How much do you know about the ECHO Trial?

Sarah Whitmarsh

March 2019

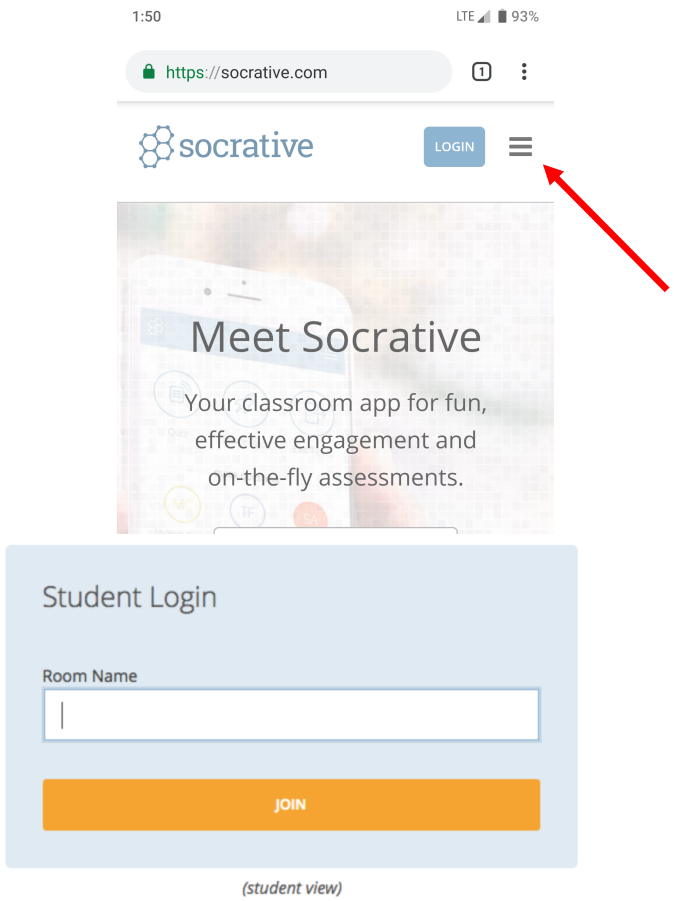
JOHNS HOPKINS
BLOOMBERG SCHOOL
of PUBLIC HEALTH

Bill & Melinda Gates Institute *for*
Population *and* Reproductive Health

AFP
ADVANCE
FAMILY PLANNING

Get ready for the quiz!

1. Go to socrative.com
2. Click on Menu > Student login
3. Enter AFPECHO into Room Name
4. Enter your own name



(student view)

1. What does the acronym “ECHO” stand for?

A. Elderly Citizens Holiday Organization
B. Exploring Cultural Heritage Online
C. Evidence for Contraceptive Options and HIV Outcomes
D. Expected Consequences of Hearing-aid Ownership

C. Evidence for Contraceptive Options and HIV Outcomes

ECHO is a multi-center, open-label, randomized clinical trial comparing HIV incidence and contraceptive benefits in women using 3 contraceptive methods

2. How many women ages 16-35 were enrolled in the study?

A. 2,500

B. 4,300

C. 6,200

D. 7,800

D. 7,800

A total of 7,830 sexually active HIV-negative women ages 16 to 35 years enrolled in the study. Women were eligible to join the study if they were seeking effective contraception, were willing to be randomly assigned to any of the study groups, and did not want to become pregnant for the duration of the study.

3. The study took place in which of the following countries?

A. eSwatini, Kenya, South Africa, and Zambia
B. Kenya, Uganda, Tanzania, and Zambia
C. India, Indonesia, Ireland, and Israel
D. Swaziland, South Africa, Zambia, and Zimbabwe

A. eSwatini, Kenya, South Africa, and Zambia

The study took place in 12 study sites in eSwatini (formerly called Swaziland), Kenya, South Africa, and Zambia. These countries were selected because women in southern and East Africa continue to be among the hardest hit by HIV and maternity mortality, and DMPA is the most widely use method of modern contraception in the region. However, the study will provide evidence to inform the choices of all women at risk of HIV who want to use contraception.

