

From Then to Now: **The Evolution of Antiretroviral Policy and Access**

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TREAT Asia, amfAR – The Foundation for AIDS Research

Thailand

Antiretrovirals to treat HIV

1987: Zidovudine
(azidothymidine; AZT) approved
by the US Food and Drug
Administration (FDA) as the first
medication to treat HIV

More than \$10,000 per person per
year and only available in high-
income countries



Source: NMAH

Antiretrovirals and HIV treatment policy

The New York Times

Indian Company Offers to Supply AIDS Drugs at Low Cost in Africa

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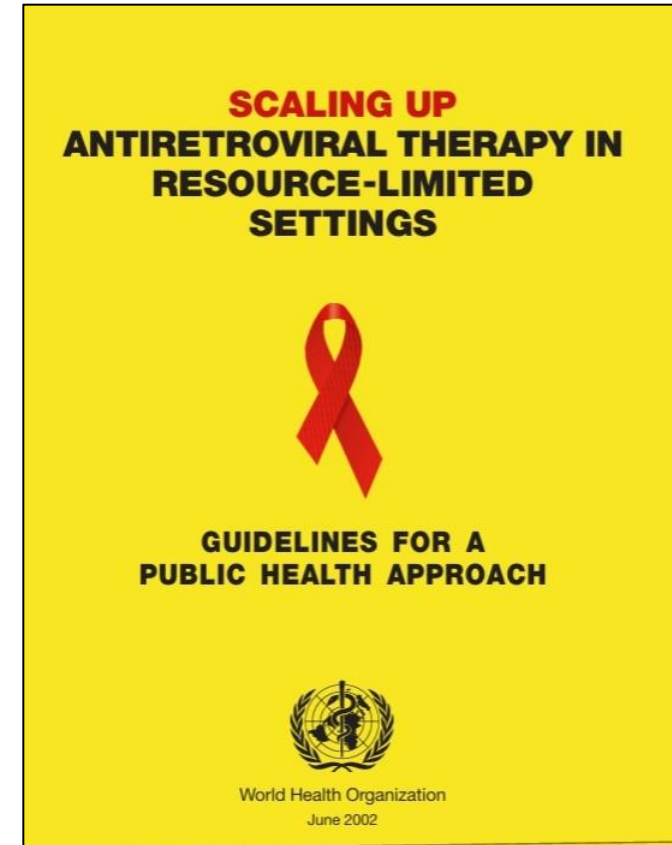


By Donald G. McNeil Jr.

