

Re-imagining Prevention

Planning for sustainable PrEP access in the new funding context

Mitchell Warren

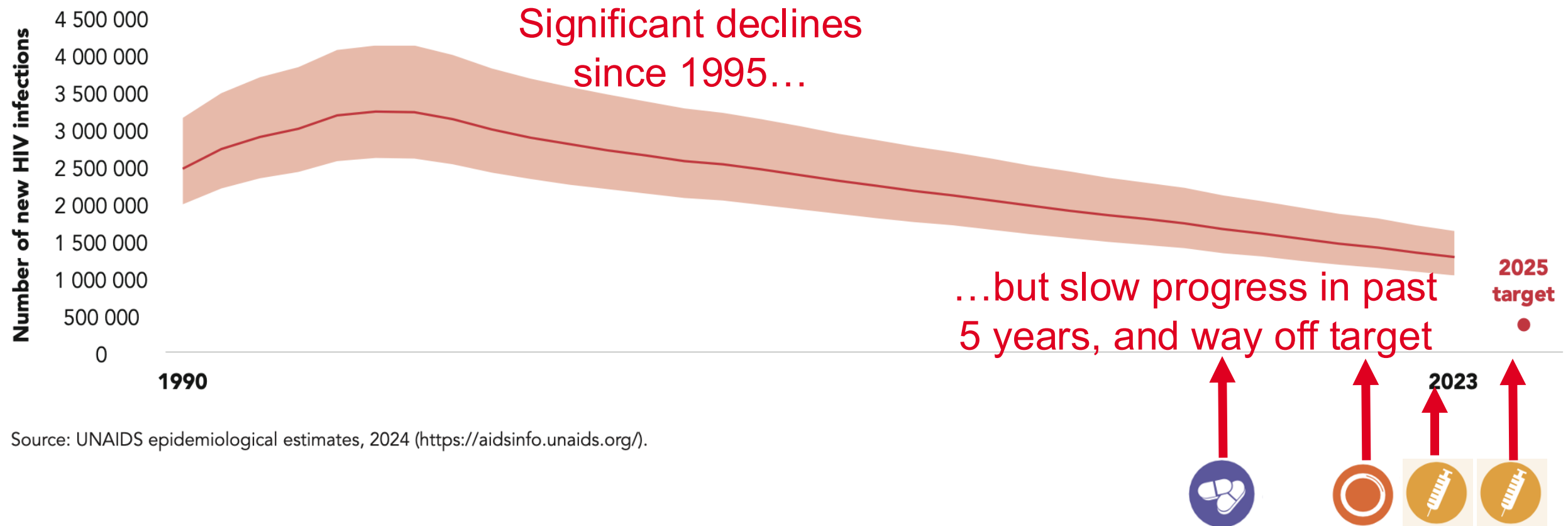
Executive Director, AVAC

14 July 2025

IAS 2025 Satellite Session

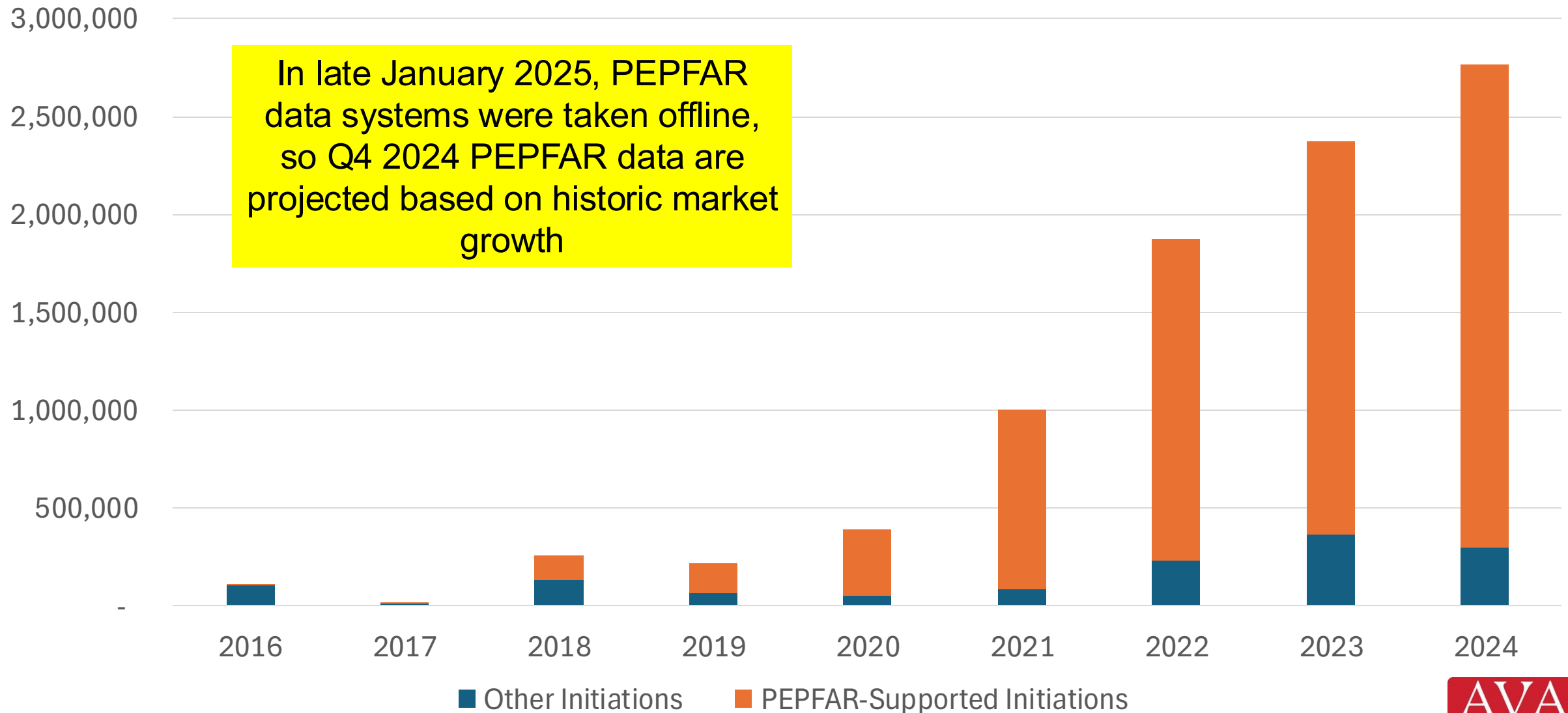
Tracking incidence against UNAIDS 2025 targets

