



# Analyzing USAID Program Disruptions: Implications for PEPFAR Programming and Beneficiaries

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## Foreword

The PEPFAR program is still emerging from recent aid cuts and award terminations, but we do know a significant number of PEPFAR awards have been cancelled. In this note, Ramona Godbole, formerly of USAID, provides a detailed analysis of the likely status of delivery, drawing on data on cancelled and retained awards, and what those awards were financed to deliver.

About 65 percent of USAID's PEPFAR awards have been reported terminated, accounting for 24 percent of planned funding. Using what we know of the administration's own definition of what constitutes lifesaving support, Godbole estimates 16 percent of USAID's lifesaving HIV programming—as measured by the planned FY25 budget—was to be implemented by terminated awards. In particular, 23 percent of the budget for HIV treatment programming, including drugs, laboratory services, and HIV/TB care, was directed to cancelled or unknown status awards. Terminated USAID awards were responsible for supporting an estimated 2.3 million people on lifesaving treatment—representing approximately 1 in 10 of all patients supported by the PEPFAR program.

In addition, more than 200,000 planned circumcisions were to be provided under terminated awards, along with nearly one third of viral load testing services and over a third of new pre-exposure prophylaxis users—over 300,000 people. All of this suggests a risk of higher HIV infection rates in the future.



Godbole reports strikingly different impacts of the award terminations at the national level. In Malawi, Tanzania, Zimbabwe, Uganda, and the Democratic Republic of Congo, terminated PEPFAR awards accounted for 25 to 50 percent of planned resources. In South Africa, terminated awards accounted for more than 75 percent of the total. Of the 2.3 million people on treatment to be covered by terminated awards globally, South Africa accounts for over 50 percent, followed by Uganda, India, and Eswatini. These four countries make up nearly 80 percent of all treatments associated with terminated awards.

This outcome is perhaps less dire than predicted in March, based on the then-available data. Early estimates that I produced with Justin Sandefur, based on an estimated 18 percent funding cut, suggested that **200,000 deaths** a year could result. Godbole's work suggests 2.3 million people on treatment were covered by the awards which, even with no others stepping in, would **unlikely result in to such a high mortality rate**, at least in the short term.

And as Godbole points out, there is some evidence of **modifications to still extant PEPFAR awards** to pick up the slack from cancelled activities, including improving the supply of medications in Kenya. Meanwhile in South Africa, the country with the largest absolute number of people receiving treatment under PEPFAR awards that have been cancelled, the **government has pledged additional funding** to maintain treatment provision.

The picture in other highly affected countries, including **Uganda** and **Eswatini**, is less reassuring. And this doesn't even account for the longer term impacts of higher infection rates due to lower ART coverage, disruption of PrEP, and cancellation of male circumcision programs.

But the full extent of both ongoing service cuts and health impacts remains opaque. PEPFAR's own reporting on service provision for the first three quarters of this year has been postponed indefinitely. Until that reporting recommences, Godbole's study is the best we have to judge the administration's performance against its commitment to preserve lifesaving assistance.

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## Introduction

Following the Executive Order “Reevaluating and Realigning United States Foreign Aid,” the dismantling of the United States Agency for International Development (USAID) unfolded rapidly. A stop work order was issued in late January with only a limited waiver for lifesaving humanitarian assistance. Widespread award terminations began at the end of February, occurring before, during, and after the Trump Administration’s 90-day review of U.S. foreign aid. The U.S. government effectively [shut down the Agency](#) on July 1, 2025 and transferred remaining functions, including components of global health programs it has determined are “lifesaving,”<sup>1</sup> to the State Department.

This analysis examines the current status of USAID’s global health programming, with the President’s Emergency Plan for AIDS Relief (PEPFAR) providing a unique window into the broader disruptions. PEPFAR’s sophisticated public data systems,<sup>2</sup> which allow for tracking granular financial investments and programmatic outcomes across 55 supported countries, offer unparalleled visibility into impacts that remain largely opaque across other global health programs.

[Previous analyses](#) from the Center for Global Development have estimated the potential for over 600,000 HIV-related deaths from proposed fiscal (FY) 2026 PEPFAR budget cuts. In addition, an [earlier analysis](#) examined the focus and number of beneficiaries reached by terminated awards in FY2024. Building upon this foundation, we triangulated the latest publicly available award termination lists with PEPFAR’s detailed current-year budget and target data to assess both the scope of program disruptions and potential implications for HIV services and beneficiaries.

This note unpacks these disruptions across multiple dimensions of USAID’s PEPFAR programs:

- **Scale of award termination:** Using the latest available data, we estimate that by August 1, 2025, the administration had terminated 86 percent of USAID’s nearly 6,200 awards globally. Global health programming experienced a somewhat lower, but still substantial termination rate: 77 percent of health awards were terminated, including 65 percent of PEPFAR awards.
- **Budget implications:** While the majority of USAID’s PEPFAR awards were terminated, the 35 percent of awards that are currently active comprise 65 percent of this year’s planned funding. If, when, and how remaining funds will be used remains uncertain given larger funding and policy shifts.

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1 References to “lifesaving” programming in this analysis refer to activities that we understand to align with the Trump Administration’s definition based on currently available information.

2 PEPFAR maintains detailed programmatic targets, budgets, results, and expenditures data as part of their routine planning and monitoring processes. Historically, PEPFAR releases public, desensitized versions of this data approximately four months after each reporting period at [data.pepfar.gov](https://data.pepfar.gov).

- **Strategic misalignment:** Our analysis confirms a misalignment between award terminations and the administration's stated focus on lifesaving humanitarian assistance. When we mapped PEPFAR's budget against preliminary guidance defining lifesaving activities, 16 percent of programming that meets the administration's own criteria was implemented by awards they terminated.
- **Potential human impact:** Disruptions to HIV services through terminated awards could affect millions of beneficiaries unless eliminated programming is successfully transitioned to other PEPFAR implementing agencies, bilateral or multilateral donors, philanthropies, or country-level health systems. Terminated USAID awards were responsible for supporting an estimated 2.3 million people on HIV treatment—representing approximately one in ten of all patients supported by the entire PEPFAR program across all agencies. Award terminations disproportionately affected prevention and socioeconomic support efforts: 39 percent of USAID's planned new pre-exposure prophylaxis (PrEP) enrollments, 31 percent of voluntary medical male circumcisions, and services for as many as 1.5 million orphans and vulnerable children are at risk from terminations alone if services are not transitioned to other entities.
- **Shifting programmatic focus and priorities:** Beyond award terminations, programming not aligned with the administration's lifesaving definition—including certain prevention, socioeconomic, and health systems strengthening activities—may no longer be supported by PEPFAR regardless of award status, creating disruptions that extend beyond termination patterns alone.
- **Data transparency and accountability:** The challenges above are compounded by compromised accountability mechanisms. PEPFAR's quarterly public data releases<sup>3</sup> have been indefinitely delayed, eliminating transparency precisely when systematic monitoring is most critical to track whether transitions succeed and identify emerging service gaps. Even when data becomes available, service disruptions will likely impact both the completeness and quality of reporting until systems stabilize, creating additional uncertainty about the true status of programming on the ground.

