



Strategic Communication Framework for Hormonal Contraceptive Methods and Potential HIV-Related Risks

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Acronyms

ART	Antiretroviral Therapy
ARVs	Antiretrovirals
CHW	Community Health Worker
CBO	Community-Based Organization
COC	Combined Oral Contraceptives
DHS	Demographic Health Survey
DMPA-IM	Depot Medroxyprogesterone Acetate Intramuscular
DMPA-SC	Depot Medroxyprogesterone Acetate Subcutaneous
FP	Family Planning
GDG	Guideline Development Group
HC	Hormonal Contraception
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counseling
IPC	Interpersonal Communication
IUD	Intrauterine Device
M&E	Monitoring and Evaluation
MEC	Medical Eligibility Criteria
MOH	Ministry of Health
NET-EN	Norethisterone Oenanthate (a type of injectable hormonal contraception)
NGO	Non-Governmental Organization
PLHIV	People Living with HIV and AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RH	Reproductive Health
SBCC	Social and Behavior Change Communication
SMS	Short Message Service
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organization

BACKGROUND

Hormonal contraception (HC) – oral contraceptive pills, emergency contraceptive pills, injectables, patches, rings, implants or hormonal intrauterine devices (IUDs) – are highly effective methods of family planning (FP). Such highly effective methods are critical tools for preventing unintended pregnancy, reducing maternal and infant morbidity and mortality, and decreasing recourse to abortion.¹

The World Health Organization (WHO) first provided guidance in regards to HC use and women at high risk for or living with HIV in 2012. Recommendations for HC use were provided for:

- Women at high risk of HIV infection.
- Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2).
- Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4).
- Women living with HIV using antiretroviral therapy (ART).

Categories for Temporary Methods

Category	With Clinical Judgment	With Limited Clinical Judgment
1	Use method in any circumstances	Yes (use the method)
2	Generally use method	
3	Use of method not usually recommended unless other more appropriate methods are not available or not	No (do not use the method)
4	Method not to be used	

Source: <http://www.fphandbook.org/appendix-d-medical-eligibility-criteria-contraceptive-use>

After the first guidance was released in 2012, a consultative process followed to assess how to provide additional communication guidance to women, health providers and other stakeholders, including sharing the risks and benefits of HC use among women at risk of HIV in an easy-to-understand and comprehensive format.

This consultation identified several important issues, including the need for:

- Wider access to a broad range of modern contraception methods.
- Increased availability of and access to male and female condoms.
- Strengthened linkages between sexual and reproductive health (SRH) and HIV services.²

The WHO again convened meetings of the Guideline Development Group (GDG) in 2014 and 2016 as new studies were released in order to review guidance for the four populations originally identified. In 2012³ and 2014⁴, the GDG found that the epidemiological data regarding the interaction between progestogen-only injectables and risk of HIV acquisition did not warrant a change to the MEC for the use of progestogen-only pills, progestogen-only injectables (Depot medroxyprogesterone acetate [DMPA] and Norethisterone Oenanthate [NET-EN]), and levonorgestrel and etonogestrel implants.

The GDG met most recently in December of 2016 after the release of an updated systematic review⁵ looking at additional studies providing evidence regarding the risk of acquiring HIV with the use of progestogen-only injectable contraceptives. Based on the increased strength of the evidence, the GDG decided to change the MEC for progestogen-only injectables (norethisterone enanthate [NET-EN] and depot medroxyprogesterone acetate [DMPA, intramuscular (IM) or subcutaneous (SC)], from a MEC category 1, to a MEC category 2⁶, for women at high risk of acquiring HIV, meaning that the advantages of these methods generally outweigh the possible increased risk of HIV acquisition. All other HC methods remain a category 1.

Given the importance of this issue, women at high risk of HIV infection should be informed that progestogen-only injectables may increase their risk of HIV acquisition. Women and couples at high risk of HIV acquisition considering progestogen-only injectables should also be informed about and have access to HIV preventive measures, including male and female condoms.

Although the MEC changed from a category 1 to a category 2 only for women at high risk for HIV it is important to recognize that HIV risk changes for an individual over time (even during the course of using HC). For this reason it is critical that all women should be informed of the potential increased risk of HIV acquisition and especially all women in countries and regions where HIV prevalence is high.

As a result of the consultation meeting in 2012, and the additional guidance and information that has come out since the additional review, this Strategic Communication Framework was developed in 2014 and first finalized in January 2016 as a tool to assist country stakeholders in the adaptation and dissemination of information pertaining to HC and HIV risk at regional, national and local levels. This edition of the Framework reflects the 2017 changes to the MEC and was finalized in April 2017.

Due to the inability to prove causality between progestogen-only contraceptives and HIV acquisition based on only observational studies, an open-label randomized clinical trial began enrollment in December 2015. This study, named ECHO - Evidence for Contraceptive Options and HIV Outcomes – aims to answer the question of whether or not three commonly used types of contraceptives (DMPA-IM; LNG Implant; Copper IUD) increase a woman's chance of acquiring HIV. The 36-month study is taking place in Kenya, South Africa, Swaziland and Zambia with a planned enrollment of 7,800 sexually active, HIV negative women between the ages of 16 and 35.

ABOUT THE STRATEGIC COMMUNICATION FRAMEWORK

Aim

This framework aims to guide country-level activities to communicate the risks and benefits of HC among women at risk of, or living with, HIV in an easy-to-understand and comprehensive format.

Intended Users

This framework may be used by a variety of international-, national- and sub-national-level actors:

- **Health communication experts, including those in Ministry of Health (MOH) health promotion units, non-governmental organizations (NGO), etc.:** To adapt messages to the local context and design communication strategies to include messaging in existing or new activities.
- **Managers in MOH FP and HIV/AIDS units:** To ensure that messages are effectively integrated at various points in the health system, as appropriate, such as pre-service or in-service training, service delivery and behavior change communication programs.
- **Civil society advocates, such as those groups representing people living with HIV and AIDS (PLHIV):** To guide local advocacy on women's health, contraceptive use and HIV/AIDS, and ensure that the communities they serve are informed and aware of the latest evidence.
- **Donors/International NGOs:** To support countries in operationalizing the evidence through strategic communication approaches using existing or new FP and HIV prevention and treatment programs.

What Is A Communication Strategy?

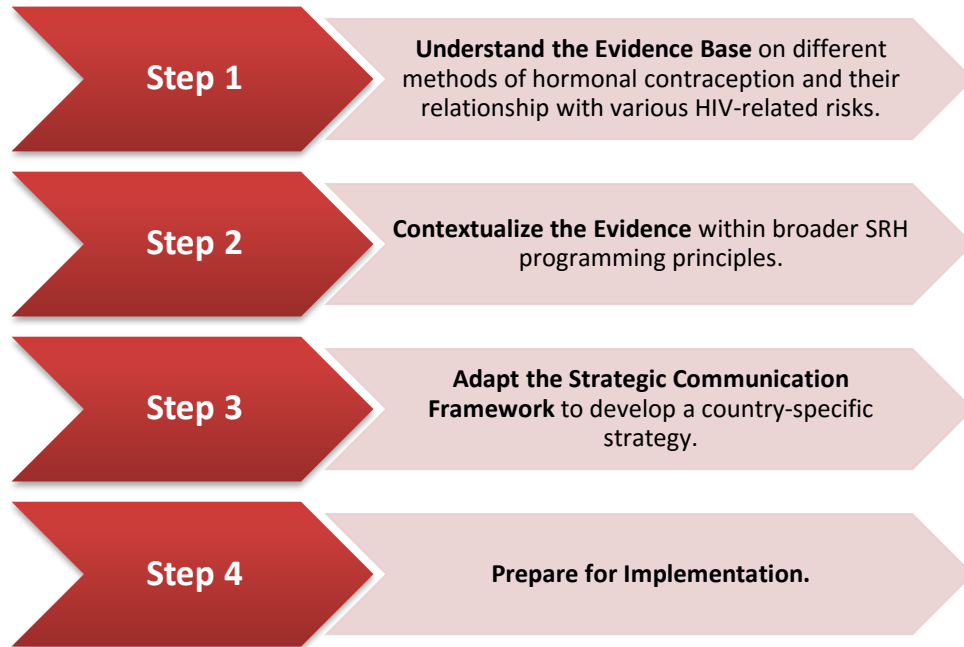
A communication strategy provides a “roadmap” for behavior change efforts and ensures that communication activities and outputs are coordinated to achieve agreed-upon goals and objectives. It is based upon evidence and typically outlines priority audiences, messages and channels for behavior change programs, among other strategic design elements. Implementers use communication strategies as the basis for their behavior change program design, which eventually results in the development of activities, including mass media programming, community-level activities, interpersonal communication and counseling, and other strategic approaches.

The communication strategy is not a static product. It must be responsive to an ever-changing environment. Adaptations may be necessary in order to respond to new research findings and data, unexpected events, changing priorities or unforeseen results.

How to Use the Strategic Communication Framework

This framework is not designed as a “one-size-fits-all” model, but rather as a basic foundation, which can be adapted and expanded upon by countries to create national or sub-national communication strategies **tailored to the local context**. These tailored strategies provide a roadmap for developing activities or materials that communicate the possibility that certain methods of HC may impact risk of HIV acquisition, or HIV progression, as informed by currently available evidence.

The framework presents a step-by-step process to guide country-level adaptation:



STEP 1: UNDERSTAND THE EVIDENCE BASE ON DIFFERENT METHODS OF HORMONAL CONTRACEPTION AND THEIR RELATIONSHIP WITH VARIOUS HIV-RELATED RISKS

This step looks at the most recent evidence base regarding different methods of HC and HIV-related risks for specific audiences. Each country adapting this framework should review the available evidence to understand fully the HIV context in their country.