Figure 0.1 Number of new HIV infections, global, 1990–2023, and 2025 target



Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).

PrEP Initiations through 2024



PEPFAR Stop Work Orders: Major Impacts

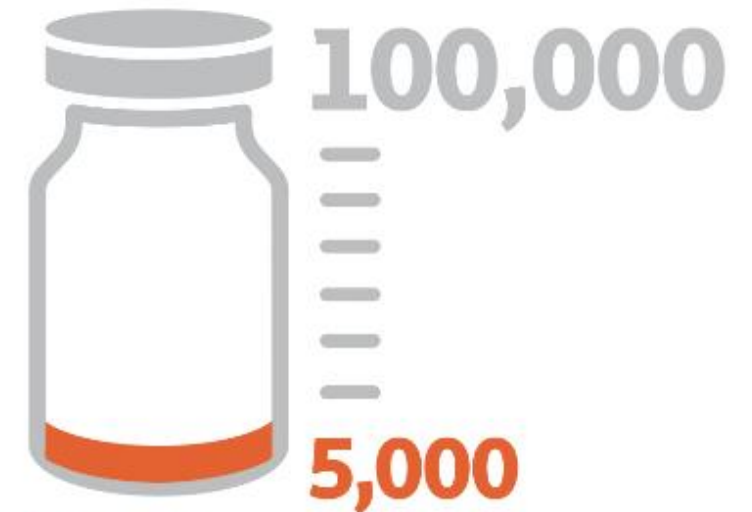
<https://www.prepwatch.org/pepfar-stop-work/>



Number of new **PrEP users** in 2024 who have **lost access to PEPFAR-supported PrEP services**



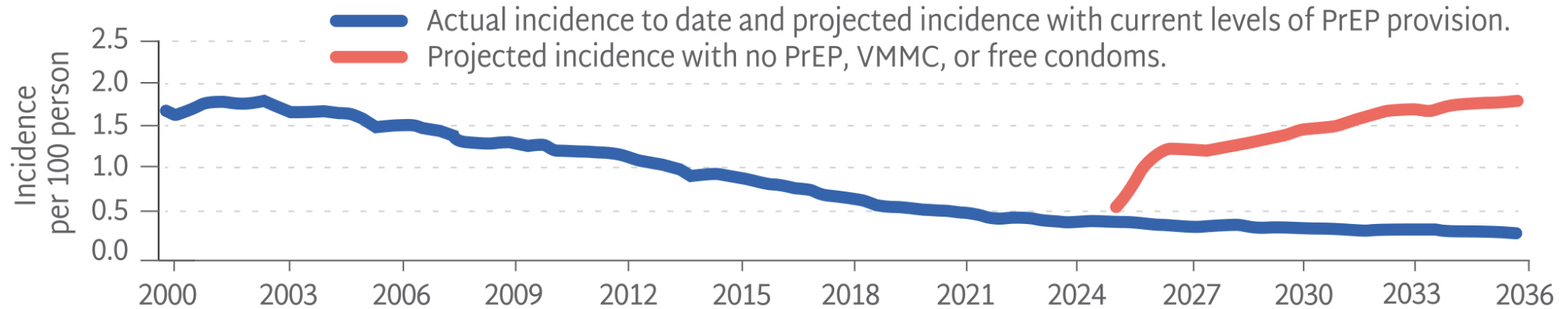
Number of people identifying as **Key Populations** who have **lost access to HIV prevention programming** under PEPFAR



Off Target: The PEPFAR goal of **people initiating CAB for PrEP** in 2025 is falling far short – **5k instead of 100k**

