PATH/Gabe Bienczycki

# DMPA and HIV:
## What advocates need to know

For decades there has been mixed evidence on the risk of HIV infection and the use of progestogen-only* injectable contraceptive products containing depot medroxyprogesterone acetate (DMPA). DMPA is a contraceptive drug that is injected into a muscle (intramuscular, or IM) or under the skin (subcutaneous, or SC). Some studies suggest that women using DMPA injectable contraception might be more likely to get HIV if they are exposed to the virus. However, other studies do not show this association.

In March 2017, based on a review of available evidence, the World Health Organization (WHO) released **new guidance** on hormonal contraception and HIV for women at high risk of HIV. **The guidance conveys that women at high risk of HIV can use progestogen-only injectables, including products that contain DMPA-IM, DMPA-SC, or norethisterone enanthate (NET-EN), because the advantages of these methods generally outweigh the possible increased risk of HIV acquisition.**

**How to use this tool:** **This tool summarizes important takeaways for advocates from new guidance released by the WHO in 2017 on hormonal contraception, including DMPA injectables, and HIV for women at high risk of HIV. Incorporate the information in this tool into your advocacy strategy development and messaging, especially if you live in a country with high rates of HIV among women and adolescent girls.**

*You might also be familiar with the term "progestin-only" injectables. Progestogen-only and progestin-only injectables refer to the same thing.

## Important points about the evidence on progestogen-only injectables and HIV

**The evidence we have today is inconclusive. For example:**

- All available data have been from observational studies. This means data were derived from studies designed primarily to answer other questions. This type of information is hard to analyze because there are many other variables that could have influenced the results.
- All data to date are on DMPA-IM. There are no data available on the lower-dose DMPA-SC. Because the products have the same safety and efficacy profile, WHO applies the same guidance to both types of products.

**Additional ongoing research will provide new information on contraception and HIV.** A randomized clinical trial called the **ECHO study** is evaluating whether there is a link between use of three contraceptives–DMPA-IM, the levonorgestrel implant, and the copper intrauterine device–and increased risk of acquiring HIV infection. Data from the ECHO study will be available in 2019.

**Given the evidence available today, the best way forward is to follow the guidance and recommendations provided by WHO.**

Practically speaking, WHO has shifted progestogen-only injectables from category 1 to category 2 for women at high risk of HIV in its **Medical eligibility criteria for contraceptive use** (MEC). The MEC provides guidance to country policymakers and family planning (FP) program managers on developing their national policies, programs, protocols, and guidelines. As of mid-2017, WHO is rolling out a comprehensive dissemination plan to support the implementation of the new guidance at the national level.

## MEC categories for contraceptive use

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| **Category 1** | **No restriction on use** |
| **Category 2** | **Advantages generally outweigh theoretical or proven risks** |
| **Category 3** | **Theoretical or proven risks generally outweigh advantages** |
| **Category 4** | **Unacceptable health risk** |

# Three key messages

## 1 Sexual and reproductive health and rights and informed choice need to be at the center of policy and programming related to contraception.

All women and adolescent girls have the right to evidence-based information on contraceptives, a broad method mix, and quality services. They should all have agency to make decisions about their reproductive health, free from discrimination.

Many women and adolescent girls want to prevent both unintended pregnancy and HIV infection. With full and accurate information, they should be empowered to make decisions about contraception and HIV protection, in line with their preferences and values.

## 2 Women at high risk of acquiring HIV can use all methods of contraception, including injectables containing DMPA.

According to WHO, women at high risk of HIV infection can use progestogen-only injectables. WHO's revised guidance more clearly emphasizes the need to provide comprehensive counseling to all women who want to use this form of contraception. It also states that women at high risk of HIV should not be denied use of this method if it is their preferred choice.

All women considering use of progestogen-only injectables should be counseled on the uncertainty of an increased risk of HIV acquisition and how to protect themselves from HIV. They should be clearly informed that no hormonal contraceptive method protects against HIV. They should receive counseling on and have access to HIV prevention measures–including male and female condoms and pre-exposure prophylaxis (PrEP)–as appropriate.

Injectable contraception remains an important, lifesaving option for women in many countries. A misunderstanding of risk could lead women to avoid the use of these products or contraception altogether, increasing vulnerability to unintended pregnancy as well as maternal death or injury.

## 3 Investments are urgently needed to expand the contraceptive method mix and improve integration of FP and HIV services where appropriate at the national and subnational levels.

Advocates have a critical role to play to help ensure that all women and adolescent girls are able to protect themselves from unintended pregnancy, HIV, and other sexually transmitted infections (STIs). Advocates should:

- **Renew calls to national and subnational decision-makers** to increase the range of contraceptive options available to women and adolescent girls. No single method will meet the needs and preferences of all women and adolescent girls. Injectables should continue to be offered as part of a broad method mix.
- **Reinforce the need to improve coordination between FP and HIV** in country policies and programs, especially in areas of higher HIV prevalence. Ensuring women have the information and means to practice "dual protection" from unintended pregnancy and HIV/STIs is a shared responsibility between the FP and HIV communities. Advocates can help bring together all relevant stakeholders and ensure policy discussions promote better linkages between contraception and HIV/STIs.

## Helpful resources

- WHO: **Guidance Statement: Hormonal Contraceptive Eligibility for Women at High Risk of HIV**
- WHO: **Frequently Asked Questions: Hormonal Contraceptive Eligibility for Women at High Risk of HIV**
- WHO: **Medical Eligibility Criteria for Contraceptive Use (MEC)**
- AVAC: **What is Up With DMPA and "Grades" For Family Planning? (A Plain Language Explanation)**
- AVAC: **Hormonal Contraceptives and HIV – An Introductory Fact Sheet**
- Health Communication Capacity Collaborative: **Strategic Communication Framework for Hormonal Contraceptive Methods and Potential HIV-Related Risks**
- ECHO: **The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study**