
From: Myriam Henkens
Sent: 13 June 2007 11:21
To:
Subject: Essential medicine list for children: general comments

Follow Up Flag: Follow up
Flag Status: Red

Dear Suzanne

First of all, I think a significant amount of work has been produced since last year meeting on essential medicines for children and in MSF, we really appreciate this.

I am also sorry to come back with our comments so late and maybe in to short and concise way. This is due to the current amount of work, an emergency way of working and unexpected sick leave of some key staff.

I will try to organise the MSF comments on what we consider the most important elements.

First of all some general comments: we are a bit surprised by the process to reopen the debate on which products should be on the EML for children or not. This is not what I understood during the last summer meeting. I rather thought that the EML for children would look at the specific dosage and formulations better suited for children, but not adding or deleting products from the EML. This could lead to confusion between the 2 lists, with the general list (15th from March 2007) that could be different from the children list, when most of the products proposed for addition and deletion are not specific to children. (e.g. chloramphenicol deletion). This risk of confusion will be of consequences given the time it takes for the list to be implemented at country level.

We also have the same concerns about the quality of the pharmaceuticals that will be available once the product has been added to the EML. We have already shared this concern last March.

We have also noticed that many vaccines have been added to the EML last March with very little specifications (e.g. what meningitis vaccine has been added: polysaccharide AC, ACW, ACWY, or conjugate C ?). We understand that the relevant information can be found elsewhere, but there is some discrepancy between the precisions given for medicines (including different dosages, and presentation) and only the name of the vaccines.

More specific comments will also be sent on the following topics

- deletion of chloramphenicol and specifically oily chloramphenicol (already sent by Fernando)
- chloroquine oral liquid
- artemeter pediatric dosage
- cefixime
- TB treatment
- ARV treatment
- Age categories
- Preferred dosage forms

Thank you in advance for taking our comments into consideration and sorry for the late notice

Myriam

From: Myriam Henkens
Sent: 13 June 2007 11:21
To:
Subject: EML children: ARV treatment

Follow Up Flag: Follow up
Flag Status: Red

ARV treatment

Most of the current proposal to the EML for children do not correspond to the WHO recommended formulations. In addition, all the existing pediatric antiretrovirals are not represented. However, until appropriate formulations are available, those products should be listed. We also encourage WHO to push manufacturers to develop appropriate formulations and to apply for prequalification.

Myriam Henkens
International Medical Coordination
Médecins Sans Frontières

From: Myriam Henkens
Sent: 13 June 2007 11:21
To:
Subject: EML children: TB treatment

Follow Up Flag: Follow up
Flag Status: Red

TB treatment

FDC pediatric dosages should be on the list, to encourage manufacturer to produce them and national programmes to use them.

Levofloxacin should be preferred to ofloxacin for the treatment of MDR TB (see revised WHO guidelines).

Myriam Henkens
International Medical Coordination
Médecins Sans Frontières

From: Myriam Henkens
Sent: 13 June 2007 11:21
To:
Subject: EML children: chloroquine oral liquid

Follow Up Flag: Follow up
Flag Status: Red

Chloroquine oral liquid.

This product was removed from the Interagency Emergency Health Kit and from MSF list in the past because of serious problem of concentration: the concentration of the active ingredient was very variable. Unless the vials were systematically very well shaken before it use, the product was underdosed when the vial was (almost) full or and overdosed when it was almost empty. Deaths due to overdosing have been suspected. Therefore, unless the formulation has been changed and regular concentration can be guaranteed, this product should not be added the EML for children, given the limited indication of the product.

Myriam Henkens
International Medical Coordination
Médecins Sans Frontières

From: Myriam Henkens
Sent: 13 June 2007 11:21
To:
Subject: EML children: cefixime

Follow Up Flag: Follow up
Flag Status: Red

Cefixime 200 mg

This product is part of the IEHK in the patient PEP module and unfortunately, children are also victims of rape in emergency contexts. We suggest to keep cefixime in the EML for children.

Myriam Henkens

International Medical Coordination
Médecins Sans Frontières