**MSF Supports $40 PrEP Access by 2027, Demands Broader Reach and more Ambition to End HIV Epidemic**

Doctors Without Borders (MSF)welcomes a newly announced agreement to provide ground-breaking injectable PrEP at $40 in 2027, but warns that global plans need to prioritise key populations and include the low- and middle-income countries currently excluded from the licensing agreement.

On Wednesday, two Indian generic manufacturers, Dr Reddy’s and Hetero, announced that they will make lenacapavir, an injection administered just twice a year, with 96-100% efficacy in preventing HIV, available to 120 countries and territories at a price of $40 per person per year starting in 2027. This is a step toward affordability and expanded access which we welcome, but one that continues to exclude people outside these select countries where around one quarter of new HIV infections occur.

In addition, MSF warns that current global rollout plans remain insufficiently ambitious, and risk failing to curb the HIV epidemic, especially if major donors and national governments abandon key populations. Lenacapavir represents a transformative advance in HIV prevention—particularly for communities facing stigma, criminalisation, and systemic barriers to daily pill adherence. Yet current access strategies cover less than 10% of global need.

A plan announced on the 4th September between the President’s Emergency Plan for AIDS Relief (PEPFAR), Gilead Sciences and the Global Fund aims to reach only 2 million people in twelve countries by 2028. Modelling released last week by UNAIDS suggests that under this limited approach, just 50,000 new HIV infections will be prevented out of a potential 3.8 million. “PEPFAR’s focus on pregnant and breastfeeding people will likely result in deprioritizing key populations, such as sex workers, men who have sex with men, people who inject drugs, and transgender people,” said Mihir Mankad, Director of Global Health Advocacy and Policy, MSF USA, “and it is precisely among these communities where access to LA-PrEP would have greatest impact due to their greater vulnerability to HIV acquisition. If the US government were serious about addressing the global HIV epidemic it would work to ensure these key populations are prioritised for access to PEPFAR-supported LA-PrEP alongside pregnant and breastfeeding women”.

Gilead’s current strategy prioritises profit over epidemic control, leaving people in non-target countries without access to a potentially life-saving intervention, including key populations. UNAIDS modelling highlights the importance of access for key populations, citing the Philippines, where offering lenacapavir to 58% of key populations (2% of the total population) could avert 45% of new HIV infections in the country. Yet at risk populations in these excluded countries remain outside the scope of current rollout plans, including communities that participated in clinical trials for lenacapavir in Brazil, Argentina, Mexico, and Peru.

“This scenario of opaque pricing, restrictive licensing and inadequate global targets will leave far too many people at continued risk of preventable HIV infections,” said Antonio Flores, Senior HIV/TB Advisor, Southern Africa Medical Unit (SAMU), MSF, “We urge Gilead to expand its licensing to include all low- and middle-income countries, to be transparent on pricing and to lower pricing to allow all people to access these life-saving medicines. Global health donors need to commit resources and political will to ensure sustainable access for all who need it. The science is clear. The demand is urgent.”