The Global Need for Long-Acting PrEP Among Key Populations: Forecasts of Global Demand 2025-2030

A Product of Long-Acting PrEP Power Project

July 2025

Avenir Health

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Terms and Figures

Acknowledgements

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CAB PrEP	injectable cabotegravir for PrEP
FSW	female sex workers
KP	key populations
LA	long-acting
LEN PrEP	injectable lenacapavir for PrEP
LMIC	low- and middle-income countries
MSM	men who have sex with men
UNAIDS	Joint United Nations Programme on HIV/AIDS
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PrEP	pre-exposure prophylaxis for HIV
PWID	people who inject drugs
PYP	person-years on PrEP
TGW	transgender women

Executive Summary

The introduction of long-acting (LA) PrEP represents a turning point in the global HIV response, especially for key populations (KPs) who have historically faced persistent barriers to HIV prevention. Despite oral PrEP being introduced more than a decade ago, global uptake remains well below targets. As of 2024, there have been just over 9 million PrEP initiations globally—falling short of the UNAIDS goal of 10 million person years of PrEP, or 21.2 million users, by 2025. New HIV infections are declining in some regions but are stagnating or rising in others, particularly where key populations are underserved.

In June 2025, the U.S. FDA approved injectable lenacapavir (LEN) for PrEP. WHO recommendations are expected in July 2025, followed by additional regulatory approvals in LMICs and high-income countries alike. This global PrEP forecast report—the first of its kind focused exclusively on KPs—estimates the projected need and potential uptake of long-acting PrEP products through 2030.

1. Introduction

Thirteen years after oral PrEP's introduction, global uptake remains slow, with just over 9 million initiations—falling short of UNAIDS' 2025 targets[1]. While HIV infections are declining in some regions, others are experiencing growing epidemics. Despite these challenges, lessons from oral PrEP and injectable cabotegravir (CAB) rollout have strengthened systems and paved the way for scaling up longer-acting (LA) options for HIV prevention.

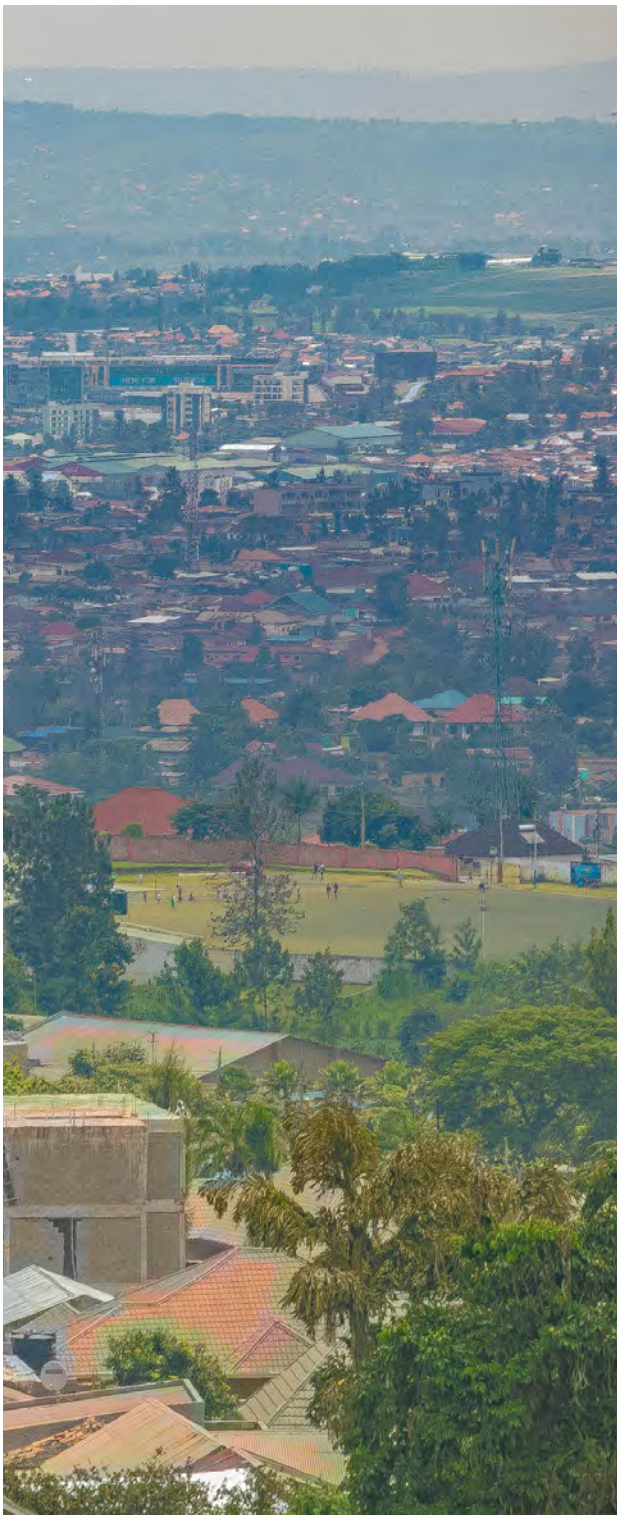
Key populations and their partners account for an estimated 80% of new HIV infections outside sub-Saharan Africa and about 25% within sub-Saharan Africa, making these communities a priority for PrEP services[2]. The objective of this report is to provide information on the projected need for PrEP among four key populations (KP): female sex workers (FSW), men who have sex with men (MSM), transgender women (TGW), and people who inject drugs (PWID). Later in this report, we present results for three hypothetical scenarios of method mix among the four PrEP methods outlined below[3] with varying availability in 2025:

