November 2019

IMAP Statement

on Expanding Access and Contraceptive Choice through Integrated Sexual and Reproductive Health Services

This statement was prepared by the International Medical Advisory Panel (IMAP) and was approved in November 2019.

Background

In August 2019, the World Health Organization (WHO) released the *Guidance statement: Contraceptive eligibility for women at high risk of HIV*, which states that women at high risk of HIV can use any method of currently available modern contraception, including progestogen-only injectables, implants and intrauterine devices (IUDs), reflecting the totality of current evidence.[1] This WHO statement was issued in response to a review of global guidance on contraceptive eligibility for women at high risk of HIV acquisition, and in light of the recently published results of the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial and other research results.[2] The fifth edition of the *Medical eligibility criteria (MEC) for contraceptive use* was revised in 2019 in line with the current evidence.[3]

The ECHO trial aimed to determine whether using a progestogen-only injectable (intramuscular depot-medroxyprogesterone acetate (DMPA-IM)), a progestogen implant, or the non-hormonal copper intrauterine device (IUD) is linked to a difference in risk of HIV acquisition. All three methods of contraception studied proved to be safe and highly effective for pregnancy prevention and there was no statistical difference in the rate of acquisition of HIV among the study participants. Overall pregnancy incidence per 100 woman-years at 18 months was: 0.61 for DMPA-IM, 1.06 for copper IUD and 0.63 for the levonorgestrel (LNG) implant. Among the 7,829 women who took part in the study, 397 HIV infections occurred, resulting in an overall HIV incidence of 3.81 per 100 woman-years [95% CI 3.45–4.21]. All study participants had access to a comprehensive package of HIV prevention services – including HIV testing, male and female condoms, screening and treatment for sexually transmitted infections (STIs) and reproductive tract infections (RTIs), and infection prevention counselling. Pre-exposure prophylaxis (PrEP) became available later in the study. STIs such as *C. trachomatis* (chlamydia), *N. gonorrhoeae* (gonorrhoea), and herpes simplex virus (HSV-2)

WHO 2019 guidance states that women at high risk of HIV can use any method of currently available modern contraception.

were common in the study population at baseline. Based on these findings, the study authors recommended the expansion of integrated sexual and reproductive health (SRH) services to meet the multiple needs of sexually active women and girls and their partners.

A complete summary of the ECHO trial results and their implications can be found in the IMAP statement of July 2019.[4]

The purpose of this statement

The purpose of this statement is to create awareness of the current guidance regarding contraceptive eligibility for women at high risk of HIV and the need to strengthen prevention, diagnosis, and treatment of HIV and other STIs through integrated and comprehensive SRH services including contraception. The statement also reinforces IPPF's position and commitment to a rights-based approach to SRH service provision.

Intended audience

The statement is primarily intended to inform IPPF Member Associations and secretariat staff, and relevant partners, including other SRH service delivery organizations, about this guidance.

High risk of HIV infection does not restrict a woman's contraceptive choices. Women at high risk of HIV should have full and equitable access to a broad method mix of contraceptive options and services.

Key highlights from the WHO guidance on contraceptive eligibility for women at high risk of HIV

The updated WHO guidance recommends that women at high risk of HIV infection are eligible to use all contraceptive methods without restriction – Medical Eligibility Criteria (MEC) Category 1. This includes:

- All progestogen-only contraceptive methods, including progestogen-only pills (POPs), intramuscular depot-medroxyprogesterone acetate (DMPA-IM), subcutaneous DMPA (DMPA-SC), norethisterone enanthate (NET-EN) injectables, levonorgestrel (LNG) implants, and etonogestrel (ETG) implants.
- Copper-bearing IUDs (Cu-IUDs) and LNG-releasing intrauterine system (LNG-IUS).

In considering the use of IUDs, many women at a high risk of HIV are also at risk of other STIs; for these women, providers should refer to the MEC recommendation on women at increased risk of STIs and the *Selected practice recommendations for contraceptive use* on STI screening before IUD insertion.[5,6]

- All combined hormonal contraceptive methods, including combined oral contraceptives (COCs), combined injectable contraceptives (CICs), combined contraceptive patches (P) and combined vaginal rings (CVR).

This guidance supersedes previous WHO guidance that placed DMPA-IM in MEC classification Category 2 for women at high risk of HIV infection. This updated guidance makes it clear that high risk of HIV infection does not restrict a woman's contraceptive choices. Women at high risk of HIV should have full and equitable access to a broad method mix of contraceptive options and services. It is important to note however that only condoms (both male and female) protect against sexual transmission of HIV and other STIs. For this reason,

additional HIV/STI prevention services should be concurrently provided with contraceptive services.

Ensuring the availability of a broad range of contraceptive methods, strengthening prevention, diagnosis, and treatment services for HIV and other STIs, and maximizing the integration of services that prevent pregnancy and infection are essential to providing a rights-based, client-centred approach to services.

