



Stephen Lewis
Foundation

The HIV Movement in Crisis: *Understanding the Impact of the U.S. Funding Loss on the HIV Response*

March 2025

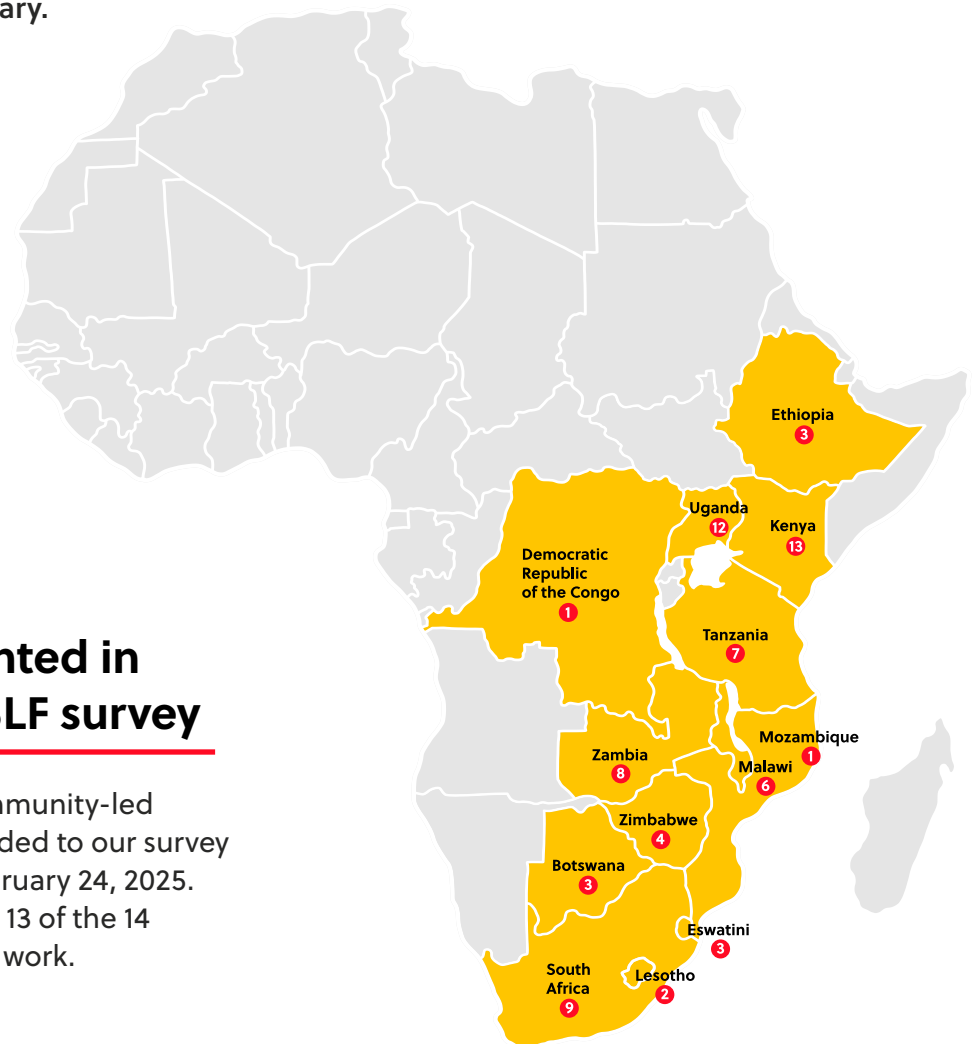
Introduction

The U.S. State Department's 90-day funding freeze, terminations of contract and stop-work orders¹ have been catastrophic for the HIV response. Hundreds of thousands of staff in HIV programs around the world have been laid off, clinics have been shuttered and support services cancelled. Lives are at risk.

The Trump administration's abrupt decision to freeze funding and halt U.S.-funded work has caused intentional chaos, interrupted vital programs and services and triggered irreparable harm to the global public health infrastructure and the people who rely on it. It threatens to undo decades of hard-fought progress in the HIV movement.