- Daily oral PrEP – widely commercially available;
- Injectable cabotegravir (CAB PrEP) – available in limited quantities in select settings;
- Injectable lenacapavir (LEN PrEP) – approved by the US Food and Drug Administration in June 2025, but not yet commercially available; and
- Monthly oral PrEP – still in clinical trials and anticipated to become commercially available as early as 2028.

The forecast includes 172 countries over the period 2025 to 2030. We calculated a total revised annual need of 9.97 million person-years on PrEP among these four KP groups based on updated parameters in the UNAIDS target-setting approach for prep.

The data sources for this report are:

- Incidence and population size estimates produced by UNAIDS for four key populations;
- Country reports to PEPFAR on the number of new PrEP initiations in 2023;
- Country reports on the use of PrEP to the Global AIDS Monitoring (GAM) system n 2023; and
- The latest available information on which countries will introduce long-acting PrEP, as of July 2025.



[1] UNAIDS. HIV Prevention: From Crisis to Opportunity — Key findings from the 2023 Global HIV Prevention Coalition scorecards. https://www.unaids.org/sites/default/files/media_asset/2023-global-hiv-prevention-coalition-scorecards-key-findings_en.pdf
[2] AIDS, crisis and the power to transform: UNAIDS Global AIDS Update 2025. Geneva: Joint United Nations Programme on HIV/AIDS; 2025. Licence: CC BY-NC-SA 3.0 IGO.
[3] The Dapivirine Vaginal Ring, available in limited settings since 2022, was not included in this forecast, as unlike other methods it is not approved for use among all KP.

2. Forecasting Methods

The forecasted total global need for PrEP is expressed in units of person-years on PrEP (PYP) and numbers of doses[4] for each of the four PrEP methods. The need for PrEP was a calculated using the revised UNAIDS methodology for PrEP target setting[5], based on the latest available HIV incidence estimates and key population size estimates produced by UNAIDS and by Korenromp et al.[6] The forecast is accompanied by an Excel-based tool allowing users to define scenarios and specify the timing of method introduction by country.

2.1 Need for PrEP among key populations

The revised UNAIDS PrEP target setting methodology is depicted in Figure 1 (below). Target coverage is calculated individually for each key population and for each country based on each population's estimated national incidence. For each population and country, the target coverage level begins at a population-specific minimum value for populations with 0% estimated national HIV incidence and increases linearly to a population-specific maximum value (i.e., a ceiling on PrEP coverage) for populations whose national incidence is 3% or higher.

For FSW, target PrEP coverage ranges from 0% for countries where FSW have 0% incidence to 80% in countries where FSW have 3% incidence or higher. For MSM and TGW, target coverage is 20% even where incidence is estimated at 0% and ranges up to 80% in countries with 3% or higher incidence among these populations. The maximum coverage for PWID was limited by the coverage of safe needle and syringe programs; country-specific estimates were used where available, and a standard value of 50% was used for countries lacking estimates. We calculate need for PrEP in person-years by multiplying target coverage by the population size estimate for each country and KP.

