

21 March 2025

The Secretary

Expert Committee on the Selection and Use of Essential Medicines

Medicines Selection, IP and Affordability (MIA)

Department of Health Products Policy and Standards (HPS)

20 Avenue Appia

CH-1211 Geneva 27

Dear Secretary and Expert Committee Members,

RE: Application to add blinatumomab to the WHO Model List of Essential Medicines for children

On behalf of the Access to Oncology Medicines (ATOM) Coalition, the Union for International Cancer Control (UICC) submits this letter to strongly support the application for the addition of blinatumomab to the 10th WHO Model List of Essential Medicines for Children (EMLc) for the treatment of CD19-positive frontline, relapsed, or refractory B-lineage acute lymphoblastic leukemia (B-ALL).

UICC together with a number of partners have established a global initiative, the ATOM Coalition to improve access to essential cancer medicines and diagnostics in low-and lower middle-income countries (LLMICs) and to increase the capacity to use these medicines effectively. The Coalition was launched on 22May, 2022 at the side-lines of the World Health Assembly in Geneva and brings together close to 40 partners from civil society as well as the public and private sectors with expertise in implementing cancer-focused access programmes. The Coalition will focus on increasing access to medicines which are already included on the WHO EML and medicines which are likely candidates to be included in future revisions.



One of the objectives of the Coalition is to support the inclusion of essential medicines on to the WHO EML and EMLc, as a crucial first step to increase access and availability.

B-lineage acute lymphoblastic leukemia (B-ALL) is the most common and curable of the six index cancers identified by the WHO Global Initiative for Childhood Cancer. While cure rates in high-income countries (HICs) exceed 80% with standard therapy and 90% with the addition of blinatumomab, outcomes remain significantly lower in low- and middle-income countries (LMICs). Limited access to essential medications, diagnostic barriers, suboptimal supportive care, and logistical challenges contribute to higher relapse rates, toxic deaths, and treatment abandonment.

B-ALL affects approximately 100,000 children globally each year, yet only 15% reside in HICs. Expanding access to blinatumomab in LMICs has the potential to increase cure rates by an estimated 20%. The current submission to the WHO EMLc highlights the safety and efficacy of blinatumomab in first-line, second-line, and third-line therapy, emphasizing its critical role in improving global survival outcomes.

Blinatumomab is recommended in the latest ESMO and NCCN guidelines for both frontline and relapsed B-ALL treatment. Approved for paediatric and adult use in 69 countries, it has demonstrated significant benefits, including achieving complete remission, minimal residual disease (MRD) negativity, and reducing the need for costly interventions such as intensive chemotherapy, HSCT, and CAR-T therapy.

Given its established efficacy and manageable safety profile, the inclusion of blinatumomab in the WHO EMLc is a positive step toward achieving universal access to life-saving therapy for children with B-ALL, particularly in LMICs where the burden of disease is highest. Expanding global availability will be a pivotal advancement in reducing disparities in childhood leukemia outcomes.

As the WHO EML serves to help countries prioritise their medicines procurement and is an important tool to ensure access, inclusion of blinatumomab on the list will help towards its increased availability (through inclusion on National Essential Medicines Lists and procurement lists). The addition of blinatumomab to the WHO EMLc will play a role in the much-needed progress towards achieving sustainable development goal (SDG) 3.4, addressing premature mortality from non-communicable diseases through prevention and treatment. Blinatumomab is



widely available in high-income countries and should be available in resource-constrained settings also, where the burden of cancer is the highest.

We respectfully submit that the addition of blinatumomab to the WHO EMLc will support the objective of the WHO EML to identify priority medicines that meet the most important and urgent health needs for populations globally.

Yours sincerely,



Dan Milner, MD, MSc, MBA

Executive Director,

The ATOM Coalition