HIV Acquisition in HIV-Negative Women

- The 2017 WHO guidance states women at high risk of acquiring HIV can use all methods of contraception.⁶
 - The following HC methods can be used without restriction: combined oral contraceptive pills (COCs), combined injectable contraceptives (CICs) combined contraceptive patches and rings, progestogen-only pills (POPs) and levonorgestrel (LNG) and etonogestrel (ETG) implants (MEC category 1).
 - Women can also use progestogen-only injectables because the advantages of these methods generally outweigh the possible increased risk of HIV acquisition (MEC category 2).
- There continues to be evidence of a possible increased risk of HIV acquisition with use of progestogen-only injectable contraception,^{5,7,8} women at high risk of HIV using this method should be strongly advised to also use condoms (male or female) consistently and correctly, and to take other HIV preventive measures.
- Women considering using progestogen-only injectable contraceptives should be informed of the continued uncertainty regarding increased risk of HIV acquisition, however **women should not be denied their choice of contraceptive method.**
- Women considering using progestogen-only injectables contraceptives should be assessed for their HIV risk and counseled on the fact that risk for HIV can change throughout life.
- Available data does not suggest an increased risk of HIV acquisition with use of COCs.^{9,10} There is limited data on how implants, patches, rings or hormonal IUDs may or may not impact the risk of HIV acquisition.⁵
- HC use does not protect against HIV acquisition in women or HIV transmission to men; all individuals at risk of HIV should be encouraged to consistently and correctly use condoms.

Dual Protection vs. Dual Method Use?

Dual Protection: Dual protection strategies aim to simultaneously avoid both unintended pregnancy and sexually transmitted infections (STIs), including HIV. Examples of dual protection strategies include (1) abstinence, (2) use of an effective contraceptive method within a mutually monogamous couple in which both partners are free of infection, (3) correct and consistent use of male or female condoms, or (4) dual method use.

Dual Method Use: A strategy that consists of using a condom, male or female, in conjunction with another contraceptive method, to protect against unintended pregnancy, HIV and other STIs. Dual method use offers more protection against unintended pregnancy than use of a condom alone.

HIV Disease Progression among Women Living with HIV; and Drug-Drug Interactions

- The 2014 WHO guidance recommends **no restriction on the use of any HC method for women living with HIV.**⁴
- The preponderance of evidence indicates no association between HC methods studied thus far (primarily oral contraceptive pills and injectables) and rate of HIV progression.¹¹
- There is very limited data regarding potential increased risk of female-to-male HIV transmission with use of HC. The only available study in sero-discordant couples suggested a potential increase in risk of female-to-male transmission among HC users (particularly injectable users); other studies show mixed results. Given the lack of data, more studies are needed.¹²
- Certain ART medications may potentially reduce the effectiveness of COCs and possibly also of contraceptive implants.¹³
- Women who choose to use COCs or contraceptive implants should receive counseling on the potential reduced effectiveness of these contraceptive methods when used with certain ART regimens.
- DMPA-IM, DMPA-SC and the hormonal IUD appear to maintain contraceptive efficacy when taken with ART, though additional data is needed.^{13,14}

STEP 2: CONTEXTUALIZE THE EVIDENCE WITHIN BROADER SEXUAL AND REPRODUCTIVE HEALTH PROGRAMMING PRINCIPLES

Outlined below are key considerations related to FP and HIV that may help country-level teams as they develop a communication strategy and operationalize the WHO clarification and other key messages on HC and potential HIV-related risks. These considerations may be used to frame a discussion of country-level realities, ground-truth elements of a national communication strategy as it develops, and ensure that communication activities are adequately supported by policy and service-delivery initiatives.

Review the epidemiological context of a given country:

- Any potential association between progestogen-only injectable contraception and HIV infection must also be understood against the background of the epidemiological context of a given country, including the HIV prevalence, maternal mortality rate, prevalence of injectable contraceptive use and alternate contraceptive method options available in that country. More information on how epidemiological context affects this association can be found in Butler et al. (2013).¹⁵

Balance potential risk of HIV with lifesaving benefits of effective contraceptive methods:

- Research continues on the question of whether progestogen-only injectable contraceptives increase risk of HIV acquisition in women.⁶
- Any such increase in HIV risk with use of progestogen-only injectables must be balanced against:
 - The lifesaving benefits of using modern contraceptive methods (please see Annex B for the chart on Contraceptive Effectiveness) to reduce risk of unintended pregnancy.
 - The woman's right to use her preferred method of contraception.
 - The risk of mother-to-child HIV transmission.
 - Maternal and infant morbidity and mortality.
 - Unsafe abortion.⁶
- Recent systematic reviews indicate that progestogen-only injectable contraceptives potentially increase risk of HIV acquisition in HIV-negative women. However, this potential increased risk due to progestogen-only injectables must be balanced against any potential increase in risk of HIV acquisition that may possibly be associated with biological changes from pregnancy.¹⁶

Seek to establish policies, guidelines and operating principles that facilitate full access to FP and HIV services and informed choice:

- Broaden the FP method mix and expand women's contraceptive options.
- Expand access to integrated FP and HIV services to improve access to care, including HIV testing services (HTS), prevention of mother-to-child transmission (PMTCT), ART and a full range of contraceptive methods.
- Ensure that contraceptive counseling and safe pregnancy counseling appropriately inform women of the risks and benefits of all contraceptive methods to facilitate informed choice.
- Strengthen the promotion of dual protection within all health care settings where HIV and FP services or education are included. Systematically address gender-based violence and gender inequalities and their link to

Expanding method mix in countries allows women more opportunity to find the method that best fits their needs and lifestyle. By having a wide range of methods available it can lower discontinuation rates among women as they are getting the method that works for them.

women's increased vulnerability to HIV, or inability to choose their preferred contraceptive method.

- Promote a coordinated response by fostering connections among different parts of the health sector and with other public sector actors, including police, social services, the legal sector, women's rights organizations (contraceptive users), networks of women at risk of or living with HIV, young people's organizations, religious groups, NGOs and the media.
- Implement a holistic HIV prevention and treatment program, including ART, PMTCT, voluntary medical male circumcision (VMMC), STI screening and treatment, and social and behavior change programming.
- Update national guidelines utilizing the recent WHO considerations^[4, 6] and based on national health policies, needs, priorities, resources and epidemiological context.

Effective counseling for women thinking about starting, or already on a family planning method allows women to better understand their choices and make one that best suits their needs. By being adequately informed of all their choices as well as any potential side effects women are more likely to continue use of the method they choose. Along with covering the available methods and their advantages and disadvantages, including side effects, counseling for family planning should include:

- *Discussion around risk and how to minimize risk in relation to sexual behavior*
- *Dual protection and condom use*
- *Partner communication and negotiation skills*
- *An understanding by the client that if they decide the method does not work for them they can come back and try a different one.*

The *PEPFAR/USAID/CDC Technical Brief on Hormonal Contraception and HIV*¹⁶ is an important resource that provides additional information to consider for guideline and policy review, an updated version is expected to be released in June 2017 reflecting the 2017 MEC changes. Other important resources include the *USAID Update on Hormonal Contraception and HIV*,¹⁷ and the *PEPFAR/USAID/CDC Technical Brief on Drug Interactions Between Hormonal Contraceptive Methods and Anti-Retroviral Medication Used to Treat HIV*.¹⁸

STEP 3: ADAPT THE STRATEGIC COMMUNICATION FRAMEWORK TO DEVELOP A COUNTRY-SPECIFIC STRATEGY

This step lays out the main components of a communication strategy for HC and potential HIV-related risks, including risk of HIV acquisition, transmission and progression:

Part 1: Situation Analysis

Part 2: Audience Segmentation

Part 3: Strategic Design

Part 4: Monitoring and Evaluation

Each part provides illustrative content that **should be adapted** based on the country-specific context. When adapting, be sure to refer back to Steps 1 and 2 to ensure that the country strategy is consistent with available evidence and in line with overarching FP/HIV programming principles, such as informed choice.

Guidance to Complete a Communication Strategy

Part 1: Situation Analysis

Situation Analysis focuses on gaining a deeper understanding of the challenge to address within a specific context. The analysis should include learning about those affected and their perceived needs, understanding social and cultural norms that may affect the challenge, identifying communication resources and existing capacity, and identifying potential constraints on and facilitators for individual and collective change. This is based on available country-level research data and evidence. If existing data is not available, it may be necessary to conduct additional formative research.

The Situation Analysis examines the social and behavioral drivers that facilitate or act as barriers to uptake of desired behavior(s). The first step is to identify the health and social context. This should be adapted to the country context and based on country-specific formative research.

Part 2: Audience Segmentation

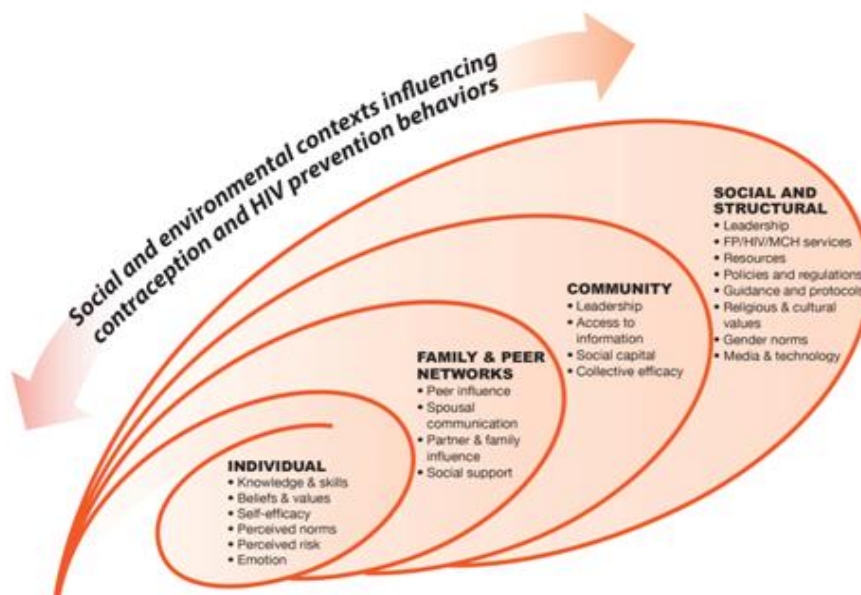
Audience Segmentation determines the specific population groups or subsets on which to focus when addressing the selected challenge. Proper audience segmentation ensures activities are tailored to be as effective and appropriate as possible for relevant audiences, and that messages and materials are highly customized according to that audience's needs.

