

# UPDATE: DEADLY PAUSE

## TRACKING THE STOP WORK ORDER - WAVE 2

Data from 1 February - 9 February 2025

On 24 January 2025, the U.S. Department of State ordered the immediate suspension of all foreign assistance, which came after the release of President Trump's Executive Order requiring a pause on further obligations and disbursements of foreign assistance funds for 90 days. PEPFAR implementing agencies issued stop work orders to the more than 450 Implementing Partners, requiring them to stop all activities while the State Department decides which programs to continue, modify, or terminate.

On 28 January, Secretary of State Marco Rubio issued a waiver intended to reverse the stop work order for certain life saving humanitarian assistance programs; PEPFAR secured published program guidance on February 6 on what services would and would not qualify under the waiver. The waiver is limited to HIV treatment and care, HIV testing, viral load testing, management of opportunistic infections, tuberculosis preventive therapy, supply chain and commodities, activities for the prevention of perinatal HIV infection during pregnancy, labor, and breastfeeding (PMTCT), and some data systems related to these activities. Critically, the waiver did not extend to any prevention activities beyond PMTCT, and essential community services such as community-led monitoring have also been excluded.

The execution of the waiver has been severely hindered by bureaucratic barriers. In

general, PEPFAR programs cannot resume activities without guidance from agreement/contracting officers (AO/CO) at their implementing agencies, including approvals of modified budgets and work plans. Guidance from the CDC has been extremely limited due to their indefinite gag order, and the vast majority of USAID's workforce has been put on leave or terminated, further slowing this process. Continuing to document and mitigate disruption to PEPFAR partners and programs is critical.

Survey data collection from the first days of the freeze, published in an earlier version of this report, revealed immediate, widespread, and devastating disruption to the PEPFAR program. Implementers described "severe" disruption to HIV service delivery, with nearly every respondent describing treatment and prevention programs being fully terminated or reduced. The majority of implementers described terminating staff contracts and more than one-third reported having already completely shut down.

Between 1 February and 9 February 2025, advocates and researchers with the PEPFAR Watch consortium distributed a second wave of an anonymous survey of PEPFAR funding recipients. After deduplication, the second wave survey includes 65 respondents, including 27 prime Implementing Partners (IPs) and 38 sub-recipients. In addition, PEPFAR Watch researchers gathered

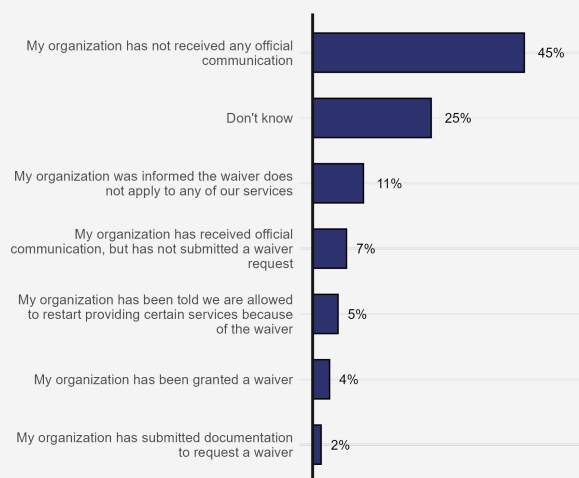
qualitative data from PEPFAR-supported organizations, clinics, and clients. The findings from this survey present an updated look at the impact of the stop work order, the effect of the waiver, and the status of the PEPFAR program worldwide.

## Waivers have primarily failed to restart service delivery

Despite the PEPFAR waiver being formally issued on 1 February, implementing partners spent much of the next week awaiting formal communications from their AO/CO to be told if they could resume work. Implementors were particularly concerned that if they began resumption of services without formal approval, they may later be held financially responsible for funds spent during the funding freeze period.

As of 9 February, more than one week after the waiver was announced, nearly half (45%) of respondents reported that they had not yet received any official communication about the waiver (**Fig. 1**). **Only 5% of respondents reported having resumed service provision under the waiver.**

**Fig. 1.** 70% of respondents did not receive or were unaware of having received any official communication of the waiver.

