Emergency contraceptive pills

Emergency oral contraceptive pills are a post-coital contraceptive option, allowing women to prevent pregnancy after intercourse has occurred. Low contraceptive-prevalence rates along with high levels of unmet need for family planning in many developing countries indicate a high frequency of unprotected sexual relationships. As a result, many couples are at risk for an unplanned and/or unwanted pregnancy. Emergency contraception (EC) is effective in preventing a substantial proportion of pregnancies when it is used promptly after unprotected intercourse. It is an especially important option in cases of sexual coercion or rape.

The most commonly available regimen is 1.5 mg levonorgestrel in a single dose, packaged either as a single pill or as two pills of 0.75 mg each. Although the two-pill products usually include instructions to take one pill up to 72 hours after unprotected intercourse and the second one 12 hours later, they can both be taken together without increasing side effects; this minimizes the chance of the second dose being missed.[1] This product is on WHO's Model List of Essential Medicines[2] and is included in many countries' national medicines lists or formularies.

More recently, a regimen containing 30 mg of the compound ulipristal acetate has been made available and can also be taken up to 120 hours after unprotected intercourse.[3] As of January 2012, this regimen is not available in developing countries.

Emergency contraceptive pills (ECPs) work mainly by either preventing or delaying ovulation; this is likely the only mechanism of action, although there is some evidence showing that they may prevent the sperm and egg from meeting by altering the cervical mucus.[4] ECPs are more effective the sooner they are taken. Regular oral contraceptives taken in specific doses also can serve as EC. For a list of regular oral contraceptives that can be used for EC purposes, visit: http://ec.princeton.edu/worldwide/default.asp#country.

Efficacy

Depending on the formulation used and timing of use, ECPs can reduce a woman's risk of becoming pregnant from a single act of intercourse between 75 and 89 percent.

Current program/sector use

ECPs are registered and available commercially in a number of countries. They are regulated as an over-the-counter or non-prescription product in many developed and developing countries. Still, many women are not aware of EC, and the pills often are not included in public-sector programs.

ECPs can be provided by pharmacists or pharmacy personnel with minimal or no training. Women can self-diagnose the need for use and can administer the pills without supervision. ECPs can safely be provided over the counter and in a number of countries are regulated for over-the-counter dispensing. They do not require high training or start-up investments when being added to family planning or social marketing programs. However, programs may wish to work to raise women's awareness of this contraceptive option.

Manufacturers/suppliers

There are many manufacturers of ECPs. The International Consortium for Emergency Contraception lists manufacturers in its products database: http://www.cecinfo.org/database/pill/pillData.php.

Some (but not all) of these products are of assured quality, either because they have been approved by a stringent regulatory authority* such as the US Food and Drug Administration or the European Medicines Agency, prequalified by WHO, or undergone rigorous quality evaluations as part of a procurement process.

* See www.theglobalfund.org/documents/psm/PSM_CountriesSRA_List_en/ for more information on stringent regulatory authorities.

Registration status

Dedicated ECP formulations are registered in more than 140 countries. For a list of country registrations, please go to the International Consortium for Emergency Contraception site at www.cecinfo.org/database/index.htm.

Public-sector price agreements

Gedeon Richter, the manufacturer of Postinor-2, makes the product available to the public sector (government agencies) at a preferential price. Other manufacturers and distributors have demonstrated a willingness to provide a discounted price to public-sector agencies or NGOs wishing to purchase their products.

References

1. The International Consortium for Emergency Contraception (ICEC). *Policy Statement: Regimen Update*. Washington, DC: ICEC; 2003. Available at: http://www.cecinfo.org/publications/PDFs/policy/Dosage_Timing_English.pdf.
2. WHO Model List of Essential Medicines 17th list (March 2011). Available at: http://www.who.int/selection_medicines/list/en/index.html.
3. European Medicines Agency (EMEA)/Committee for Medicinal Products for Human Use (CHMP). *CHMP Assessment Report for EllaOne*. Doc.Ref.: EMEA/261787/2009. London: EMEA; 2009.
4. International Federation of Obstetrics and Gynecology and International Consortium for Emergency Contraception. Mechanism of Action: How do Levonorgestrel-alone Emergency Contraceptive Pills (LNG ECPs) Prevent Pregnancy? March 2011. Available at: http://www.cecinfo.org/publications/PDFs/policy/MOA_ENG_2011.pdf. Accesssed January 4, 2012.

For more information on the Caucus on New and Underused RH Technologies, please visit our web page at **http://www.rhsupplies.org/working-groups/caucus-on-newunderused-rh-technologies.html.**

This publication forms part of a series of technical briefs, written by members of the Caucus on New and Underused Reproductive Health Technologies, a thematic group established under the auspices of the Reproductive Health Technologies Coalition. The Caucus' aim is to broaden the discussion within the Coalition of reproductive health technologies that are not well-integrated into the public or commercial health sectors. Responsibility for the selection and contents of the product briefs rests solely with the Caucus and does not imply endorsement by the Coalition or its wider membership. For additional information, please contact **secretariat@rhsupplies.org**.

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