

Impact of US funding freeze on the global AIDS response

Weekly update – week of 24 February 2025

Overview

Sixteen 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 17-21 February. As of 21 February, at least one status report had been received from 55 countries, including 42 PEPFAR-supported and 13 that receive some US support.

Reports received over the past week show that waivers have led to the resumption of select clinical services, such as HIV treatment and prevention of vertical transmission, in many countries that are highly dependent on US funding. However, the durability of this resumption is unclear amid [multiple reports](#) that key US government systems and staff responsible for paying implementing partners are either offline or working at greatly reduced capacity.

[Source: Estimated financing landscape for HIV medicines in PEPFAR supported countries, UNAIDS, Feb 2025. The analysis uses data from NASA, Global AIDS Monitoring, Global Fund, PEPFAR Expenditure Reporting \(accessed Dec 2024\) and Country Operational Plans.](#)

[Note: These data may vary from the national reports published on AIDSInfo and the UNAIDS HIV Financial Dashboard.](#)

Critical layers of national AIDS responses are ineligible for waivers, including many HIV prevention and community-led services for key populations and adolescent girls and young women. In addition, data collection and analysis services have been disrupted in numerous countries. Reports from UNAIDS’ Country Offices note that these interruptions have eroded the overall quantity and quality of HIV prevention, testing and treatment services. Human resources for health at health facilities are facing increased workloads, and patients are experiencing increased waiting times to receive life-saving services. [US government statements to UN system organizations](#) suggest

20 countries most reliant on US funding for HIV medicines		
Country	% Resources from direct US funding	% Resources from donor funding
Democratic Republic of the Congo	89%	100%
Haiti	62%	100%
Mozambique	60%	100%
United Republic of Tanzania	60%	100%
Zambia	50%	100%
Uganda	48%	62%
Nigeria	47%	94%
Rwanda	43%	82%
Angola	34%	34%
Kenya	29%	77%
Ukraine	29%	77%
Burkina Faso	22%	100%
Burundi	20%	100%
El Salvador	16%	25%
Zimbabwe	16%	100%
Togo	15%	100%
Nepal	14%	100%
Côte d'Ivoire	14%	100%
Eswatini	8%	13%
Benin	6%	100%

US-funded programmes focused on gender equality and transgender populations may not resume.

More granular analysis on the global AIDS response's heavy reliance on US foreign assistance has been extracted from the datasets managed by UNAIDS¹. For example, more than half of HIV medicines purchased for Democratic Republic of Congo, Haiti, Mozambique, United Republic of Tanzania and Zambia are purchased by the US. The Global HIV Prevention Coalition estimates that, before the freeze, [the US government provided two-thirds of international financing for HIV prevention in low- and middle-income countries](#).

The situation in Cote d'Ivoire, where US funding accounts for 50-60% of the AIDS response, is emblematic of the impact of the freeze. The stop-work order triggered a complete shutdown of services funded by the PEPFAR programme, which covers 516 health facilities in 70% of Cote d'Ivoire's health districts and 85% of people living with HIV on treatment (about 265,000 people). More than 8,600 staff were affected, including 597 clinical workers (doctors, nurses and midwives) and 3,591 community workers. Distribution of medicines and transport of diagnostic samples ground to halt. US-funded services partially resumed on 12 February following receipt of waivers. However, the majority of US-funded HIV prevention services for people at high risk of infection—including adolescent girls, young women and key populations—remain shut. In addition to the AIDS response, several other health programmes and systems are affected by the freeze, including the National Malaria Control Programme, the National Mother and Child Health Programme, the National Tuberculosis Control Programme and the supply chain system for medicines, diagnostics and other health commodities. On 11 February, the government of Cote d'Ivoire issued a contingency plan for HIV treatment and care, instructing the health system to ensure continuation of these services. The UNAIDS Country Office, in collaboration with WHO, is supporting the government's efforts to systematically monitor the impacts of the funding freeze on service provision, to establish contingency measures, and to accelerate the development and implementation of a sustainability roadmap for the AIDS response. The UNAIDS office is also facilitating dialogue among international partners, including the Global Fund and UNAIDS Cosponsors, to mobilize additional support to address the most critical needs of government and civil society.

Many critical HIV services remain halted

Civil society and community-led services

Civil society and community-led interventions are central to achieving the end of AIDS and to sustaining the gains into the future. People living with HIV and key populations at higher risk of HIV infection, in particular, know best how to overcome stigma and reach their peers with the services they need to stay healthy.

¹ The table presented above provides an estimated share of HIV medicines from US funding and from all other donors. These estimates are based on recent data National AIDS Spending Assessments (when available), Domestic financing on ARVs and HIV medicines reported to GAM, data from PEPFAR Expenditure reporting and Global Fund. For Rwanda and Burundi which had not reported Domestic financing data to GAM, data from recent Country Operational Plans are used. The figures on % share by donors and US may be different to national reports to Global AIDS Monitoring due to the year of data and the methodology employed to produce the latest financing landscape.

