



Press Release

South Africa's HIV Response in Crisis as Illegal US Funding Freeze Pushes Health System to the Brink.

Cape Town, 10 February 2025; The United States (US) government's funding freeze is wreaking havoc across vital healthcare services in South Africa, creating an unprecedented crisis for people living with and affected by HIV and TB. A newly released **compendium of frontline testimony by civil society** exposes the deadly impact of halted support, with **clinics shutting down, life-saving treatments interrupted and vulnerable communities abandoned.**

The crisis threatening the world's largest HIV treatment programme stems from unlawful [Executive Orders](#) issued by US President Donald Trump. As of 20 January, health services began shutting down including HIV testing, treatment and prevention, sexual and reproductive health services, gender-affirming care for trans and gender-diverse people, mental health, and harm reduction across South Africa. An [additional](#) Executive Order threatens to halt all US aid to South Africa.

US government (USG)-funded partners across South Africa have received [stop-work orders and been forced to begin retrenching vital health care staff.](#) The result is an abrupt stop of service provision to improve conditions for South Africa's most vulnerable people. The fallout is already visible—health services disrupted, livelihoods lost, and lives at risk.

"The reckless freezing of US foreign aid is nothing short of a death sentence for thousands of people in South Africa," warned Sibongile Tshabalala, Chairperson of the Treatment Action

Campaign (TAC). “Critical healthcare infrastructure is being dismantled, clinics forced to close, frontline workers without support, all while **lives hang in the balance**. We are watching **decades of progress on HIV being decimated**.”

Trump’s first fortnight in office has caused chaos and confusion globally, says Yvette Raphael, executive director of Advocates for the Prevention of HIV in Africa (APHA). LGBTQI+ communities are losing vital, affirming healthcare as funding cuts force the closure of HIV testing centres, PrEP providers, and STI screening services—spaces staffed by professionals trained to serve people with diverse sexual and gender identities.

Raphael stated that although care is available in government clinics, it is disingenuous to send people to these facilities where they’re often victimised and criminalised. “I fear people won’t go to clinics and then we’ll see drug resistance.”

She explains that the solution must come from South Africa’s health minister as soon as possible. “South Africa’s laws don’t discriminate against LGBTQI+ persons. **If that is the cost of aid we don’t want it.**”

For South Africa’s sex workers, who are already more likely to contract HIV than the average person, **this isn’t just a funding cut, it’s a life-threatening crisis**, says Kholi Buthelezi of Sisonke, the National Sex Worker Movement of South Africa.

“The loss of US government funding has left sex workers without life-saving healthcare, HIV prevention, and critical support. Without these services, they face higher risks of violence, stigma, and disease—pushing them further into isolation and vulnerability.”

Grassroots organisations— which are the backbone of support for sex workers— **are on the brink of collapse**, Buthelezi said. Outreach workers, peer educators, and service providers are left destitute, while the communities they serve face even greater barriers to safety and healthcare. **Without urgent funding, these lifelines will disappear**, leaving sex workers more isolated and at risk than ever.

Francois Venter, an HIV clinician and director of the Ezintsha research centre in Johannesburg, said that systems and clinics built over decades have been thrown into total disarray in just one week. “Health workers and people have no idea what is happening across the region. People are going to start dying soon. **Can you imagine being dependent on treatment to save your life, and having it snatched away from you like this, with no alternative?**”.

The US orders have also devastated harm reduction efforts in South Africa, cutting off life-saving services for people who use drugs and undoing years of trust-building within this group, which also faces stigma and discrimination at government clinics. According to the South African National AIDS Council’s (SANAC) civil society forum, at least 9,000 people have lost access to needle exchange and opioid substitution therapy (OST) in Mpumalanga, Limpopo and Gauteng. These closures leave people vulnerable to HIV, hepatitis

C and overdoses. While some public clinics remain open, most do not offer needle and syringe programmes or OST.

The counselling service Lifeline told [News24](#) the freeze could have a “devastating” impact on adolescents and young women, who are disproportionately affected by HIV. Lifeline director Colleen Rogers was forced to pause a project to reduce HIV infections in this group because it’s supported by the President's Emergency Plan for AIDS Relief (or PEPFAR).

Frontline staff in multiple districts report that PEPFAR-funded services have fallen away. This includes basic care such as HIV testing, and viral load monitoring, and extends to the entire eco-system for patient support including psychosocial services, linkage officers, mobilisers; data capturers; filing clerks and information systems for chronic medication dispensing.

Despite a [humanitarian waiver](#) announced on 28 January 2025 by US Secretary of State Marco Rubio, frontline prevention and treatment services in South Africa remain disrupted or have been halted altogether. Rubio’s assertion that this is a result of “[incompetence](#)” on the part of health organisations must be unambiguously rejected.

In response to the unfolding crisis, more than 1,000 people from civil society organizations in South Africa and around the world have launched CHANGE - Community Health & HIV Advocate Navigating Global Emergencies - a coalition formed to support urgent action. CHANGE recognises that during his State of the Nation address, President Ramaphosa was resolute that South Africa will not be bullied and will uphold our rights-based constitution.