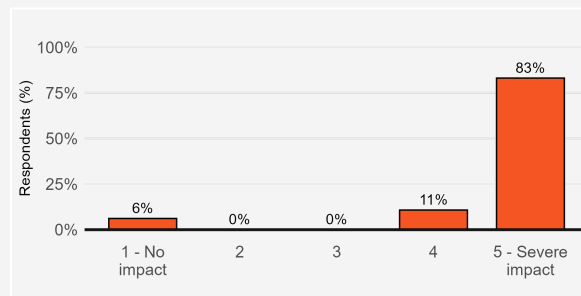


“Imagine resuming work then later you are told to return spent funds [because you acted without being instructed that you could]?”

## Severe disruption to HIV service delivery continues for a second week

Despite the announcement of a waiver, the reported disruption to PEPFAR implementers’ ability to deliver HIV-related services remained very high, with **83% describing the impact as “severe” (Fig. 2)**, as compared to 87% in the first week after the funding freeze. The impact was high among all funding recipients, with 93% of IPs and 76% of sub-recipients describing the impact as severe. Similarly, both international organizations and locally-based organizations are deeply impacted, with 91% and 86% rating their impact as severe, respectively.

**Fig. 2.** PEPFAR funding freeze caused “severe” disruption to the delivery of HIV services.



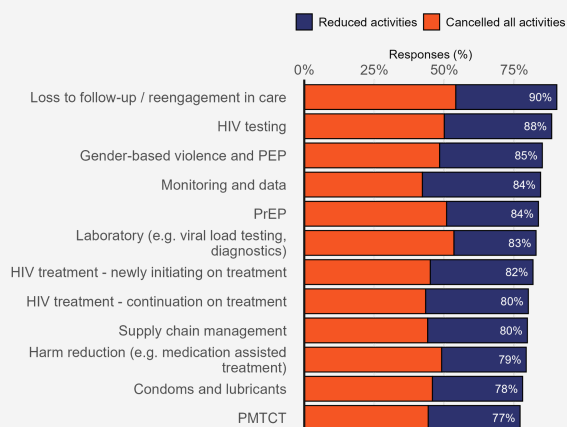
“(On a scale of 1 to 5) How significantly has the stop work order affected your organization’s ability to deliver HIV-related services?”

PEPFAR implementers described **continued, widespread disruption** to HIV services, with 62% of respondents having fully cancelled at least one category of activities (**Fig. 3**). Overall, the greatest disruption was with reengagement in HIV care and loss to follow-up services, with 90%

of respondents describing having either canceled or reduced these activities.

Other frequently disrupted activities were HIV testing, with 88% of respondents having cancelled or reduced activities. Gender-based violence services and post-exposure prophylaxis (PEP) (85%), monitoring and data collection (84%), and pre-exposure prophylaxis (PrEP) services (84%) were also frequently disrupted. Despite the waiver, PMTCT programs were still heavily disrupted, with 77% of respondents reporting canceled or reduced services.

**Fig. 3. Loss to follow-up services and reengagement in care, HIV testing, gender-based violence and PEP, monitoring and data, and PrEP are most disrupted activities.**



*"Which of your organization's specific activities, if any, have been impacted by the stop work order?"*

Organizations that were unable to continue providing treatment services sometimes described referring clients to government facilities. While any efforts to fill service gaps are essential, many vulnerable populations are unsafe at these sites, facing criminalization, stigma, and discrimination. Some participants described clinics that previously provided free HIV services had now begun charging user fees. Other organizations indicated that while they had received permission to restart treatment

services, they were offering shorter ARV refills due to continued stock-outs and shortages.

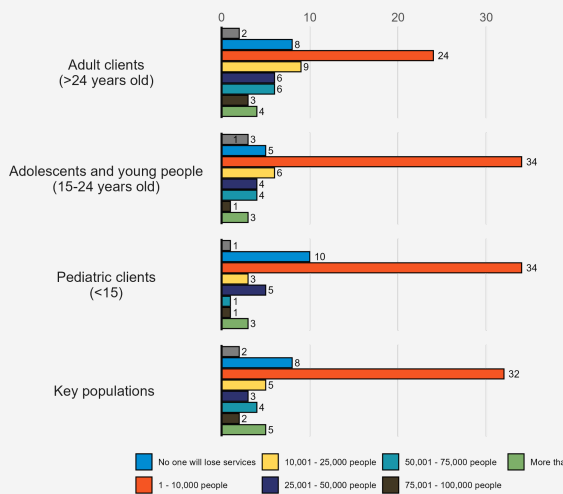
Reported disruption of HIV treatment provision was very high, with **88% of respondents reporting that their clients would lose HIV treatment services over the next month.** These data suggest that many partners have not received permission to restart delivery, leaving hundreds of thousands of people at risk.

