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To: WHO Expert Committee on Selection and Use of Essential Medicines, Geneva, Switzerland

In reference to: A.4 Baclofen - Spasticity in Cerebral Palsy

Dear Members of the WHO Expert Committee on Selection and Use of Essential Medicines,

Please accept this letter of support for the inclusion of Baclofen on the World Health Organization's Model Lists of Essential Medicines (EML) and Essential Medicines for Children (EMLc).

I have unique experience in treating individuals with cerebral palsy and managing spasticity in both resource-limited and developed settings, during my pediatrics practice in Ethiopia, where Baclofen is not available, and currently as a developmental pediatrician at the Children's Hospital, London Health Sciences Centre (LHSC) in Canada. I have witnessed the critical role Baclofen plays in managing spasticity in children with cerebral palsy and while it is a vital component of our therapeutic arsenal in Canada (please refer to the separate letter from LHSC we submitted), it is still not available in resource-limited settings like Ethiopia where the burden of severely impacted children with CP, GMFCS, and MACS levels IV-V is highest (Tsige, S. BMC Pediatr 21, 544 (2021)).

In the African and Ethiopian contexts, the inclusion of Baclofen on the essential medicines list could have a transformative impact. While CP remains a significant health concern in these regions, access to treatments is often limited. Oral Baclofen, with its lower cost and ease of administration, could provide a much-needed frontline treatment for spasticity and dystonia, improving the quality of life for many individuals. Oral/enteral Baclofen is particularly useful in reducing muscle stiffness and pain, and improving mobility, thereby enhancing the efficacy of rehabilitation therapies and contributing to the functional goals of the child.

While intrathecal Baclofen (ITB) offers higher efficacy, its implementation in East Africa would require careful consideration of the necessary infrastructure and training for healthcare providers. Ensuring that healthcare systems are equipped to manage the potential risks associated with ITB is crucial. However, with the right support and training, ITB could become a valuable tool in managing severe cases of spasticity and dystonia, as the evidence for intrathecal Baclofen is particularly strong, showing significant reductions in spasticity and improvements in motor function for individuals with cerebral palsy and severe generalized dystonia who are not responsive to oral, enteral, or transdermal dystonia medications.

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I believe the inclusion of Baclofen in the WHO EML and EMLc would reinforce its importance and support its accessibility in resource-limited settings, where medication cost is a challenge. It is crucial to recognize that the inclusion of ITB on the essential medicines list should be accompanied by conditions regarding its implementation, including ensuring that healthcare providers receive adequate training and support to manage the potential risks effectively.

Thank you for considering this important addition to the WHO Model Lists of Essential Medicines. I look forward to the endorsement of this request at the upcoming 25th WHO Expert Committee meeting in Geneva from May 5 to 9, 2025.

Kindest Regards,

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