

Programmatic and research considerations for hormonal contraception for women at risk of HIV and women living with HIV

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Between 31 January and 2 February 2012, the World Health Organization (WHO) convened a meeting of experts to discuss recent research on use of hormonal contraception by women at high risk of HIV and those currently living with HIV and its implications. The Technical Consultation brought together 75 participants from 18 countries; 18 agencies were represented. The multidisciplinary group comprised experts in international family planning and HIV, including clinicians, epidemiologists, researchers, programme managers, policy-makers, guideline methodologists, reproductive biologists and pharmacologists, HIV advocates, and women's health advocates. This expert group agreed that access to both HIV prevention and to family planning are critically important for individual and public health. Family planning reduces the risk of unintended pregnancy, contributes to lower rates of maternal and infant mortality and morbidity, reduces the number of infants exposed to HIV perinatally, and empowers women to have more control over their reproductive health. HIV remains a significant public health threat worldwide and is a leading cause of death in women of reproductive age in some low- and middle-income countries. The purpose of the meeting was to review all available published evidence on the relationship between the use of hormonal contraceptives and the risk of HIV acquisition, HIV disease progression, and HIV transmission to uninfected partners, and to determine whether any change in the WHO recommendations on hormonal contraceptive use by women at high risk of, or living with, HIV-infection was needed. The conclusions and recommendations from the Consultation regarding the safety of hormonal contraception for women living with, and at high risk of, HIV are presented separately in the document: *Hormonal contraception and HIV: Technical statement* (http://www.who.int/reproductivehealth/publications/family_planning/rhr_12_8).

During the discussion on the balance of risks and benefits of hormonal contraceptive use among women at high risk of, or living with, HIV infection, multiple programmatic and research issues emerged, including priority knowledge gaps. This brief serves to highlight actions that programmes providing sexual and reproductive health and HIV-prevention services should undertake, in order to complement the Consultation's recommendations. Directions for future research to address current gaps are noted.

Programmatic considerations

- Based on current evidence, family planning programmes delivering services to women at risk of, or living with, HIV infection can continue to offer all methods of hormonal contraception. However, as none of these methods protects against HIV, the use of condoms or other HIV preventive measures should always be strongly recommended.
- Emphasize and promote the importance of male or female condoms in preventing sexually transmitted infections (STIs) including HIV. When used consistently and correctly, condoms are very effective in preventing transmission of HIV and other STIs. They can be used alone or in conjunction with another effective contraceptive method to reduce the risk of both pregnancy and STIs, including HIV. Condoms (male and female) should be made available, either free or at low cost, and provided to all those who want them.
- Country situations and programme environments vary greatly with respect to HIV prevalence, maternal mortality, availability of alternative contraceptive methods, access to HIV testing, care and treatment of HIV, and the ability of women to use condoms consistently. National programmes are encouraged to systematically introduce, adapt or adopt evidence-based family planning guidelines according to local contexts.
- A commitment by programmes to respecting reproductive and human rights, integrating family planning and HIV prevention, and offering testing and treatment services is essential to meet the sexual and reproductive health needs of women, couples, families and communities.
- Ensure the availability of a wider variety of highly effective contraceptive methods, including hormonal methods (oral, injectables, patches, rings, and implants), intrauterine devices (IUDs, both copper-bearing and levonorgestrel-releasing), barrier methods (female and male condoms), and voluntary sterilization (for both men and women), to all medically eligible women and couples seeking family planning services, including women who are at risk of HIV infection and women living with HIV. Women living in low- and middle-income countries should have more choices for highly effective contraception than are currently available.
- Develop or update effective, user-friendly family planning information and counselling tools that fully explain the risks and benefits of all contraceptive methods, including information with respect to HIV acquisition and the range of options for HIV prevention. Contraceptive counselling for women living in high-HIV-prevalence settings should be guided by tools that specifically incorporate prevention of HIV and other STIs in the counselling method, and family planning providers should be trained in such integrated counselling strategies and in appropriate follow-up to ensure continuity of method utilization.
- Provide easy-to-understand and comprehensive information to women and their partners about the benefits of contraceptive options available to them as well as any associated risks, including information regarding the inconclusive nature of the evidence on possible increased risk of HIV acquisition among women using progestogen-only injectables.

Areas for future research

- Conduct further high quality research employing strong research designs to gather more definitive evidence regarding the epidemiological association between various methods of hormonal contraception and HIV acquisition, transmission, and disease progression, including evaluating longer-acting methods (such as implants, IUDs, and injectables) and newer methods that have not been included in prior studies (such as the combined contraceptive patch and the combined contraceptive vaginal ring). Injectable contraceptives that employ alternatives to medroxy-progesterone acetate should be investigated.
- Investigate basic science questions related to understanding the biological mechanisms of HIV acquisition, transmission, and progression in relation to effects of standard hormonal contraception doses.
- Optimize opportunities to link the roll-out of newly introduced or re-introduced contraceptive methods (such as IUDs and implants) in areas with high rates of HIV incidence and prevalence with studies of HIV acquisition, transmission and progression.

- Ensure that on-going HIV prevention trials collect data that can be analysed to evaluate the association between hormonal contraception and HIV, including patterns of contraceptive use, condom use, and sexual behaviours. Evaluate further the potential for drug interactions between hormonal contraceptives and antiretroviral therapy.
- Conduct modelling studies to clarify the balance of risks and benefits, including acceptability and cost–effectiveness, associated with changing the contraceptive method mix in different settings.
- Conduct programmatic/implementation research to address family planning and other sexual and reproductive health service delivery approaches in the context of HIV testing, prevention and treatment, including ways to expand choice and method mix.
- Support studies to determine optimal counselling strategies to promote consistent and correct use of condoms, male and female, in high HIV prevalence settings.

Policy-makers, programme managers, and civil society, including women at risk of and living with HIV, from relevant countries and communities should be involved in setting programmatic and research priorities on an ongoing basis.

This brief is not intended to be exhaustive, but rather to highlight considerations raised during the Consultation that were not included in the Technical statement.

WHO reaffirms its commitment to keeping emerging evidence under close review through its Continuous Identification of Research Evidence (CIRE) system*.

More information and related documents

Hormonal contraception and HIV: WHO Technical statement and further information on the Technical Consultation, 31 January –2 February 2012 are available from: http://www.who.int/reproductivehealth/publications/family_planning/rhr_12_8.

The *Medical eligibility criteria for contraceptive use, fourth edition, 2009* (in English, French and Spanish) is available to download from: http://www.who.int/reproductivehealth/publications/family_planning/9789241563888/en/index.html

Further information on WHO's work on family planning: http://www.who.int/reproductivehealth/topics/family_planning/en/index.html

*Continuous Identification of Research Evidence (CIRE) is a collaborative effort of WHO and the Centers for Disease Control and Prevention (CDC). The CIRE system is used to ensure that WHO's family planning guidance is based upon the most up-to-date published data by identifying articles whose study objectives concern a topic addressed by WHO's *Medical eligibility criteria for contraceptive use* or the *Selected practice recommendations for contraceptive use*.

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