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US FUNDING FREEZE: ONE YEAR ON THE RESPONSE TO HIV UNDER PRESSURE — SURVEY



With the support of:

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CONTEXT

On January 20 2025, Donald Trump issued an Executive Order stopping all new foreign aid disbursements and new agreements for a 90-day period, as part of a series of orders made on his first day as the United States president. A stop-work order followed on January 24, directing all activities for existing foreign assistance awards to be stopped during the freeze period. A limited waiver was later announced, granting certain 'urgent, life-saving HIV activities' to continue operating; however, at the same time thousands of employees of the U.S. Agency for International Development (USAID) were placed on leave or terminated.

Ultimately, the findings from the 90-day review were never released. The results of an interim, six-week review were announced in March, which claimed that 83% of all USAID programs had been terminated. In the end, after more than 60 years in operation, USAID was shut down, and what remained of the PEPFAR program (short for the President's Emergency Plan for AIDS Relief) was absorbed by the State Department. There is currently no official and complete accounting of which parts of the PEPFAR program are still operational. In line with the limited waiver – which narrowly protected activities focused on HIV diagnosis, treatment, the prevention of mother-to-child transmission (PMTCT), and supportive infrastructure – programs focused on key and vulnerable populations, adolescent girls and young women (AGYW), non-PMTCT prevention, and other wraparound support and care are those most likely to have been terminated.

In parallel to the United States government, several traditional public donors have similarly taken steps back from their commitments to foreign assistance and HIV. The French government reduced its official development assistance (ODA) budget line by 39% (approximately €2.3 billion) in 2025, and did not make any pledge at the Global Fund

for AIDS, TB and Malaria's Eighth Replenishment Summit. Other funders, including Germany, the United Kingdom, Japan, Sweden, and Canada, have similarly cut foreign assistance budgets and reduced their Global Fund pledges. Anticipating a weak Replenishment, and impacted by U.S. delays in transferring pledged contributions, the Global Fund triggered a rapid withdrawal of funding from signed grant agreements in 2025 to avoid a liquidity crisis.

Taken together, the coming months will be an essential turning point for the HIV response, culminating in a series of important financial decisions. First, the U.S. government is currently negotiating bilateral Memoranda of Understanding (MOUs) with African governments, which will shape PEPFAR investments over the next five years. In parallel, the Global Fund is launching its Grant Cycle 8 (GC8) in early 2026, with countries developing three-year funding proposals for HIV, tuberculosis, and malaria. At the same time, governments worldwide are advancing domestic resource mobilization efforts in an effort to try to fill the gaps left by bilateral and multilateral funders, although capacity to meet the level of need varies substantially across countries.

Effectively deploying funding in 2026 will require an understanding of where gaps are emerging in the HIV response. This will require not only evidence about where programs have been impacted by donor withdrawal, but also understanding how civil society itself has been impacted, how the institutional health of community-led organizations has been affected, how national responses and priorities have shifted, and how the broader landscape of pandemic preparedness and response has changed.

METHODS

A partnership between **Coalition PLUS**, **Sidaction**, **Frontline AIDS** conducted an exploratory study to gather empirical data about the impact of changing funding priorities on communities, civil society, and health systems. A survey was developed to measure the impact of funding cuts on service delivery and on the organizational health of grantees and implementers. **Aidsfonds** joined the coalition to support data analysis.

Data were collected electronically with **Voxco**, survey tools, between **October 29 and November 18 2025**. The survey tool was translated and disseminated in English, French, Portuguese, and Spanish. Respondents were recruited by the partner organizations among their respective networks. Only one response per organization was accepted, and respondents were provided written information about the objectives of the study, confidentiality, and data use. Quantitative data were analyzed using **R**, while qualitative data were translated to English using **DeepL**, and analyzed thematically.

Abbreviations

- **AGYW** : Adolescent girls and young women
- **CHW** : Community healthcare workers
- **DIC** : Drop-in center
- **GBV** : Gender-based violence
- **GC8** : Grant Cycle 8
- **KVP** : Key and vulnerable populations
- **MOU** : Memorandum of Understanding
- **MSM** : Men who have sex with men
- **ODA** : Official development assistance
- **PLHIV** : People living with HIV
- **PMTCT** : Prevention of mother-to-child transmission
- **SRH** : Sexual and reproductive health
- **STI** : Sexually-transmitted infection
- **TG** : Transgender
- **USAID** : U.S. Agency for International Development
- **VL** : Viral load

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RESULTS

01.

