

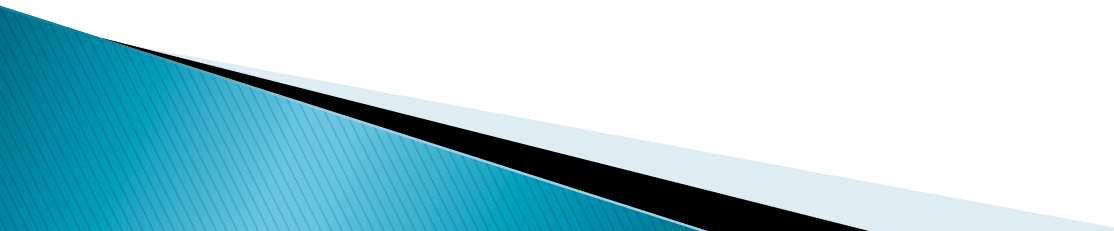


# **When the Evidence is Not Enough: Hormonal Contraception and HIV Webinar**

Adaptation of Hormonal Contraceptive and HIV Communication  
Strategy in Malawi

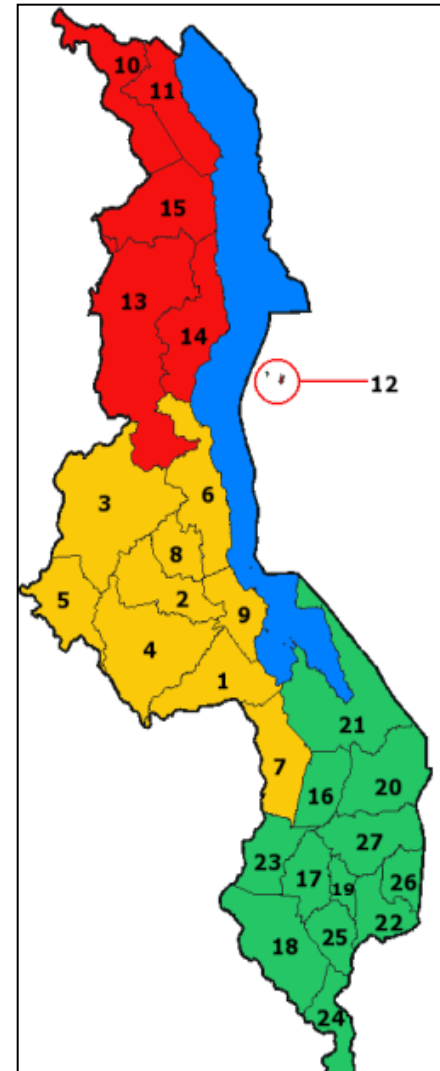
17<sup>th</sup> May, 2016

# Presentation Outline

- ▶ Background
  - ▶ Key selected SRH/HIV parameters
  - ▶ Adaptation Process
  - ▶ Progress
  - ▶ Lessons Learnt
  - ▶ Way forward
- 

# Background

- ▶ Area: 119,310 sq km (1/3 covered by Lake Malawi)
- ▶ Total Population (2008): 13.1 million
- ▶ Estimates 2015-17million



# Selected SRH Demographic Data

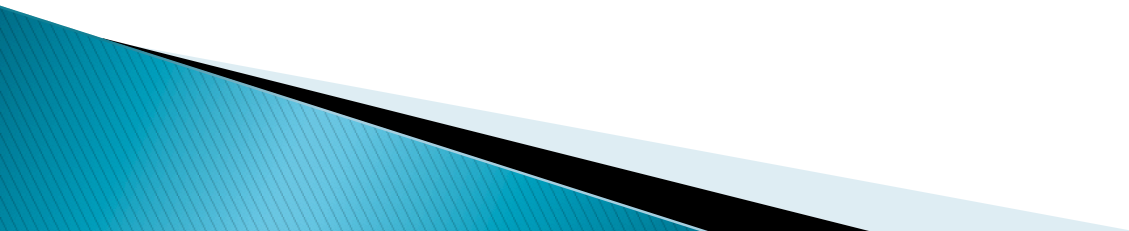
	<b>2004 MDHS</b>	<b>2010 MDHS</b>
Maternal Mortality Ratio	984/100,000 live births	675/100,000 live births
Total Fertility Rate	6.0	5.7
Contraceptive Prevalence Rate	28	42
Neonatal Mortality Rate	33/1000 Live Births	31/1000 Live Births
Infant Mortality Rate	72/1000 Live Births	66/1000 Live Births
Unmet need for FP	28%	26%
HIV Prevalence rate 15-49 years	11.8%	10.6%

