

# Impact of PEPFAR Stop Work Orders on PrEP

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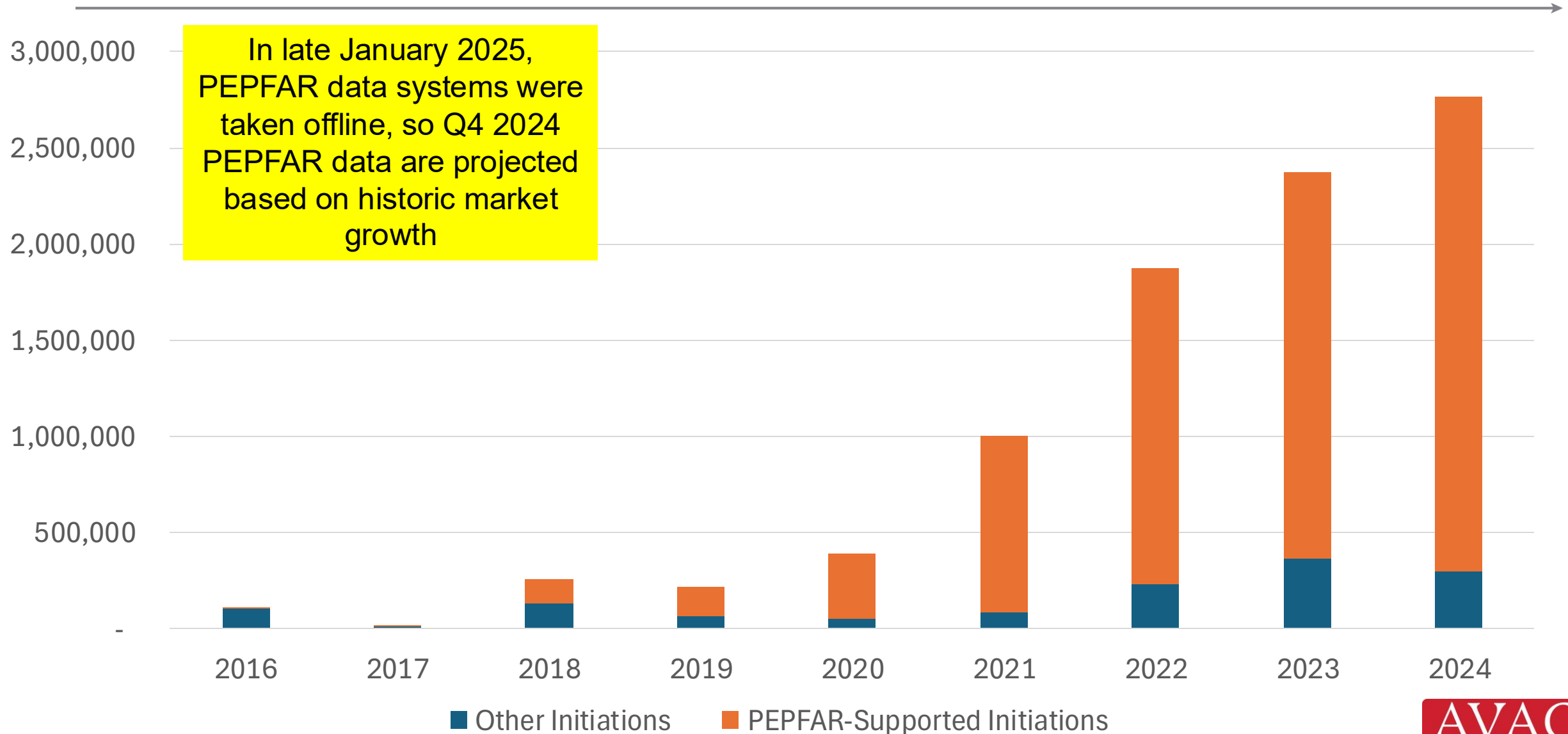
# Introduction

