Did the 2025 HIV funding cuts affect clinic operations in South Africa? Healthcare providers' perspectives

WHAT IS THE ISSUE?

- PEPFAR previously funded ≈ 17% of South Africa's national HIV programme budget.
  - The National Department of Health (NDOH) previously funded 80% of the overall HIV programme budget.
  - PEPFAR support was channelled through implementing partners (IPs) who provided technical assistance, outreach and training, and/or direct service delivery in high HIV-burden districts.
- In January 2025, the USG abruptly withdrew funding from PEPFAR partners, leading to immediate withdrawal of IP staff and resources; some USG support returned gradually over the following months.
- We explored healthcare providers' views about how the USG funding cuts affected service delivery over the course of 2025.

WHAT DID WE DO?

- **Study sites**: 9 public primary healthcare clinics in KwaZulu Natal, Mpumalanga, and Eastern Cape provinces previously supported by USAID IPs; 1 clinic in Gauteng Province with no previous IP support.
  - At the 9 facilities with prior PEPFAR support, 15 IP staff were immediately withdrawn after the SWO, comprising 54% of the total IP staff complement.
- **Data**: 29 in-depth interviews from Feb-Mar 2026 with providers; and on-site assessments of changes in staffing between October 2024 – March 2025.
- **Methods:** Described changes in service delivery as perceived by providers and identified key themes in the interview responses, which are reported with illustrative quotes.
- **More**: This policy brief complements an earlier brief on service delivery changes in South Africa available at: https://sites.bu.edu/ambit/shift-resources/.

WHAT DID WE FIND?

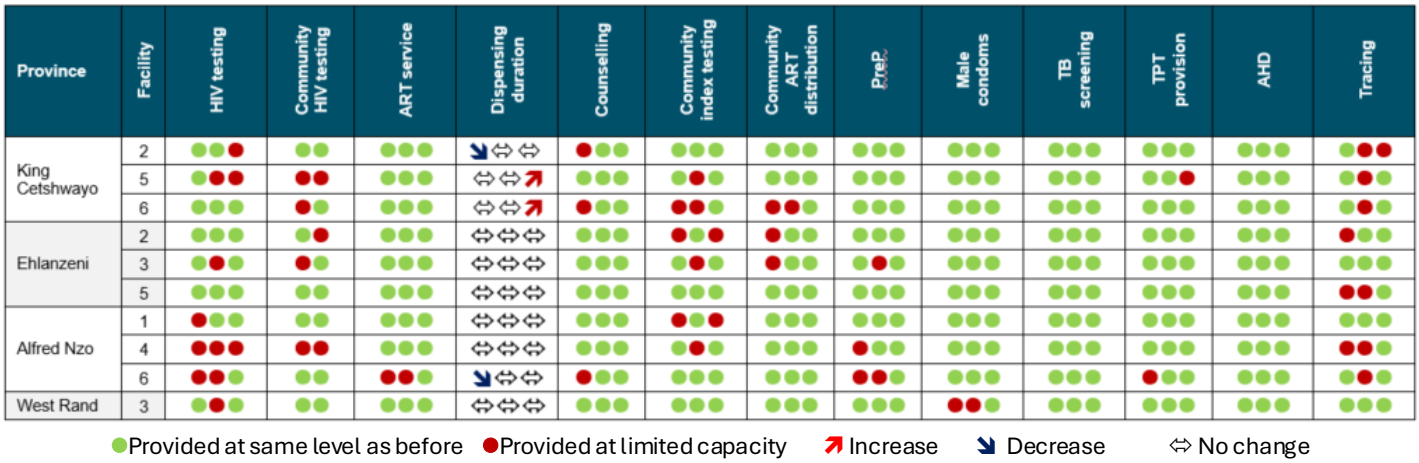
Table 1. Provider characteristics (N=29)

Characteristic	N (%)
District	
West Rand, Gauteng Province	3 (10%)
Ehlanzeni, Mpumalanga Province	8 (28%)
King Cetshwayo, KwaZulu Natal Province	9 (31%)
Alfred Nzo, Eastern Cape Province	9 (31%)
Employer	
Department of health (government)	27 (93%)
Implementing partner (PEPFAR)	2 (7%)
Years working at the site (median, IQR)	9 (4,12)
Current role at facility	
Facility manager	5 (17%)
Nursing staff	15 (51%)
Other (e.g. pharmacy assistant, outreach worker)	9 (31%)

Table 1: Half of those interviewed were nurses, with a median of 9 years in their current posts; most (27/29) of the staff interviewed were employed by the government, not IPs.

