ASLM
AFRICAN SOCIETY FOR LABORATORY MEDICINE

The Impact of a Temporary Suspension of United States Government (USG) Funding on Laboratory Services in African Partner Countries

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EXECUTIVE SUMMARY

This report examines the impact of the freeze on United States Government (USG) funding, particularly through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) program, on laboratory services in partnering African countries. The survey, conducted by the African Society for Laboratory Medicine (ASLM), among national public health laboratory directors across Africa, through its Laboratory Directors Forum (LabDF) to assess the potential impacts of the funding pause. The findings highlight several critical vulnerabilities in laboratory operations, such as reduced access to reagents, reduction in diagnostic services, and difficulties in maintaining equipment, sample transport networks, and human resources capacity. The report highlights the need for contingency planning, diversification of funding sources, and enhanced domestic investment to ensure the sustainability of laboratory services.

Key highlights

Quantitative Insights

1. **Reliance on USG Funding:** Most of the countries surveyed, n= 16, (80%) rely on US funding for laboratory services with >25% budgets in 10 countries funded via this mechanism.
2. **Impact of Funding Pause:** Sample transport networks (62.5%), Equipment maintenance (50%) and quality assurance and control systems (50%) were listed as the most affected areas.
3. **Contingency Planning:** 62.5% of the countries lacked finalized contingency plans hence unprepared to address the sudden suspension of aid for provision of diagnostics.
4. **Stop Gap Strategies:** Respondents prioritized switching to domestic funding (81%), diversification of funding sources (75%), and private sector partnerships (63%) as the main strategies for short term gap filling.

5. **Minimum Package of Laboratory Service (MPLS):** The ranking based on the most important component to be included in a MPLS are:
   a) Essential diagnostic testing for priority diseases based on the National Essential Diagnostic List (NEDL) (94%)
   b) Basic equipment maintenance and repair services (81%)
   c) Quality control and assurance measures (75%)
   d) Core staff training and retention (75%)
   e) Minimal data reporting capacity (56%)

Continuity of testing:
Only 12.5%
of countries reported their ability to maintain services for more than 12 months, without the USG support

Qualitative Insights

1. **Quality Management and Improvement:**
   - Respondents reported the reduced implementation of quality management systems and challenges in sustaining accreditation for laboratories.
2. **Operational Challenges:**
   - Maintenance of infrastructure (e.g. power, sewage).
   - Disruptions in sample transport networks and laboratory connectivity.
3. **Human Resources and Expertise:**
   - Staff shortages and inadequate expertise in data management.
4. **Government Roles:**
   - Need for national laboratory policies and dedicated budgetary allocations for laboratory services.
   - Prioritization of laboratory services in health strategies.
5. **Impact on Health Outcomes:**
   - Reduced funding risks reversing progress on HIV/TB targets
   - Potential rise in drug resistance due to irrational drug use and poor surveillance.

Recommendations and Calls for Action

Recommendations include strengthening partnerships with the private sector, improving laboratory management, in the short term and advocating for policy changes to mitigate the dependency on donor funding for delivery of critical healthcare services, in the long term.

Advocacy and Funding Mobilization

- Advocacy for increased domestic funding through high-level government engagement (e.g., Ministries of Health and Finance).
- Leverage partnerships with the African Union, private sector, and other international partners for resource mobilization

Collaboration and Private Sector Engagements

- Calls for public-private partnerships and inter-laboratory collaboration.
- Strengthened coordination between ministries of health and stakeholders.

Human Resources and Expertise:

- Advocacy for certification systems and continuous staff training.

Sustainability and Ownership:

- Governments urged to reduce donor dependency and invest in sustainable models.
- Proposals for autonomous funding mechanisms and revenue generation from laboratory services
- Improved accountability in use of funds and efficiency

Based on this report, ASLM proposes to:

- Convene a high-level consultative meeting of member states political, financial and policy leaders to re-emphasize the role of diagnostics and commitments to raise budgetary allocations for diagnostics
- Develop a comprehensive diagnostics business plan and funding models including PPP frameworks that address the unclear "real cost", and "benefit" derived directly or indirectly from diagnostic integration and/or optimization of the laboratory networks.

Explore, identify, and formalize models for optimization of some diagnostic processes like purchasing models -pooled procurements, reagents and equipment bundling.