A large proportion of services provided by civil society partners, including community-led organizations, are in HIV prevention, HIV screening tests in community settings and peer support for HIV treatment initiation and adherence. Although community-based and community-led HIV testing and treatment services delivered in community settings (and including community-based peer support groups) are eligible for waivers, [according to the guidance issued by the US government](#), many community-based and community-led service providers have not received waivers. Community-led monitoring is explicitly excluded from waivers.

Examples of persistent disruptions in civil society and community-led services include:

- In **Mozambique**, community workers and test counsellors paid with PEPFAR funding are not working. As a result, HIV testing is unavailable in most parts of the country, enrolment of new patients is on hold and efforts to support people living with HIV to adhere to their treatment have been compromised.
- In **United Republic of Tanzania**, young people working as peer educators, community health workers, or lay counsellors funded by PEPFAR have been issued temporary job termination notices.
- In **Rwanda**, community-level and facility-based HIV prevention services targeting populations at high risk of HIV infection, including adolescent girls and young women, gay men and other men who have sex with men and sex workers were not covered by waivers received from the US government.
- In **South Africa**, US-funded facilities that support gay men and other men who have sex with men, such as [Engage Men's Health](#), remain closed.
- In **Ghana**, all civil society organizations funded by PEPFAR have halted services to people living with HIV and key populations.
- In **Kenya**, many civil society organizations (CSOs) engaged in the AIDS response are facing mass layoffs and closure. People living with HIV and key populations who access community-led services are being redirected to general healthcare services. The community-led monitoring project remains closed.
- In **Namibia**, CSOs that are funded by the US have halted services. Other CSOs are stepping in to fill as many gaps as possible. If alternative funding is not found, many organizations may shut down.
- In **Guatemala**, an NGO that supports LGBTI migrants has been falsely accused in the media of spending large sums of US funding on “sex changes”. The NGO’s funding was subsequently cut. In reality, US funding was used by the NGO for scholarships, entrepreneurship and identity affirmation without hormone treatments.
- In **Botswana**, PEPFAR-supported “Tebelopele” HIV testing centres and DREAMS programme services for adolescent girls and young women have been shut down. Other severely impacted services include viral load services, tuberculosis screening, non-communicable disease diagnosis and referral, gender-based violence clinical response, and care and treatment programmes focused on orphans and vulnerable children.

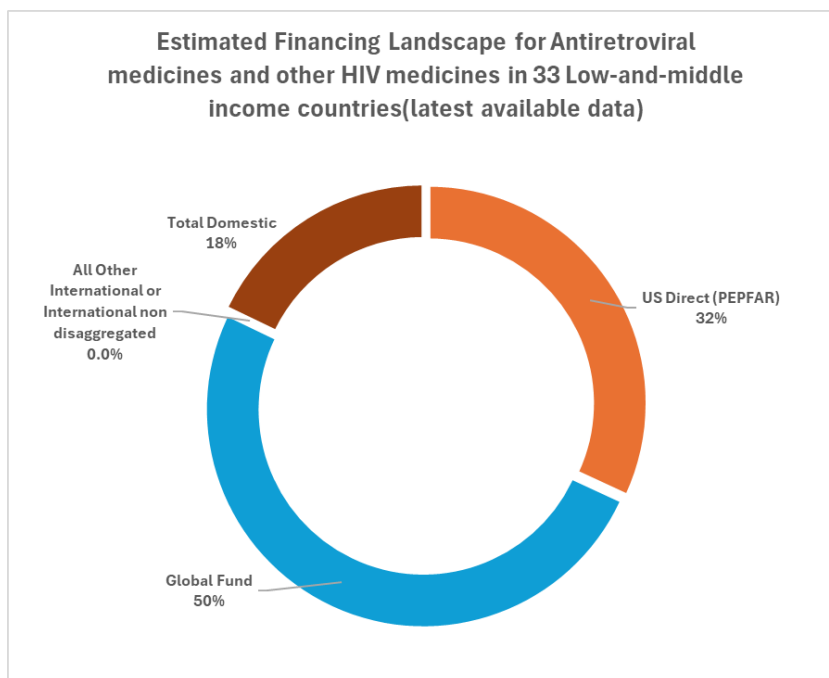
HIV prevention services

As different people have different needs and circumstances, a combination approach to HIV prevention is essential. Unfortunately, key components of this approach, including voluntary medical male circumcision (VMMC) and pre-exposure prophylaxis (PrEP) for all populations except pregnant and breastfeeding women have been explicitly excluded from waivers.

Examples of persistent disruptions in HIV prevention services include:

- In **Botswana**, PEPFAR-supported drop-in centres and outreach services for key populations have been shut down. PrEP services have been severely impacted.
- In **Ghana**, nearly all drop-in centres that provide HIV prevention and treatment services to key populations are closed.
- In **Namibia**, PrEP, VMMC, male engagement programmes, key population-led HIV prevention programmes and socio-economic programmes for young people have been disrupted.
- In **Indonesia**, HIV prevention and linkages to treatment for about 30% of gay men and other men who have sex with men in Jakarta remain disrupted. Efforts to expand PrEP services and pilot the dapivirine vaginal ring are on hold.

