The Gears of Lenacapavir for PrEP Rollout

AVAC
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Executive Summary:

The rollout of injectable lenacapavir for PrEP presents a transformative opportunity in the global fight against HIV, demanding a coordinated effort from governments, donors, civil society, and the private sector to ensure rapid implementation, equitable access, and sustainable impact. By leveraging lessons from previous PrEP interventions, aligning financing mechanisms, and prioritizing areas of greatest need, stakeholders can overcome systemic barriers and maximize the public health potential of this innovative long-acting prevention tool.

The world is at a pivotal moment in the global fight against HIV. The scale-up of PrEP in recent years has been remarkable, with significant increases in the number of initiations globally. However, the rate of growth does not meet the pace needed to achieve a transformational impact on HIV incidence and the trajectory of the epidemic.

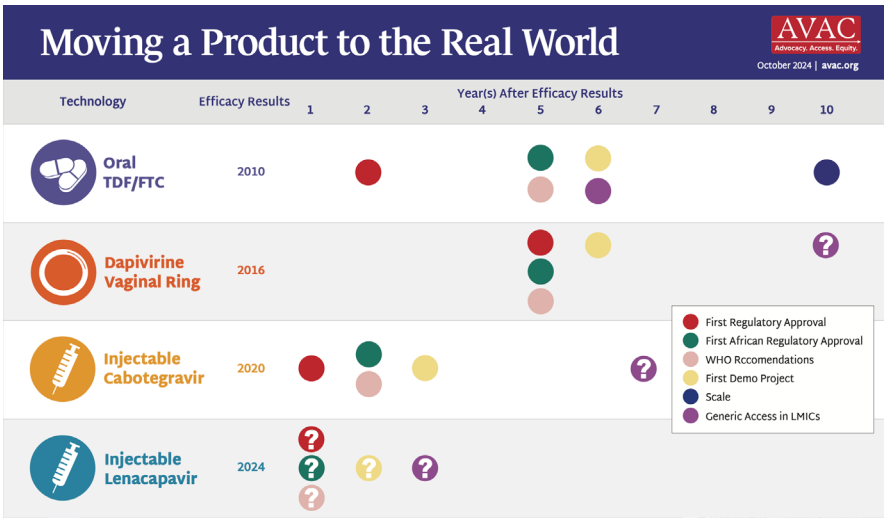
Today—a once-in-a-generation opportunity exists to revolutionize HIV prevention efforts with the speed and scale necessary to significantly impact the course of the epidemic, highlighting the need for proactive, ambitious, and collaborative planning. Building on the lessons learned from the introduction of oral PrEP, injectable cabotegravir, and the dapivirine vaginal ring, the international community can coordinate a robust response to expedite the rollout of injectable lenacapavir as part of this expanded mix, ensuring equitable access and maximizing public health outcomes.

The rollout of lenacapavir represents not just a scientific breakthrough, but a pivotal moment in global health equity. Stakeholders must act decisively to seize this opportunity, ensuring that all populations—regardless of geography, income, or identity—benefit from this innovative prevention tool.

Unlike in previous PrEP product introductions, product availability is not expected to be a barrier, as Gilead has said that it has the capacity to manufacture up to ten million doses of lenacapavir by 2026 – enough for 2.5 million potential lenacapavir users. Further, Gilead has taken early steps to announce licensing arrangements and priority registrations for lenacapavir access in certain low- and middle-income countries (LMIC), prior to any regulatory approval.

To ensure the drug reaches those who need and want it, Gilead must set an affordable price to maximize access, while donors, including U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS Tuberculosis and Malaria (Global Fund), and national governments must simultaneously make clear, ambitious procurement and programmatic commitments. Achieving this goal also requires strong market uptake and coordinated efforts at global, national, and community levels to ensure equitable distribution and access. Further, initial procurement of the branded lenacapavir will signal demand, encouraging generic manufacturers to invest and expedite market entry.

Gilead's readiness to meet potential demand represents a significant step forward, though it is contingent on timely and strategic procurement. The unprecedented availability requires early and coordinated action from stakeholders, including national governments, civil society, and international partners, to utilize development and implementation channels effectively. To bring lenacapavir to scale, stakeholders must simultaneously work with generic license holders to ensure the production and availability of affordable generic versions of lenacapavir in LMICs.



The rollout of oral PrEP demonstrates that people don't take PrEP simply because it's available—there needs to be a demand for it, and it needs to be accessible, acceptable and used effectively by those who need and want it. These are the lessons the field is applying to the rollout of the dapivirine vaginal ring (DVR), and injectable cabotegravir (CAB) and lenacapavir (LEN) for PrEP.

Even with effective prevention tools, structural barriers such as stigma, restrictive policies, and healthcare access inequities can hinder their uptake. Addressing these challenges is critical to ensure lenacapavir reaches those who need and desire it most. Ensuring long-term sustainability of lenacapavir access will require a smooth transition to generics and ongoing donor and domestic resource availability.

Even before national regulatory approvals and product availability, donors and international partners must decisively prioritize a targeted group of early-adopter countries, mobilizing resources and expertise to guarantee a swift, coordinated rollout of lenacapavir. This proactive approach is essential to building momentum, accelerating impact, and setting the foundation for scalable and sustainable generic availability worldwide.

With anticipated supply availability beginning as early as late 2025, efforts should focus now on planning to scale up lenacapavir implementation in countries with strong donor support and well-established PrEP infrastructure, while also expanding to additional nations to drive further scale and impact. Particular attention should be given to supporting countries and regions identified by UNAIDS as experiencing rising rates of new infections. Stakeholders, especially donors and national governments must prioritize reaching historically neglected regions such as the Middle East and North Africa, Latin America, Eastern Europe, and the Asia-Pacific regions, to ensure a comprehensive and inclusive global response.

