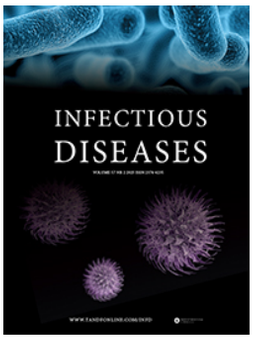

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COMMENT

A pause that hurts: the global impact of halting PEPFAR funding for HIV/AIDS programs

Introduction

In 2003 a particular healthcare-related preconceived idea moved beyond conception into initiation, same initiative would go on to become a monumental, record-smashing feat in global healthcare, it happened that the government of the United States of America devised a strategy to combat the global menace of HIV/AIDS through a program called the President's Emergency Plan for AIDS Relief (PEPFAR). The initiative was established under President George W. Bush. Ab initio, the program focused on saving lives in resource poor countries with high burden of the disease, particularly the Sub-Saharan Africa, where the HIV epidemic has claimed millions of lives, clipped the wings of many potentiated individuals, destroyed careers and dreams and devastated numerous communities however, the goal has expanded over time to now mitigate epidemic control and serious efforts are still ongoing to achieve total control [1]. The core aim of PEPFAR was tripartite, albeit clear; to reduce the spread of HIV, provide care for those infected, and support prevention efforts across high-burden regions. Today, the program remains the largest and most comprehensive health program championed by any nation to address a single disease in human history; globally, allocating billions of dollars annually to fight the scourge of the yet incurable HIV/AIDS epidemic [1,2]. Following its establishment, PEPFAR has served as a strong means of promoting the international health policy and global health efforts of the United States, demonstrating her commitment to ending the HIV/AIDS epidemic.

The fundamental goal of PEPFAR is to strengthen health systems in countries facing high burdens of HIV/AIDS, make antiretroviral therapy (ART) available, reduce new cases of HIV infections, and prevent mother-to-child transmission (MTCT) of HIV. Over the past twenty years, PEPFAR has become a silver lining in the clouds for the millions people living with HIV (PLWH) especially in resource-poor communities as statistics show that over 39.9 million people living with the disease currently benefit from the initiative [3]. The initiative has focused particularly on countries in sub-Saharan Africa, where the HIV epidemic has had its hardest hits. In these regions, PEPFAR's financial and logistic support has made ART available to millions of individuals, contributing significantly to the reduction in HIV-related mortality and transmission rates. As such, the initiative has saved millions of lives, and helped to mitigate the impact of the epidemic in high-burden countries [3].

PEPFAR has played a highly significant role in reducing the burden of HIV-associated mortalities since inception, as well as improving accessibility to care. In accordance to recently published data, over 39.9 million people have gained access to ART through PEPFAR-funded programs [1,3]. The initiative has also greatly prevented mother-to-child transmission of HIV, with over 2 million babies born HIV-free due to these efforts [4]. This success story further accedes to the fact that the initiative has had a remarkable global impact in terms of transforming the trajectory of the HIV/AIDS epidemic. For instance, in Uganda, where the prevalence of HIV was once among the highest in the world, PEPFAR's support has played a pivotal role in slashing down transmission rates, improving the quality of life for PLWH, and strengthening the country's healthcare infrastructure [2]. Asides from the PEPFAR having a direct impact on individuals living with HIV, it has also greatly contributed to strengthening health systems across the globe as the program has channelled a great deal of resources into the training key players of the healthcare workforce, building and sustaining laboratory infrastructure, and supply chains, helping to build sustainable systems that can tackle the HIV menace as well as other health challenges. For example, the PEPFAR has played a major role in training healthcare workers, expanding laboratory capacity, enriching and augmenting diagnostics in countries like Kenya, South Africa, and Nigeria where world class facilities have been established [5]. These efforts have not only helped in the fight against HIV but also assisted in improving the overall health services in

countries facing multiple health crises. The PEPFAR's investments have brought about significant improvements in maternal and child health outcomes and have been pivotal in mediating positive healthcare responses to other infectious diseases like tuberculosis and malaria, which are common comorbidities in those living with HIV [6].

