

Review

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Review

Implications of Potential PEPFAR Funding Cuts on Nigeria's Hiv/Aids Response: A Critical Review

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Abstract: Nigeria holds the unfortunate distinction of having the second-largest HIV epidemic globally, a complex and multifaceted challenge that demands sustained attention and resources. The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been a cornerstone of Nigeria's HIV/AIDS response for two decades. Since its inception, PEPFAR has provided substantial financial and technical assistance, significantly shaping the landscape of HIV prevention, treatment, care, and support services in the country. However, the recent decision to cut PEPFAR funding poses a significant threat to the country's HIV/AIDS response. This review analyzes the contributions of PEPFAR to Nigeria's HIV/AIDS program, examine the potential impact of PEPFAR funding cuts on HIV prevention, treatment, care, and support services, explore the social and economic consequences of funding reductions, identify adaptive strategies and mitigation measures to address the funding gap and provide policy recommendations to strengthen Nigeria's HIV/AIDS response in the face of funding constraints.

Keywords: PEPFAR; HIV/AIDS; Nigeria; Hiv Prevention; Epidemic

1. Introduction

1.1. Background on Nigeria's HIV Epidemic

Nigeria holds the unfortunate distinction of having the second-largest HIV epidemic globally, a complex and multifaceted challenge that demands sustained attention and resources (1). While progress has been made in reducing prevalence rates and expanding access to treatment, the total number of individuals living with HIV in Nigeria remains substantial. The epidemic is characterized by regional variations, with higher prevalence rates in certain states and among key populations, including men who have sex with men, sex workers, and people who inject drugs. These disparities highlight the need for targeted interventions and culturally sensitive approaches to address the specific needs of diverse communities.

1.2. Overview of PEPFAR's Role in Nigeria's HIV Response

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR) has been a cornerstone of Nigeria's HIV/AIDS response for two decades. Since its inception, PEPFAR has provided substantial financial and technical assistance, significantly shaping the landscape of HIV prevention, treatment, care, and support services in the country (2). PEPFAR's investments have been instrumental in scaling up antiretroviral therapy (ART), expanding access to prevention interventions, strengthening healthcare infrastructure, and building local capacity. However, the recent decision to cut PEPFAR funding poses a significant threat to the country's HIV/AIDS response.

1.3. Rationale for Reviewing the Impact of Funding Cuts

The implications of this funding cut are multifaceted, affecting healthcare service delivery, treatment accessibility, prevention efforts, and economic stability. As one of the largest donors to Nigeria's HIV/AIDS programs, PEPFAR has supported millions of people through ART programs,

awareness campaigns, and diagnostic services. The withdrawal of this financial support threatens to reverse decades of progress in combating the epidemic. This review is crucial to assess the potential ramifications of these cuts, examine their impact on various aspects of the national HIV program, and identify strategies to mitigate the adverse effects. Understanding the complex interplay between PEPFAR funding and Nigeria's HIV response is essential to inform policy decisions and ensure the long-term sustainability of HIV services.

This review analyzes the contributions of PEPFAR to Nigeria's HIV/AIDS program, examine the potential impact of PEPFAR funding cuts on HIV prevention, treatment, care, and support services, explore the social and economic consequences of funding reductions, identify adaptive strategies and mitigation measures to address the funding gap and provide policy recommendations to strengthen Nigeria's HIV/AIDS response in the face of funding constraints.

2. PEPFAR and Its Contributions to Nigeria's HIV Program

2.1. Historical Overview, Key Objectives, and The Evolving Role of PEPFAR in Nigeria

a. Historical Background

The President's Emergency Plan for AIDS Relief (PEPFAR) was launched in 2003 by then-U.S. President George W. Bush as a landmark global health initiative aimed at combating the HIV/AIDS pandemic. At the time, HIV/AIDS had reached crisis levels in many low- and middle-income countries, particularly in sub-Saharan Africa, where millions of people were dying from AIDS-related complications due to a lack of access to antiretroviral therapy (ART) and inadequate healthcare infrastructure. PEPFAR emerged as the largest commitment ever made by a single country to address a specific global disease, with an initial budget of \$15 billion over five years (3).

From its inception, PEPFAR sought to drastically reduce HIV transmission, increase access to life-saving treatments, and strengthen healthcare systems in the most affected regions. In Nigeria, PEPFAR was introduced as part of a broader U.S. government initiative to curb the epidemic in Africa and has since played a critical role in the country's HIV/AIDS response. Over the years, the program has evolved, adapting to changing global health priorities and integrating new scientific advancements in HIV treatment and prevention.

