

Mexico City, Mexico, July 21<sup>st</sup> 2019

# An update on WHO process, interim guidance and future guidelines. What's next?

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## What Has ECHO Told Us

- No statistically significant differences in HIV infection rates  
*(Observed differences less than 30%)*
- All methods were well accepted with high levels of safety and effectiveness in preventing pregnancy
- The incidence of HIV infections was high
- Prevalence of STIs was high at baseline and unchanged at study exit

## Key Considerations In WHO Response to ECHO Trial

- ❑ Access to **preferred** contraceptive methods should be maximized, while protecting women's health
- ❑ Women have the right to the **latest and best** information and to access a **broad** range of effective and acceptable methods
- ❑ Current levels of contraceptive **unmet need** in many developing countries are not acceptable
- ❑ Need to step up **HIV and STI prevention** efforts, particularly in high-burden countries and for young

# How Will WHO Addresses New evidence presented by ECHO

## Evidence Synthesis

- Values and Preferences
- Additional studies after 2016 review
- What does ECHO study add to the current evidence

## Guideline development

- Guideline development Group advertised
- GDG meeting 29-31 July 2019
- Recommendations anticipated end of August 2019

## Technical support

- Communicating results and immediate policy responses
- Strengthening HIV/SRH integration
- Continuing access to method options and choice

# Evidence Synthesis

- ❑ Updating of systematic review of observational evidence
  - Use of hormonal contraception among women at high risk of HIV (published evidence since January 2016)
  - Use of copper-bearing IUDs among women at high risk of HIV
  
- ❑ Systematic review on contraceptive values and preferences
  
- ❑ Engagement with women at high risk of HIV on their values and preferences concerning their risk of pregnancy and HIV acquisition
  - Qualitative study in Zimbabwe through CeSHHAR Sisters project
  - Qualitative study: online survey and in-depth interviews

# Guidelines Development

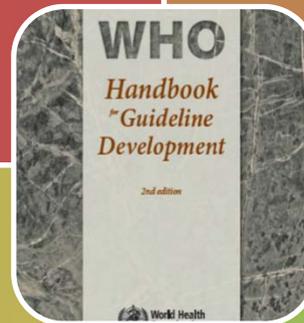
## GDG Announced 27 May

Women

- Community
- Implementers
- Africa

## GRADE including ECHO

Quality of evidence  
Benefits & harms  
Values & preferences  
Priority of the problem  
Equity & human rights  
Feasibility



## Post GDG Process

Draft revised guidance  
GDG and external review  
Consolidation & final preparation  
Submission for GRC approval  
Editing and layout  
Release and Dissemination

## GDG meeting 29-31 July

Contraceptive eligibility for women at High risk of HIV infection: All hormonal methods and intra-uterine devices

## Technical Support

- ❑ Convened 14 High HIV prevalence countries in Lusaka 10-11 July 2019
  - Presentation of ECHO primary and secondary analysis
  - Expansion of method mix and promotion of choice
  - Strengthening HIV prevention in family planning services
  
- ❑ Supporting country task teams
  - Immediate responses
  - Long term plans

# Highlights from Lusaka meeting

- ❑ 136 participants with 16 of 18 priority countries represented
  
- ❑ Immediate actions next 1 month
  - Varied prioritized country actions before the revised WHO guidance is available
  - Approach of multiple funders from different parts of the world for globally-important studies like ECHO with potentially sensitive results.
  - Funders to consider the policy implications of the ECHO study in planning funding
  
- ❑ Longer term
  - Large implementation science project that dually advancing family planning and HIV prevention
  - Service delivery that places women needs at the center by addressing the full range of their needs including contraceptive options, HIV and STI prevention
  - Strengthen country task teams to work on expanding method mix and better integration of HIV/STI prevention and contraception services

# Global Leadership

- Resources available to support response to the ECHO trial results
  - WHO statement in response to the ECHO study results
  - Responses to frequently asked questions
  - Current WHO recommendations
  - Key messages for policy makers, providers and women for high and low HIV prevalence countries
- The World Health Organization (WHO) Director-General has established the WHO Advisory Group of Women Living with HIV
  - Ensure their perspectives represented in WHO's work
  - Recommend priorities
  - Review and monitor WHO progress
  - Provide feedback on WHO normative guidance
  - Advise on values and preferences work

# Where Are We Now

- ❑ Media has been very positive and balanced: Increase focus on method mix and options and HIV prevention
- ❑ Call for HIV/SRH integration and for method mix and options may work: Commitment, Task teams in countries and FP can leverage the HIV advocacy machine
- ❑ Expectations re guidelines: Be definitive, Follow through to ensure implementation and Engage communities



## Change tack in family planning, HIV war

SATURDAY JULY 13 2019



/ CRIME & COURTS / LOCAL NEWS

## No Depo-provera, HIV link — research



13 JI

Africa: Three of the Most Used Contraceptives Don't Increase HIV Risk - ECHO Study



GLOBAL HEALTH

*Depo-Provera* The New York Times

## *Contraceptive, Does Not Raise H.I.V. Risk*

The hormone shot — popular among African women who must use birth control in secret — is as safe as other methods, scientists reported.

## Contraceptive injections do not increase risk of contracting HIV, study finds

Research also finds scale of crisis among African women higher than expected

IAS 2019  
Mexico City, Mexico

23 July 2019

07:00 – 08:30

Venue: Casa del Diezmo 1 y 2



Photo: Arturo Sanabria, Photoshare

## WHO response to the results of the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study

Access to sexual and reproductive health services and information, including a full range of contraceptive methods, is a fundamental human right critical to the well-being of women and girls. Mixed evidence as to whether the use of hormonal contraceptive methods (HC) are associated with increased risk of women acquiring HIV with interpretation of data challenging, as women using HC may have other behavioural characteristics that could affect their risk of HIV. The ECHO Study is an open-label randomised clinical trial to evaluate whether there are differences in the risk of acquiring HIV infection among users of three highly effective, reversible contraceptive methods. Translating research into policy must account for the needs and concerns of multiple stakeholders including the people it ultimately will affect. **This session highlights several aspects of the WHO response showing the process, challenges and considerations. It is aimed at policy makers, ministries of health, advocates and researchers.**

**Chair (World Health Organization, Department of Reproductive Health and Research)**

James Kiarie, Coordinator, Human Reproduction Team

### Speakers

**Helen Rees**, Wits Reproductive Health and HIV Institute (WRHI), South Africa

*Welcome and introduction*

**Jared Baeten**, Departments of Global Health and Epidemiology, International Clinical Research Center, University of Washington, United States

*Summary main results*

**Petrus Steyn**, WHO Human Reproduction Team, Geneva

*Rethinking Reproductive health including contraception programmes in the context of the results*

**Rachel Baggaley**, WHO CDS/HIV, Geneva

*Rethinking HIV programmes in the context of the results (Rachel Baggaley, WHO, HQ, Geneva)*

**Yvette Raphael**, International Community of women living with HIV Eastern Africa (ICWEA), Uganda

*What should the advocacy agenda for HIV and reproductive health linkages be?*

**Nelly Mugo**, KEMRI, Kenya

*Immediate country responses and plans*



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Department of Reproductive Health and Research (RHR) *including* the UNDP/UNFPA/UNICEF/WHO/World Bank Special programme of research, development and research training in human reproduction (HRP)

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