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NO MORE BUSINESS AS USUAL:

**A GENDER-TRANSFORMATIVE
RESPONSE TO THE USAID
FREEZE CRISIS IS URGENT.**



A RAPID GENDERED ASSESSMENT

In response to the crisis caused by the USAID and PEPFAR funding freezes and continuing uncertainty about the future of the HIV response, ICW networks from around the world and our partners ATHENA Network PAPWAC-Zimbabwe, African Women's Prevention Community Accountability Board, WHRIN, Women's Coalition of Zimbabwe, Advocates for the Prevention of HIV in Africa (APHA) and Frontline AIDS launched a rapid assessment survey in our networks to fill a gap in gendered analysis of the crisis and understand the ways in which this crisis was unfolding in the lives and communities of our members. In a short window of time, our survey, which was launched in 5 languages (English, French, Spanish, Russian and Arabic), received **330 responses from women living with HIV including women from key populations - transwomen sex workers and women who use drugs, in 44 countries from Africa, Asia-Pacific, the Americas, EECA, and MENA.**

This report presents these early impacts and we intend to leave the survey open for additional monitoring over time. The countries represented in the survey responses include a powerful cross section of diverse countries around the world that have been impacted by the freeze - Bhutan, Burkina Faso, Burundi, Cambodia, Cameroon, Colombia, the Dominican Republic, Ecuador, Eswatini, Georgia, Ghana, Honduras, India, Indonesia, Ivory Coast, Kazakhstan, Kenya, Kyrgyzstan, Lebanon Malawi, Malaysia, Mexico, Mongolia, Namibia, Nepal, Nicaragua, Nigeria, Panama, Papua New Guinea, Peru, Philippines, Rwanda, South Africa, Tajikistan, Thailand, Tunisia, Uganda, Ukraine, Uruguay, Uzbekistan, Venezuela, Vietnam and Zimbabwe.

IMPACTS ON PREGNANT WOMEN AND NEW MOTHERS

In the rapid assessment, women reported a host of challenges in accessing adequate reproductive, maternal health care, including having to travel much longer distances to obtain needed obstetric care and being compelled to give birth at home. Worryingly, 29.75% of pregnant or recent mothers in the assessment, reported facing serious challenges getting formula, sharing that formula was either not available or harder to get now.

- Women reported the **closure of antenatal clinics**, women living with HIV who are also service providers indicated that they had been forced to shut down home visits.
- Some women reported **giving birth at home** due to lack of transportation, facility closures, or refusals of care.
- Fear and anxiety about **pregnancy complications** were common, particularly among women living with HIV who need specialized care.
- Several responses from community health workers indicate that **home visits to pregnant women have stopped**, leaving many without essential support.

ACCESS TO HIV MEDICINE AND HEALTH SERVICES

More than 20% of respondents to the survey reported facing significant obstacles to their HIV medicine and other health services, including service reductions, clinic closures, and medication shortages. Some reported being turned away from clinics due to funding constraints, while others expressed fear that future access will be disrupted.

GENDER-BASED VIOLENCE AND HUMAN RIGHTS PROTECTIONS

In our survey several open-ended responses highlighted that economic hardships were already leading to increased violence against women, particularly those living with HIV. Thirty- four point eight percent of respondents feared that reduced access to healthcare would increase their vulnerability to violence and discrimination.

- Some women living with HIV faced **increased stigma and discrimination at home**, with reports of partners and family members blaming them for economic difficulties.
- Respondents feared that the **closure of support services for women** would leave them with nowhere to turn to if they experience violence.
- Women in sex work or informal labour noted **increased risks of violence and exploitation** due to economic desperation

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"All 11 USAID-funded ART clinics in the capital of Papua New Guinea have closed. Women living with HIV, who worked as Mentor Mothers providing adherence counseling and referrals for gender-based violence survivors, have lost their roles. HIV projects have stopped entirely, severely impacting mental health. Many of us can no longer support our children's education, afford food, or access ART treatment."

— Woman living with HIV, receiving services, and working in an HIV-related community program, Papua New Guinea

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BROADER IMPACTS ON REPRODUCTIVE HEALTH AND AUTONOMY

41.9% of respondents stated that they were already seeing impacts in services not directly funded by the U.S. Many noted indirect effects, such as resource shortages and workforce reductions, were affecting maternal health, reproductive care, and HIV services. Some respondents reported that private or NGO-run clinics were shutting down due to ripple effects from funding cuts.

