

LETTER TO THE EDITOR

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Revising the WHO Essential Medicines List for paediatric rheumatology



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Dear Editor,

The World Health Organisation (WHO) Essential Medicines List (EML) [1] informs countries about the minimum medicine items necessary to meet priority health needs of the population and guide national and institutional medicine lists, especially in Low Resource Income Countries. The current EML under medicines for ‘joint diseases in children’ does not reflect current best practice [2] and an important theme of work from the Paediatric Global Musculoskeletal Health Task Force (TF) [3] is to revise the listing for medicines relevant to paediatric rheumatic diseases.

Healthcare professionals working in paediatric rheumatology and who are TF members were invited to take part in an anonymous online survey WHO EML to explore which drugs they deemed to be ‘essential’ and ‘ideal’ for the clinical practice in their context. No reminders to the survey were sent. We had 97 responders, from 43 countries across all continents and mainly from low resource countries (Asia $n = 51/97$). Respondents had a range of 1–35 years of clinical practice and included consultant grade paediatric rheumatologists ($n = 77$), consultant general paediatricians with interest in rheumatology ($n = 13$), paediatric rheumatology trainees ($n = 3$), adult rheumatologists

($n = 3$) and a nurse working in paediatric rheumatology ($n = 1$). Survey data were analysed by applying descriptive statistics and free-text comments were analysed following standard procedures for qualitative analysis [4].

Most respondents ($n = 70/97$, 72%) reported that a revised EML would very likely improve access to medicines in their country, improve drug accessibility within their clinical practice, provide assistance when negotiating with healthcare agencies or insurance companies and further increase awareness about paediatric rheumatology issues. They deemed that the EML should list the drugs in Table 1; 80% respondents identified 5 agents as ‘essential’ (oral, intra-articular and intravenous corticosteroids, NSAIDs, Hydroxychloroquine and Methotrexate [oral and subcutaneous]) and a wide range of synthetic and biologic DMARDs as well as other immunosuppressive agents be included. This ‘cut off’ of 80% will form the basis of the TF application to the WHO to revise the EML with the submission planned for late 2020. It is our hope that raising awareness and improving access to appropriate therapy will lead to better outcomes for children with rheumatic diseases globally and allow for a targeted treatment approach [5].

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Table 1 Suggested medicines to be included in the WHO EML

Drug	Should Include (Ideal) (% refers to respondents)	Inclusion 'Essential'
Oral prednisolone	100%	92%
Oral NSAIDs	99%	93%
Hydroxychloroquine	98%	88%
Intravenous Methylprednisolone	98%	83%
Methotrexate oral	96%	81%
Mycophenolate Mofetil	95%	77%
Azathioprine	94%	71%
Methotrexate subcutaneous	91%	80%
Intravenous cyclophosphamide	91%	77%
Adalimumab	91%	71%
Anakinra	90%	60%
Etanercept	87%	70%
Intra-articular corticosteroid Triamcinolone Hexacetonide	86%	64%
Intravenous Tocilizumab	86%	63%
Oral prednisolone (soluble)	86%	55%
Ciclosporin	85%	52%
Sulphasalazine	84%	51%
Subcutaneous Tocilizumab	81%	46%
Infliximab	80%	52%
Intravenous bisphosphonate (e.g. pamidronate)	76%	37%
Intra-articular corticosteroid Triamcinolone Acetonide	72%	28%
Intra-articular corticosteroid Methylprednisolone	45%	25%
Oral cyclophosphamide	41%	16%
Inhaled analgesia (nitrous oxide)	36%	15%
Thalidomide	34%	8%

Total Respondents: 97

Abbreviations

EML: Essential Medicines List; TF: Paediatric Global Musculoskeletal Task Force; WHO: World Health Organisation

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Authors' contributions

The concept and case of need for the survey was led by HF and CS. All authors contributed to the survey content. NS set up the online survey and analysed the data. All authors read and approved the final manuscript.

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Availability of data and materials

All data generated or analysed during this study are included in this published article (and its supplementary information files).

Ethics approval and consent to participate

Formal ethical approval was not required. Survey respondents consented to participation through submitting a completed online survey response.

Consent for publication

Not applicable.

Competing interests

The authors declare they have no competing interests.

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