Why PrEP Matters:

Regional Realities, Prevention Crisis, and the Need for Equitable Access to PrEP Options

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Regional Realities – Prevention Crisis

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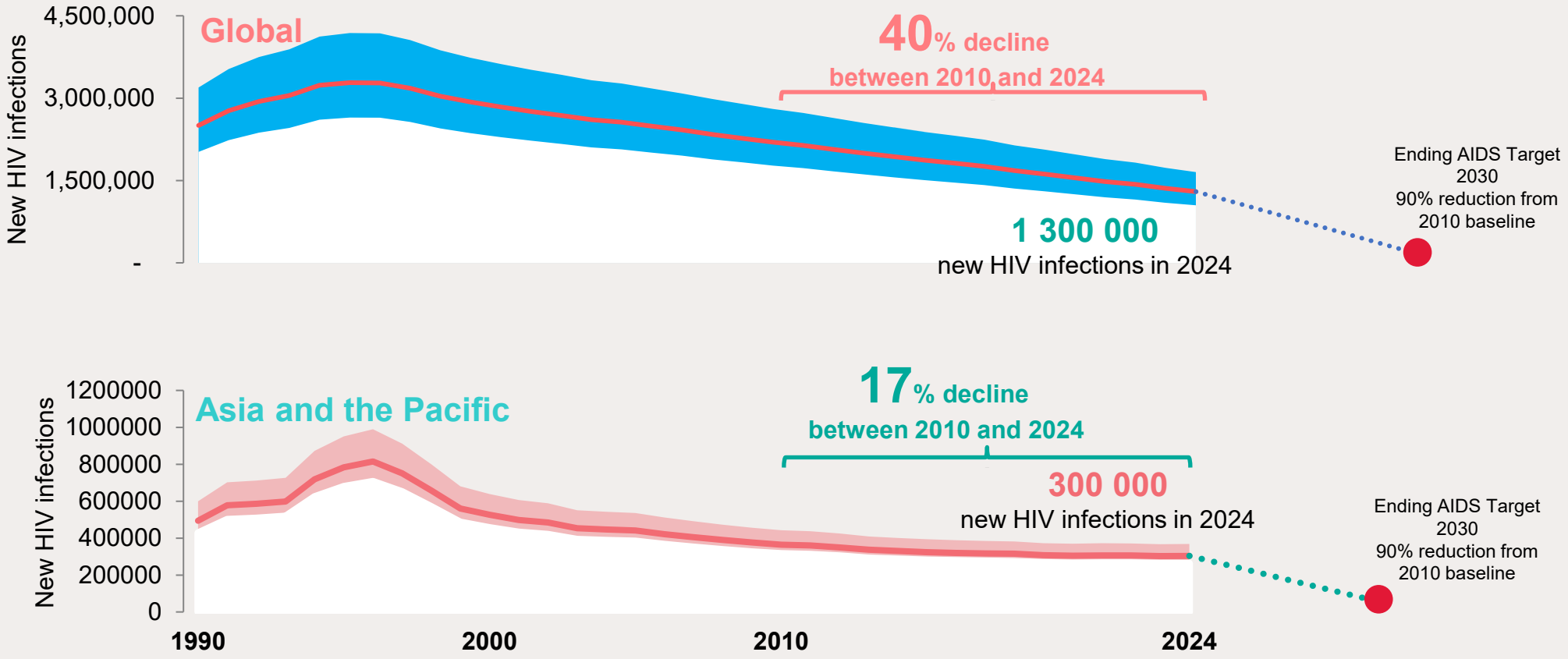
Stalled decline in new HIV infections signals a *Prevention Crisis*

Percentage change in number of new HIV infections between 2010 and 2024



Source: AIDS Info, UNAIDS
(https://aidsinfo.unaids.org/)

