

Health system reliance and disruption: lessons from Mozambique's experience with the U.S. aid freeze

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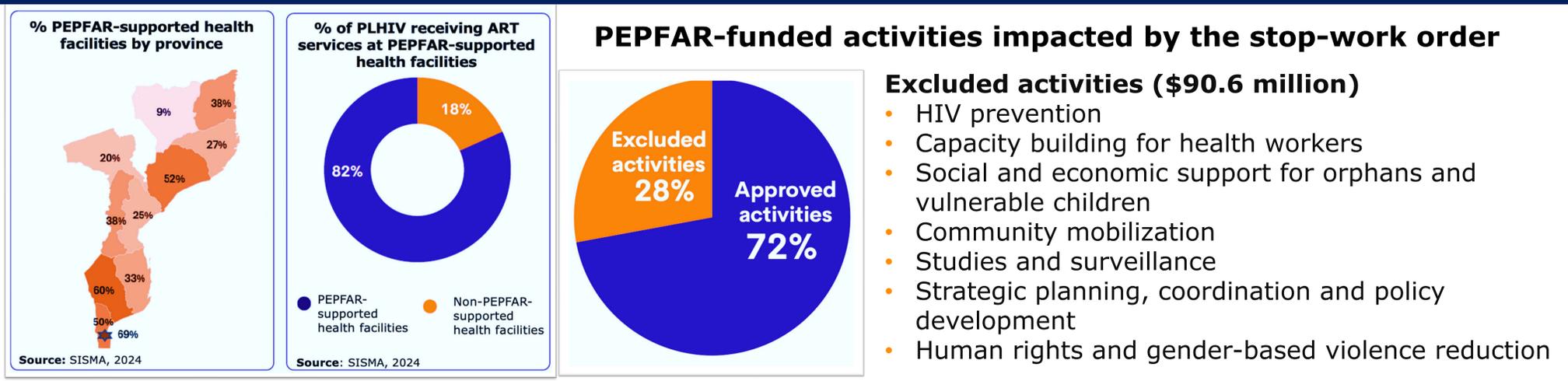
Key Message

Disruption due to stop-work order led to marked declines in key HIV service indicators

Background

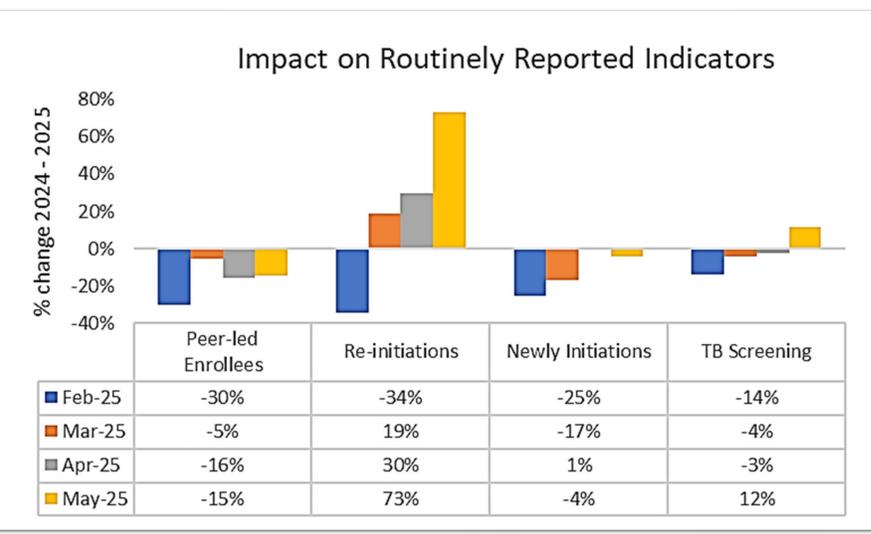
Mozambique has the third highest population of people living with HIV (PLHIV) in the world. In 2025, of the estimated 2.4 million people living with HIV, 88% know their HIV status; of these, 97% are on treatment, and of those on treatment, 89% have achieved viral suppression. However, the country relies heavily on external funds, including from the U.S. government, through PEPFAR, to ensure HIV services for those in need. In January 2025, an executive order was issued suspending nearly all U.S. foreign aid programs for 90 days. We aimed to describe the context and the short-term impact of this order on HIV service delivery in Mozambique.

Description



In 2022 the external funds covered 93% of the country's expenses for HIV service delivery, mainly through PEPFAR. Due to this reliance, the country's Ministry of Health has entrusted critical logistic and operational activities for the continuity of HIV service delivery to implementing partners funded by PEPFAR. Therefore, the stop-work order, with no prior notice and unclear implementation guidance for PEPFAR programs, made it difficult for the Ministry of Health to continue managing the required logistic and operational activities for the continuity of service delivery. This disrupted the service provision chain, including the ability to deliver prevention and treatment services and commodities.

Results



- National level programmatic data showed declines in key HIV service indicators from February to May of 2025 for select indicators, when compared to the same period of 2024, with largest gaps observed in February:
 - 4,418 fewer (30% decrease) enrollees in peer-led outreach interventions
 - 6,377 fewer (25% decrease) ART initiations
 - 5,226 fewer (34% decrease) ART reinitiations; situation reversed in May with significantly more reinitiates in 2025 than 2024 (73% higher – 10,206 reinitiates)
 - 14% decrease in tuberculosis screening with situation reversed in May (12% increase)

Conclusions

The findings highlighted the critical role of U.S. funding in sustaining HIV prevention and treatment services in Mozambique and exposed the country's system fragility. This underscores the urgency of building health systems that are financially and operationally sustainable in the face of unpredictable donor landscape, and the urgent need for funding to protect the gains made in the HIV response.