

TECHNICAL BRIEF

Hormonal contraception: Recommendations for women at high risk of HIV

Women and couples at high risk of HIV infection continue to be eligible to use all forms of hormonal contraception, including the use of progestogen-only injectables.

Purpose

The World Health Organization (WHO) issued revised guidance on the eligibility criteria for hormonal contraceptive use among women at high risk of acquiring HIV in March 2017. This update is critically important for women's health, particularly in sub-Saharan Africa where HIV prevalence is high and injectable contraception is widely used.

Introduction

Since 1991, the evidence has been inconclusive as to whether or not using hormonal contraception increases a woman's risk of acquiring HIV, particularly among progestogen-only injectable users. In 2015, the WHO released the fifth edition of the *Medical eligibility criteria for contraceptive use (MEC)* to guide contraceptive providers. Following a review of new evidence, the WHO issued revised guidance for women at high risk of acquiring HIV in March 2017.

The revised recommendation is that women at high risk of HIV infection can use progestogen-only injectables – *norethisterone enanthate (NET-EN)* and *depot medroxyprogesterone acetate (DMPA, intramuscular or subcutaneous)*. However, women should be advised that there are concerns that these methods may increase the risk of HIV acquisition, but that the current evidence is uncertain.

Women should also be advised on how to minimize their risk of acquiring HIV. Hormonal contraception protects against unintended pregnancy, but not HIV or other sexually transmitted infections (STIs). All individuals at high risk of HIV or other STIs need access to infection prevention strategies such as condoms and, where appropriate, pre-exposure prophylaxis.

Recommendations

Women and couples at high risk of HIV infection continue to be eligible to use all forms of hormonal contraception.

Contraceptive providers should offer women the choice of a range of methods and use a shared decision-making approach by giving the best available evidence and supporting women to consider all available options.

Women at high risk of acquiring HIV can use the following hormonal contraceptive methods without restriction:

- combined oral contraceptive pills (COCs);
- combined injectable contraceptives (CICs);
- combined contraceptive patches and rings;
- progestogen-only pills (POPs); and
- levonorgestrel (LNG) and etonogestrel (ETG) implants.

Women at high risk of acquiring HIV can generally use progestogen-only injectables, but there must be clear provision of information beforehand to enable informed decision-making.

Contraceptive providers must provide clear information to women interested in these methods. While there is evidence of a possible increased risk of acquiring HIV among progestogen-only injectable users, there is uncertainty whether evidence is due to methodological errors or a real biological effect.

Women should not be denied the use of progestogen-only injectables because of concerns about the possible increased risk.

Contraceptive providers should advise women considering progestogen-only injectables about the uncertainty of a causal relationship, and about how to minimize their risk of acquiring HIV.

IPPF Member Associations should continue to expand the range of available contraceptive method options so that women and girls have a wide range of contraceptive choices.

Implications for IPPF

Injectable contraceptives are a key component of IPPF's method mix, and are included within the Integrated Package of Essential Services (IPES). In 2016, injectables – both progestogen-only and combined injectable contraceptives (CICs) – provided 2.0 million couple years of protection (CYP) or 10 per cent of the total contraceptive method mix.

This revised guidance should not discourage IPPF Member Associations from expanding the range of available contraceptive method options so that women and girls have a wide range of contraceptive choices.

Contraceptive services are a critical entry point to other sexual and reproductive health services, including HIV prevention, testing, and treatment services. This provides an opportunity to further integrate HIV-related and contraceptive services, especially HIV testing services.

SERVICE PROVIDERS

Contraceptive service providers should not deny women at high risk of HIV the choice of progestogen-only injectables if this is their preferred method, but providers should counsel women about concerns regarding possible increased risk of HIV acquisition.

Informed decision-making is a fundamental principle when providing any contraceptive information and service. All sexually active women and girls should be given the necessary information and the means to decide freely about contraception, HIV prevention and matters related to their sexuality.

To help sexually active women and girls make informed decisions, service providers should provide counselling as well as accurate and complete information about their options, including the benefits, risks and side effects of each method. Sexual partners of women and girls should also be provided information on contraception and HIV prevention methods such as condoms and, where appropriate, pre-exposure prophylaxis.

While some women are at higher risk of HIV infection, HIV-related risks should be discussed with all clients. Counselling should be provided free of stigma, discrimination or coercion, and must respect the human rights of women and girls.

PROGRAMME AND CLINIC MANAGERS

Contraceptive programmes delivering services to women at high risk of HIV infection can continue to offer all methods of contraception. Relevant information, education and counselling materials should be updated to align with the new guidance, and made available to service providers and clients.