The SLF's partner organizations in 14 countries have been significantly affected by the funding loss, whether they received U.S. funds themselves or not.

We surveyed our 98 partners between February 14 and February 24, 2025, to better understand the impacts of the funding loss on their communities. The survey complements what we have learned through email correspondence and ongoing conversations with partners since the U.S. decisions were announced in late January.



Countries represented in responses to the SLF survey

72 of the SLF's 98 current community-led partner organizations responded to our survey between February 14 and February 24, 2025. These responses represented 13 of the 14 countries where SLF partners work.

¹For simplicity, we will generally refer to "funding loss" in this document. The situation is changing daily with court-issued Temporary Restraining Orders, waivers, and termination letters often applying simultaneously to the same U.S. international assistance contract. At this point, despite and because of the changing legal and political situation, we are still dealing with a situation of chaos, halted services, and a broad denial of health and human rights.

The funding loss has far-reaching and significant impacts on all aspects of the HIV prevention, treatment and care infrastructure of countries. Community-led organizations, including the SLF's partners, are central to the viability of this infrastructure.

One SLF partner outlined the effects of the funding loss in their community:

- **No treatment** follow-up and support for pregnant and breastfeeding young mothers living with HIV
- **No early infant diagnosis** follow-up for 135 HIV-exposed infants
- **No treatment adherence support**, transportation to clinics for medication refills or viral load testing for 2,444 children and adolescents living with HIV, including 571 who have high viral loads and require additional targeted support and follow-up
- **No school fees** payment for 1,279 children or school fees support for 3,648 children
- **No stipends or transportation** for the adolescent peer mentors who support 443 adolescents living with HIV who have high viral loads
- **No coordination and support** for the 151 case workers who do home visits for 6,186 orphaned and vulnerable children or the 9 linkage coordinators who visit 2,444 children and adolescents living with HIV

The forced stoppage of this essential work foreshadows a very grim reality — connections to care may be irreparably broken, lives will be in danger, and those most marginalized will continue to be discriminated against and left behind.

