

September 26, 2019

The Civil Society Advocacy Working Group on hormonal contraception and HIV joins the rest of the world to commemorate World Contraception Day. Today we renew our commitment to women, and launch our new plan to advocate for access to comprehensive Sexual Reproductive Health & Rights (SRHR) and Contraception Services, for we still believe Every Woman Matters!

On 29 August 2019 the World Health Organization released updated guidance on [Contraceptive Eligibility for Women at High Risk of HIV](#) based on the results of the ECHO trial, which evaluated the impact on HIV risk of three different contraceptive methods: copper IUD, Jadelle implant and DMPA-IM (Depo Provera).

About the ECHO results

The ECHO trial, which released its results in June 2019, enrolled women in eSwatini, Kenya, South Africa, and Zambia. The 7,400 women came from communities with high levels of HIV, but they were not recruited to the trial based on specific individual risk factors for HIV. They were sexually active, and sought contraception. All of the women received HIV prevention counseling, condoms, HIV testing; a small number used PrEP, as it became available in their countries. The trial was designed with the statistical power to detect a 50% increase in risk associated with any method. ECHO found no substantial difference in HIV risk among women using the three different contraceptive methods. Based on the design, a smaller level of increased risk, especially below 30%, could not be ruled out. While no method was associated with substantial increased risk compared to the others, rates of HIV were alarmingly high in all three groups of women: 3.8 percent across all of the participants and over 4 percent in South African women.

The WHO updated guidance re-categorizes DMPA, other progestogen-only injectables, and IUDs as a MEC 1, meaning that they can be used without restriction. This decision is based primarily on a trial which did not eliminate the possibility that any method increases HIV risk. There are women for whom any level of increased risk of HIV associated with any method is too high. ECHO did not resolve this question of whether there is *any* risk. These guidelines create a new risk for women in East and Southern Africa--where DMPA use and HIV incidence are both high-- that countries and funders will do nothing and change nothing with regard to contraceptive and HIV programs, method choices for women, and integration of HIV and sexual and reproductive health services. It is therefore imperative that countries should continue to work on, and funders should continue to invest in women-led and -centered efforts to implement the following:

- By the Nairobi Summit, marking the 25th anniversary of the ground-breaking International Conference on Population and Development (ICPD), in November 2019, national Task Forces are formalized with terms of reference and co-chaired by a woman representing civil society to develop, fund and implement a plan for achieving:
 - Zero contraceptive stock outs by 2020
 - 100% of family planning service providers trained on HIV prevention and treatment issues by 2020
 - 100% increase in country performance on the FP 2020 informed choice metrics - that capture awareness and uptake of multiple contraceptive methods by 2020
 - 100% integration of PrEP, male and female condoms provided with peer-support cadres and via trained providers into contraceptive programs by 2020
 - Zero stigma, judgement, discrimination, coercion towards a specific contraceptive method reported by young women, based on reports gathered by and for women-led civil society working at country level by 2020.

- By World AIDS Day 2019, countries have a plan of action to address the changes related to the new WHO MEC guidance, in partnership with civil society groups. This includes plans to disseminate information on the MEC change and what that means for women, and include messages that expand method mix and need for integration.

In addition, as we have stated in the previous responses to the ECHO data:

- 1) The ECHO results are not “good news”. The women in this trial were recruited and enrolled because they wanted contraception and were sexually active. They were not recruited for specific “risk factors”. ECHO results are a wake-up call to put HIV prevention in every family planning clinic including PrEP and female condoms with peer support, trained providers.

- 2) A key question about DMPA has been answered but that does not mean the method can continue to dominate women’s contraceptive programs in East and Southern Africa. We don’t believe that DMPA should continue to be the only method available for too many black and brown women who want choices, dislike side effects and deserve equity with high quality contraceptive programs in high income countries.

- 3) ECHO study results showed method mix is possible. Different women need different methods. Policy makers, funders and service providers must work with women in the lead to make this happen everywhere.

- 4) Women need strategies to prevent pregnancies and HIV infection at the same facilities, from the same providers, and eventually the same product, in a rights-based, woman-centered context. Throughout ECHO, the risks of unplanned pregnancy and HIV were pitted against each other by scientists and normative agencies. Now is the time for actual integration. This has to include

more implementation research on how to deliver services that meet contraceptive and HIV needs well, what is driving HIV risk and how to address it, and more.

Our advocacy on this issue has been long-standing, with a shared [statement](#) in 2012 and another [guidepost](#) for action earlier this year, the guiding principles of both we reaffirm today.

- 1) We must accelerate action to invest in and expand available and accessible contraceptive and HIV prevention tools, including the pipeline for the future.
- 2) Full information is key to equipping women to work with their health-care provider to make and be supported in a decision that works for them in the context of their life.
- 3) Gender equality, diversity, and human rights are fundamental.
- 4) The WHO consolidated [guideline](#) on the sexual and reproductive health and rights of women living with HIV exists, and is a key framework for how the results should be understood and how action should be catalyzed.
- 5) The most affected women, especially young women in Africa, must be meaningful and central partners in the decision-making process and forward steps with WHO, countries, and donors.



**International Community
of Women Living with HIV
Eastern Africa**