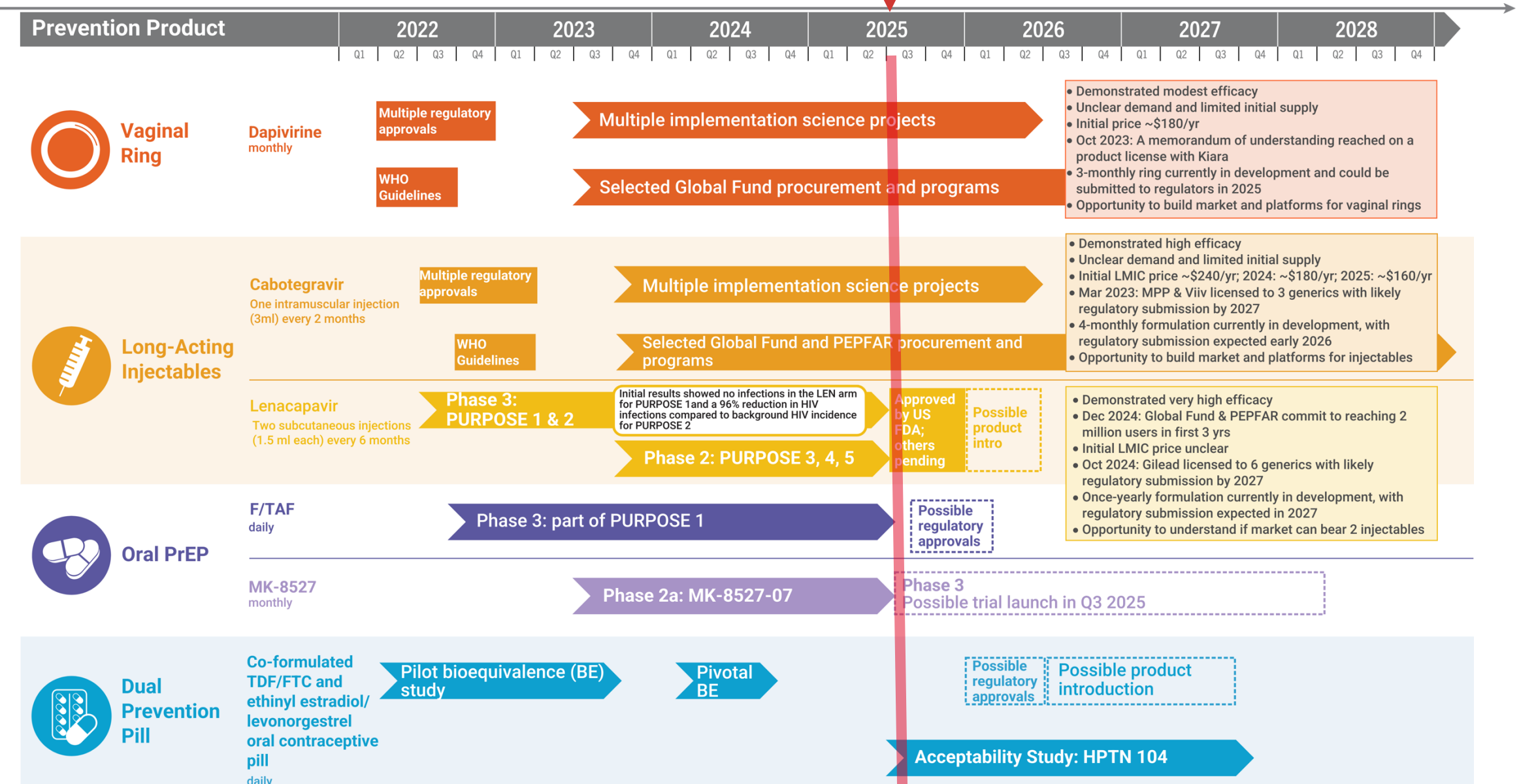
A World Without HIV Prevention

HIV incidence, age 15-49

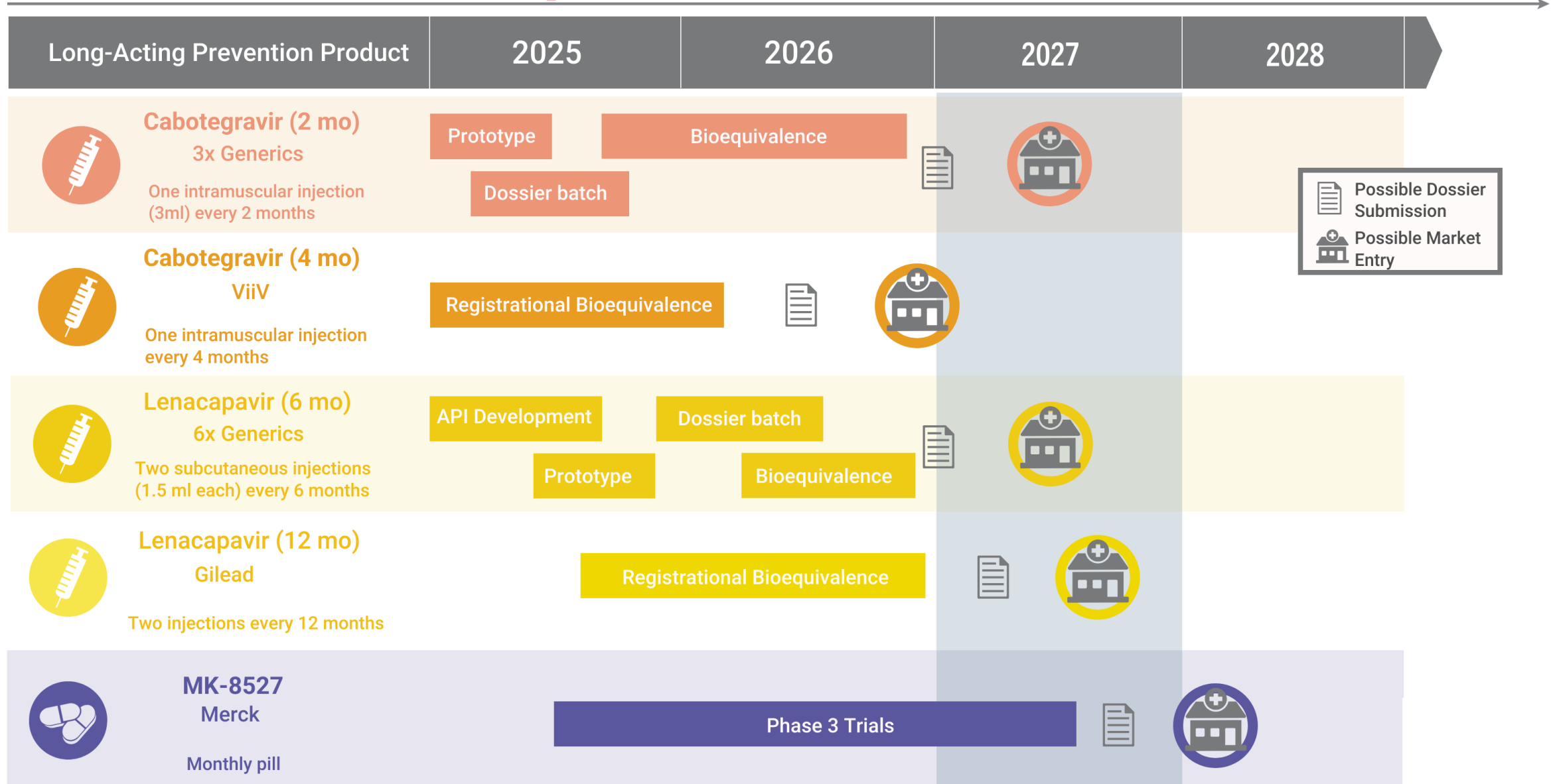


