

WHO statement on Progestogen-only implants

Key facts

Progestogen-only implants consist of hormone-filled capsules or rods that are inserted under the skin in a woman's upper arm



The purpose of this Statement is to reiterate and clarify the existing (current) WHO position based on published guidance that is still valid. WHO monitors the evidence in this field closely and will update its guidance as and when new evidence becomes available.

KEY FACTS ABOUT PROGESTOGEN-ONLY IMPLANTS

Long-acting reversible contraceptives, including intrauterine devices and implants are the most effective methods of reversible contraception. These methods have multiple advantages over other reversible methods. Most importantly, once in place, they do not require daily or monthly dosing and their duration of contraceptive action ranges from 3 to 5 years.

Progestogen-only implants consist of hormone-filled capsules or rods that are inserted under the skin of a woman's upper arm. Current systems consist of one or two rods. Jadelle® is a two-rod system designed to deliver a steady daily dose of levonorgestrel over a period of five years. Sino-implant (II)® is identical to Jadelle but is approved for use over a period of four years. Implanon® a single-rod system—continually releases a steady dose of etonogestrel for a period of up to three years.

Implants are registered in more than 100 countries, including the United States, Western European countries, as well as many middle- and low-income nations. In 2012, the United Nations Commission on

Life-Saving Commodities for Women and Children endorsed contraceptive implants as one of its 13 Life-Saving Commodities.

Primary mechanisms of action of the implants include thickening cervical mucus (making it difficult for sperm to penetrate) and preventing ovulation in about half of menstrual cycles.

USE OF PROGESTOGEN-ONLY IMPLANTS BY WOMEN LIVING WITH HIV

There have been concerns from recent publications regarding the effectiveness of progestogen-only implants among women living with HIV and on some antiretroviral drugs.¹ However, there are no published studies comparing effectiveness of progestogen-only implants and other reversible methods of contraception in HIV positive women on antiretrovirals.

CURRENT RECOMMENDATIONS

The latest WHO recommendations on the use of hormonal contraception for women living with HIV were issued on 24 July 2014. In this guidance, there is no restriction on the use of progestogen only implants for women living with HIV (Medical Eligibility for

1 Perry S, Swamy P, Preidis G, Mwanyumba A, Motsa N, Sarero H. Implementing the Jadelle implant for women living with HIV in a resource-limited setting: concerns for drug interactions leading to unintended pregnancies. *AIDS* 2014;28:791-795.

Contraception (MEC) Category 1). However, women living with HIV who take antiretroviral drugs (ARVs) can generally use progestogen-only implants (MEC Category 2) ²

CONCLUSION

Hormonal contraceptive methods, including implants are highly effective in reducing pregnancy risk in HIV-infected women, including those concurrently using ART. There is no evidence to support advising HIV-infected women on antiretrovirals, not to use implants.

WHO recommends every individual is ensured opportunities exercise their human rights to make informed contraception choices, based upon a full range of emergency, short-acting, long-acting and permanent methods.³

2 For further information related to the 2014 recommendations for hormonal contraceptive use for women at high risk of HIV and women living with HIV, please consult this link: http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv_statement/en/

3 Ensuring human rights in the provision of contraceptive information and services Guidance and recommendations. http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/



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