- Some respondents reported **difficulty accessing contraception and reproductive health services**, including family planning and STI treatment.
- Women in countries where abortion is already restricted noted that funding cuts could further **reduce access to safe options**.
- **Reproductive healthcare access is becoming more difficult**, including contraception, STI treatment, and safe abortion in restrictive settings.
- Some respondents linked the loss of reproductive healthcare funding to **higher risks of unwanted pregnancies**, particularly among women living with HIV who need integrated care.
- Pregnant women, young mothers, and women living with HIV in **informal jobs or community health roles** face some of the most severe impacts. Losing their jobs, access to treatment and facing uncertainty regarding their maternal health care.
- **Loss of financial independence due to job cuts and economic stress** is leading to increased vulnerability to gender-based violence.

PSYCHOLOGICAL AND EMOTIONAL IMPACT

Mental health distress amongst survey respondents was widespread, with uncertainty about the future of HIV services compounding stress and anxiety. 40.3% of respondents reported severe emotional distress (rating 5/5), with an additional 16.6% (rating 4/5).

Women living with HIV highlighted financial insecurity, fear of losing access to medication, and the inability to provide for children were the top contributors to distress. Respondents expressed increased anxiety about their future, particularly regarding maternal care, job security, and overall health.

- Many respondents expressed **feelings of abandonment, fear, and uncertainty** about the future.
- The **emotional stress** of uncertain access to HIV treatment, reproductive care, and financial instability was widely reported.
- Women who had already lost jobs or healthcare access described **feeling hopeless and afraid** of what's to come.



"When I went to the facility for medication, I was turned away. At the same time, I lost my job as a community case worker. Now, I am struggling to cover my son's school fees, and he has been sent home. As a single mother, I have no one to help me."

— HIV program beneficiary and community health worker, Malawi



IMPACT ON WOMEN LIVING WITH HIV WHO ARE HEALTH WORKERS

Within our survey, there were many women who identified as working in the HIV response as formal or informal health workers, educators or outreach, in fact 14.1% of respondents reported losing their jobs entirely as a result of the USAID funding freeze, while 7.0% reported reduced working hours. Over 10% said they were uncertain about their job security as a result of the freeze.

- Women living with HIV working in healthcare roles, such as peer educators and community health workers, were particularly hard hit, **reporting job losses** or reduced hours.
- Women reported **feeling financially abandoned**, as many relied on U.S.-funded HIV programs for employment and livelihood support.
- Some expressed that losing financial independence has made them **more vulnerable to economic abuse** and forced dependence on partners.

CONCERNS IF U.S. FUNDING CUTS CONTINUE

Many women living with HIV expressed uncertainty about the future as the impacts of funding cuts continue. 31.9% of respondents cited loss of access to HIV medicines as their biggest fear. Others worried about increased stigma and discrimination, job losses, and gender-based violence. Pregnant women and mothers were particularly fearful about losing financial support and reproductive healthcare services.



REGIONAL TRENDS

While many concerns were consistent across countries, some regional patterns emerged:

Asia Pacific

(Cambodia, Bhutan, India, Indonesia, Malaysia, Mongolia, Nepal, Papua New Guinea)



- Women living with HIV reported job loss and increased economic insecurity.
- Denial of essential healthcare services including reproductive health services – Women report being turned away from hospitals and clinics, leaving them without life-saving treatments and access to contraception
- Compelled to disclose their HIV status while accessing treatment or required to disclose their HIV status, violating their privacy and exposing them to further discrimination.

Latin America and the Caribbean

(Colombia, Dominican Republic, Honduras, Peru, Puerto Rico)



- Concerns about reproductive rights, with multiple mentions of fear of losing access to contraception and abortion services.
- Economic insecurity leading to increased vulnerability to violence.
- Mental health impacts were frequently mentioned, with some respondents reporting severe distress and depression.

Eastern Europe and Central Asia

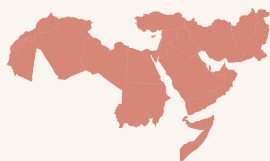
(Ukraine, Kazakhstan, Kyrgyzstan, Georgia)



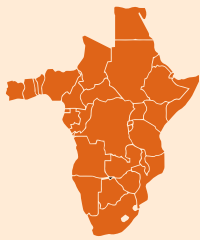
- Women living with HIV in these regions frequently cited the loss of financial support and employment as their biggest fear.
- Reports of discrimination in healthcare settings were higher in these responses.
- Concerns about loss of NGO-provided services that support women and marginalized communities.

