



Hormonal Contraceptives and HIV

An Introductory Factsheet

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Hormonal contraception and HIV risk is an open issue that the field is currently considering. This fact sheet provides basic information on what is known to-date. For more basic fact sheets in this series on emerging HIV prevention tools visit www.avac.org/intro.

What are the available data about hormonal contraceptive use and risk of HIV infection?

There are mixed data. Some studies suggest that use of certain hormonal contraceptives—particularly injectable progestogen-only methods like Depo-Provera (DMPA)—increase women’s risk of HIV infection. Other studies do not. The available information is primarily observational data. This means it was derived from trials or studies designed primarily to answer other questions. This type of information is hard to analyze since there are many variables that could have influenced or biased the outcome. There has not been a randomized controlled trial (RCT) of HIV acquisition in women using hormonal contraceptives or other methods.

Resources and Links

AVAC

www.avac.org/hc

WHO

<http://bit.ly/1tKuMbN>

What conclusions can be drawn from the data that exist right now?

Looking at all the available information, there is “equipoise”. This means that there is uncertainty about what, if any, connection exists between DMPA and risk of HIV acquisition. Some additional clarity could come from a proposed trial known as ECHO that would randomize women to receive either DMPA, a copper intrauterine device (IUD) or the Jadelle implant, which is placed under the skin and contains a type of synthetic hormone different than the one used in DMPA. Some researchers feel the mixed data support the kind of shift away from DMPA that South Africa has already taken, with a new policy that emphasizes expanding access to other methods such as the implant. Other stakeholders emphasize that if DMPA is not replaced with a comparable option, women will face increased risks associated with unplanned pregnancies.

If there is any point of consensus it is that this uncertainty does warrant action—better communication, more options and, perhaps, a trial to provide much needed clarity on a key question impacting women’s lives.

Is the current discussion about all hormonal contraceptives?

The discussion to date has mainly centered on oral and injectable progestogen-only contraceptives. This is because these are the methods on which there is the most data. This doesn’t mean that other hormonal methods do not affect HIV risk—we just don’t know. They haven’t been used as widely by women in places where the data were gathered. Right now, the main focus when considering HIV risk and contraceptives is on hormonal family planning methods because they affect the lining of the genital tract, and this might be the mechanism by which some methods affect HIV risk. Other non-hormonal methods like the copper intrauterine device (IUD) and male and female condoms do not have the same effects on the genital tract.

Do all hormonal contraceptives have the same effects on the genital tract?

No. Different contraceptive methods contain different synthetic hormones and/or different doses of the same synthetic hormones. There are no direct data on how different synthetic hormones or dosage levels might impact HIV risk.

Do hormonal contraceptives increase HIV-positive women's risk of transmitting HIV?

Right now, it's not known.

Is this a global issue?

All women have the right to a complete informed choice of a range of family planning methods and HIV prevention tools. If women stopped using DMPA and did not switch to another method, they would be at greater risk of unplanned pregnancy, maternal morbidity and mortality. This issue is of greatest relevance in countries where rates of HIV are high and where injectable hormonal contraceptives like DMPA are widely used. This places the focus on a few key countries in sub-Saharan Africa.

Do hormonal contraceptives protect against HIV infection?

No. Hormonal contraceptives do not protect against HIV or other sexually transmitted infections (STI). Currently there are no contraceptives, with the exception of condoms (male and female), that protect against HIV. Women using hormonal contraceptives must also use a condom or take other measures to protect themselves against HIV.

How has the World Health Organization addressed uncertainty regarding hormonal contraceptive use and HIV risk?

In early 2012, the World Health Organization issued a “technical statement” on hormonal contraceptives and HIV risk that stated: “The World Health Organization should continue to recommend that there are no restrictions (MEC Category 1) on the use of any hormonal contraceptive method for women living with HIV or at high risk of HIV”. However, the statement recommended that a new clarification (under Category 1) be added to the medical eligibility criteria for women using progestogen-only injectable contraception at high risk of HIV. It states:

Some studies suggest that women using progestogen-only injectable contraception may be at increased risk of HIV acquisition, other studies do not show this association.[...] However, because of the inconclusive nature of the body of evidence on possible increased risk of HIV acquisition, women using progestogen-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.

In 2014, WHO updated this technical statement with the additional recommendation that women at risk of HIV selecting DMPA be informed of the mixed data regarding that method's impact on risk of HIV acquisition.

What are other key developments?

African civil society groups are working in coalition to share information and articulate their analysis of and priorities for work on this issue. Discussions about the proposed ECHO trial are ongoing.

HC-HIV in AVAC Report 2014/15: Prevention on the Line

Check out the “Hormonal Contraception and HIV” intervention update (www.avac.org/report2014-15/intervention-update/hc-hiv) for recommendations related to the ECHO trial, WHO work in the area and the need to engage the family planning field in this work.

About AVAC | AVAC is a non-profit organization that uses education, policy analysis, advocacy and a network of global collaborations to accelerate the ethical development and global delivery of new HIV prevention options as part of a comprehensive response to the pandemic.

