

Impact of PEPFAR Stop Work Orders on PrEP

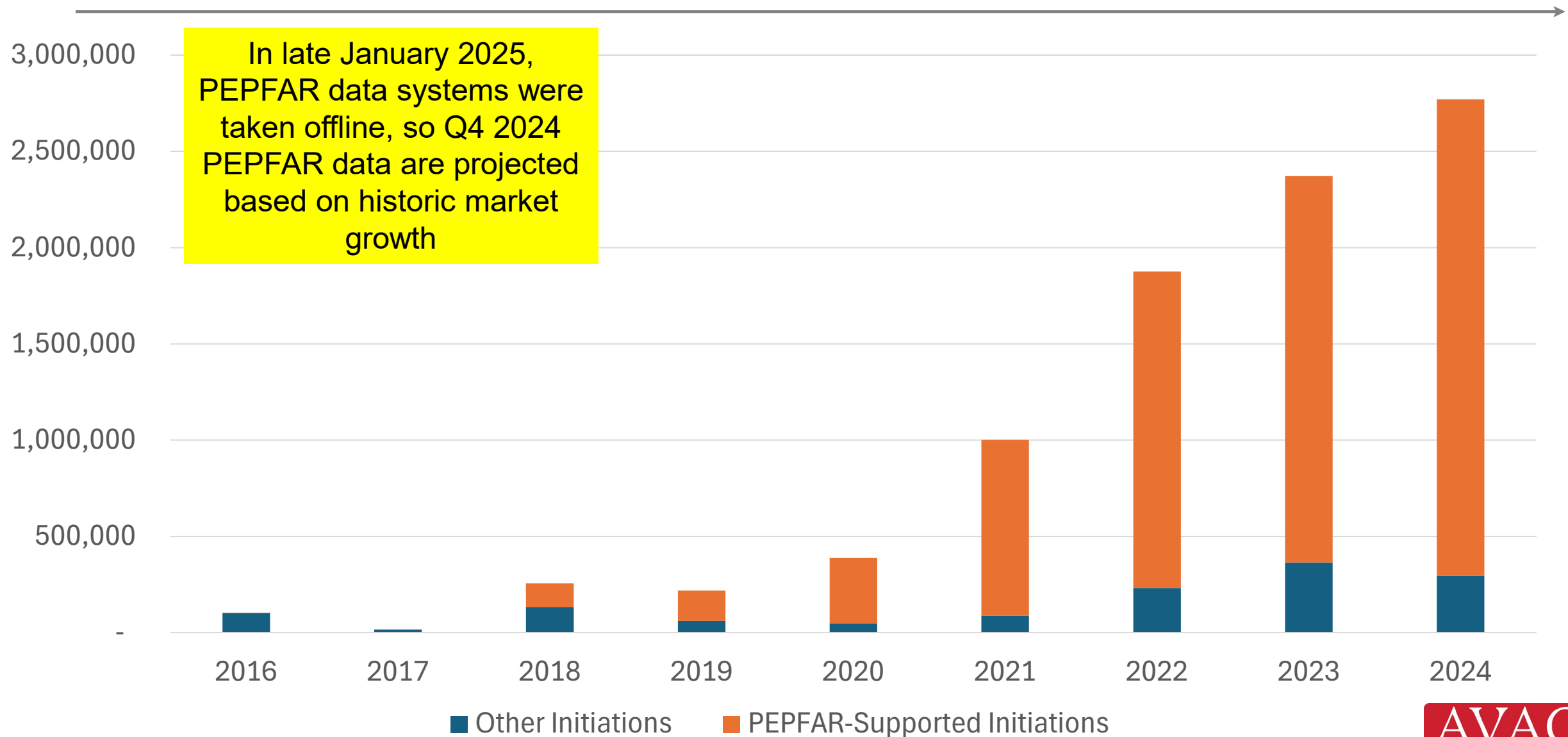
May 2025

Introduction

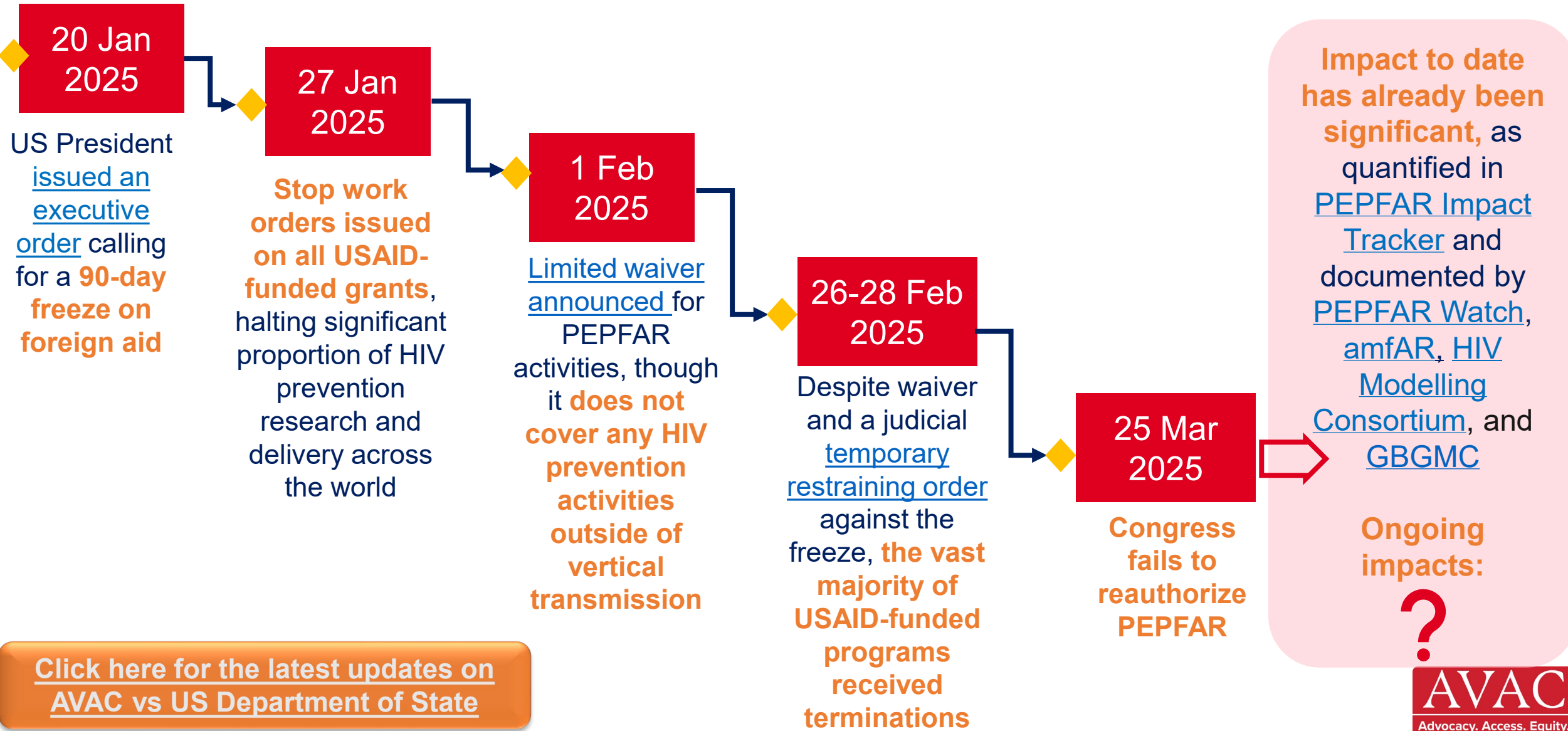
Tracking the impact of stop-work orders

- This document reflects the results of an analysis drawing on key informant interviews with representatives of Ministries of Health and PrEP implementers initially 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 is continuing to assess the situation as it develops and updating this document as more information becomes available. If you have any additional information or insights to share, please contact catherine@avac.org.

PrEP Initiations to 2024



What Just Happened?



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](#)
- In Nigeria, Kenya, and Uganda alone, an estimated **2.2 million people lost access to HIV prevention services** – [GBGMC](#)

