

**Assessing Communication and  
Advocacy Needs around the Evidence  
for Contraceptive Option and HIV  
Outcomes (ECHO) Trial Results:  
A Landscape Assessment**

**February 2019**



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## Acronym List

DMPA	Depo-medroxyprogesterone acetate
DMPA-IM	Intra-muscular depo-medroxyprogesterone acetate
DMPA-SC	Sub-cutaneous depo-medroxyprogesterone acetate
ECHO	Evidence for Contraceptive Option and HIV Outcomes
FP	Family Planning
HIV	Human Immunodeficiency Virus
MEC	Medical Eligibility Criteria
Net-EN	Norethisterone enanthate
WHO	World Health Organization
UNFPA	United Nations Population Fund

# Executive Summary

The Evidence for Contraceptive Option and HIV Outcomes (ECHO) trial was launched in 2015 to test the comparative risk of HIV acquisition among women using one of the following three contraceptive methods: intra-muscular depo-medroxyprogesterone acetate (DMPA-IM), the Jadelle sub-dermal implant, and the copper intrauterine device (IUD). The trial enrolled 7,830 women across four countries (Eswatini, Kenya, South Africa, and Zambia), who agreed to be randomized by computer to one of the three methods. When the results of the ECHO trial are released in mid-2019, there will be a need for rapid mobilization of advocacy and communication efforts.

From November 2018 to January 2019, the Johns Hopkins Center for Communication Programs (CCP) conducted a landscape assessment that sought to identify advocacy and communication needs - both globally and at country level - to determine steps that should be taken before and after the release of the ECHO trial results. The assessment consisted of interviews, collection of existing materials and a stakeholder meeting in January 2019 in Washington DC.

Findings from the assessment show that, although not extensive, many organizations have carried out some kind of activity or materials development specifically related to communication and advocacy on the issue of hormonal contraception and the potential risk of HIV acquisition, including civil society engagement and partner meetings, message development, pilot studies in counseling, materials development, data modeling and journalist briefings.

Existing plans of action moving forward are mixed. The ECHO Consortium plans a robust dissemination effort of the results over a period of time and WHO are also planning for their communication work before and after the results are released, including interim guidance prior to a formal review process, as well as commitment to a rapid review process conducted transparently and resulting in a clear set of use recommendations. However, most organizations interviewed as part of the landscape assessment have only vague plans around what they will do when the results are released, and are waiting for others to take the lead.

The assessment also highlighted a number of challenges for communication and advocacy, including confusion about the ECHO trial and its potential results, dealing with uncertainty, an imperfect contraceptive method mix and method skew, understanding and communicating risk, existing sensitivities around family planning, lack of trust, media misinterpretation of data and lack of coordination among partners.

Nine clear priorities for communication and advocacy emerged from the landscape assessment. These priorities reflect the opinions and observations of the expert stakeholders interviewed as part of the assessment. They include: Take action; Put women at the center for informed choice; Promote a stronger method mix; Build trust; Contextualize the results; Address uncertainty; Avoid alarmism; Reach providers and clients; and, Keep in simple.

As part of the assessment, CCP asked respondents what activities and materials they thought were needed to support communication and advocacy efforts leading up to, and following, the release of the ECHO trial results. Suggestions included conducting mapping exercises in priority countries; Holding consultations and briefings; Improving coordination of family planning and HIV actors; Providing support to governments; Advocating with global leaders in family planning; and, Providing support to country-level implementers. Respondents also identified a number of products and materials that would be useful, including country and context-specific strategies and country overviews.

As part of the landscape assessment, CCP collected materials related to the topic of hormonal contraception and the potential risk of HIV acquisition and created a new website – [www.ResultsforInformedChoice.org](http://www.ResultsforInformedChoice.org). The website is intended to provide a central, easily-accessible repository where all stakeholders can find what materials are already available and can therefore be used and adapted instead of creating new materials from scratch. The website includes abstracts of relevant peer-reviewed journal articles, a timeline of key events, a news feed and a dedicated section for journalists. CCP also collected key HIV and family planning data for 31 countries and created country snapshots.

