Press Release
For media and investors only

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New European, community co-created survey reveals strong interest in long-acting HIV treatment options but reported in-clinic conversations lag behind

- ***The Ask Us Europe survey, led by an academic team in London, and supported by ViiV Healthcare, found 81% of respondents living with HIV recalled having a treatment review, but only 45% had discussed long-acting injectable Vocabria and Rekambys***
- ***93% of respondents expressed interest in future long-acting treatment options, with greatest interest in injectable options dosed two or three times a year***

London, 29 July 2026 – ViiV Healthcare, the global specialist HIV company majority owned by GSK, with Shionogi as a shareholder, today announced new data revealing a gap between interest in long-acting HIV treatment options and the conversations taking place in clinics. The data also highlight inequities in whether long-acting treatment is being discussed during consultations across different demographic groups of people living with HIV in Europe. These findings highlight the need for more proactive, equitable care that ensures people can access options aligned to their needs and preferences.

The data come from Ask Us Europe, a community co-produced online survey of more than 1,900 people living with HIV across 18 European countries. Results were presented at the 26th International AIDS Conference (AIDS 2026) in Rio de Janeiro, Brazil.

Professor Chloe Orkin, Director of the SHARE Research Collaborative at Queen Mary University of London and Principal Investigator of the Ask Us Europe study, said: "Designing the study with people living with HIV across Europe, the Ask Us Europe study has allowed lived experience to shape the questions we ask and the solutions we recommend. These findings show that many people who could benefit from long-acting treatment are not having these conversations with their healthcare providers, and eligibility alone does not guarantee access. Proactive, open dialogue, and shared decision-making, are essential to ensure people can access the care that is right for them."

Long-acting HIV treatment conversations are not reaching everyone equally

An equity analysis from the survey showed conversations about long-acting injectable *Vocabria + Rekambys* (cabotegravir + rilpivirine (CAB+RPV LA)) and treatment review discussions varied across social and demographic groups, including by age, ethnicity, education and time since diagnosis.[1]

- Among participants who had had a treatment optimisation discussion with their healthcare provider (81% (n=1549/1911)), only 45% (n=558/1246) reported that they had discussed CAB+RPV LA.
- 19% (n=362/1911) of respondents said they did not ever recall having a treatment review discussion.
- Respondents aged over 55 years were less likely to have discussed CAB+RPV LA with their healthcare provider than those under the age of 55.
- These findings show the need for more proactive and equitable conversations in clinic, so people living with HIV can understand the treatment options available to them.

Jean van Wyk, MBChB, MFPM, Chief Medical Officer, said: "The Ask Us Europe study shows why community-led research is essential to improving care. By involving people living with HIV and translating their experiences into real-world evidence, these findings highlight a clear gap between the treatment options people want and the conversations they are having with their clinicians. At ViiV Healthcare, we are committed to supporting clinical academic partners and the HIV community to help close that gap, so open dialogue and shared decision-making become part of everyday HIV care."

Strong interest in long-acting HIV treatment options

Further data from the survey revealed strong interest in CAB+RPV LA and potential future long-acting HIV treatment options, with greatest interest in future injectables dosed two or three times a year.[2]

- 93% (n=1,656/1,782) of respondents expressed interest in future long-acting treatment modalities, with the highest interest in injectables dosed two or three times a year (77% (n=1,371).
- 68% (n=1,207) expressed interest in monthly orals, and 56% (n=1,000) in weekly orals, while implants (40% (n=721)) and patches (34% (n=604)) were the least favoured.
- Among those who had ever received CAB+RPV LA, 89% (n=250/282) were interested in future long-acting injectables dosed two or three times a year, while only 20% (n=56) expressed interest in weekly oral options.
- These findings underscore the importance of developing a range of treatment options that reflect different preferences and needs of people living with HIV.

Unmet needs among transgender, non-binary and gender diverse respondents

In a sub-analysis of the survey, transgender, non-binary and gender-diverse people living with HIV (n=162) reported greater unmet social support needs and higher interest in CAB+RPV LA compared to cisgender respondents.[3]

- Transgender, non-binary and gender-diverse respondents were more likely to have complex support needs than cisgender respondents (60% (n=97/162) vs 47% (n=809/1,724)), including domestic violence services, drug and alcohol support, meal and foodbank access, and peer support. Transgender people also had higher levels of complex support needs that were unmet compared to cisgender people.
- 14% (n=23/162) had ever received CAB+RPV LA. Among those not receiving CAB+RPV LA (n=139), 65% of transgender, non-binary and gender-diverse respondents were interested in it.[4]
- Interest in CAB+RPV LA among transgender, non-binary and gender-diverse respondents was driven primarily by adherence concerns, accidental HIV status disclosure, and polypharmacy.
- Transgender, non-binary and gender-diverse respondents were also more likely to report missed doses including missing a dose by mistake (40% vs 22%) and not taking pills for more than three days (11% vs 5%).
- These findings highlight the need for HIV care that combines innovation with additional social and clinical support to help improve adherence, quality of life and wellbeing in diverse populations.

