should be supported by the donors that promote contraceptive services otherwise it might be perceived as unethical to apply methods in service delivery without contributing to contraceptive development.

By selecting HIV for its first-ever debate on a health issue the United Nations Security Council demonstrated, in 2002, the increasing importance of reproductive health. The resolution stated that "the HIV/AIDS pandemic, if unchecked, may pose a risk to stability and security"[11] and condom security was discussed. Furthermore, the rights-based discourse has addressed practical aspects of advocacy to ensure accessibility, especially for disadvantaged groups, beyond mere availability of essential medicines.[12] However, the inclusion of drugs pertaining to reproductive health in the WHO List has sometimes led to controversy, a prime example being the political saga regarding the listing of mifepristone and misoprostol in the oxytocics section.[13,14] The addition of a footnote on cultural acceptability achieved a compromise.[15]

## Expanding contraceptive choice

Whereas the physician has the role of selecting the best treatment in curative clinical practice, contraceptive services should normally use a very different approach, by placing the onus of the selection of a method on the individual client, following which the choice is considered by the practitioner. Therefore criteria for the selection of contraceptive methods should go beyond comparisons of efficacy, safety and cost by including perceived convenience, suitability, acceptability and other considerations that are likely to increase user satisfaction and continuation rates. While it is desirable to use an evidence-based approach, it should be acknowledged that it is extremely difficult to conduct randomised controlled trials to assess the long-term outcome and safety of contraceptive products.

In 2007, the 30th anniversary year of the List of Essential Medicines, the WHO Expert Committee on the Selection and Use of Essential Medicines agreed that "the approach to provision of contraceptives was a philosophy of choice and therefore required a wide range of options", as opposed to "identifying the minimum needed to provide health care".[15] At the beginning of that meeting, an open session had been held for dialogue with stakeholders.

In 2007 a two-rod levonorgestrel-releasing implant and the combination injectable medroxyprogesterone acetate/estradiol cypionate were added to the WHO List that already included oral contraceptives, levonorgestrel-only emergency contraception, progestogen-only injectables, copper intrauterine devices, condoms and diaphragms. This wide range reflected commitment to the promotion of contraceptive choice. Despite its questioned status in Britain around 1983, DMPA has maintained its place on the Model List since 1984.

Revisions to the Model List occur about every 2 years using a well-defined set of procedures for the consideration of submissions. The ensuing list is commonly adapted at country level, using resources such as the WHO Essential Medicines Library and WHO Model Formulary, both for procurement in the public sector and for reimbursement in health insurance schemes. Availability of supplies is an important constraint. The increasing inclusion of contraceptive products in the WHO Model List has great potential to improve their accessibility in low-resource settings.

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**The Male Genitalia: A Clinician's Guide to Skin Problems and Sexually Transmitted Infections.** Manu Shah with Ariyaratne Desilva. Oxford, UK: Radcliffe Publishing, 2008. ISBN-13: 978-1-84619-040-7. Price: £29.95. Pages: 160 (paperback)

This is an interesting book by Manu Shah to guide on clinical and pathological conditions specific to male genitalia. I have a special interest in genital dermatoses and provide a specialist 'genital dermatoses' service jointly with my dermatology colleague. We have noted that high proportions (59%) of cases attending this clinic are men. While expertise in female genital pathology is widespread among professionals providing specialist 'vulva clinics', there seems to be a paucity of specialist focus on similar conditions in men. This book is a welcome addition, and will increase familiarity with problems among men.

The layout of this book makes it very easy to read. There are 12 chapters, which cover a wide range of subjects such as normal anatomy and its variant, genital dermatoses, sexually transmitted infections (STIs), and psychological and psychiatric disorders. The first chapter includes an introduction to basic techniques in sexual history taking and genital examination. Pathological conditions are described precisely and illustrated with excellent photographs. Dermatological manifestations of STIs and specific features of dermatological pathology are well described and illustrated. In an era of increasing STIs and HIV, such knowledge would certainly aid professionals.

The chapters on genital itching, problems with the foreskin and red glans penis would be a particularly useful guide for general practitioners and general practice nurses.

This book can be recommended as a reference guide to a wide range of health professionals who deliver sexual health services.

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