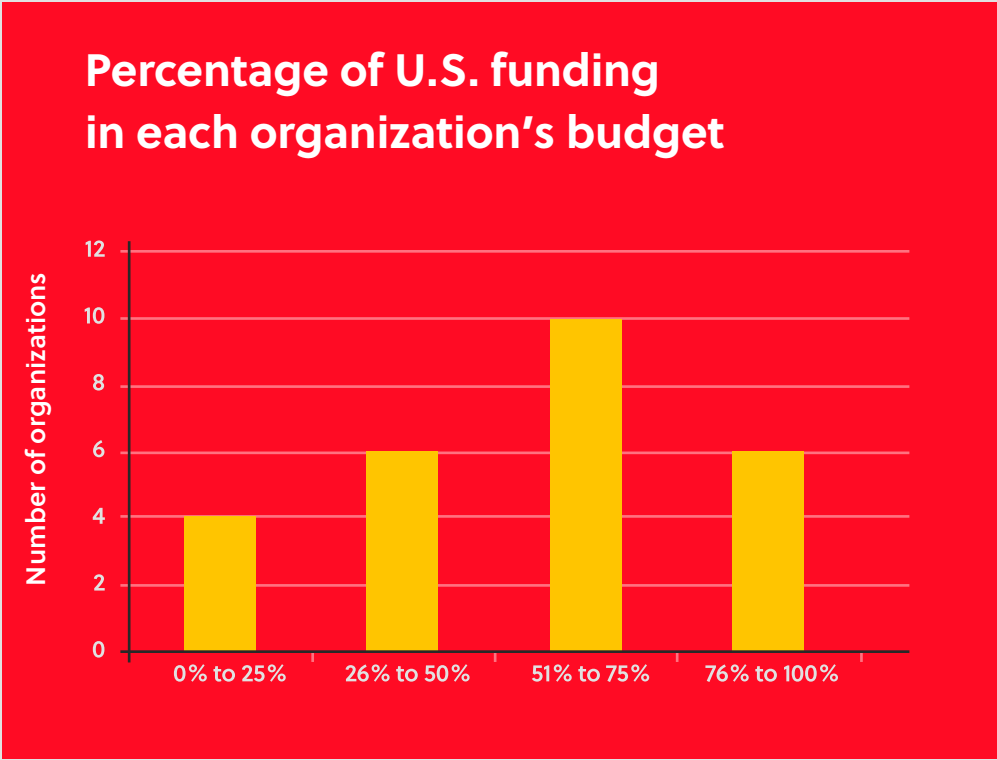


The suspension could lead to an uncontrollable spread of HIV, with devastating human and financial consequences, both locally and globally.

— SLF partner

SLF partners who received U.S. funding

Of the 72 SLF partner organizations who responded to the survey, 28 received U.S. funds at the time of the funding loss.



SLF partners who responded to the survey had more than \$44 million USD of U.S. funding frozen or terminated. For 18 SLF partners, each have lost \$100,000 USD or more.

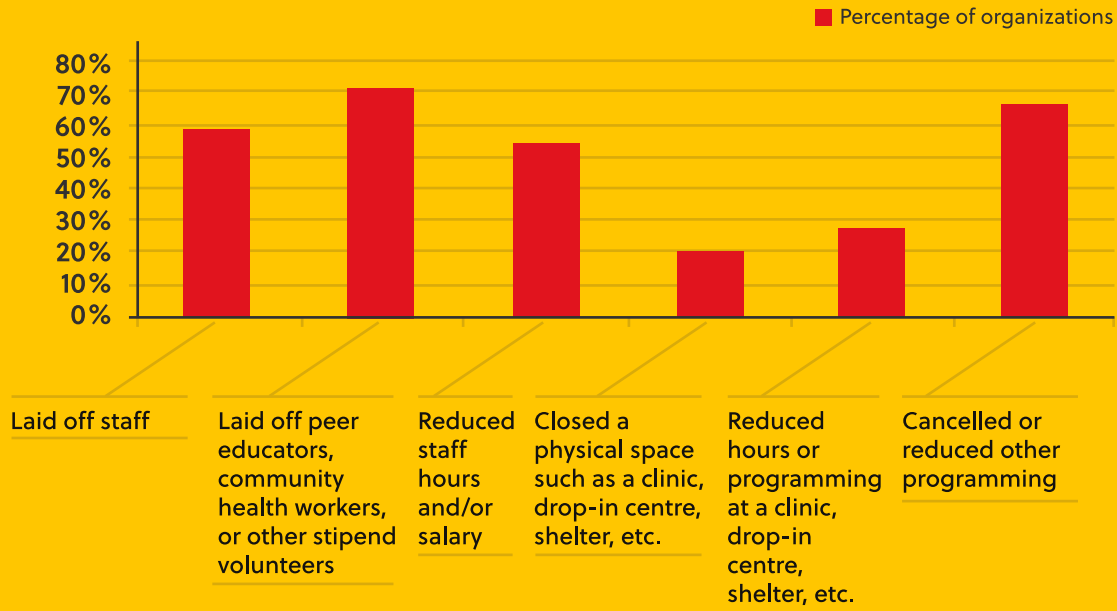


Photo Credit: Eva Gilliam/NAYO/Malawi

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Our community's future seems shattered.
— SLF partner

The funding loss has had immediate and devastating impacts on SLF partners who received U.S. government funds and on the communities they serve. These organizations have had to halt their work mid-project leaving them unable to implement critical programs in community, pay key staff and operate clinics.

