

Impact of PEPFAR Stop Work Orders on PrEP

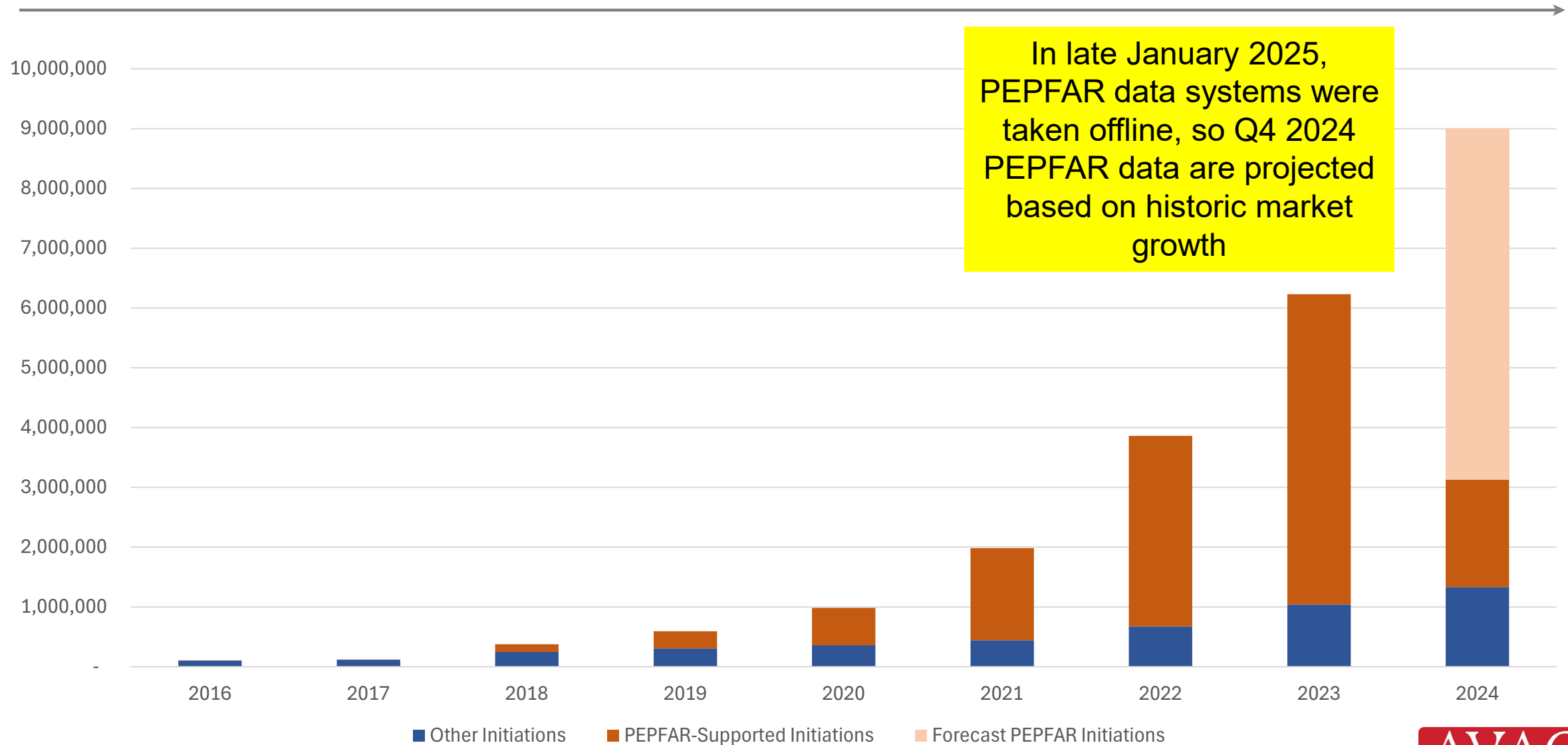
March 2025

Introduction

Tracking the impact of stop-work orders

- This document reflects the results of an analysis drawing on key informant interviews with representatives of Ministries of Health and PrEP implementers conducted between 27 January 2025, when stop-work orders were issued by the US government, and the end of February 2025, when the vast majority of USAID-funded projects received official termination notices.
- AVAC will continue to assess the situation as it develops and update this document as more information becomes available. If you have any additional information or insights to share, please contact catherine@avac.org.