The ginormous effects of the contributions of the PEPFAR cannot be overemphasised, the scale of current dependence on PEPFAR funding is huge as there are over 70 international operations currently running (across more than 70 countries) it is safe to say that the PEPFAR has become a linchpin of global HIV/AIDS response efforts. Annually, the program allocates billions of dollars to fund HIV treatment, prevention programs, and healthcare strengthening initiatives [7]. The financial allocations cater to a range of needs, including HIV testing and counselling, ART provision as well as prevention programs targeting key populations and outreach to reduce stigma and discrimination against those living with HIV. The global reach of PEPFAR has given room for it to serve a principal role in the global strategy to achieve the 90-90-90 target of the Joint United Nations Programme on HIV/AIDS (UNAIDS), which aim for 90% of people living with HIV to be diagnosed, 90% of diagnosed individuals to receive ART, and 90% of those receiving ART to have viral suppression by 2025 [4]. However, even though the success stories of PEPFAR are evident and global impacts are visible, there is now axe of uncertainty laying at the root of the tree of the program, ready to strike. The program now threatened by future uncertainty due to possible slash in funding or re-evaluation of its scope. In recent years, U.S. policymakers have discussed reducing or even halting funding for PEPFAR as part of broader budget cuts to foreign aid, this threat has even gotten stronger in the most recent periods following the latest change in administrative power as President Donald J. Trump assumes office. This alteration in policy could have lasting repercussions. Should funding be slashed or rescinded, the impact on global HIV/AIDS efforts could be calamitous, birthing a rapid decline in access to ART, prevention programs, and critical health services in high-burden regions. The risk of reversing the progress made over the last two decades is very glaring, especially in countries where resources from PEPFAR have been pivotal in championing the cause of their fight against HIV [8].

Should the U.S. pull back from funding PEPFAR or significantly scale it down, there would be effects in the immediate and long-term periods. As an immediate effect, there would be an end to the treatment for the over 39.9 million people living with HIV who are currently receiving care *via* the instrumentality of this initiative [3], the ARV medications would become very expensive such that individuals and families in resource poor communities cannot afford to maintain the cost out of pocket payment on a lifelong basis and as such leading to inconsistencies in therapy or termination thereof which further leads to treatment failure and ultimately evolution of HIV superbugs. This shows that the PEPFAR funds are vital to the survival of these individuals and communities at large. Without continued funding, millions could return to the pre-ART era, when HIV/AIDS was a death sentence. The epidemic could increase exponentially once again, with a rise in new infections, especially among vulnerable populations such as women, children, and marginalised groups. Furthermore, without PEPFAR's continued support for prevention of mother-to-child transmission, millions of babies could be born with HIV, undermining decades of progress [9].

The obliteration of PEPFAR funding would also paralyse the healthcare systems that have been built and supported over the years; infrastructures, which have been developed through the instrumentality of the initiative's funds, could quickly disintegrate. Such Programs include critical healthcare training programs, laboratory capacity, and supply chains for HIV treatment. Many of the countries receiving PEPFAR funding would become helpless and poorly equipped to surmount the increasing burden of HIV, as well as other health crises, leaving them vulnerable to other infectious diseases [10]. This would not only reverse efforts to combat HIV/AIDS but could also have injurious consequences for broader public health, as the systems built to tackle HIV have often been expanded to improve maternal and child health, tuberculosis control, and malaria prevention. The potential halt of PEPFAR funding would undo years of progress made in the global fight against HIV/AIDS. The program has been pivotal in reducing the disease burden as well as HIV-related mortality, increasing access to treatment, and strengthening health systems in high-burden countries. Without continued investment in PEPFAR, the global progress made in HIV prevention and treatment could be reversed, and millions of lives would be at risk. The United States and her international partners must continue to support PEPFAR as a key driver of the global health agenda, ensuring that the hard-won gains are not lost, especially in the face of growing political and budgetary challenges.

