

From Policy to Point-of-Care: The Impact of International Funding on HIV Progress in Africa

Caitlin M. Cross, Whitney Pettijohn, Nielufar Varjavand
Drexel University College of Medicine

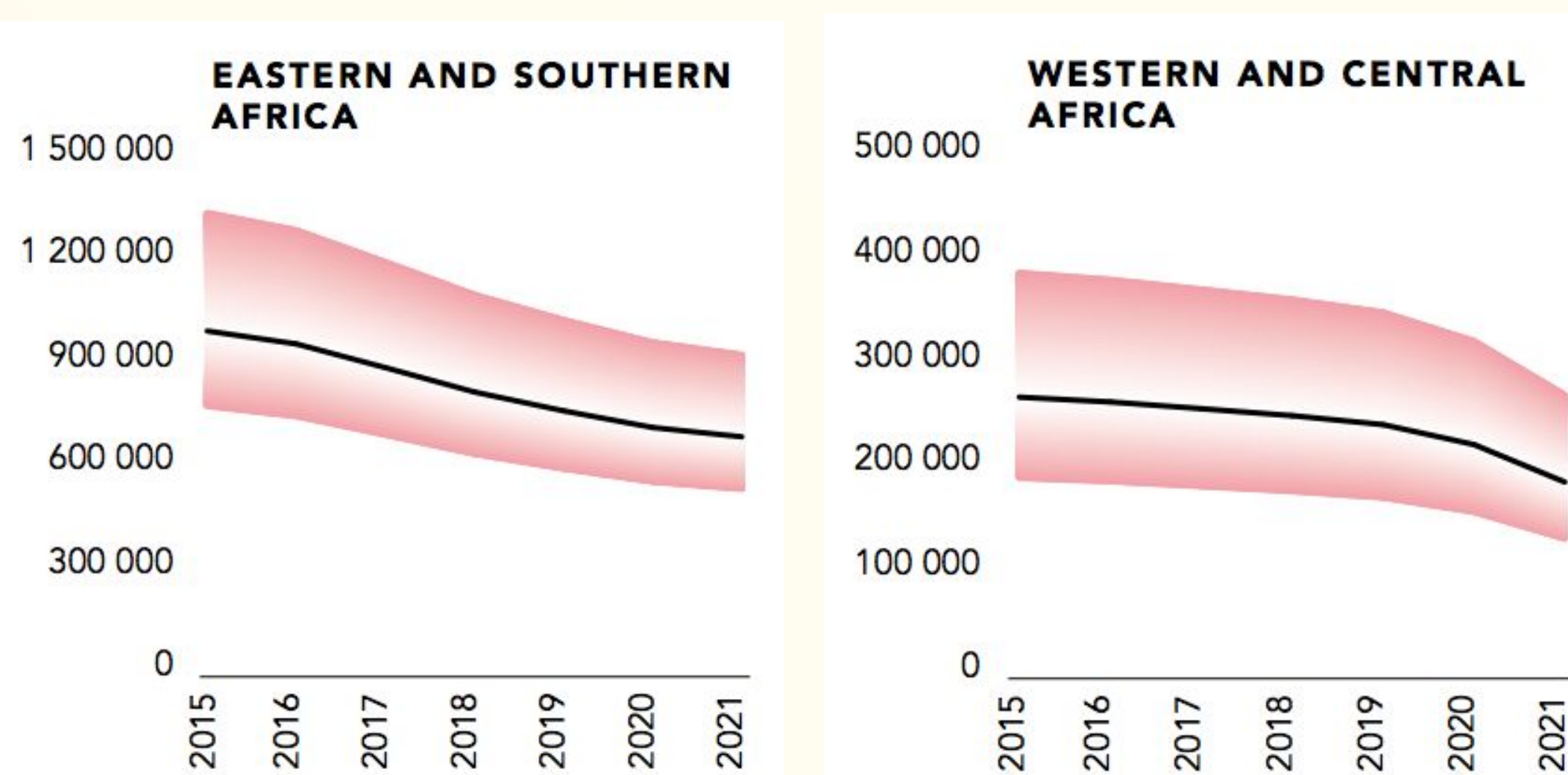
Introduction

HIV control worldwide has benefited for years from international aid, with the United States of America being a continuous leader in support. According to Wexler & Lief, in 2024 alone:

- The U.S. provided \$6.69 billion for HIV, 80% of total donor government support, ranked 1st even when standardized by the size of its economy
- France, second largest donor, \$314 million
- Germany, \$226 million
- U.K., \$218 million
- Netherlands, \$192 million

In the United States, initiatives such as the President's Emergency Plan for AIDS Relief (PEPFAR) have sustained this support. According to the US department of state, through PEPFAR, the U.S. has invested over \$110 billion in HIV/AIDS response, saving 26 million lives, preventing millions of HIV infections, and accelerating progress toward controlling the global HIV/AIDS pandemic in over 50 countries (2). This highlights the benefits of just this one project alone on HIV trajectory, with overall global support leading to decreasing numbers of HIV infections.

