

Civil Society Advocacy Working Group on Hormonal Contraception and HIV

A diverse group of 80+ individuals and organizations representing women living with and affected by HIV in Kenya, Malawi, Nigeria, South Africa, Swaziland, Tanzania, Uganda, Zambia, Zimbabwe along with SRHR and HIV advocates from US and Europe including:



Now More Than Ever: A call for effective responses to provision of hormonal contraceptives in the context of HIV, women's sexual and reproductive health and rights

On March 2, 2017, World Health Organization (WHO), released updated recommendations concerning the use of hormonal contraceptive methods by women at high risk of HIV¹. The recommendations for use of progestogen-only injectables (DMPA and NET-EN) among women at high risk of HIV changed from Medical Eligibility Criteria (MEC) 1* to MEC 2. Recommendations for all other methods of hormonal contraception remained unchanged. This development comes at the precise moment when, as WHO and other UN agencies have just noted, “the promotion, protection and fulfilment of sexual and reproductive health and rights are currently experiencing marked resistance around the world.”² We stand with the stakeholders who developed this statement and with women around the world in saying “now more than ever” action is needed.

We highlight the following key points from the new guidance document:

- The benefits of progestogen-only injectables like DMPA (Depo) and NET-EN outweigh the possibility that these methods could increase a woman’s risk of acquiring HIV. Therefore, there should be no restriction on the use of these methods by any woman, regardless of her HIV risk. Any change in access to widely-used methods could result in an increase in unplanned pregnancies, maternal morbidity and mortality. Every woman who needs and wants contraceptives should have access to the method that best meets her needs.
- Women at risk of HIV should be informed about the risks and benefits of all the methods available to them, including the possibility that Depo or NET-EN could increase risk of HIV acquisition.
- Women should be able to act on the information they receive. Women who want to choose a method other than DMPA should have access to comparable long-acting methods. They should also have access to effective HIV prevention including male and female condoms and PrEP.

Concerns from the perspective of a woman-centered and feminist approach:

- The clarification issued along with the MEC states that women at high risk of HIV should be informed about the possibility of an association between DMPA, NET-EN and HIV risk. **It should not be at the discretion of the health care provider to determine who should be informed about the possibility of risk.** Instead we propose that all women seeking contraception and/ or protection against sexually transmitted infections (STIs) and expressing interest

¹ http://www.who.int/reproductivehealth/topics/family_planning/hormonal-contraception-hiv/en/

² <http://www.who.int/reproductivehealth/STAG-STATEMENT.pdf>

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in injectable methods should be advised in a wholly respectful, non-judgemental routine way, of the possibility of associated risk. They should be told that this potential risk can be reduced by using comprehensive measures to prevent pregnancy, HIV and other STIs, such as male and female condoms, in addition to other forms of contraception, and, for HIV, PrEP

- Correct messaging is a partial solution. **Programs must urgently expand a *comprehensive* contraceptive, HIV and other STI prevention method mix, ensuring that *all* women have access to full, non-judgmental routine information and to comprehensive options that are available, accessible affordable and of high quality.** Women should always have the agency, autonomy and information to make a choice that works for them in the current context of their lives

Recommendations for consideration in implementation of the updated guideline:

We demand that countries and funders follow the WHO guidance and prioritize increased access to a range of long-acting, method mix as well as comprehensive HIV prevention including male and female condoms and PrEP. Women's health needs are in jeopardy. A diversity of options should be available to all women, especially in sub-Saharan Africa where rates of new HIV diagnoses and DMPA use are both high. These investments should ensure that:

- Women are able to make our own decisions based on full information and an available, accessible, and acceptable range of options. No woman who chooses to use DMPA after discussion with her provider should be denied this choice, regardless of her HIV risk.
- Civil society groups with experience talking about methods risks and benefits are at the heart of implementing this guidance in woman-centred health services that consciously adopt the perspectives of women.
- Health services providers are trained on the messaging related to DMPA and NET-EN, provision of other comparable methods, and the principles of human rights and gender sensitive programming that WHO correctly notes are “at the core” of its guidance.
- A range of contraceptive and HIV prevention options are available at health facilities specifically designed to meet the needs of adolescent girls and young woman (AGYW-friendly health services). This is an urgent step given the high HIV incidence among adolescent girls and young women.