

AFRICAN WOMEN'S CIVIL SOCIETY CONSULTATION ON HIV RISK AND HORMONAL CONTRACEPTIVES: MEETING SUMMARY

On 25th January, more than 40 women representing HIV prevention advocates, reproductive health service providers, and women living with HIV from Kenya, South Africa, Rwanda, Uganda and Zimbabwe met to review and discuss the existing data on hormonal contraceptive use and HIV risk.

Key groups/constituencies represented included: *Research groups* (Makerere-University Walter Reed Project, Uganda; Partners in Prevention trial PIs and CAG members Kenya and Uganda, Makerere University Institute of Public Health); *women living with HIV* (International Community of Women Living with HIV-East Africa; National Empowerment Network of People Living with HIV/AIDS Kenya; Mama's Club, Uganda, Treatment Action Campaign, South Africa; Society of Woman and AIDS in Africa); *health advocacy organizations* (AGHA Uganda, HEPS Uganda, Health GAP, AIDS-Free World); *family planning service providers* (Marie Stopes Uganda, FHI 360 Uganda, EngenderHealth); and many other networks and groups such as Bar Hostess Empowerment Network (Kenya), Uganda Network of AIDS Service Organizations, Uganda AIDS Commission and others. The meeting was convened by the International Community of Women Living with HIV-East Africa in partnership with AVAC.

Specific Goals of the Meeting:

- To provide an update on the current state of knowledge and unanswered questions about the relationship between hormonal contraceptive use and HIV risk to women from a range of civil society constituencies—women living with HIV, sexual and reproductive health advocates, human rights advocates and others.
- To provide an open forum for women to articulate their questions, concerns and priorities for action on the part of researchers, funders, public health officials regarding HCT and HIV risk
- To develop a women's civil society statement to be presented at the upcoming World Health Organization consultation on HCT and HIV risk to be held January 31-February 1 in Geneva, Switzerland.

Key consensus points:

- Women will not be divided by issues of various risks – the response cannot pit contraceptives versus maternal mortality. We don't accept an "either/or" approach. Both problems need to be addressed.
- Women want and deserve information—including clear explanation of the current data. Women note and agree with the recommendation from the most recent research: "Our findings argue for policies to counsel women about the potential for increased HIV-1 risk with hormonal contraceptive use, especially injectable DMPA use, and the importance of dual protection with condoms to decrease HIV-1 risk (panel)."
- Women call on the World Health Organization to develop technical guidance that addresses the implications of the data showing a relationship between HCT use and HIV risk. *It is not sufficient to say that the data are mixed and we need more research. This will leave women waiting for several years without clear messages. Clear information must be provided now on the potential risks of both HCT use and pregnancy. Women need clear and balanced information on what is known and unknown.*
- On the basis of the WHO guidance on the data, including information on risks and benefits, knowns and unknowns, UNAIDS should develop and disseminate a clear communication strategy for service providers, women, policy makers and other stakeholders – and to prepare (now) a strategy for what will happen if there is confirmation of the HCT/HIV risk.
- Women should be involved in an ongoing manner in discussions, communication strategies and decisions about next steps to act on this critical issue – participation in a single meeting is insufficient. WHO and UNAIDS should ensure ongoing involvement.