Feb. 7, 2001

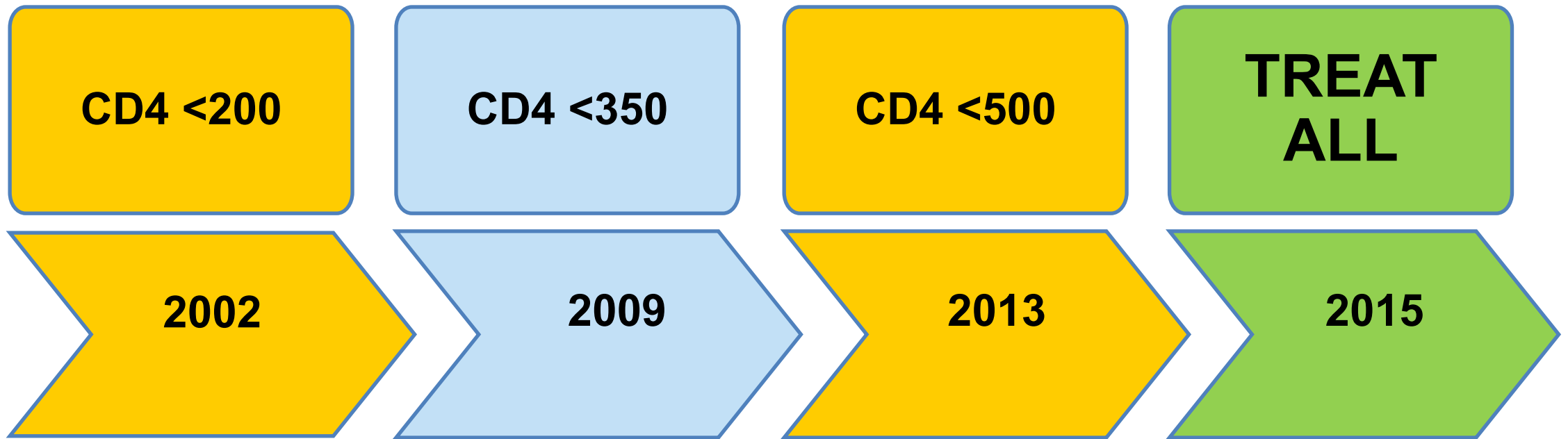


2001: First generic fixed-dose ARV



2002: First WHO HIV treatment guideline

WHO policy changes for HIV treatment initiation



How far have we come?