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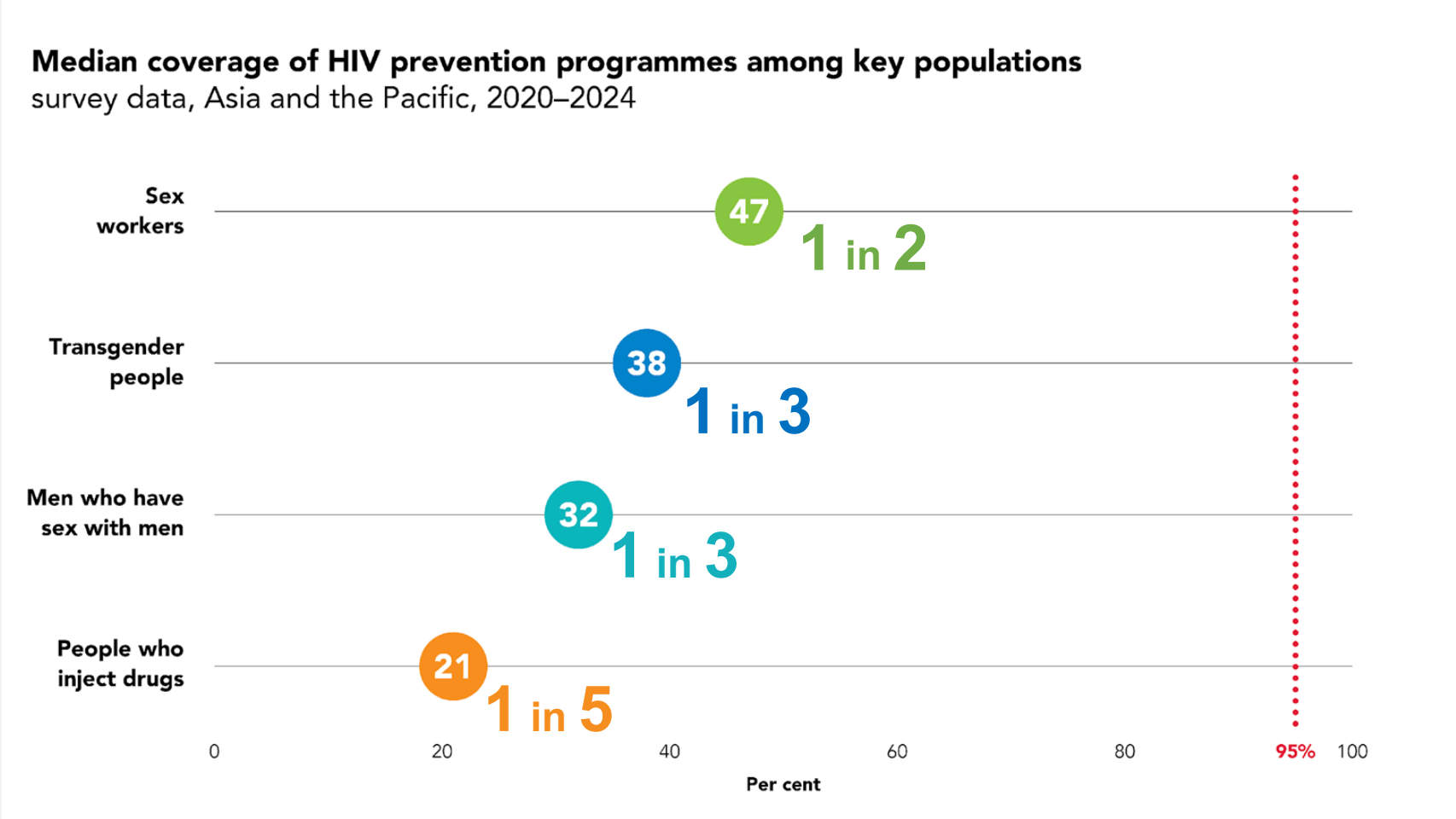
Persistent Barriers + Unequal Access = HIV Prevention Failure



Note: Regional median calculated based on 11 reporting countries for sex workers, 7 for gay men and other men who have sex with men, 5 for transgender