SOUNDING THE ALARM

SERVICE-LEVEL EFFECTS OF HIV FUNDING CUTS IN MALAWI AND SOUTH AFRICA

Findings from a community-led early warning system

APRIL 2025

ITPC

NACOSA

THE REGISTERED TRUSTEES OF NETWORK OF JOURNALISTS LIVING WITH HIV

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ABOUT ITPC

The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV and community activists working to achieve universal access to optimal HIV treatment for those in need. ITPC is an issue-based non-profit organization working to achieve health and social justice for all through robust community engagement. ITPC actively advocate for health access across the globe through its focus on three strategic pillars:

- **Intellectual property and access to medicines (#MakeMedicinesAffordable)**
- **Community-led monitoring and accountability (#WatchWhatMatters)**
- **Activism and capacity building (#BuildResilientCommunities)**

To learn more about ITPC and our work, visit itpcglobal.org.

ABOUT WATCH WHAT MATTERS

Watch What Matters is a community monitoring and research initiative that gathers data on access to and quality of HIV, TB, malaria, and other key health services globally. It fulfils one of ITPC's core strategic objectives: to ensure that those in power remain accountable to the communities they serve.

Watch What Matters aims to streamline and standardize treatment access data collected by communities. It helps ensure that data is no longer collected in a fragmented way and reflects the issues and questions that are most important to people living with and affected by HIV. It relies on a unique model that empowers communities to collect and analyze qualitative and quantitative data on barriers to access, systematically and routinely. This data is then used to inform advocacy and promote accountability.

To learn more about Watch What Matters and our work, visit WatchWhatMatters.org.

ABOUT CITIZEN SCIENCE

Citizen Science is a community-led monitoring project that was implemented in Malawi and South Africa from November 2020 until October 2024 (four years). It sought to determine the impact of COVID-19 on HIV and TB service provision and demonstrate new ways of doing community-led monitoring as program science.[1,2] Read the Citizen Science community-led monitoring reports: (1) ***The Good, the Bad, and the Unfinished Business***, (2) ***Bouncing Back***, and (3) ***Insight, Influence and Impact***.

ABOUT THIS PUBLICATION

This publication was developed with reprogrammed funds from the Citizen Science project, rapidly responding to the emergency of U.S. funding cuts in early 2025. The existing community systems and relationships with health facilities from Citizen Science were leveraged to form a community-led early warning system on the service-level impacts of the funding cuts.

ACKNOWLEDGEMENTS

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SUMMARY

BACKGROUND

In early 2025, the United States implemented sweeping reforms to its foreign aid program, pausing and then cancelling about $79.5 billion in development aid. This includes $1.1 billion in cuts to the global HIV response in FY24/25 alone. Impact modelling of a similar scenario suggests 70,000 additional new HIV infections and 5000 additional HIV-related deaths across lower-middle income countries. Countries have issued memos on service modifications considering the cuts. However, little is known about the immediate effects of the funding cuts on clinic-level service provision. An early warning system is needed to inform emergency mitigation actions.

METHODS

We analyzed the list of active and terminated USAID awards as of 21 March 2025 to determine the nature and extent of HIV funding cuts in Malawi and South Africa. We then leveraged existing community-led monitoring systems to conduct a rapid early warning exercise on the impact of those cuts in 6 districts: Dedza, Mangochi and Zomba in Malawi, and Ekurhuleni, Mopani and the West Rand in South Africa. In February and March 2025, we conducted 11 focus group discussions with 153 stakeholders, including 30 healthcare workers and 123 people living with HIV and key populations.

FINDINGS

In Malawi, 3 HIV awards worth $219,999,996 (55%) were retained as active grants and 6 worth $176,479,878 (45%) were terminated. In South Africa, 6 awards worth $292,115,628 (31%) were retained and 14 worth $643,211,317 (69%) were terminated. In both countries, about half of the terminated awards were multi-year grants set to end in 2025, somewhat limiting the future funding loss. No grants describing key populations in the scope were retained.

In Malawi, a healthcare worker reports ***'sending back a client when we had plenty of supplies'***, due to lack of clarity in government guidance on emergency ART refills. Key populations are going ***'back home without proper treatment'*** for STIs, as other healthcare workers are ***'reluctant to treat them'*** after drop-in centres closed. Task shifting cannot mitigate M&E staff cuts, as ***'the technical skills are with the USG-supported data clerks'***, who are no longer in post.

In South Africa, despite guidance not to turn away clients without referral letters, healthcare workers are 'struggling right now to bring the people in' because they say records are kept by USAID implementers. When visiting private pharmacies, people are 'sent back to collect at the clinic', unable to access ART through alternative pick-up points. Cuts are compromising care in non-PEPFAR districts as decision-makers cannot access the stock visibility system and national dashboard.

CONCLUSIONS

The impacts of the funding cuts extend beyond the terminated awards. There is a ripple effect of confusion about official guidance that is limiting access to lifesaving HIV services. Governments and remaining funding partners must act to mitigate these identified issues. Community systems are a vital early warning system for this and other emergencies.

INTRODUCTION

In early 2025, the United States implemented sweeping reforms to its foreign aid program, pausing and then cancelling about $79.5 billion in development aid.[3] This is a stunning retreat of American benevolence towards the world's poor, sick, and marginalized.

It is difficult to quantify the extend of the cuts on the global HIV response. The situation changes rapidly and there are many unknowns. One analysis found that for fiscal year (FY) 25 (October 2024–September 2025), about $4.34 billion (80%) in USAID HIV funding was retained, while $1.09 billion (20%) was cut.[4] **In absolute dollar terms, this makes the reduction in USAID funding for HIV the third largest**, next to agriculture ($1.2 billion) and protection, assistance and solutions ($1.11 billion).