There are six large countries – China, India, Indonesia, Mexico, Pakistan, and the Philippines – with very high calculated need among KP (>300k PYP) which reported little or no PrEP use in reports submitted to PEPFAR and/or GAM as of 2023. For these six countries, we believe the calculated target coverage was unlikely to be met in full; we therefore assumed 25% of the target could be reached for these countries in all scenarios. Without this adjustment, these six countries would have dominated and skewed the overall global need forecast.

Figure 1. UNAIDS methodology for PrEP target setting. Target coverage ranges linearly between a population-specific minimum value at incidence = 0% and a population-specific maximum value at incidence = 3% or higher. Minimum and maximum coverage values for each population are shown.

	FSW	MSM	TGW	PWID
Minimum	0	20	20	0
Maximum	80	80	80	50*

[4] For oral PrEP one dose = 1 30-day bottle. For CAB and LEN PrEP one dose = 1 visit. For monthly oral PrEP one dose = 1 monthly pill.
[5] Note that UNAIDS had not finalized or published their PrEP targets at the time of this report. We have independently applied the target-setting methodology adopted by the UNAIDS Technical Reference Group. Estimates could change if UNAIDS makes changes to their methodology or data sources before finalizing.
[6] Korenromp EL, et al. New HIV Infections Among Key Populations and Their Partners in 2010 and 2022, by World Region: A Multisources Estimation. J Acquir Immune Defic Syndr. 2024 Jan 1;95(1S):e34-e45. doi: 10.1097/QAI.0000000000003340. Epub 2024 Jan 4. PMID: 38180737; PMCID: PMC10769164.

2. Forecasting Methods (Cont.)

2.2 Method mix scenarios

To distribute the calculated need for PrEP for each KP in each country over the four PrEP methods, we assume a method mix at full scale (i.e., when all methods are available). We lack information about relative uptake in the context of multiple long-acting methods or their future availability in each country. However, we can hypothesize a range of scenarios that may encapsulate the future mix. In all scenarios, we assume the same calculated total PrEP need by KP and country. Results from three hypothetical scenarios are presented in this report:

- Scenario 1, low innovation adoption: a limited shift to new long-acting (LA) methods;
- Scenario 2, balanced adoption: a moderate shift to new LA methods; and
- Scenario 3, long-acting dominant future: a strong shift to new LA methods.

Method mix at full scale for each scenario is shown in Table 1. Because it is unclear what will be the relative uptake or availability of injectable CAB and LEN PrEP, we have assumed equal uptake in each scenario. The Excel forecasting tool allows users to vary method mix by country; for simplicity, we have assumed the same method mix across all countries in each scenario.

2.3 Timing of method introduction

The forecast covers the period 2025-2030. Some countries have already begun to deliver CAB PrEP. Others expect to begin implementing CAB and/or LEN PrEP in 2026, or in 2027 when less expensive generic product becomes available to eligible countries.

Based on the latest available information, we selected a year of injectable PrEP introduction for each country as detailed below:

- CAB PrEP in **2025** and LEN PrEP in **2026**: 13 countries that have already begun to implement injectable CAB PrEP;
- CAB PrEP and LEN PrEP in **2026** for 8 countries that expect CAB PrEP delivery in 2025 or were on the priority waitlist to receive it;
- CAB PrEP in **2027** for 102 countries: 63 countries that are eligible for the generic CAB price and have reported oral PrEP use in past years (if they report), 33 high-income countries which do not report but have approved CAB PrEP, and 6 additional countries – Argentina, Brazil, China, Mexico, Pakistan, and Peru – which we expect may implement injectable PrEP; and,
- LEN PrEP in **2027** for 86 countries: 50 countries that are eligible for the generic LEN price and have reported oral PrEP use in past years (if they report), 33 high-income countries which do not report but have approved CAB PrEP, and 3 additional countries – Argentina, Pakistan, and Peru – which we expect may implement injectable PrEP.

Under these assumptions, 123 and 107 countries in total are assumed to implement CAB PrEP and LEN PrEP, respectively, and 128 total will implement one or both. We assume monthly oral PrEP will be introduced in 2030 in these countries. Of the 172 countries in this forecast, 44 countries are assumed to **not** introduce **any** of the three long-acting methods.

Table 1. Three scenarios characterized by their method mix at full scale. All scenarios use the same calculated total PrEP need by KP and country.

