



ICWAP Survey Report On

Impact of USAID/PEPFAR Funding Cuts on Women Living with HIV in Asia-Pacific

1. Introduction

The International Community of Women Living with HIV (ICW) ICW Asia Pacific is a grassroots network of self-identifying women living with HIV in the Asia Pacific Region. Our network operates in 17 countries in the Asia Pacific region, and we are working to develop a strong effective regional network with leadership that represents women living with HIV in Asia and the Pacific in all our diversity. We are dedicated to supporting and developing the leadership of women living with HIV as advocates and as agents of change in their lives and communities.

ICWAP surveyed to evaluate the consequences of USAID/PEPFAR funding cuts on HIV-related services, including access to treatment, financial difficulties, rights violations, and government interventions on women and young girls living with HIV in the region. This study examined the disruptions to essential health services, the violations of human rights, and the obstacles faced by advocacy networks working for women's rights and leadership. The findings highlight the challenges faced by women, particularly women living with HIV (WLHIV), due to service disruptions and inadequate government response across Asia-Pacific.

2. Countries that participated in the Survey

1. Australia
2. Cambodia
3. India
4. Indonesia
5. Nepal
6. Papua New Guinea (PNG)
7. Philippines
8. Malaysia
9. Mongolia
10. Thailand
11. Vietnam

3. Key Findings

3.1 Impact of HIV Service Disruptions

“The lack of work and financial support has made it difficult for me to afford my own ARV combination (Ralpivirine), as I am not compatible with TLD,” said by one of the respondents from the Philippines.

Socioeconomic disparities significantly impact people living with HIV in Asia and the Pacific. Some community-led programs provide employment opportunities, but many HIV-positive individuals still face job discrimination. The lack of information, peer support, and sustainable livelihoods—coupled with job losses and limited access to sexual and reproductive health (SRH) commodities—has further compounded these challenges. Additionally, the need to travel long distances for ARV medication remains a significant burden.

Funding cuts are worsening this situation, putting many projects supporting key populations at risk. The reduction in financial and technical support for ART centers impacts not only access to medication but also the staff and overall quality of care. If funding continues to decline, the government may not be able to afford quality medications, leading to reliance on cheaper or new alternatives that might not be as effective.

“My health has suffered due to these challenges. The long distances required to access ARVs, the absence of community workers at ART centers, and the limited supply of ART (often given for only 10-15 days) have increased fear and anxiety,” said a participant from the Philippines.

“My three family members used to work in the development sector, but now our entire family has lost its source of income. The funding cuts have severely impacted our livelihoods, and as the breadwinner of my family, I am under immense stress. We live in a rental house and are struggling to afford the rent,” said one of the participants from Nepal.

Many services were previously supported by PEPFAR, with staff mobilized in hospitals, but due to frozen aid, these efforts have come to a halt.

The reduction in healthcare capacity due to funding cuts has directly affected HIV programs, making it harder to provide quality healthcare. Women living with HIV are losing jobs and **struggling to access Prevention of Parents to Child Transmission (PPTCT) services and Sexual Reproductive Health and Right (SRHR) support.**

With the closure of community ART clinics, women living with HIV are facing significant challenges, as they now have to travel long distances to access government hospitals, adding to their financial burden. There is no available support for gender-based violence (GBV), and most community ART clinics have completely shut down. This situation is particularly dire for women and girls who have not disclosed their HIV status to their

families, as they require permission from the family and financial assistance to travel to other districts for medication. As a result, communities are left vulnerable and without essential support.

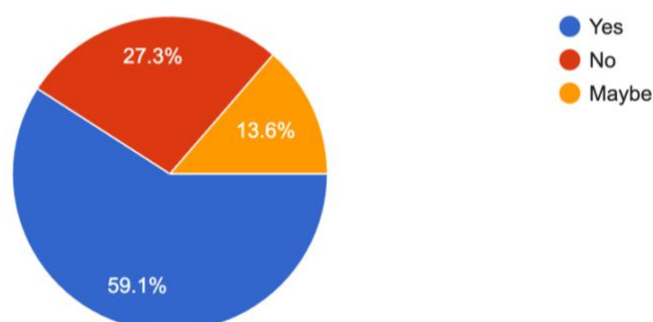
The consequences have led to service disruptions including:

- **Job Loss and Financial Hardship:** Many respondents reported losing jobs and facing a financial burden in purchasing ARVs and other essential needs.
- **Disruptions in Healthcare Services:** In Cambodia, the lack of technical support for the Ministry of Health affected the quality of HIV services. In some countries, ARVs are only provided for short periods (10-15 days), increasing fear and anxiety for continuation.
- **Stigma and Discrimination:** Stigma and discrimination are increased in health care because women and girls need to go to public hospital for SRH services where mostly confidentiality is not maintained.
- **Loss of income:** Funding cuts on HIV response not only impacted health but also children's lives because due to parents' job loss they are not able to pay school fees for their education and children's mental health worsens.
- **Mental Health and Social Support Breakdown:** The absence of community workers in HIV service centers has created isolation and increased stress which is vastly impacting their mental health and well-being
 - 64% women and girls reported that they are going through mental health stress because of this service interruptions
 - 53% of community led services are shut down

3.2 Financial Difficulties in Accessing HIV Services

A large portion of respondents reported financial challenges due to funding cuts:

- 59.1% (13 respondents) said YES, they faced financial difficulties.
- 27.3% (6 respondents) said NO.
- 13.6% (3 respondents) were uncertain ("Maybe").

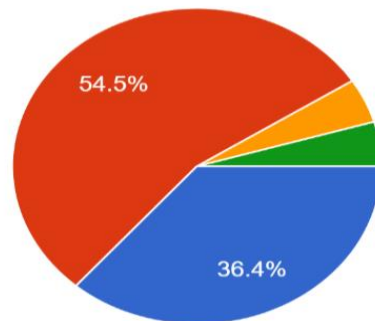


Some people living with HIV in countries without health insurance coverage reported struggling to afford essential medications and regular laboratory tests.

3.3 Rights Violations Experienced

- 36.4% (8 respondents) reported facing rights violations.
- 54.5% (12 respondents) said NO.
- One respondent reported seeing members of the Australian PLHIV community worry about their families back home.

3.4 Faced Rights Violation as a person living with HIV



People who experienced rights violations shared these problems:

1. Discrimination and bad treatment in hospitals - 31.8%
2. Refusal of medical care - 22.7%
3. Being forced to share their HIV status - 13.6%
4. Losing jobs or facing unfairness at work - 31.8%
5. More gender-based violence (GBV) - 22.7%
6. No access to legal help - 31.8%
7. Limits on sexual and reproductive health services (like being denied birth control or abortion) - 18.2%

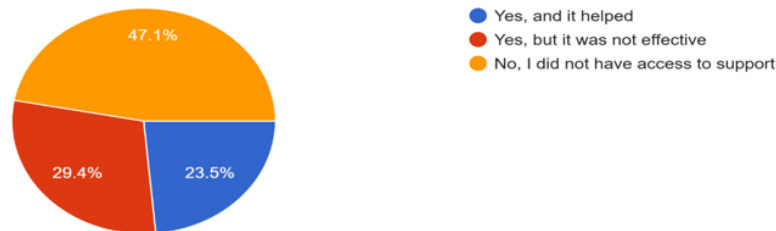
Additionally, some respondents mentioned:

- Being denied PMTCT services
- No mental health support
- No advocacy spaces to share the issues faced by the communities.

3.5 Access to Legal or Community Support for Rights Violations

When facing discrimination, respondents had varying access to support:

- 23.5% received support that was helpful.
- 47.1% said the support was ineffective.
- 29.4% had no access to support.



3.6 Government Responses to Funding Gaps

Some governments have stepped up to help or have increased their health budgets to cover funding cuts. In Thailand, HIV programs get support from the government, keeping services alive but network of women living with HIV struggling for survival. In Australia, the funding freeze hasn't yet caused major disruptions to services for women living with HIV.

In several countries, community-led services have been hit the hardest, showing how much these grassroots efforts depend on outside funding. Some respondents also mentioned that their governments haven't done anything to fill the gap, leaving many without needed support.

3.7 Impact on Women and Girls Living with HIV

"We are struggling with financial problems, not having jobs, facing stigma, and dealing with discrimination. Violence against women is also on the rise at home, and with ART clinics closing, all HIV services are feeling the strain," said one respondent -Papua New Guinea

Respondents also shared that the stopping of USAID funding has seriously impacted their mental health. With services closing, women and girls living with HIV face even worse stigma and discrimination, making it harder for them to get healthcare or fight for their rights. This isolation only makes their mental well-being worse, and funding cut in health in HIV is also death sentence to these women's.

