

Integration 2025

Where Are We with Sexual & Reproductive Health and HIV

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IAS 2025 Satellite Session: Time to bring HIV, sexual and reproductive health together for better care



The New Context

- USAID is gone as an agency
- A few hundred staff and the remaining programs (about 20% of the past) are being integrated into the State Department
- No USG support for contraception/FP/SRHR
 - Not to mention an assault on the issues themselves
- PEPFAR remains
 - But primary prevention and PrEP are restricted, for now, "for pregnant and breastfeeding women"
- Oh, and injectable lenacapavir for PrEP received 1st regulatory approval last month – and recommended by WHO an hour ago
- And the Dual Px Pill is coming soon, too 1st MPT since 1993



How Bad Is It?



PEPFAR Stop Work Orders: Major Impacts

Trump team set to destroy \$12m worth of HIV drugs and contraceptives that were bought before closing USAID

The life-saving drugs and contraceptives have been sitting in warehouses since January

Katie Hawkinson in Washington, D.C. • Thursday 05 June 2025 23:20 BST • 8 Comments



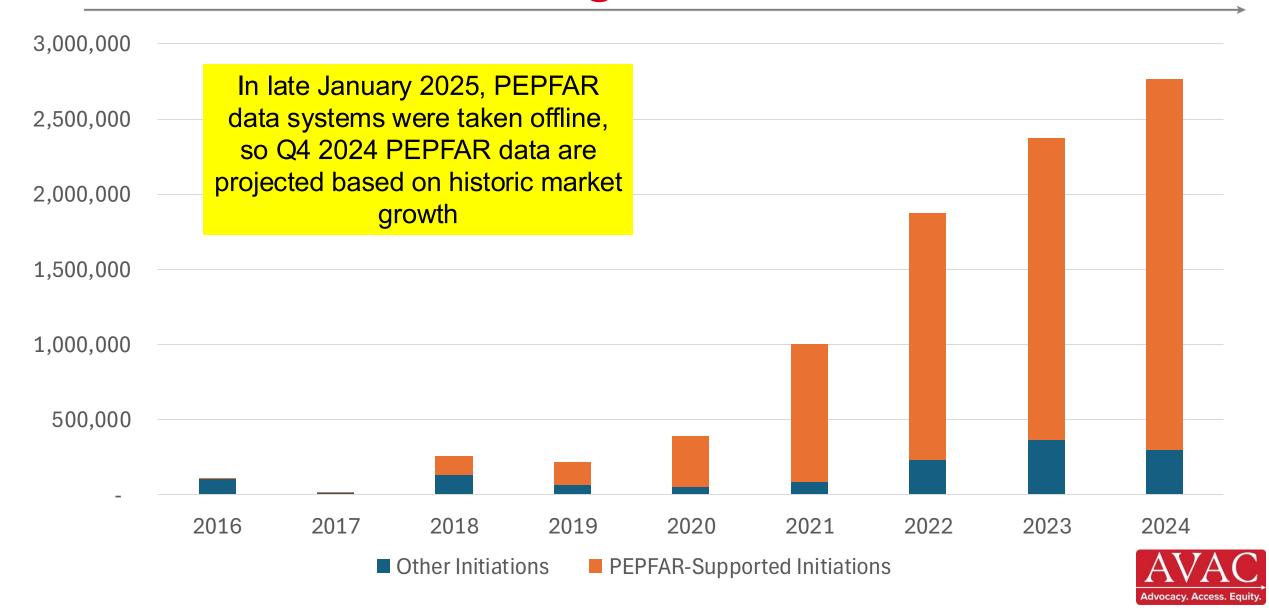








PrEP Initiations through 2024



PEPFAR Stop Work Orders: Major Impacts

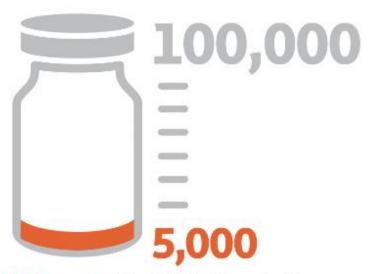
https://www.prepwatch.org/pepfar-stop-work/



Number of new PrEP users in 2024 who have lost access to PEPFAR-supported PrEP services



Number of people identifying as Key Populations who have lost access to HIV prevention programming under PEPFAR



Off Target: The PEPFAR goal of people initiating CAB for PrEP in 2025 is falling far short – 5k instead of 100k



What Can We Do?



