

Why HIV Prevention Must Not Be Left Behind

Voices from the Frontlines

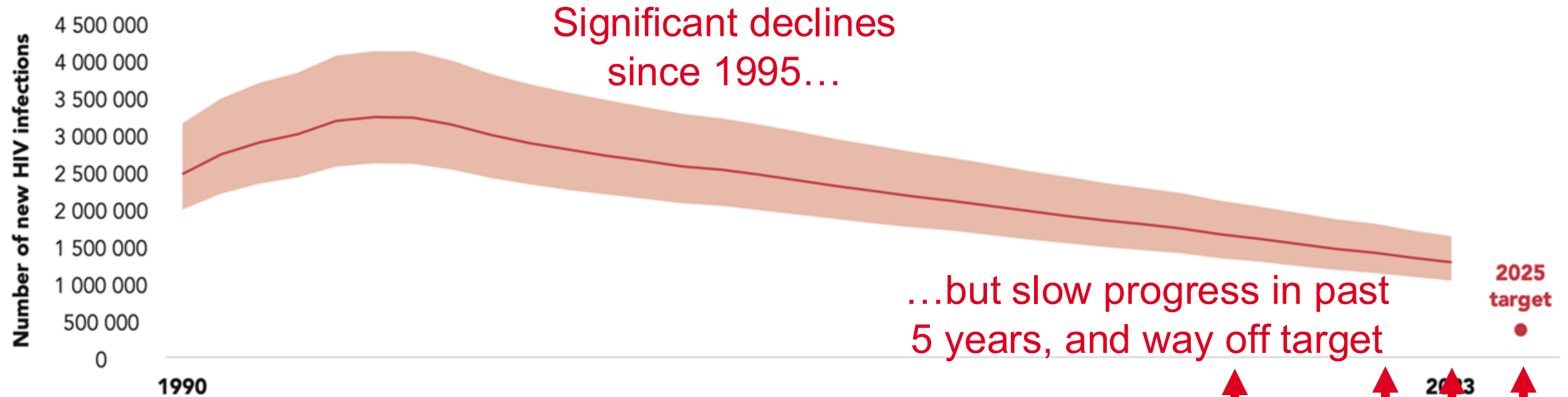
Rhoda Msiska

Copper Rose Zambia

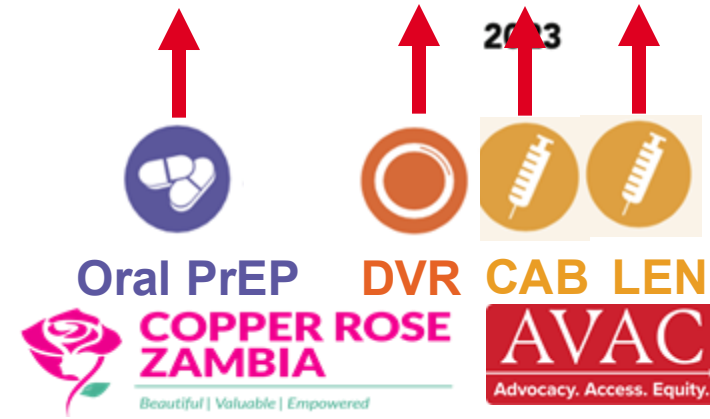
13 May 2025

