



Anna Grimsrud, IAS, South Africa

**Building forward: Differentiated service delivery as a catalyst for sustained and integrated HIV services amid funding uncertainty**

# Confronting a new reality for HIV service delivery



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# A new reality

1. Some key events
2. The impacts and responses
3. Looking ahead





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# 1. Some key events


RIP  
USAID  
1961-2025





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# PEPFAR limited waiver

 **Global Health Security and Diplomacy**  
U.S. DEPARTMENT OF STATE

**HIV Care & Treatment and Prevention of Mother to Child Transmission Activities**  
Approved Under PEPFAR Limited Waiver

Updated: February 10, 2025  
**(Changes Are Highlighted)**

PEPFAR-supported life-saving HIV Care & Treatment and Prevention of Mother to Child Transmission (PMTCT) services should be resumed as soon as possible. PEPFAR implementing agencies should take necessary actions to expedite resumption of these services.


This document is intended to provide additional clarification of activities approved under the PEPFAR 90-Day Limited Waiver. Activities not specifically listed should not be resumed. If further clarification is needed, send an email to [ghsd\\_pg@state.gov](mailto:ghsd_pg@state.gov). Resumption of activities approved under the PEPFAR 90-day waiver is limited to activities within previously approved PEPFAR Country and Regional Operational Plans.

*"For purposes of this limited waiver, life-saving humanitarian assistance applies only to: Delivery of life-saving HIV care and treatment services through support for health workers (doctors, nurses, and other clinical and community health workers, etc.) delivering or monitoring HIV care and treatment to ensure continuity of service provision. These workers deliver care at hospitals, primary healthcare clinics, faith-based clinics, and community settings."*

Salaries for health workers, laboratory, and supply chain staff necessary to carry out the specific activities described in this document are included in this waiver.


**HIV Testing Services for All Populations [For HIV Case Finding, Re-entry in Care, and PMTCT]**

- "Provision of HIV testing in community and facility settings" – To identify people living with HIV
  - Referral and navigation to confirmatory HIV testing (including for those who screen positive with an HIV self-test)
  - Referral and navigation to antiretroviral treatment (ART) for those with a positive HIV test
  - Referral and navigation as appropriate to PMTCT services
- HIV screening for people diagnosed with TB: All individuals who are either diagnosed with or presenting with pulmonary or extrapulmonary symptoms of tuberculosis should be tested for HIV




**UNDER WAIVER: PEPFAR MONITORING, EVALUATION AND REPORTING (MER) INDICATORS**

**TESTING**




- HTS\_INDEX
- HTS\_TST
- HTS\_SELF
- PMTCT\_EID
- PMTCT\_FO
- PMTCT\_HEI
- PMTCT\_STAT
- TB\_STAT

**TREATMENT**




- CXCA\_TX
- CXCA\_SCRN
- PMTCT\_ART
- TB\_ART
- TB\_PREV
- For Preg\_BF Women Only
  - PREP\_NEW & PREP\_CURR
- TX\_TB
- TX\_CURR
- TX\_ML
- TX\_NEW
- TX\_RTT

**VIRAL SUPPRESSION**



- TX\_PVLS

**HEALTH SYSTEMS**

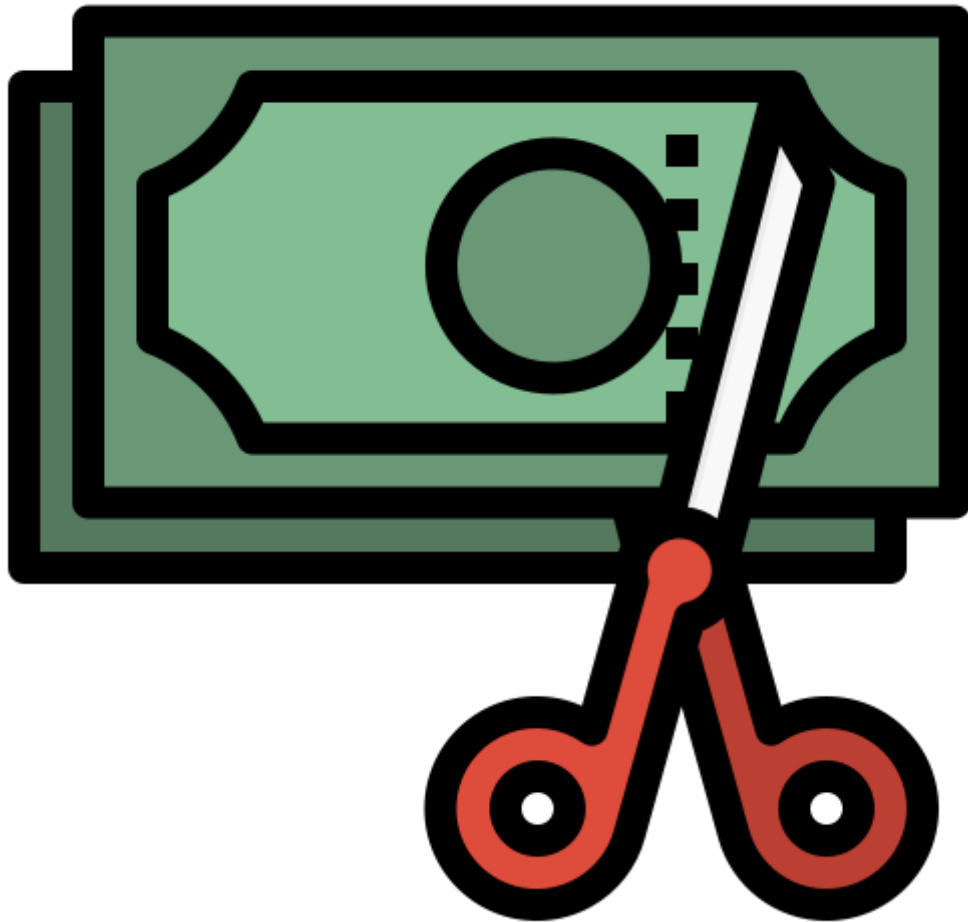


- LAB\_PTCQI

# Future of PEPFAR funding...



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40% proposed reduction in FY26 budget request...

