

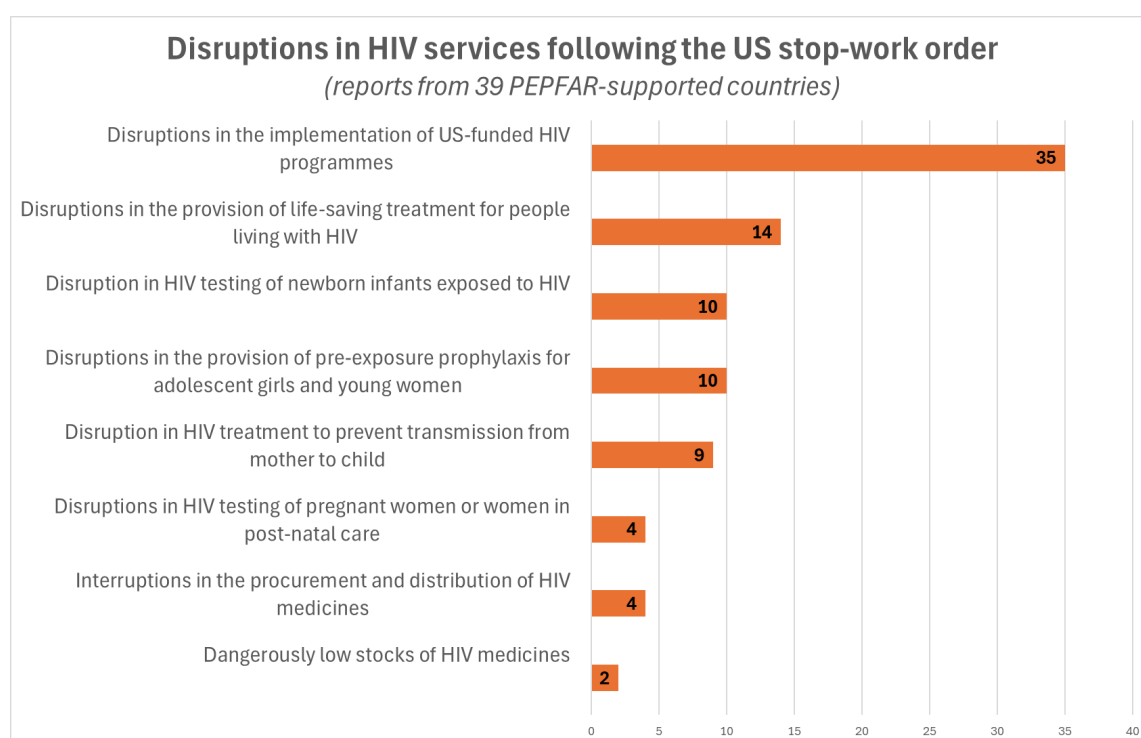
UNAIDS Weekly Update – Impact of US Shifts on the Global HIV Response

17 February 2025

Overview

As of 17 February 2024, UNAIDS had received at least one status report from 52 countries (39 PEPFAR-funded and 13 countries that receive some US support). The 39 countries represent 71% of all PEPFAR-funded countries.

Collectively, these status reports reveal a range of significant impacts resulting from the US Government’s decision to freeze and review all US foreign assistance (see the chart below). The situation continues to evolve rapidly as [waivers are requested, issued and implemented](#).



UNAIDS is also working at the country level to understand exactly which HIV services are not operational, and which populations are not being reached. It is essential to maintain high-impact HIV testing, treatment and prevention programmes and community-led services.

People in highly reliant countries are at particular risk

UNAIDS’ Equitable Financing team analysed HIV funding and spending data from recent years and produced estimates of PEPFAR funding as a percentage of total funding for the AIDS response in various countries (see box, below). More detailed analyses focused on specific programmatic areas (e.g. ARV procurement) are also available.