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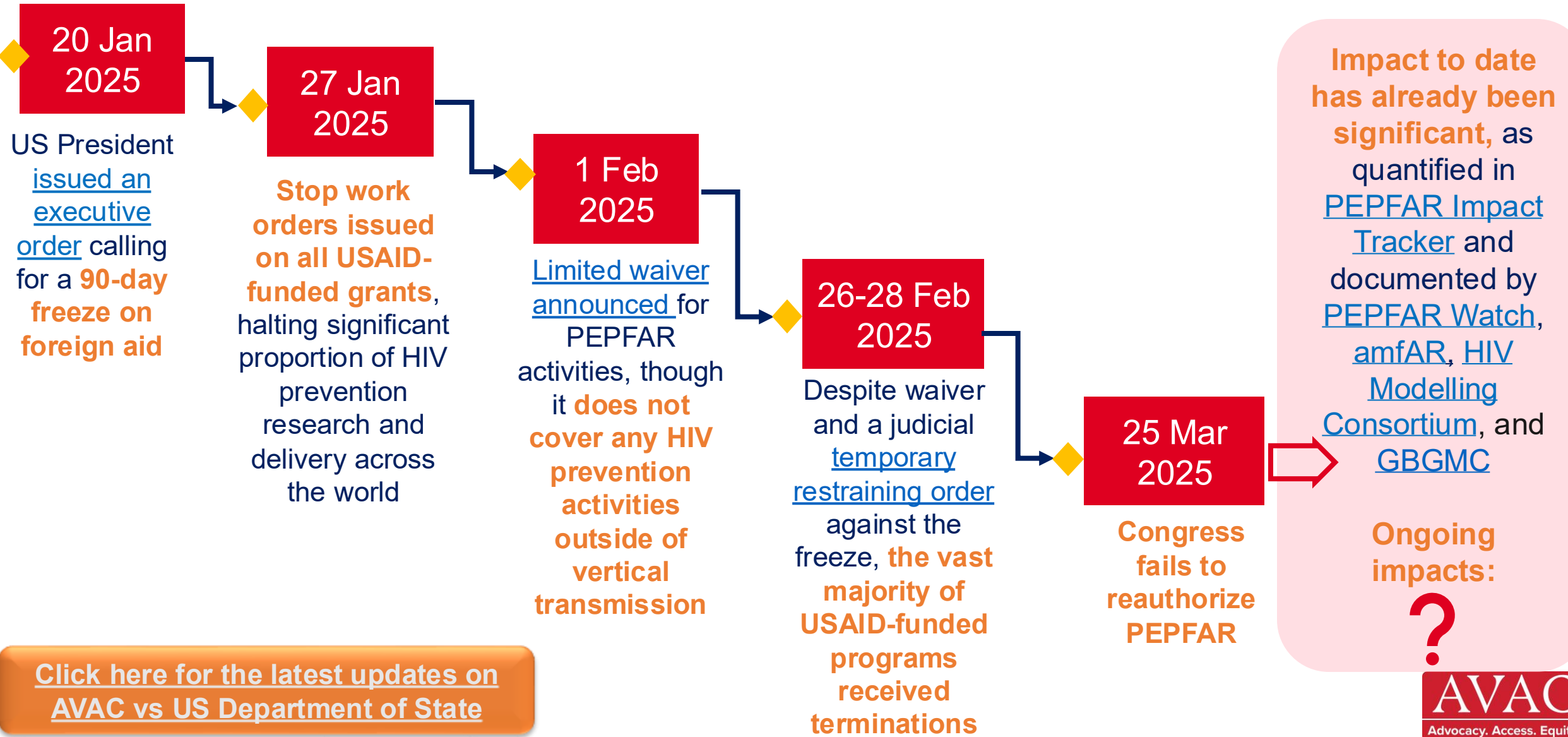
## Tracking the impact of stop-work orders

- 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@healthaccessbridge.org](mailto:catherine@healthaccessbridge.org).

# PrEP Initiations to 2024



# What Just Happened?



# PEPFAR Stop-Work Orders and HIV Prevention

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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](#)

# PEPFAR Data Release

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April 2026

# PEPFAR's Perspective

- On April 17, 2026, PEPFAR released long-awaited Q4 FY25 data
  - Only one quarter's (July-Sept 2025) data released, no data from last six months of implementation
- State Department states:
  - 20.3-20.6 million people on treatment
    - *But the data and the press release have different numbers*
  - Increased country ownership
    - *But not clear how defined or quantified*
  - Increase in PrEP use by pregnant and breastfeeding women
    - *But massive decrease in PrEP overall & data is newer & reporting has been optional*



For decades there has been the problem with how policymakers think about PEPFAR's data: by measuring how much treatment U.S. taxpayers pay for, not progress made actually fighting and eliminating the disease for patients.

