

SURVEY



GLOBAL HEALTH AND HIV: COALITION PLUS PARTNERS UNDERMINED BY THE FREEZE ON U.S. AID

Survey conducted based on a questionnaire sent to the 110 partners of Coalition PLUS between Feb. 7 and 16, 2025, with responses from 49 organizations, representing 45% of the Coalition PLUS network.

On January 20th, 2025, the U.S. administration issued an immediate suspension order of on all foreign aid for a period of 90 days, pending reassessment.

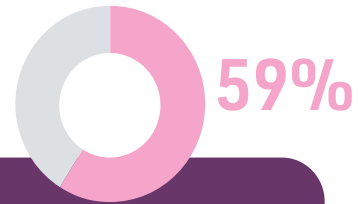
With the exception of emergency humanitarian aid, such as essential medicines and food assistance, this temporary suspension of USAID and PEPFAR programs impacts activities related to family planning, gender diversity, LGBT rights, and climate change.

With regard to the HIV epidemic, only the following activities can be maintained: essential HIV treatment and care services, prevention of mother-to-child transmission, and reasonable administrative costs.

In February 2025, Coalition PLUS conducted a survey among its partner organizations to understand the direct impact of this suspension of U.S. aid.



MAIN FINDINGS



Among the respondents, 29 organizations (59% of the sample) reported experiencing **at least one impact related to the freeze on U.S. funding** (on service delivery and/or the availability of supplies and/or HR funding).



18 organizations reported an impact on the availability of supplies (37%)
Several organizations face shortages of condoms or HIV tests.

5 organizations

no longer have condoms

3 organizations

no longer have RDTs

5 organizations

no longer have PrEP



27 organizations reported an impact on service delivery (55%)

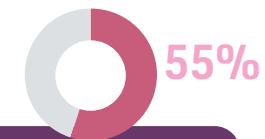
These organizations are forced to reduce or even halt their testing or care activities for people living with HIV.

Testing activities reduced by half: 18 organizations

Testing activities halted: 2 organizations

Care activities reduced by half: 18 organizations

Care activities halted: 1 organization



27 organizations reported an impact on partial or complete HR funding (55%)

497 *positions* with completely suspended funding

197 *positions* with partially suspended funding

1,034 *peer educators* whose allowances are no longer covered

9 of the recipients of U.S. aid rely on it for more than 50% of their organizational costs and are at risk of shutting down in the absence of U.S. funding.

TESTIMONIALS

● TESTIMONIAL 1

"A peer educator who was following 60 people cannot recall them all. Before, with their notebook, they could check appointments and remind beneficiaries to pick up their treatment. Now, who will remind them?"

Some people need to be accompanied, taken by the hand to get their treatment. We used to pay for their transport, sometimes provide food. But now, how will they manage? Who will take care of them? The work has stopped. There is no one left to help, remind them of their treatment, or provide food if needed. Meanwhile, the virus continues to spread."

● TESTIMONIAL 2

"For instance, we used to have vehicles to reach beneficiaries in different regions, but today we no longer have these logistical means. Ultimately, this means some people will no longer have access to care, others will stop treatment due to lack of resources, and there will be more cases of HIV transmission."

● TESTIMONIAL 3

"With regard to peer educators, since they no longer receive salaries, they have lost financial independence. As a vulnerable group, without financial independence, they are exposed to greater vulnerability and stigma within their families and society."

Community Health Worker, Health Mediator, Peer Educator: Who Are They?

These are individuals supported by the health system but not necessarily integrated within them.

Coming from communities most at risk of infection, they are best positioned to reach those who are distant from health systems. Their understanding of lifestyles, practices, and social codes gives them a unique ability to effectively reach at risk communities.

Their activities cover four main areas: health education, health referral, community support, and facilitation of access to healthcare and social services.

FOCUS ON AFRICA

In **Cape Verde**, RPVVIH can only maintain 25% of its care activities, and the biological testing lab had to close, depriving PLHIV of viral load monitoring.

In **São Tomé**, 70 ASPF peer educators are no longer receiving allowances.

In **Burundi**, ANSS Santé PLUS has nearly 300 positions funded by U.S. programs. 218 peer educators are no longer compensated.

In **Cameroon**, Affirmative Action had to halt testing, follow-up for people living with HIV, and distribution of prevention materials.

In **DRC**, UCOP+ reported shortages of HIV tests, and several medications are at risk of running out.

In **Mozambique**, supply shortages have been observed, and MATRAM has seen a 50% reduction in community services.

The **Malian Network** of PLHIV had to reduce activities, and 72 peer educators are no longer compensated.