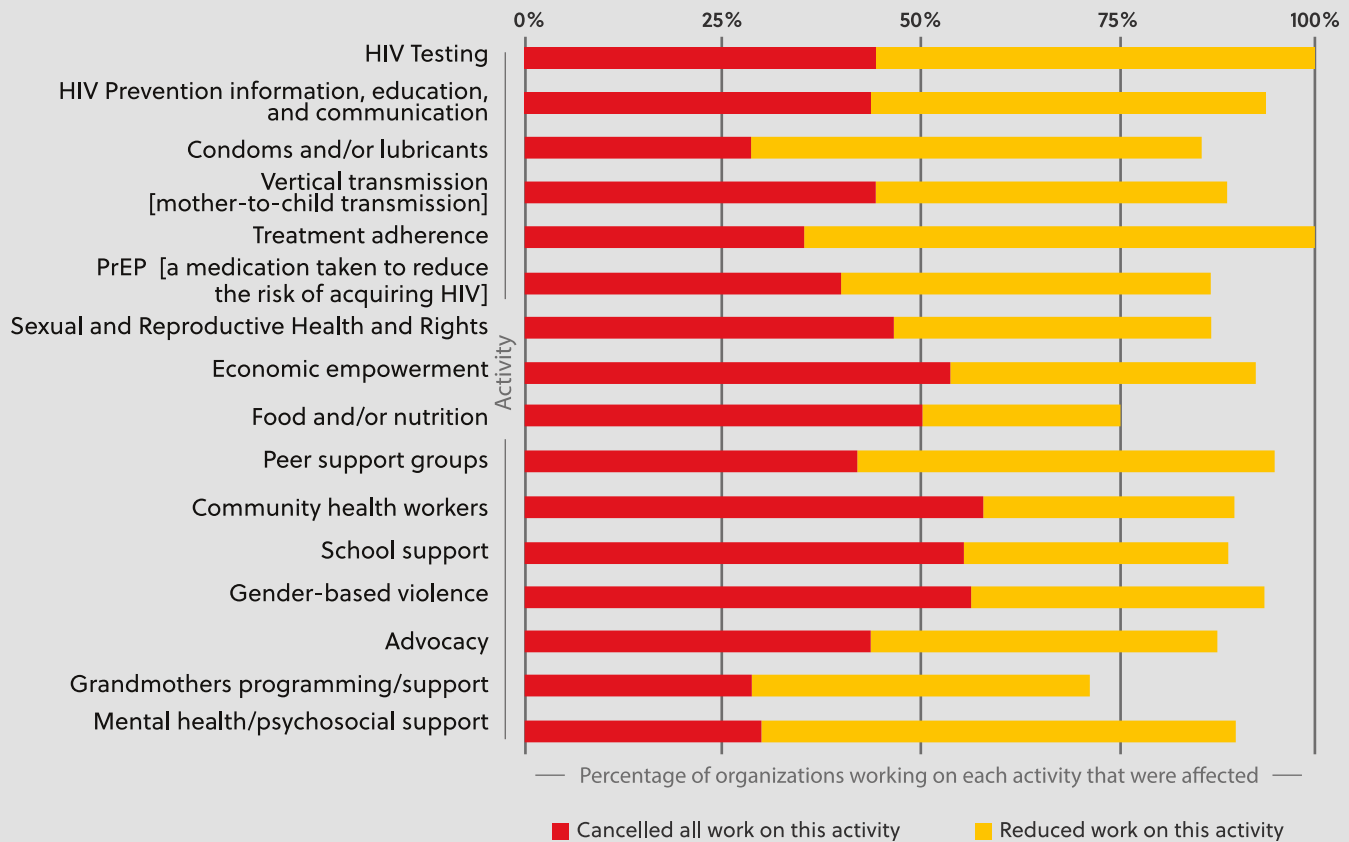
Impact of U.S. funding loss on SLF partner programming



We fear that all gains made to prevent the spread of HIV and stigma and discrimination could be lost; that the vulnerable — youth, women, marginalized groups — will be marginalized from access to prevention and treatment, and that organizations working on health promotion and prevention will be overwhelmed and even close.