[HIV Synthesis model](#), developed by the HIV Modelling Consortium

PrEP Pipeline

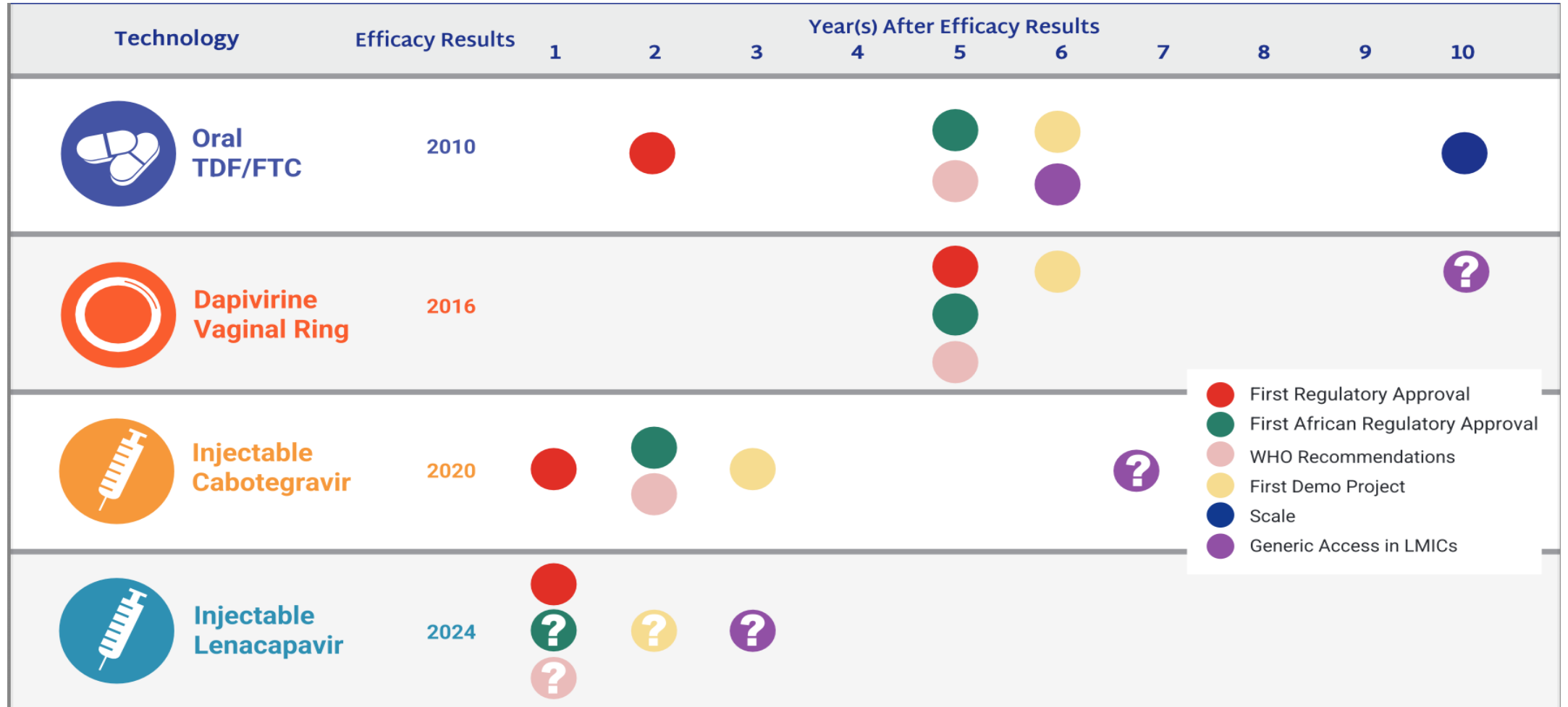


Innovation Pile-Up

