

Statement on the Suspension of U.S. Global Health Assistance and Withdrawal from WHO: Implications for the HIV Response in the WHO European Region

The recent executive decisions of the United States Government issued on 20 January 2025, mark a significant departure from long-standing international public health cooperation. These decrees, which suspend U.S. foreign aid through the United States Agency for International Development (USAID) and the President's Emergency Plan for AIDS Relief (PEPFAR) (1), while also initiating the formal exit from WHO (2), have immediate and extensive repercussions, with ripple effects across the WHO European Region.

For over two decades, PEPFAR has saved more than 26 million lives, providing antiretroviral treatment to approximately 20.6 million people globally, reducing new HIV transmissions by nearly 52% since 2010, and preventing over 7 million children from acquiring HIV vertically (3,4). Contributions from USAID, the Global Fund, and WHO have been instrumental in reinforcing national HIV responses, ensuring treatment coverage to over 25 million people and reducing AIDS-related deaths by 73% since 2002 (5). Within the WHO European Region, including nations in Eastern Europe, the Western Balkans, and Central Asia, such fundings have underpinned public-health systems, strengthened surveillance and strategic information frameworks, and empowered civil society organisations to provide stigma-free access for key populations. Many countries in Eastern and South-Eastern Europe and Central Asia rely on international assistance to sustain their HIV responses, specially following the COVID-19 pandemic that underlined the need for more resilient national healthcare systems.

The abrupt freezing of funding has already led to disruptions in treatment delivery, reduced access to prevention services, and interruptions to surveillance and programme monitoring activities. Evidence gathered through a recent survey conducted by the European AIDS Clinical Society (EACS) indicates that over 83% of respondents in the region report a negative impact

on healthcare delivery as a result of these decisions, with one in four describing the impact as severe.

Notably, countries such as Ukraine, Moldova, Kazakhstan, and Albania have seen programmes halted or downsized, with uncertainty over their continuity (6). Globally, modelling tools suggest that approximately 64,000 adults and 7,000 children have died since January 2025 due to programme interruptions (as of 18 June 2025), and experts warn that up to 500,000 child deaths could occur in sub-Saharan Africa over the next five years if funding gaps persist (7). While much of the media attention has focused on Africa, WHO-Europe and partner nations are by no means immune, with the eastern part of Europe presenting the highest incidence rate in the region – 69%, or almost 78 000 (8,9). Reduced funding threatens latent HIV epidemics among highly vulnerable populations and undermines regional infectious disease preparedness that could lead to new outbreaks (10,11).

The social and operational ramifications of these decisions are equally terrible. Civil society organisations, which serve as vital links between public health and clinical services and vulnerable communities, have been especially affected. Many have been forced to suspend activities due to a lack of funds, laying off or reducing staff and ceasing outreach efforts. Services that once ensured equitable and stigma-free access to HIV testing, treatment, and prevention are either greatly diminished or entirely unavailable. Stakeholders on the ground report growing difficulties in initiating antiretroviral treatment, diagnosing new cases, and maintaining overall continuity of care (6). Programmes previously supported by USAID, PEPFAR and WHO were instrumental in reaching key populations, including people who use drugs, men who have sex with men, transgender people and sex workers, groups who are disproportionately affected by the epidemic and who now risk being left behind.

From an economical perspective, the consequences of these executive actions are equally profound. In several affected countries, external funding has accounted in average for between 40 and 70 percent of HIV-related programme budgets (12,13) in some countries

even more. The sudden loss of support has created significant financial shortfalls, placing additional pressure on already constrained national health budgets. In some instances, the cost burden is being shifted to patients themselves, which risks exacerbating inequalities and diminishing access to essential and life-saving services. Studies have consistently demonstrated that investments in HIV prevention and care are not only cost-effective but essential to sustain broader health system resilience (14,15). The withdrawal of such funding undermines previous gains and jeopardises long-term economic stability in the region.

While these developments are highly regrettable, they also underscore the importance of collective responsibility. At a time when global health cooperation is more essential than ever, the decisions of the United States risks reversing decades of progress in HIV control and weakening regional preparedness for future public health challenges. In light of this, we urge the European Union and its institutional structures, including the European Commission and the European External Action Service (EEAS), to take urgent and strategic action to mitigate the consequences.

Specifically, there is an immediate need to mobilise European resources to ensure the continuity of HIV services in the countries that are most affected. The EU's existing frameworks, such as the [EU4Health](#) programme, the [Global Gateway](#), and the [Neighbourhood, Development and International Cooperation Instrument](#) (NDICI), should be leveraged and expanded to provide both technical and financial assistance. Bilateral cooperation between EU Member States and partner countries in the region should be strengthened, with a particular emphasis on supporting local health authorities and civil society actors. Moreover, the European Union should consider the establishment of a targeted HIV Emergency Response Fund to fill urgent gaps in funding for prevention, treatment, diagnosis, and community-based outreach, with the aim of safeguarding the health and dignity of those most at risk.

The departure of the United States from key global health commitments represents a serious challenge, but it also offers an opportunity for European leadership.

By acting decisively, the EU can reaffirm its commitment to public health, human rights, and international solidarity. Ensuring the continuity of HIV services in the WHO European Region is not only a matter of protecting past achievements, it is a fundamental step toward upholding the values upon which the European project is build.

About EACS:

The European AIDS Clinical Society is a scientific clinical society, registered in Belgium as an international not-for-profit organisation whose mission is to promote excellence in prevention, care, research and education for HIV and related conditions across Europe. EACS advocates for equitable access to healthcare and aims to improve quality of life for those at risk or affected by HIV, while shaping public health policies to reduce disease burden. It was established in 1991, by medical doctors who provide clinical care to people living with HIV across Europe. It is run by a Governing Board consisting of 16 physicians, from all four European Regions, elected by the EACS members at the General Assembly. Currently it is chaired by Prof. Dr. Miłosz Parczewski from Poland.

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