The data collection for the country snapshots identified eleven priority countries where there is high HIV prevalence in the general population (>2% of adults 15-29) and where injectables make up a significant proportion of the method mix (>30%): Eswatini, Kenya, Lesotho, Malawi, Mozambique, Rwanda, South Africa, Tanzania, Togo, Uganda and Zambia. This is not to say that communications and advocacy efforts are not needed in other country contexts, such as those with high injectable use but low HIV prevalence among the general adult population (such as Burundi, Ethiopia, Haiti, Indonesia, and Myanmar) – cases in which there may be need for targeted efforts to reach high-risk sub-populations.

The momentum and urgency around the ECHO trial should be used to improve coordination and alliances between the family planning and HIV communities. While advocates and activities at the civil society level are often connected, efforts are siloed at the program level. Family planning and HIV leaders can leverage opportunities to show joint leadership emphasizing the sentiment that “we are in this together.” It is expected that the various organizations involved in the response to the ECHO trial results will all communicate slightly differently around this issue based on their priorities. However, communication efforts should be harmonized and framed around core principles. These principles - placing women at the center of her own decision making and ensuring informed choice for women – are shared priorities for both communities.

# Introduction

In 2012, the World Health Organization (WHO) first released guidance for hormonal contraception and women at high risk for HIV or living with HIV as part of the Medical Eligibility Criteria (MEC). This guidance was developed due to a number of observational studies that showed women using progestogen-only injectable contraceptive methods may be at higher risk for acquiring HIV. As part of this guidance, WHO added a note to the MEC noting that women who are at risk for HIV should be informed of this possible increased risk and be provided access to HIV preventative methods such as condoms. In 2016, new meta-analysis available resulted in progestogen-only injectables moving from a MEC category 1 (a condition for which there is no restriction for the use of the contraceptive method) to a category 2 (a condition where the advantages of using the method generally outweigh the theoretical or proven risks) for women who are at high risk for HIV. The MEC change also emphasized that women should be counseled on this information.

<p><b>About ECHO</b></p> <p><b>Women enrolled:</b> 7,830 sexually active HIV-negative women ages 16 to 35</p> <p><b>Location:</b> 12 study sites across four countries (Eswatini, Kenya, South Africa, Zambia)</p> <p><b>Methods included:</b> DMPA-IM injectable (Depo Provera); Levonorgestrel implant (Jadelle); copper IUD.</p> <p><b>Launched:</b> 2015</p> <p><b>Results expected:</b> Mid-2019</p> <p><b>For more information:</b> <a href="http://echo-consortium.com">http://echo-consortium.com</a></p>
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The Evidence for Contraceptive Option and HIV Outcomes (ECHO) trial was launched in 2015 to test the comparative risk of HIV acquisition among women using one of the following three contraceptive methods: intra-muscular depo-medroxyprogesterone acetate (DMPA-IM), the Jadelle sub-dermal implant, and the copper intrauterine device (IUD). The trial enrolled 7,830 women across four countries (Eswatini, Kenya, South Africa, and Zambia), who agreed to be randomized by computer to one of the three methods.

When the results of the ECHO trial are released in mid-2019, there will be a need for rapid mobilization of advocacy and communication efforts. The alignment and coordination of influential stakeholders, including women’s rights advocates, HIV advocacy groups and family planning actors is an

essential element of this response. To ensure that all these actors can work together for greater impact and improved efficiencies amidst a highly-sensitive and rapidly changing data landscape, it is vital to understand what the advocacy and communication needs are for different actors and establish a common goal of what should be done following the release of the study results.

# Methodology

From November 2018 to January 2019, the Johns Hopkins Center for Communication Programs (CCP) conducted a landscape assessment that sought to identify advocacy and communication needs - both globally and at country level - to determine steps that should be taken before and after the release of the ECHO trial results.

The assessment consisted of:

- Interviews, conducted by phone and in-person, with 49 stakeholders. Interviewees represented 20 organizations, including donors, multi-lateral organizations, coordinating partnerships, family planning program implementers, researchers, and family planning and HIV community advocates, as well as government representatives from three countries (Eswatini, Malawi and Tanzania). The full list can be found in Annex 1.
- Collection of existing materials related to the issue.
- A stakeholder meeting held in Washington DC, January 23-24, 2019, with 36 participants representing 21 organizations.

