was a 340% increase in the number of publications from 1999 through 2008.

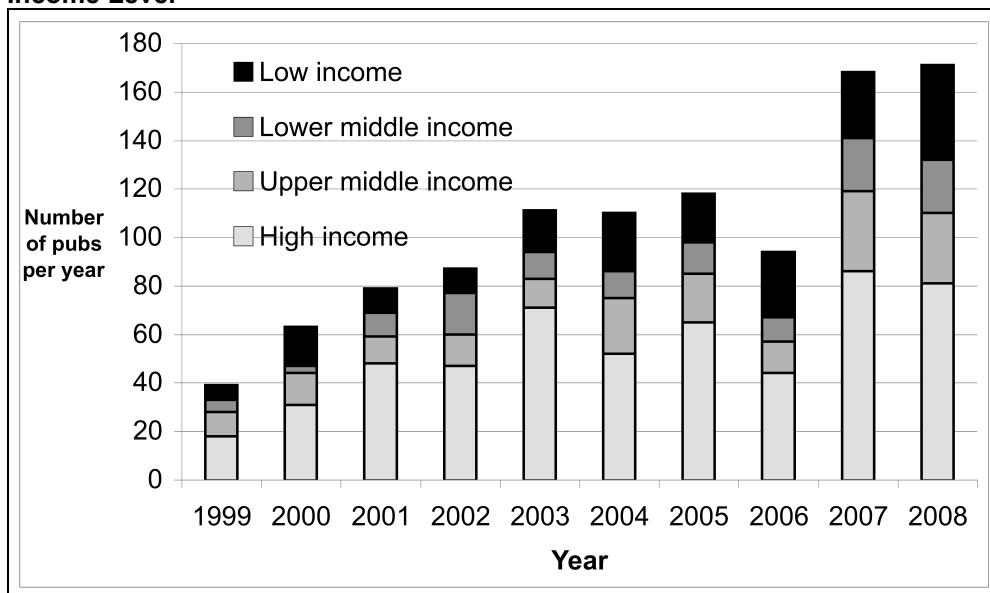
**Figure 1, Publications per year, 1999-2008**



### 3.2 Corresponding Author Country of Origin

Analysis of World Bank income level was undertaken to see which income groups were producing the articles on issues in developing countries, see Figure 2. Corresponding authors from high-income countries represented around 52%, on average, of the total publications per year during the whole 10-year period (1999-2008) and 50% during the last four years (2005-2008). Corresponding authors from low-income countries represented 19% (1999-2008) and 21% (2005-2008), on average of the total number of papers. Not much has changed over the last ten years in terms of developing country corresponding authors contributions to publications on access to medicines. However, for comparing the periods 1999-2003 and 2004-2008, developing countries had a 204% increase from the first period to the second period while developed countries only had a 163% increase over the same two periods.

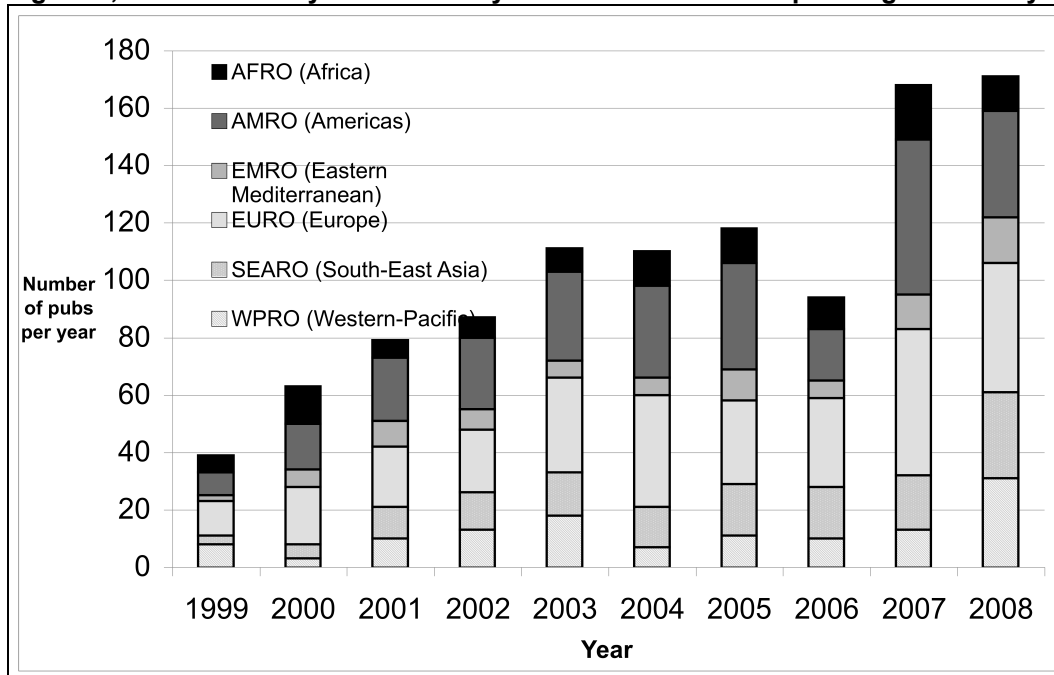
**Figure 2, Publications by Year: Country of residence of corresponding authors by World Bank Income Level**



In 2008, 81 publications were from corresponding authors in high-income countries, compared with 90 total publications from the other WB regions combined, 47%. Corresponding authors from low-income countries represented 23% (39 publications) of the total for 2008. The year 2008 marked the highest year for publications regarding access to medicines with 265 total publications.