people and 6 for people who inject drugs.

Sources: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring 2025

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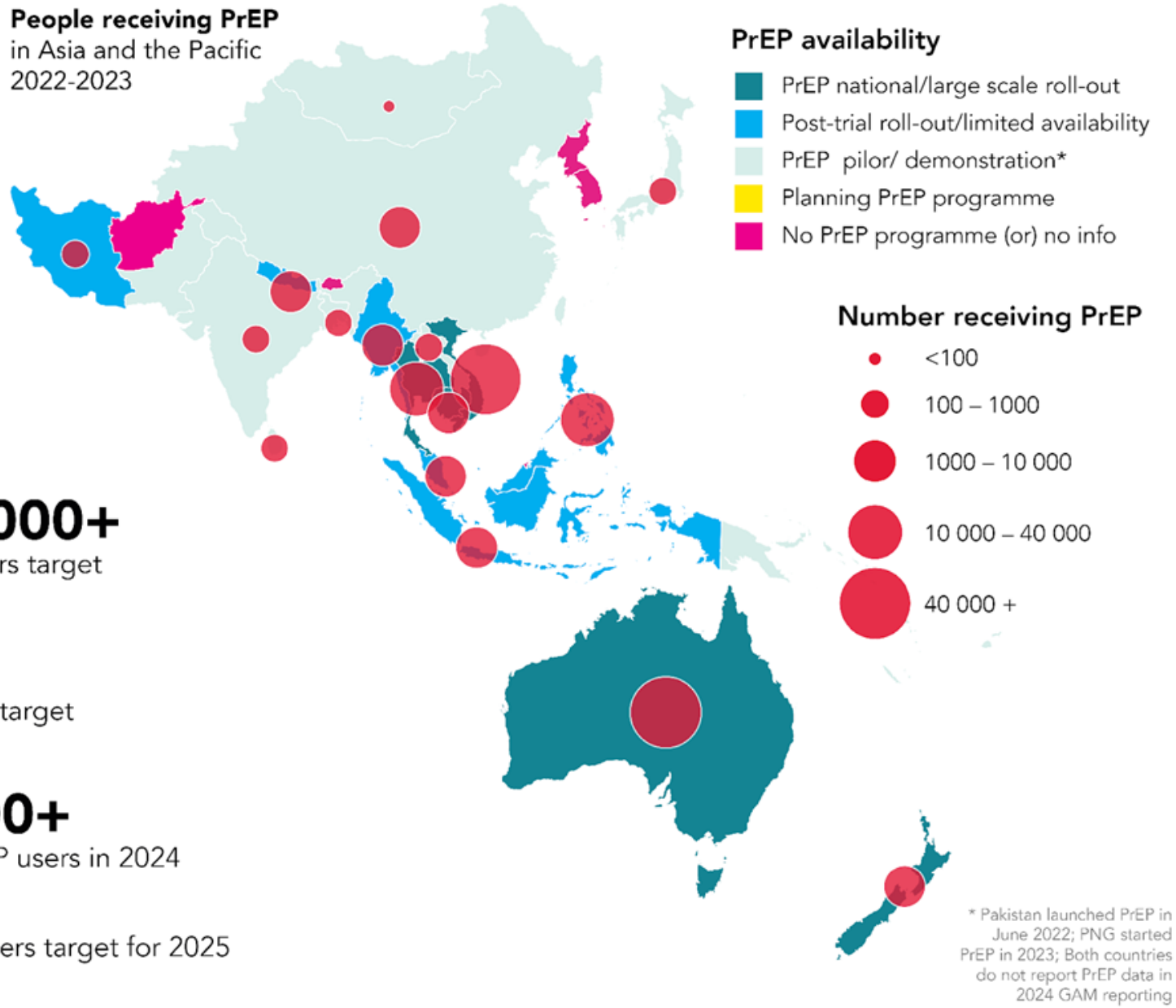
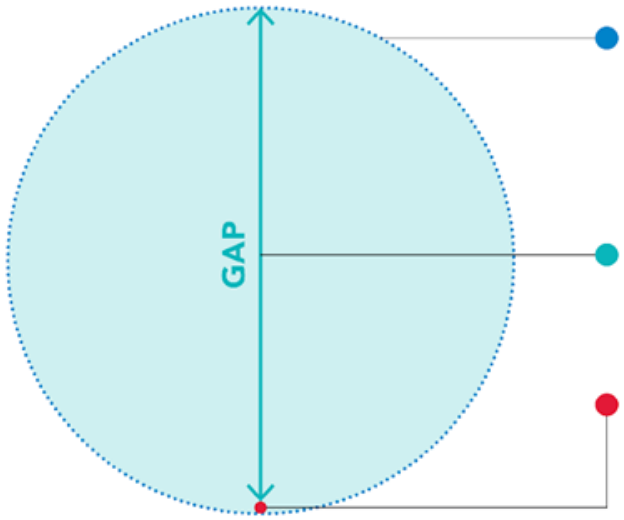
PrEP uptake too slow—epidemic outpaces prevention