Percentage of total AIDS response budget that is funded by the United States PEPFAR programme

90% or more	Côte d'Ivoire, Haiti, United Republic of Tanzania
89% to 50%	Ethiopia, Jamaica, Lesotho, Liberia, Malawi, Mozambique, Nigeria, Rwanda, Senegal, Uganda, Zambia, Zimbabwe
49% to 30%	Angola, Botswana, Cameroon, Dominican Rep, Eswatini, DRC, Mali, Namibia, Nepal, South Sudan, Togo, Ukraine

UNAIDS is offering its funding data and data on health system capacity to triage support to countries as they adapt to disruptions. For countries that are highly reliant on external assistance, particularly from the United States, there may be large numbers of health workers and other critical personnel (e.g. data managers) affected by the stop-work order. The chart below shows that nearly 20,000 health care providers supporting HIV services in Mozambique have received stop-work orders.

Clinical workers in Mozambique affected by stop-work orders



This situation is happening elsewhere. For example:

- In South Africa, 15,374 PEPFAR-funded HIV response staff, allocated at national level and across 27 priority districts, have been affected by the stop-work order.
- In Cameroon, 2,332 critical staff, including 258 doctors and nurses, have been affected by the stop-work order.
- In Lesotho, 1,258 health workers working in HIV treatment and providing strategic information to implementing partners received the stop-work order.

UNAIDS Country Offices are working with partners to determine whether waivers (issued after the stop-work order) or the reallocation of national/non-US donor funding have allowed some, or all, of these essential staff to resume work.

HIV testing and treatment

At least 14 UNAIDS Country Offices have reported disruptions in the provision of life-saving treatment to people living with HIV.

At least four countries have reported disruptions in the procurement and distribution of antiretroviral medicine (ARV), and two (Haiti and Ukraine) have reported that ARV stocks are dangerously low. Several PEPFAR countries have reported that stocks of viral load tests and other diagnostics are low. The true number of countries affected may be higher as UNAIDS offices in 16 PEPFAR-supported countries have not yet submitted a status report.

The following governments have issued statements indicating they will use domestic resources to ensure continuity of HIV treatment in the face of the US stop-work order: Botswana, Ghana, Kenya, Malawi, and South Africa.

UNAIDS offices have confirmed that waivers have been granted to implementing partners to re-start HIV treatment services in Kenya, Malawi, Mozambique, Tanzania and South Africa.¹

Recommendation: A high priority should be placed on supporting efforts to continue HIV testing and treatment services for adults, pregnant women and children, including via protecting commodity supply chains. UNAIDS is developing a list of countries highly reliant on US funding for these purposes. Regular reports from UNAIDS country offices will help efforts to ensure continuity for HIV testing and treatment.

Vertical transmission and paediatric services

In PEPFAR-supported countries, sites that provide services to pregnant women and HIV-exposed infants are highly reliant on US funding. For example, in Cote d'Ivoire, HIV testing of pregnant women and birthing services for pregnant women living with HIV have been affected, and services for more than 85% of children living with HIV have been affected. UNAIDS' country offices in Liberia, Mali and Tanzania have also reported that these services are operating at reduced capacity. Conversely, Nigeria has reported that these services are funded by the government and largely unaffected.

Recommendation: As additional waivers are requested and approved/denied, a particular area within vertical transmission/paediatric services to monitor is community-level support services, such as mother-to-mother peer programmes.

HIV prevention services

Prevention services for adolescent girls and young women (AGYW) and key populations in many countries are particularly reliant on US funding. They are thus heavily affected by the stop-work order, and in many countries the waivers received thus far do not cover these critical, high-impact services.

¹ Note that waivers are approved for specific implementers and may not reflect a full continuation of funding/services.

For example:

- In Botswana, most drop-in centres serving key/vulnerable populations are closed.
- In India, pre-exposure prophylaxis (PrEP) services for key populations have been shut down.
- In South Africa, several health facilities providing services to key and vulnerable populations have closed (including facilities in two provinces supporting more than 5,000 clients with opioid substitution therapy and needle exchanges).
- In Kenya the waiver for PrEP does not include AGYW.
- In Mozambique, HIV prevention for AGYW, key populations and voluntary medical male circumcision (VMMC) have not received waivers.
- In Tanzania, peer-led services are slowing because US-provided incentives have stopped.