1.0 Introduction

1.1 Background

Laboratory services are an integral component of public health, playing a key role in detecting and responding to infectious diseases as demonstrated during the HIV/AIDS pandemic and more recently with outbreaks such as Ebola, Mpox and the SARS-CoV2 pandemic. Since 2003, the U.S. Government, through the President's Emergency Plan for AIDS Relief (PEPFAR), has been a major source of funding and technical support for laboratory infrastructure and services across many African nations [1] , [2] , Figure 1.

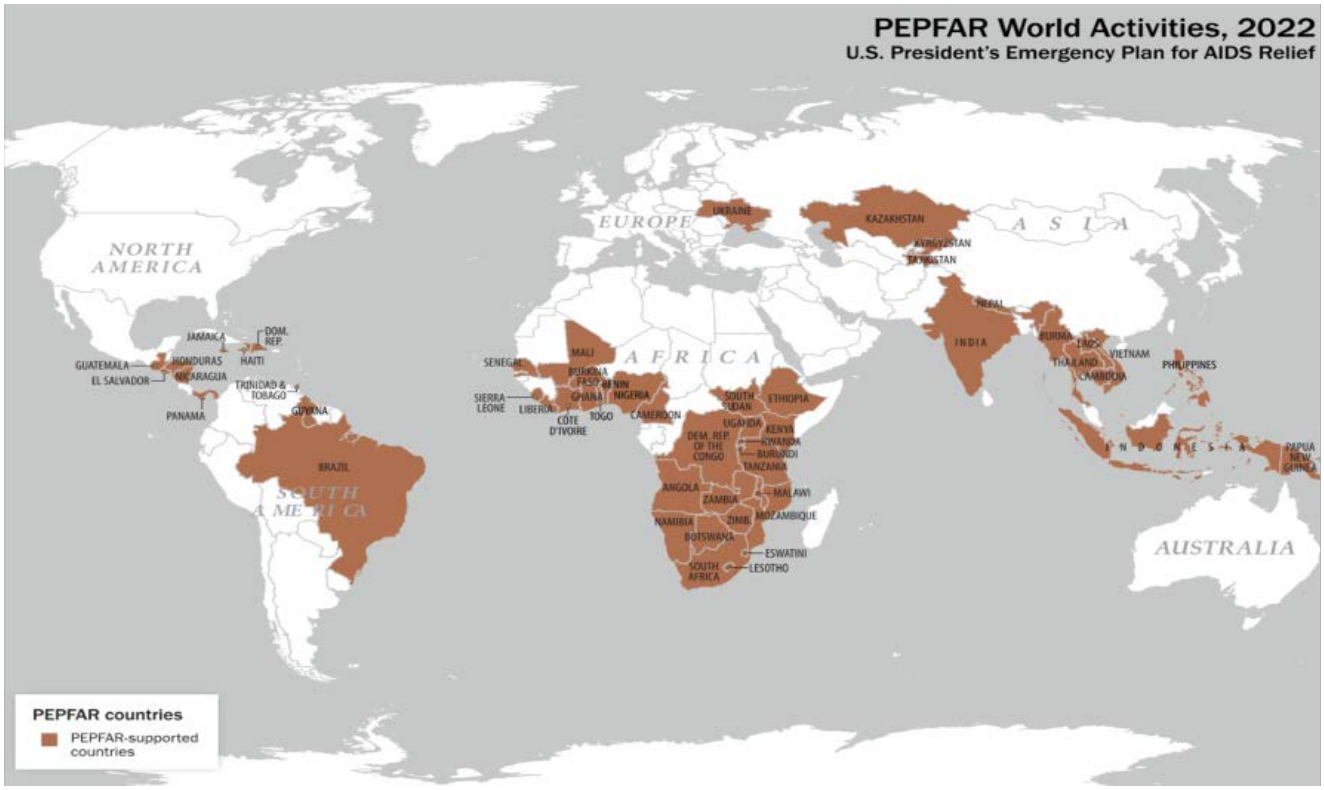

Figure 1:PEPFAR supported countries Source https://www.state.gov/where-we-work-pepfar

