



**AIDS2020**

**ONE YEAR AFTER ECHO:  
INTEGRATION IN THE  
TIME OF COVID**

*July 8, 2020*







**FP2020**

**INTRODUCTION**

**Beth Schlachter, FP2020**



# ONE YEAR AFTER ECHO: INTEGRATION IN THE TIME OF COVID-19

## Moderators:

- **Beth Schlachter**, Executive Director, FP2020, USA
- **Mitchell Warren**, Executive Director, AVAC, USA

## Panelists:

- **Dr. Rachel Baggaley**, Coordinator of HIV Testing & Prevention, World Health Organization, Geneva
- **Dr. Nyaradzo Mgodhi**, Histopathologist, The University of Zimbabwe-University of California San Francisco Collaborative Research Program, Zimbabwe
- **Wame Jallow**, Director of Global Programs & Advocacy, International Treatment Preparedness Coalition, Botswana
- **Dr. Natasha Salifyanji Kaoma**, Executive Director, CopperRose, Zambia



# ONE EXPERT, ONE QUESTION, ONE MINUTE: SRHINTEGRATION.ORG



# HIV & FP INTEGRATION: POST-ECHO

Results for **Evidence for Contraceptive Options and HIV Outcomes** clinical trial:

- **No substantial difference** in HIV risk among women using the three methods studied (DMPA-IM, Jadelle implant, copper IUD).
- All contraceptive methods tested were **safe, effective, and acceptable** in preventing pregnancy.
- HIV infection rates among the study population were alarmingly high: approximately 4%.

Suggests urgent need for investment in woman-centered programs that offer a full range of contraceptive choices and HIV prevention strategies **at the same site, time and with the same provider**, and through an approach that is centered on women's informed choice.

- Expanding contraceptive access with integrated HIV prevention will help reach women—especially young women and adolescent girls—who are at high risk.
- Learn more – and join the call to action – at [SHRintegration.org](http://SHRintegration.org)

# REACHING MORE WOMEN AND GIRLS

AS OF JULY 2019

**314**

MILLION women and girls are using modern contraception in 69 FP2020 focus countries

**+53** 

MILLION additional women and girls are using modern contraception compared to 2012

AS A RESULT OF MODERN CONTRACEPTIVE USE  
*from July 2018 to July 2019*

**119**

MILLION unintended pregnancies were prevented

**21** MILLION unsafe abortions were averted

**134** THOUSAND maternal deaths were averted

IN 2018, DONOR GOVERNMENTS PROVIDED

**\$1.5**

BILLION USD in bilateral funding for family planning



# HIV & FP INTEGRATION: WHY IT MATTERS



Women of reproductive age are disproportionately affected by the HIV/AIDS epidemic. **Many women are simultaneously at risk for both unintended pregnancy and HIV infection.** Comprehensive reproductive health care that includes family planning and HIV services is essential to provide women and their families with the protection they need.

# AVAC/FP2020 webinar

## One Year After ECHO: Integration in the Time of COVID



### Taking ECHO Forward

### New guidance from WHO and UNAIDS

Dr. Rachel Baggaley, unit head, Testing, prevention and populations team, Global HIV, Hepatitis and STI programmes, WHO, Geneva

July 30, 2020





# 25+ years of HIV and SRHR linkages and integration



UNITED NATIONS POPULATION INFORMATION NETWORK (POPIN)  
UN Population Division, Department of Economic and Social Affairs,  
with support from the UN Population Fund (UNFPA)

94-09-04: Cairo Declaration on Population & Development,  
ICPPD

## 25 years of HIV-SRHR linkages discussions - A long history

*Cairo Declaration on Population & Development*  
3-4<sup>th</sup> September 1994  
highlighted the need to address HIV in the context of SRHR

- Some successes – PMTCT – routine provision globally
- Some areas left behind – integration of HIV & STI in contraception services in high HIV burden setting