Note: Detailed information about data sources, methodology, and analytical limitations can be found in the [Data Notes](#) section at the end of this note.

3 Given current program disruptions, the most recent publicly available datasets for FY25 contain only approved budgets and planned targets for the year and no actual results data has been released to date.

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## USAID terminated awards: The scale of disruption

Since late February 2025, the status of USAID awards has remained fluid, with some previously terminated awards being reinstated while others have faced new terminations. The administration has not released an official list of award statuses, but based on publicly compiled data,<sup>4</sup> we estimate that 86 percent of USAID's awards (5,346 out of 6,193) had been terminated by August 1, 2025.

While USAID's global health programming experienced a somewhat lower termination rate than the overall portfolio, the numbers are still striking given the inherent alignment between health programs and the administration's stated focus on lifesaving assistance. Based on our analysis of the award list, 77 percent of global health awards were terminated or likely terminated (638 out of 834 awards). For PEPFAR, we triangulated the awards listed in the program's publicly available dataset with the latest terminated award list to estimate that of the 248 USAID PEPFAR awards that had fiscal year (FY) 2025 budgets, 160 (or about 65 percent) were terminated.<sup>5</sup>

A country-level breakdown of global health and PEPFAR awards reveals wide variation, with some countries facing comprehensive gaps in USAID-supported programming while others maintain relatively intact USAID award portfolios. While the median country retained half its health awards, 30 out of 77 USAID-supported countries no longer have any operational bilateral awards<sup>6</sup> and, for HIV specifically, some countries with historically large USAID/PEPFAR portfolios have more terminated awards than active ones (e.g., Uganda, South Africa, Mozambique). Drastic cuts in some countries may indicate that the remaining central awards managed from USAID headquarters will now need to fill the gap. We estimate approximately three centrally-managed PEPFAR service delivery awards remain, in addition to awards focused on data and central commodity procurement. These remaining awards will now likely require greater funding allocations, broadened scopes of work, and extended geographic footprints to fill the void left by terminated bilateral awards.

While there are still gaps in the data and we do not know the status of every single award, it is a reasonable assumption that those that are confirmed active have or will be transitioned to State Department management; which may present substantial operational challenges. The State Department lacks USAID's contracting infrastructure, procurement and financial systems, and technical expertise for managing development and health programs. Award modifications, budget reallocations, financial management, and performance monitoring that previously happened through established USAID systems must now be rebuilt. Furthermore, drastic USAID field staff reductions mean that in-country award oversight will likely give way to centralized oversight by Washington-based State Department staff, fundamentally changing how these programs operate. Award management, technical oversight, and monitoring capacity in Washington may also be

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4 This analysis relies on the latest list of terminated and active awards compiled by MyCareerPivot.

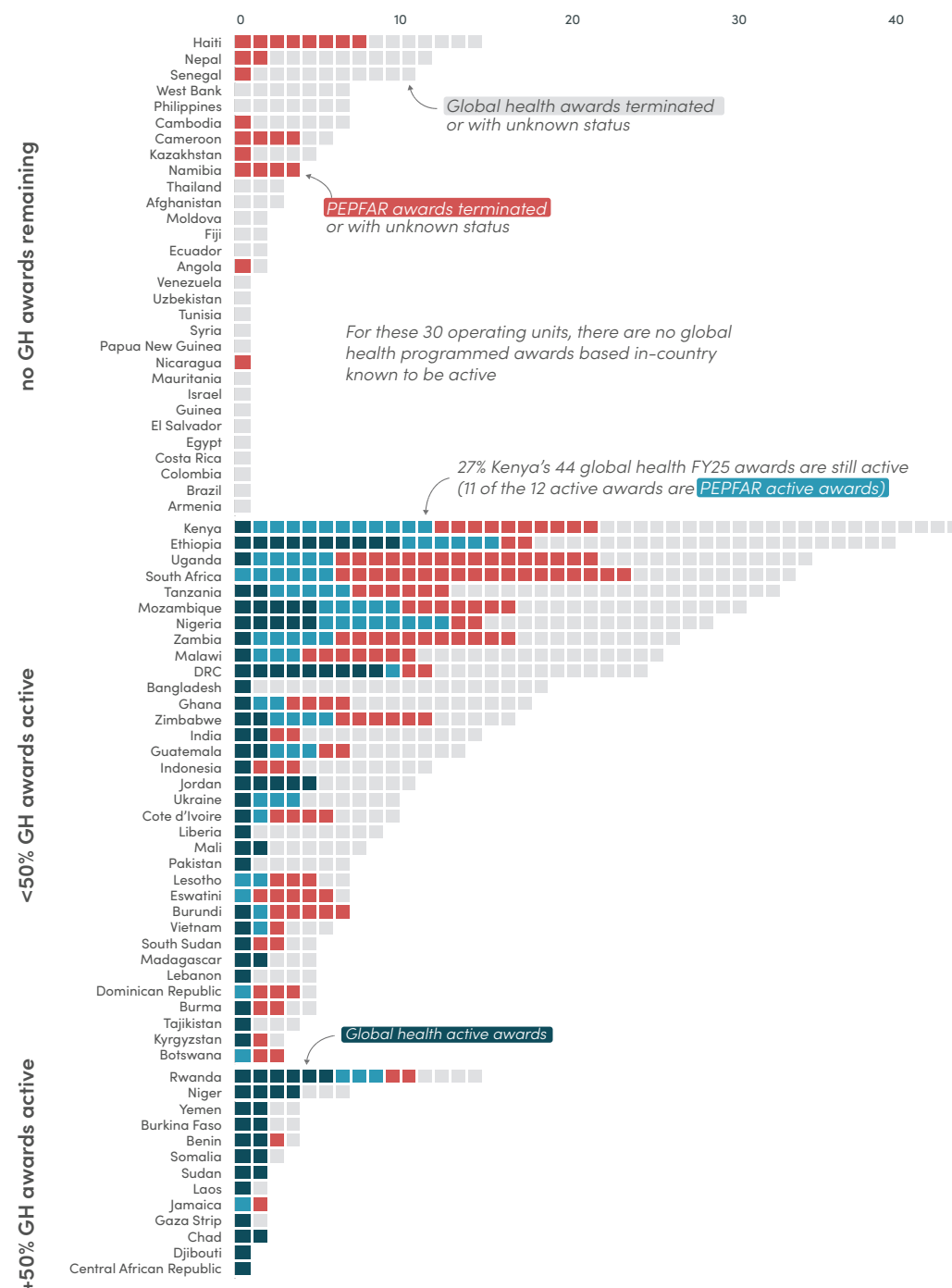
5 See Data Notes for details on award matching methodology and limitations.

