



## Joint Statement by ARASA and Partners in East and Southern Africa

### US Funding Cuts for HIV and TB Programming: A Threat to Regional Progress

28 February 2025

Windhoek

We, the undersigned **AIDS and Rights Alliance for Southern Africa (ARASA)** and its partners in East and Southern Africa, express our deep concern over the devastating impact of the recent **United States (US) funding cuts for HIV and TB programming**.

In January 2025, the US government imposed a blanket freeze on foreign aid, including funding for HIV and TB prevention, treatment, and care programmes. While a waiver was issued by Secretary of State Marco Rubio, and a temporary restraining order (TRO) was granted against the freeze, the implementation of these programmes remained suspended, and HIV and TB programmes continued to suffer, leaving millions without access to essential HIV and TB services.

On 25 February, federal judge, US District Judge Amir H Ali, in the AVAC and Global Health Council Case, issued an oral judgement stating that the US Government must pay all invoices for the grants that were invoiced before 13 February 2025, by 23:59 on 26 February 2025. The US Government appealed this judgment to the Supreme Court and on 26 February Supreme Court Justice Roberts “allowed a continued freeze on payments for past aid work.”

On the same day USAID began terminating more than 90% of USAID foreign aid contracts. The awards slated for termination include 5,800 from the U.S. Agency for International Development and 4,100 from the State Department, many of which had already been granted waivers to provide lifesaving humanitarian aid. Over the past 24 hours large numbers of organisations with USAID grant awards received notice of termination of these awards.

#### Impact of the funding freeze and subsequent termination of grant awards

The funding freeze and subsequent termination of grant awards has **severely disrupted** HIV and TB prevention and treatment efforts across the region, resulting in:

- **Suspension and subsequent termination of life-saving HIV and TB treatment and care services**, putting millions of lives at risk.
- **Halted prevention programs**, particularly for **key populations**—including **people living with HIV, LGBTQ+ communities, sex workers, people who use and inject drugs, and vulnerable women and girls**.
- **Increased inequalities**, as projects focusing on **gender, equity, and inclusion** have been terminated under the guise of US policy incompatibility. This has severely impacted gender diversity and human rights initiatives and compromised national responses to HIV and TB, both of which are driven by inequalities.



- **Loss of livelihoods** for thousands of healthcare workers, community volunteers, and civil society and community led organisations.
- **Setbacks in regional HIV targets**, jeopardising progress toward the achievement of the **UNAIDS 95-95-95 goals**.

Despite the devastating impact that these funding cuts have had and will continue to have on HIV and TB programming across the region, and ultimately on people's lives, our governments in East and Southern Africa have largely remained quiet. **We are deeply disappointed with the continued silence and inaction of African leaders on the resultant crisis in HIV and TB programming in our countries.**

### **Our Call to Action**

This crisis in HIV and TB programming and the broader health financing crisis in our countries requires bold action, decisive leadership, and a commitment to long-term sustainability.

We call on **all stakeholders** to take the following immediate action:

#### **National Governments**

- **Increase domestic funding for health** by allocating at least 5% of GDP and a minimum of 15% of national budgets to health, as outlined in the 2001 Abuja Declaration.
- **Expand domestic health financing** by introducing health tax revenues on harmful products such as tobacco, alcohol, and sugar-sweetened beverages.
- **Address inefficiencies, illicit financial flows, and capital flight** while enabling progressive taxation to expand fiscal space for health.
- **Negotiate debt restructuring and debt swaps** to redirect financial resources toward health system strengthening.
- **Ensure equitable and sustainable health financing solutions** by placing communities at the centre of policy making.

#### **Regional Bodies**

The Southern African Development Community Parliamentary Forum (SADC PF), the East African Legislative Assembly and the African Union (AU) must:

- **Hold governments accountable** for meeting their Abuja Declaration commitments.
- **Develop a clear roadmap** for domestic health budget financing to reduce dependency on external donors.
- **Convene Health, Gender and Finance Ministers dialogues with civil society and community-led organisations** to ensure that communities are at the centre of initiatives to address the health funding crisis.

#### **Legislators**

- **Prioritise the protection of HIV and TB funding** within national budgets, ensuring continued services for all people living with HIV, people with TB and key and vulnerable populations.
- **Strengthen policies** that safeguard essential health programmes from political interference.



## Civil society and community-led organisations

- **Hold governments accountable** for meeting their Abuja Declaration commitments and increasing domestic financing for health.
- **Collaborate and align their strategies** to maximize impact and efficiency in advocacy efforts.
- **Raise awareness** about the funding crisis and engage in policy dialogues to protect HIV and TB programming.

## International Development Partners

- **Provide emergency funding support** to mitigate the immediate impact of the US funding cuts.
- **Advocate for sustainable funding mechanisms** to prevent future health funding crises.

## Our Commitment

**ARASA and its partners** remain steadfast in advocating for the rights, health, and well-being of people living with HIV, people with TB and key and vulnerable populations.


**We urge all stakeholders to act with urgency to prevent further harm and ensure continued access to life-saving HIV and TB prevention and treatment services.**

**The time for commitments and rhetoric has passed. This is the moment for urgent action.**

## Signed:

1. AIDS and Rights Alliance for Southern Africa (ARASA) (Regional)
2. Malawi Network of Religious Leaders Living with or Personally Affected by HIV and AIDS (MANERELA+) (Malawi)
3. Voices for Choices and Rights Coalition (VCRC Namibia) (Namibia)
4. #ShutItAllDownNamibia (Namibia)
5. Feminist Festival Namibia (FFN) (Namibia)
6. Reproductive Justice Center (RJC Namibia)
7. Plaideurs des Enfants et des Personnes Agees a risque/ Pleadors of children and Elderly People at risk (PEPA, DR.Congo) (DRC)
8. Positive Women Together in Action (Eswatini)
9. Zimbabwe Civil Liberties and Drug Network (Zimbabwe)
10. Namibia Diverse Women's Association (NDWA) (Namibia)
11. Pan African Positive Women's Coalition-Zimbabwe (PAPWC-ZIM) (Zimbabwe)
12. Women's Leadership Centre (WLC) (Namibia)
13. Homme pour les droits et la Santé Sexuelle (HODSAS - DR.Congo) (DRC)
14. Uganda Network on Law, Ethics and HIV/AIDS- UGANET (Uganda)
15. Malawi SRHR Alliance (Malawi)
16. UMANDE (DRC)
17. TransSmart Trust (Zimbabwe)
18. Purple Royale (Zimbabwe)
19. Development Agenda for Girls and Women in Africa Network (DAWA)
20. Youth and Adolescents Representatives of Health Uganda (YARHU)
21. Real First Aid Hub (Lesotho)
22. Horizon Climate Change Society (Lesotho)
23. Pilot Mathambo Centre For Men's Health, Botswana



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24. Democracy, Human Rights, Governance and Protection of Women Against Domestic Violence Society (Lesotho)
  25. Lesotho Network of people living with HIV/AIDS (LENEPWHA) (Lesotho)
  26. Men Up Lesotho (Lesotho)
  27. KELIN (Kenya)
  28. Swaziland Migrant Mineworkers Association (Eswatini)
  29. Africa Coalition on TB (ACT!) Swaziland Chapter (Eswatini)
  30. Zimbabwe National Network of People Living with HIV (ZNNP+) (Zimbabwe)
  31. Legal Assistance Centre (Namibia)
  32. Young Feminists Movement (Y-Fem Namibia)

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