



Quaife, M., Terris-Prestholt, F., & Vickerman, P. (2017). The promise of multipurpose pregnancy, STI, and HIV prevention. *Lancet Infectious Diseases*, 17(1), 21-22. [https://doi.org/10.1016/S1473-3099\(16\)30550-3](https://doi.org/10.1016/S1473-3099(16)30550-3)

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[10.1016/S1473-3099\(16\)30550-3](https://doi.org/10.1016/S1473-3099(16)30550-3)

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Better together? The promise of multipurpose prevention against sexually transmitted infections, unwanted pregnancy, and HIV

A recent editorial in *The Lancet Infectious Diseases* “Time to take sexually transmitted infections (STIs) seriously” is right to point out the neglect in funding and focus that STIs receive.[1] Far greater financial and clinical engagement is needed to reduce the disease burden caused by STIs globally, but we argue that a vertical focus will not be an optimal use of limited resources. Instead, we encourage an integrated approach to preventing the triumvirate of sexual and reproductive health (SRH) issues facing millions of women, particularly in lower- and middle-income countries: STIs, HIV and unwanted pregnancy.

An opportunity to increase overall protection to these SRH threats – by exploiting synergies in demand for protection – is emerging with the development of multipurpose prevention technologies (MPTs) which offer HIV, STI and pregnancy prevention. Firstly, women with a strong desire for contraceptive protection, but weaker (still positive) demand for STI protective protection, could be conferred additional STI protection through use of an MPT. Furthermore, research by our group indicates that products offering more than one indication will be more much attractive to potential users than single purpose products.[2]

Secondly, low levels of adherence among high-risk younger women in HIV pre-exposure prophylaxis trials have raised concerns that current products are not meeting people’s needs.[3] Indeed, there is an increasing realisation that multiple prevention options are needed to fit into the varied and challenging lifestyles of potential users. Importantly, products offering multipurpose protection have been shown to be desirable to potential users, and estimates from a discrete choice experiment suggest uptake could be increased three fold among South African women through incorporating STI and pregnancy protection.[4]

MPTs are becoming closer to reality. Products in development include 1) chemical barriers such as intravaginal rings or injectable products, 2) physical barriers such as new condoms or cervical caps, or 3) a combination of chemical and physical barriers such as a diaphragm used with microbicide gel. A vaginal ring is currently undergoing phase-I clinical trials with others soon to follow, whilst co-administration of contraceptive and HIV prevention products is also under consideration.[5]

It certainly is time to take STIs seriously. Yet investments in attractive multipurpose products which meet a range of SRH needs could have more impact than vertical spending on STIs. Combined with existing SRH infrastructures, the whole of multipurpose prevention could be much greater than the sum of its parts.

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Funding and conflict of interest

We declare no conflicts of interest. MQ is funded by the Economic and Social Research Council.