[1] Bush GW. State of the Union address. 2003. [June 8, 2010]. http://georgewbush-whitehouse.archives.gov/news/releases/2003/01/20030128-19.html.
[2] PEPFAR's Five-year Strategy Fulfilling America's Promise to End the HIV/AIDS Pandemic by 2030,December, 2022

$120 Billion

has been invested in PEPFAR

Over the years, approximately $120 billion has been invested in PEPFAR, with annual funding increasing from $1.9 billion in FY 2004 to $6.5 billion in FY 2024[3]. These efforts have often included strengthening of laboratory systems through technical training, mentorship, and the management of data to support the development of evidence-based policies and guidelines, as well as cost-effective and efficient laboratory systems[2]. In some countries, PEPFAR's contribution has centered on providing technical guidance, while in others, the program has directly delivered services such as hiring personnel, procuring equipment and reagents, developing and maintaining information management systems.

On January 20th, 2025, the U.S. Government announced a temporary funding freeze[4], which could significantly disrupt the continuity of public health laboratory services in numerous African partner nations. This report presents the findings of a survey conducted by ASLM among laboratory directors in Africa, through its Laboratory Directors Forum (LabDF) to assess the potential impact of the funding freeze and to explore strategies for mitigating its effects, and long-term sustainability of the services. The Stop Work Order (SWO) was implemented as part of a 90-day pause on foreign assistance programs, following an executive order

[3] https://www.kff.org/global-health-policy/fact-sheet/breaking-down-the-u-s-global-health-budget-by-program-area/#Budget-HIV-PEPFAR

[4] https://www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid/

designed to reassess and realign U.S. foreign aid priorities. This order affected ongoing grants and contracts, including those critical to health initiatives like HIV/AIDS treatment and prevention. It also encompassed laboratory services which are essential for disease diagnostics and monitoring.

1.2 Rationale

The heavy reliance on USG funding for public health laboratory services in many African countries poses a significant risk to the sustainability of these services in the event of funding disruptions. The survey aimed to understand the extent of this reliance, identify key areas of vulnerability, gather recommendations for addressing immediate and urgent gaps for ensuring long-term sustainability of laboratory networks. The findings are intended to inform policymakers, international partners, and stakeholders about the potential consequences of a funding pause and the steps needed to mitigate its impact as well as long term sustainability plans for delivery of laboratory services.

1.3 Goal of the Survey

The primary goal of the survey was to assess the potential impact of a temporary pause of USG funding on laboratory services.

Specifically, the survey aimed to:

1. Evaluate the current reliance on USG funding for laboratory operations.
2. Identify key areas of vulnerability during a period of funding pause.
3. Explore contingency planning and adaptation strategies in case of a prolonged funding freeze.
4. Provide recommendations for ensuring the long-term sustainability of laboratory services.

2.0 Methodology

The survey was conducted online, with participation from national public health laboratory directors across multiple African countries. To ensure broad participation, the survey was deployed in three African Union languages (English, French, and Portuguese), with responses received between February 18th and March 1st, 2025.

The results were collected and analyzed, with findings presented in both tabular and graphical formats to facilitate easy interpretation. The survey included questions on the following areas:

i. **Current Funding Status:** Proportion of laboratory funding received from PEPFAR and other sources.
ii. **Impact of Funding Pause:** Perceived impact on various aspects of laboratory services, including access to reagents, diagnostic services, equipment maintenance, and human resources.
iii. **Contingency Planning:** Development and implementation of contingency plans to address funding disruptions.
iv. **Long-Term Sustainability:** Strategies for reducing reliance on external funding and ensuring the sustainability of laboratory services.

3.0 Results

3.1 General Information

The survey questionnaire was sent to Laboratory Directors or equivalent who are members of the Laboratory Directors Forum (link). Responses were received from Laboratory Directors from 20 countries including: Kenya, Cameroon, Zambia, Seychelles, Cote d'Ivoire, Malawi, Nigeria, Lesotho, Uganda, Sierra Leone, Eswatini, South Sudan, Burundi, Botswana, Gabon, Mozambique, Burkina Faso, South Africa, Namibia and Liberia (Figure 2).