# Why is Malawi Adapting the HC-HIV Communication Strategy

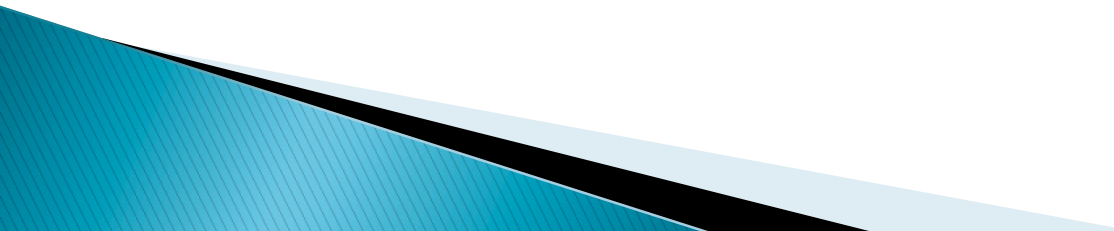
- HIV prevalence very high 10.6%
- Women and girls at highest risk
- Use of hormonal injectable is very high compared with other methods 32.2%
- Current available evidence strong enough to guide decision and underline informed decisions.
- Need to clarify to the public the uncertainty surrounding link between hormonal contraceptives and HIV risks



# Malawi Adaptation Process



# Step 1: Preliminary Discussions

- ▶ USAID presented the link between use of hormonal contraceptives and HIV related risks before the FP Sub committee
  - ▶ Highlighted existence of an adaptable Strategic Communication Framework
  - ▶ FP Sub Committee members invited USAID and HC3 to present to stakeholders in November 2014
  - ▶ Negotiations and discussions among Reproductive Health Directorate, Health Education Services and HIV and AIDs Unit
- 



# Step 2: Adaptation Workshop





# Step 2: Adaptation Workshop

- ▶ Stakeholders met in January 2015 to adapt the Strategic Communication Framework.
- ▶ Participants included:
  - Three key departments of the Ministry of Health led the process
  - National AIDS Commission
  - Civil Society such MANET +, NAPHAM
  - WHO
  - USAID
  - PSI, BLM
- ▶ USAID presented evidence on HC and HIV and current WHO recommendations.
- ▶ Malawi presented on the epidemiology context of the country on FP, HIV and maternal health.

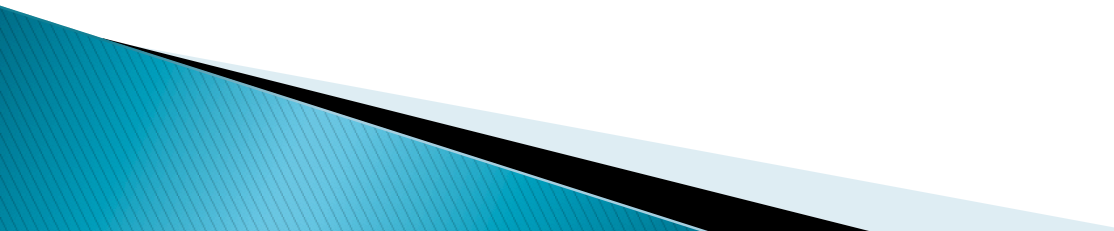
# Draft Malawi HC-HIV Communication Strategy

