

Impact of US funding freeze on the global AIDS response

Weekly update – week of 3 March 2025

Overview

Fifteen new reports on the impact of the freeze of US foreign assistance on the global AIDS response were received from UNAIDS' Country Offices during the week of 24-28 February. As of 28 February, at least one status report had been received from 59 countries, including 79% of all PEPFAR-funded countries and an additional 15 countries that receive US support for their AIDS responses.

Last week, the U.S. Government issued termination letters for many agreements held by USAID. For example in **South Africa**, 44 USAID-funded health projects in South Africa received termination letters on 26 February. These decisions will directly affect approximately 7,500 PEPFAR-funded staff working on the national HIV response in South Africa. Managers of critical programmes have said they have been given too little time to transition from U.S. funding to other sources of funding.

Most reports received from UNAIDS' Country Offices over the past week paint a similar picture to the previous week: the combination of the U.S. Government's waiver for life-saving services and emergency funding provided by national governments and partners are keeping HIV testing, treatment and vertical transmission services running, but often at reduced capacity. However, critical HIV prevention services funded by the U.S. Government, such as pre-exposure prophylaxis (PrEP), and community-led support services for adolescent girls, young women and key populations remain stopped.

In **Haiti**, where foreign aid accounts for 97% of the funding for the AIDS response, the latest report from the UNAIDS Country Office in Port au Prince reported that 128 sites, previously funded by PEPFAR, had completely halted services, out of 181 total sites nationally. Patients have flooded the remaining sites, which are unable to meet the increased demand. Providers of sexual and reproductive health services and support services for key populations and adolescent girls and young women have been severely impacted. For example, a foundation that provides 55% of PrEP services for key populations in Haiti has halted these services. A rapid assessment has estimated that more than 750,000 people are affected by the U.S. freeze of foreign assistance in Haiti. Confusion regarding the waiver has delayed the resumption of services by providers.

Other serious impacts of the U.S. funding freeze and terminations are being reported by UNAIDS Country Offices. For example, the stoppage of U.S. funding for data systems and surveys is compromising quality control of data, which in turn impacts the efficiency and effectiveness of HIV prevention, testing and treatment service delivery. In **Ghana**, a Demographic and Health Survey, the best measure of HIV prevalence in the general population, may be postponed.

Systems for the management of clinical data, survey data and other critical strategic information for planning and programme management have been hit hard by the U.S. funding freeze. In **Tajikistan**, for example, the U.S. had been supporting HIV data collection and

analysis. The freeze is exposing the HIV response to reductions in data quality and data loss, which is likely to affect the efficiency of HIV service delivery.

In **Zambia**, limited access to the databases of closed projects is hampering efforts to sustain the delivery of priority HIV services.

Another emerging issue is the sudden absence of technical assistance, typically expert consultants who guide critical national HIV planning, service delivery and monitoring processes in low-income countries that have a shortage of technical capacity.

Emergency gap-filling

National governments and partners in many countries have rushed to fill the most critical gaps in services created by the U.S. funding disruptions. For example:

- In **Zambia**, a UNAIDS-supported gap analysis and prioritization of a minimum package of services have been completed. Community-led organizations have established a platform for monitoring service delivery disruptions.
- In **Angola**, the government is working with the Global Fund and other partners to develop a contingency plan in case the U.S. permanently withdraws some, or all, of its support to the national AIDS response. The United Nations is working to mobilize support for people living with HIV and other populations affected by the U.S. funding freeze.
- **South Africa's** Department of Health has issued a contingency plan to respond to the suspension of support for PEPFAR and its implementing partners. Measures in the plan include reduced clinic visits, redeployment of staff, task shifting from hospitals to smaller clinics and prioritization of cost-saving measures such as multi-month distribution of antiretroviral medicine for HIV treatment and prevention, and an increased focus on self-testing.

In **Uganda**, a rapid assessment of the impact of the U.S. funding freeze on the country's HIV programmes is underway. The Ministry of Health has issued guidance for HIV services to be integrated into outpatient departments. Efforts are ongoing to assess the feasibility of integration, particularly for key populations and medication-assisted treatment programming.

Service disruptions

HIV prevention, testing and treatment

U.S. funding has served as the backbone for HIV prevention in multiple countries with high burdens of HIV. Analysis of financial data reported to UNAIDS in recent years shows that at least seven countries have relied on PEPFAR for more than 60% of their HIV prevention funding in recent years. These countries face major service disruptions; this correlates to the potential for increased HIV incidence. Other countries have alternate sources for financing HIV prevention or have already begun transitioning to a greater use of domestic resources.

- In **Angola**, HIV testing and services to prevent vertical transmission of HIV are operating at a reduced capacity.
- In **Uganda**, where U.S. funding is 55% of the total AIDS budget, some facilities/service points providing antiretroviral therapy and prevention of vertical transmission services have closed. Patients have been referred to other facilities.

Although some U.S. funded HIV prevention services have resumed following the receipt of waivers, others remain shuttered or are operating at a reduced capacity. Examples, below:

Levels of dependence on US funding for HIV prevention services, by country

High US dependence	Greater than 60% of prevention funding is from PEPFAR	Malawi (88%), DRC (87%), Zimbabwe (83%), Mozambique (82%), Eswatini (80%), Uganda (69%), Lesotho (68%)
Mixed funding	30-60% of prevention funding is from PEPFAR + Global Fund and domestic	Rwanda (59%), Benin (56%), Ethiopia (54%), Mali (41%)
Transitioning	<30% of prevention funding is PEPFAR + higher domestic and Global Fund percentages	Kenya (28%), Myanmar (27%), El Salvador (18%), Indonesia (8%), Burkina Faso (6%)
Domestic leadership	<10% of prevention funding is PEPFAR + high domestic funding	Thailand (10%), Kazakhstan (6%), Guatemala (5%), Angola (0.7%)

Community-led services

- In **Uganda**, drop-in centres for key populations supported by the U.S. have closed. Many community-led organizations that provide services outside of health facilities have been forced to restructure. Community-led monitoring has been put on pause.

Supply chain disruptions

- In **Zambia**, there is sufficient stock of antiretrovirals for HIV treatment, but the country is experiencing stock outs of HIV test kits and cartridges for HIV diagnosis, early infant diagnosis, viral load

and tuberculosis diagnosis.

- In **Uganda**, the supply chains for antiretroviral treatment, viral load test kits and other lab tests has been disrupted. Disruptions to the laboratory sample referral network that delivers HIV test results to patients has also affected the responses to other diseases, such as Ebola and Mpox.
- In **Angola**, stocks of viral load test kits are dangerously low. No information is available on stocks of HIV test kits and other lab tests.