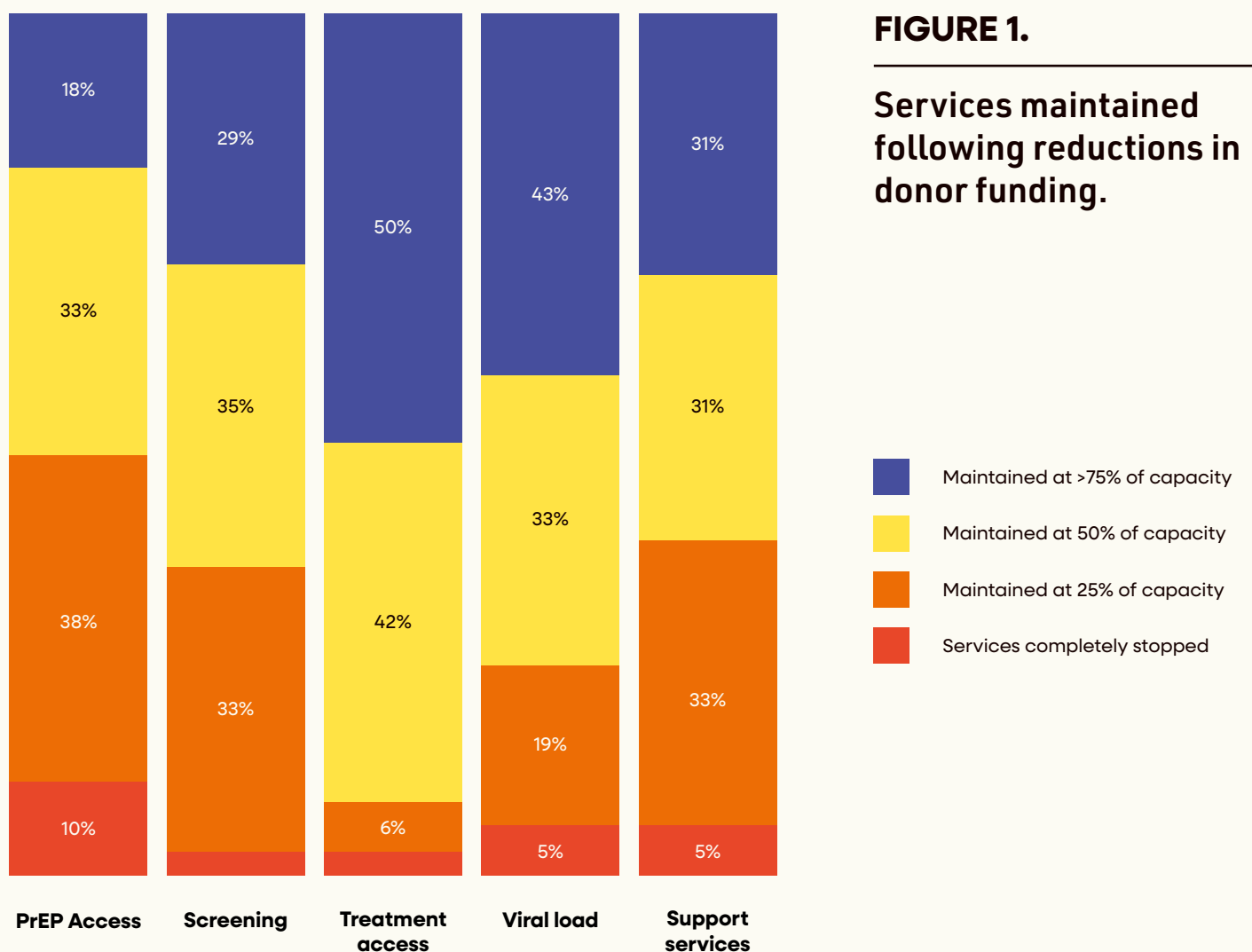
Responses were collected from 79 organizations as part of this analysis, with representatives from 47 countries (1-6 responses per country). All respondents were representatives of community-led organizations.

- 29 respondents, representing 36.7% of the total respondents, are from West Africa
- 23 (29,1 %) are from East and Central Africa
- 8 (10,1 %) are from Europe
- 7 (8,9 %) are from the Americas
- 5 (6,3 %) are from North Africa
- 3 (3,8 %) are from South-East Asia
- 1 (1,3 %) is from the Western Pacific
- 1 (1,3 %) is a regional representative

Among surveyed respondents, 77% reported that reductions in funding from international donors – including the U.S. government, the Global Fund, and French and German bilateral cooperation — has impacted their organization’s delivery of services to communities.

01. a.

IMPACT OF FUNDING CUTS ON SERVICE DELIVERY



The most impacted services

- **PrEP access** : which was operating at less than **50 %** of their January 2025 capacity in **81 %** of organizations surveyed.
- **Support services for people living with HIV (PLHIV)** : were also significantly impacted (**69 %** at less than 50% capacity).
- While **treatment services and viral load**

(VL) testing were relatively less impacted than other services, funding cuts resulted in **only about half** of these services being maintained at levels comparable to January 2025.

Observation: Several respondents indicated that service disruption was limited to clinics and/or districts that are funded by U.S. government funding, with programs supported by the Global Fund and other funders continuing without interruption.

« Psychosocial support and mental health: many organizations no longer have the resources to offer regular counseling sessions, individual support, or support groups. This particularly affects newly diagnosed individuals and key populations exposed to stigma. »

— Respondent from Western Africa

« HIV testing services are maintained for the cities that benefit from the Global Fund Grant Cycle 7 project. »