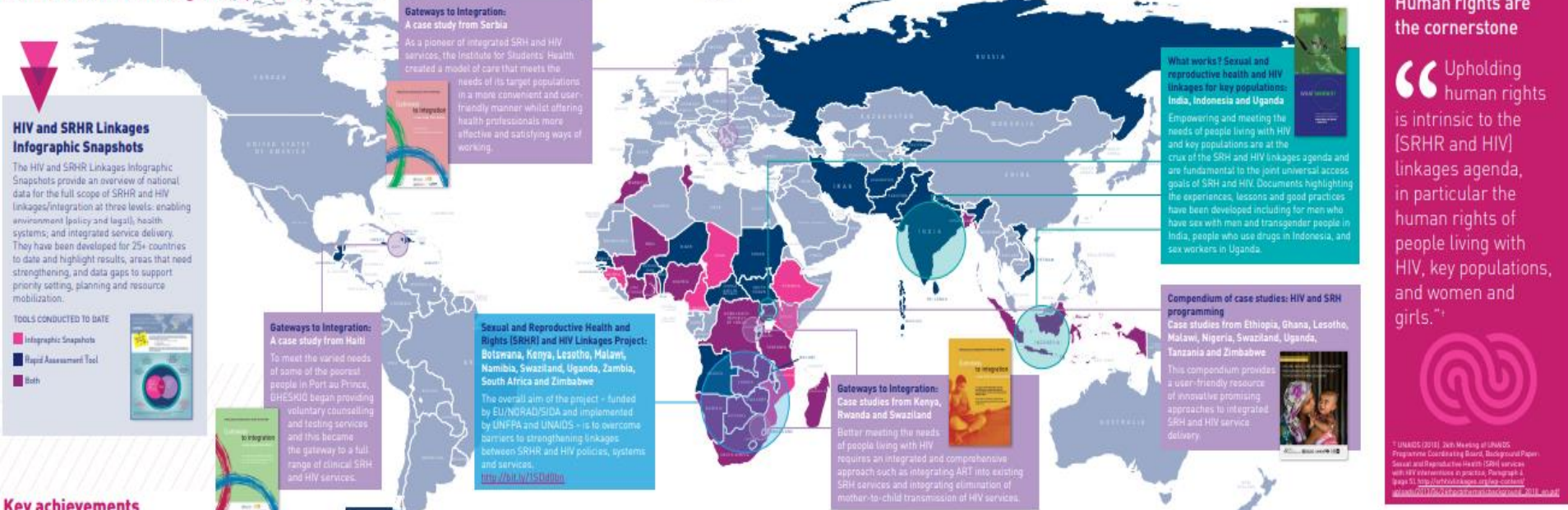
Human rights are the cornerstone

“Upholding human rights is intrinsic to the [SRHR and HIV] linkages agenda, in particular the human rights of people living with HIV, key populations, and women and girls.”

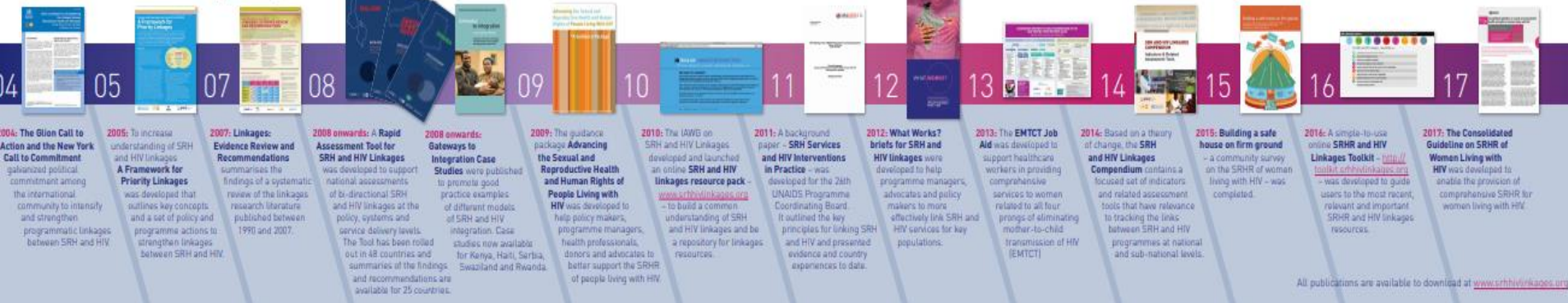


© UNAIDS (2018). 26th Meeting of UNAIDS Programme Coordinating Board, Background Paper: Sexual and Reproductive Health (SRH) services with HIV interventions in practice. Paragraph 4. Page 51. [http://www.unaids.org/sites/default/files/media\\_asset/20180914-UNAIDS-PCB-2018-04-Background-Paper-SRH-services-with-HIV-interventions-in-practice-04-2018.pdf](http://www.unaids.org/sites/default/files/media_asset/20180914-UNAIDS-PCB-2018-04-Background-Paper-SRH-services-with-HIV-interventions-in-practice-04-2018.pdf)