- Was \$4.8B in 2024
- \$2.9B in budget request

## And US support for the Global Fund...

Did not specify amount in the FY26 budget request... + text to change to a 1:4 (20%)

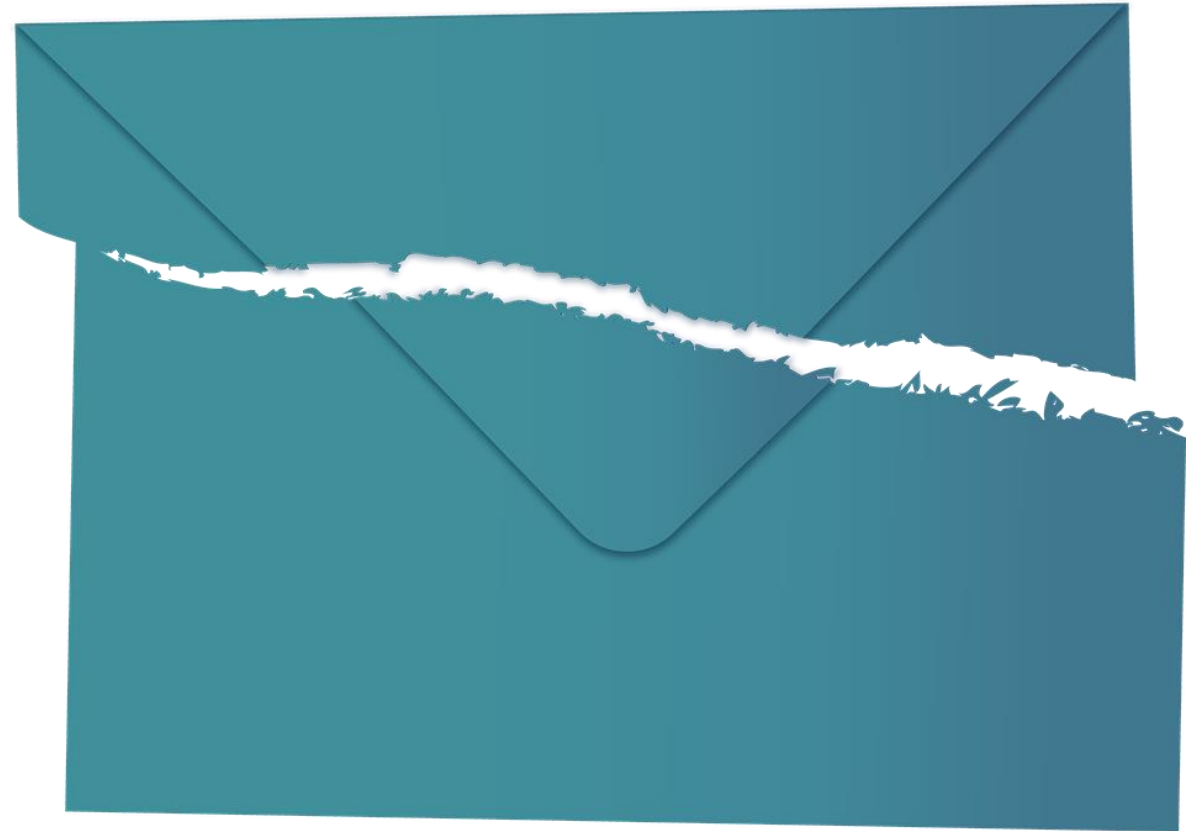
- Was \$1.6B in 2024
- And 1:2 (33%)



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# Global Fund GC7 reprioritization

- Countries have received their revised funding envelopes
- **Cut of \$USD1.4B**
  - 11% overall, up to 16% in some countries
- GF has published their guidance on what to reprioritize
  - [“GC7 Programmatic Reprioritization Approach”](#)



# Countries have been having sustainability discussions...

- Cambodia – published a Sustainability Roadmap for their HIV programme in 2018





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# And discussions on “integration”

- [A 2021 systematic review that included 114 publications](#)

“The most commonly integrated non-HIV services were maternal and child healthcare, tuberculosis testing and treatment, primary healthcare, family planning, and sexual and reproductive health services”

## PLOS MEDICINE

### RESEARCH ARTICLE

## Integrating HIV services and other health services: A systematic review and meta-analysis

Caroline A. Bulstra<sup>1,2\*</sup>, Jan A. C. Hontelez<sup>1,2</sup>, Moritz Otto<sup>1</sup>, Anna Stepanova<sup>1</sup>, Erik Lamontagne<sup>3,4</sup>, Anna Yakusik<sup>3</sup>, Wafaa M. El-Sadr<sup>5</sup>, Tsitsi Apollo<sup>6</sup>, Miriam Rabkin<sup>5</sup>, UNAIDS Expert Group on Integration<sup>†</sup>, Rifat Atun<sup>7</sup>, Till Bärnighausen<sup>1,7,8</sup>