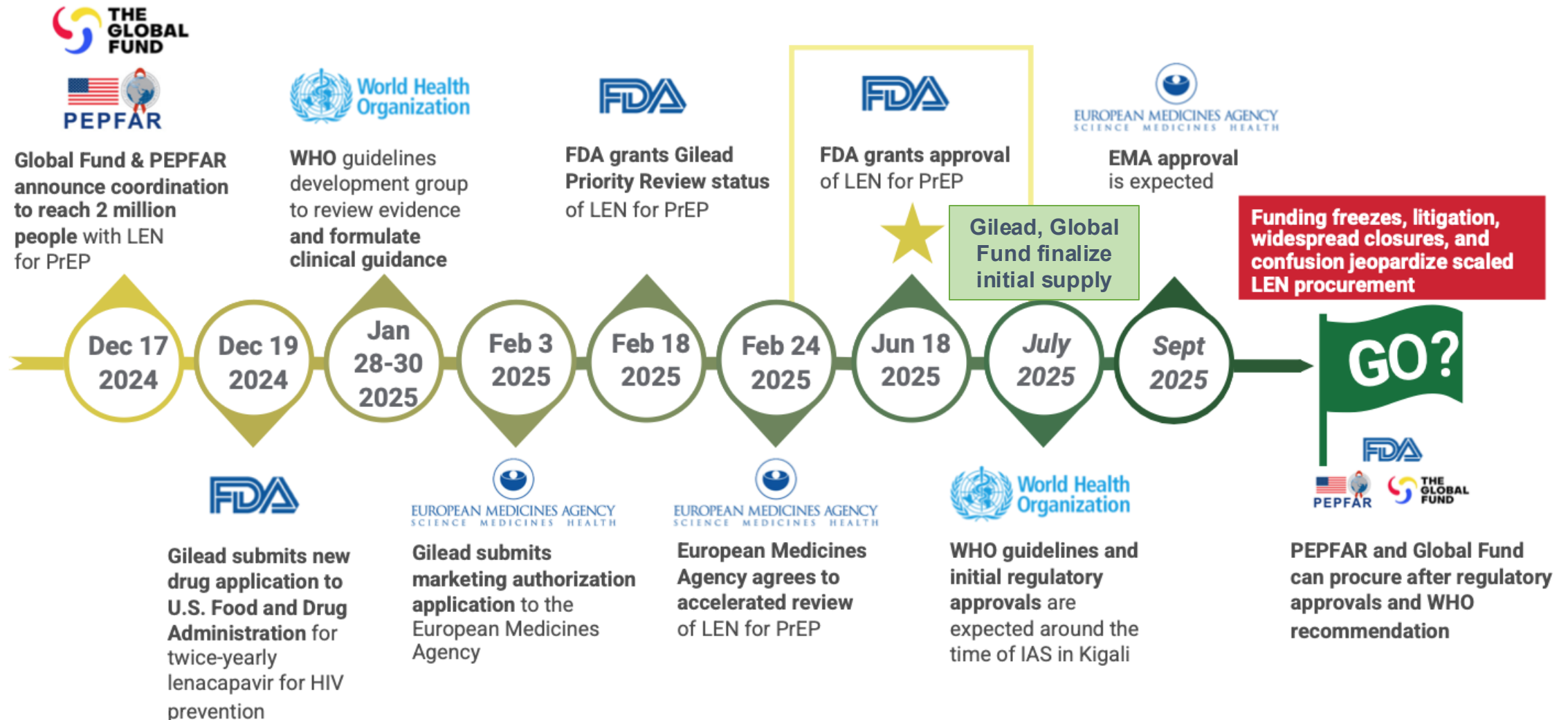


Moving a Product to the “Real World”

Can We Go Faster with LEN?



Our Best Shot at Prevention – But Now What?



