



Impacts of US Foreign Aid Suspensions on Community-led HIV Services in Latin America and Caribbean – *Brief Report*

Data pull: *March 18, 2025*

Data collection date: *February 18 to March 14, 2025*

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**Center for Public Health
and Human Rights**

Acknowledgments

We would like to express our gratitude to the people living with HIV, members of key populations, and civil society and community organizations who generously shared their time and experiences to make this research possible. Their contributions allow us to demonstrate the impact of funding cuts on the activities we carry out in our territories.

Thank you to everyone.

About Us

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- 1. The Center for Public Health and Human rights** is based in the Department of Epidemiology at the **Johns Hopkins Bloomberg School of Public Health**. The Center's work focuses on investigating the impact of human rights restrictions on the health of populations and developing rights-based approaches to recognize public health challenges. Investigators based at the Center designed the study and survey, supported dissemination to community organizations, and led the analysis of results for this report.
- 2. Corporación Red Somos** is a community-based organization in Colombia founded in 2007 that works for the recognition of sexual and gender diversity, sexual health, and community strengthening through the provision of community services, social research, participation, and advocacy. Red Somos provides community services, and promotes social research, participation, and advocacy with vulnerable groups and populations, particularly people from the LGBTIQ+ social sectors and people living with HIV. Recognizing the phenomenon of mixed migration flows in Colombia, our work and actions have expanded to include LGBTIQ+ migrants, refugees, and returnees and/or those living with HIV. Red Somos contributed to the elaboration of this study, led the dissemination of the survey to other community organizations in the region, and designed this report.



Background:

With historically low HIV prevalence and incidence, the Latin American region has generally been considered to have a concentrated HIV epidemic and one that was under control. Consequently, this led to a lower prioritization of global response in the region and recent increases in new HIV infections.

In 2024, the UNAIDS global report indicated that the Latin American region was one of only three regions in which the number of new infections increased since 2010.¹ UNAIDS further reported that the number of infections was approximately 20% higher in 2022 than 2010 among gay men and other men who have sex with men, 20% higher in transgender women, and 42% higher among sex workers.¹

While the number of AIDS-related deaths decreased in most countries, it increased among women in Costa Rica, El Salvador, Mexico, Panama, Paraguay and Peru.¹ While Latin America has been relatively less dependent on foreign funding, a PEPFAR regional program provided financial support for HIV treatment programs as well as (along with other US funding) more recent programs to support HIV prevention, including pre-exposure prophylaxis (PrEP). With a HIV prevalence exceeding 1.2% in the general population and as high as 5% in Haiti, the Caribbean has had more substantial investment from PEPFAR and other foreign support. In response, there has been an observed 22% decline of new infections in the region.¹ This survey aimed to estimate the impact of the US government (USG) foreign funding suspensions on HIV services provided by community-based organizations in the Latin America and Caribbean Region.

1. UNAIDS. *The urgency of now: AIDS at a crossroads*. Geneva: Joint United Nations Programme on HIV/AIDS, 2024.
2. Murphy L, Bowra A, Adams E, et al. *PrEP policy implementation gaps and opportunities in Latin America and the Caribbean: a scoping review*. *Ther Adv Infect Dis* 2023; 10: 20499361231164030



Methods:

The survey was developed in English, Spanish, Portuguese, and Haitian Creole. Data collection spanned **February 18 – March 14th 2025**. The survey was circulated through networks of HIV services organizations spanning the LAC region. Responding organizations were asked to provide their organization name to be used for identification and removal of duplicate entries. Organization name was an optional field. After eliminating forms with invalid fields and duplicate entries, **40 organizations provided information for this analysis.**



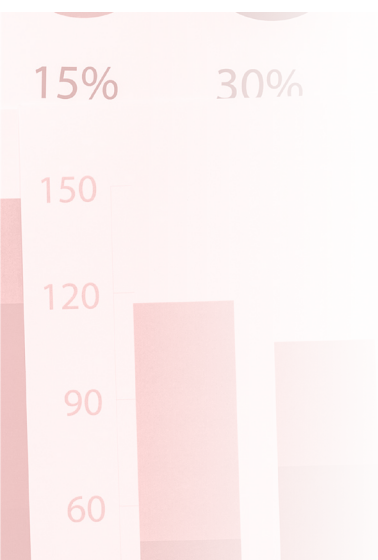


Results:

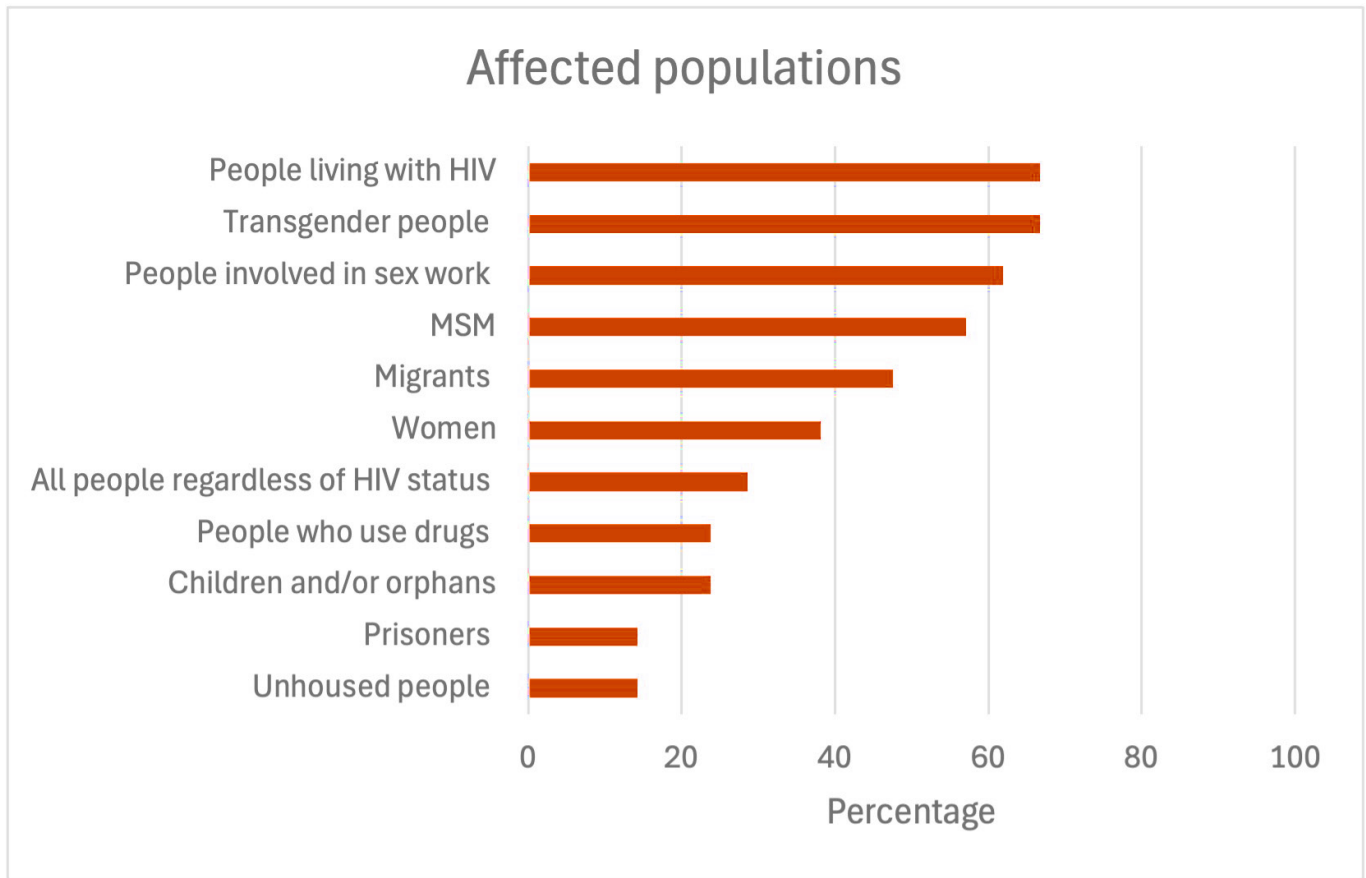
Participant organizations were predominantly non-governmental organizations or community-based organizations, and one international NGO. Respondent organizations represented 13 countries including: Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, Guatemala, Honduras, Haiti, Panama, Paraguay, El Salvador, Trinidad and Tobago, and Venezuela. Participating organizations reported a median of one office/clinic (IQR: 1-3) per country. Of 40 respondents, 24 (56 %) reported that they had received funding from the US government (USG) in the past year. Sources of funding typically included USAID through another organization, direct funding from USAID, and PEPFAR through another organization or entity. Of the 24 with USG funding, 21 (87%) reported that they had received a suspension or funding freeze.

