

ECHO TRIAL COMMENTARY



WHAT IS THE ECHO STUDY AND WHAT DO ITS RESULTS TELL US?

The long-awaited results of the Evidence for Contraceptive Options and HIV Outcomes (ECHO) trial, a rigorous, three-year clinical study designed to resolve if using Depo Provera (DMPA-IM) increases women and adolescent girls' risk of HIV, are now available. Nearly 8,000 women from four eastern and southern African countries with high incidence of HIV – Eswatini, Kenya, South Africa, and Zambia - participated in the study. The question of a link between Depo and HIV has persisted for more than 25 years; ECHO's evidence proves otherwise.

Let's state that again: The use of Depo does not increase a woman's risk of acquiring HIV. This comes as a huge relief for women and programs in high HIV-prevalence settings that rely on Depo as their method of contraception. Moreover, the study also found the Levonorgestrel implant and a copper-bearing IUD, also do not increase the risk of HIV infection. All three of these methods, when provided effectively and used consistently, are effective, safe, and acceptable options for preventing pregnancy.

But, it would be a huge mistake to conclude that all is well: the study has generated other findings that clearly show business as usual is woefully insufficient and a fundamental change is desperately needed.

A few examples underscore this point. The women who participated in the study received a comprehensive and high quality package of SRH, HIV, and FP care that applied a range of best practices, yet the incidence of both HIV and STIs was alarmingly high, and a number of women became pregnant. The study also revealed that many women still lack access to the full range of contraceptive methods, as many family planning programs remain skewed toward Depo. Finally, the study highlighted programs' failure to integrate family planning and HIV information and services, thus missing countless opportunities to efficiently and respectfully address multiple sexual and reproductive health needs of clients.

WHAT IS NEEDED?

The study has generated numerous calls to action, including from the ECHO research team, the Kaiser Family Foundation, the Lancet, and AVAC. The strongest message is the need to reframe SRH/FP/HIV programs and services around the needs and preferences of their women and adolescents rather than for the convenience of the system. A joint statement from WHO, HRP, UNFPA and UNAIDS calls for more aggressive HIV prevention efforts; greater availability of PrEP; better integration of HIV prevention and contraceptive information and services; and expanded contraceptive method choice including condoms. FP2020 fully supports these calls to action, and further advocates for:

“The Echo results don't mean that Africa's limited contraceptive choices are okay”¹

Yvette Raphael, ECHO Community Advisory Group

Client-centered, rights-based programs where women and adolescents are meaningfully engaged in the design and monitoring programs intended for them. More deliberate action is needed that improves the knowledge, understanding, and agency of women and adolescents to demand their rights and protect themselves from unintended pregnancy, HIV, and STIs. Individuals, communities, and program implementers must actively improve their understanding of human rights in health systems while communities must be mobilized to address the persistence of coercive sex, sexual violence, and harmful practices.

Full, informed contraceptive choice must be the norm, where women and adolescents have reliable access to the broadest possible choice of emergency, short-acting, long-acting, and permanent contraceptive methods. Women must be able to choose the method which addresses their reproductive intentions over the course of a lifetime. Comprehensive care is essential and must include quality counseling that discusses the risks and benefits of all available methods, helps women and girls understand how to manage common side-effects, helps them assess their risk of HIV and other STIs, and promotes the value of dual/triple protection.

Integrated service delivery, which WHO defines as “the organization and management of health services so people get the care they need, when they need it, in ways that are user-friendly, achieve the desired results, and provide value for money.” As a first step, FP information, referral, services, and social and behavioral change (SBC) activities can be integrated into other health programs (e.g. HIV, RMNCH, antenatal, postpartum, post-abortion, and intimate partner and gender-based violence programs and vice versa-which offers efficiencies and increases service access. Non-health center interventions and education programs, such as schools and workplaces can also be considered. Since adolescents are particularly vulnerable to HIV and unintended pregnancy, particular efforts should be made to proactively reach them with information and services where, when, and in a manner that is most acceptable to them.

“Integrated people-centered health services means putting the comprehensive needs of people and communities, not only diseases, at the center of health systems, and empowering people to have a more active role in their own health.” – WHO website

<https://www.who.int/servicedelivery/safety/areas/people-centred-care/en/>, accessed 7/11/19

Specific attention to adolescents: While a “youth friendly” approach should cut across all programs, there must be dedicated activities that address the vulnerabilities, risks, needs, and opportunities of adolescents. Better segmentation of adolescents by sex, age, marital status, and education level will enable better understanding of their information and service needs and which programmatic approaches are best applied. Meaningful youth engagement must underpin all programmatic and policy efforts.

WHAT IS NEEDED?

Sadly, none of the above problems or recommendations are new. What has held us back from institutionalizing and taking these approaches to scale? The ECHO study should be a wake-up call that we think and act differently to solve problems and implement solutions, fundamentally changing how we fund, design, implement, monitor, and evaluate FP/SRH/HIV programs.

The most persistent barriers that limit our ability to effect change are deeply rooted political, cultural, and structural in nature. It is no longer enough to pursue relatively quick programmatic and technical fixes to advance the health and wellbeing of women and adolescents. Until and unless we tackle these underlying

foundational issues, we can't expect better outcomes. A combination of immediate steps complemented by mid- and long-term strategies involving a wide range of actors from multiple sectors is needed, and they must be supported by a sustained commitment of political will and resources.

BIG PICTURE:

Our biggest two challenges will be the actual realization of integrated services, followed by how to put women and adolescents front and center in FP and HIV programs. Strong advocacy is needed to marshal the immediate and sustained attention from donors, governments, and global partnerships working on health and human rights.