Potential Demand for LEN for PrEP

Totals for Top Markets

2024 Oral PrEP Initiations	2,554,082
Possible 2026 Injectable Users	1,532,449

	2024 Initiations	Possible 2026 Market
Nigeria	235,776	141,466

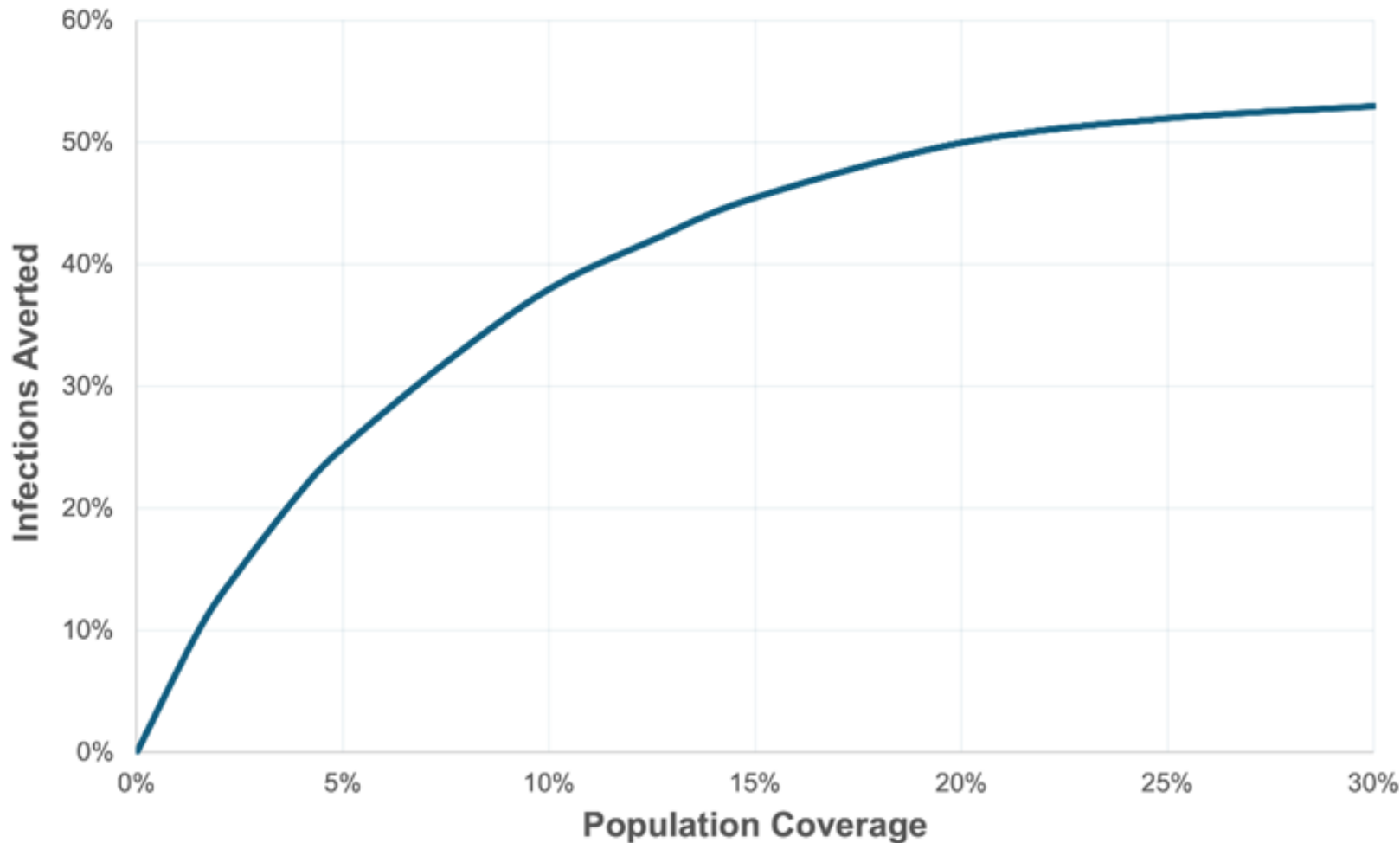
	2024 Initiations	Possible 2026 Market
Brazil	82,619	49,571

	2024 Initiations	Possible 2026 Market
Ukraine	76,454	45,872

	2024 Initiations	Possible 2026 Market
Philippines	13,191	7,915
Thailand	13,670	8,202
Vietnam	16,735	10,041

	2024 Initiations	Possible 2026 Market
Eswatini	26,369	15,821
Kenya	145,774	87,464
Lesotho	30,161	18,097
Malawi	100,485	60,291
Mozambique	205,582	123,349
South Africa	572,393	343,436
Tanzania	272,526	163,516
Uganda	265,753	159,452
Zambia	379,797	227,878
Zimbabwe	116,797	70,078

