

A.14 Glucagon-like peptide-1 receptor agonists - Obesity

MSF notices the proposal for the inclusion of glucagon-like peptide-1 receptor agonists in the WHO Model List of Essential Medicines for the treatment of adults with obesity.

MSF witnesses the growing global burden of obesity and welcomes the ongoing efforts to improve access to effective treatments.

In consideration of both the submissions for glucagon-like peptide-1 receptor agonists (GLP-1 RAs) for type 2 diabetes (T2D) and for obesity, MSF believes that any EML inclusion in the WHO Model List of Essential Medicines of GLP-1 RAs must be accompanied by clear WHO guidance to ensure appropriate access prioritization based on public health needs and equity considerations.

As outlined in MSF's public comment on the GLP-1 RAs for T2D submission, MSF supports prioritizing access to GLP-1 RAs for people living with T2D and high cardiovascular risk, given the strong evidence base for reduction in mortality and morbidity in this population. This prioritization should be an essential component of WHO's guidance, procurement strategies, fair pricing, and national implementation, particularly in low- and middle-income countries (LMICs) where resources may be more limited.

The inclusion of GLP-1 RAs for obesity must take in consideration the need for access for those at highest risk of death and disease. Inclusion should support a stepwise and equitable expansion of access - first to those with the greatest health need.

For further detail, see MSF's public comment on the proposal for the inclusion of GLP-1 RAs for the treatment of adults with type 2 diabetes and established or high cardiovascular risk factors.

MSF urges the 25th Expert Committee on the Selection and Use of Essential Medicines to consider all these elements when making a decision on the inclusion of glucagon-like peptide-1 receptor agonists in the WHO Model List of Essential Medicines, for the treatment of adults with obesity.




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