



TAKING ACTION NOW to Prepare for the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial Results: Phase One

The results of the ECHO¹ trial may be presented in mid-2019. ECHO is designed to find whether using any of these three family planning methods— Depot Medroxyprogesterone Acetate [DMPA] (also called Depo), Levonorgestrel implant (LNG) or Intrauterine Device (IUD) — has any effect on a woman’s chances of getting HIV if she is exposed to it. African women and allies focused on HIV, sexual and reproductive health and rights have been following this issue for many years, and have been actively involved in the ECHO trial since its early days. With results expected this year, it is time to expand the conversation and prepare for action. We hope you will use this tool to join us!

The ECHO trial is designed to provide clarity on a topic where there is a lot of uncertainty. Some studies, like one published by Heffron et al² in 2011 suggest that HIV-negative women who use DMPA are at higher risk of acquiring HIV than HIV-negative women who use other methods. Other studies haven’t found this. A systematic review of all published research, commissioned by the World Health Organization³, noted that there was uncertainty but “increasing concern” about whether DMPA impacted women’s risk. This method, along with another injectable called NET-EN, is currently classified by the WHO⁴ as one for which the advantages generally outweigh “the theoretical or proven risks”. This classification reflects the concern and the uncertainty.

All the data that have been reviewed had challenges. Most of the data were from observational studies. ECHO is a randomized controlled trial designed to overcome these challenges. Results are expected in 2019.

In 2018, with support from AVAC, ICWEA in collaboration with HIV prevention advocates and the ECHO trial team carried out consultations with family planning users and key providers to discuss ECHO trial process in Kenya, Zambia and South Africa. In those, people discussed what will happen:

1. If ECHO results show that DMPA or any of the other methods tested do not increase the risk of HIV;
2. If the ECHO findings are unclear and we still do not know if there is any relationship between DMPA or any of the other methods and HIV risk;
3. If ECHO shows that DMPA does increase a woman’s risk of HIV;

¹ For background resources on this trial and the broad array of issues related to hormonal contraception and HIV for women at risk of and living with HIV visit:

<https://www.avac.org/prevention-option/hormonal-contraceptives-and-hiv>

The ECHO trial website provided detailed information on the trial, regular updates and more:

<http://echo-consortium.com/>

² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3266951/>

³ https://journals.lww.com/aidsonline/Fulltext/2016/11130/An_updated_systematic_review_of_epi_demioical.13.aspx

⁴ https://www.who.int/reproductivehealth/publications/family_planning/HC-and-HIV-2017/en/



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It is now time to start preparing for the results and deciding how we will respond.

What do we know now?

1. If the ECHO results show that in none of the 3 methods (DMPA, Jadelle implant, copper IUD) increase risk of HIV that will be good news. That will mean that, as far as we can tell, women can continue using DMPA and these other methods without increasing their HIV risk.
2. If the ECHO results show that any one of three methods (DMPA, Jadelle implant, copper IUD) increase women's risk of acquiring HIV, we will need to insist that the family planning "method mix" in our clinics is increased right away. Method Mix is the number of family planning methods available in clinics to women. Clinics will need to have several choices on hand so that women who choose not to use DMPA can choose another family planning methods that works for them.
3. If the ECHO trial results have unclear findings on risk of HIV of one of the three methods (DMPA, Jadelle implant, copper IUD) increase women's risk of acquiring HIV, we will need to insist that the family planning "method mix" in our clinics is increased right away.

In many places, women have very fewer choices. Their governments say they cannot afford to supply a range of choices. This will not be an acceptable answer if ECHO shows that using DMPA increases a woman's HIV risk. To keep women's safe, we will need to insist on having more choices. We will need allies to help us with this.

Since we do not know for sure when the ECHO results will be announced, we need to start recruiting allies now. Family planning providers, community health workers, programmers and advocates can be very good allies. So now is a good time to start talking to them — and to ask them to come with us to talk to our Health Ministries about the ECHO results, when announced.



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What do we need to DO now (January – February 28, 2019)

We need to start conversations with our allies now. Here is how you can get started:

1. Make a list of the potential allies in your area. Start with your family planning providers and community health workers. You can also ask religious leaders, HIV doctors or nurses or others who support women's health.
2. Contact these people and ask if they will meet with you to talk about the upcoming ECHO results. Explain that you need to meet with them now to develop a plan before the trial results are released. You need their help now in deciding who within the Ministry staff might agree to meet with you and listen to you. Ask them to meet and plan with you, as allies. So you can prepare yourselves to talk to the press and Ministry when the results come out.
3. Below is a conversation starter you can use when you go to meet with prospective allies. Ask if they are willing to “take a little quiz”. Assure them that it is OK if they don't know the answers — most people don't. But discussing them will lead into talking about why ECHO is important and why you need to prepare for its results now— instead of waiting until the results are announced publicly.
4. After discussing the survey questions and your shared concerns about women's safety, ask if the potential ally is willing to come with you and other allies for a meeting with the Ministry of Health when the ECHO results are announced. Taking allies with you shows the officials that consumers, family planning providers and other community leaders agree on demanding that women have access to family planning methods that are safe for them.
5. **Please complete the following form and return it to Margaret Happy (mhappy@icwea.org and admin@icwea.org at ICWEA by February 15, 2019.**

Please respond to let us know how you are **Taking Action on ECHO**. Have you:

1. Made appointments to meet with potential allies?
2. If so, please tell us who you will meet with and on what dates you are meeting?
3. Do you need help contacting potential allies? If so, please let Margaret Happy know by e-mail. We may be able to assist you in finding their e-mail addresses, etc.

THANK YOU!!

We will contact you in March if we have not heard from you by then.



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Coordinating Advocacy and Communications Strategy – a Living Calendar for 2019

January-February 15 2019: Get up to date, re-engaged and expand the conversation using the survey tool provided here!

February 15-20 2019: Rapid review and analysis of survey results

February 24-25, 2019: Small communications and strategy planning session for core members of HC-HIV Advocacy Working Group in Lusaka, Zambia

February 26-28, 2019: WHO-convened meeting on HC-HIV in Lusaka, Zambia – civil society to feed in findings from above meeting

March-June 2019: In-country and virtual organizing in ECHO countries, regionally and globally to raise issues, discuss scenarios and focus on key priorities for women, sexual and reproductive health and rights

By June 2019: Advocacy communications strategy, key messages and response plans are in place with civil society leadership in all ECHO trial countries, regionally and globally, including translated materials, spokespeople, media engagement plans, etc

July 2019 (possible/tentative): ECHO trial results released



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Conversation Starter: Survey Questions to Ask Potential Allies

Tip: Write down your own answers to each question before your meeting. This way, you can practice answering them comfortably.

Also, take a clean copy of the form with you to the meeting, so you can make notes on it to remember what your potential ally says.

1. Can you tell me the purpose of the ECHO trial and the countries where it is being conducted?⁵
2. If ECHO shows that using DMPA has no effect on women's HIV risk, how will that affect your work and the women in your community who you serve?
3. If the findings are unclear - and we still do not know if using DMPA increases a woman's HIV risk — how will that affect you and people in your community?
4. If it shows that using DMPA does increase risk of HIV, what effect will that have?
5. Would you agree that women in our area need to have wide a range of family planning methods to choose from —so they can find a method that suits them?
6. If the results of the DMPA trial are #2 or #3, rather than #1, would you be willing to go visit the Ministry of Health with me to discuss these issues with them?

⁵ see AVAC ECHO fact sheet for this information at <https://www.avac.org/trial/evidence-contraceptive-options-and-hiv-outcomes-trial-echo>