



**The SASOP Attention Deficit Hyperactivity Disorder Special Interest Group
(ADHD SIG)**

Expert Committee on Selection and Use of Essential Medicines
World Health Organization
Geneva, Switzerland

20 March 2025

Dear Expert Committee Members

RE: Support for A.19 Methylphenidate – attention deficit hyperactivity disorder

I am writing on behalf of the South African Society of Psychiatrists ADHD Special Interest Group (SASOP ADHD SIG), to express our strong support for the inclusion of **methylphenidate** in the World Health Organization's **Essential Medicines List** for the treatment of **attention-deficit/hyperactivity disorder (ADHD)** in children and adolescents. Ensuring access to this medication is critical for addressing the vast disparities in ADHD care in low-resource settings. ADHD is one of the most common neurodevelopmental disorders of childhood and a leading cause of health-related disability in this age group. Yet, in many countries across Africa and other underserved regions, children and adolescents with ADHD are unable to obtain the treatment they desperately need. This inequity not only undermines the health, education, and development of millions of young people, but it also runs counter to the WHO's mission of equitable healthcare access for all.

Globally, the gap in ADHD treatment between high-income and low-income regions is striking. A recent multi-country study found that in 2019 the use of ADHD medication averaged 6.39 defined daily doses per 1000 children per day in high-income countries, but only 0.02 per 1000 in lower-middle-income countries (Chan et al, 2023). In practical terms, this means that in many low-resource nations, virtually no children who need medication are receiving it. Current prevalence estimates

suggest that these low treatment rates reflect unmet need, not an absence of ADHD; in fact, medication consumption in most middle-income countries falls far below the expected level based on ADHD's epidemiological prevalence. It is therefore imperative to address the barriers to diagnosis and treatment in these countries to minimize the negative outcomes of undiagnosed and untreated ADHD.

In Africa and other underserved regions, multiple factors contribute to this treatment gap. Limited awareness and persistent stigma around mental health often prevent children from ever being identified or properly diagnosed; many with ADHD are dismissed as “naughty” or “slow learners” rather than recognized as children in need of medical help. Mental-health services for children are scarce, particularly in rural areas, and few health workers are trained to diagnose or manage ADHD. As a result, opportunities to intervene early are frequently missed, and children suffer needlessly through their formative years without support.

Even when ADHD is correctly diagnosed, access to treatment is hampered by practical barriers such as cost and medication availability. Psychostimulant medication is often expensive and not readily provided in public health systems of low-income countries – for example, the average cost of a month's supply of methylphenidate in South Africa is roughly R641 in 2025 terms (approximately US\$ 36), a prohibitive expense for low-income families without insurance support (Truter, 2012). Furthermore, strict regulatory controls on stimulants (for instance, methylphenidate's classification as a Schedule 6 controlled substance in South Africa) mean that patients must navigate monthly doctor visits and 30-day dispensing limits, adding burden to already overstretched families and clinics (Schoeman & Weinberg, 2024). Qualitative insights from local experts underscore that such hurdles, namely affordability, accessibility, and onerous regulations, are major impediments to consistent ADHD care (Schoeman et al, 2017). In short, the children who need help the most are often the least likely to receive it.

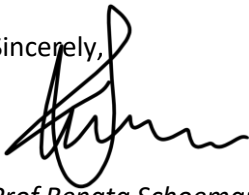
Methylphenidate, however, offers an opportunity to change this narrative. It is a well-established, evidence-based treatment for ADHD with a robust efficacy and safety profile. Decades of research and clinical use have shown that around 70% of children with ADHD experience significant symptom improvement on stimulant medications like methylphenidate. It remains the first-line pharmacological treatment in both international and national guidelines for pediatric ADHD (e.g. Belsham et al, 2025), and notably the WHO's own mhGAP intervention guide (2023) recommends

methylphenidate as a treatment option as part of comprehensive ADHD management. Importantly, beyond controlling core symptoms of inattention, hyperactivity, and impulsivity, appropriate medication has broader benefits: studies demonstrate improved on-task classroom behavior, better academic performance, and enhanced social functioning in children receiving methylphenidate. In other words, effective ADHD treatment helps children not only sit still and focus, but to **learn, socialize, and thrive** – outcomes that form the foundation of a healthy and productive adulthood.

Our experience in South Africa highlights both the urgent need for ADHD treatment and the profound benefits it can bring. The **SASOP ADHD SIG** has documented first-hand the real-world challenges faced by children and adolescents who cannot access medication. We have seen promising students fall behind in school or even drop out because their families could not afford treatment, and we have also seen how a child's life can be transformed when these barriers are removed. The Goldilocks and The Bear Foundation (www.gn4adhd.co.za), a local non-profit initiative, was established in 2017 specifically to address the care gap for underprivileged children with ADHD. It became the first program to offer free ADHD screening and early intervention services in low-income communities, ensuring that children who would otherwise be overlooked are identified and helped. Through such efforts, thousands of children have been referred for further assessment and treatment, and their quality of life has markedly improved. Teachers report that learners who were once disruptive or struggling are now able to participate and excel, and parents describe dramatic positive changes in their children's behavior and development once appropriate medication and support have been put in place. These on-the-ground outcomes reinforce the reality that ADHD is highly treatable – **if we can make the treatment accessible** (Schoeman et al, 2018).

We, as the SASOP ADHD SIG, are in strong support of **A.19 Methylphenidate – attention deficit hyperactivity disorder**. By heeding this call, the WHO would be sending a powerful message that conditions such as ADHD are a public health priority, and that effective treatment must be within reach for all who need it. Including methylphenidate in the EML will encourage and guide national health authorities to integrate ADHD medications into their essential drug programs, ultimately making treatment more affordable and accessible in schools and clinics across underserved regions. This action would be a pivotal step toward closing the treatment gap for ADHD in low- and middle-income countries and upholding the principle that no child's mental health should be neglected because of where they live or their family's income. This recommendation aligns directly with WHO's mission to promote equitable health outcomes – it will help level the playing field so that a child with

ADHD in a rural African village has the same fair chance of a healthy development as a child in a better resourced setting. We stand ready to support the WHO's efforts in advancing equitable mental healthcare.

Sincerely,

Prof Renata Schoeman

Convenor: SASOP ADHD SIG

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