— SLF partner

Impact of the funding loss on the activities of SLF partners who were receiving U.S. funding



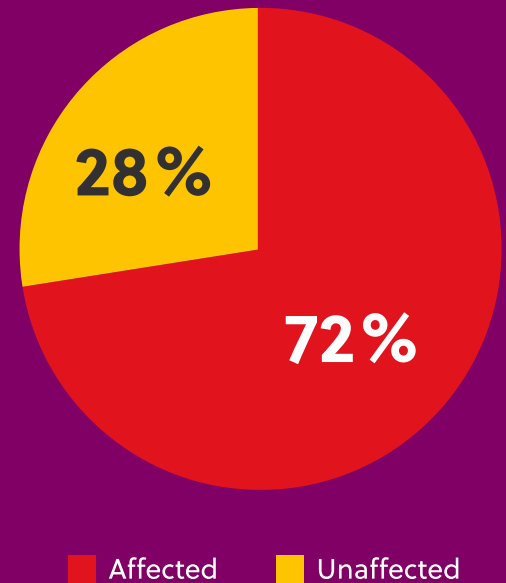
One SLF partner who received U.S. funding reported that they have had to cancel all their work on HIV testing, prevention with PrEP, condom and lubricant distribution, peer support groups, community health workers, treatment adherence and gender-based violence.

They shared, *“We have engaged locum staff to provide life-saving services to people living with HIV on certain days. However, people on treatment are missing appointments because reminder systems aren’t operating. Treatment of opportunistic infections is a challenge. Even public health facilities are affected. We are not able to pay the rent on our office or our drop-in centre or to pay for security and other essential utilities.”*

Effects of U.S. funding loss on all partners

The U.S. funding loss affects many community-led organizations, whether they were receiving U.S. funds at the time of the freeze or not. In fact, more than two-thirds of SLF partners who responded to our survey indicated that the funding loss had affected their organization, their staff and/or their community members.

Percentage of survey respondents whose staff, volunteers and/or community members have been affected by the U.S. funding loss



“ *While our organization is not directly impacted by the USAID funding freeze at this stage, we are very aware of the ripple effects it is having across the sector. We have already heard of staff cuts, resource shortages and growing uncertainty among many of our partners. We expect that this will have a cumulative effect over time, particularly in the communities we serve where organizations are deeply interconnected.*