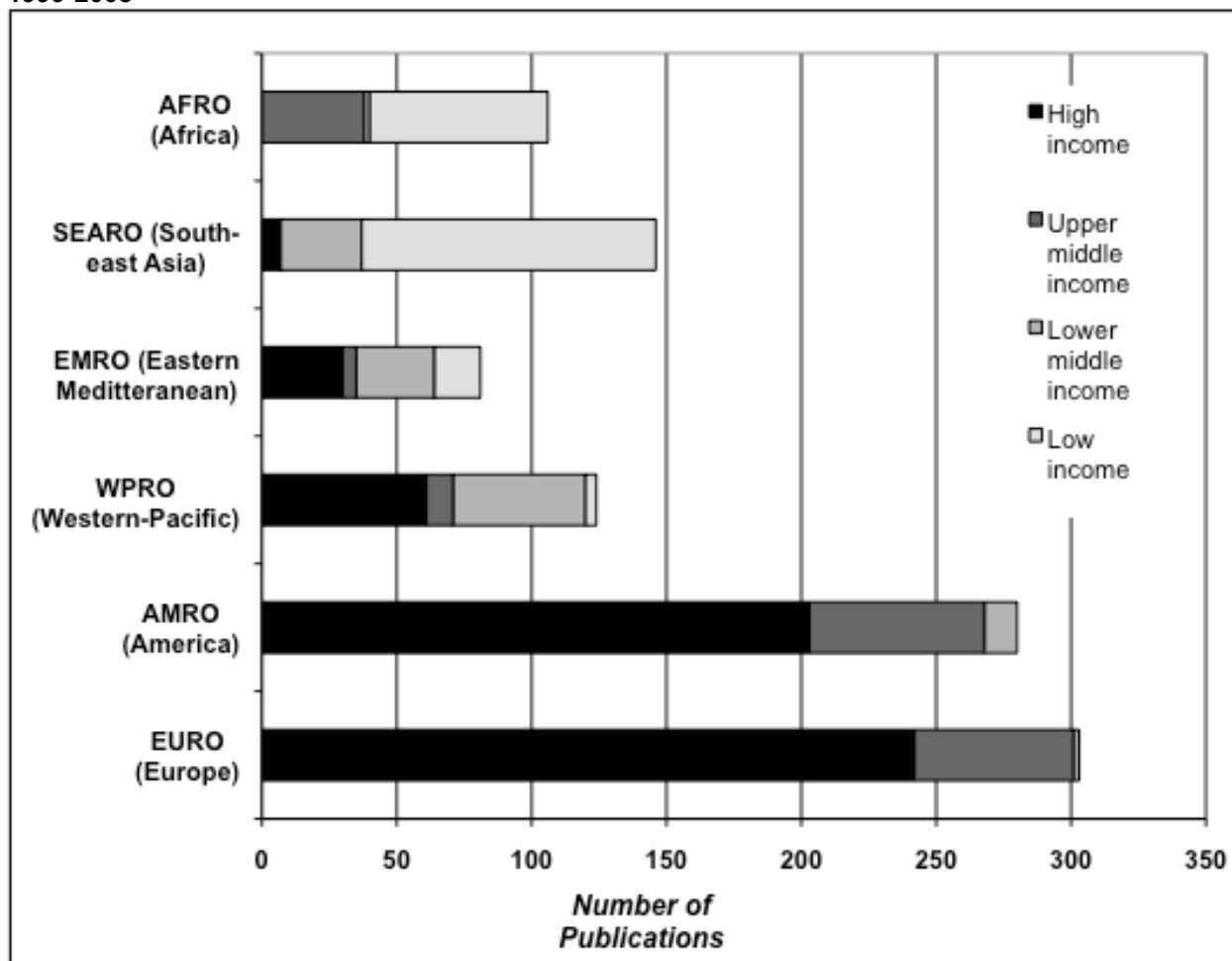
I also analyzed for country of residence or corresponding author by WHO region to see which geographical regions had corresponding authors writing about developing country issues.

**Figure 3, Publications by Year: Country of residence of corresponding authors by WHO region**



Countries from the WHO European and American regions represented 56% and 54% of the total publications per year during the periods 1999-2004 and 2005-2008 (see Figure 3). The next biggest contributors were corresponding authors from the South East Asian Region with around 14% of publications per year (1999-2008) on average. Eastern Mediterranean countries only contributed a total of 81 articles (8%) for the entire ten-year period, the lowest of all the WHO regions.

**Figure 4, Number of Publications by corresponding author World Bank Region and WHO Region, 1999-2008**



Most of the authors from low-income countries were from AFRO and SEARO. Most of the authors from high-income countries were from EURO and AMRO (Figure 4).

**Table 2, Top six countries of corresponding authors, 2008**

Country	Number of Papers in 2008
India	20
United States of America	19
United Kingdom	11
China	10
Brazil	9
Australia	6

The top six countries of residence of corresponding authors for the most recent year's data (2008) were India, the US, the UK, China, Brazil, and Australia (Table 2). Five countries all had five publications in 2008 (Canada, Malaysia, Sweden, Switzerland and Turkey). Out of 100 total publications (representing the eleven countries in 2008), 30% were from developing country corresponding authors (India and China). India doubled its 2007 contribution from 10 to 20.

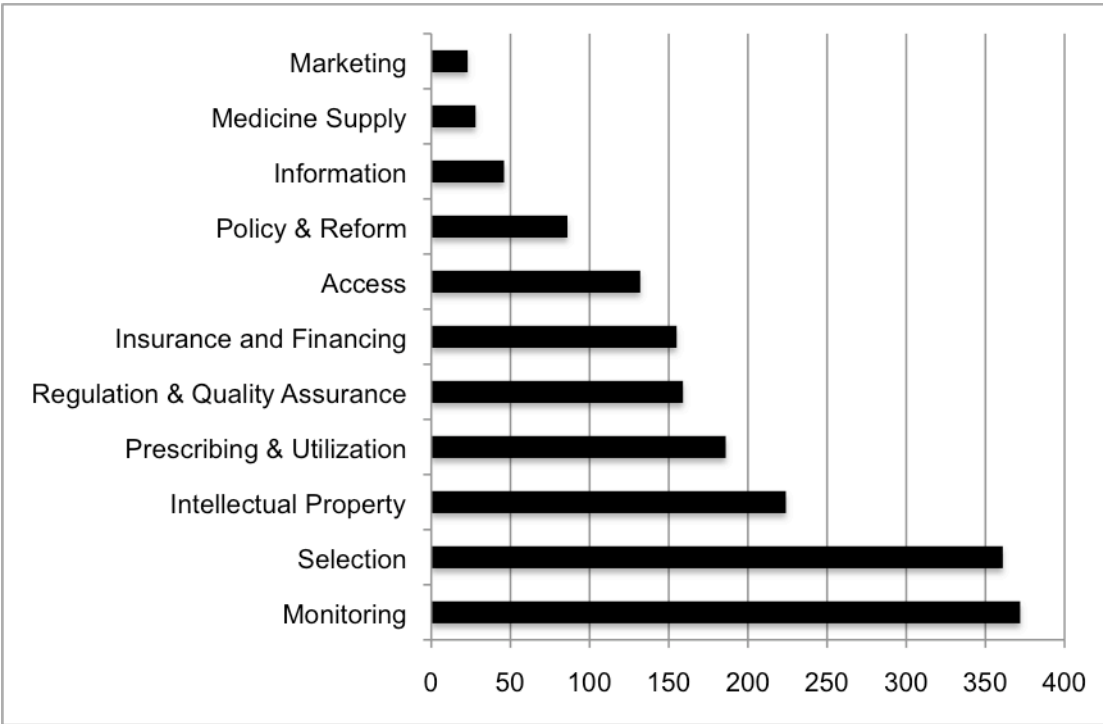
**Table 3, Top ten countries of corresponding authors, 1999-2008**

