

HIV Commodity Supply Under Pressure

Evidence from IPPF Member Associations and IPPF's Response

October 2026

BACKGROUND

An estimated 40.8 million people are living with HIV worldwide¹, yet the response is being undermined by deep funding gaps, a sharp downturn in external assistance and a fracturing global health architecture. Abrupt shifts in major donor policies, particularly changes to U.S. foreign assistance and uncertainty around the future of PEPFAR, are driving shortages of HIV tests, pre-exposure prophylaxis (PrEP), condoms and antiretroviral therapy (ART) in some settings, while under-resourced health systems struggle with workforce gaps and service disruption.²

IPPF is a federation of locally owned and led non-profit organizations that provide health care and advocate for sexual and reproductive health and rights for all in 150 countries. IPPF's **Integrated Package of Essential Services Plus (IPES+)** includes HIV testing, treatment and care services as well as services for sexual health and well-being, contraception, abortion care, sexually transmitted infections (STIs)/reproductive tract infections (RTIs), obstetrics and gynaecology, fertility support and sexual and gender-based violence under one framework – reducing stigma and helping clients meet multiple needs in one place.

Survey Methodology

In Quarter 2 of 2026, IPPF's Harm Mitigation Task Force surveyed 55 of the 102 IPPF Member Associations (MAs) that provide HIV-related services, based on identified and anticipated need. Of the 55 approached, 40 MAs responded (a 73 per cent response rate) from Africa (18), the Arab World (4), East and Southeast Asia/Oceania (3), Europe (4), Americas and the Caribbean (8), and South Asia (3). This brief presents findings from the 40 MAs on HIV-related service provision, delivery channels, product sourcing, stockouts, and IPPF's response.

1. THE PROBLEM > HIV Commodity Supply Is Increasingly Fragile

Survey findings point to a problem of **supply unreliability and fragility**, not simply isolated stockouts. More than half of surveyed MAs experienced a stockout within the previous 12 months. At the time of the survey, 40% of MAs had an active stock out of products serviced in their programs, 60% of MAs reported low stock levels for at least one critical HIV product, and 60% of MAs reported products could not be accessed due to market access constraints.

PROPORTION OF MAs REPORTING STOCK CHALLENGES

55%

Experienced an HIV commodity **stockout in the past 12 months**

22 of 40 MAs

40%

Had an **active stockout at the time of the survey**

16 of 40 MAs

60%

Reported products currently **unavailable at the time of the survey**

24 of 40 MAs

60%

Had at least 1 product at **low stock levels at the time of the survey**

24 of 40 MAs

The pressure on HIV rapid diagnostic tests (RDTs) is particularly significant: Across the 40 MAs who responded to the survey, HIV RDTs emerged as the most critically affected product category. Testing is provided by almost every responding MA, yet 17 MAs reported low stock and a further five reported complete stockouts, meaning more than half of those 40 MAs cannot reliably sustain HIV testing at the point of care.

Oral and injectable PrEP followed closely, with 12 MAs reporting low stock or stockout conditions across both formulations. Without reliable access to these basic commodities, the established service delivery capacity of IPPF MAs will not translate into uninterrupted care for clients.

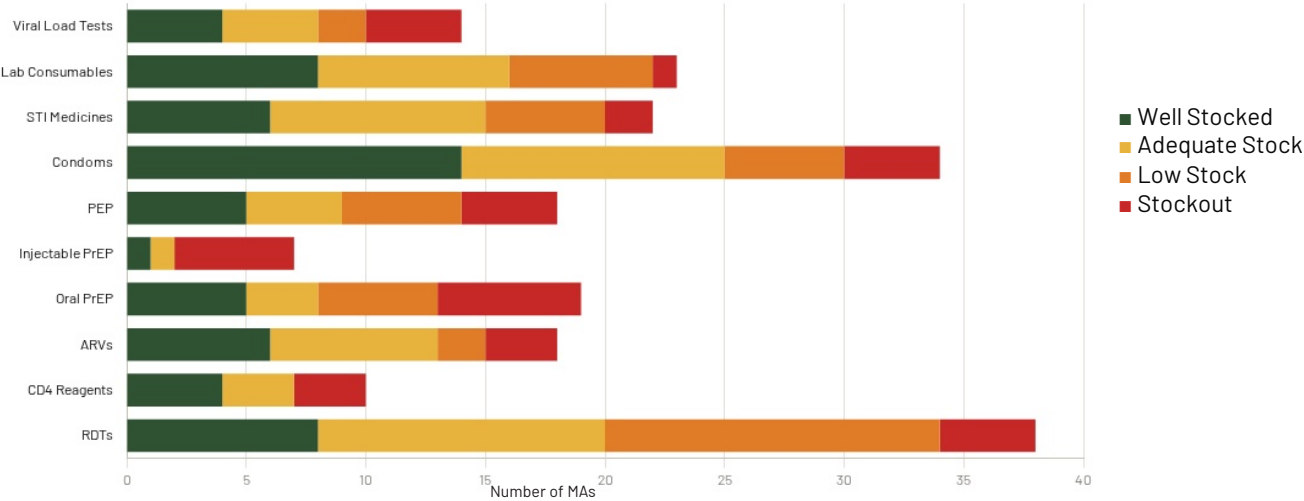
¹ WHO. (2025). HIV statistics, globally and by WHO region, 2025. [who-ias-hiv-statistics_2025-new.pdf](#)

