

Impact of US funding cuts on the global AIDS response

Weekly update – 8 April 2025

Overview

Low- and middle-income countries across the world continue to adapt to suspensions and terminations of United States support to their national AIDS responses.

In **South Africa**, for example, [a coalition of civil society organizations published an open letter to the government](#) expressing their concerns following the termination of many US-funded HIV projects and demanding transparency in the government’s response to the situation. The same day, Health Minister Aaron Motsoaledi expressed confidence that the country will achieve a new national target to put an additional 1.1 million people living with HIV on treatment. He also revealed that [discussions are underway with BRICS countries on how to fill gaps left by cuts in PEPFAR funding](#).

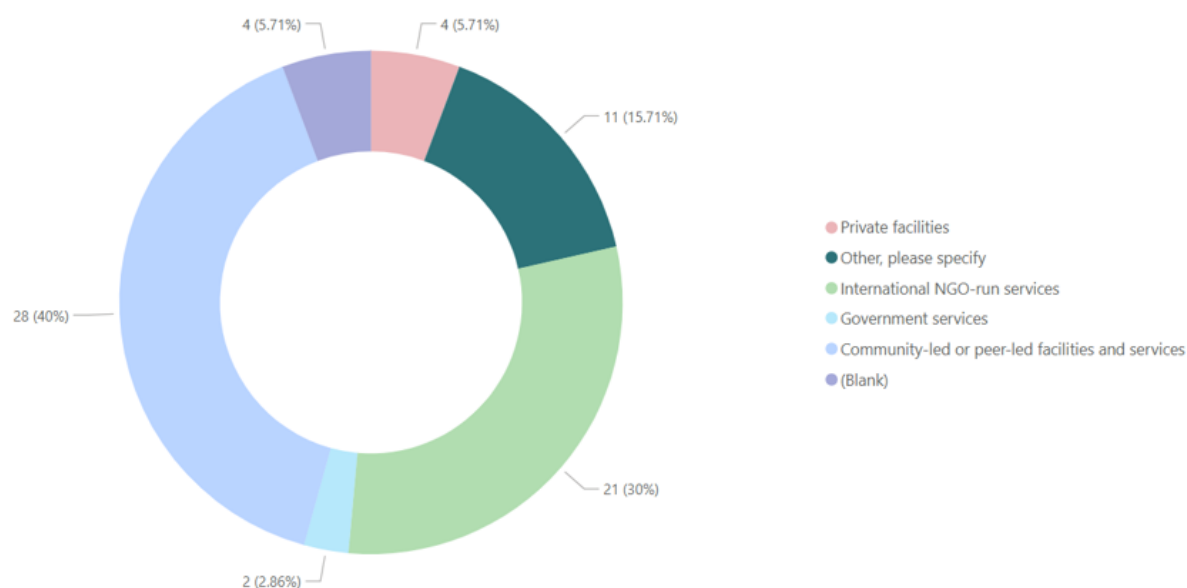
In **Malawi**, the Government’s 2025-26 budget has allocated 23.3 billion Malawian Kwacha (US\$13.3 million) to the Ministry of Health and plans to hire 6,000 workers to mitigate the impact of the US funding cuts.

In the **Philippines**, the government announced that its next budget will include some expenditures previously supported by US funding.

Across all countries that received significant US funding for their AIDS programmes, grassroots organizations and community health workers that provide services to vulnerable and marginalized people have been deeply affected by US funding cuts. Among 70 UNAIDS Country Offices that have submitted data on the situation, 40% reported that community-led services had been stopped by the US funding cuts. By comparison, 30% reported that services by international NGOs had been stopped, and 3% reported that government services had been stopped (see Figure 1).

Figure 1

Services stopped by US funding suspension or termination, by service provider



Source: reports from 70 UNAIDS Country Offices

US funding for projects for HIV prevention and support services focused on key populations and adolescent girls and young women, efforts to reduce HIV-related stigma and discrimination, and community-led monitoring has been terminated in dozens of countries. For example, in **Viet Nam**, 92 facilities that provide pre-exposure prophylaxis (PrEP) to 71% of the country's 44,780 people using this HIV prevention service are funded by the US. The current stock of US-procured antiretroviral medicines for PrEP is expected to last until June 2025. Community outreach and HIV testing for key populations have also been affected. US-funded tuberculosis and health systems strengthening projects have been suspended or terminated. Despite the challenges, the Vietnamese Government has expressed its commitment to continued implementation of effective measures for HIV prevention and control.