<b>Country</b>	<b>Grand Total</b>
United States of America	174
India	86
United Kingdom	75
Brazil	47
China	41
France	38
Switzerland	37
South Africa	37
Turkey	32
Canada	29
<b>Total</b>	<b>422</b>

The United States had a total of 174 publications for corresponding authors between 1999 and 2008. India was next with 86 publications. The United Kingdom was third with 75. For all publications from the top ten countries, 30% were from developing country authors (China and India). The top ten countries of production accounted for 41% of all publications (with known corresponding author data) for 1999-2008.

### 3.3 Access to Medicines Themes

Figure 4, Access to Medicines Themes in PubMed Search Results, 1999-2008



Four of the top themes were drug monitoring, selection, intellectual property and prescribing & utilization. Marketing was the least commonly occurring theme. However, most countries do not allow direct-to-consumer advertising (only the US and New Zealand). Since several themes were most likely addressed in the same papers this analysis only gives an idea of the distribution of the topics. Additionally, topic analysis was not possible for Popline or Google Scholar citations since search strings cannot be combined.

## **4. Discussion**

### **4.1 Years of Publication**

There was a noticeable increase in publications in 2007 (almost 1.5 times the number of publications in the previous year). While the number of publications has increased over the period of review there is considerable variation between years, including a decrease in publications in both 2005 and 2006. Such an observation reinforces the importance of looking at publications over time rather than taking a snap shot of a single year.

Corresponding author data for total number of publications as time progressed improved as evidenced by the higher percentage of articles from the years 2005-2008 with data available for corresponding author. Some of the search engines yielded much higher quality data (EMBASE, ISI and PubMed). EMBASE had corresponding author data for 100% of all resulting publications whereas Google Scholar and Popline had information on 0% of articles.

### **4.2 Topics**

Intellectual property (IP) related publications are predictably high as IP has been a much-discussed issue. The large number of papers on drug monitoring including adverse drug reaction systems and pharmacovigilance in the developing world is encouraging. Articles on insurance and financing are surprisingly few considering that in developing countries, medicines account for 35 – 70% of overall health care spending compared with less than 15% in high-income countries and that financing and prices were contentious issue.

### **4.3 Country of Origin of Corresponding Author**

The U.S. dominates regarding authorship in access to medicines literature. This should not be surprising. A previous bibliometric study found that dominance by the US was clearly evident over the years 1995 – 2003 in all literature under the topics of public health, preventive medicine, occupational and environmental medicine, and epidemiology<sup>17</sup>.

As predicted, high-income countries had the highest percentage contribution to research on access to medicines on *average* per year. Additionally, the EURO and AMRO regions (mostly made up of middle and high income countries) were the highest percent contributors to literature on access to medicines in developing countries. It is encouraging that 30% of authors from the top ten countries for the production of articles both in 2008 and overall were from low and lower middle income countries, however, they only came from two countries (India and China). Developing country authors are beginning to contribute to a higher share of publications concerning access to medicines in their countries. Of the top ten overall countries of corresponding authors contributors, India, the US, the UK, China, Brazil, Canada and Switzerland all have substantial domestic pharmaceutical production.

### **4.4 Limitations**

A general weakness in this and other bibliometric studies is that most search engines only index the address of one author and publications through multinational collaborations are only counted for one region. Additionally, data for country of corresponding author was not available for all publications, and in fact was not available for two complete databases (Popline and Google Scholar), accounting for 26% of all citations. Country of Origin of corresponding author data was only available for 54% of total publications. I was also unable to make judgments on the quality of the publications, and some of the publications, especially in the Google Scholar database

do not meet rigorous academic standards. However, I do believe that this study represents the overall trends in the distribution of topics and corresponding author countries.

Many of these search engines are widely available and free for those with Internet access. The results from this search are not all-inclusive of publications on this topic, but the results give a good sense of the general trends, and clear inferences can be made. With the search strategy, some articles related to access to therapeutic monitoring in developing countries were captured. While these therapeutic monitoring articles were not related to policy, they could not be excluded without losing program and policy monitoring articles. The frequency of such therapeutic monitoring articles was fairly consistent across years.

## 5. Conclusion

Access to essential affordable medicines is a Millennium Development Goal. Based on this bibliometric review the dearth of articles written by developing country authors is a challenge if researchers in developing countries are to contribute to ensure universal access to essential medicines. There is clearly room for an ATM RN that ensures collaboration between developing country and high-income country institutions. More research is needed in the areas of access to medicines, pharmaceutical policy and reform and also in the area of insurance and financing for medicines. An Access to Medicines Research Network would be a valuable tool to address the issue of access to and the appropriate usage of medicines for the portion of the population who needs rationally used the most.

