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## BACKGROUND

- South Africa is near achieving global 95-95-95 targets for HIV testing (96%) and viral suppression (94%) but continues to face challenges with treatment retention (79%).
- The national HIV program previously received 17% of its overall funding from USG sources, with implementation support and/or technical assistance in half of South Africa's districts provided through implementing partners (IPs).
- The Jan 2025 Stop-Work Order led to the immediate withdrawal of IP-funded staff and resources, followed by a gradual return of some support.
- We report the district level impact of the funding cuts from a baseline of October 2024.

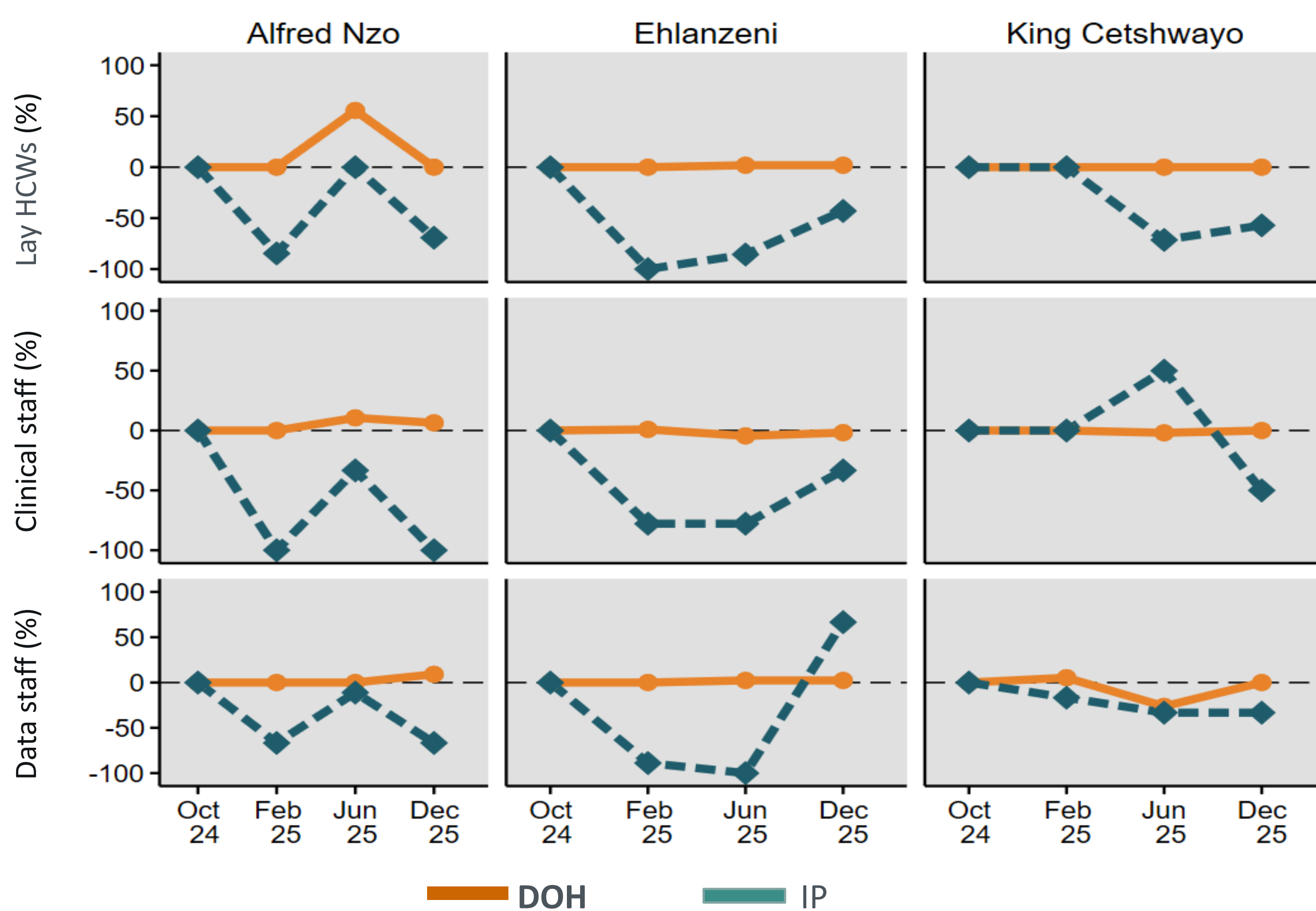
**Funding cuts led to losses of implementing partner staff and disrupted prevention and outreach services, while treatment and suppression remained stable.**