Additionally, qualitative reports from partners indicate that while some were directed to restart services, they report being locked out of payroll and data systems. Another critical issue preventing restart of services is that many organizations provide a mixture of permitted and unpermitted services under the waiver. As a result, even though they had received permission to provide care and treatment services, their sites remained closed due to a financial reliance on reimbursement of services not covered by the waiver.

*“Facilities are not carrying out community activities. Clients in differentiated service delivery models like community groups are going to be highly affected.”*

Most respondents reported between one and 10,000 clients losing care since the stop work order, and several respondents indicated that more than 100,000 adult (4 respondents), adolescent (3), pediatric (3), and key population (5) clients would lose HIV treatment in the coming month (**Fig 4**). Where some organizations were able to continue facility-based treatment services, they have not been able to continue any community-based retention or support services.

**Fig. 4.** Nearly all respondents reported HIV clients will lose treatment in the next month.



"How many people that you serve will lose access to HIV treatment over the next month?"

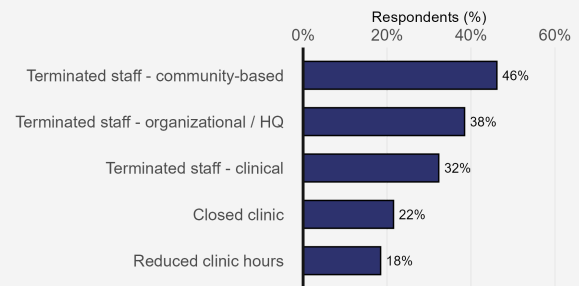
## Organizations in deep financial crisis

Organizations described significant shifts in their ability to operate as a result of the stop work order. Nearly 60% of respondents said that their organizations had terminated staff (Fig. 5). Organizations were most likely to have terminated their community-based staff (46% of respondents), while 39% had terminated organizational staff and 32% had terminated clinical staff. Where staff remain, even in public facilities, they are often understaffed given PEPFAR supported staff have been sent home.

“ In some cases, government hospitals that previously ran ART clinics have sent home staff employed by these IPs. Only government-employed staff remain, but they are insufficient to manage the facilities effectively.

Significant disruption to clinic operations was also described. **Nearly one-quarter of organizations reported having fully closed healthcare clinics**, and 18% had reduced clinic hours of operation.

**Fig. 5.** Two-thirds of respondent organizations had terminated any staff, mostly those working in the community.

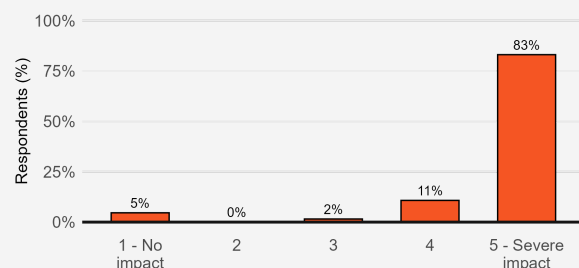


"Which actions, if any, has your organization taken in response to the stop work order?"

PEPFAR implementers described significant disruption to their organizational financial stability, with 83% describing the impact as severe (Fig. 6). This impact was felt by both international organizations, of which 82% described severe financial impact, and locally-based organizations (84%).

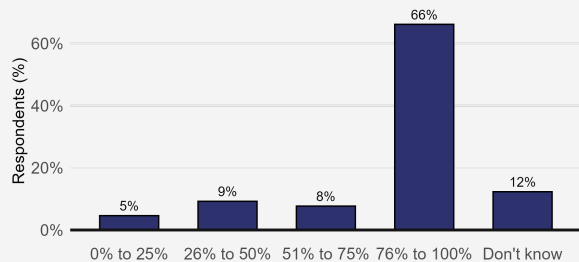
Overall, organizations were heavily reliant on PEPFAR funding. Two-thirds of respondents indicated that 75% or more of their funding came from PEPFAR (71% of local organizations and 64% of international) and another 8% of organizations reported being at least 50% PEPFAR-funded (Fig. 7).