1 Heidelberg Institute of Global Health, Heidelberg University Medical Center, Heidelberg, Germany, ...

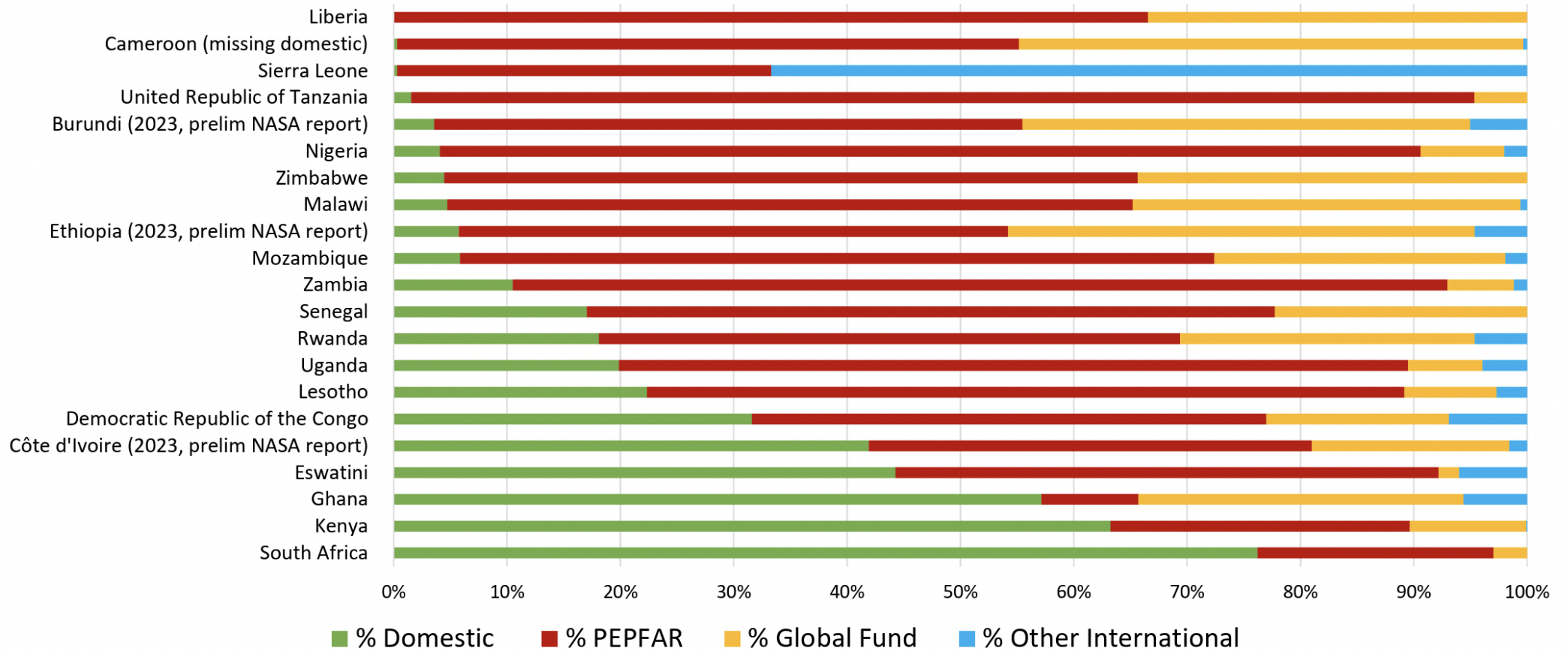
Check for updates

“Values for HIV care cascade outcomes tended to be better in integrated services”



# Funding for the HIV response

HIV response: proportional contributors (2022/2023) - from GAM or NASA reports



From Wafaa El Sadr,  
data from UNAIDS  
RAFT April 2025

13 - 17 July • Kigali, Rwanda

ias2025.org

**WE NEED**

**A**

**CHANGE**



**"Instead of a  
careful  
handover,  
we're being  
pushed off a  
cliff,"** Kate Rees



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**“The goal of sustainability is not to perpetuate the HIV response in its current form. Rather, it is to ensure the durability of the impact of the HIV response.”**

**- *UNAIDS HIV Response Sustainability Primer (2024)***



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**“The goal of ~~sustainability~~ is not to perpetuate the HIV response in its current form. Rather, it is to ensure the durability of the impact of the HIV response.”**

**- *UNAIDS HIV Response Sustainability Primer (2024)***



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## **2. Impact and responses**

# Countries publish guidance



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- Cameroon



- Kenya



- Liberia



- Mozambique



- Malawi



- South Africa



- Uganda



- Zambia

**TODAY**

# Modelled impact (1)



Estimated deaths associated with the funding freeze and discontinuation between January 24th, 2025 at 12:00 PM EST and present

Estimated adult deaths

72,818

Incrementing every 3.3 minutes

Estimated child deaths

7,751

Incrementing every 31 minutes

How many lives can be saved if all services are fully restored by the end of 2025?

Preventable adult deaths

76,109

Decrementing every 3.3 minutes

Preventable child deaths

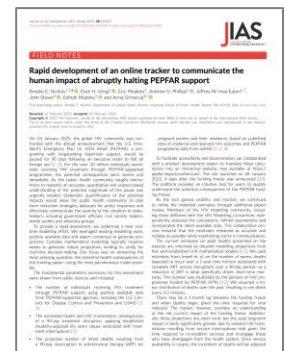
8,102

Decrementing every 31 minutes

For all trackers above, we use average rates to estimate impact. In reality, these effects may vary over time, potentially starting smaller and accelerating as the situation progresses.

<https://pepfar.impactcounter.com/>

“When I get mad, I do math”, Brooke Nichols



# Modelled impact (2)



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Over the next 10 years – eliminating PEPFAR would lead to:

- 601,000 HIV-related deaths,
- 565,000 new HIV infections, and would
- increase population-level healthcare expenditure by \$1.7 billion due to increased HIV prevalence and a less healthy population in South Africa alone

Annals of Internal Medicine

ORIGINAL RESEARCH

## Potential Clinical and Economic Impacts of Cutbacks in the President's Emergency Plan for AIDS Relief Program in South Africa

### A Modeling Analysis

Aditya R. Gandhi, MD; Linda-Gail Bekker, MD, PhD; A. David Paltiel, PhD, MBA; Emily P. Hyle, MD, MSc; Andrea L. Ciaranello, MD, MPH; Yogan Pillay, PhD; Kenneth A. Freedberg, MD, MSc; and Anne M. Neilan, MD, MPH

**Background:** Future U.S. congressional funding for the President's Emergency Plan for AIDS Relief (PEPFAR) program is uncertain.

**Objective:** To evaluate the clinical and economic impacts of abruptly scaling back PEPFAR funding (\$460 million) from South Africa's total HIV budget (\$2.56 billion) in 2024.

**Design:** Model-based analysis of 100%, 50%, and 0% PEPFAR funding with proportional decreases in HIV diagnosis rates (26.0, 24.3, 22.6 per 100 person-years [PY]), 1-year treatment engagement (people with HIV [PWH] receiving/initiating antiretroviral therapy: 92.2%/80.4%, 87.1%/76.0%, 82.0%/71.5%), and primary prevention (4.0%, 2.2%, 0.5% reduction in incidence with no programming [1.24 per 100 PY]).

**Data Sources:** Published HIV care continuum; PEPFAR funding estimates.

**Target Population:** South African adults (HIV prevalence, 16.2%; incidence, 0.32 per 100 PY).

**Time Horizon:** Lifetime.

**Perspective:** Health care sector.

**Intervention:** PEPFAR funded 100% (PEPFAR\_100%), 50% (PEPFAR\_50%), or 0% (PEPFAR\_0%).

**Outcome Measures:** HIV infections, life expectancy, and lifetime costs (2023 U.S. dollars).

**Results of Base-Case Analysis:** With current HIV programming (PEPFAR\_100%), 1 190 000 new infections are projected over 10 years; life expectancy would be 61.42 years for PWH, with lifetime costs of \$11 180 per PWH. Reduced PEPFAR funding (PEPFAR\_50% and PEPFAR\_0%) would add 286 000 and 565 000 new infections, respectively. PWH would lose 2.02 and 3.71 life-years with nominal lifetime cost reductions of \$620 per PWH and \$1140 per PWH that would be offset at the population level by more PWH requiring treatment for infection.

**Results of Sensitivity Analysis:** Countries with similar HIV prevalence and greater reliance on PEPFAR funding could experience disproportionately higher incremental infections and survival losses.

**Limitation:** Budget fungibility and exact programmatic implications of reducing PEPFAR funding are unknown.

**Conclusion:** Abrupt PEPFAR cutbacks would have immediate and long-term detrimental effects on epidemiologic and clinical HIV outcomes in South Africa.

