Dear Expert Committee on the Selection and Use of Essential Medicines,

We are very pleased to have learned that the WHO Maternal and Perinatal Health & Preventing Unsafe Abortion Team has submitted an application to modify the listing of mifepristone-misoprostol on the Essential Medicines List (EML). We are writing to you, as researchers and representatives of funding agencies and committed health care professionals in the area of sexual and reproductive health to signal our support for these critical, evidence-based changes in the Model List of Essential Medicines.

The first study on the use of the medications mifepristone and a prostaglandin analogue, misoprostol, to induce uterine contractions, was conducted at Karolinska Institutet in Sweden in the mid-1980ies. Since then, a large number of studies have proven the efficacy and safety of the combined method of mifepristone and misoprostol in medical abortion. The development and implementation of medical abortion has continued and since 2005, when mifepristone and misoprostol were initially included in the Model List of Essential Medicines, numerous clinical and programmatic studies as well as systematic reviews have documented their safety, effectiveness and acceptability. This development include studies on telemedicine counselling and self-administration of mifepristone and misoprostol, task shifting/sharing from physicians to midlevel providers and women themselves, simplified follow up and improved uptake of effective post abortion contraception. In light of the existing body of evidence, it is timely that mifepristone-misoprostol be reclassified as “Core Essential Medicines” on the Model List of Essential Medicines. Misoprostol is already listed as a core essential medication for its use in incomplete abortion, for labor induction and to manage post partum hemorrhage. By moving mifepristone-misoprostol to the Core list, the WHO will highlight to WHO Member States that these drugs meet the standards of Core Essential Medications meaning that they do not require specialized diagnostic or monitoring facilities and/or specialist care and/or training.

The WHO suggest the following changes in the EML pertaining to the use of mifepristone-misoprostol for medical abortion:

1. Move mifepristone-misoprostol from being listed as “Complementary” to the Core Model List of Essential Medicines
2. Remove the asterisk that states that close medical supervision is required for
administration of mifepristone-misoprostol for medical abortion


4. Remove the statement “Where permitted under national law and where culturally acceptable”

We fully agree with these proposed evidence based recommendations and the science and service delivery practice that support these changes. Via this public comment the signatories below would like to jointly indicate their support of this important EML application which we believe will increase women’s and girls’ access to safe medical abortion and quality of reproductive healthcare globally.

Yours sincerely,

Signed by the members listed below / on behalf of:

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