By 2023, PEPFAR had invested over \$7 billion in Nigeria, making it one of the largest recipients of the program's funding (4). This funding has helped expand ART coverage, enhance testing and diagnosis services, implement prevention strategies, and build the capacity of healthcare workers in Nigeria's fight against HIV/AIDS.

b. Objectives of PEPFAR

PEPFAR was designed with specific goals aimed at addressing the HIV/AIDS crisis holistically. These objectives include:

- I. **Scaling Up HIV Prevention, Treatment, and Care Services**
PEPFAR's strategy has centered on broad access to a full range of HIV/AIDS services. This includes providing free or low-cost antiretroviral treatment for individuals living with HIV, implementing focused prevention programs for high-risk groups, and offering healthcare support to lessen the effects of the disease.
- II. **Reducing HIV Transmission Rates**
Prevention remains a core pillar of PEPFAR's mission. The program has supported strategies such as voluntary medical male circumcision (VMMC), condom distribution, pre-exposure prophylaxis (PrEP), and prevention of mother-to-child transmission (PMTCT) to curb new HIV infections.
- III. **Strengthening Healthcare Infrastructure and Workforce**
PEPFAR has significantly contributed to improving healthcare delivery in Nigeria by funding the construction and renovation of healthcare facilities, training healthcare workers, and providing essential medical equipment. It has also invested in laboratory infrastructure for early diagnosis and monitoring of HIV/AIDS patients.

IV. **Enhancing Data Collection and Surveillance Systems**

Reliable data is crucial for monitoring progress in the fight against HIV/AIDS. PEPFAR has supported Nigeria in establishing electronic medical records, HIV surveillance systems, and data-driven decision-making to improve patient management and healthcare planning.

V. **Supporting Orphans and Vulnerable Children (OVC)**

Recognizing the social impact of HIV/AIDS, PEPFAR has invested in programs that provide support to children orphaned by AIDS and other vulnerable groups. This includes educational support, nutritional programs, and psychosocial services to reduce the economic and social burden on affected families.

VI. **Encouraging Country Ownership and Sustainability**

Over time, PEPFAR has worked towards shifting ownership of HIV/AIDS programs to partner countries, including Nigeria, by fostering collaboration with local governments, civil society organizations, and the private sector. This transition aims to reduce dependence on external aid and ensure long-term sustainability of HIV/AIDS interventions.

c. Evolution of PEPFAR's Strategy in Nigeria

Since its inception, PEPFAR's strategy in Nigeria has shifted from an emergency response approach to a more sustainable and locally driven model. The program initially focused on expanding ART access and preventing immediate deaths, but in recent years, there has been a greater emphasis on integrating HIV/AIDS care into Nigeria's broader healthcare system.

- I. **Phase 1 (2003–2008): Emergency Response Phase** – Focused on scaling up ART, setting up HIV/AIDS programs, and increasing awareness.
- II. **Phase 2 (2008–2014): Transition to Sustainability** – Emphasized strengthening healthcare infrastructure and improving the efficiency of HIV programs.
- III. **Phase 3 (2014–Present): Country Ownership and Epidemic Control** – Focuses on building local capacity, enhancing cost-effectiveness, and ensuring long-term sustainability through increased Nigerian government and private sector involvement.

2.2. *Achievements in Nigeria's HIV Prevention and Treatment Efforts*

PEPFAR has helped Nigeria achieve notable progress in its fight against HIV/AIDS. According to UNAIDS (1), HIV prevalence in Nigeria declined from 4.1% in 2010 to 1.4% in 2023, largely due to PEPFAR-supported interventions. PEPFAR's support has been instrumental in several key achievements in Nigeria's HIV response:

- I. **ART Scale-Up:** PEPFAR funding has enabled a massive scale-up of ART, significantly increasing the number of Nigerians living with HIV who have access to life-saving medication (5). This scale-up has not only improved individual health outcomes but also contributed to preventing onward transmission of the virus.
- II. **Prevention Interventions:** PEPFAR has supported a range of evidence-based prevention interventions, including HIV testing and counseling, condom distribution, pre-exposure prophylaxis (PrEP) for at-risk populations, and targeted programs for key and vulnerable groups (2).
- III. **PMTCT Services:** PEPFAR has played a vital role in expanding access to prevention of mother-to-child transmission (PMTCT) services, contributing to a significant reduction in mother-to-child HIV transmission rates.

2.3. *Key Interventions Supported by PEPFAR*

PEPFAR's support extends beyond direct service delivery to include crucial investments in:

- I. **Healthcare Infrastructure:** PEPFAR funding has supported the strengthening of healthcare infrastructure, including the renovation and equipping of health facilities, improving laboratory

capacity for HIV diagnosis and viral load testing, and enhancing supply chain management for essential medicines (6).

