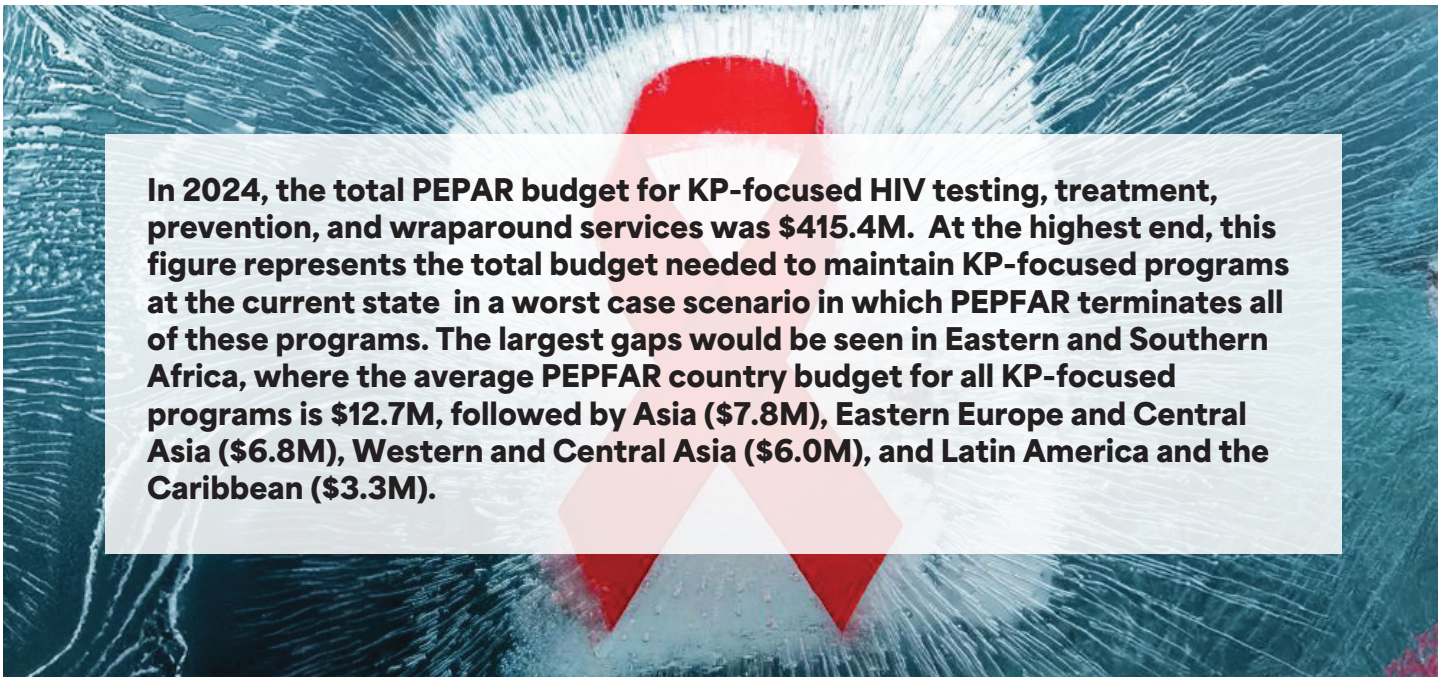
GBGMC



IMPACT OF THE PEPFAR FUNDING FREEZE ON PROGRAMS FOR KEY POPULATIONS

Key Populations organizations worldwide are shutting down, clinics are ending services, and remaining facilities must hide identities and orientations. We're not just frozen out; we're being erased. What would you do?

GLOBAL BLACK GAY MEN CONNECT



In 2024, the total PEPAR budget for KP-focused HIV testing, treatment, prevention, and wraparound services was $415.4M. At the highest end, this figure represents the total budget needed to maintain KP-focused programs at the current state in a worst case scenario in which PEPFAR terminates all of these programs. The largest gaps would be seen in Eastern and Southern Africa, where the average PEPFAR country budget for all KP-focused programs is $12.7M, followed by Asia ($7.8M), Eastern Europe and Central Asia ($6.8M), Western and Central Asia ($6.0M), and Latin America and the Caribbean ($3.3M).

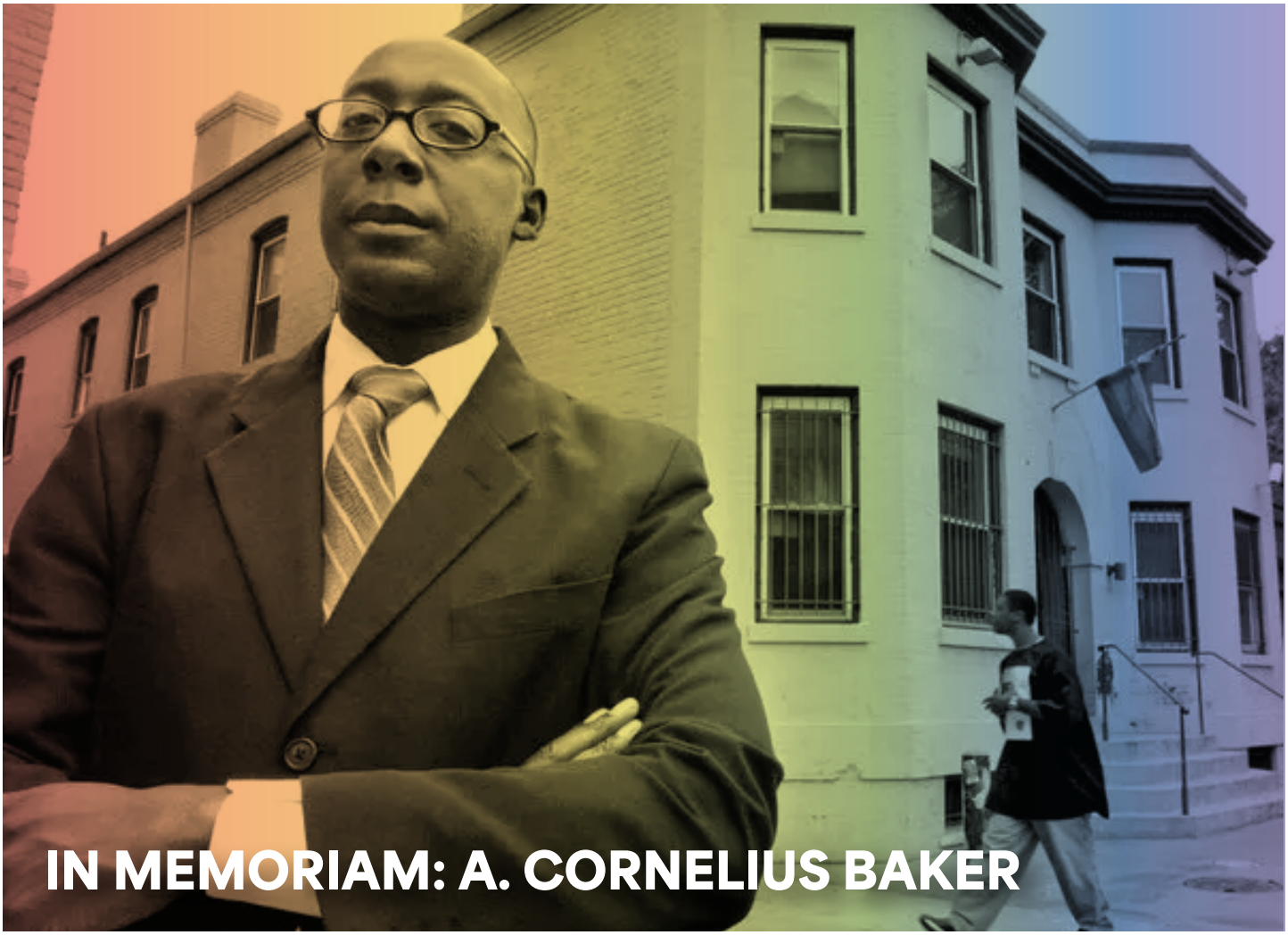
ACKNOWLEDGEMENT

We thank the many participants in our data collection effort, who agreed to share their stories and experiences as part of the funding freeze. We thank them for their time, trust, and expertise. We also want to thank amfAR for their support and collaboration on this report. This work would also not be possible without the support and collaboration with CHANGE (Community Health & HIV Advocates Navigating Global Emergencies) and the many advocates from around the world who have been joining our bi-weekly emergency town halls.

