Public Health Association of Australia submission on scheduling of Ulipristal Acetate

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia Incorporated (PHAA) is recognised as the principal non-government organisation for public health in Australia and works to promote the health and well-being of all Australians. The Association seeks better population health outcomes based on prevention, the social determinants of health and equity principles. PHAA is a national organisation comprising around 1900 individual members and representing over 40 professional groups.

The PHAA has Branches in every State and Territory and a wide range of Special Interest Groups. The Branches work with the National Office in providing policy advice, in organising seminars and public events and in mentoring public health professionals. This work is based on the agreed policies of the PHAA. Our Special Interest Groups provide specific expertise, peer review and professionalism in assisting the National Organisation to respond to issues and challenges as well as a close involvement in the development of policies. In addition to these groups the Australian and New Zealand Journal of Public Health (ANZJPH) draws on individuals from within PHAA who provide editorial advice, and review and edit the Journal.

In recent years PHAA has further developed its role in advocacy to achieve the best possible health outcomes for the community, both through working with all levels of Government and agencies, and promoting key policies and advocacy goals through the media, public events and other means.

Vision for a healthy population

The PHAA has a vision for a healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Priorities for 2017 and beyond

Key roles of the organisation include capacity building, advocacy and the development of policy. Core to our work is an evidence base drawn from a wide range of members working in public health practice, research, administration and related fields who volunteer their time to inform policy, support advocacy and assist in capacity building within the sector. The aims of the PHAA include a commitment to:

- Advancing a caring, generous and equitable Australian society with particular respect for Aboriginal and Torres Strait Islanders as the first peoples of the nation;
- Promote and strengthen public health research, knowledge, training and practice;
- Promote a healthy and ecologically sustaining human society across Australia, including tackling global warming, environmental change and a sustainable population;
- Promote universally accessible people centered and health promoting primary health care and hospital services that are complemented by health and community workforce training and development;
- Promote universal health literacy as part of comprehensive health care;
- Support health promoting settings, including the home, as the norm;
- Assist other countries in our region to protect the health of their populations, and to advocate for trade policies that enable them to do so;
- Promote the PHAA as a vibrant living model of its vision and aims.
PHAA submission on scheduling of Ulipristal Acetate

Preamble

PHAA welcomes the opportunity to provide input to the Therapeutic Goods Administration (TGA) on the issue of advertising ulipristal acetate (or EllaOne) as an emergency contraception as part of the Appendix H – Schedule 3 poisons permitted to be advertised.

The PHAA advocates for the reduction of social and health inequities as an over-arching goal of national policy and as a key measure of our progress as a society. All public health activities and related government policy such as access to and awareness of emergency contraception options should be directed towards reducing social and health inequity nationally and, where possible, internationally.

Health Equity

As outlined in the Public Health Association of Australia’s objectives:

*Health is a human right, a vital resource for everyday life, and a key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions of society that underpin people’s health. The health status of all people is impacted by the social, political, and environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease.*

The PHAA notes that:

- Health inequity differs from health inequality. A health inequality arises when two or more groups are compared on some aspect of health and found to differ. Whether this inequality (disparity) is inequitable, however, requires a judgement (based on a concept of social justice) that the inequality is unfair and/or unjust and/or avoidable. Inequity is a political concept while inequality refers to measurable differences between (or among, or within) groups.

- Health inequity occurs as a result of unfair, unjust social treatment – by governments, organisations and people, resulting in macro politico-economic structures and policies that create living and working conditions that are harmful to health, distribute essential health and other public services unequally and unfairly, preventing some communities and people from participating fully in the cultural, social or community life of society.

Social Determinants of Health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. This is particularly pertinent when considering issues such as women’s health policies.