Immediate and long-term consequences of the funding pause

An immediate consequence of halting PEPFAR funding has been the disruption of HIV/AIDS treatment programs- particularly in low-resource countries reliant on free or subsidised antiretrovirals. Primarily, PEPFAR provides subsidised antiretrovirals through the use of generic antiretrovirals, which were not initially licenced by the US government [11]. As a result of increased approval of these antiretrovirals, the average annual treatment cost per person has plummeted by 69.5% between 2004 and 2012 alone [11]. For this reason, an increase in antiretroviral treatment prices is anticipated, which will only limit its access to low-resource countries.

Despite the motion to rescind PEPFAR funding only being enforced recently, recipient countries of the funding have shut down their HIV clinics [12]. Having received $332.6 million in 2024, South Africa is one of the primary recipients of PEPFAR funding [12]. Nonetheless, a plethora of HIV clinics in South Africa closed their doors to patients with immediate effect, depriving them of necessary antiretroviral treatment [12]. By extension, this effect of the funding pause affects not only South Africa, but many low-resource countries, particularly in Sub-Saharan Africa: Botswana, Cote d'Ivoire, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, Tanzania, Uganda, and Zambia. Furthermore, where funding has not ceased, it has been distributed and rationed to priority groups and those most vulnerable to infection. According to data collated by amfAR, globally, 222,333 patients collect antiretroviral drugs every single day [13]. In addition to this, on Monday the 27th of January, health officials all across the globe were notified, only 3 h in advance, that the PEPFAR database would be closed at 6 pm EST [14]. Subsequently, all access to 'data sets, reports and analytical tools' would be revoked [14]. It goes without saying that this immediate implication of the funding pause will inevitably hinder any attempts to mitigate the reduced or halted distribution of antiretrovirals; loss of key documents and patient records slows down diagnosis and antiretroviral treatment for HIV/AIDS. Inadvertently, restricted access to these antiretrovirals will result in drug resistance and a resurgence of infections.

Prevention campaigns, such as preventing mother-to-child transmission programs, have been indispensable to the fight against HIV/AIDS. As a result, the termination of these programmes due to halted PEPFAR funding will cause a regression in progress made against drug resistance and viral transmission, as many patients face an increased risk of treatment interruptions. Given that antiretroviral treatment has been ongoing, premature cessation of treatment will allow the virus to replicate. Following this, mutations to the virus which may yield drug resistance, are more likely to occur, reducing the efficacy of first-line antiretroviral treatments. One of the most influential and effective programmes to come out of PEPFAR is the preventing mother-to-child transmission program. Given that the majority of mother-to-child cases occur during birth, transmission to infants is highly preventable, with the correct treatment. Although mother-to-child programmes have limited transmission of HIV during birth so far, the removal of these will inevitably result in increased infant mortality rates due to HIV: infants who are not recipients of HIV drugs immediately from birth have a high risk of mortality from 2 to 6 months of age [15].

Another PEPFAR-funded prevention programme which has demonstrated startling success, is the DREAMS initiative: this aims to prevent HIV infection resurgence from adolescent girls to young women [16]. According to the Results and Impact data published by the US Department of State, since 2015, there has been a decrease in new HIV diagnoses in young women and adolescent girls in all 15 countries [16]. It is possible that the halting of the DREAMS (Determined, Resilient, Empowered, AIDS-free, mentored and Safe) public-private partnership may yield a resurgence in infection rates in this demographic group, as fewer female patients receive a diagnosis. The scope of the programmes funded by PEPFAR is vast and also includes a Pre-Exposure Prophylaxis (PrEP) programme targeted at key populations such as serodiscordant couples [17]. Essentially, the daily use of PrEP drugs is funded for these individuals to mitigate their elevated risk of HIV infection [17]. Nonetheless, its cessation would cause an infection resurgence as higher-risk individuals contract HIV and transmit the virus to other people. Ultimately, the implications of halting these PEPFAR-funded programmes will only result in increased drug resistance and virus transmission.