GBGMC works with our communities. We partner with local, national, regional, and global organizations to harness collective action and drive impact. We collaborate and unite with movements representing Black Gay Men, LGBTQI individuals, Transgender communities, Sex Workers, Young Women, Injection Drug Users, Young People, People Living with HIV, and those across the spectrum of diverse sexual and gender identities. Our efforts are deeply rooted in engaging and empowering Black gay men worldwide, building a resilient and interconnected community. We cannot do this alone.

This publication and GBGMC's ongoing policy, advocacy, and outreach efforts are made possible through the dedicated labor of GBGMC partners, key population advocates, and support from Gilead, ViiV, and Merck. We thank the GHPN Kenya for contributing their case study and analysis and for the many survey respondents who contributed their stories to this report. This report was developed with the support of Data Etc and amfAR

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IN MEMORIAM: A. CORNELIUS BAKER

Last November, we lost a true icon in A. Cornelius Baker–a visionary builder, devoted friend, passionate lover, and our brother. Cornelius was a beacon of inspiration in the HIV, LGBTQ+, and global health communities, exemplifying the virtues of a leader who motivated us all to aspire to the highest ideals. Honoring him today feels like a summon to embody the strength and leadership he shared with us. In these challenging times, his absence is profoundly felt, reminding us to apply his teachings and forge ahead, even if we question our own strength and leadership capabilities.

Cornelius was more than a mentor; he was a force of nature. He pressed us forward, charged us with missions, pulled us together, and pushed us toward excellence. His unwavering devotion to the HIV movement made him a North Star, building coalitions across diverse sectors and collaborating with leaders from all political backgrounds to combat health disparities and advocate for universal access to HIV treatment and care. His words, "The work is not done, the charge is still there, go forth–you know what you need to do," continue to resonate with me, guiding my actions and heart in this ongoing work.

LETTER TO DONORS AND GLOBAL LEADERS

As we look towards the challenges that lie ahead, GBGMC recognizes the urgent need for strategic action and unwavering commitment from all of us. For years, Key Populations have faced neglect and insufficient support, but the time has come to change this narrative decisively. We cannot afford to return to the inadequacies of the past; the stakes are too high. This moment demands your leadership, your attention, and your capacity to listen and act. We are stepping up, raising our voices, and demanding you stand with us more robustly than ever.

To our dedicated donors who have supported HIV initiatives over the years, we extend our heartfelt gratitude. However, the journey is far from over. We implore you to deepen your engagement with Key Populations. At GBGMC, while we do not claim to speak for all, we have strategically laid out a plan that addresses the critical gaps and opportunities that can significantly alter the course of HIV prevention and care. We urge you to review this plan and strengthen your backing, allowing us to implement solutions that are desperately needed now.

This call to action is supported by insights from ongoing research and reports, such as this report, The report underscores the importance of embracing a bold, activist approach to leadership, from local communities to global platforms, to effectively combat the HIV epidemic and support the rights and health of marginalized populations.

Together, let's forge a path forward that is inclusive, evidence-based, and fiercely committed to justice and equity. Join us in this critical moment to support a plan that not only speaks to the needs of the communities we serve but also sets a new standard for accountability and impact in global health initiatives.



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FROZEN OUT: The United States Government's Attack On Key Populations

On January 24, 2025, newly-elected President Donald Trump issued an **Executive Order that halted all foreign assistance** obligations and disbursements. The U.S. Department of State instructed all PEPFAR implementing agencies to issue stop work orders to their funding recipients for a 90-day period. During this time, the State Department planned to review all PEPFAR funded programs to determine which would continue receiving funding and which would be terminated.

Since the funding freeze was announced, various revisions and legal challenges have altered the scope of the stop work order. On January 28, the State Department issued a **waiver allowing certain "life-saving" programs** to continue, which PEPFAR later clarified to include HIV treatment, testing, viral load monitoring, prevention and management of opportunistic infections, and specific human resources and supply chain activities. However, while the waiver exempted HIV prevention for mother-to-child transmission (PMTCT), all other prevention programs remained frozen.

The communication of this waiver to PEPFAR Implementing Partners (IPs) has been very slow and limited, effectively blocking IPs from resuming service provision.

By February 9, only 5% of IPs participating in a rapid assessment had received formal instructions to resume services under the waiver [1].

Concurrently, the administration laid off a significant number of USAID employees, complicating the process for PEPFAR partners with USAID contracts to obtain necessary formal guidance.

Several legal challenges have slowed the dismantling of foreign aid. On February 7, a court temporarily halted the Department of State from placing thousands of employees on leave [2], and on February 14, a U.S. judge blocked the funding freeze [3], requiring the State Department to pause all contract

Throughout this report, key populations are defined as those that receive targeted services supported by PEPFAR. This includes gay, bisexual, and other men who have sex with men (GBMSM), sex workers, transgender people, people who use drugs, and people in prisons and other closed settings.

[1] PEPFAR Watch. Update: Deadly Pause: Tracking the Stop Work Order - Wave 2. 10 February 2025. [2] American Foreign Service Association v. Trump, 2025, D.D.C., No. 1:25-cv-352. [3] AIDS Vaccine Advocacy Coalition v. United States Department of State, 2025, D.D.C., No. 25-00400 (AHA); Global Health Council v. Trump, 2025, D.D.C., No. 25-00402 (AHA).

cancellations and stop-work orders. However, these **court rulings are only temporary, and litigation is ongoing.** The State Department will still continue its review of programs and will continue to terminate contracts.

Even if funding is restored for PEPFAR funded programs, many **organizations will struggle to restart** operations and rehire laid-off staff.

Estimates indicate that 36% of PEPFAR partners closed within a week of the funding freeze, while another 19% reported not having enough funding to last more than a month without renewed support[4].



These organizations will struggle to rehire terminated staff or to pay new staff contracts while continuing to pay severance for the employees that were terminated, even if grant funding restarts.

"All our HIV outreach testing clinics for [key population] programs are in a limbo as we await the 90 day review period to end. We do not know what to do with our 500+ cohort of key populations living with HIV, which relies on our community approach to deliver viral load testing, adherence, and opportunistic infection monitoring. Our PREP outreach clinics are closed, as the whole structure was built on PEPFAR funding mechanisms. It's in disarray. Staff whom we have trained over five years, we might not be able to retain again."

"Our organization is affected by the 90-day suspension of funding from the US government. We have received information on the immediate cessation of the relevant activities, which describes that costs incurred after the effective date of the suspension will be considered "a risk" and may not be reimbursed."
- Respondent from Malawi

[4] PEPFAR Watch. Deadly Pause: Tracking the Stop Work Order. 31 January 2025.



In addition to the foreign aid freeze, the Trump Administration has also **targeted the rights and protections of transgender individuals.** Through a series of Executive Orders, the administration has mandated the removal of references to, and funding for, services that affirm and protect transgender people [5], as well as the termination of federal programs promoting diversity, equity, inclusion, and accessibility (DEI) [6]. In the United States, DEI initiatives have aimed to promote fair and equitable treatment of all people, particularly in the workplace. However, the Trump Administration has repeatedly claimed that DEI actions and programs are discrimination against historically empowered and advantaged groups, such as white men.

Taken together, these actions reflect an **increasingly hostile stance by the United States toward key populations** (KPs), particularly trans and queer people, raising serious concerns about the future of HIV services for these marginalised and often criminalised groups.

The State Department is expected to announce the findings from its review and its decisions regarding continued funding on April 19, 2025.

If the final decisions reflect the language in the waiver, all prevention programs other than those to prevent mother-to-child transmission (PMTCT), may face termination. Additionally, testing and treatment programs specifically serving KPs are also at risk of being cut, particularly those implemented in communities by local, KP-led organizations.

Urgent advocacy and action are needed to prevent widespread disruption and termination of KP programs, which will have significant and detrimental effects on public health. This report outlines the funding landscape for KPs, estimates the potential impact of freezing KP programs on human lives, and provides actionable data on where the most significant funding gaps are likely to arise.

[5] Exec. Order No. 14168, 90 Fed. Reg. 8615 (Jan. 20, 2025). [6] Exec. Order No. 14151, 90 Fed. Reg. 8339 (Jan. 20, 2025).