- II. **Capacity Building:** PEPFAR has invested in training healthcare workers in HIV/AIDS care and management, building local expertise, and strengthening the capacity of Nigerian institutions to manage and implement HIV programs (7).

3. Implications of PEPFAR Funding Cuts

3.1. Impact on HIV Prevention Programs

Funding cuts will likely lead to reduction in HIV awareness and education campaigns: This will go further to hinder efforts to educate the public about HIV prevention, risk factors, and testing, potentially leading to a resurgence in new infections. There will also be a decreased access to PrEP and condoms, which will lead to reduced availability of these essential prevention tools and will increase the vulnerability of at-risk populations to HIV infection.

3.2. Impact on HIV Treatment and Care

The funding cut will have a direct impact on treatment and care services, including:

- I. **ART disruptions and stockouts:** Interruptions in the supply of ARV medications will jeopardize the health of individuals on treatment and increase the risk of drug resistance.
- II. **Increased risk of drug resistance and treatment failure:** Inconsistent access to ART can lead to treatment failure and the development of drug-resistant strains of HIV, making future treatment options more challenging and costly.
- III. **Effect on maternal and child health services:** Reduced funding for PMTCT services will increase the risk of mother-to-child transmission of HIV, jeopardizing the health of newborns.

3.3. Impact on Healthcare Infrastructure and Workforce

The funding cuts will also affect the broader healthcare system. Firstly, there would be reduced funding for health facilities and equipment. This will hinder the ability of healthcare facilities to provide quality HIV services and other essential health services. Secondly, is the adverse effects on healthcare workers' training, retention, and motivation. Termination of the funding for training and capacity building will impact the quality of care provided by healthcare workers. Furthermore, potential job losses and reduced salaries may negatively affect healthcare worker retention and motivation.

3.4. Social and Economic Consequences

The impact of PEPFAR funding cuts extends beyond the health sector, with significant social and economic consequences:

- I. **Increased HIV-related morbidity and mortality:** Reduced access to treatment and care will lead to increased illness and death among people living with HIV.
- II. **Socioeconomic burdens on affected communities:** The burden of HIV-related illness and death will place a significant strain on families and communities, impacting productivity and economic development.

4. Adaptive Strategies and Mitigation Measures

4.1. Nigerian government's response to funding cuts

The Nigerian government has acknowledged the challenges posed by the funding cuts and has expressed its commitment to increasing domestic funding for HIV/AIDS programs. However, the scale of the funding gap necessitates a multi-pronged approach.

4.2. Role of local and international organizations in sustaining HIV programs

Local and international NGOs will play a crucial role in advocating for increased funding, mobilizing resources, and ensuring the continued delivery of essential HIV services.

4.3. Alternative funding mechanisms and partnerships

Exploring alternative funding mechanisms, such as public-private partnerships and innovative financing instruments, is essential to diversify funding sources and ensure the long-term sustainability of HIV programs.

4.4. Community-led initiatives to bridge service gaps

Community-led initiatives, including community-based testing, treatment support, and peer education programs, can play a vital role in bridging service gaps and reaching marginalized populations.

5. Future Directions and Policy Recommendations

- I. **Strengthening domestic healthcare financing for HIV programs:** Increasing budgetary allocations to the health sector, prioritizing HIV/AIDS funding, and improving efficiency in resource allocation are crucial steps.
- II. **Enhancing public-private partnerships for sustainable funding:** Creating an enabling environment for public-private partnerships in the health sector can leverage private sector resources and expertise to support HIV programs.
- III. **Improving efficiency in HIV service delivery:** Streamlining service delivery models, integrating HIV services with other health services, and utilizing technology to improve efficiency can maximize the impact of limited resources.
- IV. **Advocacy for the restoration of global health funding:** Sustained advocacy efforts are needed to urge international donors to restore funding for global health programs, including PEPFAR, recognizing the critical role they play in combating global health challenges.

6. Conclusion

The PEPFAR funding cuts represent a significant threat to Nigeria's progress in the fight against HIV/AIDS. The potential consequences are far-reaching, impacting treatment access, prevention efforts, and the overall trajectory of the epidemic. Addressing this challenge requires a concerted and sustained effort from all stakeholders, including the Nigerian government, international donors, civil society organizations, and communities. Urgent action is needed to ensure the continuity of essential HIV services, to protect the hard-won gains in the fight against this devastating pandemic, and to secure the health and well-being of all Nigerians.

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