This roadmap outlines the gears of lenacapavir roll out to achieve this ambitious goal, highlighting the roles of various stakeholders in ensuring effective implementation across three time periods. It is incumbent upon donors and national governments to take decisive actions and necessary steps to support a robust and comprehensive implementation plan. The effectiveness of early planning and coordination will directly influence the scale and success of lenacapavir's long-term impact and reach. This effort is about more than just procuring and distributing a new drug; it is about leveraging collective strengths, overcoming systemic barriers, and ensuring all people in all corners of the world can access this revolutionary prevention drug. **Speed, scale, implementation, and equity must be the pillars if the global HIV field is to translate exciting science into public health impact**.

The Gear Framework for Lenacapavir for PrEP Rollout

The gears framework* for lenacapavir scale-up brings together a coalition of essential stakeholders, each contributing to the successful, sustainable integration of this HIV prevention tool into global health systems:

1. **National Governments**: Ministries of Health and Finance develop comprehensive national PrEP plans and specific guidelines, streamline regulatory approvals, and allocate new resources to integrate lenacapavir into existing HIV prevention programs.

2. **Donors and Procurers**: Entities such as the Global Fund, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), Gates Foundation, and the Children's Investment Fund Foundation (CIFF) provide major financial support for service provision and technical assistance, negotiate price, and secure procurement agreements to ensure widespread access to lenacapavir.

3. **Civil Society**: Advocacy groups and community organizations play a crucial role in generating demand, educating communities, and holding stakeholders accountable to ensure equitable access to lenacapavir.

4. **Gilead Sciences**: As the developer of lenacapavir, Gilead is responsible for ensuring sufficient production capacity, facilitating regulatory approvals, and collaborating with stakeholders to support the medication's introduction and scale-up.

5. **Gilead License Holders**: Generic pharmaceutical manufacturers—including Dr. Reddy's Laboratories Limited, Emcure Pharmaceuticals, Eva Pharma, Ferozsons Laboratories Limited, Hetero Labs, and Mylan (a subsidiary of Viatris)—are tasked with producing and distributing affordable generic versions of lenacapavir in resource-limited settings.

6. **International Actors**: Organizations such as the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), and Unitaid provide technical assistance, funding, and policy guidance to support countries in adopting lenacapavir.

7. **Implementers and Researchers**: Implementers will deliver lenacapavir at scale, including training and quality-assuring service providers, generating demand, and undertaking monitoring and evaluation. Researchers investigate best practices for real-world scale-up, including delivery to diverse populations and via a variety of channels.

Given current trends and the rate of PrEP initiations, it's plausible for all stakeholders working with the Coalition to Accelerate Access to Long-Acting PrEP to set a target of having 1 million people in LMICs using lenacapavir by the end of 2026. By the end of 2027, this number could grow to 2.5 million, representing a quarter of the estimated 10 million people globally—including those in high-income countries—expected to be using any form of approved PrEP, as per the UN global target.

* "The stakeholder categories are suggested for the purpose of this paper, but it is important to note that not all stakeholders fit neatly into these categories, and many may operate across multiple roles."

Introduction: The Three Phases of Lenacapavir Rollout

The rollout of injectable lenacapavir for PrEP presents a transformative opportunity in the global fight against HIV, demanding a coordinated effort from governments, donors, civil society, and the private sector to ensure rapid implementation, equitable access, and sustainable impact. Lenacapavir rollout can be summarised into three broad phases - one in which we prepare for product avalability, one in which the originator product becomes available and then another when generic product is also available. At each phase, there will be different priority actions and actors, which we aim to highlight below.

Phase 0 (mid-2024 to end-2025) is a foundational period aimed at ensuring lenacapavir's rapid, sustainable adoption through coordinated regulatory, policy, and market preparations. Early demand signals from donors will help Gilead align production timelines with market needs, while governments and regulatory bodies work to fast-track approvals and develop national PrEP plans, with WHO's guidance and support from civil society and international actors to prioritize implementation steps. Transparent and affordable pricing approaches, backed by innovative financing, will help make lenacapavir accessible, paving the way for affordable generics. Training for healthcare providers, clear choice-centered messaging, and community engagement led by civil society will boost demand and ensure equitable access across diverse populations. Together, these efforts lay the groundwork for effective, long-term HIV prevention impact.

Phase 1 (2026-2027) focuses on the rollout of Gilead's branded lenacapavir, prioritizing effective distribution, program implementation, and community engagement across approved countries. National governments will complete registration, secure waivers, train providers, and establish monitoring systems to ensure effective integration and continuous improvement. Donors and procurers, including the Global Fund and PEPFAR, will maintain funding support for demand generation, community mobilization, and program expansion while coordinating with governments and Gilead to ensure a stable supply. Gilead, alongside license holders, will expedite global regulatory approvals, scale up manufacturing, and manage supply chains, ensuring product availability and preparing for generic entry. Civil society will advocate for equitable access, emphasizing underserved populations, and continue to evaluate demand, while international partners will lead rigorous evaluations, disseminate best practices, and foster global knowledge-sharing to enhance the program's reach and impact.

Phase 2 (2028 and beyond) aims to scale-up access to generic lenacapavir, embedding it into national HIV prevention strategies worldwide. National governments will integrate lenacapavir into sustainable programs, expand coverage, and build local funding capacity. Donors and procurers will continue supporting innovation in HIV prevention, exploring new delivery methods and combination therapies,

while Gilead and license holders ensure affordable, widespread availability of generics across high-burden regions. Civil society will advocate for global policy changes and promote universal access, and international partners will focus on advanced research and new innovations to sustain progress toward ending the HIV epidemic.

Establishing clear pricing benchmarks for lenacapavir is critical to ensure equitable access and scalability.

- During Phase 0, the price should aim to align with donor support and strategic national procurement, targeting $100 per person annually.
- As production capacity increases and demand grows, Phase 1 should focus on reducing the cost below $100 per person annually, leveraging efficiencies and economies of scale, especially as volumes reach significant thresholds like 2.5 million doses.
- By Phase 2, competition among generic manufacturers should drive the price well below $100 annually, with the ultimate goal of reaching $40 per person, ensuring affordability for low- and middle-income countries. These benchmarks will be pivotal in integrating lenacapavir into HIV prevention and treatment programs, ensuring maximum impact across diverse populations.

