

## Deprioritizing Women's Lives in 2017

### Playing with the Fine Print: Hormonal contraception and HIV risk

In early 2017, the World Health Organization (WHO) announced that it had reclassified progestogen-only contraceptives (such as DMPA, also known as Depo-Provera) in its Medical Eligibility Criteria (MEC) system, that is designed to support global consistency. This change shifted DMPA, the bi-monthly injectable NET-EN and a subcutaneous form of DMPA (marketed as Sayana Press (SP)) from a classification of “MEC 1” to “MEC 2.” A product with an MEC 1 classification can be used without restrictions; a product with a MEC 2 is one for which the “benefits outweigh the theoretical or proven risks” of the product.

WHO emphasized that this shift was motivated by a review of the available evidence and a commitment to women's rights to full information about the products they use in their bodies. This was a welcome validation of principles that women working on this issue have articulated for years.

But the celebration—such as it was—has been short lived. In the months following the MEC shift, not a single country has shifted its messaging to provide HIV-negative women with clear information that DMPA, NET-EN and SP all have clear benefits *and* could possibly and theoretically increase women's risk of HIV. Instead, the majority of programs that have engaged the MEC at all have seized on fine print from the MEC guidance stating that no woman should be denied DMPA or other methods because she is at high risk for HIV. This is absolutely true, and women working on this issue have made the informed choice of methods a clarion call. However, limiting the message to the fact that women deserve to choose their own method—without the counter-

balancing information that MEC 2 choices may, theoretically, affect a woman's HIV risk—is inadequate and selective at best. SP is the focus of a dynamic push involving FP2020, PATH, African countries, the Bill & Melinda Gates Foundation and many other funders. It's an easy-to-use method that could expand access to contraceptives in the many parts of the world where women struggle to gain access to comprehensive services. We're completely supportive of this and believe that the strengths of this method, and of the women who might use it, are such that full information about theoretical risks could be conveyed without jeopardizing introduction.

2018 will likely bring the results of the ECHO trial, a randomized study evaluating how DMPA, the Jadelle implant and the copper IUD affect women's HIV risk. Even this trial, as important as it is, won't settle the question since NET-EN and SP (not included in ECHO) have different traits than DMPA. If ECHO does find that DMPA increases women's risk of HIV, there will be no fine print to hide behind. Both NET-EN and SP will be impacted unless or until further research is done to see if they also heighten HIV risk. WHO, along with countries with high HIV prevalence and high DMPA use (largely East and Southern Africa) must start developing messages and programs that provide broader contraceptive choice, information and comprehensive HIV prevention, including daily oral PrEP where available. This way, the many women who do want to continue using DMPA or other methods will be able to do so whatever the findings. Those for whom a theoretical risk is of concern will be able to choose an alternative. This is a win-win situation that must be pursued. There is no time to lose.