Tracking against UNAIDS 2025 targets

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

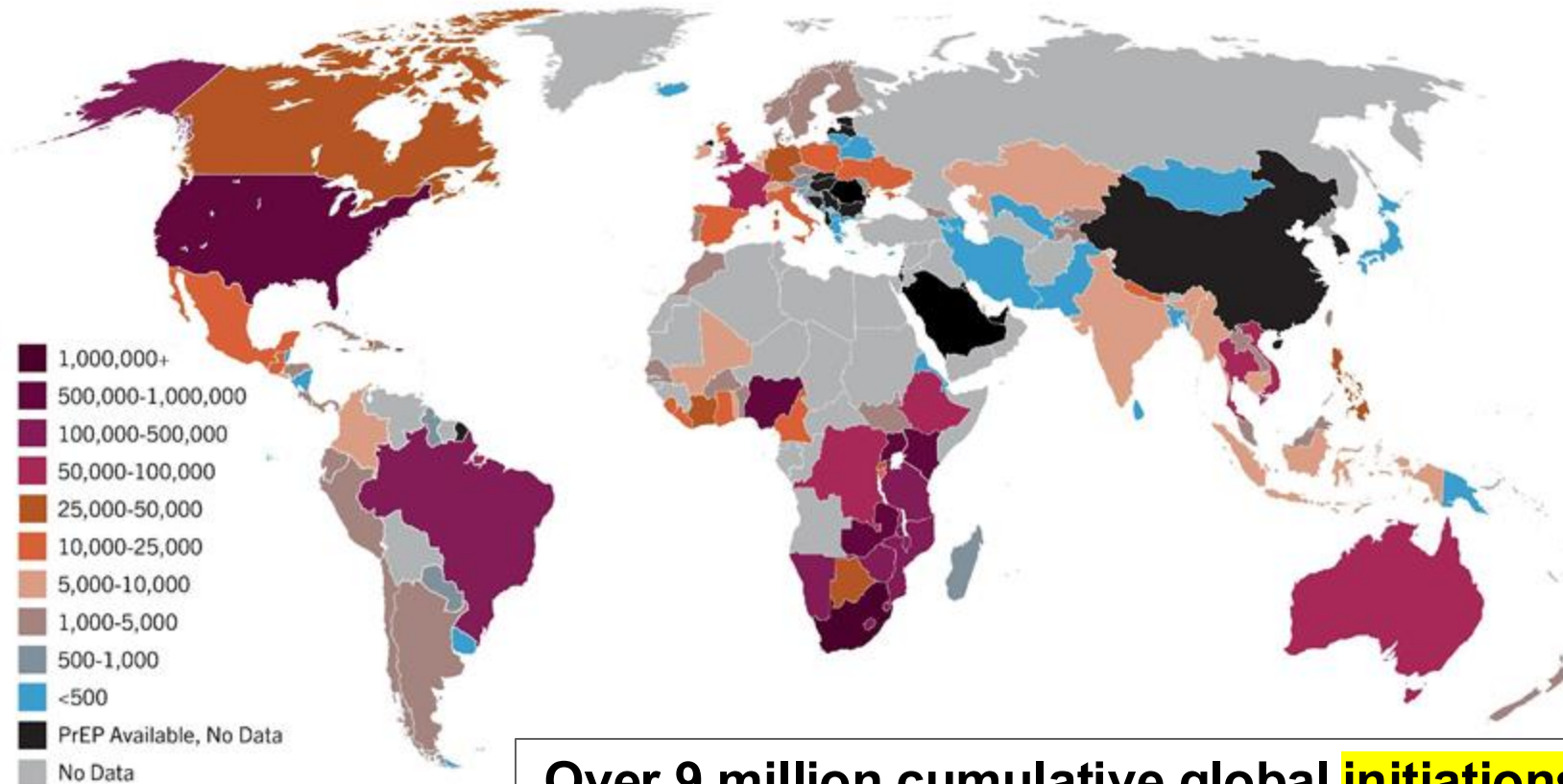


Source: UNAIDS epidemiological estimates, 2024 (<https://aidsinfo.unaids.org/>).



