

IMPLEMENTATION TOOL

# PROVIDING CONTRACEPTIVE SERVICES IN THE CONTEXT OF HIV TREATMENT PROGRAMMES

JULY 2019

HIV TREATMENT AND REPRODUCTIVE HEALTH



WHO/CDS/HIV/19.19

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# ABBREVIATIONS AND ACRONYMS

3TC	lamivudine
ABC	abacavir
ART	antiretroviral therapy
ARV	antiretroviral
ATV/r	atazanavir/ritonavir
AZT	zidovudine
CHC	combined hormonal contraception
CIC	combined injectable contraceptive
COC	combined oral contraceptive
CVR	combined contraceptive vaginal ring
d4T	stavudine
ddI	didanosine
DMPA	depot medroxyprogesterone acetate
DRV/r	darunavir/ritonavir
DTG	dolutegravir
EFV	efavirenz
ETG	etonogestrel
FTC	emtricitabine
IUD	intrauterine device
LNG	levonorgestrel
LPV/r	lopinavir/ritonavir
NET-EN	norethisterone enantate
NNRTI	non-nucleoside reverse-transcriptase inhibitor
NRTI	nucleoside or nucleotide reverse-transcriptase inhibitor
NVP	nevirapine
POP	progestogen-only pill
PI	protease inhibitor
RTV	ritonavir
SRH	sexual and reproductive health
TDF	tenofovir disoproxil fumarate

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# EXECUTIVE SUMMARY

The importance of access to contraceptive care for women and adolescent girls, including those living with HIV, is well established. By enabling women and adolescent girls to exercise their right to choose and control whether to have children and when and how many, use of voluntary, effective contraception promotes positive educational and economic outcomes for women and girls and is key to achieving gender equality, empowering women and reducing poverty. Using contraception also leads to improved infant and child health outcomes by preventing morbidity and mortality related to unintended pregnancy. For women and adolescent girls living with HIV, in addition to the above, using effective contraception reduces the mother-to-child transmission of HIV by preventing unintended pregnancies and enabling the planning and safer conception of desired pregnancies with optimal maternal and child health outcomes.

Despite the clear benefits of access to voluntary, effective contraception, unmet need for contraception remains high, especially in low- and middle-income countries and in settings with a high prevalence of HIV infection. Women and adolescent girls living with HIV have a high unmet need for effective contraception and reproductive health services. Meeting the needs of women and adolescent girls living with HIV for greater contraceptive choice and improved access to high-quality contraceptive care, including a wide range of contraceptive methods and comprehensive evidence-informed counselling, should be given priority. Reducing the unmet need for contraception among women and girls living with HIV who do not want to become pregnant is an essential aspect of high-quality HIV and health-care services.

In 2018, a signal was reported of a potential risk of neural tube defects among babies whose mothers were taking dolutegravir-based antiretroviral therapy (the regimen WHO recommends as preferred first-line therapy) at the time of conception. This issue and the WHO guidance issued around it has brought to the forefront the importance of both access to contraceptive care for women and adolescent girls living with

HIV and the importance of the rights of women and adolescent girls living with HIV to make their own informed choices about their health, including their sexual and reproductive health. Whatever the eventual conclusions are regarding the association between neural tube defects and dolutegravir-based antiretroviral therapy, there is now an opportunity to ensure that all women and adolescent girls living with HIV who want to avoid, delay or limit childbearing have access to rights-based, client-centred, evidence-informed, high-quality contraceptive services that meet their needs.

This publication accompanies WHO's 2019 *Programmatic considerations for countries transitioning to new antiretroviral drug regimens*. The main audience for this publication includes HIV and family planning and reproductive health programme managers and members of national guideline development and technical advisory groups, implementing partners and professional societies involved in HIV treatment programmes for women and adolescent girls living with HIV. It brings together existing, evidence-informed WHO guidance on meeting the contraceptive needs and ensuring sexual and reproductive health and rights for women and adolescent girls living with HIV.

The publication provides information on contraceptive options and choice, the medical eligibility criteria for different methods of contraception for women and adolescent girls living with HIV and using antiretroviral therapy, a summary of the comparative effectiveness of contraceptive methods and contraceptive considerations at different stages of a woman's life-course. It clarifies the right of women and adolescent girls living with HIV to make informed choices about WHO-recommended antiretroviral drug regimens, including dolutegravir, to have access to these regimens and to have the right to make informed choices about their contraception and sexual and reproductive health. It includes a list of key resources and tools relevant to providing rights-based, high-quality contraceptive care in the context of HIV care and treatment programmes.