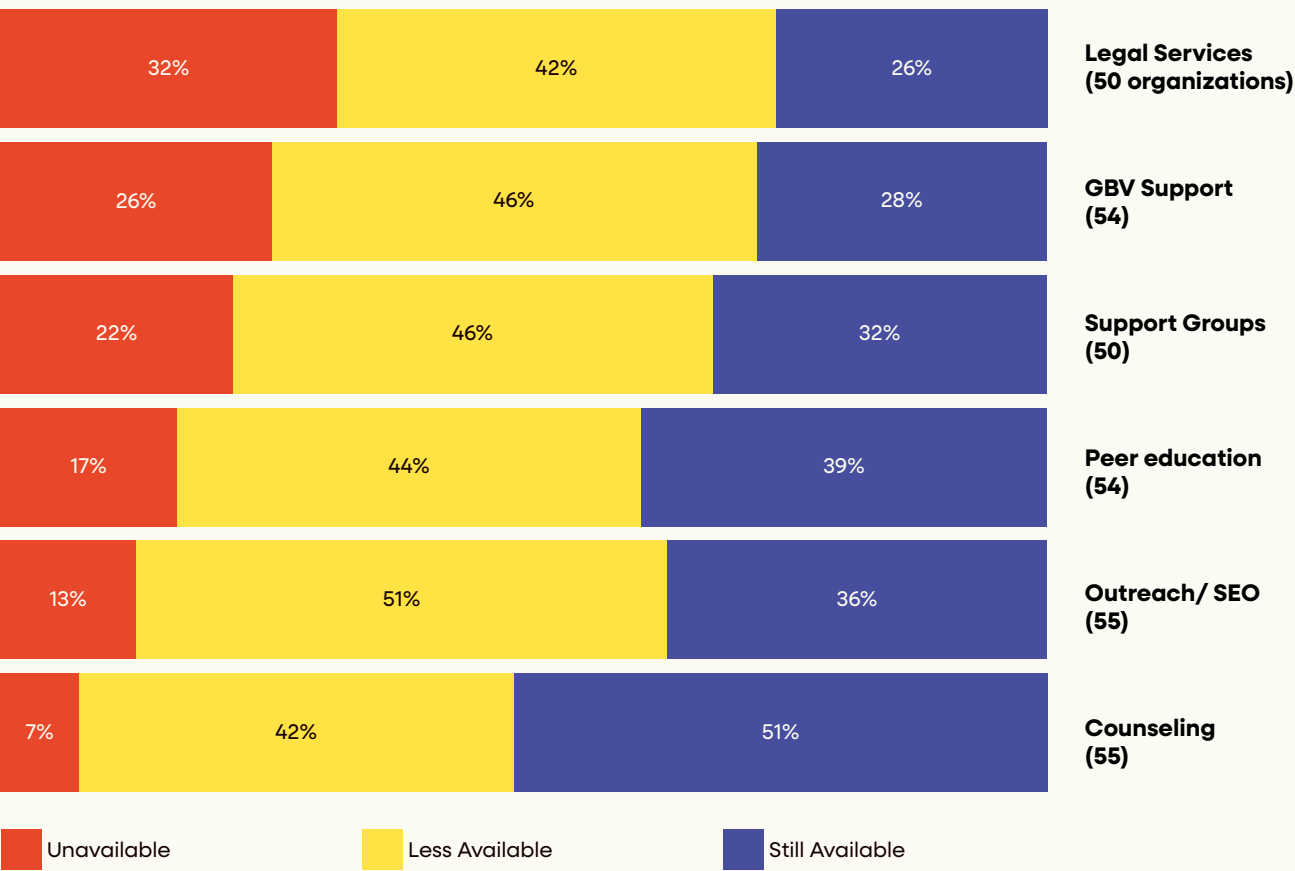
— Respondent from Eastern Africa

« The work of consultants for tracking patients who missed visits to the healthcare facility for continuing ART has been discontinued.. »

— Respondent from Eastern Europe

FIGURE 2.

Support activities affected by reductions in donor funding.



The services provided by community organizations often are focused on support, wraparound care, and other forms of non-medical services designed to engage and retain PLHIV and key and vulnerable populations (KVP) in care. Findings

from this survey indicate that among surveyed organizations, **38 % completely discontinued at least one form of support services** (Figure 2).

The most impacted services

- **Legal support** (with just **26 %** organizations maintain it normally).
- **Gender-based violence services (GBV)** (with just **28 %** organizations maintain it normally).

« Since the budget cuts, we have seen difficulties in accessing justice. »

— Respondent from Western Africa)

The reduction in community-focused programming and support services was described as **contributing to an increase in violence, stigmatization, and discrimination against PLHIV and KVP, ultimately impacting the resilience of the community itself.**

While some responding organizations did not have definitive data on violence, and others indicated that background rates of violence are already high in their countries, several others directly attributed growing violence – and the ability to prevent and respond to it – to reduced funding levels.

« Following cuts in international funding, we have indeed observed a significant increase in gender-based violence (GBV) and violence in general within already vulnerable communities, particularly among PLHIV, MSM, and TG. The reduction in funding has led to a reduction in the activities of several community organizations, limiting access to prevention, psychosocial support, and legal services. As a result, many survivors of violence find themselves without support or recourse.

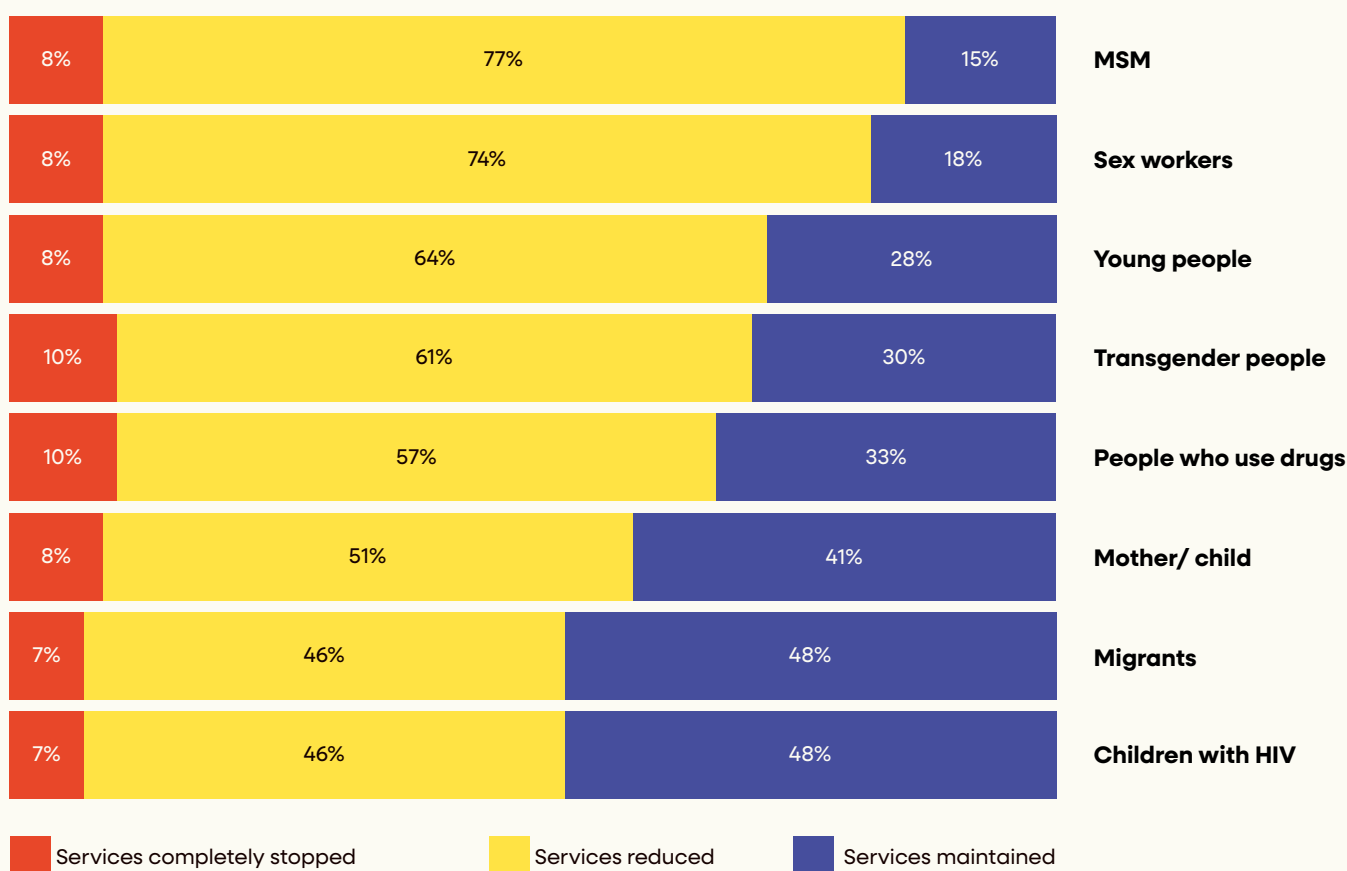
Testimonies gathered in the field report increased cases of psychological violence and attacks on dignity, particularly among MSM and TG. In addition, the decline in community awareness-raising interventions has contributed to the resurgence of stigmatizing and discriminatory discourse, sometimes relayed by local opinion leaders, reinforcing the climate of exclusion and violence.

