MEMORANDUM

From: Director, RHR

To: Director, HIS/EMP/PAU

Our ref: 

Attention: 

Your ref: 

Through: Coordinator, HRX

Originator: Steyn, HRX

Subject: Justification for the Inclusion of the levonorgestrel-releasing intrauterine system (LNG-IUS), the etonorgestrel subdermal implant and the progesterone contraceptive vaginal ring in the EML 2015.

Date: 9 April 2015

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 2012, an estimated 222 million women had an unmet need for contraception. In addition WHO RHR strongly support the principle of choice in the provision in Family Planning and Contraception.

The recent review mentioned in the application on efficacy confirmed the hierarchy of contraceptive effectiveness in descending order as: (1) female sterilisation, long-acting hormonal contraceptives (LNG-IUS and implants); (2) Cu-IUDs with ≥300 mm2 surface area; (3) Cu-IUDs with <300 mm2 surface area and short-acting hormonal contraceptives (injectables, oral contraceptives, the patch and combined hormonal vaginal ring), and (4) barrier methods and natural methods.

1. The Levonorgestrel-releasing Intrauterine System, LNG-20 IUS is included in the WHO medical eligibility criteria (MEC) for contraceptive use, Fourth edition, 2009, the Selected practice recommendations (SPR) for contraceptive use, second edition 2004 and the Family Planning Global Handbook for Providers, 2011 update. It will also be in the new updated 2015 versions of the SPR and MEC.

Through the Continuous Improvement of Research Evidence (CIRE) in the RHR department that informs the development and update of the WHO Medical Eligibility Criteria an update for Levonorgestrel-releasing IUD use among women with heavy or prolonged bleeding has been done and is available for 2008. “Good” quality evidence from these articles suggested that women with menorrhagia who use LNG-IUDs commonly experience substantial decreases in menstrual blood loss and pain associated with bleeding, as well as an improved quality of life. Following the above indication for the use of the LNG-IUS for women with menorrhagia and the studies mentioned in the application, reporting the cost-effectiveness, some in high-income settings, the benefits will be more evident in low-resource countries where therapies and surgery for menorrhagia are restricted.

RHR is supporting the application with the indications of contraception, hypermenorrhoea/ menorrhagia and endometrial protection during estrogen substitution for inclusion in the core list of the EML.

2. The etonorgestrel subdermal contraceptive implant is a highly-effective long-acting reversible contraceptive (LARC) that is particularly well-suited for use in low-resourced settings. The main advantages of the LARC methods are the long-acting efficacy, and that they are reversible and do not depend on daily, weekly or monthly administration.

The etonorgestrel is included in the WHO medical eligibility criteria (MEC) for contraceptive use, Fourth edition, 2009, the Selected practice recommendations (SPR) for contraceptive use, second edition 2004 and the Family Planning Global Handbook for Providers, 2011 update. It will also be in the new updated 2015 versions of the SPR and MEC. Both IMPLANON and IMPLANON NXT are prequalified by WHO and are available in over 130 countries worldwide, including through government and international donor purchasing programs, and donor-supported social marketing organizations such as Population Services International (PSI) and Marie Stopes International (MSI).

The application emphasize the benefits to use this method in low resource countries i.e. LARC method, reducing the potential administrative burden on women, better compliance, pre-loaded sterile, single-use applicator making it beneficial for mobile clinics, settings with limited infrastructure and rural environments, as well as for insertion by lower-level health care workers. Good systematic reviews are included to demonstrate the efficacy and good safety profile.
RHR is supporting the application with the indications of contraception for inclusion in the core list of the EML.

3. The Progesterone Contraceptive Vaginal Ring (PCVR).

Globally, over 65% of women in their first postpartum year express an unmet need for family planning. There is renewed focus on new methods that offer greater ease of use, not requiring daily action, are women-controlled, and do not require medical providers and significant health system infrastructure for service delivery. The PCVR offers a safe, effective and easy-to-use family planning method for women, from 4 weeks up to one year postpartum who are actively breastfeeding at least 4 times per day. Thus it extends the period of amenorrhea during lactation (even beyond the usual six months in LAM) thereby promoting breastfeeding with its attendant benefits to the newborn. Also progesterone systemic levels remain low contrary to other POCs which are administered orally and have a prolonged half-life. Its use does not interfere with the production of milk, growth of the child or the health of the mother and child.

A systematic review comparing the PCVR versus other methods is being finalized at WHO RHR and has been evaluated using GRADE as part of the update for the revised WHO MEC Guidelines coming out in 2015.

The product is registered under the brand name Progering® in 8 countries in Latin America: Bolivia, Chile, Dominican Republic, Ecuador, El Salvador, Guatemala, Panama, and Peru. Submissions for regulatory approval in Columbia, Honduras and Paraguay are either complete or nearly complete. Submissions for regulatory approval are currently being prepared for Brazil and Mexico.

RHR is supporting the application with the indications of contraception for breastfeeding women for inclusion in the core list of the EML.

4. It should also be noted that the following text which will appear in the introduction of the combined hormonal contraceptives section of the 5th edition of the Medical eligibility criteria for contraceptive use.

"The recommendations in this guidance refer to low-dose combined oral contraceptives (COC) containing < 35 μg ethinyl estradiol combined with a progestogen.

Venous thrombosis is rare among women of reproductive age. All COCs are associated with an increased risk for VTE compared to non-use. A number of studies have found differences in risk for VTE associated with COCs containing different progestogens. Current evidence suggests that COC containing levonorgestrel, norethisterone and norgestimate are associated with the lowest risk. The absolute differences, however, are very small.

Limited data do not suggest that the small absolute risk for arterial events associated with COC use varies according to the type of progestogen.

Recommendations in the MEC are the same for all COC formulations, irrespective of their progestogen content."