

Impact of US funding cuts on the global AIDS response

Weekly update – 17 March 2025

Overview

UNAIDS is releasing weekly updates to track the impact of US cuts to foreign assistance on HIV testing, treatment and prevention. These reports are based on status reports generated by UNAIDS' Country Offices.

As of 13 March, at least one status report had been received from UNAIDS' Country Offices in 67 countries, including 84% of all PEPFAR-funded countries and an additional 20 countries that receive US support for their AIDS responses.

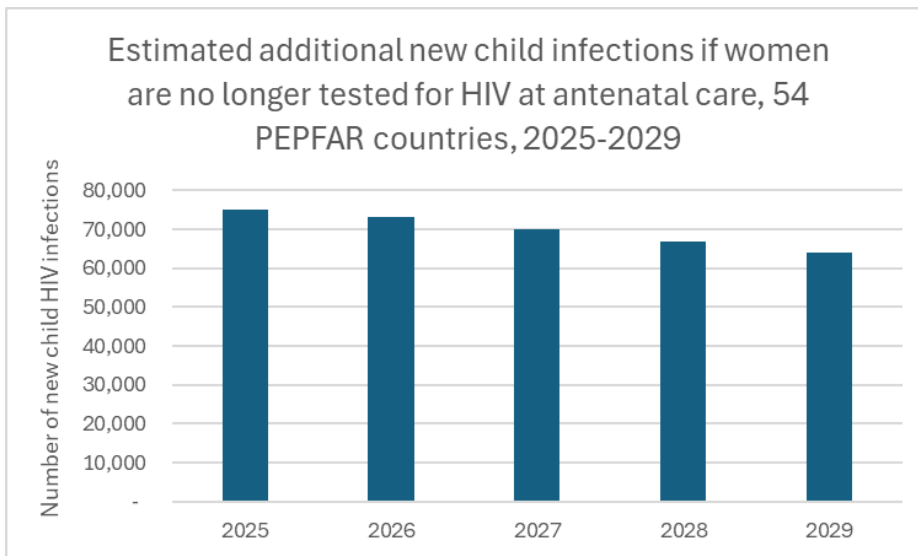
Low- and middle-income countries across several regions are building on short-term emergency measures to address cuts in US foreign assistance taking action to sustain their national AIDS responses in the medium and long term.

UNAIDS' Country Offices are supporting these efforts by working with heads of government, Ministries of Health and national AIDS authorities to assess the full impact of the cuts so countries can ensure continuation of critical HIV services in the medium and long term.

Many countries have conducted UNAIDS-supported rapid surveys to assess the impact of the cuts on recipients of HIV services. The results from one survey in a high-burden country in East Africa found that 62% of respondents reported difficulty accessing pre-exposure prophylaxis (PrEP), 46% of people living with HIV experienced disruptions in HIV treatment, and 23% of people living with HIV received smaller amounts of antiretroviral medicines (e.g. a three-month supply instead of the usual six-month supply) from local dispensaries. The survey also found that viral load testing, community outreach, condom distribution and TB diagnostic efforts were also significantly impacted.

Gaps in essential services

Although continuation of services for HIV treatment and prevention of mother-to-child transmission was allowed despite the US funding cuts, several countries reported last week the closure of some US-funded facilities that provided these services.



Reports from dozens of countries in recent weeks show that HIV testing services—especially screening tests for people at high risk of HIV infection performed by community-led organizations—have been impacted by the US funding cuts. One critical population requiring HIV testing is pregnant women. If women attending antenatal care are no longer tested for HIV, those who are living

Source: Projected scenarios based on UNAIDS estimates.

with HIV will not receive the medicines they need to prevent transmission of HIV to their children. Projections calculated with UNAIDS epidemiological estimates show that an additional 350 000 children will be newly infected with HIV over the coming four years if HIV testing is not available at antenatal care centers.

HIV prevention services have also been deeply affected by the US funding shifts, including PrEP and voluntary medical male circumcision (VMMC). Programmes for the procurement, distribution and social marketing of condoms have been impacted in many countries, with UNAIDS staff in **Armenia, Ecuador, Ethiopia, Madagascar, Namibia, Rwanda, South Sudan** and **Uganda** reporting specific challenges over the past week.