Primary audiences are the key people to reach with messages. These may be the people who are directly affected by the health issue or who are most at risk for the issue. Additionally, they may be the people who are best able to address the challenge or who can make decisions on behalf of those affected. To ensure honing of messages, primary audiences may be further refined into sub-audiences.

Influencing audiences are people who can impact or guide knowledge and behaviors of the primary audience, either directly or indirectly. Influencing audiences may include family members and people in the community, such as community leaders, but can also include people who shape social norms, influence policies or affect how people think about the issue.

Consider the Social Ecological Model*:

The use of a framework can help guide health communication programs. To guide its strategic design, the framework uses the Social Ecological Model, which recognizes that behaviors related to demand for care and treatment take place within a complex web of social and cultural influences. This perspective views individuals as nested within a system of socio-cultural relationships—families, social networks, communities and nations—that are influenced by and have influence on their physical environments. Within the Social Ecological Model, individuals' decisions and behaviors are understood to depend on their own characteristics, as well as the social and environmental contexts within which they live. The social and environmental contexts, therefore, influence individual behaviors relating to contraceptive use and to HIV prevention or disease management.



Applying this model in each stage of communication strategy development helps to ensure that all determinants of behavior are considered and addressed. This framework takes into consideration each of the levels of the Social Ecological Model. When adapting in country, these levels should also be taken into account.

* Kincaid, D.L., Figueroa, M.E., Storey D. & Underwood, C. (2007). A social ecology model of communication, behavior change, and behavior maintenance. Working paper. Center for Communication Programs, Johns Hopkins Bloomberg School of Public Health.

Part 3: Strategic Design (Audience Profile, Objectives, Positioning, Key Messages, Strategic Approaches)

(a) Audience Profiles

An audience profile helps to bring to life and personify each audience segment. The profile should embody the characteristics of the target population, with a focus on telling the story of an imagined individual within the group who can neutrally represent the intended audience. This profile is important to assure the messages are tailored to members of this selected group, resonate with them and motivate them to take action.

The audience profile helps guide communication messaging and activity planning. For example, when making decisions about communication strategies, the audience profile should be used as an ongoing reference. The profile will be used to answer questions such as:

- Which determinants of behavior for this target audience can most effectively be addressed?
- Where would members of the target audience want to access contraceptive commodities?
- How would members of the target audience react to the message in a poster or other material?
- Would members of the target audience read the brochure or other material? Where would they encounter it? Where would they read it?

Basing communication decisions on a representative, personalized example from a target audience allows program designers to better define and focus communication approaches and activities.

(b) Communication Objectives

Communication objectives are measurable statements that describe the specific, measurable, attainable, relevant, time-bound (SMART) changes to norms, policies or behaviors that will be achieved as a result of the communication activities. Objectives answer the question, “What will this program accomplish?”

(c) Positioning

Positioning is the way that communication professionals or marketers create a distinct impression of a product, service or behavior in the client’s mind. For example, the same contraceptive could be positioned in terms of social status (including affluence or modernity), relationship satisfaction, or health and well-being. The communication professionals or marketers must determine which will be most compelling to their audience. Positioning provides direction for developing messages and helps determine the communication channels to be used. It also helps ensure that all program outputs and activities use a consistent voice, and reinforce each other for a cumulative effect.

Positioning is articulated through a positioning statement, which generally follows the format: [Product, service or behavior] ensures [key rationale or emotional benefit], and is more important and valuable than [competing behavior] because [primary point of differentiation].

(d) Key Messages

Key messages outline the core information that will be conveyed to audiences in all materials and activities. Messages cut across all channels and must reinforce each other across these channels. When all approaches communicate iterative and harmonized key messages, effectiveness increases. Key messages are not the text that appears in print materials (taglines) or the words that are used to define a campaign (slogans); social and behavior change communication (SBCC) implementers typically engage creative professionals to translate key messages into compelling and memorable terms.

Well-designed messages are specific to the audience of interest, and clearly reflect both a specific behavioral determinant and positioning. They also clearly describe the desired behavior, which must be “doable” for the audience.

(e) Strategic Approaches and Activities

Strategic approaches describe how your objectives will be achieved. They will guide the development and implementation of activities, and will determine the vehicles, tools and media mix used.

Integrating updated information on whether various methods of HC influence HIV acquisition, progression or transmission into existing communication approaches and activities, such as interpersonal, mass media and community dialogues, is the optimal approach to reach the audiences outlined in this framework. It is

recommended to use a mix of approaches with mutually reinforcing messages.

Useful Resources

Health COMpass: An interactive and collaborative resource for high quality Tools and Project Examples to build capacity in SBCC (<http://www.thehealthcompass.org>)

K4Health Toolkits: Toolkits provide quick and easy access to relevant and reliable health information in one convenient location, intended for health program managers, policy makers, and service providers (<http://www.k4health.org/toolkits>)

Advance Family Planning Advocacy Portfolio: A compendium of best practices and tools in advocacy for family planning (<http://advancefamilyplanning.org/portfolio>)

Approaches and activities should be carefully selected based upon timeline, cost, ability to reach the intended audience and creative considerations. It is helpful to refer to findings from the Situation Analysis to guide strategic approaches and selection of activities. Table 1 is an overview of the types of strategic approaches that can be used.

Suggested approaches, activities and illustrative examples are presented as appropriate choices for communicating to priority and influencing audiences. These suggestions are a starting point—close collaboration with communication and creative professionals can help ensure that design and execution are innovative and compelling.

Part 4: Monitoring and Evaluation

Monitoring and evaluation (M&E) is a critical piece of any program activity because it provides data on the program’s progress toward achieving set goals and objectives. In this case, M&E

processes can help ensure the program is reaching women with information and services to meet their needs for contraception, and HIV prevention and care. Existing M&E efforts can be expanded to track progress toward specific results regarding communication around HC and potential HIV-related risks.

Planning for M&E

M&E may be used to identify what changes, if any, need to be made to programs to increase their efficacy. While M&E is essential, it is also time- and resource-intensive, therefore, it is important to appropriately budget and plan for M&E activities during program planning. Developing an M&E plan should outline what M&E indicators to track, how and when data will be collected, and what will happen to the data once it has been analyzed. M&E indicators should be developed based on formative research and should indicate whether the key messages and strategies are having the desired effect on the target audience.

M&E Data Sources and Indicators

A variety of data sources can be used to collect M&E data. It is important to assess the scope and context of the program to choose the most applicable methodology, as M&E activities vary in cost, staff and technology requirements. While some lower-cost M&E options will allow for identification of trends in demand for FP services, they may not be able to provide additional insight into the causal effects of activities and the way in which the program worked. To measure cause and effect implementation of larger, more program-specific data, collection activities geared toward evaluation are needed. An illustrative list of indicators is included in Part 4.

Using M&E Data

While the collection of M&E data tends to receive the most attention, it is also critical to have a process for analysis and review of the collected data. M&E data should be used to inform program changes and new program development. It is best to build these M&E review processes into existing program management activities to allow for regular dissemination of M&E indicators.

Table 1: Overview of Strategic Approaches that can be used in Demand Generation

The strategic approaches discussed below are illustrative of the types of approaches relevant to this topic, which is relatively complex and service-focused.

Advocacy: Operates at the political, social and individual levels, and works to mobilize resources and political and social commitment for social change and/or policy change. Advocacy aims to create an enabling environment at any level, including the community level (i.e. traditional government or local religious endorsement), to ask for greater resources, encourage allocating resources equitably and remove barriers to policy implementation.

Counseling: Based on one-to-one communication and is often done with a trusted and influential communicator, such as a counselor, teacher or health provider. Counseling tools or job aids are usually also produced to help clients and counselors improve their interactions, with service providers trained to use the tools and aids.

Digital Media: Fast growing and evolving approach, with an increasing reach throughout the world. This approach includes web sites, short message service (SMS), e-mail, listservs, Internet news feeds, chat rooms, virtual learning and eLearning, eToolkits and message boards. Digital media is unique in being able to disseminate highly tailored messages to the intended audience, while also receiving feedback from them and encouraging real-time conversations, combining mass communication and interpersonal interaction. Interactive digital media providing such tailored health information can be effective in helping people manage diseases, access health services, and obtain social support or provide assistance in changing behaviors.

Distance Learning: Provides a learning platform that does not require attendance at a specific location. Rather, the students access the course content either through a radio or via the Internet, and interact with their teacher and fellow classmates through letters, telephone calls, SMS texts, chat rooms or Internet sites. Distance learning courses can focus on training communication specialists, community mobilizers, health educators and service providers. Additional information on eLearning can be found at [Global Health eLearning Center](#) and [PEPFAR eLearning Initiative](#).

Interpersonal Communication (IPC)/Peer Communication: Based on one-to-one communication—could be peer-to-peer communication or communication with a community health worker (CHW), community leader or religious leader.

Mass Media: Can reach large audiences cost-effectively through the formats of radio, television and newspapers. According to a review, mass media campaigns that follow the principles of effective campaign design and are well executed can have small to moderate effect size not only on health knowledge, beliefs and attitudes, but on behaviors, as well (Noar, 2006). Given the potential to reach thousands of people, a small- to moderate-effect size will have a greater impact on public health than would an approach that has a large effect size, but only reaches a small number of people.

Print Media: Mid-media's reach is less than that of mass media and includes posters, brochures, etc. Print media, such as flipcharts, job aids and leaflets, is often used to address the informational needs of clients and support client-centered counseling.

Illustrative Content of a Communication Strategy – for Country Adaptation

Part 1: Situation Analysis

Country teams should gather existing data and disaggregate it by age, sex, geographic location and other important variables to help understand the current scenario. Teams should also engage as many stakeholders as possible to develop a comprehensive understanding of their context. USAID, WHO and other implementing partners already have existing data that can be used, such as Demographic and Health Surveys (DHS) or other population-based surveys.

The data should help answer the following questions:

Epidemiological Context

- What is the HIV prevalence?
- What is the maternal mortality?
- What proportion of women currently use a modern contraceptive method?
- Among women using modern contraception, what proportion use each specific method, such as injectables or condoms?
- Is information available on how consistently condoms are used in the country?
- What country data exists around condom use with different partners (e.g., regular partners, spouses, casual partners outside of marriage, female sex workers, etc.)?
- What gaps exist in the data and what are the plans to gather that information?

