

Key messaging for policy-makers, programme managers, healthcare workers and women in response to the results of the Evidence for Contraception Options and HIV Outcomes (ECHO) study

OVERARCHING MESSAGING

Policy-makers

- Enabling women and girls to make informed decisions is a fundamental principle when providing any contraceptive information and service. A shared decision-making approach to contraceptive use should be taken with all individuals, but special attention should be paid to young people and women at high risk of acquiring HIV. High-quality counselling services are essential. Counselling provided by health workers should be provided free of stigma, discrimination or coercion, and must respect the human rights of women and girls. By respecting the human rights of women and girls, doctors, gynaecologists and health workers have the power to change the status quo and influence the rest of society.
- Ensuring that young women are able to access effective contraceptive methods and protect themselves from HIV will help to build a healthier future for women, their partners, their children – if and when they decide to have children – their communities, and ultimately their countries.
- It should also be recognized that women and girls who fear or experience violence or coercion may not be able to practice safer sex or freely make their own decisions about reproduction. As a result, HIV is not only driven by gender inequality, but it also entrenches gender inequality, leaving women and girls more vulnerable to its impacts. Providing sexual and reproductive health interventions grounded in principles of gender equality and human rights can have a positive impact on women's and girls' quality of life, and is a step towards improved health and equity in the long-term.
- Comprehensive sexuality education plays a central role in preparing young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections, unintended pregnancies, gender-based violence and gender inequality still pose serious risks to their well-being. Providing children and young people with comprehensive sexuality education empowers them to take control and make informed decisions about their sexuality and relationships freely and responsibly, and in a way that protects their health.
- Expanding quality-assured contraceptive options for voluntary family planning is critical in reducing the current unmet need of some 214 million women of reproductive age in developing countries who want to avoid pregnancy but are not using a modern contraceptive method. Providing a wide choice of acceptable and effective contraceptive methods empowers girls and women to make their own decisions about whether and when they wish to become pregnant as well as how many children they wish to have.
- Access to high-quality, affordable sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to fulfilling the rights and well-

being of all people. Universal access to effective, modern contraceptive methods ensures that all women can have a satisfying sexual life while avoiding unintended pregnancies and the potential negative health or economic consequences. Key global initiatives, including the Sustainable Development Goals <https://sustainabledevelopment.un.org/sdgs> and the Global Strategy for Women's, Children's and Adolescents' Health.

<https://globalstrategy.everywomaneverychild.org/>, call for universal access to family planning services as a right for women and girls and crucial to a healthy life.

- It is vital to integrate family planning and HIV services with other health services to reduce the difficulties faced by women in accessing services (financial and logistical). This will help to ensure that women receive comprehensive health care and will bring the goal of universal health coverage closer to reality. Integrated services can also help to reduce stigma and protect the privacy of clients, and thereby increase the use of such services and improve health and social outcomes.
- Information about the current guidance may be found here <https://www.who.int/reproductivehealth/hc-hiv/en/>.

Health care providers

- Informed decision-making is a fundamental principle when providing any contraceptive information and service. A shared decision-making approach to contraceptive use should be taken with all individuals, but special attention should be paid to vulnerable populations, such as women at high risk of acquiring HIV. Counselling should be provided in a respectful manner, free of stigma, discrimination or coercion, and must respect the human rights of women and girls.
- Ensuring that young women are able to access effective contraceptive methods and protect themselves from HIV will help to build a healthier future for women, their partners, their children – if and when they decide to have children – their communities, and ultimately their countries.

Women

- When used correctly and consistently, condoms are the only method of contraception that provide protection against HIV and other sexually transmitted infections (STIs).
 - Getting HIV is not caused by using a specific method of contraception..
 - If you live in an area where HIV is common, protect yourself by using condoms or PrEP – a medication that you can use to protect yourself. For more information on how to protect yourself using PrEP, contact your local health care provider.
 - For more information on HIV: <https://www.who.int/news-room/fact-sheets/detail/hiv-aids>

Message House Architecture:

ECHO shows no statistically significant difference in risk of acquiring HIV among users of the three methods.

