# Planning and Responding to the Results of the ECHO Trial: A Checklist for Strategic Communication

## Scenario Planning Template

May 2019

**Instructions: Complete this template for each potential scenario:**

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| SCENARIO | DESCRIPTION  \* Note: Results apply to women at high risk of HIV only \* |
| 1 | There is no difference in HIV acquisition between three methods tested; DMPA-IM, LNG-Implant, or Copper-IUD show no relative increased risk of HIV acquisition to each other.  *Stakeholders should consider that the trial findings for this scenario may inform a WHO recommendation that the current MEC for all of the methods remains the same (Category 2 for DMPA-IM and Category 1 for Copper IUD and LNG-Implant), or that DMPA-IM is shifted back to a Category 1 for women at high risk of HIV.* |
| 2 | DMPA-IM shows increased risk of HIV acquisition relative to LNG-Implant or Copper IUD  *Stakeholders should consider that the trial findings for this scenario may inform a WHO recommendation that the current MEC for DMPA-IM (Category 2 for women at high risk of HIV) may stay the same or change.* |
| 3 | LNG-implant shows increased risk of HIV acquisition relative to DMPA-IM or Copper IUD  *Stakeholders should consider that the trial findings for this scenario may inform a WHO recommendation that the current MEC for LNG-implant (Category 1 for women at high risk of HIV) may stay the same or change.* |
| 4 | Copper IUD shows increased risk of HIV acquisition relative to DMPA-IM or LNG-Implant  *Stakeholders should consider that the trial findings for this scenario may inform a WHO recommendation that the current MEC for Copper-IUD (Category 1 for women at high risk of HIV) may stay the same or change.* |
| 5 | The results of the ECHO study do not support or reduce existing concerns. There is a need for further analysis and in-depth evaluation of the evidence.  *Stakeholders should consider that the trial findings for this scenario may inform a WHO recommendation that the current MEC for all of the methods remains the same (Category 2 for DMPA-IM and Category 1 for Copper IUD and LNG-Implant), or that DMPA-IM is shifted back to a Category 1 for women at high risk of HIV.* |

Note that other study outcome scenarios are possible. For example, it is also possible that if associations are observed, they may be only in specific sub-populations and more than one method may show an increased HIV acquisition risk.

This template is best used **prior to** the release of the ECHO trial results in July 2019 so that key elements are discussed by stakeholders in advance. This will help to ensure a swift government response once the trial results are known.

**Scenario: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Programmatic Implications:**

*Consider the implications on family planning and HIV programs in this results scenario:*

* *Are there any political issues around HIV and/or family planning that will be impacted by this finding?*
* *What changes will be required to FP and/or HIV guidelines?*
* *What will be the impact on the current FP method mix?*
* *What changes will be needed for contraceptive supplies and procurement?*
* *How will women at "high risk for HIV" be identified without increasing stigma?*
* *What will be the impact on HIV prevention efforts, including access to pre-exposure prophylaxis (PrEP)?*

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**Potential Programmatic Strategy:**

*Consider what should be incorporated into a strategy to respond to the programmatic implications identified:*

* *How will changes to FP and/or HIV guidelines be made and disseminated?*
* *How will changes in procurement be handled?*
* *What training will be required to scale up access to new or underused FP methods?*
* *How will women and other audiences be informed about the results of this scenario and any implications for them?*
* *What provider training will be required to ensure counseling is updated and of high-quality?*
* *How can the FP method mix be improved to ensure access to a wide range of options for women?*
* *How will HIV prevention efforts, including access to PreP, be scaled up?*
* *What other activities will be needed to address the programmatic implications identified?*
* *What is the timeline for strategy development and implementation?*

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**Decisions:**

*Record here some key decisions made about this scenario:*

* *What are the MOH/national technical group recommendations?*
* *What do other parts of the government advise?*
* *What is the impact of these decisions on women at high risk for HIV?*
* *What is the impact of these decisions on women who are NOT at high risk for HIV*?

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**Stakeholders:**

*Consider the role of different stakeholders in the response:*

* *How will the programmatic strategy need to be adapted for different populations, such as women users or non-users of FP, male partners, youth, key populations etc.?*
* *What role will different government departments have at national and sub-national level? What about non-health sectors?*
* *How will the strategy impact non-government actors, including private sector FP providers and civil society?*

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**Communication strategy:**

*Consider what a communication strategy will need to include in this scenario:*

* *What modes of communication will be used to reach different audiences?*
* *What communication tools will need to adapted/developed?*
* *What review and authorization will be needed?*
* *How and when will these tools be disseminated?*
* *What training and follow-up will be required on their use?*
* *Will the government require technical assistance to develop and/or carry out the communication strategy?*

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**Potential messages:**

*Review the WHO messages (available in June 2019) and decide which ones will be used for each time period:*

* Before the results are released
* Immediately after the results are released
* After WHO Guidelines are released

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**Comments:**

*Use this space to record any other comments relevant to this scenario:*

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