Paediatric and Perinatal Drug Therapy **Volume 8, Issue 4, 2008**

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Paediatric and Perinatal Drug Therapy, 2008; 8 (4)

SHORT COMMUNICATION

Improving research and access to children's medicines worldwide

Each year 3 million children under the age of five years die from either pneumonia or malaria[1]. The World Health Organization (WHO) recognises and openly states that this situation is unacceptable. The WHO has launched a campaign entitled 'Make medicines child size' which calls for action in relation to both research and access to medicines for children[1].

WHO points out the urgent need for medicines for neglected diseases such as schistosomiasis, second line treatment of tuberculosis and for co-infection between tuberculosis and HIV. WHO also recognises that children need appropriate formulations and that this needs to include fixed dose combinations for the common infections that affect children in the developing world. These include malaria, tuberculosis and HIV. There is also a need for appropriate antibiotics for neonates with infections.

In its campaign, WHO also emphasises that access to medicines for children throughout the world is crucial. It is unacceptable that children should die from treatable conditions such as pneumonia and malaria. Governments need to work in conjunction with other organisations, including the pharmaceutical industry, to ensure that children who need cheap medicines should be able to access them[2].

The announcement that WHO will establish a website for clinical trials that have been carried out in children is a major step forward. The existing clinical trial registers do not specifically cater for paediatric studies. The only paediatric clinical trials register is no longer in existence due to lack of support from the major medical journals[3]. This most recent initiative by WHO will be a major step forward for paediatric research.

The European Society for Developmental, Perinatal and Paediatric Pharmacology (ESDP) fully supports this WHO campaign. The ESDP, although predominantly a European organisation, is proud to have members from outside of Europe. We recognise that we have insufficient members in developing countries and are keen to strengthen links with both individuals and institutions in the developing world who wish to improve the treatment of children. This may involve collaborative research or training.

The ESDP recognises that it is the right of children throughout the world to have access to medicines in an appropriate formulation with scientific evidence for both efficacy and safety. This is a major task and cannot be achieved by the ESDP working in isolation. Having seen legislative changes in both North America[4] and Europe[5,6] that should hopefully improve drug therapy for children, the stage is set for the biggest challenge, that of children worldwide.

Mati Berkovitch
Zerifin, Israel

Imti Choonara
Derby, UK

Evelyne Jacqz-Aigrain
Paris, France

Betty Kalikstad
Oslo, Norway

Gerard Pons
Paris, France

Anders Rane
Stockholm, Sweden

John van den Anker
Rotterdam, Netherlands

Bart van Overmeire
Antwerp, Belgium

Members of the ESDP Council

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http://www.librapharm.com
Paper PPDT-0203_2, *Accepted for publication:* 9 January 2008
Published Online: 13 February 2008
doi:10.1185/146300908X254189