The outcome of the assessment will enable proper planning to ensure tools and messages for advocates are developed to address both policy maker and general public concerns. Specific outputs include:

- Stakeholder consultation final report;
- Curated online compendium developed of current materials related to the issue of hormonal contraception and potential HIV acquisition; and,
- Strategic action plan jointly developed by stakeholders detailing advocacy and communication needs in anticipation of the release of the ECHO trial results.

## Key Findings

### Work done to date

Although not extensive, many organizations have carried out some kind of activity or materials development specifically related to communication and advocacy on the issue of hormonal contraception and the potential risk of HIV acquisition. Organizations have also shared materials developed by others, such as the WHO statements, with their internal and external networks.

Work to date broadly falls into six categories, shown below with some sample activities.

**Civil society engagement and partner meetings:** Global, regional and some country-level discussions have been held among family planning and/or HIV working groups and communities of practice, as well as community engagement around the 12 ECHO trial sites. Presentations on the ECHO trial specifically

have also been included in broader meetings related to family planning and HIV. In one of the countries where interviews were conducted, a steering committee has been established but not yet met.

**Message development:** A global Strategic Communication Strategy has been developed and adapted in three countries (Eswatini, Malawi and Tanzania); counseling tips were also developed and included in the 2018 edition of the Family Planning Handbook; and a global message set was developed by the FP and HIV communications working groups.

**Pilot studies in counseling:** Two pilot studies have been conducted and evaluated in Tanzania to test counseling messages provided by health workers to their clients. In Uganda, FP handbook guidelines were included in training materials related to the roll-out of sub-cutaneous DMPA (DMPA-SC) (Sayana Press).

**Materials development:** Several organizations have developed technical and advocacy briefs or statements; a small number of materials have been developed for health providers and clients.

**Data modeling:** Modeling studies have been carried out to explore the potential impact of a change in injectable contraceptive prevalence on pregnancy and HIV outcomes, including the Planning for Outcomes (P4O) Model (<https://planning4outcomes.ctiexchange.org/>) which is an interactive tool designed to help countries consider downstream implications of reduced or restricted use of injectable contraception.

**Journalist briefings:** Briefings and consultations with the media have been carried out, including a recent briefing on the ECHO trial held prior to the 2018 International Conference on Family Planning.

However, the assessment also showed that in many cases very little is happening and the MEC changes have had little effect on policies or counseling guidelines. Many in-country stakeholders also noted that the issue is not being discussed at working group meetings, with some purposefully avoiding the issue given the lack of definitive evidence.

## Existing plans of action

The ECHO Consortium plans a robust dissemination effort of the results over a period of time - beginning with the major results on HIV acquisition and followed by additional results on sub-analyses and other issues, such as possible biological mechanisms. The dissemination will provide information on the evidence only, not recommendations for policy, program, and individual decision-making. Current communication plans include conference presentations, peer-reviewed articles and press releases, country-specific communication products, as well as teleconference briefings for journalists and other key stakeholders. ECHO will focus dissemination on the four trial countries.

WHO are also planning for their communication work before and after the results are released, including interim guidance prior to a formal review process, as well as commitment to a rapid review process conducted transparently. Their priorities are to clearly interpret the results; provide guidance on what to



do in the interim between the release of results of the MEC update; make a clear set of use recommendations; and ensure stakeholder readiness to act on the results.

Most organizations interviewed as part of the landscape assessment have only vague plans around what they will do when the results are released. The majority are planning to focus efforts on forward dissemination of WHO or other’s work, while others to plan to develop specific briefs or organizational talking points. Planning is also underway for a number of stakeholder engagement meetings, including family planning/HIV communications meetings organized by FP2020 and AVAC focused on messaging, a regional meeting organized by WHO in Zambia and a pre-meeting consultation with civil society organized by AVAC and the International Community of Women living with HIV Eastern Africa (ICWEA). Some organizations are also considering existing meetings and other forums to address the results, such as through the FP2020 anglophone focal point workshop in spring 2019.