	Daily Oral	CAB PrEP	LEN PrEP	Monthly Oral
S1, Low innovation adoption	75%	10%	10%	5%
S2, Balanced adoption	40%	20%	20%	20%
S3, Long-acting dominant future	20%	30%	30%	20%

3. Results

The annual total global need for PrEP among these four KP groups is 9.97 million person-years. Results are given in Table 2 by KP and method for each of the three scenarios of method mix.

Table 2. Annual need for PrEP in millions of person-years by KP and method in 2030.

	Daily Oral	CAB PrEP	LEN PrEP	Monthly Oral	Total
Scenario 1 Total	**8.05**	**0.83**	**0.68**	**0.42**	**9.97**
FSW	1.08	0.11	0.10	0.06	1.35
MSM	5.61	0.60	0.47	0.30	6.98
TGW	0.48	0.06	0.05	0.03	0.61
PWID	0.87	0.06	0.06	0.04	1.03
Scenario 2 Total	**5.20**	**1.70**	**1.35**	**1.72**	**9.97**
FSW	0.69	0.22	0.21	0.23	1.35
MSM	3.58	1.23	0.94	1.23	6.98
TGW	0.30	0.11	0.09	0.11	0.61
PWID	0.63	0.13	0.12	0.15	1.03
Scenario 3 Total	**3.53**	**2.62**	**2.04**	**1.78**	**9.97**
FSW	0.47	0.34	0.31	0.23	1.35
MSM	2.39	1.90	1.41	1.28	6.98
TGW	0.19	0.17	0.14	0.12	0.61
PWID	0.49	0.21	0.18	0.16	1.03

Figure 2. Distribution of PrEP need by method in 2030, with all methods introduced.

Figure 2 (right) shows the distribution by country of PYP by method in 2030, with all methods introduced. In all scenarios, the fraction of PYP on daily oral PrEP is slightly greater than in the method mixes given in Table 1 – e.g., the fraction of need met by daily oral in Scenario 1 is closer to 80% than 75%. This is due to the assumption that 44 countries will not adopt long-acting methods as described above, and which therefore meet their KP need with daily oral PrEP alone.