If We Get Rollout Right: Potential Impact of LEN



Source: Gates Foundation

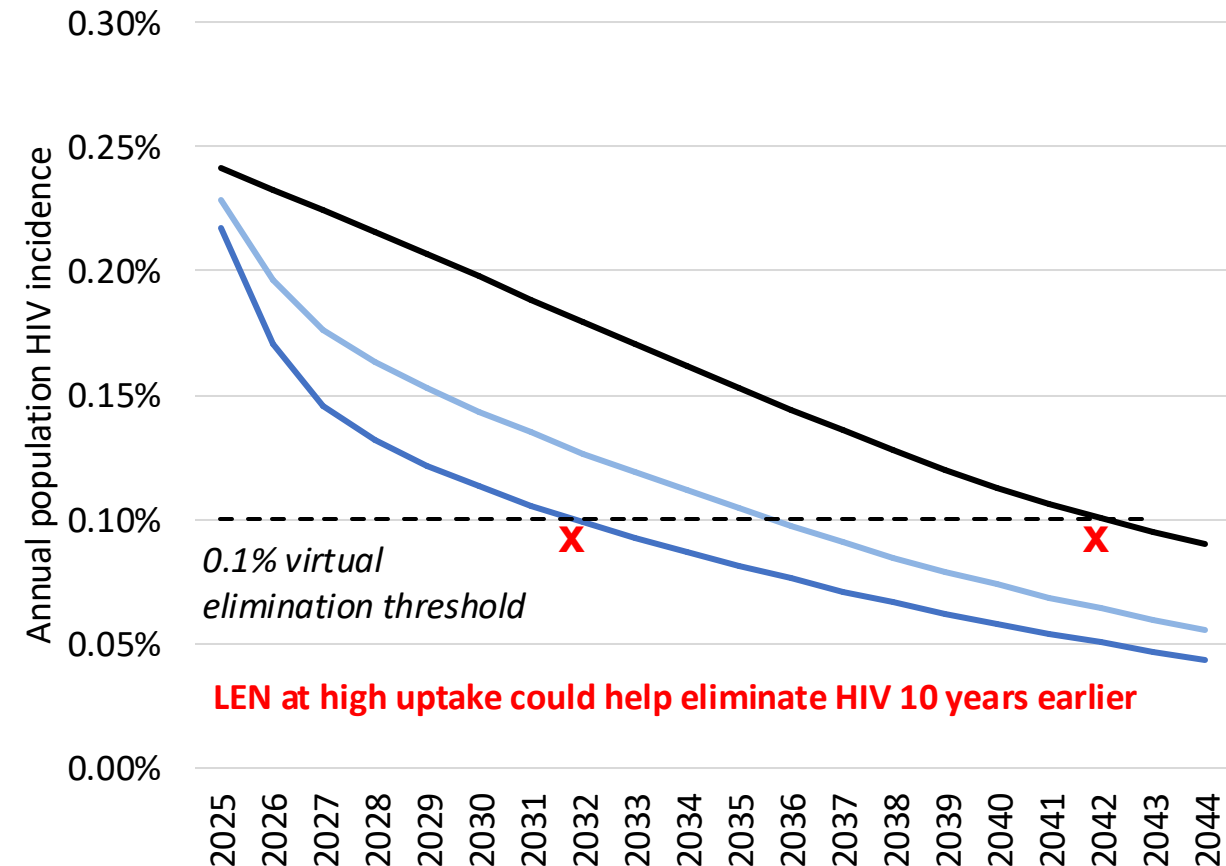
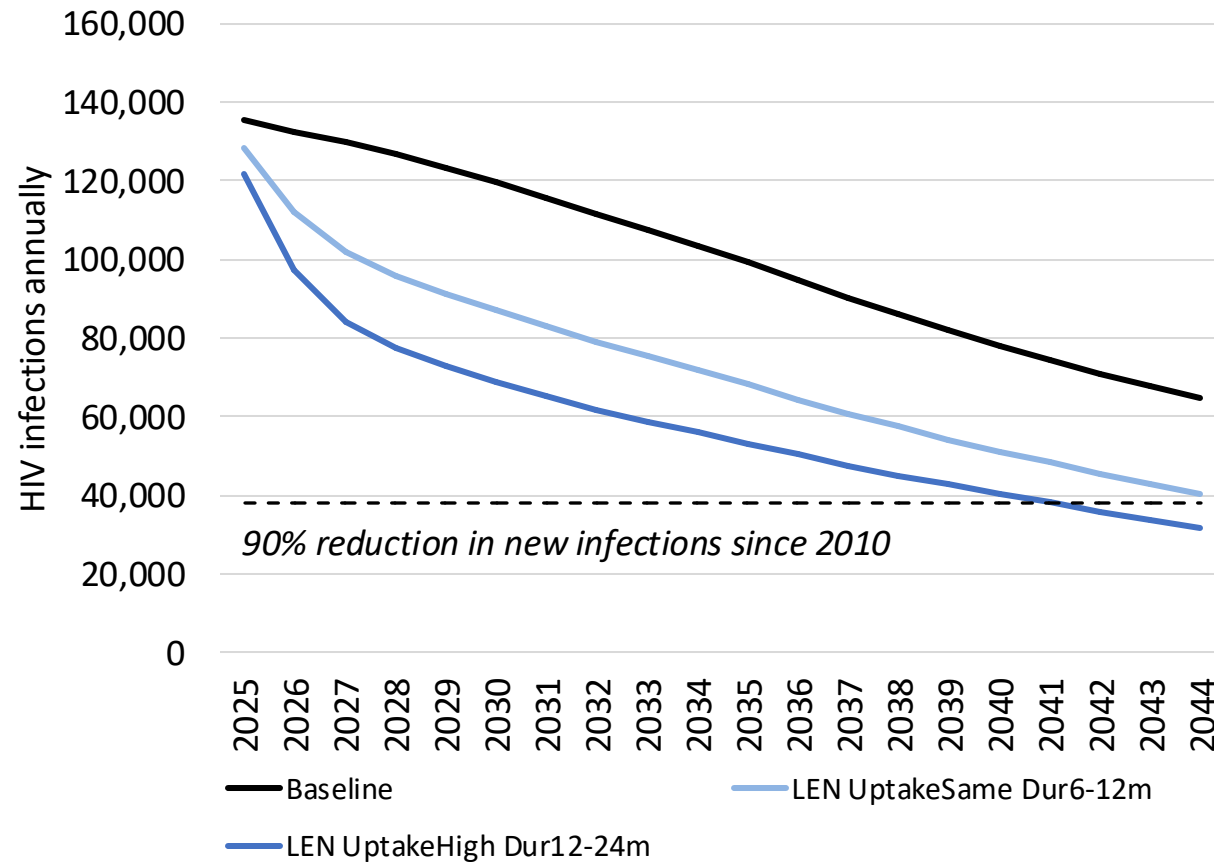
In **concentrated epidemics**, providing LEN to **3% of adult population** in the highest risk key populations **could avert ~70% of new infections**

