Fact Sheet

Impact of the US funding cuts: A snapshot on HIV commodity availability and management risks

Status as of 28 April 2025

The sudden pause and suspension of US Government foreign assistance has resulted in a multifactorial increase in the risks, challenges, and uncertainty related to HIV commodity[1] availability and management.

The analysis below presents findings from 56 countries (including 100% of PEPFAR-supported countries) which reported on the status of their HIV commodity stocks and supply chains between February and April 2025.[2]

The nature of PEPFAR support is different in all countries, and inclusion in this fact sheet does not necessarily mean that PEPFAR funded HIV commodities or supply chains specifically in that country.

This fact sheet reflects the situation based on information available as of 28 April 2025. Given the rapidly shifting situation, the information presented could change significantly as the situation evolves.

SUMMARY

- Funding for antiretrovirals often comes from diverse sources and their availability and effective delivery to those who need them depends on well-coordinated stakeholder efforts. Some 14% of countries reported six or less months of stock in at least 1 antiretroviral line.

- The degree of public uncertainty and concern over the continued availability of and access to free antiretroviral treatment has increased significantly. Some 18% of countries flagged public reactions to uncertainty that could result in increased risks of antiretroviral treatment disruptions.

- The most frequent variations in antiretroviral dispensation in countries include reductions in multi-month dispensing periods and in dispensing of emergency supplies, restricted switches to alternative antiretroviral regimens, closures of certain antiretroviral treatment dispensing points, and antiretroviral stock redistribution. Authorities have often sought to preempt or respond to rumors and uncertainty by proactively communicating about antiretroviral availability.

- The Global Fund is helping address short-term HIV commodity gaps, including through existing (or incoming) antiretroviral stocks and through reinvestment of savings from

[1] Commodities include ARVs, HIV tests, VL and other lab tests, early infant diagnosis reagents and supplies, as well as prevention commodities (including PrEP and condoms).

[2] The data analysed comes primarily from three sources: 1) Open-text reporting by UNAIDS country offices through the UNAIDS tool "Monitoring HIV Programmes' Continuity Amidst US Shifts" for the period 5 February – 28 April 2025; 2) UNAIDS country office ad-hoc email updates for the period 18 -24 March and 16-23 April, and 3) UCO / RST consultations with national and regional PLHIV networks on 18-20 March.

grant implementation. National authorities are also securing supplementary domestic budget allocations to ensure HIV commodity availability and management.

- Despite the precarious situation faced by many community-led organizations because of the USG shift, they continue to play a central role in engaging and informing communities, addressing rumors, advocating for mitigation actions, and providing early warning on ARV availability, accessibility and cost.

- Significant disruptions affecting combination prevention commodities have been reported as a result of the USG shift. This is due to the dominant role played by PEPFAR in prevention commodity procurement, distribution or delivery in many countries. Some 23% of countries reported six or less months of condom or PrEP stocks.

- Around 21% of countries reported six or less months of stock in at least 1 HIV testing commodity. Careful monitoring of individualized country situations is necessary to mitigate any possible increase in stockout risks.

- Even when HIV commodities exist in-country, they may not always be reaching health facilities – creating patient-facing shortages that undermine trust in treatment continuity. Some 46% of countries reported supply chain management issues.

- The repercussions of the USG shift on the global HIV commodity markets should not be underestimated in the medium term. Sustained predictability in HIV commodity demand forecasts is essential to guarantee a stable supply, maintain prices, and ensure the availability of affordable generic medicines for national HIV responses.

HIV treatment commodities

The “treat-all” recommendation issued by WHO in its 2016 Guidelines (1) has resulted in the scale-up of antiretroviral therapy (ART) in more than 130 countries. At the end of 2023, 30.7 million people were accessing ART globally, with 61% of them living in 10 countries[3] (2). Funding for antiretrovirals (ARV) often comes from diverse sources and their availability and effective delivery to those who need them depends on well-coordinated stakeholder efforts.

Short-term ARV availability in countries

Over the monitored period, 39% of countries that reported (22/56) indicated low to minimal risk of ARV stockouts, as they are not generally reliant on PEPFAR funding for ARV procurements. In most of those countries, ARVs are procured directly using domestic resources (e.g. Botswana, Brazil, India, Kazakhstan, Panama, Philippines), or jointly with (or exclusively by) the Global Fund (e.g. Cameroon, Indonesia, Lesotho, Malawi, Sierra Leone).

The rest of the countries reported some degree of procurement or supply chain disruption, regardless of funding source for ARV procurements.

[3] PLHIV on ART in 2023: South Africa 5’936’502, Mozambique 2’088’982, India 1’779’067, Nigeria 1’735’808, U.R. Tanzania 1’389’883, Kenya 1’336’681, Zambia 1’273’804, Uganda 1’244’193, Zimbabwe 1’233’934, Malawi 896’805.

