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Dexamethasone

MSF strongly supports dexamethasone to be specifically listed for the indication of accelerated foetal maturation in anticipated preterm birth in the WHO Model List of Essential Medicines. Preterm birth complications are the second leading cause of child deaths. The quality of evidence for dexamethasone to decrease morbidity and mortality (particularly due to respiratory distresses) in preterm births is high. Dexamethasone has a good tolerance and safety profile and quality assured generics are worldwide available and affordable. MSF uses dexamethasone to help pulmonary foetal maturation and urges the 19th Expert Committee on the Selection and Use of Essential Medicines to accept this new indication for dexamethasone.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
**Misoprostol**

MSF strongly supports misoprostol to be specifically listed for the management of postpartum haemorrhage in the WHO Model List of Essential Medicines. Oral misoprostol is a useful alternative for injectable oxytocin, when they are not available or ineffective. Single dose of 800 µg misoprostol administered sublingually is an easy-to-use evidence-based regimen that can be used when parenteral administration of oxytocin is not feasible. Unlike other prostaglandins, misoprostol is relatively inexpensive. Unlike oxytocin which requires cold chain and injectable administration requiring sterile equipment and trained caregiver, misoprostol is heat stable and thus offers easier conservation, transport and administration, which are particularly important in rural areas and in settings with inadequate structures, geographic constraints and limited access to high level care. In 2012, WHO and the International Federation of Gynaecology and Obstetrics (FIGO), updated their guidelines to recommend the use of misoprostol for prevention and treatment of postpartum haemorrhage when intravenous oxytocin is unavailable or ineffective. Misoprostol is already listed in the WHO Model List of Essential Medicines for early medical abortion (with mifepristone), prevention of postpartum haemorrhage, management of incomplete abortion/miscarriage and induction of labour and MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to accept listing also misoprostol for treatment of postpartum haemorrhage.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
Pegylated interferon

MSF supports the inclusion of peginterferon alfa-2a and peginterferon alfa-2b in the treatment of hepatitis C. Worldwide, about 150 million people are infected with hepatitis C and 350,000 people die each year from hepatitis C-related liver disease. Peginterferon alfa-2a or -2b in combination with ribavirin is the current standard of care for treatment of chronic hepatitis C in adults. Unfortunately, peginterferons are expensive and not widely available. Biosimilar versions of peginterferon alfa-2a and peginterferon alfa-2b exist but there is neither international norms to assess their equivalence nor system for the evaluation of safety and efficacy of biologics, such as the WHO prequalification of medicines programme. Availability and affordability of quality assured peginterferon alfa-2a and peginterferon alfa-2b could be increased if international agreed norms and an international programme such as WHO prequalification of medicines can be set up for biosimilar products.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Abacavir/lamivudine fixed-dose combination tablets (60/30 mg FDC).

MSF strongly supports the inclusion of the combination abacavir / lamivudine dispersible tablets (60/30 mg) in the WHO Model Lists of Essential Medicines for children. This FDC is useful in patients suffering from adverse-effects of tenofovir or zidovudine. MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include this combination in the WHO Model List of Essential Medicines for children; despite the fact that we could not access the application.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Efavirenz 200 mg scored tablets

MSF strongly supports the inclusion of the new formulation of efavirenz 200 mg scored tablets, splittable in 100 mg doses in the WHO Model Lists of Essential Medicines for children. This new formulation is cost-effective and dose adjustments are easier than with other formulations, due to the scored tablet easy to split in two 100 mg-doses.

MSF would also like to draw the attention of the Expert Committee to the fact that efavirenz 100 mg dispersible tablet exists already and is prequalified by WHO prequalification program.

MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include this new formulation in the WHO Model List of Essential Medicines for children.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Abacavir/lamivudine fixed-dose combination tablets (600/300 mg FDC)

MSF strongly supports the inclusion of the combination abacavir / lamivudine tablets (600/300 mg) in the WHO Model Lists of Essential Medicines for adults. This FDC is useful in patients suffering from adverse-effects of tenofovir or zidovudine and WHO 2010 guidelines recommend it as an alternate NRTI for use in first-line, second-line, or triple-nucleoside regimens. The once-daily tablet intake increases ease of administration and therefore adherence to treatment.

MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include this combination in the WHO Model List of Essential Medicines for adults.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Amphotericin B to be moved to core list.