— SLF partner

Impacts of the funding loss on SLF partners and their communities

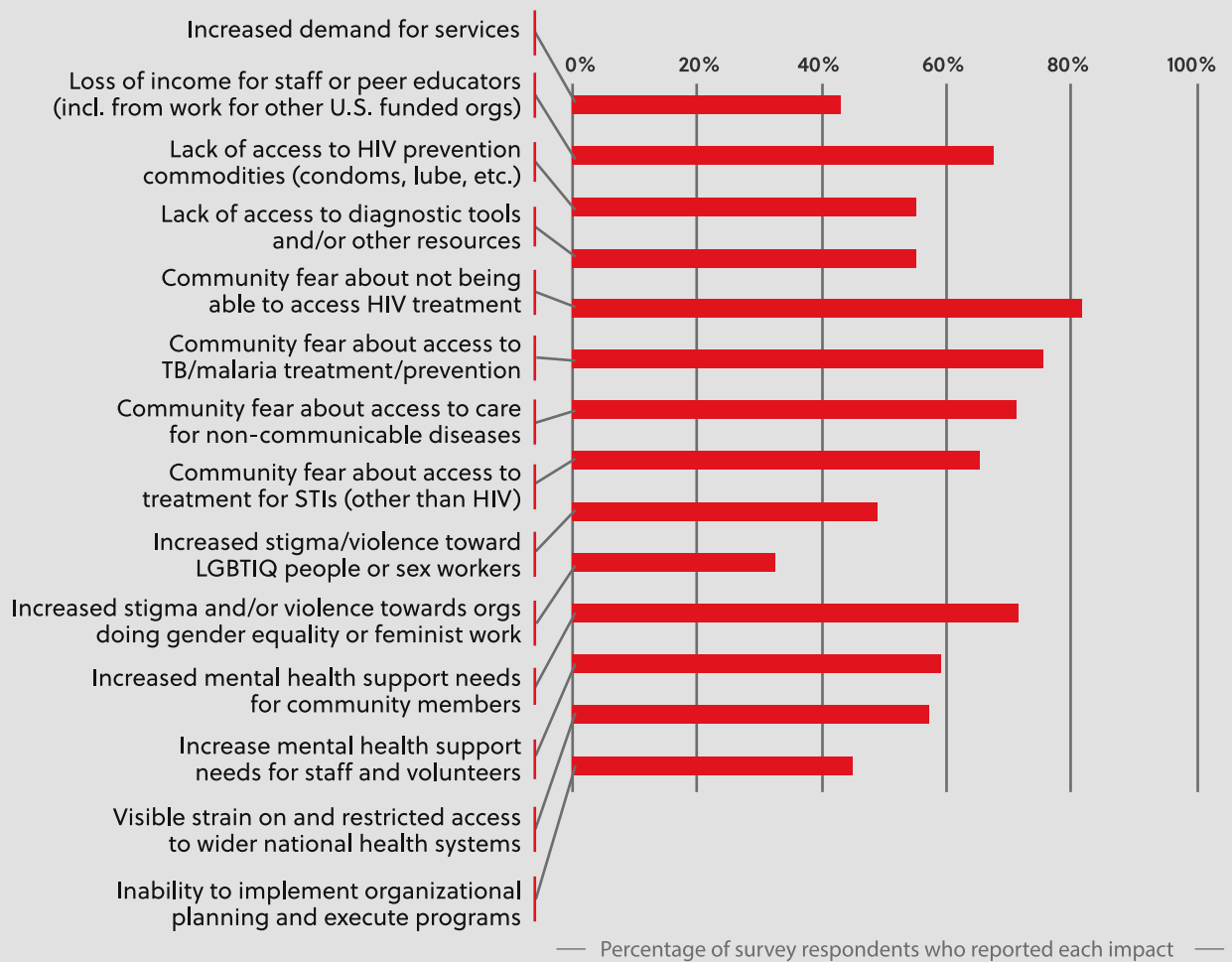


Photo Credit: Eva Gilliam/NAYO/Malawi

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We have panicked clients as the threat of no ARVs looms large and the future uncertain.

— SLF partner

Beyond Numbers: How the funding loss is threatening communities affected by HIV

Our partners who received U.S. funding have reported that the immediate impacts of the funding loss have been immense. As the ground continues to shift under their feet, community-led organizations find themselves in a position of unprecedented uncertainty about their current work and their operational futures. Their hard-fought gains and their visions for their communities hang in the balance. Even as they attempt to plan, problem-solve and manage these impacts, new directives are issued about language they must change and work they must hide to meet the Trump administration's political agenda.

This has all come at a tremendous cost to staff, to organizational operations, and to clients' access to essential services. The psychological toll on leaders, as they try to maintain a tenuous level of stability and calm in the face of Trump's executive orders that demonstrate utter disregard for people's lives, is intense and unrelenting.

HIV treatment

One of the most glaring effects of the funding loss is on access to HIV treatment. At the time of the freeze, the U.S. State Department was funding HIV treatment for more than 20 million people per year through PEPFAR (the U.S. President's Emergency Plan for AIDS Relief).

Prolonged treatment interruption will have serious impacts for people living with HIV and dire consequences for HIV prevention. HIV treatment prevents opportunistic infections and has resulted in a substantial decrease in deaths due to AIDS-related illnesses. Consistent, correct use of HIV treatment also suppresses HIV in the body to the point where it cannot be transmitted to others. As the HIV viral load increases in the bodies of people who are denied access treatment, so too will the number of HIV transmissions. These HIV transmissions will disproportionately affect communities that are already at highest risk of newly acquiring HIV, including adolescent girls and young women, LGBTIQ communities, sex workers and people who use drugs.