Lenacapavir for PrEP Rollout

Mid 2024 - 2025	2026 - 2027	2028 and Beyond
Phase 0 Target Price: $100 PPPY*	**Phase 1** Target Price: Below $100 PPPY*	**Phase 2** Target Price: $40 PPPY*
Preparing for Product Availability	Lenacapavir Availability	Generic Availability

- Donors and procurers provide clear commitments to support Gilead in setting sustainable, affordable pricing to maximize access.
- National governments prepare ambitious and costed implementation plans, comprehensive programs and guidelines to and maximize access.
- Gilead to manufacture branded product, announce licensing for generics, submit registrations, and support advocacy for demand generation activities.
- WHO to develop develop robust guidelines with diverse stakeholders.
- Donors and international actors to lead discussions on innovative financing and public-private partnerships.
- UNAIDS to engage in high-level diplomacy to prioritize HIV prevention with health and finance ministers.
- Donors, civil society, and international actors to advocate for rapid regulatory approvals, structure financing arrangements.

- Gilead to make branded product available for shipment and market entry
- Donors and national governments to secure necessary import documentation, waivers, and supply routes.
- National governments to complete registration, secure waivers, train providers, and establish monitoring systems to ensure effective integration and continuous improvement.
- Civil society will advocate to national governments for equitable access, emphasizing underserved populations, and continue to evaluate demand and financing.
- Civil society and international actors and donors to work with generic manufactures to support PQ and accelerate manufacturing.
- International actors to lead rigorous evaluations, disseminate best practices, and foster global knowledge-sharing to enhance the program's reach and impact.
- Generic manufacturers to secure raw materials and begin production, targeting availability by 2028.

- National governments are to integrate lenacapavir into sustainable HIV programs, expand coverage, and build local funding capacity to support long-term efforts.
- Donors and procurers are to continue supporting innovation in HIV prevention by exploring new delivery methods and combination therapies to enhance impact.
- Gilead and license holders are to ensure the affordable and widespread availability of generic lenacapavir, particularly across high-burden regions.
- Civil society organizations are to advocate for global policy changes and promote universal access to HIV prevention and treatment.
- International partners are to focus on advancing research and innovation to sustain progress and drive efforts toward ending the HIV epidemic.

* Per Person Per Year

Phase 0: Preparing for Product Availability (Mid 2024 - 2025)

The time period between the PURPOSE 1 and 2 data announcements and the end of 2025 is absolutely pivotal in laying the foundation for accelerated lenacapavir adoption, delivery, and national program development. The actions taken at this early stage will have a profound impact on everything that follows, setting the tone and pace for the scale and impact possible. Active and transparent collaboration between partners and engagement with local and international stakeholders is essential, as it not only ensures an optimal introduction of lenacapavir but also meticulously prepares the groundwork for generic market entry.

This period demands a concerted effort to build healthcare provider capacity, shape markets to accelerate demand, and mobilize donors, procurers, international actors, and civil society. The goal is to establish a robust regulatory, policy, and clinical ecosystem that drives rapid product acceptance, adoption, and long-term impact. Strategic coordination with major donors, including PEPFAR and the Global Fund, will be pivotal. Equally critical is proactive engagement with national governments and key stakeholders to align priorities, set bold targets, and guarantee a seamless rollout, ensuring sustainable, inclusive access to long-acting treatments for all populations.

From late 2024 to early 2025, **donors and procurers need to send clear product volume signals and, ideally, initial orders**, to Gilead, providing forecasts of ambitious supply needs while considering Gilead's 18-month manufacturing lead time. Given the accelerated timeline, which may not align with traditional donor processes, donors must be flexible in finding new ways to estimate country needs and project demand to manufacturers. This approach involves early market-shaping activities, working closely with CIFF, the Gates Foundation and other finance partners, to establish priority implementation steps. Such proactive efforts ensure that production aligns with anticipated demand, minimizing the risk of shortages or delays. Without clear commitments from donors, advocates, and national governments, Gilead will not manufacture at scale and produce the volumes necessary for an ambitious rollout of its own accord.

At the same time, stakeholders must align on pricing principles, Various cost-effectiveness analyses have shown that injectable PrEP must be priced in the range of generic daily oral TDF/FTC to be considered cost-effective targeting $100 per person annually. Driving the price lower and getting to parity between lenacapavir and oral PrEP will require a low launch price from Gilead; a significant volume procurement from donors; and multiple generic companies competing for a large, multi-million dose market. While this is not feasible at product launch, the field needs to collaborate to reach this price point as quickly as possible.

In the meantime, **it will be essential to build volume in the market with supplies from Gilead at an affordable price set to ensure widespread uptake and to support multiple generic manufacturers to enable production at scale as quickly as possible**. Advocates must demand pricing transparency and a clear, accelerated pathway to cost-effective PrEP programs over the next three years – so that when generic lenacapavir manufacturers do enter the market with expected approved products by 2028, they are competing and driving the price lower.

For national governments, this period presents both challenges and opportunities as they work with donors and international partners to ensure the continued rollout of cabotegravir. However, governments must simultaneously engage regulatory bodies, ministries of health, and other relevant stakeholders to prepare for the introduction of a second long-acting injectable prevention option. Now is the time to develop potential quantification plans by leveraging lessons from the scale-up of DVR, cabotegravir and oral PrEP.

Countries that do so in this early phase will send a strong signal to donors, manufacturers, and other international stakeholders that they are ready to support early adoption of this new intervention. This commitment not only emphasizes a government's proactive stance in addressing HIV prevention needs but also increases the likelihood of timely investment, resource allocation, and capacity-building support from global partners. By demonstrating their readiness, governments can help streamline procurement processes, secure early market access, and ultimately strengthen their own health systems' ability to meet community demand for long-acting HIV prevention options.

