

## OPEN LETTER TO WORLD HEALTH ORGANISATION FROM AFRICA

22 July 2019

Dear Dr. Kiarie and Dr. Steyn,

CC: WHO Guideline Development Group, GDG convened to review literature on HIV & HC.

We the undersigned are writing to demand the following be taken up during the WHO review of existing evidence on the relationship between HIV and hormonal contraceptives.

1. That more time be given to the GDG timeline to review the evidence than the end of August. Further, that Health authorities especially those responsible to protect the most affected populations, civil society and scholars are also given more time to consider the new epidemiological, and biological evidence, including ECHO.

2. That the GDG demand transparency on *how* a 50% increased risk was determined as an appropriate margin - *and by whom*. And further that the GDG determine if this margin is still 'clinically relevant', and if it ever was?

We find this to be key, for instance for the WHO GDG to determine if the ECHO Trial has produced moderate or weak evidence.

3. That extensive discussion on what is meant by 'high-risk' women takes place to determine how, and if the ECHO study 'calculated effect size of potential increased risk of 30%' is valuable for global guidelines.

We, those who ourselves, our families and communities often fall into this category need certainty on this categorisation of risk given the updated epidemiological and biological data, and high rates of HIV in the ECHO study. Furthermore it does not seem that ECHO defined what is meant by high risk or "very high risk"<sup>1</sup>, or further by "areas of high HIV".<sup>2</sup> This definition is key.

Our most affected constituency has been poorly informed and consulted to-date. The articulation of the ECHO Trial results in the 15 June news releases, and policy guidelines by the WHO and ECHO Trial present as if they represent a form of finality to the question of a link between HIV and hormonal contraception. We insist on this time and particular deliberation as it is clear to us that these key issues will assist us to determine what ECHO

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<sup>1</sup> Correspondence, Department of Error: Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium. 2019. HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial. *Lancet*, p. 1. Accessed 15 June 2019 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31408-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31408-4/fulltext).

<sup>2</sup> Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium. 2019. HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial. *Lancet*, p. 2.

adds to the existing body of biological and epidemiological evidence, rather than presume it provides a conclusion.

As you know the continued inability of public health systems in African countries, and the Global development agenda supporting them to provide a wide range of contraceptive methods in the 21<sup>st</sup> century, means Depo-provera remains the most widely distributed, administered and, thus, used in Africa. Hence, 87-88% of the attributable HIV infections that would occur with even a 20% increase in risk would occur in our communities in southern and eastern Africa.<sup>3</sup> It seems clear to us that for African women and girls, it has been decided that a pregnancy is worse than an HIV infection. We urge the WHO GDG to do better than the track record on concern for African women's access to truthful information, respect of autonomy, and bodily integrity. We implore you to take our human rights seriously.

Regards,

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30. Thabisile Cynthia Msezani, RSA

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<sup>3</sup> Butler, A. R., Smith, J. A., Polis, C. B., Gregson, S., Stanton, D., & Hallett, T. B. (2013). Modelling the global competing risks of a potential interaction between injectable hormonal contraception and HIV risk. *Aids* (London, England), 27 (1), 107.

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