### SRHR and HIV linkages in practice



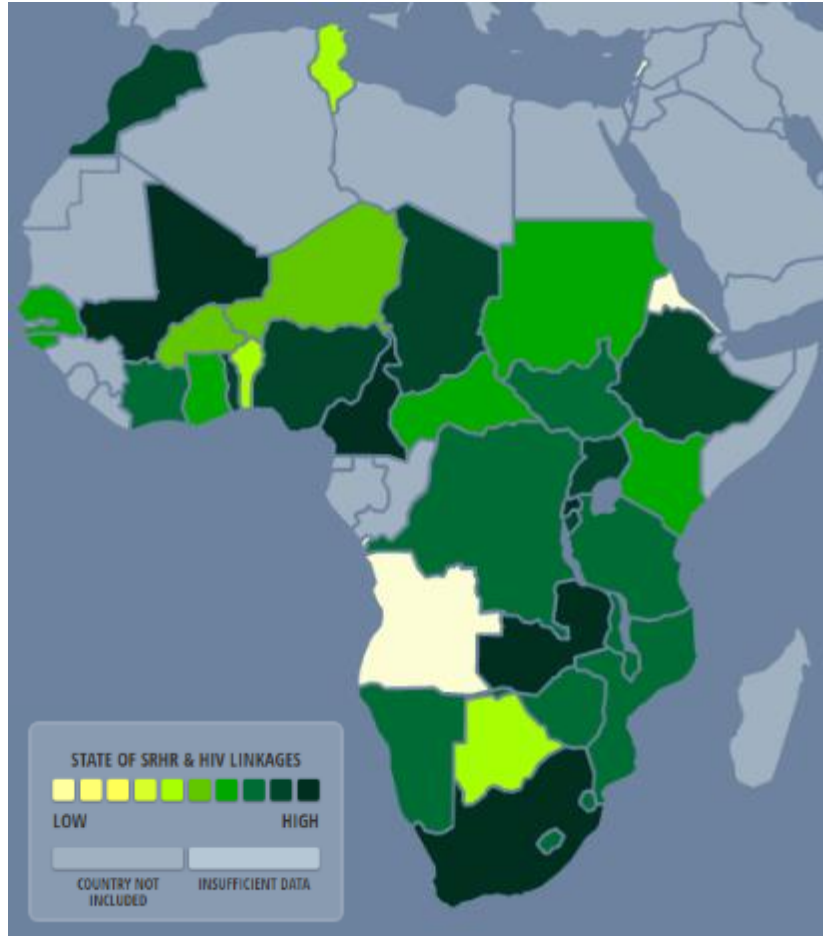
### Key achievements



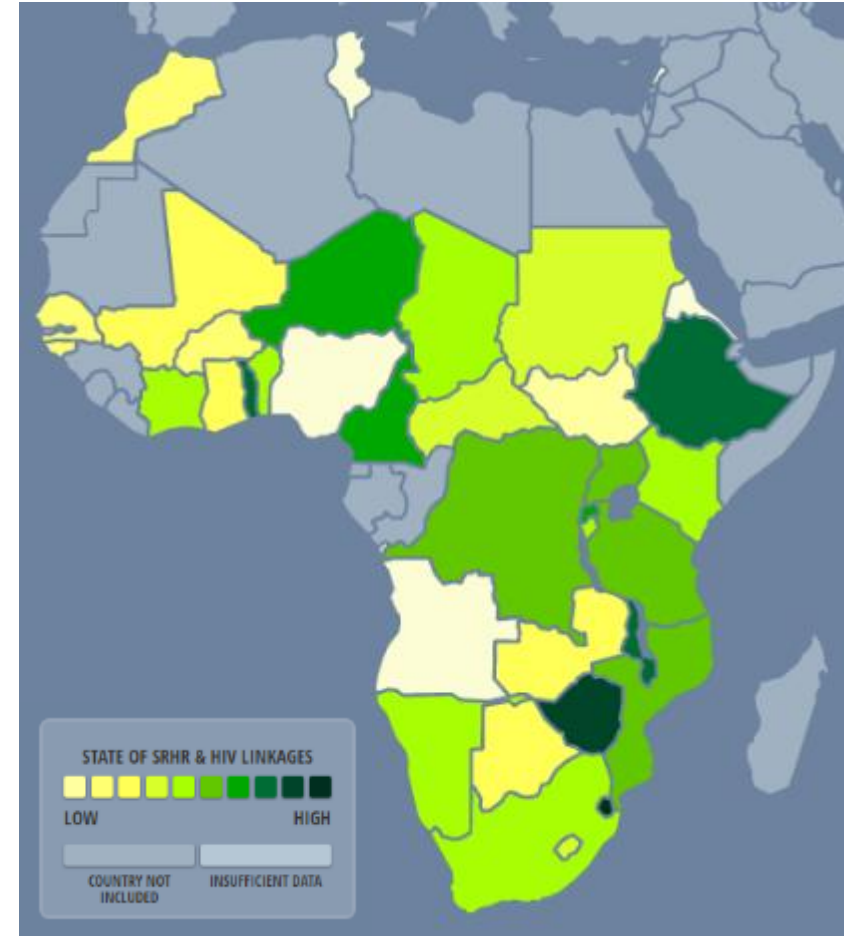
The IAWG on SRHR/HIV Linkages

For more information see [www.srhivlinkages.org](http://www.srhivlinkages.org)

# We must to better Targets and action on SRH-HIV linkages urgently needed



**HIV strategy – level of SRHR linkages**



**SRHR strategy – level of HIV linkages**



# Evidence for Contraceptive Options and HIV Outcomes (ECHO) study

Three long acting contraceptive methods studied acceptable, safe and effective

- ✓ **High HIV incidence across all sites** 3.8% requires an urgent, but differentiated response
  - ✓ But incidence varied significantly – South Africa and Eswatini site 3-6%, Zambia <1%, Kenya 1.5%
  - ✓ HIV risk was heterogenous – younger women, women with >1 partner and women with and STI had higher HIV risk
- ✓ **STIs also common:** 18% women had *C. trachomatis*, 5% *N. gonorrhoeae*, and 38% HSV-2

## Critical to work together with SRH and HIV providers *together*

- Overcome barriers in FP clinics to discuss HIV and offer risk assessment and counselling
- Find feasible and acceptable ways to integrate services – for women and for providers

# Post-ECHO re-focus needed

Better HIV & STI testing, prevention and treatment in contraceptive services

## HIV testing

Inc HIVST



### All women

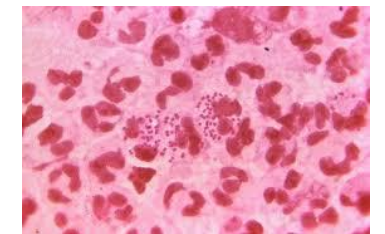
- voluntary partner testing service
- condoms
- STI services
- IPV

