From progress to uncertainty: The global impact of US funds withdrawal from PEPFAR and other HIV-related projects on people living with HIV/AIDS in Nigeria and other low- and middle-income countries

KEYWORDS: PEPFAR; Antiretroviral Therapy; Health Policy; HIV/AIDS

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ABSTRACT

The President's Emergency Plan for AIDS Relief (PEPFAR) has been instrumental in the global fight against HIV/AIDS, particularly in low- and middle-income countries (LMICs). However, the recent suspension of PEPFAR funding threatens to undo decades of progress, leaving millions of people living with HIV (PLHIV) vulnerable to treatment disruptions, drug stock-outs, and increased mortality. This opinion paper explores the immediate and long-term consequences of the funding freeze, highlighting its devastating impact on antiretroviral therapy (ART) access, prevention programs, and healthcare systems in Nigeria and other LMICs. Beyond the risks of increased transmission and drug resistance, the withdrawal exacerbates economic and social disparities, placing additional strain on fragile health infrastructures. We propose alternative funding mechanisms, including regional collaborations, public-private partnerships, and sustainable financing strategies to mitigate this crisis. Urgent action is required to prevent a resurgence of the HIV/AIDS epidemic and sustain the progress made toward global health equality.

Introduction

The President's Emergency Plan for AIDS Relief (PEPFAR) has been a significant contributor to the global HIV response since its inauguration two decades ago [1]. PEPFAR has donated billions of dollars in aid to developing nations [2], including Nigeria, to fight the HIV/AIDS epidemic, a gesture that is considered the most significant commitment by a country to tackle a single disease. Nonetheless, the sudden freeze on funding, in January 2025, by the United States Department of State for HIV programs in low- and middle-income countries (LMICs) has raised concerns about the health of people living with HIV (PLHIV) [3]. This abrupt decision sent shockwaves throughout the global health community, raising immediate concerns about the continuity of care for millions of PLHIV. The suddenness of this change disrupted ongoing care efforts and created immediate logistical challenges for service delivery [4], [5]. This commentary seeks to discuss the grievous effect of this funding pause on the HIV response in Nigeria and other developing countries. Its rationale is to highlight the significance of PEPFAR funding and the potential gaps that may arise from its withdrawal.

PEPFAR's Contribution to HIV/AIDS Response

PEPFAR was established by the United States (US) government in 2003 as a way to combat the alarming increase in HIV acquisition. PEPFAR was built on available epidemiological data, such that countries with higher disease burden received more interventions [6]. While PEPFAR focuses on providing free HIV-related services such as testing, treatment, care, support for affected families, and training for healthcare workers and strengthens health systems in over 30 recipient LMICs [7], it also supports programs that address sexual transmitted diseases and related health issues such as Tuberculosis [8] and COVID-19 response [9] while paying attention to HIV key populations and maternal health.

PEPFAR expanded antiretroviral treatment in LMICs through health system assessments, medical education partnerships, skills training, and global learning programs to strengthen HIV care and healthcare infrastructure [10]. PEPFAR collaborated with Ministries of Health and partner organizations to provide family-based HIV care by decentralization of early infant diagnosis (EID) and pediatric HIV care, leading to a 6-fold increase in the number of infants receiving HIV care from 44,800 to 289,000 between 2006 and 2011 [11], and a 44% reduction in HIV-related deaths in children aged 0-14 years between 2010 to 2016 [12]. PEPFAR supported the adoption of the 2015 'universal test and treat' policy recommended by the World Health Organization in its recipient countries, which helped increase early detection, reduce delay in the initiation of antiretrovirals, reduce cases of opportunistic infections, and improve the quality of life of PLHIV [13].

Immediate and long-term consequences of funds withdrawal

The withdrawal of US funding from PEPFAR and other HIV-related programs poses a significant threat to antiretroviral therapy (ART) accessibility for millions of PLHIV in Nigeria and other developing countries [14]. PEPFAR alone supports approximately 20 million individuals on ART worldwide [15].

In the immediate term, reduced funding may lead to treatment disruptions, drug stock-outs, and increased drug resistance, which would further worsen HIV-related morbidity and mortality [16]. In Nigeria, previous reductions in PEPFAR funding have resulted in challenges for clinics in maintaining routine HIV services, with compromised quality of care and shortages of staff [14]. Funding withdrawal also disrupts essential HIV prevention programs, including pre-exposure prophylaxis (PrEP), prevention of mother-to-child transmission (PMTCT), and harm reduction initiatives [17]. Studies indicate that PrEP scale-up significantly reduces HIV transmission in key populations [18], [19], but financial constraints might lead to reduced PrEP access in some African countries [20], [21]. Similarly, PMTCT programs that have achieved nearly 90% efficacy in preventing infant HIV transmission may experience service gaps, reversing hard-won progress [22], [23],[24].