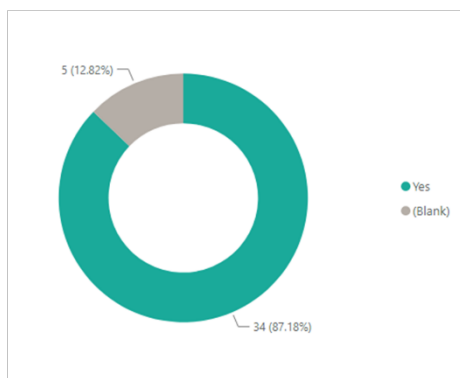
Recommendation: UNAIDS to continue its country-by-country analysis of the impact of the stop-work order on HIV prevention services for AGYW and key populations, including where waivers have been requested and either accepted or denied.

Human rights and communities

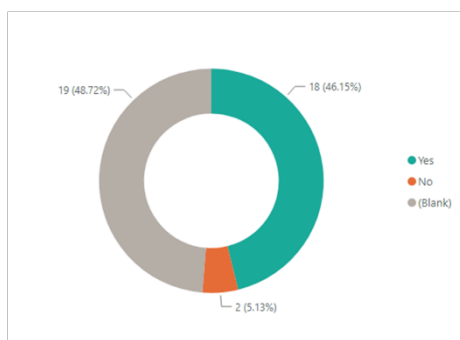
UNAIDS Country Offices in many PEPFAR-supported countries have reported that community-led organizations are highly reliant on US funding and thus are deeply affected by the stop order. Several countries have reported that civil society organizations (CSOs) are firing staff or closing

down, including South Africa and Eswatini. Community-led monitoring programmes have been halted in Cameroon, Tajikistan and elsewhere.

UCOs in PEPFAR countries supporting country task teams



PEPFAR countries meaningfully engaging PLHIV networks in task teams



PEPFAR's [DREAMS](#) programmes, set up to prevent new HIV infections among adolescent girls and young women have been halted in Kenya, Malawi and South Africa. UNAIDS is working to determine the status of [DREAMS](#) programmes in other countries.

Recommendation: UNAIDS to continue its country-by-country analysis of the impact of the stop-work order on people living with HIV and key population networks, including where waivers have been requested and either accepted or denied.

Strategic information

At least two clinical trials in South Africa have been stopped. Workshops for establishing annual HIV estimates and [Global AIDS Monitoring](#) (GAM) activities have been halted in several countries. These UNAIDS-led impact estimates and HIV service monitoring provide a current, accurate picture of the shape and scope of the AIDS pandemic. They are critical to ensuring all resources are applied in the most efficient

and impactful ways, saving the most lives as quickly as possible.

UNAIDS support to the global AIDS response

Thirty-four UNAIDS Country Offices in PEPFAR-supported countries have reported that they are supporting country task teams on the stop-work orders, and about half (18) of these offices reported that they have supported rapid assessments of the situation. Eighteen country offices reported that networks of people living with HIV are meaningfully engaged in these efforts, and 26 reported that United Nations Country Teams are being engaged to mobilize support.

***Recommendation:** UNAIDS Country Offices in PEPFAR-supported countries are being instructed on a minimum standard of emergency response engagement and reporting (e.g. establishment of a task team, engagement of people living with HIV, production of weekly status updates) and UNAIDS Regional Directors will ensure a high standard of emergency response is met.*

Some UNAIDS Country Offices are highly reliant on US funding. For example, 90% of the budget for the UNAIDS team in Cote d'Ivoire is PEPFAR-funded. Several critical initiatives, such as the development of the [HIV Sustainability Roadmaps](#) and the estimates/GAM workshops, have been entirely halted due to the freeze on US funding.

***Recommendation:** UNAIDS Regional Directors will continue to report on country and regional staffing impacts and efforts to mitigate those impacts.*