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The WHO EML Secretariat,
Committee on Selection and Use of Essential Medicine.

Endorsement from the Nigerian Association of Dermatologists (NAD) for the Inclusion of Emollients in the WHO Essential Medicines List (Application A-30).

RE: Support for Application A-30 – Inclusion of Emollients (5% Urea and 15–20% Glycerol Creams) on the WHO Essential Medicines List.

The Nigerian Association of Dermatologists (NAD), the professional body representing board-certified dermatologists in Nigeria, strongly supports Application A-30 for the inclusion of 5% urea and 15–20% glycerol creams in the WHO Model List of Essential Medicines (EML) and Essential Medicines for Children (EMLc).

Atopic dermatitis (AD) is a prevalent and growing public health concern in Nigeria and across sub-Saharan Africa. As clinicians on the frontlines of dermatological care in both urban and rural communities, we witness daily the significant morbidity associated with AD, especially in children. Recurrent itching, sleep disruption, stigmatization, and risk of secondary bacterial infections such as impetigo and cellulitis are common among our patients. Unfortunately, access to affordable, quality-assured moisturizers—essential to maintaining skin barrier integrity—is severely limited in our setting.

Emollients are universally recommended in evidence-based AD treatment guidelines as first-line, non-pharmacological therapy. They not only reduce the frequency of flares but also lower the need for corticosteroids and other anti-inflammatory agents. However, many patients in Nigeria cannot afford regular moisturizers, leading to poor disease control and higher health care costs due to complications.

We therefore urge the WHO Expert Committee to approve Application A-30. The inclusion of 5% urea and 15–20% glycerol creams in the WHO EML will:

- Improve global access to effective, evidence-based AD treatment;
- Empower national health systems to include moisturizers in public procurement schemes.
- Reduce the burden of preventable complications, especially in children;
- Advance equitable care for patients with AD and other similar chronic inflammatory skin conditions in low- and middle-income countries;

As an association committed to improving skin health in Africa, we believe this critical step will have a far-reaching impact on patient outcomes and health equity. We stand with other international stakeholders in calling for the addition of emollients to the WHO EML.

Sincerely,

Dr. Dasetima Dandeson Altraide

President, Nigerian Association of Dermatologists (NAD)

On behalf of the Nigerian Association of Dermatologists