Global PrEP Uptake – 13 years in

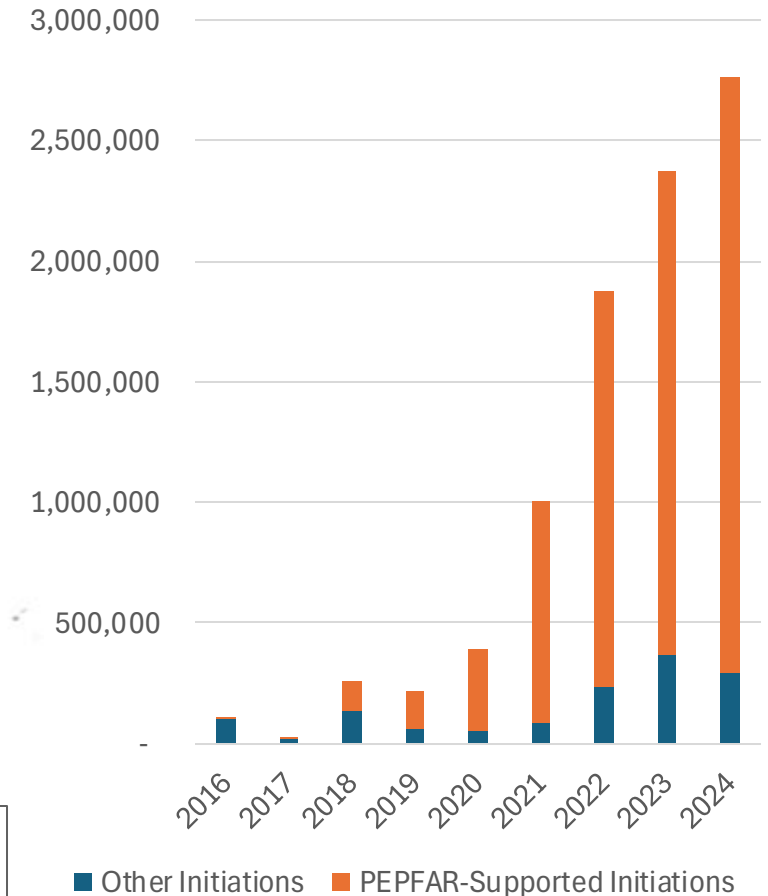
PrEP Initiations by Country, November 2024



Over 9 million cumulative global **initiations** with rapid increases since 2020

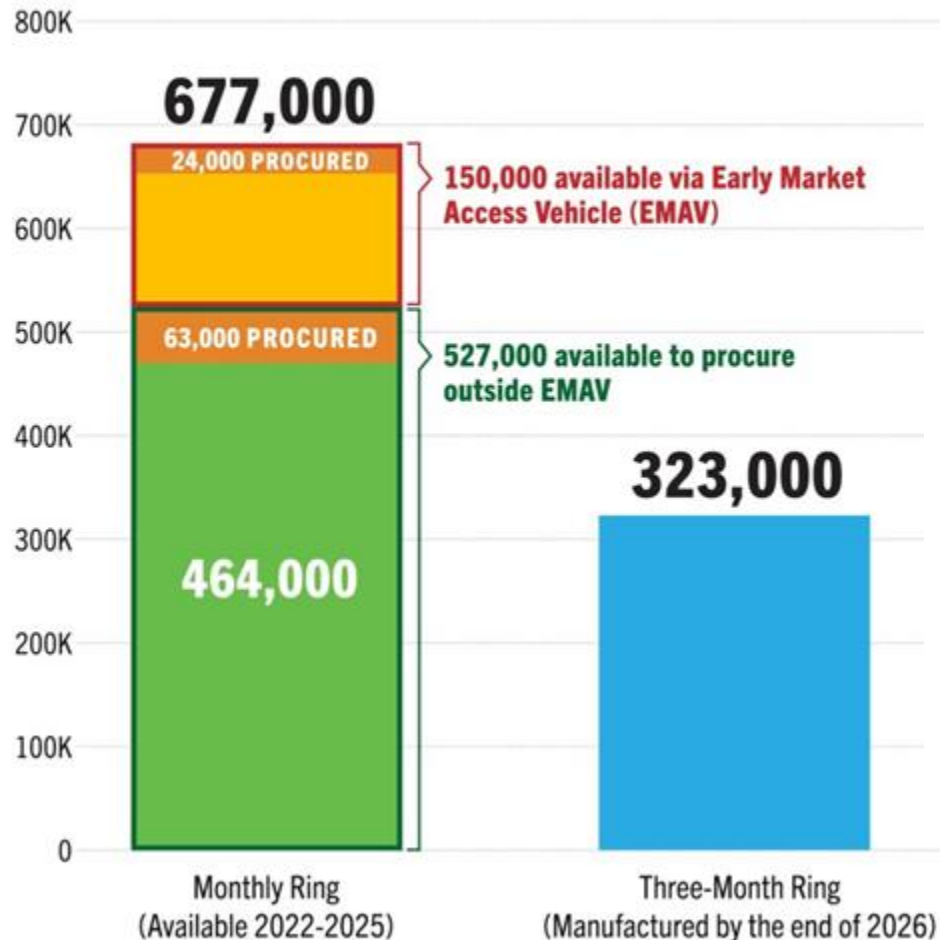
Source: AVAC Global PrEP Tracker, Q3 2024,
<https://www.prepwatch.org/data-by-country/>

