

AFRICAN WOMEN PREVENTION COMMUNITY ACCOUNTABILITY BOARD

AWPCAB

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Defending Women's Right to Choose: A Unified Call to Protect and Expand HIV Prevention Options Across Africa

Statement Adopted at the Annual AWPCAB Meeting, Lilongwe, Malawi 20–22 April 2026

The African Women Prevention Community Accountability Board (AWPCAB) convened its annual meeting in Lilongwe, Malawi, from 20 to 22 April 2026. As women leaders, advocates, frontline health workers, and survivors from across Sub-Saharan Africa, we gathered to deliberate on one of the most urgent threats to public health in our generation: the narrowing of HIV prevention choices available to African women and adolescent girls.

According to UNAIDS 2025 epidemiological estimates, 1.3 million people acquired HIV globally in 2024. Women and girls accounted for 45 percent of all new infections worldwide, a proportion that rises to 63 percent in sub-Saharan Africa. Every week, approximately 4,000 adolescent girls and young women aged 15–24 become newly infected with at least 3,300 of these infections occurring in sub-Saharan Africa. These are not just statistics; they are daughters, sisters, mothers, and future leaders whose lives and potential are affected by a preventable disease.

At a time when science has delivered the most powerful HIV prevention tools in history, it is deeply concerning that policy decisions, procurement constraints, and funding shortfalls are determining the choices available to the very women who bear the greatest burden of this epidemic. AWPCAB stands against any actions by governments,

donors, or health authorities that restrict or eliminate proven HIV prevention options for women and adolescent girls.

The crisis of shrinking prevention choice

Decades of scientific research have established that no single HIV prevention method can meet the diverse needs of all women. Effective prevention depends on offering a comprehensive, person-centred toolkit that accommodates individual circumstances, relationship dynamics, cultural contexts, healthcare access, and personal preference. The World Health Organization (WHO), UNAIDS, and the Global HIV Prevention Coalition have each affirmed this principle that, Choice in HIV prevention is not a luxury, it is a prerequisite for an effective response.

Today, the WHO-recommended biomedical HIV prevention options for women include:

- Daily oral pre-exposure prophylaxis (oral PrEP)
- Long-acting injectable cabotegravir (CAB-LA), administered every two months
- The dapivirine vaginal ring (DVR), a discreet, woman-controlled monthly option
- Twice-yearly injectable lenacapavir.

Despite this progress, AWPCAB's members report with deep alarm that governments across the African continent are planning to deprioritise or discontinue prevention options that do not align with the lowest procurement cost. This is a fundamentally flawed approach to public health. If a woman cannot access or use a method consistently, she remains unprotected, regardless of cost.

Compounding this crisis is a severe contraction in funding. [UNAIDS modelling](#) released in late 2025 projects that, without renewed investment, an additional 3.3 million new HIV infections could occur between 2025 and 2030. Already, funding cuts have led to:

- Suspension of HIV prevention services by more than 60 percent of women-led community organizations

- A reported 55 percent drop in condom distribution in some high-burden countries
- Loss of access to community health workers for an estimated 450,000 women in sub-Saharan Africa

These disruptions disproportionately affect women and adolescent girls who are already most vulnerable.

The science demands comprehensive choice

AWPCAB grounds its advocacy in science. The evidence base for HIV prevention choice is robust, peer-reviewed, and growing.

Oral PrEP (TDF/FTC and TAF/FTC): Highly effective when taken as prescribed, oral PrEP has been scaled across multiple African countries, with about 7.2 million cumulative initiations across the continent as of 2025. However, adherence challenges related to daily pill-taking, stigma, pill fatigue, and disclosure risks mean that oral PrEP alone cannot reach all women who need protection.

Long-acting injectable cabotegravir (CAB-LA): Administered every two months, CAB-LA has demonstrated superior efficacy to daily oral PrEP in clinical trials and has received regulatory approval in multiple African countries. Implementation research from the CATALYST study, conducted in Kenya, Lesotho, South Africa, Uganda, and Zimbabwe, confirms high acceptability and demand for this option, particularly among young women and adolescent girls. However, uptake remains low in most countries due to limited demand generation and uncertainty around sustained country requests and programme scale-up.

The dapivirine vaginal ring (DVR): WHO-recommended since 2021 and approved in 11 African countries, the DVR is a woman-controlled, coitally independent option that does not require daily dosing. In implementation research, 30 percent of women offered a choice selected the DVR, demonstrating that a meaningful proportion of women will only be reached by this specific method. A next-generation three-month ring, shown in Phase 1 trials to be as safe and effective as the monthly ring, with an estimated 60 percent reduction in per-user cost, is advancing through the pipeline.

Twice-yearly injectable lenacapavir: The PURPOSE 1 Phase 3 trial, published in the [New England Journal of Medicine](#) in 2024, recorded zero HIV acquisitions among 5,345 cisgender adolescent girls and young women in South Africa and Uganda who received lenacapavir—the first HIV prevention regimen to demonstrate 100 percent efficacy in young women. The PURPOSE 2 trial confirmed a 96 percent reduction in HIV incidence in a broader, geographically diverse population. The U.S. Food and Drug Administration approved lenacapavir for PrEP in June 2025.

