

TECHNICAL BRIEF

The Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial

The ECHO trial finds **no link** between HIV acquisition and the use of DMPA-IM, progestogen implant, and non-hormonal copper IUD.

Purpose

The results of the ECHO trial were published in the Lancet on 13 June 2019. The World Health Organization (WHO) will review the results and provide further guidance in August 2019. This technical brief was developed to support IPPF frontline health providers' work before the release of new WHO guidance.

Background

Since the early 1990s, the evidence has been inconclusive as to whether using hormonal contraception increases women's risk of acquiring HIV, particularly among progestogen-only injectable users. Observational studies indicated that women using progestogen-only injectable contraceptive methods may be at higher risk of acquiring human immunodeficiency virus (HIV).

ECHO Trial

Study Design

The ECHO trial was a randomised clinical trial that was conducted in four countries – Eswatini (Swaziland), Kenya, South Africa, and Zambia – between December 2015 and October 2018. The study was designed to compare three highly effective, reversible methods of contraception – a progestogen-only intramuscular injectable, depot medroxyprogesterone acetate (DMPA-IM); a progestogen implant (Jadelle®); and the non-hormonal copper intrauterine device (IUD). The study aimed to determine whether the use of these contraceptives is linked to an increased risk of HIV acquisition. A total of 7,829 women aged 16–35 years were enrolled in the trial and randomly assigned to the three contraceptive methods.

Key Findings

- The three methods of contraception were found to be safe and highly effective.
- There was no statistically significant difference in HIV risk among users of the three contraceptive methods.
- HIV incidence among the study population was alarmingly high. A total of 397 HIV infections occurred among participants. This underscores the need for continued and increased investment in HIV prevention efforts.
- The HIV incidence was higher for study participants under 25 years, regardless of the contraceptive method used.

WHO's Response

WHO confirms it will convene a Guideline Development Group to review its existing recommendations concerning women's eligibility for using various contraceptive methods if they are at high risk of HIV. Updated recommendations will be issued by the end of August 2019. Moreover, WHO will support countries with high HIV incidence to develop plans to provide integrated services for family planning, HIV and other sexually transmitted infections (STIs).

Implications for IPPF

As a leading service provider and advocate of sexual and reproductive health and rights (SRHR), it is IPPF's responsibility to share the results of the ECHO trial and continue to ensure the provision of rights-based sexual and reproductive health services to our clients. IPPF's Integrated Package of Essential Services (IPES) promotes service provision for the most pressing sexual and reproductive health needs delivering eight essential services.

“We have to ensure that a range of contraceptive options and the best counselling is available to women and girls who seek to prevent pregnancy and to protect them from HIV infection.”
-- Dr Alvaro Bermejo

INFORMED DECISIONED-MAKING

All sexually active individuals should be given the necessary information and the means to decide freely about their contraceptive and HIV prevention needs. To help sexually active adults and young people 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. Service providers should seek to understand the motivations of an individual to select a specific method in order to be able to advise on appropriate alternatives. All information and counselling must be provided free of stigma, discrimination, or coercion.

CONTRACEPTIVE METHOD-MIX

All women and girls should have access to a wide contraceptive method mix to allow them to select a method of their choosing from among a range of options available to them as well as to freely switch between methods according to their needs.

DUAL/TRIPLE PROTECTION

All sexually active adults and young people should have access to information, counselling and prevention methods for HIV and other STIs, not only those considered at high risk of acquiring HIV/STIs. The use of condoms (both male and female/internal condoms) remains the only method to prevent the sexual transmission of HIV, other STIs, and unintended pregnancies. Other HIV prevention methods include pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP). If unable to provide PrEP or PEP, health providers should refer clients to facilities providing these methods.

INTEGRATED APPROACH

The ECHO trial demonstrates the need for an integrated approach to sexual and reproductive health service provision, which includes contraceptive services and prevention services for HIV and other STIs. HIV testing is also an essential first step in enabling people to know their HIV status, and is a critical entry point to HIV prevention, treatment and care services. Screening, diagnosis and treatment of other STIs are also a crucial component, as the presence of an STI, such as syphilis or gonorrhoea, greatly increases the risk of acquiring or transmitting HIV.

YOUNG PEOPLE

The high prevalence of HIV among study participants underlines the urgent need for integrated community services and strong HIV prevention programming. Health providers should use youth friendly, non-judgmental language and materials in clinical settings and in health promotion messaging. There is a strong need for comprehensive sexuality education both in and out of school settings to further support sexual and reproductive health messages and behavior change. It is essential to step up HIV prevention efforts in countries with high HIV prevalence, particularly for young women and girls.

RIGHT TO CHOOSE

It is essential that women and girls' selection of a contraceptive method is a genuine choice. Women and girls should never be compelled to select a specific method due to a limited method mix, concerns about continued availability of other methods, resource constraints, or social norms discouraging contraceptive use.

Acknowledgement

This Technical Brief was developed by the IPPF ECHO Trial Working Group and reviewed by Pio Iván Gómez Sánchez, Seri Wendoh, Hayley Gleeson, Darius Billimoria, and Job Makoyo.

For any questions, contact echotrialwg@ippf.org

Useful resources

- **ECHO Consortium website:** <http://echo-consortium.com/>
- **Lancet (2019).** *HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial.* Available at: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(19\)31288-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(19)31288-7/fulltext)
- **WHO News Release (2019).** *New study finds no link between HIV infection and contraceptive methods.* Available at: <https://www.who.int/news-room/detail/13-06-2019-new-study-finds-no-link-between-hiv-infection-and-contraceptive-methods>