Useful Data Sources

DHS

<http://www.measuredhs.com/Data/>

UNAIDS

<http://www.unaids.org/en/dataanalysis/>

WHO

<http://www.who.int/research/en/>

UN World Contraceptive Use

<http://www.un.org/en/development/desa/population/publications/dataset/contraception/wcu2012.shtml>

Service Provision

- Is there adequate availability of a range of contraceptive methods, including condoms?
- Are protections in place in national counseling guidelines that ensure a woman's informed and voluntary decision-making related to contraceptive use?
- What information do counseling guidelines include regarding contraceptive options, regardless of HIV status?
- Do national guidelines include information on dual protection in FP and HIV settings?
- Are FP and HIV services integrated and to what extent?
- Does the integration ensure women, regardless of HIV status, receive a contraceptive method should they want one?
- Are HIV and/or FP providers trained to implement national counseling guidelines?
- What barriers do providers face in offering comprehensive and accurate SRH information to clients?
- What factors most strongly influence provider knowledge, attitudes or behaviors that may impact the SRH choices of their clients?
- Is there provider bias/stigma against women at risk for HIV or living with HIV related to use of contraceptives in general, or of HC, specifically?
- Do HIV-infected women face stigma and discrimination when accessing FP services?

Knowledge and Attitudes

- What do women and men know about FP and HIV prevention and care?
- Do women and men of reproductive age have accurate information about the benefits of contraception?
- Do women and men of reproductive age have accurate information about the importance and benefits of dual protection?
- What barriers do women, men and couples face in accessing information about contraception and HIV?
- What barriers or facilitators influence condom use for women, men and couples?
- Are there common misconceptions or misinformation about contraceptive options?
- What are the most effective channels available to reach specific target audiences (e.g. men, young women, rural women, etc.)?

Normative and Structural Considerations

- What are the normative gender dynamics among couples, both married and unmarried?
- Do couples tend to communicate about contraceptive options, condom use, and HIV prevention and management?
- How is condom use perceived for established or long-term relationships, such as marriage?
- What are the normative practices around relationships, such as concurrency, polygamy, etc.?
- Are women at risk of gender-based violence within their intimate partnerships, which may make it difficult to negotiate condom use?
- How does poverty influence contraceptive use in the country? Are poor women and couples at greater risk due to more limited access to both information and contraceptive options?
- Who are the necessary stakeholders, key players and gatekeepers with an impact on women's reproductive health behavior?

Part 2: Audience Segmentation

Primary Audience Segments (with rationale for segment selection)
<p>Primary Audience 1: <u>Sexually active women of unknown status or who are HIV-negative</u> using or considering using progestogen-only injectables</p> <p>Rationale: Women need all available information about the potential risks of HIV acquisition associated with progestogen-only injectables, even if the evidence is not yet conclusive.</p>
<p>Primary Audience 2: <u>Sexually active women living with HIV</u>, including those on ART, using or considering using a method of HC</p> <p>Rationale: HIV-infected women need all available information about various methods of HC and how these do or do not influence the risk of HIV transmission to men, HIV progression and potential drug interactions with ART.</p>
<p>Primary Audience 3: <u>Health system managers</u> (MOH unit heads, health facility directors, district health leaders, etc.)</p> <p>Rationale: This group is responsible for ensuring national guidelines and communication interventions are implemented at the facility and community levels.</p>
<p>Primary Audience 4: <u>Clinical service providers</u> (public and private)</p> <p>Rationale: This audience segment provides direct counseling, FP and HIV services to women and their partners. Providers often influence women's contraceptive options and choices, and need to understand the WHO medical eligibility criteria for contraceptive use, including the 2014 clarification for women at high risk of HIV who choose progestogen-only injectables. Clinical service providers need to be able to communicate this information to their clients.</p>
<p>Primary audience 5: <u>Non-clinical service providers</u> (community health workers, etc.)</p> <p>Rationale: Community outreach workers orient couples, families and communities on health behaviors; provide FP methods in some countries (typically injectables, oral contraceptive pills and condoms); and refer clients to FP and HIV services. They often live in the community they serve and are a first line of advice to their peers.</p>

Influencing Audience Segments (with rationale for segment selection)
<p>Influencing Audience 1: <u>Male partners</u> of women of reproductive age</p> <p>Rationale: Men play a key decision-making role in couple communication for FP, condom use, child spacing, HIV prevention, treatment and sexual risk behavior. Also, HIV-negative male partners in sero-discordant couples may be at risk for acquiring HIV from their female partner, while HIV-positive male partners in sero-discordant couples may be at risk of transmitting HIV to their female partner.</p>
<p>Influencing Audience 2: <u>Civil society stakeholders</u> in HIV, FP and women's health, and empowerment programs (NGOs, community-based organizations [CBOs], etc.)</p> <p>Rationale: Activists and interest groups function as watchdogs in many societies for women's rights in health and play a critical role in advocacy.</p>
<p>Influencing Audience 3: <u>Media/journalists</u></p> <p>Rationale: Journalists may convey facts about emerging data to policy makers, civil society stakeholders and community leaders, as well as citizens, through popular news formats, such as radio and TV programs. They have the potential to communicate <i>and/or</i> miscommunicate information about the relationships between different methods of HC and various HIV-related risks, including the potential risk of HIV associated with progestogen-only injectable contraception.</p>

Part 3: Strategic Design – Audience Profile, Objectives, Key Messages and Strategic Approaches

PRIMARY AUDIENCE 1: SEXUALLY ACTIVE WOMEN OF UNKNOWN STATUS OR WHO ARE HIV-NEGATIVE USING OR CONSIDERING USING PROGESTOGEN-ONLY INJECTABLES

AUDIENCE PROFILE

Example of an Audience Profile for Woman whose HIV Status is Unknown

Rose and her partner have started their family and have one child; she wants to wait at least three years before getting pregnant again, but has not spoken openly with her partner about it. She is currently using a progestogen-only injectable contraceptive to prevent pregnancy, which she obtains from the local clinic. Rose and her partner want to give their children a good education and provide for them the best they can, hoping to give them more than what their own parents could give when they were growing up. They have built a happy life together and feel established in their jobs and in their community, with active participation in civic and religious groups, and lots of social engagements and socializing. In fact, Rose is worried that her partner is flirtatious and she is unsure if he has occasional or ongoing relationships with other women. Neither of them has been tested for HIV and they do not talk about their potential risk. She mentioned condoms once to her partner but he did not want to talk about it.

Here are some elements to keep in mind when developing this audience profile:

- Use of HC (considering use, current user, which method)
- HIV status (often unknown, possibly tested negative in the past)
- HIV risk and whether or not a risk assessment tool has been applied
- Age/life stage
- Relationship status (short term and long-term primary or secondary relationships)
- Couple communication norms (e.g. on fertility desire, HIV risk behaviors, contraceptive use and condom use)
- Fertility desire and plans (delaying, spacing and limiting)
- Access to health services
- Social norms, networks and community participation
- Household status (household members, including extended family and current children; migrant family members; employment)
- Key populations, such as female sex workers, and female intravenous drug users are a critical audience for this information. Based on the country or regional context, it may be useful to tailor approaches or messages specifically to key populations.

COMMUNICATION OBJECTIVES

1. Increase the number of women who talk with their partners about fertility desires, HIV risk avoidance, contraceptive use and condom use.
2. Increase the number of women and their partners who are able to make informed and voluntary decisions around contraceptive use, childbearing and HIV prevention, based on a balanced understanding of risks from unintended pregnancy and HIV infection.
3. Increase the number of women and couples who correctly and consistently use male or female condoms, preferably in conjunction with a more effective contraceptive method, if pregnancy prevention is desired.

POSITIONING

Be informed. Although the risks are not clear, women and their partners need the available information to make their own decisions related to HC use and HIV prevention, including condom use, based on their own life circumstances.

PRIMARY AUDIENCE 1: SEXUALLY ACTIVE WOMEN OF UNKNOWN STATUS OR WHO ARE HIV-NEGATIVE USING OR CONSIDERING USING PROGESTOGEN-ONLY INJECTABLES

KEY MESSAGES

HIV Prevention

- No method of contraception (except condoms) protects against STIs, including HIV.
- Women should test regularly for HIV if they may be at risk.
- For HIV-negative women, there are some ways to prevent sexually-acquired HIV:
 - Abstain
 - Use condoms consistently and correctly with every sexual encounter
 - Reduce the number of sexual partners
 - If in a relationship with an HIV-positive male partner who is using ART, encourage him to adhere to the ART regimen
- Partners should talk about HIV risks and about using condoms.
 - If this is difficult, try asking a counselor, outreach worker or friend for tips on how to start discussions about condom use.
- Women who are at high risk for HIV should talk to their health care provider about starting PrEP.

Family Planning

- Women at high risk of acquiring HIV can use all methods of contraception.
- All women should have their choice from a full range of available modern FP methods.
- Practicing dual method use will help prevent both unintended pregnancy and HIV/STIs.

HC and Potential HIV Acquisition

- Progestogen-only injectable contraceptives, such as DMPA-IM, DMPA-SC or NET-EN, may increase an HIV-negative woman’s likelihood of HIV infection through sexual contact.
- Women/couples beginning or continuing use of progestogen-only injectables should also use condoms, due to the continued lack of certainty regarding whether progestogen-only injectables impact the risk of HIV acquisition.
- Women/couples beginning or continuing use of progestogen-only injectables should consider their personal risk for HIV at the time and what it may be in the future.
- COCs do not appear to increase the risk of HIV infection.
- There are currently no data available on whether other HC methods, such as implants, patches, rings or hormonal IUDs, impact susceptibility to HIV infection.

