# *Protecting community HIV programs amid global aid cuts: the impact of emergency funding in 2025*

Stephen Lewis Foundation

# Introduction

Throughout 2025, our partners in Africa experienced significant disruptions to their programs as the decline in international funding for the global HIV and AIDS response continued — kickstarted by the Trump administration's abrupt decision to freeze USAID-funded work. Community-led organizations (CLOs) and health workers faced unprecedented challenges in maintaining services, while community members living with or at risk of HIV saw their access to life-saving care and prevention tools severely constrained.

Before the funding cuts, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) provided an estimated $301.6 million for HIV prevention across 15 countries in Eastern and Southern Africa, making it the largest single funder in the region. This accounted for nearly 45% of total HIV prevention funding, with some countries such as Malawi receiving 88.5% of its funding from PEPFAR; Zimbabwe 82.7% and Mozambique 81.8%.[1] Following the cuts, significant gaps have emerged, disrupting prevention programs and leaving millions at increased risk.

Critical prevention programs such as condom distribution and community-led outreach have also been disrupted. The DREAMS program — *Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe* — a PEPFAR initiative, once supported **2 million girls and young women** in HIV prevention. This intervention program, which addressed gender-based violence, gender inequality, poverty and barriers to education, is halted.[2] As a result, an entire generation of girls is at increased risk.

Frontline health workers, whose dedication sustains HIV services, are also deeply affected. **From our initial survey of SLF partners in February 2025, over 40% of frontline staff who relied on U.S. funding to reach communities with care, counselling and support lost their livelihoods.** These figures underscore not only the scale of service disruption but also the human cost of reduced aid, which threatens prevention, treatment continuity and the livelihoods of the very people who make these programs possible.


Photo Credit: Neema Ngelime/LVCT Health/Kenya

1 UNAIDS, "Impact of US funding cuts on HIV programmes in East and Southern Africa," 31 March 2025.
2 Ibid.

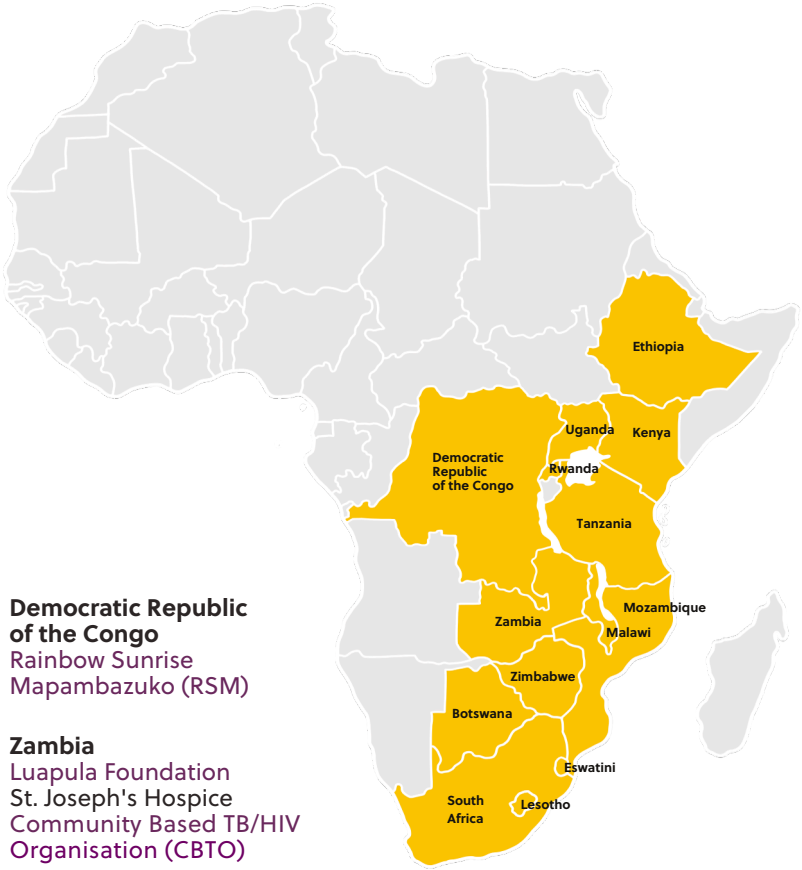
The threat to global progress on ending AIDS, is not only due to the cuts from the United States. Across the world, governments are shrinking their aid budgets and we are looking at a 15-year low in global health funding. The United Kingdom slashed its international development budget by billions of pounds in recent years, and the impact is being felt in HIV programs across Africa. Other European donors, like France, Germany and the Netherlands have followed suit. Even here in Canada, Prime Minister Carney announced a 2.7 billion dollar cut to Canada's international assistance over the next four years.