## METHODS

- Study includes 24 facilities across 4 districts (3 USAID; Alfred Nzo, Ehlanzeni and King Cetshwayo), 1 non-supported; West Rand)
- Facility site assessment + routine data (TIER. Net, facility registers, Operation Phutuma reports)
- Outcomes reported here, by district, include:
  - Staffing changes (implementing partner and government), relative to staff numbers in Oct 2024.
  - Service delivery indicators (sums for study sites in each district, over time).
    - Prevention (PrEP initiations, condom distribution)
    - HIV testing and ART initiation.

## KEY FINDINGS

**Figure 1. Percentage changes in government and implementing partner (IP) staffing numbers from Oct 2024 baseline to Dec 2025, by district and cadre**

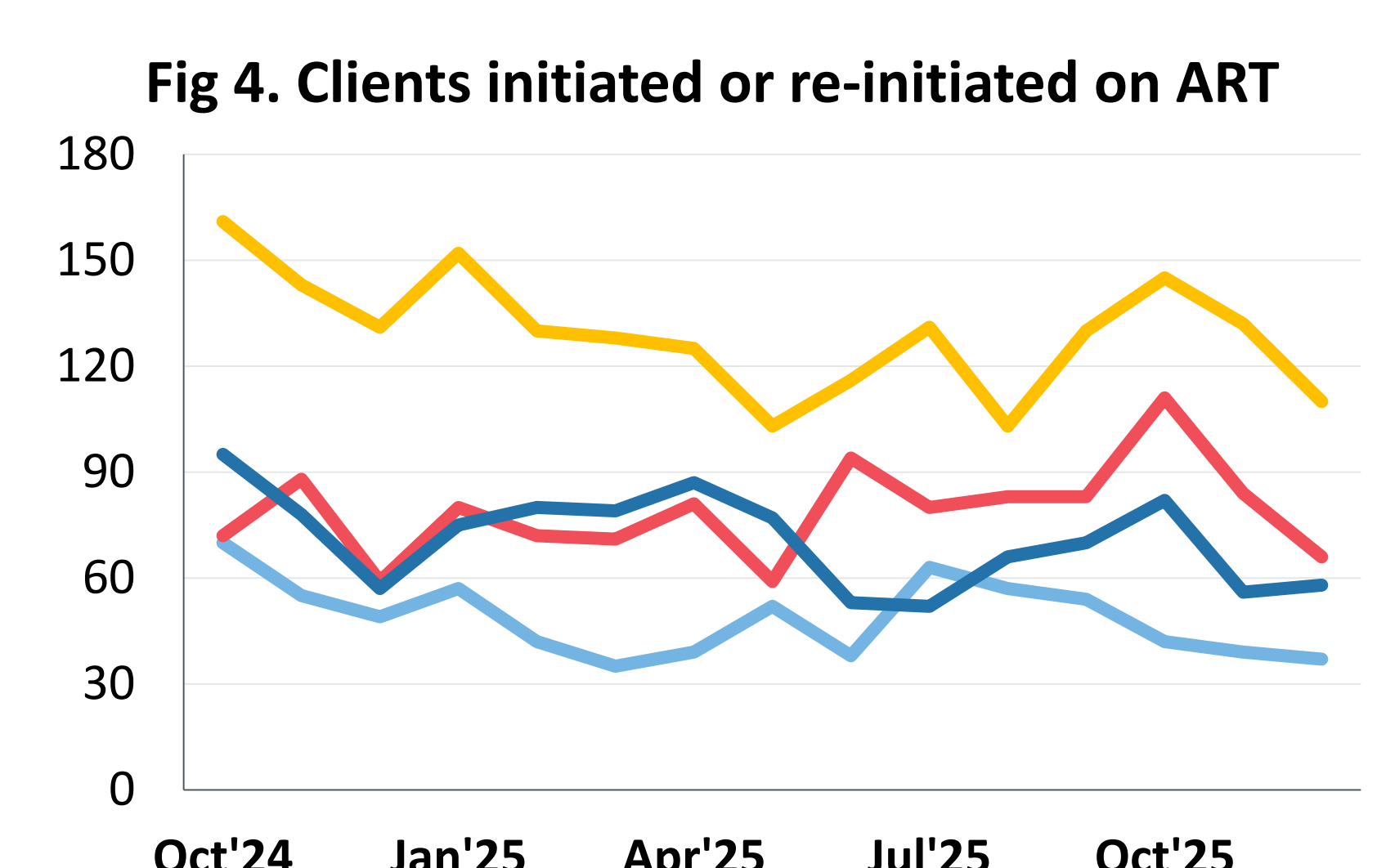
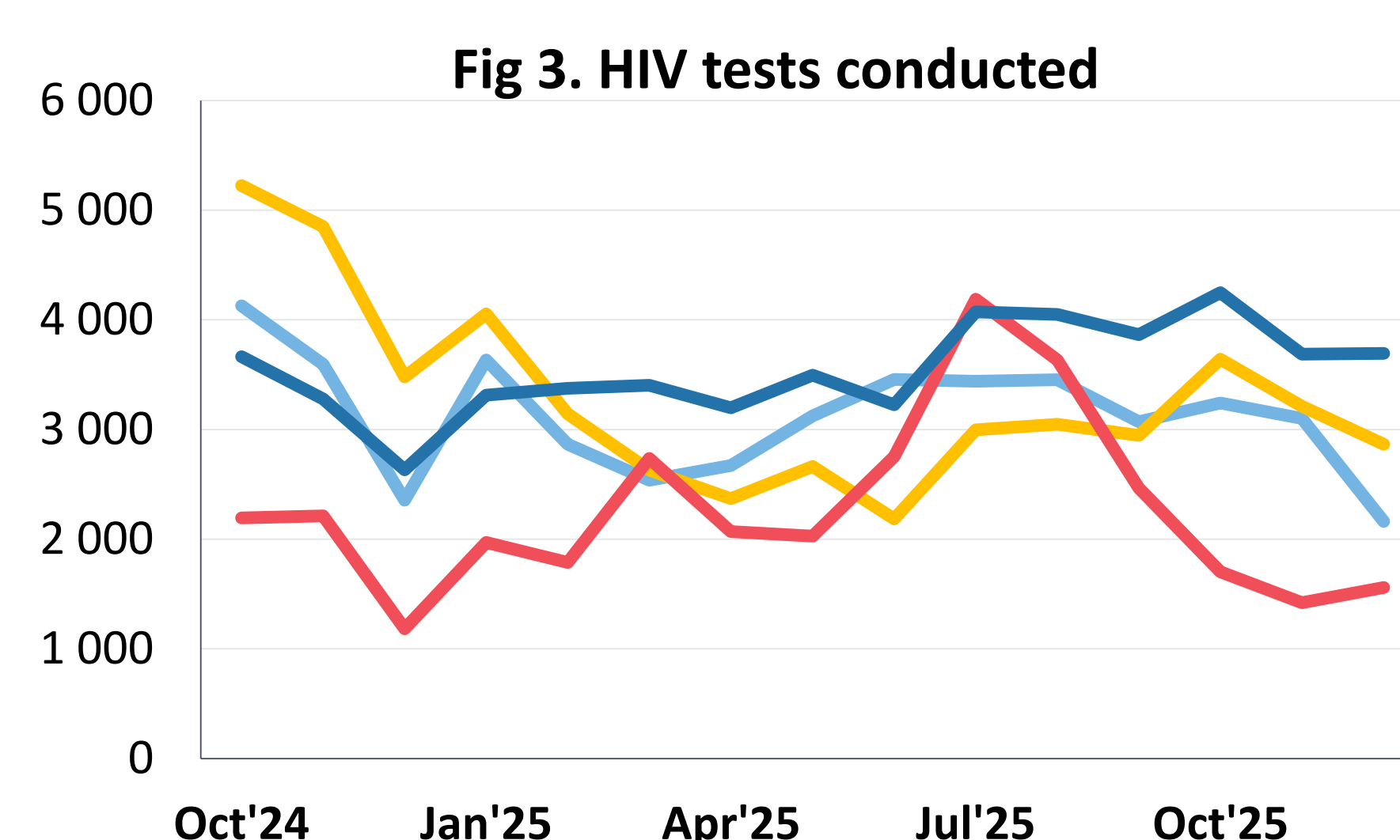
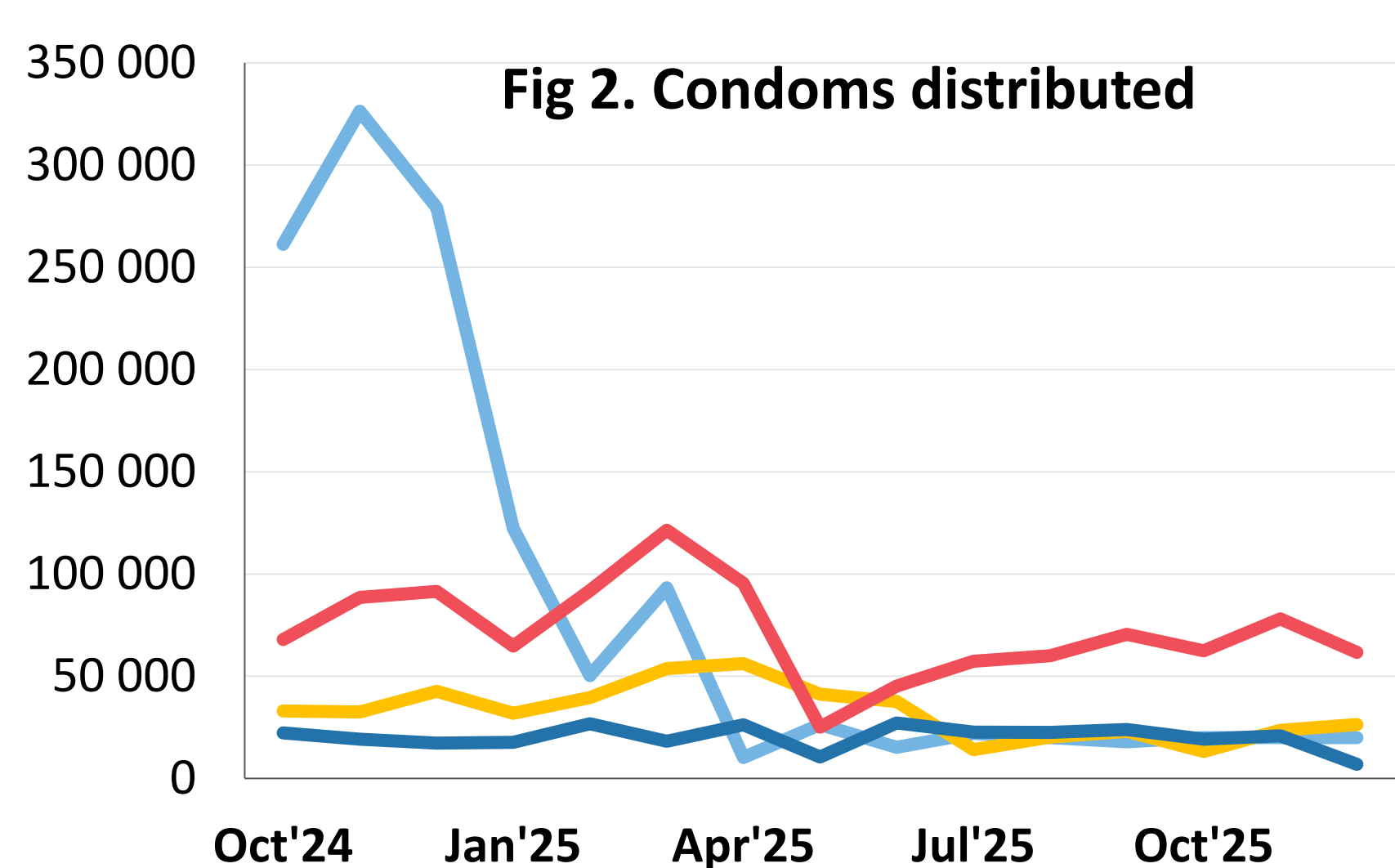