People receiving PrEP
in Asia and the Pacific
2022-2023



* Pakistan launched PrEP in June 2022; PNG started PrEP in 2023; Both countries do not report PrEP data in 2024 GAM reporting

PrEP target and Gap



8 200 000+
2025 PrEP users target

97,6%
to reach 2025 target

195 000+
estimated PrEP users in 2024

2,4%
of the 8.2M users target for 2025

Source: Prepared by www.aidsdatahub.org based on Global AIDS Monitoring 2025

Pre-Exposure Prophylaxis (PrEP)

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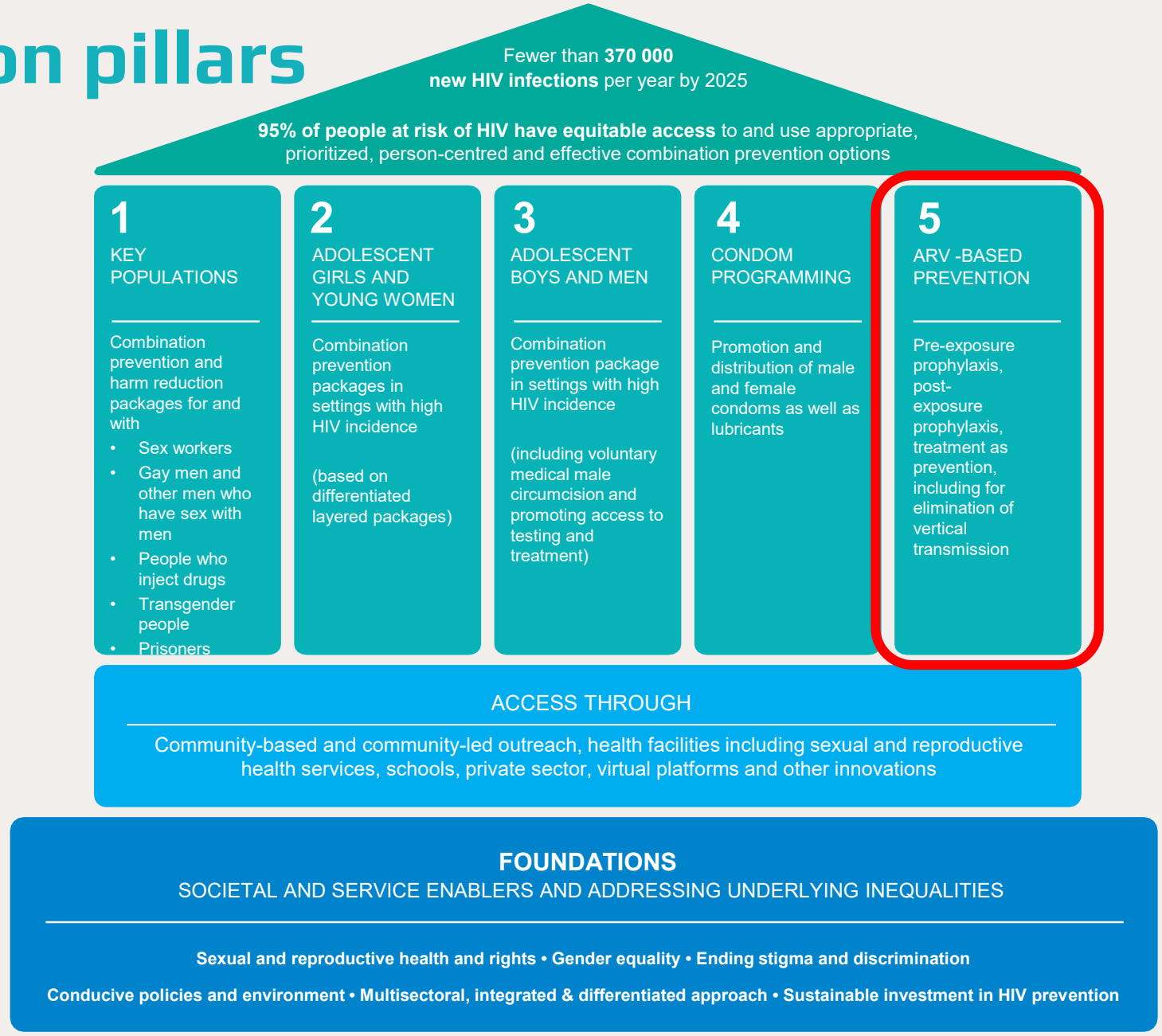
Prevention pillars