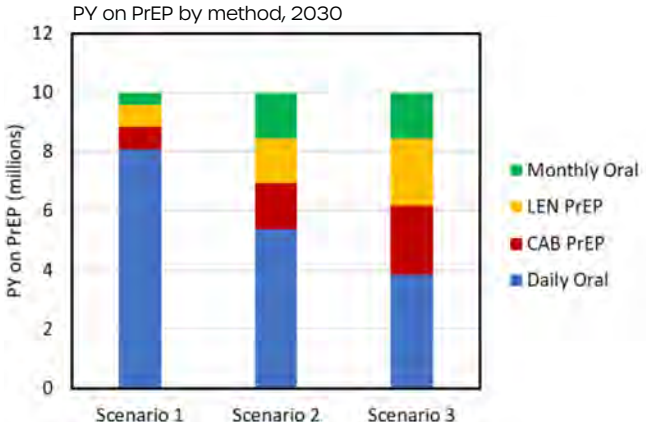


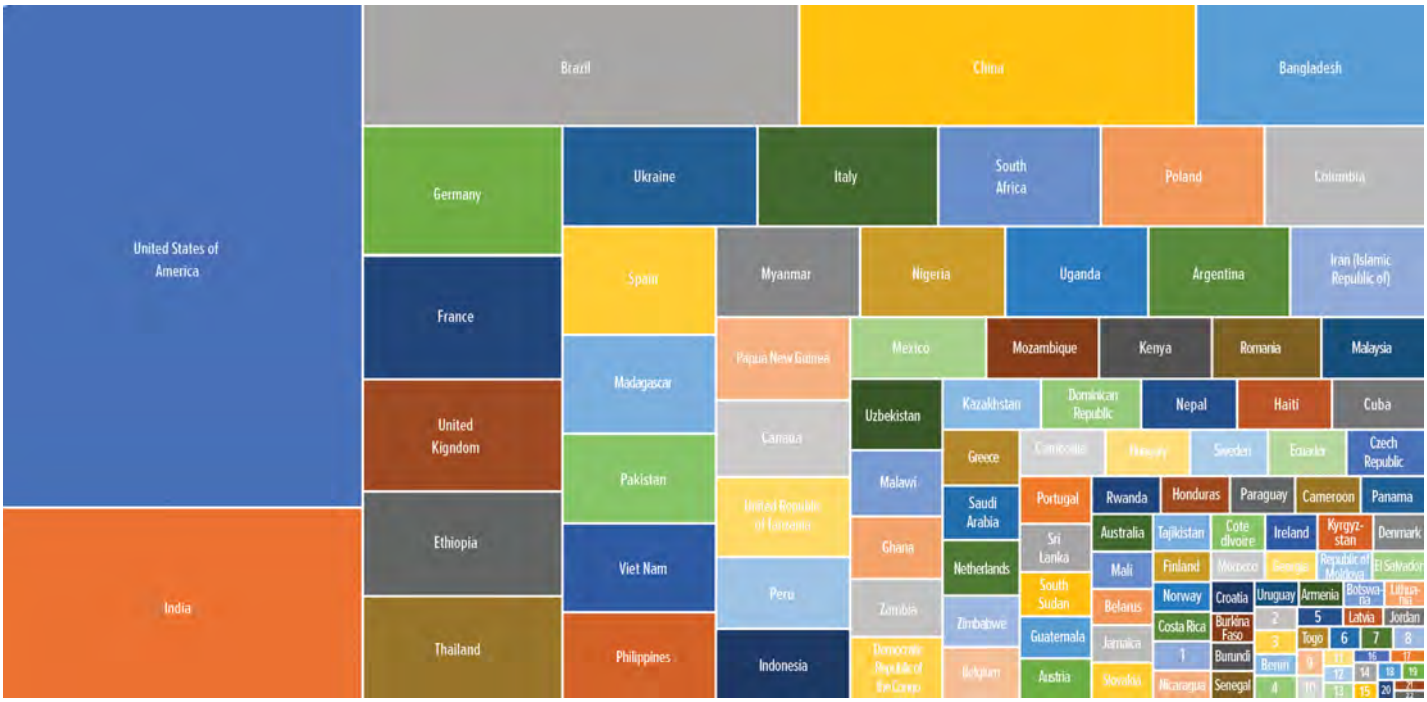
Table 3. Lists of the top ten high-income countries (HICs) and low- and middle-income countries (LMICs) in their share of all person-years on long-acting PrEP in 2030, under Scenario 3.

Top 10 HICs	% of Global PY on LA PrEP	Top 10 LMICs	% of Global PY on LA PrEP
USA	18.2%	India	6.9%
Germany	2.7%	Brazil	5.3%
UK	2.5%	China	4.8%
United Kingdom	2.3%	Bangladesh	2.8%
Italy	1.9%	Ethiopia	2.1%
Poland	1.7%	Thailand	2.1%
Spain	1.7%	Ukraine	2.0%
Canada	1.1%	South Africa	1.7%
Romania	0.7%	Madagascar	1.7%
Greece	0.4%	Pakistan	1.6%

3. Results (Cont.)

Figure 3 (below) shows the distribution of annual person-years on long-acting PrEP in Scenario 3 by country. The United States has the largest need for LA PrEP, followed by Brazil, India, China, and Nigeria. The top ten countries account for just under half of the global need for LA PrEP among the four KP. For additional reference, we have included a full list of the countries in order of estimated need volume in an appendix below. Table 3 (below) lists the top ten high-income and low- and middle-income countries according to their share of all person-years on long-acting PrEP in 2030.

Figure 3. Distribution of person-years on long-acting PrEP in 2030, under Scenario 3.



1. Republic
2. United Arab Emirates
3. Libyan Arab Jamahiriya
4. Azerbaijan
5. Sierra Leone
6. Slovenia
7. Trinidad and Tobago
8. Gambia
9. Liberia
10. Lesotho
11. Oman
12. Namibia
13. Lebanon
14. Cyprus
15. Estonia
16. Eritrea
17. Qatar
18. New Zealand
19. Guyana
20. Kuwait
21. Eswatini
22. Malta