The U.S. Department of State has released PEPFAR program data on [Spotlight](#) and on the Department's [PEPFAR website](#) covering the period of July 1, 2025 – September 31, 2025. This report reflects a transition-year baseline, including the absorption of USAID PEPFAR programming to the Department of State and shows that as a result of our America First Global Health Strategy, we are continuing to save lives while also protecting taxpayer dollars.

PEPFAR-supported programs provided anti-retroviral (ARV) treatment for 20.6 million people living with HIV in more than 50 countries—stable from the same FY 2024 reporting period.

# Other Perspectives, April 2026

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## ***New PEPFAR Data Show Worrying Declines in Testing and Treatment for H.I.V.***

The numbers are the first to quantify the effect of the Trump administration's shutdown and restarting of a program that has saved millions of lives worldwide.

[Click here to read](#)

## **PEPFAR data shows drops in HIV prevention as US claims success**

[Click here to read](#)

## **Researchers Dispute US Government's Upbeat Data About PEPFAR's Impact on HIV**

[Click here to read](#)

## **How to Read the Latest PEPFAR Data**

What the topline numbers show—and what they miss

[Click here to read](#)

## **What We Know from the Latest PEPFAR Data: Analysis of FY 2025 Quarter 4 Results**

[Click here to read](#)

## **Two startlingly different views on long-awaited data on America's anti-HIV efforts**

[Click here to read](#)

# The Stats: Q1 2024 >> Q4 2025

- HIV testing dropped **-17%**
- HIV diagnoses dropped
  - **-13%** in continuous facilities
  - **-35%** in community-based facilities
  - **-29%** in intermittent facilities
- PMTCT infant testing
  - **-6%** in continuous facilities
  - **-60%** in intermittent facilities
- PMTCT infant diagnoses
  - **-12%** in continuous facilities
  - **-31%** in intermittent facilities
- PrEP initiations dropped **-33%** overall
  - **-27%** in continuous facilities
  - **-62%** in intermittent facilities

## The impact of the United States foreign aid freeze on HIV service delivery in PEPFAR-supported countries: a facility-level analysis of 2024–2025 programme data

Brian Honermann<sup>1,2</sup>, Anna Grimsrud<sup>2</sup>, Elise Lankiewicz<sup>1</sup>, Jennifer Sherwood<sup>1</sup>, and Greg Millett<sup>1</sup>

<sup>1</sup> amfAR, Andelson Office of Public Policy

<sup>2</sup> International AIDS Society

✉ Correspondence: [Brian Honermann <brian.honermann@amfar.org>](mailto:brian.honermann@amfar.org)

### Abstract

**Introduction:** On January 20, 2025, the U.S. government froze foreign assistance including for PEPFAR, though a limited waiver for “life-saving” interventions was subsequently granted. PEPFAR’s 2025 monitoring results, released April 17, 2026, covered only quarter 4 while an earlier inadvertent release included all four quarters. Combining both data sets, we systematically assess facility-level programmatic performance and reporting trends to quantify service disruptions accounting for reporting discrepancies.

**Methods:** We categorized facilities by reporting continuity across Q1 2024 and Q4 2025 (e.g. continuous, intermittent, dropped, or new) and assessed changes in service delivery by the category of health facility for key HIV treatment, testing, PMTCT, and prevention programming. We additionally analyze changes in employed human resources for health (HRH) reported by PEPFAR.