6 Bilateral awards are defined as those directly managed by a USAID Mission within the recipient country, tailored to the specific needs and priorities of the country. Conversely, central awards are managed at USAID headquarters, with scopes broad enough to implement in multiple countries, with country-specific work plans. The estimate of bilateral awards is based on the "primary place of performance," which was listed on [USAspending.gov](https://www.usaspending.gov).

constrained given reports that **only 50 new State Department positions** were created to support transitioning global health programs, in contrast with USAID's former global health workforce footprint of **783 encumbered positions** across multiple staffing mechanisms.

**Figure 1. Thirty countries have no remaining active global health awards**

Each box represents the status of a USAID **Global Health** or **PEPFAR** FY25 award



Note: Excludes 146 awards not based in USAID targeted countries, of which 17% are active

Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: cbd71735

# Terminated PEPFAR award budget analysis

While examining termination rates by award count reveals the breadth of disruption, analyzing the share of planned FY25 funding across active and terminated awards paints a more nuanced picture of the programmatic impact. Although only 35 percent of USAID PEPFAR awards are currently active, they comprise 65 percent of this year’s planned funding.<sup>7</sup>

**Figure 2. Thirty-five percent of PEPFAR awards are active, but they account for 65 percent of FY25 planned funding**



Note: Excludes Management and Operations  
Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: 99461769

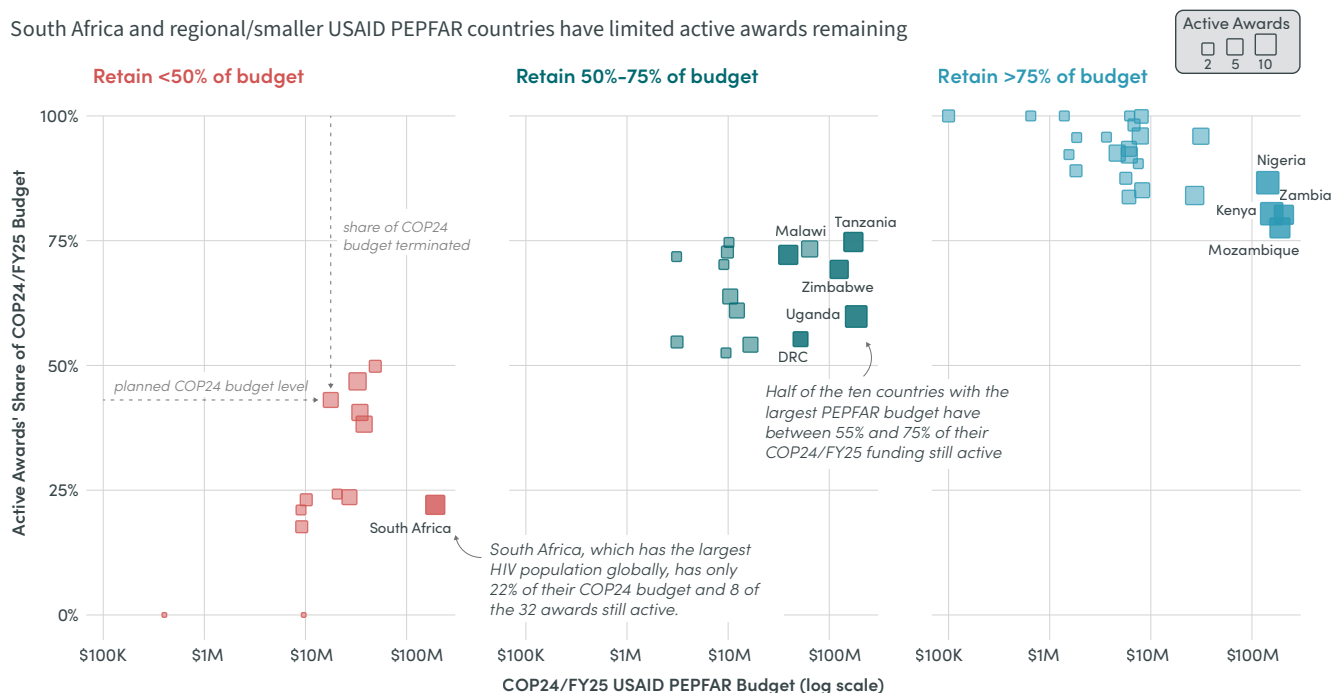
While the aggregate figure might suggest relatively limited budget disruption, the global snapshot obscures variation at the country-level. In some of USAID’s largest PEPFAR programs—including Nigeria, Kenya, Zambia, and Mozambique—despite high award termination counts, active awards accounted for the majority of this year’s budget, potentially indicating that high-budget awards escaped terminations in these countries. Other countries may have more significant resource disruptions, with the share of budget allocated to terminated awards in line with or exceeding the rate of terminations themselves. In Malawi, Tanzania, Zimbabwe, Uganda, and the Democratic Republic of Congo (DRC), terminated awards accounted for between 25 to 50 percent of planned resources. South Africa, which has the largest burden of people living with HIV, now retains less than 25 percent of planned resources in its eight remaining active USAID PEPFAR awards.

Although these figures reflect planned funding allocations and do not account for how much funding was already obligated and disbursed to partners before terminations occurred, it remains unclear if any remaining funds would be reallocated to active awards. Such reallocation would be most likely for activities meeting the lifesaving criteria. However, given current funding constraints, remaining funds allocated to terminated awards may constitute effective budget reductions rather than transfers. If active awards do not absorb funds, there could be a reduction in the number of beneficiaries that PEPFAR is able to reach with treatment and prevention programs, particularly where active partners now retain less than 50 percent of the planned resources. Furthermore, if the Office of Management and Budget withholds over [\\$3 billion in congressionally-appropriated FY25 PEPFAR funds](#) as has been reported, both active and terminated awards may be affected, and

7 FY25 PEPFAR budgets were set during the 2024 Country Operational Planning (COP) process

**Figure 3. Six of the 10 largest countries lost between 25 percent and 78 percent of their programming**

South Africa and regional/smaller USAID PEPFAR countries have limited active awards remaining



Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: f0c83eb9

our analysis may underestimate the full budget impacts. If and when PEPFAR releases its annual expenditure tracking, we may have a clearer picture of overall resource shifts, use, and allocation patterns across the program.