The determinants of health inequities are largely outside the health system and relate to the inequitable distribution of social, economic and cultural resources and opportunities. Health inequities are the result of the interaction of a range of factors including: macro politico-economic structures and policy; living and working conditions; cultural, social and community influences; and individual lifestyle factors.
Advertising of ulipristal acetate for emergency contraception under Appendix H – Schedule 3 poisons permitted to be advertised

PHAA strongly encourages the TGA to allow advertising of ulipristal acetate within Appendix H – Schedule 3 poisons permitted to be advertised. This can ensure that women are more aware of their fertility control options following unprotected sexual intercourse. Increase awareness of such options remains in line with the right to access safe and appropriate health care and supports the reduction of social and health inequities which should be an overarching goal of national policy. This is particularly pertinent when considering issues such as access to emergency contraception.

Advertising of ulipristal acetate therefore ensures the ability for appropriate and safe emergency contraception management from pharmacies and provides a framework for how ulipristal acetate can be provided to women in Australia.

Context of emergency contraception

- Approximately 200,000 unplanned pregnancies in Australia every year
- Approximately 80,000 abortions are performed in Australia every year.
- European research indicates that 30% of women will have unprotected sex over the course of a year with emergency contraception (EC) having been used by one in four (24%) of these women.
- Given that no contraceptive method is 100% effective, greater awareness about EC options and fertility in Australia is required.

Increasing awareness about safe and accessible emergency contraception is an essential health service

In Australia, women currently have three EC options: Copper intrauterine device, levonorgestrel emergency contraceptive pill and the ulipristal acetate emergency contraceptive pill. However a majority of women in Australia have very little awareness, knowledge or access to these options.

While a majority of women in Australia have heard of EC or the ‘morning after pill’ they have relatively poor understanding of where it can be obtained, how it works and its effects.

Ovulation is unpredictable and pregnancy risk varies markedly across the menstrual cycle, – a risk factor which many women are unaware of.

Contrary to myths about EC, international research demonstrates that awareness and access to EC does not make women more likely to engage in unprotected intercourse. Instead, awareness and access to EC can be a motivating factor for increasing women’s knowledge about their fertility, and adoption of an on-going contraceptive method after using emergency contraception as well as increased or more consistent use of standard contraception.

Further, women should be aware that no abortifacient effects amongst women have been reported following administration of emergency contraceptive pills at any dose.

Increased awareness of emergency contraceptive options therefore helps to reduce the impact of unintended pregnancies on individuals and the broader health system and the PHAA strongly advocates for increased awareness regarding access to safe and accessible emergency contraception.
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Ulipristal acetate

PHAA also believe it is important that ulipristal acetate be permitted to advertise under Appendix H – Schedule 3 poisons permitted to be advertised as it has increased efficacy and a longer window of opportunity to prevent unintended pregnancy compared to other available EC options.

There is an extensive amount of evidence which evaluates the safety, efficacy and efficiency (in relation to a longer window of EC availability) of ulipristal internationally and within Australia. Given ulipristal is appropriate to be used five days following unprotected sexual intercourse there is a significant benefit to women’s health, and broader public health outcomes, in increased awareness of ulipristal acetate as an option through appropriate media.

Ulipristal acetate has been found to be more effective in preventing pregnancy in the first 24 hours than the other emergency contraceptive options currently available however, as a prescription is required for ulipristal acetate it is unlikely that many women will be able to access it within the recommended timeframe.

As ulipristal acetate being a Schedule 3 item, women are entitle to understand this option gives them a longer window of availability compared to levonorgestrel and therefore can prevent a greater number of unintended pregnancies.

PHAA strongly advocates for health equity. Restrictions on the advertising of ulipristal acetate will impact some women disproportionately more than others. For example, women who are already at a disadvantage to accessing appropriate and timely health care due to living in rural areas, or from low socioeconomic backgrounds as well as women new to Australia who may be unaware and more hesitant in seeking a health professional for information about EC.

Conclusion

PHAA supports the inclusion of ulipristal within Appendix H. We are particularly keen that the following points are highlighted:

- Awareness of safe and accessible emergency contraception is an essential health service.
- Women should be able to access information about all forms of contraception (including emergency contraception) which should be affordable and accessible.
- Ulipristal acetate provides increased efficacy and a longer window of opportunity to prevent unwanted pregnancy compared to other available emergency contraception.

The PHAA appreciates the opportunity to make this submission. Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

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References

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