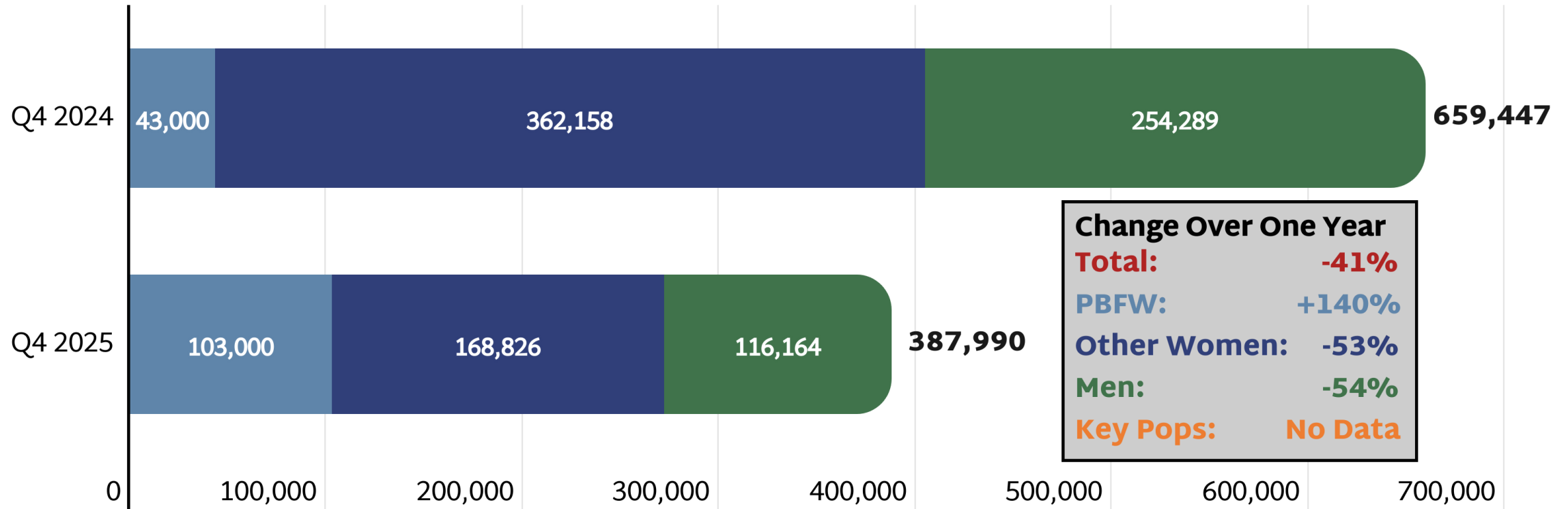
**Results:** PEPFAR data included 31,746 facilities and community service sites. 71.3% were classified as continuous reporters, 16.9% intermittent reporters, 2.5% community services, 3.9% dropped in 2025, and 3.1% new in 2025. Total number of people accessing HIV treatment declined modestly by -0.3%, but differed by facility category. Continuous facilities saw a 0.5% increase in people on treatment, while intermittent facilities saw a -1.7% decrease. HIV testing declined -17%. HIV diagnoses declined -13% in continuous facilities, -35% in community services, and -29% in intermittent facilities. PMTCT infant testing and diagnoses declined by -6% and -12% in continuous facilities, respectively, and -60% and -31% in intermittent facilities, respectively. PrEP initiations declined -33%. Total direct service delivery HCWs reduced -62,541 (-24%)

**Conclusion:** These findings reveal substantial disruptions across PEPFAR service areas, with the steepest declines among intermittent and community-based delivery sites, alongside a 24% reduction in direct service delivery healthcare workers. As potentially the final data set PEPFAR

*Data shared from analysis by amfAR*

# Decline in PEPFAR Supported PrEP Initiations

Comparison of PEPFAR data from Q4 2024 (July – Sept) to Q4 2025 (July – Sept)



PrEP\_NEW: Number of New PrEP Initiations During the Reporting Period

● Pregnant/ Breastfeeding Women (PBFW) ● Other Women ● Men

# Devastating reductions in PrEP services

- 17 of 51 countries (33%) with PEPFAR-funded PrEP programs in 2024, primarily in Asia and South America, were completely cut in 2025
- Top 16 PrEP markets (based on 2024 data) saw the most drastic cuts, representing poor prioritization of resources
  - PrEP initiations fell 41% overall
  - Down 43% in higher-burden countries, compared to a 26% decrease in lower-burden countries
- No publicly available data on PrEP initiations for key populations
- Pronounced and worrying drops in PrEP initiations among adolescent girls and young women (15–24-year-olds) compared to older women

	New PrEP Initiations Q4 2024	New PrEP Initiations Q4 2025	% Decrease in PrEP Initiations
All Women	405,158	271,826	<b>-33%</b>
AGYW (15-24)	204,029	124,326	<b>-39%</b>
Other Women (25-49)	194,312	143,392	<b>-26%</b>