### Women with HIV

- linkage to immediate ART

### HIV negative women

- PrEP

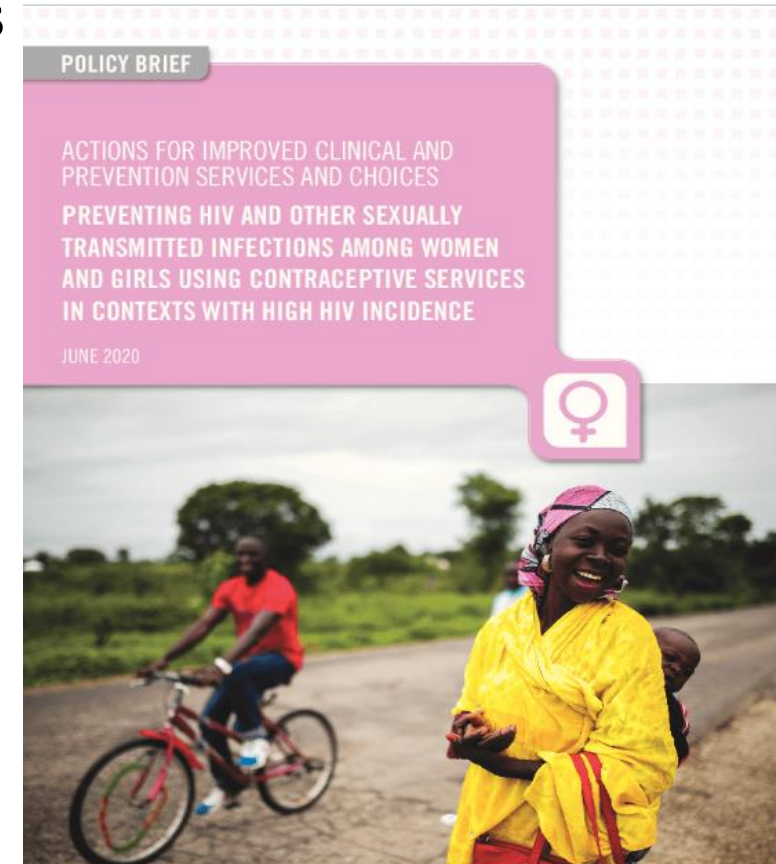




# Preventing HIV and other sexually transmitted infections among women using contraceptive services in contexts with high HIV incidence

## Actions for better clinical and prevention services and choices

- Changes are needed to better serve adolescent girls and women at high risk of acquiring HIV and STIs who are accessing contraceptive services
- Approaches should be evidence based and women centered
- Prioritize actions in settings with high HIV burden
- Improve access for women from key populations, other vulnerable women and adolescents where HIV prevalence is low or medium



# A focus approach recommended

## Suggested approaches to integrating HIV into contraceptive services, by HIV prevalence



		HIV prevalence among adult women*			
		Low (<1%)	Medium (1–5%)	High (5–20%)	Extremely high (>20%)
General approach to integrating HIV services into contraceptive services		Likely only a few changes needed; key population focus Mix of referral & on-site integration	Part of SRH–HIV programme development Mix of referral & on-site integration	Rapid action (change operating procedures) On-site integration where possible	Immediate action (executive orders, change operating procedures) Immediate on-site integration
Offer as part of contraceptive service delivery	Male and female condoms and lubricant	YES	YES	YES	YES
	HIV risk assessment	YES Focused offer	YES Routine offer	YES Routine offer	YES Routine offer
	STI risk assessment	YES Focused offer (routine offer if high STI prevalence)	YES Focused offer (routine offer if high STI prevalence)	YES Routine offer	YES Routine offer
	Condom promotion & skills building	YES Focused offer	YES Routine offer	YES Routine offer	YES Routine offer
	HIV prevention & risk reduction counselling	YES Focused offer	YES Routine offer	YES Routine offer	YES Routine offer
	HIV testing services (including self-test) + ART	YES Focused offer	YES Focused offer	YES Routine offer	YES Routine offer
	STI diagnosis & treatment of asymptomatic women (including partner STI services)	Focus on key populations	Focus on key populations	YES Focused offer (routine offer if high STI prevalence)	YES Routine offer
	STI diagnosis & treatment of symptomatic women (including partner STI services)	YES	YES	YES	YES
	Partner HIV testing (for example, invitation letter + self-test) + ART	Referrals for partners of HIV-positive women	Referrals for partners of HIV-positive women	YES Routine offer	YES Routine offer
	Community outreach for HIV prevention for women using contraception and their partners	Focus on key populations	Focus on key populations	YES Focused outreach	YES Expanded outreach
	Pre-exposure prophylaxis	NO (but referrals for women at higher risk)	NO (but referrals for women at higher risk)	YES Focused offer	YES <sup>14</sup> Routine offer



# Offer prevention choices

## Oral PrEP now



## But it is not only about PrEP

- Male and female condoms still have an important place
- Better male involvement
- VMMC needs to be continued to be promoted in parallel