Middle East and North Africa

(Algeria, Egypt, Lebanon, Jordan, Morocco and Tunisia)



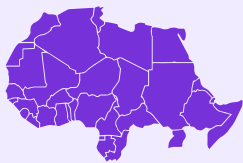
- Women in this region cited the loss of access to medicine and care. Reports of job losses and reduced hours were already impacting economic security. Stress, fear and uncertainty were resulting in mental and emotional health issues including depression
- Women worried about increases in violence against women.



Southern Africa

(South Africa, Eswatini, Zimbabwe, Malawi, Namibia)

- Severe impacts on pregnant women, including clinic closures and reduced home visits.
- Frequent mention of formula shortages and difficulty accessing maternal healthcare.
- Job losses among community health workers were particularly high.



West and Central Africa

(Nigeria, Cameroon, Ivory Coast, Burkina Faso)

- Higher mentions of increased stigma and discrimination against women living with HIV.
- Concerns about gender-based violence linked to economic hardship.
- Struggles accessing ART due to stockouts or service disruptions.

Prioritizing Women's Health is More Urgent than Ever!

The U.S. government's latest policies have created chaos in the global health response from the local to the global level, with a profound impact on the HIV response. In this chaos and scramble to meet basic needs and save lives, we must not lose sight of the fact that these policies are a part of larger coordinated attack on women's reproductive rights and a deepening of anti-lgbtq and anti-trans rhetoric and policy, which will have devastating short and long-term consequences for women living with HIV in all our diversity and, indeed, for the entire global health effort.

The reinstatement and expansion of the Global Gag Rule, coupled with ideological restrictions on HIV and sexual health funding, continue to erode access to contraception, abortion, and gender-affirming care in multiple regions. Under the guise of protecting "traditional family values" and "maternal health," funding is being redirected away from comprehensive reproductive health care and services for transgender people, disproportionately impacting women living with HIV including transwomen.

This shift is not just about restricting abortion access—it is part of a broader attack on bodily autonomy, LGBTQ+ rights, and feminist organizing, mirroring domestic U.S. policies that criminalize gender-affirming care and strip reproductive rights at home. Women, the LGBTQIA community and particularly the trans community are under direct attack.

The recent funding freeze has also disrupted critical harm reduction services, including opioid agonist therapies (OAT), which are vital for preventing HIV transmission and managing opioid dependence.¹ Harm reduction disruption poses significant health risks, particularly for pregnant women who use opioids, as discontinuing OAT can increase the risk of miscarriage.

¹ Filter. (2024, February). USAID funding freeze endangers harm reduction efforts for people who use drugs. Retrieved from <https://filtermag.org/usa-id-trump-people-use-drugs/> [Accessed February 26, 2024].

By enforcing these regressive policies globally, the U.S. is exporting a conservative agenda that undermines gender equity and public health, prioritizing ideology over evidence-based care. But the impacts reach far beyond.

Despite the U.S. government's waiver for Prevention of Mother-to-Child Transmission (PMTCT) services, reports indicate that women in all our diversity are still experiencing significant disruptions in healthcare access. A recent article from the Guardian highlights that the U.S. administration's freeze on foreign aid has led to the closure of clinics providing essential services such as cervical cancer screenings, HIV treatments, and contraceptives, thereby severely impacting millions of women and girls worldwide.²

Historically, women's health initiatives, especially those led by women and focusing on prevention, have been underfunded. This underfunding has often resulted in systemic neglect of women's diverse health needs. Yet we know that women-led responses are crucial in the HIV response, as they bring unique perspectives and foster trust within communities, leading to more effective interventions. However, the recent USAID funding freeze has severely impacted these organizations, with UNAIDS reporting 95% of 564 surveyed groups across 25 countries reporting direct negative effects. This has led to 43% of programs pausing implementation and 35% fully suspending operations, exacerbating the already precarious situation of these essential organizations.³

While analyses have been conducted on the overall impact of the freeze, the specific effects on women-led organizations and gender-focused initiatives have yet to be fully explored. Indeed, we are already witnessing roll-backs on rights-based language where organizations are complying in advance and modifying language away from demanding reproductive rights and gender-transformative approaches to avoid being targeted by regressive policy but this is only adding to the problem.

What is needed now is a gender transformative approach to re- envisioning public health.