Timeline of PEPFAR Freeze and Executive Orders

Jan 20	Executive orders issued: The orders required a pause on further obligations and disbursements of foreign assistance funds for 90 days and ending what the administration termed radical and wasteful government DEI programs and preferencing.
Jan 24	USAID cable: The U.S. Department of State sent a cable to all U.S. Embassies ordering the immediate suspension of all foreign assistance, with narrow exceptions for food assistance, aid to Egypt and Israel.
Jan 28	Waiver: Secretary of State Marco Rubio issued a waiver that reversed the stop work order for life saving humanitarian assistance programs.
Feb 06	Waiver Guidance: PEPFAR shared a published program guidance on February 6 on what services would and would not qualify under the waiver.
Feb 07 & Feb 14	Lawsuits: Court temporarily halted the Department of State from placing thousands of employees on leave on February 07, and on February 14, a U.S. judge blocked the funding freeze.
Feb 19	National Urban League v. Trump, federally-funded service providers, including the National Urban League, the National Fair Housing Alliance, and the AIDS Foundation of Chicago challenged the impact of Executive Orders on their ability to serve vulnerable and marginalized populations and on their ability on advocate on behalf of those populations. (case on DEI and DEIA)
Feb 20	The Court again orders the United States government to release foreign assistance funds as ordered on February 14, finding that the Defendants had ignored the clear and unambiguous temporary restraining order (TRO) it had issued.
Feb 21	A preliminary injunction against enforcement of the DEI Executive Orders was entered based on several claims.
Feb 25	The Court for a third time orders foreign assistance funds to be released, giving the administration a deadline of February 26.
Feb 25	The United States government terminated about 10,000 foreign aid grants including many that received waivers.
Feb 26	The Supreme Court temporarily blocked the order to release foreign assistance funds. Trump administration announces plan to cut 90% of USAID foreign aid contracts.

NOTE: For some USG partners none of the waivers can be used because no organization has been paid for work completed from even prior to the inauguration. The US Government terminated about 10,000 foreign aid grants including many that received waivers.

A GLOBAL DISMANTLING:
PEPFAR and the Global Landscape for Key Population Program Funding

In 2022, 80% of new HIV infections outside of sub-Saharan Africa and 25% of infections in sub- Saharan Africa were among key populations and their sexual partners. Yet more than 50% of all people from key populations are still not being reached with prevention services, with the most significant gaps affecting men and women who use drugs, gay and bisexual men and other men who have sex with men, and transgender people [7].

According to one analysis, just 4.5% of the current need for comprehensive prevention programs for KPs in low- and lower-middle income countries is being met. Without a drastic increase in funding, the goal of ending AIDS as a public health threat by 2030 may be out of reach [8].



PEPFAR (the President's Emergency Plan for AIDS Relief) is the United States government's bilateral HIV program, allocating $4.8 billion in fiscal year 2024 to over 50 countries [9]. Since its inception in 2003, **PEPFAR has saved more than 25 million lives** by delivering a comprehensive approach that includes antiretroviral therapy, prevention services, and essential wraparound care and socioeconomic support. The program's published strategy is to reach the UNAIDS 95-95-95 targets for all populations by providing prevention and treatment services to all populations in need [10].

PEPFAR is not only the largest single-disease bilateral government program in the world, it is also a **major funder of key populations-focused programs.** Recognizing the societal, epidemiological, and intersectional disparities that heighten vulnerability to HIV, PEPFAR prioritizes accessible healthcare services, works to reduce stigma and discrimination, and seeks to eliminate punitive legal barriers for these groups, which include gay, bisexual, and other men who have sex with men (GBMSM), transgender individuals, sex workers, people who use drugs, and those in prisons and other closed settings.

In fiscal year 2024, PEPFAR budgeted at least 9.2% of its total budget, or **$415.4 million, to HIV services targeting key populations (Fig. 1).** Most of these funding is for HIV prevention services ($160.6M per year) and care and treatment ($118.2M). Smaller

[7] Aidsfonds. Dangerously Off Track: How Funding for the HIV Response is Leaving Key Populations Behind. 27 January 2025. [8] Aidsfonds. Dangerously Off Track: How Funding for the HIV Response is Leaving Key Populations Behind. 27 January 2025. [9] KFF. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR). August 15 2024. [10] PEPFAR. Reimagining PEPFAR's Strategic Direction: Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030. September 2022.

amounts are for KP-focused testing, "above site programs", and socioeconomic interventions. At least 4.5 million people receive PEPFAR-supported prevention services that are specifically tailored to KPs, which includes budgeted activities for PrEP ($53.7 million), medication assisted treatment ($11.6 million), condom and lubricant programming ($5.7 million), and violence prevention ($3.0 million). Since PEPFAR-supported clinics offer services to all populations, the number of KPs that receive prevention services through non-KP specific sites is much higher.

While PEPFAR may make up a proportion of a country's HIV response in some countries budgets it may make up 100% of the KP budget in other countries that may not be covered by the government, or where services to KPs are outsourced to civil society/private sector.

