AVAC
25 Years and Counting

Advocates' Guide to Multipurpose Prevention Technologies (MPTs)

What are MPTs?

Multipurpose prevention technologies (MPTs) are products designed to simultaneously address more than one sexual and reproductive health (SRH) concern. Male and female condoms—which protect against pregnancy as well as HIV and other sexually transmitted infections (STIs)—are great examples of MPTs that already exist. Many others are in development.

AT A GLANCE: THE MPT R&D PIPELINE

Status of products in development

HIV + other STIs	HIV + other STIs + Contraception	HIV + Contraception	Contraception + other STIs
10	4	11	3

Adapted from: *The Initiative for MPTs (IMPT) Product Development Database; Treatment Action Group (TAG) 2020 Pipeline Report.*

Why are MPTs needed?

For decades, women, especially young women, have asked for discreet products they can control and that address multiple SRH needs, underscoring the urgency for women-centered options. Men who have sex with men (MSM) and transgender individuals have also advocated for products that simultaneously prevent multiple STIs, including HIV. Effective, affordable and widely accessible MPTs would save lives and money, improving the health of communities around the globe.

Several MPTs are being developed as co-formulations (multiple drugs combined into one product) or co-packaged products (two products administered together). MPT products in development include oral pills, vaginal rings, vaginal films, intra-uterine devices (IUDs), implants, inserts and gels. While there are many MPT candidates in the pipeline, most are still in early stages.

Historically, women-centered products have not been an investment or research priority unless pushed by advocates. Coalitions such as CASPR are working to address this. Advocacy is crucial to mobilize resources and broad support through all stages of MPT research and development (R&D) and to ensure access to products as they become available.

Which products are furthest along in development?

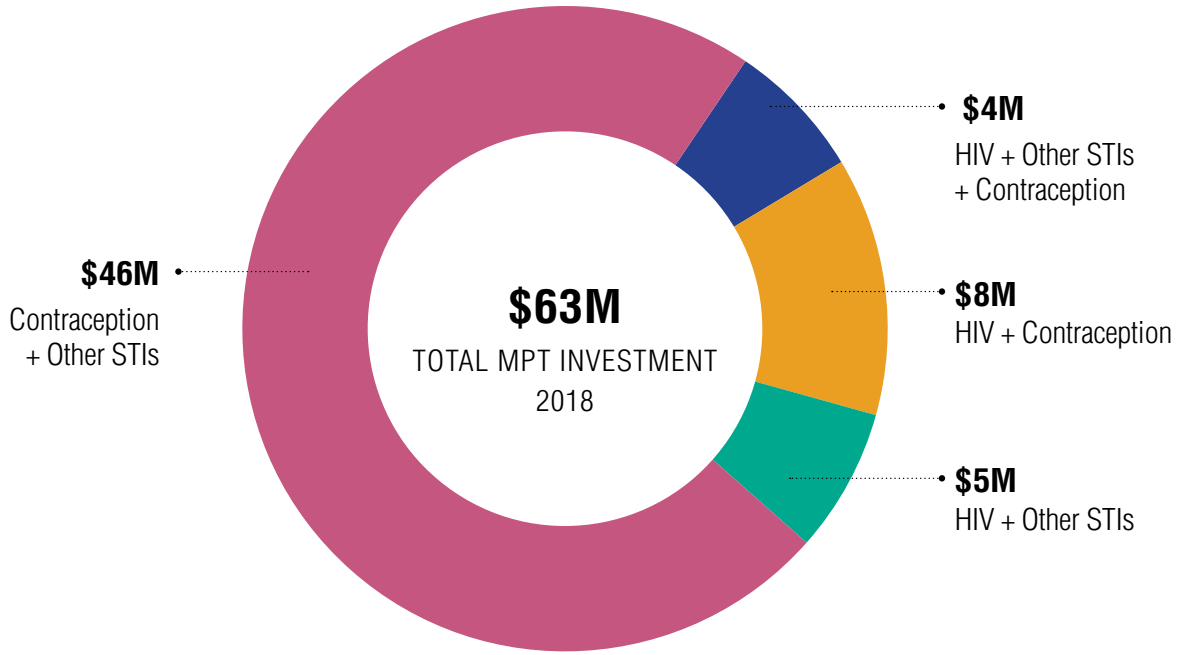
- **A Dual Prevention Pill is in advanced development.** As oral PrEP is rolled out and scaled up, a Dual Prevention Pill (DPP) for HIV and pregnancy prevention could be a familiar and desirable choice for women seeking an option that will meet multiple needs. The DPP is the MPT most likely to be available first, pending regulatory approval (see *At a Glance* graphic above). Because it combines two products previously approved by regulators, testing safety and efficacy can happen more quickly, shortening the time from research to rollout. As planning moves forward around how, where and to whom the DPP is introduced, advocacy must ensure that the rollout of DPP meets the needs of young women where HIV incidence and unintended pregnancies are high. The DPP's developers have prioritized Kenya, South Africa and Zimbabwe for early introduction. For more information, see *www.prepwatch.org/dpp*.

