Session 2: HIV Prevention

After the ECHO trial: What's Next on Contraception and HIV: Policy, Practice, and Research?

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The ECHO trial: what's next on contraception and HIV: policy, practice, and research

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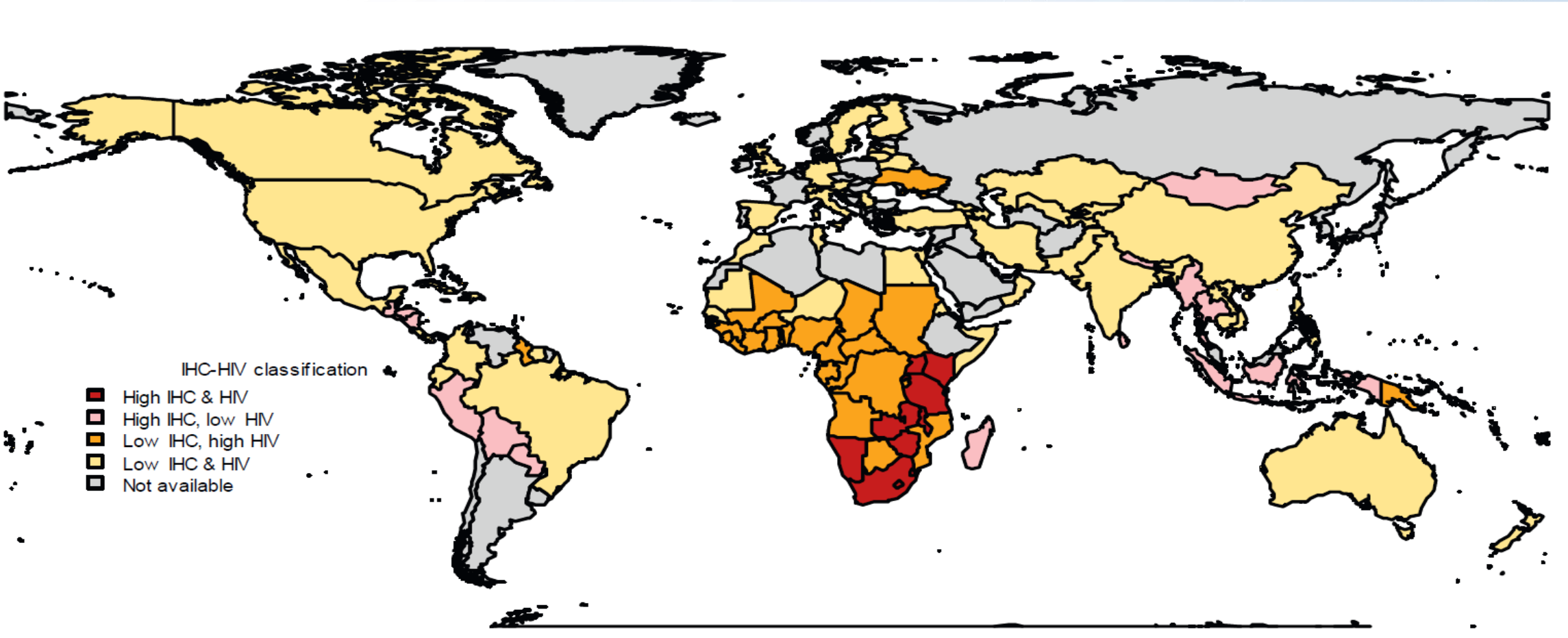
Outline

- ECHO: Why, What and Outcomes
- Implications of ECHO findings
- What is next on contraception and HIV: policy, practice, and research

Overlap between injectable hormonal contraceptive use and high rates of HIV



Evidence for Contraceptive Options and HIV Outcomes (ECHO): Why?