Balancing Risks to Protect Health

- HC methods are very effective in preventing unintended pregnancy when used consistently and correctly.
- Contraceptive methods can provide lifesaving benefits for mothers and infants.
- Balance risks of HIV infection with risks to personal health and the infant’s health by unintended pregnancy, such as:
 - Infant death
 - Maternal death
 - Delivery complications
 - Illness during pregnancy
 - Unsafe abortion

STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
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- | | |
|---------------------------------|---|
| <p>Radio/TV Purpose:</p> | <ul style="list-style-type: none"> • Integrate the key messages into existing radio/TV |
|---------------------------------|---|

PRIMARY AUDIENCE 1: SEXUALLY ACTIVE WOMEN OF UNKNOWN STATUS OR WHO ARE HIV-NEGATIVE USING OR CONSIDERING USING PROGESTOGEN-ONLY INJECTABLES	
<ul style="list-style-type: none"> • Stimulate social dialogue and couple communication. • Model client information seeking and client-centered counseling. • Model couples starting the conversation on HIV risk, contraceptive use, pregnancy and joint decision making. 	<p>serial drama storylines and character conversations, especially modeling provider-client dialogue and couple communication.</p> <ul style="list-style-type: none"> • Integrate the key messages into existing radio/TV call-in shows and Q&A with experts.
<p>Print Media Purpose:</p> <ul style="list-style-type: none"> • Increase knowledge and understanding of the potential risk of HIV acquisition with certain HC methods, HIV prevention, and balanced decision making. 	<ul style="list-style-type: none"> • Develop/adapt Q&A client leaflet on local clinic locations and counseling resources.
<p>mHealth Purpose:</p> <ul style="list-style-type: none"> • Provide tailored information for client, answer specific questions depending on client's life circumstance. 	<ul style="list-style-type: none"> • Develop SMS platform to provide specific information for the client, including encouraging couple communication.

PRIMARY AUDIENCE 2: SEXUALLY ACTIVE WOMEN LIVING WITH HIV, INCLUDING THOSE ON ART, USING OR CONSIDERING USING A METHOD OF HORMONAL CONTRACEPTION

AUDIENCE PROFILE

Example of an Audience Profile for a Woman who is Living with HIV

Lucy and her partner have one child and want to have another in the next one to two years. They are not using any method of contraception at the moment, but Lucy is thinking about using a method of HC. She is not sure what her partner thinks about this. They want their children to have more opportunities in life, including better education opportunities. She is living with HIV and following an ART regimen. She is very motivated to keep up with her medical visits and ART adherence so that she can continue to be healthy for her child. Her partner has tested negative—they are a sero-discordant couple.

Here are some elements to keep in mind when developing this audience profile:

- Use of HC (considering use, current user, which method)
- Relationship status (short-term and long-term primary or secondary relationships)
- ART status
- Partner HIV status (sero-discordance or concordance)
- Age/life stage
- Couple communication (fertility desire, HIV risk behaviors, contraceptive use and condom use)
- Fertility desire and plans (delaying, spacing, limiting)
- Access to health services
- Social networks and community participation
- Household status (household members, including extended family and current children; migrant family members; employment; financial stability)

COMMUNICATION OBJECTIVES

1. Increase the number of women who talk to their partners about fertility desires, avoidance of HIV transmission, contraceptive use and condom use.
2. Increase the number of women and their partners who are able to make informed and voluntary decisions around contraceptive use, childbearing and HIV prevention based on a balanced understanding of risks from unintended pregnancy and HIV infection.
3. Increase the number of women and couples who correctly and consistently use male or female condoms, preferably in conjunction with a more effective contraceptive method, if pregnancy prevention is desired.

POSITIONING

Be informed. Although the risks are not clear, women and their partners need the available information to be able to make their own decisions related to HC use and HIV prevention, including condom use, based on their own life circumstances.

KEY MESSAGES**Family Planning**

- Women living with HIV can use all methods of contraception.
- Women should have their choice of method from a full range of available modern FP methods.
- Practicing dual method use will help prevent both unintended pregnancy and HIV/STIs.

HC and Risk of HIV Progression

- Women living with HIV can use progestogen-only injectable contraception or COCs without concern that their HIV will accelerate.
- Information on other methods of HC, such as implants, patches, rings and hormonal IUDs, and HIV progression is not currently available.

HC Interaction with Antiretrovirals

- HC methods are very effective in preventing unintended pregnancy when used consistently and correctly.
- ART use is unlikely to affect reliability of progestogen-only injectables or hormonal IUDs to prevent unintended pregnancy.
- Some antiretrovirals (ARVs) may reduce the effectiveness of COCs or implants to prevent unintended pregnancy and should be discussed with your provider.

Prevention of HIV Sexual Transmission

- Partners should talk about consistent and correct use of male or female condoms as an important way to protect themselves from contracting HIV.
- Consider using condoms in addition to a more highly effective contraceptive method to protect against risk of HIV transmission while also avoiding unintended pregnancy.
- If on treatment, continue to adhere to ART regimen to lower risk of transmission to a partner.
- Partners should talk about HIV testing and status, and use condoms.
 - If this seems difficult, try asking a counselor, outreach worker or friend for tips on how partners can talk about condom use.

Balancing Risks to Protect Health

- Contraceptive methods can provide lifesaving benefits for mothers and infants.
- Balance risks of HIV transmission to a partner with potential risks to personal health and the health of the infant by an unintended pregnancy, such as:
 - HIV transmission to the infant
 - Infant death
 - Maternal death
 - Delivery complications
 - Illness during pregnancy
 - Unsafe abortion
- ART uptake and consistent use greatly reduces the chance of female-to-male HIV transmission.

STRATEGIC APPROACH**Radio/TV Purpose:**

- Stimulate social dialogue and couple communication.

ILLUSTRATIVE ACTIVITIES

- Integrate key messages into existing radio/TV serial drama storylines and character conversations, especially modeling provider-

<ul style="list-style-type: none"> • Model client information seeking and client-centered counseling. • Model couples starting the conversation on HIV risk, contraceptive use, pregnancy and joint decision making. 	<p>client dialogue and couples' communication.</p> <ul style="list-style-type: none"> • Integrate key messages into existing radio/TV call-in shows and Q&A with experts.
<p>Print Media Purpose:</p> <ul style="list-style-type: none"> • Increase knowledge and understanding of the potential risks, HIV prevention and balanced decision making. 	<ul style="list-style-type: none"> • Develop/adapt Q&A client leaflet, including local clinic locations and counseling resources.
<p>mHealth Purpose:</p> <ul style="list-style-type: none"> • Provide tailored information for client, answer specific questions depending client life circumstance. 	<ul style="list-style-type: none"> • Develop SMS platform to provide specific information for the client, including encouraging couple communication.

PRIMARY AUDIENCE 3: HEALTH SYSTEM MANAGERS (DISTRICT HEALTH MANAGEMENT TEAMS, ETC.)**AUDIENCE PROFILE****Example of an Audience Profile for a Health System Manager**

Mary is the head of the FP unit at a health facility. She supervises a staff of physicians and nurses that provide FP counseling and services. Mary believes a woman has the right to decide whether, when and how many children she would like to have. She follows current guidelines and policies to ensure that her staff is providing their clients with the best care possible. Mary heard about the potential link between certain methods of HC and risk of HIV acquisition, but does not know how that might affect the work of her clinic and what she should tell her staff.

Here are some elements to keep in mind when developing this audience profile:

- Works in ministry, heads of health facility, upper management in hospital, training institutions, heads of NGOs, reproductive health unit heads
- Influence provision of services and providers in some way
- May or may not have day-to-day or supervisory contact with providers
- Role includes making sure policies, standards and guidelines are being implemented correctly
- May or may not be aware of current policies, standards and guidelines
- May or may not have access to updated information

COMMUNICATION OBJECTIVES

1. Increase the number of managers in the health system that access and understand relevant resources and tools so they can support health providers to effectively counsel women on FP, including sharing accurate information about potential risks related to HIV acquisition, transmission, disease progression and drug-drug interactions.
2. Increase the number of managers that have established mechanisms to ensure that providers coming in and out of the system have access to updated information and skills (integrating into curricula, refresher trainings, technical trainings, etc.).

POSITIONING

Be a leader. Health providers look to their manager for the latest information regarding changes in guidelines or policies for quality FP services and counseling.

KEY MESSAGES**Overarching Messages**

- Health managers are responsible for ensuring the providers they influence have the information and skills needed to counsel clients appropriately.
- Health managers are responsible for ensuring that providers respect all women's fertility choices including the right to decide if, when and how many children she will have, as well as the right of PLHIV to have children when if and when they desire.
- All women, regardless of their HIV status, should not be denied the contraceptive method of their choice.
- Women should be informed of the potential increased risk of HIV infection when using progestogen-only injectable contraceptives.
- Women choosing progestogen-only injectable contraception should always be counseled to use condoms (male or female) and to take other HIV preventive actions.
- Women choosing progestogen-only injectables should be assessed and counseled on their personal risk for HIV at the time and what it may be in the future.

PRIMARY AUDIENCE 3: HEALTH SYSTEM MANAGERS (DISTRICT HEALTH MANAGEMENT TEAMS, ETC.)**Balancing Decision Making**

- Any potential increase in the risk of HIV acquisition while using a progestogen-only injectable must be balanced with:
 - Risk of unintended pregnancy, including maternal morbidity and mortality, unsafe abortion and infant mortality
 - Risk of vertical (mother-to-child) HIV transmission

STRATEGIC APPROACH**ILLUSTRATIVE ACTIVITIES****Advocacy Purpose:**

- Increase leadership support for revised counseling guidelines.
- Establish quality standards to ensure high-quality service for clients.

- Develop advocacy briefs for national and HIV directors, training institutions and clinic managers.
- Develop and disseminate counseling guidelines.

In-Service/Pre-Service Training Purpose

- Improved supervision.

- Training in supportive supervision for providers during in-service and pre-service trainings.

PRIMARY AUDIENCE 4: CLINICAL PROVIDERS**AUDIENCE PROFILE****Example of an Audience Profile for a Provider**

Georgina is a nurse in a busy facility. She was trained in FP counseling three years ago. She is overworked and finds it hard to take the initiative to update her knowledge and skills regarding the services she provides. Georgina is unaware of any issue regarding HC and potential HIV risks.

