

Impact of US funding cuts on the global AIDS response

Weekly update – 24 March 2025

As of 19 March 2025, at least one status report had been received from UNAIDS' offices in 73 countries. This includes 89% of all PEPFAR-funded countries and an additional 23 countries that receive US support for their AIDS responses.

Overview

Countries are continuing to adapt to the recent cuts to US funding for the global HIV response. The impacts of HIV service disruptions are being more clearly understood as more granular information becomes available.

For example, in **Eswatini**, there have been reports of declines in HIV case identification, contact tracing efforts and peer-based linkage, particularly among high-risk populations such as men and young people. In addition, in spite of a waiver intended to continue these services, the US funding cuts have affected services for pregnant women living with HIV, increasing the risk of vertical transmission during childbirth and breastfeeding. In **Zimbabwe**, where the government has limited fiscal capacity to fill gaps created by US funding cuts, the initial results of impact assessments warn that even a temporary halt in US funding will result in tens of thousands of additional HIV infections and thousands of additional deaths between 2025 and 2030.

Many countries have prioritized the continuation of HIV treatment and services to prevent vertical (mother-to-child) transmission. In some cases, national AIDS programmes have requested and/or obtained additional domestic resources to fill some of the most critical gaps. In **Nigeria**, for example, the federal government approved a new budget for procuring HIV medicines. Also, a national campaign to accelerate the prevention of vertical transmission is continuing to rollout across all states with Global Fund and national resources.

Ethiopia's parliament has introduced a new payroll tax as part of measures to fill the financial gap left by the US funding cuts. The new bill has been forwarded to a parliamentary committee for deliberation on the percentages to be contributed. The funds collected will go to a new Ethiopian Disaster Risk Response Fund to pay for projects previously funded by USAID, which provided \$1.8 billion in development and humanitarian assistance to the country during the 2023 financial year. In addition to food aid and services for 1 million refugees hosted by Ethiopia, the funds were spent on HIV medications, vaccines, literacy programmes and job-creation programmes.

In **Kenya**, the Ministry of Health has collaborated with partners, including UNAIDS, to develop a rapid assessment tool to measure the impacts of cuts to US funding. A high priority has been placed on accessing and distributing commodities from a PEPFAR-funded supply agency to sustain the availability of these commodities across the country. Despite these efforts, several services have been affected by the abrupt changes to the funding landscape. Condom stocks are alarmingly low. Stockouts of this critical HIV prevention commodity could lead to an increase in new HIV infections. County governments have been urged to allocate additional funding to local HIV services, and the parliament has been called upon to increase the health sector budget.

In **Malawi**, the government is working with partners, including UNAIDS, to ensure continuation of HIV services. However, pre-exposure prophylaxis (PrEP) and early infant diagnosis are among the priority services operating at reduced capacity due to US funding cuts. Outreach services for hard-to-reach communities are also disrupted, creating fears of an increase in treatment interruptions among people living with HIV.

Civil society and community organizations continue to play important monitoring and advocacy roles, despite the major funding challenges they face. For example, in **Ukraine**, a shipment of

antiretroviral medicines arrived from Poland last week, securing the continuity of HIV treatment for about 90,000 people living with HIV. Civil society organizations are working to mobilize alternative sources of funding from both domestic and international partners. They have also stepped up their efforts to monitor stocks of HIV medicines, service disruptions and human rights violations affecting key populations.

PrEP and other primary HIV prevention methods remain deeply affected

UNAIDS' Country Offices continue to report that primary HIV prevention services, such as condom distribution, PrEP and peer outreach conducted by community-led organizations, have been deeply affected by US funding cuts. In many cases, their future remains in doubt as governments and partners assess the situation.

PrEP services are particularly impacted due to their heavy reliance on US funding. In December 2024, the US Government reported that its PEPFAR programme accounted for more than 90% of PrEP initiations globally. Within the past week, the following countries were part of a growing list of countries that have reported disruptions in PrEP services for adolescent girls, young women and/or key populations: **Benin, Dominican Republic, Eswatini, Ethiopia, Indonesia, Kenya, Kazakhstan, Malawi, Myanmar, Ukraine and Zimbabwe.**

In **Panama**, PrEP services for key populations were recently reestablished after the Ministry of Health took over distribution of the medicines for these services. In **Colombia**, partners are working to continue PrEP service for existing users.