Africa: Key Impact Areas



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



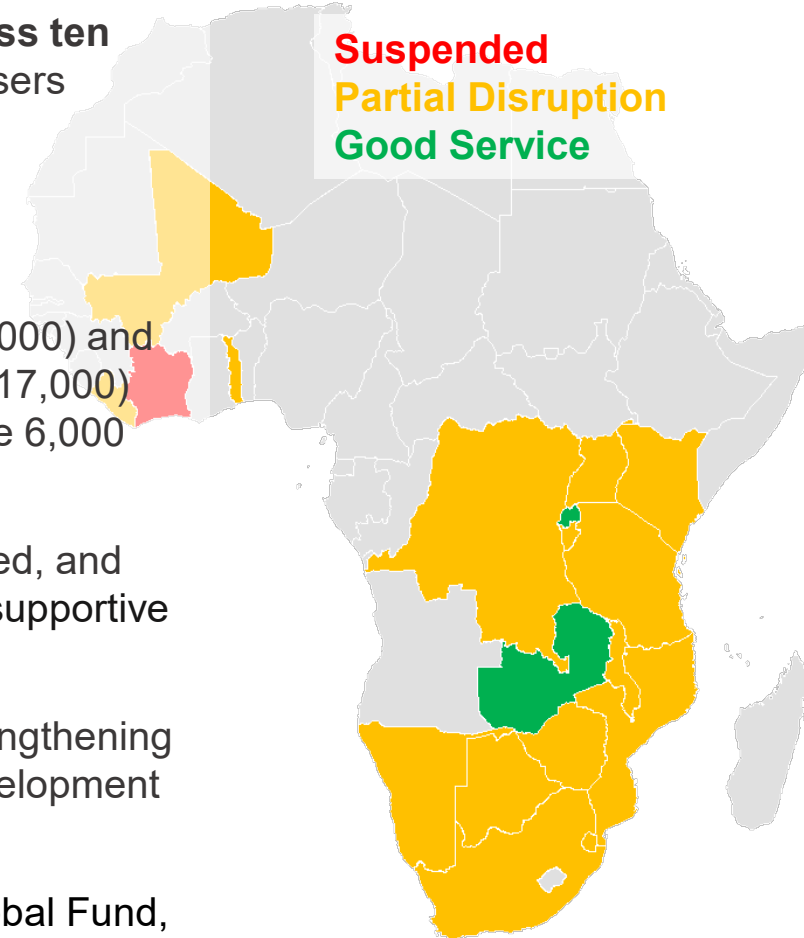
System-level impacts are being felt: This includes the cessation of health system strengthening projects in Kenya, shuttering of health MIS systems in Malawi, and disruption to the development of long-acting PrEP guidelines in Uganda



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



Asia: Country Snapshots



Cambodia- US technical assistance for the rollout of Global Fund-procured CAB has been terminated; the government has mobilised domestic resources to ensure the training takes place but it is currently unknown when delivery of CAB will begin



Laos- Community-based outreach prevention programmes have been disrupted, impacting service delivery as well as data collection and reporting



Indonesia- Prevention and linkages to treatment for around 30% of MSM in Jakarta have been affected; the expansion of PrEP programmes and a planned CAB pilot have been suspended



Myanmar- PrEP services have been disrupted, though prevention of vertical transmission remains unaffected



Nepal- KP-focussed PrEP provision has been suspended, and outreach and community-led monitoring have been impacted



Vietnam- 92 facilities, providing PrEP to 71% of current users, were funded by the US and lost all funding in March- by April, over 15k users had discontinued PrEP; the current stock of US-procured PrEP is expected to last only until June 2025; community outreach and HIV testing for key populations have been particularly affected, with 65-70% of clients at KP-led clinics discontinuing

Eastern Europe/Central Asia: Country Snapshots



Kazakhstan- HIV service delivery for KPs has reduced by 90%, and PrEP scale-up has been disrupted



Tajikistan- Disruption in outreach work by CSOs has led to reduced PrEP distribution to KPs and AGYW



Ukraine- Delivery of some commodities, including CAB, has been impacted- as of April 2025, supplies of oral PrEP are forecast to be exhausted by mid-August; civil society organisations are lobbying the government to allocate domestic funding for daily oral PrEP from the national budget

Latin America/Caribbean: Country Snapshots



Dominican Republic- PrEP for key populations and community-led monitoring are on hold



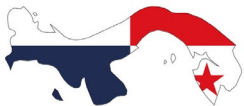
El Salvador- As of March 2025, only four months of PrEP supply remained, but the MoH has received authorisation from the Global Fund to purchase more; a USAID project delivering PrEP through private facilities is now limited to providing self-testing; only 11 of 30 promoters supporting doctors to initiate KPs on PrEP have been rehired



Guatemala- Prevention programmes for KPs have been disrupted with increased risk of loss to follow-up in last mile communities; community-run delivery sites have stepped in to serve users who lost access due to the stop work order



Haiti- PEPFAR provided 80% of PrEP services in the country; PrEP services have been suspended with the exception of pregnant and lactating populations- the MoH anticipates this will lead to a 30-50% increase in new infections



Panama- PrEP distribution to KPs was initially suspended before being taken over by the MoH



