



## DMPA and HIV: What advocates need to know

For decades, there was mixed evidence on the risk of HIV infection and the use of progestogen-only\* injectable contraceptive products containing depot medroxyprogesterone acetate (DMPA).\*\* Filling these gaps in the research with evidence from a randomized clinical trial was critical.

Designed to provide high-quality evidence to help women at high risk of HIV make informed choices about contraception, the [Evidence for Contraceptive Options and HIV Outcomes \(ECHO\) study](#) was the first large-scale randomized clinical trial to address this important public health question.

Conducted from 2015–2019 across four countries, the ECHO study evaluated whether there was any difference in HIV acquisition risk among women using one of three methods: intramuscular DMPA (DMPA-IM), a non-hormonal copper intrauterine device (copper IUD); and a progestin-based implant containing the hormone levonorgestrel (LNG implant).

The study found no significant difference in HIV acquisition among the three groups of women, and all methods were safe and highly effective.

In August 2019, based on a review of all existing evidence including the ECHO study, the World Health Organization (WHO) released [new guidance on hormonal contraception and HIV for women at high risk of HIV](#).

**The WHO guidance states that women at high risk of HIV can use progestogen-only injectables, including products that contain DMPA, with no restrictions; classified as Category 1 in WHO’s Medical Eligibility Criteria (MEC). This is an update from previous 2017 MEC guidance that classified DMPA as Category 2\*\*\*.**

\*You might also be familiar with the term “progestin-only” injectables. Progestogen-only and progestin-only injectables refer to the same thing.

\*\*DMPA is a contraceptive drug that is injected into a muscle (intramuscular, or IM) or under the skin (subcutaneous, or SC).

\*\*\*MEC Category 2: The advantages of using the contraceptive method generally outweigh the theoretical or proven risks; the contraceptive method can generally be used.

**?** **How to use this tool:** This tool summarizes important takeaways for advocates from new guidance released by the WHO in 2019 on hormonal contraception, including DMPA injectables for women at high risk of HIV. Incorporate the information in this tool into your advocacy strategy development and messaging, especially if you live in a country with high rates of HIV among women and adolescent girls.

## Important points about WHO's guidance on DMPA use for women at high risk of HIV

Based on a recent review of existing evidence including the [ECHO study](#), the WHO has [revised its guidance](#) on contraceptive eligibility for women at high risk of HIV:

**Women at high risk of acquiring HIV can use progestin-only injectables (including DMPA) with no restrictions; these contraceptives are classified as Category 1 in WHO's Medical Eligibility Criteria (MEC). This is an update from previous 2017 MEC guidance which classified DMPA as Category 2<sup>1</sup>.**

WHO's 2019 guidance includes the following additional key points:

- For women at high risk of HIV, there are no medical restrictions for any contraceptive method including progestogen-only contraceptives (pills, DMPA-IM, DMPA-SC, implants), IUDs, and combined hormonal contraceptives (pills, ring, patch, injectable).
- As these contraceptive methods do not protect against HIV and other sexually transmitted infections (STIs), the guideline emphasizes that correct and consistent use of condoms should be used where there is a risk of STIs, including HIV. WHO also recommends considering offering pre-exposure prophylaxis (PrEP) in settings where the incidence of HIV is above 3%, as appropriate.
- Women should have access to the full range of modern contraceptive methods so they can make informed choices around contraceptive choice and their sexual health.

Practically speaking, WHO has shifted progestogen-only injectables from category 2 to category 1 for women at high risk of HIV in its *Medical eligibility criteria for contraceptive use* (MEC). The MEC provides guidance to country policymakers and family planning (FP) program managers on developing their national policies, programs, protocols, and guidelines.

<sup>1</sup> MEC Category 2: The advantages of using the contraceptive method generally outweigh the theoretical or proven risks; the contraceptive method can generally be used.

## MEC categories for contraceptive use

Category 1	No restriction on use	← DMPA
Category 2	Advantages generally outweigh theoretical or proven risks	
Category 3	Theoretical or proven risks generally outweigh advantages	
Category 4	Unacceptable health risk	

### Three key messages

#### 1 Sexual and reproductive health and rights and informed choice need to be at the center of policy and programming related to contraception.

All women and adolescent girls have the right to evidence-based information on contraceptives, a broad method mix, and quality services free from discrimination.

Many women and adolescent girls want to prevent both unintended pregnancy and HIV infection. With full and accurate information, they should be empowered to make decisions about contraception and HIV protection, in line with their preferences and values.

As WHO's 2019 guidance for contraceptive use is rolled out, we have a unique opportunity to further strengthen informed choice counselling, empowering and equipping women and girls to prevent both unintended pregnancy and HIV acquisition.

#### 2 Women at high risk of acquiring HIV can use all methods of contraception, including injectables containing DMPA.

According to WHO, women at high risk of HIV infection can use progestogen-only injectables with no restrictions. WHO's guidance emphasizes the need to provide comprehensive counseling to all women who want to use contraception.

All women considering use of progestogen-only injectables should be counseled on how to protect themselves from HIV and be clearly informed that no hormonal contraceptive method protects against HIV or any other sexually transmitted infection (STI). Especially in settings with high HIV incidence, women should receive counseling on and have access to HIV prevention measures—including male and female condoms and pre-exposure prophylaxis (PrEP)—as appropriate.

Injectable contraception remains an important, lifesaving option for women in many countries. A misunderstanding of risk could lead women to avoid the use of these products or contraception altogether, increasing vulnerability to unintended pregnancy as well as maternal death or injury.

### 3 **Investments are urgently needed to expand the contraceptive method mix and improve integration of FP and HIV services where appropriate at the national and subnational levels.**

Women and adolescent girls in many countries continue to face multiple and simultaneous risks, including unacceptably high risk of HIV infection as well as unintended pregnancy. The ECHO study found very high annual incidence of HIV infection among all participants, underscoring the need for continued investments in HIV prevention for women and girls. Advocates have a critical role to play to help ensure that all women and adolescent girls are able to protect themselves from unintended pregnancy, HIV, and other STIs.

- **Renew calls to national and subnational decision-makers** to increase the range of contraceptive options available to women and adolescent girls. No single method will meet the needs and preferences of all women and adolescent girls. Injectables should continue to be offered as part of a broad method mix.
- **Reinforce the need to improve coordination between FP and HIV** in country policies and programs, especially in areas of higher HIV prevalence. Ensuring women have the information and means to practice “dual protection” from unintended pregnancy and HIV/STIs is a shared responsibility between the FP and HIV communities. Advocates can help bring together all relevant stakeholders and ensure policy discussions promote better linkages between contraception and HIV/STIs.

## Helpful resources

WHO: [WHO revises recommendations on hormonal contraceptive use for women at high HIV risk](#)

WHO: [Guidance statement - Recommendations on contraceptive methods used by women at high risk of HIV](#)

WHO: [App for the Medical eligibility criteria for contraceptive use](#)

WHO: [Implementation Guide for the Medical eligibility criteria for contraceptive use \(MEC\) and Selected practice recommendations for contraceptive use \(SPR\)](#)

ECHO: [The Evidence for Contraceptive Options and HIV Outcomes \(ECHO\) Study](#)

ECHO: [ECHO Study Questions and Answers](#)