The 21 organizations with funding freezes represented 10 countries: Bolivia, Colombia, Costa Rica, Dominican Republic, Ecuador, Honduras, Haiti, Panama, El Salvador, and Venezuela. Affected funding sources included direct and indirect funding from USAID (33%), direct and indirect funding from PEPFAR (33%), and less frequently direct and indirect funding from the NIH, CDC, and State Dept. (48%). The median annual budget affected was USD\$140,000 per organization (IQR: \$87,500-343,727) and totaled \$8,348,154 across the organizations. This represented a median 46% of the organizations' annual budgets (IQR: 25-85), though reached 100% in some cases. Thirty-two types of programs were affected by the funding freeze, but most commonly included sexual prevention programs, HIV testing services, psychosocial support, humanitarian services, and GBV prevention and clinical care. Thirty-eight of the affected programs provided HIV PrEP and PEP, despite having regulatory provisions for distribution, as the funding relied on U.S. cooperation agencies.

Affected programs served a median of 193 adults living with HIV per organization (IQR: 69 – 400), totaling 16,179 adults, and served a median of 0 children living with HIV per organization (IQR: 0-10), totaling 1,270. Additionally, organizations served a median of 2,500 adults without HIV or with status unknown per organization (IQR: 150-5,203), totaling 117,513 adults, and a median of 5 children without HIV or status unknown (IQR: 0-50), totaling 21,202.