In short, budget cuts have weakened not only prevention and support mechanisms, but also community protection and resilience mechanisms, leading to an upsurge in violence and a feeling of abandonment among beneficiaries. »

— Respondent from Western Africa

FIGURE 3.

Target population impacted by the reduced funding.



In **77 % of organizations**, the reduced funding impacted the ability to provide care to the communities they normally serve (Figure 3). While **all populations are affected**, some are particularly hard hit:

- **10 % of organizations have completely discontinued services** for transgender people and people who use drugs
- **85 % have reduced or discontinued services** for men who have sex with men (MSM).
- **82 % have reduced or discontinued services** for sex workers.

« Syringe distribution services are less available, to the point where we are seeing an explosion of high-risk behavior among drug injectors in [the capital city] »

— Respondent from Western Africa

01. b.

IMPACT OF FUNDING CUTS ON STOCK-OUTS, SHORTAGES, AND THE COST OF MEDICAL PRODUCTS

In addition to directly impacting the delivery of healthcare services, **56 % of surveyed respondents** indicated that the reductions in funding had **impacted the availability of supplies**, including essential HIV prevention, treatment, and harm reduction commodities. As of **October and November 2025**:

- **41 %** organizations report that at least one product is currently **unavailable**
- **46 %** indicate that at least one product is **less available** than in January 2025 (Figure 4)

UNITAID/CHAI's quarterly HIV Market Report offers a detailed analysis of the comprehensive effects on logistics and supply chains. Notably, U.S. funding has historically supported **every stage of the supply chain**—from manufacturing to the distribution of medicines.

« The impact [on service delivery] is related to a supply issue, rather than a funding issue. »

— Respondent from Northern Africa

The most impacted commodities (unavailable or less available)

- | | |
|---------------------------------------------------------------------------|----------------------------------------------|
| • Gender-affirming hormone therapy (95 % of organizations) | • Opioid use disorder (92 %) |
| • Sexually transmitted infection (STI) treatment (95 %) | • Lubricants (87 %) |
| • Harm reduction (93 %) | • Condoms (86 %) |
| | • Vaccines (86 %) |

« We are experiencing frequent shortages of screening supplies and viral load cartridges. »

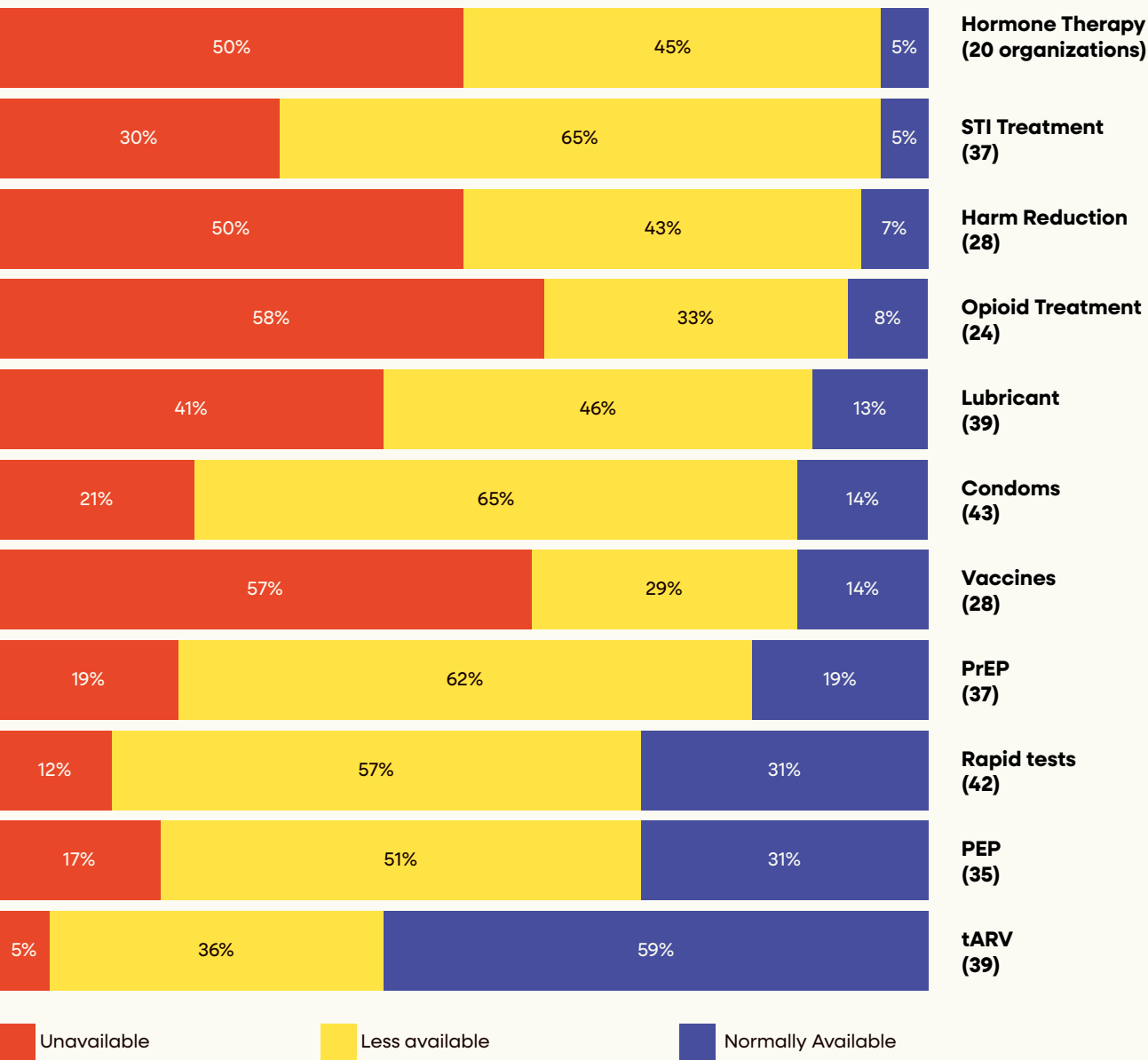
— Respondent from Western Africa)

