

**NEW
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Family Planning for Adolescents and Women at High Risk of HIV

A NEW RESOURCE



The full 2018 Handbook is available at: <https://www.who.int/reproductivehealth/publications/fp-global-handbook/en/>

For further details on the development of this chapter, please refer to the methodology and acknowledgment statement (<https://www.fphandbook.org>).

Family Planning for Adolescents and Women at High Risk for HIV

Key Points for Providers and Clients

- **All family planning methods, with the exception of nonoxynol-9 spermicides,* are safe for all people at high risk for HIV,** including both hormonal (either combined or progestin-only) and non-hormonal methods.
- Adolescents and women should be offered or referred for an HIV test if needed.
 - **In high HIV burden settings[†], adolescents and women should be offered or referred for an HIV test** as a routine part of family planning services.
 - **In low and medium HIV burden settings^{††}, family planning providers should give information to help adolescents and women determine if they are at high risk for HIV and therefore if they need an HIV test.**
- All adolescents and women at high risk for HIV should be counseled about how to prevent HIV and should be screened to see if they would benefit from pre-exposure prophylaxis (PrEP) for HIV prevention.
- **PrEP can be taken safely with all family planning methods** and can be used safely when breastfeeding.
- **Male and female condoms** are the only methods that can prevent both HIV and other sexually transmitted infections (STIs), as well as unintended pregnancy, when used consistently and correctly.
- **Testing male partners for HIV** has many benefits for women and men.
- Regardless of an individual's level of risk, it is possible to contract HIV after having unprotected sex even just once, even in low-risk settings.

* Repeated and high-dose use of nonoxynol-9 spermicide has been found to be associated with increased risk of genital lesions, which may increase the risk of acquiring HIV (see Chapter 16, Question 3, p. 286). For this reason, the MEC category for spermicides and diaphragms is Category 4 (i.e. "Method not to be used") for women who are at high risk of acquiring HIV (see Appendix D: Medical Eligibility Criteria for Contraceptive Use, p. 388 and p. 398).

[†] >= 5% HIV prevalence.

^{††} <5% HIV prevalence

Some adolescents and women are at high risk for acquiring HIV. Family planning providers must recognize this in order to provide high-quality family planning services. As shown in the map below, the incidence of HIV infection is especially high among adolescents and women in parts of East and Southern Africa.

Adolescents and women at high risk for HIV can safely use all family planning methods, with the exception of nonoxynol-9 spermicides. Family planning providers should also support adolescents and women to access HIV testing (including HIV self-tests) for themselves and their partners, as well as prevention services and care when indicated. Adolescents and women who are at risk for HIV may also be at risk of gender-based violence, including sexual violence, force, or coercion. If a provider suspects this is the case, or if a client discloses this information, refer to the section in Chapter 24 on Violence Against Women (pp. 360–364) for information on how to support and care for the client. The client may also be at increased risk of acquiring an STI, including human papillomavirus (HPV). For more detailed information on STIs, including HPV, please see Chapter 22 on Sexually Transmitted Infections, Including HIV (pp. 329–344).

Who is at High Risk for Acquiring HIV?

A client-centered approach is an important first step to providing safe and effective care and services. Some adolescents and women who are sexually active are at risk for HIV simply because they live in a place with a high HIV burden. In such places, all adolescents and women who are seeking family planning services should be considered at high risk for HIV. Additionally, women and adolescents who have multiple sexual partners or a partner living with HIV may be at high risk for HIV, regardless of the HIV burden where they live.

USEFUL TERMS:

HIV prevalence refers to the percentage of persons in a specified population who are living with HIV at a given point in time.

HIV incidence refers to the rate that new HIV infections are occurring in a specified population over a particular period of time.

What are high HIV burden settings?

In some parts of East and Southern Africa, a large percentage of the population is living with HIV and many people are getting infected with HIV. These areas are called **high HIV burden settings** because at least one out of every 20 persons is living with HIV. Another way of saying this is that the HIV prevalence is 5% or greater. Sometimes HIV prevalence among women is high throughout the country, and sometimes there are specific locations within a country with high HIV prevalence among women. In addition, the needs of individuals differ.

HIV risk in low or medium HIV burden settings

Adolescents and women living in low or medium HIV burden settings (where HIV prevalence is less than 5%; may also be at high risk for HIV. Family planning providers can help adolescents and women determine if they are at high risk for HIV by engaging in a discussion about aspects of their life that may make them more vulnerable to HIV. Health care providers should recommend an HIV test to all clients who may be at high risk for HIV in all settings.