² anFAR. (2026). Measuring the Global Impact of PEPFAR Disruptions: Findings from the PEPFAR Pulse Study. [PEPFAR-Pulse-report-2026.pdf](#)

Clinton Health Access Initiative (CHAI). (June 2026). HIV Market Impact Memo. [HIV-Market-Impact-Memo-June2026.pdf](#)

IPPF MA HIV Stock Assessment:

STOCK STATUS



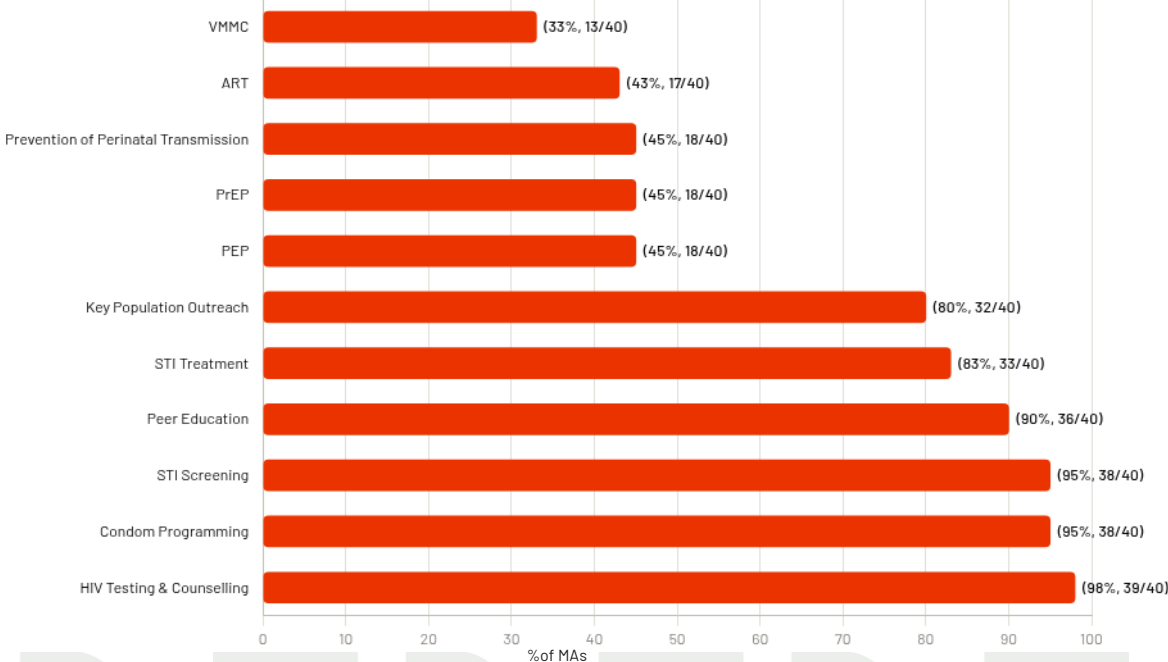
The severe challenges with HIV commodity stock levels across IPPF MAs are a symptom of severe disruptions in national and international HIV supply chains. MAs have limited control over the supply chains they depend on for access to HIV commodities. The large majority, 85% of surveyed MAs (34 of 40), indicated that they receive their HIV commodities through Ministry of Health or government supply. Only 15% of MAs (6 of 40) import commodities directly and just 38% (15 of 40) are able to mitigate stock-outs by procuring from the private sector in their countries. Close to half of MAs (18 of 40, 45%), lack authorisation to import HIV commodities.