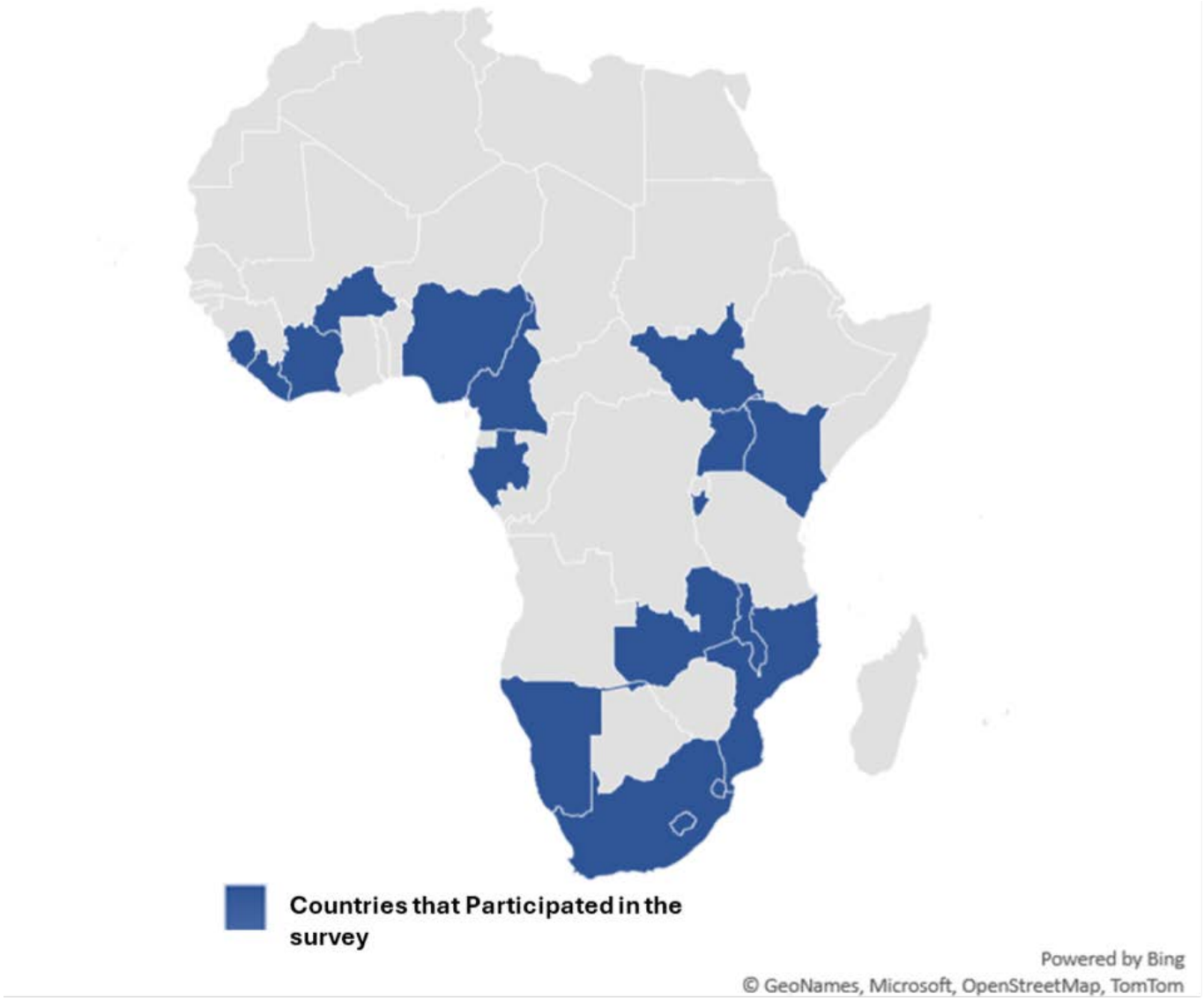

Figure 2: Countries that participated in the survey shown

Most of the countries surveyed, (n=16, 80%), reported receiving funding from PEPFAR, Figure 3a. Among these countries, PEPFAR funding accounted for more than 25% of the budget to support laboratory services in 62% of the countries; with 31% of countries reporting more than 50% of budgetary support. Figure 3b. This highlights the critical role PEPFAR plays in supporting and sustaining laboratory services in these countries.

