



*Access to RH
Essential Medicines
and Commodities:*

**Lessons from the International
Consortium for Emergency
Contraception**

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Key Messages

- Registration and access issues more challenging than expected
- Private sector market and social marketing very successful
- Generic and local manufacturing prevalent
- Emerging challenge of counterfeit drugs
- Continuing need for access



Emergency Contraception

- Birth control pills taken post-coitally to prevent pregnancy
- Documented since 1969
- “Best kept secret” until 1995
- “Second generation” levonorgestrel-alone drug safe and effective



Working with Pharma to Create a “Dedicated” Product

- A second generation product documented – but no manufacturer existed
- Major pharmas cautious about this market
- EC consists of one drug – a cheap, older product that is widely tested and available
- The major challenge was that of re-labeling; there were no substantial “R&D” barriers



Introduction Projects

- Introduction projects established in selected countries:
 - Indonesia
 - Mexico
 - Kenya
 - Sri Lanka
- Engaged multiple sectors:
 - Pharmaceutical distributors
 - Government
 - Professional Associations (Ob/gyns and midwives)
 - IPPF-affiliated family planning associations
- Focused on simultaneously generating supply and demand via a nine-step framework introduction process



Next Steps

- First phase of introduction had mixed results
- Safety and feasibility established: pharmacy and non-prescription access
- EC introduction taken up by wider range of partners – NGOs **and** pharmaceutical companies



What was achieved in the first 12 years?

- Today, EC is available in over 140 countries
- EC is available “over the counter” or direct from pharmacies in over 40 countries
- Approximately 30 manufacturers produce an EC product, including some good quality generics
- Several manufacturers are battling for access to larger markets
- Major endorsements received from WHO, FIGO, and others



Access Challenges

Relating to Supply Issues

- EC is not included in public sector supply chain in many African countries (eg Uganda, South Africa)
- While EC is a “good fit” for pharmacy access (safe, easy to use, non-toxic) it tends to be expensive. Access for poor/young women lacking.
- Pharmacies and drug shop access increases challenge of bridging from EC to on-going contraception, VCT, etc
- Limited donor support.



New Issues, Partners

- **Counterfeit and Poor Quality Drugs:** Not yet “on the radar” in the reproductive health and family planning community.
- **Public and Private Sector issues different:** ICEC originally used clinic model; now model has transitioned to private sector/drug stores.
- **Politics and Media:** More important than anticipated.



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