Source: HIV Prevention Roadmap, 2025, Global HIV Prevention Coalition

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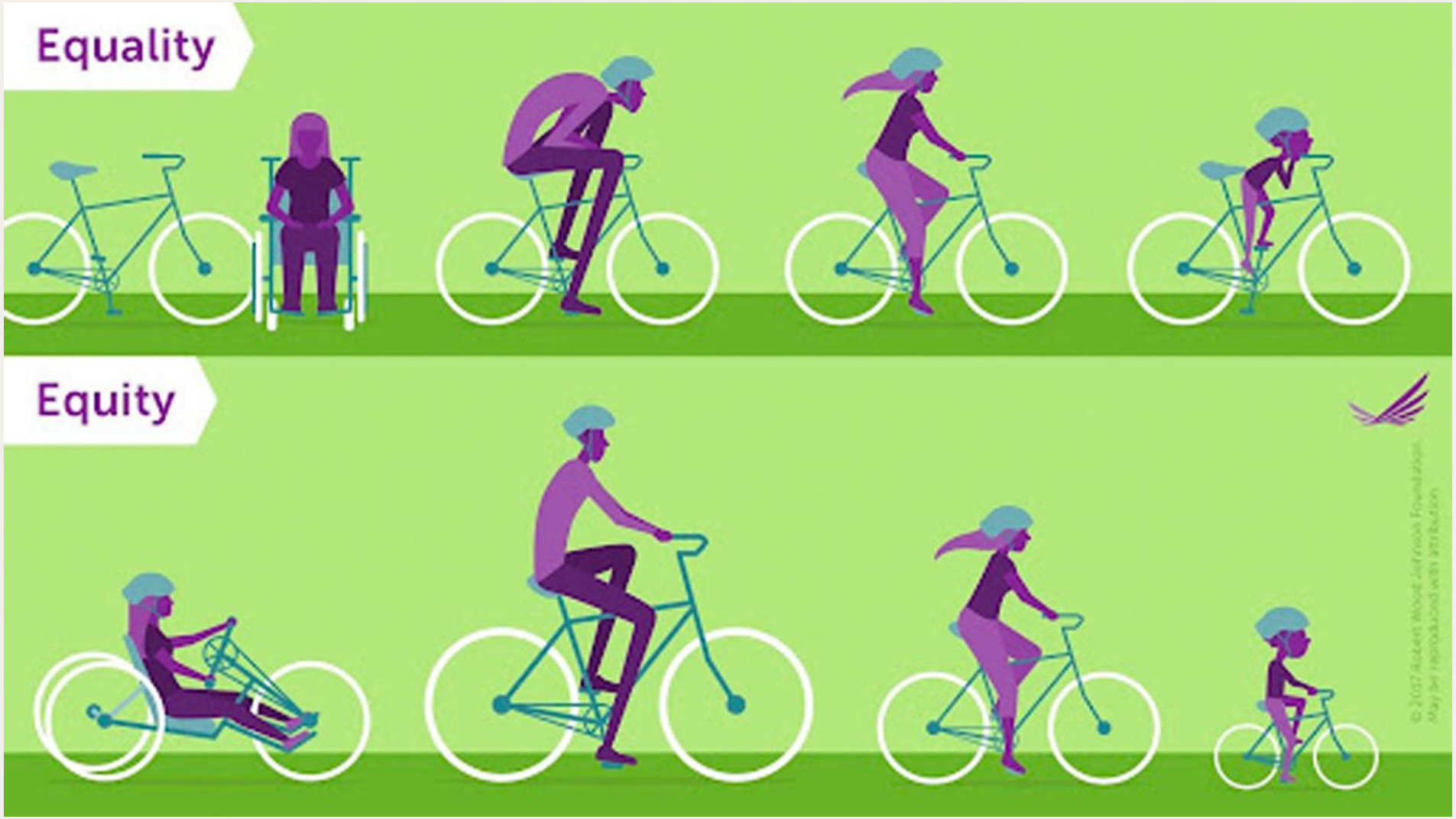
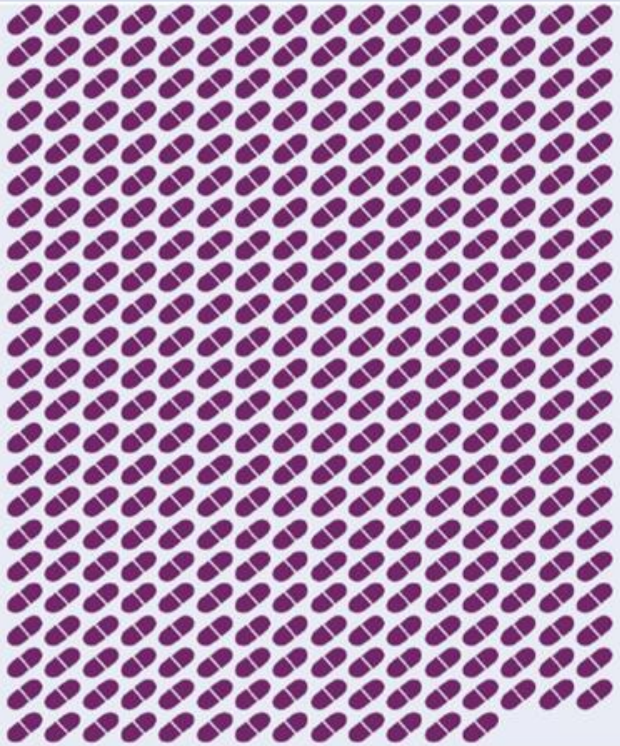
Equity and options