Audience-Specific Messages: Settings of high HIV infection risk

Audience 1: Health Ministries	Audience 2: Service Providers	Audience 3: Women
<p>1. A large open-label clinical trial in four countries with high HIV rates compared women using three highly-effective reversible contraceptive methods. The study found no statistically significant increase in the risk of acquiring HIV between women using any of these three methods.</p> <p>The three methods investigated in the trial – known as the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study – were:</p> <ul style="list-style-type: none"> i. DMPA-IM, a three monthly, progestogen-only, reversible injectable contraceptive ii. Levonorgestrel implant, a progestogen-only implant inserted under the skin in the upper arm that can be used for up to five years iii. A copper-releasing IUD, a device inserted into the uterus that can be used for up to 10-12 years <p>2. Researchers initiated this study because of concerns from some previous studies that suggested there may be a higher risk of HIV infection among women at high risk of HIV using progestogen-only injectables in comparison to other forms of highly-effective,</p>	<p>1. A large open-label clinical trial in four countries with high HIV rates compared women using three highly-effective reversible contraceptive methods. The study found no statistically significant increase in the risk of acquiring HIV between women using any of these three methods.</p> <p>The three methods investigated in the trial – known as the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study – were:</p> <ul style="list-style-type: none"> i. DMPA-IM, a three monthly, progestogen-only, reversible injectable contraceptive ii. Levonorgestrel implant, a progestogen-only implant inserted under the skin in the upper arm that can be used for up to five years iii. A copper-releasing IUD, a device inserted into the uterus that can be used for up to 10-12 years <p>2. Until the evidence has been reviewed, there is no change in the medical eligibility criteria for contraceptive use (currently category 2) for women at high risk of HIV. Progestogen-only injectables such as DMPA-IM should continue to be made available to women along with client-tailored counselling that keep in mind the study findings and offer women advice around safety concerns, risk factors and how to best protect</p>	<p>1. A large research study has not found additional risk of getting HIV from using any of three modern contraception methods:</p> <ul style="list-style-type: none"> i. An injectable contraception containing DMPA (depot medroxyprogesterone acetate), a three monthly, reversible injectable ii. A levonorgestrel implant, an implant placed under the skin that can be used for up to five years, and iii. A copper-releasing IUD, a device inserted into the uterus <p>2. Getting HIV is not caused by any individual contraceptive method but is due to personal risk factors https://www.who.int/news-room/fact-sheets/detail/hiv-aids. It is possible to reduce your risk of acquiring HIV by using condoms every time you have sex or by using PrEP – medication that can help protect you from acquiring HIV.</p> <p>3. Modern contraceptive methods protect against unintended pregnancies but, with the exception of condoms, no contraceptive method protects you from HIV or other sexually transmitted infections. More information can be found here: https://www.who.int/reproductivehealth/topics</p>