Stipulated by the United Nations Sustainable Development Goal 3.3, the global aim is to end the AIDS epidemic by 2030 [18]. The metrics by which success in attaining this public health goal can be determined are as follows: Eradication of new infections, eradication of AIDS-related mortality and eradication of any stigma and discrimination surrounding HIV/AIDS

[19]. Up till the rescinding of the PEPFAR funding, ample progress towards this goal has been met: recipients of antiretroviral treatment have increased by 22.1 million from 2010 to 2022, AIDS-related mortality has decreased by 51% from 2010 to 2022 and new acquisitions of HIV/AIDS has decreased by 38% from 2010 to 2022 [18]. The halting of PEPFAR funding will likely undo some of the progress made due to long-term ripple effects on healthcare systems and community programs. As outlined previously, the healthcare clinics and systems in low-resource countries such as South Africa have already been damaged. With regards to community programmes such as DREAMS and Preventing Mother-to-Child Transmission, their lack of funding will reverse the progress made on a community scale in increasing education about HIV/AIDS and reducing the rate of transmission.

The political and public health implications of the pause

One of the biggest areas of contention has been centred on PEPFAR's partnerships with organisations offering or promoting abortion through reproductive health services. Many conservative lawmakers oppose any program that receives any participation from such organisations, regardless of whether the bulk of the program is HIV/AIDS prevention and treatment [20]. The issue is also one of deeper political battles within the U.S. about whether the country should negotiate reproductive rights and foreign aid policies. A legislative gridlock over how PEPFAR funds should be spent has resulted in a stalemate that prevents the programme from being carried out smoothly and jolts key global health initiatives.

While they are political debates focused in the U.S., these have immense implications for millions of people around the world. International HIV/AIDS relief efforts have been based on PEPFAR to treat and prevent, as well as build basic health infrastructure in more than 50 countries [21]. Brokering the suspension of funding renders governments, healthcare providers, and communities uncertain about whether their programs will have life-sustaining interventions. The funding halt could result in immediate treatment shortages in developing countries with high HIV prevalence rates, particularly in Africa, which would in turn increase new infections and mortality. It also undermines the decades of progress made in containing the epidemic and jeopardises the goal of ending HIV/AIDS as a public health threat by 2030. The funding pause also has geopolitical implications in addition to its immediate effects on healthcare. This has prompted the international community to express concern and disappointment with the result and view it as a failure of the U.S. leadership in global health. Frustrated, many global health organisations, political leaders, and foreign governments have been warning that it would erode trust in American-led initiatives and that ambiguity has become a hallmark of U.S. foreign aid [22]. PEPFAR was important for countries and organisations, meaning they may look to new partnerships and new alliances elsewhere, like with China or the European Union, which increasingly invest in global health diplomacy. Such a shift would undermine U.S. leadership in global health governance and its place as a major participant in international health work.

The funding pause is deeply concerning on both ethical and practical grounds. It raises the question of whether political disputes in one country should determine the survival of millions in other parts of the world. Suspending funding despite abundant evidence of the effectiveness of PEPFAR reflects the influence of political ideologies overshadowing humanitarian priorities [23]. This decision also conflicts with the moral responsibility of wealthier nations who bear a burden when it comes to addressing global health crises, particularly when the solutions are both financially and logistically feasible [24]. Historically, the U.S. has played a pivotal role in shaping global health policy, and uncertain funding commitments could erode its credibility and moral authority in responding to critical global health challenges. The PEPFAR pause also sends a dangerous signal about the long-term reliability of U.S. global health initiatives, especially as the third phase of the HIV programme lies ahead. With the remaining funding mandates, it is crucial to ensure that time and resources are used wisely and efficiently [25]. Sustained and predictable funding is important to the success of HIV/AIDS programmes since disruptions in treatment can be devastating. Overall, the effectiveness of global health interventions could be undermined if donor countries and international partners perceive the U.S. as an unreliable partner [25].

