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18TH GENERAL MEMBERSHIP MEETING OF THE REPRODUCTIVE HEALTH SUPPLIES COALITION

The right to benefit from scientific advances in Latin America: misoprostol & mifepristona

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Misoprostol and mifepristone are proven safe, effective, cost-effective drugs that can save the lives of women and improve health care.

- Misoprostol for obstetric indications was registered in more than ninety countries
- Mifepristone has been approved in sixtyone countries

The situation is different in Latin America

most governments have been inactive or have unreasonably delayed or obstructed their registration <u>despite</u>:

- Maternal mortality and morbidity rates
- The fact that national laws allow abortions

This type of policy attitude has

- impaired medical advances
- unduly restricted the use of these drugs
- increased their cost (it is the region where misoprostol is sold at higher prices)
- exposed women to counterfeiting or inappropriate dosages compromising public health, and the lives and rights of women

Research projects

Ruth Zurbriggen & Marian Romero "Mifepristona y misoprostol en seis países de América Latina: procesos de registro y disponibilidad", CLACAI, enero 2017.

Agustina Ramón Michel & Sonia Ariza "Entre la indolencia y el sesgo: el derecho de las mujeres a beneficiarse de los avances científicos en materia reproductiva", CLACAI, febrero 2017.

Approval data research

Approval data research

Research (CLACAI- CEDES) on the approval process & requirements, barriers & facilitators regarding registration in six countries:

- Argentina
- Brazil
- Bolivia
- Colombia
- Peru
- Uruguay

Approval data research

Main findings

- Argentina and Colombia have failed to register these medicines for abortion indications
- Bolivia, Brazil and Uruguay have succeeded
- Peru still hasn't undergone a similar attempt
- Political and economic motivations, more than technical requirements, religious or conservative factors, seem to explain the barriers

We develop a set of arguments to demand the approval, availability and accessibility of both drugs in the region

Taking into account:

- That abortion is lawful in many countries
- The legal status of human rights treaties
- The resonance of the right to health, and the argument regarding obstetric uses of misoprostol

- RIGHTS: Women living in Latin America are entitled to the right to benefit from scientific advances and the right to health, which includes access to reproductive health services
 - These rights are recognized in human rights treaties and constitutions, and judicial decisions

LIMITS TO GOVERNMENTAL DISCRETION

- Drug agencies decisions not to push for approval, reflect particular moral positions, political and economic interests, contempt for women, and stigmatization towards abortion, more than positions based on evidence or regulatory requirements
- Governments have specific obligations regarding the right to health
- Neutrality/pasivity is not always the correct position
- This policy attitude is a discriminatory one against women.
- Neutrality/passivity also has limits

Thank you