**Primary Funding Source:** National Institutes of Health.

Ann Intern Med. doi:10.7326/ANNALS-24-01104

For author, article, and disclosure information, see end of text. This article was published at Annals.org on 11 February 2025.

<https://pubmed.ncbi.nlm.nih.gov/39932732/>

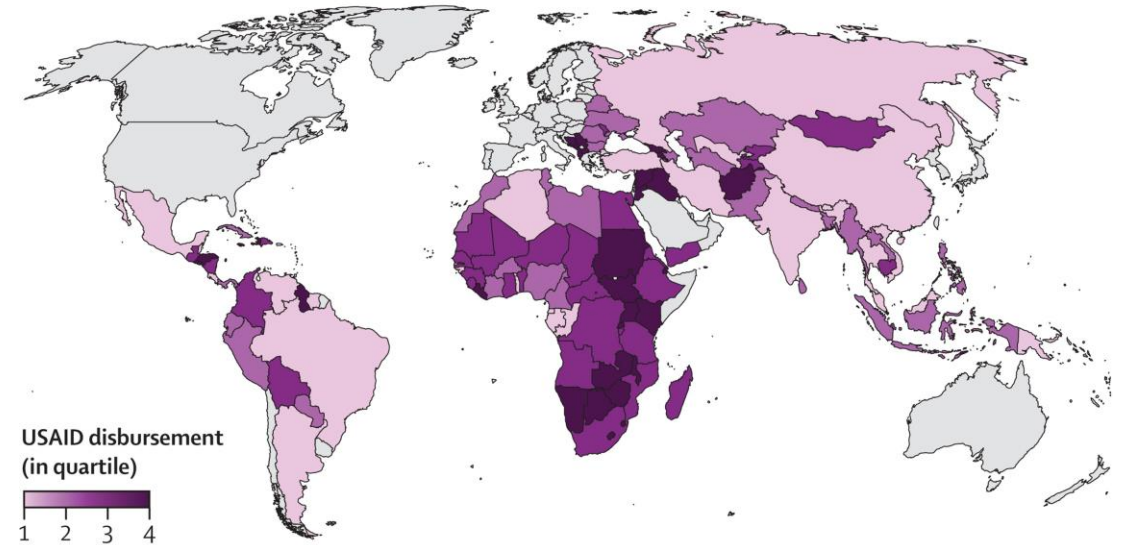


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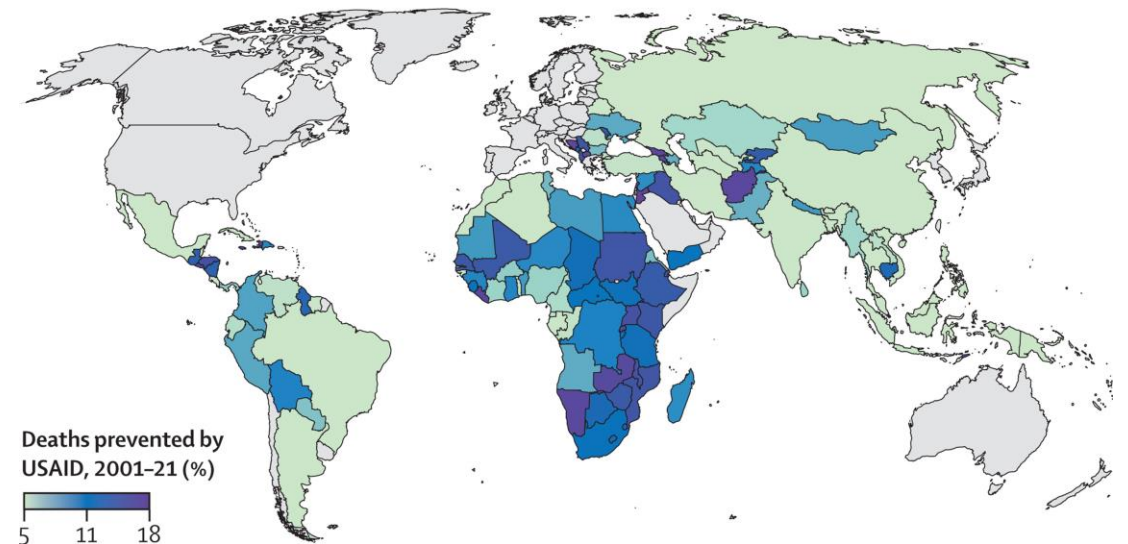
# Recent modelling on the impact (3)

- Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis
- “Over the past two decades, USAID-funded programmes have helped prevent more than 91 million deaths globally, including 30 million deaths among children”
- “ongoing deep funding cuts...could result in more than 14 million additional deaths by 2030, including 4.5 million deaths among children younger than 5 years”

A



B



# Actual impact

## FIELD NOTES

### Early impacts of the PEPFAR stop-work order: a rapid assessment

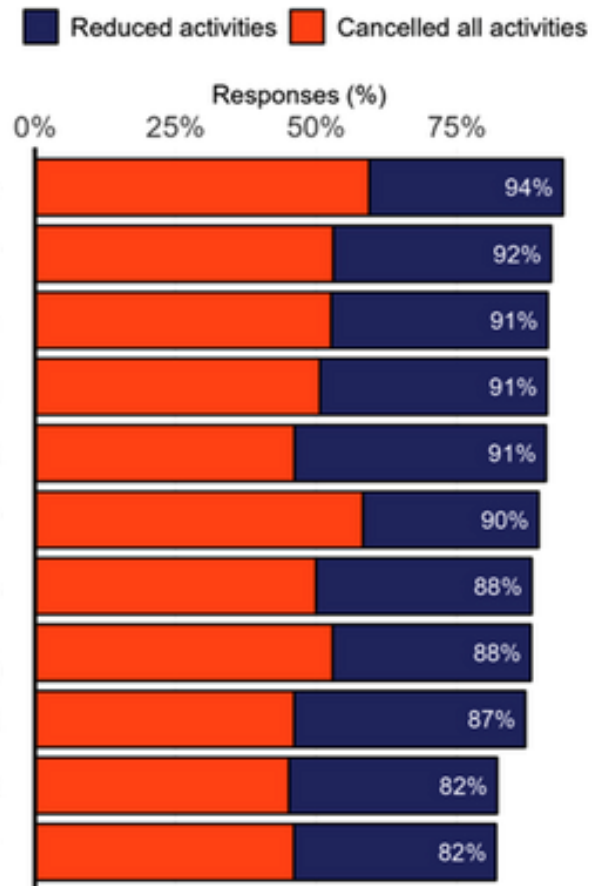
Elise Lankiewicz<sup>1,§</sup>, Alana Sharp<sup>2,§</sup>, Patrick Drake<sup>2</sup>, Jennifer Sherwood<sup>1</sup>, Brian Macharia<sup>3</sup>, Michael Ighodaro<sup>4</sup>, Brian Honermann<sup>1</sup> and Asia Russell<sup>5</sup>

<sup>§</sup>Corresponding author: Elise Lankiewicz, Andelson Office of Public Policy, amFAR, 1100 Vermont Ave NW Suite 600, Washington, DC 20005, USA. Tel: +1 (202) 331-8600. ([elise.lankiewicz@amfar.org](mailto:elise.lankiewicz@amfar.org))

<sup>\*</sup>EL and AS should be considered joint first authors.