Here are some elements to keep in mind when developing this audience profile:

- Formal medical training (doctor, nurse, midwife, etc.) in provision of FP, reproductive health services and/or HIV services
- May or may not have had knowledge and skill updates on FP and HIV
- Potentially limited supervisory support and access to up-to-date resources (journals, briefs, counseling materials, etc.)
- Work in high-volume, high-intensity, under-resourced clinical settings
- Potential influencers, facilitators and barriers

COMMUNICATION OBJECTIVES

1. Increase the proportion of clinic providers who are accurately informed of MEC for contraceptive use, including the 2017 change from a Category 1 to a Category 2 of progestogen-only injectable contraceptives by woman at high risk of HIV.
2. Increase the proportion of clinic providers who have the skills and motivation to effectively counsel clients on FP and HIV-related risks, tailored to the client's HIV status.

POSITIONING

Clinical providers should be well-informed before counseling their clients. Although the risks are not clear, women and their partners need accurate information to make their own decisions related to HC use and HIV prevention, including condom use, based on their own life circumstances.

KEY MESSAGES**Family Planning and Potential HIV-Related Risks**

- Progestogen-only injectable contraceptives, such as DMPA-IM, DMPA-SC or NET-EN, may increase an HIV-negative woman's likelihood of HIV acquisition through sexual contact.
- Data does not suggest other hormonal contraceptives such as oral contraceptive pills are likely to increase a woman's risk of HIV acquisition.
- The MEC continue to place no restriction on use of COCs, combined injectable contraceptives, patches, rings, progestogen-only pills and implants, regardless of HIV status (MEC category 1).
- The MEC states that women at high-risk of acquiring HIV can use progestogen-only injectables because the advantages outweigh any possible increased risk (MEC category 2).
- Women considering progestogen-only injectables should be advised about the uncertainty over an increased risk of HIV acquisition and about how they can minimize this risk through the use of male and female condoms, in addition to other HIV prevention methods.
- Women should not be denied the use of progestogen-only injectables due to these concern if she chooses to use them.
- Women living with HIV can use all forms of HC without concern related to HIV disease progression.
- There is very limited data regarding potential increased risk of female-to-male HIV transmission with use of HC.

PRIMARY AUDIENCE 4: CLINICAL PROVIDERS

- Women using ART should ask their provider if their method of contraception is expected to interact with their regimen of ART.

Women Living with HIV

- Regardless of the contraceptive method planned or used, counsel women living with HIV about:
 - The importance of combining a modern contraceptive method with effective interventions to prevent transmission of HIV, including condoms and ART initiation/adherence
 - How some ART regimens may render some HC methods (COCs and implants) less effective
 - ART is unlikely to impact the efficacy of DMPA-IM, DMPA-SC and hormonal IUDs

Dual Method Use

- Strongly encourage women and couples to use condoms in addition to a more effective contraceptive method for dual protection.
- Strongly advise women who select progestogen-only injectable contraceptives to also use condoms (male or female) consistently and correctly.

Couple Communication

- Encourage women to talk to their partners about HIV and contraceptive use.

Client-Centered Care

- Respect the fertility intentions of clients.
- All women have the right to choose the number, timing and spacing of their pregnancies, regardless of their HIV status.
- Women living with HIV have the right to get pregnant and have children, or to delay, space or limit pregnancies.

Balancing Decision Making

- The potential increased risk of HIV acquisition while using a progestogen-only injectable method must be balanced against the lifesaving benefits of using the most effective contraceptive method according to a client's life situation and needs.
- Women choosing progestogen-only injectables should be assessed and counseled on their personal risk for HIV at the time and what it may be in the future.
- Women should be encouraged to test for HIV if it is assessed that they are at risk.
- When counseling women about vulnerability to HIV and use of HC, clinical providers should take into consideration:
 - The type of HIV epidemic (i.e. generalized, concentrated, low-level) in that geographic location
 - The woman's HIV status and that of her partner
 - Availability of alternative contraceptive choices

STRATEGIC APPROACH

Digital/Distance Learning Purpose:

- Increase provider knowledge and skills.

ILLUSTRATIVE ACTIVITIES

- Develop/adapt curricula to include specific information about counseling on HC, including information about the potential risk of certain HC methods and HIV acquisition and transmission.

PRIMARY AUDIENCE 4: CLINICAL PROVIDERS	
	<ul style="list-style-type: none"> • Develop short video clips that model counseling sessions via web, smartphones and tablets. • Develop FAQs for provider reference and disseminate via print, web, smartphones and tablets. • Integrate appropriate content into new tech tools, such as the Application for Contraceptive Eligibility.¹
<p>Clinic Orientation and Counseling Purpose:</p> <ul style="list-style-type: none"> • Establish quality standards to ensure consistent service for clients. • Improve client-centered counseling and services. 	<ul style="list-style-type: none"> • Develop/adapt cue cards that focus on key messages on HC use for women living with HIV, women at high risk of HIV and women with an unknown HIV status. • Develop video for clinic waiting room to model provider orientation to help client prepare for counseling and to model couple communication. • Develop/adapt HIV risk assessment tools to be used by FP providers or counselors to help clients interested in progestogen-only injectables decide to use/not use the method.

¹ <http://www.k4health.org/product/ace-mobile-app>

PRIMARY AUDIENCE 5: NON-CLINICAL PROVIDERS (COMMUNITY HEALTH WORKERS)**AUDIENCE PROFILE****Example of an Audience Profile for a Non-Clinical Provider**

Jane is a CHW working in the village where she grew up. She completed grade 8 and has been through a CHW course, but has no other formal training. Jane is visited by her supervisor, who works at a nearby health center, once a month. She typically provides information on safe motherhood. She has developed strong peer-to-peer relationships with her clients, built on trust and mutual understanding. Because of these strong relationships, she is able to communicate openly with her peers and community. She is not paid for her time, but she is proud of being a resource in the community and being looked upon as someone with a lot of knowledge on health issues.

Here are some elements to keep in mind when developing this audience profile:

- No formal medical training, has some level of training in method provision, counseling and/or basic contraceptive information
- Potentially limited literacy
- Low levels of supervision, limited access to resources and updated information
- Could be formally linked to a clinic, local NGO, government or community
- Likely to be closely linked to communities and understand client needs (may be living in or near community they serve)
- May also be providing other health information and services (i.e. child health, etc.)
- May or may not be remunerated

COMMUNICATION OBJECTIVES

1. Increase the proportion of non-clinical providers who know that all women can use the contraceptive method of their choice, regardless of HIV status.
2. Increase the proportion of non-clinical providers equipped with the skills and motivation to effectively inform women about HC in relation to their HIV status (unknown status, HIV positive, sero-discordant with male partner, etc.).

POSITIONING

Be informed to help counsel clients. Although the risks are not clear, women and their partners need the available information to be able to make their own decisions related to HC use and HIV prevention, including condom use, based on their own life circumstances.

KEY MESSAGES**HIV Prevention**

- HC methods do not protect against HIV infection.
- Women should be encouraged to test for HIV if they are at risk.
- There are some ways to prevent sexually acquired HIV:
 - Abstain
 - Use condoms consistently and correctly with every sexual encounter
 - Reduce the number of sexual partners
 - If in a relationship with an HIV-positive male partner who is using ART, encourage him to adhere to the ART regimen

Family Planning

- Women at high risk of acquiring HIV and women living with HIV can use all methods of

PRIMARY AUDIENCE 5: NON-CLINICAL PROVIDERS (COMMUNITY HEALTH WORKERS)

contraception.

- Women should have their choice of method from a full range of available modern FP methods.
- Practicing dual method use will help prevent both unintended pregnancy and HIV/STIs.

HC and HIV Risks

- HC is acceptable for use by all women, regardless of HIV status.
- Progestogen-only injectable contraceptives, such as DMPA-IM, DMPA-SC or NET-EN, may increase an HIV-negative woman's likelihood of HIV acquisition through sexual contact.
- Data does not suggest that oral contraceptive pills increase the risk of HIV acquisition.
- Encourage women/couples beginning or continuing use of progestogen-only injectables to use condoms also, due to the current lack of certainty regarding whether progestogen-only injectables affect the risk of HIV acquisition.
- Women living with HIV can use all forms of HC without concern related to HIV progression.
- Women using ART should ask their doctor if their method of contraception is expected to interact with their regimen of ART.
- Advise partners to consider using condoms in addition to a more highly effective contraceptive method, including progestogen-only injectables, to protect against HIV acquisition or transmission, while avoiding unintended pregnancy.
 - If a client finds this difficult, offer tips on how to approach his/her partner about condom use.

Couple Communication

- Encourage partners to talk about HIV and contraceptive use.

Balancing Decision Making

- All women should have the option of choosing the number, timing and spacing of their pregnancies, regardless of HIV status.
- The risk of HIV infection must be balanced against the lifesaving benefits of using modern contraceptive methods.

More Information

- If an unfamiliar question arises or a client has questions that require additional information, refer him/her to the nearest health facility.

STRATEGIC APPROACH**Peer-to-Peer Purpose:**

- Improve knowledge and skills of CHWs.
- Provide peer-supported learning opportunities.
- Ensure quality counseling and referral services.

ILLUSTRATIVE ACTIVITIES

- Train male and female CHWs to conduct community-based counseling on relevant content and refer for HIV services.
- Develop/adapt materials and job aides to provide guidance on the key messages, such as mini-dramas in digital format for use on smartphones, netbooks, tablets, etc.

INFLUENCING AUDIENCE 1: MALE PARTNERS

AUDIENCE PROFILE

Example of an Audience Profile for a Male Partner

Joseph is married and has no children yet. He recently leased his own taxi and is now eager to have several children in the next few years. He knows most of his friends think men should make all major household decisions and that women should deal with issues related to pregnancy. Joseph however, wants to talk to his partner about having kids, but does not know how to start the conversation with her. He has had multiple sexual partners in the past and is currently having a relationship with a woman other than his wife. He does not know his HIV status; neither do his partners. From what he has heard, FP could help him and his wife meet their goals and raise their children with education and good health. He worries that methods may not be safe. While he has difficulty expressing his feelings, he does want the best for his wife and the children he hopes to have with her.