Around 7% of countries that reported (4/56) experienced shortages of at least one ARV line at treatment delivery points on at least one occasion over the past 2 months (Ethiopia, Ghana,[4] Haiti and Uganda[5]). The scale of those shortages varied, with many of them being of local or regional nature and primarily caused by logistical disruptions in the supply chain. In some cases, they could be mitigated through stock redistribution or shifts to other available ARV treatment lines.

Some 14% of countries that reported (8/56) had six or less months of stock in at least 1 ARV line (see table 1). Careful monitoring of individualized country situations is necessary to mitigate any possible increase in stockout risks, which could be triggered by frozen, uncertain or slowed-down procurements or shipments, gaps in technical assistance, as well as to funding gaps for ARV procurement.

Table 1. Countries with 6 or less months of stock in at least 1 ARV line, based on current availability*

Country	Remaining ARV stock
Burundi	3-6 months (DTG/3TC/TDF)
Côte d'Ivoire[6]	<1 month (DTG/3TC/TDF), 3.9 months (ABC/3TC), 3.4 months (DTG 10mg)
Ghana[7]	5.85 months (pediatric NVP); 2.48 months (pediatric ZDV)
Haiti	6 months
Nigeria[8]	5 months
Uganda	3 months (DTG/ABC/3TC)
Ukraine	1 month (pediatric ABC/3TC)
Zimbabwe	3 months (adult DTG/FTC/TAF; FTC/TAF; 3TC/TDF; RTV; DRV;[9] pediatric ABC/3TC[10]; DTG;[11] 3TC/AZT[12])

*Latest country data available. Given significant data disruptions in many PEPFAR-funded countries, errors or partial data could occur. This fact sheet focuses on commodity stock levels of 6 months or below.

There are complex interdependencies between donors in ensuring HIV commodity availability. While certain countries may face increased risks of ARV stockout due to challenges with their PEPFAR-funded ARV pipelines, other countries that are not dependent on PEPFAR funding for ARV procurements may be negatively affected by the disruptions created in national supply chain systems because of the USG funding shift. The supply chain for HIV commodities often relies on shared infrastructure, creating gaps when one partner faces constraints.

Reacting to a changing landscape for ARV dispensation

[4] PEPFAR does not procure ARVs in Ghana. However, they provide technical assistance for supply chain (including delivery and distribution) of HIV drugs and commodities in 3 north regions. In the country, while most ARVs are in overstock, a few shortages have occurred in some regions, which were solved through re-distribution from the central level, and coming shipments planned for April.
[5] The ARV shortages in Uganda affected mainly private not-for-profit facilities.
[6] A new delivery was expected in April 2025.
[7] Stock data based on the Stock Status Report for program Commodities (HIV, TB and Malaria) and other essential commodities for the month of March 2025. PEPFAR does not buy ARVs in Ghana. An expected shipment an expected shipment of 17,273 units of ZDV syrup was expected on first week of April 2025. This will bolster stock levels and mitigate potential shortages.
[8] Current ARV stocks are within the country's expected normal levels. New shipments are expected in April 2025. No stock out risks are anticipated at this time. The Government is actively monitoring ARV stock levels and has committed resources to respond to risks as they emerge.
[9] New shipments for most of these ARVs were expected in March-April 2025.
[10] Moving to fixed dose, no planned shipments yet.
[11] Moving to fixed dose, no planned shipments yet.
[12] A new shipment was expected in March-April 2025.

The need to rapidly adjust to the USG shift (whether at HIV commodity or service delivery levels) has led to limited variations in ART dispensation in countries. This has sometimes been a short-term mitigation action adopted at national level, while in other cases it may have resulted from facility or service provider-level decisions in response to decreasing on-site stocks, subsequently corrected by the competent authorities.

The most frequent adaptations include reductions in multi-month dispensing periods and in dispensing of emergency supplies (e.g. Côte d'Ivoire, Malawi, Nigeria, Tanzania, Uganda, Zambia, Zimbabwe), as well as restricted switches to alternative ARV regimens. Numerous countries report longer-term closures of certain ART dispensing points (particularly at community level and those serving key populations). Reduction in multi-month dispensing periods and closure of community ART delivery points can increase patient load at health facilities, while burdening patients with additional transportation costs and waiting times to access their treatment.

The degree of public uncertainty and concern over the continued availability of and access to free ART has increased significantly. Some 18% of countries that reported (10/56) flagged public reactions to uncertainty that could result in increased risks of antiretroviral disruptions. Over the monitored period, authorities have sought to preempt or respond to rumors and uncertainty by proactively communicating about ARV availability (see table 2). However, to be effective, thesestrategies must be coupled with credible measures to guarantee continued availability of, and access to, ARV treatment.