PrEP Initiations by Year

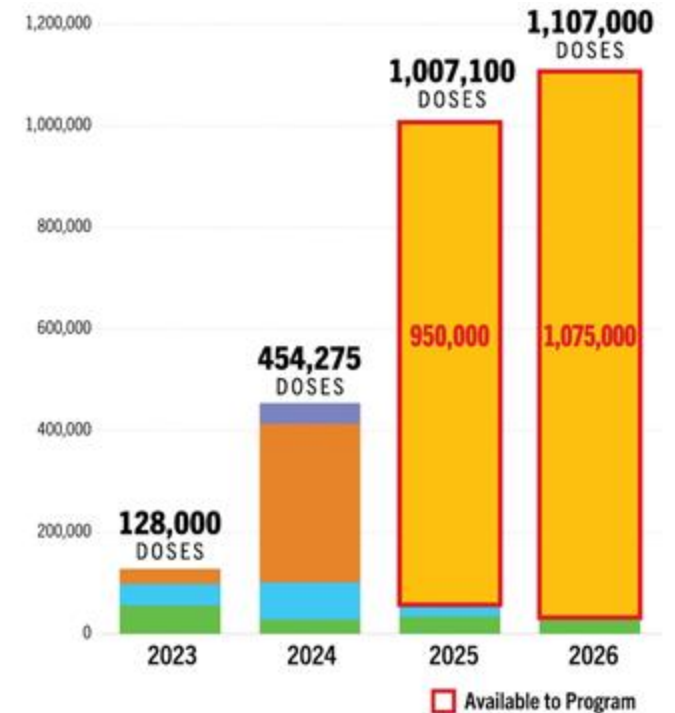
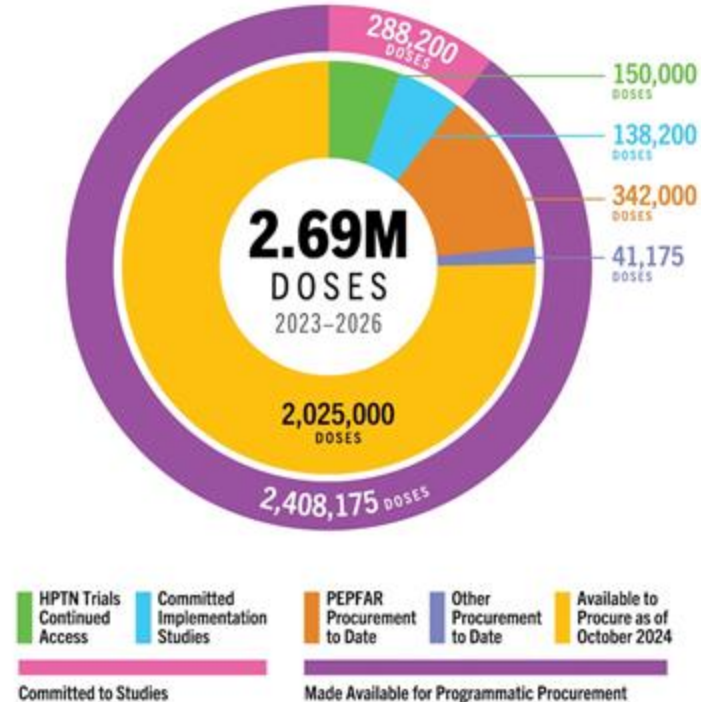


