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FROM THE AMERICAN PEOPLE

**USAID communication to the field (February 21, 2012):
WHO expert consultation assessing evidence on hormonal contraception and HIV**

Sent to USAID Missions by:
Scott Radloff, Director, Office of Population and Reproductive Health
Roxana Rogers, Director, Office of HIV/AIDS

Summary: A WHO expert consultation concluded that women living with HIV or at high risk of HIV can safely use all methods of hormonal contraception to prevent unintended pregnancy, and recommended that women at high risk of HIV, including those using injectable contraception, be advised to also always use male or female condoms and other HIV preventive measures.

On October 7, 2011, USAID shared a communication with the field regarding a newly published study by Renee Heffron and colleagues, assessing the association between various methods of hormonal contraception and HIV risk. Since then, USAID and the Centers for Disease Control and Prevention (CDC) worked closely with the World Health Organization (WHO) to convene an expert technical consultation to evaluate all relevant evidence and to review potential implications for programs, service delivery, and future research. USAID and CDC assisted WHO by updating existing systematic reviews with new evidence and preparing presentations for the expert technical consultation.

The 2012 WHO technical consultation on hormonal contraception and HIV was attended by 75 participants from 18 countries representing a wide range of stakeholders. The meeting involved extensive discussion on all available evidence, and established recommendations via group consensus. **USAID and CDC support the conclusions of the WHO consultation.** In brief, the expert group concluded that WHO should recommend no restriction on use of any hormonal contraceptive method (including oral contraceptive pills, injectables, patches, rings, and implants) for women living with HIV or at high risk of HIV, and recommended that the following clarification be added to this recommendation:

“Some studies suggest that women using progestin-only injectable contraception may be at increased risk of HIV acquisition, other studies do not show this association. A WHO expert group reviewed all the available evidence and agreed that the data were not sufficiently conclusive to change current guidance. However, because of the inconclusive nature of the body of evidence on possible increased risk of HIV acquisition, women using progestin-only injectable contraception should be strongly advised to also always use condoms, male or female, and other HIV preventive measures. Expansion of contraceptive method mix and further research on the relationship between hormonal contraception and HIV infection is essential. These recommendations will be continually reviewed in light of new evidence.”

All individuals, whether at risk of HIV or living with HIV, should take all possible precautions to prevent the acquisition and transmission of HIV, including correct and consistent use of condoms. The clarification recommended by the expert group helps to inform women and their partners that evidence assessing the effect of progestin-only injectables method on HIV risk is limited and inconclusive, and that while injectables (and other hormonal contraceptive methods) can be used without restriction regardless of HIV status,

precautions to prevent the acquisition and transmission of HIV are wise. In addition to consistent use of condoms, HIV prevention measures include voluntary adult male medical circumcision, awareness of one's own HIV status and one's partner's HIV status, antiretroviral therapy for treatment-eligible HIV-infected individuals, diagnosis and treatment of sexually transmitted infections, and a reduction in the number of sexual partners. Contraception reduces unintended pregnancy, abortion, and maternal and infant morbidity and mortality. Both unintended pregnancy and HIV have multiple adverse effects on public health, and access to preventive measures for both conditions is essential.

USAID and CDC are committed to ensuring excellence in their programs by upholding the highest standards of science and research, and commend WHO for convening this important consultation in a timely fashion, in light of all preparations required to undertake careful review of the evidence and to assure participation from appropriate experts and stakeholders. USAID will inform programs of the results of the WHO technical consultation, and will continue to emphasize that dual protection against unintended pregnancies and sexually transmitted infections (STIs) including HIV can be achieved by using male or female condoms along with a highly effective method of contraception. Voluntary use of contraception by HIV-positive women who wish to prevent pregnancy continues to be an important strategy for the reduction of mother-to-child HIV transmission.

USAID and CDC also continue their strong commitment to diversifying contraceptive method choice. 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. It remains important to counsel clients, in an accurate and comprehensive manner, about the risks and benefits of their preferred method, including that no contraceptive method, other than male or female condoms, provides protection from STIs including HIV. USAID and CDC support 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.

For further information, please contact Chelsea Polis at cpolis@usaid.gov or David Stanton at dstanton@usaid.gov. This statement reflects input from USAID, CDC, and OGAC, and similar correspondence will be sent to both PEPFAR coordinators and CDC staff.