Without Borders

From the Editor

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The first edition of the World Health Organization (WHO) Model List of Essential In Vitro Diagnostics (EDL) came out in May 2018. In it, the WHO details those clinical diagnostic tests that should be available and indicates at which health care facility level a patient should expect to find them offered. Understanding that the list was challenging to develop and is “not intended to be prescriptive,”¹ a summer blog titled “The World Health Organization’s First Edition Essential Diagnostics List: More Aspirational Than Feasible”² looks at some of the paradoxical recommendations that are difficult to reconcile with realities. Towards the end of the piece,² it is acknowledged that “WHO defines Essential Diagnostics as ‘Diagnostics that satisfy the priority health care needs of the population and are selected with due regard to disease prevalence and public health relevance, evidence of efficacy and accuracy, and comparative cost-effectiveness.’” So, “if one views the EDL as an aspiration, then you really cannot find any fault with it...The list certainly provides insights into priorities and global health issues relevant to diagnostic testing in low income settings and thus offers clear direction for investments and/or philanthropic priorities.”²

References

1. World Health Organization model list of essential in vitro diagnostics, 1st ed. In: World Health Organization [online]. Available at: who.int/medical_devices/diagnostics/WHO_EDL_2018.pdf. Accessed July 19, 2018.
2. Birbeck GL. The World Health Organization’s First Edition Essential Diagnostics List: More aspirational than feasible. In: Neurology Blogs: Without Borders [online]. Available at: <http://blogs.neurology.org/global/>. Accessed July 19, 2018.

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Neurology 2018;91;828

DOI 10.1212/WNL.0000000000006440

This information is current as of October 29, 2018

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