Deprioritizing Women's Lives in 2017

Playing with the Fine Print: Hormonal contraception and HIV risk

In early 2017, the World Health Organization (WHO) announced that it had reclassified progestogen-only contraceptives (such as DMPA, also known as Depo-Provera) in its Medical Eligibility Criteria (MEC) system, that is designed to support global consistency. This change shifted DMPA, the bi-monthly injectable NET-EN and a subcutaneous form of DMPA (marketed as Sayana Press (SP)) from a classification of "MEC 1" to "MEC 2". A product with an MEC 1 classification can be used without restrictions; a product with a MEC 2 is one for which the "benefits outweigh the theoretical or proven risks" of the product.

WHO emphasized that this shift was motivated by a review of the available evidence and a commitment to women's rights to full information about the products they use in their bodies. This was a welcome validation of principles that women working on this issue have articulated for years.

But the celebration—such as it was—has been short lived. In the months following the MEC shift, not a single country has shifted its messaging to provide HIV-negative women with clear information that DMPA, NET-EN and SP all have clear benefits *and* could possibly and theoretically increase women's risk of HIV. Instead, the majority of programs that have engaged the MEC at all have seized on fine print from the MEC guidance stating that no woman should be denied DMPA or other methods because she is at high risk for HIV. This is absolutely true, and women working on this issue have made the informed choice of methods a clarion call. However, limiting the message to the fact that women deserve to choose their own method—without the counter-balancing information that MEC 2 choices may, theoretically, affect a woman's HIV risk—is inadequate and selective at best. SP is the focus of a dynamic push involving FP2020, PATH, African countries, the Billl & Melinda Gates Foundation and many other funders. It's an easy-to-use method that could expand access to contraceptives in the many parts of the world where women struggle to gain access to comprehensive services. We're completely supportive of this and believe that the strengths of this method, and of the women who might use it, are such that full information about theoretical risks could be conveyed without jeopardizing introduction.

2018 will likely bring the results of the ECHO trial, a randomized study evaluating how DMPA, the Jadelle implant and the copper IUD affect women's HIV risk. Even this trial, as important as it is, won't settle the question, since NET-EN and SP (not included in ECHO) have different traits than DMPA. If ECHO does find that DMPA increases women's risk of HIV, there will be no fine print to hide behind. Both NET-EN and SP will be impacted unless or until further research is done to see if they also heighten HIV risk. WHO, along with countries with high HIV prevalence and high DMPA use (largely East and Southern Africa) must start developing messages and programs that provide broader contraceptive choice, information and comprehensive HIV prevention, including daily oral PrEP where available. This way, the many women who do want to continue using DMPA or other methods will be able to do so whatever the findings. Those for whom a theoretical risk is of concern will be able to choose an alternative. This is a win-win situation that must be pursued. There is no time to lose.

The Global Gag Rule: An active front in the war on women

It's a dangerous time to be a woman on planet Earth. The past year has brought an assault on the programs, services and funding for comprehensive, evidence-based sexual and reproductive health services that all humans deserve, both in the US and worldwide. In the US, this year has seen a reckoning with the pervasiveness of sexual violence in women's lives—though the cases making headlines are largely focused on white men and women, leaving issues of race and class still under-discussed. There are many fronts in this fight—and in every instance, strong, resilient women and their allies are banding together as peaceful warriors, focused on their rights and those of their daughters and sisters, comrades and friends.

All of this work is negatively impacted and sometimes endangered by the expansion of the Global Gag Rule (GGR), as implemented by the Trump Administration in 2017. The GGR has historically barred foreign NGOs receiving US family planning funding from counseling about, referring to or advocating for the legalization of abortion as a family planning method. The expanded GGR applies this restriction to all US global health spending—approximately US$8 billion in aid. It also bars countries from using funds from any source (including non-US funds) for abortion-related activities, as a condition for receiving US funding.

The damage is already underway. In an October 2017 report, Human Rights Watch found that in Kenya and Uganda, GGR-related changes "have resulted in a loss of training and equipment from nongovernmental groups for government health clinics, and widespread confusion about implementation." In many contexts, confusion is leading NGOs to scale back services or messages that they may not even be required to shift.

A six-month review of the policy was underway at the end of 2017. It is imperative that the State Department act on these early warning signs and do the following:

- Take steps to strengthen and expand comprehensive sexual and reproductive health programming for women, including post-abortion care, contraceptive access and HIV prevention. The purpose of the GGR is not to gut women's health services or to demolish the progress made in integrating HIV and SRHR to date. The State Department should protect its investments in the lives and health of women and children.
- Communicate clearly and frequently about what GGR compliance is and is not, to forestall any over-interpretation, chilling effect or unnecessary cessation of activities and services.
- Conduct ongoing and annually reported reviews of the impact of the GGR, including data on deaths from unsafe abortions, and report these findings to Congress.
- Grant case-by-case exemptions to mitigate the policy's harm.

AVAC itself has been impacted by the GGR, as some of our work on prevention research advocacy is funded by USAID, and includes onward granting to foreign NGOs working on HIV prevention, women's health and rights and other intersecting issues. As a failure to sign the GGR would have cut off significant funding for civil society work in this space, we undertook, starting in January 2017, intensive consultations with the groups that would be impacted to determine the course of action for ourselves and our partners. The decision was taken to accede to GGR compliance in AVAC's grant agreement with USAID. We accompanied this compliance, however, with the explicit statement that we opposed the policy and would work to mitigate its harm at every turn. Our partners continue to receive funding and to work without restriction on their core issues. It is a draconian and anti-health choice, and one that no coalition should have to face. We are grateful to our allies who have guided us through and now live with the consequences of our decision.