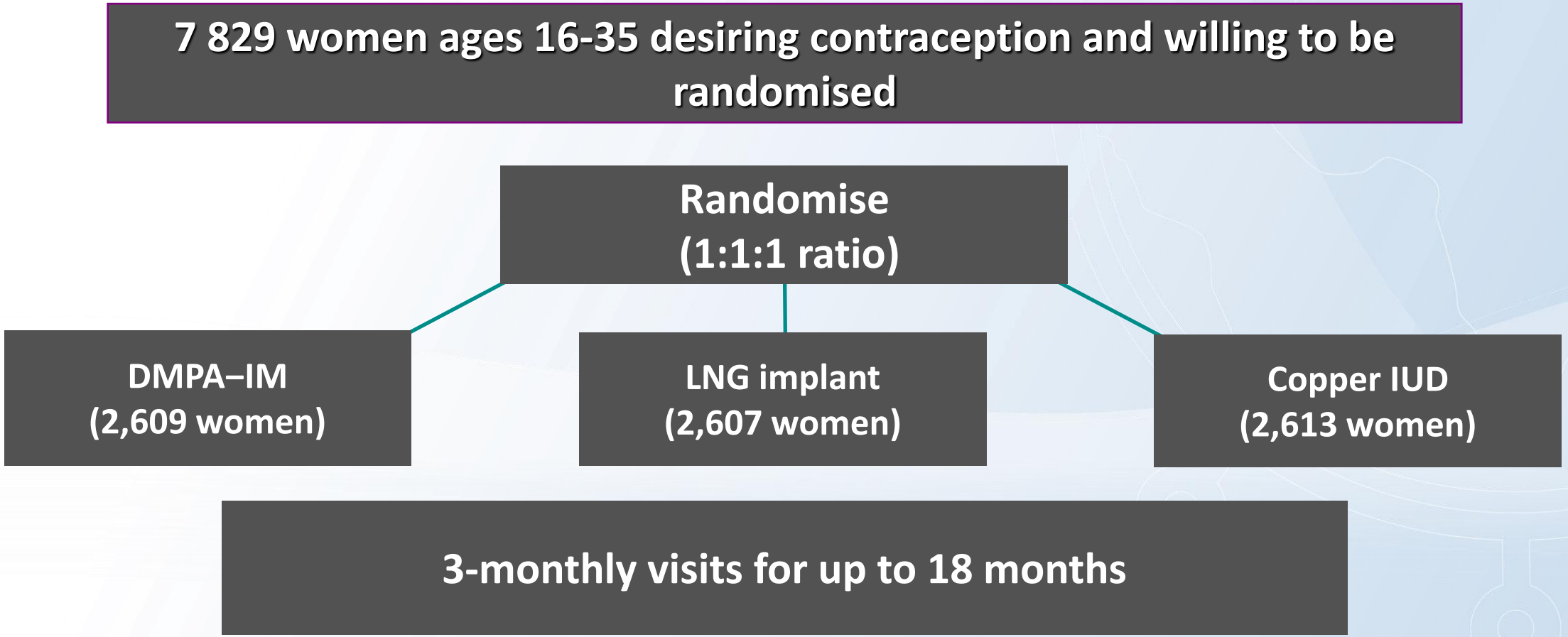
- Safe and effective contraception is essential to:
  - the health of women and their families,
  - women's empowerment and
  - economic and social development in communities

The study

- Multicentre, open-label, randomised clinical trial comparing HIV incidence and contraceptive benefits in women using one of three highly-effective, licensed contraceptive methods:
  - intramuscularly-delivered depot medroxyprogesterone acetate (DMPA-IM)
  - a copper intrauterine device (IUD)
  - and a levonorgestrel (LNG) implant