We stand ready to partner with the government to avoid a deadly haemorrhage in the health system.

Civil Society Demands Urgent Action from the South African Government.

Last week, a [coalition of seven South African non-profits](#) wrote to the South African health, finance, and international relations ministers urging the establishment of an emergency task force and urgent, and reasonable action plan to address our response to the crisis, as per its Constitutional obligations.

Today, communities are making an urgent appeal to President Ramaphosa to personally intervene before the situation worsens and to ensure a whole-of-government and civil society response.

They challenge Ramaphosa to “step up” and lead a coordinated national and regional response to prevent mass healthcare disruptions, preventable deaths, and surges in new HIV infections and drug resistance.

Action is critical, particularly in his role as the African Union (AU) Champion on Pandemic Prevention, Preparedness and Response (PPPR) and as South Africa takes on the G20 Presidency.

In light of the additional orders directed at South Africa, communities are also calling on him to use all available domestic, as well as compulsory measures, to ensure that life-saving tools and medicines reach all who need them.

A chorus of resolute community voices agreed: “We are just days into this unprecedented crisis and already the devastation is beyond comprehension. The government cannot wait for the US to complete its review – by then it will be too late. People will die, children will die.

Enough is enough. The President must personally intervene and take all available measures to fix the breach. Not doing so will affect generations to come.
We must save lives.”

ENDS

For media interviews and requests, please contact Angie Richardson at angie@thepressoffice.net or +27 83 397 2512 (WhatsApp preferred).

Testimony from the Frontlines: A Healthcare System in Collapse

SA groups within CHANGE have collected information and testimony from affected communities and frontline staff across South Africa. Due to gag orders and the fear of reprisal, some sources cannot be named publicly, but interested journalists can independently verify reports and arrange interviews via CHANGE.

These testimonies reveal that in the past two weeks:

- At Helen Joseph Hospital in Johannesburg, clinicians say basic HIV services are crumbling. “We used to routinely test and start treatment for inpatients with HIV symptoms. Now, with no counsellors at Helen Joseph, almost no one is being tested unless a doctor orders an ELISA [antibody test] —and there’s no counselling at all. Occasionally, one of the few overburdened nurses manages to do a test, but it’s inconsistent and unsustainable. The most vulnerable are being missed, and lives are being lost.”
- Several PEPFAR implementers, subject to gag orders, have begun processes to place staff on unpaid leave or worse, retrenchment of staff, affecting thousands of workers (we know of about 4,000 thus far) who support vital services.
- After a trans care clinic temporarily closed, a trans woman was illegally turned away from a public clinic for having both male and female medical files.

- In Cape Town, transgender people have been denied treatment for tuberculosis (TB) after the closure of a specialist clinic in the public sector.
- A concerned Cape Town parent explained the impact on HIV prevention services: “My kid cannot access PreP. They are scared to go anywhere else. They felt comfortable at Ivan Toms...”.
- Clinics in eHlanzeni (Mpumalanga) and Tshwane (Gauteng), which supported over 5,000 clients with opioid substitution therapy and needle exchanges, have closed—risking an explosion in HIV and hepatitis C transmissions, overdoses and deaths.

President Trump’s executive orders have also impacted on-going clinical trials. South African trial participants told *The [New York Times](#)* they were confused and afraid. Researchers, including Dr. Leila Mansoor of the Centre for the AIDS Programme of Research in South Africa (Caprisa), warned that the move will undermine decades of trust built by researchers. Since the aid freeze:

- An essential HIV vaccine discovery trial that would have run in eight African countries, including South Africa, was halted just before the first participants were enrolled in South Africa, Kenya and Uganda, undoing years of US investment in clinical research.
- “The dozens of clinical trials that have come to a grinding halt takes us backwards,” says Tian Johnson, founder of the health advocacy non-profit the African Alliance. “The confidence in vaccine research, which we have built with USAID over the years, is being undermined. The same goes for the goodwill from communities who have made this research possible. Americans have benefited from the resulting medicines too. These stoppages jeopardize the investments made to make the world a healthier and safer place.”

What is at stake for SA?

In his [presentation](#) to the SA Parliament on 5 February 2025, South Africa’s health minister Aaron Motsoaledi also detailed the distribution of 15,374 PEPFAR-supported staff who work nationally and in 27 priority health districts across eight provinces. These include doctors, data capturers, professional nurses, lay counsellors, clinical associates, social workers, pharmacist assistants, staff nurses and pharmacists.

Motsoaledi’s presentation to parliament showed at least 220 staff working in the national department are also affected. These roles include technical advisors, directors, administration officers and others.

- The combined value of these salaries (in provinces and at the national level) is about R4,6 billion a year plus an additional R2,9 billion per year in programme costs.
- PEPFAR was committed to contributing R6,5-billion to South Africa’s HIV and TB programme this year, or about 17% of the national HIV and TB budget.

