

**Application for inclusion of
Levonorgestrel - releasing implantable contraceptives
in the WHO List of Essential Medicines**

The issues below have been raised by the committee following the previous application in 2005.

For the re-application in 2007 we have addressed these points in the submission and also listed them below:

1) '*Levonorgestrel implant is expensive*':

- A recent cost estimation (2005) concerning long-acting reversible contraceptives (LARC) showed, that LARCs are less costly compared to the oral contraceptive pill even after one year of use. The initial costs should therefore not be a barrier for the use of LARC. (included in the text: *Comparative cost-effectiveness presented as range of cost per routine outcome*)

2) '*insertion should be undertaken only by specially trained personnel*':

- There is a need for training when placing contraceptive devices in general. However, the procedure for implants can be easily adopted by health care professionals and may require less training than for placement of other devices (i.e. intra-uterine devices), which is reflected in the low complication rates for implants. (included in the text: *Summary statement*) The recent report by the National Institute for Health and Clinical Excellence (NICE) states, that insertion and removal can cause discomfort, but technical problems occur in < 1/100 procedures (in the text: *adverse effects and reactions*).
- According to WHO/RHR guidance, pregnancy should be excluded before starting any contraceptive method. A checklist for providers is included in the *WHO Selected practice recommendations for contraceptive use*. This checklist enables providers to be '*reasonably sure*' that pregnancy is excluded. In addition, services providing family planning should aim to provide adequate information for clients and training of providers.