The recent initiative to create an ATM research network with a particular focus on developing countries and other similar initiatives will hopefully address some of these knowledge gaps. An ATM Research Network could catalyse collaborative opportunities for and investments in more relevant research for the developing world, as well as help increase the capacity to undertake and use evidence from this research to improve access to essential medicines in developing countries. Creating and fostering cooperation and future integration between developing and developed world institutions is an important strategy to build this capacity and to achieve a sustainable solution for improving access to medicines in developing countries through evidence informed policy making.

This expanded bibliometric search is valuable because it includes grey literature and references not indexed on PubMed. There is a clear need for evidence-based access to medicines research in developing countries.

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## **Appendix 1: CSA Worldwide Search Strategy**

### **A. Medicines regulation and classification (licensing) policies**

	(	"pharmaceutical regulation"	OR	"medicines regulation"	OR	"drug regulation"	)	Keywords, KW=
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### **B. Drug Monitoring**

	(	"drug monitoring"	OR	"adverse drug reaction reporting system**"	OR	pharmacovigilance	)	Keywords, KW=
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### **C. Medicines selection**

	(	"essential medicine**"	OR		OR		)	Keywords, KW=
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### **D. Medicines pricing policies**

	(	pharmacoeconomics	OR	"reference price**"	OR		)	Keywords, KW=
OR	(	"drugs costs"	OR		OR		)	Descriptors, DE=

### **E. Medicines intellectual property/patent policies**

	(	((patents NEAR policy) WITHIN"5" pharmaceuticals)	OR	"Trade Related Aspects of Intellectual Property Rights"	OR		)	Keywords, KW=
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### **F. Medicines marketing policies**

	(	"pharmaceutical marketing"	OR	"drug marketing"	OR		)	Keywords, KW=
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### **G. Prescribing policies**

	(	"prescribing practice**"	OR	"generic substitut**"	OR		)	Keywords, KW=
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### **H. Medicines utilization or medicines use**

	(	rational use	OR		OR		)	Keywords, KW=
AND	(	Medicine*	OR	Drugs	OR		)	Keywords, KW=

### **I. Medicines insurance policy and Medicines financing**

	(	(insurance WITHIN"5" (medicines or medication or pharmaceuticals))	OR		OR		)	Keywords, KW=
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**J. Medicine Reform/Policy**

	(	Pharmaceutical WITHIN"8" Reform	OR	medicines WITHIN"8" policy	OR		)	Keywords, KW=
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**K. Medicines access**

	(	access WITHIN"2" Medicines	OR		OR		)	Keywords, KW=
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**L. Medicines supply management**

	(	medication WITHIN"2" Supply	OR	pharmaceutical* WITHIN"2" Supply	OR		)	Keywords, KW=
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**M. DEVELOPING COUNTRIES**

	(	developing countr*	OR	middle income countr*	OR		)	Keywords, KW=
OR	(	("American Samoa" or Argentina or Belize or Botswana or Brazil or Bulgaria or Chile or Comoros or Costa Rica or Croatia or Dominica or Equatorial Guinea or Gabon or Grenada or Hungary or Kazakhstan or Latvia or Lebanon or Libya or Libia or Libyan or Lithuania or Malaysia or Mauritius or Mexico or Micronesia or Montenegro or Oman or Palau or Panama or Poland or Romania or Russia or Seychelles or Slovakia or South Africa or "Saint Kitts and Nevis" or "Saint Lucia" or "Saint Vincent and the Grenadines" or Turkey or Uruguay or Venezuela or Yugoslavia or Mayotte or "Northern Mariana Islands" or "Russian Federation" or Samoa or Serbia or	OR	(Albania or Algeria or Angola or Armenia or Azerbaijan or Belarus or Bhutan or Bolivia or "Bosnia and Herzegovina" or Bosnia or Cameroon or China or Colombia or Congo or Cuba or Djibouti or "Dominican Republic" or Ecuador or Egypt or El Salvador or Fiji or "Georgia (Republic)" or Guam or Guatemala or Guyana or Honduras or "Indian Ocean Islands" or Indonesia or Iran or Iraq or Jamaica or Jordan or Lesotho or "Macedonia" or "Marshall Islands" or Micronesia or "Middle East" or Moldova or Morocco or Namibia or Nicaragua or Paraguay or Peru or Philippines or Samoa or "Sri Lanka" or Suriname or Swaziland or Syria or Thailand or Tonga or Tunisia or Turkmenistan or Ukraine or Vanuatu	OR	(Afghanistan or Bangladesh or Benin or "Burkina Faso" or Burundi or Cambodia or "Central African Republic" or Chad or Comoros or "Democratic Republic of the Congo" or "Cote d'Ivoire" or Eritrea or Ethiopia or Gambia or Ghana or Guinea or Guinea-Bissau or Haiti or India or Kenya or Korea or Kyrgyzstan or Laos or Liberia or Madagascar or Malawi or Mali or Mauritania or Melanesia or Mongolia or Mozambique or Myanmar or Nepal or Niger or Nigeria or Pakistan or "Papua New	)	Keywords, KW=

	"Slovak Republic" or "St Kitts and Nevis" or "St Lucia" or "St Vincent and the Grenadines")		or "Cape Verde" or Gaza or Georgia or Kiribati or Macedonia or Maldives or Palestine or "Syrian Arab Republic" or "West Bank")		Guinea" or Rwanda or Senegal or "Sierra Leone" or Somalia or Sudan or Tajikistan or Tanzania or East Timor or Togo or Uganda or Uzbekistan or Vietnam or Yemen or Zambia or Zimbabwe or Burma or Congo or Kyrgyz or Lao or "North Korea" or "Solomon Islands" or "Sao Tome" or Timor or "Viet Nam")	
--	---	--	--	--	---	--

#1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12

#13 and #14

Date Range: 1999-2008

Multiple Databases

**BioOne Abstracts and Indexes**

Biological, ecological and environmental sciences

**PAIS Archive**

Public affairs, public and social policies, international relations

**PAIS International**

Public affairs, public and social policies, international relations

**Philosopher's Index**

Philosophy, ethics, metaphysics, epistemology, logic, aesthetics

**Physical Education Index**

Physical fitness, health, sports medicine

**Social Services Abstracts**

Social work, human services, social welfare, social policy

**Sociological Abstracts**

Social structure, inequality, social change, social problems

**Worldwide Political Science Abstracts**

Politics, international relations, government, public policy

## **Appendix 2: EMBASE Search Strategy**

1. (pharmaceutical:ab,ti or pharmaceuticals:ab,ti or medicines:ab,ti)