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<https://onlinelibrary.wiley.com/doi/full/10.1002/jia2.26423>

On 20 January, the Trump Administration issued an Executive Order freezing all foreign assistance funds for 90 days, to assess their alignment with the Administration's foreign policy priorities [1]. The freeze included funds disbursed under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), a historically bipartisan programme that has provided lifesaving HIV services since 2003. PEPFAR programmes are implemented primarily by the U.S. Centers for Disease Control and Prevention (CDC) and the United States Agency for International Development (USAID) and delivered by more than 450 prime implementing partners and around 850 sub-recipients in 55 countries. Following this order, all U.S. embassies were ordered to immediately suspend all foreign assistance, with only limited exceptions for emergency food assistance and military financing for Egypt and Israel, as well as some administrative costs [2]. This sudden cessation of services, including HIV treatment, put millions of people at risk. Estimates predict that each day of the freeze about 220,000 people, including over 7000 children, will be unable to access their needed treatment [3].

On 1 February, a waiver was granted to PEPFAR, allowing the resumption of life-saving humanitarian assistance during the review period [4]. The exemption was limited to diagnostics, treatment, management of opportunistic infections, supply chain support and certain human resources [4]. All HIV prevention activities, including the provision of pre-exposure prophylaxis, were excluded from the waiver, except for those aimed at preventing mother-to-child transmission [4]. Further details on activities covered by the waiver were outlined in a Global Health Security and Diplomacy memo on 6 February [5]. However, the process for resuming services under the waiver still requires notification from a contracting or agreement officer and approval of a modified workplan and budget. As of 21 January, the CDC has been under orders not to communicate with external partners, and as of 8 February, almost all USAID staff were put on administrative leave [6, 7].

Measuring and urgently addressing the disruption to PEPFAR-supported programmes is critical to save lives and mitigate the impact of the funding freeze, particularly given PEPFAR's own data systems have been shut down, eliminating their ability to track impacts on services [3, 8]. We surveyed

PEPFAR funding recipients the week immediately following the funding freeze and stop-work order (24 January–28 January 2025) using a web-based survey tool available in English, French, Spanish, Portuguese, Russian and Thai. Respondents were recruited via listservs and WhatsApp groups relevant to the global HIV response. All individuals employed by a PEPFAR prime implementing partner or sub-recipients were eligible to participate. Respondents were asked about the impact of the stop work order on service delivery, staffing and the ability to continue operating during the funding freeze. Data were collected anonymously, although 75% of respondents agreed to optionally report their organization name and countries of operation to facilitate deduplication.

After deduplication of organizations, 153 eligible respondents from 27 countries were included in this analysis. The majority of respondents were locally based (67%) and international (19%) nongovernmental organizations, while a smaller proportion represented local and international faith-based organizations (4%), host country government agencies (3%) and other organizational types. Most respondents represented prime implementing partners (59%), with a majority of responses (61%) coming from Eastern and Southern Africa. A second smaller round of data collection was conducted from 1 February – 9 February focusing specifically on the waiver and included both survey data and qualitative data from PEPFAR partners. These data came from 65 respondents.

The findings from this survey reveal that the funding freeze has already led to significant disruptions in PEPFAR recipients' ability to deliver HIV services. In the week immediately following the funding freeze, respondents reported:

- **Services:** PEPFAR partners reported widespread disruption of HIV services, defined as either cancelling or reducing activities that were previously offered. Overall, 71% of respondents reported having completely cancelled at least one category of activities. The services most frequently either cancelled or reduced were loss to follow-up services and re-engagement in care (94%), gender-based violence services (92%), monitoring and data collection (91%), HIV testing (91%) and HIV treatment (91%) (Figure 1). The ability of implementers to maintain treatment pro-

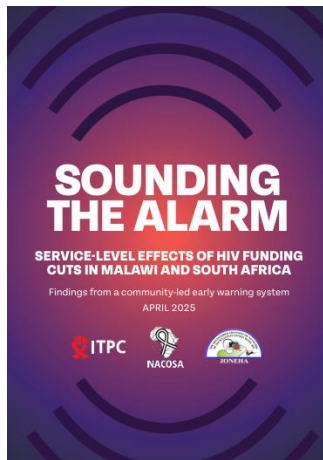
# New data on impact is starting to emerge...



- In Mozambique, comparing February 2024 and February 2025:
  - 25% reduction in ART initiation in adults
  - 33% reduction in viral load suppression
  - 43% reduction in viral load suppression among children
- Dorlim Moiana Uetela, "[The impact of the U.S. funding interruption on HIV services and the HIV epidemic in Mozambique](#)", Wednesday, 16 July, 3pm, Co-chairs choice, Auditorium



- In Johannesburg, South Africa, comparing Q1 2024 and Q1 2025:
  - 31% reduction in HIV diagnoses
  - 30% reduction in ART initiations
- Khensani Chauke, "Termination of the USAID APACE award in Johannesburg, South Africa: Impact on the number of people living with HIV tested, diagnosed and initiated on anti-retroviral therapy (ART) (January-March 2023-2025) ", late-breaker poster, LB25
-



# Including from communities



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**“A client came to this facility for emergency supply. The client is originally from Mchinji but came to Dedza for a short visit. But because of the government directive in the circular we could not give him the emergency supply as he did not bring a transfer in. This was the most challenging thing for us, sending back a client when we had plenty of supplies.”**