Cumulative PrEP Initiations to 2024

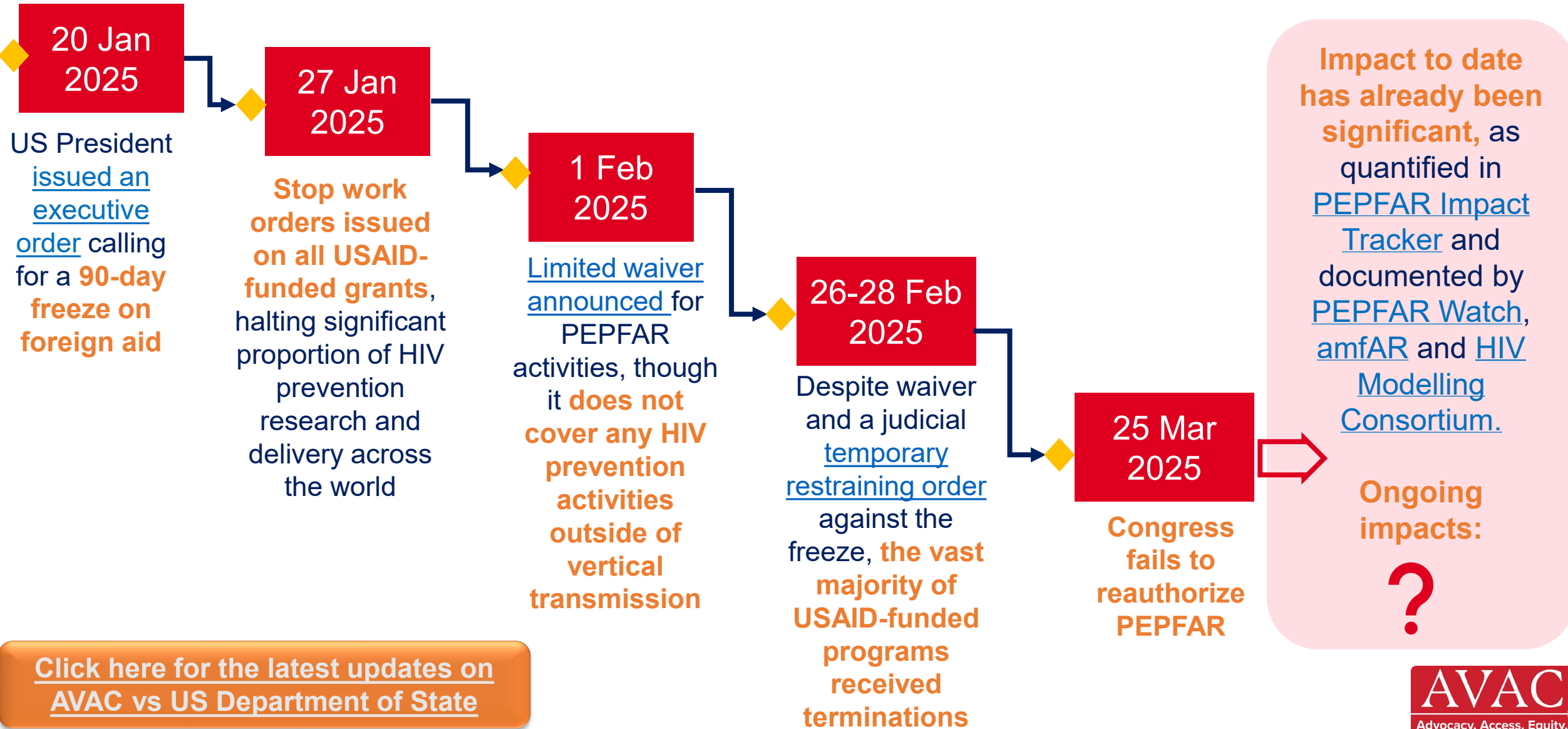


PEPFAR Stop-Work Orders and HIV Prevention

Impact of PEPFAR stop-work orders on HIV prevention outcomes is expected to be severe