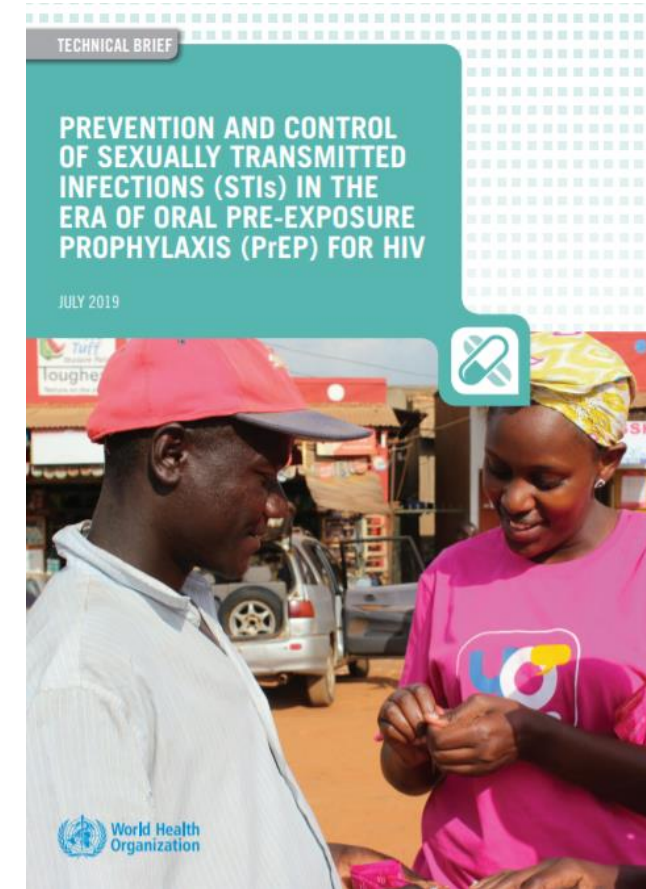
## Looking to the future

- Co-formulated of TDF/FTC and COC
- f/TAF
- DPV ring
- CAB-LA
- MK-8591
- Vaccines
- BNAbs



# Don't ignore STIs

- **HIV and STI syndemic in contraceptive services**
  - 
  - STI rates rising globally
  - STI prevalence at baseline in women seeking contraception and during use high in ECHO
  - STI management in contraception services in LMIC *if available* is limited or largely syndromic
  - Most STIs in women are asymptomatic & not detected with syndromic approaches
  - Untreated STIs increase HIV acquisition and transmission
  - Untreated STIs can lead to pelvic inflammatory disease and infertility in women and serious consequences for babies inc stillbirth, low birth-weight and prematurity, sepsis etc
  - History of STIs (inc HSV2 at baseline) predictive of HIV risk in ECHO (and elsewhere)
- 
- **We need to do more**
  - Increase attention on STIs
  - Include better STIs management in contraceptive services, inc using better diagnostics
  - Make near PoC STI diagnostics more available and reduce prices



July 2019 **WHO PrEP  
and STI technical  
update**

# Time for post ECHO action

- **Women, want, need and deserve more HIV prevention access and choice**
- Women who seek contraception in high HIV burden countries should be able to
  - learn their HIV status
  - access treatment easily
  - have a range of choices to protect themselves from HIV
- **STIs in women** are often asymptomatic and current syndromic approaches may not be adequate. A push for better diagnosis and treatment of STIs is needed, inc Cervical Cancer
- We need to act now.
  - Listen to women, involve women
  - Fast track national policies and overcome regulatory barriers (HIVST, aPN, PrEP)
  - Make national commitments, set testing and prevention targets, commit to training providers
- Watch the space for innovations



# Postscript



## Urgent action in the COVID-19 pandemic

### ...we are in for the long haul

#### Maintaining Essential HIV Prevention and Contraception Services

- Learning from Ebola in West Africa: increased unplanned and teenage pregnancies during emergency response → unsafe abortions and AGYW morbidly
  - **Prioritize continuation of contraception services**
- Some HIV prevention activities likely to be paused or scaled down eg VMMC, community outreach activities.
- But **condoms**, (& other prevention eg harm reduction and methadone programmes) need to continue with modifications
  - Delivery of supplies with social distancing through pharmacies
  - Larger supplies for longer time periods
- **Continue to support HIV testing** including through expanding access to self-testing

## CONDOM SHORTAGE LOOMS AFTER CORONAVIRUS LOCKDOWN SHUTS WORLD'S TOP PRODUCER

Malaysia's Karex Bhd makes one in every five condoms globally. It has not produced a single condom from its three Malaysian factories for more than a week due to a lockdown imposed by the government.