Impact modelling of a scenario close to this one—where international funding is reduced by 24% over the next two years and domestic resources increase to mitigate gaps for HIV testing, treatment, and health systems—suggests there will be 70,000 additional new HIV infections and 5,000 additional HIV-related deaths in low- and middle-income countries by 2030.[5] As the world is already off-track to meet the global goals, this is a setback we cannot afford.

Different countries will feel the effects of the cuts in dramatically different ways, depending on their HIV funding landscape. Some countries have only a few months' worth of stock remaining in country for key life-saving medicines.[6]

To date, much of the analysis has been through rapid surveys at country- or implementer-level, speculating on the potential effects of funding cuts.[7,8] A survey of key population organizations in Uganda found that almost half (43%) relied on US funding for more than three quarters of their funding.[9] In a global survey of civil society and community organizations, 57% of respondents estimated that more than 1,000,000 people would be affected by the cuts.[10] A survey of 153 PEPFAR implementers found that 86% feared their clients would lose HIV treatment services over the next month.[11]

Impact modelling suggests we will see 70,000 additional new HIV infections and 5,000 additional HIV-related deaths in low- and middle-income countries by 2030.

There are few accounts coming directly from healthcare workers and recipients of care at service delivery level. In many ways, these voices from the frontline serve as an early warning system for how funding cuts are affecting specific services on the ground, and how mitigation measures are working (or not). Communities will report difficulty accessing HIV testing services long before government data concludes that new ART initiations are far lower this month that last year at the same time. If government and partners act quickly on this data, solutions can be found, and catastrophe can be avoided.

CONTEXT

This paper hones in on the effects of the funding cuts in Malawi and South Africa. In terms of overall USAID cuts—for HIV and other sectors—South Africa lost a larger absolute amount of funding and a larger proportion of its USAID country program. However, the impacts may be greater felt in Malawi, where the funding cut represents almost 1% of the country's GNI.

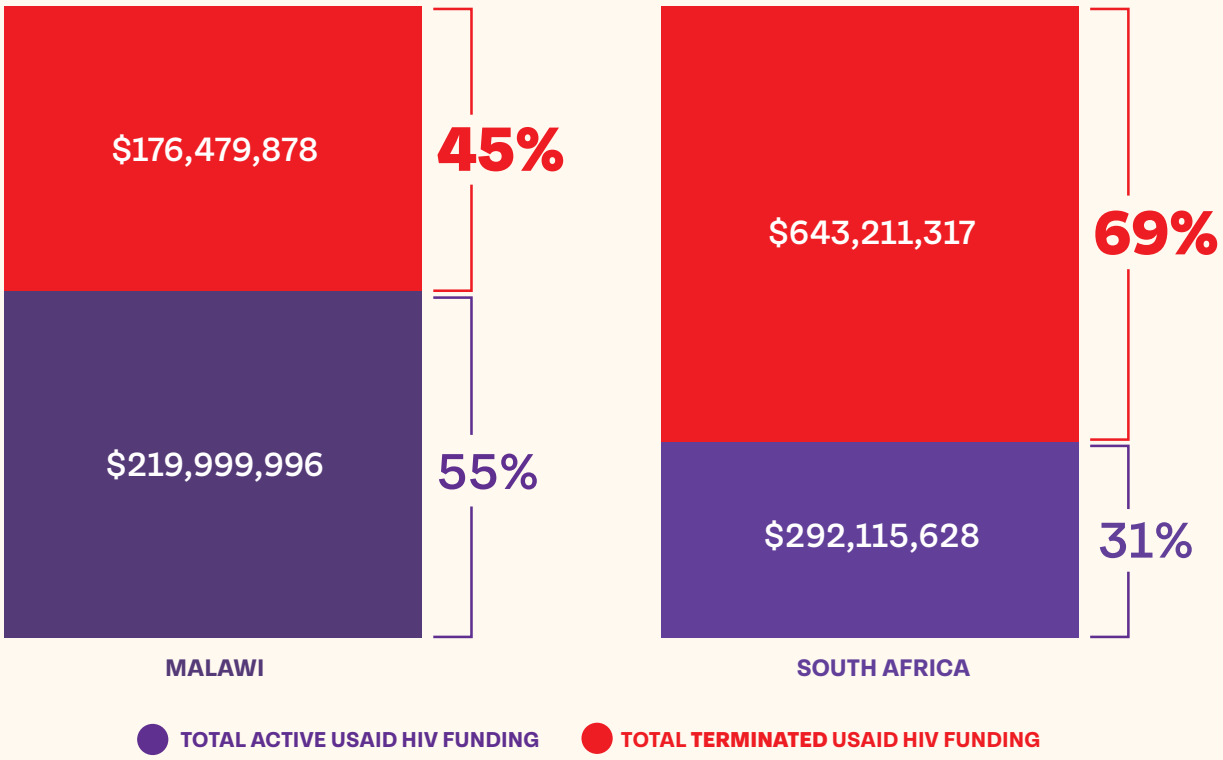
TABLE 1 USAID Funding Cuts in Malawi and South Africa (all Development Programs), FY24/45 [4]

	(((MALAWI)))	(((SOUTH AFRICA)))
CUTS AS A % OF THE USAID COUNTRY PROGRAM	64%	89%
CUTS AS A % OF GROSS NATIONAL PRODUCT	0.942%	0.069%
ABSOLUTE CUT FOR FY24/25	$116,281,488	$260,605,584

TABLE 2 PEPFAR Procurement and Human Resources Budgets for Malawi and South Africa, FY23/24[4]

	(((MALAWI)))	(((SOUTH AFRICA)))
TOTAL HIV MEDICINE AND COMMODITY PROCUREMENT	$4.6 million	$5.8 million
ARV PROCUREMENT BUDGET	$1.1 million	N/A
HEALTH WORKFORCE SUPPORTED BY PEPFAR	14,847	23,754

FIGURE 1 Total Active and Terminated USAID HIV Funding in Malawi and South Africa as of March 2025[3]



For both Malawi and South Africa, it is important to note that the United States' bi-lateral aid is not the main source of funding for HIV health products. Most antiretroviral therapy (ART) is funded by the Global Fund and the Government, respectively.