Recommendations for Member Associations and other SRH organizations

- **Ensure all people who need it have access to a wide choice of contraceptive options**

All people should have access to contraceptive services that include a broad range of short-acting methods, such as oral contraceptive pills and monthly injectables, long-acting reversible contraceptives (LARCs), and permanent methods of contraception that are safe and highly effective in preventing pregnancy. This is essential to supporting everyone's right to make fully informed choices to meet their reproductive needs and circumstances.

Increasing access and contraceptive method choice results in increased use of contraceptives. Where method mix consists mainly of short-term methods – as is the case in many African countries – or is skewed towards permanent methods, or where only one method is easily available, women's choices are limited and access to contraception becomes inequitable.

Access to contraception should also be increased by providing information and methods through HIV/STIs service delivery points to reinforce the dual needs of many women for preventing both unintended pregnancy and STIs.

- **Expand access to HIV/STI prevention, diagnosis and treatment services, including through integration with contraceptive and other SRH services**

The risks of HIV infection and unintended pregnancy remain unacceptably high in many African countries. The ECHO trial demonstrated that despite access to HIV prevention methods, including pre-exposure prophylaxis (PrEP), which was started later in the trial, women participating in the study still acquired HIV at high rates. Women who live in high HIV incidence areas not only have a high lifetime risk of HIV infection, but usually also have a high unmet need for comprehensive SRH services.

There is a need to expand access to prevention, diagnosis and treatment services for HIV and other STIs especially among women living in high HIV incidence areas, and an immediate need to prioritise the expansion of HIV prevention methods and services among women seeking contraceptive services.

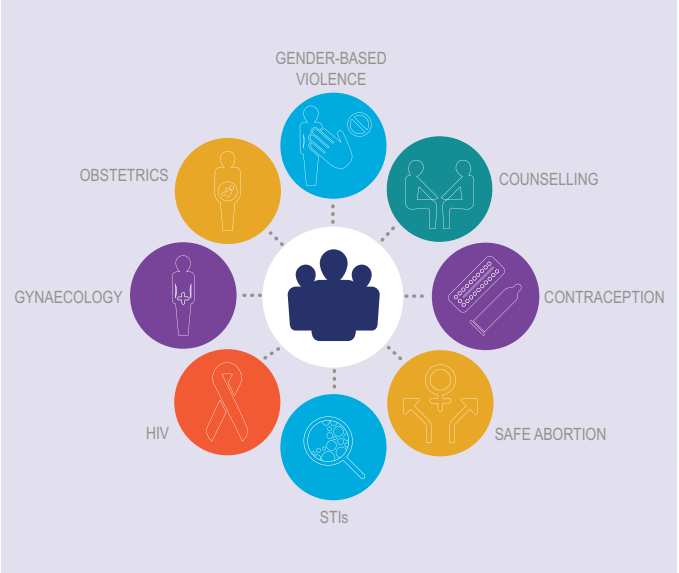
The ECHO trial demonstrated that all three methods of contraception studied were safe and highly effective for pregnancy prevention, as seen by the low rates of unintended pregnancy among study participants. However, the HIV prevention component, even with prevention interventions as provided in the ECHO study, was not as effective and incidence remained high. There is therefore a need to expand access to prevention, diagnosis and treatment services for HIV and other STIs especially among women living in high HIV incidence areas, and an immediate need to prioritize the expansion of HIV prevention methods and services among women seeking contraceptive services. A

comprehensive package of HIV and other STIs prevention options including PrEP, male/external and female/internal condoms and lubricants, post-exposure prophylaxis (PEP), voluntary medical male circumcisions (VMMC), harm reduction services for people who use drugs, and as they become available, effective multipurpose prevention technologies (MPTs) should be made available at all contraceptive service delivery points. There is need, however, to further explore how to optimize these approaches for greater effectiveness. This will help countries achieve global targets of 90-90-90: 90% of all people living with HIV know their HIV status; 90% of all people with diagnosed HIV infection receive sustained antiretroviral therapy; and 90% of all people receiving antiretroviral therapy have viral suppression.[7]

The provision of integrated SRH services fulfills people's rights and ensures access to a broad range of contraceptive options that respond to their changing contraceptive needs, while reducing missed opportunities to provide HIV/STI prevention, diagnosis, and treatment services.

The provision of integrated SRH services fulfils people's rights and ensures access to a broad range of contraceptive options that respond to their changing contraceptive needs, while reducing missed opportunities to provide HIV/STI prevention, diagnosis, and treatment services, and ensuring access to other SRH services including prevention, screening and treatment of cervical cancer.[8] Integrated service provision can also reduce the stigma associated with seeking services related to HIV and other STIs and is essential for realizing access to comprehensive healthcare.

IPPF's Integrated Package of Essential Services (IPES) is a client-centred approach that promotes access to quality integrated services for the most pressing SRH needs of clients that IPPF has committed to deliver. IPES includes eight essential services: counselling, contraception, safe abortion care, sexually transmitted infections (STIs)/reproductive tract infections (RTIs), HIV, gynaecology, maternal health and sexual and gender-based violence (SGBV) services. IPPF recommends that all service providing Member Associations provide the full package of IPES, or ensure a functional referral system where some of the services are not available.