Here are some elements to keep in mind when developing this audience profile:

- Gender norms on health decision-making
- Couple communication regarding fertility desires, HIV risk behaviors, contraceptive use and condom use
- HIV status
- HIV prevention behavior/risk avoidance
- Desired family size
- Social networks/community participation
- Employment

COMMUNICATION OBJECTIVES

1. Increase the number of men that talk with their partners about fertility desires, HIV status and risk avoidance, and contraceptive use.
2. Increase the number of men that support their partners in making informed decisions about contraceptive use, childbearing and HIV prevention, based on a balanced understanding of the risks of unintended pregnancy and HIV infection.
3. Increase the number of men who correctly and consistently use male or female condoms.

POSITIONING

Real men and fathers talk to their partners about FP and HIV prevention. Real men take care of their family's health.

KEY MESSAGES

HIV Prevention

- HC does not protect against HIV infection.
- There are some ways to prevent sexually acquired HIV:
 - Abstain
 - Use condoms consistently and correctly with every sexual encounter
 - Reduce the number of sexual partners
 - If in a relationship with an HIV-positive partner who is using ART, encourage them to adhere to the ART regimen
 - VMMC reduces the risk of male HIV acquisition
 - Consider using male or female condoms in addition to a modern contraceptive method to protect against sexually transmitted HIV, while also avoiding unintended pregnancy
 - Partners should talk about HIV risks and correct and consistent use of male or female

INFLUENCING AUDIENCE 1: MALE PARTNERS

condoms

Family Planning

- Women at high risk of acquiring HIV and women living with HIV can use all methods of contraception.
- Women should have their choice of method from a full range of available modern FP methods.
- Practicing dual method use will help prevent both unintended pregnancy and HIV/STIs.

HC and HIV Risk

- Progestogen-only injectable contraceptives for women may increase the likelihood of HIV infection for women through sexual contact. Partners should talk about getting personalized counseling from a health worker.

Balancing HIV and Overall Health Risks

- Balance risks of contracting HIV with the risks to the mother's health and the health of the infant from unintended pregnancy. This can include:
 - HIV transmission to the newborn
 - Infant death
 - Maternal death
 - Delivery complications
 - Illness during pregnancy
 - Unsafe abortion
- HC methods are very reliable in preventing unintended pregnancy.
- Contraceptive methods can provide lifesaving benefits for mothers and infants.
- Partners should talk about balancing the risks and make health decisions together.

COMMUNICATION CHANNEL	ILLUSTRATIVE ACTIVITIES
<p>Radio/TV Purpose:</p> <ul style="list-style-type: none"> • Stimulate social dialogue and couple communication. • Model client information seeking and client-centered counseling. • Model couples starting the conversation on HIV risk, pregnancy and joint decision making. 	<ul style="list-style-type: none"> • Integrate key messages into existing radio/TV serial drama story lines and character conversations, especially modeling provider-client dialogue and couple communication. • Integrate key messages into existing radio/TV call-in shows and Q&A with experts.

INFLUENCING AUDIENCE 2: CIVIL SOCIETY (PLHIV GROUPS, WOMEN'S RIGHTS GROUPS, ETC.)

AUDIENCE PROFILE

Civil society actors, such as NGOs, religious leaders, PLHIV, women's activists and others, represent a diverse and important audience. They can be helpful in advocating around a specific issue, disseminating key information to a broader constituency, and/or implementing activities through their membership. Because civil society groups organize around a variety of interests, there is likely to be a great deal of variety in their capacity, influence, reach and infrastructure. For effective engagement with civil society organizations on this agenda, it will be important to understand their specific perspective and strengths and how these fit within the overall strategic approach.

COMMUNICATION OBJECTIVES

1. Increase the number of civil society actors that have accurate and up-to-date information related to HIV and HC from the WHO, MOH, National AIDS Commission, NGOs, etc.
2. Increase the number of civil society actors who actively reach out to their constituents with correct information on (1) the benefits of contraceptive use; (2) prevention of HIV infection; and (3) the potential risk of certain methods of HC in relation to HIV infection and transmission.

POSITIONING

Be informed to advocate for women's health needs. Although the risks are not clear, women and their partners need the available information to be able to make their own decisions related to HC use and HIV prevention, including condom use, based on a woman's own life circumstances.

KEY MESSAGES

Overarching Messages

- Get the facts on contraceptives, HIV and HCs; ensure information disseminated includes the latest evidence and information; if unsure, ask or locate the information from the MOH to ensure consistency.
- All women should have the option of choosing the number, timing and spacing of their pregnancies, regardless of HIV status.
- All women, regardless of their HIV status, can use any method of HC. However, women who choose to use progestogen-only injectable contraceptives should be encouraged to always use condoms (male or female) and take other HIV preventive actions.

HIV Prevention

- No method of contraception (except condoms) protects against STIs, including HIV.
- There are some ways to prevent sexually acquired HIV:
 - Abstain
 - Use condoms consistently and correctly with every sexual encounter
 - Reduce the number of sexual partners
 - If in a relationship with an HIV-positive partner who is using ART, encourage them to adhere to the ART regimen
- Male or female condoms should be used in addition to a modern contraceptive method to protect against HIV risk while avoiding unintended pregnancy.
- Couple communication about HIV risk and correct and consistent use of male or female condoms is important.

INFLUENCING AUDIENCE 2: CIVIL SOCIETY (PLHIV GROUPS, WOMEN'S RIGHTS GROUPS, ETC.)

Family Planning

- All women, regardless of their HIV status, can use any method of HC.
- Women should have their choice of method from a full range of available modern FP methods.
- Practicing dual method use will help prevent both unintended pregnancy and HIV/STIs.

Dual Method Use

- Strongly advise women who select progestogen-only injectable contraceptives to also use condoms (male or female) consistently and correctly.

Balancing Decision Making

- There are lifesaving benefits to using modern contraceptive methods and preventing unintended pregnancy. Any potential HIV-related risk of certain HC methods must be considered against the potential health risks of unintended pregnancy.

STRATEGIC APPROACH

ILLUSTRATIVE ACTIVITIES

Advocacy Purpose:

- Assure that women get the information they need through FP and HIV services.

- Organize meeting of civil society groups.
- Disseminate advocacy materials.

INFLUENCING AUDIENCE 3: LOCAL JOURNALISTS

AUDIENCE PROFILE

Example of an Audience Profile for a Journalist

Patience has been a journalist at her local paper for five years. She does not have a strong background in health, but increasingly is asked to write stories about health issues. She knows people look to her for new information. She wants to learn more about her country's and community's health context to do her job better.

Here are some elements to keep in mind when developing this audience profile:

- Access to a variety of media including:
 - Print/newspapers
 - Television/radio
 - Web-based platforms
- Potential for spotlighting important issues
- Varying degrees of background and understanding of health issues including HIV, contraceptive use and maternal mortality

COMMUNICATION OBJECTIVES

Increase the accuracy of news articles/stories on HIV, contraception and emerging data on potential links.

POSITIONING

Be informed to provide accurate coverage on women and family health issues. Although the risks are not clear, women, their partners and other relevant actors need the available information to be able to make their own decisions related to contraceptive use, HIV prevention and HIV disease management. The national health system should have counseling guidelines and practices in place to support informed decision-making.

KEY MESSAGES

Accurate Reporting

- This is a very nuanced and complex topic. It is essential to identify experts, obtain the latest data and evidence, and check multiple sources.
- Exercise responsibility in reporting—there is a potential to cause unnecessary alarm and confusion about this topic that could negatively affect access to the lifesaving benefits obtained from HCs.

HIV Prevention

- HCs do not protect against HIV infection.
- There are some ways to prevent sexually acquired HIV:
 - Abstain
 - Use condoms consistently and correctly with every sexual encounter
 - Reduce the number of sexual partners
 - If in a relationship with an HIV-positive partner who is using ART, encourage them to adhere to the ART regimen
- Male or female condoms should be used, in addition to a modern contraceptive method, to protect against HIV risk while avoiding unintended pregnancy.
- Couple communication about HIV risk and correct and consistent use of male or female condoms is important.

INFLUENCING AUDIENCE 3: LOCAL JOURNALISTS**Family Planning**

- All women, regardless of their HIV status, can use any method of HC.
- Women should have their choice of method from a full range of available modern FP methods.
- Practicing dual method use will help prevent both unintended pregnancy and HIV/STIs.

HC and Potential HIV Acquisition

- Progestogen-only injectable contraceptives, such as DMPA-IM, DMPA-SC or NET-EN, may increase an HIV-negative woman's likelihood of HIV infection through sexual contact; scientific evidence on this issue is currently unclear and ongoing.
- Women/couples beginning or continuing use of progestogen-only injectables should also use condoms, due to the current lack of certainty regarding whether progestogen-only injectables impact the risk of HIV acquisition.
- COCs do not appear to increase the risk of HIV infection.
- There is currently no data available on whether other HC methods, such as implants, patches, rings or hormonal IUDs, impact a woman's susceptibility to HIV infection.

HC and Risk of HIV Progression

- Women living with HIV can use progestogen-only injectables or COCs without concern that their HIV will accelerate.
- Information on other methods of HC, such as implants, patches, rings and hormonal IUDs, and HIV progression is not currently available.

HC Interaction with ARVs

- ART use is unlikely to affect reliability of progestogen-only injectables or hormonal IUDs to avoid unintended pregnancy.
- Some ART regimens may reduce the effectiveness of COCs or implants to avoid unintended pregnancy.

Epidemiological Context

- Any potential association between progestogen-only injectable contraception and HIV infection must also be understood against the background of the epidemiological context of a given country, including the HIV prevalence, maternal mortality rate, prevalence of injectable contraceptive use and alternate contraceptive method options available in that country. More information on how epidemiological contexts affects this association can be found in Butler et al. (2013).²

Informed Choice

- All women, regardless of HIV status, should be able to choose the number, timing and spacing of their pregnancies. This includes the importance of prevention of unintended pregnancy among women at risk of and/or living with HIV.

Balancing Risks

² Butler AR, Smith JA, Polis CB, Gregson S, Stanton D, Hallett TB. Modeling the global competing risks of potential interaction between injectable hormonal contraception and HIV risk. *AIDS* 2013; 27(1):105-13.

