



June 13, 2019

The Civil Society Advocacy Working Group on HC-HIV today releases this statement on the occasion of the ECHO trial results released in Durban, South Africa. Media and CSO inquiries: Lillian Mworeko, ED of ICW-EA [lmworeko@icwea.org](mailto:lmworeko@icwea.org)

We welcome the result and the impetus it provides to continue our work to ensure that all women, especially young women, have more information, understanding, choices, options, and agency when it comes to achieving and enjoying their sexual and reproductive health and rights. We thank the ECHO team, partners, and donors for their investment in research to advance the health and well-being of women, especially young women, and we look to continued partnership at the intersection of family planning and HIV.

The ECHO trial was designed to provide high-quality evidence about the potential association between contraceptives (DMPA-IM, the Jadelle implant, and Copper IUD) and the risk of HIV acquisition. The results of this trial are of critical importance to women everywhere, and particularly young women in East and Southern Africa, where uncertainty around a link between DMPA and HIV risk has been a major concern for many years.

Based on the data shared, we state the following:

- 1) The ECHO results are not “good news”. The women in this trial were recruited and enrolled because they wanted contraception and were sexually active. They did not have the “risk factors” we hear about in so many other HIV prevention trials. ECHO is a wake-up call to put HIV prevention on site at every family planning clinic including PrEP and female condoms with peer support, trained providers.

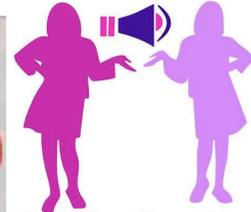
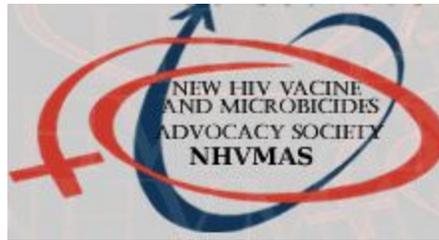




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2) A key question about DMPA has been answered but that does not mean the method can continue to dominate women’s contraceptive programs in East and Southern Africa. We don’t believe that DMPA should continue to be the only long acting method available for too many black and brown women who want choices, dislike side effects and deserve equity with high quality contraceptive programs in high income countries.

3) ECHO shows method mix is possible. Women use many things. Policy makers, funders and service providers must work with women in the lead to make this happen everywhere.

4) Women need strategies to prevent pregnancies and HIV infection at the same sites, from the same providers, in a rights-based, woman-centered context. Throughout ECHO, the risks of unplanned pregnancy and HIV were pitted against each other by scientists and normative agencies. Now is the time for integration. This has to include investigation--more research on how to deliver services that meet contraceptive and HIV needs well, what is driving HIV risk and how to address it, and more.

**We Demand:**

- Every east and southern African country must now make or implement with full funding a plan, with milestones, for expanding contraceptive method mix and uptake and integrating HIV prevention into contraceptive service points.
- The upcoming WHO meeting in Zambia prompted by the ECHO results should generate a declaration of commitment to this, along with a commitment from funders to put money into this work and revisit the key milestones across the regions and in countries in one year’s time. This review could be guided by the method mix and choice indicators developed by FP2020 and the SRHR index piloted by the US group CHANGE.
- This review must be validated by “ground forces”—women who live and work and love in the places where this trial happened. There is nothing for us without us, nothing that can call itself a “woman-centered approach” with a straight face if it does not have women, especially young women, in the lead.





Our advocacy on this issue has been long-standing with a shared [statement](#) in 2012 and another [guidepost](#) for action earlier this year, the guiding principles of both we reaffirm today.

- 1) We must accelerate action to invest in and expand available and accessible contraceptive and HIV prevention tools, including the pipeline for the future.
- 2) Full information is key to equipping women to work with their health-care provider to make and be supported in a decision that works for them in the context of their life.
- 3) Gender equality, diversity, and human rights are fundamental
- 4) The WHO consolidated [guideline](#) on the sexual and reproductive health and rights of women living with HIV exists, and is a key framework for how the results should be understood and how action should be catalyzed.
- 5) The most affected women, especially young women in Africa, must be meaningful and central partners in the decision-making process and forward steps with WHO, countries, and donors.
- 6) WHO to include women who have been working on this issue in the Guidelines Review Group. Their experience and expertise on the topic is key in informing the guidelines process.

World Health Organisation (**WHO**) **must be proactive, transparent and in partnership with women.** WHO has a leading role to play in results interpretation, dissemination and rapid responses. We look forward to the results this week, and to thoughtful analysis toward the 10-11 July 2019 meeting in Lusaka, Zambia.