Table 2. Examples of government measures to preempt or address public uncertainty about ARV availability, accessibility and cost

Country	Measures in place
Botswana *(29 January 2025)*	The Ministry of Health issued a press release to assure clients of access to ART services.
Cameroon *(2 February and 14 March 2025)*	The Ministry of Health issued two radio and press releases to confirm that the stock of ARVs is not affected by the suspension of USG funding, and that there is no change to the process of service delivery nor any requirement for payment (2 February) and to refute false information about payments for HIV, tuberculosis and malaria drugs and services following the suspension of US funding (14 March).
Côte d'Ivoire *(4 March)*	The Minister of Health announced that a funding mechanism had been activated on the instructions of the President of the Republic to compensate for the suspension of external funding and announced that rigorous monitoring was being carried out to avoid shortages of ARVs.
Kenya *(25 March 2025)*	Through a social media post, the Kenyan Ministry of Health reassured HIV patients that there is an adequate supply of ARVs at treatment centres. Patients are encouraged to continue taking their medications as prescribed, without skipping doses or sharing pills. Additionally, they are advised against refilling their prescriptions before scheduled dates to prevent unnecessary stockpiling.
Malawi *(29 January 2025)*	The Ministry of Health issued a press release informing the public that the country has adequate quantities of ARVs, test kits and other supplies, and that measures have been put in place to secure more supplies. The health sector is also using community extension workers to advocate for, and increase awareness on, the continuation of HIV service delivery across communities.
Nigeria *(9 March 2025)*	A press release shared through social media by the National Agency for the Control of AIDS (NACA) countered false information circulating online regarding the cost of HIV treatment in Nigeria. NACA reassured the public that HIV treatment remains free of charge at government-owned

	health facilities and that the government remains committed to providing treatment to all who need it.
Rwanda *(2 March 2025)*	During a press conference, the Government reassured the public of the continuity of delivery of services at the health facility level.
Tanzania *(1 March 2025)*	The chief government spokesman reassured the public of continuity in the supply of ARVs through a press briefing in Dar es Salaam.
Uganda *(20 March 2025)*	The Ministry of Health issued a press release to clarify that ARVs remain available and free in all public and private non-for-profit facilities, drug procurement remains unaffected, a shift towards a patient-centered model is underway – which is integrating HIV services into routine outpatient and chronic care services. It also notes that Uganda's growing pharmaceutical sector is producing ARVs for local and international markets. The Ministry of Health urged responsible journalism and encouraged CSOs to support treatment literacy campaigns to promote adherence and improve health outcomes for all people living with HIV.
Zambia *(14 February 2025)*	The Ministry of Health issued an official letter to health managers expressing MOH commitment to ensuring the uninterrupted provision of essential HIV, tuberculosis and malaria services across all public health facilities. The letter directed, among others, maintenance of the provision of ARVs to all people who need it without charging any costs, provision of oral and injectable pre-exposure prophylaxis (PrEP) to all individuals at high risk of HIV acquisition, and distribution of condoms. It guided the teams to supervise and enhance commodity logistic management including requisitions and last mile distribution.

Country actions to mitigate ARV stock-out risks

Governments are putting in place mitigation measures to ensure the continuity of essential HIV services. Beyond the ARV management measures described above (see subsection on *Reacting to a changing landscape for ARV dispensation),* efforts are also ongoing to mitigate ARV stock imbalances through redistribution (e.g. Ghana, Malawi, Zambia), as well as to expedite customs clearance of new shipments (e.g. Ghana, Ukraine, Zambia).

The Global Fund is playing an important role in helping address short-term ARV gaps, including through existing (or incoming) ARV stocks and through reinvestment of savings from grant implementation (e.g. Côte d'Ivoire, El Salvador, Ukraine, Venezuela). Other stakeholders, including bilateral donors, private sector and foundations, are also being mobilized at country level to address urgent ARV stockouts (in cash or in kind), though they are generally unable to fill entirely the gaps left by the PEPFAR funding freeze.

Requests to national budget holders and decision-makers are planned or have been issued, to grant supplementary budget allocations to the relevant national health authorities in many countries (e.g. Angola, Burundi, Eswatini, Ethiopia, Haiti, Kenya, Malawi, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Ukraine, Zambia). While some allocations of additional domestic funding to cover the cost of ARV procurements and supply chain logistics have been confirmed (see table 3), other requests are still under negotiation or clarification.

In countries like Haiti, national authorities are working with partners to develop longer-term sustainability roadmaps, including diversification of procurement sources and funding.