**Table 1. Disruptions to services provided by implementing partner staff following funding cuts**

Services provided by IP staff	Impact on service delivery after SWO	Mitigation measures taken by facilities	Remaining gaps as of Dec 2025
Provision of ART, PrEP, TB treatment	Increased workload for remaining government staff	Government staff absorbed IP staff clinical roles	Ongoing workload pressure
Counselling for HIV testing, adherence, linkage to care	Slower service delivery	Use of interns and temporary staff	Reduced capacity
Tracing clients who interrupt care, case management, outreach	HTS gaps and tracing inconsistencies	Nurses supported outreach/tracing	Persistent tracing gaps
Data entry for TIER.Net, DHIS2, registers, reporting	Reporting delays and backlogs	Admin staff supported data functions	Ongoing backlog and delayed entry
Support for DMOCs and adolescent and youth-friendly services	Reduced PrEP, index testing, and outreach capacity	Use of interns and temporary staff	Persistent service gaps

DMOC, Differentiated model of care (facility medication pickup points, external medication pickup points, adherence clubs).

**Figures 2-4. Changes in HIV prevention and treatment service volumes at study sites, October 2024 to December 2025**



Alfred Nzo Ehlanzeni King Cetshwayo West Rand

- IP-funded staffing declined sharply in early 2025, with uneven recovery by the end of 2025 (Figure 1).
- Numbers of condoms distributed (Fig 2), HIV tests (Fig 3), and ART initiations (Fig 4) declined sharply following funding cuts, with moderate recovery by December 2025.
- Total numbers on treatment and viral suppression largely remained stable throughout the period (data not shown).
- Facilities adapted to the staff losses by shifting tasks to other cadres and providing less support to clients (e.g. counselling and tracing).

## CONCLUSIONS

- Funding cuts in early 2025 led to implementing partner staff losses that disrupted outreach, testing, and prevention services, while treatment and monitoring remained relatively stable.
- “Wrap-around” services such as tracing, community outreach, etc. were hit hardest, as they had been provided mainly by IPs; core services such as treatment, which had been provided by the government, remained intact.
- Recovery was uneven across districts and facilities; facility-level data suggest wide variation in impacts and recovery levels over the time period.
- Study sample was limited to public sector primary healthcare clinics serving the general population; impacts on services targeted to key populations were not captured here.
- **Routine, facility-level monitoring is critical to detect disruptions early, guide responses, and protect programme gains amid ongoing funding uncertainty.**