Photo: PATH/Will Boase

DMPA and HIV: What advocates need to know

For decades, there was mixed evidence on the risk of HIV infection and the use of progestogen-only* injectable contraceptive products containing depot medroxyprogesterone acetate (DMPA).† Research was needed to fill this gap in the evidence base for sexual and reproductive health. The Evidence for Contraceptive Options and HIV Outcomes (ECHO) study was designed to provide high-quality evidence to help women at high risk of HIV make informed choices about contraception, and was the first large-scale randomized clinical trial to address this important public health question.

Conducted from 2015 to 2019 across Eswatini, Kenya, South Africa, and Zambia, the ECHO study evaluated whether there was any difference in HIV acquisition risk among women using one of three methods: intramuscular DMPA, a nonhormonal copper intrauterine device, and a progestin-based implant containing the hormone levonorgestrel.

The study found no significant difference in HIV acquisition among the three groups of women, and all methods were safe and highly effective.

In August 2019, based on a review of all existing evidence including the ECHO study, the World Health Organization (WHO) released new guidance on hormonal contraception and HIV for women at high risk of HIV.

The WHO guidance states that women at high risk of HIV can use progestogen-only injectables, including products that contain DMPA, with no restrictions—classified as Category 1 in WHO's Medical Eligibility Criteria for Contraceptive Use (MEC).

* "Progestogen-only" and "progestin-only" injectables carry the same meaning.
† DMPA is a contraceptive drug that is injected into a muscle (intramuscular) or under the skin (subcutaneous).

This is an update from 2017 MEC guidance that classified DMPA as Category 2.‡ The MEC provides guidance to policymakers and family planning program managers for their national policies, programs, protocols, and guidelines.

How to use this tool: This tool summarizes important takeaways from guidance released by WHO on hormonal contraception use and HIV risk, including DMPA injectables for women at high risk of HIV. Advocates can incorporate the information from this tool into advocacy strategies and messaging, especially when engaging stakeholders in countries with high rates of HIV among women and adolescent girls.

Important points about WHO's guidance on DMPA use for women at high risk of HIV

In 2019, based on a review of existing evidence—including the ECHO study—WHO revised its guidance on contraceptive eligibility for women at high risk of HIV, to state the following:

Women at high risk of acquiring HIV can use progestogen-only injectables (including DMPA) with no restrictions; these contraceptives are classified as Category 1 in WHO's Medical Eligibility Criteria (MEC). This is an update from 2017 MEC guidance, which classified DMPA as Category 2.

WHO's 2019 guidance includes the following additional key points:

- For women at high risk of HIV, there are no medical restrictions for any contraceptive method including progestogen-only contraceptives (pills, intramuscular and subcutaneous DMPA, implants), intrauterine devices, and combined hormonal contraceptives (pills, rings, patches, injectables).
- As these contraceptive methods do not protect against HIV and other sexually transmitted infections (STIs), the WHO guidelines emphasize that condoms should be correctly and consistently used where there is a risk of STIs, including HIV. WHO also recommends considering offering pre-exposure prophylaxis in settings where the incidence of HIV is greater than 3%, as appropriate.
- Women should have access to the full range of modern contraceptive methods so they can make informed choices around contraception and their sexual health.

‡ MEC Category 2: The advantages of using the contraceptive method generally outweigh the theoretical or proven risks; the contraceptive method can generally be used.

MEC categories for contraceptive use

Category 1	**No restrictions on use** ← **DMPA**
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 must 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 high-quality services 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.

In conjunction with WHO's 2019 guidance for contraceptive use, we have an opportunity to further strengthen informed choice counseling, empowering and equipping women and girls to prevent both unintended pregnancy and HIV acquisition.

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 with no restrictions. WHO's guidance emphasizes the need to provide comprehensive counseling to all women who want to use contraception.

All women considering use of progestogen-only injectables should be counseled on how to protect themselves from HIV and be clearly informed that no hormonal contraceptive method protects against HIV or any other sexually transmitted infection (STI). Especially in settings with high HIV incidence, women should receive counseling on and have access to HIV prevention measures—including male and female condoms and pre-exposure prophylaxis—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 injectable contraceptive products or contraception altogether, increasing vulnerability to unintended pregnancy as well as maternal illness or death.

Useful resources:

WHO: WHO revises recommendations on hormonal contraceptive use for women at high HIV risk

WHO: Contraceptive eligibility for women at high risk of HIV: Guidance statement – Recommendations on contraceptive methods used by women at high risk of HIV

AVAC: ECHO Trial Results Released: Advocate's alert

AVAC: The ECHO Trial Results: Time to Act

AVAC: Understanding the Results of the ECHO Study

ECHO: ECHO study questions and answers

ECHO: 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

Results 4 Informed Choice: Results 4 Informed Choice website

3. Investments are urgently needed to diversify the contraceptive method mix and improve integration of family planning and HIV services where appropriate at the national and subnational levels.

Women and adolescent girls in many countries continue to face multiple and simultaneous risks, including unacceptably high risk of HIV infection as well as unintended pregnancy. The ECHO study found very high annual incidence of HIV infection among all participants, underscoring the need for continued investments in HIV prevention for women and girls. Advocates have a critical role to play in helping ensure that all women and adolescent girls are able to protect themselves from unintended pregnancy, HIV, and other STIs.

- **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 family planning and HIV services** in policies, programs, and investments, 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 family planning and HIV communities. Advocates can help bring together all relevant stakeholders and ensure policy and programming discussions promote better linkages between contraception and HIV/STIs.