FIGURE 1A. PEPFAR budgets for key population-targeted programs, FY2024

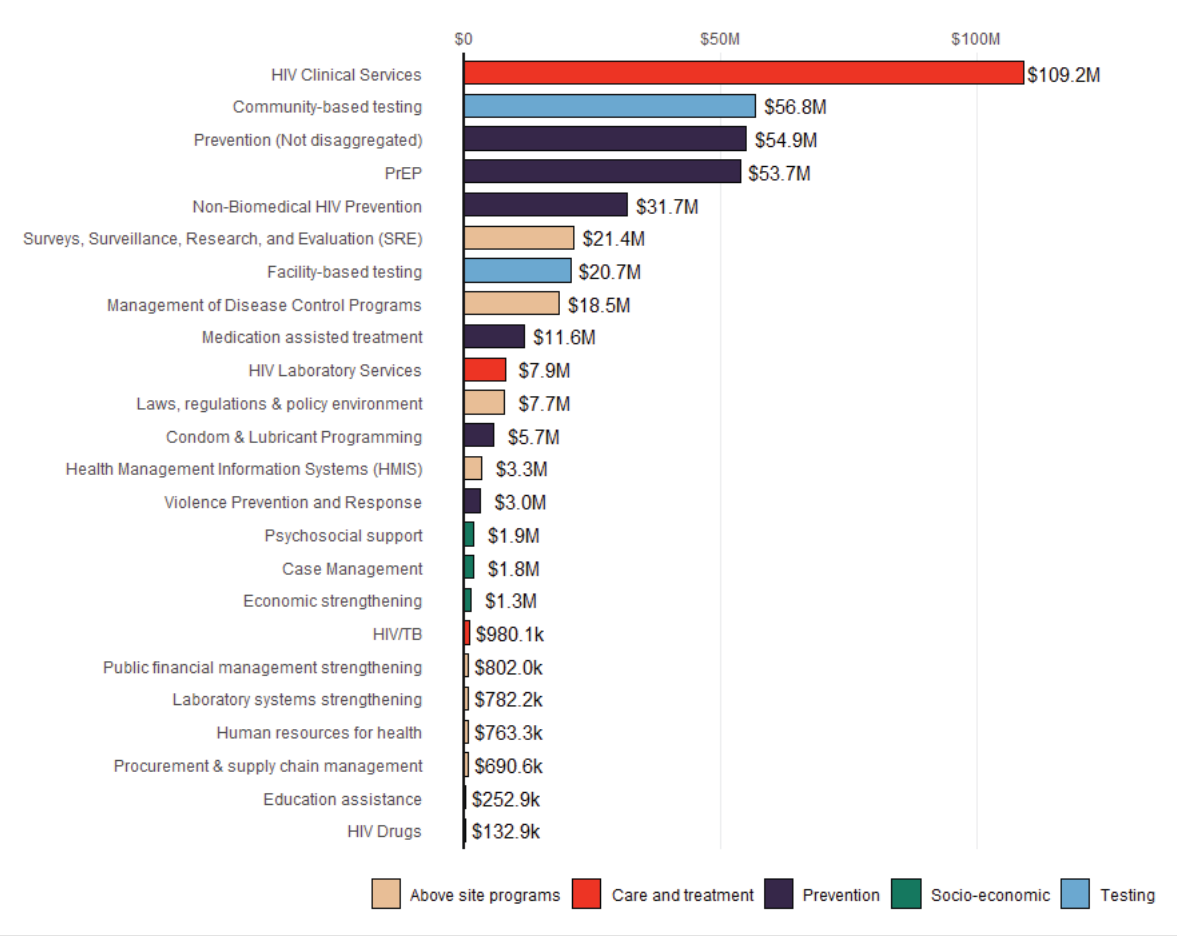
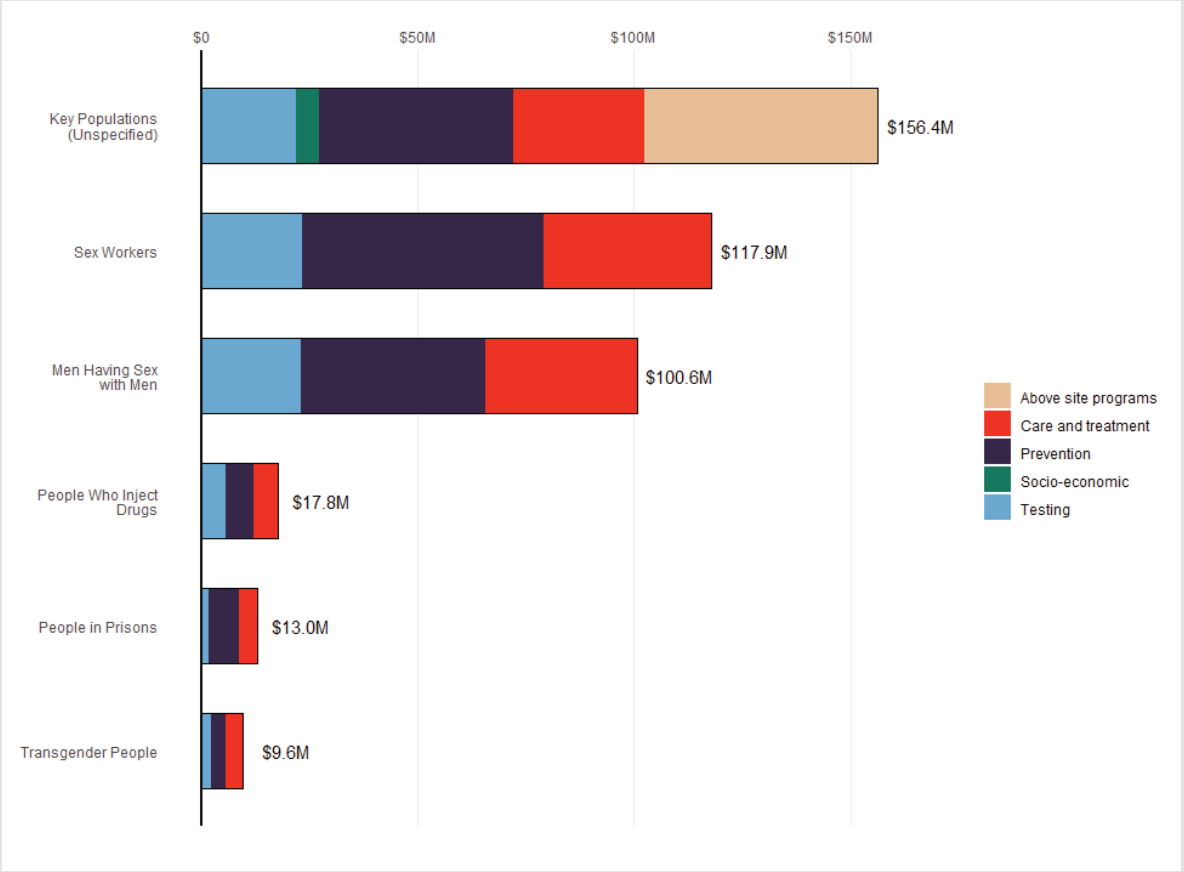
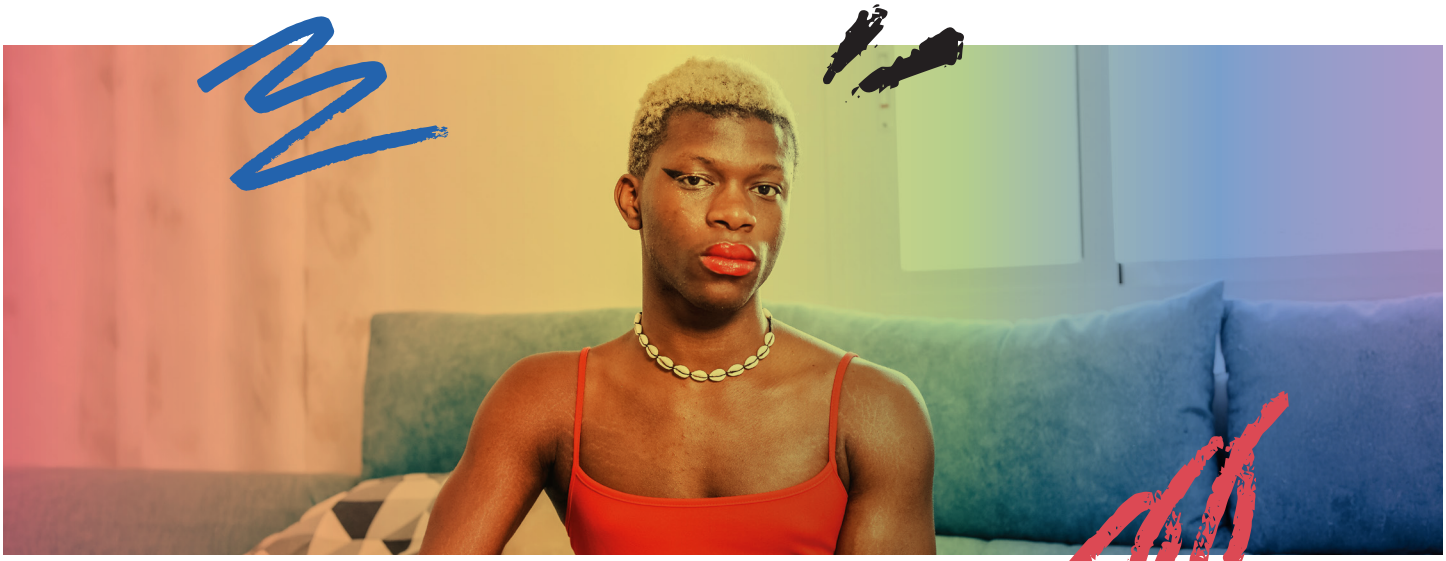


FIGURE 1B. PEPFAR budgets for key population-targeted programs, FY2024





EXPOSED:
Impact of the funding freeze on key populations worldwide

LIVES AT STAKE:
The Human Cost Of The Funding Freeze

The human cost of the PEPFAR freeze is already being felt.

One early survey of PEPFAR implementers found that the first week of the 90-day stop-work order caused "severe" disruption to HIV service delivery for 87% of respondents [11].

Within just one week of the freeze being announced, more than 90% of implementers surveyed described canceling or reducing loss to follow-up services, gender-based violence services, HIV testing, HIV treatment, PrEP, and monitoring and data. The impact of the freeze is not only on service delivery, but also on organizational survival; within one week of the stop-work order, two-thirds of organizations surveyed had terminated staff contracts and 29% had shuttered their clinics.

Early evidence shows that the impact of the funding freeze is already **most severe for KP-serving programs,** which have ground to a halt worldwide. A number of KP-related PEPFAR grants have already been terminated, rather than being paused for review [12].

"We are working closely with primary health facilities and some government departments to ensure, as best as possible, that less numbers of clients are negatively impacted (i.e. not receiving or having delayed access to services, treatments and support), and identifying human resources while searching for financial resources to enable implementation. As the long serving health, well-being and human rights advocacy organisation, we cannot afford to shut down, or turn people away. We have since called on staff and volunteers to dig or reach deep into their pockets and hearts and to assist while we await government support." - Respondent from South Africa



[11] PEPFAR Watch. Deadly Pause: Tracking the Stop Work Order. 31 January 2025.
[12] Positive Vibes. Communities in crisis. February 2025.

Partners that were terminated did not receive specific justification, except vague language that the grants included services that were prohibited under the anti-transgender and anti-DEI Executive Orders.

Some sub-recipient organizations have been instructed that they could restart services under the waiver if and only if they sign a certification they will not provide any services related to gender, DEI, or to cater programs specifically to KPs [13].

> *"I'm currently without medicine and I have no idea where to go."*
> *- Respondent from South Africa*

Case Study: Kenya

In Kenya, all PEPFAR partners received stop-work orders shortly after the 90-day freeze on foreign aid was announced. Since the announcement of the waiver, implementing partners funded through the Centers for Disease Control and Prevention (CDC) partners have received guidance to resume work, whereas implementing partners funded by United States Agency for International Development (USAID) are still awaiting guidance.