The Way(s) Forward

Some guiding principles

- Prioritize, Prioritize like we've never prioritized before
- Don't miss out on innovation
- Center the individual
- Local ownership & leadership
- Think health systems not disease- or product-specific
- Think and collaborate differently in new ways and with different stakeholders
- Re-define sustainability and make sure it is not just about money



Parallel Universes/Journeys

Providers & Health Systems

Who is at risk?

Where do I find them?

When I can test them?

What do I tell them?

Where can I provide px info and products to them?

What px options can I provide them?

Oral, ring, injectable, condoms, DPP?

Users

What do I want?

Who do I want to talk with about sex and relationships?

Do I want an HIV test?

Where do I want to get an HIV test?

Do I need and want HIV, STI and pregnancy prevention?

What kind of SRHR products, services & info do I want?

Oral, ring, injectable, condoms, DPP?
Contraception?

Choice

Where and from whom do I want it?

Choice



A New Journey: New Way(s) of Thinking

Key findings from a 4-year intensive user-centered design project among adolescent girls and young women

- 1. Think relevance not risk reduction
- 2. Think habit not adoption
- 3. Think relationships not HIV
- 4. Think needs not demographics
- 5. Think ecosystems not interventions
- 6. Think options not preferences

→ Healthy Sexual Relationship Journey framework Outlines a 5 stage model that articulates the context for prevention from an AGYW perspective. Consolidates AGYW behaviour and

choices relevant to HIV prevention and their influencers.

- → AGYW Segmentation

 Differentiates by relationship motivation and associated prevention behaviour. Stage specific progression factors quantified.
- → HIV prevention product preferences AGYW's preferences quantified to quide future product development.
- → 15 intervention opportunity areas Identified and prioritised for optimal programmatic impact.
- → 4 Design Aids

 Developed for resource allocation, optimisation of current Programmes, and designing of new interventions.
- → 22 prioritized intervention concepts Co-created with AGYW and stakeholders.
- → 1 programme design validated through piloting Designed and implemented in collaboration with two IPs for high prevalence geographies in South Africa. Proven success in changing negative relationship dynamics and establishing referral support.

For more info: <u>Breaking the Cycle of Transmission: Increasing uptake and effective use of HIV</u> prevention among high-risk adolescent girls and young women in South Africa



The Way(s) Forward

Build for the future – guided by science, evidence, rights,

communities

SCIENCEINSIDER | HEALTH

Trump has blown a massive hole in global health funding—and no one can fill it

Other countries, foundations, international groups are unable to replace billions lost in U.S. cuts

8 APR 2025 · 4:18 PM ET · BY IDA JOOST

"We are in the middle of a massive earthquake. When buildings fall, we can't just build back what we had before. We need a whole new global health funding architecture, but we won't be able to build it fast enough to avoid significant harm."

"We've got to snap out of any paralysis or any disbelief or shock, and we've really got to look at what needs to be built in the future.

"One of the biggest tragedies in all of this would be if we let this narrative be written entirely by people who don't understand science or health care or research or foreign assistance,"



Further Resources

- Global PrEP Tracker tracking PrEP initiations by country over time
- PEPFAR Stop Work Order Tracker tracking impacts in real time
- All things LEN
- Getting Rollout Right This Time –
 insights and best practices for successful PrEP rollout
- PrEPWatch.org data, information, and PrEP resources



For the last 8 years, AVAC has proudly worked with PEPFAR to document PrEP uptake and its impact around the world. That stopped in January with a stop work order from the US government. But protecting access to PrEP is vital. Are you leading a PrEP program? Whether supported by PEPFAR or not, we invite you to work with us to ensure global data on PrEP is not lost.



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THE AURUM























