



To: Dr. Margaret Chan, Director General of the World Health Organization

Dr. James Kiarie, Coordinator, Human Reproduction Team, World Health Organization

Re: Women's Response to new WHO statement on DMPA

Dear Dr. Margaret Chan and Dr. James Kiarie,

We are writing to express grave concern with the WHO's 21 October "Statement on Depot-medroxyprogesterone acetate (DMPA)"¹ and, for the reasons described in the letter that follows, to ask with urgency **that the statement be removed from the WHO website until it can be discussed with stakeholders, including in-person consultation at your upcoming meeting on HC-HIV in early December, and revised as needed.**

Our reasons are as follows.

- 1) Whereas there are a range of studies indicating that DMPA increases women's risk of HIV and a range of studies that do not find an association, we are gravely concerned that the first sentence of your conclusion, stating "There is no evidence of a causal association between DMPA use and women's risk of HIV acquisition" is demonstrably false and request that you either furnish the new data upon which your conclusion was based *or* immediately clarify that statement which, if left standing, will have a detrimental effect on programs and research immediately. This clarification should return to the existing 2014 statement which recognizes the need for further research and the current uncertainty about the existing data in language that is clear and supported by the evidence.
- 2) The new statement notes that, "The purpose of this statement is to reiterate and clarify the existing (current) WHO position based on public guidance that is still valid." We take this to reference the statement released in 2014² based on input from the WHO Guidelines Development Group. We have come to understand that the new statement issued in October 2015 came as a surprise to several members of the GDG, raising questions about the process by which it was developed and reviewed. These concerns are particularly urgent given that your new statement does not clarify or support the 2014 statement but in fact appears to contradict it. For example, the 2014 statement includes the recommendation:

"Given the importance of this issue, women at high risk of HIV infection should be informed that progestogen-only contraceptives may or may not increase their risk of HIV infection. Women and couples at high risk of HIV acquisition should be informed about and have access to HIV preventive methods including male and female condoms."

We note that the October 2015 statement directly contradicts this important guidance regarding women's right to information that allows a full, informed choice about their contraceptive methods. Your representative, Dr. Petrus Steyn, has indicated in a recent public forum that the new language was developed "at the request of member states" who found the previous guidance

¹ http://www.who.int/reproductivehealth/topics/family_planning/statements-reversible-hc/en/

² http://apps.who.int/iris/bitstream/10665/128537/1/WHO_RHR_14.24_eng.pdf?ua=1



confusing. Rather than acquiescing to member states’ requests without engaging stakeholders who have contributed hours and days of time and analysis to this issue over the years, it would have been far preferable that you referred to the reports, proceedings and action steps from consultations in 2012 and 2013 where the question of whether a broad dual protection message urging all women to use condoms for HIV prevention was a sufficient response to the current uncertainty regarding a specific hormonal method. The answer, as evidenced in the WHO’s own 2014 statement was: No. There is a specific right to information regarding the uncertainty about DMPA. Your current statement rolls back that right and so harms women everywhere.

- 3) We note that the existing statement contains expanded language regarding prevention options that should be made available and recognizes the importance of VMMC and ART for HIV positive partners. The new statement, in its brevity, omits these key elements which should also be addressed in a clarification, with additional recognition of the PrEP as a new tool now recommended by the WHO and the subject of a new target from UNAIDS.

Finally, we reject this statement as final and demand that it be removed from the website and treated as a draft until it is put through a rigorous consultative process that aligns it with your existing guidance as developed by the GDG.

Lillian Mworeko
Executive Director, ICW EA

Mitchell Warren
Executive Director, AVAC

On behalf of

AIDS Information Centre, Uganda
AIDS Legal Network, South Africa
ARASA, South Africa
ATHENA Network, USA
AVAC
CHANGE, USA
European AIDS Treatment Group (EATG)
GS:SG, Germany
HEPS, Uganda
International Planned Parenthood Foundation, UK
International Community of Women Living with HIV/AIDS Eastern Africa
International Community of Women Living with HIV/AIDS Southern Africa
International Community of Women Living with HIV/AIDS
Lux Vitae, Croatia
Nigeria HIV Vaccine & Microbicide Advocacy Group
Mama’s Club, Uganda
Planned Parenthood, France

Salamander Trust, UK
SisterLove
Uganet, Uganda
Uganda Network of AIDS Service Organizations (UNASO)
Young Black Gay Men’s Leadership Initiative, USA
Zambia Network of People Living with HIV

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