## The intersection of award terminations and evolving programmatic priorities

Soon after pausing foreign assistance, the administration signaled its intent to preserve lifesaving humanitarian assistance while halting other programming; issuing a [limited waiver](#) to allow such activities to continue. On February 1, 2025, PEPFAR [issued a memo](#) that provided additional information on the implementation of the limited waiver for lifesaving HIV service provision. This memo detailed the following permissible activities:

1. Lifesaving HIV care and treatment services, including HIV testing, counseling, prevention and treatment of opportunistic infections (including TB), laboratory services, and procurement/supply chain management for commodities/medications.
2. Prevention of mother-to-child transmission services, including commodities/test kits, medicines, and PrEP for pregnant and breastfeeding women.



3. Reasonable administrative costs necessary for delivery and oversight of the above assistance, including country-based data activities and portions of PEPFAR's central data platform used for clinical monitoring and program management.

In addition to the initial waiver language and subsequent memo, [preliminary USAID documents](#) published by news sources in April provide some additional insight into what types of activities might fall under the lifesaving mandate. The documents, while high-level, indicate continued support for programming including diagnosis, treatment, screening, and case management at community and facility level; laboratory systems and diagnostic networks; commodity procurement and supply chain support; surveillance and select activities related to emergency response; data systems for service delivery, reporting, and accountability; and supervision and on-the-job training. On the other hand, broad health systems strengthening, community-based testing, prevention programming including voluntary medical male circumcision (VMMC), and policy and financing work appear to be deprioritized, indicating that PEPFAR support for this type of programming may potentially cease entirely. Some areas remain ambiguous, such as the future of PrEP services beyond prevention of mother to child transmission.

What began as [temporary waiver language](#) to allow certain activities to continue during the foreign aid review has evolved into the operational framework governing PEPFAR and other global health programs today, with some indications that this narrowed focus will become permanent policy.

To help understand the intersection of award status and shifting priorities, we mapped our current understanding of the administration's definition of lifesaving activities to PEPFAR's budget financial classification system, and grouped FY25 planned USAID/PEPFAR programming into three categories:<sup>8</sup>

1. Programs/activities that meet the administration's current definition of lifesaving
2. Programs/activities that partially meet the current definition or alignment is uncertain
3. Programs/activities that are not aligned with the current definition of lifesaving

This mapping represents our best assessment based on preliminary guidance available at the time of analysis and may be incomplete or outdated. More recent reporting has indicated that PEPFAR may be [drafting a comprehensive transition plan](#) that could alter which program components are prioritized and whether the focus will remain narrowly on lifesaving activities or expand to include other interventions. As official PEPFAR policy guidance evolves, the classification of which programs continue, are modified, or are eliminated under the program may differ substantially from our current analysis.

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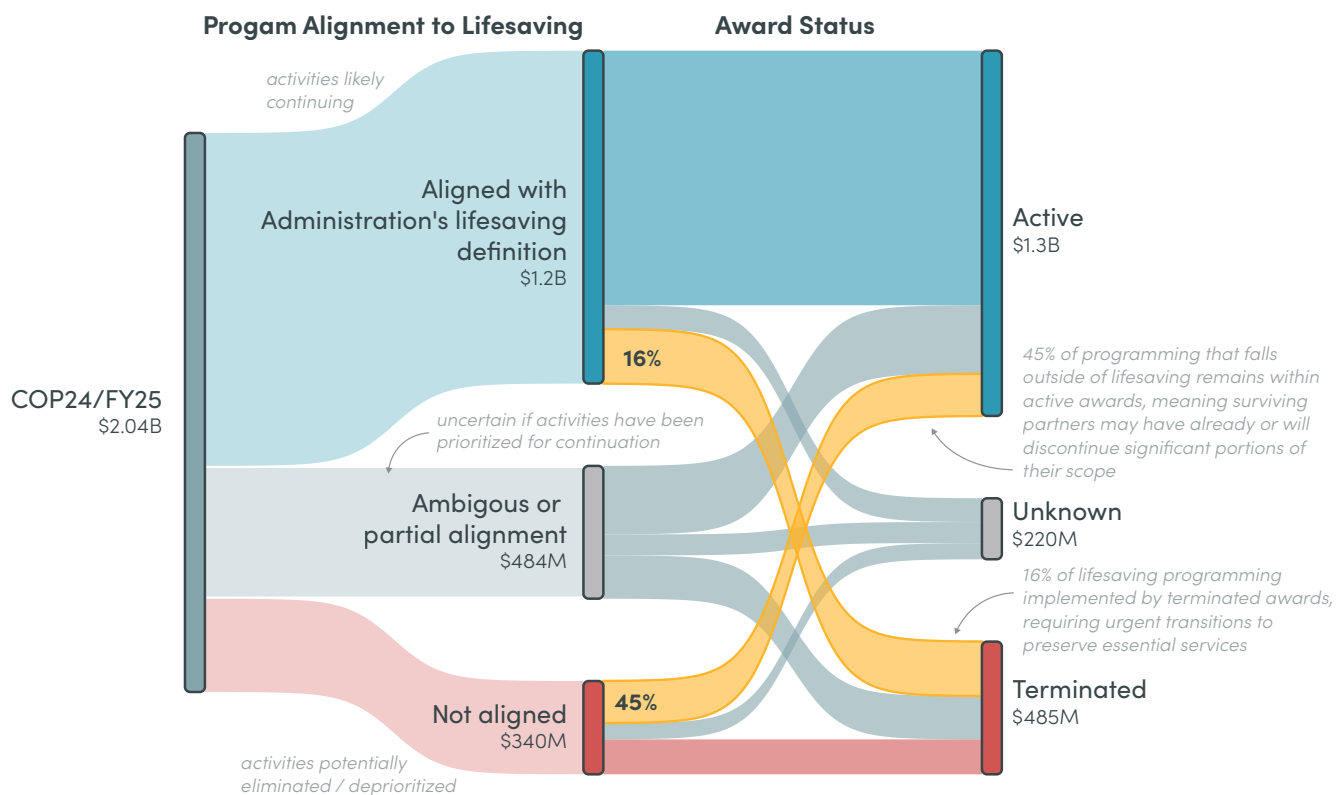
<sup>8</sup> See Data Notes for more information, approach, and caveats.

