

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 extend the listing of erythropoiesis-stimulating agents to include chemotherapy induced anaemia to the WHO Model List of Essential Medicines

On behalf of the Access to Oncology Medicines (ATOM) Coalition, the Union for International Cancer Control (UICC) submits this letter to support the application to extend the listings of erythropoiesis-stimulating agents (ESAs) to include chemotherapy induced anaemia (CIA) to the 24th WHO Model List of Essential Medicines (WHO EML) and the 10th WHO Model List of Essential Medicines for Children (EMLc).

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 22 May, 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.

CIA is a common complication in cancer patients undergoing myelosuppressive therapy, affecting 30–90% of cases. CIA significantly reduces quality of life, causing fatigue, cardiovascular strain. While blood transfusions remain the preferred treatment, we support for the use of ESAs in the management of CIA. However, it must be noted that they require careful monitoring and side effects, particularly venous thromboembolisms (VTE), should be clearly specified and communicated to patients and healthcare providers.

ESAs are an effective treatment for CIA and their use is well-established in high-income countries and supported in clinical guidelines (ASCO, ASH, NCCN, ESMO). Despite regulatory approval in multiple countries for CIA, ESAs are currently only listed in the WHO Essential Medicines List (EML) for anaemia associated with chronic kidney disease.

This application seeks to amend the WHO EML to include ESAs (epoetin alfa, epoetin beta, darbepoetin alfa, and biosimilars) for CIA. Inclusion would enhance access in LMICs, improving anaemia management for both adults and children.

Adding ESAs for CIA to the WHO EML will help bridge the treatment gap, particularly in LMICs, by ensuring broader access to a vital therapy that improves patient outcomes.

As the WHO EML serves to help countries prioritise their medicines procurement and is an important tool to ensure access, inclusion of ESAs on the list will help towards its increased availability (through inclusion on National Essential Medicines Lists and procurement lists). The addition of ESAs to the WHO EML and EMLc for CIA 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. ESAs are 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 ESAs to the WHO EML and 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