MSF agrees with the proposal to moved amphotericin B from the complementary to the core WHO Model Lists of Essential Medicines (Adults and Children). Amphotericin B is more effective for the treatment of cryptococcal meningitis in adults and children than other anti-fungal medicines.

MSF uses amphotericin B since 2001 and urges the 19th Expert Committee on the Selection and Use of Essential Medicines to move amphotericin B from the complementary to the core WHO Model Lists of Essential Medicines for adults and for children.

MSF would also like to draw the attention of the Expert Committee to the fact that those products should reach internationally agreed quality standards as those followed by the WHO prequalification programs.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Anaesthetics (Children)

MSF endorses the conclusions of the application submitted concerning safe anaesthesia for neonates (updating section 1 on the WHO Model List of Essential Medicines for children). MSF would draw attention of the Committee that some of these drugs don’t exist in formulations that allow accurate or easy paediatric dosing and administration, and recommends the development of paediatric formulations in order to improve safety while administration.

Myriam Henkens MD, MPH

International Medical Coordinator

Médecins Sans Frontières
Antiulcer medicines

MSF strongly supports the inclusion of intravenous omeprazole (with a square box, as a representative of proton-pump inhibitors) in the WHO Model Lists of Essential Medicines. Injectable proton-pump inhibitors are required as gastric antisecretory treatment, especially in patients with acute bleeding from a peptic ulcer, or in patients unable to take oral medicines (patients with an obstruction of the oro-pharynx or the upper gastro-intestinal tract).

MSF uses injectable omeprazole since 2003 and urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include injectable omeprazole as a representative of proton-pump inhibitors in the WHO Model Lists of Essential Medicines.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Antiretrovirals: Formulations to be considered for possible deletion

MSF agrees with the proposal to delete these antiretrovirals from WHO Model Lists of Essential Medicines (Adults and Children) except for stavudine/lamivudine/nevirapine 12/60/100mg tablets (d4T/3TC/NVP 12/60/100mg FDC tablets) that should be kept in WHO Model Lists of Essential Medicines. This dosage formulation is still used in many countries and is also necessary in case of zidovudine-induced anaemia when abacavir/lamivudine is not available. Therefore MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to delete all antiretrovirals listed in the application except stavudine/lamivudine/nevirapine 12/60/100mg tablets.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Artesunate/mefloquine fixed-dose combination tablets (ASMQ FDCs)

MSF strongly supports the inclusion of the combination artesunate/mefloquine tablets (25 / 55 mg and 100 / 220 mg) in the WHO Model Lists of Essential Medicines (Adults and Children). These FDCs present benefit for the treatment of uncomplicated *P. falciparum* malaria in terms of: ease of administration (age-based unit dose packaging appropriate for all age groups), adherence to treatment (once-a-day intake over three day, no need to time the doses with food), and lower treatment costs. FDCs reduce pill-burden and eliminate the possibility of patients taking only one component of the combination. The FDCs greatly contribute to decrease the risk of resistance development.

Finally, the paediatric dosage (25 mg/55mg) can also be used for small children because tablets can be easily dissolved in water before administration (disintegration in water within 3 minutes). ASMQ FDC is prequalified by WHO since September 2012 and has therefore been introduced by MSF into its medicines list.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
Atazanavir/ritonavir fixed-dose combination tablets (300/100 mg FDC)

MSF strongly supports the inclusion of the combination atazanavir / ritonavir tablets (300/100 mg) in the WHO Model Lists of Essential Medicines for adults. This FDC is the one of the two WHO recommended protease inhibitors for use in second-line regimens, due to its safety and efficacy profile. The once-daily tablet intake increases ease of administration and therefore adherence to treatment. MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include this combination in the WHO Model List of Essential Medicines for adults.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Benznidazole paediatric dosage forms

MSF strongly supports the inclusion of benznidazole 12.5 mg dispersible tablet, for treatment of Chagas disease (American trypanosomiasis), in the WHO Model List of Essential Medicines for Children. MSF supports the DNDi application for inclusion of this paediatric dosage form and also propose to include another dosage form, 50 mg scorable and dispersible tablet, in order to have all dosage forms appropriate for all age groups. For congenital Chagas disease, the cure rate is over 90% when administered in the first year after birth and the only present dosage form, 100 mg adult tablets is not safely usable in neonates and young children. Doses for benznidazole are respectively from 5-7mg/kg/day and up to 10mg/kg/day for infants and infants/neonates by 1 year old, and duration of treatment is not less than 30 days and could be up to 60 days. Until paediatric dosage forms exist, health providers had to use 100 mg tablets, splited, crushed and diluted in drinks before administration. This practice does not permit accuracy and safety of administration in neonates and children. In 2011, WHO supports the need of a dosage form of 12.5mg of benznidazole to facilitate the preparation of paediatric suspension. MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include the two paediatric dosage forms, 12.5 and 50 mg dispersible tablets, in the WHO Model List of Essential Medicines for Children. MSF would also like to draw the attention of the Expert Committee to the fact that those products should reach internationally agreed quality standard as those followed by the WHO prequalification programs.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Chlorhexidine 4%