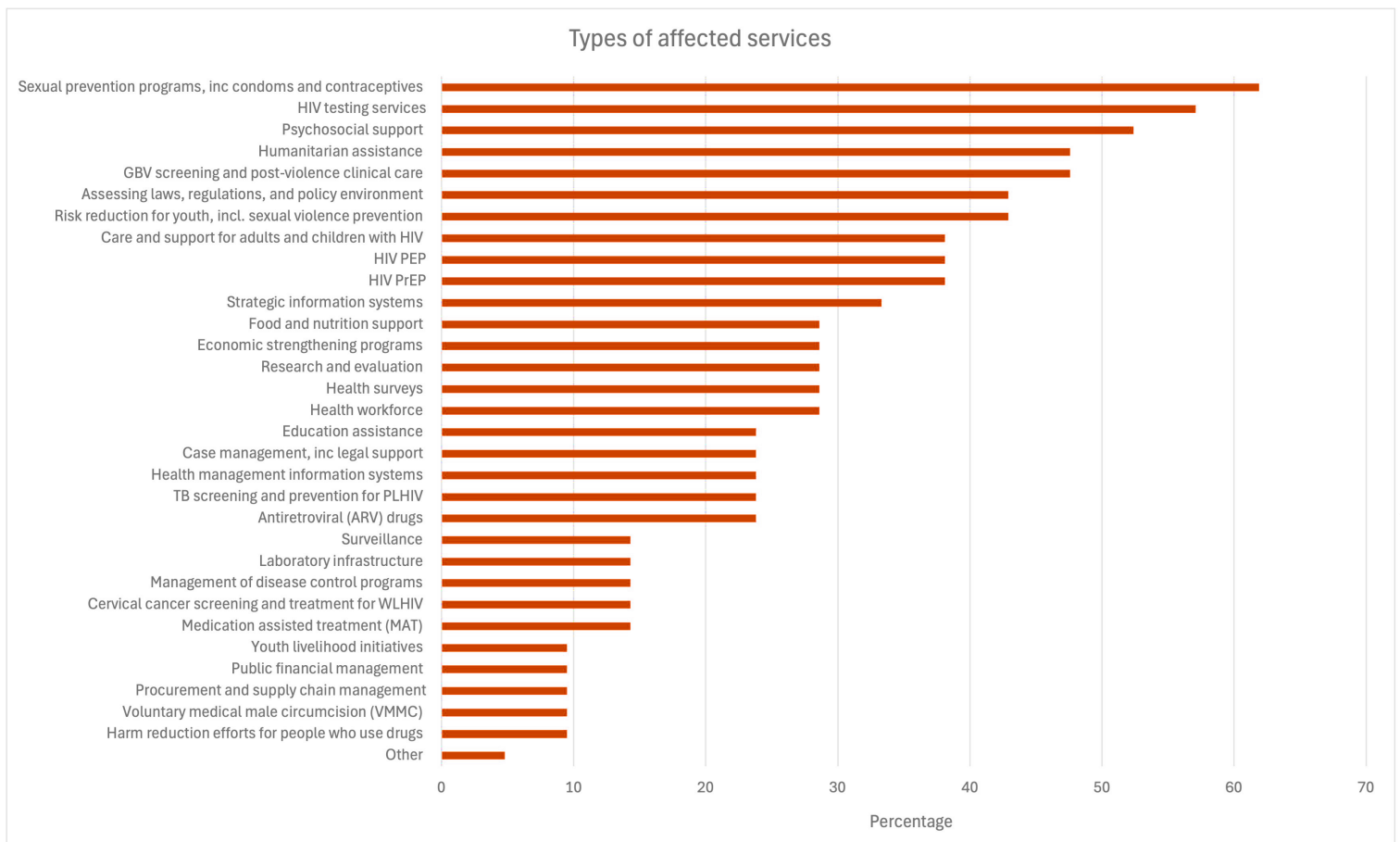


In total, 156,164 beneficiaries are estimated to lose access to services provided by these programs as a result of funding freezes . Populations commonly served by these programs include (but are not limited to), people living with HIV, key populations including transgender people, people engaged in sex work, gay men and other men who have sex with men, and migrant populations (Figure).



Only one organization with USG funding reported that their funding had not been suspended. This organization did, however, receive reductions to their funding, was required to revise or remove certain public facing information, and was told they could not serve certain populations.

In open text fields, several organizations voiced concerns about the security of their programs, beneficiaries, and offices, given the lack of governmental support in many of their countries. Some organizations that did not receive USG funding reported receiving funds through the Global Fund to Treat AIDS, TB, and Malaria and were concerned that the withdrawal of the US financial support from multilateral financing mechanisms would adversely impact the remaining programs in the region.





Conclusion:

While having greater autonomy from foreign support and less reliance on USG funding streams, HIV programs in the LAC region are nonetheless significantly impacted. While the funding suspensions will significantly impact treatment for HIV affecting the 16,179 adults and 1,270 children who are served by these organizations alone, and is likely to result in increased morbidity and mortality among people living with HIV. HIV prevention programs throughout LAC also stand to be drastically impacted. We estimated that 117,513 adults and 2,120 children who are receiving HIV prevention services through participating organizations have had these services terminated and many organizations were not optimistic that the programs would be continued under support of their government. As of 2023, only 22 of 33 countries in Latin America and the Caribbean had policies approving daily oral PrEP for HIV prevention, 15 had approved generic tenofovir disoproxil fumarate/emtricitabine, and 13 had incorporated PrEP into their public health system.² Any recent progress on the HIV epidemic made through the introduction of PrEP is likely to be drastically affected, particularly those that relied on PEPFAR and USAID funding to provide such services to the community, risking increased incidence in the region. As many countries have had to adapt their HIV response to displacement and migration trends, programs that provide HIV services to migrants, particularly in Colombia and Peru, are highly impacted by these suspensions. This is concerning as not only does it have consequences for HIV but also because these programs provide support that likely reduce factors that stimulate migration to other countries.





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