« Free condom distribution to key and vulnerable populations is no longer available. »

— Respondent from Eastern Africa)

FIGURE 4.

Changes in the availability of commodities, relative to January 2025



Since donor funding is often used to **subsidize the cost of medical commodities**, or to facilitate access to lower cost procurement pathways, some commodities have reportedly become **more expensive** relative to January 2025.

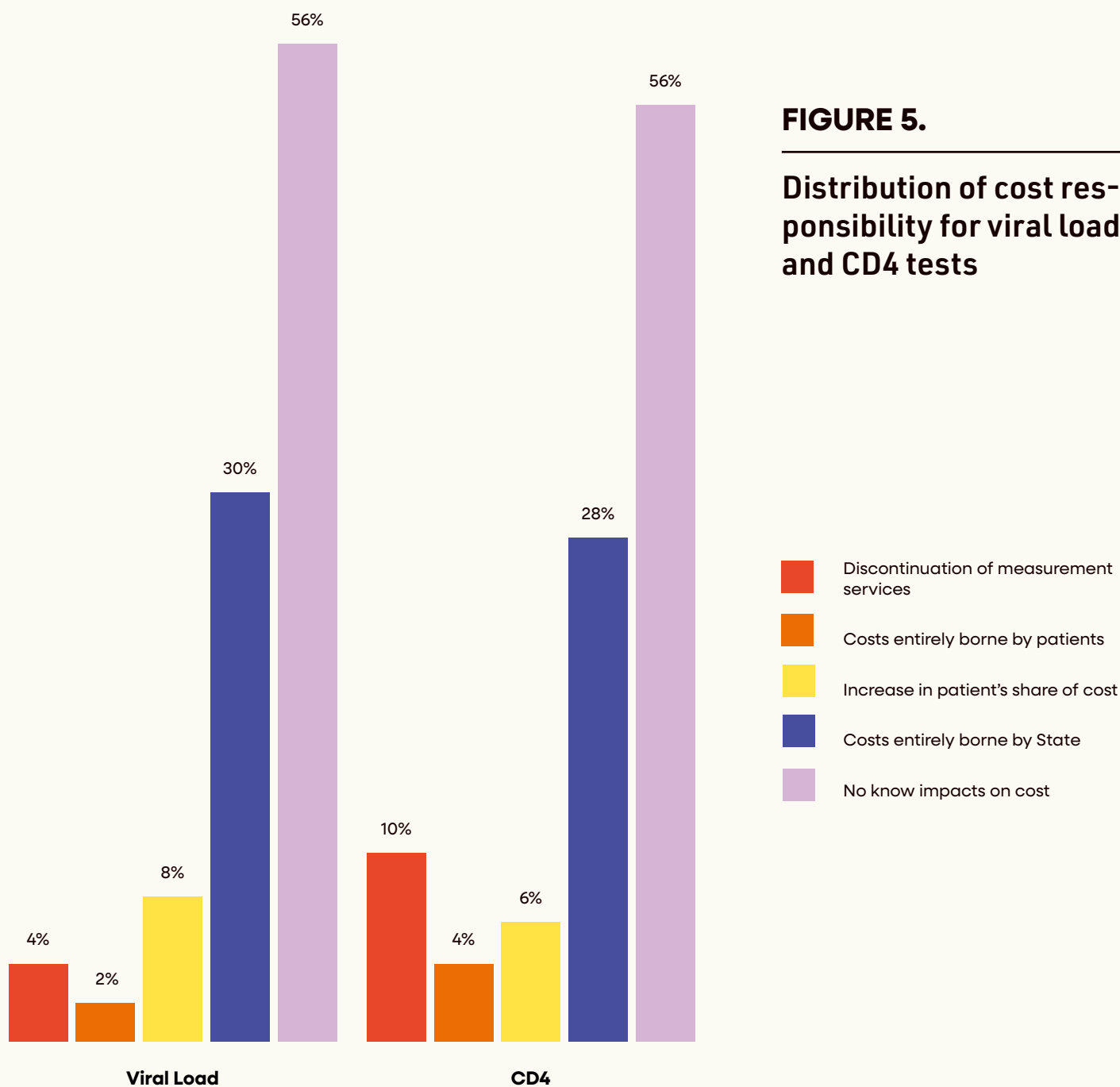


FIGURE 5.

