

Letter of Support for Application A-30**Topical moisturizers based on urea and glycerol – Atopic Dermatitis**

To the 25th Expert committee on Selection and Use of Essential Medicines

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I am a pediatrician and clinical allergy and immunology specialist, Head of the Adult and Pediatric Allergy Sections at Hospital Italiano de Buenos Aires, and Director of the Allergy Fellowship Program in both adult and pediatric care at the same institution. In addition, I am a former President of the Argentine Association of Allergy and Clinical Immunology (AAAeIC) and a member of the Argentine Society of Pediatrics (SAP). I have over 20 years of clinical and academic experience focused on allergic diseases, among which atopic dermatitis (AD) holds a central role in my daily practice.

I currently serve on the AAAeIC Pediatric Committee, the SAP Allergy Committee, the Food Allergy Committee of the Latin American Society of Allergy, Asthma and Clinical Immunology (SLAAI), and both the Food Allergy and Drug Allergy Committees of the World Allergy Organization (WAO).

Atopic dermatitis affects up to 15% of children and 8% of adults worldwide and represents a significant public health burden. When left untreated, particularly in low- and middle-income countries, AD can lead to serious complications such as infections and hospitalizations, and severely impacts the quality of life of patients and their families.

First-line treatment for AD, as recommended by all international guidelines, includes anti-inflammatory therapies alongside adequate skin hydration. However, access to high-quality emollients is extremely limited in many countries due to their poor availability and high costs, which can represent up to 30% of a family's monthly income. This situation is worsened by the taxation of these products, which are often mistakenly classified as luxury cosmetic items. This issue is particularly critical in countries where a large percentage of the population lives in poverty. For these reasons, I strongly support the inclusion of affordable emollients—particularly creams containing 5% urea or 15–20% glycerol—in the WHO Model List of Essential Medicines (EML).

These preparations are clinically effective, cost-efficient, and strongly supported by scientific evidence.

Adding these products to the Model List of Essential Medicines would be a significant step toward equitable access to effective treatments. This measure would not only improve the quality of life of millions of people around the world but also reduce healthcare-related costs. As an allergy and pediatric specialist, I witness daily the suffering caused by persistent itching, sleep disturbances, and recurrent skin infections, especially among children.

Basic skin care should not be considered a luxury but rather a fundamental component of the right to health. I therefore urge the WHO to take this important step, guided by scientific evidence, cost-effectiveness, and above all, the best interests of patients. Given the global prevalence of atopic dermatitis, this decision could positively impact the lives of over 500 million people.

Sincerely,



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