- ▶ Outcome of the adaptation workshop
- ▶ Eight Audiences
- ▶ Primary Audiences included:
  - Sexually active women of unknown status or who are HIV negative using depo provera or considering using DMPA
  - Sexually active women living with HIV, including those on ART using a method of Hormonal Contraception (HC)
  - Health System Managers
  - Clinical Providers
  - Non-medical providers
- ▶ Influencing Audiences:
  - Male partners
  - Civil Society (PLHIV groups, Women's Rights)
  - Local Journalists

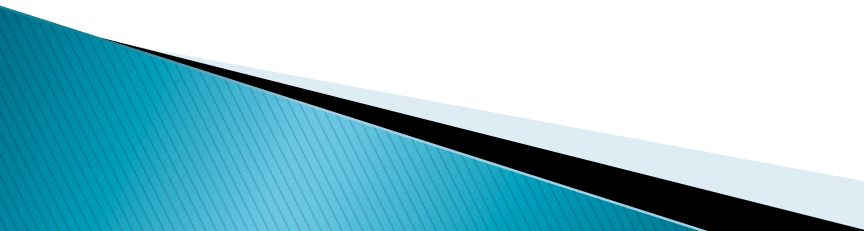
# STEP 3: Scrutiny by Technical Working Groups

- ▶ The draft was then presented to relevant committees and TWGs
  - FP and Safe-motherhood Subcommittees,
  - HIV Prevention Technical Working Group
  - Essential Health Package Technical Working Group
  - Health Promotion Technical Working Group
  - Sexual and Reproductive Health Technical Working Group

## STEP 4: Approval by MOH

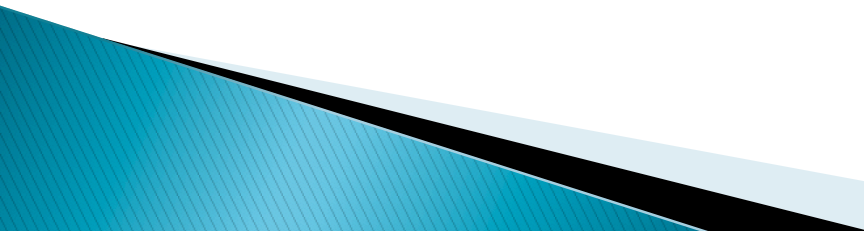
- ▶ Will finally be presented before the Senior Management Committee of the MOH for endorsement
  - ▶ Hopefully anytime soon
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# Lessons Learnt

- ▶ Involvement of primary and secondary audience from the beginning minimizes false alarms
  - ▶ Involvement of key departments in the Ministry of Health has seen a coordinated effort to achieve the desired goal
  - ▶ Development of a communication strategy with sensitive issues require adequate time because of numerous consultations
  - ▶ Development of the strategy require funding because there will be need to develop reader friendly materials that be used by service providers and the community across the country
- 



# Way forward

- ▶ Development of brochures and leaflets for both HIV negative and positive women
  - ▶ An addendum to the already existing FP flip chart, community workers' flipchart and ART flip chart
  - ▶ Development of a FAQ guide for providers as reference material
  - ▶ Integrate messages into community radio shows
  - ▶ Printing, disseminating and distribution of the materials
- 

# What you need to know about ARVs and Hormonal Contraception



## Family Planning and You

- Family planning methods, such as pills, Depo, implants or hormonal IUCDs, are very effective in preventing unintended pregnancy when used consistently and correctly.
- Risks of unintended pregnancy includes:
  - o Maternal illness and death
  - o Unsafe abortion
  - o Infant mortality
- Contraceptive methods provide lifesaving benefits for mothers and infants.

## Healthy Living with HIV

- Consistent ART use greatly reduces the risk of transmitting HIV to your partner.
- If you are on treatment continue to take your ART to lower the risk of transmission to a partner.



## Why Should You Care?

Be informed that although the risks are not clear, you and your partner need this information so that you are able to make your own decision related to Depo use and HIV prevention, including condom use, based on your own life circumstances.

Talk to your health care provider for more information and about any concerns you may have.

Ministry of Health  
Private Bag 30377  
Lilongwe 3,  
Malawi



## Thinking about using Depo?

Things to Consider



## Hormonal Contraception and Potential HIV Risks

## Frequently Asked Questions

**THANK YOU**