While some USAID-funded IPs have announced the provisions of the limited waiver guidelines, a survey conducted by KP-led organizations receiving PEPFAR funding has revealed alarming results. Eight KP-led sub-awards, critical to providing life-saving HIV testing, care, and treatment services, including TB services, have been issued contract termination letters. This action appears to directly contravene the provisions of the limited waiver, particularly given that these organizations have been integral to running ART dispensing sites. Furthermore, many of these partners are under increasing pressure from their implementing partners to sign documents agreeing to the termination of their contracts and the cessation of vital USAID-funded life-saving programs.

According to a survey by the Kenya GHPN network, which surveyed KP-led, PEPFAR-supported programs, KP-led organizations face significant operational challenges due to the funding freeze: 88% have been forced to lay off staff, 77% are grappling with supply chain disruptions, 76% have had to close offices or service delivery points, and 47% have been instructed to integrate their PEPFAR-funded programs into Ministry of Health (MOH) facilities.

[13] Ibid.

Case Study: Kenya

These disruptions come at a time when gaps in KP service provision are already evident. Data from Kenya's community-led monitoring (CLM) program highlights the persistent challenges faced by the KP communities, including high levels of stigma, discrimination, and breaches of confidentiality in public health facilities. Notably, 98% of KPs prefer to access services in drop-in centers, where they feel safer. The loss of access to these spaces poses severe risks, creating significant barriers to life-saving care. The CLM program itself has been frozen.

The impact to KP communities cannot be overstated:

1. *Increased vulnerability to violence and insecurity due to inaccessibility to safe and supportive services.*
2. *Reduces access to HIV prevention and treatment. This jeopardizes the efforts to curb the spread of HIV among the most vulnerable populations.*
3. *Escalating mental health challenges due to the uncertainty and inability caused by the funding freeze.*
4. *Increased new infections owing to the diminished resources.*
5. *Possible loss of hard-won gains, reversing the progress made toward achieving HIV care and treatment over the many years of investment in KP programs.*

KP populations in Kenya remain criminalized and face significant barriers to accessing services in public health facilities, making the continued disruption of KP-led services all the more damaging. Without dedicated programs designed to address the unique needs of KPs, there is a significant risk of losing the critical gains made in HIV prevention, treatment, and care.





To measure the operation of KP programs, **we conducted a global survey** between 11 February and 17 February 2025, which was distributed among KP networks and organizations. A total of 172 participants from 25 countries responded. The findings from this survey showed widespread closures or partial closures of KP-serving PEPFAR IPs. These may be temporary or permanent depending on future funding. In Nigeria, one of the countries highly exposed to the funding freeze, every IP providing KP-focused had fully or partially stopped operating [14]. In Kenya, another country at high risk, every IP delivering KP programs but for one had closed or partially stopped service delivery. In Uganda, the majority (55%, 16/29) of KP-serving IPs were reported to be partially or fully closed.

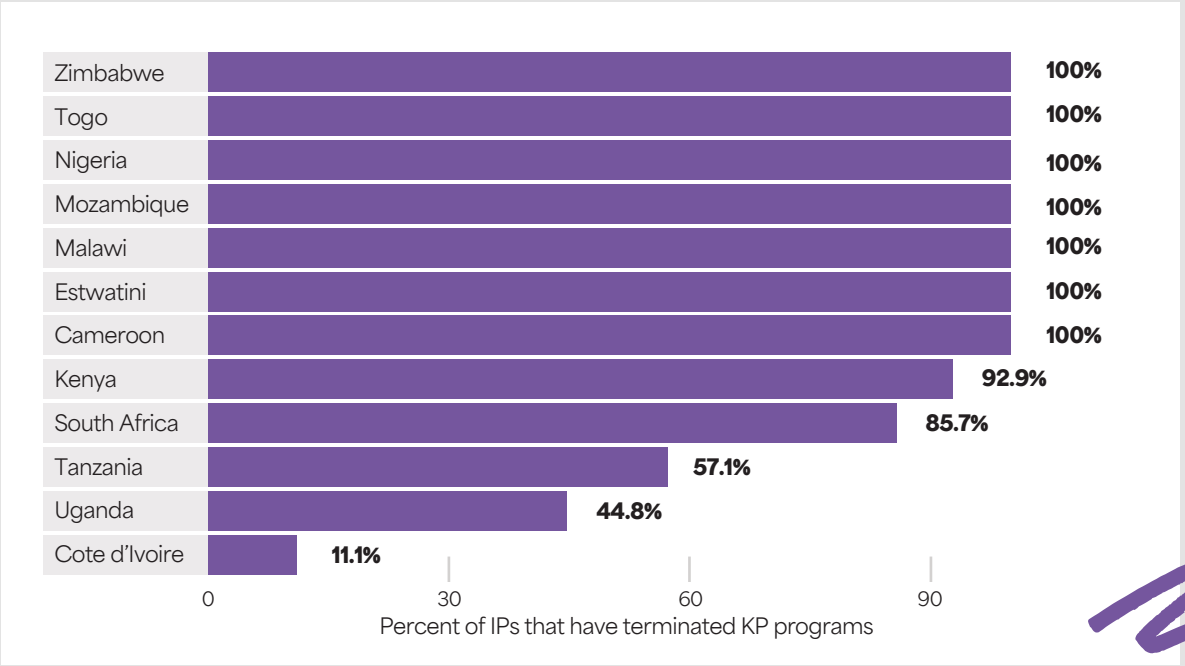
In just these three countries, this interruption means that an estimated 2.2 million people are currently without access to KP-focused HIV prevention services.

The disruption of KP services is likely much greater, since the survey focused on IPs and did not measure the termination of programs at the sub-recipient level.

"The funding freeze has caused critical delays in the supply of essential HIV services, including testing kits and other resources. Notably, PEPFAR is responsible for 100% of the procurement of viral load and Early Infant Diagnosis (EID) reagents. The interruption in funding is limiting the availability of these crucial supplies, undermining the program's ability to conduct timely viral load and EID testing, which are essential for effective patient monitoring and treatment."
- Respondent from Rwanda

[14] An IP was categorized as having fully or stopped operating if at least 75% of survey respondents reported that the program's KP services as being either not operational or partially operational.

FIGURE 2. Proportion of country's KP-serving IPs that have stopped or partially stopped the provision of KP services. IPs were categorized as having stopped services if at least 75% of survey responses indicated that they had completely or partially stopped providing KP services.



Even temporary closures of KP service sites can have **devastating health impacts by forcing people to delay or forgo vital HIV care.**

Each day, it is estimated that over 200,000 people are scheduled to pick up HIV treatment at a PEPFAR-funded site [15].

Interruptions to HIV treatment lead to rapid virus multiplication, damages to the immune system, inability to fight off infections, and increased possibility of drug-resistant HIV. These effects can take place within the first few weeks after treatment interruption - well before the 90 day review concludes [16]. Similarly, PEPFAR supported 2.5 million people on PrEP in 2024 (90% of total PrEP initiatives globally) and was supposed to introduce access to the 6-month injectable PrEP (Lenacapavir) in late 2025 for 2 million people over the next 3 years.

[15] amfAR. (2025, January). Impact of stop work orders for PEPFAR programs. https://www.amfar.org/wp-content/uploads/2025/01/Impact-of-Stop-Work-Orders-for-PEPFAR-Programs-2.pdf [16] Li JZ, Aga E, Bosch RJ, Pilkinton M,... et.al. Time to Viral Rebound After Interruption of Modern Antiretroviral Therapies. Clin Infect Dis. 2022 Mar 9;74(5):865-870. doi: 10.1093/cid/ciab541. PMID: 34117753; PMCID: PMC8906742.

PREVENTION SPOTLIGHT

A total of 4.5 million people receive PEPFAR-supported prevention services that are specifically for key populations. Since many KPs access care outside of KP-focused programs and sites, the number of KPs receiving PEPFAR-supported prevention services is much higher.

While PEPFAR does not release data on how many KPs receive PrEP, or VMMC, or condoms and lubricants, we know that HIV prevention services are an essential strategy for stopping the transmission of HIV. A 90-day funding freeze, or longer-term cuts to KP-focused programs, quickly interrupts peoples' ability to pick up condoms or PrEP medicine at clinics. In many countries, the rate of HIV acquisition per year among KPs is 4% or higher. This means that if 4.5 million people stop receiving HIV prevention services, 180,000 that would otherwise have been protected could acquire HIV during a year.