- If PEPFAR is not re-authorized and no other resources fill the gap, “there would be a **400% increase in AIDS deaths**, amounting to 6.3 million deaths” – [UNAIDS](#)
- Without funding for prevention programmes in Africa, over the next ten years, **incidence rates amongst adults could triple** and vertical transmission is likely to double – [HIV Modelling Consortium](#)
- “Organizations that deliver HIV services not covered by the [PEPFAR] waiver, such as those primarily implementing prevention services..., are especially unlikely to survive the 90-day freeze... **The national and global HIV response will fall back from these hard-fought gains and create the environment for HIV to re-surge.**” – [amfAR](#)
- **84% of 65 implementing partners reported disruption to PrEP service delivery** following the stop work order – [PEPFAR Watch](#)

What Just Happened?



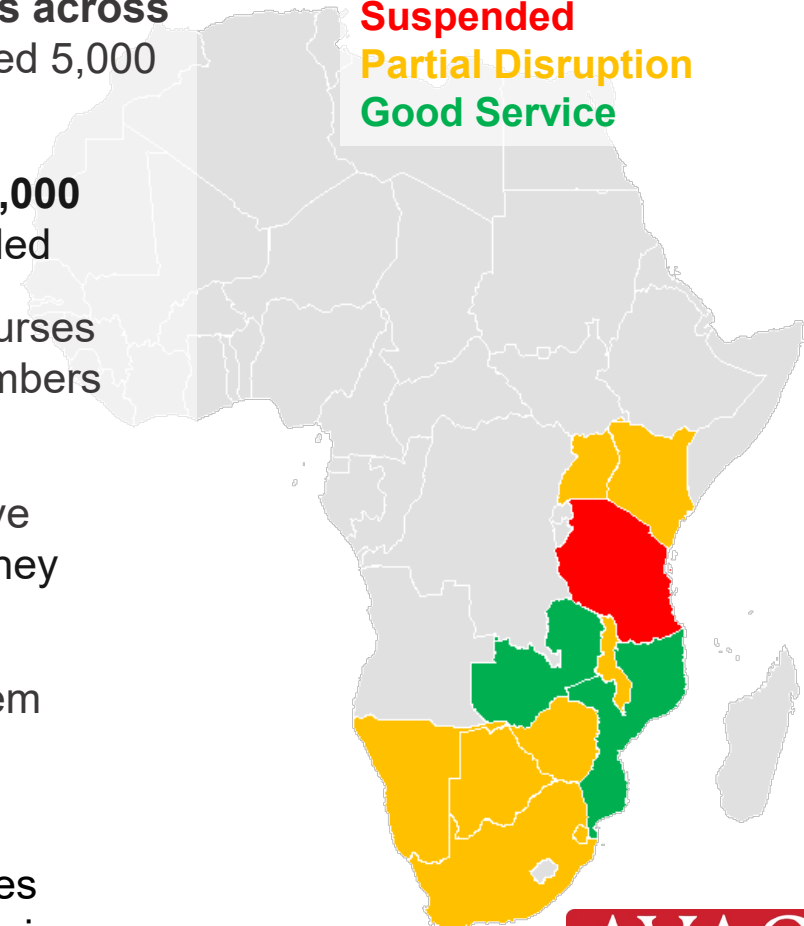
Key Impact Areas – as of Mar 2025



PrEP delivery service disruptions: While some countries have **suspended** PrEP services almost completely; others have **reduced**; and some still have **good service**

PrEP Services

Suspended
Partial Disruption
Good Service



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 stop work indefinitely: In Kenya, 17% of total nurses (22,000) and 12,000 ancillary staff have stopped work; in Zambia and Malawi numbers rise to 20% (17,000) and 43% (4,500) of nurses, respectively



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

The CATALYST study

The USAID-funded implementation study, implemented by FHI 360 and partners and scheduled to run through 2028, has been **terminated early**

What was the project focused on?