These discussions to support adolescents and women to determine if they are at high risk for HIV can begin with talking about a range of factors that may indicate they are at risk for HIV, as listed in the box below. When possible, providers should use their country's national HIV guidelines and tools to help clients determine if they are at high risk for HIV.

In these discussions, the provider should use language that is easy to understand, and must avoid being critical or judgmental; adolescents and women should be able to freely answer questions and discuss their concerns without fear of repercussions or judgment. Refer to Chapter 25 in the handbook for more tips on how to talk about sensitive issues (see Successful Counseling, p. 370–372).

Chapter 22 on STIs includes detailed information to assist with understanding behaviors that increase STI risk (see *Who Is at Risk?*, p. 330, and *Early Identification*, pp. 333–334).

Factors that may indicate higher risk for HIV in any setting

- Having multiple sexual partners in the last six months
- Having sex without a condom with a partner who is living with HIV who is not virally suppressed
- Having sex without a condom with a partner whose HIV status is unknown
- Having an STI now or in the last year
- Having a partner who is at high risk for HIV
- Engaging in unprotected sex in exchange for money or goods
- Injecting drugs, and sharing needles for injection
- Experiencing gender-based violence

What Family Planning Methods Can Be Used by Adolescents and Women at High Risk for HIV?

All forms of contraception can be safely used by adolescents and women at high risk for HIV, in the absence of any other medical or physiological contraindications, with the exception of spermicides (see Appendix D: Medical Eligibility Criteria for Contraceptive Use, pp. 388–399). Research has demonstrated the efficacy and safety of hormonal (either combined or progestin-only) and non-hormonal methods for women at risk for HIV infection, indicating that they will not increase the likelihood that a woman will contract HIV, with the exception of spermicides. Condoms (both male and female) are the only currently available dual protection method for preventing both STIs (including HIV) and unintended pregnancy. Additionally, counseling on the benefits of dual method use – condoms plus another

form of contraception – helps clients make informed choices regarding the prevention of HIV, other STIs, and pregnancy (see Chapter 22: Choosing a Dual Protection Strategy, pp. 335–336).

Providing HIV Testing and Prevention Services

Providers can break down barriers to accessing HIV testing and prevention interventions by offering these services when adolescents and women present for family planning. In high HIV burden settings, and when providing family planning services to those at high risk for HIV, this means providing:

- Male and female condoms and lubricant
- Information about HIV testing and referral for or provision of HIV testing, if available (see sections below: Talking about HIV Testing, and HIV Testing Options)
- Information about all HIV prevention options and treatment
- *For women learning they are HIV-positive during the consultation:* Post-test counseling, antiretroviral therapy (ART) or referral for immediate treatment, and supported linkage to care
- *For women testing negative during the consultation:* HIV risk-reduction counseling, supported linkage to pre-exposure prophylaxis (PrEP) screening and provision (see section below, Preventing HIV Acquisition)
- Partner testing or couples HIV testing and counseling, for women who are accompanied by their partners, and where both partners consent
- Referral for partner testing for women not accompanied by their partners, with their consent
- Condom promotion for male partners.

The table below outlines the distinction between how HIV testing and prevention services are offered to women living in high HIV burden settings versus in low- and medium-burden settings. In high HIV burden settings, testing and prevention services are offered to all adolescents and women presenting for family planning services, whereas in low- and medium-burden settings, these services may not be routinely offered and instead providers offer testing for those at high risk for HIV.

HIV testing and prevention services to be routinely offered for clients presenting for family planning (FP) services, by setting

	Low and medium HIV burden settings (HIV prevalence < 5%)		High HIV burden settings (HIV prevalence ≥ 5%)
HIV service	Clients not at high risk for HIV	Clients at high risk for HIV	All clients
Male and female condoms and lubricant	Yes	Yes	Yes
Discussion to assess HIV risk before offering (or referring for) HIV testing (see section above on who is at high risk, and the box listing potential risk factors)	Yes	Yes	Not mandatory—HIV testing should be a routine offer
Offer or refer for HIV testing and provide information about HIV testing	Not a routine offer	Yes	Yes
For women testing positive during the FP consultation: post-test counseling, provision of or referral for antiretroviral therapy (ART), and supported linkage to care	Yes	Yes	Yes
For women testing negative during the FP consultation: HIV risk-reduction counseling, and supported linkage to pre-exposure prophylaxis (PrEP) screening and provision	Not a routine offer	Yes	Yes
Partner testing (or partner referral) or couples HIV testing and counseling	Not a routine offer	Yes – if both partners consent	Yes – if both partners consent
Condom promotion for male partners	Yes	Yes	Yes

Who Should Be Offered an HIV Test?