HIV is a lifelong disease and preventable HIV infections have long-term human, health, and financial costs. By one estimate, just one individual receiving HIV treatment costs between $5,221 and $377,820, depending on country income level [17]. Offering effective prevention services is not only important for public health, it also saves money for governments and health programs.

This support protected KPs who were receiving PrEP through KP-specific service sites that are now no longer operating. PrEP is taken by those at high and immediate risk of HIV, sudden PrEP discontinuation could lead to a rapid escalation in HIV outbreaks around the world.

The Spillover Effects Of The Funding Freeze

The actions taken by the United States government are already having significant spillover effects beyond the provision of HIV services. A rapid growth in stigma toward KPs has been reported since the announcement of the funding freeze, with community leaders reporting **harassment, discrimination, and difficulties accessing healthcare** services [18]. Since the funding freeze was announced, several countries, including Uganda, Zimbabwe, and Kenya, have reported emboldened hostile attacks and hate speech directed at KPs, including by high-ranking politicians [19, 20]. In Haiti, KPs report being refused services at PEPFAR partner sites since the start of the freeze. This concerning upswing adds to the

[17] Tran H, Saleem K, Lim M, Chow EPF, Fairley CK, Terris-Prestholt F, Ong JJ. Global estimates for the lifetime cost of managing HIV. AIDS. 2021 Jul 1;35(8):1273-1281. doi: 10.1097/QAD.0000000000002887. PMID: 33756510. [18] GNP+, Aidsfonds and Robert Carr Fund. Post Waiver Impact of USA government administration's directive to pause all foreign aid obligations on program implementation and funding. 7 February 2025. [19] Uganda Key Populations Consortium. No Time to Wait: Mobilizing Resources to Safeguard the Health and Human Rights of Key Populations in Uganda. February 2025. [20] Walters, R. (2025) "Communities in Crisis: effects and impacts of the United States freeze on foreign assistance on communities living with and affected by HIV in Africa." Positive Vibes Trust.

"The organization providing a safe space for queer individuals is on the verge of closure due to insufficient resources to sustain the safe space, particularly regarding rent. This organization plays a vital role in the community. Maintaining safe spaces is crucial as they offer a secure environment for interaction and empowerment, promote awareness of human rights, address gender-based violence (GBV) among MSM, and facilitate access to health services and legal support. The closure of such a space would have detrimental effects on the community, highlighting the urgent need for resources to support and sustain these essential services."
- Respondent from Kenya

existing widespread stigma and discrimination, and, in some contexts, criminalization, that already creates exceptional barriers to KPs accessing care.

Rising discrimination is compounded by government efforts to mainstream KP services. As countries look to close the gaps left by the funding freeze, many are taking the opportunity to **"mainstream" KP services and close all KP-specific health sites.** Mainstreaming refers to when KPs are served in the same public health facilities as the general population. In some contexts, mainstreaming is an important strategy for creating sustainable service delivery that is integrated into the public health system. However, in many countries, KPs face significant barriers in accessing safe and quality services in public health facilities, including harassment, refusal of care, inaccessible or inappropriate service delivery, violations of confidentiality, and more.

"Closure of ART clinics and integrating them to government facilities, will increase stigma and discrimination."
- Respondent from Uganda

"All the 5 KP clinics within the [region] have been shut down. We were denied access to ARV medications, PrEP drugs and other prevention materials like condoms and water based lubricants. A lot of key population members have been reaching out asking for medications but there's none available. When we refer them to the public hospitals they refuse to go."
- Respondent from Nigeria



In Tanzania, for example, where KPs are criminalized, recent community-led monitoring data found more than half (54%) of KPs who had tried to access public services in the last year were turned away and 84% feared arrest when accessing public facilities [21]. This situation is not unique, and even in contexts where KPs are not criminalized, like in South Africa, clients face substantive stigma, discrimination, and are regularly turned away from services at public facilities [22]. As a result, KP-serving drop-in centres (DICs), mobile clinics, and interventions to make public facilities more KP friendly have all been critical cornerstones of the global HIV response.

Which countries are most at risk from budget cuts?

The funding freeze and risk of future permanent cuts to KP programs is having devastating effects around the world. While halting KP programs will impact all countries, it will not hit every country equally. Several factors are likely to create the greatest disruption to PEPFAR's KP clients and to make it more difficult for other sources of funding to fill the gap. These include:

- **High percentage of PEPFAR funded program focused on KPs:** Countries where the PEPFAR budget is heavily invested in KP-focused programs will experience the most substantial disruptions, both in terms of the proportional scale of cuts and the capacity of other areas of the PEPFAR program to compensate.
- **Large number of KP beneficiaries:** Countries with the highest number of individuals accessing KP services will face the greatest disruptions.
- **Reliance on foreign assistance:** Countries that heavily depend on foreign assistance to finance their HIV responses may encounter significant challenges in addressing budget shortfalls through domestic resources.
- **Hostile political climate:** In nations where key populations experience elevated levels of criminalization, stigmatization, and discrimination, governments may be less inclined to allocate national funds to KP-focused programs.

According to this metric, **several countries emerge as being the most vulnerable** to U.S. government funding decisions, where cuts to KP programs are likely to create the most disruption to clients and interruptions of life-saving care. According to this index, the most vulnerable countries overall are **Nigeria, Tanzania, and Kenya,** each of which has large PEPFAR-supported KP programs which make up a large proportion of the total PEPFAR country budgets, are highly reliant on foreign assistance in financing the national HIV response, and have legal contexts that are hostile to KPs and thus are environments where governments are unlikely to fill the gap in KP-focused services. Other highly vulnerable countries include Uganda, Zambia, Indonesia, Ukraine, and Zimbabwe.



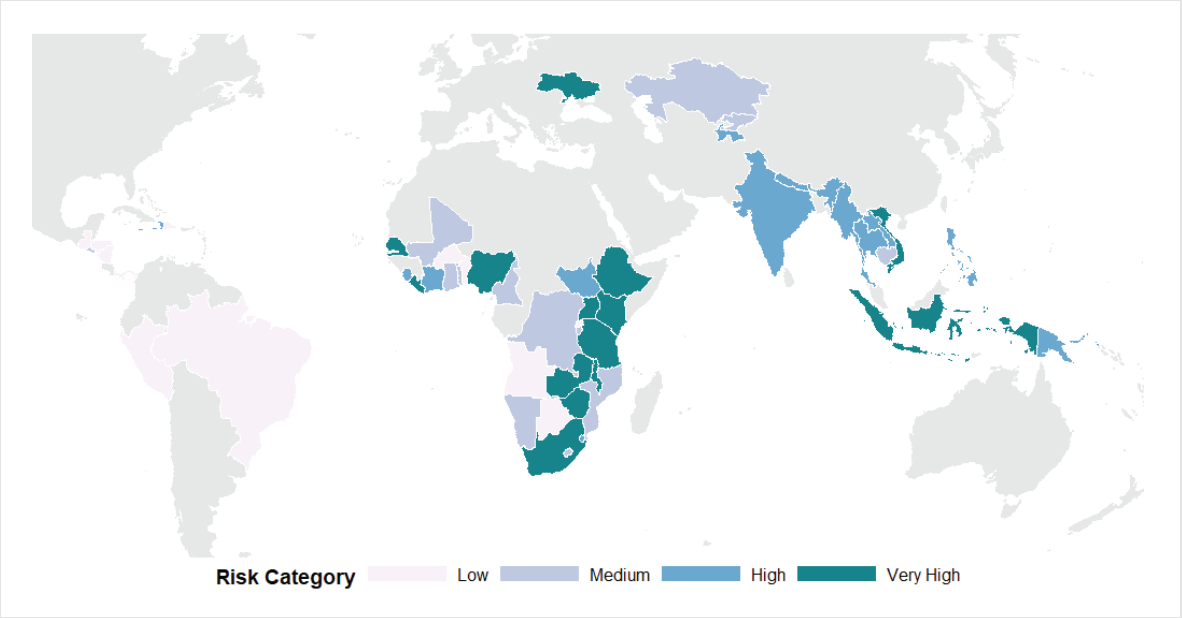
[21] Tanzania Key and Vulnerable Populations Forum. Community-led Monitoring: Dar es Salaam. September 2024.
[22] Ritshidze. State of Healthcare for Key Populations. 2024.