## Challenges for communication and advocacy

The landscape assessment revealed a number of challenges to effectively communicating and advocating around the release of the ECHO trial results:

**Confusion about the ECHO trial and its potential results:** Although there are clear objectives of the ECHO trial and what it will and will not be able to conclude, these are not well understood by all those for whom the results will impact. In many cases, there is likely to be a strong confirmation bias among some people who may interpret the results in a way that confirms their existing beliefs. If the results show risk, there will likely be accusations that donors and researchers “knew all along”. Strikingly, most believed that no matter the results, there will be misunderstandings at many levels. These misunderstandings are particularly risky during the time between when the ECHO trial results are released and when WHO issues formal guidance, including any potential changes to the MEC.

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*“ECHO provides information, not actions. Actions must be tailored to context and individuals.”*

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A further challenge will be interpreting the results outside of the trial country contexts – particularly in those countries with low HIV prevalence. Unless there are strong similarities between study geographies and other countries, the relevance of the study for other countries situations could be questioned.

**Dealing with uncertainty:** Many stakeholders are waiting for the ECHO results to determine next steps, and are expecting definitive answers and clarity of the evidence. To date, the only evidence on the potential risk of HIV acquisition among hormonal contraceptive users has come from observational studies, which due to inherent biases, have been unable to conclusively determine whether or not there is in fact an increased risk. This uncertainty has been difficult to communicate and, as a result, many have been confused by the “may or may not increase risk” language. This uncertainty has made ministries hesitant to make any changes to implement specific counseling guidelines. In many cases, they have opted to guide family planning counselors to continue emphasizing dual protection, without

explicitly counseling on the potential increased risk of HIV acquisition among injectable users or those looking to use the injectable. Furthermore, health workers have expressed reluctance to counsel on this topic when they cannot explain the biological mechanism for increased HIV transmission and acquisition. This lack of understanding has led to some rumors circulating that DMPA contains HIV. While some stakeholders anticipate ECHO will reveal clear-cut results – i.e. there will either be a significant risk of one or more methods or not – others think a more nuanced and potentially unclear outcome is possible. However, specific planning for different scenarios has not happened to date.

**An imperfect contraceptive method mix and method skew.** In many countries, access to and availability of contraception options is limited to just a few methods, even though research has shown that contraceptive prevalence increases when more methods are available.<sup>1</sup> However, no clear standards exist for what an ideal method mix should look like, making it challenging to measure progress. Injectable contraceptives are perceived, and described, by many as women’s “preferred method” in much of sub-Saharan Africa. This is used as a rationale for the skewed method mix in many countries. However, many women’s advocates have expressed concerns around the introduction of injectables and their promotion, and that rather than being a preferred method, the “popularity” of injectables is more a consequence of a lack of comparable options for women and of the ease at which it can be

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*“The real problem is the lack of method mix.”*

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administered by multiple types of providers. The ECHO trial has shown that women are willing to be randomized to other highly-effective methods. Frustration was also expressed by some at the discordance between the promotion of the need for a strong method mix while funding is frequently channeled for single-method expansion and promotion. The current focus on roll-out of Sayana Press for example is likely to further add to the method skew in some contexts.

**Understanding and communicating risk.** There is frequent confusion around the meaning of who is at “high risk” for HIV and frustration at the lack of an agreed-upon definition, especially in the WHO Guidelines on Hormonal Contraceptive Methods for Women at High Risk of HIV and Living with HIV. Everyone – from policy-makers to health providers to women – are faced with the questions: Who is considered to be at high risk of HIV? Who decides what high risk means? How is high-risk determined?

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*“[Risk] is a hot potato from a communication perspective.”*

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Other areas of confusion around risk also present a challenge for advocacy and communication moving forward - for example understanding and interpreting absolute risk vs. relative risk and background risk vs. individual risk and the fact that risk can change throughout the life cycle.