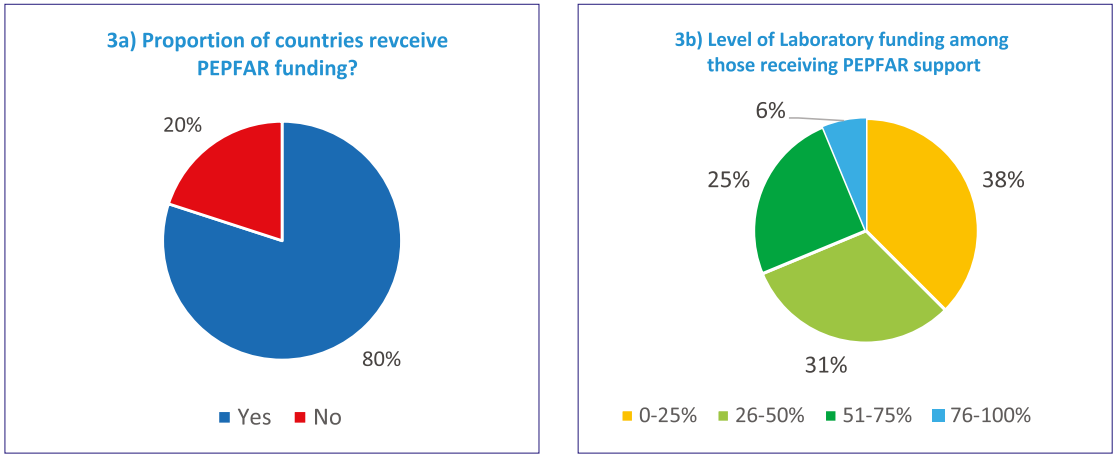

Figure 3: Proportion of countries that receive PEPFAR funding and the level of funding towards laboratory services

3.2 Impact of the Stop Work Orders

On the overall Impact of the Stop Work order on Laboratory Services, half of the countries reported that they will have a significant disruption with reduced capacity of > 50%. (Figure 4)

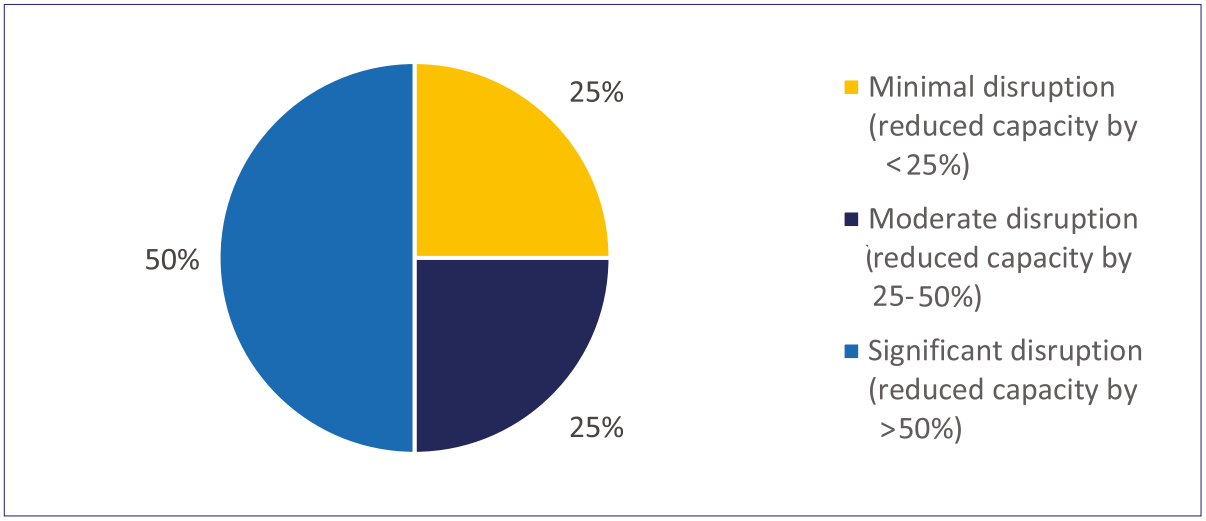

Figure 4: Overall impact of the stop work order on laboratory services delivery among USG PEPFAR supported countries

Table 1 below indicates the areas affected by the PEPFAR funding pause. More than 50% of interviewees noted that sample transport networks, followed by equipment maintenance, and quality assurance and control systems would be the areas most affected by the loss of PEPFAR funding.