### **M. Medicines regulation and classification (licensing) policies**

2. ('drug regulation':ab,ti)
3. ('drug labeling'/mj)

### **N. Drug Monitoring**

4. 'drug monitoring'/mj
5. 'drug surveillance program'/mj

### **O. Medicines selection**

6. 'drug formulary'/mj
7. 'pharmacy and therapeutics committee'/mj
8. 'essential medicines':ab,ti
9. 'essential drug'/exp

### **P. Medicines pricing policies**

10. 'drug cost'/mj
11. (reference:ti OR referencing:ti AND (price:ti OR prices:ti OR pricing:ti)) OR (maximum:ti AND (price:ti OR prices:ti OR pricing:ti)) OR (internal:ti OR external:ti AND (price:ti OR prices:ti OR pricing:ti))

### **Q. Medicines intellectual property/patent policies**

12. 'patent'/mj AND (pharmaceutical:ab,ti OR pharmaceuticals:ab,ti OR medicines:ab,ti OR drug:ab,ti)
13. 'trade-related aspects of intellectual property rights':ab,ti

### **R. Medicines marketing policies**

14. 'drug marketing'/mj AND 'policy'

### **S. Medicines information**

15. 'drug information'/mj

### **T. Prescribing policies**

16. 'prescription'/mj AND (policy:ab,ti OR practice:ab,ti)
17. 'practice guideline'/mj AND #1
18. 'generic drug'/mj AND substit\*:ab,ti

### **U. Medicines utilization or medicines use**

19. 'drug utilization'/mj
20. ((pharmaceutical\* OR medicine\* OR drug\*) NEAR/8 'rational use'):ti

**V. Medicines insurance policy and Medicines financing**

- 21. 'reimbursement'/mj AND (drug\*:ab,ti OR medicine\*:ab,ti OR pharmaceutical\*:ab,ti)
- 22. ((copay OR copayment OR 'co pay' OR 'co payment' OR fees) NEAR/5 (pharmaceutical OR pharmaceuticals OR medicine OR medicines OR drug OR drugs)):ti

**W. Medicine Reform/Policy**

- 23. 'drug legislation'/mj AND (#1)
- 24. 'pharmaceutical reform':ab,ti

**X. Medicines access**

- 25. (access NEXT/3 medicines):ab,ti
- 26. 'health care delivery'/exp/mj AND (pharmaceuticals:ab,ti OR medicines:ab,ti) AND access

**Y. Medicines supply management**

- 27. 'drug storage'/mj AND (methods OR standards)
- 28. 'supply chain' AND #3

29. #2 or #3 or #4 or #5 or #6 or #7 or #8 or #9 or #10 or #11 or #12 or #13 or #14 or #15 or #16 or #17 or #18 or #19 or #20 or #21 or #22 or #23 or #24 or #25 or #26 or #27 or #28

30. "Drug Abuse":ab,ti OR "Drug Possession":ab,ti OR "narcotic abuse":ab,ti OR "narcotic use":ab,ti OR narcotics:ab,ti OR "substance abuse":ab,ti OR poison:ab,ti OR poisoning:ab,ti OR venom:ab,ti OR "substance use":ab,ti OR cocaine:ab,ti OR heroin:ab,ti OR marijuana:ab,ti OR pot:ab,ti OR "salvia divinorum":ab,ti

31. (#29) NOT (#30)

**Z. Developing Countries**

- 32. 'developing country'/exp OR 'Africa'/exp OR 'Africa south of the Sahara'/exp OR 'Asia'/exp OR 'South and Central America'/exp
- 33. 'American Samoa'/exp or Argentina/exp or Belize/exp or Botswana/exp or Brazil/exp or Bulgaria/exp or Chile/exp or Comoros/exp or Costa Rica/exp or Croatia/exp or Dominica/exp or Equatorial Guinea/exp or Gabon/exp or Grenada/exp or Hungary/exp or Kazakhstan/exp or Latvia/exp or Lebanon/exp or Libya/exp or Libia/exp or Libyan/exp or Lithuania/exp or Malaysia/exp or Mauritius/exp or Mexico/exp or Micronesia/exp or Montenegro/exp or Oman/exp or Palau/exp or Panama/exp or Poland/exp or Romania/exp or Russia/exp or Seychelles/exp or Slovakia/exp or South Africa/exp or 'Saint Kitts and Nevis'/exp or 'Saint Lucia'/exp or 'Saint Vincent and the Grenadines'/exp or Turkey/exp or

Uruguay/exp or Venezuela/exp or Yugoslavia/exp or Mayotte/exp or 'Northern Mariana Islands'/exp or 'Russian Federation'/exp or Samoa/exp or Serbia/exp or 'Slovak Republic'/exp or 'St Kitts and Nevis'/exp or 'St Lucia'/exp or 'St Vincent and the Grenadines'/exp