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<sup>1</sup> Ross J, Stover J. Use of modern contraception increases when more methods become available: analysis of evidence from 1982–2009. *Glob Health Sci Pract.* 2013;1(2):203-212. <http://dx.doi.org/10.9745/GHSP-D-13-00010>.

Communicating any potential increased risk to clients is going to be inherently difficult. What is the best way to explain the relative risk to clients, balancing the risk of HIV acquisition with the risk of unintended pregnancy and, consequently, maternal and infant morbidity and mortality? Although the risks of maternal and infant morbidity and mortality may be higher in many places, the social consequences of acquiring HIV are often more present in a woman’s mind and decision making. The low quality of counseling in many countries also poses a challenge to introducing new counseling guidelines and practices around such a complex issue.

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*“Expressing risk and making risk intelligible to people is biggest challenge in communications.”*

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**Existing sensitivities around family planning.** Many stakeholders are confused, and often fearful, about what the overall implications of the ECHO trial results will be for women’s access to highly effective contraceptive methods in a landscape of limited method choice for many women. There is significant concern that the results have the potential to negatively impact family planning at large, particularly in contexts that have a highly contentious atmosphere around family planning at present. For example, stakeholders in Tanzania noted the possibility all family planning programs could end if a proven risk is found even for one method. Others are concerned about a knee-jerk reaction by governments to pull DMPA from the shelves – effectively removing access for all women, not only those at high-risk of HIV. There is also concern that pro-life advocates will see this as one more reason women should not have access to contraceptives. The implications of any findings of increased risk on other methods that were not included in the trial, such as Net-EN and DMPA-SC, is also a concern, especially since these are grouped together with DMPA in the MEC. A few stakeholders expressed concern that no matter what the results, there will be resistance to change counseling guidelines. This resistance may stem from governments who are fearful of a potential negative impact on their family planning programs, as well as from providers who are hesitant to counsel their clients when they cannot explain *why* the risk exists.

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*“Family planning has a history of myths and rumors and is susceptible to more.”*

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**Lack of trust.** No matter what the results, there will no doubt be opposing voices that call the results into question. It may be that if no statistical significance is shown, people will either not believe the results and call for another trial given all the observational data to date, or seek out subset analyses that may show an increased risk in certain contexts or populations. In some contexts, trust in the government and/or WHO and others may already be weak.

**Media interpretation.** Considerable attention has already been paid to this issue in the media following the release of previous observational studies, and many journalists are awaiting the ECHO trial results to continue reporting on this issue. However, the quality of reporting has varied considerably – while some journalists have been able to report a balanced and nuanced story, some have misrepresented

information or blindly used scientific jargon that is not translated for their readers. There is ultimately a love of alarmist headlines in the media – headlines that are often beyond the control of the journalist and may distort the facts. The media has a strong ability to sway public opinion on this issue – which if handled badly can cause considerable damage to family planning programs. Social media also poses a challenge – or an opportunity – to shape the discourse following the release of the results.

**Lack of coordination among partners.** While efforts have been made to bring stakeholders together, several interviewees expressed that the absence of a clear coordinating partner has made it challenging to align efforts, especially between the HIV and family planning communities, despite goodwill to do so on both sides. Opportunities for coordination seem to differ considerably at country level. While some community advocates noted that engagement between HIV and family planning is strong at country level, in other places interviewees noted the lack of opportunities to discuss issues of overlap between the HIV and family planning communities, making it difficult for country-level stakeholders to coordinate effectively around this issue.

Critical to this coordination is agreement on country priorities for communication and advocacy. The ECHO Consortium will focus their dissemination on the four trial countries. However, multiple influential actors and donors are engaged and invested in the results of the ECHO trial beyond the Consortium, including WHO, UNFPA, UNAIDS, the Bill and Melinda Gates Foundation, FP2020 and USAID. Each of these organizations have their own country priorities for both HIV and family planning and no list of priority countries has emerged for communication and advocacy on this issue.

## Priorities for communication and advocacy

Nine clear priorities for communication and advocacy emerged from the landscape assessment. The order of the list below is not intended to indicate importance – rather these are all priorities to be considered. These priorities reflect the opinions and observations of the expert stakeholders interviewed as part of the assessment.

