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Statement to the 25th meeting of the WHO Expert Committee on the Selection and Use of Essential Medicines

The Union for International Cancer Control (UICC) welcomes the opportunity to address the 25th meeting of the WHO Expert Committee on the Selection and Use of Essential Medicines. We commend the rigorous, transparent, and evidence-based process in selecting medicines for inclusion in the WHO Model List of Essential Medicines (WHO EML). This methodical approach has ensured that the WHO EML remains in tune with advances in cancer treatments and is responsive to global public health needs.

The inclusion of essential cancer medicines on the WHO EML encourages member states to update their own National Essential Medicines lists, supporting their commitment to implement their own National Cancer Control Plans (NCCPs).

For many countries where the burden of cancer continues to grow, the core infrastructure to receive and use cancer medicines is weak if not non-existent. Including a medicine on the WHO EML is a crucial first step in ensuring access. However, it is a first step only. Many other barriers and challenges exist in low and lower-middle income countries (LLMICS) which need to be addressed to ensure patient access. A coordinated, coalition-based approach is essential to bridge these gaps and ensure that essential medicines reach those who need them.

To support LLMICs, UICC, together with numerous partners, leads the Access to Oncology Medicines Coalition (ATOM), which aims to improve access to essential cancer medicines and to increase the capacity of those countries to use medicines effectively. The Coalition brings together over 40 partners across civil society, the public sector, and the private sector, with expertise in implementing cancer-focused access programs and aims to address the barriers to availability, affordability and appropriate use of cancer medicines in LLMICs.

In the context of immuno-oncology (IO) and other innovative therapies in the pipeline, several foundational elements are essential for successful implementation, especially in low-resource settings. These include basic cancer care infrastructure, patient care pathways (including management of adverse events), supply chain logistics (such as cold chain requirements), trained medical and laboratory personnel and biomarker testing capabilities.

Stakeholders, including governments, civil society, international agencies, and the pharmaceutical industry, must collaborate to identify country-specific strategies that ensure sustained access, appropriate and safe use. In fact, the WHO EML Expert Committee has emphasized the need to balance treatment benefits against health system-level challenges and risks. Any assessment of immuno-oncology in low-resource settings will have to consider these minimum requirements as part of an overall feasibility assessment.