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The 25th Expert Committee on Selection and Use of Essential Medicines
World Health Organisation
Geneva, Switzerland

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Letter of Support for the A-30 Application
Addition of Urea and glycerol-based topical moisturizers to EML and EMLc for the treatment of atopic dermatitis (AD) in adults and children

On behalf of Red Cross Children's Hospital, University of Cape Town, Department of Paediatric Dermatology, South Africa, we write in enthusiastic support of the International Society of Atopic Dermatitis (ISAD) application for the inclusion of affordable emollients, specifically 5% urea and 15–20% glycerol creams, on the WHO Essential Medicines List (EML) and EMLc. These moisturizers are critical for managing atopic dermatitis (AD), particularly in early childhood, a population that is disproportionately affected by AD and its complication at a time essential for growth and development.

Moisturizers are a well-established evidence-based first-line treatment for AD, alongside topical corticosteroids. However, access to quality-assured, affordable formulations remains a major barrier to optimal disease control. Recognizing these moisturisers as essential medicines will facilitate their adoption by national EML thereby ensuring universal health care coverage by all governments, equitable access and ensure cost-effective AD management regardless of socioeconomic background. Importantly, the inclusion of 5% urea and 15–20% glycerol creams, on the WHO Essential Medicines List (EML) and EMLc would offer effective, low-cost treatment options, that are particularly valuable in low-resource settings, where access to basic dermatological care is severely limited.

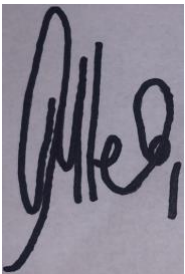
Access to emollients addresses a priority healthcare need on the African continent as data suggests that AD and associated chronic allergic disease such as food allergies and asthma are rapidly increasing. Scientific evidence also shows that AD is a systemic disease. In early childhood it is associated with the acquisition of food sensitization/allergy mediated by the damaged skin barrier, allergic rhinitis, and asthma. On an African genetic background, these conditions are associated with severe forms of disease. In adulthood AD inflammation is associated with cardiovascular disease. Therefore, the impact of untreated AD is profound. It is imperative that we effectively treat AD in its early stages in order to halt the atopic diathesis and long-term sequelae of chronic inflammation. Regular use of emollients in children with mild to moderate atopic dermatitis has been shown to reduce the frequency of disease flares and decrease the need for topical corticosteroids.

The availability of easily affordable, quality-assured emollients will directly improve patient outcomes and reduce preventable complications, particularly in our regions.

Red Cross Children's Hospital- a quaternary level hospital in South Africa is at the forefront of conducting AD research and generating evidence-based data. 60% of patients seen at our centre represent cases of AD (Kakande et al, Paediatr Dermatol. 2016). To address the high burden of disease and reliance of patients with AD and their families on our services we conducted a randomized clinical trial evaluating the efficacy of easily accessible and affordable moisturisers such as glycerine/petroleum jelly (1:2 formulation) and petroleum jelly compared with cetamacrogol and emulsifying ointment -the standard of care. (Hlela et al, S Afr Med J. 2015). This data showed that these alternatives were well tolerated and were as effective as the standard of care moisturisers issued by the public health service.

We wholeheartedly support this impactful initiative that will ensure our patients receive effective care that is backed by evidence curated in our setting. This decision will enhance treatment accessibility and improve patient outcomes globally.

Yours sincerely,



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