HIV testing services should be offered to all family planning clients at high risk for HIV, either because they live in a high HIV burden region or because they are at high risk despite living in a low or medium HIV burden setting (see table on page 8). **For these clients, HIV testing should be routinely offered** with all family planning services, because it is a critical first step in obtaining appropriate HIV care and treatment, risk-reduction counseling, and prevention services.

- In **high HIV burden settings**, all adolescents and women should be offered an HIV test (with full information and counseling) when they come for family planning services, or be referred for HIV testing elsewhere if it is not available on site.
- In **low and medium HIV burden settings**, all adolescents and women who are at high risk for HIV after discussing their risk factors with a provider (see the box earlier in this chapter) should be offered an HIV test. This includes sex workers and women who inject drugs. If an HIV test is not available at the family planning center, they should be referred to another location for testing.

How often should women retest for HIV?

In all settings, regardless of HIV burden, adolescents and women **can test every year if they have any of the risk factors** described in the box earlier in this chapter. They should also retest if they become pregnant, as a routine service during antenatal care. For further information, please refer to the Questions and Answers section at the end of this chapter.

Talking about HIV Testing

Providers can help clients understand what it means to have an HIV test and how getting an HIV test and learning their status will benefit them. Clients should be fully informed and receive counseling. The following messages can be provided using individual or group information sessions or through other means, such as posters, brochures, or videos. For information on other STIs, please refer to Chapter 22 (pp. 329–344).

Key things to know about HIV testing, results, and follow-up before taking an HIV test:

- Their testing situation, discussions, and HIV status will be kept **confidential** and will not be disclosed.
- **The HIV test results can be trusted**, as long as national testing algorithms have been followed.

- **A negative test result** means the client does not have HIV at that time (does not need any treatment).
 - A client who has tested negative will receive counseling on how to protect themselves from HIV, and be screened for (or linked to) HIV prevention services to help them remain HIV-negative (including PrEP and/or condom use), especially if they are at high risk for HIV (see Preventing HIV Acquisition, below).
- **A positive test result** means that HIV antibodies have been detected, and the person is living with HIV.
 - Even if she feels well, a client who has tested positive will be provided with full information and referred/linked immediately to HIV services; it is a priority to start effective HIV treatment and to access appropriate care and support as soon as possible.
- **Options for partner testing or referral should be discussed.** There are benefits to voluntarily informing male partners about both positive and negative HIV test results and encouraging male partners to also get tested. **Disclosure to anyone (male partners, husbands, and any family members) must always be voluntary.**
- **HIV treatment** (also called antiretroviral therapy or ART) is highly effective, well tolerated, and works best when started early.
 - HIV treatment enables a person with HIV to stay healthy, and people who take ART consistently and correctly can become virally suppressed, at which stage they are unlikely to transmit HIV to others.
 - HIV treatment may be available in the same health care facility as the family planning clinic, or clients may need to access it via referral to another health care facility.

After providing this information about HIV testing individually or in a group, providers should give clients the opportunity to ask questions and to accept or decline the test individually and in private. It is important that providers give clients the opportunity to ask questions both before and after having an HIV test. Some common questions and responses are included at the end of this chapter.

HIV Testing Options

Family planning providers should be comfortable discussing HIV risk behaviors and testing, as well as offering and conducting HIV tests, and post-test counselling and referrals, especially in high HIV burden settings. In family planning settings, the most common HIV tests available will be the rapid HIV tests and HIV self-tests. Family planning providers should counsel on ALL available testing options and allow clients to choose which they prefer.

Rapid HIV tests: Most clients will have a rapid test for HIV that uses a small amount of blood. If the test is negative, then the woman does not have HIV. If the test is positive, then the result must be confirmed with a different rapid test. It is important to follow the national HIV testing algorithm which will include multiple tests to diagnose HIV.

HIV self-testing (HIVST) kits: Some clients may prefer to test themselves using HIVST kits, either at the facility or at home. Some of these use blood and others use saliva. Since there may be false-positive test results with HIVST, all positive test results need to be confirmed at a clinic using rapid tests, according to the national HIV testing algorithm.