Table 3. Examples of countries allocating additional domestic funding to ARV procurement and management

Country	Measures in place
Cote d'Ivoire *(4 March)*	The Minister of Health announced on March 4 that a funding mechanism has been activated on the instructions of the President of the Republic to compensate for the suspension of external funding and announced that rigorous monitoring was being carried out to avoid shortages of ARVs.
Ghana *(11 February 2025)*	President John Dramani Mahama directed the Minister of Finance on a communication dated 11 February 2025 to take urgent steps to bridge the funding gap arising out of the suspension of USAID's program in Ghana.
Haiti	Haiti has put in place a national budget line of USD $900 thousand to purchase ARVs and other essential medicines.
Kenya *(14 March 2025)*	The National Assembly passed the Supplementary Appropriation Bill 2025 on 14 March, providing among others additional resources to fund health sector reforms and Universal Health Coverage. This includes Ksh1.5 billion for the recapitalization of the Kenya Medical Supplies Authority (KEMSA).
Liberia *(6 March 2025)*	The Ministry of Health allocated $300,000 for health commodity distribution.
Nigeria *(4 February 2025)*	The Federal Executive Council (FEC) approved N4.8 billion for the expansion of HIV/AIDS treatmenttry will also be leveraging the $1.07billion SWAp framework (for the Nigeria Health Sector Renewal Initiative) to mitigate any emerging risks that may arise due to the funding pause.
Uganda *(8 February 2025)*	The Ugandan President directed the Ministry of Finance to release UGX 6 billion shillings for the rollout of EMR in government health facilities, aiming to improve, among others, drug management and service delivery.
Zimbabwe *(4 April 2025)*	The government availed 12 million USD to boost the ARV stock until September.

Community-led organizations, key partners in HIV commodity management

Despite the precarious situation faced by many community-led organizations (CLOs) because of the USG shift, they continue to play a central role in engaging and informing communities, addressing rumors, advocating for mitigation actions, and providing early warning on ARV availability, accessibility and cost.

Community-led monitoring (CLM) is a useful monitoring approach, though it is seriously hampered in countries where CLM has been heavily PEPFAR-funded (as many of those funds have been discontinued). In countries with dual PEPFAR-Global Fund funding for CLM, like Burundi, Cameroon, Kazakhstan, Malawi, Rwanda, South Africa, South Sudan, Zambia and Zimbabwe, CLOs are leveraging CLM as a platform to monitor and report to national authorities about ART stock levels, service disruptions, and human rights violations. In Zambia, the Key Populations Consortium has generated data that facilitated the referral and transfer of files of ART and pre-exposure prophylaxis (PrEP) clients from closed community wellness centers to the nearest health facilities.

Community mobilization and sensitization are also crucial to addressing fears, rumors and uncertainties that could result in stockpiling, sharing or spacing of ARVs by people living with HIV. For example, in Rwanda and Malawi, the Network of People Living with HIV (RRP+) and the Coalition of Women Living with HIV and AIDS (COWLHA) are focused on conducting mobilization and sensitization within their network regarding ART, and on collecting evidence about the situation to inform advocacy.

As national HIV responses and broader health systems rapidly adjust to the consequences of the USG shift to ensure the continued availability and accessibility of ARVs, CLOs like 100% Life (a network of people living with HIV in Ukraine) advocate for emergency funds from both domestic and international sources.

Civil society organizations (CSOs) and CLOs are also essential to enable community-level access to ARVs, an area that has been directly impacted by the USG shift. While many countries are facing significant challenges to bridge the gap that has emerged in community-based and community-led delivery of HIV commodities, notable exceptions keep arising. In Mali, FCFA 120 million were pledged by the government to ensure the continuity of services for 12 CSOs, to be managed through a fund mobilization and distribution committee. In South Sudan, the HIV Commission and CSOs have advocated for the government to support enablers to HIV care and treatment, most of which are community-based.

HIV prevention commodities

Short-term availability of HIV prevention commodities in countries

HIV prevention commodities play a vital role in reducing new infections. These include PrEP, post-exposure prophylaxis (PEP), treatment as prevention (see section on *HIV treatment commodities*), condoms and lubricants, voluntary medical male circumcision (VMMC) commodities, needle and syringe programs (NSP), naloxone and opioid agonist medications.

Significant disruptions affecting combination prevention commodities and the delivery of prevention services have been reported as a result of the USG shift. This is due to the dominant role played by PEPFAR in prevention commodity procurement, distribution and delivery in many countries. This section looks specifically at PrEP and condom availability, while additional data on other HIV prevention commodities continues to be collected. Disruptions to service delivery will be addressed elsewhere.

Over the monitored period, 23% of countries that reported (13/56) had six or less months of condom or PrEP stocks (see table 4). Careful monitoring of individualized country situations is necessary to mitigate any possible increase in stockout risks, which could be triggered by frozen, uncertain or slowed-down procurements or shipments, gaps in technical assistance, as well as to funding gaps for PrEP procurement.