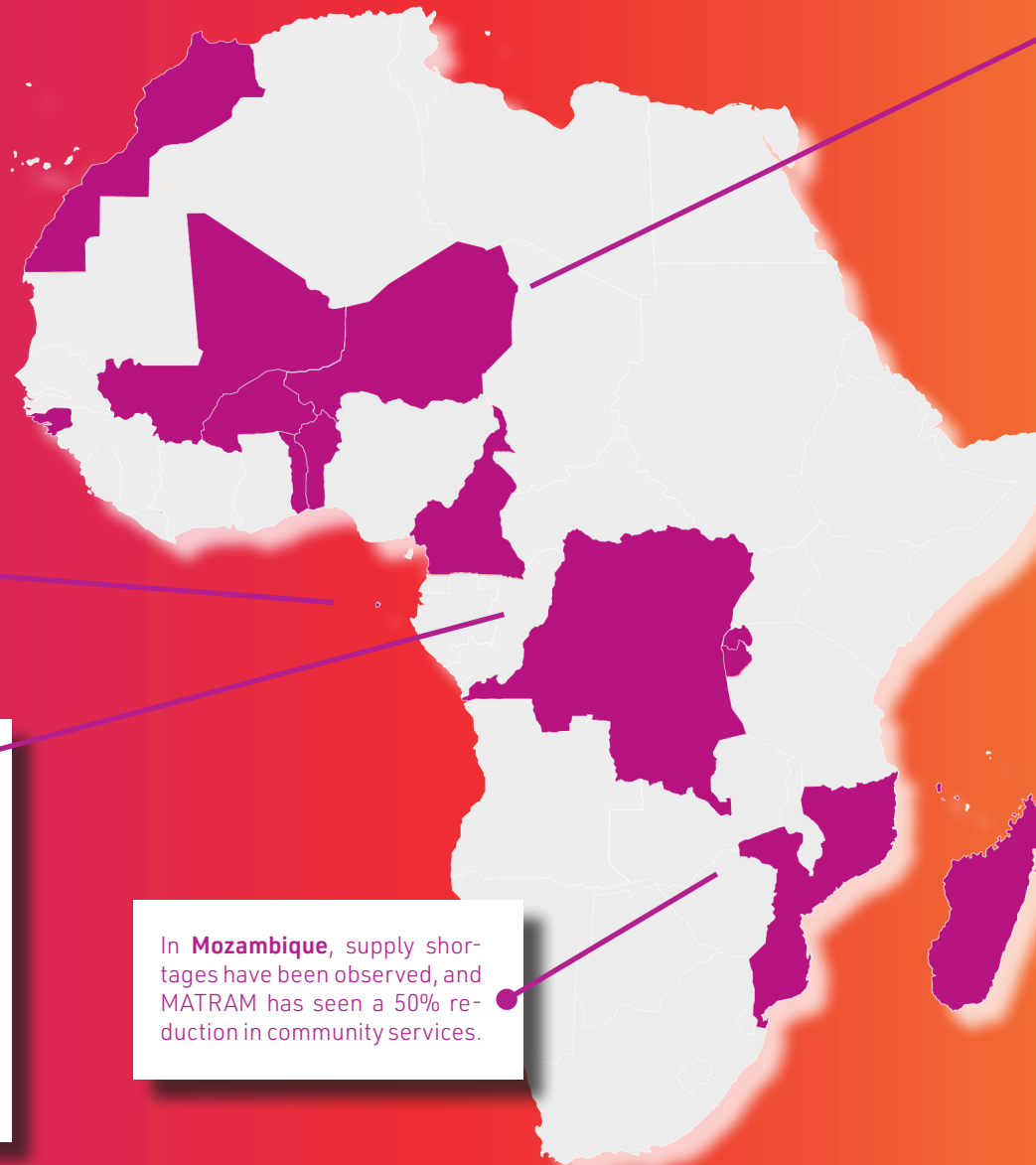
In **Benin**, Bésyp had to halt its medical analysis service for PLHIV monitoring.

Two organizations in **Burkina Faso** reported shortages of supplies (condoms, HIV tests) and even treatment.

In **Niger**, NGO Songes is severely impacted, with 88 positions no longer funded, including 41 peer educators.

Two **Malagasy** associations could only maintain 25% of their usual testing activities.

In **Comoros**, Sida Espoir lost over 50% of its budget from U.S. aid. 300 peer educators are no longer compensated.



FOCUS ON LATIN AMERICA



Dominican Republic: COIN had to suspend 180 employees and is seeking alternative solutions to maintain operations.

Colombia: Red Somos suffered a 44% funding reduction in 2025, leading to the termination of 32 work contracts, weakening operational capacity.

Ecuador: Kimirina oversaw two projects focused on HIV and migration (community-based testing and support).

Argentina: Fundación Huésped saw projects funded by the National Institutes of Health (NIH) suspended.

Elsewhere in the Coalition PLUS network

In **Thailand**, the Institute of HIV Research and Innovation is affected, with 25 positions impacted, a decrease in testing and condom supplies, and increased costs for patient biological assessments.

In **Ukraine**, 100%LIFE has 22 affected positions, and patients must now pay part of their lab test costs.



Beyond the immediate effects of its abrupt suspension, the termination of U.S. funding for international HIV/AIDS programs such as USAID and PEPFAR raises a critical question: how can the independence of health systems in the Global South be promoted, in light of renewed hope through recent therapeutic breakthroughs?

This emancipation cannot be achieved without addressing underlying structural challenges, including the burden of debt and the essential role of low- and middle-income countries in advancing towards health sovereignty?

About Coalition PLUS

An international union of community-based NGOs fighting against AIDS and viral hepatitis, founded in 2008, Coalition PLUS brings together 110 organizations operating in 51 countries. The organization advocates for people infected, affected, or particularly vulnerable to HIV to be systematically placed at the heart of decision-making, implementation, and evaluation of health programs that concern them.

Coalition PLUS contributes to improving the HIV response and social transformation through:

- Direct services (such as HIV and hepatitis testing or antiretroviral treatment distribution),
- Implementation research (with a predominant role for communities in its development),
- Advocacy (to advance the rights of populations).



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