



Emergency contraceptive pills

Description

Emergency oral contraceptive pills are currently the most accessible, effective, post-coital contraceptive option. Low contraceptive-prevalence rates along with high levels of unmet need for family planning in many developing countries indicate a very high frequency of unprotected sexual relationships. As a result, many couples are at risk for an unplanned and/or unwanted pregnancy.

The most commonly available regimen involves a single dose, 1.5 mg levonorgestrel pill, which is taken up to 120 hours after unprotected sexual intercourse to prevent pregnancy, but is more effective the sooner it is taken. Also available is a two-pill regimen (0.75 mg each); both pills should be taken together, although some regimens include instructions to take one pill up to 72 hours after unprotected intercourse and the second one 12 hours later.¹ 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.²

Emergency contraceptive (EC) pills 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. EC pills are more effective the sooner they are taken. Regular oral contraceptives taken in specific doses also can serve as EC. For general information on EC, visit: www.plannedparenthood.org/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, EC can reduce a woman's risk of becoming pregnant from a single act of intercourse between 75 and 89 percent.

Current program/sector use

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

<http://ec.princeton.edu/>

Manufacturers/suppliers

There are many manufacturers of EC pills. Please see the following for a list of manufacturers:

<http://ec.princeton.edu/questions/dedicated.html>

www.cecinfo.org/database/index.htm

Registration status

Dedicated EC pill formulations are registered in more than 140 countries. For a list of country registration, 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 wishing to purchase their products.

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 European Medicines Agency (EMA)/Committee for Medicinal Products for Human Use (CHMP). *CHMP Assessment Report for EllaOne*. Doc.Ref.: EMEA/261787/2009. London: EMA; 2009.

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 Supplies 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 sectors. Responsibility for the selection and contents of the technical 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.