Table 4. Countries with 6 or less months of stock in condoms or PrEP, based on current availability*

Country	Remaining stock of HIV prevention commodities
DRC	3-6 months (condoms)
Ethiopia	Immediate (condoms)
Ghana[13]	5.23 months (male condoms)
Guatemala	Stocks low (PrEP)
Kenya[14]	1 month (condoms)
Mali[15]	3 months (condoms and lubricants)
Namibia[16]	3-6 months (condoms)
Togo	2-3 months (condoms)
Uganda	3-6 months (condoms)
Ukraine	5 months (TDF/FTC for PrEP) but varies by province (2-10+ months)
Viet Nam	Until end of June 2025 (PrEP)
Zambia	3.5 months (Tenofovir/Emtricitabine)
Zimbabwe	5.5 months (male condoms) and 4.96 months (lubricants)

*Latest country data available. Given significant data disruptions in many PEPFAR-funded countries, errors or partial data could occur. This fact sheet focuses on commodity stock levels of 6 months or below.

Condoms should not be left behind

Of particular concern are national condom stocks, the most widely used HIV prevention method (3). The shortage of condoms affecting 16% of countries that reported (9/56) is disrupting HIV and sexually transmitted infections (STI) prevention efforts. This is against a backdrop of declining global public sector and subsidized condom procurement, which has reduced by an average of 30% from peak procurement in 2011 (4).

These shortages are in some cases linked to gaps in supply chain management (e.g. Namibia, Uganda, Zimbabwe). For example, in Namibia, the USG shift has exacerbated chronic supply chain challenges, especially for condom programming, and condom stock-outs are now more prominent. In Uganda, PEPFAR supplied about 20% of the country's condoms but 100% of the transport and distribution to the last mile. In other cases, gaps in condom availability are due to accessibility issues, often linked to the cessation of outreach and mobile clinics that distributed condoms among vulnerable groups (e.g. Lesotho, Malawi, South Sudan).

Beyond short-term issues with current stock levels as a result of the USG shift, several countries are yet to identify funding sources for condom procurements for 2026 and beyond.

A radically changed PrEP landscape

In 2023, there were 3.5 million people using PrEP globally (5). PrEP use remains highly concentrated, with 64% of all users globally coming from just five African countries[17] (6). However, most PrEP (oral and long acting injectable) programs rely heavily on PEPFAR support, making them particularly vulnerable to the USG shift.

[13] Condoms are reported as part of family planning commodities (contraceptives).. National authorities consider this stock level adequate to meet the country's needs.
[14] There is a new consignment expected in April 2025 that can cover another month.
[15] Stocks of condoms and lubricants are purchased with USG funding. A new shipment is expected in June 2025.
[16] The Ministry of Health is closely monitoring the stock and remain committed to procure when needed.
[17] People receiving PrEP in 2023: Kenya 918’229, South Africa 803’171, Zambia 184’256, Nigeria 181’201 and Uganda 161’987 out of a global total of 3’512’471.

Reporting countries faced gaps both in terms of sustaining current clients on PrEP (e.g. Guatemala, El Salvador, Haiti, Ukraine, Viet Nam, Zambia) as well as in terms of scaling-up long-acting, injectable PrEP for populations at high risk of infection (e.g. Ukraine, Cambodia, Zambia). The impact the USG shift is having in this area cannot be understated, as PEPFAR contributed to more than 90% of PrEP initiations globally in 2024 (7).

Insufficient PrEP availability may be linked to gaps in technical assistance to PrEP programmes - including for the introduction of long-acting injectable formulations-, frozen funding or funding gaps for PrEP procurement, logistic challenges affecting delivery of shipments, or issues accessing existing in-country stocks. For example, CHAI reports that PEPFAR purchased 95% of ViiV's CAB-LA supply for low and middle-income countries in 2024, with the largest donation (more than 230 thousand doses to South Africa) not completed (8).

Ultimately, even when PrEP stocks may be available, countries face disruptions of service delivery, demand generation and capacity building (e.g. Ethiopia, Liberia, Suth Sudan, Malawi, Thailand). Restrictions in eligibility to access USG-funded HIV prevention commodities effectively leaves out numerous populations at high risk of acquisition. The closure of service sites managed by CLOs and other CSOs, which are central pillars of primary HIV prevention, also constrain PrEP access.

Notable exceptions to a challenging PrEP roll out landscape include Malawi, where the government has allowed implementing partners to start full-fledged recruitment of people on long acting injectable (beyond continuing clients and pregnant and lactating women). In Ethiopia, some sites involved in the piloting of long-acting injectable formulation (CAB-LA) which were affected by the USG shift are preparing to transition to government health facilities. The Global Fund is also playing an important role in helping address emerging PrEP distribution gaps (e.g. Guatemala) and procurement gaps (e.g. El Salvador).

