

HIV MARKET IMPACT MEMO



July 2025

This second edition of the Clinton Health Access Initiative's HIV Market Impact Memo focuses on the human impact of HIV service breakdowns unfolding across low- and middle-income countries (LMICs). While our first edition in April highlighted supply-side risks, this report reveals the growing toll on individuals and communities—specifically, declining access to HIV prevention, testing, treatment, advanced HIV disease, and monitoring services. Global HIV funding faces mounting risks: PEPFAR's resources are shrinking and its operational capacity was gutted, and the Global Fund is slashing country budgets. Countries are now tackling difficult resource allocation decisions in an increasingly constrained funding environment. Urgent action is needed to preserve the continuity and reach of lifesaving HIV services.

Access to Services and Commodities

Prevention	Testing	Advanced HIV Disease	Treatment	Monitoring
Severe Disruptions	Moderate to Severe Disruptions	Severe Disruptions	Severe Disruptions	Severe Disruptions
28-65% reduction	6-39% reduction	3-64% reduction	2-22% reduction	16-68% reduction
in oral PrEP initiations (Q4 2024 – Q1 2025)	in diagnostic tests run ¹ (Q4 2024 – Q1 2025)	in CD4 tests run (Q4 2024 – Q1 2025)	in treatment initiations (Q4 2024 – Q1 2025)	in VL tests run (Q4 2024 – Q1 2025)

Stories of Impact

These disruptions threaten the health and survival of people living with and at risk of HIV.



For Night, a woman living with HIV in Uganda, the impact was immediate and devastating. Unable to afford transport to the hospital and without community-based ARV refills, she stayed home. As her treatment lapsed, her health deteriorated, and she became bedridden and unable to access care.

Hear her story and others [here](#).

Other Impact Stories



[Eswatini & Lesotho](#)



[Kenya](#)



[South Africa](#)



[Zambia](#)

Funding Uncertainty

Global Fund

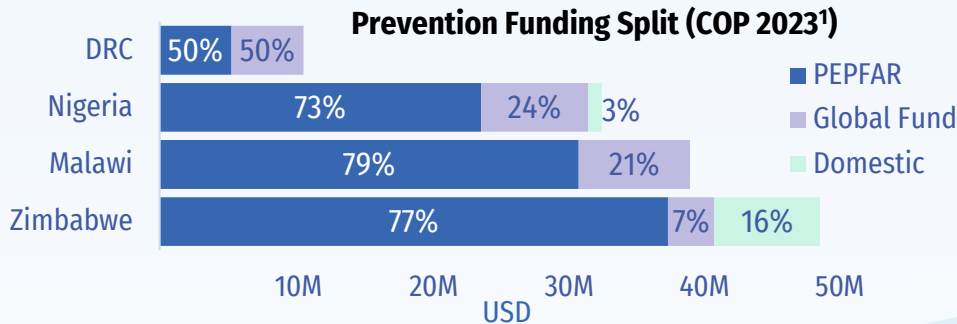
- **~9-15% average reduction** in Grant Cycle 7 (GC7) budgets across countries¹
 - **Several countries** expected to have insufficient funds for commodity costs alone
 - Countries received official notification from Global Fund of GC7 allocation reductions in late June 2025, building off previous notices of reprioritization processes
- **Significant reduction expected** for GC8 (2027-2029) budgets
 - **At least 15 countries** expected to have insufficient funds for commodity costs alongside a **50-100% gap** for non-commodity expenses with a 50% overall budget reduction
 - GC8 cycle also dependent on a successful replenishment
- Countries are currently reviewing budgets to understand impact, identify efficiencies, and prioritize needs

PEPFAR

- **Restarted limited operations** with most paused orders restarted
 - **All oral PrEP orders have been cancelled** with existing stock only available for pregnant and breastfeeding women
- **Uncertainty** about future funding levels and operational capacity due to limited or shifting implementing partners and termination of USAID operations
- **38% reduction** in PEPFAR bilateral funding in proposed USG budget
 - **55% total reduction** if Global Fund support is cut
 - USG budget still requires congressional approval

Prevention

PEPFAR has been the primary driver of HIV prevention programs in most LMICs, funding more than the Global Fund and domestic sources combined. Ongoing restrictions and funding cuts threaten to drastically reduce access—putting millions at risk and fueling new infections.