In terms of the actual funding cuts for HIV that have been effected, a full breakdown is contained in Annex 1. Figure 1 provides an overview of the active and terminated USAID HIV funding in the two countries.

For Malawi, out of $396,479,874 total USAID HIV funding, three awards worth $219,999,996 (55%) are retained and as active grants and six awards worth $176,479,878 (45%) are terminated.[3] Of the terminated awards, $57,200,303 (32%) was for five-year grants ending in March 2025. Another $47,949,575 (27%) was ending in June 2025. For South Africa, of $935,326,945 total USAID HIV funding, six awards worth $292,115,628 (31%) are retained as active grants and 14 awards worth $643,211,317 (69%) are terminated. Of the terminated awards, $316,840,519 (49%) were four/five-year grants set to end in 2025.

While not all U.S.-funded programs received stop work orders or termination letters, the level of uncertainty meant that most services were significantly disrupted.

In both countries, there are significant cuts for future funding earmarked for key and vulnerable groups. Malawi lost a

$63,250,000 award for HIV prevention among men and boys, which had four more years of implementation, as well as a $7,700,000 award for HIV prevention among key populations, which had two years left. South Africa lost a $9,999,864 award for HIV prevention among children and adolescents which had more than four years left, and $11,000,000 for men who have sex with men, which had more than three years remaining. No grants in either country with key populations listed in the description were retained.

Understanding the nuance of the cuts is important. However, whether a certain award was actually paused or terminated has been largely immaterial to the situation on the ground over the past two months. While not all U.S.-funded programs received stop work orders or termination letters, the level of uncertainty meant that most services were significantly disrupted. Many organizations who did not receive letters ceased operations anyway as a precaution.[12] About 60% of PEPFAR funding (which has a waiver) is obligated/implemented through USAID, further complicating matters.[13] Both Malawi and South Africa issued circulars to all sub-national health departments providing general emergency guidance on service modifications—whether US-funded or not.[14,15]

To mitigate the funding gaps, both Malawi and South Africa have issued statements that they will use domestic resources to ensure the continuity of HIV services.[16] In March 2025, the Government of Malawi announced it would hire 6000 additional healthcare workers.[17] South Africa's 2025 Budget Review includes a 5.9% annual increase over the next three years for health expenditure, including a 3.3% annual increase for HIV and TB.[18] The programmatic sustainability of US-funded HIV activities remains to be seen as governments decide which to absorb and which to dissolve.

METHODOLOGY

ITPC leveraged its existing systems and structures in place through the Citizen Science community-led monitoring project to conduct a rapid early warning exercise on the effects of USAID HIV cuts in Malawi and South Africa. We focused on the collection of clinic- and individual-level data, theorizing that this would provide insights into the effects of the cuts earlier than national government statistics would.

We partnered with The Network of Journalists Living with HIV (JONEHA) in Malawi and the Networking HIV & AIDS Community of Southern Africa (NACOSA) in South Africa for tool design, data collection, analysis, and advocacy.

In total, 11 focus group discussions were held between 27 February 2025 and 14 March 2025 (8 in Malawi and 3 in South Africa) (Table 3). A total of 153 stakeholders provided firsthand accounts of how the U.S. funding freeze is affecting life-saving services. This includes 30 healthcare workers and 123 recipients of care, including people living with HIV, sex workers, men who have sex with men, and people who use drugs. By country, we spoke to 80 people in Malawi and 63 in South Africa.

TABLE 3 Focus Group Discussions Convened on U.S. Funding Cuts in Malawi and South Africa

	DISTRICT	DATE	LOCATION	#	PARTICIPANTS
MALAWI	Dedza	27 February 2025	Family Planning Association of Malawi (FPAM)	10	KEY POPULATIONS: female sex workers and men who have sex with men
	Dedza	27 February 2025	Family Planning Association of Malawi (FPAM)	10	SERVICE PROVIDERS: Medical officer, District Nursing officer, Pharmacy in charge, Lab Technician, ART Coordinator, Officer In Charge of EMR, officer In Charge of Diagnostics and Officer in charge of Accounts
	Dedza	27 February 2025	Dedza District Hospital	10	People living with HIV (PLHIV)
	Mangochi	27 February 2025	Mangochi support group	10	People Living with HIV (PLHIV) from the Mangochi Support group that access services from Muli Bwanji, Nangalamu, Mkumba and Nacholi Health Facilities
	Mangochi	27 February 2025	Drop-In Centre of Development for People (CEDEP), funded by USAID	10	KEY POPULATIONS: female sex workers and men who have sex with men

	DISTRICT	DATE	LOCATION	#	PARTICIPANTS
MALAWI	Zomba	27 February 2025	Domasi Facility	10	KEY POPULATIONS: female sex workers and men who have sex with men
	Zomba	27 February 2025	Naisi Facility	10	People living with HIV
	Zomba	27 February 2025	Zomba District Hospital	10	District medical officer, District Nursing officer, Pharmacy in charge, Lab Technician, ART Coordinator, Officer In Charge of EMR, officer In Charge of Diagnostics and Officer in charge of Accounts
SOUTH AFRICA	West Rand, Gauteng	5 March 2025	Virtual (Teams)	10	District health officials from key departments such as Mother and Child Health, Pharmacy, HAST (HIV, AIDS, STI, and TB Program), Social Work Services, and Clinical Forensic Medical Services (CFMS)
	Mopani, Limpopo	11 March 2025	Rotanganedza Community Care Centre	32	People living with HIV and people who use drugs.
	Ekurhuleni, Gauteng	14 March 2025	T-Shad Disability Centre in Tembisa, Germiston	21	People living with HIV from the following three networks: Treatment Action Campaign (TAC), South African Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (SANARELA), and Positive Women's Network (PWN)

FINDINGS

ACCESS TO INFORMATION

Unsurprisingly, there is a lot of confusion surrounding the sudden USAID funding freeze. The majority of participants in both countries were aware of the funding freeze, but their understanding about it was limited and varied.