Babies born to pregnant and breastfeeding parents who are living with HIV and do not have access to treatment will be at significantly greater risk of acquiring HIV in utero, during childbirth, or while breastfeeding. After decades of progress in significantly reducing vertical transmission of HIV, this possibility is an unimaginable travesty.

Those already on treatment are or will be affected with anxiety, concerns and stress on the uncertainty of the availability of HIV services especially ARVs. Challenges expected among people living with HIV are drug resistance, frequent opportunistic infections and disease progression due to inconsistency in the treatment trajectory. There is fear of disruption of adult and pediatric HIV anti-retroviral therapy services. Achievements made on PMTCT [prevention of mother-to-child transmission] may be lost.

— SLF partner



Photo Credit: Eva Gilliam/NAYO/ Malawi

HIV prevention

A wide variety of HIV prevention programs have been halted by the U.S. funding loss. Many of the most effective programs are likely to never resume unless the new U.S. policies against DEI (diversity, equity, and inclusion) and “gender ideology” programs are overturned. The Trump administration has expressed its intention to permanently stop funding programs that address sexual and reproductive health and rights (SRHR), comprehensive sex education, gender equality, and services for LGBTIQ communities.

Already we are hearing reports of significant shortages of HIV prevention commodities. In many communities, a large percentage of the condoms and lubricants used for HIV prevention are procured with PEPFAR funds and therefore have been subjected to stop-work orders.

These commodity shortages don’t just affect organizations receiving U.S. funding. They also impact organizations that get condoms and lubricants through partnerships with health clinics and government programs, since those commodities are often procured with U.S. funds.

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The suspension could lead to an uncontrollable spread of HIV, with devastating human and financial consequences, both locally and globally.

— SLF partner

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The implication of suspension will fuel new HIV infections and will defeat the whole vision of ending AIDS by 2030.

— SLF partner

Orphaned and vulnerable children

A backbone of the HIV response for decades has been supporting children who have lost one or both parents to AIDS-related causes and other children made vulnerable by HIV. The loss of U.S. funding has halted services, nutrition programs, school fees payment, caregiver support programs, etc. for hundreds of thousands of orphaned and vulnerable children.

An SLF partner shared with us how significantly the funding loss affects orphaned and vulnerable children in their community: ***“We have 46,335 unsupported orphaned and vulnerable children from the decision, some of them are living with HIV and others are survivors of gender-based violence, including sexual violence and exploitation.”***

Adolescent girls and young women

Some SLF partners received U.S. funding to focus on addressing the disproportionate impact of HIV on adolescent girls and young women (AGYW). With the funding loss, they've had to stop education programs for girls, economic empowerment activities for out-of-school youth, gender-based violence prevention and gender equality work, and targeted HIV prevention initiatives for young women at the highest risk of contracting HIV.

One SLF partner was leading efforts to ensure that the most promising new HIV prevention technologies could benefit adolescent girls and young women. They explained that they had to “stop an implementation science study which was providing the dapivirine vaginal ring and long-acting injectable cabotegravir to AGYW. The study was meant to provide evidence to inform the national rollout and scale-up of these new HIV prevention technologies.”

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Because of the funding freeze, we are no longer implementing [a major] program for adolescent girls and young women that was reaching 7000 of them.

— SLF partner

LGBTIQ communities and sex workers

LGBTIQ people and sex workers are among the key populations most affected by the HIV epidemic. Programs run by and for LGBTIQ communities and sex workers are being directly targeted by the Trump administration's efforts to remove U.S. support for DEI (diversity, equity, and inclusion) and "gender ideology."

Prior to the funding loss, U.S. support made it possible for LGBTIQ-led and sex worker-led organizations to operate health clinics and drop-in centres that met the specific needs of their communities. This funding also provided a critical avenue for these organizations to be meaningfully included within their country's HIV response mechanisms, ensuring that the voices of key populations were heard in decision-making spaces.