Table 1: *Areas affected by the pause in USG PEPFAR funding*

Most Affected (≥ 50% of countries)	Least Affected (< 50% of countries)
Sample transport networks	Government support for laboratory services
Equipment maintenance	Research services
Quality assurance and control systems	Scope of testing/diagnostic services
	Sufficiency of human resources
	Staff training/capacity building
	Disease surveillance capacity and reporting
	Domestic funding
	Procurement/Access of reagents and supplies

Limited access to laboratory services may result in some mid- and long-term concerns on health outcomes for patients. In the short term the disruption of the sample transportation networks will hinder diagnosis of infectious diseases. In addition, reduced funding could hinder disease surveillance for conditions such as tuberculosis (TB) and HIV, potentially leading to drug resistance, irrational drug use, and an increase in antimicrobial resistance (AMR).

Respondents also emphasized the significant effect on viral load (VL) testing services, which are crucial for monitoring and managing HIV treatment. A reduction in funding poses a risk to sustaining the UNAIDS 95-95-95 targets that some countries have achieved, undermining progress in combating the HIV epidemic.

“A paralização pode ter tido impacto no aumento de transmissão de HIV e perda de oportunidade de diagnóstico” , translated -*The suspension may have impacted the increase in HIV transmission and loss of diagnostic opportunities, commented one participant.* Beyond the laboratory services, the participants recognized the grave impact this will have on patient outcomes- **“Il y aura des problems d’approvisionnements, de suivi des PVVIHs, la maintenance, mnque du personnel***”(There will be problems with supplies, follow-up of PLHIV, maintenance, and lack of personnel).*

Regarding the length of time that the laboratory networks can sustain provision of laboratory services without USG funding, 62.5% of surveyed countries indicated that they could sustain only up to 6 months. Only 12.5% of countries reported their ability to maintain services beyond 12 months without USG funding, Figure 5. However, some prioritization of services to be continued would need to be implemented in the short term as domestic funding may not be readily available to plug in the funding gap due to the pause in USG funding.

In summary most countries, 87.5% could not sustain laboratory services beyond one year without additional support.

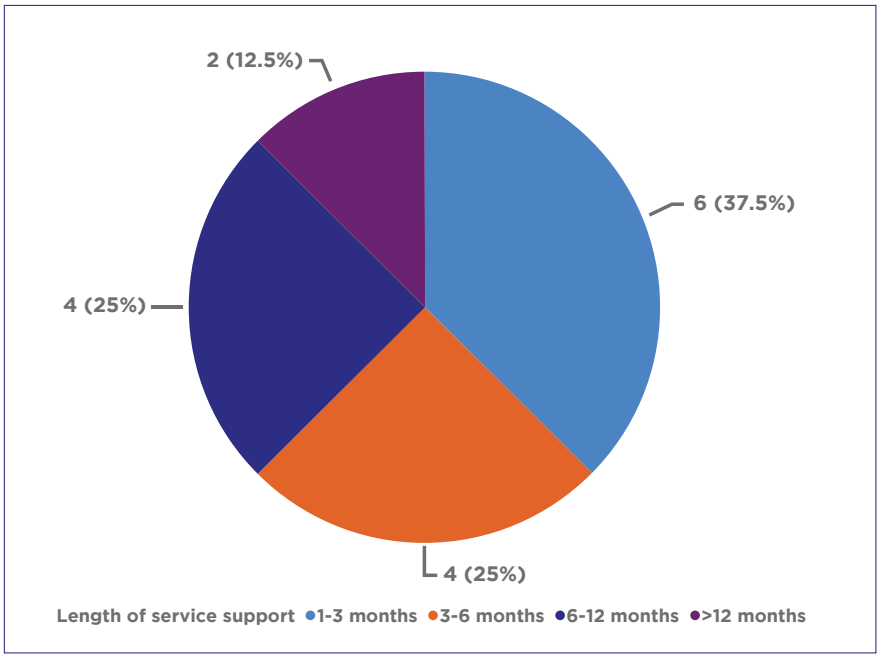

Figure 5: Duration of provision of laboratory services without external funding support

Majority of the surveyed countries indicated that an extended pause in U.S. Government (USG) funding would contribute to staff attrition in their countries

