Impact of U.S. Funding Shifts on HIV Care: A Rapid Survey of Clinics and Programs in 32 Countries

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IeDEA

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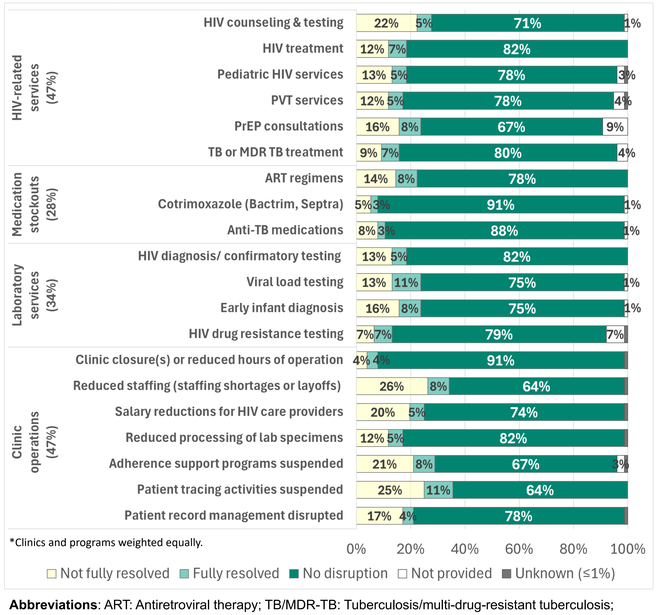
BACKGROUND

- After U.S. foreign assistance was frozen in January 2025, there were reports of immediate disruptions in HIV-related programs supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), including clinic closures, staff layoffs, and interruptions in services.[1,2]
- To assess the status of HIV-related care and services in mid-2025, the International epidemiology Databases to Evaluate AIDS (IeDEA) undertook a rapid cross-sectional survey among a global cohort of HIV clinics and programs actively participating in the research consortium.

METHODS

- In June-July 2025, IeDEA distributed an online survey to 92 clinics and 11 large HIV programs (comprised of multiple clinics) in 41 countries in sub-Saharan Africa, Latin America/Caribbean, and the Asia-Pacific.
- Survey questions explored (1) if selected HIV-related services, medication supplies, laboratory services, and clinic operations had been "disrupted or suspended since January 2025 because of changes in U.S. government policy or funding" and (2) if reported disruptions were "fully resolved" by the time of the survey.
- Responses were received from 76/103 (74%) clinics/ programs in 32/41 (78%) countries. Descriptive statistics were used to characterize disruptions in HIV-related care, with clinics and programs weighted equally.

Figure 1. Disruptions in HIV-related services and clinic operations reported by 76 IeDEA clinics and programs* and resolution status as of June-July 2025



*Clinics and programs weighted equally.

Abbreviations: ART: Antiretroviral therapy; TB/MDR-TB: Tuberculosis/multi-drug-resistant tuberculosis; PrEP: Pre-exposure prophylaxis; PVT: Prevention of vertical transmission.

In a multiregional survey of 76 HIV clinics and programs participating in IeDEA, 47% reported disruptions in HIV-related services after the freezing of U.S. foreign assistance in early 2025. The extent of these disruptions and their resolution by mid-2025 varied substantially across regions.

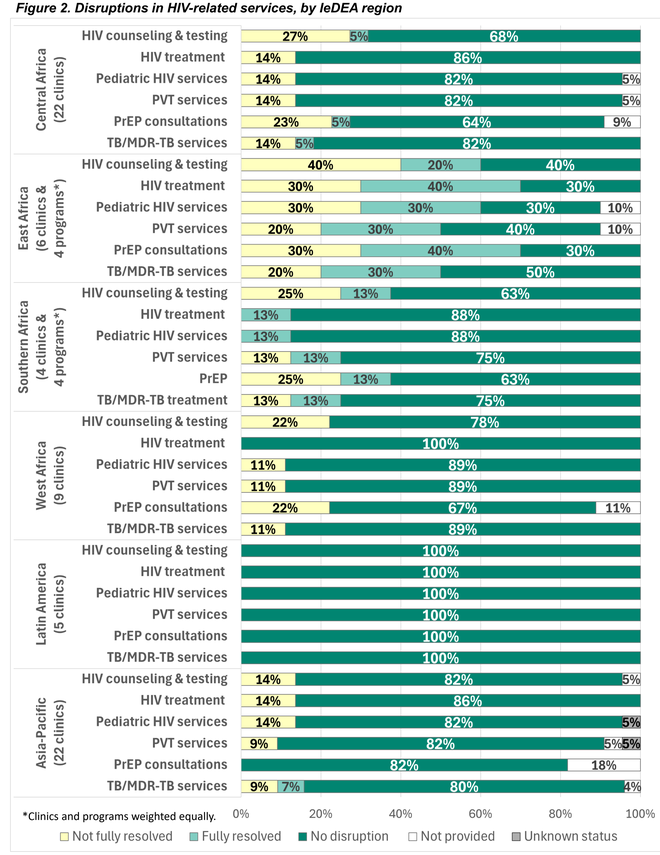
RESULTS

- Respondents were mainly based at health centers (30%) and hospitals (59%) in urban/mostly-urban settings (86%) and in countries with PEPFAR support (88%) at the beginning of 2025.
- **47% reported a disruption in HIV-related services** (Figure 1), with largest disruptions in areas of HIV counseling and testing (27%) and PrEP (24%). Among those reporting service disruptions, 14% reported them fully resolved by the time of the survey.
- Disruptions in medication availability and laboratory services included **ART medications** (22%), **viral load testing** (24%), and **early infant diagnosis** (24%).
- 47% reported disruptions in other clinic operations related to HIV care (e.g., **adherence support, patient tracing, record management**, **salary cuts/staffing**, and **lab specimen processing**).
- **Disruptions and their full resolution by mid-2025 varied across IeDEA regions** (Figure 2), with no disruptions reported by clinics in Latin America, widespread disruptions reported in East and Southern Africa, some of which were resolved by the survey timepoint. In Central and West Africa and the Asia-Pacific, few of the reported disruptions were fully resolved by mid-2025.

CONCLUSIONS

- Study limitations (small sample, equal weighting of clinics and programs, selection and non-response biases) could result in either over- or under-estimation of disruptions caused by recent funding freezes.
- **Regional variation in the scale and full resolution of disruptions underscore importance of monitoring the HIV response.** Given anticipated reductions in global HIV funding, such monitoring will be critical for informing national responses and averting reversal of progress in ending the epidemic.

Figure 2. Disruptions in HIV-related services, by IeDEA region



*Clinics and programs weighted equally.

Abbreviations: ART: Antiretroviral therapy; TB/MDR-TB: Tuberculosis/multi-drug-resistant tuberculosis; PrEP: Pre-exposure prophylaxis; PVT: Prevention of vertical transmission.

ADDITIONAL INFORMATION

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