In **generalised epidemics**, providing LEN to **~5% of the adult population and prioritising** by location and behaviour **could avert ~25-35% of new infections**

In **generalised epidemics**, providing LEN to **~20% of the adult population and prioritising** by location and behaviour **could avert 50-70% of new infections**

If We Get Rollout Right: Potential Impact of LEN

Potential Infections Averted in South Africa



But No One Product Is “THE” Product

For each product, understand and balance:

Clinical	Policy & Programs	Personal & Social
<ul style="list-style-type: none">■ Biologic efficacy■ Dosing/duration■ Reversibility■ Side effect profile■ Systemic/Topical	<ul style="list-style-type: none">■ Delivery channel(s)■ Health system burden■ Product cost■ Program cost■ Provider training■ Demand creation	<ul style="list-style-type: none">■ User effectiveness■ User preference■ User burden■ Discretion of use■ Contribution to stigma

It's never just “the product” – it's the program;
new options can't solve for everything

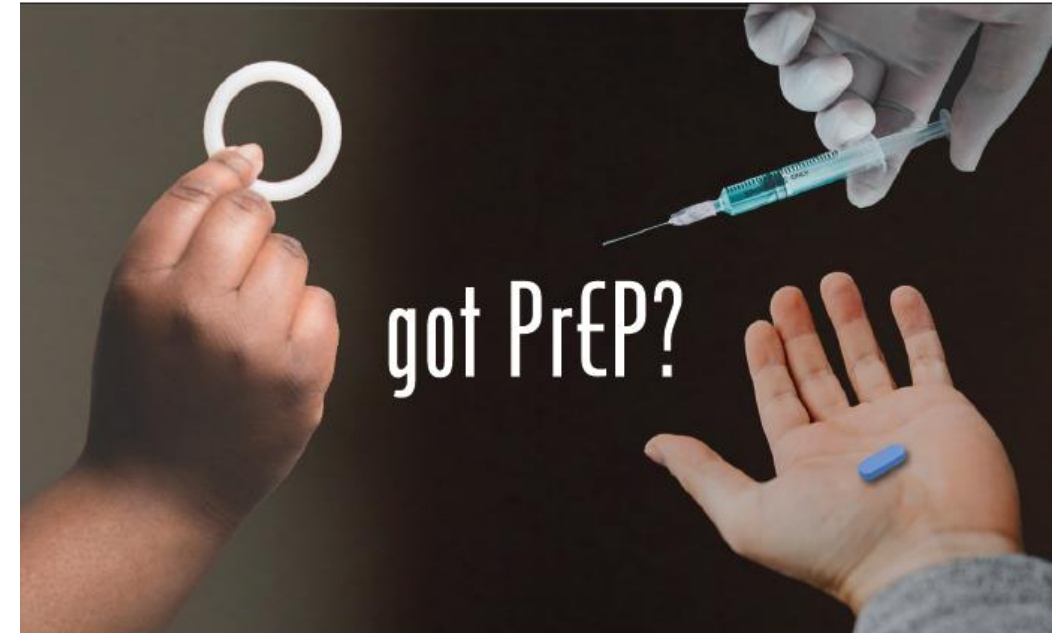
The Way(s) Forward

Some guiding principles

- Prioritize, Prioritize, Prioritize – like we've never prioritized before
- Don't miss out on innovation
- Think health systems – not disease- or product-specific
- Think and collaborate differently – in new ways and with different stakeholders
- Re-define sustainability – and make sure it is not just about money
- Local ownership & leadership

Further Resources

- [Global PrEP Tracker](#) – tracking PrEP initiations by country over time
- [PEPFAR Stop Work Order Tracker](#) – tracking impacts in real time
- [All things LEN](#)
- [Getting Rollout Right This Time](#) – insights and best practices for successful PrEP rollout
- [PrEPWatch.org](#) – data, information, and PrEP resources



For the last 8 years, AVAC has proudly worked with PEPFAR to document PrEP uptake and its impact around the world. That stopped in January with a stop work order from the US government. But protecting access to PrEP is vital. Are you leading a PrEP program? Whether supported by PEPFAR or not, we invite you to work with us to ensure global data on PrEP is not lost.

Acknowledgements

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Gates Foundation

CIF CHILDREN'S INVESTMENT FUND FOUNDATION



BioPIC Biomedical Prevention Implementation Collaborative



COMPASS

Coalition to Accelerate and Support Prevention Research (CASPR)



Cooperative Agreement No. AID-OAA-A-16-00031
HIV Vaccine and Biomedical Prevention Research Project—Objective 3

