Healthcare provider perspectives on clinic operations in Zambia following the 2025 funding cuts: qualitative data

BACKGROUND

- Zambia has reported exceeding the UNAIDS 95-95-95 targets, attaining 98-98-97 by September 2025.
- U.S. Government cuts to funding for global HIV programs starting in early 2025 ("stop-work order" SWO) and other more gradual donor funding changes reduced the resources available for Zambia's national HIV program.
- At the level of individual healthcare facilities, these funding changes affected service delivery to HIV and other clients.
- SHIFT is evaluating both the immediate and longer-term impact of these funding cuts and the adaptations that facilities are making to sustain the quality and quantity of care provided.

METHODS

- We conducted 30 in-depth interviews with providers from 10 health facilities between 30 November and 13 December 2025, exploring facility-level impacts, perceptions of funding changes, and capacity to deliver care.
- Study sites were located in two provinces (Fig. 1).



Figure 1. SHIFT-Zambia qualitative study provinces

COPPERBELT PROVINCE
- 5 Study sites
- 22,698 ART clients (Dec 2025)
- Funder: USAID (Implementation & technical assistance)

LUSAKA PROVINCE
- 5 Study sites
- 47,285 ART clients (Dec 2025)
- Funder: CDC (Technical assistance only)

- We identified key themes in the interview responses and describe them with illustrative quotations.

RESULTS

Workforce reductions

- Providers reported that workforce reductions were among the most serious impacts of the funding cuts, with some some facilities continuing to have insufficient staff as of December 2025.
- Key cadres affected included data clerks and outreach/community-based health workers, though facilities reported shortages at all levels.

> *"There was a **sudden cut of manpower** and that affected the service delivery… Maybe we'd just have [one or two] people on duty… That's mainly the biggest [change] that we had: Human resource."* –Lusaka Province

Workforce reduction challenges and adaptations

- How did facilities respond?
  - Task shifting, taking on new tasks, multitasking
  - Reassigning personnel from other departments to ART (challenges arise when these providers are not trained in ART service delivery)
- Providers reported feelings of burnout and being overwhelmed

> *"You feel drained because you need to multitask… [It's] now entirely **a one man show**. You need to do the pickups, orders, you dispense, you update registers. Before maybe [there were] two of you at this department; Now most of the things have to be done by an individual."* – Lusaka Province

> *"…**I had to teach myself how to do everything** that happens here…. Sometimes you are the one doing everything. You are the pharmacist, you are the one in the lab, it's everything under one roof."* – Copperbelt Province

> *"First, **the capacity is not there**… [The providers] they are getting from OPD department, bringing them to ART, they need those trainings for them to work effectively and offer the quality of care to our patients."* – Lusaka Province

Return to work after initial USG stop-work order

Some facilities, generally in Copperbelt Province (previously USAID-funded) reported that staffing had returned, or mostly recovered, by March 2026: *"Mostly things were normalized… I think for now we are bit stable because all the staffs that were told to stop they have come back. And the CBVs they came back."* – Copperbelt Province

Some facilities, generally in Lusaka (previously CDC-funded) reported that staffing challenges remain: *"A lot of people were not called back after the stop-work order… And for the people who were called back, it's not matching the demand. We have lesser manpower that has come back."* – Lusaka Province

Logistics and supply chain challenges

Airtime and communication loss hindered client tracing and connection for data management.



> *"[The] communication system is the issue of talk time. This is usually [to contact] clients in the community. We didn't have enough talk time."* – Lusaka Province

Loss of vehicles, motorbikes, drivers led to discontinuation of community-based services and increased turn-around-time (sample courier services)



> *"Our courier system for viral load samples was disrupted due to lack of partner support for riders and fuel, affecting sample transport to the virology lab."* – *Copperbelt Province*

> *"The partner that worked with us under community [services] completely withdrew. …Cars, human resource, funding. That meant there was no community testing, no community indexing, no community retention, no community follow-ups.."* – *Lusaka Province*

Supplies chain shortages led to several service delivery challenges including community DSD and MMD offerings in most facilities; VMMC service suspension; shortages of PrEP, condoms and family planning supplies; and documentation challenges due to loss of stationery and printed forms (viral load requisition books, appointment lists)



> *"We now stopped giving 6MMD, we started giving 3MMD, 2MMD, and 1MMD which was a sudden change from what we usually give to our clients."* – *Copperbelt Province*

Delayed impacts

Several healthcare providers reported that while many services returned to "normal" soon after the January stop work order, new changes were felt months later.

Continued workforce reductions

- Workforce reductions continued 3-6 months after the stop work order announcement
- Complete loss of implementing partners after September 2025

> *"By September month-end, others stopped completely. At least after the February break, they came back."* – Lusaka Province

> *"The [IP] team were into DSD model implementation, 6 MMD, 3 MMD. Now that they have gone I think we have a bit of challenge in terms of implementing."* – Copperbelt Province

Supply chain

- Commodity shortages emerged 3-4 months after SWO announcement, including:
  - Stockouts of EDTA containers and DBS cards
  - Stockout of HIV test kits

> *"[At first] there were still most stock available but after some time, I think about three to four months [later] we started feeling the impact."* Lusaka Province

> *"…Most of the time we are running out of the EDTA containers."* Copperbelt Province

Lab and operations

- Stationery shortages impeded routine clinical documentation

> *"We don't have enough things to use [for] patients… Stationery: we are struggling. Reagents: we are struggling."* – Lusaka Province

CONCLUSIONS

- Notable differences in the impacts of workforce reductions on clinic operations were noted in the previously CDC and USAID-funded provinces, with providers from the former reporting more temporary changes in workforce reduction, with a return to pre-SWO conditions by March 2025 after the return of IP support.
- Providers reported delayed supply chain impacts, up to 3-4 months after the SWO, as stock levels of commodities procured before the SWO were depleted. This resulted in ART dispensing changes from 6-MMD to 3-, 2-, and 1-MMD, stockouts of laboratory commodities, and shortages of stationery used for routine clinical documentation.

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