New Product Introduction- CAB and DVR

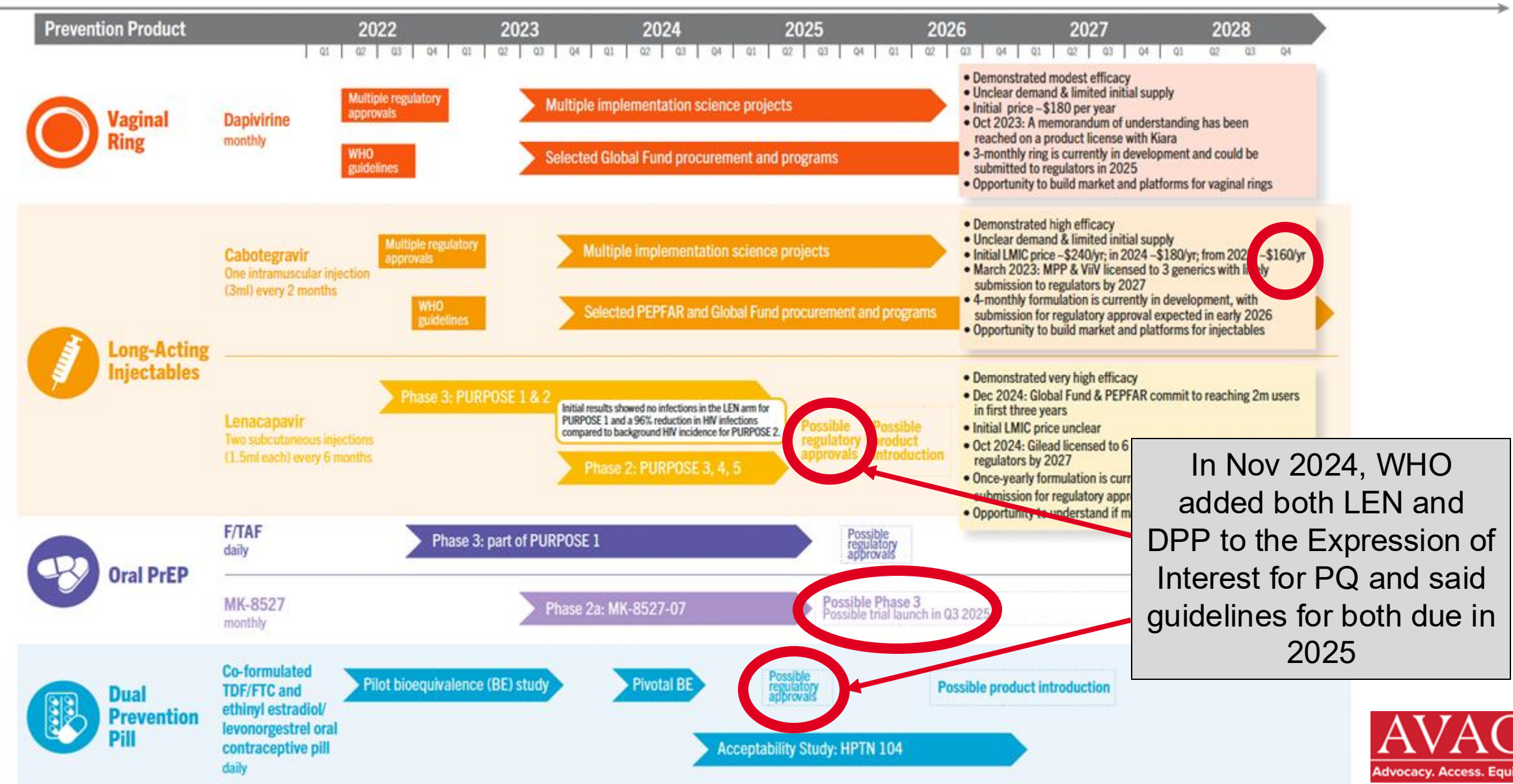
DVR Supply Available to Low and Middle Income Countries as of March 2025