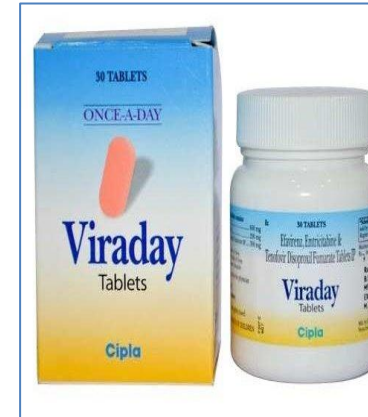
March 2001

d4T/3TC/NVP
**1 USD a day,
350 USD pppy**



Dec 2009

d4T/3TC/NVP
80 USD pppy



Jan 2010

AZT/3TC/NVP
137 USD pppy



Jan 2010

TDF/FTC/EFV
219 USD pppy

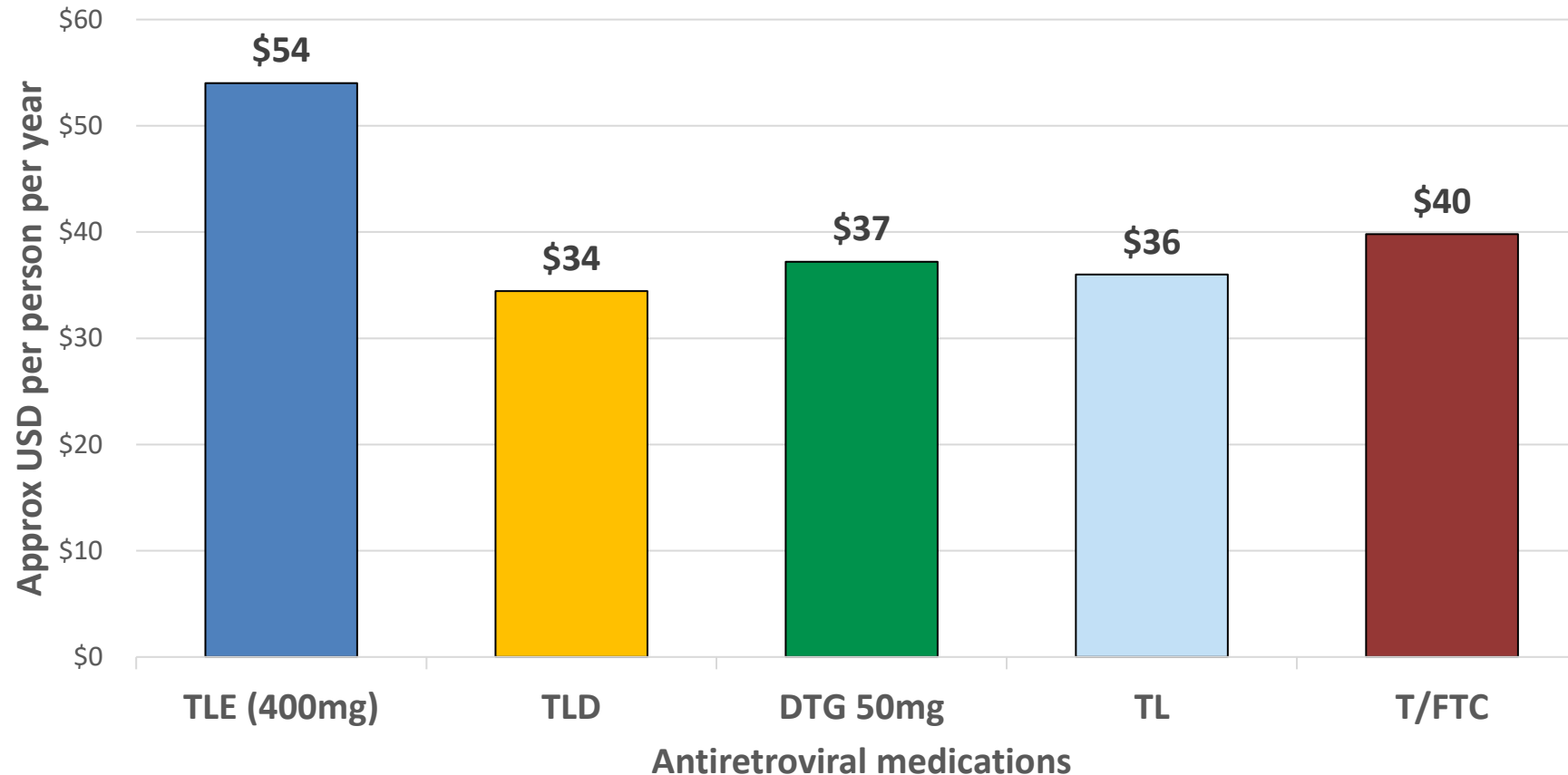
Dec 2019

TDF/3TC/DTG
34 USD pppy*

pppy: per person, per year; *Global Fund procurement

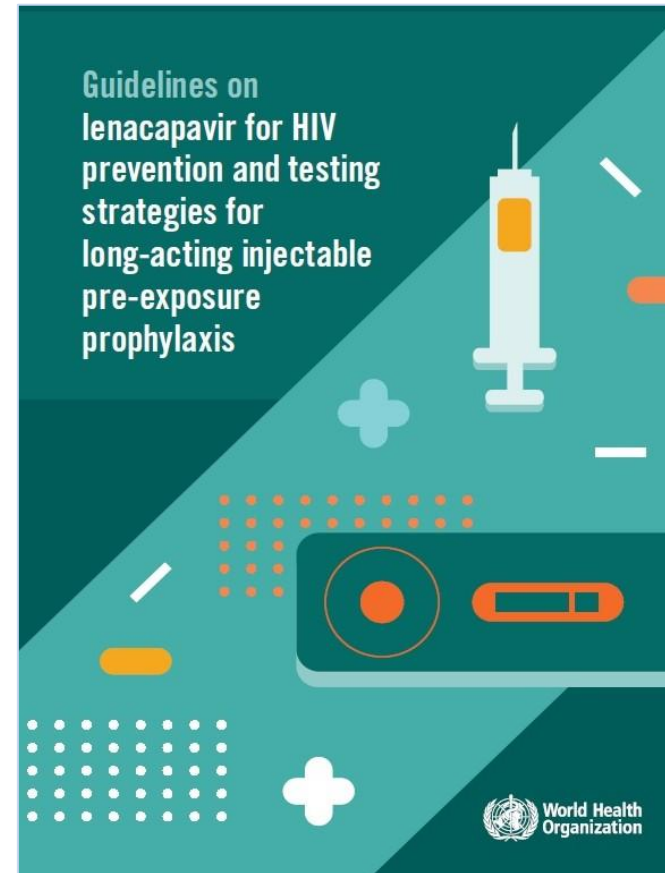
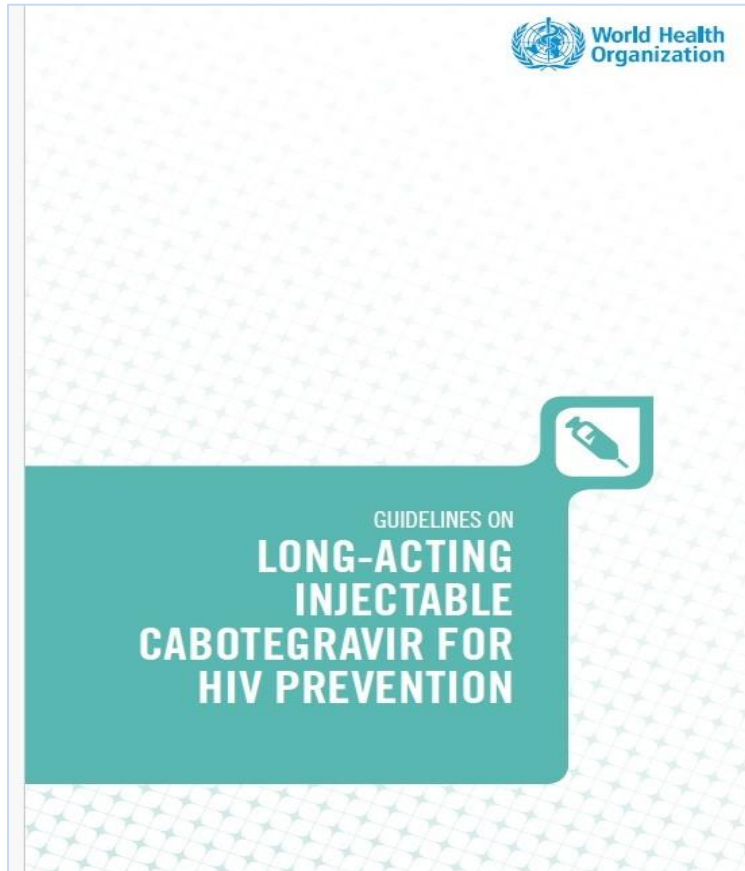
Antiretroviral price comparisons