**Fig. 6.** Severe disruption to organizational financial stability reported.



"How significantly has the stop work order affected your organization's financial stability?"

**Fig. 7.** Most respondents say PEPFAR provides at least **three-quarters** of their organizational budgets.



"What percent of your organization's budget comes from the United States government (for example, PEPFAR, USAID, CDC)?"

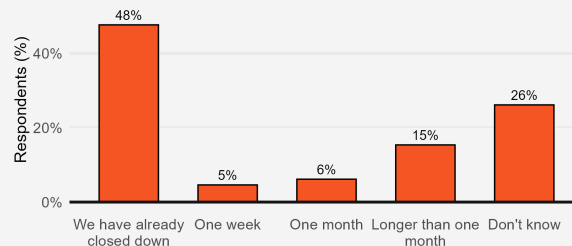
PEPFAR implementers described an urgent need for additional support to stay in operation. Nearly half of surveyed respondents said that their organizations had already completely closed down, whether temporarily or permanently (**Fig. 8**). Others described short periods of time before they would need funding to show up in order to avoid closure (5% within one week and 6% within one month). Only 15% of IPs reported that they would be able to operate more than one month without PEPFAR support. Some organizations have continued operating with staff volunteering their time, but recognize this is a very short-term solution.

“ The staff volunteered through a schedule to continue to serve and monitor beneficiaries on a voluntary basis, but how long will they be able to hold out without money and especially without means of transport?”

Several organizations that provide services to key and marginalized populations also received notice this week that their grants were being terminated, not just paused for review - given that components of their grant were determined to have conflicted with the Executive Order on Ending Radical and

Wasteful Government DEI Programs and Preferencing. These organizations provide services to people at elevated risk of HIV infection; the Executive Order on Ending Radical and Wasteful Government DEI Programs and Preferencing is irrelevant.

**Fig. 8.** Many organizations have either shut down their organizations or **can only last one more week** without PEPFAR funding.



"How long can your organization continue to operate without receiving PEPFAR funding?"

## An urgent call to action

The disruption caused by the PEPFAR stop work order has been immediate, severe, and widespread. The following is clear:

- The waiver, to date, has had no real impact. Slow and unclear communication and approval processes mean that even many covered services have not yet restarted.
- A higher proportion of respondents reported having fully closed in the second week post freeze as compared to the first week, making clear that the sustained freeze will have irreversible impacts for many organizations.
- Efforts to continue services have been piecemeal: where government facilities are trying to fill gaps they are understaffed, and critical support services are non-existent. PEPFAR has been build to provide

comprehensive services; efforts to allow some but not all lifesaving services is resulting in additional chaos and limited returns.

We urge the U.S. Government to immediately end the stop work order and resume all PEPFAR funded services. In particular, the exclusion of all life-saving prevention services except for PMTCT should be remedied immediately. Efforts to expedite approval of revised budgets and work plans under the waiver are also critical.

### **About these data**

These data come from a web-based survey open to respondents from 1 to 9 February 2025. After deduplication of organizations, a

total of 65 eligible respondents were included in this analysis. Respondents were primarily locally-based (63%) and international (14%) nongovernmental organizations (NGOs) and locally-based faith-based organizations (12%), with a smaller proportion representing other organizational types. Respondents were mostly sub-recipients (58%).

Data were collected anonymously, but respondents were given the opportunity to supply their country and organization name, which was used for deduplication. Respondents who wished to provide more information were also contacted for interviews, quotes from which are included in this report.

### **Contact information**

This report was prepared by the PEPFAR Watch coalition. PEPFAR Watch is a network of civil society organizations, non-governmental organizations, activists, and data analysts working together to ensure greater accountability of PEPFAR to the communities it serves in more than 50 countries around the world.

For questions related to the report, survey, and data collection, please contact [stopworkorder25@gmail.com](mailto:stopworkorder25@gmail.com). For questions about how to get involved and partner with PEPFAR Watch, please contact [info@pepfarwatch.org](mailto:info@pepfarwatch.org).



