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USAID UPDATE
HORMONAL CONTRACEPTION AND HIV ACQUISITION

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Background

In September 2013, the U.S. Agency for International Development (USAID), U.S. Centers for Disease Control and Prevention (CDC), and the Office of the Global AIDS Coordinator (OGAC) developed **Hormonal Contraception and HIV**, a technical brief that summarized the epidemiological evidence to date regarding the potential for increased risk of HIV acquisition in women who use hormonal contraception.

In 2014, the World Health Organization (WHO) **revised its medical eligibility criteria (MEC)** and considered new studies on this issue. Use of hormonal contraception by women at high risk of HIV continues to be a category 1: no restriction, with a caveat that women at high risk of HIV who are using progestogen-only injectables (such as depo medroxyprogesterone acetate [DMPA]) should be counseled about the potential increased risk of HIV acquisition and be informed about and have access to HIV prevention measures, including male and female condoms.

What is new?

Additional studies published over the past few months on HIV acquisition among women using hormonal contraception, particularly injectables, have received media attention. All of these papers utilized data from existing studies to look at hormonal contraception and HIV acquisition in different ways. These recent publications and their main points in regard to injectables and HIV acquisition are summarized below:

- The Polis 2014 systematic review of published studies to date was utilized for the recent WHO MEC update. The Polis systematic review concluded that the relationship between injectable hormonal contraception and HIV risk is inconclusive.

- The Ralph 2015 and Morrison 2015 meta-analyses, published in January, each involved data from multiple existing studies combined into single quantitative estimates; thus, the summary estimate for each analysis is only as good as the studies combined to produce it. Morrison's analysis included additional data sets from existing studies not included in previous analyses; however, adding these new data sets did not change the ultimate findings. Both meta-analyses show a moderate increased risk of HIV acquisition among women using DMPA (Ralph: hazard ratio of 1.40; Morrison: hazard ratio of 1.50 overall; and 1.22 for the group of studies with lower risk of bias).[1] However, problems (such as confounding condom use) with these types of observational data remain and such analyses cannot determine a causal relationship between the use of DMPA and HIV acquisition.

Take home message: Despite additional studies, uncertainty remains about the possible role of DMPA in HIV acquisition. The use of hormonal contraception for women at high risk of HIV continues to be a WHO MEC category 1 with no restrictions but with emphasis placed on specific counseling messages about a potential increased risk of HIV acquisition with use of injectable contraceptives.

What should USAID programs consider?

- The main recommendations in the U.S. Government brief Hormonal Contraception and HIV, published in September 2013, still apply: Women at high risk of HIV who select DMPA or NET-EN should be strongly advised to also use condoms (male or female) consistently and correctly and to also use other HIV-prevention measures, such as antiretroviral therapy initiation for HIV-positive partners where appropriate and, potentially in the future, pre-exposure prophylaxis, if this measure is part of the national guidelines.

- Contraceptive method choice and continued messaging on dual protection are critical.

- One of the highest priorities for USAID's Office of Population and Reproductive Health is to expand the range of existing methods available. Every effort should be made to ensure that women and couples have access to a wide variety of contraceptive methods and are able to select the method that best fits their individual needs and life situation, including their HIV acquisition risk. Clients should be counseled about the risks and benefits of their preferred method, and this counseling should inform them that no contraceptive method, other than male and female condoms, provides protection against HIV and other sexually transmitted infections (STIs). Women who want to use injectable contraceptives should have the option to do so.

[1] A hazard ratio of 1.0 indicates no risk; a hazard ratio less than 1.0 indicates reduced risk; and a hazard ratio of more than 1.0 indicates an increased risk. For example, a hazard ratio of 1.40 indicates an overall increase in risk of 40 percent above baseline risk.

- A priority of the U.S. President's Emergency Fund for AIDS Relief (PEPFAR) is the integration of family planning within HIV platforms, including support for comprehensive family planning services and counseling and expansion of method choice for those accessing HIV services.

- Comprehensive client-centered counseling remains crucial, and programs need to ensure that providers are adequately trained on counseling.

- If a method of hormonal contraception is found to increase HIV risk, this risk must be balanced against the life-saving benefits of using highly effective contraceptive methods to prevent unintended pregnancy.

What are some of the efforts that USAID is making in this area?

- Issues around the use of hormonal contraception and HIV acquisition remain areas of great concern for USAID. As a global leader on both family planning and HIV technical guidance and service delivery, USAID continues to support and monitor continuing research on the possible interaction between hormonal contraception and HIV acquisition.

- USAID endorses the WHO MEC guidance that the use of hormonal contraception by women at high risk of HIV infection remains a category 1 with no restrictions but with emphasis placed on specific counseling messages about a potential increased risk with use of injectable contraceptives.

- With USAID support, the Health Communication Capacity Collaborative (HC3) is currently piloting a behavior change communication strategy in Malawi and Swaziland on hormonal contraception and HIV. This framework will benefit other countries by providing actionable guidance on developing a context-specific communication strategy. This framework will also help by serving as a communication tool with country ministries of health and other stakeholders down to the individual provider and client level. HC3 is also developing country specific communication tools that will assist ministries of health in disseminating hormonal contraception and HIV information messages throughout technical and programmatic channels, including client-centered counseling tools and provider frequently asked questions. The framework and communication tools will be disseminated, and USAID missions are encouraged to work with their ministry of health counterparts to utilize these tools to develop a context-specific strategy and materials.

- USAID is striving to ensure that information on hormonal contraception and HIV is included in HIV and family planning guidance, service delivery protocols, training curricula, and counseling materials and is stressing the importance of key messages during counseling interactions.

- USAID supports research to assess the risks and benefits of contraceptive methods, as well as the development of multipurpose prevention technologies that simultaneously prevent unintended pregnancy, HIV, and/or other STIs.

Please send your questions/requests to HCHIVmaillist@usaid.gov.

References

Polis C.B., et al., Hormonal Contraceptive Methods and Risk of HIV Acquisition in Women: a Systematic Review of Epidemiological Evidence, *Contraception*, 2014, 90(4):360-390.

Ralph L.J., et al., Hormonal Contraceptive Use and Women's Risk of HIV Acquisition: a Meta-Analysis of Observational Studies, *Lancet Infectious Diseases,* 2015, 15(2):181-189.

Morrison C.S., et al., Hormonal Contraception and the Risk of HIV Acquisition: An Individual Participant Data Meta-analysis, *PLoS* Med, 2015, 12(1): e1001778. doi:10.1371/journal.pmed.1001778.