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To:

The Expert Committee on the Selection and Use of Essential Medicines

World Health Organization

Geneva, Switzerland

Subject reference: "A.19 Methylphenidate – attention deficit hyperactivity disorder"

Appeal for the Inclusion of Methylphenidate Hydrochloride in the WHO Essential Medicines List for Children.

Dear Esteemed Members of the WHO Expert Committee,

We write to you on behalf of ADHD Malta, an NGO/DPO founded in 1998, committed to advocating for individuals living with Attention Deficit Hyperactivity Disorder (ADHD) across the lifespan. We urge the inclusion of Methylphenidate Hydrochloride in the World Health Organization's Model List of Essential Medicines, recognizing its essential and life-changing role for both children and adults with ADHD.

A Well-Established, Evidence-Based Treatment

Methylphenidate has been used globally for over sixty years. Its effectiveness is consistently demonstrated through years of lived experience testimonies and various research efforts

that showcase its ability to improve attention, impulse control, executive function, and quality of life for both children and adults. Untreated ADHD presents a significant societal burden, leading to mental health challenges, school dropout, unemployment, and social exclusion. In contrast, effective treatment—especially with Methylphenidate—yields dramatically improved outcomes, such as reduced school refusal, better emotional regulation, enhanced interpersonal relationships, and higher job retention. These benefits extend to society by reducing long-term economic costs and improving public health.

Recent systematic reviews of global data emphasize the economic burden of ADHD, which spans both direct healthcare costs and indirect societal impacts like productivity losses (Chhibber et al., 2021). Early and effective intervention is essential to mitigate these costs, underscoring the importance of including Methylphenidate in the Essential Medicines List.

The Practical Realities of Treatment

At ADHD Malta, we support individuals in their journey to self-discovery, helping them find effective treatment options. While medication is not the only solution for ADHD, it is often the cornerstone of successful interventions, making psychological and occupational therapy more effective. We've witnessed firsthand the challenges children face when medication is not part of their treatment plan—many struggle to engage consistently in therapy, leading to frustration, low self-esteem, and a lack of motivation.

When prescribed appropriately, Methylphenidate improves attention and emotional regulation, laying the foundation for broader therapeutic success. Careful titration and monitoring help manage mild side effects such as headaches or appetite loss, which are typically manageable with simple strategies like eating healthy meals before and after the medication's active period, maintaining hydration, and encouraging small, frequent snacks. Over time, these side effects diminish, allowing children to benefit fully from the treatment.

The Value of Lived Experience in Research

We commend WHO's growing recognition of the role of lived experience in health research. Initiatives like the Cochrane Review Board's 2022 "Listen and Learn: Diversity, Inclusion and

Co-production" exercise demonstrate the increasing importance of integrating real-world perspectives into research to ensure it reflects the needs of diverse populations and prioritizes the voices of those directly affected by health conditions.

At ADHD Malta, we've seen firsthand how individuals who used Methylphenidate in childhood continue to benefit from it into adulthood, helping them maintain academic, professional, and personal development. These lived experiences provide invaluable context to the clinical data, making it clear that Methylphenidate is essential not only for symptom control but for enabling autonomy, mental well-being, and social inclusion.

The Need for Global Access and Recognition

We are deeply concerned that the exclusion of Methylphenidate from the WHO Essential Medicines List disproportionately affects individuals in low- and middle-income countries, where the list influences national formularies, insurance coverage, and procurement priorities. This omission exacerbates disparities in access to care and perpetuates outdated views that ADHD is a childhood-only condition.

Moreover, we highlight the current global shortage of Methylphenidate, which is causing a grave burden to the ADHD community worldwide. This shortage disrupts treatment continuity and impairs individuals' ability to function in daily life. We believe that the omission of Methylphenidate from the Essential Medicines List is partly responsible for the lack of availability, as it reduces the prioritization of the medication in procurement and policy decisions. Inclusion in the WHO Essential Medicines List would reflect its true value in public health and help address these access challenges globally.

It is critical that the WHO acknowledges ADHD as a lifespan condition and recognizes Methylphenidate as a safe, effective, and essential treatment that dramatically improves functioning and quality of life at all ages.

Our Request to the Committee

We respectfully request that the WHO Expert Committee:

1. Reconsider the exclusion of Methylphenidate, based on the latest research and the depth of lived experience evidence available;
2. Acknowledge the importance of lived experience as a valid and vital form of evidence in line with the Cochrane Review and WHO's evolving research values;
3. Ensure the inclusion of Methylphenidate Hydrochloride in the Essential Medicines List for both children and adults.

We are ready to provide further data, personal testimonies, and collaborate with WHO on this important step toward health equity for individuals with ADHD worldwide.

Thank you for your dedication to evidence-based, inclusive healthcare policy.

With sincere respect,

Pamela Muscat MQR

President

On behalf of ADHD Malta

Reference

Chhibber A, Watanabe AH, Chaisai C, Veettil SK, Chaiyakunapruk N. Global Economic Burden of Attention-Deficit/Hyperactivity Disorder: A Systematic Review. *Pharmacoeconomics*. 2021 Apr;39(4):399–420. doi: <https://doi.org/10.1007/s40273-020-00998-0>. PMID: 33554324.