**Condoms “not essential” – purchase curtailed in a supermarket in South Africa**

## Thanks to

- AVAC and FP2020
- Michelle Rodolph and Shona Dalal, Global HIV, hepatitis and STI programmes, WHO
- James Kiarie, Petrus Steyn, Mary Lynn Gaffield, Sexual reproductive health dept,. WHO
- Paula Munderi, Clemens Benedict, Hege Wagan, UNAIDS



# AVAC

## INTRODUCTION

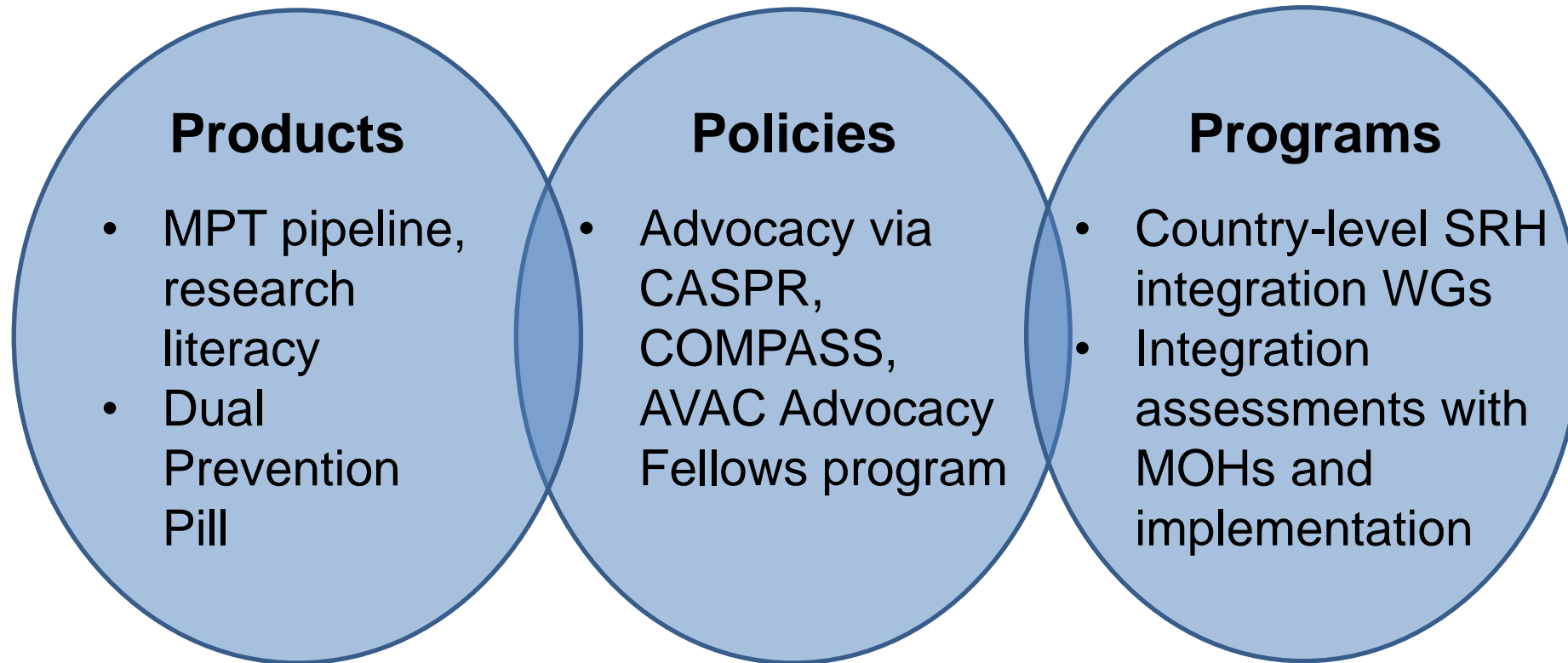
Mitchell Warren, AVAC





# How AVAC Promotes Integration

## Multilayered Prevention



# AVAC SRH Resources

- Integration of HIV prevention and SRH services in Kenya (2020): Assessment Findings
- HIV & SRH Integration: Key Learnings from Research and Projects (2019)
- Exploring Integration of Family Planning and HIV Services (2019): A Literature Review
- Applying Lessons from Family Planning to HIV Prevention Product Introduction (2018)



**NOW**

**Double down on multilayered prevention approaches**

Let's try a new term to address old, siloed problems. "Multilayered" prevention involves multipurpose strategies (think contraception and HIV prevention) embedded in multisectoral strategies (think policy reform, community norms-changing, economic empowerment and more). Only layered approaches like these will drive incidence down.

*AVAC Report 2019: Now What?*  
[www.avac.org/report2019](http://www.avac.org/report2019)

Reports available on [www.avac.org/srh](http://www.avac.org/srh)

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