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"\(^1\), or further by "areas of high HIV"\(^2\). 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

---


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 21st 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.³ 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,

1. Yvette Raphael – Member, ECHO Trial Global Community Advisory Group, RSA
2. Dr Tlaleng Mofokeng – Director, Nalane for Reproductive Justice, RSA
3. Rev Phumzile Mabizela – Executive Director, INERELA+, RSA
4. Koketso Moeti – Executive Director, Amandla.mobi, RSA
5. Deborah Ewing – Advocacy Manager, AIDS Foundation of South Africa, RSA
6. Tambudzai Glenda Muzenda – Director, Ceredev South Africa, RSA
7. Kim Windvogel – Co-director, Femmeprojects, RSA
8. Mmapaseka Steve Letsike – Executive Director, Access Chapter
9. Prof Eddie Mhlanga, RSA
10. Dr Yvette Abrahams, RSA
11. Dr Jessica Rucell, RSA
12. Prof Sarojini Nadar, RSA
13. Prof Catriona Macleod, RSA
14. Kealeboga Ramaru, RSA
15. Dr Catriona Towriss, RSA
16. Dr Lee Scharnick-Udemans, RSA
17. Faith Thembeka Zondi, RSA
18. Xokelwa Ntlongweni, RSA
19. Zanele Makombe- Act Ubumbano, RSA
20. Zukiswa Wendy Makhathini, RSA
21. Rev Lilana Anne Kasper, RSA
22. Rev Cynthia Nomhinaize Sizani, RSA
23. Bonginkosi Moyo-Bango, RSA
24. Sakina Mahomed, RSA
25. Ziyanda Davashe, RSA
26. Nolwazi Khanyisile Gasa, RSA
27. Nomtika Mjwana, RSA
28. Nokuthula Mjwara, RSA
29. Pumeza Runeyi, RSA
30. Thabisile Cynthia Msezani, RSA

31. Zandile Ciko, RSA  
32. Melody Anne Holmes Emmett, RSA  
33. Thembani Dladla, RSA  
34. Ayanda Simelane, RSA  
35. Nomfundo Eland Emthonjeni, RSA  
36. Martha Tholanah, RSA  
37. Thabisane Ncube, RSA  
38. Tambudzai Muzenda, RSA  
39. Thokozile Nhulumayo, RSA  
40. Nobesuthu Tom, RSA  
41. Ashleigh Petersen, RSA  
42. Megan Robertson, RSA  
43. Rhine Koloti Tsobotsi, RSA  
44. Phelisa Nkomo, RSA  
45. Immameleng Masitha, RSA  
46. Afia Simpande - Programs Officer, Generation Alive Zambia, Zambia  
47. Ashwell Forbes - President, Afriyan Namibia, Namibia  
48. Talent Jumo – Executive Director, Pepeta Africa, Malawi  
49. Jessica Mandanda, SRHR Champion, Pepeta, Malawi  
50. Rugare Shalom Zimunya, Malawi  
51. Mercy Acquah-Hayford, Ghana  
52. MLS Daniel K. Addotei, Ghana  
53. Ayoko Bahun-Wilson, Togo  
54. Lebogang Matela, Lesotho  
55. Rev Pauline Wanjiru Njiru, Kenya  
56. Patricia Kajumba, Uganda  
57. Promise Nwadingos – President, International Youth Parliament, Nigeria  
58. Amber Erinmwinhe, Nigeria  
59. Adah Asnyahuru Kudirat, Nigeria  
60. Urvashi Appiah, Mauritius  
61. Glory Chagama, Tanzania