### TAKE ACTION

There is a clear shared opinion on the need to take action no matter what the results. It is essential to work now to prepare for the results. While that may be challenging, there are steps that can be taken now to manage expectations about what the trial will tell us and ensure that everyone has some plan of action to be ready to respond to the results. That preparation demands a simultaneous focus on the mid- to long-term, with increasing sophistication of messaging as the months go by. This effort should ensure that the results are shared; that the results are interpreted and contextualized; that key stakeholders know what to do with the results; and that they have the tools and

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*“It is unethical and irresponsible to be quiet.”*

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resources necessary to do it. Critically, the wider family planning and HIV community, not only the ECHO Consortium partners, can, and should, play a role in the preparation and the long-term communication and advocacy, working together in a coordinated response.

### **PUT WOMEN AT THE CENTER FOR INFORMED CHOICE**

Throughout all of the advocacy and communications efforts, it is critical to keep women at the center and to promote and ensure that she can make an informed choice about her own health and well-being, with access to the information she needs to make her decision. There is a need to strengthen client-centered counseling, to reduce provider bias – about methods and about clients, and to avoid medicalization of decision-making. It is important to emphasize that even if an increased risk is found for a method, that method is still a good choice for millions of women, and that choice should be theirs to make. If anything, interventions should be about providing more choice – whether that be through improved method mix or better access to HIV prevention technologies, including pre-exposure prophylaxis (PrEP).

### **PROMOTE A STRONGER METHOD MIX**

Regardless of the results, this issue of hormonal contraception and HIV has raised awareness about the problems when a national method mix is highly skewed and women are dependent on a single method. There was a general consensus among respondents that the release of the ECHO trial results provides an opportunity to intensify focus on expanding the method mix procured, available and utilized in many countries. A deeper examination of the funding for family planning is needed to assess the balance between single method promotion – which may be important when a new method becomes available, such as Sayana Press, or when pricing agreements make a method more affordable, such as with Jadelle implants – and the need to promote and improve a wider method mix.

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*“With the right support and encouragement, women will use other methods and will use what is available.”*

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### **BUILD TRUST**

If key stakeholders - including governments, family planning service delivery partners, providers and women - are expected to take action on the results of the trial, a feeling of trust is imperative. Trust can be built throughout the process in a variety of ways.

Relationship between the HIV and family planning communities can be strengthened through increased communication and coordination to create a shared understanding that neither side intends to demonize any particular method. There also needs to be trust in the results – through clear and effective communication about the trial processes and protocols, and how the results are more robust than previous studies. Trust in WHO guidance can be improved by clear communication and transparency around the process of their development.

### CONTEXTUALIZE THE RESULTS

The ECHO trial took place in very specific epidemiological contexts in order to reach an appropriate sample size. While the design allows for generalization, the results still require contextualizing to different contexts. Contextualizing and interpreting what to do with the results is necessary for countries, and sub-national regions, with different epidemiological contexts (such as high HIV prevalence/high injectable use; high HIV prevalence/low injectable use; low HIV prevalence/high injectable use), as well as different political and programmatic contexts (for example, countries with sensitivities around family planning, or countries in the midst of Sayana Press roll out). It is also essential to contextualize for each individual client; helping her to understand what the risk means for her, including understanding her own personal risk of HIV acquisition and her needs for contraception.

### ADDRESS UNCERTAINTY

There are expectations that the ECHO trial is going to provide definitive answers about the risk of HIV acquisition for users of hormonal contraceptives; yet the reality is that no matter what the results there will still be uncertainty remaining. There will

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*“We desperately need to say something about Sayana Press.”*

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be no answers about methods not included in the trial, including other forms of injectables; there may be some evidence about the biological mechanism but it is not yet clear how strong this evidence will be. However, many stakeholders feel strongly that saying “We don’t know” is not good enough. That kind of uncertainty puts providers in a very difficult position to be able to counsel their clients effectively and increases the likelihood that nothing will change. There is a need to equip providers with the information they need to do their job and help them figure out how to counsel about uncertainty in a way that is acceptable to both them and their clients.