Peru- There is sufficient stock of PrEP for 6-12 months, but access to PrEP for KPs and AGYW has been disrupted

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 **transfer remaining supply of CAB and DVR to MoH**; this transfer has been confirmed in South Africa, Uganda, and Zimbabwe



Programmatic Supply of Injectable CAB

		# Planned Users	Service Status
	Botswana	1,500	Partial Disruption
	Cambodia	3,600	Partial Disruption
	Eswatini	?	Partial Disruption
	Ethiopia	?	Suspended
	Malawi	11,000	Partial Disruption
	Mozambique	600	Good Service
	Namibia	150	Suspended
	Rwanda	?	Good Service
	South Africa	21,290	Partial Disruption
	Ukraine	200	Partial Disruption
	Zambia	12,000	Good Service
	Zimbabwe	2,000	Partial Disruption

Suspended
Partial Disruption
Good Service

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



- **Cambodia** received a grant from the Global Fund to provide CAB to 3,568 MSM, trans women, female entertainment workers, and PWID over the period 2024-2026
- Funding for clinical training was to be provided via PEPFAR, but the stop work order necessitated mobilisation of domestic resources to fill this gap
- Initial delivery will take place at three facilities in Phnom Penh, but as of April 2025 no launch date has been set



- **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

Programmatic Supply of Injectable CAB

Suspended
Partial Disruption
Good Service



- **Ethiopia's** PEPFAR-funded CAB pilot has been suspended
- *Further details will be added when available*



- **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



- **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

Programmatic Supply of Injectable CAB



- **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



- **Rwanda** continues to provide CAB and other PrEP services with no reported impacts from the USAID stop work orders
- *Further details will be added when available*



- **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 funded by USAID were temporarily suspended but have since resumed; CAB delivery via outreach is 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 all 15 sites, with about 30,000 doses remaining; no additional supply is currently anticipated

Now What?

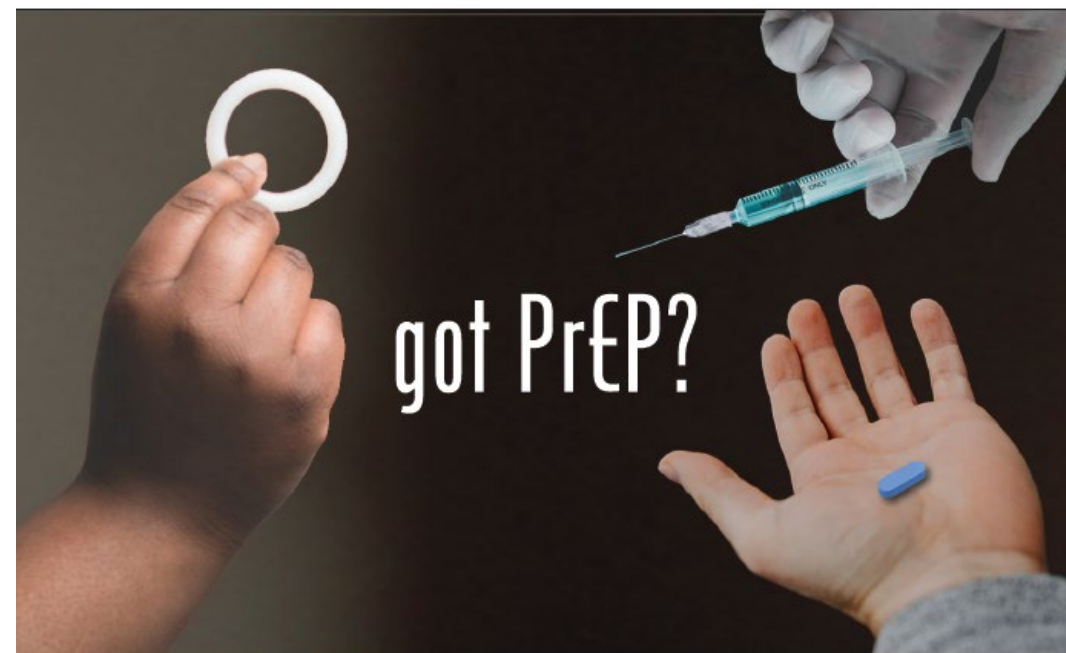
Key issues to consider to ensure continued availability of PrEP and to adapt to a significantly changed PEPFAR prevention program

- 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

- [PEPFAR Stop Work Order Tracker](#)- a live version of this slide deck
- [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.