34. Albania/exp or Algeria/exp or Angola/exp or Armenia/exp or Azerbaijan/exp or Belarus/exp or Bhutan/exp or Bolivia/exp or 'Bosnia and Herzegovina'/exp or Bosnia/exp or Cameroon/exp or China/exp or Colombia/exp or Congo/exp or Cuba/exp or Djibouti/exp or 'Dominican Republic'/exp or Ecuador/exp or Egypt/exp or El Salvador/exp or Fiji/exp or 'Georgia (republic)'/exp or Guam/exp or Guatemala/exp or Guyana/exp or Honduras/exp or 'Indian Ocean Islands'/exp or Indonesia/exp or Iran/exp or Iraq/exp or Jamaica/exp or Jordan/exp or Lesotho/exp or 'Macedonia (republic)'/exp or 'Marshall Islands'/exp or Micronesia/exp or 'Middle East'/exp or Moldova/exp or Morocco/exp or Namibia/exp or Nicaragua/exp or Paraguay/exp or Peru/exp or Philippines/exp or Samoa/exp or 'Sri Lanka'/exp or Suriname/exp or Swaziland/exp or Syria/exp or Thailand/exp or Tonga/exp or Tunisia/exp or Turkmenistan/exp or Ukraine/exp or Vanuatu/exp or 'Cape Verde'/exp or Gaza/exp or Georgia/exp or Kiribati/exp or Macedonia/exp or Maldives/exp or Palestine/exp or 'Syrian Arab Republic'/exp
35. Afghanistan/exp or Bangladesh/exp or Benin/exp or 'Burkina Faso'/exp or Burundi/exp or Cambodia/exp or 'Central African Republic'/exp or Chad/exp or Comoros/exp or 'Democratic Republic Congo'/exp or 'Cote d'Ivoire' or Eritrea/exp or Ethiopia/exp or Gambia/exp or Ghana/exp or Guinea/exp or 'Guinea'/exp AND 'Guinea-Bissau'/exp or Haiti/exp or India/exp or Kenya/exp or Kyrgyzstan/exp or Laos/exp or Liberia/exp or Madagascar/exp or Malawi/exp or Mali/exp or Mauritania/exp or Melanesia/exp or Mongolia/exp or Mozambique/exp or Myanmar/exp or Nepal/exp or Niger/exp or Nigeria/exp or Pakistan/exp or 'Papua New Guinea'/exp or Rwanda/exp or Senegal/exp or 'Sierra Leone'/exp or Somalia/exp or Sudan/exp or Tajikistan/exp or Tanzania/exp or Togo/exp or Uganda/exp or Uzbekistan/exp or Yemen/exp or Zambia/exp or Zimbabwe/exp or Congo/exp or 'North Korea'/exp or 'Solomon Islands'/exp or 'Sao Tome and Principe'/exp or 'Timor-Leste'/exp or 'Viet Nam'/exp
36. (#32) OR (#33) OR (#34) OR (#35)
37. (#31) and (#36)
38. Japan/exp OR 'United States'/exp
39. (#37) NOT (#38)

## **LIMITATIONS**

**Search Publications from 1999-2008**

**EMBASE**

**HUMANS**

### **Appendix 3: Google Scholar Search Strategy**

#### **With the exact phrase**

"developing country"

#### **With at least one of the words**

"access to medicines" pharmaceuticals medicines

#### **Without the words**

narcotics cocaine heroin marijuana "United States" Japan "united kingdom" Australia  
Canada Europe resistance obstetrics latrine

#### **Where my words occur**

anywhere

#### **Return articles published between**

1999-2008

Only articles in:

Medicine, Pharmacology, and Veterinary Science  
Social Sciences, Arts, and Humanities

## **Appendix 4: ISI Web of Science Search Strategy**

1. TS=(pharmaceutical OR pharmaceuticals OR medicines)
2. TS=(drug OR drugs OR pharmaceutical OR pharmaceuticals OR medicines)

### **A. Medicines regulation and classification (licensing) policies**

3. TS=((pharmaceutical SAME regulation) OR (Pharmaceutical SAME Labeling))

### **B. Drug Monitoring**

4. TS=(("Drug Monitoring" SAME policy) OR ("Adverse Drug Reaction Reporting"))
5. TI=Pharmacovigilance
6. (#4) NOT (#5)
7. (#5) OR (#6)

### **C. Medicines selection**

8. TS=(("Hospital formular\*" OR "Pharmacy and Therapeutics Committee") AND policy)
9. TS=(("Essential Drugs") OR ("Essential Medicines"))

### **D. Medicines pricing policies**

10. TS=("Drug Costs" OR "Pharmacoeconomics" OR "Pharmaceutical Fees")
11. TS=((referenc\* SAME (pric\*)) AND (#1))

### **E. Medicines intellectual property/patent policies**

12. TS=(patents SAME (#1))
13. TS=(Trade-Related Aspects of Intellectual Property Rights)

### **F. Medicines marketing policies**

14. TS=(("Social Marketing" OR "Advertising") AND (#1))

### **G. Medicines information**

15. TS=("Drug Industry" OR "Drug Information Services")

### **H. Prescribing policies**

16. TS=((Prescription SAME policy) AND drug)
17. TS=("Practice Guidelines" AND (#1))
18. TS=(Generic SAME substitution)

### **I. Medicines utilization or medicines use**

19. TS=((Medicine SAME utilization) OR (pharmaceutical SAME utilization))
20. TS=((rational AND use) SAME (medicines))

### **J. Medicines insurance policy and Medicines financing**

21. TS=(((insurance) OR (Reimbursement Mechanisms) OR (Cost Sharing)) SAME (#1))
22. TS=((copay\* OR fees) SAME (#2))

**K. Medicine Reform/Policy**

- 23. TS=((Health AND Policy) SAME (#1))
- 24. TS=((Pharmaceutical Services) and legislation)

**L. Medicines access**

- 25. TS=(Accessibility SAME #1)

**M. Medicines supply management**

- 26. TI=((supply or distribution) SAME (pharmaceuticals or medicines))
- 27. TI=(Drug SAME Storage)

- 28. (#3) or (#4) or (#5) or (#6) or (#7) or (#8) or (#9) or (#10) or (#11) or (#12) or (#13) or (#14) or (#15) or (#16) or (#17) or (#18) or (#19) or (#20) or (#21) or (#22) or (#23) or (#24) or (#25) or (#26) or (#27)

- 29. TS=((Drug Abuse) OR (Drug Possession) OR (narcotic abuse) OR (narcotic use) OR narcotics OR (substance abuse) OR (substance use) OR poison\* OR venom OR cocaine OR heroin OR marijauna OR pot OR (salvia divinorum) OR Medicaid or Medicare)

- 30. (#28) NOT (#29)

**N. Developing Countries**

- 31. TS=((Developing Countr\*) or Asia or (South America) or (Central America) OR Africa or Asia or (Latin America))

- 32. (#30) and (#31)

- 33. TS=(Japan OR United States OR Canada)

- 34. (#32) NOT (#33)

**Limits, 1999-2008**

## **Appendix 5: Popline Search Strategy**

### **Title/Keywords**

=”pharmacies” / =”pharmacists” / =”pharmacy distribution” / ”pharmaceutical policy” /  
“access to medicines”