This has caused chaos, disrupting vital programs and services and inflicting harm on global public health systems and the people who rely on them. **Prolonged treatment interruption will have serious impacts for people living with HIV and dire consequences for HIV prevention.**

**Programs that have long been the backbone of care, treatment and support for people living with HIV have been forced to reduce services, lay off staff or close entirely.** This is jeopardizing decades of progress in preventing new HIV transmissions and ensuring that people living with HIV can live healthy, dignified lives. In fact, more than two-thirds of Stephen Lewis Foundation (SLF) partners indicated that the funding loss has affected their organization, their staff and their community members.

Photo Credit: Peter Irungu/LPK/Kenya

In response, the SLF launched an emergency funding initiative in February 2025 to help our partners sustain their life-saving work. Through the generosity of our community of supporters, the appeal raised **$2,233,236** in gifts and pledges, which was swiftly disbursed to **43 organizations** across **12 countries** to address the urgent needs in their communities.




**Democratic Republic of the Congo**
Rainbow Sunrise
Mapambazuko (RSM)

**Zambia**
Luapula Foundation
St. Joseph's Hospice
Community Based TB/HIV Organisation (CBTO)

**Zimbabwe**
Midlands AIDS Service Organization (MASO)
Mavambo Trust
Musasa Project (Musasa)

**South Africa**
MusicWorks
Etafeni Day Care Centre Trust (Etafeni)
Treatment Action Campaign (TAC)

**Eswatini**
Swaziland Action Group Against Abuse (SWAGAA)

**Malawi**
Nancholi Youth Organisation (NAYO)
National Association for People Living with HIV/AIDS in Malawi (NAPHAM)

**Ethiopia**
Developing Families Together (DFT)
Negem Lela Ken New HIV Positive Women Support Organization (NLK)

**Uganda**
Action for Rural Women's Empowerment (ARUWE)
Freedom and Roam Uganda (FARUG)
Ice Breakers Uganda (IBU)
Kyetume Community Based Health Care Programme (KCBHCP)
Nsambya Home Care Department, Nsambya Hospital (NHC)
Sexual Minorities Uganda (SMUG)
St. Francis Health Care Services
Women's International Peace Centre (WIPC)

**Kenya**
Ember Kenya Grandparents Empowerment Project (Ember)
Positive Living Kenya (PLK)
Bar Hostess Empowerment and Support Programme (BHESP)
HIV & AIDS People's Alliance of Kenya (HAPA Kenya)
Health Options for Young Men on HIV, AIDS & STIs (HOYMAS)
Ishtar MSM
Kared Fod Women Development Programme (KAWODEP)
Living Positive Kenya (LPK)
LVCT Health
Mission for Advocacy and Advisory for Young Generation Organization (MAAYGO)
Mamboleo Peer Empowerment Group (MPEG)
Minority Womyn in Action (MWA)

**Botswana**
Stepping Stones International (SSI)

**Tanzania**
Maasai Women Development Organization (MWEDO)
Bridge Initiative Organization (BIO)
Pastoral Activities and Services for People with AIDS (PASADA)
Tanzania League of the Blind — Uyui District (TLB)
ZITAE Women Organization (ZITAE)

**Mozambique**
Mozambican Treatment Access Movement (MATRAM)

Through emergency funding, SLF partners have kept programs running, met the urgent needs of their communities, and ensured that they have the funds to keep their doors open. Here is a snapshot of some of that important work.

Photo Credit: NLK/Ethiopia

**Negem Lela Ken New HIV Positive Women Support Organization (NLK)** in Ethiopia offered psychological support to grandmothers living with HIV and provided seed funding for a women's savings group, empowering members to strengthen their livelihoods.