"A safe space dedicated to providing support for men who have sex with men (MSM) and other queer individuals, including transgender people, is facing imminent closure due to a lack of funding. This safe space plays a crucial role in offering health information and services, ensuring an inclusive environment free from discrimination. Moreover, the closure will hinder mobilization efforts aimed at facilitating access to health services and empowering individuals regarding their human rights. It is imperative to recognize the importance of this facility in promoting health equity and safeguarding the rights of marginalized groups within our community."
- Respondent from Kenya



Several other categories of risk emerge from this index, which may have important fundraising and risk mitigation implications. Countries that have criminalized same-sex sex, drug use, and sex work, and which are additionally highly dependent on foreign assistance are key priorities for external funders, since filling KP-focused delivery gaps will be challenged by both **a lack of fiscal space and a lack of political will.** These include countries like Ethiopia, Malawi, Zambia, and Zimbabwe.

FIGURE 3. Potential risk of KP budget cuts, by country.



Metric displayed is a standardized composite index of KP-focused programming as proportion of total PEPFAR program, number of beneficiaries of KP-focused prevention programs, reliance on foreign assistance, and criminalization of KPs.

RECOMMENDATIONS

1. **Urgently return and increase key population funding**

   In 2024, the total PEPAR budget for KP-focused HIV testing, treatment, prevention, and wraparound services was $415.4M. At the highest end, this figure represents the total budget needed to maintain KP-focused programs at the current state in a worst case scenario in which PEPFAR terminates all of these programs. The largest gaps would be seen in Eastern and Southern Africa, where the average PEPFAR country budget for all KP-focused programs is $12.7M, followed by Asia ($7.8M), Eastern Europe and Central Asia ($6.8M), Western and Central Asia ($6.0M), and Latin America and the Caribbean ($3.3M).

It is imperative to urgently resume funding to all KP programs frozen under the stop-work order, and to ensure that these key programs continue after the 90-day review period.

2. **Multilateral organizations and bilateral support is also urgently needed to fill the gaps in funding**

While PEPFAR is a significant funder of HIV programs for KPs worldwide, it is not the only donor. By one estimate, **PEPFAR provides 41% of all funding primarily benefiting KPs [23].** Funding from multilateral organizations and bilateral support from other governments is estimated to total 42% of all KP funding, domestic public sources contribute 14.2%, and philanthropic donors contribute an additional 3.7%.

Funding to fill current and emerging gaps for KP-focused programs is critically important, and must include increasing support from a combination of existing and new public, private, and multilateral sources of funds, as well as increasing domestic resources for health.

3. **Key Population service delivery is unique and needs country assessment to ensure communities have access to quality service delivery**

Care must be taken to avoid wholesale mainstreaming of KP programs into the public healthcare system without the express buy-in from KPs, careful consideration of the potential impact on access to care, and consideration of human rights and each country's legal landscape. Differentiated HIV services are an evidence-informed and important strategy for improving health outcomes for people living with and vulnerable to HIV, and continuing to fund important innovations such as KP-focused sites, DICs, and KP-led service delivery is critical.

Funders, implementers, and advocates must be extremely vigilant to ensure that KP services remain accessible and friendly to the populations they serve.

4. **African countries need to increase funding for key population funding to achieve epidemic control targets**

However, the global **funding landscape for international health programs has become increasingly challenging.** Several donor countries are experiencing a rise in nationalism and a growing skepticism toward multilateralism and mutual assistance, which is exacerbated by the ongoing economic recovery from the COVID-19 pandemic and competing interests including national security and climate change. However, domestic investments in health remain low, with just 10 countries in Africa spending more than $86 per capita on health, and only South Africa budgeting at least 5% of the country's GDP toward health [24]. In parallel, a wave of legislation to criminalize LGBTQ+ identities and same-sex behavior has swept across the continent, creating growing human rights risks and barriers for KPs.

[23] Aidsfonds. Dangerously Off Track: How Funding for the HIV Response is Leaving Key Populations Behind. 27 January 2025.
[24] African Union. Africa Scorecard on Domestic Financing for Health - 2024.

African civil society have called upon governments to increase domestic resources for health, both as an urgent strategy for filling the gaps caused by the funding freeze and additionally part of the longer-term commitment to the Abuja Declaration [25].



5. **Funders, implementers, and advocates must work in partnership with key populations to ensure that punitive laws and policies that criminalise KPs are reversed**

   Change policies and laws that criminalize KP communities. The UNAIDS 2025 goal of achieving 95/95/95 will never be achieved without the inclusion of KP populations. As long as stigma, discrimination and laws that continue to criminalise key populations continue to be upheld, countries currently facing funding cuts will not succeed to turn the tide on HIV. A clear path must be drawn to ensure that KPs are safe to visit health facilities and receive life saving access to prevention, treatment and care.

   The time to act is now. Funders, implementers, advocates, and civil society must act decisively to prevent a backslide in the HIV response, and to conserve the gains that the PEPFAR program has achieved in saving lives, improving health, and upholding dignity. We must mobilize our resources, strengthen our partnerships, and amplify the voices of all populations, so that our hard-won gains in the fight against HIV do not slip away.

[25] CHANGE, COMPASS, CSPHA. Communities and Civil Society in Africa Call to Action on Health Financing at the 38th African Union Summit. February 2025.

Funders, implementers, and advocates must work in partnership with key populations to ensure that punitive laws and policies that criminalise KPs are reversed and that KP communities are able to access services at health facilities without fear of stigma discrimination and arrest.



NOW WHAT?

As a movement, we have a unique opportunity to strengthen our communities and take leadership in areas where we rightfully belong. We are not waiting for others to rescue us; we are proactively taking steps to protect our communities. Here's how GBGMC is acting now:

Global Black Gay Men Connect (GBGMC) is leading five urgent interventions:

1. Established the Save Our KP Clinics Fund to save KP-led clinics on the brink of closure, sustaining HIV treatment, prevention and essential health services.
2. Launched the KP Emergency Survival Fund to prevent KP community-led organizations from shutting down, ensuring vital services and advocacy continue. We have received many applications already and are working as fast as possible to meet the needs.
3. Mobilizing the International Community to replace lost U.S. funding, securing long-term support for Key Population-led health initiatives.
4. Exposing the Human Cost of This Crisis through policy and media advocacy, ensuring Key Populations are included in decision-making spaces while pressuring governments, funders, and multilateral institutions to act.
5. Building a Future where Key Populations control their own sustainable health care solutions, ensuring resilience beyond this current crisis.

GBGMC's leadership, rooted in lived experience and a global network of over 150 community-led organizations, positions us to respond swiftly and effectively to this crisis.

We are committed to sustaining essential services, advocating for policy changes, and driving long-term structural solutions to protect the progress made in HIV prevention and healthcare for vulnerable populations worldwide. Urgent action is required to mitigate irreversible harm and uphold the dignity and health of Key Populations.

GBGMC Was Created for This Moment:

- **Global Leadership:** As a globally recognized, Key Population-led organization, GBGMC is ensuring that the communities most affected by these cuts are leading the response.
- **Trusted Network:** We have built a trusted network of over 150 community-led organizations across multiple countries.
- **Informed Response:** Our leadership is informed by lived experience, ensuring that our actions are effective and driven by the needs of Key Populations.
- **Strategic Positioning:** We operate at the intersection of advocacy, human rights, public health, and global policy engagement, allowing us to address the crisis on multiple levels.
- **Rapid-Response Capability:** We have a proven track record of rapid-response mobilization to ensure that resources reach those in need without delay.
- **Sustaining Progress:** GBGMC's ability to rapidly implement solutions, sustain frontline organizations, and advocate for long-term structural change makes us a critical force in mitigating the impact of this crisis and ensuring that Key Populations are not left behind.

The U.S. foreign aid freeze is not just a temporary setback—it is a defining moment for global health and human rights and an opportunity to develop a more equitable future. By working with communities, advocating for policy change, and ensuring the sustainability of critical health services, GBGMC is committed to protecting the progress made in HIV prevention and care.