### AVOID ALARMISM

Given the love for alarmist headlines, as noted above, it is essential for the family planning and HIV communities to work with the media in preparation for the results, and following their release. Journalists need to be equipped with simple easy-to-use resources that help to interpret the scientific results and the knowledge of which spokespeople that they can reach out to as quality sources. Part of this work also involves training senior leaders in country-level family planning and HIV programs on conducting briefings and working with the media.

## REACH PROVIDERS AND CLIENTS

Many stakeholders have expressed frustration at the lack of change in counseling since the WHO first provided guidance on this topic, and especially since the MEC changed to a category 2; yet very little has been done beyond a few small activities in one country to work with health providers to train them on counseling changes and equip them with job aides.

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*“Fundamentally this is a counseling issue... and counseling isn’t very strong in most places.”*

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If the implications of the trial demand a change in counseling on a particular method, it is essential that the efforts of the family planning and HIV communities go beyond reaching governments and policy-makers and global and national level implementing partners, and reach all the way down to providers and clients. This work needs to recognize the low baseline quality of counseling in many places and find creative solutions to ensure that women receive what they need to make an informed choice.

## KEEP IT SIMPLE

Clinical trials are full of jargon language such as “open label” that journalists and other non-researchers find difficult to understand and interpret. As communications and advocacy work rolls out, it is important to keep information clear and accurate while using plain easy-to-understand language for a range of audiences.

## Needs for the future: Activities and materials

As part of the assessment, CCP asked respondents what activities and materials they thought were needed to support communication and advocacy efforts leading up to, and following, the release of the ECHO trial results. Suggestions included:

**Conduct mapping exercises in priority countries:** This included mapping of what actors are currently doing and identifying existing work to leverage and integrate and mapping in-country stakeholders. This mapping should identify WHO focal points that program partners can reach out to, leading journalists,

heads of family planning and HIV organizations, spokespeople for the media, family planning champions and opponents, effective messengers – such as women living with HIV or women using contraception, academics, and leaders of professional associations for health workers etc.

**Conduct consultations and briefings:** This included global and regional webinars by WHO and/or other partners, as well as in country national and sub-national briefings on the results and the implications for the specific country or district in question. It was specifically recommended that country governments be briefed prior to the release of the results.

**Improving coordination of family planning and HIV actors:** Suggestions including creating country response teams of family planning and HIV focal points before the results are released so that they are ready to take action when the results come out. It was suggested that USAID Missions can play a key role in facilitating these connections. Beyond the ECHO trial specifically, there was also a call for global, regional and country level forums that bring the HIV and family planning communities together more strategically and purposefully and provide a platform to discuss issues that impact both family planning and HIV.

**Provide support to governments:** This included conducting briefings with ministries before and after the results are released and training communications staff on working with the media. Technical assistance and guidance is also needed at country level to work with ministries in assessing how the results impact them and what actions are needed to prepare and respond.

**Advocate with global leaders in family planning:** Conducting one-on-one outreach to Executive Directors of large family planning organizations - such as UNFPA, International Planned Parenthood Federation and Marie Stopes International – to ensure they feel comfortable with the results and the related messages and can effectively infiltrate these messages throughout their organizational structure.

**Provide support to country-level implementers:** This included supporting leaders and spokespeople for key service delivery and implementing partners to help them assess what the implications of the results are for their family planning programs and training them to talk with the media on this topic.

Respondents also identified a number of products and materials that would be useful, including country and context-specific strategies and country overviews. Specific materials for different audiences included:

For clients:

- Materials for women to understand the risks
- Tools to help women assess their own risk based on the country they live in and other factors

For health workers:

- Simple job aides such as checklists
- Short briefs summarizing the results
- Counseling scripts



- MEC wheel update

For advocates:

- Advocacy materials such as PPT presentations; short factsheets and briefs; short videos
- Ready-to-go templates for summarizing findings when they are released
- Documents emphasizing the continued importance of contraceptives

For the media:

- Press releases with quotes
- FAQ guide
- Social media package
- Terminology guide