Notes to editors:

- A full list of impact statements is available [here](#).
- Many people could only speak anonymously due to gag orders. Please contact the media officer for assistance to verify any unnamed testimonies.
- The SA Health Minister's presentation to Parliament is available [here](#).
- CHANGE has summarised the implications of the waiver and other US court cases related to this matter, which are available [here](#). French, Portuguese and Spanish are forthcoming.
- A number of groups are tracking the funding and stop order impact, including:
 - PEPFAR Watch: <https://pepfarwatch.org/wp-content/uploads/2025/02/PEPFAR-Watch-Deadly-Pause.pdf>
 - Kaiser Family Foundation: <https://www.kff.org/policy-watch/the-status-of-president-trumps-pause-of-foreign-aid-and-implications-for-pepfar-and-other-global-health-programs/>
<https://www.kff.org/global-health-policy/fact-sheet/overview-of-president-trumps-executive-actions-on-global-health/>
 - amfAR: <https://www.amfar.org/wp-content/uploads/2025/01/Impact-of-Stop-Work-Orders-for-PEPFAR-Programs-2.pdf>
 - Sign up to AVAC's Global Health Watch newsletter [here](#) for news about the ongoing attack on the health sector.

Other important documents:

- 20 January 2025. [Reevaluating and realigning United States Foreign Aid](#)
- 24 January 2025. [USAID Notice on Implementation of Executive Order on Reevaluating and Realigning United States Foreign Aid](#)
- 28 January 2025. [Emergency Humanitarian Waiver to Foreign Assistance Pause](#)
- 1 February 2025. [Leaked Info Memo for the PEPFAR Implementing Agencies and PEPFAR Country Coordinators](#)

○

Notes on US funding:

- State is State Department
- In short, approximately 50% of US government funding to South Africa comes through the CDC's implementing partners and 50% comes from USAID's implementing partners.

HIV RESPONSE STAFF ALLOCATED IN THE 27 PRIORITY DISTRICTS



PROVINCE	TOTAL HIV RESPONSE STAFF	DOH FUNDED HIV RESPONSE STAFF	PEPFAR FUNDED HIV RESPONSE STAFF
Eastern Cape	31 438	29 853	1 585
Free State	7 827	7 494	333
Gauteng	78 685	72 595	6 090
KwaZulu-Natal	59 673	56 594	3 079
Limpopo	14 016	13 156	860
Mpumalanga	29 429	28 426	1 003
Northwest	23 479	22 391	1 088
Western Cape	27 060	25 943	1 117
Total	271 606	256 452	15 154

Notes on South African/ local funding:

- The table below, presented during Minister Motsoaledi's presentation on 5 February 2025, illustrates the distribution of 15,154 PEPFAR-funded HIV staff in the provinces.
- Gauteng has the highest proportion of PEPFAR-funded staff, with 8% of its HIV response workers supported by the program, followed by Limpopo at 7%. North West, KwaZulu-Natal, and the Eastern Cape each have 5% of their staff funded by PEPFAR, while in the Western Cape, Mpumalanga, and the Free State, PEPFAR supports 4% of the workforce.
- Beyond the provincial staff, another 220 at the national level are impacted (including 24 through cooperative agreements and 196 (31 Central Chronic Medicines Dispensing and Distribution, 41 Affordable Medicines Directorate, 121 digital and 3 Operation Phuthuma).
- The total salary bill per year is R4.6 billion.

COST IMPLICATIONS



ITEM	PERSONNEL NUMBERS	CATEGORIES	COSTS
Staff at National Department of Health	24 CoAg	Technical Advisors, Directors, Deputy Directors, Assistant Directors, Administration Officer	R22 697 000
Total Staff at NDOH: 220	196 Seconded (CCMDD- 31, AMD -41, Digital 121, 03 OP)	Technical Assistants and Programme support Staff	R197 449 681
Staff in Provinces	15 154	Data Capturers, Professional Nurses, Lay Counselors, Clinical Associates, Social Auxiliary Workers, Pharmacy Assistants, Staff Nurses, Pharmacists	R 4 419 502 156
Total amount	15 374		R 4 639 648 837

CoAg- Cooperative Agreement
 CCMDD- Central Chronic Medicine Dispensing and Distribution
 AMD- Affordable Medicines
 OP – Operation Phuthuma



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

NB: The Country buys its own ARV's with 10% support from Global Fund

9



HIV/AIDS & TB funding streams



- SA Government = 74%
- Private Sector = 2%
- **Both Public and Private sectors: 76%.**
- Donor funding = 24% (This is both PEPFAR @17% and Global Fund @ 7%).
 - Break down of PEPFAR funding:
 - R 4 639 Billion for Staffing
 - R 2 908 Billion for the running costs for the offices, direct payments to the NGO's, PLHIV sectors, mobile units, Youth Organisations, Dreams Programme etc.

DREAMS: Determined, Resilient, Empowered, AIDS-free, Mentored and Safe



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

11