Two additional limitations affect our analysis. First, because the status of some PEPFAR awards remains unknown, we cannot definitively determine what percentage of lifesaving programming is currently operational versus terminated. Second, \$484 million in budget categories could not be clearly classified as aligned or misaligned with the lifesaving definition. This uncertainty stems from categories that likely contain both qualifying and non-qualifying components, as well as insufficient detail in available guidance documents about which specific activities would be considered lifesaving. Understanding the complete scope of program disruptions will require official confirmation of which awards remain operational and transparent guidance on programming priorities under this administration.

## The termination disconnect

Our analysis reveals a disconnect between which awards were terminated and the administration's stated programmatic focus on lifesaving assistance. While some rough alignment exists, with about 77 percent of lifesaving activities implemented by active awards, the termination patterns suggest decisions were made, at least in part, independently of program content considerations. Rather than fully preserving awards focused on lifesaving activities while fully eliminating those centered on deprioritized programming:

**Figure 4. Disconnect between lifesaving activities and award status**



Note: Excludes Management and Operations; sub-program alignment to lifesaving definition from authors' analysis of public documents

Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: 6f717f9b

- **16 percent of USAID’s lifesaving HIV programming** (as measured by FY25 budgets) was to be implemented by terminated awards, requiring urgent transitions to other awards, agencies, or entities to preserve essential services.
- **45 percent of USAID’s HIV programming that falls outside of the definition of lifesaving** remains within active awards, meaning surviving partners may have already or will discontinue portions of their scope.

Our analysis shows that activities that unambiguously meet the administration’s own definition of lifesaving were affected by award terminations. Some terminated awards and those with or unknown status awards were responsible for delivering core HIV clinical services, including drugs, laboratory services, and HIV/TB care. Twenty-three percent of the budget for treatment programming—which should be entirely lifesaving under any reasonable definition—was assigned to these now-terminated awards and unknown status awards. In addition to treatment services, terminated awards notably also accounted for \$12.1 million in lifesaving facility-based testing services.

Active awards also carry substantial amounts of programming that falls outside the lifesaving definition, although terminated awards accounted for larger shares of activities that fall outside the narrowed lifesaving mandate. As the program has operated under waiver guidance over recent months, PEPFAR support for many of these activities has likely already been discontinued within active awards and may face permanent elimination as program priorities solidify.

## Dual disruption for prevention, socioeconomic, and systems strengthening efforts

Continued PEPFAR support for USAID’s prevention, socioeconomic, and above-site programming<sup>9</sup> faces potential discontinuation through two distinct but overlapping pathways. This includes award terminations—which disproportionately affected these areas—and evolving policy priorities that may eliminate activities no longer aligned with the narrowed lifesaving mandate, with many of these at-risk activities concentrated within these same program areas.

Despite facing potential loss of PEPFAR support, many of these activities represent critical investments for long-term epidemic control that are essential regardless of their classification under the current lifesaving mandate. Prevention programming and socioeconomic strengthening initiatives are fundamental for achieving and maintaining progress toward epidemic control, while health systems investments provide the foundation necessary for sustaining gains and reducing U.S. investment levels over time. Without PEPFAR support, continuation of these activities will depend on alternative funding sources.

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9 The “above-site programming” category within PEPFAR’s financial classification system consists of the vast majority of the program’s health system strengthening efforts.

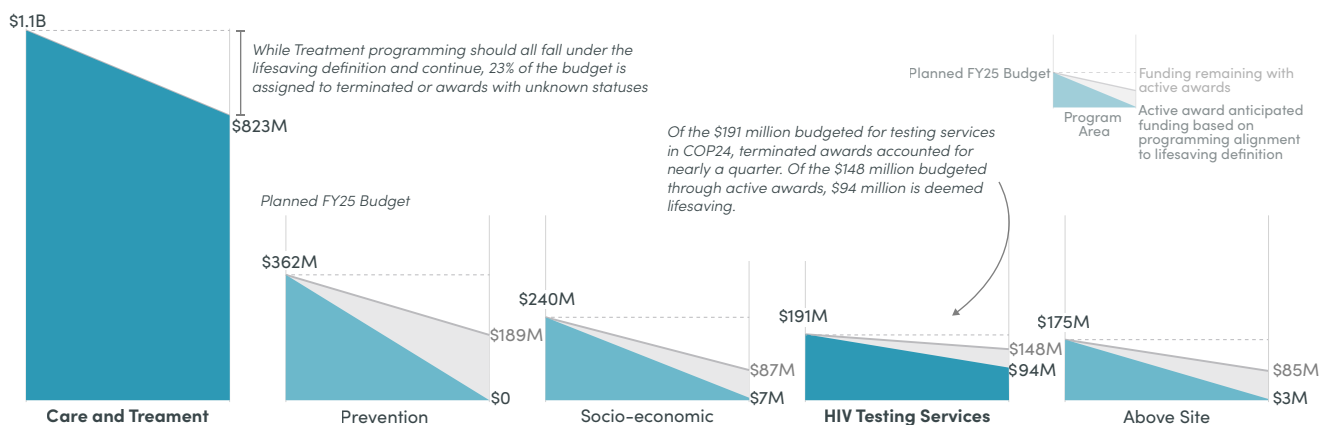
Determining the full scope of at-risk programming is complicated by unclear boundaries around the lifesaving definition. Many of the financial classification categories only partially map to the administration's current lifesaving definition, or their alignment remains unclear based on available guidance. This makes it difficult to understand whether PEPFAR support for these activities will be preserved or eliminated, and then, on top of that, how many implementing partners and awards remain available to carry out the prioritized work.

## Complex transition pathways

The critical challenge ahead lies not just in ensuring successful transfers of lifesaving activities from terminated to active awards or other entities, but in addressing the potential loss of PEPFAR support for activities that may be essential components of a comprehensive HIV response.

The administration [appears committed to transferring](#) lifesaving activities from terminated USAID awards to active awards managed by State Department, Centers for Disease Control and Prevention (CDC), or other PEPFAR implementing agencies. While this commitment to preserving essential services is encouraging, it creates operational complexity for surviving implementing partners, which must simultaneously absorb new responsibilities from terminated awards while potentially eliminating programming that, despite being labeled non-lifesaving, may be fundamental to preserving the progress PEPFAR has achieved over two decades.

