

MEMORANDUM

From: Director, SRH

To: Director, HPS

Date: 2 October 2024

Our ref:

Attention: Secretary of the WHO Expert Committee on Selection and Use of Essential Medicines

Your ref:

Through:

Originator: Unit Head,
SRH/PUA

Subject: ADD NEW SECTION IN WHO MODEL LIST OF
ESSENTIAL MEDICINES

The Department of Sexual and Reproductive Health and Research, and the UNDP/UNFPA/UNICEF/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), is proposing to add a new section in the WHO Model List of Essential Medicines.

In recent years, medical abortion has become an important development contributing to the increased safety of abortion. Increasing the availability of quality-assured, affordable medicines for medical abortion is necessary to improve access to abortion services in general and medical abortion in particular. The WHO Model List of Essential Medicines (EML) is an important policy document that guides policy changes at country level, such as changes in national EMLs that in turn support medicines procurement.

The inclusion of the combination regimen mifepristone+misoprostol for induced abortion in the core WHO EML in 2019, as well as the addition of the management of intrauterine fetal demise indication to the same combination regimen in 2023, are recent changes that are aligned with the increased reliance on and need for medical abortion medicines globally.

For this reason, we believe that the WHO EML should have a section dedicated to medicines for medical abortion. We suggest moving all indications for the combination regimen mifepristone+misoprostol, as well as the misoprostol indication for management of incomplete abortion and miscarriage, to this new dedicated section, as showed in the proposal enclosed.

We are therefore seeking your support to present this proposal to the Secretary of the WHO Expert Committee on Selection and Use of Essential Medicines, for the Expert Committee's ratification.

If you have any further questions, please feel free to contact Laurence Läser, Technical Officer (laserl@who.int).

I thank you for your consideration and your continuous support and collaboration.



Dr Pascale Allotey

ENCLS: (1)

WHO Model List of Essential Medicines – 23rd List (2023)

22.3 Uterotonics	
carbetocin	Injection (heat stable): 100 micrograms/mL
<input type="checkbox"/> ergometrine Therapeutic alternatives: - methylergometrine	Injection: 200 micrograms (hydrogen maleate) in 1 mL ampoule.
mifepristone – misoprostol <div>Where permitted under national law and where culturally acceptable.</div>	Tablet 200 mg – tablet 200 micrograms: Co-package containing: mifepristone 200 mg tablet [1] and misoprostol 200 micrograms tablet [4] – Management of intrauterine fetal demise; – Management of induced abortion
misoprostol	Tablet: 200 micrograms. – Management of incomplete abortion and miscarriage; – Prevention and treatment of postpartum haemorrhage where oxytocin is not available or cannot be safely used Vaginal tablet: 25 micrograms.* *Only for use for induction of labour where appropriate facilities are available.
oxytocin	Injection: 10 IU in 1 mL.
22.4 Medicines for medical abortion	
mifepristone – misoprostol <div>Where permitted under national law and where culturally acceptable.</div>	Tablet 200 mg – tablet 200 micrograms. Co-package containing: mifepristone 200 mg tablet [1] and misoprostol 200 micrograms tablet [4] – Management of intrauterine fetal demise; – Management of induced abortion
<u>misoprostol</u>	Tablet: 200 micrograms. – Management of incomplete abortion and miscarriage
22.45 Antioxytocics (tocolytics)	
nifedipine	Immediate-release capsule: 10 mg.
22.56 Other medicines administered to the mother	
dexamethasone	Injection: 4 mg/mL (as disodium phosphate salt) in 1 mL ampoule.