



12 March 2025

Statement from the Southern African HIV Clinicians Society on the termination of USAID funding

As we reflect on the upheaval caused by the Stop Work order by President Trump's administration on 20 January 2025, through to the limited waiver for PEPFAR released 1 February 2025 resulting from the temporary restraining order filed, to, most recently, and most destructively, the issuance of immediate termination of USAID awards - funding for key health programs across South Africa and beyond, on 26 February 2025, we are reminded of the vital need for solidarity as we face this crisis to healthcare.

This is a huge health crisis and one that is happening at a time when we are still dealing with the consequences of COVID-19 on our HIV and tuberculosis (TB) programmes. The Southern African HIV Clinicians Society (SAHCS) is concerned that the termination of US funding will contribute to the reversal of the gains that have been made in the fight against HIV/AIDS and TB. We anticipate that there will be an increase in new HIV infections, less personnel to find and diagnose people with HIV, inadequate linkage to care of people living with HIV, poor tracing of people who are lost to follow up, a rise in people diagnosed with severely depleted immune system, a rise in people hospitalised with advanced HIV disease, increasing numbers of people diagnosed with TB, the emergence and transmission of highly resistant forms of HIV, erosion of progress in HIV prevention efforts including the vertical transmission prevention of HIV programme, and subsequently higher number of HIV/AIDS related deaths. SAHCS is also concerned about the devastating effects of these funding cuts on HIV prevention programmes and the provision of prevention and treatment services for key population groups. Also concerning is the potential loss of monitoring and evaluation services largely run by NGO partners that have now stopped work. This will hamper South Africa's ability to track progress and performance of the national HIV and TB programmes, interfering with timely identification and management of patient and programme challenges.

The immediate and therefore chaotic nature of the ending of the funding has resulted in USAID funded clinics and NGO implementation partners shutting down, life-saving treatments being interrupted and vulnerable communities being abandoned. Science and research have also been halted. Access to PEPFAR donated long-acting cabotegravir (CAB-LA), an injectable form of pre-exposure prophylaxis (PrEP) that has been shown to be highly effective at reducing the risk of HIV acquisition, is almost certainly at risk. Clinical trials have been stopped in their tracks, including that of the BRILLIANT Consortium working to develop an effective HIV vaccine in Africa, the SMART4TB programme working on several key TB trials, and the MATRIX study that was evaluating several novel HIV prevention products.

On 25 February 2025, the *Close The Gap* campaign was launched in Johannesburg by South Africa's Minister of Health, Aaron Motsoaledi. This initiative aims to put an additional 1.1 million people living with HIV on treatment, which in turn should put South Africa on the path to end AIDS as a public health threat by 2030. That said, how much of the progress made over the last 2 decades will be undone by the abrupt withdrawal of US funding considering simulation modelling analysis demonstrates a striking and deleterious effect on the progress South Africa has made toward HIV epidemic control, with a projected 565,000 additional new HIV infections and 601,000 more deaths from the virus by 2034.

Of utmost importance now is to preserve the current South African HIV response and uphold the world's largest HIV treatment program, and to continue work on interventions that will play a decisive role in ending the AIDS epidemic by 2030. We call upon government to work with all stakeholders to assess the impact of sudden withdrawal of US donor funds, and to develop an emergency plan, to mitigate the effects of these funding cuts including urgently addressing gaps in treating people living with HIV, in HIV prevention, and in TB screening and management. Ensuring continuity of monitoring and evaluation services and supply chain management of HIV and TB drugs and diagnostic services will help preserve the gains made in HIV and TB control in South Africa since 2004 and prevent catastrophic consequences of these funding cuts.

We applaud healthcare workers and the health sector for continuous perseverance and commitment to patient care. SAHCS remains committed to supporting and strengthening the capacity of its members, as we navigate these challenging, and critical, times.

Ends



SOUTHERN AFRICAN HIV CLINICIANS SOCIETY