

Put Women at the Center: Call for Accountability and Action on the ECHO (Evidence of Contraceptives and HIV Outcomes) Trial

11 June 2019

We are a global working group of over 100 activists and women's health advocates, working in partnership with communities to address the intersection of hormonal contraception and HIV. We are experts by experience and have been tracking this issue from 2012 for action and accountability. The group is facilitated by the International Community of Women Living with HIV in Eastern Africa.

As we await the results of the ECHO trial this week so that we may continue our work to ensure that all women, especially young women, have more information, understanding, choices, options, and agency when it comes to achieving and enjoying their sexual and reproductive health and rights. We thank the ECHO team, partners, and donors for their investment in research to advance the health and well-being of women, especially young women, and we look to continued partnership at the intersection of family planning and HIV.

The ECHO trial was designed to provide high-quality evidence about the potential association between contraceptives (DMPA-IM, the Jadelle implant, and Copper IUD) and the risk of HIV acquisition. The results of this trial are of critical importance to women everywhere, and particularly young women in East and Southern Africa, where uncertainty around a link between DMPA and HIV risk has been a major concern for many years.

Our advocacy on this issue has been long-standing with a shared [statement](#) in 2012 and another [guidepost](#) for action earlier this year, the guiding principles of both we reaffirm today.

- 1) Whatever the ECHO results tell us, we must accelerate action to invest in and expand available and accessible contraceptive and HIV prevention tools, including the pipeline for the future.
- 2) Full information is key to equipping women to collaborate with their health-care provider to make and be supported in a decision that works for them in the context of their life to advance their health and well-being.
- 3) Gender equality, diversity, and human rights are fundamental.
- 4) The WHO consolidated [guideline](#) on the sexual and reproductive health and rights of women living with HIV exists, and is a key framework for how the results should be understood and how action should be catalyzed. The guideline has been accepted as the global guideline standard for the SRHR of women living with HIV - and the same standard should be applicable also to all women, irrespective of their HIV status.
- 5) The most affected women, especially young women in Africa, must be meaningful and central partners in the decision-making process and forward steps with WHO, countries, and donors.

- 6) To adequately and appropriately inform the guideline process, WHO should include women who have been working on this issue at a community level in the Guidelines Review Group. This experience and expertise are essential.

World Health Organisation (**WHO**) **must be proactive, transparent and in partnership with women.** WHO has a leading role to play in results interpretation, dissemination and rapid responses. We look forward to the results this week, and to thoughtful analysis toward the 10-11 July 2019 meeting in Lusaka, Zambia.

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