To date, 9 African countries have approved lenacapavir, marking important progress toward access, and early distribution has begun in several settings. However, approval alone is not enough. Urgent action is needed to ensure sufficient, affordable, and equitable supply of lenacapavir across African countries if its full public health impact is to be realised.

The Dual Prevention Pill: An emerging innovation combining HIV prevention with contraception, the Dual Prevention Pill addresses the intersecting reproductive and HIV prevention needs of many African women and adolescent girls, for whom family planning access and HIV protection are inseparable priorities.

The CATALYST study, a landmark implementation research initiative funded by PEPFAR and USAID, has demonstrated that when women are given full information and genuine access to multiple prevention options, they make active, informed choices that reflect their individual circumstances. This evidence must guide policy. Restricting choice does not simplify implementation, it abandons women and puts them at increased risk of HIV acquisition.

Call to action

African governments

Uphold your constitutional and international legal obligations to protect the health and rights of women and adolescent girls by maintaining—and expanding, not contracting—the full range of WHO-recommended HIV prevention options.

Resist reducing HIV prevention procurement to a single or limited number of modalities on the grounds of cost alone. Cost-effectiveness analyses must account for the real-world consequences of non-use: if a woman will not or cannot use the available option, its low cost confers no benefit.

Develop and implement national policies that explicitly protect prevention choice, including regulatory approval pathways, supply chain planning, and healthcare worker training for all approved prevention modalities.

Increase domestic budget allocations for HIV prevention in line with the Abuja Declaration commitments and UNAIDS investment frameworks, reducing dependence on volatile external financing.

Engage meaningfully with women-led community organisations in the design, implementation, and evaluation of national HIV prevention programmes.

Donors and funding bodies

Immediately restore and sustain funding commitments to HIV prevention services at 2024 levels and, or above, recognising that abrupt funding interruptions cause irreversible harm and undermine decades of investment.

Adopt a diversified funding strategy that explicitly supports all WHO-recommended prevention methods; oral PrEP, long-acting injectable cabotegravir (CAB-LA), the dapivirine vaginal ring (DVR), injectable lenacapavir, and emerging innovations, rather than concentrating investments in a single modality.

Honour commitments to reach two million people with lenacapavir for PrEP within three years, as announced by the Global Fund and PEPFAR in December 2024, and urgently develop equitable access and generic supply pathways for African countries.

Protect community-led organisations from abrupt funding disruptions. Women-led organisations deliver essential HIV prevention outreach, counselling, and peer support services that cannot be replicated at scale without sustained investment.

Ensure that funding decisions are informed by the lived experiences and expressed preferences of the women and communities being served. Scientific breakthroughs mean little if policy decisions, funding contractions, and procurement shortcuts deny women and adolescent girls access to the prevention methods they need and choose.

The private sector and philanthropies

Step forward as strategic partners in bridging the current HIV prevention financing gap. The return on investment in HIV prevention, measured in lives protected, healthcare costs averted, and economic productivity preserved, is among the highest in global health.

Support and accelerate access strategies for CAB-LA and lenacapavir to bring these transformative prevention tools within reach of African women at the earliest opportunity.

Fund community health system strengthening, healthcare worker training, community engagement, and demand-generation activities that enable women and adolescent girls to exercise informed prevention choice.

African communities and advocates

Stand in solidarity with women and adolescent girls in your communities, amplify their voices in local, national, and regional policy processes, and affirm Africa's leadership in advancing HIV prevention research, evidence, and innovation.

Challenge stigma, misinformation, and harmful social norms that limit women's ability to access and use HIV prevention services.

Hold governments and health systems accountable for delivering on their commitments to comprehensive, rights-based HIV prevention if we are to achieve the goal of ending AIDS by 2030.

About the AWPCAB

The African Women Prevention Community Accountability Board (AWPCAB) is a group of women and girls dedicated to advancing HIV prevention programmes and strategies that prioritise the voices, rights, and needs of African women.

Its advocacy is anchored in the [CHOICE Manifesto](#), launched in September 2023, a declaration affirming that comprehensive, women-centred HIV prevention including oral pre-exposure prophylaxis (PrEP), injectable cabotegravir (CAB-LA), the dapivirine vaginal ring (DVR), injectable lenacapavir, and forthcoming innovations such as the Dual Prevention Pill, is a non-negotiable right, not a privilege.

AWPCAB holds governments, donors, and health systems accountable for ensuring that every woman and adolescent girl can access the HIV prevention method that best meets her individual needs and lifestyle..

“The future of HIV is negative, is the youth , young women, and in Africa” ~ Yvette Raphael , Chairperson African Women Prevention Community Accountability Board

Every policy that restricts the HIV prevention options available to African women accepts preventable HIV acquisitions as the cost of administrative convenience.

“The science is clear. The need is urgent. The choice belongs to women”

Key Data References *UNAIDS Global AIDS Update 2025 • UNAIDS Fact Sheet 2025 • WHO Lenacapavir Guidance 2024 • New England Journal of Medicine: PURPOSE 1 & PURPOSE 2 Trials (2024) • CATALYST Study, MOSAIC/USAID (2024–2026) • Global HIV Prevention Coalition (UNAIDS/UNFPA) • UNAIDS World AIDS Day Report, December 2025*
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