# 1. BACKGROUND

## 1.1 Introduction

The voluntary use of effective contraception enables women and adolescent girls, including those living with HIV, to choose whether and when to have children and how many and to maintain their health by reducing unintended pregnancy-related morbidity and mortality with planned, spaced, well-timed pregnancies, contributing to improved outcomes for both mother and child. This leads to positive health, educational and economic outcomes for women and girls and social and economic development at the community and national levels (1). Use of voluntary, effective contraception also reduces the vertical transmission of HIV, by preventing unintended pregnancies and enabling the planning and safer conception of desired pregnancies (2); the use of condoms reduces horizontal transmission of HIV and other sexually transmitted infections. Further, recent data from South Africa show that unintended pregnancy may predict poor outcomes among women initiating antiretroviral therapy (ART) during pregnancy (3).

Despite the clear benefits of access to voluntary, effective contraception, unmet need<sup>1</sup> for contraception remains high, especially in low- and middle-income countries (1,5), which includes settings with a high prevalence of HIV infection. Women and adolescent girls living with HIV have a high unmet need for effective contraception and reproductive health services, because they face stigma and discrimination, higher levels of violence, poorer access to health care and a general lack of safe, supportive and enabling environments (6). A global survey on the sexual and reproductive health and rights priorities of women living with HIV from 94 countries found that 60% reported at least one unintended pregnancy, that less than half the women surveyed had ever obtained contraceptive services and that high rates of violence, including in health-care settings, impeded their ability to make informed decisions regarding their health (5,7,8).



## 1.2 Why is this publication needed?

National policies and programmes as well as donors should give priority to meeting the needs of women and adolescent girls living with HIV for greater contraceptive choice and improved access to high-quality contraceptive care, including a wide range of contraceptive methods and comprehensive evidence-informed counselling. Reducing the unmet need for contraception among women and girls living with HIV who do not want to become pregnant is an essential aspect of high-quality HIV and health-care services.

In 2018, WHO published updated interim guidelines on first-line and second-line antiretroviral (ARV) drug regimens (9), recommending a dolutegravir (DTG)-based regimen as the preferred first-line regimen for people starting ART for the first time, including women and adolescent girls. Because the ongoing Tsepamo birth surveillance study in Botswana has identified a potential increased risk of neural tube defects among infants whose mothers living with HIV became pregnant while taking DTG-based ART (10), these interim guidelines (9) include recommendations about ART regimens (a DTG-based regimen is recommended as the preferred first-line regimen for people living with HIV initiating ART, including women and adolescent girls) and contraceptive use for women and adolescent girls of childbearing potential (9).

Concerns have been voiced and clear statements made by women living with HIV calling for WHO to clarify aspects of the guidance and to guide on implementing rights-based and evidence-informed contraceptive care for women and adolescent girls living with HIV in the context of these recommendations. National HIV programmes have also requested supportive information on providing contraceptive methods and services for women and adolescent girls living with HIV.

**A sex worker displays a strip of condoms at a brothel in Tangail, Bangladesh.**

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1. Women with unmet need are those who are fecund and sexually active but are not using any method of contraception and report not wanting any more children or wanting to delay the next child. The concept of unmet need points to the gap between women's reproductive intentions and their contraceptive behaviour (4).

Continued observation of additional pregnancy outcomes in Tsepamo and from other studies is needed to determine whether this increased risk of neural tube defects will be confirmed or refuted. Regardless of the eventual conclusions on the potential association between DTG-based ART use at the time of conception and the risk of neural tube defects, making rights-based, client-centred, evidence-informed, high-quality contraceptive care available to women and adolescent girls living with HIV should be given priority.

This publication accompanies WHO's 2019 *Programmatic considerations for countries transitioning to new antiretroviral drug regimens (11)*, expanding on subsection 2.2.1 on women and adolescent girls of childbearing potential (Box 1). It brings together the existing evidence-informed WHO and other guidance on meeting the contraceptive needs and ensuring sexual and reproductive health and rights for women and adolescent girls living with HIV. Annex 1 includes a list of key resources and tools relevant to providing high-quality contraceptive care in the context of HIV care and treatment programmes.



### Box 1. Summary of WHO's 2019 Programmatic considerations for countries transitioning to new antiretroviral drug regimens (11)

1. DTG is the preferred first-line ARV regimen for adults and adolescents, including women and adolescent girls of childbearing potential (9).
2. For women and adolescent girls of childbearing potential, counsel about the potential increased risk of neural tube defects when DTG-based ART is being used at the time conception occurs. Inform about the potential benefits of DTG-based ART compared with the current available alternative, efavirenz (EFV)-based ART (9,11).
3. Women and adolescent girls of childbearing potential who do not want to become pregnant should have access to consistent and effective contraception to allow them to plan pregnancies when they desire, regardless of their ART regimen. They should have access to DTG (9). Many women and adolescent girls may not be able to negotiate when they want to become pregnant or negotiate condom use and/or might not be aware that they are pregnant.
4. Women and adolescent girls of childbearing potential who do want to become pregnant or are otherwise not using contraception should be informed that an EFV-based regimen is a safe and effective first-line regimen in pregnancy and can be used during the period of potential risk for developing neural tube defects (9).
5. After appropriate counselling on potential risks and

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