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UNAIDS Urges That All Essential HIV Services Must Continue While U.S. Pauses Its Funding for Foreign Aid

While continuity of HIV treatment is essential, other critical HIV services, especially for marginalized people and key populations, must also be maintained.

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The Joint United Nations Programme on HIV/AIDS (UNAIDS) is urging for a continuation of all essential HIV services while the United States pauses its funding for foreign aid.

On 29 January, UNAIDS welcomed the news that United States Secretary of State, Marco Rubio, had approved an "Emergency Humanitarian Waiver," allowing people to continue accessing lifesaving HIV treatment funded by the U.S. in 55 countries worldwide. More than 20 million people - two-thirds of all people living with HIV accessing HIV treatment globally - are directly supported by the United States President's Emergency Plan for AIDS Relief (PEPFAR).

While continuity of HIV treatment is essential, services must continue to be monitored, and oversight provided for quality. Other critical HIV services for people, especially marginalized people including children, women, and key populations, must continue.

Last year, PEPFAR provided over 83.8 million people with critical HIV testing services; reached 2.3 million adolescent girls and young women with HIV prevention services; 6.6 million orphans, vulnerable children, and their caregivers received HIV care and support; and 2.5 million people were newly enrolled on pre-exposure prophylaxis to prevent HIV infection.

Since PEPFAR was created, the United States has been steadfast in its leadership in the fight against HIV. The U.S. has saved millions of lives through its programmes, particularly in the countries most affected by HIV. PEPFAR has had remarkable results in stopping new infections and expanding access to HIV treatment – and this must continue.

Globally, there are 1.3 million people that are newly infected with HIV every year, 3,500 every day. Young women and girls in Africa are at alarming high risk of HIV, where 3,100 young women and girls aged 15 to 24 years become infected with HIV every week and at least half of all people from key populations are not being reached with prevention services.

Pregnant women in high HIV prevalent areas must be tested for HIV to determine whether they are living with HIV so they can protect their baby by taking antiretroviral therapy prior to birth. As a result, babies will be born HIV-free.

Many organizations providing services for people living with HIV that are funded, or partly funded, by PEPFAR have reported they will shut their doors due to the funding pause with lack of clarity and great uncertainty about the future. UNAIDS is evaluating the impact and will provide routine and real-time updates to share the latest global and country information, data, guidance, and references.

“PEPFAR gave us hope and now the executive order is shattering the very hope it offered for all people living with HIV and our families. As communities we are in shock with the continued closure of clinics. We resolutely demand that all our governments come in haste to fill the gap in human resources needed at the moment to ensure sustainability of HIV service delivery,” said Flavia Kyomukama, Executive Director at National Forum of People Living with HIV Network Uganda (NAFOPHANU).

Zimbabwe`s umbrella network of people living with HIV (ZNNP+) stated that the implementation of stop work orders has led to significant fears, including reduced access to essential services, loss of community trust and long-term health outcomes.

As the waiver is effective for a review period of all U.S. foreign development assistance, future coverage of HIV services - including for treatment - remains unclear and the lives of the millions of people supported by PEPFAR are in jeopardy and could be at stake.

Anele Yawa, General Secretary for the Treatment Action Campaign is worried. “The PEPFAR-fund freeze will take South Africa and the world back in terms of the gains we have made in our response to HIV,” he said. ”We are asking ourselves how are we going to cope in the next three months as people are going to be left behind in terms of prevention, treatment and care."

At a moment when the world can finally get the upper hand on one of the world’s deadliest pandemics, aided by new long-acting HIV prevention and treatment medicines coming to market this year, UNAIDS urges the U.S. to continue its unparalleled leadership and accelerate, not diminish, efforts to end AIDS.

UNAIDS looks forward to partnering with the United States, other donors and countries most affected by HIV to ensure a robust and sustainable response to HIV and to achieve our collective goal of ending AIDS as a public health threat by 2030.

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