Without U.S. funding, many LGBTIQ-led and sex worker-led organizations will have to close their doors or significantly scale back their service delivery and programming. Without these programs, LGBTIQ communities and sex workers will not have access to safe and accurate health information and services. Government-run HIV programs rarely met the needs of key populations before Trump's executive orders were issued. Now that the largest HIV funder in the world is demanding that they erase any trace of DEI and "gender ideology" from their programs, key populations will be even more marginalized and underserved by government programs.

Whatever the future of PEPFAR funding, it is very unlikely that it will meaningfully include programs for LGBTIQ people and sex workers, at least while the Trump administration is making those decisions.

Our biggest concern is that there will be increased HIV infections, increased gender-based violence targeting LGBTQ individuals in our region, and revamped anti-gender campaigns by members of the society.

— SLF partner



Photo Credit: DeLovrie Kwagala/WAR/Botswana

Sexual and reproductive health and rights, gender equality and gender-based violence

U.S. funding supported organizations doing highly effective and impactful gender equality programming both within and outside the HIV response, including work on sexual and reproductive health and rights (SRHR) and gender-based violence. These organizations have experienced the U.S. funding loss, and their work is another target of the Trump administration's attack on DEI and "gender ideology."

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Yesterday, I literally cried when I received a call from one of the local clinics. They had a girl who had a severe STI. We have a response unit, but we have been told to stop all activities and park the cars. I called the local office to find out if we are going to be able to respond to emergency cases. I was told we are expected not to do anything until further notice.

— SLF partner

Community-led organizations

Community-led organizations are the backbone of the HIV response and many health and human rights movements. There is a significant risk that the U.S. funding loss will force many to close.

If community-led organizations are destroyed during the funding loss or through the attack on DEI and "gender ideology," then any future HIV response will be dangerously compromised.

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I have closed two clinics and let go 17 staff and 200 peer educators.

— SLF partner

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Our biggest concerns moving forward revolve around the sustainability of our services, the well-being of our community and staff, and the increasing vulnerabilities faced by key populations. The funding freeze has created significant challenges in maintaining essential health care services ... Another major concern is the financial strain on part-time staff, peer educators and volunteers who relied on U.S.-funded programs for their income. The loss of income has affected their livelihoods, and without alternative funding, retaining skilled personnel may become difficult. Without stable financial support, it will be difficult to maintain operations, expand services, and provide the level of care that our communities desperately need.

— SLF partner

Conclusion

There is a moral imperative to respond to the U.S. funding loss and Trump's executive orders as the full-scale emergencies they are. These actions are rooted in assumptions that should be named for what they are: homophobic, transphobic, racist, xenophobic, anti-feminist and self-interested. The reckless manner in which they are being administered is compounding the devastation they are causing.

Collectively, we need to do everything within our power to advocate for the United States to reverse its murderous directive, resume its funding, and be accountable for the commitments it made.

We also each need to act in our own capacities to mitigate the harm that has been caused, as much as possible.

It seems very likely that the majority of U.S. aid will be permanently cut. Funders, including foundations, other governments and corporations, must step up to ensure programs that advance gender equality, LGBTIQ rights, climate justice, and sexual and reproductive health and rights (SRHR) continue to be resourced in the face of the Trump administration's attacks.

The SLF has launched an [Emergency Appeal](#) to help meet the immediate needs of SLF partners and the community members they serve, including access to life-saving HIV medications and services, as they urgently navigate the impacts of the withdrawal of U.S. funds. This emergency funding, like SLF funding in general, will be flexible so that SLF partners can adapt to the ever-shifting challenges they are facing.



The impact is so dismaying and distressing, however, along with the SLF's support we continue selfless commitments to do all we can to stand resilient and manage the challenges.

— SLF partner

Championing health and human rights to end AIDS.



Photo Credit: Neema Ngelime/Tanzania



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