Distribution of cost responsibility for viral load and CD4 tests

According to surveyed respondents, **56 %** reported no change to who bears the cost of VL testing, and **30 %** indicated that costs were **fully borne by the government** (Figure 5).

However, **8 %** reported that the proportion of **the costs borne by patients had increased** since January 2025, **4 %** had fully discontinued all VL testing, and **2 %** had shifted the full cost of testing to patients. Similarly, **6 %** indicated that the **cost sharing** for CD4+ testing had increased due to funding cuts, **4 %** had shifted the full cost to patients, and **10 %** discontinued all CD4+ testing.

01. c.

IMPACT OF THE FUNDING CUTS ON THE BROADER SOCIAL AND POLITICAL

In response to the funding cuts, **30 %** of respondents described the government taking actions to mitigate harm and fill funding gaps. Most commonly, respondents described governments developing contingency and risk mitigation plans, although in general there was little visibility into the content or application of these plans. In some countries, increased domestic resources were committed to HIV, and in others the Ministries of Health launched small grants programs to continue funding for community organizations.

« The [National AIDS Control Committee] has launched a call for small grants for NGOs to enable continuity of services. Lobbying has been carried out with the government for the allocation of special funds for the fight against HIV »

— Respondent from Western Africa).

Cependant, malgré les efforts des donateurs et des défenseurs des droits pour **renforcer la mobilisation des ressources nationales** et intégrer les programmes financés par l'international dans les systèmes de santé locaux, les répondants soulignent des **obstacles majeurs** dans les pays où les gouvernements **criminalisent les populations clés**.

*« [The] government has **banned specialized services and recognition of LGBTQI+ individuals** in differentiated health and education services »*

— Respondent from Central America

« The case of violence in [my country] is not based solely on funding variability, but above all on the commitments made by the State. The political context in [my country] continues to encourage cases of violence, with our target populations among the constant victims. Thus, the reduction in funding further aggravates the situation. »

— Respondent from Eastern Africa

Beyond the government, civil society itself had mixed responses to the changing financial landscape. In most contexts, for instance, **religious community leaders** were described as remaining **silent** on the budget cuts, while others have taken **strong positions against** the funding cuts and have acted as allies to communities.

« The community finds itself with its back against the wall. Communities have been left behind and have become voiceless. Perpetrators of GBV have mobilized and considered this to be God’s punishment.» »

— Respondent from Western Africa

However, some respondents described a **breakdown in alliances** between faith leaders and community organizations as a result of the funding cuts, leading to a **resurgence in stigmatization** and a **normalization of violence**.

« The decline in awareness-raising and inter-community dialogue programs has led some religious or traditional leaders to revert to more conservative positions, sometimes tinged with moral judgments towards people living with HIV or belonging to key populations. The absence of regular advocacy or training activities has reduced opportunities for consultation, thereby limiting the inclusive initiatives promoted by CSOs. In general, budget cuts have contributed to weakening the alliances built between CSOs and community leaders, reducing opportunities for joint engagement in the fight against stigma and violence. »

— Respondent from Western Africa

« Some religious leaders, believing that LGBTQI+ practices contradict the teachings of their faith, see budget cuts as a form of “return to moral order” or refuse to defend such funding. »

— Respondent from Western Africa

Several respondents described **the human rights context** in their countries **as being fragile**, with the perturbations from funding **cuts undermining hard-won progress**.

« [Our] society remains very conservative and deeply influenced by cultural and religious norms, as well as propaganda promoting Pan-Africanism, which rejects all outside aid, ignoring the consequences this may have. The socio-political and legal context for the promotion and protection of community rights remains complex and fragile in [my country]. »

— respondent from Western Africa

01. d.

IMPACT OF FUNDING CUTS ON ORGANIZATIONAL HEALTH

The U.S. government is a major source of funding for the organizations surveyed, with 27% reporting PEPFAR or USAID as one of their top three funders in 2025. **However, by 2026, only**

14 % of organizations anticipate that the U.S. government will remain a top-three funder.