CAB Supply Available to Low and Middle Income Countries as of March 2025



PrEP Pipeline



Impact of PEPFAR's Stop Work Order

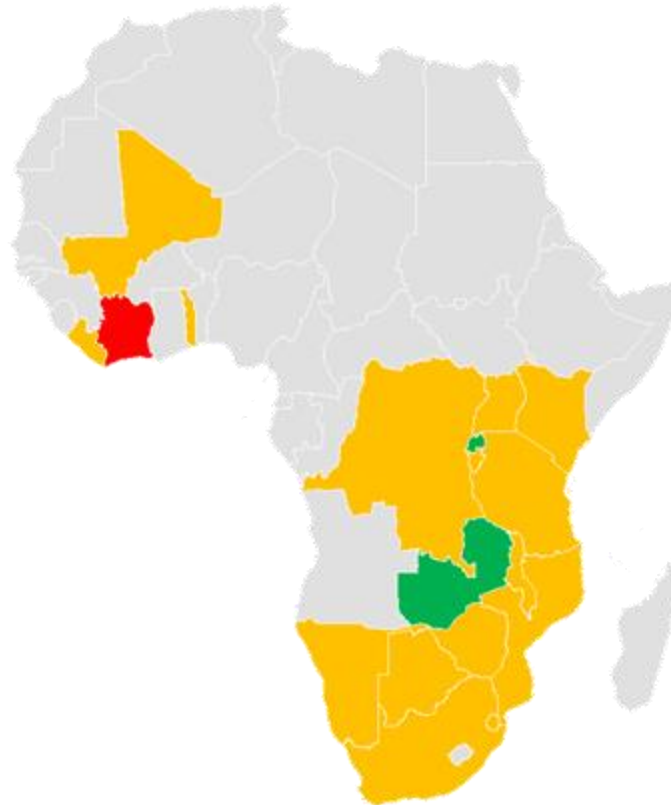
Key Impact Areas

As of April 2025

| | |
|--|--|
|  | PrEP Delivery Service Disruptions: While some countries have suspended PrEP services almost completely; others have reduced ; and some still have good service . See below for map. |
|  | Product Introduction Stalled: PEPFAR's goal had been to initiate 100,000 users across ten African countries on CAB by end of 2025. By Oct 2024 end, they had initiated 5,000 users across four countries, and in Jan 2025, procurement for 2025 was paused. |
|  | Research Studies Suspended: Projects studying CAB and DVR serving over 11,000 participants have been terminated, and other projects were temporarily suspended. |
|  | Healthcare Workers Forced to Pause Work: Initially, in Kenya, 17% of total nurses (22,000) and 12,000 ancillary staff stopped work; while in Zambia and Malawi numbers rose to 20% (17,000) and 43% (4,500) of nurses, respectively; Malawi has since used domestic funding to hire 6,000 healthcare workers, and 50% of healthcare staff have returned to work in Kenya. |
|  | Key Populations Struggle with Access: Many delivery sites catering to KPs have closed, and governments fear blacklisting from future US government funding if they engage in KP-supportive work. |
|  | System-level Impacts are Being Felt: This includes the cessation of health system strengthening projects in Kenya, shuttering of health MIS systems in Malawi, and disruption to the development of long-acting PrEP guidelines in Uganda. |
|  | Key Mitigation Strategies: Most countries are seeking alternative funding sources (Global Fund, government financing) and integrating service delivery (comprehensive care clinics and key population services) into public health systems. |

