POLICY BRIEF

Strengthening National Leadership for Sustainable HIV Programs:

A Policy Brief for Government Leaders

May 2025

SUMMARY

Recent pauses and restrictions in U.S. foreign assistance through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID) have led to a critical turning point in the global HIV response. Governments and communities report widespread HIV-focused clinic closures, layoffs of essential staff, service disruptions, and shortages of essential HIV prevention and treatment commodities. These disruptions have highlighted the vulnerability of national HIV programs that depend heavily on external support, underscoring the urgent need for sustainable, integrated, and nationally led solutions to safeguard progress in the fight against HIV.

This policy brief presents a position statement from senior government and civil society leaders, donors, and other partners who participated in the Sustainable HIV Prevention Initiative Convening, held in Lilongwe, Malawi, on February 18–19, 2025 and hosted by the Government of Malawi and co-chaired by Dr. Beatrice Matanje, CEO of Malawi's National AIDS Commission (NAC); Dr. Lilian Chunda, Chief of Health Services at Malawi's Ministry of Health; and Dr. Charles B. Holmes, Prof. and Director of Georgetown University's Center for Innovation in Global Health (CIGH). The policy brief outlines priority recommendations and effective policy options for governments navigating external funding transitions, including increasing domestic and innovative financing, accelerated integration of HIV services into national health systems and primary care, and ensuring the continuation of people-centered HIV services, including prevention, for key and vulnerable populations. This is the time for bold actions from governments to stay on course to end AIDS as a public health threat by 2030.

"In the course of history, there comes a time when humanity is called to shift to a new level of consciousness, to reach a higher moral ground. A time when we have to shed our fear and give hope to each other."

Wangari Maathai, Nobel Peace Prize, 2004

BACKGROUND

For over two decades, the United States Government (USG) has played a pivotal role in the global HIV response through PEPFAR and support to the Global Fund to Fight AIDS, Tuberculosis and Malaria and other multilateral entities. Since its inception in 2003, PEPFAR, working with governments and other partners, has saved more than 26 million lives by investing in HIV prevention, treatment, care, and support programs, primarily in sub-Saharan Africa.[1]

However, recent shifts in U.S. foreign assistance priorities have fundamentally—and potentially irreversibly—altered this support. On January 20, 2025, a USG Executive Order imposed a 90-day pause on U.S. foreign development assistance to review efficiency and alignment with U.S. foreign policy objectives.[2] This order was soon followed by a 'stop work' directive for ongoing foreign assistance awards, with limited exceptions.[3] On January 28, 2025, an "Emergency Humanitarian Waiver to Foreign Assistance Pause" approved the continuation of "life-saving humanitarian assistance" during the review period,[4] which on February 1, 2025, was extended to PEPFAR through a limited waiver to implement only "urgent life-saving HIV treatment services," defined to include HIV care and treatment and HIV prevention efforts aimed at preventing mother-to-child transmission (PMTCT).[5] However, on March 10, 2025, approximately 83% of USAID programs—representing 5200 contracts—were canceled, including key HIV, tuberculosis, and malaria projects.[6,7]

The cumulative impact of these actions has been far-reaching, resulting in some clinic closures, reductions in services, health worker job losses, and shortages of essential HIV commodities such as antiretrovirals (ARVs), pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP), and condoms.[8] Widespread uncertainty and fear among clients and providers are an unfortunate new norm within the global HIV response.

These changes occur amidst calls to promote local leadership and sustainability in the HIV response[9]—initiatives that are no longer merely advisory but are now essential for maintaining the progress made toward global HIV and AIDS goals. Although the future status and level of PEPFAR funding beyond the 90-day review period remain uncertain, it is evident that heavy reliance on foreign assistance makes national HIV programs highly vulnerable to external funding shifts. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS), a permanent cessation of PEPFAR would result in an additional 6.3 million AIDS-related deaths, 350,000 new HIV infections among children, and 8.7 million new adult infections by 2029—making it impossible to end AIDS as a public health threat by 2030.[10]

Given the current circumstances, governments must transition away from rebuilding donor-funded models and adopt, where possible, streamlined, integrated, health systems-based, and nationally led approaches aligned with local priorities. Prevention must remain a core priority alongside treatment and it is essential to ensure that vulnerable groups can protect themselves against new infections.