A first step is to persuade donors, policymakers, managers, and service providers to move away from solely defining and measuring success by the uptake of services and methods to valuing the engagement and perspectives of women and adolescents on how well services and methods meet their needs. This information must drive how programs are designed, monitored, and evaluated. This is the path to sustained results. Structural barriers must be eliminated. Global and national leaders of the family planning and HIV prevention communities must align their structures, processes, activities and metrics, coordinate systems and pursue combined funding that enables the provision of integrated information and services. For too long, these communities have been "at odds," competing for funding and attention, and this will not change until collaboration is incentivized from the highest leadership level, and incorporated into donor investments, programming approaches, and measurement. A recent mapping and review of the Global HIV Prevention Coalition and FP2020 initiatives identifies numerous, concrete actions that, if implemented, will foster synergy and maximize results.

The role of donors is pivotal. Priorities and funding limitations largely determine what programs can and cannot undertake. The funding community must prioritize the SRH needs and rights of women and adolescents and invest in integrated, client-centered programming, redefining and measuring success in terms of meeting people's needs and preferences. Donors must also pursue greater coordination and apply more flexibility to break down funding silos and enable jointly-funded action. Accountability efforts must be funded, and there must be consequences when programs fall short.

Social norms must be addressed. Gender and other social norms hold programs back and limit the ability of women and adolescents to manage their own reproductive health. Sexual and reproductive health and HIV are complex, multisectoral issues that call for concerted, coordinated responses. No single organization or network can advance them alone. A multisectoral effort can address stigma and discrimination, counter harmful masculinities, strengthen the agency of women and adolescents and promote healthy relationships and sexuality. Key partners must include education, women's affairs, youth groups, legal watchdogs, community leaders, religious leaders, and the courts.

Stakeholders from the global to the national to the community level must identify and leverage opportunities for strategic partnerships, coordination and synergies within and beyond the health sector. This has the potential to achieve greater efficiencies and stronger impact in efforts to prevent unwanted pregnancy, HIV, and other STIs, while also advancing integrated programs.

IMMEDIATE NEXT STEPS AND PROGRAMMATIC INTERVENTIONS:

A joint communication strategy developed by the FP and HIV communities is needed that will inform and win the confidence of women and adolescents; reassure them that Depo doesn't increase their HIV risk and encourage them on the value of condoms for triple protection. Clearly articulated messages will ensure a common understanding of study results by program managers and service providers, and facilitate the dissemination of accurate, easily understood messages to clients. Specific attention should be paid to deeply held biases around adolescent sexuality, contraceptive use, and HIV risk.

Contraceptive choice must become a reality, bolstered by high quality, comprehensive FP/HIV/STI counseling. Restrictive policies, unreliable supply of certain methods, provider bias against specific methods or about what clients of a certain age or parity should use, beliefs about adolescent HIV risk, and misperceptions of client preference, and others, depending on program context must be addressed and overcome. Public and private sector programs must ensure their service delivery guidelines and training materials prioritize and support integrated services. Furthermore, we need to invest in the development of female-initiated, multipurpose, prevention technologies that enable women to protect themselves from unintended pregnancy, HIV, and STIs.

Full service integration that is appropriate to the age and needs of individuals is a complex undertaking. Integration must be realized progressively and systematically, depending on the specific program, HIV prevalence and resource context. We recommend that programs start wherever they are and build incrementally toward full integration. Steps may include incorporating additional elements per WHO guidelines into their SBC, counseling, clinical services, referrals, implementation guidance, training materials, and monitoring. Ensuring access to PrEP, providing HIV testing and treatment, supporting community interventions that address pervasive norms, such as stigma or sexual violence, and promoting condom use should be priorities for integration.

Repositioning and revitalizing condom use is vital. Male and female condoms should be included on the menu of contraceptive options as the only method that offers protection against HIV and STIs. Condoms have suffered a loss of both attention and funding in family planning programs, eclipsed by increased interest in LARCs and their positioning for HIV vs pregnancy prevention. Without dedicated projects to assure condom procurement and distribution, they have become less available, yet they are a valuable tool for young women who are vulnerable to HIV, STIs, and pregnancy. Consultations should be held with young people about how best to promote condoms and make them "sexier."

Finally, we call on donors and governments to make significant investments in improving the rights literacy of a wide range of donors, policymakers, program designers and managers, service providers, community members and their leaders, adolescents and youth, with special attention to the right to client participation; access to quality services, full, free and informed contraceptive choice; equity; nondiscrimination; and program accountability.

WHAT WILL FP2020 DO?

FP2020 is committed to:

- Shifting the ECHO landing page on our website to a focus on integration;

- Including integration at focal point workshops, and disseminating information through focal point channels;
- Ensuring integration is a topic for discussion in meetings with donors and implementing partners as well as with young people and CSOs;
- Including integration on the agenda for Reference Group meetings
- Adding an integration module into the CIP toolkit.

CONCLUSION

The ECHO study presents us with the evidence and challenge to ignite radical change and accelerated action. As a community, we need to be bolder. While learning from and building upon proven program approaches, we cannot ignore the knowledge we now have that impels us to reject business as usual. Women and girls must be involved and have a voice as we tackle the difficult structural barriers that hinder their getting the quality reproductive healthcare they need and deserve.

The challenges are considerable, but as we look ahead to 2030 we must recognize that our greatest strength lies in partnership. Together, bringing the resources and networks of allies from different sectors to bear, we can marshal the will and the wherewithal to assure a healthier future for women and youth everywhere.