



What is up with DMPA and “grades” for family planning?

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Many women rely on DMPA for family planning. It is a medicine that some people call Depo, “the injection” or just “the shot”. Women can get Depo from a clinic or a health care worker. Once injected into a woman’s arm or buttock, it protects her from falling pregnant for the next three months.

*It works well for most women but can also have some side effects. Some studies suggest that women using Depo might be more likely to get HIV if they are exposed to the virus. **We do not know yet whether this is true or not.** More research is being done now to find out if this is true.*

The World Health Organization (WHO) is in charge of figuring out how to describe the safety of different family planning methods. On 2 March 2017, WHO changed the safety grade assigned to Depo and another method called NET-EN that is also injected. Here’s why.

What is WHO?

The World Health Organization (WHO) is part of the United Nations (UN). Almost every country in the world belongs to the UN. It works to prevent wars, protect human rights and get countries the help they need. WHO is the public health arm of the UN. Its decisions and advice on public health issues have an effect on what medicines and health supplies the member countries give to their people.

What does WHO have to do with family planning?

Since 1996, the WHO has used a grading system for family planning. This system is called the Medical Eligibility Criteria or MEC. It is used to make sure that family planning programs around the world use products in the same way. Part of the MEC is a grading system that shows how safe each family planning method is and suggests who can use it:

- **MEC 1** = this method can be used safely by anyone.
- **MEC 1*** = this method can be used safely by anyone. But there are key things for women and health care workers to think about.
- **MEC 2** = this method may be risky for some people. For most, it works well enough to be worth it.
- **MEC 3** = people are likely to have problems with this product. It may not be worth the risk.
- **MEC 4** = this method should not be used by anyone. It is too risky

MEC 1-4 are the four main ratings. Until now, both Depo and NET-EN have been graded as MEC 1*. This meant that they could be used freely. The “*” was WHO’s way of pointing out that women at high risk of HIV should be told that these methods might or might not increase their risk of HIV. The note also said that women at high risk of HIV who chose Depo or NET-EN should be advised to use condoms as well. Now the WHO has changed its rating from MEC 1* to 2.

What does the change from MEC 1 to MEC 2 mean for me?

The MEC ratings are a supposed to be a simple way to help people think about a family planning method. When a method’s rating changes, the message given to family planning programs and women also needs to change. Since Depo and NET-EN are now graded MEC 2, family planning staff should tell women that these methods might make them more likely to get HIV if they are exposed to it. This news may not matter for some women. These could be women who are not likely to be exposed to HIV or women who are using effective HIV prevention like

condoms or PrEP all the time. But women at high risk of HIV may see it as a reason to use some other method of contraception and/or HIV prevention.

Important: Your access to Depo should not change! A change in the MEC rating does not mean that Depo and NET-EN will be harder to get. Women who want to use these methods must be able to get them, no matter what MEC ratings they have. Women should also be able to get other methods if they want them.

How do I decide about using Depo or not?

Making sure that you do not fall pregnant when you are not ready is very important. So is protecting yourself from HIV. Here are some things to ask yourself as you think about this question:

1 Why am I using Depo or NET-EN or thinking about using it?

Some women prefer Depo because it lasts for three months. NET-EN lasts for two months. Some use it because they have used it before, their friends use it, or it is the only method on offer at their clinic.

2 What other family planning method could I get?

You can ask your clinic or health care worker to tell you about other methods they have. Once you know what the choices are, you may still choose Depo or NET-EN. Or you may try another method.

3 What if the clinic or health worker does not have any other family planning method to give me?

Most clinics have oral pills and condoms to give out, as well as Depo. If they do not, local women have the right to demand more choices! Women need and deserve a range of family planning methods to choose from.

4 What if I have HIV already? Does it matter if I keep using Depo or NET-EN?

When you are taking two medicines and one has an effect on the other one, we say they “interact”. Most HIV drugs do not interact with family planning drugs. But some family planning implants contain a hormone (called etonogestrol) that interacts with an HIV drug called efavirenz. If you have HIV, talk with your doctor or clinic about your family planning method. It is good to ask if it is one that will interact with your HIV drugs.

When you add it all up:

■ **Family planning saves lives.** It prevents mis-timed pregnancies which can put women in danger of illness or death. Falling pregnant too many times is not healthy for a woman. It is also risky for a woman or girl to fall pregnant when her body is not ready for it. Each woman should have choices about what she will use for family planning. That way, she can pick a method that keeps her healthy and that she and her partner both like.

■ **Women also need to protect themselves from HIV.** All of us should have access to male and female condoms and to good treatment and care if we are living with HIV. Women who choose to use Depo or NET-EN may also want to use PrEP. This is a daily pill you can take to keep yourself from getting HIV, if you are exposed to it. Ask your clinic about PrEP if you worry about your HIV risk.

■ **Family planning and HIV prevention are both vital for all women, especially in regions with high HIV rates.** To meet these needs, women require access to several kinds of family planning tools and education about how to protect themselves from both mis-timed pregnancy and HIV.

To learn more and hear news from the field, visit: www.avac.org/prevention-option/hormonal-contraceptives-and-hiv.