MSF strongly supports the inclusion of 7.1% chlorhexidine digluconate solution or gel, delivering 4% chlorhexidine for umbilical cord care, in the WHO Model List of Essential Medicines for children. Currently, the WHO Model List of Essential Medicines for children includes two chlorhexidine solutions: 5% (digluconate) and 20% (digluconate) (needs to be diluted prior to use for cord care). Randomised controlled trials showed a significant reduction in neonatal mortality after use of a 4% chlorhexidine solution (7.1% chlorhexidine gluconate) for umbilical cord care. It is important to note that 5% chlorhexidine digluconate delivers only approximately 2.8% chlorhexidine, a lower level than what was used in these trials. The very first application for inclusion was made in 2009 but at the time of revision of the WHO Model List of Essential Medicines in 2009 and in 2011, 7.1% chlorhexidine digluconate delivering 4% chlorhexidine was not yet commercialised. As this dosage form is now available and affordable, it has been introduced in January 2013 in MSF medicines list. MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include it in the WHO Model List of Essential Medicines for children.

Myriam Henkens MD, MPH
International Medical Coordinator
Médecins Sans Frontières
Efavirenz/lamivudine/tenofovir disoproxil fumarate fixed-dose combination tablets (600/300/300 mg FDC)

MSF strongly supports the inclusion of the combination efavirenz / lamivudine / tenofovir disoproxil fumarate tablets (600/300/300 mg) in the WHO Model Lists of Essential Medicines for adults; despite the fact that we could not access the application. MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD, MPH

International Medical Coordinator

Médecins Sans Frontières


Flucytosine to be moved to core list.

MSF agrees with the proposal to moved flucytosine from the complementary to the core WHO Model Lists of Essential Medicines (Adults and Children). Flucytosine is effective in combination with either Amphotericin B or Fluconazole for induction of Cryptococcus meningitis treatment and WHO Rapid Advice on diagnosis, prevention and management of cryptococcal disease in HIV-infected adults, adolescents and children recommends flucytosine in conjunction with Amphotericin B as first line induction therapy for cryptococcal meningitis. In resource-limited settings, where intravenous amphotericin B therapy is not available or not possible to administer, flucytosine can be safely and effectively administered with high-dose fluconazole.

Flucytosine is used by MSF in its programs, therefore MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to move flucytosine from the complementary to the core WHO Model Lists of Essential Medicines for adults and for children.

MSF would also like to draw the attention of the Expert Committee to the fact that those products should reach internationally agreed quality standards as those followed by the WHO prequalification programs.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
Fluoxetine (age restriction in the WHO Model List of Essential Medicines for adults and deletion from the WHO Model List of Essential Medicines for children)

MSF strongly supports the increase of the age limit from 8 years to 12 years for fluoxetine and its deletion from the WHO Model List of Essential Medicines for children. MSF uses fluoxetine to treat depression in adults since 2002 but we do not use fluoxetine in children below 15 years.

Myriam Henkens MD, MPH
International Medical Coordinator
Médecins Sans Frontières
Glibenclamide - Comparative Safety and Efficacy of Glibenclamide in the Elderly

MSF strongly supports to retain glibenclamide in the WHO Model List of Essential Medicines. MSF uses glibenclamide since 1988 and strongly supports this medicine to retain on the WHO Model List of Essential Medicines for patients with age restriction (contra-indication in elderly patients). MSF supports also the inclusion of another second generation sulfonylureas (such as glicazide, with a square box) to be an alternative to glibenclamide.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
Lamivudine/nevirapine/zidovudine dispersible tablets (30/50/60 mg FDC)

MSF strongly supports the inclusion of the combination Lamivudine / nevirapine / zidovudine dispersible tablets (30/50/60 mg) in the WHO Model Lists of Essential Medicines for children.