1. **Establish a Save our KP Clinics Fund** to save KP led clinics on the brink of closure, sustaining HIV treatment and essential health services.
2. **Launch the KP Emergency Survival Fund** to prevent KP community-led organizations from shutting down, ensuring vital services and advocacy continue.
3. **Mobilize the international community** to replace lost U.S. funding, securing long-term support for Key Population-led health initiatives.
4. **Expose the human cost of this crisis through policy and media advocacy** and ensure Key Populations are included in meaningful decision-making spaces while pressuring governments, funders, and multilateral institutions to act.
5. **Build a future where Key Populations control their own sustainable health care solutions,** ensuring resilience beyond this current crisis.

TABLE 1. POTENTIAL RISK OF KP BUDGET CUTS, BY COUNTRY.
Metric displayed is a standardized composite index of KP-focused programming as proportion of total PEPFAR program, number of beneficiaries of KP-focused prevention programs, reliance on foreign assistance, and criminalization of KPs.

	RISK OF USG POLICY CHANGE TO KPS					POTENTIAL GAP		
COUNTRY	Size of PEPFAR budget for KP-focused programs [26]	Proportion of all PEPFAR funding for KP-focused programs [27]	People receiving KP-focused PEPFAR prevention services [28]	PEPFAR as proportion of all national HIV funding [29,30]	Criminalization of KPs [31]	**Overall exposure to USG KP funding changes**	**Potential people losing access to KP-focused prevention services [32]**	**Potential funding gap for KP-focused programs [33]**
Angola	Low	Low	High	Medium	Medium	Low	27,414	ND
Benin	Low	High	Medium	High	High	Low	9,553	$931,237
Botswana	High	Medium	Medium	Medium	High	Low	14,311	$3,956,294
Brazil	Low	High	Low	Low	High	Low	ND	$1,254,545
Burkina Faso	Low	High	Medium	Low	High	Low	12,145	$1,269,838
Burma	**Very High**	**Very High**	**High**	**Medium**	**High**	**Very High**	**63,556**	**$11,572,375**

[26] PEPFAR. PEPFAR Partner Budget Reporting, fiscal year 2024 (COP2023). [27] PEPFAR. PEPFAR Partner Budget Reporting, fiscal year 2024 (COP2023). [28] PEPFAR. PEPFAR Monitoring, Evaluation, and Reporting (MER) dataset, 2024 or latest available reporting year. [29] PEPFAR. PEPFAR Partner Budget Reporting, fiscal year 2024 (COP2023). [30] Global Burden of Disease Health Financing Collaborator Network. Spending on health and HIV/AIDS: domestic health spending and development assistance in 188 countries, 1995-2015. Lancet. 2018 May 5;391(10132):1799-1829. doi: 10.1016/S0140-6736(18)30698-6. Epub 2018 Apr 17. PMID: 29678342; PMCID: PMC5946845. [31] HIV Policy Lab 2025. The O'Neill Institute for National & Global Health Law. (2025). [32] PEPFAR. PEPFAR Monitoring, Evaluation, and Reporting (MER) dataset, 2024 or latest available reporting year. [33] PEPFAR. PEPFAR Partner Budget Reporting, fiscal year 2024 (COP2023).

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Burundi	Medium	Medium	High	Very High	Very High	High	50,555	$2,993989
Cambodia	Low	High	High	Low	High	Medium	46,767	$1,458,702
Cameroon	**High**	**Low**	**Very High**	**Very High**	**Very High**	**Very High**	**93,430**	**$5,689684**
Columbia	Low	Low	Low	Low	Medium	Low	3,180	ND
Cote d'Ivoire	High	Medium	High	Very High	High	High	42,959	$8,452,154
Dem. Rep Congo	High	Medium	High	Very High	High	High	48,633	$7,491,666
Dominican Rep.	Low	Low	Medium	High	Medium	Low	15,406	$562,843
El Salvador	High	Very High	High	Medium	High	Medium	22,739	$3,995,918
Eswatini	Medium	Low	Medium	High	Very High	High	19,524	$2,731,289
Ethiopia	**Very High**	**Medium**	**Very High**	**Medium**	**Very High**	**Very High**	**143,575**	**$14,793,420**
Ghana	Medium	High	Low	Low	Very High	Medium	3,740	$1,964,214
Guatemala	High	High	High	Medium	Medium	Low	24,426	$4,008,823
Haiti	High	Medium	High	Very High	Medium	Medium	83,565	$9,724,752
Honduras	Medium	High	Low	High	Medium	Low	8,660	$3,124,718
India	Very High	Very High	Very High	Low	High	High	118,710	$10,236,793
Indonesia	**High**	**Very High**	**Medium**	**Low**	**Very High**	**Very High**	**20,025**	**$10, 044,218**
Jamaica	Low	Medium	Low	Very High	Very High	High	2,626	$959,150
Kazakhstan	Medium	Very High	Low	Low	High	Medium	467	$1,528,495
Kenya	**Very High**	**Medium**	**Very High**	**High**	**Very High**	**Very High**	**417,026**	**$31,792,050**
Kyrgyzstan	Medium	Very High	Low	Low	Medium	Low	140	$3,225,557
Laos	Low	Very High	Low	High	High	High	6,821	$1,527,121
Lesotho	Medium	Low	Medium	Very High	High	Medium	10,849	$2,536,231
Liberia	Medium	High	High	Medium	Very High	High	20,233	$2,822,223
Malawi	Very High	Low	Very High	High	Very High	High	107,043	$10,852.553
Mali	Medium	High	High	High	High	Medium	36,022	$3,641,026

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Mozambique	Very High	Low	High	Very High	Medium	Medium	73,299	$11,493,947
Namibia	High	Low	Medium	High	High	Medium	18,655	$4,285,113
Nepal	High	Very High	Medium	Medium	High	High	20,044	$4,892,566
Nicaragua	Low	High	Medium	Low	Medium	Low	12,978	$798,217
Nigeria	**Very High**	**Medium**	**Very High**	**Very High**	**Very High**	**Very High**	**1,515,699**	**$33,293,641**
Panama	High	Very High	Medium	High	Medium	Medium	10,072	$5,283,292
Papua New Guinea	Medium	High	Low	Low	Very High	High	4,314	$1,932,981
Peru	Low	Low	Low	Low	High	Low	ND	ND
Philippines	**High**	**Very High**	**High**	**Very High**	**High**	**Very High**	**43,652**	**$8,307,036**
Rwanda	Medium	Low	High	High	Medium	Low	39,614	$3,298,088
Senegal	High	Very High	Low	Medium	High	High	8,142	$4,090,046
Sierra Leone	Low	High	Low	Very High	High	Medium	6,369	$1,135,679
South Africa	**Very High**	**Medium**	**Very High**	**Medium**	**High**	**Very High**	**173,416**	**$30,900,714**
South Sudan	**Medium**	**Medium**	**Medium**	**Very High**	**Very High**	**Very High**	14,254	$3,457,799
Tajikistan	Medium	Very High	Low	Medium	Medium	Medium	3,057	$2,264,469
Tanzania	**Very High**	**Medium**	**Very High**	**High**	**Very High**	**Very High**	**326,605**	**$29,525,975**
Thailand	High	Very High	Very High	Low	High	High	101,306	$8,255,870
Togo	Low	High	Medium	High	Very High	Medium	16,388	$1,471,124
Trinidad & Tobago	Low	Low	Low	Low	High	Low	664	ND
Uganda	**Very High**	**Low**	**Very High**	**High**	**Very High**	**Very High**	**263,886**	**$16,759,620**
Ukraine	Very High	High	Very High	Medium	High	High	102,747	$20,306,927
Vietnam	**Very High**	**Very High**	**Very High**	**Medium**	**High**	**Very High**	**89,695**	**$20,205,592**
Zambia	**Very High**	**Low**	**Very High**	**Very High**	**Very High**	**Very High**	**166,020**	**$19,065,602**
Zimbabwe	**Very High**	**Medium**	**Very High**	**Very High**	**Very High**	**Very High**	**94,828**	**$15,540,210**

Notes: ND = No data available. Several countries are operated as part of regional, multi-country programs. These include the Asia Regional Program (Burma, Cambodia, India, Indonesia, Kazakhstan, Kyrgyzstan, Laos, Nepal, Papua New Guinea, Philippines, Tajikistan, Thailand), the West Africa Regional Program (Benin, Burkina Faso, Ghana, Liberia, Mali, Senegal, Sierra Leone, Togo), and the Western Hemisphere Regional Program (Brazil, Colombia, El Salvador, Guatemala, Honduras, Jamaica, Nicaragua, Panama, Peru, Trinidad and Tobago, Venezuela).