Governments should also collaborate with national, local, and international partners to **craft** effective communications about different PrEP options and **develop straightforward guidelines and algorithms that emphasize the value of choice without causing confusion or paralysis as more long-acting products become available**. Clear guidelines and decision-making algorithms will be essential to help providers, and the public navigate these options effectively, shaping public understanding and acceptance. This is an opportunity to set a supportive tone by aligning national guidelines with an array of product choices designed to meet diverse needs, thereby strengthening the overall response and maximizing uptake.

Furthermore, **healthcare workers need to be equipped with the necessary skills to manage these products**. Robust training programs should be prioritized as part of this early planning phase to ensure smooth implementation. These efforts will signal to global stakeholders that countries are ready to adopt multiple solutions and build sustainable, inclusive HIV prevention systems.

Securing global regulatory approvals and driving national-level advocacy are essential, with U.S. FDA approval expected by the middle of 2025. Gilead plans to initiate global regulatory filings by late 2024, targeting both HIV-1 prevention and treatment, leveraging fast-track pathways like the European Medicines Agency's EU-M4all to expedite access in key countries.

International actors and civil society must advocate for rapid approvals and strong political commitment to establish expansive national programs and inclusive guidelines, ensuring broad access to PrEP. Proactive engagement from national regulatory bodies is also crucial to clarify data requirements, streamlining registration reviews and accelerating implementation.

WHO will need to move swiftly to convene a guideline development group with experts, ministries, partners and communities. While this is happening, **UNAIDS, working with international partners and civil society**, should leverage its convening power to keep HIV prevention high on the political agendas of ministers of health and finance, while also engaging at the highest political levels. This effort should involve close collaboration with **donors, civil society, international actors, and regional bodies like the Africa CDC, AMA, PAHO, and regional development banks**. It entails reviewing country-specific requirements and product launch timelines to identify bottlenecks and delivery strategies for better preparation in different regions of the world.

During this time period, **Gilead** has said it can **manufacture the product with an 18-month lead time from raw material to final product**. Strong demand signals on volume from donors and procurers are essential to fully utilize Gilead's capacity to produce up to 10 million vials annually by 2026. Procurement agencies, working with donors, such as the Gates Foundation, CIFF, Unitaid and MedAccess will be critical to explore all innovative financing options to further discount pricing for branded lenacapavir prior to generic availability.

In October 2024, Gilead announced royalty-free voluntary licensing agreements with six generic manufacturers – Dr. Reddy's Laboratories Limited, Emcure, Eva Pharma, Ferozsons Laboratories Limited, Hetero and Mylan, a subsidiary of Viatris – that will manufacture and supply lenacapavir to the 120 countries.

International actors, civil society, and all partners will need to closely track and actively engage with the licensed companies to understand the timeline and process for scaling up generic manufacturing of lenacapavir, including tech pack access, and anticipated regulatory filings by the second half of 2026. Together, these key stakeholders, including members of the LA PrEP Coalition, need to identify and implement strategies that could streamline the process and create sufficient demand to achieve economies of scale that could lower prices to a level comparable with oral PrEP.

Gilead's application to a stringent regulatory authority (SRA) for WHO prequalification of lenacapavir is also a pivotal step in this period. As countries rely on WHO's prequalified list, this process is essential for ensuring equitable access, way ahead of generic supply availability down the road, which is expected to take 2-3 years.

Innovative public-private partnerships are essential to ensuring that lenacapavir roll out reaches the scale and equity needed for impact and the groundwork for these partnerships must begin now—well ahead of product approval and availability—with the goal of announcing concrete plans by Q1 of 2025. This early collaboration is critical to addressing potential barriers related to access, distribution, and affordability. By uniting the private sector, government agencies, community organizations, and global health advocates, the **focus should be on inclusive demand generation, equitable pricing strategies, and tailored delivery systems**. Built into these diverse partnerships should be trust-building; a clear understanding of, and respect for, the roles, capabilities and limitations of each partner to leverage each partner's unique strengths; the willingness to assume some risks; and innovative approaches to collaboration.

In developing innovative financing, **international stakeholders such as MedAccess, CIFF, and the Gates Foundation**, play a crucial role in structuring market-shaping financing options. These entities typically engage in volume guarantees, procurement guarantees, debt financing, and loan guarantees to support timely supply production and de-risk manufacturing for companies. Led by the **World Bank**, innovative financing solutions, such as debt-for-health swaps, can align incentives by linking debt relief with measurable increases in PrEP uptake and access. Such efforts will be essential during this period to maximize the manufacturing scale that Gilead has announced.

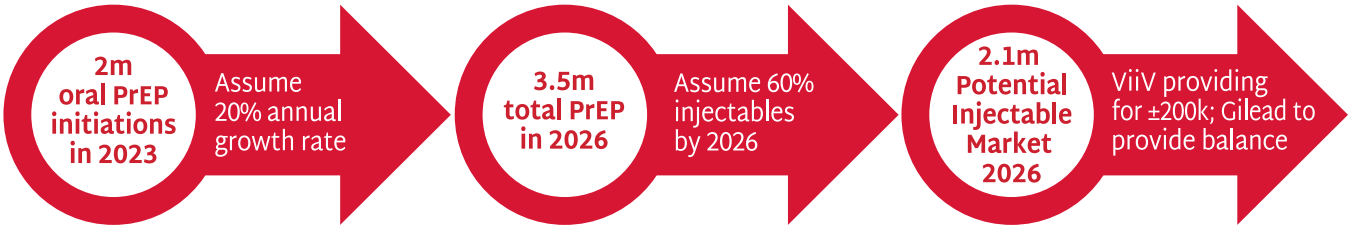
Civil Society needs to collaborate closely with donors to gain a comprehensive understanding of demand forecasting, ensuring alignment on anticipated needs, market trends, and supply chain requirements. In subsequent stages, they should engage in meaningful partnerships with community-based organizations to develop targeted demand generation strategies that resonate with local populations. This collaborative approach will help create awareness, foster trust, and stimulate uptake, particularly among marginalized and underserved communities, ensuring the product reaches those most in need. Civil society plays a crucial role in mobilizing political will, pressing governments to adopt comprehensive national PrEP plans, and advocating for supportive regulatory and policy frameworks.

