

AWPCAB Calls for Urgent Action to Safeguard HIV Prevention and Centre Meaningful Community Engagement

April 15, 2025

The African Women Prevention Community Accountability Board (AWPCAB) convened in Dar es Salaam from April 1st to 4th, 2025, to reflect on the ongoing shifts in the political and funding landscape, which continue to harm critical programs, including HIV prevention.

AWPCAB is a community-led advocacy group committed to ensuring that African women, girls, and other marginalized groups are not only heard but are central in research, policy, and program decisions.

As a collective of African women and girls, we bring the voices of communities often ignored and call attention to the harms that now threaten the hard-won gains in HIV prevention.

Decades of experience in the HIV response has shown us that ending the AIDS epidemic requires a balanced approach—ensuring people living with HIV receive life saving medication whilst simultaneously preventing new infections by providing effective prevention tools to those at risk. However, recent U.S. government funding cuts have deprioritized HIV prevention. For example, following the <u>US executive order</u> on foreign aid by the Trump administration, a limited waiver was granted to PEPFAR which allowed certain "life-saving" interventions to continue, but HIV prevention was significantly neglected and PrEP services were only limited to pregnant and breastfeeding women; excluding millions of adolescent girls and young women who urgently need HIV prevention services in the region We acknowledge the importance of supporting pregnant and breastfeeding women, but they represent only a fraction of those facing the daily reality of HIV risk. HIV prevention must be available to all who need it.

AWPCAB has long championed CHOICE in HIV prevention. This means offering diverse prevention options, including knowledge and information to meet the unique needs of different individuals at different seasons of their lives.t Achieving this requires ongoing investments in research and development to expand prevention options, subsequently leading to increased uptake—a lesson learned from the contraceptive field. Unfortunately, the US funding cuts for HIV prevention research threaten this agenda completely.



AWPCAB is also deeply concerned by the decision made by the US administration to put Dr. Jeane Marrazzo on leave. Dr Marrazzo has been a key CHOICE advocate and champion in HIV prevention R&D; her services and expertise are needed now more than ever.

The impact of funding cuts is already evident. Women and girls across the continent are struggling to access prevention services. Participants in clinical trials and implementation studies are being left without continued support, eroding the community trust we had built over the years in research efforts.

A call to action!

The Africa Women Prevention Community Accountability Board (AWPCAB) calls on Global Health Institutions, African governments, donor countries, the private sector, and philanthropies to urgently address critical gaps to ensure a sustainable HIV response. There is no ending AIDS by 2030 without Prevention.

African Governments

AWPCAB acknowledges the ongoing efforts by African governments to address funding gaps from foreign aid cuts. However, we are deeply concerned by the lack of urgency displayed by some. We urge African governments to recognize the current situation as a crisis and respond accordingly.

- Increase Domestic Financing: Now more than ever is the time for African governments to increase domestic financing towards health. Across many countries, HIV prevention is in jeopardy. AWPCAB calls on African governments to urgently increase domestic funding to fill the HIV prevention financing gap. As countries develop emergency plans in responding to this crisis, HIV prevention should remain a top priority.
- Minimize out-of-pocket expenditure: AWPCAB is concerned that across many African countries, foreign funding cuts are leading to renewed discussions about user fees, which undermine the principles of Universal Health Coverage (UHC). According to WHO in 2021, 24 of 49 African countries funded over 30% of health spending through out-of-pocket payments (OOP). Introducing user fees would only impoverish vulnerable populations further. We urge governments to explore



alternative financing mechanisms, such as private sector initiatives or tiered payment systems, that avoid pushing poor people deeper into poverty.