Several countries reported this week that services for HIV testing, the prevention of vertical transmission and HIV treatment continue to operate at reduced capacity. In **Mozambique**, providers of HIV testing for pregnant women and HIV-exposed newborns are working at reduced capacity. Community-led or peer-led facilities and services and international NGO-run services have largely stopped. There is reduced availability of PrEP services, suspension or reduction of HIV prevention education and awareness campaigns, delays or disruptions in community-based HIV prevention outreach programs, limited or suspended implementation of voluntary male medical circumcision (VMMC) services, suspensions or reduction in anti-stigma and enabling environment initiatives, reduction in funding for HIV prevention research and innovation, and impact on social marketing campaigns for HIV prevention.

In **Burundi**, an impact assessment found that services to 86% of the approximately 80,000 people living with HIV in treatment have been affected. The assessment also found that the following services have been impacted by more than 25%: PrEP; distribution of condoms and lubricants; health promotion and prevention services; services for key and vulnerable populations; services for the prevention and management of sexual and gender-based violence; community-led monitoring; data management; and the health information system. The overall funding gap created by the US funding cuts to date has been estimated at US\$6.9 million.

In **Papua New Guinea**, the US-funded [EpiC project](#), which provides strategic technical assistance and direct service delivery to achieve HIV epidemic control in National Capital District has received a waiver that covers "essential services." This waiver will likely cover six NGO implementing partners, the staff of 11 clinics and support staff. An integrated bio-behavioral survey, viral load sample transport, training and data systems remain suspended.

In **Namibia**, an initiative to integrate cervical cancer services in HIV programming and services was severely disrupted when US-funded staff were let go. Since then, UNAIDS has received reports of delays in the screening and treatment of precancerous cervical lesions among women living with HIV. Women living with HIV are at higher risk of HPV infection and cervical cancer linked to HPV.

Service delivery impacts

In addition, the following disruptions in service delivery were reported last week:

In **Thailand**, where the government funds 91% of its HIV treatment programme, the US has halted support to community-led services and efforts to create an enabling environment for HIV service uptake by eliminating stigma and discrimination and strengthening human rights.

In **Ukraine**, critical services allowed by the US waiver - such as HIV treatment and testing - continue. However, the delivery of some commodities, including long-acting cabotegravir for PrEP, have been affected by changes in US funding of the national AIDS response. In response to cuts in US funding for injectable, long-acting PrEP for key populations, civil society organizations are lobbying the government to allocate domestic funding for daily oral PrEP and antiretroviral therapy from the national budget.

In **Malawi**, implementing partners funded by the US for the DREAMS Program, HIV prevention for key populations and voluntary medical male circumcision are providing almost full resumption of services, which has reduced the risk of commodities such as test kits and long-acting injectable ARVs from expiring. Twelve drop-in centres are operating at reduced capacity. These centres offer person-centred, stigma-free and integrated HIV and sexual and reproductive health services—including oral and injectable PrEP—to female sex workers, their clients and their sexual and social networks.

In **Nepal**, the abrupt halt of US funding to the AIDS response and uncertainty regarding waivers have created significant gaps in HIV prevention services for key populations, including the provision of PrEP and efforts to prevent and treat other sexually transmitted infections. Support to community-led organizations has been halted; this negatively affects outreach services and community-led monitoring. All programs focused on the elimination of HIV-related stigma and discrimination have stopped.

In **Cambodia**, US technical assistance to the rollout of long-acting PrEP has been terminated. The government is working to mobilize domestic resources to cover the gap.

In **Bangladesh**, condom programmes have been negatively impacted, particularly social marketing and NGO/community-based distribution targeting young people. Outreach programmes for adolescent girls and young women have been discontinued. Interventions supporting human, legal and gender rights and livelihoods for gender-diverse people have been discontinued; this will adversely impact HIV prevention efforts. Community organizations led by key populations actively engaged in the protection of rights and HIV prevention have been impacted. Humanitarian support has also been affected, negatively impacting the overall health and nutrition of the refugee population.

In **Algeria**, mental health services for vulnerable women remain suspended.

Human resource impacts

Examples of human resource impacts reported within the last week include:

Kenya: Before the US funding cuts there were more than 41,500 US-supported human resources in the country. An assessment report summarized the impacts of the US-funding cuts as follows: reduced technical capacity, worsening health workforce shortages, disruption in capacity building and diminished capacity for community health services. As well as HIV services, essential health interventions such as immunization, nutrition and family planning, have also been disrupted. Almost 50% of human resources have returned to work in recent weeks.

Nepal: Two doctors, 291 community health workers, 135 technical staff, 22 staff from civil society organizations and two other staff have been affected; to date, the government and partners are not picking up their salaries.

Indonesia: 200 community health workers, 40 technical staff, and 40 staff from civil society organizations have been affected, at this point their salaries not being covered by alternate

sources.

Philippines: 55 community health workers, 10 technical staff, 30 staff from civil society organizations have been affected; a few salaries have been covered by the local government

Viet Nam: The government is (presently) not assuming the costs for the community workers affected by US funding cuts.