HIV testing commodities

People's knowledge of their own HIV status is essential to the success of the HIV response (9). HIV testing services are a gateway for people to access HIV prevention, treatment, care and other support services. Viral load testing is a central piece of treatment monitoring among people living with HIV receiving ART, enabling early detection of treatment failure and reducing the risk of HIV transmission. CD4 count enables timely identification and management of advanced HIV disease (AHD), reducing the risk of people dying from HIV-related diseases.

Short-term availability of HIV testing commodities

Over the monitored period, 9% of countries reporting (5/56) indicated immediate shortages of at least one HIV testing commodity at treatment delivery points (Côte d'Ivoire, Ethiopia, Ghana Guatemala and Haiti). Some of these shortages were localized, primarily linked to logistical disruptions in the supply chain.

Some 21% of countries that reported (12/56) had six or less months of stock in at least 1 HIV testing commodity (see table 5). This may be linked to logistic disruptions as well as to funding gaps for the procurement of testing commodities. Whether an increased stockout risk eventually translates into gaps in the availability of testing commodities depends on multiple factors that must be continuously monitored.

Table 5. Countries with 6 or less months of stock in at least 1 HIV testing commodity, based on current availability*

Country	Remaining stock of HIV testing commodities
Angola[18]	Until May 2025 (Confirmatory Bioline test kits)
Côte d'Ivoire	<1 month (Cobas 4800, HIV-1 CE-IVD test, HIV 1/2 STAT-PAK)
DRC	3-6 months (HIV tests)
El Salvador	3-6 months (VL tests)
Eswatini[19]	3-6 months (HIV, VL and other lab test kits)
Ethiopia	Immediate (VL and EID tests)
Ghana[20]	4.36 months (HIV First Response self-test kits), 4.01 months (OraQuick) tests, 0.58 months (SD Bioline tests).
Guatemala	Stocks low (HIV tests)
Nepal[21]	3-6 months (VL tests)
Uganda[22]	3 months (HIV and other lab test kit stocks at health facility level)
Ukraine[23]	Until August 2025 (Rapid HIV diagnostics tests)
Zambia	2.4 months (HIV rapid test kits) and 0.7 months (Gene Xpert MTB/RIF Ultra tests)[24]

*Latest country data available. Given significant data disruptions in many PEPFAR-funded countries, errors or partial data could occur. This fact sheet focuses on commodity stock levels of 6 months or below.

PEPFAR has funded US$ 220 million for HIV testing activities in more than 50 low- and middle-income countries, with close to 40% of this funded for community-based testing programmes. Disruption to funding for HIV testing programmes is likely to have an impact on the availability of HIV testing commodities that are necessary to run them.

In countries where reallocation of funds is being used as a mitigation strategy to ensure commodity availability (for example through reallocation of Global Fund funds), authorities may choose to prioritize commodities deemed essential e.g. ARVs at the expense of others e.g. viral load tests.

Ultimately, even when HIV testing commodities may still be available, countries face challenges around demand generation (particularly by CLOs and other CSOs), implementation of laboratory services (including quality assurance and the delivery of timely and accurate results), and testing services which constrain HIV diagnosis and management. For example, despite availability of HIV testing commodities in Malawi, the country faces challenges to meet HIV testing demand due to the HIV Diagnostic Assistant cadre, largely funded by PEPFAR, having lost many of their jobs.

National supply chains

In affected countries, even when HIV commodities exist in-country, they may not always be reaching health facilities —creating patient-facing shortages that undermine trust in treatment continuity.

[18] PEPFAR support is implemented as part of the national HIV program response in 22 health facilities (out of more than 800 public facilities providing ARV) in 4 provinces (Benguela, Cunene, Lunda Sul and Huambo) out of 21 provinces in Angola. These HIV testing commodities stock out risks are localized as they apply to PEPFAR-supported facilities only.
[19] PEPFAR has now resumed the procurement of VL and EID tests) and a new delivery is expected. Government has also been engaged with the required costed budget to close the gap beyond September 2025.
[20] New shipment expected at the end of April 2025.
[21] Nepal is expecting a new shipment of VL tests to arrive in July 2025.
[22] Mostly as a result of last mile distribution challenges.
[23] A delivery of 8,480 tests is expected in June 2025.
[24] The US$ 3.25 million PEPFAR allocation for procurement of HIV rapid test kits in 2025 is available.

Disrupted supply chains and HIV commodity management

PEPFAR funds close to US$ 50 million in about 30 countries to support in-country logistics (10). Over the monitored period, 46% of the countries reporting (26/56) indicated supply chain management issues (see table 6). This had a direct impact on the distribution and availability of HIV commodities at service delivery points. Issues included gaps in operational management and supply chain oversight, logistic costs and lack of access to technical assistance.

