The short-term impacts of U.S. foreign assistance cuts on HIV service delivery in PEPFAR partner countries

Mehta, S., Wibbels, E., Brooks, M., Castillo, M., Sanders, R.A.

Craig-Dalsimer Division of Adolescent Medicine, The Children's Hospital of Philadelphia

Purpose: The 2025 U.S. cuts in foreign assistance have affected global HIV/AIDS responses. Data limitations have precluded a systematic examination of the foreign assistance cuts' impact on HIV services, despite dire predictions. This study assesses the short-term impacts of the funding cuts on HIV service delivery in PEPFAR partner countries, while contributing to a larger discussion of how abrupt decisions by the United States reverberate through global health systems.

Methods: We employed a mixed-methods approach, combining descriptive analyses of country-reported data from UNAIDS and Ministries of Health with in-depth qualitative interviews. We used country-reported service indicators from 19 countries receiving bilateral PEPFAR aid for core "life-saving" program areas over FY2025 to examine the impact of the cuts on HIV testing, treatment, and prevention. We fit locally estimated scatterplot smoothing (LOESS) curves to monthly HIV service indicators to flexibly detect non-linear trends and disruption trajectories across unevenly reported data. We conducted a convergent parallel analysis of 36 semi-structured in-person interviews with healthcare providers in Kenya, Uganda, and South Africa to triangulate country-level trends with perceptions of on-the-ground service disruptions.

Results: Three HIV service disruption trajectories emerged across PEPFAR partner countries: steady, ongoing declines; major drops in services followed by quick recoveries; and drops that stabilize at lower levels. Ministry of Health data adds suggestive evidence that even cases that initially avoided acute service disruptions may see later declines as accumulated supplies run out. Provider interviews highlighted cross-cutting themes, including: 1) short-term adaptation through integration helped mitigate sizable staffing losses, 2) public misconceptions compounded direct impacts from fiscal and capacity constraints, 3) a profound psychological toll from the cuts amplified disruptions through provider burnout and client anxiety, and 4) programs for youth and key populations were cut as integrated care struggled to fill specialized competencies.

Conclusion: This study offers an empirical portrait of PEPFAR partner countries' HIV service disruptions in the year following the U.S. foreign assistance cuts. The findings underscore significant country-level variation, highlighting the need for tailored, gradual, multi-stakeholder-supported transition strategies to sustain HIV progress as the world enters a new era of global health financing.