Phase 1: Lenacapavir Availability (2026 - 2027)

Given current trends and the rate of PrEP initiations, it is plausible for stakeholders involved in the Long-Acting PrEP Coalition to set a target of having 1 million people in LMICs using lenacapavir by the end of 2026. By the end of 2027, this number could grow to 2.5 million, representing half of the estimated 5 million people globally—including those in high-income countries—expected to be using one form of approved PrEP.

Getting to 1m+ LEN initiations by 2026

18 priority countries plus PURPOSE 2 countrires



By early 2026 and through 2027, it is expected that numerous countries will approve Gilead's registrations for lenacapavir, with import waivers secured to facilitate delivery. National plans will require costed targets and ambitious rollout guidelines to ensure access for all populations in need. Uncertainty persists regarding the long-term budgets for PEPFAR and the Global Fund, as well as the extent of external and domestic funding that can be mobilized. While Gilead has the capacity to produce up to 10 million vials of lenacapavir for distribution to low- and middle-income countries through PEPFAR, the Global Fund, and ministries of health, questions remain about whether the branded product can be offered at a price point that enables full procurement by these donors or by national governments in middle-income countries with limited donor support.

Simultaneously, **International Actors** will begin assessing the potential price points for generic lenacapavir, recognizing that pricing will be influenced by the cost of developing the generics, the availability of de-risking mechanisms through CIFF, Unitaid, Gates Foundation, and the volume of demand in global markets. Continued collaboration with **civil society and national governments is essential** for creating sufficient demand to achieve economies of scale that could lower prices to approximately $100 per person annually, by leveraging efficiencies and economies of scale

Focus will continue on regulatory approvals and stakeholder advocacy, with **UNAIDS,** and other partners collaborating to sustain political momentum and financial support for lenacapavir programs. **CIFF, Unitaid, UNAIDS, and international actors** should focus on supporting local organizations and national partners to drive demand generation activities, creating an enabling environment for the successful rollout of lenacapavir. These collective efforts are crucial to ensuring that additional countries approve lenacapavir and integrate it into their national HIV prevention strategies.

Civil Society-led engagement and demand generation activities will need to be prioritized during this phase, supported by PEPFAR, the Global Fund, the Gates Foundation, CIFF, Unitaid, UNAIDS, WHO and other implementing partners. These activities will include targeted communication campaigns, education initiatives, and outreach programs aimed at increasing awareness, reducing stigma, and generating demand for lenacapavir among key populations and communities at high risk of HIV. Supporting local organizations and national partners will be key to fostering community engagement and building trust, ensuring a more effective and sustainable rollout.

Generic **licensees** will initially focus on securing raw materials, developing APIs, creating prototypes, and preparing dossier batches. The next phase will prioritize achieving bioequivalence, with regulatory submissions expected by mid-2026. This phased approach ensures alignment with regulatory timelines and market readiness. Simultaneously, manufacturing efforts will advance to make generic lenacapavir available by early 2028 at the latest, pending national regulatory approvals. Close collaboration among stakeholders is essential to streamline timelines without compromising quality.

As Gilead license holders prepare for market entry, they must also prioritize engagement with regulatory and policy environments to facilitate a smooth rollout. Beyond manufacturing readiness, these companies will need to work closely with regulatory authorities to ensure that approvals are aligned with anticipated market timelines. This approach includes building relationships with local and national policymakers to address potential barriers to access and to advocate for policy frameworks that support long-acting prevention options.

Additionally, **Generic license holders** will need to collaborate with international finance partners and community organizations to sustain and stimulate market demand. By engaging finance partners, they can secure funding mechanisms that make the product accessible and affordable, especially in low- and middle-income countries. Working with community organizations will be critical to building trust, raising awareness, and maximizing reach. This comprehensive strategy not only enhances the product's reach but also ensures that demand is supported and sustained through partnerships and community-driven advocacy.

Driving these efforts, **Unitaid and CHAI** are pivotal in supporting generic production and market access strategies. Together, they focus on market-shaping interventions, rapid regulatory approvals, and ensuring supply meets demand while centering affected communities in the access strategy. Unitaid's additional investments can further accelerate lenacapavir's rollout and inclusion in national HIV prevention programs.

National governments, in partnership with Unitaid and others, should prioritize discussions on establishing differentiated and decentralized delivery mechanisms to enhance access to new innovations. These models could include mobile clinics, pharmacy-based distribution, or other locally tailored approaches that utilize digital technologies. Leveraging insights from implementation or pilot studies will be essential to identify the most effective models for scaling up, ensuring these innovations reach communities efficiently and equitably.

Community-based settings, such as local health centers and pharmacies, offer more accessible and user-friendly options for individuals, particularly those in marginalized or underserved populations. These decentralized approaches help reduce barriers to access and increase coverage by bringing services closer to where people live and work. Implementing differentiated service delivery (DSD) models that cater to specific community needs will be essential for ensuring widespread uptake and long-term success. During this period, it will be essential to draw from past implementation studies while simultaneously applying these insights during the scale-up process. Rather than delaying national efforts to await new studies, governments should integrate learnings in real-time, ensuring that the rollout proceeds efficiently and benefits from ongoing improvements.