In the long term, the erosion of donor support may undermine the structural gains achieved through PEPFAR, including investments in laboratory networks, healthcare worker training, and diagnostic capabilities [24]. Funding cuts could weaken HIV testing coverage, impair viral load monitoring, and place additional strain on already fragile health systems [14] [21]. In countries like Nigeria, clinics have reported shortages in trained personnel following past donor funding reductions [14]. Without external funding, PLHIV may bear higher

out-of-pocket costs for medications and healthcare visits, exacerbating poverty and health inequalities [25].

Potential Future Risks and Global Implications

Potential future risks include severe impacts on global HIV/AIDS programs, particularly in LMICs, hardest hit by the epidemic. Disruptions in the ART supply chain [26] could lead to treatment interruptions, increased viral loads, and rising HIV prevalence, which could lead to AIDS and increased mortality. Without HIV treatment, individuals with AIDS typically survive for approximately 3 years [27]. The suspension would also halt condom distribution, a key prevention strategy for high-risk populations, likely increasing new infections [26].

Additionally, restricted access to HIV treatment would heighten transmission risks within families and communities, worsening the public health crisis [28]. Vulnerable populations [29], especially in underserved areas, would face even greater barriers to care due to infrastructural gaps left by the funding cut [28]. According to predictive models, disruptions to ART would likely result in a 60% increase in the risk of mother-to-child transmission of HIV [30].

As infection rates rise, healthcare workers and community health systems will face greater strain, increasing burnout and compromising care quality, leading to poorer health outcomes [31]. This funding freeze would be catastrophic, undoing years of progress. Stigma, discrimination, and marginalization of affected communities would resurface, worsening healthcare disparities among PLHIV [32] [33]. Discontinuing PEPFAR would undermine efforts to end AIDS as a public health threat by 2030 [34], increase drug resistance, and burden healthcare systems with more complex and costly cases [35].

Moreover, disruptions in LMICs may facilitate the emergence of drug-resistant HIV strains and increase cross-border transmission, thereby threatening global health security and reversing progress shared by both LMICs and high-income countries (HICs) [36].

Alternative Solutions and Mitigation Strategies

While the current situation poses significant challenges, even to the ongoing 2030 sustainability roadmaps, it presents an opportunity to rethink global health financing and governance in LMICs. One potential solution is to explore national and regional funding alternatives. This should include improvements in budgetary allocations for healthcare, drastic reductions in resource wastefulness, and concerted efforts to strengthen public-private partnerships. For example, Nigeria's HIV Trust Fund of Nigeria (HTFN), launched in 2022, pools private-sector resources to support HIV program sustainability and offers a replicable model for other LMICs. On a regional level, countries can collaborate to pool resources and share expertise and best practices for tackling health challenges. Such collaborations have been noted in managing outbreaks, endemics, and even neglected tropical diseases [37]. Strengthening relationships with international but non-PEPFAR-based sources, such as The Global Fund (which has been playing complementary roles in HIV programs), as well as non-US-based funding sources should also be considered.

An equally important strategy involves strengthening existing structures, such as community-led and locally driven systems. These include community-based organizations and community-led monitoring mechanisms. These mechanisms effectively deliver community-based healthcare across disease contexts [38]. Additionally, many recipient countries, for the sake of sustainability, have made significant efforts in setting up systems to manage HIV/AIDS programs in preparation for 2030 and beyond [10].

Other viable strategies include advocating for ARV production locally, sustainable long-term financing through policy advocacy, and brainstorming innovative but cost-effective HIV care models. These would cushion the impacts of partial or total fund withdrawal.

Conclusion

Funding suspension from PEPFAR and other HIV-related programs could lead to increased treatment interruptions, higher HIV transmission rates, and exacerbate health inequities. Vulnerable populations, including children, pregnant women, and key affected groups, stand to suffer the most as essential services such as PMTCT, PrEP, and harm reduction programs will likely face disruptions.

The funding gap will not only impact healthcare systems but will also strain communities already facing economic hardships. Without sustained support, many PLHIV may struggle with out-of-pocket expenses, leading to increased poverty and worsening health outcomes. Additionally, overburdened healthcare workers may face burnout, further compromising service delivery. However, this crisis presents an opportunity for recipient nations to rethink healthcare sustainability. Governments at all levels must explore alternative funding mechanisms, increase domestic healthcare budgets, and strengthen public-private partnerships. Without immediate intervention, the progress made in combating HIV/AIDS risks being reversed, jeopardizing global health goals and leaving millions without the care they desperately deserve.

Competing Interest

The authors declare that they have no competing interests.

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