PEPFAR cancelled all existing oral PrEP orders. No new orders are currently being placed.

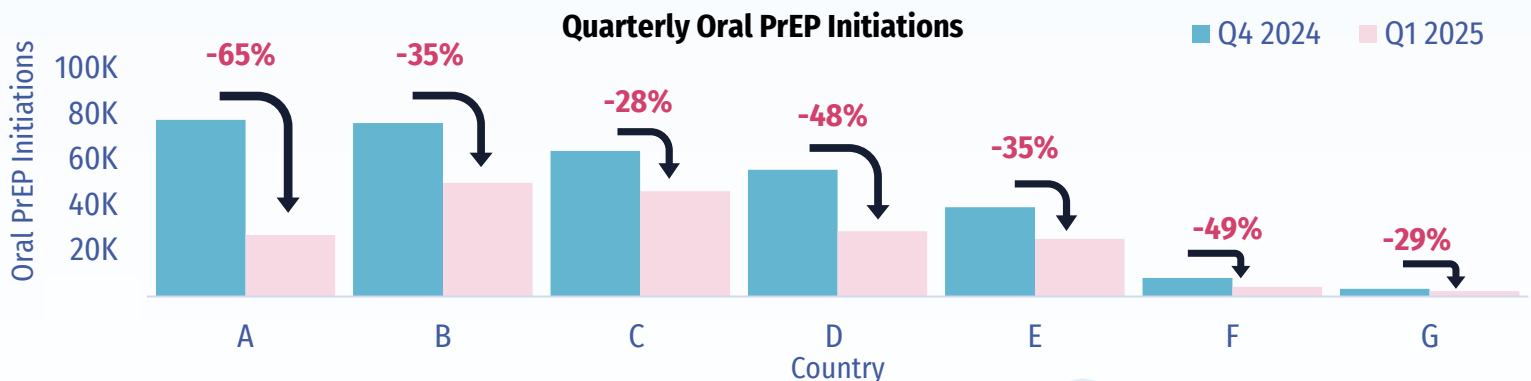


Existing PEPFAR PrEP stock is only eligible for pregnant and breastfeeding women.

Up to 850K additional HIV infections estimated in the next five years if anticipated reductions in international aid are realized, according to a recent [modelling study](#).

Oral Pre-Exposure Prophylaxis (PrEP)

Ongoing implementation and scale-up of oral PrEP, a highly efficacious daily oral pill that prevents HIV transmission, has been significantly impacted by global funding cuts and service delivery interruptions.



140K + missed new initiations in this subset of countries due to commodity shortages and service delivery constraints that have directly undermined access.

Long-Acting Commodities

Despite significant reductions in access to oral PrEP and other prevention commodities, governments, suppliers, and donors are continuing to advance lenacapavir (LEN) introduction planning and market preparation.

✓ LEN received US FDA approval for use as PrEP on June 18th, 2025. A WHO recommendation on the use of LEN for PrEP is expected to be released in July 2025. Six licensees are currently pursuing generic development.

Accelerating Access to LEN

- **Several implementation projects**, including two Unitaids-funded projects in South Africa and Brazil as well as a Gates Foundation-funded project in South Africa, are expected to begin by Q4 2025.
- **Market-shaping interventions** to accelerate affordable market entry for generics are advancing, funded by Unitaids, the Gates Foundation, and CIFF.
- **Eligible first wave countries** to be announced by the Global Fund for Grant Cycle 7 (GC7) following direct engagement with country governments. Pending country decision-making and prioritization amidst foreign aid funding cuts, LEN may be rolled out as early as Q4 2025.

1) COP 2023 is the most recently available data.

