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**PRESS RELEASE**

**“ICW urgently demands the WHO to correct the Note for the Media, acknowledges the WHO Technical Statement on Hormonal Contraceptives and HIV with concern, and seeks greater communication and further research now.”**

Kampala, Uganda, 24 February 2012 – The International Community of Women Living with HIV (ICW) urgently demands the World Health Organization (WHO) to correct the Note for the Media, acknowledges the WHO Technical Statement on Hormonal Contraceptives and HIV with concern and caution, and demands greater communication and further research now.

Last week, the WHO issued a *Technical Statement on Hormonal Contraceptives and HIV*, following a review of existing data on hormonal contraception and acquisition in HIV-negative women; hormonal contraception and transmission from HIV-positive women to HIV-negative men; and hormonal contraception and disease progression in HIV-positive women. The document states that women at high risk of HIV can continue to use all hormonal contraceptive methods without restriction. However, it recommended a new clarification to be added to the *Medical eligibility criteria for contraceptive use* (MEC), which states, in part, “because of the inconclusive nature of the body of evidence on possible increased risk of HIV acquisition, women using progestogen-only contraception should be strongly advised to always use condoms, male or female, and other HIV preventive measures.”<sup>1</sup>

ICW is particularly concerned that the WHO *Note for the Media* associated with the technical statement,<sup>2</sup> which states, “Women living with HIV or at high risk of HIV can *safely* continue to use hormonal contraceptives to prevent pregnancy.” As worded, this leaves room for misinterpretation. **Beri Hull**, Global Advocacy Officer of ICW Global, remarked, “We fear that a blanket statement about the ‘safety’ of all hormonal contraceptives without mentioning the available observational and theoretical evidence downplays the severity and complexity of the

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<sup>1</sup> WHO, “Technical Statement: Hormonal Contraceptives and HIV,” WHO/RHR/12.08 , pages 4-5, available at [http://www.who.int/reproductivehealth/topics/family\\_planning/Hormonal\\_contraception\\_and\\_HIV.pdf](http://www.who.int/reproductivehealth/topics/family_planning/Hormonal_contraception_and_HIV.pdf).

<sup>2</sup> WHO, Note for the Media “WHO upholds guidance on hormonal contraceptive use and HIV,” 16 February 2012, available at: [http://www.who.int/mediacentre/news/notes/2012/contraceptives\\_20120216/en/index.html](http://www.who.int/mediacentre/news/notes/2012/contraceptives_20120216/en/index.html)

situation. Saying that women can ‘safely’ use all contraceptives, including depo medroxyprogesterone (DMPA), in the media statement suggests that there is no need for further research and that the potential increased HIV risks associated with the drug has been resolved.”

During a global teleconference on the WHO recommendations hosted by AVAC on 23 February 2012,<sup>3</sup> **Dr. Sharon Phillips**, WHO, remarked, “There was not meant to be an apparent discrepancy between the press release and the technical statement... The technical statement [received more scrutiny and should] be the final word.” **Dr. Mary Lyn Gaffield**, Scientist on the Promoting Family Planning Team at WHO, added, “The purpose of the statement and the MEC itself is a very brief document... meant to go to ministries of health and service delivery organizations for them to adapt to meet their local needs. So the counseling, how to develop the service are not included.”

ICW Eastern Africa (ICWEA) Regional Coordinator **Lillian Mworeko**, one of three civil society representatives at the WHO meeting who contributed to the technical statement, emphasized, “Our recommendation to include a clarification in the MEC about the potential risks must be translated into clear, simple language that allows women to make genuinely informed decisions about family planning and HIV risk reduction. This means explaining what is known and unknown based on today’s data. Our healthcare providers must properly inform us of the potential heightened HIV risks of using injectable hormonal contraception. Moreover, it is our right to weigh these risks and benefits and decide for ourselves whether or not to accept such contraceptives.”