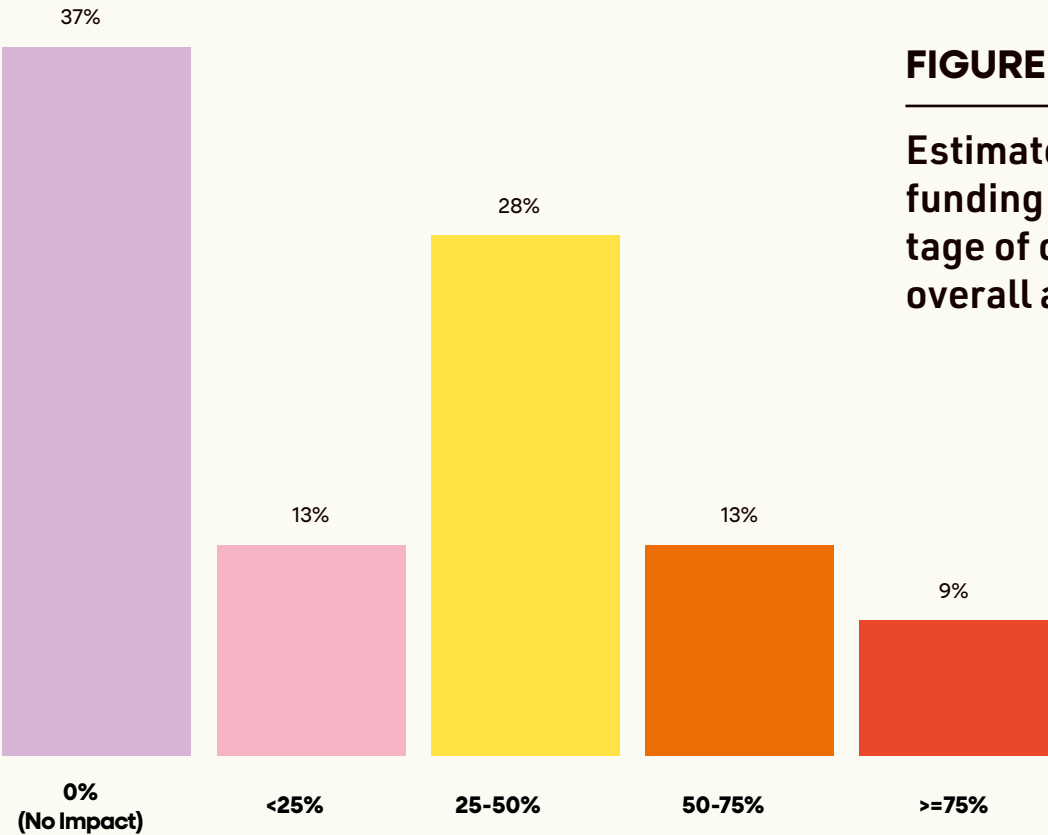
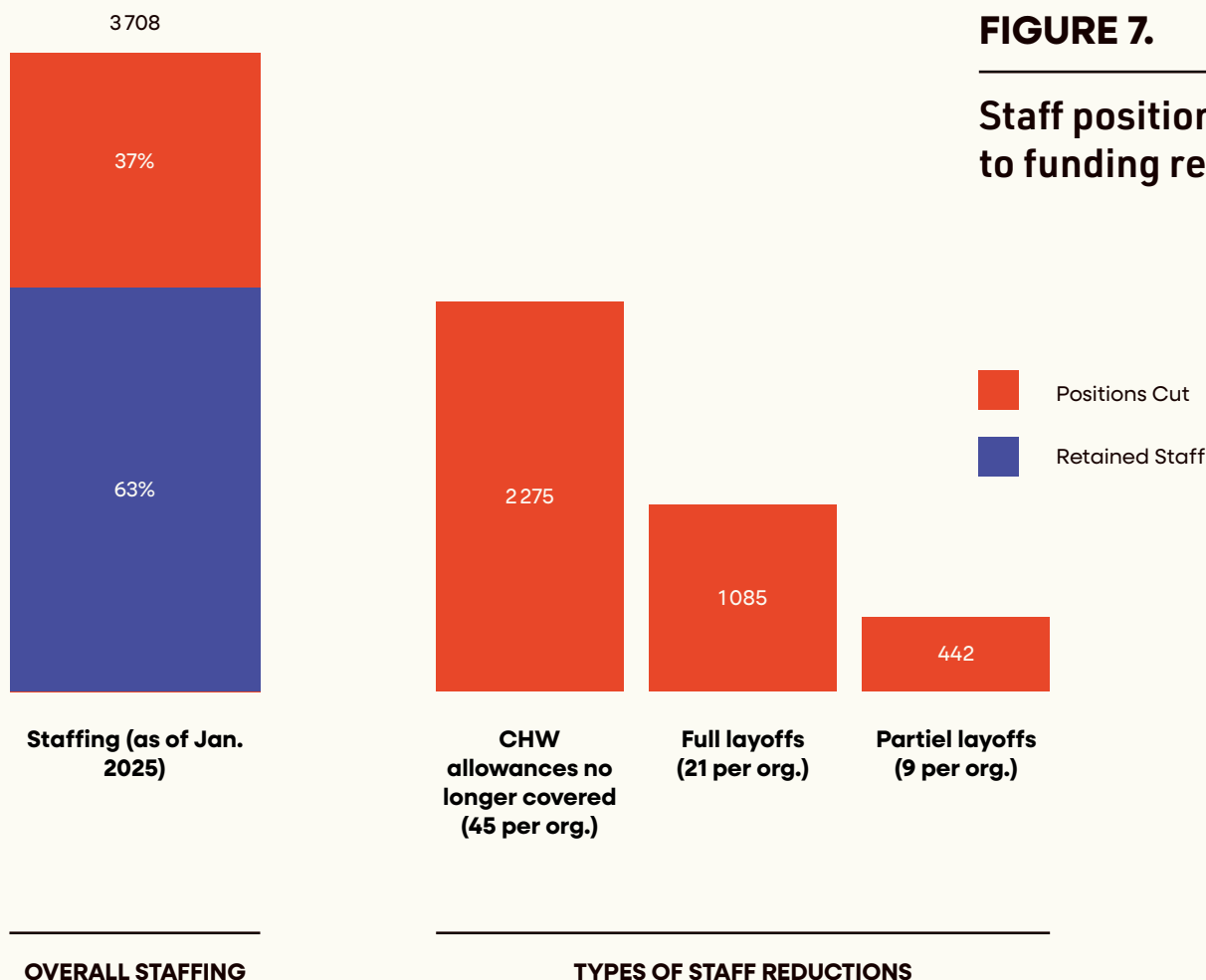


FIGURE 6.
Estimated reduction in funding levels as a percentage of organization's overall annual budget.

In addition to impacting the ability to deliver services, the reductions in funding also impacted the financial health of many community organizations. Among those surveyed, **63 % of organizations reported that the reductions in foreign assistance have had a direct impact on their functioning.** For many organizations, the scale of reductions are catastrophic: 22% of CSOs have lost at least half of their budget, with 9% having lost more than 75% of their operating budgets. (Figure 6).

In addition, 65 % of respondents indicated that the funding cuts had impacted their organization's human resources. On average, organizations reported losing 45 CHW/Peer educator positions that are no longer covered by allowances, while 21 employee positions were completely suspended and 9 were partially suspended.