INFLUENCING AUDIENCE 3: LOCAL JOURNALISTS	
<ul style="list-style-type: none"> • Any potential increase in the risk acquisition with use of a HC method must be balanced against: <ul style="list-style-type: none"> ○ Risk of unintended pregnancy, including maternal morbidity and mortality, unsafe abortion and infant mortality ○ Risk of unintended pregnancy and vertical transmission from mother-to-child, which contributes to rates of pediatric HIV infection 	
STRATEGIC APPROACH	ILLUSTRATIVE ACTIVITIES
<p>Interpersonal Purpose:</p> <ul style="list-style-type: none"> • Improve journalists' knowledge, understanding and coverage of FP, HIV and related news coverage. • Cultivate relationships with media representatives for ongoing information exchange. 	<ul style="list-style-type: none"> • Hold briefings for journalists to contextualize HIV and contraceptive use in their countries with a focus on recent evidence. • Create a media kit with FAQs (print or electronic) including links to reliable resources (WHO/USAID tools/briefs, guidance, etc.). • Liaise with existing journalist networks and/or health-savvy reporters or news shows. • Maintain contacts for ongoing communication and updates.

Part 4: Monitoring and Evaluation

As mentioned above, M&E is a critical component necessary to provide data on a program’s progress toward achieving set goals and objectives. An illustrative list of indicators is provided below for consideration when designing a country-level communication strategy about HC methods and potential HIV-related risks.

Illustrative M&E Indicators		
DATA SOURCE	COLLECTION EXAMPLES	EXAMPLE INDICATORS
Low Resource Intensity		
Programmatic process sources	Program-specific M&E tools developed by staff	<ul style="list-style-type: none"> • Number and percentage of guidelines updated to include the issue of HC methods and potential HIV-related risks • Number of training curricula developed or updated • Number of trainings held for providers and community outreach workers • Percentage of providers trained (per facility, region, etc.) • Number of materials, jobs aids and client materials developed and distributed • Annual progress review meetings held with MOH technical team • Annual stakeholder meetings held
Service statistics from clinics and providers	<ul style="list-style-type: none"> • Referral cards • Registration forms • Facility registers 	<ul style="list-style-type: none"> • Number and percentage of women receiving HC methods, by type of method and HIV status • Types of HC methods available at facility
Small-scale provider surveys, including community outreach worker surveys	Interviews or self-administered surveys given to providers	<ul style="list-style-type: none"> • Number of providers who feel comfortable/confident providing counseling on HC methods and potential HIV-related risks • Number and percentage of trained providers who can recall key messages about HC methods and potential HIV-related risks • Number of materials about HC methods and potential HIV-related risks distributed to women • Number of women receiving counseling on HC methods and potential HIV-related risks
Communication channel statistics	Data collection to discern the total reach of each communication channel	<ul style="list-style-type: none"> • Number of listeners to TV/radio programs that include information on HC methods and potential HIV-related risks • Number of brochures/pamphlets distributed about HC methods and potential HIV-related risks • Number of participants at street drama/other community events that include information on HC methods and potential HIV-related risks
Omnibus surveys	Add additional questions related to program	<ul style="list-style-type: none"> • Number of target audience members who can correctly recall key messages about HC methods

Illustrative M&E Indicators		
DATA SOURCE	COLLECTION EXAMPLES	EXAMPLE INDICATORS
	exposure and impact to omnibus surveys	<ul style="list-style-type: none"> and potential HIV-related risks • Number of target audience members who acted on information they heard through the program • Number of target audience members who shared information about HC methods and potential HIV-related risks with others
Demographic and Health Surveys	DHS provides data on national and regional trends approximately every five years	<ul style="list-style-type: none"> • Contraceptive prevalence rate • Contraceptive method mix • Unmet need for contraception • HIV prevalence • Contraceptive rates for married vs. unmarried women • Condom use • Maternal mortality
High Resource Intensity		
Large, nationally representative program-specific surveys	<ul style="list-style-type: none"> • Household surveys • Community surveys <p><i>Best practice is to conduct a baseline and end line to measure changes in outcomes.</i></p>	<ul style="list-style-type: none"> • Number of target audience members who can correctly recall key messages about HC methods and potential HIV-related risks • Number of target audience members who acted on information they heard through the program • Number of target audience members who shared information about HC methods and potential HIV-related risks with others
Qualitative data	<p>Focus groups In-depth interviews Observation</p>	<ul style="list-style-type: none"> • Qualitative responses can explain why changes in behavior regarding HC methods and potential HIV-related risks were, or were not, accomplished • Can also gather audience perceptions of, and reactions to HC methods and potential HIV-related risks for HIV positive women
Client exit interviews	Interviews conducted with women at time of service in the facility	<ul style="list-style-type: none"> • Number and percentage of women who report satisfaction with method and/or services • Number of women who receive their desired method • Number and percentage of women who report high quality of care • Number and percentage of women who report being counseled on HC methods and potential HIV-related risks

STEP 4: PREPARE FOR IMPLEMENTATION

It is recommended that the adaption of a country communication strategy on HC methods and potential HIV-related risks be implemented through a consultative process with a range of stakeholders at the country level, including government representatives, service providers and civil society. The MOH may act as the primary convener for developing a country-specific communication strategy and rollout plan. Following a meeting to develop the communication strategy on HC methods and potential HIV-related risks and chart the way forward, the necessary budgetary support will be needed for the development, pretesting, and production of high-priority communication activities and materials. Adaptation of counseling protocols and provider tools will also be needed simultaneously to ensure providers are well prepared to counsel clients on issues pertaining to HC methods and potential HIV-related risks.

Once the communication strategy has been adapted for a specific country context, an implementation plan detailing who will be responsible for what activities and when is essential to clearly define partner roles and responsibilities, activities, timeline, budget and management.

A summary of the necessary considerations are listed below:

1. Determine partner roles and responsibilities. Implementation will be successful if the combined expertise of participating partners is realized.
2. Clearly outline activities with a focus on major milestones.
3. Establish a timeline for development, implementation, and evaluation to ensure activities stay on schedule. The timeline should be used as a flexible monitoring tool requiring periodic updates as changes occur.
4. Determine a budget so the necessary funding needed to implement the communication strategy is in place.

Throughout the process, multiple stakeholders at the national, district and community levels should be fully engaged. Participation of individuals and/or groups directly affected is crucial from the start. To be most effective, communication efforts should also be matched with efforts to expand and increase access to FP and HIV services, and train and equip providers.

Good luck!

ANNEX A: CONSULTATIVE PROCESS

In response to the need for additional guidance on the WHO clarification (2012), WHO, UNAIDS and UNFPA convened a subsequent consultation on May 7-8, 2012, bringing together donor representatives, multilateral organizations and civil society. The objectives of this consultation included:

1. Identification of key information for stakeholders about progestogen-only injectables, other contraceptive methods, and HIV prevention.
2. Development of guiding principles for communicating this information.

This consultation identified several important issues to address, including:

- Wider access to a broad range of modern contraception methods
- Increased availability of and access to male and female condoms
- Strengthened linkages between SRH and HIV services.

The group also developed core content for integration into communication strategies targeting different constituencies, such as basic principles of SRH and rights, key information regarding progestogen-only injectables and HIV, characteristics of enabling environments and the role of men.

Recognizing the need for additional guidance, it was recommended that WHO lead the development of a global communication strategy to adapt and disseminate information pertaining to HC and HIV risk at regional, national, and local levels. WHO therefore hosted a follow-up meeting in December 2012 to discuss further, which led to the development of this framework.

ANNEX B: CONTRACEPTIVE EFFECTIVENESS¹⁹

Contraceptive Effectiveness

Rates of Unintended Pregnancies per 100 Women

Family planning method	First-Year Pregnancy Rates (Trussell ^a)		12-month Pregnancy Rates (Cleland & Ali ^b)	Key
	Consistent and correct use	As commonly used	As commonly used	
Implants	0.05	0.05		0–0.9
Vasectomy	0.1	0.15		Very effective
Levonorgestrel IUD	0.2	0.2		
Female sterilization	0.5	0.5		1–9
Copper-bearing IUD	0.6	0.8	2	Effective
LAM (for 6 months)	0.9 ^c	2 ^c		
Monthly injectables	0.05	3		10–25
Progestin-only injectables	0.3	3	2	Moderately effective
Combined oral contraceptives	0.3	8	7	
Progestin-only oral pills	0.3	8		
Combined patch	0.3	8		26–32
Combined vaginal ring	0.3	8		Less effective
Male condoms	2	15	10	
Ovulation method	3			
TwoDay Method	4			
Standard Days Method	5			
Diaphragms with spermicide	6	16		
Female condoms	5	21		
Other fertility awareness methods		25	24	
Withdrawal	4	27	21	
Spermicides	18	29		
Cervical caps	26 ^d , 9 ^e	32 ^d , 16 ^e		
No method	85	85	85	

^a Rates largely from the United States. Source: Trussell J. Contraceptive efficacy. In: Hatcher R et al., editors. Contraceptive technology, 19th revised ed, 2007. Rates for monthly injectables and cervical cap are from Trussell J. Contraceptive failure in the United States. *Contraception*. 2004;70(2): 89–96.

^b Rates from developing countries. Source: Cleland J and Ali MM. Reproductive consequences of contraceptive failure in 19 developing countries. *Obstetrics and Gynecology*. 2004;104(2): 314–320.

^c Rate for consistent and correct use of LAM is a weighted average from 4 clinical studies cited in Trussell (2007). Rate for LAM as commonly used is from Kennedy KI et al. Consensus statement: Lactational amenorrhea method for family planning. *International Journal of Gynecology and Obstetrics*. 1996;54(1): 55–57.

^d Pregnancy rate for women who have given birth

^e Pregnancy rate for women who have never given birth

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UNFPA: Preventing HIV and Unintended Pregnancies: Strategic Framework 2013-2015. <http://www.unfpa.org/public/home/publications/pid/10575>

UNFPA SRH & HIV Linkages Resource Pack: This site includes a variety of documents, searchable by topic area: <http://www.srhHIVlinkages.org/en/index.html>

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