Many women found networks and community-based organizations supportive that provided them with essential support. However, funding cuts have forced these networks to either shut down or greatly reduce their work, leaving women and girls without resources. Without these services, they miss out on HIV and other related information about their rights, ways to deal with gender-based violence, and protection against discrimination and human rights abuses.

Respondents also voiced serious worries about the drop in advocacy efforts, warning that this will severely impact women's rights, pushing them even more into invisibility and vulnerability.

Along with that, these respondents reported specific struggles:

- Economic Impact

- 1) Job loss and trouble supporting families as bread winners also negatively impact children's mental health because of not being able to pay school fees.
- 2) Women are usually the primary caregivers, and losing income puts extra strain on them

"I am a 20-year-old girl living with HIV, and I used to work in a community-based organization. After the funding cuts I lost my job, I paid my college fee and taking care of my old mother but now I am unable to earn money. I am very sad with this situation, and I don't know how to move forward with my life," said a participant from Cambodia

- Health Impact

- 1) Less access to sexual and reproductive health (SRHR) services and commodities
- 2) PMTCT services are harder to get some women are not able to travel to hospital for delivery
- 3) Trigger mental health problems due to stop work order from USAID.

- Social and Safety Impact

- 1) Higher risk of gender-based violence (GBV) including intimate partner violence
- 2) Stigma and discrimination still strong barriers to getting health services as they need to travel to other public hospitals
- 3) Forced HIV status disclosure.

Women reported being turned away from hospitals and clinics, leaving them without life-saving treatments and access to contraception. Many are also forced to disclose their HIV status while seeking care, violating their privacy and exposing them to further discrimination.

The psychosocial and mental health of women and girls are severely impacted, as they lack safe spaces to share their struggles. The absence of peer support mobilization at the community level, the closure of shelter homes that previously provided peer counseling, and the breakdown of referral mechanisms and client feedback systems have further worsened the situation.

Women living with HIV often remain silent, even when facing violence against women (VAW). The lack of economic empowerment, feelings of helplessness, and the uncertainty

surrounding livelihoods and essential health services are contributing to increased stress and vulnerability.

3.8 Urgent Support Required

Respondents highlighted several urgent needs that require immediate action to mitigate these issues faced by women living with HIV. One of the top priorities is making sure there is continuous access to essential HIV treatment, including funding for ARVs and regular health check-ups.

Mental health support is another critical need and rising due to this situation. Access to counseling and stress management programs would greatly improve their well-being.

Sexual and reproductive health and rights (SRHR) services must also be prioritized, ensuring that people living with HIV have access to contraception, Prevention of Parents-to-Child Transmission (PPTCT), and safe abortion services. Many community-led HIV programs are struggling due to the funding cut, showing the need for emergency financial support to keep them going.

Lastly, engagement with the government to make them accountable for securing long-term, sustainable HIV funding. Without these efforts, many essential services risk being cut, leaving communities without support.

4. Now more than ever

This survey highlights the serious impact of funding cuts on HIV services, especially for women living with HIV in Asia and the Pacific. Many respondents reported job loss, financial problems for daily living and feeding their children, unable to pay rental house and school fee, mental health issues, stigma, and loss of key healthcare services.

Governments, donors and stakeholders must take immediate action to:

- Continue funding for essential HIV programs.
- Strengthen community-based and community-led services and advocacy efforts.
- Provide livelihood and mental health support for women.
- Protect human rights by tackling discrimination, stigma, and gender-based violence.
- Look for sustainable plans and programs.
- Rapid response for Violence against women who are on urgent needs

Failure to act will increase health risks, economic instability, and human rights violations for women living with HIV.

Women-led networks are compelled to shut down without transitional plans and this situation threatens to erode our progress. This has a tremendous impact on the efforts and

resources put forward over many years. Governments must priorities and look for alternative ways to support and continue work on the HIV response without service interruption.

Many women living with HIV depend on advocacy networks and community-based organizations for support, empowerment, and legal assistance. Funding reductions can cause these networks to collapse or scale back, leaving women and girls without crucial resources, including information about their rights and how to address gender-based violence, discrimination, or other human rights violations.