Strategic Priorities for Governments to Sustain Their HIV Responses

Governments have an opportunity and an obligation to strengthen ownership and sustainability in their HIV response during this period of unprecedented uncertainty. We outline four strategic policy priorities for governments to sustain their HIV responses, strengthen national ownership, and preserve the impact of HIV prevention and treatment services. These priorities were put forward by national government leaders and experts present at the convening. They reflect a mix of successful initiatives already being implemented in some countries, as well as proposed actions aimed at addressing current disruptions, including:

Priority 1: Strengthen Domestic and Other Forms of Financing for HIV

Sustaining progress in HIV prevention amid declining external funding requires a diversification of financing sources. Increased government revenue allocations to the health sector—including for HIV prevention and treatment programs—is a critical first step. Eswatini, for example, finances most of its antiretroviral (ARV) stock, reducing its susceptibility to external funding cuts and enabling it to reach the ambitious 95-95-95 targets.[11] However, most countries remain far from reaching their Abuja Declaration commitments to allocate 15% of national budgets for health expenditures,[12] and the current healthcare crisis increases the urgency for further mobilization of domestic funds.[13]

This urgency is crystallized by the economic benefits of investing in HIV responses. AIDS increases premature deaths among young people, reducing the working-age population and limiting economic growth.[14] A UNAIDS-supported report found that optimally funding the HIV response could reduce new infections by 40% to 90% and yield substantial economic returns. For example, South Africa's Gross Domestic Product (GDP) in 2030 is projected to be 2.8% higher—equivalent to US$17 billion—compared to business-as-usual (BAU) funding levels if HIV funding targets are met. Kenya could see a 1.1% increase in GDP (US$1.3 billion) under similar conditions. Additionally, in South Africa, each dollar invested in HIV programs between 2022 and 2030 is estimated to yield US$7.20 in GDP gains.[15]

Innovative financing mechanisms can further boost revenue for HIV programs and have been highlighted in the recent Africa Centres for Disease Control and Prevention Concept Paper.[13] A notable example is Zimbabwe's AIDS levy, a 3% tax on income and business profits. Managed by the National AIDS Council—a body governed by a 14-member multisectoral board representing health, law, commerce, trade unions, and civil society—the levy is administered through AIDS action committees at provincial and district levels.[16] Funds generated by the levy have supported strategic areas such as ARV procurement and distribution, condom promotion, PMTCT, voluntary medical male circumcision (VMMC), and advocacy programs for people living with HIV and AIDS.[16] Other financing models, such as excise taxes on sugar-sweetened products, alcohol, cigarettes, and other tobacco items, may also offer additional revenue streams. In parallel, countries can reduce the cost of HIV drugs through pooled procurement, differential pricing, and encouraging generic competition.[17]

Integrating HIV prevention services into essential health benefit packages and introducing national or social health insurance schemes can further promote risk pooling and cross-subsidization. In South Africa, the Essential Medicines List (EML) and accompanying Standard Treatment Guidelines (STGs) include antiretroviral therapy for HIV care and oral PrEP for HIV prevention, underscoring their priority within the health system.[18] On the other hand, Zambia is currently developing a costed minimum package for HIV service delivery, ensuring critical components are included in the government budget and securing long-term financial sustainability.

In addition to partnerships with the private sector and philanthropic organizations—which help diversify the overall funding base—governments can increase efficiency and ensure sustainability by leveraging non-health sectors in their HIV response. In Zambia, for example, the Ministry of Education has introduced a "Life Skills Health Education" program that equips young people with the knowledge and negotiation skills needed for safer sexual practices. The Ministry of Gender also incorporates HIV prevention into its broader initiatives, integrating services such as STI screening and condom promotion within gender-focused programs. Similarly, Rwanda has adopted school-based sexual health education to heighten HIV awareness among students, ensuring that HIV prevention remains a core priority within the education system.

By diversifying funding sources, improving efficiency, and embedding HIV prevention across multiple government sectors, countries can enhance the long-term sustainability of their HIV responses.

Priority 2: Integrate HIV Prevention and Treatment into Primary Healthcare Systems

Siloed approaches to HIV prevention and treatment are unlikely to achieve effective epidemic control, and maintaining parallel disease-specific structures is both inefficient and unsustainable, especially given current funding constraints. Primary healthcare provides a comprehensive platform for disease prevention, diagnosis, treatment, and care, making it well-suited for delivering HIV services.[19] Yet primary care services themselves are often under-performing and not fully capacitated, presenting risks, but also opportunities for mutually beneficial investments.