- **Increase engagement of young people and provision of youth-centred comprehensive SRH information and clinical services, adapted to their needs**

The ECHO trial showed that women younger than 25 years experienced a higher HIV incidence than older women. This affirms the need to recognize and prioritize young women and girls as a population at high risk of HIV infection, especially since many young people are unaware of their HIV status.[9]

Expanding access to youth-centred integrated SRH services should be supported by comprehensive sexuality education (CSE) in and out of schools. CSE promotes the fundamental principles of a young person's right to education about their body, relationships and sexuality; and the full range of information, skills and values to make informed and empowered decisions about their health and sexuality.[10] Young people need to know how to prevent the transmission of HIV and other STIs as well as unintended pregnancy.

Member Associations and other sexual and reproductive health organizations can engage in the following specific actions:

Communication

- Familiarize service providers, staff and volunteers with WHO's *Guidance statement: Contraceptive eligibility for women at high risk of HIV*, including training service providers on the updated MEC.
- Engage with national-level technical working groups to determine if and to what extent national governments need to update their national service delivery guidelines to:
  - support integrated service provision for comprehensive SRH care
  - expand contraceptive method mix and expand package of HIV and other STIs prevention options
  - provide technical guidance as necessary.
- Develop and disseminate clear and accessible messages that integrate the prevention of HIV/STI and unintended pregnancy.

Advocacy

- Advocate at national and regional levels, to legislative bodies and ministries of health, to create an enabling environment for comprehensive and integrated SRH services. Further, advocate for the re-prioritization of HIV and other STIs prevention, diagnosis and treatment services, and the availability of and access to PrEP and MPTs, as they become available.*
- Advocate for CSE for adolescents and young people and provision of youth-centred integrated SRH services, including contraception and HIV/STI prevention methods and services. In the study, women aged younger than 25 years showed a greater risk of acquiring HIV.
- In line with IPPF's Gender Equality Strategy and Implementation Plan,[11] promote men's and boys' access to services and engage them as partners and co-agents of change in reducing violence, often a risk factor for HIV and other STI infections as well as for unintended pregnancies, and achieving gender equality.
- Promote clients' right to informed decision-making as a human rights principle when providing any contraceptive information and services.
- Advocate for availability of the full range of safe, effective and affordable contraceptive methods, thereby ensuring universal access.

* Additional information on the status of development and availability of MPTs can be found here: https://www.theimpt.org.

Service delivery

- Assess the status and availability of comprehensive SRH services at Member Association facilities to ensure that service provision is in accordance with IPES. Assessments can include determining human resource training needs; HIV and contraceptive commodity availability; availability of integrated data recording and management; and the availability and use of job aids and other materials that support comprehensive service provision.
- Provide accurate and comprehensive HIV/STI and other SRH information and services to all people seeking contraception services. This includes counselling on dual protection for preventing both unintended pregnancy and STIs, provision of male/external and female/internal condoms and lubricants, antiretroviral prevention (PrEP and PEP), harm reduction interventions (e.g. sterile injection equipment) and prevention and management of co-infections and other co-morbidities.
- In humanitarian settings, continue to prioritize life-saving SRH services, adapted to align with the Minimum Initial Service Package (MISP), and ensure contraception and safe abortion care needs are addressed and linked to other essential SRH services, including HIV and other STIs.[12]

Integrated service provision as described in IPES offers the opportunity to better serve all people and fulfils their right to receive comprehensive health services free from stigma and discrimination and make informed decisions about their contraceptive use.

- Service providers should always:
  - Prioritize a client-centred, gender-sensitive, and rights-based approach to comprehensive SRH service provision.
  - Help sexually active individuals make informed decisions by providing accurate and complete information about their pregnancy and HIV/STI prevention options.
  - Support people living with HIV to achieve their reproductive goals by providing comprehensive, stigma-free contraceptive and safe pregnancy counselling. This should include information on how to prevent perinatal HIV transmission and safely achieving pregnancy for people with subfertility or infertility.

Conclusion

In 2018, IPPF endorsed the WHO/UNFPA *Call to Action to Attain Universal Health Coverage Through Linked Sexual and Reproductive Health and Rights and HIV Interventions.*[13] This IMAP statement serves as a reminder of this call to action to ensure all people have access to comprehensive SRH services, including integrated contraceptive and HIV/STI services, provided through primary healthcare. Integrated service provision as described in IPES offers the opportunity to better serve all people and fulfils their right to receive comprehensive health services free from stigma and discrimination and make informed decisions about their contraceptive use.[14] These services should be an integral element of all countries' approaches to Universal Health Coverage (UHC)[15] and to making progress towards the Sustainable Development Goals (SDGs) related to health, education, and gender equality.[16]

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Who we are

The International Planned Parenthood Federation (IPPF) is a global service provider and a leading advocate of sexual and reproductive health and rights for all. We are a worldwide movement of national organizations working with and for communities and individuals.

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