- **What's next for the Dapivirine Vaginal Ring, and why it matters.** The European Medicines Agency (EMA) delivered a positive scientific opinion on the Dapivirine Vaginal Ring (DVR) at the end of July 2020—recommending it as an additional HIV prevention option for cisgender women age 18 and older. The WHO added the DVR to its prequalification list of medicines in November 2020, and in January 2021, it recommended that the DVR be offered "as an additional prevention choice for women at substantial risk of HIV infection" as part of combination prevention. WHO prequalification indicates a medicine meets global standards for quality, safety and efficacy. Along with the EMA opinion, prequalification also facilitates national-level regulatory review and guideline development. National regulatory authorities in Kenya, Malawi, Rwanda, South Africa, Tanzania, Uganda, Zambia and Zimbabwe will consider approval first. These countries hosted DVR studies, are interested in rolling out the ring and have a high public health need.

  The International Partnership for Microbicides (IPM)—the developer of the ring—is expecting a decision from the US Food and Drug Administration (FDA) on its application for the ring by the end of 2021. Although the DVR is not an MPT in its current form, a number of MPT vaginal rings are currently in development, including a combined dapivirine/levonorgestrel ring. Successful introduction of the DVR can pave the way for these ring-based MPTs to move forward. As countries prepare for ring introduction, women—and especially young women and former trial participants—can play a leading role in setting priorities. Advocates can apply pressure to secure resources and build political commitment for the ring. Check out this full list of actions.

INVESTMENT BY MPT INTERVENTION, 2018

(USD Millions)



*2019 data is not yet fully available; graphic will be updated when possible

Source: *Resource Tracking for HIV Prevention R&D Working Group, 2018 Report; The Initiative for MPTs (IMPT)*

What is the status of MPT investment?

According to data gathered by the *Resource Tracking for HIV Prevention R&D Working Group*, funding for MPT R&D rose to approximately US$63 million in 2018, the highest value observed since MPT resource tracking began in 2013. The private sector accounted for over 65 percent of all global MPT investment, followed by the public sector (22 percent) and the philanthropic sector (one percent). Most public sector funding originated from the US-based NIH and USAID (97 percent), with smaller investments from France and Canada. There is a strong investment case to be made for MPTs, as they address multiple epidemics at once. But products with potential will only move forward if funding is sustained through all phases of the research continuum.

What do advocates need to know and what can they do?

1 Researchers should get insights from eventual product users throughout the R&D process. MPTs are more likely to be accepted by the people who need them (known as "end users") if their preferences, needs and motivations—in addition to efficacy data—inform product development. For example, input from women on product shape, size, color and other attributes can increase acceptability of future products.

ACTION MPT design should be based on input from end users to ensure that products work for them. Advocates should ask researchers for detailed plans on how user perspectives are being included as part of the research process.

2 Integration of HIV services with family planning (FP) is essential for the delivery of MPTs in the future. MPTs that address family planning (FP), HIV and other STIs, will be delivered most effectively where services can be integrated. Integration will streamline care for women seeking multiple services. Providers can be trained in FP, HIV and STI counseling, and services can quickly incorporate MPTs when they become available. A WHO/UNAIDS policy brief released in June 2020 outlined approaches to integrating services and rolling out MPTs, and recent research in Kenya and Zimbabwe conducted under the HIV Prevention Market Manager is also instructive. Implementers and advocates should prioritize approaches to integration that include behavioral and structural interventions (e.g., policy reform, community norms-changing, economic empowerment) to reach those with multiple prevention needs. With the introduction ofnew MPTs on the horizon, the time to integrate services and health systems is now.

ACTION Advocate to scale up programs that integrate FP, HIV and other STIs services now, pushing Ministries of Health, funders and program implementers to prioritize models of integration that will address the immediate needs of the population and support future MPT introduction and access. Now is the time to engage with country-level mechanisms (like technical working groups) to demand woman-centered policies and address structural drivers—such as gender-based violence and restrictive age of consent laws—that undermine women's health.

3 Demand research targets to support MPTs. In the HIV response, global targets have neglected research. Research targets must promote method mix and push the development and introduction of new MPT technologies. These targets should be specific and time-bound (e.g. one new dual-prevention product introduced in at least three countries within 12 months of licensure).

ACTION Advocates can urge the World Health Organization (WHO), FP2020, UNFPA and UNAIDS to introduce targets for moving products through trials and into programs, and can use these targets to hold national and local governments accountable.

4 MPTs that prevent HIV and other STIs are important for people who engage in anal sex. Often, MPTs are thought of as methods that prevent HIV and pregnancy for cisgender women. But there are also MPTs in the pipeline that can be used to prevent HIV and other STIs among people who practice anal sex, including cisgender women, gay, bisexual and other MSM and transgender men and women.

ACTION Advocates should continue to press for resources to support a diverse pipeline of interventions—including vaginal and rectal products—that prevent STIs, HIV and pregnancy to meet the needs of all individuals.

More information on MPTs is available at www.avac.org/mpt. For additional resources and background on the MPT pipeline, please refer to www.avac.org/mpt-factsheet and The Initiative for MPTs (IMPT) at theimpt.org. Founded in 2009, the IMPT is a global learning network that fosters an enabling environment for the successful advancement of MPTs. The IMPT is a project of CAMI Health, a social impact organization housed at the Public Health Institute.

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AVAC is a non-profit organization that uses education, policy analysis, advocacy and a network of global collaborations to accelerate the ethical development and global delivery of new HIV prevention options as part of a comprehensive response to the pandemic.