“Programs and policymakers must immediately take steps to translate this technical statement into meaningful action at the grassroots level by service providers, community leaders and women worldwide,” said **Lydia Mulwany-Mukombe**, AVAC HIV Prevention Research Advocacy Fellow at ICWEA. “Doctors and health workers who prescribe injectable contraceptives must provide the whole picture to women, even if it places extra monetary or other burdens on the programs or on women to consider condom use or use of other, less-widely available contraceptive methods which may carry less risk of HIV.”

In preparation for the WHO technical meeting, ICWEA and AVAC convened an African women’s consultation in Kampala to better represent our diverse perspectives at the WHO meeting.<sup>4</sup> Consultation participants concluded that “women will not be divided by issues of various risks; our concurrent fears of unwanted pregnancies, maternal mortality, and increased HIV acquisition and transmission risk need to be addressed. An ‘either/or’ approach is not acceptable.” Other women’s health and HIV advocates added, “Women should not become more vulnerable in the name of advancing science. [This] should not be seen or treated as a zero-sum game in which women lose out in either instance, but instead as an opportunity to advance human rights, science and public health.”<sup>5</sup>

The WHO also recommends that *voluntary use* of contraception by women living with HIV who wish to prevent pregnancy continues as a strategy for the reduction of vertical transmission. **Ms.**

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<sup>3</sup> <http://www.avac.org/ht/a/GetDocumentAction/i/42252>

<sup>4</sup> <http://www.avac.org/ht/a/GetDocumentAction/i/42166>.

<sup>5</sup> <http://www.avac.org/ht/a/GetDocumentAction/i/42231>

**Mworeko** observed, “Surely, women should be advised to also use condoms to prevent unwanted pregnancies, maternal mortality, and decrease HIV transmission risk, especially since hormonal contraceptives do not protect against HIV. However, in most parts of the world, use of methods like injectable contraceptives is rarely truly voluntary for women, where there are few options, inequity, and male domination. A response to this new technical statement must be based on the reality that women at high risk of or living with HIV still have a *right to informed consent*, which includes the *right to information* that affects their health”.

**Key civil society demands:**

- On the basis of the *WHO Technical Statement*, **WHO** must correct the *Note for the Media* regarding the “safety” and HIV risks of hormonal contraceptives to ensure that women and the public at large are not misinformed.
- **UNAIDS** must develop and disseminate a clear and comprehensive communication strategy for service providers, policymakers and other stakeholders to ensure that women understand the mixed results of the available research and have full information when making decisions. A *Note to the Media* simply is not enough.
- **Ministries of Health** that are scaling up contraception prevalence should include rapid assessment of the potential for building programs with non-hormonal contraceptive methods. Meanwhile, existing systems should be strengthened to provide integrated HIV and family planning services.
- Because the WHO acknowledges that “expansion of contraceptive method mix and further research on the relationship between hormonal contraception and HIV infection is essential,” **UNAIDS, WHO, and funders** need to urgently commission research now so that we can understand the relationship that we have speculated about for so long. **WHO** must also delineate next steps and share details of the continuing and planned research.
- **UNAIDS** should begin to prepare a strategy now for what will happen if future research confirms the relationship between hormonal contraceptives and HIV risk. Concurrently, the research community should support studies of new products with dual purposes – contraception and HIV prevention.<sup>6</sup>

Finally, **UNAIDS and WHO** must ensure that women, especially women living with HIV, are involved on an ongoing basis in discussions, communication strategies, and decisions about next steps to act on this critical issue. Participation in a single meeting will not enable our society to meet our family planning, HIV prevention, and public health needs.

*The International Community of Women Living with HIV (ICW Global) is the only global network created by, for, and of women living with HIV. Founded in 1992, we work to increase the visibility of women living with HIV within the global response to HIV and AIDS and to ensure that we are equal partners in all decisions, which impact our lives. ICW Global envisions a world where all women living with HIV know and exercise their rights to health, including sexual and reproductive health, and dignity. Nothing for us without us!*

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<sup>6</sup> The research is nascent but advocacy around and increase of resources to the research is a long term advocacy goal of ours. (more about MPTs at <http://cami-health.org/> )