PrEP Services

Suspended
Partial Disruption
Good Service



Zambia

Service Status: Good service

- Zambia obtained half their CAB supply from PEPFAR and half from a combination of Global Fund and MoH procurement, with about 40,000 doses remaining, and plans to procure more
- Number of planned users: 12,000
- The MoH plans to continue CAB delivery as normal and is willing to reimburse PEPFAR for stock used if required
- Most PEPFAR-supported NGOs and 32 Wellness Centres serving KPs have closed

Programmatic Supply of Injectable PrEP

As of April 2025

| | |
|---|---------------------------------------|
|  | Botswana Partial disruption |
|  | Ethiopia Suspended |
|  | Eswatini Partial disruption |
|  | Malawi Partial disruption |

For more info, see:
prepwatch.org/swo



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Broader Implications of Stop Work Order

| Key Area | Pre-Freeze (Before Jan 2025) | Post-Freeze (After Jan 2025) | Impact |
|--|---|---|--|
| PrEP Service Delivery | Expanding, though inequities existed for key populations & rural communities. | 84% of partners reported disruptions; KP service sites closing. | Widening inequities, increasing HIV incidence, shrinking access to prevention tools. |
| Product Introduction & Scale-Up | CAB-LA & DVR regulatory approvals and rollout in progress. | US-funded procurement of CAB was paused, with studies serving over 21,000 participants suspended | Many countries now lack sufficient stock to continue planned scale-up. |
| Supply Chain & procurement | Persistent gaps in the supply chain. Delayed product approvals and stockouts affecting access to PrEP. | PEPFAR procurement stopped; supply crisis for CAB for PrEP and increasing reliance on limited Global Fund and domestic resources. | PrEP stockouts are imminent, disrupting patient continuity and impeding new initiations. |
| Human Resource for Health | Ongoing provider training and capacity-building efforts to deliver new PrEP services. | Healthcare worker layoffs, with 17% of nurses in Kenya, 20% in Zambia, and 43% in Malawi forced to stop working. | PrEP service delivery undermined by staff shortages, increasing workload burdens, impeding availability. |
| Funding for Demand Generation & Community Engagement | Demand generation & community engagement underfunded, with challenges in stigma reduction and community awareness.. | Most community-led HIV prevention efforts—including CSO engagement and demand generation activities—are suspended. | Lower awareness, increased PrEP stigma, and reduced uptake among key populations |
| Research, Monitoring & Evaluation (M&E) | Ongoing studies to generate evidence and guide policy and improve PrEP rollout strategies. | Multiple studies suspended; undermining data-driven decision-making and limiting efforts to develop supportive policy. | Countries will struggle to monitor program effectiveness and make evidence-based decisions, and will lack information to justify investments in PrEP scale-up |
| 7. Alternative Funding & Private Sector Engagement | Heavy reliance on external funding; Governments exploring long-term financial sustainability plans. | Urgent shift towards Global Fund & private sector involvement. | Rapid policy shifts may be required to integrate PrEP financing into national budgets, and private sector engagement. This will take time and require significant government commitment. |



The Time to Act is Now

- We **cannot lose the gains** made from PrEP scale up to date
- Now is the time **to plan for and accelerate access** to new products like LEN and DPP
- MoHs must **accelerate sustainability plans** to mitigate disruptions like the PEPFAR SWO
- **Prioritise Youth** and ensure young people are at the centre of prevention methods
- Donors, governments and implementers must act collectively to **secure funding, integrate new options and ensure access for all**