Figure 1: Core facility-based ART services--ART dispensing, counseling, TB screening, services for advanced HIV disease--remained stable over the study period; outreach services (community testing, tracing) suffered at some sites.

Figure 1. Impact assessment of funding changes on HIV services, October 2024 – March 2025



Resilience of core services	ART medication dispensing and core facility-based service delivery were sustained, despite workforce reductions, as these were services already fully funded by NDOH.	*"No, there's no changes. CCMDD is still being brought by couriers, we still receive orders and we issue out to patients. Outreach still goes out with patients' medication to distribute to those patients. So, nothing was really affected."* – Pharmacist Assistant, King Cetshwayo District
Loss of IP staff	Facilities experienced staff shortages, leading to many providers taking on responsibilities beyond their assigned roles to reduce wait times and sustain operations. Providers reported feeling stressed and frustrated.	*"…NGOs are the ones running most [of the activities] in the facility. So, when we stopped, it was chaotic."* – Case manager, King Cetshwayo District *"…employees were cut off, but the job they were doing was high. It was piled to the government service providers, as myself. We have to do what they were doing, while I have to continue with my work to provide what I've been doing."* – Outreach team lead, Ehlanzeni District *"…They had to teach the interns to do data capturing since the data capturer had left. With tracing… we had to teach the community health worker to trace for us. And the other staff if they did get a chance they would also trace."* – Professional Nurse, King Cetshwayo District *"I felt let down. I felt unnoticed… I had to motivate myself at the end of it all because… we are doing it for the environment, for the community, so at the end of the day I had to do it."* – Case manager, King Cetshwayo District
Collapse of tracing and recall	Tracing of clients who missed appointments was previously handled entirely by IP staff and depended on data management systems also affected by IP staff shortages.	*"[IP-staff] were the one who traced. As they stopped working, it did affect a lot and it also increased the number of defaulters due to lack of tracing the client."* – Enrolled Nurse, King Cetshwayo District *"…the part [most affected] was tracing of patients. Because we had a data capture from [IP] who would come on weekly basis and trace the patients telephonically. So after it stopped, it had to be done by lay counselor, home-based care and our data capture."* – Professional Nurse, Ehlanzeni District
Longer waiting times and missed visits	The loss of IP staff led to longer waiting times for clients and lack of reminders for upcoming visits.	*"Clients were not coming to the facility because nobody reminded them … they were used to being reminded of their appointments before coming to the facility… The people would wait maybe 45 minutes, waiting to be registered there, because we had one data capturer. He's busy with registration and retrieving of files."* – Professional Nurse, Alfred Nzo District
Data management delays*	Loss of IP-funded data capturers left remaining staff struggling to manage records, contributing to long wait times, tracing challenges, and poor coordination.	*"[The IP-funded] data capturer was giving the [tracing] list… [Now,] CHWs must go to the admin section filing room to retrieve files …"* – Outreach Team Leader, Ehlanzeni District *"There is always a backlog… They have a lot of data and reporting to do, so they don't get to do all the filing, the capturing every day"* – Case Manager, King Cetshwayo District

CONCLUSIONS

- Core HIV treatment services remained stable, with providers ensuring that HIV treatment was available.
- Funding cuts led to healthcare workers taking on multiple clinical and administrative responsibilities, increasing workload, stress, and feelings of being unsupported.
- The withdrawal of IP staff exposed the extent to which facilities relied on these roles for service delivery, highlighting the need to assess their contributions and identify sustainable approaches to maintaining essential functions.
- Policy makers and other stakeholders should assess which formerly IP-supported functions are essential and plan how to replace or integrate IP staff and other resources for the long term.

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