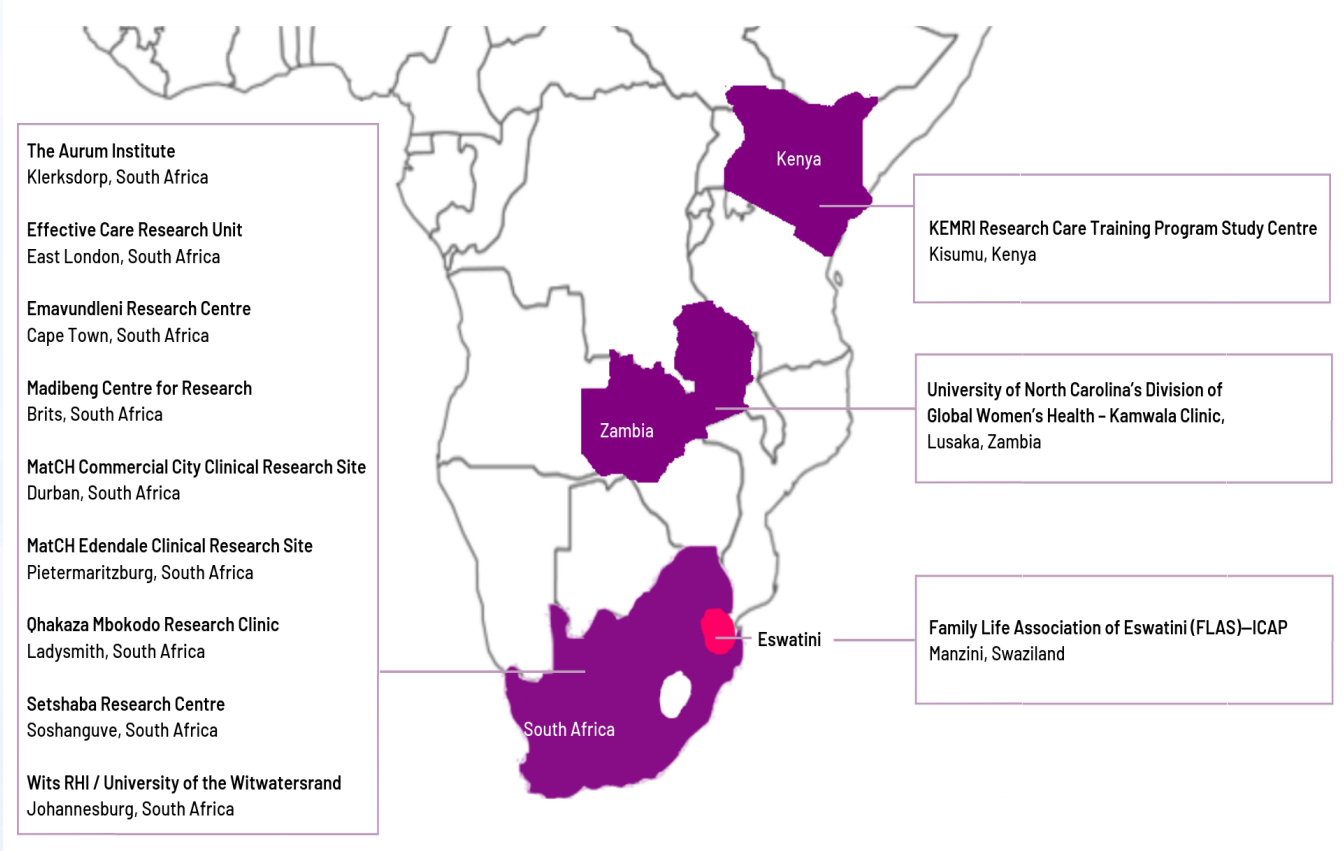
- The primary objective was to compare HIV incidence among women randomised to DMPA-IM, a copper IUD, or an LNG implant.
- Secondary outcomes included pregnancy, contraceptive method continuation, and adverse events.
- The trial began in December 2015 and concluded in October 2018.

ECHO study design



ECHO sites

The trial was undertaken in 12 sites in 4 countries: Eswatini (1), Kenya (1), South Africa (9), and Zambia (1)



Results: HIV incidence

- New infections: 397 out of 7829 women acquired HIV during the study
  - The overall rate of new infections was 3.81% per year(95% CI 3.45 -4.21)
- HIV risk by contraceptive method
  - DMPA–IM – 4.19%
  - Copper IUD – 3.94%
  - LNG implant – 3.31%
- None of the contraceptives substantially increased the chances of getting HIV compared to the other two contraceptives

Results: STIs

Point Prevalence of NG and CT at Screening and Final Visits				
	N.Gonorrhoea		C.Trachomatis	
	Screening (N=7816) % (CI)	Final (N=7268) % (CI)	Screening (N=7815) % (CI)	Final (N=7269) % (CI)
Total	4.7 (4.3, 5.2)	4.8 (4.4, 5.4)	18.2 (17.3, 19.0) 1	15.4 (14.6, 16.2)

The risk of NG and CT was considerable in this population at both the screening and final visits, even in the context of routine prevention counseling and syndromic management

Prevalence of NG and CT at Screening and Final Visits by Age Group		
	Screening % (95% CI)	Final % (95% CI)
≤ 24 Years Old		
N. gonorrhoea	5.4 (4.8, 6.0)	5.8 (5.2, 6.5)
C. trachomatis	21.5 (20.4, 22.6)	19.6 (18.5, 20.8)
25 + Years Old		
N. gonorrhoea	3.6 (3.0, 4.3)	3.2 (2.6, 4.0)
C. trachomatis	12.4 (11.3, 13.7)	8.2 (7.2, 9.3)