In general, health care workers had more awareness compared with recipients of care. The sources of information also differed: health care workers were informed by the Ministry of Health, while recipients of care learnt about this news on social media and from peers. The information reaching health facilities seemed to lack nuance. One healthcare worker in Zomba said, ***"We were told about an executive order from the US Government to stop all services for 90 days".*** Recipients of care had valid questions. ***"I want to know, why did Donald Trump stop the funding?"*** asked one person who uses drugs in Mopani.

The availability of antiretroviral therapy (ART) is understandably people's main concern. People living with HIV in Mangochi mentioned ***'rumours about no ARVs'*** and healthcare workers in Zomba said clients were approaching them for emergency supplies, worried ***'there will be no more ART in the communities.'***

"Many people from the community have been approaching us on whether or not there are ARVs at the facility since there have been rumours about no ARVs in the facilities."

– PERSON LIVING WITH HIV PLHIV, MANGOCHI, MALAWI, 27 FEBRUARY 2025

"When the order came into existence, there was a lot of information out there which affected our clients. Like some of them got it as if there will be no more ART in the communities. That created tension, worries and stress to our clients. Some of them were coming to request for emergency supplies thinking it will be better that they have something."

– HEALTHCARE WORKER, ZOMBA, MALAWI, 27 FEBRUARY 2025

It is no wonder that information is patchy and inconsistent. In a tweet on 10 March 2025, U.S. Secretary of State, Marco Rubio, seemed to announce the conclusion of the funding review, cancelling 5200 USAID contracts and retaining about 1000.[19] In a 24 March 2025 update to congress, these numbers changed. It was confirmed that 5341 awards were terminated, and only 898 active and ongoing programs remained.[3] Many wonder if the funding review is still ongoing. Even the United Nations reported on 24 March 2025 that "the funding freeze [...] was due to end next month, after a 90-day review".

There is a need for clear, consistent and accurate information about the nature and extent of the funding cuts, as well as future funding availability, to be shared as soon as possible. This should reach people at clinic and community level, to allay fears about access to life-saving services, and to allow for proper planning and mitigation measures.

ACCESS TO HIV PREVENTION

While the government circular in Malawi lists facility-based condom distribution as a "lifesaving (immediate priority) and therefore must be continued at all costs"[15], key populations said that they mostly access condoms and lubricants through community outreach, which has been suspended.

In Malawi, people living with HIV in Dedza reported ***"failing to access services like PrEP to protect our loved ones"***, fearing that new infections will rise. Key populations in Mangochi similarly warned that the suspension of both oral and injectable pre-exposure prophylaxis (PrEP) will lead to new infections in their community, ***"though it may not look like it now"***. The Government of Malawi initially classified oral and injectable PrEP as a low/moderate priority that may need to be reduced or discontinued considering the funding cuts.[16] More recently, it has instructed implementers to continue offering injectable PrEP, focusing on people continuing PrEP and only recruiting new pregnant and lactating women.[20]

In South Africa, people living with HIV in Ekurhuleni also reported shortages of prevention medicines and commodities, including condoms, PrEP and post-exposure prophylaxis (PEP). This is despite government guidance to fill gaps left by PEPFAR-funded personnel by redeploying Department of Health staff to ensure the provision of both is not disrupted.[16]

So-called 'down-referrals' (where a person is initiated at one facility and then transferred to another lower-level facility for ongoing care) for prevention services from specialized US-funded clinics to public ones was reported as challenging. In recent assessment of the government contingency plan in 25 health facilities, it was found that "some facilities were now providing services to the key population community who previously accessed services from drop-in centers".[21] However, key populations told us they were turned away for STI treatment after public clinics were ***"reluctant to treat them"***. Malawi's emergency strategy aims to leverage faith-based clinics to absorb recipients of care, if necessary.[15] This may not be appropriate for receiving the clients from the 18 US-funded key population drop-in centers, given documented experiences of stigma and discrimination in religious settings.[22]

In South Africa, the HIV program leaders in the Gauteng Department of Health report that they are preparing their public facilities to be able to cater for the key populations whom USAID sites

served. Others were concerned that they do not have the capacity to receive them all. ***"Where then do these people [who] were being seen [by USAID IPs], where would they go?"*** she said. ***"And remember, only one facility is capacitated to receive them."*** She urged Global Fund to invest in public sector capacity for integration of key population-competent service delivery.

"My friend did not receive adequate care when they went to the public facility with an STI [sexually transmitted infection]. The health care workers were reluctant to treat them and since the DIC [drop-in centre] is not providing such services for now, my friend went back home without proper treatment."

– KEY POPULATION, MANGOCHI, MALAWI, 27 FEBRUARY 2025

"For us, we want to be able to accommodate key population friendly services. We are preparing about four facilities to be able to have key pops coming into those facilities and getting services with the mainstream, but in a friendly environment."

