



## USAID communication to the field (August 5, 2011): USAID response to new findings on hormonal contraception and HIV acquisition in uninfected women and HIV transmission from infected women to male partners

Sent to USAID Missions by Scott Radloff, Director, Office of Population and Reproductive Health

Results from an unpublished new analysis<sup>1</sup> presented at the 2011 International AIDS Society conference in Rome suggested that using certain methods of hormonal contraception (HC) (particularly injectable contraception) may double the risk of HIV acquisition in a previously uninfected woman, and may also double the risk that an HIV-infected woman will transmit HIV to a previously uninfected male sexual partner. In addition, HC appeared to be associated with higher levels of genital HIV viral load, which the investigators suggest may explain why HC appears to have increased HIV transmission from women to men.

Previous studies have examined these issues. Some found similar associations (including one of the largest studies on this topic); most have not found HC to be associated with HIV acquisition or transmission in a general population. The new findings raise concerns, particularly since the analysis involved a large sample size of serodiscordant couples, used sophisticated statistical techniques, and may provide biological support by measuring viral shedding.

Still, a cautious interpretation of the findings is justified as the scientific community gathers additional information. Like previous analyses, these findings were derived from observational data, which may be biased by self-selection. HC users may differ in important ways from non-users (for example, HC users may have higher coital frequency and lower use of condoms). Even with statistical adjustment, observational data may not be able to account perfectly for such differences. A randomized controlled study could provide more definitive evidence on this important issue.

If HC increases risks of HIV acquisition or transmission, such risks must be evaluated in light of (1) risks of unintended pregnancy, maternal morbidity, and maternal mortality, which may increase in the absence of highly effective contraceptive methods; (2) risk of acquiring HIV, which varies substantially by geography (and which may be elevated during pregnancy); (3) risk of transmitting HIV to sexual partners (which may be elevated during pregnancy); (4) risk of mother-to-child HIV transmission; (5) social and economic benefits of contraception; and (6) available and acceptable contraceptive alternatives.

***USAID does not believe that a change in contraceptive policy or programming is appropriate or necessary at this time.*** We do not yet have full information on this analysis or its implications. We have encouraged WHO to convene a high level meeting of experts to clarify research and programmatic needs moving forward. After more thorough review, as needed, we will update any guidance change to patients, providers, and programs to reflect evolving understandings. USAID will continue striving to ensure that women and couples have access to a wide variety of contraceptive methods, are counseled about the known risks and benefits of those methods (including that all methods other than male and female condoms provide no protection from sexually transmitted infections (STIs), including HIV), and are able to select the method that best fits their individual needs. Dual protection against unintended pregnancy and STIs, including HIV, can be achieved by using condoms along with a highly effective method of contraception. Program managers should continue to promote condoms to prevent transmission of STIs, including HIV.

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<sup>1</sup> Heffron R et al. *Hormonal contraceptive use and risk of HIV-1 transmission: a prospective cohort analysis*. Sixth International AIDS Conference, Rome, abstract WEAX020620, 2011.