Pediatric Treatment

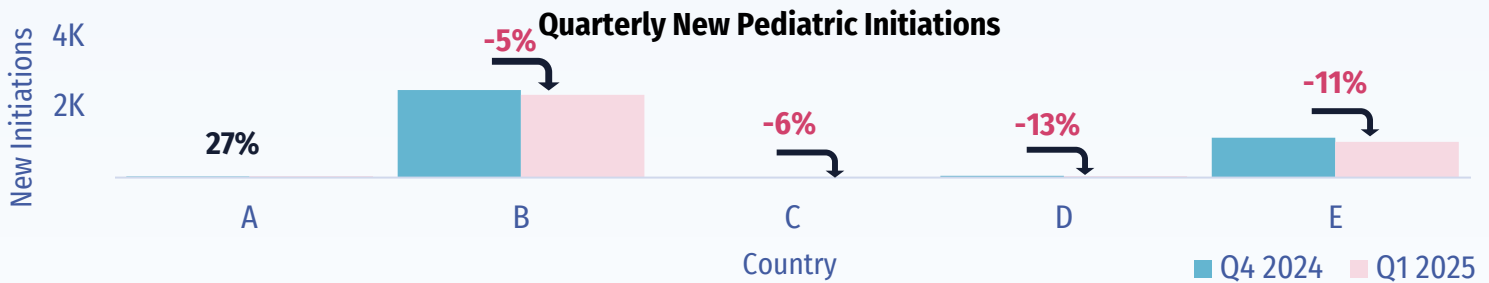
Access to ARVs for children living with HIV is vital for survival, healthy development, and long-term viral suppression.



Pediatric Case Finding

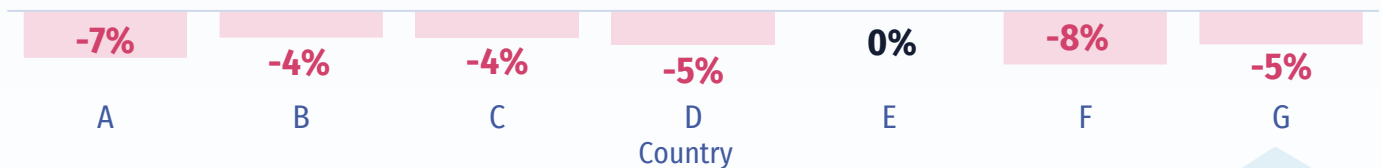
Pediatric populations are especially vulnerable to service disruptions and must remain a priority in all mitigation and reprioritization efforts. Case finding among children remains a persistent challenge—even in fully funded programs. In Uganda, one child was not diagnosed until age two. By the time he entered care, he was critically ill with life-threatening conditions that earlier diagnosis and timely linkage to treatment could have prevented.

[Listen to more of his story here.](#)

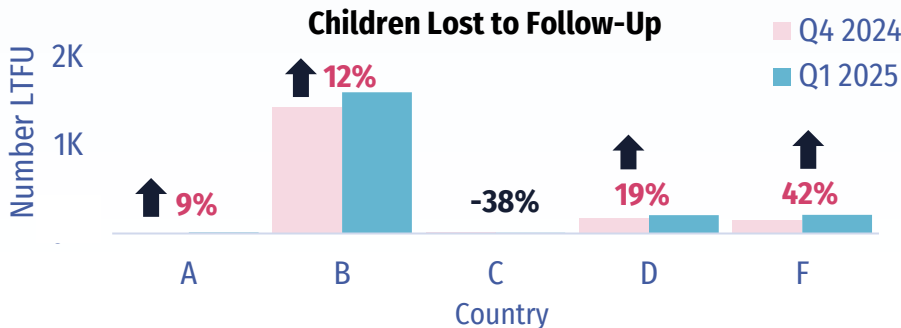


9K children missing from care in these select countries due to limited commodity access, service delivery disruptions, and rising rates of loss to follow-up.