About *Vocabria* (cabotegravir)

Vocabria injection is indicated - in combination with rilpivirine injection - for the treatment of Human Immunodeficiency Virus type 1 (HIV-1) infection in adults and adolescents (at least 12 years

of age and weighing at least 35 kg) who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen without present or past evidence of viral resistance to, and no prior virological failure with agents of the non-nucleoside reverse transcriptase inhibitors (NNRTI) and integrase inhibitor (INI) class.

Vocabria tablets are indicated - in combination with rilpivirine tablets - for the short-term treatment of HIV-1 infection in adults and adolescents (at least 12 years of age and weighing at least 35 kg) who are virologically suppressed (HIV-1 RNA <50 copies/mL) on a stable antiretroviral regimen without present or past evidence of viral resistance to, and no prior virological failure with agents of the NNRTI and INI class for:

- oral lead-in to assess tolerability of *Vocabria* and rilpivirine prior to administration of long acting *Vocabria* injection plus long-acting rilpivirine injection.
- oral therapy for adults who will miss planned dosing with *Vocabria* injection plus rilpivirine injection.

Vocabria tablets are only indicated for treatment of HIV-1 in combination with rilpivirine tablets, therefore, the prescribing information for *Edurant* (rilpivirine) tablets should also be consulted for recommended dosing.

Please consult the full Summary of Product Characteristics for all the safety information: *Vocabria* 400mg/600 mg prolonged-release suspension for injection and *Vocabria* 30 mg film-coated tablets

About *Rekambys* (rilpivirine)
Rekambys is indicated - in combination with cabotegravir injection - for the treatment of HIV-1 infection in adults and adolescents (at least 12 years of age and weighing at least 35 kg) who are virologically suppressed (HIV-1 RNA < 50 copies/mL) on a stable antiretroviral regimen without present or past evidence of viral resistance to, and no prior virological failure with, agents of the NNRTI and INI class.

Rekambys should always be co-administered with a cabotegravir injection. The prescribing information for cabotegravir injection should be consulted for recommended dosing. *Rekambys* may be initiated with oral lead-in or without (direct to injection).

Please consult the full Summary of Product Characteristics for all the safety information: *Rekambys* 600mg/900 mg prolonged-release suspension for injection

About the Ask Us Europe Study
The Ask Us Europe study is an equity-focused, co-produced, mixed-methods study from the SHARE Collaborative in partnership with 18 community members, the European AIDS Treatment Group (EATG) and the UK Community Advisory Board (UK-CAB). The study was designed to capture the real-world perspectives and experiences of people living with HIV on antiretroviral therapy, with a focus on treatment discussions, access to innovation and support needs. Between July 2025 and January 2026, 1,825 people living with HIV completed the online survey across 18 European countries and languages, recruited via social media and community/ clinical networks. The study is led by Principal Investigator Professor Chloe Orkin and is funded by ViiV Healthcare. For more information, please visit: shareresearch.org.uk/ask-us-study/.

About ViiV Healthcare

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ViiV Healthcare is a global specialist HIV company established in November 2009 with GSK (LSE: GSK) and Shionogi as current shareholders. The company is dedicated to delivering advances in treatment and care for people living with HIV and for people who could benefit from HIV prevention. ViiV Healthcare's aims are to take a deeper and broader interest in HIV and AIDS than any company has done before and take a new approach to deliver effective and innovative medicines for HIV treatment and prevention, as well as support communities affected by HIV.

For more information on the company, its management, portfolio, pipeline, and commitment, please visit viivhealthcare.com.

About GSK
GSK is a global biopharma company with a purpose to unite science, technology, and talent to get ahead of disease together. Find out more at gsk.com.

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Cautionary statement regarding forward-looking statements
GSK cautions investors that any forward-looking statements or projections made by GSK, including those made in this announcement, are subject to risks and uncertainties that may cause actual results to differ materially from those projected. Such factors include, but are not limited to, those described in the "Risk Factors" section in GSK's Annual Report on Form 20-F for 2025, and GSK's Q2 Results for 2026.

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References

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[1] M. Devonald et al. Perspectives of People Living with HIV in Europe on Their Clinical Consultations: An Equity Analysis. Presented at the 26th International AIDS Conference (AIDS 2026). July 2026.
[2] M. Devonald et al. Interest of People Living with HIV in Europe in Future Long-Acting Modalities: Ask Us Europe Results. Presented at the 26th International AIDS Conference (AIDS 2026). July 2026.
[3] M. Devonald et al. Complex Support Needs, Adherence Challenges and Interest in Long-Acting HIV Treatment Among Trans, Non-Binary, and Gender-Diverse People Living with HIV: Findings From the Coproduced Ask Us Europe Survey. Presented at the 26th International AIDS Conference (AIDS 2026). July 2026.
[4] Data on file. ViiV Healthcare. Personal communication with C. Orkin. July 2026.