
From: Prof. F. O. Okonofua [wharc@]
Sent: 15 October 2008 15:45
To: emlsecretariat
Cc:
Subject: Support Letter for the Inclusion of Misoprostol in Essential Medicine List

Follow Up Flag: Follow up
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October 15, 2008

The Secretary,
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 (WHO)
20 Avenue Appia
CH-1221 Geneva 27
Switzerland

Dear Sir/Madam,

A Letter of Support for the Inclusion of Misoprostol in the
WHO List of Essential Medicines for its PPH Prevention
Indication

On behalf of the Women's Health and Action Research Centre
(WHARC), I write to support the inclusion of misoprostol
into the Model list of Essential Medicines of the World
Health Organization (WHO) for its postpartum haemorrhage
(PPH) indication. WHARC is a non-profit, non-governmental
organization, whose mission is to promote the health and
social wellbeing of women, through research, documentation,
advocacy and service delivery on women's health in
sub-Saharan Africa.

Available statistics show that ninety nine percent of
maternal deaths occur in low-income countries. African
women carry most of this burden, and PPH is the leading
cause. In Nigeria, as in much of Africa, the situation of
women at delivery is dire and deteriorating where PPH
accounts for about a quarter of the 55, 000 annual maternal
deaths.

The national average maternal mortality ratio (MMR) is
800-900 per 100,000 live births. Many women do not reach
health facilities until it is almost too late, and the MMR
in hospitals is often higher than the national average.

Doctors and nurses are stretched to the limit and unable
to provide sufficient care in rural areas. However, those
working in hospitals and clinics see only a small
percentage of the total number of PPH deaths, because most
maternal deaths occur when a mother delivers at home alone
or in the presence of a traditional birth attendant (TBA).

Even, the Nigerian Federal Ministry of Health recognized
this growing problem: "failure to factor population figures
in earlier planning...has led to the provision of
inadequate facilities for the teeming and increasing
population".

Thus, providing skilled attendance to all births, though an
optimal solution, might take decades of training providers,
placing them, and retaining them in rural areas where most
of the Nigerian population resides. In the meantime,
programs to decrease maternal mortality attributed to PPH
can be in place, and in this way, significant progress can

be made to achieve Millennium Development Goal 5. Therefore, misoprostol has been discovered to be a proven, evidence-based treatment that reduces postpartum blood loss. Moreover, it is safe; as demonstrated by the reports of nearly 600 published studies on the use of misoprostol in obstetrics and gynaecology that have involved more than 30,000 women. Also, its ease of administration and high effectiveness in controlling PPH offers an alternative to other standard treatments, including injective oxytocin and ergometrine, both of which require a cold chain and skilled administration that are not always sustainable and/or available in low resource countries.

Misoprostol is inexpensive, and so offers a low-cost, low-tech, but safe and effective means of preventing PPH that can be offered by providers at all levels of the health care system.

At present, some Ministries of Health are yet to provide misoprostol for PPH prevention because the product is not listed on the World Health Organization Essential Medicines List for this important women's health indication.

Similarly, UN agencies active in emergency situations are frequently unable to offer this medication because of its absence from the Essential Medicines List. Listing misoprostol for its PPH prevention indication will break down this barrier and facilitate easier access to misoprostol for postpartum haemorrhage prevention.

Therefore, in recognition of a well-established efficacy of misoprostol for the prevention of postpartum haemorrhage, I propose that misoprostol be specifically listed for its PPH indication in section 22.01.00.00 "Oxytocics" of the WHO Essential Medicines List (EML). And use of misoprostol for PPH prevention should be recommended particularly in places where traditional injectible uterotonic are not available and/or feasible.

Thank you, as I look forward to your early consideration and approval of this application.

Yours Sincerely,

Professor F E Okonofua MbChB, PhD (Sweden), FMCOG, FWACS, FRCOG ad eundem (UK) Executive Director