**AND**

### **Keywords:**

=”Developing Countries”

OR

### **Title:**

pharmaceuticals / medicines / policy

**AND**

### **Abstract:**

pharmaceuticals / medicines

### **Author:**

N/A

### **Source:**

N/A

### **Limits=**

**AND**

### **Year**

1999 / 2000 / 2001 / 2002 / 2003 / 2003 / 2004 / 2005 / 2006 / 2007 / 2008

## **Appendix 6: PubMed Search Strategy**

1. (drug[ti] or drugs[ti] or pharmaceutical[ti] or pharmaceuticals[ti] or medicines[ti] or medicine[ti])
2. (drug[tiab] or drugs[tiab] or pharmaceutical[tiab] or pharmaceuticals[tiab] or medicines[tiab] or medicine[tiab])
3. (pharmaceutical[ti] or pharmaceuticals[ti] or medicines[ti])
4. (pharmaceutical[tiab] or pharmaceuticals[tiab] or medicines[tiab])

### **A. Medicines regulation and classification (licensing) policies**

5. ("Drug and Narcotic Control/legislation and jurisprudence"[Mesh] OR "Drug Labeling/ethics"[Mesh] OR "Drug Labeling/legislation and jurisprudence"[Mesh])

### **B. Drug Monitoring**

6. ("Drug Monitoring/adverse effects"[Mesh] OR "Drug Monitoring/economics"[Mesh] OR "Drug Monitoring/methods"[Mesh] OR "Drug Monitoring/standards"[Mesh] OR "Drug Monitoring/trends"[Mesh] or "Adverse Drug Reaction Reporting Systems/legislation and jurisprudence"[Mesh] OR "Adverse Drug Reaction Reporting Systems/standards"[Mesh])
7. Pharmacovigilance[tiab]
8. (#6) NOT (#7)
9. (#7) OR (#8)

### **C. Medicines selection**

10. ("Formularies, Hospital" [Mesh] OR "Pharmacy and Therapeutics Committee/legislation and jurisprudence "[Mesh])
11. "Drugs, Essential"[majr]
12. ("Essential Drugs"[tiab] OR "Essential Medicines"[tiab])
13. (#11) NOT (#12)
14. (#12) OR (#13)

### **D. Medicines pricing policies**

15. ("Drug Costs/legislation and jurisprudence"[Mesh] OR " Economics, Pharmaceutical/legislation and jurisprudence"[Mesh] OR "Fees, Pharmaceutical/legislation and jurisprudence "[Mesh])
16. "Rate Setting and Review/legislation and jurisprudence"[Mesh] AND (#2)
17. (reference[ti] OR referencing[ti] AND (price[ti] OR prices[ti] OR pricing[ti])) OR (maximum[ti] AND (price[ti] OR prices[ti] OR pricing[ti])) OR (internal[ti] OR external[ti] AND (price[ti] OR prices[ti] OR pricing[ti]))

### **E. Medicines intellectual property/patent policies**

18. "patents as topic"[Mesh] AND (#1)
19. Trade-Related Aspects of Intellectual Property Rights

**F. Medicines marketing policies**

20. "Social Marketing"[Majr] OR "Advertising as Topic/legislation and jurisprudence"[Mesh] OR "Advertising as Topic/methods"[Mesh] AND (#4)

**G. Medicines information**

21. ("Drug Industry/education"[mesh] OR "Drug Information Services/legislation and jurisprudence"[Mesh])

**H. Prescribing policies**

22. "Drug Prescriptions/legislation and jurisprudence"[Mesh]

23. "Practice Guidelines as Topic/standards"[Majr] AND (#3)

24. "Drugs, Generic "[MAJR] and (substitute[tiab] or substitution[tiab] or substitutions[tiab])

**I. Medicines utilization or medicines use**

25. "Drug Utilization/legislation and jurisprudence"[Mesh]

26. "rational use"[ti] and (pharmaceutical[tiab] or pharmaceuticals[tiab] or medicines[tiab])

**J. Medicines insurance policy and Medicines financing**

27. ("insurance, health, reimbursement"[Mesh] OR "Reimbursement Mechanisms"[Mesh] OR "Cost Sharing"[Mesh]) AND (#4)

28. (copay[ti] OR copays[ti] OR copayment[ti] OR "co pay"[ti] OR "co payment"[ti] OR "co payments"[ti] OR "fees"[ti]) AND (#4)

29. (#27) NOT (#28)

30. (#28) OR (#29)

**K. Medicine Reform/Policy**

31. "Health Policy/legislation and jurisprudence"[Mesh] AND (#3)

32. "Pharmaceutical Services/legislation and jurisprudence"[Mesh]

**L. Medicines access**

33. "Health Services Accessibility"[MAJR] AND (#3)

**M. Medicines supply management**

34. "prescription Drugs/supply and distribution"[Mesh] OR "Nonprescription Drugs/supply and distribution"[Mesh] OR ("Drug Storage/methods"[Majr] OR "Drug Storage/standards"[Majr])

35. (#5) OR (#9) OR (#10) OR (#14) OR (#15) OR (#16) OR (#17) OR (#18) OR (#19) OR (#20) OR (#21) OR (#22) OR (#23) OR (#24) OR (#25) OR (#26) OR (#30) OR (#31) OR (#32) OR (#33) OR (#34)

36. "Drug Abuse"[tiab] OR "Drug Possession"[tiab] OR "narcotic abuse"[tiab] OR "narcotic use"[tiab] OR narcotics[tiab] OR "substance abuse"[tiab] OR poison[tiab] OR poisoning[tiab] OR venom[tiab] OR "substance use"[tiab] OR

cocaine[tiab] OR heroin[tiab] OR marijuana[tiab] OR pot[tiab] OR "salvia divinorum"[tiab]

37. (#35) NOT (#36)