Figure 3. Appendix

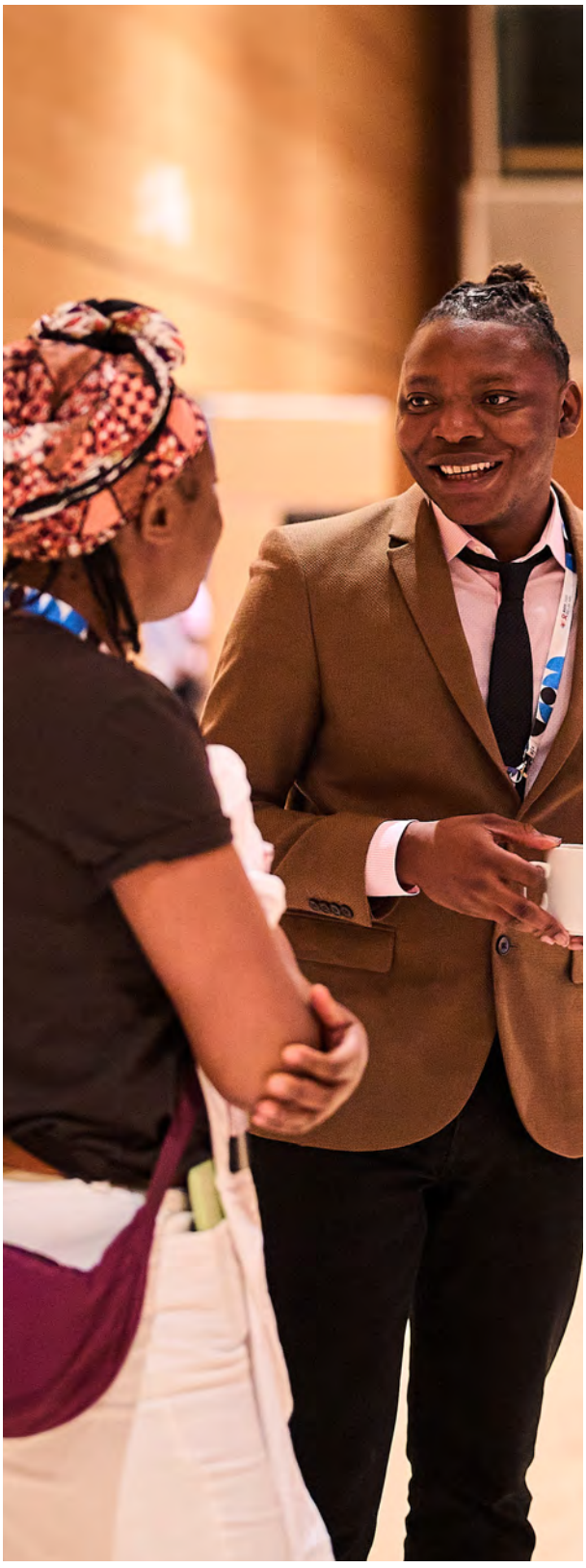
United States of America - 1,171,653
India - 446,782
Brazil - 339,557
China - 307,214
Bangladesh - 178,772
Germany - 172,798
France - 158,522
United Kingdom - 148,006
Ethiopia - 137,515
Thailand - 133,387
Ukraine - 131,176
Italy - 120,008
South Africa - 110,011
Poland - 108,899
Colombia - 108,505
Spain - 106,458
Madagascar - 100,647
Pakistan - 91,580
Viet Nam - 87,999
Philippines - 86,613
Myanmar - 84,798
Nigeria - 84,255
Uganda - 83,942
Argentina - 83,566
Iran (Islamic Republic of) - 79,471
Papua New Guinea - 72,160
Canada - 69,790
United Republic of Tanzania - 67,826
Peru - 63,549
Mexico - 54,943
Indonesia - 61,452
Mozambique - 46,532
Kenya - 45,987
Romania - 44,728
Malaysia - 43,002
Uzbekistan - 41,627
Malawi - 39,396
Ghana - 36,741
Zambia - 35,701
Democratic Republic of the Congo - 35,428
Kazakhstan - 33,086
Dominican Republic - 32,678
Nepal - 32,549
Haiti - 31,486
Cuba - 31,354
Greece - 28,281
Saudi Arabia - 27,989
Netherlands - 27,933
Zimbabwe - 27,100
Belgium - 26,590
Cambodia - 24,927
Hungary - 24,582
Sweden - 23,301
Ecuador - 23,261
Czech Republic - 23,012
Portugal - 22,622
Sri Lanka - 21,704
South Sudan - 20,720
Guatemala - 19,721
Austria - 18,466
Rwanda - 17,373
Honduras - 17,004
Paraguay - 16,649
Cameroon - 16,259
Panama - 16,081
Australia - 15,475
Mali - 15,002
Belarus - 14,988
Jamaica - 14,791
Slovakia - 14,544
Tajikistan - 13,904
Cote dIvoire - 13,377
Ireland - 13,195
Kyrgyzstan - 13,181
Denmark - 12,356
Finland - 11,793
Norway - 11,772
Costa Rica - 11,526
Lao People Democratic Republic - 11,390
Nicaragua - 11,052
Morocco - 10,923
Georgia - 10,765
Republic of Moldova - 10,296
El Salvador - 10,040
Croatia - 9,040
Burkina Faso - 8,360
Burundi - 8,268
Senegal - 7,766
Uruguay - 7,484
Armenia - 7,050
Botswana - 6,876
Lithuania - 6,565
United Arab Emirates - 6,355
Libyan Arab Jamahiriya - 6,303
Benin - 6,279
Azerbaijan - 6,014
Sierra Leone -5,854
Latvia - 5,341
Jordan - 5,057
Togo - 4,656
Slovenia - 4,601
Trinidad and Tobago -4,516
Gambia -4,488
Liberia -4,486
Lesotho -3,904
Oman -3,621
Namibia -3,464
Lebanon -3,377
Cyprus -3,295
Estonia -3,132
Eritrea -2,795
Qatar -2,444
New Zealand -2,424
Guyana - 2,325
Kuwait - 2,141
Eswatini -2,071
Malta -1,787
Luxembourg - 1,780
Mongolia - 1,200
Belize - 1,066
Iceland -962
Bahamas -882
Bahrain -864
Maldives - 723
Barbados - 657
Mauritius - 271
Djibouti - 205
Sao Tome and Principe - 31