**Figure 5. Terminated award budgets included lifesaving resources, particularly within treatment and testing**



Note: Excludes Management and Operations; sub-program alignment to lifesaving definition from authors' analysis of public documents.  
Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: 09617a24.

**Figure 6. Components of active awards do not necessarily align with lifesaving programming definition**

Filled portion of the bar denote value of active awards' budgets compared with COP24/FY25 total



Note: Excludes Management and Operations; sub-program alignment to lifesaving definition from authors' analysis of PEPFAR and USAID public documents

Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: 0af296a9

Activities that fall outside PEPFAR's new priorities—as well as any lifesaving work that cannot be successfully transitioned—will necessarily depend on support from alternative donors or host governments, if they are to continue. However, whether the Global Fund or other major donors might be able to step in remains uncertain, as this transition occurs amid a broader global health financing crisis. With major funders facing their own significant budget constraints, there is uncertainty of whether alternative funding sources can adequately fill these gaps.

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## Program disruptions and potential implications for PEPFAR beneficiaries

Without successful transition, the dual disruption of award terminations and narrowed programming mandates threatens to leave millions of PEPFAR beneficiaries without critical services. To understand the scale of potential risks, we analyzed select PEPFAR targets for fiscal year 2025. These targets represent the number of people USAID had planned to reach with different services this year.

### Analysis of targets and award terminations

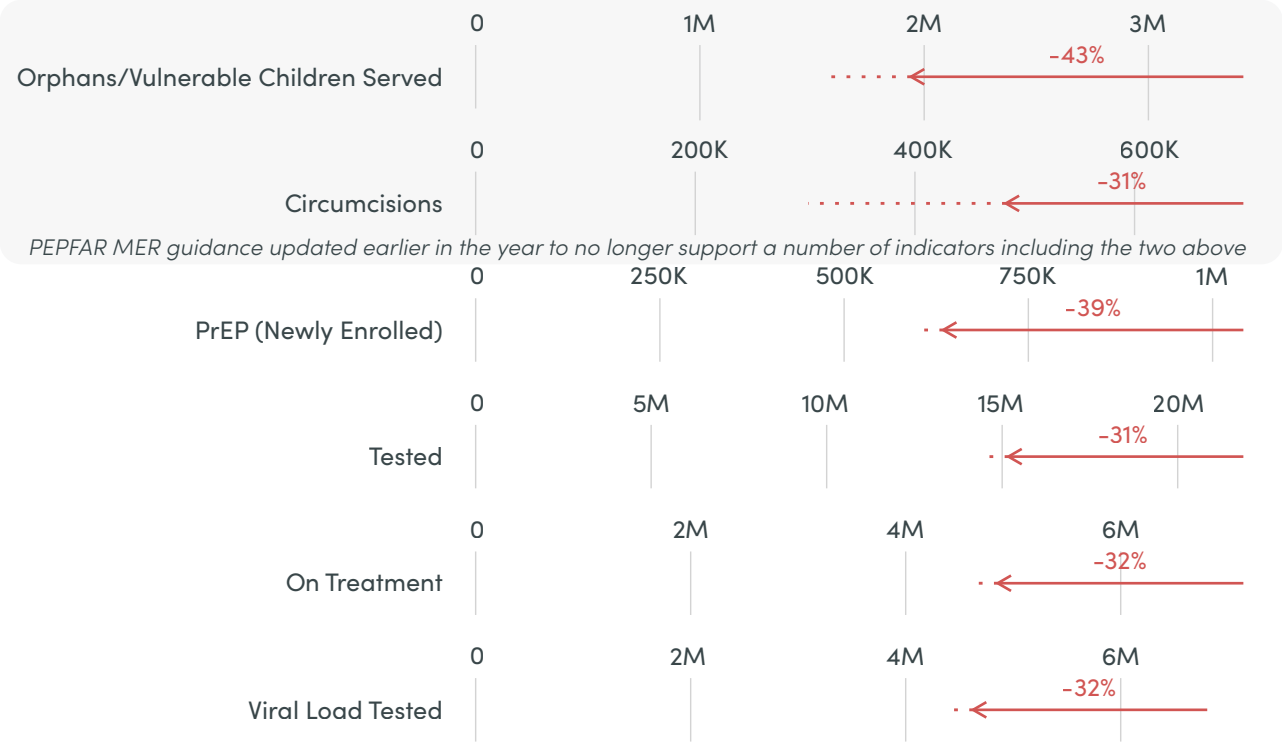
Despite strong evidence of its effectiveness in [reducing HIV transmission by over 50 percent](#) from a one-time surgical procedure, voluntary medical male circumcision (VMMC) faces the starkest potential impact. Half of USAID's planned VMMC targets were to be implemented by terminated or unknown status awards. In addition, VMMC falls outside the administration's lifesaving criteria and PEPFAR recently [dropped the VMMC indicator](#) from its reporting requirements entirely, further signaling that all planned VMMC programming for FY25 may be eliminated regardless of award status. This means that any of the nearly 700,000 circumcisions planned to be supported by USAID this year that had not completed before January 20 are at high-risk of no longer proceeding with PEPFAR support, and those would-be beneficiaries may now be at risk of contracting and transmitting HIV infection from which they otherwise would have been protected.

Terminations may also result in PEPFAR reaching fewer orphans and vulnerable children (OVC) with health, education, protection, and socioeconomic services that help children affected by HIV/AIDS build resilience and improve their well-being. USAID, which implements the majority of this component of PEPFAR's portfolio, had planned to provide services to approximately 3.4 million vulnerable children this year, with over half of these targets assigned to terminated or unknown status awards. Unlike VMMC, some OVC services may continue with PEPFAR support under the lifesaving framework, such as case management for children living with HIV. However, PEPFAR has also dropped the OVC indicator from reporting requirements, creating a critical monitoring blind spot. While some children may still receive services, the US government has no systematic way to track how many OVC are being served by the program versus the original target, or monitor whether services successfully transferred from terminated to active awards or other agencies.

Based on what we know today, HIV testing and PrEP exist in a gray zone where some modalities or targeted services may continue while others disappear from the program depending on administration priorities. USAID had planned to conduct nearly 22 million HIV tests and enroll over one million new PrEP users this year, with terminated awards responsible for 31 percent and 39 percent of those targets respectively. Unlike VMMC and OVC, both services remain in PEPFAR's reporting requirements, meaning future data releases may shed light on whether some beneficiaries were picked up by active PEPFAR awards and which programmatic approaches survived shifting priorities.