**– HEALTHCARE WORKER, DEDZA, MALAWI,  
27 FEBRUARY 2025**

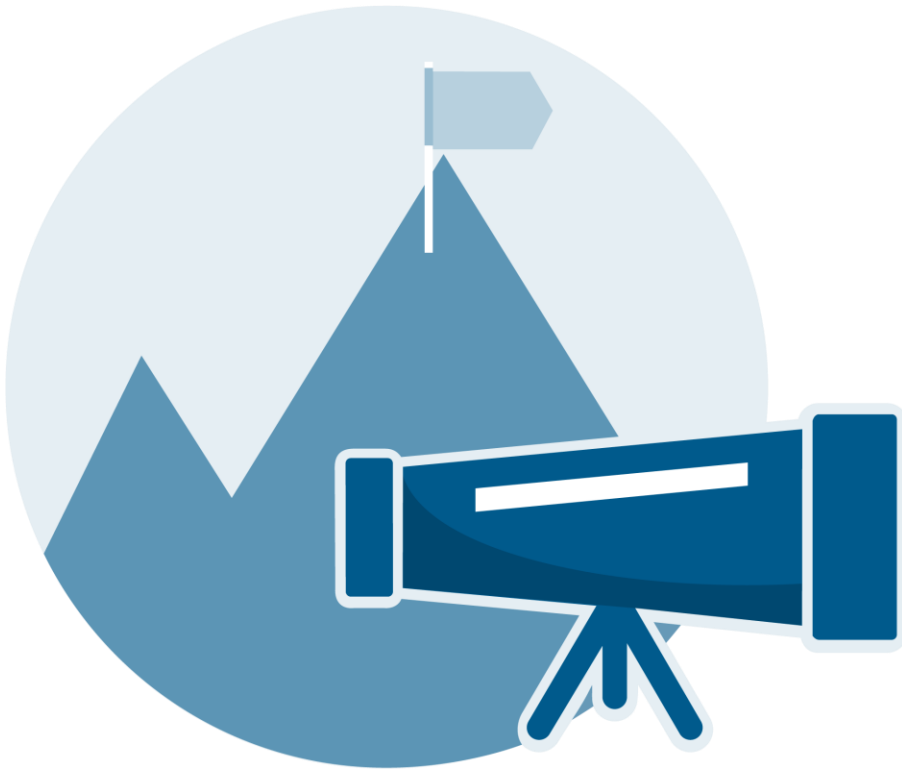
**‘You are scamming us. You said we need to take ARVs every day but now there may not be enough.’**  
- Client in Ndola, Zambia,  
January 2025

<https://itpcglobal.org/wp-content/uploads/2025/04/Sounding-the-Alarm-effects-of-funding-cuts-in-Malawi-SA-ITPC-April-2025.pdf>



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## **3. Looking ahead**





Start of UNAIDS Sustainability roadmaps process

There is a need for national governments to plan and prioritize in response to unexpected reductions in HIV funding → enabling swift reassessment and reorganization of HIV systems and services

UNAIDS' Rapid AIDS Response Financing Tool

UNAIDS' HIV Response Sustainability Primer

UNAIDS' HIV Response Sustainability Roadmap: Part B Companion Guide

UNAIDS' HIV Response Sustainability Roadmap: Part A Companion Guide

Dramatic and abrupt reductions in funding for HIV programming

Global Fund's GC7 Programmatic Reprioritization Approach

Global Fund's pooled procurement mechanism reference pricing resources

Resolve to Save Lives' Integrating Hypertension and HIV Toolkit: A Practical Differentiated Service Delivery toolkit

ASLM's LabCoP Cookbook of best practices: Recipe #1: Sample transport system

WHO's Operational guidance to sustain priority HIV, viral hepatitis and STI services in a changing funding landscape (pre-publication)

Genesis Analytics' Health Metrics Database for Sustainability Planning

Jan 2025

Time





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*UNAIDS' HIV Response Sustainability Primer*

*UNAIDS' HIV Response Sustainability Roadmap: Part B Companion Guide*

*UNAIDS' HIV Response Sustainability Roadmap: Part A Companion Guide*

**Dramatic and abrupt reductions in funding for HIV programming**

*Global Fund's GC7 Programmatic Reprioritization Approach*

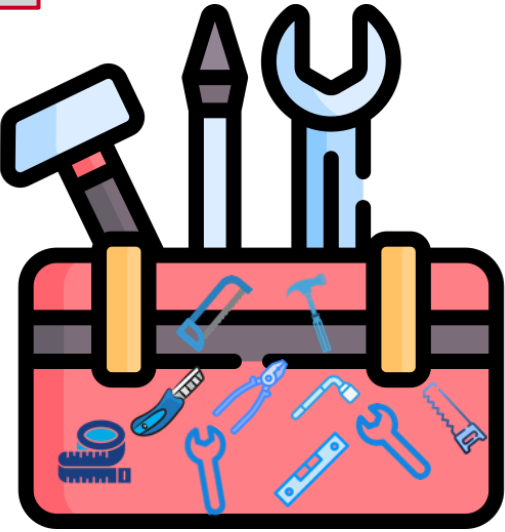
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Jan 2025

Time



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## **The PATHS – Planning and Action Toolbox for HIV Sustainability**

### **What is it?**

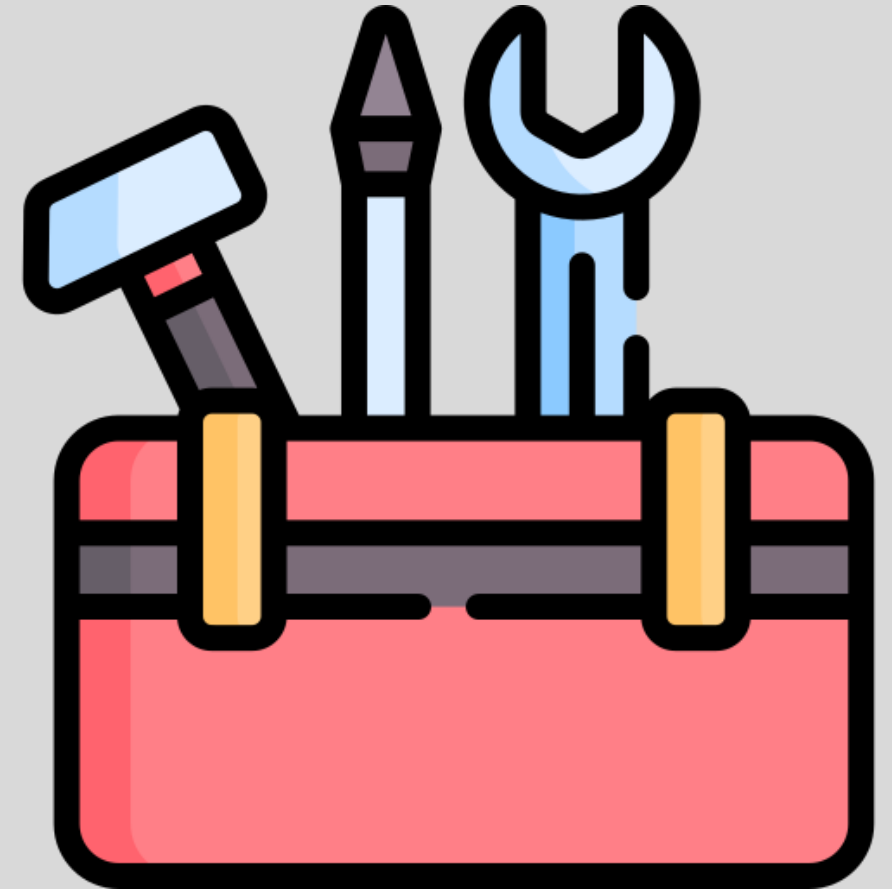
- A rapidly deployable compendium of resources