- The project, via local partners, was offering a choice of **injectable CAB**, the **DVR**, or **oral PrEP** to **11,000 adolescent girls and young women**
- All study sites were collecting data on choice among the three options, with the exception of sites in Kenya, which were to commence CAB in February

What is happening now?

- Participants are being **exited** from the study and will **no longer be able to access CAB or DVR** at study sites; some participants are being **transitioned onto oral PrEP** where available
- FHI 360 is working with product developers to see if **remaining supply of CAB and DVR can be transferred to MoH**; the fact that product has been **labelled for study use** makes this challenging



Programmatic Supply of Injectable CAB

		# Planned Users	Service Status	
Botswana		1,500	Partial Disruption	Suspended Partial Disruption Good Service
Eswatini		?	Partial Disruption	
Malawi		11,000	Partial Disruption	
Mozambique		600	Good Service	
Namibia		150	Suspended	
South Africa		21,290	Partial Disruption	
Ukraine		200	Partial Disruption	
Zambia		12,000	Good Service	
Zimbabwe		2,000	Partial Disruption	

Programmatic Supply of Injectable CAB

Suspended
Partial Disruption
Good Service



- **Botswana** received 10,125 doses from PEPFAR in late 2024 and began delivering services in February 2025, with two clients served as of early March
- Lack of essential supplies, including test tube and laboratory reagents, have slowed the rollout, and one of the implementing partners, which was funded by USAID, has had to stop work
- Planned receipt of an additional 10,125 doses later in the year is no longer anticipated



- **Eswatini** had received CAB supply from PEPFAR and was offering it in 25 sites, with plans to scale up to seven more
- Scale-up plans have been cancelled, and two existing sites that were serving KPs have been closed; mobile units that were serving KPs and adolescent girls have also closed
- CAB is still available in 23 sites and the MoH is requesting additional supply from Global Fund



- **Malawi's** Gates-funded Path2Scale project, which was scaling up to deliver PEPFAR-supplied CAB to 10,000 people through 2026, was suspended when the stop work order was issued
- An order issued by Malawi's Secretary of Health on 27 February has allowed services to restart, but only for existing CAB for PrEP clients
- Additional supply from the Global Fund is expected soon, which will enable new initiations

Programmatic Supply of Injectable CAB



- **Mozambique** has provided CAB to 94 users as part of a pilot at a public facility in Nampula, which is continuing as planned with a target of scaling up to 400 users
- While CAB is available, there has been a reduction in returning users since the stop work order
- MSF has received an additional 1,350 doses from PEPFAR, which it plans to use in a pilot in Beira focussed on sex workers and LGBTQ+ individuals once local ethical approval is granted



- **Namibia** had planned to begin delivery of CAB in 11 facilities
- Sites were in the final stages of preparation when the stop work order was given, so no CAB has been delivered, though 1,000 doses have arrived in country
- Early CAB implementation was going to focus on KPs, but ministers now fear KP-related work may lead to blacklisting by the US government



- **South Africa** anticipated receiving PEPFAR CAB supply in early 2025 but now suspended; the government explored procuring CAB for PrEP directly but the price quoted was unaffordable
- Oral PrEP is procured by the government, who supply all public facilities and donor funded implementers, including PEPFAR, Global Fund, Unitaid, and the Gates Foundation
- There are four large-scale CAB studies still running that are not supplied via PEPFAR