*"As a result of the additional emergency fund from the SLF, we were able to reach marginalized grandmothers, women, and children impacted by the U.S. funding cuts — providing medication, economic, emotional, and psychological support, and restoring a sense of solidarity across 22 affected communities in Addis Ababa, Oromia, and Amhara.*

*— Gojjam Bayessa Erena, NLK, Ethiopia*

**Kyetume Community Based Health Care Programme (KCBHCP)** in Uganda continued serving people living with HIV during a period of severe disruption caused by the 90-day stop-work order from the U.S. government. Home visits declined sharply and reduced support to the ART and Palliative Care Projects, resulting in the loss of Village Health Teams and critical community-based outreach. KCBHCP adapted quickly to ensure clients were not left without care. A toll-free support line became a vital lifeline during the 90-day period, handling **851 calls** and connecting clients to treatment and care services at a time when access to antiretroviral therapy was difficult. In addition, the emergency resources provided also allowed KCBHCP to procure essential medications for opportunistic infections amid widespread drug stockouts in Uganda, while strengthening referrals and partnerships so clients could continue treatment through alternative facilities. With this support, KCBHCP sustained psychosocial counselling, telemedicine services and volunteer-led follow-ups, ensuring continuity of care and protecting treatment adherence for some of the community's most vulnerable members.

**Swaziland Action Group Against Abuse (SWAGAA)** provides critical services to survivors of gender-based violence (GBV) across Eswatini, including counselling, case management and community outreach. Supporting survivors often means responding to traumatic cases and travelling to remote communities, placing significant emotional and operational demands on staff. When the United States froze and eventually made cuts to foreign aid, the effects disrupted funding flows, weakening partner networks and placing frontline organizations under sudden financial strain. For SWAGAA, the cuts disrupted referral pathways, strained shared service systems and intensified pressure on already limited local resources. Staff workloads increased while financial uncertainty threatened both staff well-being and continuity of care for survivors.

The emergency funds filled the gaps to sustain critical frontline operations. Support for project vehicle maintenance ensured case workers could continue reaching remote communities and responding to urgent GBV cases. Transportation and fuel enabled national emergency response travel and helped connect survivors with timely medical care during a period of profound uncertainty, when stop-work orders left many health services paused and survivors unsure where to turn for help. These funds also ensured that specialized medical support was available, including DNA testing for paternity cases and urgent medical assistance for clients in crisis.

In addition, SWAGAA supported staff wellness and resilience initiatives, including self-care packages, vouchers and debriefing sessions. These sessions provided space for staff to reflect on challenging cases, build team cohesion and learn practical strategies for managing stress and maintaining a healthy work-life balance. Medical aid coverage for 16 staff members also ensured access to essential health care, improving staff security and morale.

Reflecting on the impact, Executive Director Nonhlanhla Dlamini shared:

Photo Credit: Pixel Studios/SWAGAA/ Eswatini

> *This made me cry, tears of joy... I am overwhelmed with gratitude and joy. Thanks to the SLF for the incredible generosity and unwavering support. This means so much to us and most importantly to the survivors and community we serve.*

**Mozambican Treatment Access Movement (MATRAM)**
Following the U.S. government stop-work orders and subsequent funding cuts, an assessment conducted by MATRAM, in partnership with UNAIDS, identified critical service gaps in HIV testing, linkages to care and counselling. In response, MATRAM coordinated with various local service providers that were affected to urgently resume community-based testing and referral services, ensuring continuity of care during a period of deep uncertainty.

With support from the emergency funds, MATRAM along with the affected service providers implemented two months of community mobilization, testing services, pre- and post-test counselling, referrals for those who tested positive and condom and lubricant distribution. Following this two-month period, they were able to fill in service gaps caused by USAID cuts, with other support.

During this period, **827 people were tested** and **53 individuals** who tested positive were successfully referred to Polana Caniço Health Facility for care.

At a time when communities and local activists felt distressed and without solutions, the resumption of testing services restored hope and access to lifesaving support. The emergency funds served as a vital lifeline demonstrating that, together, communities can respond effectively and build resilience even in times of crisis.

> Together we can do more and better and build champions in life.
>
> — *MATRAM, Mozambique*

**Mission for Advocacy and Advisory for Young Generation Organization (MAAYGO)** in Kenya worked closely with the Ministry of Health to navigate the effects of the funding freeze on their clients and had ongoing engagement with police to improve safety for clients seeking health services. They also continued providing clinical services three days a week to support clients with referrals to LGBTIQ-friendly health centres.