### **Who is it for?**

- National governments

### **What's the objective?**

- Support responding to unexpected reductions in HIV funding by enabling swift reassessment and reorganization of HIV systems and services

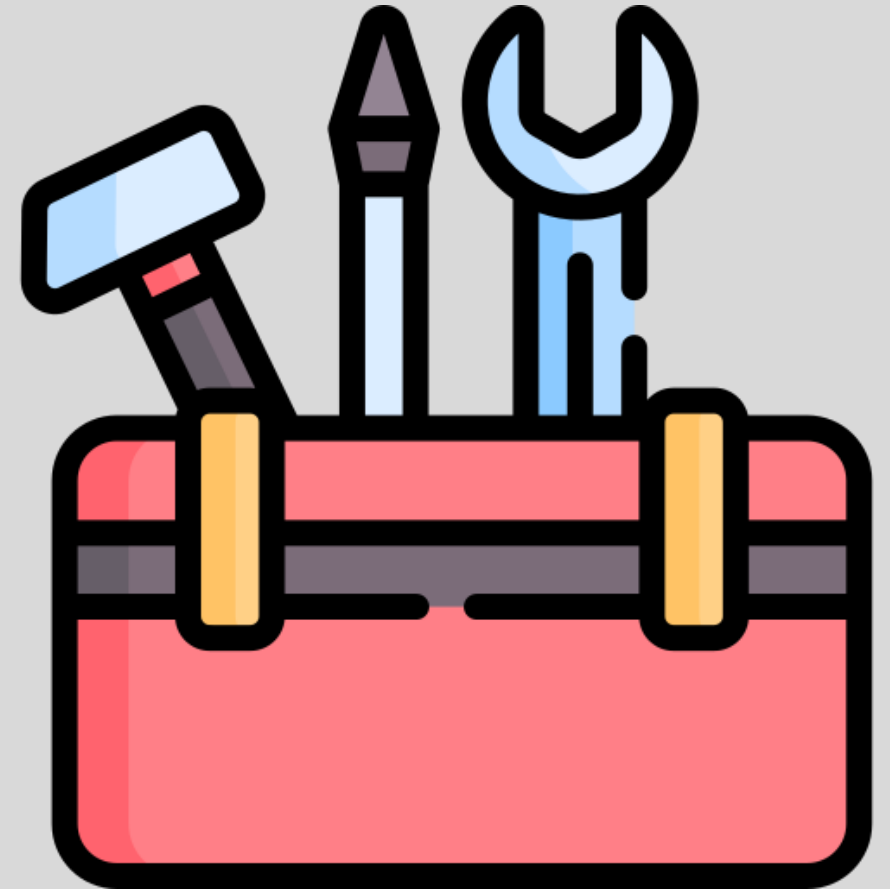




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## **The PATHS – Planning and Action Toolbox for HIV Sustainability**

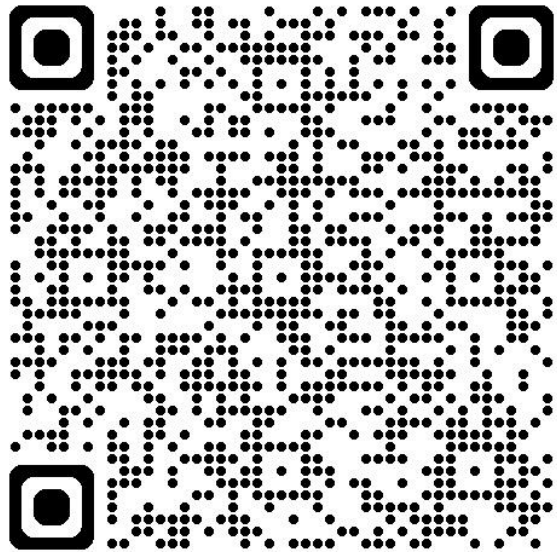
**...accessible online and updated regularly as new tools are developed – ensuring it remains a dynamic, evolving resource”**



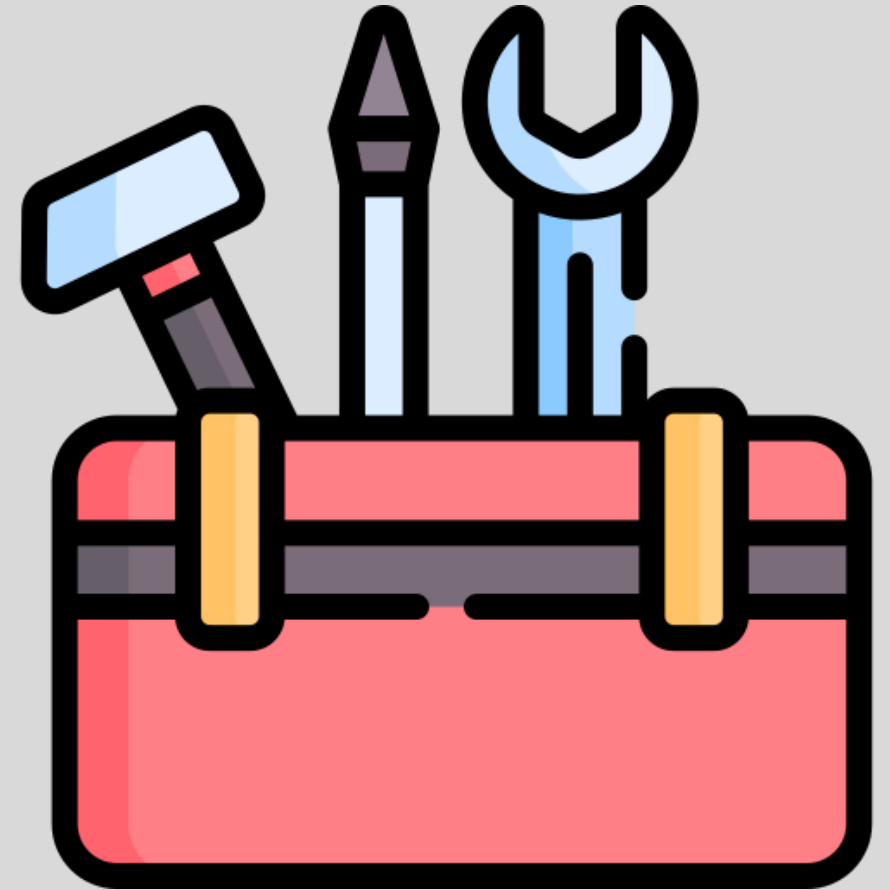


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# **The PATHS – Planning and Action Toolbox for HIV Sustainability**