4. Discussion

This is the first global forecast of need for PrEP among key populations. The approach presented in this report is based on the latest estimates of key population size and incidence and the target-setting methodology depicted in Figure 1. We calculate a global annual need of 9.97 million PYP among the four key populations considered here. Other KP, notably transgender men, were not included because we lack the necessary estimates of population size and HIV incidence. It is important to note that the numbers reported here are revised compared to what was previously disseminated due to changes in the UNAIDS target-setting assumptions prior to finalization of the UNAIDS targets.

We have presented results by method for three scenarios of method mix at full scale, i.e., with all methods introduced (Table 1). We assume that between 20-60% of KP need will be met by long-acting methods: injectable CAB PrEP and LEN PrEP, and monthly oral PrEP.

From the data, it is evident that need for PrEP amongst KP is significant, and without addressing this need, we will be unlikely to reach UNAIDS' 2030 goal for reduction in HIV incidence. **Now is the time for governments, implementers, funders, policymakers, drug developers, and other stakeholders to take advantage of the huge opportunity that long-acting PrEP provides and ensure the need for long-acting PrEP amongst KP is met.**



4.1 Limitations

It should be emphasized that the estimates of key population size and incidence are highly uncertain. Moreover, we did not attempt to account for change in population sizes or HIV incidence over the forecast period 2025-2030. There is also uncertainty about the extent to which countries will introduce long-acting methods in the context of a rapidly changing HIV funding environment. As more information emerges about the funding environment for all methods of oral and injectable PrEP, we will be better positioned to elaborate on this forecast and narrow the range of total projected volume. This forecast also does not account for the policy context, which can impact access, particularly for KP. The policy context and other important factors affecting rollout of long-acting PrEP are explored for some high-priority countries in the accompanying market assessment report, entitled "Long-Acting PrEP Market Assessment for Key Populations: Global Access and Readiness." Finally, method mix, especially between injectables, is uncertain, and the potential availability of four-monthly CAB PrEP and 12-monthly LEN PrEP in 2027 could further impact the choice landscape.

5. Market Readiness and Implementation Landscape

The Long-Acting PrEP Market Assessment conducted by GBGMC provides a detailed country-level analysis of implementation readiness in an initial eight priority countries identified for their strategic relevance in scaling up long-acting HIV prevention among key populations. These countries—**United States, South Africa, Brazil, Nigeria, Zambia, Vietnam, France, and the Philippines**—were selected using a composite scoring framework that considered factors including key population size, HIV incidence, existing PrEP uptake, policy environment, and stakeholder-identified opportunities for product introduction.

