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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 (EM/P)

World Health Organization

20 Avenue Appia

CH-1211 Geneva 27

Switzerland

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Action needed:

Action taken:

Dear Committee Members:

Jhpiego would like to add our voice to the growing chorus of organizations in support of the inclusion of misoprostol in WHO's Model List of Essential Medicines for the indication of treatment of incomplete abortion and miscarriage. We request that the Expert Committee give serious consideration to the application filed by Gynuity Health Project.

Unsafe abortion and its attendant complications is a significant contributor to maternal morbidity and mortality in developing countries. Heretofore, surgical management of incomplete abortion has been the only treatment modality, an option that is usually not practical and accessible to women in low-resource settings. Misoprostol for the medical management of incomplete abortion offers an alternative to surgical treatment.

A wealth of scientific evidence, which includes numerous randomized and comparative clinical trials and several clinical guidelines, documents 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%.^{1,4} In addition, misoprostol is already included in the 14th and 15th editions of the WHO's Model List of Essential Medicines (22.1 Oxytocic) because of its proven safety and efficacy as an

innovating to save lives

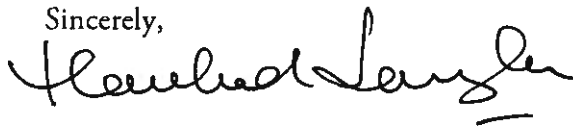
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oxytocic agent. The inclusion of misoprostol in the Model List of Essential Medicines is a logical step to ensuring that this life-saving drug is made readily available for the medical management of incomplete abortion.

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 Model List of Essential Medicines for this 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 postabortion care in many settings throughout the world.

We strongly urge the Expert Committee to prioritize women's lives and add misoprostol to the WHO's Model List of Essential Medicines for the indication of incomplete abortion and miscarriage. Thank you for your thorough consideration.

Sincerely,



Harshad Sanghvi, MD
Vice President and Medical Director

References

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