#### **N. Developing Countries**

38. "Developing Countries"[Mesh] OR Africa[Mesh] or "Africa South of the Sahara"[Mesh] or Asia[Mesh] or "South America"[Mesh] or "Central America"[Mesh] OR Africa[tiab] or Asia[tiab] or "South America"[tiab] or "Latin America"[tiab] or "Central America"[tiab]
39. "American Samoa"[tiab] or Argentina[tiab] or Belize[tiab] or Botswana[tiab] or Brazil[tiab] or Bulgaria[tiab] or Chile[tiab] or Comoros[tiab] or Costa Rica[tiab] or Croatia[tiab] or Dominica[tiab] or Equatorial Guinea[tiab] or Gabon[tiab] or Grenada[tiab] or Hungary[tiab] or Kazakhstan[tiab] or Latvia[tiab] or Lebanon[tiab] or Libya[tiab] or Libia[tiab] or Libyan[tiab] or Lithuania[tiab] or Malaysia[tiab] or Mauritius[tiab] or Mexico[tiab] or Micronesia[tiab] or Montenegro[tiab] or Oman[tiab] or Palau[tiab] or Panama[tiab] or Poland[tiab] or Romania[tiab] or Russia[tiab] or Seychelles[tiab] or Slovakia[tiab] or South Africa[tiab] or "Saint Kitts and Nevis"[tiab] or "Saint Lucia"[tiab] or "Saint Vincent and the Grenadines"[tiab] or Turkey[tiab] or Uruguay[tiab] or Venezuela[tiab] or Yugoslavia[tiab] or Mayotte[tiab] or "Northern Mariana Islands"[tiab] or "Russian Federation"[tiab] or Samoa[tiab] or Serbia[tiab] or "Slovak Republic"[tiab] or "St Kitts and Nevis"[tiab] or "St Lucia"[tiab] or "St Vincent and the Grenadines"[tiab]
40. Albania[tiab] or Algeria[tiab] or Angola[tiab] or Armenia[tiab] or Azerbaijan[tiab] or Belarus[tiab] or Bhutan[tiab] or Bolivia[tiab] or "Bosnia and Herzegovina"[tiab] or Bosnia[tiab] or Cameroon[tiab] or China[tiab] or Colombia[tiab] or Congo[tiab] or Cuba[tiab] or Djibouti[tiab] or "Dominican Republic"[tiab] or Ecuador[tiab] or Egypt[tiab] or El Salvador[tiab] or Fiji[tiab] or "Georgia (Republic)" [tiab] or Guam[tiab] or Guatemala[tiab] or Guyana[tiab] or Honduras[tiab] or "Indian Ocean Islands"[tiab] or Indonesia[tiab] or Iran[tiab] or Iraq[tiab] or Jamaica[tiab] or Jordan[tiab] or Lesotho[tiab] or "Macedonia" [tiab] or "Marshall Islands"[tiab] or Micronesia[tiab] or "Middle East"[tiab] or Moldova[tiab] or Morocco[tiab] or Namibia[tiab] or Nicaragua[tiab] or Paraguay[tiab] or Peru[tiab] or Philippines[tiab] or Samoa[tiab] or "Sri Lanka"[tiab] or Suriname[tiab] or Swaziland[tiab] or Syria[tiab] or Thailand[tiab] or Tonga[tiab] or Tunisia[tiab] or Turkmenistan[tiab] or Ukraine[tiab] or Vanuatu[tiab] or "Cape Verde"[tiab] or Gaza[tiab] or Georgia[tiab] or Kiribati[tiab] or Macedonia[tiab] or Maldives[tiab] or Palestine[tiab] or "Syrian Arab Republic"[tiab] or "West Bank"[tiab]
41. Afghanistan[tiab] or Bangladesh[tiab] or Benin[tiab] or "Burkina Faso"[tiab] or Burundi[tiab] or Cambodia[tiab] or "Central African Republic"[tiab] or Chad[tiab] or Comoros[tiab] or "Democratic Republic of the Congo"[tiab] or "Cote d'Ivoire"[tiab] or Eritrea[tiab] or Ethiopia[tiab] or Gambia[tiab] or Ghana[tiab] or Guinea[tiab] or Guinea-Bissau[tiab] or Haiti[tiab] or India[tiab] or Kenya[tiab] or Korea[tiab] or Kyrgyzstan[tiab] or Laos[tiab] or Liberia[tiab] or Madagascar[tiab] or Malawi[tiab] or Mali[tiab] or Mauritania[tiab] or Melanesia[tiab] or Mongolia[tiab] or Mozambique[tiab] or Myanmar[tiab] or Nepal[tiab] or Niger[tiab] or Nigeria[tiab] or Pakistan[tiab] or "Papua New Guinea"[tiab] or Rwanda[tiab] or

Senegal[tiab] or "Sierra Leone"[tiab] or Somalia[tiab] or Sudan[tiab] or Tajikistan[tiab] or Tanzania[tiab] or East Timor[tiab] or Togo[tiab] or Uganda[tiab] or Uzbekistan[tiab] or Vietnam[tiab] or Yemen[tiab] or Zambia[tiab] or Zimbabwe[tiab] or Burma[tiab] or Congo[tiab] or Kyrgyz[tiab] or Lao[tiab] or "North Korea"[tiab] or "Solomon Islands"[tiab] or "Sao Tome"[tiab] or Timor[tiab] or "Viet Nam"[tiab]

42. "developing country"[tiab] OR "developing countries"[tiab] OR "developing nation\*"[tiab] OR "less\* developed country"[tiab] OR "less\* developed countries"[tiab] OR "under developed country"[tiab] OR "under developed countries"[tiab] OR "poor\* country"[tiab] OR "poor\* countries"[tiab]
43. "middle income country"[tiab] or "middle income countries"[tiab] or "low income country"[tiab] or "low income countries"[tiab]
44. Imic[tiab] or Imics[tiab]
45. (#38) OR (#39) OR (#40) OR (#41) OR (#42) OR (#43) OR (#44)
46. (#37) and (#45)
47. Japan[tiab] OR "United States"[tiab]
48. (#46) NOT (#47)

**O. Limits**

49. (#48) Limits: Publication Date from 2005/01/01 to 2008/12/31, Humans
50. (#48) Limits: Publication Date from 1999/01/01 to 2008/12/31, Humans

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## **Appendix 10: ISI Web of Knowledge References**

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