

ECHO STUDY MASTER Q&A

13 June 2019

BACKGROUND ON ECHO TRIAL

1. What information will the ECHO Trial provide?

- The Evidence for Contraceptive options and HIV Outcomes (ECHO) study provides policy-makers, programme managers, family planning services providers, advocates, and most importantly the women making contraceptive choices with clear information about the comparative HIV risks associated with the use of three long-term contraceptives methods: Depot Medroxyprogesterone Acetate (DMPA) injections, levonorgestrel (LNG) implant, and copper intrauterine devices (IUDs).

2. What was the purpose of the trial?

- The primary objective of the trial was to compare the risks of HIV acquisition and benefits of pregnancy prevention between women randomised to Depot Medroxyprogesterone Acetate (DMPA) injections, levonorgestrel (LNG) implant, and copper intrauterine devices (IUDs).
- The goal of this high-quality study design was to provide policy-makers, programme managers, family planning services providers, advocates, and most importantly the women making contraceptive choices with clear information about the comparative HIV risks and pregnancy prevention benefits associated with the use of contraceptive methods.
- Information from this clinical trial, for each of the three methods under study – DMPA, LNG implant, and copper IUDs - will strengthen the ability of providers and contraceptive users to make the best possible family planning choices.

Why was the ECHO Study needed?

- More than 150 million women worldwide use various hormonal contraceptives, including progestogen-only contraceptives such as injectables, for family planning. In sub-Saharan Africa, progestogen-only injectable contraceptives are the most commonly-used method. Over the past 25 years, as the HIV epidemic took hold in many countries, a number of observational studies explored whether or not hormonal methods increase the risk of HIV acquisition. For women using progestogen-only injectables, the cumulative evidence from observational studies indicated a possible increased risk of HIV acquisition (particularly with DMPA-IM) but it was uncertain whether there was a causal relationship, as opposed to just an observed association, due to the methodological limitations of these studies. Few studies have examined whether hormonal implants or intrauterine devices (IUDs) affect users' risk of HIV acquisition.

METHODOLOGY AND DESIGN OF THE STUDY

For information about the methodology and design of the study, please visit the ECHO website Q and A. [Everything you need to know about the ECHO Study](#)
Q and A, April 2019

WHAT HAPPENS NEXT?

1. Will the WHO guidance on medical eligibility for contraceptive use change, and how long will it take?

- Following the announcement of the results from the Evidence for Contraceptive Options and HIV Outcomes (ECHO) Study, WHO will convene a Guideline Development Group at the end of July to review the evidence and to update, as needed, the *Medical Eligibility Criteria for Contraceptive Use* guideline with regard to women at high risk of HIV. It is expected that any updated recommendation(s) will be published at the end of August. All information on the guideline development process will be made publicly available on this site.

2. What does this mean for policy-makers and programme managers?

- A WHO statement will also be issued in response to the results. This statement will provide guidance until publication of the updated medical eligibility criteria recommendation(s).
- Comprehensive sexuality education plays a central role in preparing young people for a safe, productive, fulfilling life in a world where HIV and AIDS, sexually transmitted infections, unintended pregnancies, gender-based violence and gender inequality still pose serious risks to their well-being. Providing children and young people with comprehensive sexuality education empowers them to take control and make informed decisions about their sexuality and relationships freely and responsibly, and in a way that protects their health.
- Expanding quality-assured contraceptive options for voluntary family planning is critical in reducing the current unmet need of some 214 million women of reproductive age in developing countries who want to avoid pregnancy but are not using a modern contraceptive method. Providing a wide choice of acceptable and effective contraceptive methods empowers girls and women to make their own decisions about whether and when they wish to become pregnant as well as how many children they wish to have.
- Access to high-quality, affordable sexual and reproductive health services and information, including a full range of contraceptive methods, is fundamental to fulfilling the rights and well-being of all people. Universal access to effective, modern contraceptive methods ensures that all women can have a satisfying sexual life while avoiding unintended pregnancies and the potential negative health or economic consequences. Key global initiatives, including the [Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health](#).

3. What does this mean for health service providers?

- Until the evidence has been reviewed, there is no change in the medical eligibility criteria for contraceptive use for women at high risk of HIV. Information about current guidance and any future updates may be found [here](#).
- A mobile version of the *Medical Eligibility Criteria for Contraceptive Use* guideline is [available as a free App for both Android and Apple](#). This App will automatically be updated if any changes to the guidance result from the upcoming review.
- Enabling women and girls to make informed decisions is a fundamental principle when providing any contraceptive information and service. A shared decision-making approach to contraceptive use should be taken with all individuals, but special attention should be paid to young people and women at high risk of acquiring HIV. High-quality counselling services are essential. Counselling should be provided free of stigma, discrimination or coercion. and must respect the human rights of women and girls.

4. Does any method of contraception increase your risk of HIV infection?

- [Getting HIV is not caused by using any hormonal method of contraception](#). It is possible to reduce your risk of acquiring HIV by using condoms or pre-exposure prophylaxis (PrEP) – a medication that can help protect you from acquiring HIV.
- Hormonal contraceptives do not protect against HIV.

GENERAL INFORMATION

1. Where can I get more information of family planning and contraception?

[WHO's fact sheet on family planning](#)

2. Where can I get more information on protecting myself against HIV?

[WHO's fact sheet on HIV](#)