



1 March 2019

WHO Model List of Essential Medicines (EML) Secretariat  
Email: [emlsecretariat@who.int](mailto:emlsecretariat@who.int)

**Letter of support to WHO application for changes in the Essential Medicines List pertaining to mifepristone-misoprostol for medical abortion**

We write on behalf of Global Doctors for Choice (GDC), an international network of physicians from a range of specialties committed to improving women's reproductive health and rights. GDC is committed to the provision of high-quality medical care grounded in science and to the defense of human rights. We strive to protect and expand access to comprehensive reproductive health care through advocacy for evidence-based policy and medical research.

GDC is pleased to provide this letter and comments in support of WHO's application for changes in the Essential Medical List pertaining to the provision of mifepristone-misoprostol.

- Global Doctors for Choice commends WHO for providing strong leadership to ensure increased access to safe abortion care and welcomes the proposed changes for the provision of mifepristone-misoprostol for medical abortion in the Essential Medicines list.
- Global Doctors for Choice acknowledges that the proposed changes, including the move to include mifepristone-misoprostol in the Core Model List of Essential Medicines, are in line with latest evidence which confirms that provision of mifepristone-misoprostol is safe and effective for medical abortion without the need for specialized medical care and direct supervision.
- Global Doctors for Choice further acknowledges that the suggested changes will contribute to increasing access to mifepristone-misoprostol for medical abortion, which is essential for provision of safe abortion services across the globe and to address the adverse consequences of unsafe abortion, including high maternal morbidity and mortality.
- Global Doctors for Choice recognizes that the proposed changes provide a great opportunity to increase access to safe abortion care. Access to contraception and safe comprehensive abortion care in all countries remains a challenge and complications due to unsafe abortion are a significant cause of maternal morbidity and mortality. Across the globe, the poorest, youngest, least educated and most marginalized women are most impacted by lack of access to safe abortion care, and are most vulnerable to unsafe abortion. More than half of all pregnancies worldwide are unplanned, and one in every four, or 56 million pregnancies per year, ends in abortion.<sup>1</sup> Of these abortions, an estimated 25.2 million are considered unsafe. The vast majority of these unsafe abortions - 97 percent - occur in low or middle income countries, which are more likely to have restrictive abortion laws, high unmet need for contraception, shortages of trained healthcare providers, and limited access to quality health care. Lack of access to safe

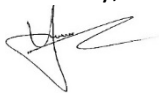
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<sup>1</sup> Ganatra B, Gerdtz C, Rossier C, Johnson BR, Jr, Tunçalp O, et al (2017) Global, regional, and subregional classification of abortions by safety, 2010-14: estimates from a Bayesian hierarchical model. *Lancet*. 390, pp. 2372-2381.

abortion care is further exacerbated by stigma, a lack of knowledge on sexual and reproductive health and rights, and persistent discrimination against women and girls.

- Global Doctors for Choice supports the removal of the statement “where permitted under national law and where culturally acceptable”, which is unnecessary and serves to perpetuate abortion-related stigma. Lack of access to safe abortion care is exacerbated by abortion-related stigma, poor knowledge of abortion and SRHR, and what the Guttmacher-Lancet Commission on Sexual and Reproductive Health and Rights calls “a persistent discrimination against women and girls, and an unwillingness to address issues related to sexuality openly and comprehensively.”

Sincerely,



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