– CLINICAL MENTOR AND REGISTERED NURSE, HIV PROGRAM, GAUTENG DEPARTMENT OF HEALTH, SOUTH AFRICA, 5 MARCH 2025

ACCESS TO HIV TREATMENT

Healthcare workers in Dedza, Malawi, report turning people away for emergency ART refills, despite having plenty of stock. Emergency refills normally afford mobile or migrant people the opportunity to get a one-month supply of ART at a clinic away from home.[15] This situation follows a very confusing government directive that instructs healthcare workers to "suspend dispensing of ARV emergency refills", but also says this "may need to be reduced or discontinued if staffing/logistics dictate", allowing for discretion. There is an urgent need for clarity in the government circular to avoid situations like the one detected.

"A client came to this facility for emergency supply. The client is originally from Mchinji but came to Dedza for a short visit. But because of the government directive in the circular we could not give him the emergency supply as he did not bring a transfer in. This was the most challenging thing for us, sending back a client when we had plenty of supplies."

– HEALTHCARE WORKER, DEDZA, MALAWI, 27 FEBRUARY 2025

"For us, we want to be able to accommodate key population friendly services. We are preparing about four facilities to be able to have key pops coming into those facilities and getting services with the mainstream, but in a friendly environment."

– DROP-IN CENTRE NURSE, MANGOCHI, MALAWI, 27 FEBRUARY 2025

Many key populations only access their ART from drop-in centers (DICs), which are now closed. DIC health care providers fear there will be a lot of treatment interruptions, especially in the absence of emergency refills. Further, although Malawi's guidance states that Community ART Groups (CAGs) should be utilized in high burden districts in the Southern region for ART refills,[15] people living with HIV in Zomba—a city in Southern Malawi—say ***"Community ART dispension has also stopped"***. Key populations living with HIV in Zomba also report that their access to Bactrim has stopped, leaving them vulnerable to opportunistic infections.

In South Africa, people living with HIV and key populations In Mopani reported difficulty accessing their HIV medication at their normal pick-up points. They reported being turned away from private pharmacies that normally participate in the government's Central Chronic Medicines Dispensing and Distribution (CCMDD) program, offering free public sector ART refills. Another recipient of care said, ***"I went to [redacted] Clinic then they said they don't have them I should go to another facility."***

Community-led monitoring data is critical to detect this issue. A pharmacist with the Gauteng Provincial Department of Health said they are not able to tell whether clients who come to their facilities for ART refills are coming from another district or provincial unit that could not supply them with medicine.

Government guidance in South Africa indicates that CCMDD pick-up points should activate automated scripting and the 28-day grace period so that people do not have to go back to their clinic. However, this data from the community suggests that the CCMDD distribution system is affected by the funding cuts.

"I went to Dischem [pharmacy] to fetch medication, but I was sent back to collect at the clinic."

– PERSON LIVING WITH HIV, MOPANI, LIMPOPO, SOUTH AFRICA, 11 MARCH 2025

"Now we have to travel to the clinic to collect medication. The care workers are no longer delivering medication to the community and CCMDD."

– PERSON WHO USES DRUGS, MOPANI, LIMPOPO, SOUTH AFRICA (11 MARCH 2025)

In Malawi, recipients of care reported that routine viral load testing has been suspended, which is in line with the country's emergency guidance.[15] Only targeted viral load testing remains, reserved for those at higher risk of virological failure.[23]

For people living with HIV who are not yet on treatment, access to HIV testing services is a critical entry point. People living with HIV in Ekurhuleni said that shortage of staff is really affecting testing services and that ***"organisations that were offering HIV testing services are nowhere to be found since the stop order."*** Another said, ***"there are no HTS [HIV testing services] tents in Ekhuruleni anymore and the shortage of counsellors is visible."*** Indeed, the government circular in South Africa mandates the continuity of HIV testing in hospitals and clinics but does not mention

community-based testing. This will impact access for certain priority populations, especially older men who have a strong preference for non-facility-based testing.[24]

Stakeholders called on the private sector to assist the government in funding community-led organisations for community outreach for HIV testing and treatment. Networks of people living with HIV gave examples of how the local spaza shops (convenience stores) and larger grocery chains have given them funds in the past for HIV service mobilization events in the area.

FUNCTIONALITY OF THE HEALTH SYSTEM

According to the Malawi Ministry of Health, a mitigation strategy for the funding cuts is facility-level task shifting, leveraging Health Surveillance Assistants and hospital attendants to assume responsibilities previously managed by PEPFAR-supported staff.[25] However, on the ground, healthcare workers report that ***"the facility currently has no one"*** for critical HIV testing services. In Zomba, healthcare workers report ripple effects of staffing shortages, including longer wait times and longer turnaround times for lab results.

Health care workers also said the cuts have negatively affected data management through the Electronic Medical Records (EMR). Most data clerks were supported by PEPFAR implementing partners with funding from the US government. Task shifting was said to be impossible in this case, given limited skills transfer from PEPFAR-supported staff to others in the facility. A healthcare worker in Zomba said ***"they had all the technical know-how on how to update the EMR and our team did not have that."***

"[Organization name redacted] had a number of HIV Diagnostic Assistants for HIV testing in several health facilities. Now the communities will no longer be accessing this service. [Name redacted] Health Centre for example had 1 provider that is no longer working due to the funding freeze and the facility currently has no one."

– HEALTHCARE WORKER, ZOMBA, MALAWI, 27 FEBRUARY 2025

"The district had about 12 data clerks supported by IPs with funds from USG. This has affected data collection in the sites as well as reporting. The district is currently having challenges reporting for Dec 2024 and Jan 2025. This is because most of the technical skills are with the USG supported data clerks."