UNAIDS' offices in several countries with significant rates of HIV transmission among people who inject drugs reported in recent weeks that opioid substitution therapy and other harm reduction services have been reduced or stopped due to US funding cuts. Comprehensive harm reduction is recommended by [UNAIDS](#) and [WHO](#) to reduce transmission of HIV, viral hepatitis, as well as deaths due to overdose, among key populations at highest risk of infection.

Across regions, projects for HIV services provided by community-led organizations have received termination letters from the US Government. There are some exceptions, for example for civil society organizations that are also deeply involved in HIV treatment.

US funding has also been largely halted for projects and programmes focused on addressing stigma and discrimination and enabling legal environments. This often means that monitoring of human rights issues has stopped, intensifying fears of discrimination among people living with HIV and key populations just as they are forced to switch from tailored, community-supported services to government services for the general population.

Notable impacts reported within the last week include:

- In **Uganda**, a halt in US funding for community-led services has led to a reduction in the number of peer outreach workers, such as mentor mothers for prevention of vertical

transmission and expert counselors for HIV treatment. This is impacting patient adherence to these services.

- In **Haiti**, antiretroviral medicines were recently included on a special humanitarian flight to avoid a stockout. Also, a principal warehouse will soon close due to reductions in US funding. This will impact the storage and distribution of both US-funded and Global Fund-supported medicines and other commodities. The Ministry of Health, with support of UNAIDS and WHO, is creating a committee to assess and coordinate efforts to mitigate the impact of US funding cuts.
- In **Ecuador**, a prominent community-based organization led by LGBTIQ individuals, Equidad, has had its US funding terminated, a decision which is expected to impact more than 2,000 migrants living with or affected by HIV who rely on the organization for lifesaving services.
- In **El Salvador**, waivers have allowed health staff in 20 of 24 affected HIV clinics to return to work and re-start services. However, the disruption of US funding has left the country in danger of stockouts of viral load tests and antiretroviral medicines for both PrEP and treatment within three to six months.
- In **Ethiopia**, US funding cuts have forced drop-in centers and clinics for key population to close or transition to government management, creating service gaps, particularly in three provinces. In Addis Ababa, uncertainty remains over the future of 11 drop-in centers. Supply shortages, including for long-acting PrEP, and operational confusion have further strained services.
- The latest estimates on human resource impacts in **South Africa** are that nearly 8,500 HIV response staff and more than 500 education sector workers have been affected by terminations of US-funded projects.
- [Research on an HIV vaccine](#) and a study on long-acting PrEP in **South Africa** have come to a halt. A large TB research study was also stopped due to US funding cuts, leading to fears of disruptions of TB service delivery, reductions in treatment adherence and increases in TB transmission and mortality.
- **Zimbabwe** is exploring ways to raise additional domestic resources to fill the sizable funding gap created by the changes in US foreign assistance.

Sustainability planning and actions

Several countries, with UNAIDS support, are conducting assessments of the impact of US funding cuts and putting in place short- and long-term mitigation measures. **Brazil, Kazakhstan, Kenya, Liberia, Mali** and **Rwanda** are among the list of countries that have reported that domestic resources are being mobilized to maintain priority HIV programmes previously funded by the US. The evolving US stance on support for the global AIDS response—from the initial presidential Executive Order freezing all US foreign assistance to the issuance of waivers allowing some services to continue amidst the freeze, to the issuance of terminations and, in some cases, the rescinding of terminations—has led to several countries to delay decisions on domestic funding allocations until after the US Government completes its review of foreign aid.

Examples reported within the last week include:

- In **Kazakhstan**, the government is preparing to assume financial responsibility for outreach for HIV prevention and testing services for people who use drugs and men who have sex with men in two regions previously supported by USAID.
- In **Brazil**, the Ministry of Health has increased the domestic budget for HIV and STI services in response to reductions in US funding that caused the closure of 21 HIV testing sites and interruptions in HIV prevention services for key populations. Some US-funded services have been picked up by local and federal governments.
- In **Lesotho**, a task team has proposed mitigation measures based on a mapping of US-funded projects, including government payment of salaries for affected staff, task shifting, recalling of staff on leave, and integration of services.
- **Botswana** and **South Africa** are among those countries working with organizations that have lost US funding to refer their clients to government facilities for essential services.
- **Panama** has taken steps to continue PrEP services for key populations and antiretroviral therapy for people living with HIV.