Table 6. Examples of countries reporting supply chain management challenges*

Country	Details
Angola	While there is stock of HIV commodities in the regional warehouse, logistics are disrupted, and facility-level stock outs have been recorded in one of the provinces supported by PEPFAR.
Benin	A common basket for the procurement of HIV commodities for all treatment sites across the country is in place, funded by the Global Fund (58%), the Government of Benin (35%), and PEPFAR (7%). Disruptions in the health product supply chain have been reported as short- and medium-term impacts of the USG shift. Chemonics Intl. manages the drug supply chain for PEPFAR.
Burundi	According to the NACP, there is an immediate gap of USD 6.4 million in commodities that concerns ARVs, products for tuberculosis prevention, essential drugs for opportunistic infections and rapid tests including their transport costs.
Cameroon	There are concerns about the last mile delivery of ARVs, considering that some regional warehouses were relying on the PEPFAR partner (Chemonics Intl.) to bring HIV commodities to some sites.
Eswatini	According to the report on *The Impact of Halting PEPFAR Funding on Health Sector HIV Response*, distribution of HIV commodities is disrupted, especially in communities.
Ethiopia	Transition gaps have resulted in discontinuation of due procurements for viral load and EID commodities.
Ghana	PEPFAR provides technical support for supply chain (logistics, distribution, and technical assistance) for HIV drugs and commodities in 3 north regions. Chemonics Intl. has been authorized to continue its support in supply-chain management for a defined list of health products. Efforts from the MOH, Ghana Health Services and partners to mitigate stock imbalances in the regions through redistribution from central level and clearance of incoming shipments are ongoing.
Guatemala	Disruptions in the supply chain for HIV prevention and testing commodities.
Haiti	Logistical challenges have caused shortages not only of essential HIV medications but also of other critical medical supplies. The Procurement and Supply Management (GHSC-PSM) project under USAID, implemented by Chemonics Intl. has received authorization to continue only HIV-related activities for products aligned with the waiver. As a result,

	operations are being scaled down. On February 28, it was confirmed that the PSM-managed storage facility in the capital will close. World Vision International, the principal recipient for the HIV/TB grant under GF GC7, is exploring alternative storage options for Global Fund stock.
Honduras	While ARV stocks are available, logistics are disrupted.
Kenya	The PEPFAR procurement agent (Mission for Essential Drugs and Supplies) has been reauthorized to continue the distribution, improving access and availability.
Liberia	Distribution of HIV commodities by WFP was affected by the USG shift but has now been completed. The Ministry of Health has allocated $300,000 as a buffer to guarantee commodity distribution and minimize disruptions.
Mozambique	Earlier challenges with transportation of health commodities to the health centers may be getting resolved, as CHEGAR, the project responsible for transporting health commodities (including ARV), has recently resumed work under alternative funding arrangements.
Myanmar	PLHIV in rural and conflict-affected areas face difficulties accessing ART.
Namibia	The USG funding freeze has exacerbated chronic supply chain challenges, especially for condom programming, and condom stock-outs are now more prominent.
Senegal	Inaccessibility of ARV supply for people living with HIV relying on community distribution for their treatment.
South Africa	Staff at the CCMDD are affected by the PEPFAR pause. They supported the national and provincial supply chain mechanisms that enable the dispensing, pre-packing and medicine delivery systems by contracted private service providers to external pick-up points.
South Sudan	Community-based refills and community programs to enhance access and demand generation for vulnerable groups have been affected.
Togo	Disruption of the distribution of commodities (condoms, lubricating gel, ARVs) on healthcare sites.
Uganda	Distribution from the district hub to lower health facilities is disrupted as it depends on PEPFAR implementing partners.
Ukraine	Significant concerns regarding the long-term sustainability of stocks due to logistical bottlenecks caused by armed conflict, among others.
Zambia	PEPFAR support for in-country logistics for 2025, amounting to US$ 2.7 million for the Zambia Medicines and Medical Supplies Agency (ZAMMSA) is no longer available, affecting storage, distribution, support to the electronic Logistics Management Information System (ELMIS) and FASP tools.
Zimbabwe	According to the MOHCC and ZNNP+ update reports, distribution of ARV supplies, HIV, VL and other lab test kits, and condoms is disrupted. The public service supply of condoms was disrupted where the distribution prioritizes medicines over other commodities.

*Latest country data available. Given significant data disruptions in many PEPFAR-funded countries, errors or partial data could occur.

Reliance on PEPFAR for supply chain logistics can threaten last-mile delivery

Countries with high reliance on USG-funded implementing partners for logistic coordination, inventory management and tracking systems, and/or technical assistance in supply-chain (e.g. Chemonics Intl. in Benin, Ghana, Haiti, Malawi, Nigeria, Togo and Zambia, or Joint Medical Store in Uganda) might face increased risk of disruptions to their supply chains if not allowed to continue working or if the authorized areas of work are changed. For example, in **Uganda**, as of March 1, commodities worth UGX79 billion were available at the Joint Medical Store awaiting distribution at a cost of UGX 4.7 billion.