For governments:

- Policy briefs
- Funding and technical assistance to review and revise existing guidelines and provider/client materials
- Communication plans

Importantly, it is critical to conduct activities and create materials that are:

- Fact-based
- Clear
- Produced quickly and started prior to release of the results
- Country-specific
- Adaptable
- Co-created with family planning and HIV partners
- Aligned across organizations

## Online resource collection

As part of the landscape assessment, CCP collected materials related to the topic of hormonal contraception and the potential risk of HIV acquisition and created a new website – [www.ResultsforInformedChoice.org](http://www.ResultsforInformedChoice.org). The website is intended to provide a central, easily-accessible repository where all stakeholders can find what materials are already available and can therefore be used and adapted instead of creating new materials from scratch. The website includes abstracts of relevant peer-reviewed journal articles, a timeline of key events, a news feed and a dedicated section for journalists. CCP also collected key HIV and family planning data for 31 countries and created country snapshots.

The data collection for the country snapshots identified eleven priority countries where there is high HIV prevalence in the general population (>2% of adults 15-29) and where injectables make up a significant proportion of the method mix (>30%). Countries that meet these criteria are as follows:

- Eswatini\*

\*=ECHO trial country

- Kenya\*
- Lesotho
- Malawi
- Mozambique
- Rwanda
- South Africa\*
- Tanzania
- Togo
- Uganda
- Zambia\*

This is not to say that communications and advocacy efforts are not needed in other country contexts, such as those with high injectable use but low HIV prevalence among the general adult population (such as Burundi, Ethiopia, Haiti, Indonesia, and Myanmar) – cases in which there may be need for targeted efforts to reach high-risk sub-populations.

## Key stakeholders and partner coordination

In general, there is a felt need for the family planning community to take greater ownership and responsibility for communicating and advocating on this issue. However, respondents recognized that the momentum and urgency around the ECHO trial should be used to improve coordination and alliances between the family planning and HIV communities. While advocates and activities at the civil society level are often connected, efforts are siloed at the program level. Family planning and HIV leaders can leverage opportunities to show joint leadership emphasizing the sentiment that “we are in this together.”

It is expected that the various organizations involved in the response to the ECHO trial results will all communicate slightly differently around this issue based on their priorities. However, communication efforts should be harmonized and framed around core principles. These principles - **placing women at the center of her own decision making and ensuring informed choice for women** – are shared priorities for both communities.

Respondents widely recognized the challenges in coordination, as noted above, and expressed the need for a neutral partner that is funded to lead coordination efforts and track progress. However, many also recognized the opportunity to use existing platforms with motivated engagement, such as the DMPA-SC working groups and family planning-HIV interagency groups.

## Conclusion

Despite challenges in taking action on this issue to date, the family planning and HIV communities recognize the importance of the ECHO trial results and its potential impact on the women they serve. While there is general willingness to take action, and recognition of the need to do so, leadership is needed from both the HIV and family planning communities to help guide partners through this year ahead. With commitment, dedicated resources and a coordinated plan of action, the results can be shared in a meaningful way and governments and providers can be empowered and inspired to make changes in standard operating procedures to ensure that women have the information they need to make an informed choice.

## Annex 1: Organizations/Projects/Governments Consulted

<b>ORGANIZATION</b>	<b>NUMBER CONSULTED</b>
Advance Family Planning (HQ)	2
Advance Family Planning (country leads)	5
AVAC	2
Bill and Melinda Gates Foundation (HQ)	5
Bill and Melinda Gates Foundation (Country Offices)	1
ECHO Consortium	4
Eswatini Government	1
FHI360	3
FP2020	3
Guttamacher Institute	1
International Planned Parenthood International (IPPF)	1
Internews	1
Jhpeigo (HQ)	3
Jhpiego (Country Offices)	1
Malawi Government	1
Marie Stopes International	2
PATH	1
Population Reference Bureau	1
Population Services International (PSI)	2
UNFPA (Country Offices)	3
USAID	1
Tanzanian Government	1
World Health Organization (HQ)	2
World Health Organization (Country Offices)	2