Dependence on US funding for HIV treatment, diagnostics, testing supplies and prevention



The most recently available financing data reported by countries shows that the US PEPFAR programme paid for 19% of antiretroviral (ARVs) and other HIV medicines in 36 low- and middle-income countries (L&MICs). When excluding countries like Brazil, South Africa, and Botswana—where most of the financing for HIV medicines comes

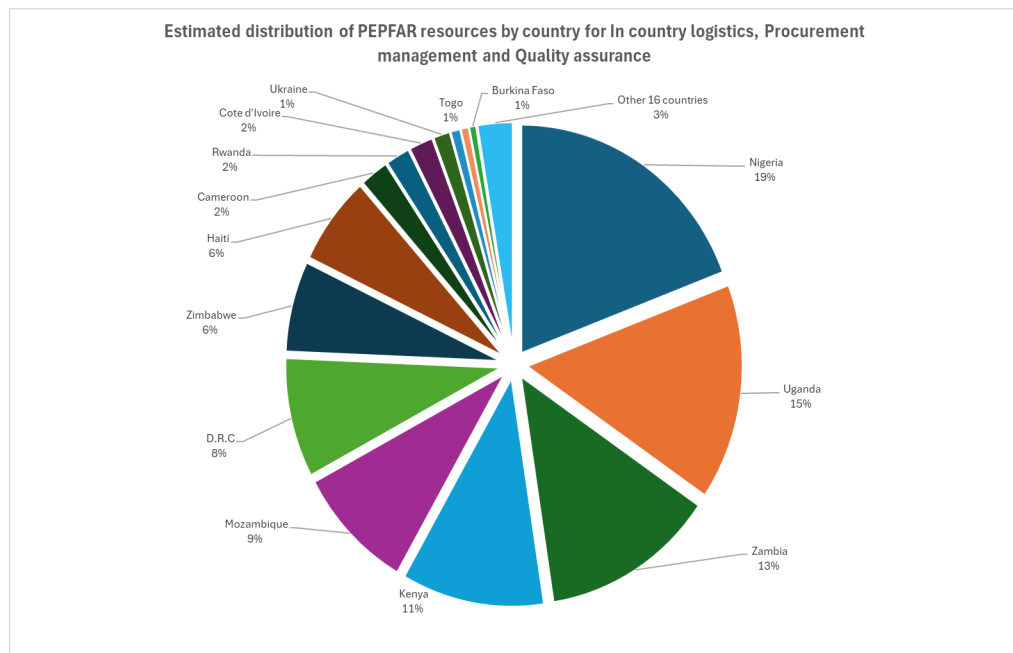
[Source: Estimated financing landscape for HIV medicines in 33 L&MICs, UNAIDS, Feb 2025. The analysis uses data from NASA, Global AIDS Monitoring, Global Fund, PEPFAR Expenditure Reporting \(accessed Dec 2024\) and Country Operational Plans.](#)

from domestic resources—

PEPFAR's contribution rises to 32% in 33 LMICs.

The Global Fund to Fight AIDS, Tuberculosis and Malaria, which receives about one-third of its total funding from the United States, purchased 50% of the HIV medicines for 33 countries. Five of these countries rely on US funding for more than half of their HIV medicines, and the United

States pays for between 20-48% of the HIV medicines in another eight countries (see table above). US-funded implementation partners and procurement/distribution agencies play central roles in the procurement, distribution and supply chain management of these life-saving commodities.



Source: PEPFAR expenditure reporting, last accessed December 2024.

The US

Government has provided crucial funding to support in-country logistics, procurement management, and quality assurance across 33 countries (see graph, above). Seven countries – Nigeria, Uganda, Zambia, Kenya, Mozambique, D.R.C and Zimbabwe – receive more than 80% of this support. This support plays a vital role in ensuring the procurement and efficient distribution of HIV commodities, including those funded by partners such as the Global Fund, UNICEF, and UNDP. Rapid shifts in the management of these systems will greatly increase the risk of supply distributions and stock outs, which would negatively impact the health outcomes of large numbers of people living with HIV and increase the risk of HIV transmission.

- In **Kenya**, diagnostic services for TB and HIV programmes and the broader network for sample collection and analysis have come to a standstill. As a result, viral load testing has been severely disrupted.
- In **Ukraine**, the supply chain for HIV-related commodities and ARVs in Ukraine remains fragile. While stock levels for certain commodities appear stable in the short term, significant concerns remain regarding medium- and long-term sustainability. A January 2025 shipment of condoms, lubricants, and Hep C rapid tests remains unconfirmed, and a March 2025 shipment of antiretroviral medicines remains uncertain.