



# IAS 2025 post-conference workshop in partnership with IHRI and APCOM

## Workshop Report

5 November 2025, Bangkok Thailand





## Background<sup>1</sup>

IAS – [the International AIDS Society](#) – [APCOM Foundation](#) and [the Institute of HIV Research and Innovation](#) (IHRI) convened a workshop as part of the APCOM Community Summit: PrEParing Asia 2025 in Bangkok, Thailand, on 5 November 2025. The three-day summit, hosted by APCOM Foundation, focused on articulating community priorities for HIV prevention services, co-developing strategies for sustainable financing, and co-creating a unified advocacy statement capturing shared priorities, commitments and calls to action.

Held on Day 1 of the summit, the IAS-APCOM-IHRI workshop set out the current HIV prevention landscape in the Asia-Pacific region, shared country experiences from Thailand, Vietnam and Cambodia, and discussed expanding access to oral and injectable pre-exposure prophylaxis (PrEP) in Asia and the Pacific. A total of 77 participants from 17 countries attended the workshop.

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### Session 1: Asia Pacific landscape of HIV prevention

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The session began with a presentation by Khin Cho Win Htin (UNAIDS), titled "[Why PrEP Matters: Regional Realities, Prevention Crisis, and the Need for Equitable Access to PrEP Options](#)". It outlined available PrEP options, updated on lenacapavir (LEN) regulatory approval, and emphasized the need for equitable PrEP delivery to reach key and affected populations in the Asia and the Pacific region.

Mitchell Warren (AVAC) delivered the second presentation, "[PrEP Now: The latest on PrEP, in all its forms](#)". It included a comparison of existing HIV PrEP options and their efficacy, current WHO recommendations, and updates on recent developments related to injectable PrEP and the monthly pill (MK-8527). The presentation concluded with two key objectives for work moving forward to ensure that PrEP targets are achieved and services effectively reach intended populations: fill gaps in product introduction; and address gaps in product development.

Curtis Chan (Kirby Institute, University of New South Wales) then shared findings in a presentation, titled "[Awareness, Values and Preferences of Injectable PrEP among key populations: A regional overview across Asian countries and Australia](#)". In this study, cost was identified as the major concern affecting the availability of both oral and injectable PrEP options and their accessibility across all countries. The findings also showed differing preferences regarding current PrEP service accessibility, including PrEP modalities and service delivery options, as well as future PrEP possibilities among specific populations in each country. Lastly, the presentation highlighted the five top concerns and five key reasons for preferring long-acting cabotegravir among PrEP-aware participants. The presenter concluded that cost remains the main barrier to PrEP uptake and emphasized that community choice is essential, noting that there is no "one-size-fits-all" model applicable across countries.



The session concluded with a presentation by Prasada Rao (APCOM), "[Regional Priorities: Policy Environment and Cross-Cutting Issues \(including other health conditions\)](#)". It raised the issue of funding cuts and discussed the importance of global- and country-level advocacy for HIV prevention programmes to reach global 2030 targets.

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## Session 2: In-Country Focus: National Programmes and PrEP Service Delivery

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To ground discussions in country realities, Session 2 featured presentations from [Thailand](#), [Viet Nam](#) and [Cambodia](#) on their respective efforts to scale up oral PrEP and integrate injectable PrEP within national HIV programmes. The country experiences were shared by Nittaya Phanuphak (IHRI, Thailand), Nguyen Thi Mai (Deputy Head of HIV/AIDS Department, Ministry of Health, Viet Nam) and Ngauv Bora (National Centre for HIV/AIDS, Dermatology and STD, Cambodia).

Nittaya Phanuphak shared the importance of community-led service delivery models, highlighting that Thailand's key population-led PrEP service delivery model contributes to nearly 60% of national PrEP uptake. An equity-driven, person-centred approach and same-day PrEP initiation through collaboration between community-based organizations and hospitals are central to this success. Oral, injectable and dapivirine vaginal ring PrEP options will be recommended in the upcoming revised national PrEP guidelines. In addition, the guidelines will endorse diverse service delivery models, including doctor-led, nurse-led, community-led and tele-PrEP services.

Nguyen Thi Mai described Viet Nam's diverse, differentiated PrEP delivery models: mobile services (the PrEP Bus and "PrEP on Wheels" in coffee shops); provision through pharmacies and private clinics; and technology-enabled TelePrEP delivered via the HMed application. Community-led models run by The Lighthouse, The Moon, GLink and Venus increased PrEP uptake notably. Scale up was enabled by strong policy commitment, technical support from national to local levels, active community engagement and sustained international assistance.

Ngauv Bora highlighted Cambodia's experience in expanding prevention choices by offering oral and long-acting injectable PrEP, as well as the dapivirine vaginal ring, to ensure service quality and client choice in the community. Services were delivered through effective communication channels, such as Telegram, and community-based drop-in centres, supported by monitoring systems to drive continuous service improvement.

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## Session 3: Panel Discussion – Expanding Access to Oral and Injectable PrEP in Asia and the Pacific

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This panel discussion brought together Khin Cho Win Htin (UNAIDS), Rolando V Cruz (Quezon City Health Department, the Philippines), Les Ong (UNDP) and Doan Thanh Tung (The Lighthouse, Viet Nam), with Michela Polesana (UNAIDS) moderating. The discussion explored strategies to expand and sustain oral and injectable PrEP. These included community-led approaches, multi-level stakeholder engagement supported by strong evidence and policy frameworks, and the importance of ensuring the availability and accessibility of diverse prevention options tailored to community needs to preserve choice for key populations.



Following the presentation sessions and panel discussions, a series of interactive workshops were conducted to address the mapping of PrEP service delivery pathways, as well as service interruptions, reprioritization and integration. Participants were organized into mixed-country groups to facilitate cross-country learning and the exchange of diverse experiences. The second component of the workshop focused on current contextual challenges, particularly funding cuts, which have had a substantial impact on HIV prevention services across the region. Further details of these workshop discussions are presented below.

### **Workshop 1 – Mapping PrEP Service Delivery Pathways**

The workshop aimed to: map existing PrEP service delivery models and access points; spotlight community-led components and innovations; and spotlight surface gaps, bottlenecks and opportunities for strengthening. Mixed-country groups examined how current models operate within their national contexts and challenges, identifying actions that should be community led.

Each group shared consolidated reflections on policy and regulatory reforms, multi-level advocacy, programme proposal development, demand generation and stigma reduction, integrated service delivery models, and community-led monitoring and feedback mechanisms. Discussions also highlighted critical gaps, including funding constraints, the need to mobilize resources for community-led programmes in Global Fund Grant Cycle 8, and sustained advocacy to secure the long-term viability of PrEP service delivery.

### **Workshop 2 – Mapping Interruptions, Reprioritization, and Integration**

In this session, participants discussed the recent changes and interruptions in PrEP service delivery resulting from funding cuts, policy shifts and evolving national priorities. Mixed-country groups shared contextual experiences, highlighting disruptions in advocacy, capacity building and outreach activities. To date, these disruptions have resulted in reduced testing, limited condom distribution and persistent stigma, all contributing to a likely increase in undiagnosed HIV cases. Additional challenges were reported in maintaining community-led monitoring, sustaining PrEP demand generation and implementing integrated service models, such as limitations in providing gender-affirming hormonal treatments for trans communities.

To address these disruptions, the groups identified several strategies, including developing resource-mobilization plans through government advocacy, strengthening cross-country technical and programmatic support at regional and global levels, and exploring alternative domestic funding avenues, such as partnerships with private sector entities and pharmaceutical companies.

The workshop programme, slides and recordings are available on [IAS+](#).