Preventing HIV Acquisition

Family planning providers can help adolescents and women who are at risk for HIV stay negative. They can do this by sharing accurate information about HIV prevention measures, and by providing condoms, and access to pre- and post-exposure prophylaxis (PrEP and PEP) as needed (see details below).

Ways for women to **prevent** HIV acquisition:

- Use male or female condoms and lubricant correctly every time you have sex; this will prevent HIV and other STIs.
- Avoid unprotected sexual contact with partners who are living with HIV and those who do not know their HIV status; always use condoms and consider taking PrEP.
- Encourage partners to test for HIV.
- Know your partner's status and encourage them to start HIV treatment if they are HIV-positive.
- Take PrEP as prescribed (see the image of a sample pocket card below).
- Use sterile needles/syringes if injecting drugs.
- Women who have experienced sexual violence or abuse should be offered post-exposure prophylaxis (PEP) and emergency contraceptive pills (ECPs) in a supportive and non-judgmental environment (see Chapter 3 for details on ECPs).

Women who exchange unprotected sex for goods or money, have multiple sex partners, inject drugs, or have sex with men who inject drugs are at especially high risk for acquiring HIV. They should also be provided condoms and lubricants, and be offered PrEP or PEP, depending on the situation. It is important to remember that all family planning methods are safe (with the exception of spermicides) and effective for these women and should be initiated as soon as possible, if desired.

WHO CLINICAL PrEP ESSENTIALS

Indications for PrEP (by history in the past 6 months):

Sexual partner with HIV who has not been on effective therapy for entire 6 months, OR

Sexually active in a high HIV prevalence population AND any of the following:

- Any sex partner with one or more HIV risk factors, OR
- Any vaginal or anal intercourse without condoms with more than one partner, OR
- Any history of STI by lab testing or self-report or syndromic STI treatment, OR
- Any use of post-exposure prophylaxis (PEP).

Contraindications: Estimated creatinine clearance <60 cc/min OR HIV+.

Rx: FTC 200mg/tenofovir DF 300 mg PO qday #90, OR
Tenofovir DF 300 mg PO qday #90



#OfferPrEP

Counselling: Link tablet use with a daily routine.

If PrEP is stopped for more than 7 days, should retest for HIV before restarting.
Develop a plan for contraception or safer conception and for STI prevention.

Key efficacy messages:

When taken daily, PrEP is highly effective for preventing HIV infection.

Maximal protection after 7 daily doses for anal sex and after 20 daily doses for vaginal sex.

PrEP does not prevent GC/CT/syphilis/genital warts/HCV.

Side-effects:

1 in 10 may have GI side-effects (nausea/vomiting/abd pain); usually resolves by 1 month.

1 in 200 may have creatinine elevation (typically reversible if d/c PrEP).

1% average loss of bone mineral density; recovers after stopping PrEP.

Initial laboratory tests:

HIV ab, suggest Cr and HBsAg, check ALT if HBsAg+, check STIs.

Every 3m for 12m: HIV ab, suggest Cr and STIs, assess side-effects and adherence.

Every 12m after 1st 12m: HIV ab, suggest Cr, check STIs.

Special situations:

Pregnancy and breastfeeding: Consider higher HIV risks and PrEP benefits.

Hepatitis B sAg+/- HBV DNA or ALT to evaluate risk of flare if PrEP is stopped.

Exposure to HIV-infected fluids in the past 72 hours: Use PEP, then PrEP.

Acute viral syndrome: Send HIV RNA or Ag; consider a 3 drug regimen.

#OfferPrEP

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More information: <http://www.who.int/hiv/topics/prep/en/>

PrEP, or pre-exposure prophylaxis¹, is a pill that is taken every day by a person who is HIV-negative to prevent that person from being infected with HIV if or when they are exposed to the virus. PrEP is a combination of HIV medications, but it is not treatment for HIV. PrEP is safe and can be offered to adolescents and women living in high HIV burden areas or at high risk for HIV for other reasons. PrEP can safely be taken with all types of contraceptive methods, including hormonal methods, and is safe to use when breastfeeding. Additional information about PrEP can be found in Chapter 22 on pp. 332–333 (More About HIV) and on p. 337 (Avoiding Sexually Transmitted Infections).