– HEALTHCARE WORKER, ZOMBA, MALAWI 27 FEBRUARY 2025

District health officials in the West Rand, South Africa —a non-PEPFAR/USAID district—reported problems with M&E systems as a result of the cuts. ***"The only area that I foresee for the West Rand with these cuts, and it's also actually a national problem, it's with our SVS [stock visibility system] and national dashboard access [...] I know their services was terminated with immediate effect. This morning I can't access the national dashboard."***

With an absence or delay of official government reporting, alternative data sources become imperative. In this context, additional investments in community-led monitoring may be the only way to understand what is going on with HIV service provision, and to quickly propose solutions.

In South Africa, the Minister of Health has said that the main pain point from the U.S. funding cuts will be staffing, as the country funds almost all treatment costs.[26] However, one cannot divorce staffing from the country's treatment program; you don't have one without the other. More than one person said they did not receive their SMS notifications to go collect their medication. In Mopani, people living with HIV said healthcare workers are no longer doing house calls. Two people living with HIV in Ekurhuleni said they had trouble or were turned away due to long wait times. Presumably, these issues are because those responsible are no longer in post.

South Africa's circular about continuity of services amid the funding freeze notes that facilities should provide same-day ART and scripting and refill for clients transferring from other facilities and community-based services including unavailable key population-specific services. It underscores that no client should be turned away if they do not have a referral letter. Yet, healthcare workers say they are ***"struggling right now to bring the people in"*** in the absence of records.

"The waiting times at clinics have increased exponentially since the cut of the USAID and PEPFAR funding. The quality of services at the facilities has also gone down as employment uncertainty is affecting those who are affected by the stop order."

– WOMAN LIVING WITH HIV, EKURHULENI, SOUTH AFRICA, (14 MARCH 2025)

"They are struggling right now to bring the people in, especially in the absence of records, because apparently the records would even be kept by those [USAID] partners."

– CLINICAL MENTOR AND REGISTERED NURSE, HIV PROGRAM, GAUTENG DEPARTMENT OF HEALTH, SOUTH AFRICA (5 MARCH 2025)

Decision-makers in the West Rand shared lessons learned from their PEPFAR transition. ***"This is a process that happened in 2016 for West Rand"***, recalled District Health Officials in South Africa, referring to the exit of PEPFAR support to the district about a decade ago. A major lesson for them is the importance of technical assistance, and planning for that gap. ***"Technical assistance is usually at the purview of the partner, which will always present a challenge"*** when they leave, said an HIV clinical Mentor with the Gauteng Department of Health.

TABLE 4 Major Findings Comparing the Official Government Guidance with the Reality on the Ground

	OFFICIAL GUIDANCE FROM GOVERNMENT DURING USAID FUNDING FREEZE [16,18]	EVIDENCE FROM COMMUNITY-LED EARLY WARNING EXERCISE	ASSESSMENT AND RECOMMENDATION
MALAWI	The following services are of moderate/low priority and therefore may need to be reduced or discontinued if staffing/ logistics dictate: → Suspend dispensing of emergency ARV refills	***"Because of the government directive in the circular we could not give him the emergency supply as he did not bring a transfer in. This was the most challenging thing for us, sending back a client when we had plenty of supplies."*** **– HEALTH CARE PROVIDER, DEDZA, 27 FEBRUARY 2025**	Healthcare workers are misinterpreting the circular, which is poorly worded and misleading. There is a need to clarify that discretion may be used to provide emergency ART refills if stocks allow.
	Implement facility-level task shifting, leveraging Health Surveillance Assistants (HSAs) and hospital attendants to assume responsibilities previously managed by PEPFAR-supported staff	***"The district is currently having challenges reporting for Dec 2024 and Jan 2025. This is because most of the technical skills are with the USG supported data clerks."*** **– HEALTH CARE PROVIDER, ZOMBA 27 FEBRUARY 2025**	Task shifting may not be possible for some functions if other facility staff do not possess the necessary skills. There is a need to urgently train existing staff in data entry so that reporting can continue.
SOUTH AFRICA	Facilities should provide same-day ART and scripting and refill for clients transferring from other facilities and community-based services including unavailable key population-specific services (No client should be turned away if and when they don't have a referral letter.	***"They are struggling right now to bring the people in, especially in the absence of records, because apparently the records would even be kept by those [USAID] partners."*** **– HAST MENTOR, GAUTENG DEPARTMENT OF HEALTH, 5 MARCH 2025**	Down referrals from PEPFAR/ USAID sites are not smooth and people are getting lost. Clarity is needed on how people can obtain their records from PEPFAR/ USAID sites. Guidance should be provided on how to do patient intake in the absence of past records.
	Implement CCMDD automatic script renewal as well as the 28-day grace period to remove the need to return to the facility for a further ART script. This must be communities to all clients and CCMDD service providers.	***"I went to Dischem [pharmacy] to fetch medication but I was sent back to collect at the clinic."*** **– PERSON LIVING WITH HIV IN MOPANI, LIMPOPO, 11 MARCH 2025** ***"Now we have to travel to the clinic to collect medication, the care workers are no longer delivering medication to the community and CCMDD."*** **– PERSON WHO USES DRUGS IN MOPANI, LIMPOPO, 11 MARCH 2025)**	Private sector CCMDD sites may not be briefed on the emergency guidance from the Department of Health. Government should brief them directly. Guidance may also need updating to stipulate distribution of ART to CCMDD sites.

CONCLUSION

As people living with HIV in Ekurhuleni said, **"prioritizing is going to be difficult."**

The impacts of the funding cuts extend beyond the terminated awards. There is a ripple effect of confusion about official guidance that is limiting access to lifesaving HIV services. Governments and remaining funding partners must act to mitigate these identified issues. As people living with HIV in Ekurhuleni said, "prioritizing is going to be difficult". Community systems are a vital early warning system for this and other emergencies. Lessons learned from the COVID-19 pandemic make this point very clear.[27-28] Communities are also important partners in finding solutions to sustainability challenges. A series of recommendations from this exercise may support future actions.