**Figure 7. Terminations affected an outsized share of prevention activities**

Lines denote shift from USAID FY25 targets by indicator to levels of active awards  
Dotted lines represent additional losses if unknown award status are actually terminated



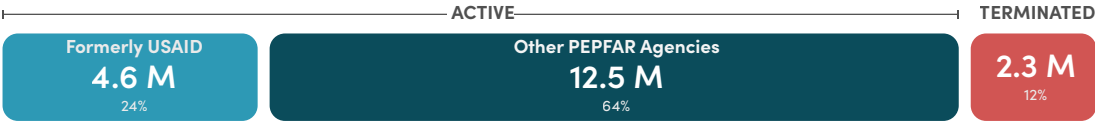
Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: 462a989f

Treatment services represent the clearest example of lifesaving programming, yet even here, award terminations create potential risks to service delivery continuity, as approximately one third of USAID’s beneficiaries supported with treatment and viral load testing services this year were to be implemented by now-terminated awards.

**Potential risks for HIV care and treatment continuity**

Treatment programming will likely be prioritized for transitions from terminated awards to active awards under State Department or other PEPFAR implementing agency management, but the operational challenges of executing these transfers successfully may create risks to continuity of care. The stakes are substantial: across PEPFAR countries, USAID-terminated awards were responsible for supporting approximately 12 percent of beneficiaries currently on HIV treatment. This represents 2.3 million individuals—approximately 1 in 10 of every patient supported by PEPFAR—whose treatment services must be seamlessly transferred to avoid interruptions that could lead to viral rebound, drug resistance, onward transmission causing new HIV cases, and increased mortality risk.

**Figure 8. Award terminations could affect 2.3 million PEPFAR-supported patients currently on or to be initiated on treatment**

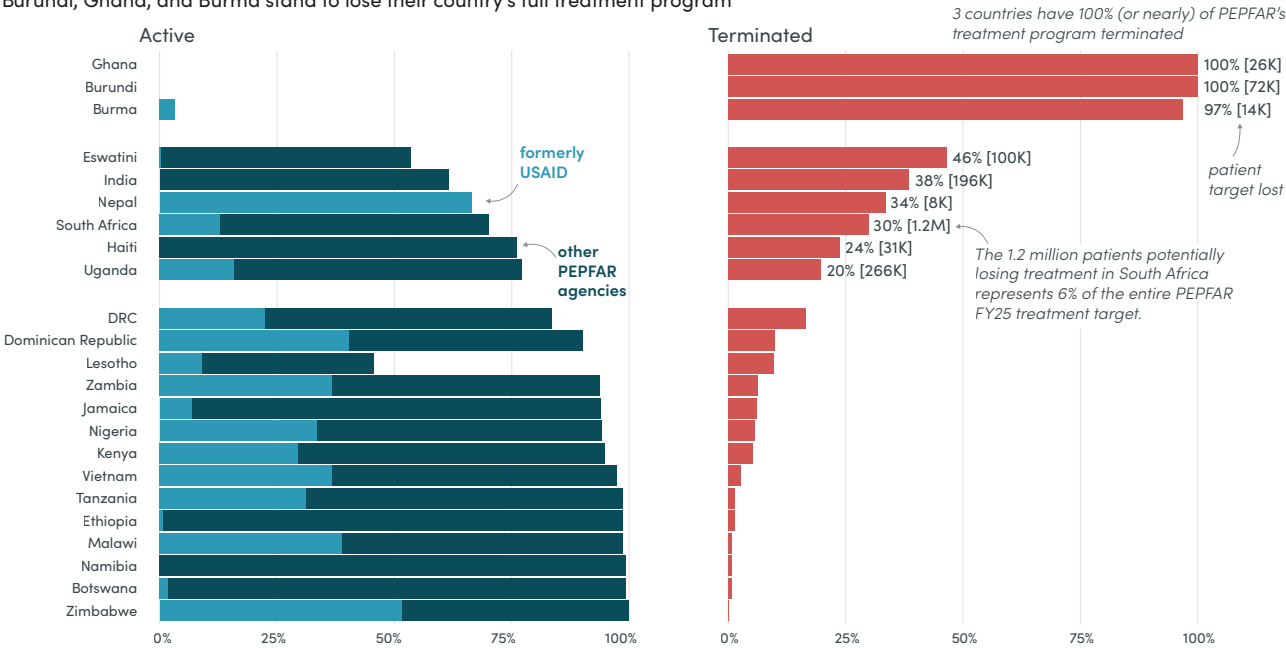


Note: Dropped awards with unknown status representing 1% of the treatment portfolio  
 Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: 22a33472

A country-level analysis of treatment targets provides more granularity. One potential challenge will be in countries with the largest numbers of individuals on treatment supported by terminated partners. Of the 2.3 million in targets attributed to terminated awards globally, South Africa accounts for over 50 percent, followed by Uganda, India, and Eswatini, with these four countries making up nearly 80 percent of all terminated treatment targets. Each of these countries, however, have other active awards implemented by USAID and/or other PEPFAR implementing agencies (such as CDC) that support treatment and could theoretically pick up the transition.

**Figure 9. Terminations leave some countries with a potential loss of 20 percent or more of FY25 treatment targets**

South Africa, Uganda, India, and Eswatini have the largest potential loss by volume of patients  
 Burundi, Ghana, and Burma stand to lose their country's full treatment program



Note: Excluded countries where termination did not affected treatment portfolio  
 Source: MyCareerPivot USAID Award Status as of 2025-08-01 + PEPFAR Spotlight [FY24Q4] | Ref id: 80f8cff6



Other countries like Burundi, Ghana, and Burma may also face particularly acute challenges transitioning beneficiaries from terminated to active awards, not necessarily driven by volume, but by the availability of other partners to take on treatment patients; as all or most of the PEPFAR-supported treatment capabilities were completely eliminated by the termination of USAID awards. Finally, while some countries with lower termination rates among treatment awards and/or robust active treatment partners at other agencies may weather the transition more smoothly, even modest disruptions can have cascading effects on program stability.

Beyond these program-level disruptions, the termination of USAID's PEPFAR awards may have broader population-level consequences if services cannot be transitioned successfully. While lack of PEPFAR support won't completely eliminate HIV services in most contexts because these programs were designed to support pre-existing national systems, the program has substantially [expanded treatment access and virologic suppression rates](#) and, without filling gaps, the loss of this support could contribute to declines in overall treatment coverage and outcomes.

