

NATIONAL EMPOWERMENT NETWORK OF PEOPLE LIVING WITH HIV/AIDS IN KENYA (NEPHAK)

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To:
The Permanent Secretary for Health, Peter K. Tum.
The Head NASCOP, Dr Kigen
The Chair of the COG, Mr. Nanok

RE: COMMUNITY DEMANDS REGARDING THE CAUTION ON USE OF DOLUTEGRAVIR BY WOMEN OF REPRODUCTIVE AGE

We, the undersigned, are organizations that are led by and work with women living with HIV, communities hardest hit by HIV, civil society organizations and activists.

We received communication from the Ministry of Health on the decision to not offer TLD to women of reproductive age (The letter dated 22nd June 2018; Re Transition of Adult PLHIV on first line ARVs within Nairobi county). We are concerned that the ministry is making decisions on the use of dolutegravir without meaningfully engaging people living with HIV and the women of reproductive age that are likely to be affected. We would like to state that we were **not consulted** in the discussion to reverse the regimen back to efavirenz.

Introduction of dolutegravir for use in first line HIV treatment regimens is urgently needed in order to ensure we all have access to superior drug combinations that have higher barriers to resistance than NNRTI-based combinations and the best possible side effect profiles. The goals of switching to dolutegravir-based first line HIV treatment include better clinical outcomes for people, fewer side effects, better likelihood of viral load suppression, decreased risk of development of drug resistance, decreased costs, and decreased likelihood of onward transmission of HIV. We strongly support those goals.

We take very seriously the "caution" published on the use of dolutegravir by pregnant women. An ongoing study in Botswana has reported 4 cases of neural tube defects among women whose pregnancies had been exposed to dolutegravir early in the first trimester. This number of birth defects is higher than typical incidence. However, we do not yet know if dolutegravir is the cause and will not receive more definitive answers until sometime in 2019 at the earliest.

We are concerned that the ministry's decision to recommend that dolutegravir be reserved only for men and for women who are not of reproductive age would be a serious misstep at this time.

With routine access to effective contraception, pregnancy testing, and accurate information about the comparative risks and benefits of alternative antiretroviral treatment regimes, women can be equipped to make informed choices, particularly while the scientific community is still determining whether dolutegravir is associated with increased risk of neural tube defects.

The ministry's decision contravenes article 21 of the constitution with regards to fulfillment of and honoring international obligations with particular to vulnerable groups. Further it contravenes article 43 in ensuring the right to the highest attainable standard of health.

Women living with HIV should be allowed to make the fully informed decision regarding whether or not to take dolutegravir.

We *urgently* request for a meeting in the next 48 hours with the ministry to review the decision based on the recommendations from women living with HIV.

Kindly reach us through Mr. Nelson Otwoma- (NEPHAK) at notwoma@nephak.or.ke and Ms. Maureen Milanga- (Health GAP) at maureen@healthgap.org to set up a meeting.

Signed

**Nelson Otwoma
Executive Director**

On behalf of the undersigned:

KELIN
ITPC-EA
ITPC- GLOBAL
INERELA
HEATH GAP
ICW- KENYA
LEAN ON ME
WOFAK
PIPE

COMET KENYA
MOYOTE KENYA
SAUTI SKIKA
AYARHEP
WOMENPLUS AGAINST TB & HIV in
KENYA
DACASA
POSITIVE YOUNG WOMENS VOICES

Cc:

The PEPFAR Country Coordinator, Dr. Tamu Daniels
The Fund Portfolio Manager Global Fund, Mr John Ocherro
The Country Coordinator UNAIDS, Jantine Jacobi
The WHO Country Representative, Dr Rudolf Richard Eggers,
The UNICEF Kenya Representative, Mr. Werner Schultink
The Acting Head on Mission USAID Kenya, Dr Tina Dooley Jones
The CDC Country Director, Mr. Kevin De Cock