Change in Total Children on ART (Q4 2024 – Q1 2025)¹



Children Lost to Follow-Up



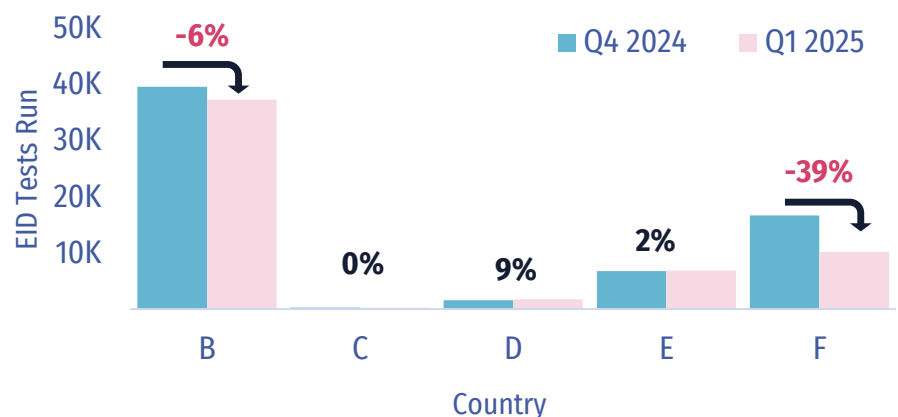
Decreasing or stagnant numbers of children on ART in every country surveyed. Case finding and initiation on treatment remain critical for this priority population.

Early Infant Diagnosis (EID)

Access to early infant diagnosis (EID), a vital tool for the timely detection of HIV in exposed newborns, is at risk, putting one of the most vulnerable populations in jeopardy of missed identification and increased mortality.

9K missed infants in the two countries with declining EID testing volumes.

Quarterly EID Tests Run

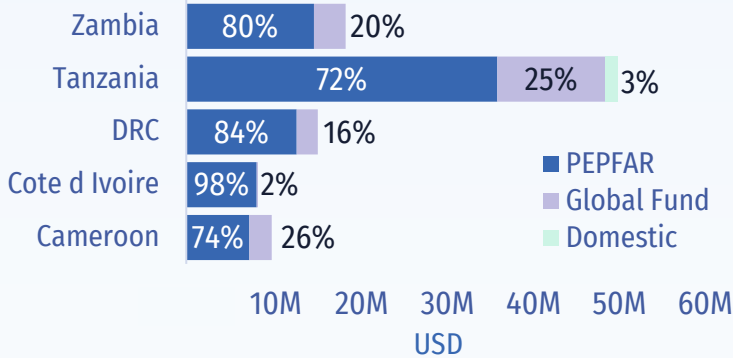


¹ For some countries, an average of three months was used for the quarterly figure.

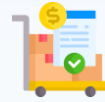
Adult Treatment

Timely initiation on HIV treatment and consistent adherence are essential for breaking the cycle of transmission, improving health outcomes, and achieving epidemic control. Historically, access to antiretroviral therapy has predominantly been funded by PEPFAR and the Global Fund.

Treatment Funding Split (COP 2023¹)

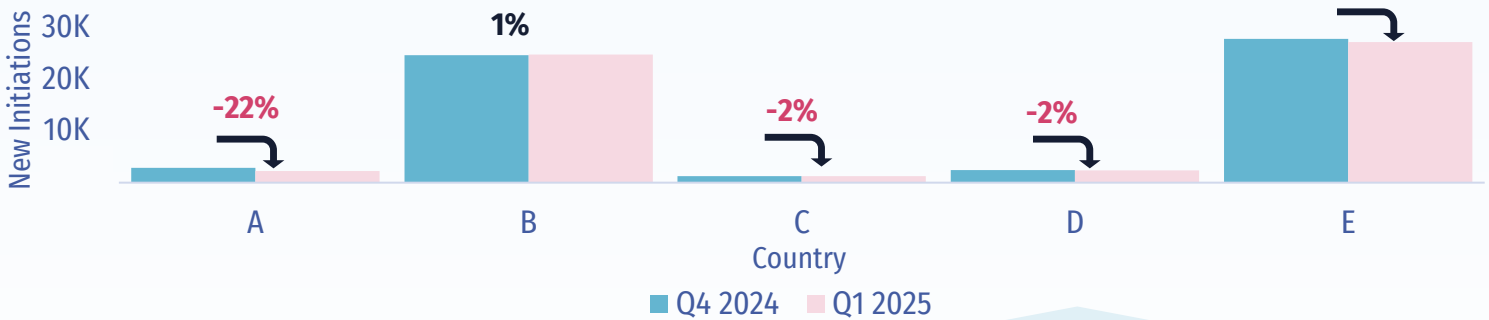


Community-led monitoring program termination has reduced the availability of critical data on facility-level stockouts.