Other examples of HIV prevention service disruptions reported within the last week include:

- In **Kenya**, community-based HIV prevention outreach programmes, including the distribution of condoms and other prevention commodities, have been disrupted by US funding cuts. The UNAIDS office has also reported reduced access to services for PrEP, voluntary medical male circumcision (VMMC), mental health and other support services for adolescent girls and young women enrolled in HIV prevention programmes, opioid agonist therapy and other harm reduction services for people who use drugs, HIV testing and treatment for key populations and HIV services in prisons.
- In **India**, where the US supported services focused on key populations who face barriers to accessing standard government services, partners have reported a decrease in the uptake of HIV testing and counselling services by key populations, delays and disruptions in community-based HIV prevention outreach programmes, and a reduction in funding for HIV prevention research and innovation. Many community-led organizations have had to lay off staff and reduce or suspend services.
- In **Malawi**, programmes for key populations and other priority populations were greatly dependent on US funding and therefore highly affected by the recent cuts. In recent weeks 18 drop-in centres with a total cohort of 7,600 HIV treatment patients and 7,000 continuing PrEP clients have been closed. HIV prevention education and awareness campaigns and VMMC services have been suspended or reduced, and community-based HIV prevention and outreach programmes have been disrupted. Recent efforts to develop a national programme for people who use drugs and to put in place standard operating procedures for reaching key populations are also impacted.
- In **Eswatini**, many community-led or peer-led facilities and services, as well as services provided by local and international NGOs, have stopped functioning. Primary HIV prevention services have been deeply impacted by US funding cuts, including disruptions in the distribution of condoms and other prevention commodities, reduced availability of

PrEP services, suspension or reduction of HIV prevention education and awareness campaigns, delays or disruptions in community-based HIV prevention outreach programmes, limited or suspended implementation of VMMC services, and disruptions to social marketing campaigns. Disruptions to HIV prevention programmes for adolescent girls and young women have affected an estimated 120,000-150,000 people. A plan of action to mitigate the impact of the US funding cuts calls for HIV services to be integrated into the country's broader universal health coverage framework. Further, the country is looking at expanding community-based health services, leveraging digital health solutions and implementing task-shifting strategies to help sustain HIV testing, treatment and prevention efforts.

- In **Ethiopia**, primary HIV prevention services have been impacted, including disruption in the distribution of condoms and other prevention commodities, reduced availability of PrEP services, suspension or reduction of HIV prevention education and awareness campaigns, decreased access to HIV testing and counselling services for key populations, limited or suspended implementation of VMMC services, and disruption in access to safe and effective prevention services for adolescent girls and young women. There has been a reduction in the number of women who visit drop-in-centres for condoms, HIV testing, HIV treatment and shelter. Harm reduction programmes for people who use drugs that were scheduled to be scaled up in January 2025 are now indefinitely postponed.
- In **Kazakhstan**, discontinuation of outreach services for key populations—previously led by four nongovernmental organization operating in two of the country's 20 regions—affects about 20% of people who use drugs and 9% of gay men and other men who have sex with men. As these services focused on HIV testing, PrEP and linkage to care, their suspension is likely to hinder national progress on HIV prevention, new case detection and treatment enrolment.
- In **Indonesia**, US funding cuts have affected access to HIV prevention services for roughly one third of the 80,000 gay men and other men who have sex with men living in Greater Jakarta.
- In **Angola**, all community outreach programmes supported by the US in four of the country's 21 provinces have stopped.

Health facility closures and disruptions in clinical services

Benin, Dominican Republic, Eswatini, Ethiopia, Myanmar and Panama are among the countries that have reported over the past week the closure of some treatment sites or other disruptions in clinical HIV services. Specific examples reported last week include:

- In **Kenya**, some HIV treatment facilities have not operated optimally due to staffing challenges. This resulted in unguided integration of HIV into outpatient services, posing a threat to patient privacy. In addition, many facilities that provide early infant diagnosis services were working at reduced capacity.
- In **Malawi**, 247 nurses, 3,513 community health workers, 206 technical and managerial staff and other 485 human resources who are reliant on US funding are facing contract terminations. Some facilities for HIV treatment have closed, and facilities providing services to prevent vertical transmission and to diagnose and treat children living with HIV are working at reduced capacity. Further, HIV data management has been hugely affected; 20% the electronic medical record systems of 271 service sites were not functioning when assessments in February

- In **Nigeria**, community HIV testing for the general population and key populations has been significantly impacted due to disruptions in the community health workforce.
- In **Zimbabwe**, testing of pregnant women during prenatal care, early infant diagnosis, paediatric HIV treatment services and the system for transporting samples for diagnostics have been affected by the cuts, and all facilities are working at a reduced capacity.
- In **Ethiopia**, US funding cuts are threatening the jobs of 97 community adherence case managers, 194 support workers, eight pharmacy technicians and six laboratory technicians for HIV treatment services. There is currently no plan by the government or partners to take on these human resource costs.
- In **Indonesia**, HIV case finding, tracing and tracking, along with efforts to link the newly diagnosed to treatment, have been disrupted in Greater Jakarta.