International stakeholders, including donors and implementing partners should ensure that a targeted implementation science agenda does not impede robust early scale-up of lenacapavir. While research can address key questions about lenacapavir's introduction, some challenges are best tackled through direct program implementation. Approaches should be country-driven and tailored to local contexts to ensure lenacapavir deployment is effective, efficient, and responsive

to each nation's unique needs. Combining research with real-world implementation provides a comprehensive approach, deepening understanding of lenacapavir's impact while refining delivery methods and addressing unexpected challenges.

UNAIDS, working with civil society, should continue leveraging its convening power to keep HIV prevention high on the political agendas of ministers of health and finance, while also engaging at the highest political levels to track country adoption and implementation scale up.

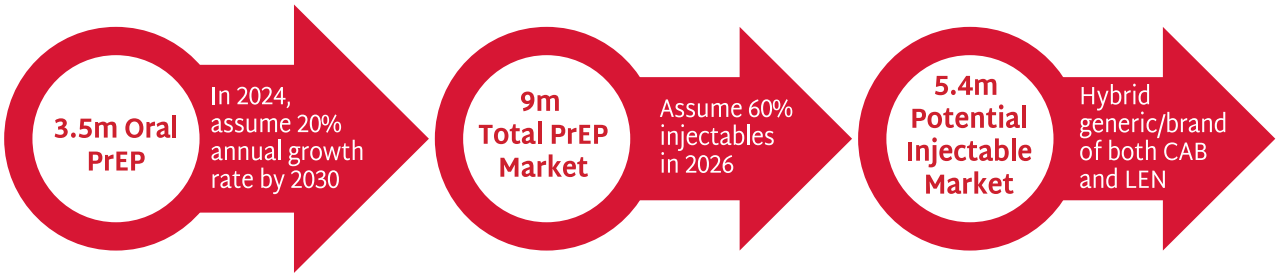
In developing innovative financing, **international actors such as MedAccess, CIFF and the Gates Foundation** might consider expanding focus beyond Africa and Southeast Asia to include middle-income countries—particularly in Latin America, Central Asia, Eastern Europe, and the Middle East. Structuring financing agreements to shape these markets will be essential, as these regions face budget challenges in scaling up HIV prevention.

These financing mechanisms may serve as the primary catalyst for scaling up access in middle-income countries, especially if they are not included within Gilead's licensing territories. Expanding the reach of such agreements will ensure that no region is left behind in accessing long-acting prevention products and achieving public health goals.

Phase 2: Generic Availability (2028 and Beyond)

By 2030, with an annual growth rate of 20%, the number of PrEP users could grow from 3 million in 2024 to nearly 9 million users. This projected growth reflects an expanding global commitment to HIV prevention and the increasing accessibility of PrEP services. As the PrEP landscape evolves, it is feasible to expect that by 2030, up to 60% of the 9 million PrEP users could be utilizing injectable forms of PrEP, which would amount to around 5.4 million people.

Getting to 5m+ injectable initiations by 2030



By 2028, it is feasible to anticipate that over 50 countries will have approved lenacapavir and announced national PrEP plans. Generic licensees will have announced product availability, and the first set of countries will begin receiving generic lenacapavir. Generic manufacturers are expected to come online, producing lenacapavir at a heavily discounted rate that is comparable with oral PrEP, below the branded price that Gilead set in 2024, making it even more accessible to countries and populations in need. Gilead could continue to supply its product to countries without access to generic options.

As this phase progresses, continued vigilance will be necessary to support generic companies in securing regulatory approvals, import documentation, and stable supply chain routes. Given that the branded Gilead product will also be available during this period, countries and international

stakeholders will need to work within a hybrid model that includes both branded and generic options. This dual availability will require careful coordination to ensure that both product types are distributed effectively, avoiding confusion over access pathways or preference for either product. Ensuring smooth deliveries, minimizing stockouts, and managing supply expectations will be critical to maintaining the momentum of the rollout. Collaborative planning will be essential to balance the branded and generic supplies across all regions, ensuring that consistent access is achieved for diverse populations without disruptions in availability. This coordinated approach will help meet demand efficiently and sustain trust in the availability and reliability of long-acting HIV prevention options.

It is important to acknowledge that timelines for generic lenacapavir production and market entry will vary depending on the individual manufacturer's capacity, regulatory progress, and supply chain stability. Each licensee will follow its own development and approval trajectory, influenced by factors such as access to raw materials, the efficiency of API production, and the ability to meet bioequivalence requirements. These differences mean that while some generics may reach the market promptly, others could face delays due to regulatory or logistical challenges. This variability necessitates flexible planning and clear communication with stakeholders to manage expectations, as well as coordinated efforts to ensure that all generics meet consistent quality and efficacy standards upon entry. By preparing for staggered availability, global partners can maximize coverage and access to long-acting HIV prevention without compromising on quality.

Active engagement between civil society and national governments is crucial to sustaining demand in this period where more prevention modalities and formulations are expected to come online. Involving community leaders and affected populations in the planning and implementation phases helps to address barriers to access, reduce stigma, and ensure that the needs and concerns of those most affected by HIV are fully integrated into program design, donor efforts, and generic company engagements.

Securing sustainable funding is essential for the long-term success of lenacapavir programs. This phase should prioritize leveraging international aid, encouraging domestic investment, and exploring innovative financing mechanisms such as social impact bonds or public-private partnerships. By diversifying funding sources and ensuring financial commitment from both global donors and national governments, programs can maintain momentum and expand reach even in the face of economic challenges or shifts in donor priorities.

As sustainability programs develop in anticipation of 2030 global targets, integrating lenacapavir into broader health services, such as family planning, maternal and child health, and other sexually transmitted infection (STI) programs, is vital for maximizing reach and uptake. By incorporating lenacapavir into existing healthcare frameworks, particularly in underserved or remote areas, programs can leverage established delivery channels and healthcare infrastructure to provide comprehensive, accessible care. This integration not only enhances efficiency but also ensures that lenacapavir reaches those who may benefit most, particularly in settings where healthcare access is limited.