When national or donor-supported supply chains are disrupted, most MAs have limited options of their own to respond.

2. WHY THIS MATTERS > Shortages Threaten Services Already Delivered at Scale

IPPF MAs play a key role in HIV service provision and progressing the integration of services: The survey shows that HIV testing and counselling is the most widely offered service, provided by 39 of 40 MAs (98%), followed by condom programming and STI screening (38 of 40 each, 95%). Post-Exposure Prophylaxis (PEP), PrEP and prevention of perinatal transmission are each offered by 18 MAs (45%) and ARV by 17 (43%), while 13 MAs (33%) offer Voluntary Medical Male Circumcision (VMMC). Injectable PrEP is currently offered by just 3 MAs.

HIV SERVICES OFFERED BY SAMPLED MAs

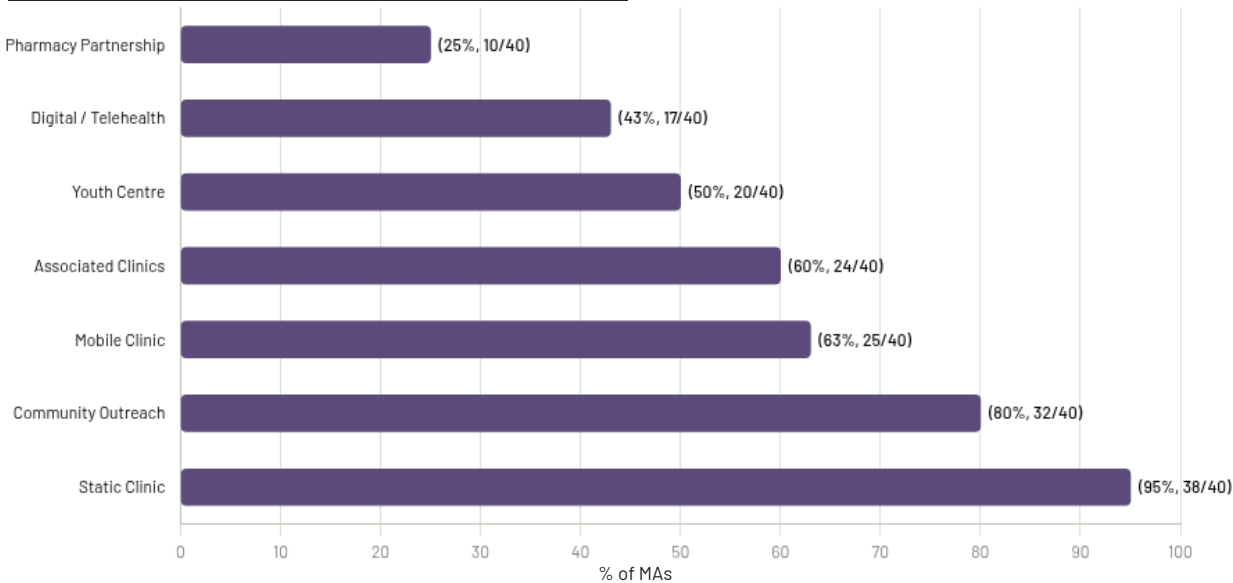


Nearly every service is delivered at meaningful scale, and commodity shortages put that capacity directly at risk. HIV testing and counselling, offered by almost all of the 40 MAs, is only as reliable as the RDT supply behind it, and that supply is now under strain. Condom provision (38 of 40, 95%), STI screening (38 of 40, 95%) and peer education (36 of 40, 90%) are offered by most of the MAs, with STI treatment (33 of 40, 83%) and key population outreach (32 of 40, 80%) also widely available. While fewer MAs currently offer HIV treatment and biomedical prevention (which includes ARV, PEP, PrEP, and prevention of perinatal transmission) or VMMC, (concentrated in high-incidence African countries), IPPF MAs are a growing and increasingly important provider of these critical services.

