Population-representative consequences of foreign aid instability for HIV services in South Africa

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BACKGROUND

- In January 2025, funding through the U.S. President's Emergency Plan for AIDS Relief was disrupted.
- Modeling studies have projected the consequences of these financing interruptions, but no studies have quantified the real-world impacts on service delivery and clinic operations.

METHODS

- Facility audits were planned as part of a larger parent study, Uhambo Lwami, in KwaZulu-Natal, South Africa, to contextualize HIV outcomes among those with clinical lapses.
- Facilities were sampled across 12 strata (Fig 1), with strata determined by rurality and district-level PEPFAR support, using probability proportional to size sampling
- Audits were administered to Clinic Operational Managers from January to July 2025
- Tools were rapidly adapted following issuance of the January 2025 Executive Order to capture disruptions to staffing (e.g., layoffs), service delivery (e.g., HIV testing) and clinic operations (e.g., data capture), as well as potential impacts of these disruptions (e.g., increased clinic wait times) using "select all that apply" questions
- Population-representative province-weighted estimates of clinics impacted by funding disruptions and the number of patients served by those clinics were quantified using inverse probability weighting (Fig 2)

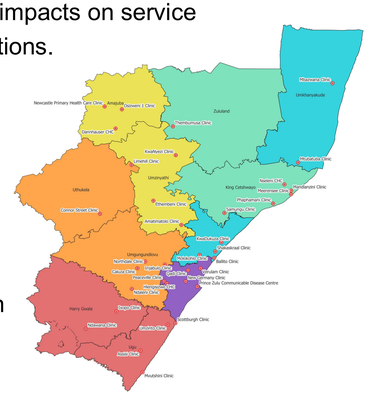
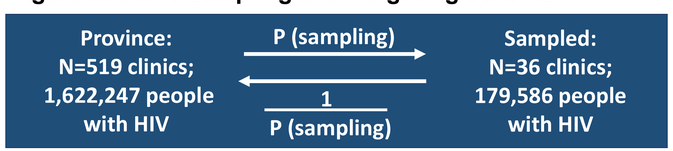


Figure 1. Sampled clinics in KwaZulu-Natal, South Africa

Figure 2. Clinic sampling and weighting schema



~40% of clinics serving 800,000+ people with HIV experienced staffing, service, or operational interruptions due to foreign aid disruptions

RESULTS

- 24 (66.6%) clinics were from PEPFAR-supported districts; half (n=12) were rural.
- Median people with HIV seen in sampled clinics was 637 (IQR: 330, 1520).
- Disruptions were reported in 15 clinics, including 2 reporting no USG support (Tab. 1)
- Non-clinical staff and "invisible" operations (e.g., data entry) were frequently disrupted (Tab. 2)
- Increases in clinic wait times were reported in 10% of clinics serving over 450,000 people with HIV

Table 1. Operational Managers' reports of USG support stratified by disruption reports

	Any disruption N (col %)	No disruption N (col %)	Total N (col %)
No support	2 (13.3)	10 (47.6)	12 (33.3)
Some support	12 (80.0)	9 (42.9)	21 (58.3)
Unknown support	1 (6.7)	2 (9.5)	3 (8.3)
Total	**15 (41.7)**	**21 (58.3)**	**36 (100.0)**

Table 2. Staffing, service and operation disruptions from foreign aid interruptions in January 2025

	Sampled clinics (N=36)	Province-weighted clinics (N=519)	People with HIV in sampled clinics (N=179,586)	Province-weighted people with HIV (N=1,622,247)
Any disruption	**15 (41.7)**	**200 (38.5)**	**88,620 (49.3)**	**828,413 (51.1)**
Service and operation disruptions	**9 (25.0)**	**75 (14.5)**	**65,403 (36.4)**	**510,369 (31.5)**
HIV testing services	7 (19.4)	52 (9.9)	-	-
HIV treatment services	7 (19.4)	52 (9.9)	56,153 (31.3)	429,934 (26.5)
TB & HIV services	5 (13.9)	41 (8.0)	43,659 (24.3)	369,220 (22.8)
Filing/data entry	8 (22.2)	70 (13.4)	58,579 (32.6)	472,627 (29.1)
Clinical mentoring	4 (11.1)	37 (7.1)	37,234 (20.7)	340,876 (21.0)
Patient tracing	7 (19.4)	52 (9.9)	56,153 (31.3)	429,934 (26.5)
PrEP services	3 (8.3)	24 (4.6)	-	-
Clinical technical support	4 (11.1)	37 (7.1)	37,234 (20.7)	340,876 (21.0)
Condom provision	2 (5.6)	10 (1.9)	10,873 (6.1)	50,726 (3.1)
Self-testing services	2 (5.6)	7 (1.4)	-	-
Men's clinics	2 (5.6)	20 (3.9)	24,338 (13.6)	257,998 (15.9)
Adherence clubs	2 (5.6)	10 (2.0)	13,249 (7.4)	66,086 (4.1)
Mobile clinics	2 (5.6)	22 (4.2)	18,297 (10.2)	244,727 (15.1)
Staffing disruptions	**9 (25.0)**	**152 (29.2)**	**51,936 (28.9)**	**616,461 (38.0)**
Data capturer	8 (22.2)	142 (27.3)	48,396 (26.9)	582,121 (35.9)
Community/lay health worker	5 (13.9)	121 (23.4)	17,824 (9.9)	301,486 (18.6)
Professional nurse	3 (8.3)	39 (7.4)	27,480 (15.3)	388,471 (23.9)
File/record clerk	5 (13.9)	76 (14.6)	35,197 (19.6)	473,490 (29.2)
Enrolled nurse	5 (13.9)	38 (7.4)	32,028 (17.8)	261,209 (16.1)
Pharmacy technician	1 (2.8)	19 (3.6)	8,238 (4.6)	149,570 (9.2)

CONCLUSIONS

- Nearly 40% of clinics in KwaZulu-Natal Province experienced some sort of staffing, service or operations disruption as a result of the January 2025 Executive Order that froze US foreign aid, including PEPFAR funds.
- **Disruptions,** though concentrated in facilities that reported direct receipt of support from the US government prior to January 2025, **were observed across the health system, including facilities reporting no direct support prior to January 2025**.
- **The most common staffing layoffs were to non-clinical staff,** including data capturers (27% of clinics), lay health workers (23% of clinics), and file clerks (15% of clinics).
- While HIV treatment services were interrupted in clinics serving nearly 430,000 people with HIV**, some of the most common service and operations disruptions were to "silent" services,** including data entry (13% of clinics), patient tracing (10% of clinics), and clinical mentoring and technical support (7% of clinics)
- Funding disruptions had a substantial impact both individual facilities, and the health system broadly, undermining a range of staff, services, and functions beyond explicit clinical care.
- The public health response to foreign aid disruptions must uphold the breadth of services that have facilitated the success of the HIV response to date.

Uhambo Lwami South Africa · Bill & Melinda Gates foundation · HSRC Human Sciences Research Council · WashU

PLAIN LANGUAGE SUMMARY

Global HIV funding disruptions have impacts beyond interrupted ART supplies, new infections, and increased deaths, including undermining clinic staffing, and patient monitoring and support. These functions are key to the success of the HIV response and must be upheld.