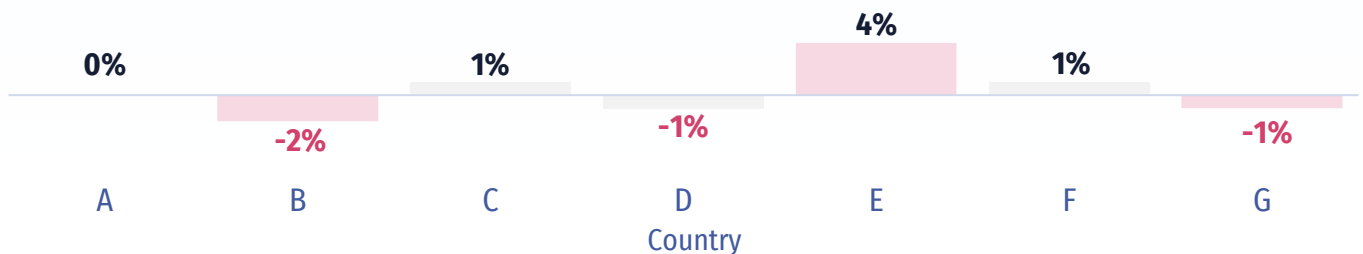
Commodity procurement restarted by PEPFAR and likely to be prioritized by global donors in face of shrinking resources.

Quarterly New Adult Initiations

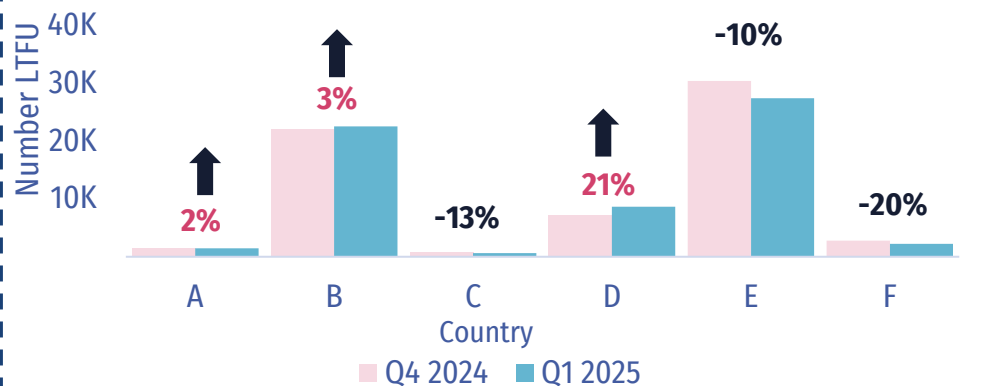


New ART initiations are falling fast, driven by HIV testing decreases and human resource disruptions.

Change in Total Adults on ART (Q4 2024 – Q1 2025)²



Adults Lost to Follow-Up



Rising uncertainty is contributing to higher rates of loss to follow-up (LTFU) and declining antiretroviral therapy (ART) pick-up.

Decreased access to and retention in treatment will have dire impacts on morbidity, mortality, and onward transmission.

1) COP 2023 is the most recently available data. 2) For some countries, an average of three months was used for the quarterly figure.

Advanced HIV Disease (AHD)

Early detection and treatment of advanced HIV disease is the difference between life and death. In 2025, funding and supply disruptions have put this cascade of care at risk, threatening years of progress.

