

The Secretary of the 17th Expert Committee on the Selection and Use of Essential Medicines  
Medicine Access and Rational Use (MAR)  
Department of Essential Medicines and Pharmaceutical Policies (EMP)  
World Health Organization  
20 Avenue Appia  
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Dear Committee Members:

I am writing this letter in support of the application for misoprostol to be added to WHO's Essential Medicines List (EML) for the prevention of post-partum haemorrhage submitted by Gynuity Health Projects and Venture Strategies for Health and Development. As is well-evidenced in the international literature on maternal mortality and morbidity, postpartum haemorrhage (PPH) remains one of the largest contributors to maternal morbidity and mortality in low-resource settings and accounts for nearly one quarter of all maternal deaths worldwide. The addition of misoprostol to the EML as means of preventing PPH could help tackle the large burden of PPH in deliveries globally, and especially in low-resource settings where the maternal mortality is the highest. The drug's wide availability, low-cost, stability at room temperature, and ease of use for both patient and clinician make it an ideal drug for the prevention of PPH in low-resource settings. MSI has a focus on prevention, whether it is preventing unwanted pregnancies and unsafe abortion or PPH. MSI partners who provide emergency obstetric care see and manage the consequences of post partum haemorrhage in their centres and would welcome the availability of this low cost drug to prevent PPH.

The importance of misoprostol in women's health has been demonstrated in nearly 600 published studies on its use in obstetrics and gynaecology that have involved well over 30,000 women. Misoprostol is a safe, effective, and low-cost drug that has been shown to reduce postpartum bleeding after delivery (Derman et al, 2006; Alfirevic et al, 2007). Administration of misoprostol to control postpartum bleeding offers an alternative to other standard treatments, including injectable oxytocin and ergometrine, both of which require a cold chain and skilled administration that are not always sustainable and/or available in low resource settings.

Based on a well-established efficacy of misoprostol for the prevention of PPH, we support the inclusion of misoprostol in the WHO List of Essential Medicines List (EML) to be specifically listed for its PPH indication in section 22.01.00.00 "Oxytocics.". The use of misoprostol for PPH prevention is particularly important in places where traditional injectable uterotonics are not

#### Providing choices in reproductive healthcare

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available and/or feasible. In addition, the *WHO Recommendations for the Prevention of Postpartum Haemorrhage* (WHO, 2007) recommends misoprostol for use as PPH prevention in the absence of active management of the third stage of labour. Furthermore, FIGO and ICM statement on the management of the third stage of labour to prevent postpartum haemorrhage, recommends the use of this drug when oxytocin is not available.

At present, Marie Stopes International partners find it difficult to use misoprostol for PPH prevention because the product is not listed on the WHO EML and therefore not on their country's Essential Drugs List, for this important women's health indication. Similarly, UN agencies and organizations active in emergency situations are frequently unable to offer this medication because of its absence from the WHO EML. Listing misoprostol for its PPH prevention indication will break down this barrier and facilitate easier access to misoprostol for PPH prevention, particularly in low-resource settings where it is most urgently needed.

I thank you for considering the addition of this very important medication to the WHO EML for the prevention of postpartum haemorrhage.

Sincerely,



Dana Hovig,  
Chief Executive Officer,  
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#### References

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