5.1 Regulatory and Policy Preparedness

Regulatory and policy environments for long-acting HIV prevention products vary widely across the eight countries. As of July 2025:

- The United States is the only country among the eight with regulatory approvals for both injectable cabotegravir (CAB) and injectable lenacapavir (LEN) for PrEP. CAB was approved in December 2021, and LEN received FDA approval in June 2025.
- South Africa and Brazil were noted in the assessment as having established regulatory systems. Stakeholders in both countries reported that regulatory dossiers for LEN had been submitted by Gilead as of March 2025, though approvals were pending at the time of the report. South Africa has also approved CAB and initiated pilot implementation.
- In Nigeria, Zambia, Vietnam, France, and the Philippines, stakeholders indicated that regulatory planning for new PrEP modalities was in the early stages. As of mid-2025, no confirmed regulatory filings for LEN had been made in these countries. Additionally, long-acting PrEP products were not yet reflected in national HIV prevention guidelines. Stakeholders emphasized the need for accelerated regulatory engagement, particularly following expected WHO guidance on LEN and potential reliance pathways such as European Medicines Agency initiative, EU-Medicines for all (EU-M4All).

5.2 Opportunities for Community Leadership and Implementation

Despite gaps, the assessment identified several opportunities to support community-led scale-up:

- In Brazil, civil society groups have already developed demand generation campaigns for new PrEP options, offering an adaptable model for other settings.
- In South Africa and Nigeria, existing community-led service delivery and advocacy infrastructure can be leveraged to support rapid rollout of long-acting methods.
- Vietnam and the Philippines were identified as having established key population–led prevention networks that, with targeted investment, could play a leading role in localized rollout.
- Stakeholders in France noted opportunities to strengthen community-led platforms, particularly to improve access among migrant and underserved groups.

These country-specific opportunities will be further supported through GBGMC's LA-PrEP Power Project, a global initiative focused on increasing awareness and uptake of long-acting PrEP among key populations. The next phase of the project includes community-driven demand creation through non-traditional media, including an original entertainment-based drama series that aims to reduce stigma and promote informed decision-making around PrEP. In addition, GBGMC will conduct Human-Centered Design (HCD) research activities to better understand the values, preferences, and service delivery needs of key populations in relation to long-acting PrEP options.

All project activities are guided by the Global Key Populations HIV Prevention Advisory Group (KPAG), which brings together experts and community leaders from around the world. The group ensures that strategies are grounded in the lived experience of key populations and reflect regional diversity.

Across all eight countries, the assessment underscores the importance of formally integrating community organizations into national HIV planning, monitoring, and service delivery structures to ensure effective, equitable implementation of long-acting PrEP.

6. Conclusion

The GBGMC Market Assessment and Global Forecast of PrEP Need confirm that these eight countries—Brazil, France, Nigeria, the Philippines, South Africa, the United States, Vietnam, and Zambia—represent highly strategic opportunities for the introduction and scale-up of long-acting PrEP among key populations. These countries were prioritized based on a composite scoring framework reflecting epidemiological burden, current PrEP uptake, health system readiness, and the potential for near-term implementation of new PrEP methods.

Forecast data show that these countries collectively account for a substantial portion of the projected global need for injectable lenacapavir (LEN) under a full method mix scenario. For example, South Africa and Nigeria are projected to require over 300,000 and 180,000 person-years of LEN annually among key populations, respectively. This underscores the importance of sustained investment, planning, and demand creation in these settings.

Importantly, Nigeria, South Africa, and Zambia are also among the nine countries identified by the Global Fund and CIFF for early introduction of LEN for PrEP. Their inclusion in both global prioritization efforts reinforces their readiness and importance as early implementers.

At the same time, high-income countries such as the United States and France present a distinct set of opportunities and challenges. The U.S. has approved both CAB and LEN for PrEP, and while it is advancing programmatic rollout, persistent access inequities remain—especially for Black gay men and transgender women, who face barriers related to cost, insurance coverage, and structural discrimination. France has demonstrated early regulatory engagement and has a centralized health system that could support integration of long-acting PrEP into national HIV prevention services. However, long-acting PrEP is not yet widely available, and concerns remain about future affordability and inclusion.

6. Conclusion (Cont.)

Taken together, the assessment and forecast demonstrate that these eight countries warrant focused investment and support. Advancing long-acting PrEP in these settings will require coordinated action, including regulatory alignment, health system preparedness, community-led implementation, and rights-based demand generation. Progress in these countries can help establish scalable, equitable models that inform global rollout and ensure that Black gay men, transgender women, and other key populations are not left behind in the next generation of HIV prevention.

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For more information or to get involved, visit our website or contact us directly through email at mighodaro@gbgmc.org or catherine@avac.org

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