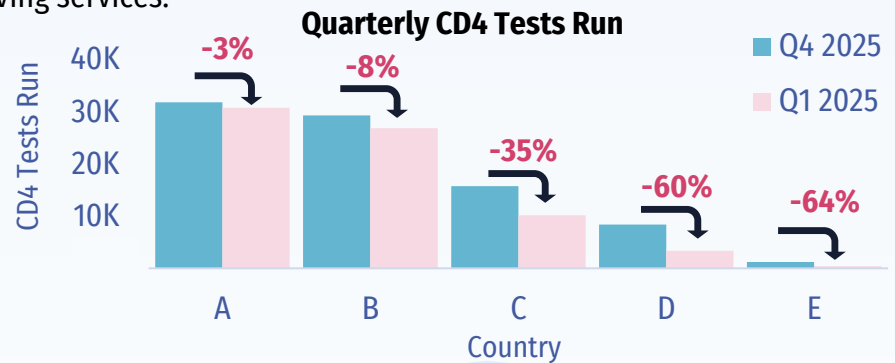
Up to 30K additional HIV-related deaths estimated in the next five years if anticipated reductions in international aid are realized, according to a recent [modelling study](#).

CD4 Testing

CD4 testing is recommended at treatment initiation, reinitiation, and for those failing treatment to identify AHD. Early AHD identification allows for linkage to life-saving services.



Ongoing disruptions, compounded by recent supplier exits and discontinuations, have resulted in significant declines in CD4 testing.



CD4 testing must be prioritized to avoid missed AHD cases progressing to life-threatening opportunistic infections.

Opportunistic Infections

Percent of Countries Surveyed at 6 Month Stockout Risk Cryptococcal Meningitis (CM)

CrAg LFA	50% (n=8)	CrAg LFA (cryptococcal antigen lateral flow assay) used for CM diagnosis
5FC	33% (n=6)	5FC (flucytosine) and L-AmB (liposomal amphotericin B) used for CM treatment
L-AmB	20% (n=5)	

Delayed diagnosis or use of suboptimal treatment is strongly associated with increased mortality.

Tuberculosis (TB)

TB LAM	0% (n=6)	TB LAM is a urine lipoarabinomannan test for TB
INH/RPT	29% (n=7)	INH (isoniazid) and RPT (rifapentine) form a short-course TB preventive treatment

Without access to preventative therapy or diagnostic testing more people will develop TB.

Significant risk of AHD commodity stockouts, which if not addressed will almost inevitably lead to fatal outcomes.

Community-Supported Interventions

Community-supported interventions, like those employed through the Unitaids-funded, CHAI-led [THRIVE project](#), are designed to strengthen connections between communities and local healthcare facilities to improve outcomes and increase access to services for hard-to-reach populations. They play a vital role in averting AIDS-related deaths and ensuring access to HIV services.



"Even when we had that disruption of service delivery...the champions, facilitators, the volunteers they were up and ready to ensure that they bridge the gap"
– AFROCAB member

While THRIVE's community-supported interventions have continued with Unitaids support, funding disruptions have forced many other community-led monitoring programs to scale back or shut down entirely, jeopardizing these important functions.

Key Community Functions at Risk



Case Identification & Screening



Community Support Groups

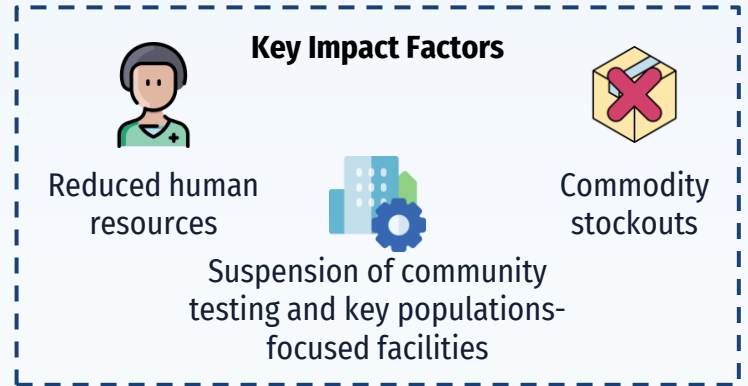
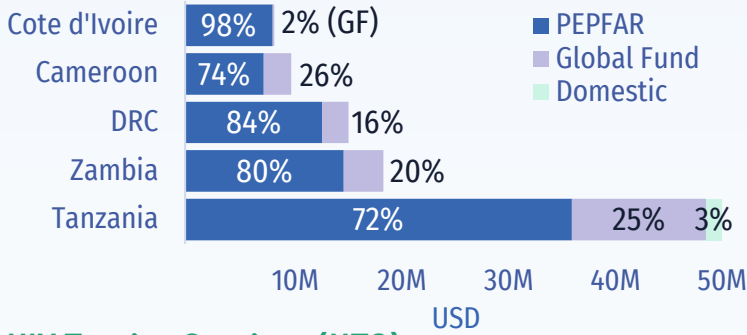