RECOMMENDATIONS

Develop a clear issue brief detailing the final decisions on the funding cuts, the retained programming, the implications for services, and how government and others plan to mitigate gaps. This should reach people at clinic and community level, to allay fears about access to life-saving HIV services.

Hasten the preparation of public health facilities to receive key populations from USAID-funded drop-in centres and specialized key population clinics that have closed. This should be done in partnership with community-led organizations, potentially through social contracting and referrals. Identifying and training key populations focal points in each clinic is a viable model. Initiatives to reduce stigma and discrimination using a whole-of-facility approach—sensitizing everyone from doctors to custodians—is critical.

Urgently update and/or clarify the language in government circulars about the funding cuts so that people are not denied access to ART. This early warning exercise found examples in both Malawi and South Africa where people came for ART refills and were sent away, seemingly due to misleading or incomplete guidance from Ministries of Health.

Provide guidance and contingency plans to sustain community-based and community-led HIV services during the funding transition. Current emergency protocols from government are almost entirely focused on sustainability of facility-based HIV services. They must also describe mitigations and adaptions for community-based and community-led services, especially community HIV testing and community outreach. Without these, the continuum of care breaks down. Community-led organizations are eager to be part of emergency measures and solutions amid the funding cuts. Private sector partners should also be explored for this.

Governments must prioritize a review and rationalization of all healthcare worker staff complements following the funding cuts. Task shifting alone will not compensate for the loss of human resources, especially for specialized staff (such as data clerks) and those at community level. Additional domestic resources are likely needed to maintain some critical posts, including those performing community and key population outreach.

Invest in community-led monitoring and other community-led early warning systems during the ongoing emergency funding transition period. This is especially critical in the context of delayed reporting and M&E systems challenges due to the funding cuts. Without previous investments in community-led monitoring capacity, especially community- and facility-level relationships, this early warning system would not be possible. Critical insights into service delivery challenges and misunderstandings/misapplications of government guidance may have gone undetected. This experience underscores the importance of community systems strengthening to be able to respond quickly to emergency situations.

Review lessons from previous funding transitions and other similar emergencies. This should include lessons PEPFAR districts that once did but no longer receive direct service delivery from US-funded implementing partners, as well as lessons from service disruptions during COVID-19. Planning alternative sources of technical assistance may also be important to consider, along with sustaining critical services.

ANNEX

List of Active and Terminated HIV-focused USAID Awards in Malawi and South Africa, as per 24 March 2025 "Update to Congress on USAID Financial and Personnel Status as of March 21, 2025"

	IMPLEMENTER	PROJECT	AMOUNT	TIMEFRAME
MALAWI (ACTIVE)	**PARTNERS IN HOPE**	The goal of the CORE Activity is to reduce new HIV infections and HIV morbidity and mortality rates in Malawi through increasing access to and utilization of high-quality, comprehensive services across the continuum of HIV treatment and care within the sub-national units (SNUs) or districts where it operates.	$79,999,996	9 June 2021 to 8 June 2026
	BAYLOR COLLEGE OF MEDICINE CHILDRENS FOUNDATION MALAWI	The goal of the CORE Activity is to reduce new HIV infections and HIV morbidity and mortality rates in Malawi through increasing access to and utilization of high-quality, comprehensive services across the continuum of HIV treatment and care within the sub-national units (SNUs) or districts where it operates.	$80,000,000	9 June 2021 to 8 June 2026
	PROJECT HOPE NAMIBIA	Anandi Achinyamata Patsogolo (Children and youth first) a new Orphan and vulnerable Activity to Prevent new HIV infections and improve the health, well-being, and protection of children, adolescents (their families) and young women living with, affected by, and vulnerable to HIV.	$60,000,000	1 December 2023 to 30 November 2028
TOTAL **ACTIVE** HIV USAID FUNDING IN MALAWI AS OF 21 MARCH 2025			**$219,999,996**	

	IMPLEMENTER	PROJECT	AMOUNT	TIMEFRAME
MALAWI (TERMINATED)	**FAMILY HEALTH SERVICES**	Kuteteza (Prevention) a new HIV Prevention Activity to reach and maintain epidemic control through prevention of new infections in men and women including adolescent boys and young men at substantial risk of acquiring HIV	$63,250,000	1 February 2024 to 31 January 2029
	JSI RESEARCH & TRAINING INSTITUTE INC	Ana Patsogolo (APA) a new HIV activity to reduce infections and vulnerability among orphans and vulnerable children (OVC)	$47,949,575	1 July 20229 to 30 June 2025
	POPULATION SERVICES INTERNATIONAL	Grant men access to comprehensive, safe, high-quality, and cost-effective VMMC services, promote condoms as part of a comprehensive approach to HIV/AIDS programming across PEPFAR projects and management of the DREAMS database.	$41,749,994	1 April 2020 to 31 March 2025
	FAMILY HEALTH INTERNATIONAL	The goal of the EMPOWER activity is to prevent new HIV infections among targeted populations. This award allows the Recipient to implement activities that contribute to ending the HIV epidemic in Malawi.	$15,450,309	5 March 2020 to 4 March 2025
	CEDEP	The Goal of PROTECT is to prevent new HIV infections among key populations, particularly MSM, MSW and TG at high risk for HIV in four PEPFAR/MoH supported districts of Mzuzu, Lilongwe, Mangochi and Blantyre districts of Malawi.	$7,700,000	8 November 2020 to 30 September 2026
	MALAWI NETWORK OF AIDS SERVICE ORGANIZATIONS	Adding $300,000 into COP20 HIV Funds into MANASO.	$380,000	4 February 2021 to 3 February 2026
TOTAL **TERMINATED** HIV USAID FUNDING IN MALAWI AS OF 21 MARCH 2025			**$176,479,878**	