The dispersible tablets are easily dispersible in small amount of water before administration, and can be dispersed in breast milk in order to be administered in neonates and infants. Health professional and parents can use dispersible tablets more easily than oral liquid formulations. Costs to produce and to transport dispersible formulations are less than for oral liquid formulations, therefore they are more affordable.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Lamivudine/stavudine dispersible tablets (30/6 mg FDC)

MSF strongly supports the inclusion of the combination lamivudine / stavudine dispersible tablets (30/6 mg) in the WHO Model Lists of Essential Medicines for children.

The dispersible tablets are easily dispersible in small amount of water before administration, and can be dispersed in breast milk in order to be administered in neonates and infants. Health professional and parents can use dispersible tablets more easily than oral liquid formulations. Costs to produce and to transport dispersible formulations are less than for oral liquid formulations, therefore they are more affordable.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Lamivudine/tenofovir disoproxil fumarate fixed-dose combination tablets (300/300 mg FDC)

MSF strongly supports the inclusion of the combination lamivudine / tenofovir disoproxil fumarate tablets (300/300 mg) in the WHO Model Lists of Essential Medicines for adults. WHO 2010 guidelines recommend this combination as one of the preferred NRTI first-line regimens for adults in resource-limited settings. This FDC is also a useful alternative, in combination with nevirapine, in the event of psychiatric adverse-effects of efavirenz. The once-daily tablet intake increases ease of administration and therefore adherence to treatment. MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include this combination in the WHO Model List of Essential Medicines for adults.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
Lamivudine/zidovudine dispersible tablets (30/60 mg FDC)

MSF strongly supports the inclusion of the combination lamivudine / zidovudine dispersible tablets (30/60 mg) in the WHO Model Lists of Essential Medicines for children. The dispersible tablets are easily dispersible in small amount of water before administration, and can be dispersed in breast milk in order to be administered in neonates and infants. Health professional and parents can use dispersible tablets more easily than oral liquid formulations. Costs to produce and to transport dispersible formulations are less than for oral liquid formulations, therefore they are more affordable.

MSF is treating 220,000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD, MPH
International Medical Coordinator
Médecins Sans Frontières
Morphine (new formulation) Children

MSF strongly supports the inclusion of morphine slow-release granules and tablets in the WHO Model List of Essential Medicines for children. Morphine is the strong opioid of first choice to treat moderate and severe pain. Access to appropriate formulations and dosage forms of morphine is essential for the treatment of moderate to severe acute and persisting pain in children. For the treatment of moderate to severe pain, oral morphine is an effective medication. Immediate-release morphine must be given 6 times per day. With twice-a-day intake slow release morphine regimens can provide better quality of life and improve patient adherence to analgesic treatment. For the treatment of moderate to severe persisting pain including cancer pain, in adults and children, MSF has recommended the use of morphine slow release formulations since 2002.

MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include the formulations of morphine modified release in the WHO Model List of Essential Medicines for children

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières

Since January 2010, MSF has used NECT as first line treatment for second stage human African trypanosomiasis and over 1500 patients, including children, have been treated. NECT has proved to be highly effective and safe, and furthermore children have presented fewer adverse effects, including fatalities, than adults.

This very good tolerance has also been reported by the WHO and the DNDi. NECT shows improved practicability (2 versus 4 daily infusions) and shorter duration of treatment (7 versus 14 days) than eflornithine single-therapy. NECT prevents the selection of resistant parasite strains and therefore preserves the few drugs existing to treat second stage human African trypanosomiasis. In the present WHO Model List of Essential Medicines for children, are included only eflornithine as single-therapy and, in complementary list, melarsoprol (which high toxicity directly leads to the death of 3 to 5% of patients).

MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include the nifurtimox to be used in combination with eflornithine in the WHO Model List of Essential Medicines for children.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Nevirapine 50 mg dispersible tablets

MSF strongly supports the inclusion of nevirapine 50 mg dispersible tablets in the WHO Model Lists of Essential Medicines for children. The dispersible tablets are easily dispersible in small amount of water before administration, and can be dispersed in breast milk in order to be administered in neonates and infants. Health professional and parents can use dispersible tablets more easily than oral liquid formulations. Costs to produce and to transport dispersible formulations are less than for oral liquid formulations, therefore they are more affordable.