Education & Advocacy

Testing

HIV testing services are at substantial risk due to USG funding cuts and widespread delivery disruptions. PEPFAR is the cornerstone of HIV diagnostic services in many LMICs. Without urgent support to bridge the gap, these cuts will sharply reduce access to testing, delay diagnosis and treatment or linkage to prevention services, and derail progress in controlling the HIV epidemic.

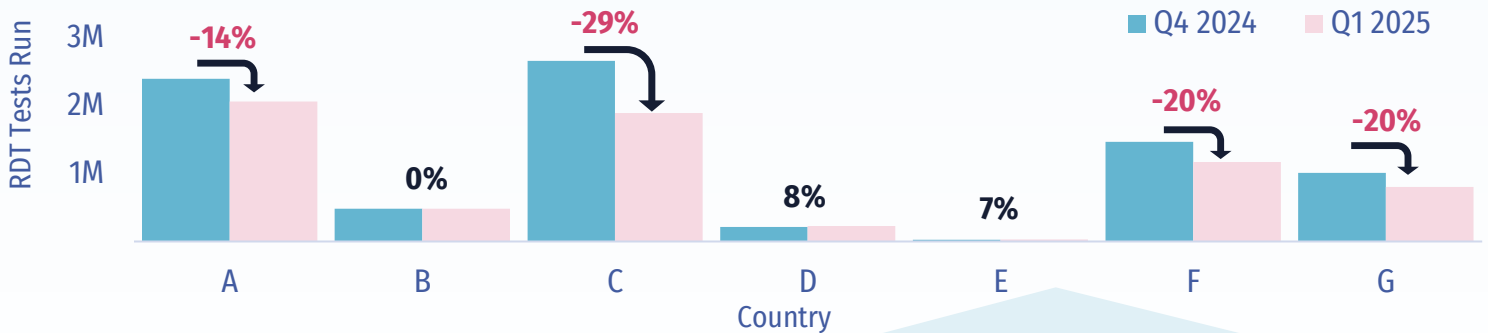
Testing Funding Split (COP 2023¹)



HIV Testing Services (HTS)

HIV testing services, which are central to HIV detection and linkage to treatment or prevention services, face significant setbacks due to healthcare worker terminations and service delivery disruptions.

Quarterly RDT Tests Run



Professional-use HIV testing fell in February 2025 due to the severe impact of the USG stop-work order on HTS services and supply chains.