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## Monitoring the fallout amidst growing data opacity

Having access to timely, comprehensive public data will be essential for monitoring what's happening on the ground as these unprecedented changes to PEPFAR programming unfold. Robust data systems are required for stakeholders to track whether individuals on treatment and other prioritized programming have been effectively transferred to remaining PEPFAR partners. Within programs, data will reveal which components of PEPFAR HIV services remain operational and whether these services are reaching priority populations most at risk. Geographic analysis will be crucial for identifying hotspots where service gaps are emerging.

During this critical transition period, however, routine data processes have ceased operating. PEPFAR's data website initially indicated that Q1 and Q2 FY 2025 results would be released on August 15, 2025. However, that timeline was quietly updated to "[TBD](#)" in [early August](#), with Q3 data, which was originally scheduled for public release in October, also pushed indefinitely. In addition, several indicators have been dropped from reporting, and some previously mandated disaggregation that was required is now optional for partners according to the [latest PEPFAR guidance](#).

Even if data eventually becomes available, past or current service disruptions will likely impact both the completeness and quality of reporting until program services and reporting systems stabilize. This creates additional uncertainty about the true status of programming on the ground, making it difficult to distinguish between actual service losses and poor data collection during the transition period.

Whether and when this data emerges will be as telling as the results themselves. Continued delays signal either operational dysfunction or political reluctance to document program impacts, neither of which bodes well for the millions of beneficiaries depending on these services or the already fragile health systems in PEPFAR-supported countries. As this unprecedented disruption to global health programming continues to evolve, transparent PEPFAR reporting will be essential to distinguish between policy rhetoric and on-the-ground reality and ensure U.S. taxpayer dollars are being used as efficiently and effectively as possible to control and curb the HIV epidemic globally.

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## Data notes

**Data sources:** Three major data sources were used for this analysis/: PEPFAR Monitoring, Evaluation, and Results (MER); PEPFAR Financial Management; and Contract and Grant Status data posted on MyCareerPivot.

- **Contract and grant status data:** The administration has not released an official list of USAID award statuses or confirmed which awards have transitioned to the State Department, but various news outlets have published evolving data. This analysis relies on a [dataset](#) posted on Wayan Volta's My Career Pivots, updated through August 1, 2025. For this analysis, we rely on the latest [list of terminated and active awards](#) compiled in early August by MyCareerPivot. The list, according to the creators, is not 100 percent complete, but likely reflects the most accurate list of what USAID awards are active and terminated to date. Global Health programming for this analysis is defined as any award who has some or all of their program activity funds that fall under "Direct Global Health Program Activity" (MyCareerPivot sourced this data from USAspending.gov).
- **PEPFAR program results data:** PEPFAR operates a sophisticated monitoring and evaluation system that enables granular analysis of program impacts. The [Monitoring, Evaluation, and Reporting \(MER\) guidance](#) establishes standardized definitions and benchmarks for measuring program success across all implementing partners. Each year during the Country Operational Planning (COP) process, PEPFAR countries sets outyear performance targets for key health indicators, largely driven by levels needed to close the gaps to end the HIV epidemic by 2030. These targets represent planned service delivery commitments to specific populations and form the backbone of PEPFAR's accountability framework, with actual results against indicators reported quarterly to track performance against targets.
- **PEPFAR program financial management data:** PEPFAR top level budgets are established by State Department for each annual program cycle and allocated by each operating unit to individual awards in order to reach the MER targets they have set. The COP process produces detailed budgets for the following fiscal year by country, partner, and award information and disaggregated by PEPFAR's [standardized financial classifications](#), enabling precise tracking of

resource allocation across program areas from top-level budgets and earmarks appropriated by Congress. Once these dollars are actually spent, PEPFAR collects the partner-level expenditures that follow the same budget classification system and are reported annually at the end of the fiscal year. Figures used throughout exclude Management and Operation budgets as these are tied to agency operations and do not relate to awards and their outcomes.

**PEPFAR public data availability:** Historically, PEPFAR releases public, desensitized versions of this data approximately four months after each reporting period on [data.pepfar.gov](https://data.pepfar.gov). However, as of the time of publishing this report, the release of FY25 results has been indefinitely delayed and the last publicly posted datasets PEPFAR contain only the approved budget and planned targets for FY25. As such, this report only evaluates potential impacts from Fiscal Year 2025, or FY25, planned levels, approved by the Department of State's Bureau of Global Health Security and Diplomacy (GHSD) in Congressional Notifications mid-2024.

**Defining lifesaving assistance for PEPFAR:** In late January, a [waiver](#) to the pause on foreign assistance was issued for lifesaving humanitarian assistance. Since then, the PEPFAR program continues to operate under this waiver, which imposes restrictions on programming that falls outside of the lifesaving mandate. For this analysis, we defined lifesaving based on a [February 1 memo](#) issued by the State Department and preliminary USAID documents shared with [new sources](#) in April. When the guidance between these two sources were misaligned, we used the more specific of the two. We then mapped information with PEPFAR's financial classifications systems sub-program areas (defined [here](#)). This mapping represents our best assessment based on preliminary guidance available at the time of analysis and may be incomplete or outdated.

**Triangulation of award and PEPFAR program data:** To assess the impact on PEPFAR programming, we triangulated terminated award lists with the latest available budget data from [pepfar.data.gov](https://pepfar.data.gov). Where possible this analysis has merged each FY25 award's status onto their PEPFAR financial data by the award id. From there, the awards' mechanism ids found in the financial data allowed us to map this onto FY25 MER data. Within these datasets, 251 total PEPFAR awards could be matched and 67 are not accounted for in award status lists and have an unknown status. Of those not matched and accounted for, 23 are government to government awards, 11 awards could not be matched against the status data, and 33 are desensitized awards that have not been awarded yet, one for each operating unit. PEPFAR's public budget datasets mask information for awards not yet awarded (called "TBD" awards or mechanisms). While we cannot determine the exact number of these pending awards and mechanisms, we know from the public budget data that at least one not-yet-awarded mechanism exists in every PEPFAR operating unit. These awards appear as having an "unknown" status and targets/funding for these awards can therefore not be clearly mapped to "active" or "terminated."

PEPFAR tracks targets, results, budgets, and expenditures at a more granular level than individual awards. Instead, the program uses “implementing mechanisms”—each assigned a unique identifier—to facilitate country-level tracking of awards that may operate across multiple countries. This means that the same awards can have programming in different countries, worked on by separate mechanisms. This structure enables efficient management and oversight of PEPFAR programs across various implementing partners and geographic areas. For the purpose of this analysis, this practically means that when a terminated award can correspond to more than one mechanism. As such, any PEPFAR-specific analysis presented treats each individual implementing mechanism as a unique award.

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