

Impact of US funding cuts on the global AIDS response

Weekly update – 10 March 2025

Overview

This weekly update summarizes reports on the impact of US funding cuts on national AIDS responses from 20 UNAIDS Country Offices received during the week of 3-7 March 2025. These reports show that an increasing number of US-funded implementing partners—including in **Botswana, South Africa and Zambia**—have received notices that their funding awards have been terminated. In some cases, these notices have led to the closure of HIV services that had previously been allowed to operate under terms of waivers.

Many national AIDS responses impacted by the freezing or termination of US funding are prioritizing the continuation of antiretroviral therapy for people living with HIV, including the procurement of life-saving antiretroviral medicines (ARVs). Despite these measures, there have been reports of panic and hoarding of medication among people living with HIV who fear that their governments and remaining partners may struggle to maintain these services – and that stockouts will occur. Multiple countries have reported significant impacts to human resources for health supported in part or in full by US funding. This includes 1,952 doctors, 1,234 nurses, and 918 technical and management staff in Kenya; 8,600 healthcare providers and community workers in Côte d'Ivoire; 423 medical and technical staff in Namibia; and about 250 health professionals that provided technical assistance to the HIV program in Angola. The previous week South Africa reported that more than 15,374 HIV response staff at national level and across 27 priority districts were impacted by US funding cuts.

HIV prevention, testing and support services for populations at high risk of infection, as well as community services and structural enablers work, have been hard hit by funding cuts. Many US-funded drop-in centres and other safe spaces for highly stigmatized key populations and adolescent girls and young women have been closed, and US funding for the provision of pre-exposure prophylaxis (PrEP) to these populations has been largely halted. US support to community-led monitoring programmes has been frozen or terminated, and community-led organizations in **Kenya** and other countries have lost funding to engage in advocacy and policy design.

Efforts by national AIDS response authorities, community-led organizations, the United Nations and other partners to assess the situation and make emergency adjustments have been complicated by the suddenness of the initial stop-work order and lack of guidance on waivers and award terminations. In several cases it has been reported that US Government counterparts and/or project managers from US implementing partners are unavailable or unable to provide clear information. This lack of clarity plus interruptions in payments to implementers have led to some implementers halting the provision of services even if they received waivers.

Adaptations to the cuts

As the US moved from freezing funds and issuing waivers to issuing terminations, countries continued to assess the impacts to their HIV responses and make adjustments. Although some US-funded projects received waivers, there have been several reports of waivers not leading to a resumption of services because payments to implementers have not resumed. In some cases, waivers have been superseded by termination notices.

Examples reported within the last week include:

- In **Mali**, the government allocated 120 million CFA francs to affected community organizations to help them continue some of their activities and mitigate the negative effects of the US funding cuts
- In **Botswana**, a task team of government, civil society and UN partners has been established to monitor the impact of the U.S. funding freeze. Two rapid surveys of the situation were conducted, one led by the government and another by civil society.
- In **Kenya**, the government is reallocating domestic resources to support priority HIV programmes. The government encouraged the integration of HIV services into other health services and stakeholders are advocating for national health insurance schemes to cover more HIV services.
- In **Rwanda**, a detailed analysis of service disruption at both the facility and community levels is being conducted. The GOALS forecasting tool will be used to estimate the impact of various funding/service coverage scenarios.
- In **Zambia**, the Ministry of Health has developed a minimum package of HIV services for 12 months. Government facilities continue to deliver HIV services, including some HIV prevention services for key populations. However, US-supported sites that were gradually restoring services following the waiver have ceased work after receiving termination letters last week.
- In **Namibia**, some service providers received waivers but they have not received any additional funding since the initial stop-work order. As a result, some have notified staff of impending layoffs.
- In **Botswana**, waivers were not accompanied by guidance. Some implementing partners who received waivers were in the process of seeking guidance when they were informed by the US Government that their project award had been terminated. This has contributed to uncertainty among US-funded projects that have not been terminated.

Service disruptions

Over the last several weeks, UNAIDS Country Offices have reported that HIV prevention, testing and support services for populations at high risk of infection, as well as and community services and structural enablers work are the most affected by the US freeze and subsequent terminations of contracts. Examples received within the last week include:

- In **Liberia**, funding to seven local partners that are providing services to key populations has been cancelled. The impact for gay men and other men who have sex with men is particularly severe following the 17 July 2024 introduction of an anti-LGBTQI in parliament. The bill, which would introduce life sentences in prison for homosexuality, has fuelled public hostility towards LGBTQI communities and hindered their ability to access HIV testing, prevention and treatment services.
- In **Rwanda**, clinical programmes supported by PEPFAR through the US Centers for Disease Control and Prevention have received authorization to resume activities, but community support components implemented by civil society organizations (CSOs) that facilitate access, adherence and retention into HIV services by the populations most affected by HIV are still suspended.
- In **Botswana**, the abrupt closure of drop-in centres for key populations operated by CSOs has disrupted HIV testing treatment, care and support services for these populations facing higher risk of HIV/AIDS. The government has asked CSOs to refer their clients to government facilities, but the suddenness of the change means that no drop-in centre staff are present to

make these referrals or transfer patient files.

- In **Kenya**, HIV prevention services for populations at high risk of HIV infection, including pre-exposure prophylaxis (PrEP), have been disrupted. All US-funded community-led services, including drop-in centres, have shut down.
- In **Peru**, services targeted at key populations, adolescent girls and young women and migrants living with HIV have been the most impacted by the US freeze. However, an NGO providing services to 2,300 migrants living with HIV has resumed antiretroviral therapy to its patients following receipt of a waiver.

A notable exception is **Ukraine**, where a pilot project for long-acting PrEP has sufficient stocks of cabotegravir to maintain the pilot at its current size until April 2026.

Across many countries, two critical systems are particularly impacted as they have received significant and long-term support from the United States: (i) lab networks for diagnosis, viral load testing and other diagnostics for HIV and other communicable diseases; and (ii) procurement and supply chain systems for medicines, diagnostics and other health technologies.

- In **Ukraine**, there are fears that a shipment of ARVs en route to the country may get stuck in Poland because payment for the transport costs from Poland to Ukraine has not been confirmed. Civil society is negotiating with a potential donor to cover the costs from the Polish border.
- In **Namibia**, the US funding cuts have exacerbated some chronic supply chain challenges, especially for condom programming, and condom stock-outs are now more prominent. In addition, funding has not been confirmed for a subsequent shipment of ARVs needed to sustain treatment until the end of 2025.
- In **Kenya**, nevirapine and condom stocks are running low. The USAID-funded procurement agency for viral load tests and ARVs is currently unable to distribute the stocks it has in country. If these US-supported commodities are not distributed, stockouts could occur in as little as three months. The transport system for samples for early infant diagnosis and viral load testing is operating at reduced capacity.
- In **Liberia**, the Ministry of Health has allocated US\$300,000 for commodity distribution following US funding interruptions.