

To the

25th Expert committee on Selection and Use of Essential  
Medicines

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## **Letter of Support for the Application A-30**

**Urea- and glycerol-based topical moisturizers – atopic dermatitis**

### **on the to the 25th WHO Expert Committee on Selection and Use of Essential Medicines**

I am a physician and Professor of Dermatology and Allergology in Switzerland, with over 30 years of clinical, research, and teaching experience focused on allergic skin diseases, particularly atopic dermatitis (AD). In addition to my work in Europe, I have worked in Tanzania and Peru and collaborated on projects in Madagascar, Uganda, Nigeria, Cambodia, and Kyrgyzstan – with a special focus on patients in low-resource settings. I have also served several organizations, so among others as Vice President of the European Academy and Allergy and Immunology EAACI, as treasurer of the International Society for Atopic Dermatitis ISAD and external examiner at various universities, inclusive the Regional Dermatology Training Center RDTC in Moshi, Tanzania and also as Vice President of the board of the Foundation aha! Swiss Allergy Centre that is committed to supporting over three million people in Switzerland affected by allergies, intolerances, asthma, or skin problems.

AD affects up to 15% of children and 8% of adults worldwide and represents a significant burden on public health. In underserved regions, untreated AD can lead to serious complications such as infections and hospitalizations.

First-line treatment for AD, as recommended by all international guidelines, consists of anti-inflammatory therapies alongside consistent skin care. However, access to high-quality emollients is severely limited in many countries due to poor availability, limited storage capacity, and high costs – often amounting to as much as 30% of a family's monthly income. The situation is further exacerbated by taxes on these products, which are frequently misclassified as cosmetic luxuries. Even in high-resource countries like Switzerland and other parts of Europe, the cost of emollients is often passed on to patients, making them financially burdensome for lower-income populations.

I therefore strongly advocate for 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, affordable, and well supported by scientific evidence.

Including such products in the EML would be a major step toward greater therapeutic equity. It would not only improve the quality of life for millions but also reduce healthcare costs. As a dermatologist and allergist, I witness daily how severely patients – especially children – suffer from itching, sleep disturbances, and recurrent infections. Access to basic skin care is not a luxury – it is a necessity.

I therefore urge the WHO to take this important step towards improving global dermatological care – based on evidence, cost-effectiveness, and in the best interest of patients worldwide. Given the global prevalence of atopic dermatitis, more than half a billion people could benefit from this measure.

Sincerely, yours



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