- HIV Prevention should remain a priority in the sustainability roadmaps. We applaud African governments for initiating the development of sustainability roadmaps ahead of the funding cuts. Now is the time to put those plans into action. We urge governments to prioritize HIV prevention in these roadmaps. Without comprehensive HIV prevention programs informed by CHOICE, ending AIDS will remain a far-fetched dream for many countries.
- Meaningful community engagement: Communities have always played an important role in addressing public health threats. In the case of HIV, communities have been at the forefront of ensuring that HIV policies and programs reflect onthe-ground realities. They have led community mobilization, treatment education, social accountability, and advocacy efforts. However, AWPCAB is concerned with the ongoing exclusion of communities in critical discussions and decision-making by the African government following the foreign aid cuts. We therefore urge African governments to uphold their commitment and guarantee meaningful community engagement in ongoing country-level discussions.
- Follow-up of trial participants upon closure of trial site: The abrupt stopping
 of the prevention research site and no plans for follow with trial participants is of
 huge concern and does not display an ethical and respect for human rights
 approach and respect for young women who took part in the prevention research
 studies. We urge governments to make public plans for trial participants to access
 products and psycho-social support given to them.
- Integration of HIV services: The AWPCAB acknowledges the ongoing discussions around integrating HIV services into broader health services, which have been re-ignited by the funding cuts. While integration is important, it is critical for us not to lose sight of why HIV programs were initially created as parallel programs. Plans to integrate HIV services into the broader service provision should be based on careful analysis of what can and cannot be integrated effectively. Furthermore, the true costs of integration must be thoroughly considered in these discussions.
- **Local and regional production**: Before the funding cuts, conversations around regional and local manufacturing were already gaining momentum. We urge



African governments to capitalize on existing efforts and investments to expand regional and local manufacturing, ensuring greater supply security, especially now with funding cuts.

Donor Countries

We are concerned by the growing trend of donor countries, following the US lead, cutting foreign aid in the name of national interests. Reducing health aid not only endangers recipient countries but also jeopardizes the health security of donor countries, as diseases know no borders. Increasing foreign aid should be a top priority for donor countries, as it ultimately serves their national interests.

Global Health Institutions

We are aware that the US funding cuts have significantly impacted Global Health Institutions (GHIs), which have played a critical role in safeguarding global health for decades. As GHIs adapt to this changing landscape, we urge them to involve communities in the decision-making processes. While the ongoing consultations and rapid assessments provide valuable insights on the impact on communities, global health policy and program decisions should not rely solely on anecdotal evidence from rapid assessments, as the impact on the ground is greater than what we are seeing in these reports. As GHIs realign their priorities, they must prioritize HIV prevention and ensure community-led interventions are not left behind.

Private Sector and Philanthropies

We commend the private sector and philanthropists for their support over the years in improving health programs. However, more assistance is needed to address the funding gaps, especially for HIV prevention programs. We urge the private sector to collaborate with African governments to explore innovative financing solutions. With PrEP supplies running low across many countries and clients being turned away, we cannot allow populations to remain at risk. We call on the private sector and philanthropists to step in and fill the gap.

We call upon all global health actors to prioritize HIV prevention. Without comprehensive HIV prevention, there will be no end to AIDS. We remain committed to CHOICE. As priorities shift, HIV prevention, informed by CHOICE, must remain central. As Margaret J. Wheatley said, "There is no power for change greater than a community discovering what it cares about." Community-led interventions should be adequately funded, and meaningful community engagement should be given the attention it deserves.



The African Women Prevention Community Accountability Board (AWPCAB) is a powerful collective of women and girls committed to advancing HIV prevention programs and strategies that center the voices and needs of African women. At the heart of our advocacy is the CHOICE Manifesto, a bold declaration that champions comprehensive, women-centered HIV prevention solutions.

We believe that CHOICE in HIV Prevention is a non-negotiable right. Women and girls must access a full range of HIV prevention options, including oral PrEP, injectable Cabotegravir, vaginal rings and upcoming innovations including injectable Lenacapivir and the Dual Prevention Pill. Now more than ever, we must rally behind the CHOICE manifesto to ensure that every woman and girl can access the HIV prevention method that best suits her needs. The message remains clear- when women and girls have choices, prevention coverage expands, bringing us closer to ending HIV by 2030.