Integration efforts must be tailored to address the complexities of existing vertical systems, which can vary significantly among countries. Effective mechanisms to facilitate integration include developing and implementing HIV training programs for primary healthcare providers, adopting task-shifting strategies to delegate responsibilities to community health workers, promoting community-based service delivery models to reduce costs while maintaining access, and combining HIV services with related services such as family planning, maternal and child health, sexually transmitted infection (STI) services, and chronic disease management.[20] South Africa exemplifies these efforts, having successfully incorporated HIV prevention into its primary healthcare system, with 96% of primary healthcare clinics offering oral PrEP alongside other services.

Governments must also address fragmentation in critical areas such as data management and supply chains by adopting unified systems wherever possible. Tanzania has made significant strides in establishing a unified supply chain that eliminates parallel procurement systems for

HIV prevention commodities. These commodities, including PrEP, condoms, test kits, and ARVs, are now fully integrated into the national procurement system, with quantification, procurement, ordering, and distribution managed within the existing government health infrastructure. Tanzania's Unified Community System consolidates data from multiple health programs, including HIV, malaria, family planning, tuberculosis (TB), leprosy, reproductive health, maternal and child health, adolescent health, and gender-based violence support—enhancing service delivery and efficiency across the health system and other sectors.

Priority 3: Ensure Prevention Remains a Priority in National HIV Responses

While ensuring continuity of treatment is essential, the "transmission-preventing potential of scaled-up [anti-retroviral treatment] (ART) must be matched with an equally strong reduction in the risk of HIV acquisition and transmission".[21] This approach is particularly critical for those at high risk of HIV infection, who currently benefit from PrEP or could significantly gain from expanded access to PrEP and other preventive commodities. Governments must ensure that prevention remains central to their HIV response including by allocating sufficient budgets to HIV testing and linkage-to-care programs, sustaining PrEP and condom distribution, and implementing other essential prevention strategies.

Several country-led efforts underscore the importance of prioritizing prevention. Kenya's HIV Prevention Revolution Roadmap has made "HIV prevention everyone's business" by adopting a multisectoral, population-driven approach that integrates behavioral and structural interventions alongside biomedical strategies.[22] Malawi's Blantyre Prevention Strategy (BPS) has also fostered a cohesive, country-led response focused on embedding core prevention functions at the district level for effective disease surveillance, data-driven targeting, demand generation, quality service delivery, and the sustained use of HIV prevention interventions.[23] By embedding core capacities for HIV prevention within the health system, countries can ensure that prevention efforts remain at the forefront of their HIV responses.

Priority 4: Protect and Prioritize Key & Vulnerable Populations

Achieving an effective and inclusive HIV response requires governments to recognize and actively address the legal and human rights violations often experienced by historically underserved groups, including LGBTQ+ communities, people who engage in sex work, and people who inject drugs. These populations often face stigma, discrimination, and structural/legal barriers that limit their access to health services and increase their vulnerability to HIV infection and poor treatment outcomes. Governments should take concrete steps to support these populations by enabling social contracting mechanisms and encouraging philanthropic funding for community-based and civil society organizations that provide tailored services. Governments must also develop and enforce legal and policy frameworks to combat stigma and discrimination, protect human rights, and ensure continued access to prevention and harm reduction services.

An illustrative example of prioritizing key populations is found in South Africa's Guidelines for the Provision of PrEP to Persons at Substantial Risk of HIV Infection.[24] These guidelines identify groups at substantial risk, including adolescent girls and young women, men who have sex with men, people who inject drugs, and people who engage in sex work. They also mandate a comprehensive package of care for individuals receiving PrEP, which includes HIV testing, initiation of ART for those diagnosed with HIV, syndromic STI diagnosis and treatment, pregnancy screening, tuberculosis screening, mental health counseling, contraception, and the provision of condoms and lubricants. By institutionalizing such approaches, governments can create inclusive and sustainable HIV responses that effectively address the needs of key populations.

CONCLUSION

The global HIV response stands at a defining moment and governments must act with urgency and resolve. The choices made now will determine whether the remarkable gains of the past two decades are sustained—or lost. We call on national leaders to take immediate steps to mobilize domestic resources, integrate HIV services into primary healthcare, and safeguard prevention and key population programs from neglect or political shifts. This is not merely a financial or technical challenge but a fundamental test of leadership and commitment. We urge policymakers to set clear national roadmaps for sustainable HIV responses, work with multi-sectoral, regional, and global partners to drive innovation and investment and embed accountability mechanisms that ensure real and measurable progress. Now is the time for bold, decisive action to secure an HIV-free future. Those signing here stand ready to partner in this effort in support of national leaders who must chart the path.

Endnotes

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