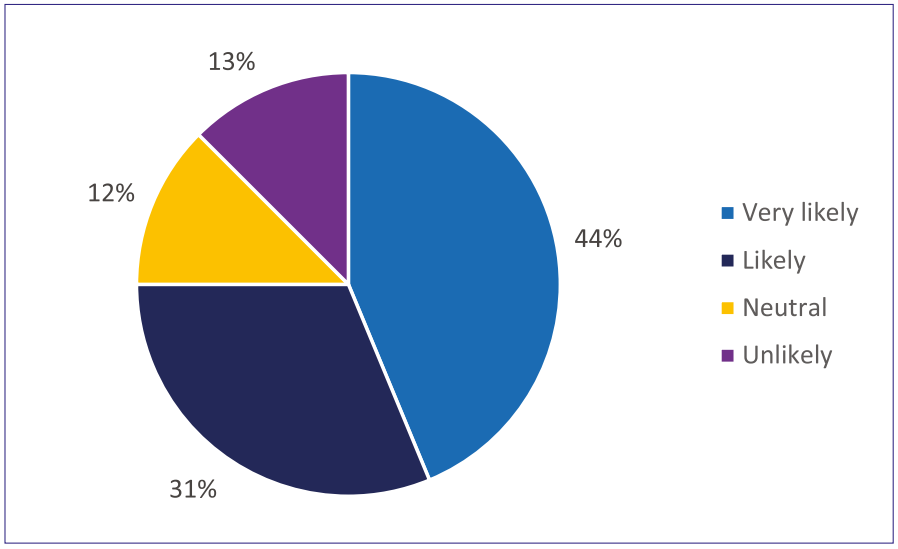

Figure 6: Likelihood of staffing attrition due to the funding pause.

3.3 Contingency Planning & Adaptation

Most countries (63%) did not have a finalized contingency plan to sustain provision of laboratory services. The survey findings further revealed that only one country had developed a contingency plan, although it had not yet been funded. Meanwhile, 44% of the assessed countries had not developed a contingency plan to address the impact of the stop work order but were engaged in ongoing discussions. Additionally, 37% of the countries reported that they were in the process of developing a contingency plan.

Key elements to support the contingency plan, as identified by the eight countries that had developed or were developing such plans, include the allocation of funding from the national government, the strengthening of in-country supply chain logistics, and the reallocation of funding from other non-U.S. Government sources. One country reported that most of the funding for their routine laboratory services is from the government. However, research activities that depend a lot on donor funding will be greatly impacted. These components are vital to ensuring the effectiveness and sustainability of the

plans during periods of funding interruptions, Appendices, **Table A1**. In response to the Stop Work Order (SWO) and the subsequent funding cuts to U.S. Government-funded HIV programs, some countries have taken proactive measures by reaching out to other international partners). These efforts aim to secure emergency funding to bridge the financial gap and mitigate the impact on critical HIV-related services. This collaborative approach reflects the urgency of maintaining essential health services during funding interruptions.

3.4 Minimal package of laboratory services

Survey participants highlighted several critical components essential to a minimum laboratory package of services. These elements are foundational to maintaining operational efficiency and ensuring quality healthcare delivery. First, **basic equipment maintenance and repair services** are crucial for the uninterrupted functioning of laboratory operations, preventing downtime and ensuring reliability of results. Second, essential diagnostic testing for priority diseases—guided by the **National Essential Diagnostic List (NEDL)**—provides a standardized approach to addressing high-burden conditions and supports the timely detection and management of diseases. Third, **core staff training and retention** ensures that laboratory personnel are not only well-equipped with the necessary skills but also motivated to stay within the workforce, fostering institutional knowledge and continuity. Finally, **quality control and assurance measures** are indispensable for maintaining the accuracy and reliability of laboratory results, safeguarding patient outcomes and reinforcing trust in laboratory services. Together, these components form the backbone of an effective and sustainable laboratory system.

4.0 Proposed mitigation Strategies

4.1 Government Commitments

Concerning the roles that governments can play in strengthening laboratory systems and networks, as well as ensuring sustainable funding, most participants (94%: n=18) called upon governments to show ownership by being the primary funder for laboratory services, Appendix Table A2. As seen in a country like South Africa where laboratory services are mostly funded by the government, the impact of the funding pause on availability of the laboratory services is minimal. However, areas such as research and surveillance systems are more likely to be severely affected due to heavy dependance on external funding.