Managers should encourage service providers to continue offering all women the choice of contraceptive method, including progestogen-only injectables. Women considering progestogen-only injectables should be advised about the uncertainty over a causal relationship, and about how to minimize their risk of acquiring HIV.

At all service delivery points, service providers should provide counselling about HIV prevention and contraception to all clients, especially those that are sexually active. Counselling should also be offered by trainers in sexuality education programmes, and by peers through peer outreach programmes.

As there are no contraceptives, apart from condoms (male and female), that help protect against HIV and other STIs, managers must ensure that condoms are widely available through various distribution channels. Dual protection can be achieved either by using condoms (male and female) or pre-exposure prophylaxis plus another method of contraception, such as an intrauterine device (IUD), implants, the birth control pill or injectables.

WOMEN AT HIGH RISK OF HIV

While risk will vary by local context and individual circumstances, the following are examples of women who are at high risk of HIV infection:

- Young women (15-24 years) in sub-Saharan Africa
- Young women who sell sex
- Female sex workers
- Women who use and/or inject drugs
- Women who are HIV negative with a partner living with HIV
- Women who have experienced sexual violence
- Transgender men (female-to-male) with childbearing reproductive organs

Contraceptive services are a critical entry point to other sexual and reproductive health services, including HIV prevention, testing, and treatment services.

RESEARCH: ECHO STUDY AT THE FAMILY LIFE ASSOCIATION OF SWAZILAND (FLAS)

The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study is a multi-site, multi-country, open-label randomized clinical trial being conducted at 12 sites in four countries, including sites in Kenya, South Africa, Swaziland and Zambia. This includes the Family Life Association of Swaziland (FLAS), an IPPF Member Association.

The study is designed to compare three highly effective, reversible methods of contraception – a progestin-only injectable, *depot medroxyprogesterone acetate (DMPA)*, the two-rod progestin sub-dermal Jadelle implant, and the copper intrauterine device (IUD). The study aims to determine whether women using any of these contraceptives experience an increased risk of HIV acquisition and to assess what contraceptive benefits they experience.

While the scientific evidence available to date continues to indicate that the use of progestogen-only injectable contraception is associated with an increased risk of acquiring HIV, it is unknown whether the associations seen in observational studies were due to a true biological effect, or because of methodological limitations, such as bias or confounding factors.

When women are assigned to use equally effective contraceptive methods, other factors, such as condom use, that influence HIV risk are likely to occur with equal frequency across three groups of women. As a result, with a randomised design, any differences in the rates of HIV acquisition are more likely to be related to the contraceptive method and not biased by the underlying behaviours of the women.

The study is led by FHI 360, Wits Reproductive Health and HIV Institute (RHI), the University of Washington and the World Health Organization (WHO). If the study proceeds as planned, the study team anticipates that the results will be released in 2019.

Frequently Asked Questions

Does using hormonal contraceptives increase the risk of acquiring HIV?

Hormonal contraceptives do not protect against HIV, but equally do not cause one to acquire HIV. According to available evidence, it is unclear as to whether women using progestogen-only injectables have a higher risk of HIV infection if exposed to the virus. All individuals at high risk of HIV or other STIs need ready access to prevention strategies, such as male and female condoms, and where appropriate, pre-exposure prophylaxis.

Who should decide on what option is best for women and girls?

Women and girls should decide freely about contraception, HIV prevention and matters related to sexuality. To help their clients make informed decisions, health workers should provide all women and girls with counselling as well as accurate and complete information about their options, including the benefits, risks and side effects of each method. Sexual partners of women and girls should also be provided with information on contraception and HIV prevention methods.

Useful resources

- **Hormonal contraceptive eligibility for women at high risk of HIV**
www.who.int/reproductivehealth/topics/family_planning/hormonal-contraception-hiv/en/
- **WHO Guidance Statement**
English: www.who.int/reproductivehealth/publications/family_planning/HC-and-HIV-2017/en/
French: apps.who.int/iris/bitstream/10665/254672/1/WHO-RHR-17.04-fre.pdf?ua=1
Portuguese: apps.who.int/iris/bitstream/10665/254662/5/WHO-RHR-17.04-por.pdf?ua=1
- **WHO frequently asked questions**
www.who.int/reproductivehealth/faqs-hormonal-contraceptive-hiv/en/
- **Medical eligibility criteria for contraceptive use, 5th edition**
www.who.int/reproductivehealth/publications/family_planning/MEC-5/en/