



African Women Prevention Accountability Board Statement on the Landmark Agreements to Expand Affordable Access to Long-Acting Lenacapavir

September 2025

The Africa Women HIV Prevention Accountability Board welcomes the exciting announcement from Unitaid and The Gates Foundation to accelerate access to Lenacapavir, the groundbreaking twice-yearly long-acting injectable for HIV prevention. Lenacapavir represents a major breakthrough in the fight against HIV, with the potential to transform global HIV prevention efforts by providing an effective prevention option to millions of people, including African women.

This collaborative effort to reduce cost, expedite availability through partnerships with generic manufacturers, and ensure equitable access, demonstrate a strong commitment to health equity and ending the HIV epidemic.

For far too long, high prices and speed have been the major barriers to timely access of new HIV prevention options for those who need them most. With a price of \$40 per person per year and a market introduction timeline of early 2027, the two initiatives have the potential to fast-track availability, expand access, and bring us closer to ensuring that women and communities across Africa can benefit equitably from this latest HIV prevention innovation.

While this news is promising, we remain concerned about preserving CHOICE in HIV prevention. As we roll out these two new initiatives, we must ensure that the introduction of Lenacapavir does not come at the expense of other HIV prevention options. We must remain committed to keeping all safe and effective options available and accessible, including oral and other long-acting methods, to meet the diverse needs, preferences, and circumstances of women and communities across Africa. Communities must retain



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Accountability Board

their ability to choose the HIV prevention method that best fits their needs and circumstances.

The following key questions and issues must be addressed by different stakeholders as we move forward:

To Unitaid and the Gates Foundation:

- What are the plans for regional and local manufacturing in Africa? So far the two agreements involve Indian manufacturers; how will African manufacturers be included in these efforts?
- What factors enabled achieving this unprecedented low price so rapidly, despite earlier arguments that such pricing was impossible due to drug complexity and production processes? How are we going to ensure that this low price does not compromise quality?
- Are there plans to broker similar deals to reduce prices and increase access for other HIV prevention options like CAB-LA and the Dapivirine Vaginal Ring? How will these remain prioritized in the HIV prevention landscape?
- What strategies are planned for implementation science (beyond South Africa and Brazil) to ensure all necessary questions are answered before we flood Lenacapavir into the market?
- How will community engagement be prioritized to ensure transparency and meaningful involvement in decision-making processes, avoiding behind-closed-doors deals and fostering trust?

To Gilead:

- What strategies will be put in place to ensure access extends beyond the countries and territories included in the voluntary license agreement with the 6 generic manufacturers? With UNAIDS projecting 6.6 million new infections to occur over the next four years due to global HIV funding cuts, we cannot afford to leave any country or community behind at this critical time.

To Donors:

- Donors must take this opportunity to support ongoing efforts to scale-up LEN. However, this should not come at the expense of funding for other HIV prevention products. Funding decisions must remain focused on providing CHOICE for all prevention options
- Discussions about funding for LEN introduction should actively involve communities and not be limited to bilateral talks between governments and donors.

To Governments:

- Countries should seize this opportunity to proactively plan for the introduction of Lenacapavir, including exploring domestic financing options where donor support has not been secured. However, countries must maintain a balanced approach to meet diverse community needs; Lenacapavir should complement, not replace, existing HIV prevention options.
- Governments should use the urgency surrounding new PrEP innovations to streamline their regulatory processes for **all** existing and future WHO-recommended HIV prevention methods. They should prioritise the rapid registration of all proven PrEP formulations (oral, injectable, etc) to ensure that the expansion of one affordable drug (like Lenacapavir) does not create a regulatory backlog or bureaucratic barrier for the introduction of other important PrEP options.
- Meaningful community engagement must be integral at all stages of planning and implementation.

While we celebrate this important advancement, we urge all stakeholders to ensure that implementing these initiatives does not undermine the principle of CHOICE. HIV prevention must remain person-centered, offering diverse options to empower individuals and communities.

About AWPCAB



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The African Women Prevention Community Accountability Board (AWPCAB) is a powerful collective of women and girls committed to advancing HIV prevention programs and strategies that center the voices and needs of African women. At the heart of our advocacy is the CHOICE Manifesto, a bold declaration that champions comprehensive, women-centered HIV prevention solutions.

We believe that CHOICE in HIV Prevention is a non-negotiable right. Women and girls must access a full range of HIV prevention options, including oral PrEP, injectable Cabotegravir, vaginal rings and upcoming innovations including injectable Lenacapivir and the Dual Prevention Pill. Now more than ever, we must rally behind the CHOICE manifesto to ensure that every woman and girl can access the HIV prevention method that best suits her needs. The message remains clear- when women and girls have choices, prevention coverage expands, bringing us closer to ending HIV by 2030.

For more information or queries about this statement, reach out to the AWPCAB secretariat Yvette Raphael yvette@apha.org.za and Lilian Mworeko lmworeko@icwea.org and communications lead Joyce Nganga joyce@wacihealth.org