<p>reversible contraception.</p> <ol style="list-style-type: none"> 3. The results of the ECHO trial substantially address these concerns. 4. As part of its standard practice following clinical trials such as this, WHO is in the process of reviewing the recommendations for women who are at high risk of HIV published in the <i>Medical Eligibility Criteria for Contraceptive Use (Fifth edition)</i> guideline. It is expected that the updated recommendations will be issued before the end of 2019. This timeline reflects WHO's established practice to ensure a timely robust and inclusive review process. https://www.who.int/publications/guidelines/guidelines_review_committee/en/. 5. Counseling tools and guidelines should be updated to align with the updated guidance. 6. WHO has issued a statement including information on what to do regarding DMPA-IM until the updated guideline is issued. The statement and more information on the guideline process may be found here: https://www.who.int/reproductivehealth/hc-hiv/en/. 7. All three contraceptive methods should continue to be made available to women along with client-tailored recommendations that keep in mind the study findings and advice around safety concerns, risk factors and how to best protect themselves against HIV, other sexually transmitted infections and unintended pregnancies. 8. Reviewing and expanding the choice of 	<p>themselves and others against HIV, other sexually transmitted infections and unintended pregnancies.</p> <ol style="list-style-type: none"> 3. As part of its standard practice following clinical trials such as this, WHO is in the process of reviewing its the recommendations for women who are at high risk of HIV published in the <i>Medical Eligibility Criteria for Contraceptive Use (Fifth edition)</i> guideline. It is expected that the updated recommendations will be issued before the end of 2019. This timeline reflects WHO's established practice to ensure a timely robust and inclusive review process. https://www.who.int/publications/guidelines/guidelines_review_committee/en/. 4. Information about current guidance and any future updates may be found here https://www.who.int/reproductivehealth/hc-hiv/en/. 5. Information on how women can protect themselves against acquiring HIV may be found on page 332 of the handbook <i>Family Planning. A Global Handbook for Providers</i>. https://www.who.int/reproductivehealth/publications/fp-global-handbook/en/. 6. You are invited to share this information widely through your networks. Follow @HRPresearch on Twitter or visit our webpage at www.who.int/reproductivehealth/HC-HIV for the latest updates. 7. A mobile version of the <i>Medical Eligibility Criteria for Contraceptive Use</i> guideline is available as a free App for both Android and Apple https://www.who.int/reproductivehealth/mec-app/en/. This App will automatically be updated if 	<p>/family_planning/en/</p> <ol style="list-style-type: none"> 4. Although treatable, HIV is a chronic and life-threatening condition, so it's important you know about HIV as well as other sexually transmitted infections, including how they are transmitted, and how you can protect against them. More information can be found here: WHO: https://www.who.int/reproductivehealth/hc-hiv/en/ UNAIDS: http://www.unaids.org/. 5. You are invited to share this information widely. Follow @HRPresearch on Twitter or visit our webpage at www.who.int/reproductivehealth/HC-HIV for the latest updates. 6. More information on the study is here: http://echo-consortium.com/about-echo/
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<p>contraceptive methods available to women is critical to addressing unmet need for modern contraceptive methods and avoiding unintended pregnancies.</p> <p>9. You are invited to share this information on our webpage at www.who.int/reproductivehealth/HC-HIV for the latest updates. You can also follow @HRPresearch on Twitter or WHO's Facebook @WHO</p> <p>10. The ECHO study was carried out by a consortium led by FHI 360, University of Washington, Wits Reproductive Health and HIV Institute, and the World Health Organization. It was an independent study. More information here: http://echo-consortium.com/about-echo/</p>	<p>any changes to the guidance result from the upcoming review.</p> <p>8. More information on the study is here: http://echo-consortium.com/about-echo/</p>	
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Audience-Specific Messages: **Settings of low HIV infection risk**

Audience 1: Health Ministries	Audience 2: Service Providers	Audience 3: Women
<p>1. A large open-label clinical trial in four countries with high HIV rates compared women using three highly-effective reversible contraceptive methods. The study found no statistically significant increase in the risk of acquiring HIV between women using any of these three methods.</p> <p>2. The three methods investigated in the trial – known as the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study – were:</p> <p>i. DMPA-IM, a three monthly, progestogen-</p>	<p>1. This study was carried out in countries with settings of high HIV incidence—specifically Eswatini, Kenya, South Africa and Zambia –and is not applicable to women who are not at risk of HIV infection. Nevertheless, it is important that women receive counselling on protecting themselves from HIV and other sexually transmitted infections.</p>	<p>1. This study was carried out in countries with settings of high HIV incidence—specifically Eswatini, Kenya, South Africa and Zambia –and is not applicable to women who are not at risk of HIV infection. Nevertheless, it is important that you understand how to protect yourself from HIV and other sexually transmitted infections.</p>

<p>only, reversible injectable contraceptive</p> <p>ii. Levonorgestrel implant, a progestogen-only implant inserted under the skin in the upper arm that can be used for up to five years</p> <p>iii. A copper-releasing IUD (a device inserted into the uterus that can be used for up to 10-12 years)</p> <p>3. This study was carried out in countries with settings of high HIV incidence—specifically Eswatini, Kenya, South Africa and Zambia –and is not applicable to women who are not at risk of HIV infection. Nevertheless, it is important that women receive counselling on protecting themselves from HIV and other sexually transmitted infections.</p>		
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