# Critical prevention programs and reporting halted

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Programs and interventions for priority populations, including MSM, transgender people, sex workers, and AGYW were particularly impacted

- PEPFAR no longer requires reporting on prevention services for priority populations – services that reached over 3 million individuals in Q4 2024
  - Many of these programs were also eliminated, but the magnitude of those cuts is challenging to quantify without any data
- Staggering cuts to DREAMS programs – packages of prevention services to address the high incidence of HIV among AGYW
  - Likely a key driver in the significant reduction in AGYW initiating PrEP
  - Almost 1.9 million AGYW received prevention services in Q4 2024; only 253,000 received services in Q4 2025 (**86% decrease**)

# Key Impact Areas

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# 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



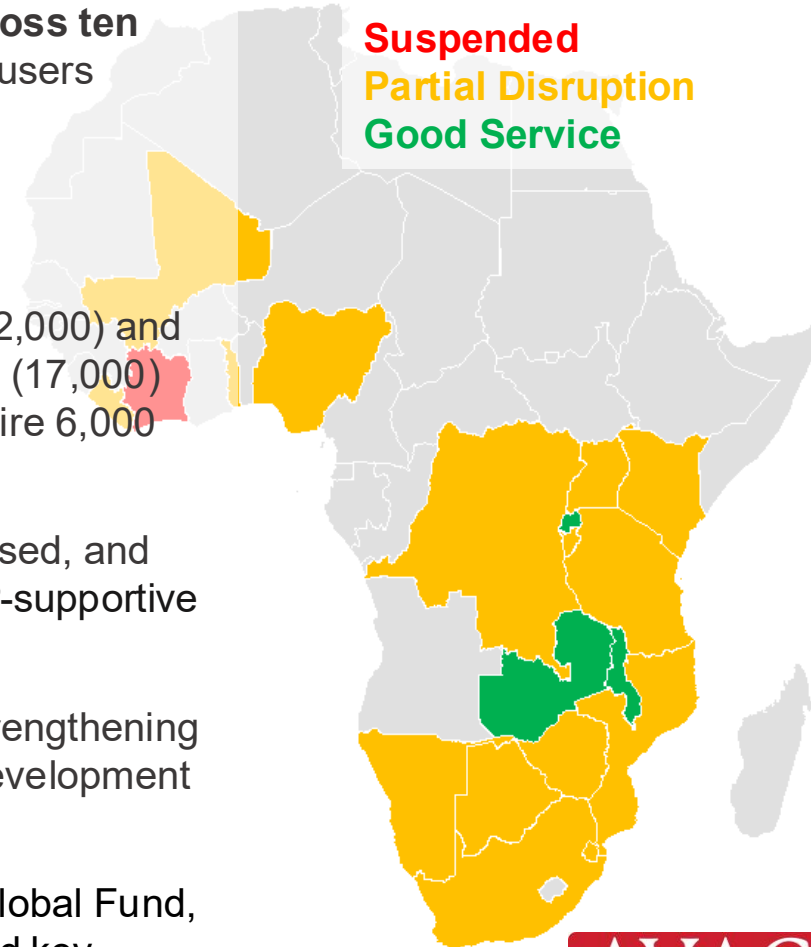
**System-level impacts are being felt:** This includes the cessation of health system strengthening projects in Kenya, shuttering of health MIS systems in Malawi, and disruption to the development of long-acting PrEP guidelines in Uganda



**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

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**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?














- Via local partners, offering 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, except sites in Kenya, which were to commence CAB in February

## What is happening now?

- Participants **exited** from study early in 2025 and **no longer able to access CAB or DVR** at study sites; some participants being **transitioned onto oral PrEP** where available
- FHI 360 worked with product developers to **transfer remaining supply of CAB and DVR to MoH**
- As of March 2026: **Project Resource Optimization (PRO)** supporting **analysis and dissemination of study data** ensuring the women who participated, their communities, and the health systems that hosted the study get to hear what was learned



# 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	Good Service
	Mozambique	600	Good Service
	Namibia	150	Suspended
	Nigeria	3,000	Partial Disruption
	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
- CAB services initially resumed in February only for existing users and new PLP users, but on 25 June 2025 an order was issued to allow resumption of CAB for all populations
- Additional supply has been provided by the Global Fund