With this aid, multiple regions in Africa have seen declines in new HIV infections. This includes the Republic of Zambia, which is considered a South-Central African country.



New HIV infections, by region, 2015–2021 (3)

With the contribution of international donors, UNAIDS epidemiological HIV data shows sustained decline of new infections in Eastern and Southern Africa, as well as Western and Central Africa, between 2015 and 2021.

Current Changes

In the summer of 2025, I volunteered in Zambia, where learned of reduced funding of international HIV programs. Over the past decade, contributions from non-US donors fell by 57% (3). While the US remained a leading donor during much of this time, a 2025 Executive Order paused US foreign development assistance. The Executive Order called for a “pause in United States foreign development assistance (4).” This pause included freezing \$367 million (9.2 billion Kwacha) in HIV funding previously pledged in 2024 (5).

Observations

During my summer volunteer work at Libuyu Clinic, a public, resource-limited clinic in Livingstone, Zambia, I witnessed firsthand the local effects of reduced international HIV funding. Key observations included:

- **Stockouts and supply interruptions:** HIV rapid test kits, Antiretroviral Therapy (ART), and Pre-Exposure Prophylaxis (PrEP) became inconsistently available.
- **Service reductions:** Community outreach programs declined, local drop-in centers for vulnerable groups closed or shrank.
- **Staffing shortages:** Clinics relied more on volunteers as formal staff became limited.
- **Patient impact:** HIV testing remained busy in the clinic, however many stopped attending when PrEP ran out.
- **Emotional toll:** HIV status caused significant distress, compounded by less counseling support. Staff spoke of diagnosed patients taking their lives.
- **Staff concerns:** Clinic personnel often cited funding cuts and resource losses as major challenges.

Overall, these observations highlight how reduced international HIV funding has directly strained clinic resources, limited patient access to prevention and treatment, and intensified both staff and patient challenges at the point of care.

Widespread Effects

One critical leader in coordinating the global HIV/AIDS response is UNAIDS, a partnership of eleven UN agencies that leverages each agency's strengths to implement targeted, comprehensive strategies against the epidemic (6). According to UNAIDS, some services in Zambia are directly supported by the U.S. government, including:

- 49% of PrEP services (7)
- Over 11,500 health workers and community-based volunteers supporting the national AIDS response (7)

In February of 2025, UNAIDS data explained that the pause in U.S. assistance had caused significant disruption to HIV services in Zambia (7):

- 32 drop-in HIV centers in 7 out of 10 provinces shut down
- 21 districts closed DREAMS centers for girls and young women
- 16 centers for voluntary medical male circumcision stopped operating

These data illustrate the tangible consequences of funding interruptions, including widespread disrupted HIV prevention and treatment services across Zambia.



Projections

Future consequences can be predicted. Based on past data, “trends in HIV infections and AIDS-related deaths are driven by the availability of HIV services (3).” With UNAIDS data, the following resources are projected (7):

- Adequate ARVs for 12 months, but without the buffer
- Available and pipeline HIV rapid test kits for 3.2 months
- One-month supply for viral load testing and early infant diagnosis

A mathematical modelling study of seven countries in Sub-Saharan Africa predicted changes in HIV deaths and new infections from 2025-2030 as a result of a freeze of PEPFAR funding. The following key projections were made regarding a 90 day freeze (8):

- **~60,000** excess HIV deaths under a proportional disruption scenario
- **74,000** deaths if program systems collapsed
- **21,000** and **28,000** further deaths if funding resumed after 4 or 8 weeks, respectively
- **35,000–103,000** additional new infections expected across scenarios
- Extrapolated to the entire region: the freeze could result in up to **150,000** excess deaths and **200,000** new infections

These findings highlight how even short-term funding interruptions can cause widespread treatment breakdowns and loss of life across sub-Saharan Africa.

Conclusion

The consequences in Zambia and other regions across Africa demonstrate that reductions in international HIV funding have immediate and significant effects on prevention, treatment, and care.

As UNAIDS emphasizes, “ending AIDS will cost much less money than not ending AIDS,” and HIV investment from international donors are essential to reach this goal (3). This analysis illustrates the role that consistent international support plays in preventing catastrophic setbacks in the fight against HIV. Funding cuts have already reversed measurable progress in HIV prevention and treatment, while renewed and sustained investment in HIV programs delivers measurable gains in the fight against HIV.

Sources

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