« Training and oversight have been impacted. »
— Respondent from Western Africa



Ultimately, while many respondents were able to continue operating their organizations, **several respondents described having closed down clinics, drop-in centers, and offices** due to the funding cuts. Others reported being able to continue operating their services, but with all employees providing care and services **on a voluntary, unpaid basis**.

« Currently, we only provide virtual services on a voluntary basis and we do not have formal jobs and are living on subsistence economies. »

— Respondent from Central America

« Due to funding cuts and decisions, we are forced to close one branch office, 14 HIV/AIDS-focused DICs, and 8 SRH clinics. »

— Respondent from Eastern Africa

FOCUS

02.

**a. IMPACT ON
WOMEN'S HEALTH**

b. IMPACT ON YOUNG PEOPLE

**c. IMPACT ON
LGBTQI+ PEOPLE**

**d. IMPACT ON PEER
EDUCATORS**

**e. SEXUALLY TRANSMITTED
INFECTIONS (STIs)**

a. IMPACT ON WOMEN'S HEALTH

The reduction in funding is having a significant impact on services and resources critical to women's health and well-being:

- **50,8 %** Of the organizations surveyed reported an impact on services dedicated to mothers/children, with **8,2 %** having completely stopped these activities.
- **73,8 %** report an impact on services for **sex workers**.
- **Support for victims of gender-based violence** (GBV) is severely affected: **25,9 %** of services are now **unavailable**, and **46,3 %** are **less available**.
- The availability of **vaccines** (including HPV, a key tool against HPV-related cancers affecting women) is severely compromised: **57,1 %** of organizations report that they are **currently unavailable**.

b. IMPACT ON YOUNG PEOPLE

The report indicates a significant impact on services for young people, as **63,9 %** of surveyed organizations reported that reduced funding has affected their ability to deliver services to «**Young people and teenagers**,» with activities for this community having completely stopped in **8,2 %** of organizations. This aligns with the context that certain key programs, such as those focused on adolescent girls and young women (**AGYW**), were among those most likely to be terminated following the U.S. government's limited funding waiver.

c. IMPACT ON LGBTQI+ PEOPLE

The data highlights a severe impact on services for LGBTQI+ people and communities:

- **85 %** of organizations report an impact on services for men who have sex with men (MSM), with **8 %** having **completely ceased** activities for this group.
- Transgender people are also heavily affected: **71 %** of organizations report an impact on their services, and **10 %** have completely ceased activities.
- **In terms of essential resources:**
 - **Hormone Replacement Therapy** (for transgender people): **95 %** of civil society organizations reporting it is either currently unavailable (**50 %**) or less available (**45 %**).
 - **PrEP**: **81 %** of organizations reporting it is currently unavailable (**19 %**) or less available (**62 %**).
 - **Legal services** (crucial for many vulnerable communities): **74 %** of organizations are impacted (**32 %** **unavailable**, **42 %** **less available**).
 - Other key inputs: **lubricating gel** (**87 %** **impacted**) and **condoms** (**86 %** **impacted**).

8,2%

declare that activities have completely ceased.

63,9%

Organizations reported that funding cuts affected their ability to provide services to "young adolescents."

d. IMPACT ON PEER EDUCATORS

The reduction in funding has severely compromised the human resources that form the backbone of the community-led HIV response:

- **2,275 CHW/Peer Educator positions** have had their allowances **suspended or entirely cut**, representing an average of **45 postes impactés par organisation**.
- **61,1 %** of organizations report that «Interviews with peer educators» are either currently unavailable (**16,7 %**) or less available (**44,4 %**) compared to January 2025.
- This indicates that the cuts are directly **dismantling the most essential components** of community-based service delivery.

e. SEXUALLY TRANSMITTED INFECTIONS

The availability of supplies for treating Sexually Transmitted Infections (**STIs**) was one of the most severely affected areas. Specifically, **95 %** of organizations reported that products for the treatment of STIs (and opportunistic infections) were either currently unavailable or less available compared to **January 2025**, a level of impact comparable to gender-affirming hormone therapy and harm reduction materials.



95 %

organizations reported that products for the treatment of STIs were either currently unavailable or less available compared to January 2025.

CONCLUSIONS

03.

This analysis reveals that the cuts to foreign assistance have caused serious and widespread harm, impacting people's access to lifesaving services, community-led organizations, the healthcare delivery infrastructure, and the broader social and political context in many countries.

The budget cuts have led to major disruption to service delivery, particularly for prevention programs, services tailored to KVP, and social support for PLHIV. The activities most deeply affected by the cuts align with the types of care specifically targeted by the U.S. government, including gender-affirming services, gender-based violence services, human rights and legal support, and non-medical support for marginalized communities. Unsurprisingly, these developments have correlated with a reported increase in violence, stigmatization, and discrimination against PLHIV and KVP. As numerous reports from UNAIDS and other key actors have pointed out, the effects of the budget cuts extend beyond medical care. The results from this analysis highlight a degradation and weakening of civil society itself, impacting the sustainability and financial health of HIV- and health-focused organizations, a resurgence in the stigmatization of the populations most affected by HIV, and a breakdown of relationships across sectors.

Finally, while this analysis focused on the impact of cuts on community-led and civil society organizations, an important secondary finding was

the impact felt by the broader healthcare system. With the withdrawal of foreign assistance, the national healthcare system in many countries has lost access to commodities and medical products that are either subsidized or purchased through pooled procurement, leading to an increase in cost and stock-outs (see CHAI/UNITAID Market Impact Memo). While some governments have reportedly begun developing contingency plans and increasing domestic resources, the majority of respondents are unaware of any government response.

These findings provide an important roadmap for resource mobilization, highlighting the categories of care that are deteriorating due to the funding cuts, and the wider crisis facing communities, civil society and the health system. The data underline the urgency of the need, as experienced and trusted community partners are forced to close lifesaving HIV services and to retrench employees and peer workers, with a significant number facing the possibility that they may have to shut down entirely, at a time when their work is needed more than ever.

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