Finally, exploring the possibility of alternate formulations that might support self-administration options for lenacapavir – by Gilead or the licensees – could further enhance accessibility and acceptability, empowering individuals to take control of their HIV prevention with greater convenience and flexibility.

Country Planning

With anticipated supply availability beginning by early 2026, efforts should begin toward scaling up lenacapavir implementation in countries with strong donor support and well-established PrEP infrastructure, while also expanding to additional nations to drive further scale and impact. Special emphasis must be placed on supporting countries and regions identified by UNAIDS as having rising rates of new infections. Stakeholders, including governments and donors, must also y prioritize historically neglected regions, such as the Middle East and North Africa, Latin America, Eastern Europe, and the Asia-Pacific regions, ensuring that lenacapavir reaches a truly global audience. This inclusive approach is essential to maximizing the global impact of this prevention tool and ensuring no region is left behind in the fight against HIV.

Countries with experience in delivering PrEP offer valuable lessons for scaling up lenacapavir and other HIV prevention tools. Key criteria for identifying such countries include their epidemiological context, an enabling social, policy and clinical environment for PrEP, and opportunities for partners to collaborate for maximizing collective action. Countries with high HIV incidence rates, particularly among key populations groups or adolescent girls and young women (AGYW)are prime candidates due to their pressing need for effective prevention strategies. Nations with supportive policy frameworks and established PrEP programs are also crucial, as they provide a favorable regulatory environment and community awareness that facilitate the adoption of new products like lenacapavir. Additionally, countries with strong partnerships with donor agencies, civil society organizations, and the private sector are better positioned to scale PrEP, as these collaborations help mobilize resources, drive demand, and ensure sustainable delivery.

In October 2024, Gilead announced it is prioritizing registration in 18 countries, which include Botswana, Eswatini, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Philippines, Rwanda, South Africa, Tanzania, Thailand, Uganda, Vietnam, Zambia and Zimbabwe. These countries are among the 120 high-incidence, resource-limited nations included in Gilead's voluntary licensing agreements for lenacapavir. However, further clarification from the company is needed regarding plans for registration and support in other regions and additional countries.

Countries such as **Kenya, Malawi, South Africa, Thailand, Uganda, Zambia, and Zimbabwe** stand out as examples, given their existing PrEP programs, supportive policy environments, strong civil society, and active collaboration with global health partners. These countries provide a solid foundation for further expanding PrEP access and ensuring that innovative prevention tools like lenacapavir reach the populations most in need.

Others include **Botswana, Ukraine, Eswatini, Ethiopia, Lesotho, Mozambique, Namibia, Nigeria, the Philippines, Rwanda, Tanzania, and Vietnam**. These countries have the infrastructure and donor support necessary to scale up lenacapavir quickly. However, while starting with these countries is crucial for building momentum, it is important to recognize that this will not provide the scale necessary to fully leverage Gilead's manufacturing capacity or meet global prevention needs. While initial efforts can focus on countries with proven experience in scaling PrEP, international stakeholders and civil society must collaborate to ensure that countries with rising HIV infections, where donor influence may be limited due to financial independence or geopolitical considerations, receive adequate attention and resources. In regions such as **Central Asia and Eastern Europe—Kazakhstan, Russia, Uzbekistan, and Afghanistan—Southeast Asia and the Pacific—**

Fiji, Papua New Guinea, and Bangladesh—Latin America and the Caribbean—Argentina, Brazil, Mexico, Peru, Cuba, Jamaica, the Dominican Republic, and Haiti—and the Middle East and North Africa—Morocco and Lebanon—there is less experience and presence of international donors.

In 2023, Latin America and the Caribbean saw a remarkable doubling in PrEP (pre-exposure prophylaxis) adoption, reflecting intensified efforts toward HIV prevention. Across 16 countries with a combined population of approximately 430 million, the number of individuals on PrEP rose sharply from 21,170 in 2022 to 46,180 in 2023. This growth signifies a substantial increase in HIV prevention engagement, suggesting that more individuals in the region are accessing PrEP to protect themselves from HIV.

Despite this progress, the region still faces a significant HIV burden, with around 1.16 million people living with HIV. Countries with the highest reported PrEP uptake in 2023 include **Mexico** (14,108 people), **Guatemala** (4,224), and **Argentina** (3,927), highlighting targeted efforts in these areas. However, some countries, such as **Bolivia** and **Uruguay**, report lower uptake relative to their population size, suggesting a potential for expanded HIV prevention initiatives in these regions.

As a result, it is incumbent upon advocacy coalitions and stakeholder groups to focus their efforts on engaging directly with national governments in these regions. These governments are increasingly responsible for a greater share of their health care and HIV-related costs, making national advocacy essential for securing commitment to lenacapavir implementation. By advocating for inclusive policies, affordable pricing for all middle-income countries, financial commitments, and equitable access at the national level, stakeholders can ensure that these countries are not left behind.

An implementation question that needs to be addressed is how countries without direct procurement from donors can access Gilead's lenacapavir supply. For nations not receiving significant donor support, it will be crucial to establish clear pathways for procurement. These countries must have the option to procure lenacapavir directly from Gilead or through third-party procurement agencies such as the PAHO procurement mechanism or platforms like UNICEF. Ensuring multiple procurement channels will be vital for expanding access to lenacapavir and achieving the necessary scale for global impact. Creating streamlined and transparent processes for countries to obtain the drug, regardless of donor involvement, will help ensure that no population is left behind in the effort to end the HIV epidemic.

While it is often assumed that many countries will wait for the availability of generic versions of lenacapavir due to cost considerations, this strategy could result in a major missed opportunity to accelerate scaling up and achieving impact. By actively leveraging Gilead's capacity now, stakeholders can address urgent HIV prevention needs and lay the groundwork for broader implementation, establishing early momentum in combating the epidemic.