PEP, or post-exposure prophylaxis, is an emergency method of preventing HIV infection. A person who is HIV-negative would need to take a four-week course of antiretroviral drugs (ARVs) starting very soon after – and never later than 72 hours after – that person may have been exposed to HIV. It is an emergency measure, rather than a regular method of preventing HIV transmission. It is a valuable preventative treatment for those seeking family planning services after experiencing sexual violence, forced or coerced sex, or after having unprotected sex (or condom failure) with someone living with HIV who is not virally suppressed through use of antiretroviral therapy (ART), or with someone whose HIV status is unknown. Like PrEP, PEP can safely be taken with all types of contraceptive methods, including hormonal methods, and is safe to use when breastfeeding.

Male Partner HIV Testing and Prevention Messages

It is important for all sexually active people to get tested for HIV and to learn the HIV status of their sexual partner(s). As a family planning provider, the clients may be mainly or exclusively women. But a woman's sexual partners can transmit HIV to her, and she can transmit HIV to her sexual partner(s). Partner testing benefits the male partner because he will learn his own HIV status. If he is found to be living with HIV, he can be referred for immediate HIV care and treatment. If he tests negative, he can take measures to remain negative.

1. Currently there are several new long acting HIV prevention options (including the dapivirine vaginal ring and the cabotegravir long acting injectable) and combination HIV prevention and contraceptive products which have either recently been shown to be effective or are under development. In the future, providing these option in contraception services could be acceptable for women and feasible. A programme of operational research is planned to understand how these new options could be provided safely to enable the greatest impact.

Referrals for the following services should be routinely offered:

Partner services: If an adolescent girl or woman tests positive, and she chooses to disclose her status to her partner, the provider can link couples to HIV services and counseling. This is done confidentially and is entirely voluntary. If the client does not wish to disclose her status to her partner, the provider can refer the case to trained HIV testing service personnel to help ensure confidential partner management services, which includes informing her sexual partners that they may have been exposed to HIV and offering them a test without disclosing the woman's identity. There are benefits to informing male partners about test results and encouraging them to get tested; however, this must always be voluntary.

HIV self-testing (HIVST): Male partners can also learn their status by using an HIVST kit. Some family planning clinics may provide HIVST kits for women to bring to their partners.

Couple testing: One way of encouraging male partner testing is by offering couples testing, in which both members of the couple are counseled and tested at the same time, which may make it easier for them to decide to share their results with each other. **Both members must agree to learn their own HIV status and also to have their HIV status disclosed to the other member.**

Other important messages about men and HIV transmission:

- If an adolescent boy or man is HIV-negative, he can stay HIV-negative by using condoms and lubricant consistently and correctly or by taking PrEP. His risk of HIV will be reduced if he has only one sexual partner and, if uncircumcised, he accesses voluntary medical male circumcision (VMMC).
- If an adolescent boy or man is living with HIV and taking antiretroviral therapy (ART), he will not transmit HIV to his HIV-negative partner as long as his HIV viral load is suppressed. The same is true if an adolescent girl or woman is living with HIV and taking ART, and her partner is HIV-negative.
- ART does not protect against other STIs. To reduce the risk of other STIs, partners should use condoms with lubricant.

Questions and Answers about Family Planning for Women at High Risk for HIV

1. Is it safe for women at high risk for HIV to use hormonal contraceptives?

Yes, all family planning methods, including hormonal methods, are considered safe to use for all women regardless of HIV risk, in the absence of any other medical or physiological contraindications. The only exception is the spermicide nonoxynol-9, which should not be used by women at high risk for HIV.²

2. What does a reactive (“positive”) HIV self-test result mean?

The HIV self-test (HIVST) is for screening only and does not provide a definitive HIV-positive diagnosis. An HIVST shows either **reactive** (“positive”) or **nonreactive** (“negative”) results. **A reactive (“positive”) HIVST result is not a positive HIV diagnosis.** Everyone with a reactive (“positive”) HIVST result needs additional testing by a trained provider in order to **diagnose HIV**, starting with the first test in the national testing algorithm. An invalid HIVST result needs to be repeated with another new HIVST kit. **Any person uncertain about their HIVST result should be encouraged to seek testing from a trained provider.**

3. What does a non-reactive (“negative”) HIV self-test result mean?

A non-reactive (“negative”) HIV self-test (HIVST) result can be considered to be a correct negative result. There is no need for immediate follow-up or further HIV testing (except for those taking pre-exposure prophylaxis [PrEP]). If the client is at high risk of acquiring HIV, they can take measures to remain HIV-negative (such as HIV risk-reduction counseling, PrEP screening, or taking PrEP). An invalid HIVST result needs to be repeated with another new HIVST kit. **Any person uncertain about their HIVST result should be encouraged to seek testing from a trained provider.**