4. Which of the following contraceptive methods is **NOT** included in the ECHO study?

A. Intramuscular Depot Medroxyprogesterone Acetate (DMPA-IM)
B. Subcutaneous Depot Medroxyprogesterone Acetate (DMPA-SC)
C. Levonorgestrel (LNG) Implant
D. Copper Intrauterine Device (IUD)

B. DMPA-SC

The ECHO Study includes three highly-effective, reversible forms of contraception: the progestogen-only injectable depot medroxyprogesterone acetate (DMPA), a progestogen implant called Jadelle and the copper IUD. It does not include subcutaneous DMPA.

5. The ECHO study will answer which question(s):

A. What is the HIV acquisition risk of using the methods studied compared to no contraception?
B. What is the mechanism of HIV acquisition?
C. What should the policy decisions be?
D. None of the above

D. None of the above

There is no control group of women taking a placebo (no contraception). ECHO is designed to assess the relative risks (HIV acquisition) and benefits (pregnancy prevention) of three commonly-used, contraceptive methods among women at high risk of HIV who desire contraception.

6. What are some possible outcomes from the study?

A. No difference in HIV risk—all 3 products have equal risk
B. Difference in HIV risk—implant or IUD has the highest risk
C. Difference in HIV risk—DMPA has the highest risk
D. Results not statistically significant
E. All of the above

E. All of the above

No difference in HIV risk, differences in HIV risk between/among methods, and results not statistically significant are all possible study outcomes.

7. What is the ECHO study's current status (as of April 2019)?

A. Researchers seeking funding for the study

B. Study recruitment underway

C. Study fully enrolled

D. Participant follow-up has ended, analysis underway

D. Participant follow-up has ended, analysis underway

The study began in December 2015; full enrolment was achieved in September 2017, and participant follow-up was completed in October 2018. Data analysis began in early 2019, with results expected in mid-2019.

8. How will the ECHO study data be used?

A. It will be made public to all and also submitted to the World Health Organization for review of its contraceptive guidance
B. It will only be shared with the World Health Organization
C. It will only be shared with the study's donors
D. It will only be shared with the trial site country governments

A. It will be made public to all and also submitted to the World Health Organization for review of its contraceptive guidance

The study's outcome will be made public to all and also submitted to the WHO for review of its contraceptive guidance. WHO's contraceptive guidance is used worldwide by program managers, policy-makers, and clinicians. The study team is committed to ensuring that study participants and other women at high risk of HIV, as well as other stakeholders, have timely access to the information provided by the study. Results will also be presented to national and international policy-makers, scientists, and advocates.

9. What is the current WHO Medical Eligibility Criteria (MEC) recommendation for progestogen-only injectables for a woman at high risk of HIV?

A. There is no restriction for the use of the contraceptive method (MEC category 1)
B. Advantages of using the method generally outweigh theoretical or proven risks (MEC 2)
C. Theoretical or proven risks usually outweigh the advantages for using the method (MEC 3)
D. Unacceptable health risk if the contraceptive method is used (MEC 4)

B. Advantages of using the method generally outweigh theoretical or proven risks (MEC 2)

Based on a December 2016 expert consultation to review the latest evidence on hormonal contraception and HIV, in March 2017 the WHO changed its recommendation on progestogen-only injectables for women at high risk of HIV from ‘can use without restriction’ (MEC category 1) to can use ‘because the advantages of these methods generally outweigh the possible increased risk of HIV acquisition’ (MEC category 2).

10. After the results are announced, the Advance Family Planning initiative's role is to:

A. Send a press release announcing the study's results
B. Publicly comment on the study's methodology
C. Counsel women on the best contraceptive options for them
D. Advise policymakers, fellow civil society members, partner journalists, and other relevant stakeholders on any advocacy implications from the study

D. Advise relevant stakeholders on any advocacy and policy implications from the study

Other potential roles:

- Monitor shifts in the family planning policy landscape
- Share any negative press coverage that may affect our advocacy
- Highlight opportunities for strategic advocacy around any next steps