Credit - Image source: https://millennialcities.com/

PrEP options

	Tenofovir-based (FTC + TDF or TAF)	Dapivirine (DVR)	Cabotegravir (CAB)	Lenacapavir (LEN)
PrEP Dosing for One Year of Protection	One pill every day for all populations (with possibility of event-driven dosing of 2-1-1 for some)	One ring every month	First injection followed by a second one month later, then every 2 months	First injection along with two oral tablets, followed by two more tablets on day 2 and then injections every 6 months
			Day 1: 1 month: 3 month: 5 month: 7 month: 9 month: 11 month:	Day 1: Day 2: 6 month:

Lenacapavir – game changing prevention option if access and affordability are ensured

Evidence based efficacy

PURPOSE I trial: 100% compared to oral PrEP and background HIV incidence

PURPOSE II trial: 96% compared to background HIV incidence

89% effective compared to oral PrEP

Twice yearly injection

- **Long-acting protection**
- **Discreet**
- **Adress adherence challenges**

Public health impact

2M person-years on LEN → **~50,000 infections averted**
6M person-years on LEN → **~100,000 infections averted**
5% coverage → **20–35% reduction**
20% coverage on LEN → **up to 50% reduction**

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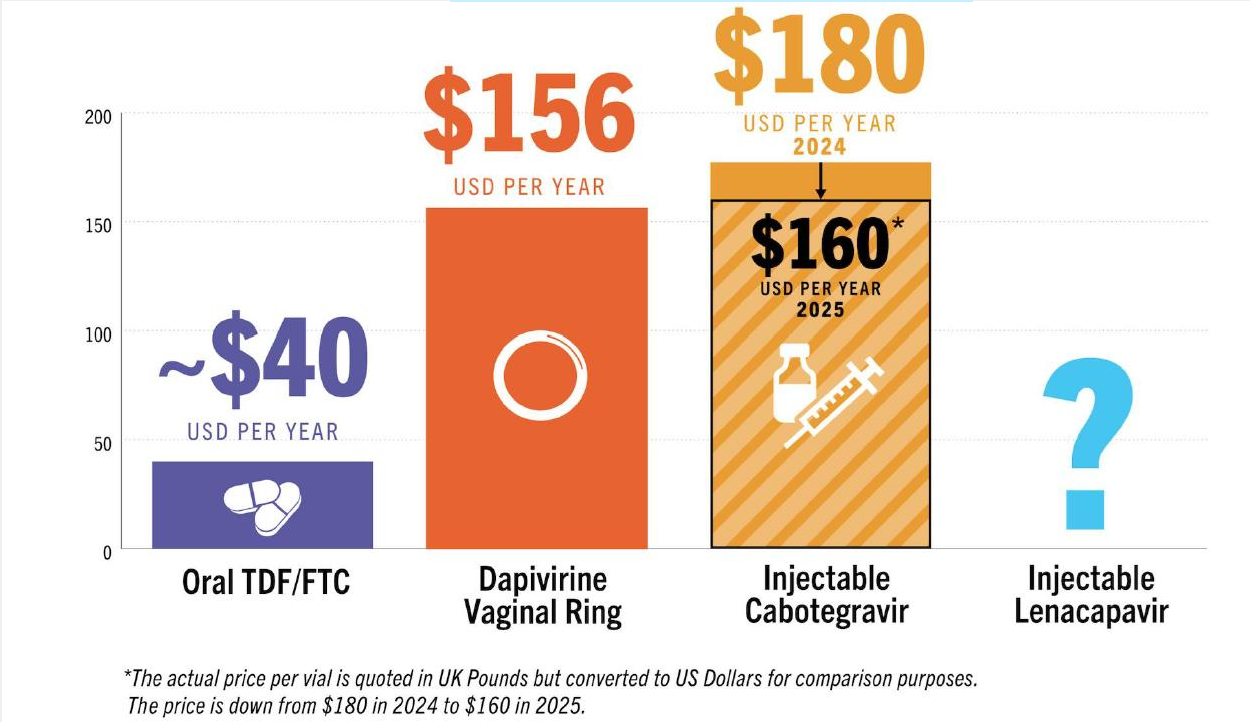
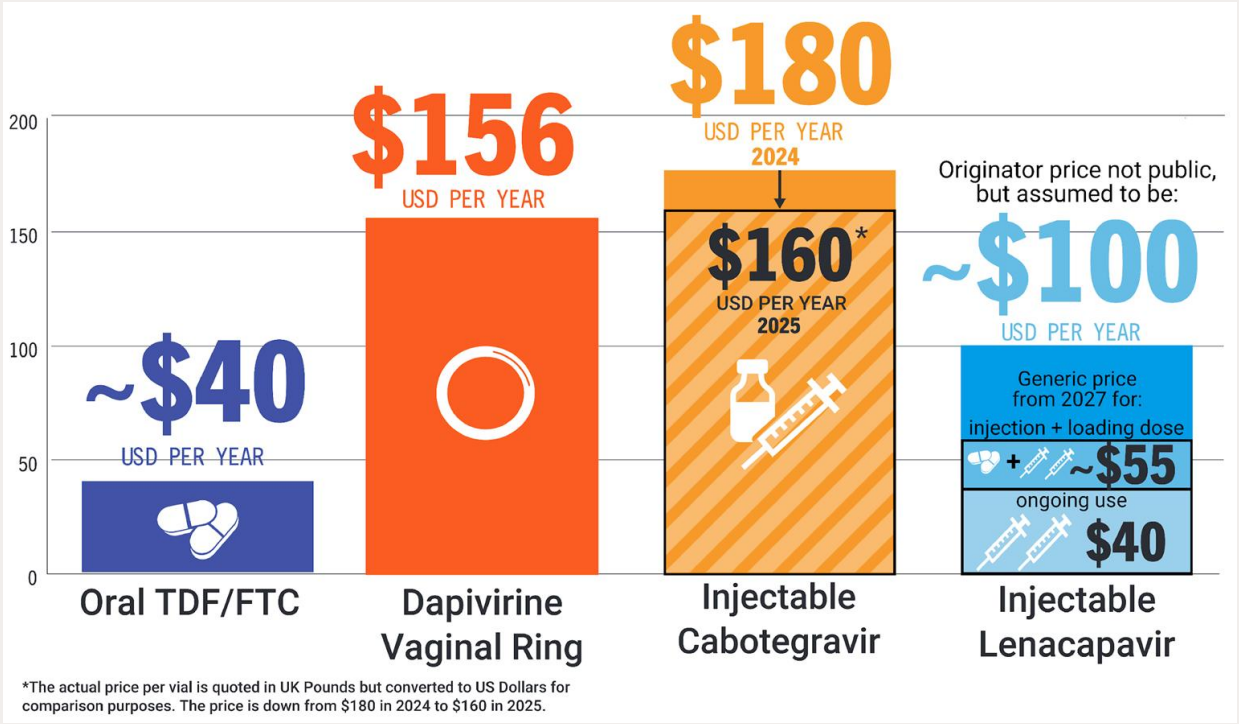
PrEP price comparison for LMIC – per person per year