2 Repeated and high-dose use of nonoxynol-9 spermicide has been found to be associated with increased risk of genital lesions, which may increase the risk of acquiring HIV (see Chapter 16, Question 3, p. 286). For this reason, the MEC category for spermicides and diaphragms is Category 4 (i.e. “Method not to be used”) for women who are at high risk of acquiring HIV (see Appendix D: Medical Eligibility Criteria for Contraceptive Use, p. 388 and p. 398).

4. Why are HIV self-tests useful?

Despite not giving a definitive positive diagnosis, HIV self-testing (HIVST) is an important screening tool and a good option for many people as it provides a convenient and confidential method of HIV testing. HIVST is an effective way to reach people who may not otherwise get tested for HIV, including adolescents and key populations.³

5. Is it safe to become pregnant on PrEP?

Yes. PrEP is a safe and effective way to prevent HIV when trying to conceive. Many HIV serodiscordant couples (where one partner is HIV-positive and the other is HIV-negative) desire pregnancy, and use of PrEP can be considered as a strategy for safer conception. Thus, clients at high risk of HIV acquisition who are trying to conceive should be offered PrEP for as long as needed, in order to prevent women from contracting HIV from their partner. PrEP does not prevent pregnancy or other STIs. (see Safer Conception for HIV Serodiscordant Couples, p. 333).

In sub-Saharan Africa, HIV infection can occur at high rates during pregnancy, and the risk of passing HIV on to a baby is higher if the mother contracts HIV while she is pregnant. PrEP is a safe and important option for preventing HIV among women in this situation.

6. Is it safe to take PrEP when pregnant or breastfeeding?

Yes. Taking PrEP is safe for women who are pregnant or breastfeeding. PrEP is a combination of antiretroviral medicines that may be taken by pregnant and breastfeeding women without any problems for the woman or her baby.

7. How long can a woman take PrEP?

Adolescents and women can safely take PrEP for as long as they are at risk for HIV. They should be tested for HIV every three months to make sure they are still HIV-negative while taking PrEP. If a person tests HIV-positive while taking PrEP, they should be referred to antiretroviral therapy (ART) services immediately.

³ Key populations are “defined groups who, due to specific higher-risk behaviours, are at increased risk of HIV irrespective of the epidemic type or local context”. For a more complete definition, see: Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations – 2016 update. Geneva: World Health Organization; 2016 (<https://apps.who.int/iris/bitstream/handle/10665/246200/9789241511124-eng.pdf>).

8. Does PrEP reduce the effectiveness of hormonal contraceptives?

No. PrEP does not affect the effectiveness of hormonal contraceptives, and hormonal contraceptives do not affect PrEP efficacy. This is because the drugs in PrEP do not change levels of hormonal contraceptives in the body. PrEP is safe to take with any method of contraception, and any method of contraception is safe to take with PrEP.

9. What does it mean to be in the “window period”?

The “window period” is a short period of time (usually less than three weeks) when a person has contracted HIV but has not yet developed an immune response (anti-HIV antibodies) to the virus. Since HIV tests detect anti-HIV antibodies, a standard HIV testing algorithm could indicate that a woman is negative during the “window period” when she is actually HIV-positive (she does have HIV in her body). If a woman has had a recent HIV exposure and she tests negative for HIV, she should get another test in two weeks to confirm her HIV status.

WHO Guidance Documents Used in Preparation of this Chapter

Actions for improved clinical and prevention services and choices: preventing HIV and other sexually transmitted infections among women and girls using contraceptive services in contexts with high HIV incidence. Geneva: World Health Organization; 2020 (<https://www.who.int/publications/i/item/actions-for-improved-clinical-and-prevention-services-and-choices-preventing-hiv-and-other-stis-among-women-and-girls-using-contraceptive-services>, accessed 12 November 2020).

Contraceptive eligibility for women at high risk of HIV: guidance statement: recommendations on contraceptive methods used by women at high risk of HIV. Geneva: World Health Organization; 2019 (<https://www.who.int/reproductivehealth/publications/contraceptive-eligibility-women-at-high-risk-of-HIV/en/>, accessed 12 November 2020).

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