PEPFAR provided support to national supply chains more indirectly as well, such as through the provision of technical assistance (e.g. Viet Nam) or through funding the salaries of staff working on HIV commodities and supply chains (e.g. at the Central Chronic Medicine Dispensing and Distribution in South Africa). In these cases, the capacity of countries to manage their HIV commodities has also been impacted, and mitigation actions have been put in place to address emerging gaps.

Commodity and supply chain partners are interdependent

Due to the interdependence across commodity and supply chain funding streams, disruptions created by the USG shift have ripple effects on other partners. For example, the closure of the Procurement and Supply Management (GHSC-PSM) storage facility in Port-au-Prince (Haiti), implemented by Chemonics International and funded by USAID, is impacting World Vision International (the principal recipient for the HIV/TB grant under Global Fund Grant Cycle 7 (GC7) who is exploring alternative storage options for the Global Fund stock.

In countries where HIV commodity procurements are funded through domestic resources and/or through the Global Fund, but their distribution depends on PEPFAR-supported logistics and/or delivery points (e.g. Cameroon, Lesotho, Liberia, Malawi), the USG funding freeze has the potential to threaten last-mile accessibility, despite product availability.

Global markets for HIV commodities

The ripple effects of the USG shift on global HIV commodity markets

Joint efforts by the Global Fund and PEPFAR in pooled procurement have contributed in the past to lowering prices for HIV commodities globally. The repercussions of the USG shift on the global HIV commodity markets should not be underestimated in the medium term.

PEPFAR is one of the main global purchasers of ARVs and PrEP, with close to US$ 500 million spent annually on these commodities. Therefore, sustained reductions in actual demand (or increased uncertainty about projected demand) could impact global supply and price of generic ARVs as manufacturers (especially generic suppliers) reconsider production volumes, timelines, and investment decisions.

Among ARV suppliers monitored by UNAIDS, it is noted that production of PEPFAR-funded ARVs has resumed. Sustained predictability in ARV (and other HIV commodities) demand forecasts is essential to guarantee a stable supply, maintain price stability, and ensure the availability of affordable generic medicines for national HIV responses.

List of acronyms

3TC	Lamivudine
ABC	Abacavir
AHD	Advanced HIV Disease
AIDS	Acquired Immunodeficiency Syndrome
ALD	Abacavir/Lamivudine/Dolutegravir
ART	Antiretroviral Therapy
ARV	Antiretroviral
AZT	Zidovudine
CAB-LA	Long-acting Cabotegravir
CCMDD	Central Chronic Medicine Dispensing and Distribution
CD4	Cluster of Differentiation 4 (T-helper cell count)
CHAI	Clinton Health Access Initiative
CHEGAR	Commodities for Health - Ensuring Guaranteed Access and Reliability
CLM	Community-Led Monitoring
CLOs	Community-Led Organizations
COWLHA	Coalition of Women Living with HIV and AIDS
CSOs	Civil Society Organizations
DRV	Darunavir
DTG	Dolutegravir
EID	Early Infant Diagnosis
ELMIS	Electronic Logistics Management Information System
EMR	Electronic Medical Records
FASP	Forecasting and Supply Planning
FCFA	West African CFA Franc
FEC	Federal Executive Council
FTC	Emtricitabine
GC7	Global Fund Grant Cycle 7
GF	Global Fund
GHSC-PSM	Global Health Supply Chain - Procurement and Supply Management
HIV	Human Immunodeficiency Virus
KEMSA	Kenya Medical Supplies Authority
MOH	Ministry of Health
MOHCC	Ministry of Health and Child Care
MTB	Mycobacterium tuberculosis
NACA	National Agency for the Control of AIDS
NACP	National AIDS Control Program
NHI	National Health Insurance
NSP	Needle and Syringe Program
PEP	Post-Exposure Prophylaxis

PEPFAR	President’s Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PrEP	Pre-Exposure Prophylaxis
PSM	Procurement and Supply Management
RIF	Rifampicin
RRP+	Network of People Living with HIV
RTV	Ritonavir
STI	Sexually Transmitted Infection
SWAp	Sector-Wide Approach
TAF	Tenofovir Alafenamide
TB	Tuberculosis
TDF	Tenofovir Disoproxil Fumarate
UGX	Ugandan Shilling
UNAIDS	Joint United Nations Programme on HIV/AIDS
US	United States
USAID	United States Agency for International Development
USD	United States Dollar
USG	United States Government
ViiV	ViiV Healthcare
VL	Viral Load
VMMC	Voluntary Medical Male Circumcision
WFP	World Food Programme
WHO	World Health Organization
ZAMMSA	Zambia Medicines and Medical Supplies Agency
ZNNP+	Zimbabwe National Network of People Living with HIV

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