

16 September 2019

PHARMAC
PO Box 10254
The Terrace
Wellington 6143

Tēnā koe

Re: Proposal to widen access to levonorgestrel intrauterine (LIUS) systems (Mirena and Jaydess)

Regional Public Health (RPH) serves the greater Wellington region, through its three district health boards (DHBs): Capital & Coast, Hutt Valley and Wairarapa and as a service is part of the Hutt Valley District Health Board. We work with our community to make it a healthier safer place to live. We promote good health, prevent disease, and improve the quality of life for our population. Our staff includes a range of occupations such as: medical officers of health, public health advisors, health protection officers, public health nurses, and public health analysts.

RPH strongly supports the proposal to widen access to levonorgestrel intrauterine systems.

- The levonorgestrel intrauterine system (LIUS) is included in the WHO's list of essential medicines, a list of "minimum medicine needs for a basic health-care system"¹. The LIUS is one of the most effective and well tolerated forms of contraception.
- As noted by the Reproductive and Sexual Health Subcommittee of PTAC at their meeting on the 10th April 2017:
 - When all contraceptives are offered at no cost, "the LIUS was the preferred contraceptive from The Contraceptive CHOICE Project (Secura et al. Am J Obstet Gynecol 2010;203:115.e1-7), where of the 2500 women willing to start a new method or not using contraception, 47% chose a LIUS, 9% chose a copper IUD, 11% the subdermal implant, 6% the medroxyprogesterone depot, and 27% chose combined hormonal forms of contraception (including 12% choosing an oral contraceptive)." ²
- The fact that LIUS are currently only available via Special Authority and Hospital restrictions means that those who wish to use it for contraception are required to pay a substantial personal cost. This increases health inequities in New Zealand.
- Due to high acceptability and low failure rates of LIUS, increased access to this contraception is likely to result in a decrease in unplanned pregnancy, abortion and miscarriage. It is well established that people's ability to determine whether and when they have children has wide reaching benefits including increased access to education, better job prospects and economic stability and improved health indicators^{3,4}.

¹https://www.who.int/medicines/publications/essentialmedicines/EML_2015_FINAL_amended_NOV2015.pdf?ua=1

²<https://www.pharmac.govt.nz/assets/ptac-reproductive-and-sexual-health-subcommittee-minutes-2017-04.pdf>

³https://www.who.int/reproductivehealth/publications/family_planning/expanding-contraceptive-choice/en/

⁴https://www.guttmacher.org/sites/default/files/report_pdf/social-economic-benefits.pdf

- RPH also notes that the LUIS reduces the risk of endometrial hyperplasia (a precursor to endometrial cancer). By increasing access to the LUIS there may be a decrease in endometrial hyperplasia. Given that Pacific and Māori peoples are disproportionately impacted by endometrial cancer we may see gains in health equity⁵.

We are happy to provide further advice or clarification on any of the points raised in our written submission. The contact point for this submission is:

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Ngā mihi

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⁵ Scott, O.W., Tin, S.T., Bigby, S.M. and Elwood, J.M., 2019. Rapid increase in endometrial cancer incidence and ethnic differences in New Zealand. *Cancer Causes & Control*, 30(2), pp.121-127.