Such damage must be addressed immediately to avoid further harm. PEPFAR's budgeting has been supply-driven, meaning the U.S. government has to work to restore it without bureaucratic or political challenges hindering vital healthcare services. Both sides of the political spectrum have to realise the humanitarian stakes at play, prioritise bipartisan cooperation, and reinstate funding [26]. Therefore, policymakers should view

maintaining PEPFAR's financial support as both a moral obligation and a strategic necessity, given its proven track record of success. Furthermore, international partners and non-governmental organisations (NGOs) have to deploy resources to offer temporary relief to affected areas. In the short term, organisations like the Global Fund- to Fight AIDS, tuberculosis, and malaria- and other major philanthropic entities, like the Bill & Melinda Gates Foundation, could help bridge the funding gaps [20]. It is, however, not a sustainable solution to rely on emergency measures [23]. To address this, a long-term approach should be adopted to establish mechanisms that protect global health programs from political uncertainties and ideologies, ensuring uninterrupted healthcare delivery regardless of changes in the political landscape.

A possible solution is to create an independent global health fund not subject to direct political influence. This fund could be supported by several donor countries, private foundations, and international organisations, providing stable and consistent funding for essential health programmes [22]. Diversifying funding sources and reducing reliance on any one government would mitigate the risk of unexpected disruptions for both donors and recipients. Another important step is to boost domestic financing of HIV/AIDS programmes in the affected countries. While international funding remains essential, high-burden governments must increase their financial contributions to sustain their healthcare infrastructure and support HIV treatment and prevention programmes [27]. Building more resilient health systems to address global health challenges will involve strengthening local healthcare capacities and reducing dependency on external aid.

Additionally, efforts must be made in advocacy and public awareness campaigns to pressure policymakers into taking action. To continue highlighting and shaming the consequences of the funding delays, activists, healthcare professionals, and affected communities must remain persistent in their efforts [28], as public support for global health initiatives holds a powerful influence on policy decisions, especially in democratic nations where a voter's opinion plays a crucial role in shaping legislative priorities.

On one hand, the PEPFAR funding pause is merely a foreign aid delay while on the other, it is a test of the world's commitment to combating HIV/AIDS and to upholding the principles of global solidarity. The war on HIV/AIDS is not yet won. Going on the offensive at a critical point like this is a blow the world could not afford [29]. Restoring PEPFAR funding and reinforcing international partnerships and commitment to the long-term stability of global health financing will ensure progress attained in the last two decades is retained and HIV/AIDS is defeated in future.

The solution to addressing the HIV/AIDS menace should therefore not be led by political disputes but by an agreed-upon action to save lives and eradicate one of the most deadly epidemics of our time.

Conclusion

PEPFAR has been a cornerstone of global HIV/AIDS relief, delivering life-saving treatment, prevention programs, and healthcare system improvements in over 70 countries, particularly in Sub-Saharan Africa. Since its establishment in 2003, PEPFAR has provided antiretroviral therapy (ART) to over 39.9 million people, prevented millions of mother-to-child transmissions, and contributed to reducing HIV-related deaths and new infections. Its investments have also strengthened local healthcare infrastructures by training professionals, expanding labs, and supporting public health responses to coexisting diseases like tuberculosis and malaria. Despite its success, PEPFAR now faces significant challenges due to potential U.S. funding cuts. The program's dependence on U.S. support means that any reductions could lead to widespread disruptions, including clinic closures, reduced ART access, rising drug resistance, and increased HIV transmissions. Countries like South Africa have already seen immediate consequences, including the shutdown of HIV clinics and restricted patient access to essential medications.

The political gridlock behind the funding pause stems from debates over partnerships with organisations offering reproductive health services, which has turned a humanitarian issue into a contested political one. If funding is not restored, the global progress towards ending the AIDS epidemic by 2030, as outlined by the UN's Sustainable Development Goals, could be derailed. To safeguard these gains, sustained and diversified funding is essential. Solutions include restoring U.S. financial support through bipartisan efforts, increasing domestic investments in high-burden countries, and exploring alternative funding sources through global partnerships. Without these steps, the achievements of the last two decades could be undone, placing millions of lives at risk and reversing the global fight against HIV/AIDS.

Authors' contributions

A.A conceptualised the manuscript and wrote the conclusion, A.A edited the manuscript, PM wrote the politica and public health implications of the pause, O.I wrote the Introduction, E.A wrote the Immediate and long-term consequences of the Pause. All authors agreed to the manuscript.

Disclosure statement

All authors declare no competing interest.

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