	IMPLEMENTER	PROJECT	AMOUNT	TIMEFRAME
SOUTH AFRICA (ACTIVE)	CHILDREN IN DISTRESS NETWORK	KZN OVC Component 1. Preventing HIV/AIDS in Vulnerable Populations in South Africa	$25,116,056	28 September 2018 to 27 December 2025
	MOTHERS2-MOTHERS SOUTH AFRICA	This activity provides life-saving care and support services for children and adolescents living with HIV, PMTCT mothers, HIV exposed infants, and their families at community level. HIV care and support services include provision of social workers and case finders	$47,000,000	1 October 2024 to 30 September 2029
	MATERNAL ADOLESCENT AND CHILD HEALTH INSTITUTE	Achieving and Sustaining HIV/TB Epidemic Control in the KwaZulu-Natal Province	$104,000,000	15 November 2023 to 14 November 2028
	GLOBAL ENVIRONMENT & TECHNOLOGY FOUNDATION	Next Mile Mzansi is a Global Development Alliance mechanism that will be responsible to build, customize, and scale private sector solutions in collaboration with the USAID/PEPFAR donor-funded community and the South Africa Government.	$35,000,000	10 August 2020 to 9 August 2025
	NATIONAL INSTITUTE COMMUNITY DEVELOPMENT AND MANAGEMENT	Children, Adolescents and Families in the HIV Epidemic (CAFHE) in the Free State	$5,999,572	25 November 2024 to 24 November 2029
	MATERNAL ADOLESCENT AND CHILD HEALTH INSTITUTE	Achieving and Sustaining HIV/TB Epidemic Control in the Eastern Cape Province – Integrated Service Delivery Response	$75,000,000	15 October 2023 to 14 October 2028
TOTAL **ACTIVE** HIV USAID FUNDING IN SOUTH AFRICA AS OF 21 MARCH 2025			**$292,115,628**	

	IMPLEMENTER	PROJECT	AMOUNT	TIMEFRAME
SOUTH AFRICA (TERMINATED)	RIGHT TO CARE	Award to Right To Care to implement the Accelerating Program Achievements to Control the Epidemic (APACE) activities in Free State (Thabo Mofutsanyane) and Mpumalanga (Ehlanzeni).	$172,786,646	10 August 2018 to 22 September 2025
	ANOVA HEALTH INSTITUTE	Achieving and Sustaining HIV/TB Epidemic Control in the Limpopo Province	$80,000,000	15 October 2023 to 14 October 2028
	RIGHT TO CARE	Achieving and Sustaining HIV/TB Epidemic Control in the Free state Province.	$53,987,730	17 January 2025 to 16 January 2030
	WITS HEALTH CONSORTIUM (PTY) LTD	Award to WRHI to implement the USAID/Southern Africa Bilateral Health Care & Treatment activities.	$51,433,519	1 July 2018 to 26 March 2025
	HIV SA NPC	Preventing HIV and AIDS in Vulnerable Populations focusing on Orphans and Vulnerable Children in the Gauteng Province.	$47,603,120	1 October 2018 to 5 January 2026
	SOUTH AFRICAN MEDICAL RESEARCH COUNCIL	New Award - HIV Vaccine Innovation, Science, and Technology Acceleration in Africa (HIV-VISTA)	$45,644,355	1 July 2020 to 30 June 2026

	IMPLEMENTER	PROJECT	AMOUNT	TIMEFRAME
SOUTH AFRICA (TERMINATED)	WITS HEALTH CONSORTIUM (PTY) LTD	School Based HIV and Gender Based Violence Prevention	$40,729,258	21 November 2018 to 31 December 2025
	WITS HEALTH CONSORTIUM (PTY) LTD	Advancing the South African HIV Response for Key Populations, Sex Workers (SW) and Transgender (TG)	$37,673,957	7 September 2018 to 30 December 2025
	MOTHERS2-MOTHERS SOUTH AFRICA	The purpose of this new action is to provide support to Mother2Mothers (in the Mpumalanga Province) under the Preventing HIV/AIDS in Vulnerable Populations in South Africa (2018-2023) RFA (OVC – Component 1 Award, Target Area 2 - Mpumalanga Province).	$29,491,096	27 August 2018 to 31 December 2025
	EDUCATION DEVELOPMENT CENTER, INC.	The purpose of the School-Based Sexuality and HIV Prevention Education Activity	$22,400,000	1 November 2021 to 30 September 2025
	YOUNG HEROES	Epidemic control of HIV by averting new infections among adolescent girls and young women and improve resilience and treatment outcomes for children and adolescents living with HIV by increasing access to sustainable services.	$20,500,000	16 June 2023 to 15 June 2026
	HIV SA NPC	Children, Adolescents, and Families in the HIV Epidemic in the North West Province.	$19,961,772	15 March 2024 to 14 March 2029
	OUT LGBT WELL-BEING	Award 72067423FA00008 ENGAGE MEN'S HEALTH- NEW MSM KP Activity, including Incremental Funding of $1208,215.00. AA Plan ID#AA-32297.	$11,000,000	1 October 2023 to 26 September 2028
	CHOICE TRUST	The Children, Adolescents, and Families in the HIV Epidemic in Limpopo Province Activity will contribute to the achievement of 95-95-95, reaching and sustaining epidemic control in South Africa, specifically Limpopo Province, by helping to reduce lifetime risk of HIV acquisition and achieve durable viral suppression among children, adolescents, and their families.	$9,999,864	1 October 2024 to 30 September 2029
TOTAL **TERMINATED** HIV USAID FUNDING IN SOUTH AFRICA AS OF 21 MARCH 2025			**$643,211,317**	

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