**MusicWorks** in South Africa continued delivering music therapy sessions for children affected by HIV, while the emergency funds also helped sustain their core operations.

**St. Francis Health Care Services** in Uganda purchased a much-needed field vehicle capable of traversing poor and unpaved roads, ensuring continued access to remote communities for outreach and home-based care services.

Photo Credit: St. Francis Health Care Services/Uganda

**Tanzania League of the Blind (TLB)** in Tanzania conducted health services via mobile clinics and provided first aid supplies and food for people living with HIV. They also trained health workers on home-based care practices.

**Developing Families Together (DFT)** in Ethiopia produced HIV and STI educational materials and provided vital support for home-based care visits staffing, and core organizational costs. It also supported activities to engage the community to ensure the ongoing effectiveness of its programs.

**Mavambo Trust** in Zimbabwe used the emergency funds to maintain essential staff and core operations, allowing the organization to continue delivering critical services for children and families affected by HIV and AIDS.

Supporting programming needs while also responding to the well-being of staff and volunteers is at the heart of how the SLF approaches its partnerships. Our trust in our partners to know what their communities need, and how best to respond, means that we support them as individuals so they are able to lead through challenges like those they faced throughout 2025 and into this year. This is why your gift to the SLF makes a meaningful difference.

## When partnerships matter the most

Even for organizations that did not receive direct U.S. funding, the freeze created a ripple effect across communities, disrupting partnerships, reducing access to shared resources, and deepening the strain on already limited local health systems. Many SLF partners saw a rise for demand in their services where other organizations had shuttered programs. For example, in Malawi, Nancholi Youth Organization's (NAYO) clinic saw a sharp increase in patients after the phase-out of nearby USAID-funded programs and persistent drug shortages in government hospitals. Community members turned to NAYO as one of the few providers, increasing the need for nutritional and therapeutic support for vulnerable communities while significantly straining the organization's capacity and resources.

The SLF's emergency support helped bridge these gaps, allowing partners to maintain critical services, sustain staff and continue responding with compassion and resilience to the needs of people living with and affected by HIV.

**The emergency grants funded through generous SLF supporters like you ensured that CLOs, which are often the only source of care and support for people in their communities, were able to continue their vital work during a time of crisis.**

## Looking ahead

The emergency is not over. As we look to the year ahead, significant uncertainty remains about the scope of the global funding cuts and what they will ultimately mean for community-led HIV responses. Canada has announced significant cuts to its foreign aid budget, while several European governments are similarly scaling back contributions, reflecting a wider global pullback in health and development funding. Changing policies, like the U.S.'s expanded "Global Gag Rule" will likely have detrimental impacts on services to marginalized communities that rely on tailored programming to meet their health needs and protect their human rights.

Our partners are continuing to adapt and work tirelessly to stabilize operations, protect essential services, and find ways to fill widening gaps in prevention, treatment and care. One of the additional ways the SLF is supporting our partners is through financial stability workshops, helping them plan strategically for the months and years ahead. The SLF is supporting 13 of our partner organizations to strengthen their funding stability and long-term resilience, ensuring they can continue serving the communities who rely on them most. We remain committed to sustaining, and where possible increasing, our support as needs continue to grow. We are profoundly grateful for the ongoing generosity of our donors. Continued, flexible investment in community-led responses remains essential to protecting hard-won progress and to ultimately ending AIDS.

# Thank You

As SLF partners regain stability, deeper stories of impact and resilience will continue to emerge, reflecting the profound difference this support has made in countless lives. We will continue to share the ongoing impact of your support amid the effects of global funding cuts to health systems and communities in Africa.

We extend our heartfelt gratitude to the donors who responded to the SLF's emergency appeal. Your solidarity made it possible for our partners to remain steadfast in their commitment to people living with and affected by HIV and AIDS. In the face of shrinking global resources, your support has been a lifeline ensuring that community-led organizations can continue building hope, resilience and brighter futures.

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Photo Credit: NLK/Ethiopia


Photo Credit: NLK/Ethiopia

# Championing health and human rights to end AIDS.

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