

## MEMORANDUM

From:	Director,SRH	To:	Director, HPS	Date:	18.05.2021
Our ref:		Attention:			
Your ref:	SRWHOHQ-E19-81-17	Through:			
Originator:	JK/PS/thc	Subject:	<b>MEETING OF THE 23<sup>RD</sup> EXPERT COMMITTEE ON SELECTION AND USE OF ESSENTIAL MEDICINES, 21 JUNE - 2 JULY 2021 - JUSTIFICATION FOR THE INCLUSION OF 11.7 MG ETONOGESTREL AND 2.7 MG ETHINYL ESTRADIOL VAGINAL RING IN THE ESSENTIAL MEDICINES LIST (EML) 2021</b>		

Unmet need for contraception remains high in many settings. It is highest among the most vulnerable in society including adolescents, the poor, those living in rural areas and urban slums, people living with HIV, and internally displaced people. In addition, WHO SRH strongly supports the principle of choice and values and preferences in the provision in Family Planning and Contraception.

Ensuring access for all people to their preferred contraceptive methods advances several human rights including the right to life and liberty, freedom of opinion and expression and the right to work and education, as well as bringing significant health and other benefits. Use of contraception prevents pregnancy-related health risks for women, especially for adolescent girls, and when births are separated by less than two years, the infant mortality rate is 45% higher than it is when births are 2-3 years apart and 60% higher than it is when births are four or more years apart [1]. It offers a range of potential non-health benefits that encompass expanded education opportunities and empowerment for women, and sustainable population growth and economic development for countries.

Modern contraceptive prevalence among Married women of reproductive age (MWRA) increased worldwide between 2000 and 2019 by only 2.1 percentage points from 55.0% (95% UI 53.7%–56.3%) to 57.1% (95% UI 54.6%–59.5%)<sup>1</sup>. Reasons for this slow increase include: limited choice of methods; limited access to services, particularly among young, poorer and unmarried people; fear or experience of side-effects; cultural or religious opposition; poor quality of available services; users' and providers' bias against some methods; and gender-based barriers to accessing services.

**The Combined Contraceptive Vaginal (CVR)** is included in the WHO medical eligibility criteria (MEC) for contraceptive use, 5<sup>th</sup> edition, 2015, the Selected practice recommendations (SPR) for contraceptive use, third edition 2016 and in the Family Planning Global Handbook for Providers, 2018.

The 11.7 mg etonogestrel/ 2.7 mg ethinyl estradiol vaginal Ring Ethinylestradiol/ Etonogestrel Vaginal Ring is a non-biodegradable, flexible, transparent with an outer diameter of 54 mm and a cross-sectional

diameter of 4 mm when placed in the vagina, each ring releases on average 0.120 mg/day of etonogestrel and 0.015 mg/day of ethinyl estradiol over a three-week period of use. It is intended for use in women of fertile age who request contraception. The safety and efficacy have been established in women aged 18 to 40 years.

The main advantages of CVRs are their effectiveness, ease of use without the need of remembering a daily routine, user ability to control initiation and discontinuation, nearly constant release rate allowing for lower doses and greater bioavailability. Specific advantages of the combined ring are good cycle control, and greater bioavailability in comparison with oral contraceptives

The Department of SRH supports the application for **11.7 mg etonogestrel and 2.7 mg ethinyl estradiol Vaginal Ring** for inclusion in the core list of the EML for the indication of contraception administered in alignment with current WHO guidelines.

## Approval for eDocument - HQ-2021-DOCS-eMemo-85846

Action	Action Taken By	Received On(UTC)	Action Taken On(UTC)	Comments	Attachments
Submitted	CURTIN, Therese	NA	18-May-2021 3:19 PM		
Cleared	STEYN, Petrus	18-May-2021 3:27 PM	18-May-2021 3:34 PM		
Cleared	KIARIE, James	18-May-2021 3:45 PM	18-May-2021 4:28 PM		
Cleared	ATUTORNU, Lily Zilla	18-May-2021 4:31 PM	19-May-2021 1:45 PM		
Cleared	ASKEW, Ian	19-May-2021 1:56 PM	20-May-2021 4:36 PM		
Approved	ONDARI, Clive	20-May-2021 4:38 PM	20-May-2021 4:46 PM		