



October 1, 2008

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  
CH-1211 Geneva 27, Switzerland

NO.	DATE	DATE	AWAY
CU	CC	24/10	24/10
SH	374	23/10	13/10
NR			
Action needed:			
Action taken:			

Dear Committee Members:

I am writing this letter in support of Gynuity Health Projects' application for misoprostol to be added to WHO's Essential Drugs List, for the indication of treatment of incomplete abortion and miscarriage.

Copious scientific evidence, including numerous randomized and comparative clinical trials and several clinical guidelines, supports our view that misoprostol should be included in the EDL for this indication. These data document repeatedly the safety and effectiveness of misoprostol for treatment of incomplete abortion and miscarriage. Over 2,000 women with incomplete abortion or miscarriage have participated in clinical trials of the drug. The most recent of these trials show remarkably high success rates, in the range of 90 to 100%.<sup>1-5</sup> Of note, misoprostol is already included in the 14<sup>th</sup> and 15<sup>th</sup> editions of *WHO Model List of Essential Medicines (22.1 Oxytocic)* because of its proven safety and efficacy for medical abortion and labor induction.

Unsafe abortion contributes disproportionately to maternal morbidity and mortality in much of the developing world. Incomplete abortion is one the major clinical indications for which women present for care in settings where unsafe abortion is common. Medical evacuation of the uterus with misoprostol offers an alternative to surgical treatment, which is often either unavailable or associated with higher morbidity in some low-resource settings.

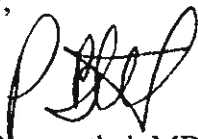
Misoprostol's wide availability, low-cost, stability at room temperature, and ease of use for both patient and clinician make it an ideal treatment in low-resource settings. Importantly, misoprostol is a very acceptable treatment to women in all types of settings. Research shows that many women prefer this non-invasive method of uterine evacuation to surgical methods.<sup>1,4,6</sup>

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At present, some Ministries of Health are unable to provide misoprostol for incomplete abortion via standard drug registries because the product is not listed on the EDL for this particular important women's health indication. Listing misoprostol for incomplete abortion will break down one of the major barriers to use of this drug and facilitate access to safe and effective post abortion care in many settings throughout the world.

I thank you for considering the addition of this very important medication to the EDL for the indication of incomplete abortion and miscarriage.

Sincerely,



Paul D. Blumenthal, MD, MPH  
Professor  
Department of Obstetrics and Gynecology  
Stanford University School of Medicine  
Director,  
Stanford Program for International Reproductive Education and Services (SPIRES)

#### References

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