MSF is treating 220 000 patients with antiretrovirals in 23 countries.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
Palliative care

MSF strongly supports the application prepared by the International Association for Hospice and Palliative Care (IAHPC). MSF uses for several years most of the medicines mentioned in the application (except docusate sodium, lorazepam, senna and sodium picosulfate) and urges the 19th Expert Committee on the Selection and Use of Essential Medicines to include all the recommended medicines and formulations needed for palliative care.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Palliative care in the WHO Model List of Essential Medicines for adults and in the WHO Model List of Essential Medicines for children

MSF strongly supports the needs to give higher visibility to Medicines for palliative care. These medicines are currently included in the WHO Model List of Essential Medicines Subsection 8.4 in Section 8, together with Antineoplastic and Immunosuppressive. At this time, palliative care does not exist in many countries or is not well integrated in the health care system. The Model List of Essential Medicines is an essential document for countries in developing their national lists of essential medicines and national guidelines. Highlighting these medicines for palliative care will support best clinical practices in palliative care and will promote appropriate availability and accessibility of palliative care medicines.

Myriam Henkens MD, MPH
International Medical Coordinator
Médecins Sans Frontières
Risperidone

MSF strongly supports the inclusion of risperidone in the WHO Model List of Essential Medicines, for psychotic disorders including schizophrenia, schizoaffective disorder, mania with psychosis, and depression with psychosis. Risperidone is an atypical antipsychotic widely used for the two past decades (FDA approval in 1993). Risperidone presents comparable efficacy as typical antipsychotics already listed in WHO Model List of Essential Medicines (chlorpromazine, fluphenazine, haloperidol) and a more tolerable side effect and safety profile. Risperidone is registered worldwide and went off-patent in 2003, so many quality assured generic forms are available and affordable. Risperidone is the atypical antipsychotic used in MSF programs since 2009.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Second-line antituberculosis medicines (Children)

MSF strongly supports the inclusion of all second-line antituberculosis medicines listed in the review, in the WHO Model List of Essential Medicines for children. MSF would also like to draw the attention of the Expert Committee to the fact that capreomycin should be used when resistance to an aminoside is suspected, not only in case of XDR, and that linezolid and clofazimine should be added on both WHO Model Lists of Essential Medicines for children and for adults. There are limited data on the use of terizidone. MSF would also like to draw the attention of the Expert Committee to the fact that few second-line antituberculosis medicines exist in child-friendly formulations. Paediatric formulations for easy dosing and administration are urgent to develop. Those medicines should reach internationally agreed quality standards and should be WHO prequalified.

Please find below some additional references.

Myriam Henkens MD,MPH

International Medical Coordinator

Médecins Sans Frontières
**References for linezolid:**


**References for clofazimine:**

1- Used in Switzerland


2- Used in Netherland


3- Used and officially recommended in US


http://www.currytbcenter.ucsf.edu/
http://www.currytbcenter.ucsf.edu/drtb/about.cfm

4- Used in Germany


5- Recommended in Australia

Queensland tuberculosis control centre: "Guidelines for treatment of tuberculosis".

6- Used in Peru

http://content.nejm.org/cgi/content/full/359/6/563

http://wwwnc.cdc.gov/eid/article/12/9/05-1618_article.htm

7- Used in Argentina


8- Used in Turkey


9- Used in Brazil


10- Officially recommended in Canada


11- Used in Bangladesh


http://ajrccm.atsjournals.org/content/182/5/684.full.pdf
Spironolactone

MSF strongly supports the application for adding aldosterone antagonists in the WHO Model List of Essential Medicines, as a therapeutic class of medicines for treatment of patients with heart failure (Section 12.4 of the current List) and specifying spironolactone as the representative of this aldosterone antagonist class (with a square box). Spironolactone is an effective, worldwide available and affordable medicine. MSF uses spironolactone since 1988 for treatment of patients with heart failure.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières
Streptomycin to be moved to complementary List

MSF agrees with the Stop TB Department’s proposal to moved streptomycin from the core WHO Model Lists of Essential Medicines (Adults and Children) to the complementary lists. Streptomycin is no more recommended as part of first line treatment in regimens for children and adults. Streptomycin should be avoided in children because of its adverse-effect profile, including irreversible ototoxicity. Therefore, MSF urges the 19th Expert Committee on the Selection and Use of Essential Medicines to move streptomycin from core Model Lists of Essential Medicines to complementary Model Lists of Essential Medicines.

Myriam Henkens MD,MPH
International Medical Coordinator
Médecins Sans Frontières