Concerns were also raised about the lack of accountability and efficiency in laboratory management (100%), with calls for governments to implement measures that ensure prudent use of limited resources. One such measure is the establishment of strong in-country monitoring systems to support sustainable project implementation.
The respondents, 88%, implored governments to diversify funding, through mechanisms such as public private partnership and explore systems for revenue generation through laboratory services. Other initiatives include enhanced workforce planning and training programs and strengthen regulatory frameworks that will in turn support optimization of laboratory operations.

4.2 African Society for Laboratory Medicine

ASLM has been supporting several countries in laboratory strengthening activities, and while asked about additional advocacy efforts that ASLM should prioritize to secure sustainable funding for laboratory services their countries they highlighted the need to facilitates connection with potential funding partners to enable diversification of funding sources. Additionally, ASLM needs to advocate for the strengthening of private sector engagement, creating a forum for sharing best practices and promoting successful models for sustainable laboratory services. Respondents called on ASLM to engage member states governments at various levels and across sectors, such as the Ministries of Health, Finance, to advocate for policy changes that encourage increased investment in laboratory services. Fora like the LabDF are viewed as central to these initiatives.
Regarding technical support, respondents emphasized the ongoing need for training and capacity building in areas such as laboratory quality management systems, financial management and resource mobilization. Strengthening regional collaborations is also crucial, enabling countries to share resources for certain testing needs thus helping to reduce operational costs

5.0 Conclusion

The survey findings revealed the over-reliance on external funding for delivery of critical laboratory services. Most countries would struggle to sustain laboratory services beyond one year without additional support, highlighting a significant dependency on external funding for continuity of laboratory services. The results also underscore the critical importance of USG funding for laboratory services and the potential vulnerabilities that could arise from a funding pause. The results highlight the urgent need for improved accountability and efficiencies in delivery of laboratory services, contingency planning, diversification of funding sources, and increased domestic investment to ensure the sustainability of laboratory services. Other funders can play a crucial role in mitigating the impact of funding disruptions by providing emergency funding, supporting technical assistance, and facilitating knowledge sharing.

Based on this report, ASLM proposes to

- Organize and facilitate high-level consultations with political, financial, and policy leaders from Member States to reinforce the significance of diagnostics and advocate for increased budgetary allocations in this area.
- Continuously advocate for further integration of disease programs beyond HIV and TB and investigate, identify, and implement optimized models for diagnostic processes, such as pooled procurement systems, reagent and equipment bundling, and innovative purchasing approaches.
- Create a detailed diagnostics business plan and funding strategies, including Public-Private Partnership (PPP) frameworks, to address the unclear understanding of the "actual cost" and "benefits"—both direct and indirect—of diagnostics.

Appendices:

Table A1: *Key elements to support the contingency plan*

Variable	N = 8[1]
Allocation of funding from the national government budget	8 (100%)
Reallocation of funding from other non-USG sources	6 (75%)
Establishment of partnerships with private sector donors	3 (37.5%)
Strengthening of the in-country supply chain logistics	8 (100%)
Delegation of tasks to non-USG PEPFAR-funded personnel	5 (63%)
Enhanced training and capacity building for government staff and civil servants	4 (50%)
[1]n (%)- Countries that had developed/were developing contingency plans	

Table A2: *Strategies recommended for ensuring long-term sustainability*

	1 is "Least Important " and 5 is "Most Important ":					Average
Strategies	1	2	3	4	5	
Increased domestic funding	-	1 (6.3%)	-	2 (13%)	13 (81%)	4.7
Diversification of funding sources (e.g., private sector, international organizations)	-	-	2 (13%)	2 (13%)	12 (75%)	4.6
Strengthened partnerships with other stakeholders	-	-	3 (19%)	3 (19%)	10 (63%)	4.4
Improved laboratory management and efficiency	-	-	-	3 (19%)	13 (81%)	4.8
Enhanced staff training and capacity building	-	-	2 (13%)	4 (25%)	10 (63%)	4.5
Advocacy for policy changes	-	1 (6.3%)	1 (6.3%)	3 (19%)	11 (69%)	4.5

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