At screening and final visit, the prevalence of NG and of CT were significantly higher in women ages ≤24 years than those who were ages 25 years and older, despite routine prevention counseling and syndromic management

Summary of ECHO implications

1. Increase access to broad range of contraceptive methods
2. More aggressive HIV prevention efforts for women are needed now
3. No more silos; the connection between the FP and HIV worlds cannot be lost
4. New STI screening, treatment, and prevention strategies are needed with movement away from syndromic management
5. Integrate services and put women at the center.

What is next on contraception and HIV: policy, practice, and research

- There is urgent need for action to invest in and expand HIV prevention, STI services and contraceptive choices in the broader context of providing sexual and reproductive health (SRH) services:
  - National policy change to reflect this action, this will provide leadership, framework for action of governments and funding to move towards implementation at local level
  - Deliberate action must ensure implementation of recommendations so that changes are reflected in practice
  - Response in research must be to provide evidence and support towards policy implementation and change/improvement in practice

Policy

National policies must migrate to reflect the investment and expansion of HIV and STIs prevention in the context of contraception services in consultation with stakeholders to have input of the following issues:

- Contraceptives
  - What contraceptive options are currently available
  - What contraceptive options do women want based on range of options and information available to inform choice
- HIV and STI testing and treatment
  - What is available screening, diagnostic tests and treatment options
  - Women's values and preferences about HIV/STI testing including preferred location, partner testing, self testing (HIV), self collection(STIs) as we move away from syndromic management

- Opportunities and barriers for women accessing contraceptive, HIV and STI services
  - Logistics
  - Structural issues
  - User fees
  - Health Care Workers' attitudes and beliefs
  - Stigma and discrimination of key populations
  - Legal concerns - age of consent for adolescent girls

Practice

- ECHO findings - it is no longer business as usual and we must relook at practices and implement recommendations towards HIV/STI prevention in contraceptive services:
  - Increase access to condoms and HIV/STI testing and treatment to women
    - But consider strategies to extend and increase provision to men, without which effect is limited
  - Use knowledge of benefits of integration of SRH and HIV activities to implement changes in practice at scale
  - Prioritize implementation of the WHO recommendation on integration into FP services of HIV self testing, voluntary assisted partner testing, STI self collection and migration away from syndromic management of STIs

- Implement adequate STI case management services in contraceptive services
  - Moving away form syndromic management and diagnosing and treating symptomatic women
  - Targeted screening and treatment of those at higher risk (symptomatic and asymptomatic)
- Provide PrEP/linkges in contraceptive clinics
  - WHO recommends offering PrEP to anyone at substantial risk i.e. from a population with incidence >3/100 person years and from key populations
- Support health care workers in contraception services to provide HIV/STI services by training, mentoring and implementing strategies to reduce burden on them
- Community outreach and engagement to create demand for HIV services in family planning services

What is next in research?

- Research should provide data and evidence to aid policy and practice change:
  - Implementation science projects
    - Dually advance family planning and HIV prevention
    - Woman centered approaches to provide SRH in context of contraception, HIV and STI prevention
  - Studies to provide evidence towards policy change
    - Rapid assessments for current contraceptive and HIV prevention status versus women's preferences
    - Demographic characteristics of contraceptive services users
    - Determination of HIV and STI burden

- Diagnostics
  - New STI screening and diagnostic tests
  - Biological mechanisms of STIs
- Studies to investigate
  - Male reach and engagement in HIV/STI prevention, diagnosis and treatment
  - Reach and uptake of HIV/FP integrated services by key populations
  - Models of community and stakeholder engagement on SRHR issues
- Cost and effectiveness studies of strategies being implemented
- Monitoring and evaluation programmes

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- ECHO funders:

- References
- Actions for improved clinical and prevention services and choices: Preventing HIV and other sexually transmitted infections among women and girls using contraceptive services in contexts with high HIV incidence - Policy brief, June 2020
- https://www.familyplanning2020.org/resources/update-who-process-interim-guidance-and-future-guidelines-what's-next

THANK YOU