



**ბავშვთა მენტალური ჯანმრთელობის საქართველოს
ასოციაცია - ბმე**

Georgian Association of Children Mental Health

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Comments on applications to the 25th WHO Expert Committee

on selection and use of essential medicines support for the Inclusion of Methylphenidate in the WHO essential medicines list for the treatment of children and adolescents aged 6-17 years with Attention-Deficit Hyperactivity Disorder

Submitted by:

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Support for the Inclusion of Methylphenidate in the WHO Essential Medicines List (Ref: A.19 Methylphenidate – Attention Deficit Hyperactivity Disorder)

We are writing in strong support of the application to include Methylphenidate in the WHO Model List of Essential Medicines, particularly for use in children and adolescents diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). As professionals working in the field of child and adolescent mental health in Georgia, we would like to share several critical observations from our local context that highlight the urgent need for this inclusion.

1. ADHD in Georgia: A Silent and Invisible Condition

In Georgia, no national statistics or systematic data collection currently exist on the prevalence of ADHD. While international studies estimate global prevalence at approximately 5%, in our country, ADHD remains largely undiagnosed, under-recognized, and under-treated. This results in countless children and adolescents living with an untreated neurodevelopmental disorder that significantly affects their academic achievement, social development, and emotional well-being.

2. Methylphenidate Is Not Registered

Methylphenidate is not registered in Georgia. As a result, children with ADHD — even those who are diagnosed — do not have access to a first-line treatment that is widely recognized as effective and safe when prescribed and monitored appropriately. Families are left to either import the medication privately at great cost (if possible, at all), or forgo treatment altogether.

This situation disproportionately affects children from low-income families and deepens healthcare inequality within the country.

3. Lack of Local Research and Government Engagement

One of the barriers to advocacy and change is the absence of local epidemiological data. Because methylphenidate is not available or recognized in our national formulary, there is limited motivation or capacity for conducting meaningful research on prevalence, outcomes, or public health impact. This creates a vicious cycle: lack of medication access hinders diagnosis and research, while the absence of data slows down policy change and registration of essential medications.

4. Importance of WHO Leadership

The inclusion of methylphenidate on the WHO Model List of Essential Medicines would have a transformative impact in Georgia and other low- and middle-income countries. Such a decision would:

Serve as a powerful signal to national governments that methylphenidate is a priority medication.

Strengthen the case for registration and subsidization of the drug in countries where it is currently unavailable.

Encourage academic and clinical research on ADHD prevalence, diagnosis, and treatment outcomes.

Help reduce stigma associated with ADHD by positioning it firmly within the framework of evidence-based medicine.

5. Aligning with WHO's mhGAP and Global Mental Health Goals

We note that ADHD and its treatment are already included in the WHO mhGAP Intervention Guide, and inclusion of methylphenidate in the Essential Medicines List would align well with WHO's own priorities in expanding access to mental health care for children and adolescents.

Conclusion

We urge the WHO Expert Committee to recognize the public health, ethical, and developmental importance of ensuring access to methylphenidate worldwide — particularly in underserved contexts such as Georgia, where the absence of access has stalled progress across diagnosis, treatment, research, and policy.

Including methylphenidate in the WHO Essential Medicines List will not only provide clinical benefits to individuals with ADHD but also catalyze the systems-level changes required to build equity and access in child and adolescent mental health.

We thank the Committee for considering this crucial application and stand ready to support further efforts in research, education, and advocacy in our country.

Sincerely,

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Maia Gabunia, Child neurologist, MD, PhD.