Early 2025



October 2025



Source: AVAC;
https://avac.org/resource/infographic/prep-price-comparison/

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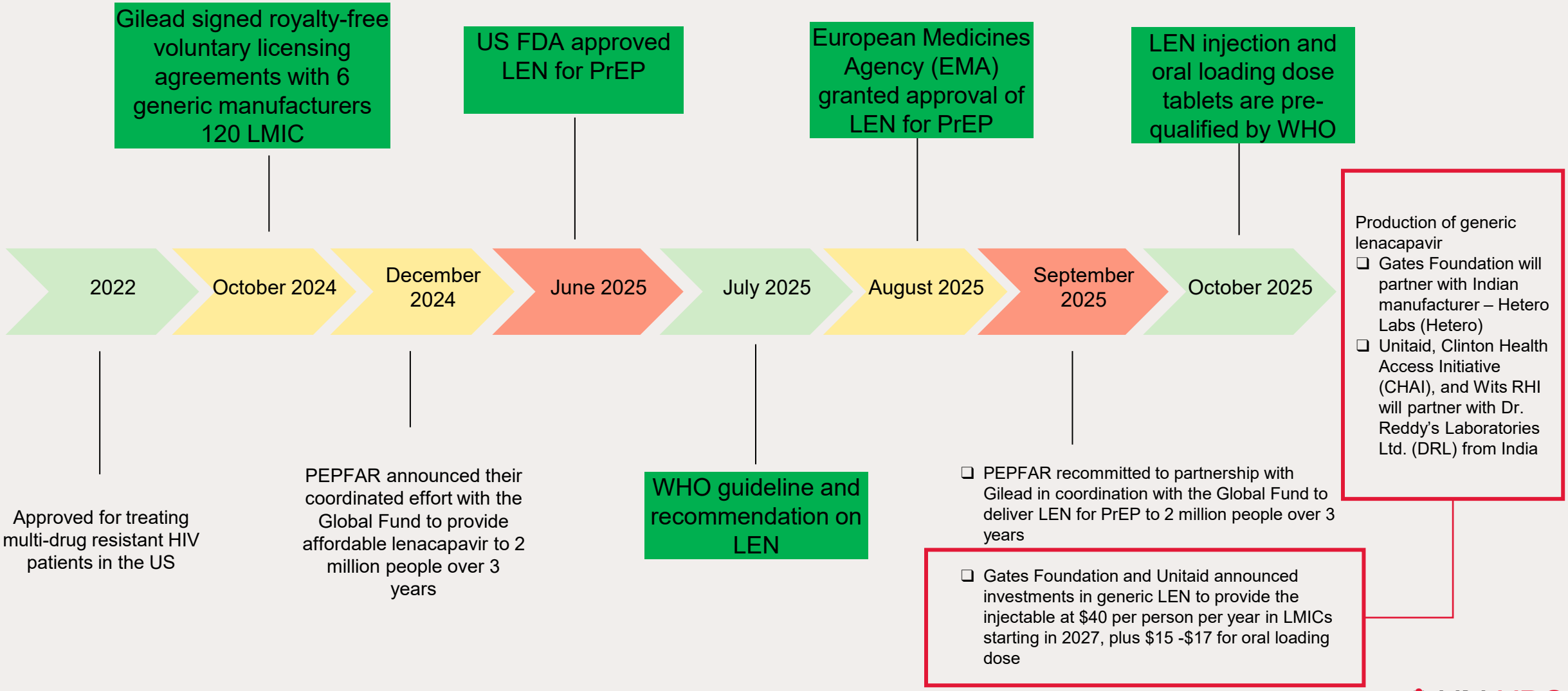
Tracking Lenacapavir's milestones and the road ahead



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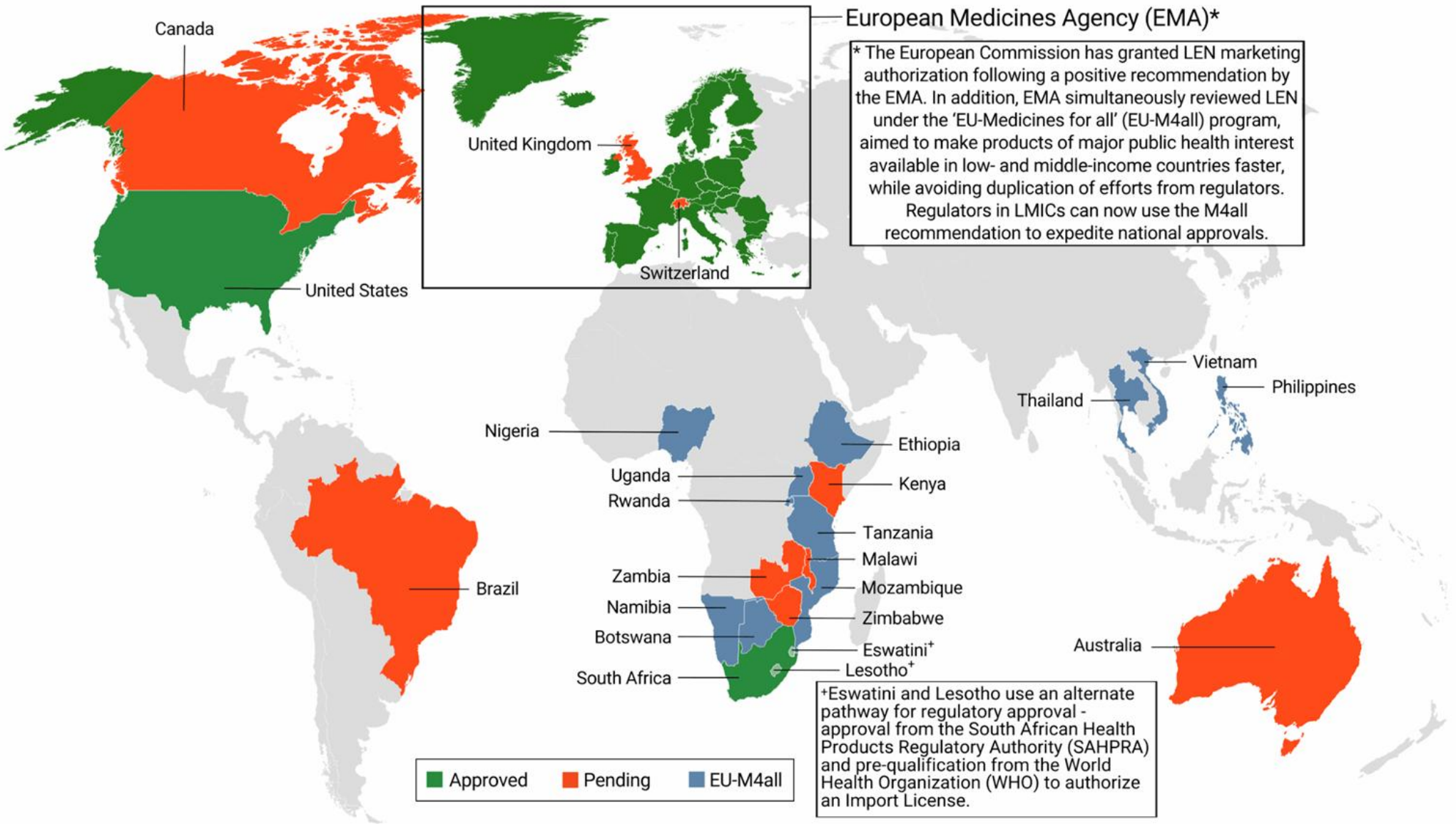
Lenacapavir Regulatory Approval