Programmatic Supply of Injectable CAB

Suspended
Partial Disruption
Good Service



- **Ukraine**'s CAB pilot began in August 2024 with the intention of scaling up to 200 MSM in the first phase and to an additional 500 general population participants in the second phase
- As of March 2025, 158 MSM participants have enrolled, and recruitment to reach 200 continues
- The second phase has been cancelled, and once the pilot ends, current participants will be only be able to access oral PrEP, though many have expressed they would not take a daily pill



- **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
- 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



- **Zimbabwe** had been delivering CAB in 15 sites, 12 of which were funded by USAID and are now suspended; CAB delivery via outreach is also suspended
- Many CAB users have had to switch to oral PrEP as a result of CAB sites closing
- The MoHCC is continuing to deliver CAB via the remaining three sites, with about 30,000 doses remaining; no additional supply is currently anticipated

Now What?

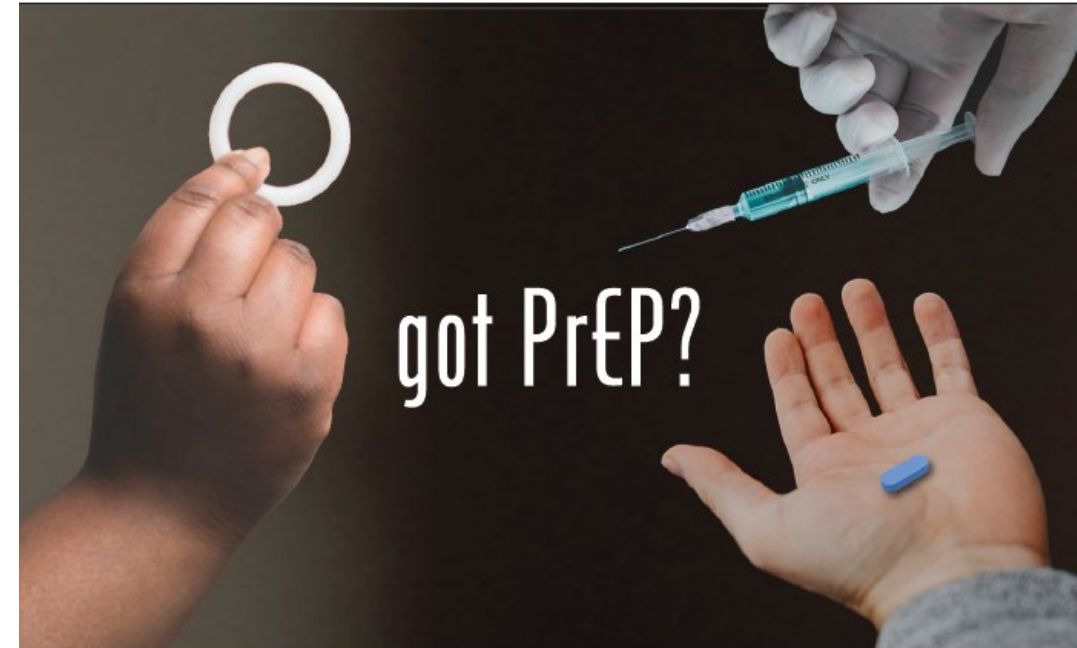
Key issues to consider to ensure continued availability of PrEP and to adapt to a significantly changed PEPFAR prevention program

- Preserve existing oral PrEP programmatic platforms
- Re-start/sustain CAB and DVR introduction activities to operationalize PrEP choice
- Increase Global Fund investments in PrEP
- Plan for LEN introduction – ensuring that the PEPFAR/Global Fund ambitious announcement in December 2024 can still be operationalized
- Enhanced role for the private sector and innovative delivery models

Further Resources

- [PrEPWatch.org](https://www.prepwatch.org)- data, information, and PrEP resources
- [Global PrEP Tracker](#)- tracking PrEP initiations by country over time
- [Study Tracker](#)- tracking research relating to new PrEP options

If you have any additional information or insights to share, please contact catherine@avac.org.



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.