Moreover, utilizing the branded product sends a critical signal to the market, especially to generic manufacturers. Demonstrating strong initial demand for lenacapavir not only indicates the necessity of the drug but also encourages generic companies to invest in and expedite their preparations for market entry. This early demand can stimulate competition, which will ultimately help lower prices and increase access when generic options become available. Fostering this competitive environment is crucial, as it will expand access to lenacapavir for more populations globally and contribute to the long-term sustainability of HIV prevention efforts.

By acting now and utilizing Gilead's branded product, stakeholders can maximize the immediate benefits of lenacapavir and ensure a faster, more equitable rollout in the years ahead. This approach is essential to fully harnessing the potential of lenacapavir as a transformative tool in the global HIV response.

Additional Considerations for Lenacapavir Rollout

Incorporating Debt2Health (D2H) mechanisms into the scale-up of lenacapavir can further enhance the impact and sustainability of HIV prevention efforts. D2H, an initiative by the Global Fund, involves debt swaps where a portion of a country's debt is forgiven in exchange for increased investments in health programs. By adapting this model to support lenacapavir, development banks, the **World Bank**, and other financial institutions like the International Financing Facility could collaborate with donor countries to convert debt repayments into direct funding for HIV prevention.

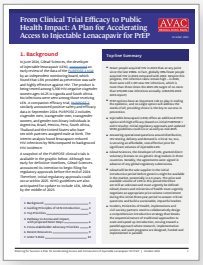
In practice, governments would commit to measurable targets, such as expanding lenacapavir access and lowering HIV incidence, in exchange for debt relief. This model would reduce the financial burden on high-burden countries, enabling them to redirect funds toward HIV prevention while benefiting from lower debt obligations. By combining D2H with favorable loan terms tied to health outcomes, countries could leverage dual financial incentives to advance HIV prevention goals, fostering public health improvements without compromising fiscal stability. This innovative financing strategy would encourage sustainable investments in health, improve national capacity for HIV prevention, and solidify lenacapavir's role within a comprehensive HIV response.

Leverage Existing Data: Implementation science will play a crucial role in the rollout of lenacapavir, but it must be designed to support, rather than delay, rapid scale-up. To achieve this, stakeholders should prioritize leveraging existing data from oral PrEP and cabotegravir programs, synthesizing insights on uptake, adherence, and delivery methods that have already proven effective. By drawing on these established experiences, national programs can immediately apply lessons learned to the rollout of lenacapavir, minimizing the need for time-consuming pilot projects and ensuring that implementation progresses swiftly.

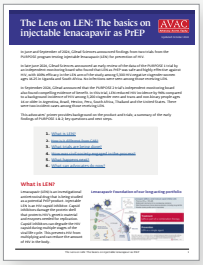
Rather than initiating new studies that could slow momentum, implementation science efforts should focus on real-time monitoring and adaptive learning during the actual rollout. This approach enables continuous improvement based on on-the-ground insights, facilitating adjustments without pausing scale-up efforts. Such a model allows Phase 1 implementation to begin promptly and seamlessly transition into Phase 2, maintaining the pace needed to meet ambitious targets for expanding access and impact.

Emerging Epidemic Hotspots: To effectively address the shifting landscape of the HIV epidemic, the global HIV field must broaden its focus beyond traditional geographic scope and target regions where new infections are rising. This means expanding engagement and ensuring a diverse range of stakeholders are actively involved in planning and implementation. UNAIDS, Gilead, and donors should collaborate to strengthen regional coordination mechanisms that bring advocates, healthcare providers, and policymakers to the table, particularly in Eastern Europe and Central Asia (EECA), Latin America (LATAM), the Middle East and North Africa (MENA), and Asia-Pacific. These regions have historically seen limited donor investment and external support, leaving significant gaps in capacity and infrastructure for HIV prevention and care. To accelerate lenacapavir's rollout, it will be essential to foster robust regional networks, adapt approaches to the unique needs of each area, and equip local actors with the resources and technical expertise needed to drive sustainable impact. By building alliances across these emerging hotspots, the HIV response can adapt to the global epidemiological landscape and ensure equitable access to innovative prevention tools like lenacapavir.

Additional Resources



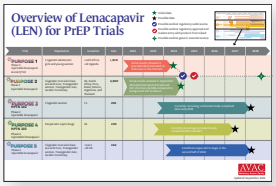
From Clinical Trial Efficacy to Public Health Impact: A Plan for Accelerating Access to Injectable Lenacapavir for PrEP, https://avac.org/resource/report/from-clinical-trial-efficacy-to-public-health-impact-a-plan-for-accelerating-access-to-injectable-lenacapavir-for-prep/



The Lens on LEN

The Basics on Injectable Lenacapavir as PrEP

PxPulse podcast episode, *Lenacapavir: The Case for investing in delivering HIV prevention*, https://avac.org/resource/pxpulse-lenacapavir/



An Overview of Lenacapavir for PrEP Trials

- Coalition to Accelerate Access to Long-Acting PrEP, https://www.prepwatch.org/coalition-long-acting-prep/, including quarterly dashboard to track progress
- *The Lens on LEN: The basics on injectable lenacapavir as PrEP*, https://avac.org/blog/new-len-resources/
- Country-planning matrix to track introduction of next-generation PrEP: https://www.prepwatch.org/resources/product-introduction-country-planning-matrix/
- The pipeline of products getting towards to the market: https://avac.org/resource/infographic/years-ahead-in-hiv-prevention-research-time-to-market/
- *Getting Rollout Right: Lessons from Oral PrEP Programs and their Implications for Next Generation Prevention*, https://www.prepwatch.org/resources/getting-rollout-right/
- BioPIC Adaptable Product Introduction Framework, https://avac.org/resource/report/biopic-adaptable-product-introduction-framework/

About AVAC

AVAC is an international non-profit organization that leverages its independent voice and global partnerships to accelerate ethical development and equitable delivery of effective HIV prevention options, as part of a comprehensive and integrated pathway to global health equity. Follow AVAC on Twitter @HIVpxresearch and find more at www.avac.org.