² The Guardian, Charities reeling from USAID freeze warn of 'life or death' effects, 28 January 2025. Available at: <https://www.theguardian.com/global-development/2025/jan/28/charities-reeling-from-usaid-freeze-warn-of-life-or-death-effects> (Accessed: 24 February 2025)

³ UNAIDS, US funding freeze puts people affected by HIV and community groups at risk, 18 February 2025. Available at: https://www.unaids.org/en/resources/presscentre/featurestories/2025/february/20250218_us-funding-people-affected-hiv-community-groups (Accessed: 24 February 2025)

RECOMMENDATIONS

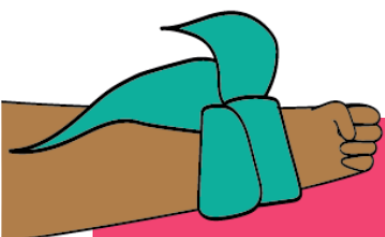
ICW's Survey respondents overwhelmingly called for continued funding and advocacy to maintain HIV services. Some suggested mobilizing alternative funding sources, while others urged stronger governmental protections for women's health services. Several highlighted the urgent need for international organizations to intervene before more services collapse.

Many women-led responses and networks reported that they had already faced significant funding cuts for services to women outside of PMTCT and were deeply worried about what further cuts may mean for their health.

While it is clear that the world is changing and new financing structures for health systems and particularly the HIV response are urgently needed. To avoid replicating sexism and neglect of past health financing models, we need to ensure that every funding, policy, and investment decision actively prioritizes women in all our diversity. We must stand ready to continue our work to address systemic barriers to care- we cannot replicate old systems and expect better results. Therefore a feminist approach to health financing is needed now more than ever before.

URGENT DEMANDS TO GOVERNMENTS, MULTILATERAL AGENCIES AND THE PHILANTHROPIC COMMUNITY:

We demand full transparency on waivers for PMTCT and related services, exposing gaps between policy and reality. The waiver should not be an excuse to deprioritize broader mobilizations for funding for women's health needs.



INVEST IN WOMEN'S LEADERSHIP & ADVOCACY:

Women in the survey requested support to negotiate with their governments, they discussed sexism and bias against women and need support to ensure that women's health is prioritized.

We need training and resources for women in communities to enhance their ability to advocate for their health needs effectively. Invest in programs that empower women to lead health initiatives, ensuring that solutions are tailored to their specific needs. Equip grassroots organizations with funding literacy and advocacy training to access national health financing mechanisms.

Support Women to advocate for:

- gender-responsive budgeting and ring-fenced funding for women's health services.
- national HIV and SRHR strategies that prioritize key populations, including trans women and sex workers.
- accountability mechanisms to track health investments and ensure they benefit marginalized communities.
- the economic case for investments in women's health using a feminist lens employing a Feminist post-structuralist discourse analysis (FPDA) as an analytical framework—how investing in women's health strengthens entire health systems.

We advocate for direct, flexible funding for grassroots women-led organizations, that is long-term, core funding and bypassing bureaucratic hurdles that leave us underfunded.

HOLD THE LINE ON SRHR, REPRODUCTIVE RIGHTS, AND WOMEN'S BODILY AUTONOMY.

Ensure that new funding streams and prioritization efforts do not replicate old harms of sexism misogyny and disregard for women's bodily autonomy.

- **Prioritize efforts to confront and transform stigma and discrimination:** Implement programs that address societal attitudes contributing to the marginalization of women and key populations in healthcare settings.
- **Increase Legal Protections:** Protect and expand laws and policies that protect the rights of women and key populations to access healthcare without discrimination.
- **Promote Gender Transformative Health Care:** Ensure that programs that receive investment place women in in all our diversity at the center and take a gender transformative approach to care. Global funding frameworks must continue to mandate gender equity indicators.
- **Promote Gender-Responsive Budgeting:** Advocate for health budgets that specifically allocate funds to women's health services, ensuring that resources are distributed equitably.
- **Collect Disaggregated Data:** Gather and utilize data broken down by gender, age, and other relevant factors to highlight disparities and inform targeted interventions.

We demand gender mainstreaming in health investments including funding conditionalties that ensure women's rights and key populations are prioritized and requirements for gender impact assessment before approval.

“To prevent losing all the progress we have made in HIV/AIDS over the last decade, we must protect drug procurement from disruptions. The state should take full responsibility for financing—without corruption—while international organizations should oversee the process to ensure transparency. Additionally, support must be structured so that the community has direct and equitable access to it.”

— Woman who uses drugs, HIV field worker, Ukraine

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Note: This survey was conducted to understand the initial impacts of the funding freeze on women living with HIV. However, the termination of essential PEPFAR/USAID-funded programs and contracts on February 27, 2025, gives these findings new significance. As critical services disappear, the health, rights, and well-being of women living with HIV are placed at even greater risk.

**Nothing
for us,
without
us.**

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