Global Fund pricing, October 2025



TLE (400mg): Tenofovir/lamivudine/efavirenz 400mg
TLD: Tenofovir/lamivudine/dolutegravir; DTG: Dolutegravir
TL: Tenofovir/lamivudine; T/FTC: Tenofovir/emtricitabine

Evolving policy on long-acting antiretrovirals



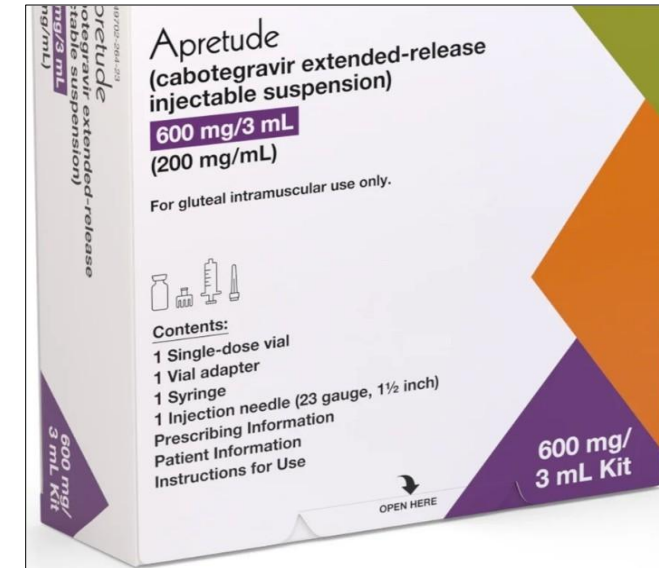
Long-acting antiretrovirals for HIV prevention

2022: Cabotegravir voluntary license between ViiV Healthcare and the Medicines Patent Pool

- Three Indian sub-licensees (Aurobindo, Cipla, Viatris)

