Human rights and clinical ethics are the right framework to address the probable DMPA-HIV interaction: authors' response

We appreciate the comments¹ shared by Drs Covshoff, Sauer and Pittrof as a response to our article entitled 'Contraception and prevention of HIV transmission: a potential conflict of public health principles'.²

Importantly, through the application of different frameworks, we came to a common conclusion: even if a contraceptive method increased HIV transmission risk, restrictions on the use of that contraceptive should not be imposed. Contraceptive choice should remain with the individual woman, in consultation with her health care provider.

A limitation with human rights and clinical ethics approaches is that there is no way to adjudicate among competing issues as, in our case, the same principle can suggest directly contrary actions and policies. Thus, principlism cannot guide action.³ The human rights framework emphasises the point that women have the fundamental right to both HIV prevention and family planning, a point with which we agree. What the human rights perspective does not do is to help policymakers figure out what to do when two human rights claims directly compete with one another.

While our viewpoint certainly isn't the only public health perspective, what we tried to provide was a mechanism by which policymakers can determine how to weigh and balance these competing claims and come up with a set of policies that are woman-centered and satisfy other important principles of public health such as fairness, accountability and transparency.

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