[bit.ly/HIV\\_PATH](https://bit.ly/HIV_PATH)





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## **The TIER tool – Tool for Intervention Evaluation and Ranking**

### **What is it?**

- An excel workbook; a structured framework for prioritizing components of an HIV programme across the cascade

### **Who is it for?**

- National governments

### **What's the objective?**

- Support countries in their planning and prioritization of HIV programme elements in the context of funding shifts





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## The TIER tool – Tool for Intervention Evaluation and Ranking

### What the TIER is NOT

- **Not prescriptive** - but given as a guide with accompanying rationale
- **Not an exhaustive list of interventions** for consideration (the list is a starting point based on WHO guidance and inputs from partners)





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## The TIER tool – Tool for Intervention Evaluation and Ranking

### What the TIER adds

- A granular starting list of interventions across the cascade and within each component
- The opportunity to discuss the coverage and frequency of interventions
- Emphasizes the importance of **COUNTRY-LED** discussions and decisions on the minimum package
  - *Before looking at budget and donor considerations*





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## **The TIER tool – Tool for Intervention Evaluation and Ranking**

- Uses **illustrative examples** of prioritization across four scenarios:
  - Scenario 1: A high-burden country achieving 95-95-95 targets across all populations
  - Scenario 2: A high-burden country achieving the targets but not across all populations
  - Scenario 3: A high-burden country not yet achieving one or more of the 95-95-95 targets
  - Scenario 4: A low-burden country not yet achieving one or more of the 95-95-95 targets





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# The TIER tool – Tool for Intervention Evaluation and Ranking

## Three priority tiers

Minimum	Services that are critical to maintain for continuity of care and health outcomes
Standard	Important to sustain; should be reassessed frequently for continuation as funding allows
Optimal	To be supported when additional resources are secured or efficiencies gained

Plus:

Discontinue	Services that were previously provided, that are no longer important to provide and can be discontinued
Not applicable	Services that were not provided and will not be provided



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# Example: Treatment – tracking and tracing

Tracking and tracing	Confirm contact details at every clinical visit or ART refill collection	Minimum	Minimum	Minimum	Minimum
	Conduct phone tracing for clients with abnormal lab results	Minimum	Minimum	Minimum	Minimum
	Conduct phone tracing for the following groups who have missed their scheduled appointment by more than 7/14/28 days: those with active OIs, (re)started ART stage 4, CD4 <200, children and adolescents, pregnant and breastfeeding women	Minimum	Minimum	Minimum	Minimum
	Conduct phone tracing for all who have missed their scheduled appointment by more than 28 days	Standard	Standard	Standard	Optimal
	Conduct home tracing if no response to calls for clients with abnormal lab results	Standard	Standard	Standard	Optimal
	Conduct home tracing if no response to phone calls: those with active OIs, (re)started ART stage 4, CD4 <200, children and adolescents, pregnant and breastfeeding women	Standard	Standard	Standard	Optimal
	Conduct home tracing if no response to phone calls for all who have missed their scheduled appointment by more than 28 days	Optimal	Optimal	Optimal	Optimal



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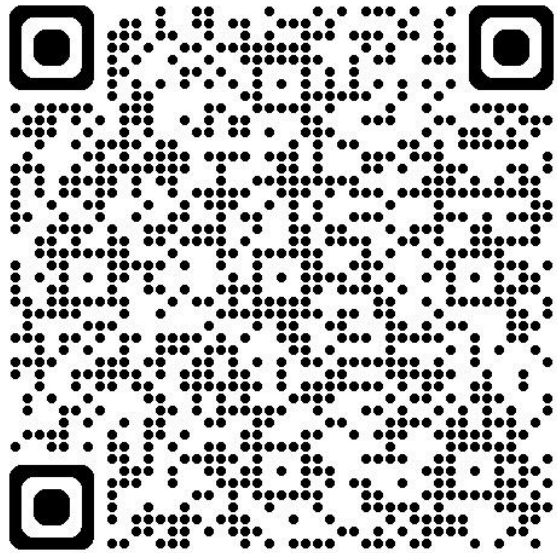
# Step 4: Prioritization + add rationale

Component	Intervention	SCENARIO 3	COUNTRY NAME	Rationale
ART continuity	Provide uninterrupted ART treatment to ALL people who are already on ART, all populations and all regimens	Minimum		
	Provide a minimum of 3MMD for all, unless clinically unwell (including re-engaging clients) with 6MMD preferred for those established on ART (for all over 5-years of age)	Minimum	Minimum	
	Conduct an annual quality clinical review if established on ART and virally suppressed with longest scripting period allowed 6-12 months	Minimum	Standard	
	Enroll eligible clients in less-intensive DSD models	Minimum	Optimal	
	Sustain individual DSD models based at facilities	Minimum	Plus:	
	Sustain individual DSD models for key populations not based at facilities	Standard	Discontinue	
	Sustain group DSD models managed by clients	Minimum	Not applicable	
	Sustain group DSD models for adolescents managed by healthcare workers	Minimum		
	Sustain individual DSD models not based at facilities	Minimum		
	Sustain group DSD models managed by healthcare workers	Minimum		
	Actively support transfer all clients from facilities that are closing to preferred public sector facility with same day continuation of ART, minimum 3MMD, offer less-intensive DSD model without required transfer documentation	Minimum		



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## The TIER tool– Tool for Intervention Evaluation and Ranking



[bit.ly/HIV\\_PATH](https://bit.ly/HIV_PATH)



# All of these resources (and more) available on the DSD website

Differentiated  
Service  
Delivery

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## It's time to deliver differently

A client-centred approach that simplifies and adapts HIV services

Find out more →

