

Letter of Support for the Application A-30

Urea- and glycerol-based topical moisturizers – atopic dermatitis

I am a physician specialized in Dermatology and General Medicine in Sweden, with experience in both clinical practice and medical education, particularly in the management of skin diseases such as atopic dermatitis (AD). In addition to my work in Sweden, I also have professional experience in several African countries.

I firmly advocate for the addition of affordable emollients—specifically creams containing 5% urea and 15–20% glycerol—to the WHO Essential Medicines List (EML). These moisturizers play a vital role in managing atopic dermatitis (AD), especially in low-resource settings where access to dermatological care is often lacking.

As someone connected to the dermatology care within the WHO-AFRO region, I've seen firsthand how difficult it is for many to access affordable moisturizers needed for treating atopic dermatitis. Without proper emollient therapy, patients—especially children—endure unnecessary pruritus, sleepless nights, and a higher risk of preventable infections like impetigo. Adding these basic, yet essential emollients, to the WHO EML would make a real, meaningful difference in people's lives and help prevent avoidable complications.

Moisturizers are a first-line treatment for atopic dermatitis, yet access to affordable, quality options is limited in low-resource settings. Listing 5% urea and 15–20% glycerol creams as essential medicines would promote equitable, cost-effective care worldwide. Equitable access to affordable skin care is a vital public health goal. Adding 5% urea and 15–20% glycerol creams to the WHO EML offers a simple, cost-effective way to manage atopic dermatitis, especially in low-resource settings where untreated cases can lead to serious complications. Supported by strong evidence and clear need, this step would make a meaningful difference in global skin health.

As a dermatologist, I've seen how atopic dermatitis impacts our patients—especially those in underserved communities. Moisturizers are a fundamental part of managing this condition, yet too many people lack access to affordable, high-quality options. I strongly support adding 5% urea and 15–20% glycerol creams to the WHO EML. This step would expand access to effective care, reduce preventable complications, and significantly improve outcomes for patients worldwide.

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