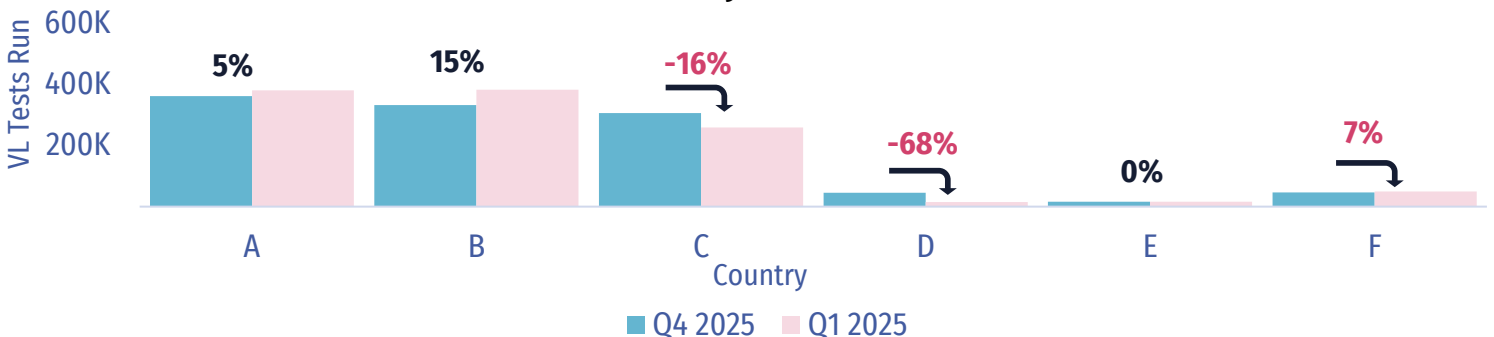


However, there are reports of testing volumes rebounding as countries redeploy and reassign staff to provide HTS. Countries are also considering how HIVST can be leveraged to bridge the gap.

Monitoring

Monitoring services face major disruptions, undermining efforts to ensure viral suppression and prevent HIV transmission and drug resistance.

Quarterly VL Tests Run



¹ COP 2023 is the most recently available data. Includes data classified as HTS, HTS (non disaggregated), community-based testing and facility-based testing.

Looking Forward

Redesigning country-led and efficient systems is at the core of a sustainable response to ongoing HIV program disruptions. This section highlights current and future opportunities for capacity building and system strengthening aimed at ensuring continuity of services in an evolving and increasingly constrained global HIV funding landscape.

Gap Mitigation & Reprioritization

Ministries, community partners, and CHAI are leading several ongoing assessments and reprioritization exercises. This includes assessing commodities and system components at greatest risk and developing efficient, effective, and government-owned recommendations to mitigate gaps and support country-led rebuilding of the global HIV architecture. In the short-term, CHAI and partners are actively monitoring risks including risk of stockout through intensive support to ministries and global engagement with partners such as the Global Fund, USAID/PEPFAR, and the ARV Procurement Working Group (APWG).

Key Objectives



Detect and address commodity and service delivery risks



Quantify aid cuts and develop risk mitigation strategies and transition plans



Identify priority program areas in response to resource cuts

Coordinating Market Mechanisms

Supply chain vulnerabilities have left millions of lives at risk. Building from successful HIV procurement fora like the APWG, and learning from successful efforts in other spaces like the [Global Family Planning Visibility & Analytics Network](#), a coordinating market mechanism like an “HIV Commodity Nerve Center” could give Ministries of Health real-time visibility and actionable insights into commodity flows and create a pathway to coordinate procurement across LMICs and the global HIV market. We are actively exploring this concept with and welcome input from governments, communities, partners, and donors.

Transition Planning

The need to transition to more sustainable HIV financing has never been more urgent. Countries must establish a clear, strategic pathway for this shift—prioritizing long-term sustainability while gradually reducing reliance on external assistance. Stakeholders are developing resources to help countries design and execute this transition.

Principles of a Responsible Transition of American Leadership to End AIDS

A new report by Friends of the Global Fight outlines principles for a successful PEPFAR transition, which would introduce reforms to PEPFAR design to accelerate transition and sustain progress — responsibly ramping down and reallocating PEPFAR assistance over time.

5 Key Principles for Transition

- 1 Develop clear, enforceable, timebound transition compacts** with partner countries
- 2 Drive increased domestic investments** in HIV programs
- 3 Fully embed HIV services** in inclusive national health systems
- 4 Make a strategic investment** to leverage HIV prevention breakthroughs to reduce the HIV infection burden
- 5 Protect children** and the most vulnerable

References & Methodology

This memo was made possible through the support of Unitaïd, with complementary support from the Gates Foundation and the Children's Investment Fund Foundation. Data presented in the memo comes from a CHAI request to 13 countries across sub-Saharan Africa and southeast Asia and is valid as of June 2025. We have made efforts to validate all data, but accuracy may be impacted by ongoing reporting challenges precipitated by funding constraints. For the purposes of data anonymization, country identifiers vary across different sections of the memo but have been kept consistent within each section. Updates will be made on an ongoing basis, given the rapidly shifting funding and procurement landscape.

For questions or comments, please contact to Carolyn Amole (camole@clintonhealthaccess.org).