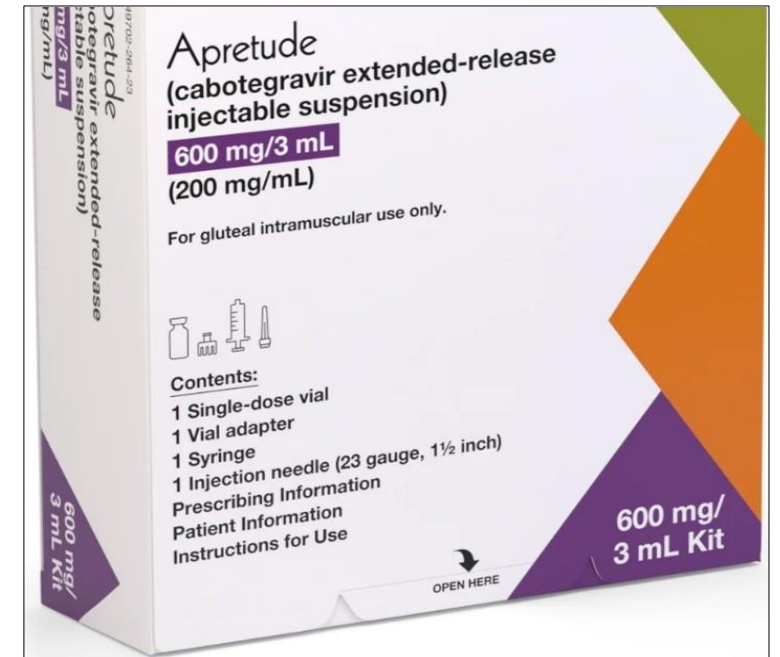
2024: Lenacapavir voluntary license between Gilead and 6 companies

- Four Indian licensees, 1 each from Pakistan and Egypt (Dr. Reddy's, Emcure, Hetero, Mylan, Ferozsons, Eva)



Long-acting cabotegravir

Country	Regulatory status
China	Approved (2024)
Malaysia	Approved (2023)
Myanmar	Approved (2024)
Philippines	Approved (2023)
Thailand	Approved (2024)
Vietnam	Dossier submitted and under review
Cambodia	Utilized under Global Fund supported project in Grant Cycle 7



Long-acting cabotegravir: Access and pricing

ViiV Healthcare not-for-profit pricing

- Reduced from £24.70 in 2023 to £20.30 per dose in 2025
- Applicable to multi-vial packs (25 doses) procured for public or donor-funded programs in low-income, least-developed countries, and sub-Saharan Africa

Commercial market pricing in Thailand

Dose/Type	Cost (THB)*	Cost (USD)
Oral 1 month	10,200	\$316
Injection per dose	14,900	\$463
7 injections over one year	104,300	\$3239

* May vary depending on clinic

Lenacapavir

- Global Fund agreement with Gilead Sciences
 - 9 countries as early adopters for 2 million doses over 3 years
 - US government announced to support access in high HIV burden countries
 - One country from the Asia-Pacific included (Philippines)
- Gilead included Thailand, Philippines and Vietnam as priority countries for product registration
- Indian generic companies committed \$40 per person per year
 - Registration dossier filed
- Upper-middle-income countries e.g. Malaysia excluded from voluntary license



Summary

- Antiretroviral medicines have evolved, so has policies
- Costs of antiretrovirals are falling and policies becoming more inclusive
- Long-acting technology offers a critical opportunity to control new infections
- Asia-Pacific largely absent in both policy uptake and implementation of long-acting technology
- Commercial market pricing is expensive and inaccessible in the absence of public programs

Future considerations

- Access to quality assured, affordable generic long-acting products essential
- Support to advocating for regulatory approval in India critical to access in other countries
- Advocate for:
 - Updating of national HIV policies to include long-acting technology
 - Fast tracking registration of long-acting products from innovator and generics
- More products like MK-8527 in pipeline- ***How can we be more prepared?***
- ***Let's also not forget*** 33% of people living with HIV are not accessing treatment in Asia –Pacific. ***Will long-acting technology be an answer to fill the gap?***