

Hormonal Contraception and HIV: Science and Policy Africa Regional Meeting

Nairobi 19-21 September 2005

STATEMENT (Final)

The World Health Organization Headquarters Office and Regional Office for Africa, in partnership with the Reproductive Health and HIV Research Unit of the University of Witwatersrand in South Africa (a WHO Collaborating Centre), International Planned Parenthood Federation Africa Region and Family Health International (FHI), convened a meeting of 72 representatives from 17 francophone, lusophone and anglophone sub-Saharan African countries on "Hormonal Contraception and HIV: Science and Policy". The participants included policymakers and programme managers involved with family planning, sexual and reproductive health, and HIV/AIDS, women's health advocates, people living with HIV and scientists and clinicians involved with family planning and HIV research. They were joined by 13 representatives from international donor and non-governmental organizations and agencies. The goal of the meeting was to promote evidence-based discussion and decision-making in response to new information on any potential association between hormonal contraceptive use and the acquisition of HIV.

The meeting reviewed data and information on the association between use of hormonal contraception and the risk of acquiring HIV infection. This included a review of previously published information as well as new data that are expected to be made public in the next few months.

1. A study published in 2004 on a cohort of sex workers followed over many years in Mombasa, Kenya, showed that users of hormonal contraception have a 1.5-fold (combined oral contraceptives [COCs]) to 1.8-fold (depot-medroxyprogesterone acetate [DMPA]) higher risk of acquiring HIV infection compared with non-users. Other studies conducted among sex workers have found similarly elevated risks. However, it is not known whether such risks also apply to clients of family planning services, whose overall risk of acquiring HIV is typically lower than that of sex workers.
2. Two new studies (one in Uganda, Thailand and Zimbabwe, the other in South Africa) pending publication conducted among clients of family planning services found no overall increase in risk of acquiring HIV infection in women who used hormonal contraception compared with women who used non-hormonal contraception or no contraceptive method.

The following recommendations were made by the meeting:

1. There should be no restrictions on the use of COCs and DMPA by women at risk of acquiring HIV, consistent with the current *WHO Medical Eligibility Criteria for Contraceptive Use* guidelines. However, participants suggested that the WHO Family Planning Working Group at its next meeting review the classification regarding women at high individual risk of HIV infection to assess whether some caution on use of these methods may be appropriate, though the participants acknowledged that the benefits of using COCs or DMPA to prevent unintended pregnancy would in the majority of cases offset any excess risk of acquiring HIV infection.
2. Women and their partners are strongly encouraged to protect against unintended pregnancy, STIs and HIV, using condoms alone or in addition to another contraceptive method ("dual protection"). The use of male or female condoms is recommended whenever there is any possibility of exposure to STIs, including HIV. Programmes to promote dual protection should be actively supported.
3. The involvement of men in reproductive health and HIV prevention, and the involvement of HIV-positive people in services and service design, must be strongly promoted. New and creative ways to promote such involvement must be explored.
4. If the Millennium Development Goal targets on the reduction of maternal and child mortality, the reduction of HIV infection and the promotion of gender equity are to be achieved further resources must be committed and increased efforts made to integrate sexual and reproductive health programmes and HIV prevention and care programmes.
5. Safe and effective hormonal contraceptive methods are a key component of family planning programmes. Affordable, high-quality family planning services remain one of the most important

interventions to reduce maternal and infant morbidity and mortality, HIV infection in infants, and poverty, and to promote sustainable development.

6. More resources must be dedicated to improving access to and identifying new methods to protect against HIV and other STIs, particularly methods that are controlled by women.

Additional Recommendations

Research needs

Participants stressed the importance of further research into medical, policy and service issues at the interface between sexual and reproductive health, family planning and HIV prevention and care programmes and services. This is an increasingly important yet poorly understood topic. In particular, to further elucidate interactions between hormonal contraception and HIV, the following top priority research issues were identified:

- Further analysis on the relationship between hormonal contraception and the risk of HIV acquisition among women with and without HSV-2 infection from the Uganda-Thailand-Zimbabwe study. Similar analyses from other available studies should be encouraged.
- Interaction between hormonal contraception and HIV in specific subgroups, particularly adolescents who are already very vulnerable to HIV infection;
- Risk of HIV acquisition and use of other contraceptive methods (e.g. NET-EN, implants, IUDs, the combined patch, and barrier methods other than condoms);
- Effects of hormonal contraception in women with HIV infection -- side effects, menstrual disturbances, disease progression, interactions with antiretroviral treatments;
- Better understanding of how effectively to promote dual protection, especially optimal counselling processes and techniques;
- Modelling tools to inform programmatic decisions on risk-benefit assessments using locally relevant data.

Policy and Standards

There is a need to update country policies to align with existing evidence-based guidelines (e.g. WHO *Medical Eligibility Criteria for Contraceptive Use*). Coordination and linkages between researchers, policy makers and program managers at country level should be strengthened.

Communication

Communication strategies should be developed for different target audiences including providers, policy makers, faith-based organizations and other civil-society groups to help programme managers and individuals make informed decisions.

Programmes and Service Delivery

The male condom -- and the female condom -- need to be emphasized as effective preventive options and made truly available. Service providers need appropriate training and support to provide effective counselling on dual protection.

Resource Allocation

Countries need to see reproductive health as a priority. Resources should be provided to facilitate the integration of family planning and HIV service delivery and policies, including adequate funds to ensure security of reproductive health commodities. Family planning programmes should develop strategies to access resources available for maternal health, adolescent reproductive health, HIV/AIDS, and prevention of mother-to-child transmission programmes.