DELIVERY CHANNELS AT RISK > Reaching Underserved Populations

MAs are using a wide variety of channels to deliver HIV prevention, testing and treatment. Static clinics remain the most common channel, but community outreach, mobile clinics, associated clinics and youth centres are critical pathways to extend services into marginalised and underserved communities that would otherwise face barriers to care. Digital/telehealth and pharmacy partnerships amplify reach.

SERVICE DELIVERY CHANNELS USED BY SAMPLED MAs



Commodity shortages and supply uncertainty threaten this whole delivery infrastructure, not just the clinics at its centre.

3. IPPF IS RESPONDING > Prioritising and Identifying the Greatest Needs

In response to the survey findings, IPPF established \$600,000 in emergency funding for supply of HIV products as gap-filling support for MAs at risk of stock-out. To ensure that fund allocated would be reaching MAs with the most urgent needs, a further quantification exercise was executed.

Based on stock levels, import capacity and programmatic context, MAs were grouped in three priority levels for **emergency HIV commodity grants through IPPF’s Harm Mitigation Task Force**:

- **High priority – immediate needs assessment (4 MAs):** Madagascar (FISA), São Tomé & Príncipe (ASPF), Barbados (BFPA), and Lebanon (SALAMA).
- **Medium priority – pending further needs assessment and import confirmation (13 MAs):** Cameroon (CAMNAFAW), Haiti (ASFH), Côte d’Ivoire (AIBEF), Liberia (CHI), the Philippines (FPOP), Morocco (AMPF), Eswatini (FLAS), North Macedonia (HERA), Saint Vincent and the Grenadines (SVPPA), Solomon Islands (SIPPA), Sri Lanka (FPASL), Suriname (Lobi), and Zambia (PPAZ).
- **Low priority – continue to monitor (23 MAs):** The remaining MAs did not report availability challenges or advised they are able to operate through centralised MoH supply chains.

Recognising that the budget of \$600,000 would not cover MA needs for all HIV product categories, IPPF prioritised **two key products – RDTs and PrEP** – and completed a **detailed product quantification of need** with the MAs. RDTs and PrEP were prioritised because:

- **HIV RDTs:** HIV RDTs are used by 98% of surveyed MAs, making them the most widely used HIV product across the IPPF network. The significant stock challenges reported across the Federation therefore threaten to disrupt the critical work MAs carry out in the global fight against HIV.
- **PrEP:** New biomedical HIV prevention is a key element in IPPF's Strategy 2028. IPPF believes its network of MAs can play a pivotal role as early adopters in this critical area and contribute to scaling new and innovative methods, such as the dapivirine vaginal ring, CAB-LA (8-weekly injectable PrEP), and Lenacapavir (6-monthly injectable PrEP), alongside expanding access to oral PrEP. There is also a clear gap between current access and demand. Oral PrEP is already offered by 18 of 40 MAs, and 15 more want to introduce it. Likewise, injectable PrEP is offered by just 3 MAs (Eswatini, Malawi, Lesotho) despite 19 of the MAs who responded to the survey wanting to introduce it, the largest such gap of any product surveyed.

Focusing on these two products will allow for an effective response with the limited resources currently available.

4. A CRITICAL GAP REMAINS > More Than \$1.5 Million in Unmet Need

The detailed quantification of the high and medium priority MAs identified (near) stock-outs in 11 out of 12 MAs assessed, risking discontinuation of their critical HIV service provision. Additionally, the IPPF MA in Ukraine was supported to address sudden HIV commodity needs due to damage to an HIV product storage facility as the result of Russian bombing. The MA in Lebanon was also supported to help mitigate an urgent stock-out of ARTs. IPPF allocated its emergency funding of \$600,000 over the 13 MAs thus identified having stock availability problems, as pictured in the map below:



Whilst \$600,000 was made available, the gaps reported in the detailed quantification **added up to a product value of over \$1.5 million USD over the next two years for RDTs and PrEP supplies alone among 12 MAs**. This value doesn't consider other HIV commodity needs, nor is it a full picture of the gap that all MAs delivering HIV services face across the Federation. IPPF will be closely monitoring the HIV stock situation amongst its MAs and will include HIV products in periodic stock monitoring process.

Investments in HIV commodity requirements and maintaining strong supply chains are a critical priority for IPPF moving forward, particularly as global supply chains are expected to come under further pressure and HIV case numbers continue to rise. Targeted donor support is essential to support this effort.