- **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



- **Nigeria** received 15k doses from PEPFAR in Dec 2024 for delivery in Lagos State, with 160 users having received CAB when stop work orders were issued and services were suspended
- PEPFAR is in the process of transferring remaining doses to the government so delivery can resume; no additional doses from PEPFAR are anticipated
- An additional 5k doses procured via the Global Fund were received in May 2025 and will be delivered in Gombe State, in the north of the country



- **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*

# Programmatic Supply of Injectable CAB

Suspended  
Partial Disruption  
Good Service



- **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



- **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

Suspended  
Partial Disruption  
Good Service

# Programmatic Supply of Injectable CAB



- **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

*More updates will be added as information becomes available*

# What Does It Mean for LEN?



Our anti-HIV jab will be rolled out in 6 weeks. But funding cuts hollowed out the system needed to deliver it

By Mia Malan – April 21, 2026

[Click here to read](#)

*“We’re now building lenacapavir programmes on a foundation of sand, not stone. So LEN introduction is going to be harder than it should have been. But we shouldn’t use that as an excuse to go slow or small. We need to be hyper-aware as these programmes roll out that we are truly reaching the people who could use it the most.”*

– Mitchell Warren, AVAC

[Click here to read](#)



## Wasted Investments, Looming Crisis:

The Impact of U.S. Global Health Funding Cuts on HIV in South Africa

[Click here to read](#)



## Three Million is a Step Forward, But Not Enough

AVAC and Access Bridge Call for Accelerated Ambition and Action to Expand Access to Lenacapavir for PrEP

# Now What?

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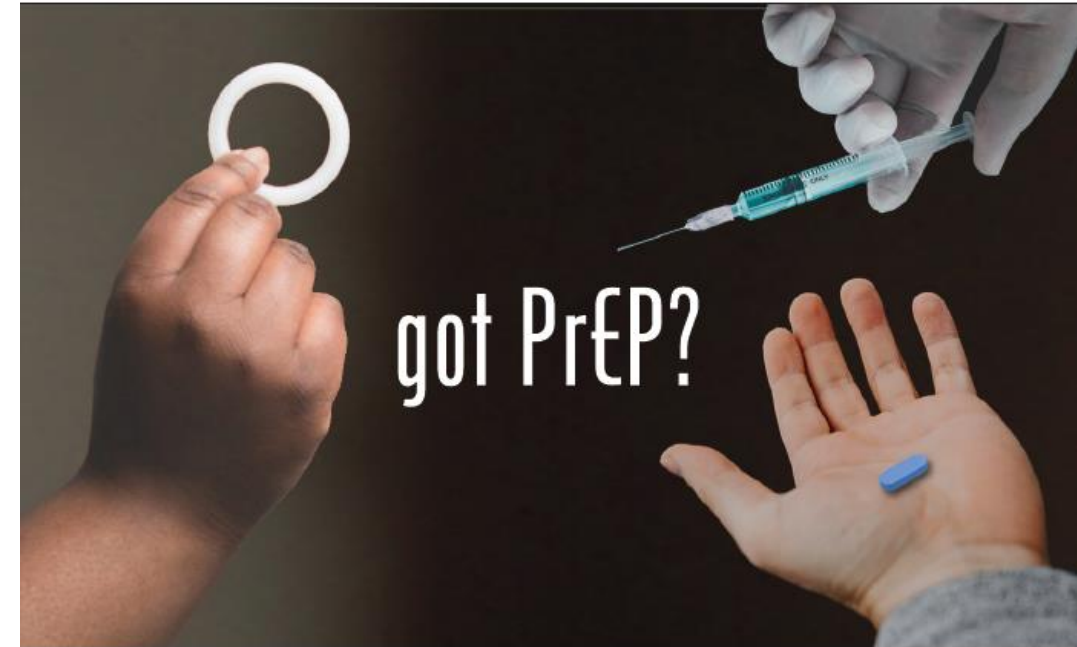
Key issues to consider to ensure continued availability of PrEP and to adapt to a significantly changed PEPFAR prevention program

- 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
- [UNAIDS Monthly HIV Services Tracking Platform](#)- monthly data on people reached with HIV services from former PEPFAR-partner countries

*If you have any additional information or insights to share, please contact [catherine@avac.org](mailto: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.