3 regulatory approvals, 9 pending approvals as of October 2025



Source: AVAC;

https://avac.org/resource/infographic/lenacapavir-regulatory-approval/

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Equitable Access to PrEP Options

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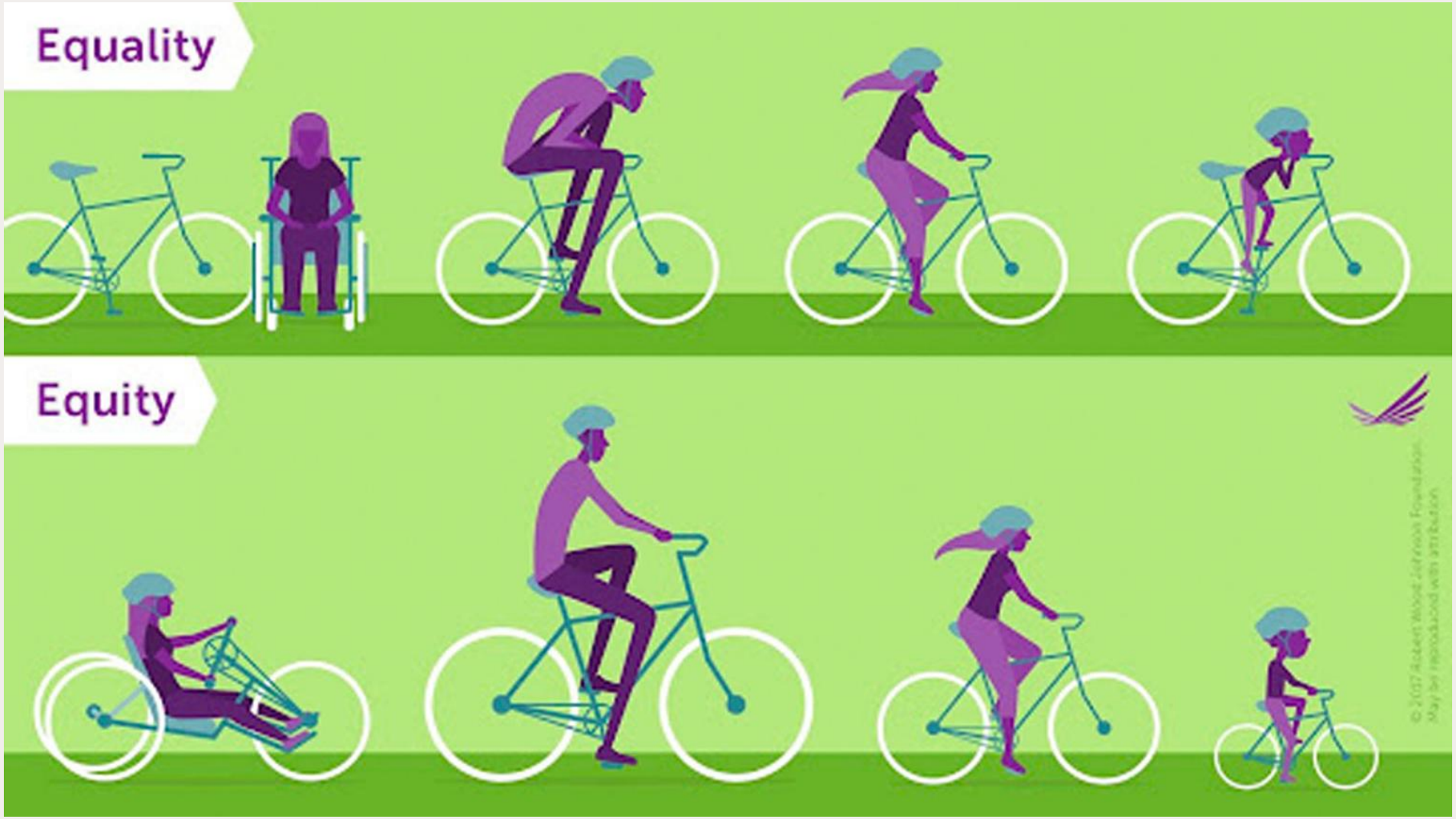
Equity and options



Credit - Image source: https://millennialcities.com/

Speed, scale and equity

SPEED	SCALE & EQUITY
Affordable price (6 Generic manufactures, 120 LMIC countries)	Policy/ Guidelines (options and choice, normalize PrEP)
Need multiple generic manufactures, access to generic prices regardless of World Bank income classification	Target setting, investment thinking
Expedite regulatory approval pathway for generic, rapid data sharing, ensure technology transfer provisions (FDA, EMA, WHO PQ)	Service delivery – capacity, task-shifting, integrated services
Supply chain and procurement	Learn from oral PrEP roll-out, implementation science (enablers and barriers of access)
	Community – demand generation; co-lead and co-design the implementation

Funding discussion with sustainability lens

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