Nurses on the Frontlines of Collapse: Advocacy, Leadership, and HIV Care in the Wake of United States Agency for International Development's Withdrawal From Kenya, Malawi, and the Philippines

Noriel P. Calaguas, PhD, MSHSA, RN, ACRN* • Mwikali Kamami, MPH • Ellen Schell, PhD, RN • Roque Anthony F. Velasco, MS, APRN, AGPCNP-BC, CNS, PHN, CMSRN, ACRN, AAHIVS • Nathaniel Albright, PhD, RN, FNP-BC, AAHIVS

Abstract

The abrupt dissolution of United States Agency for International Development and the cessation of U.S. President's Emergency Plan for AIDS Relief funding have triggered a global health crisis, disproportionately affecting HIV services and frontline health systems across the Global South. This article explores how nurses are responding—not only by sustaining clinical care but by stepping into roles as policy advocates, organizers, and system innovators. Drawing from lived experiences in Kenya, Malawi, the Philippines, and beyond, we highlight the resilience, leadership, and moral clarity of nurses working through institutional collapse. We argue that nursing is not only a caregiving profession but also a political force essential to rebuilding global health equity. In the face of policy-driven disruption, nurses are advancing solutions grounded in community, advocacy, and cross-border solidarity.

Key words: advocacy, global health, HIV care, nursing leadership, USAID closure

> "We are living through the greatest disruption to global health financing in memory."

That's how WHO Director-General Dr. Tedros Adhanom Ghebreyesus has described this moment (World Health Organization, 2025). Since January 20, 2025, catastrophic funding cuts have shaken the field of global health, particularly HIV programs.

It began with an executive order from President Trump, halting all foreign assistance as his administration launched a review of United States Agency for International Development (USAID). The result was not a streamlined system but a dismantled one. USAID, the primary implementer of PEPFAR, was dissolved. Soon after, the United States withdrew its funding from UNAIDS, slashing what had accounted for 40% of the agency's budget. At the time of our writing, UNAIDS is preparing to close offices in 39 countries and reduce staff by 50% (UNAIDS, 2025a).

The impact on the ground has led to clinics closing, medications running short, and care faltering (Nal, 2025). According to UNAIDS, 14% of countries report less than six months of supply for at least one line of antiretroviral medications. Prevention efforts are also unraveling, with countries already facing condom and preexposure prophylaxis (PrEP) medication shortages (UNAIDS, 2025b).

Outlooks for the future are grim as UNAIDS modeling estimates that the collapse of PEPFAR-supported programming will result in 6.6 million additional HIV infections and 4.2 million more AIDS-related deaths by 2029 (UNAIDS, 2025b). This is not just a financial crisis for the HIV health care sector, it is a profound ethical failure that will erode decades of work.

And once again, the burden will fall on nurses, community health workers, and other frontline providers to hold broken systems together by keeping clinics open, stretching limited supplies, and advocating for patients.

Noriel P. Calaguas, PhD, MSHSA, RN, ACRN, is an Associate Professor, School of Nursing and Allied Medical Sciences, Holy Angel University, Angeles City, Philippines; is a Trustee, Philippine Society of Sexual and Reproductive Health Nurses, Inc., Quezon City, Philippines; and is a Co-Chair, Association of Nurses in AIDS Care—Global Committee, Washington, District of Columbia, USA. Mwikali Kamami, MPH, is the Manager of Global & Policy Initiatives, Association of Nurses in AIDS Care—Global Committee, Washington, District of Columbia, USA. Ellen Schell, PhD, RN, is a Co-Chair, Association of Nurses in AIDS Care—Global Committee, Washington, District of Columbia, USA, and Adjunct Professor, University of California San Francisco School of Nursing, San Francisco, California, USA. Roque Anthony F. Velasco, MS, APRN, AGPCNP-BC, CNS, PHN, CMSRN, ACRN, AAHIVS, is a Director-at-Large, Association of Nurses in AIDS Care—Global Committee, Washington, District of Columbia, USA. Nathaniel Albright, PhD, RN, FNP-BC, AAHIVS, is a Director-at-Large, Association of Nurses in AIDS Care—Global Committee, Washington, District of Columbia, USA.

**Corresponding author: Noriel P. Calaguas, e-mail: npcalaguas@outlook.ph*

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Nurses, community health workers, midwives, and peer educators are the backbone of HIV care in many countries. They see the immediate consequences of policy decisions, yet they are too often left out of the rooms where those policies are made.

As resources shrink, their voices and leadership are more important than ever. We will need to start recognizing them not just as providers but as leaders, organizers, and experts because their lived experience renders them essential to shaping responses that are grounded, realistic, and sustainable.

This article will spotlight just how some of those nurses and other frontline providers are already leading the charge by bridging clinical care and policy, organizing with their communities, and working with one another to find solutions.

Nurses as Policy Advocates

In the Global South, nurses are not just keeping patients alive—they are keeping health systems honest. As international HIV funding like USAID/PEPFAR gets pulled or paused, nurses are doing more than patching up the fallout. They are stepping into policy spaces, using their firsthand experience to demand systems that serve both patients and providers.

A standout example is Dr. Sheila Tlou, a nurse from Botswana who rose to become Minister of Health and later the UNAIDS Regional Director for Eastern and Southern Africa. With a background in nursing and decades of HIV/AIDS advocacy, Tlou led Botswana's groundbreaking efforts to expand access to antiretroviral therapy. She became a global voice for nurse-led, community-rooted HIV interventions, arguing that policies must reflect the realities of those delivering care on the ground. Her leadership proved that nurses can, and should, drive national HIV strategies when given a seat at the table.

Tlou's story is not isolated. Across countries like Kenya, South Africa, and Uganda, nurses have organized through "leadership hubs" and coalitions to influence national HIV responses. These initiatives, supported by research and participatory training, led to concrete gains, such as better workplace protections and more responsive care models (Edwards et al., 2016). However, many nurses still face systemic roadblocks: lack of policy training, hierarchical decision making, and poor institutional support all limit their impact (Calaguas, 2025).

The way forward? Nurses are finding power through professional associations, media storytelling, and global advocacy platforms, and now is the time to deepen and diversify these strategies. Organizations like the International Council of Nurses (ICN) and the Association of Nurses in AIDS Care (ANAC) have provided crucial leadership, from issuing bold position statements to launching international campaigns and engaging in legal action. In 2025, ANAC joined a federal lawsuit against the Trump administration for removing vital public health data and medical resources from government websites (ANAC, 2025a; 2025b). More recently, ANAC has hosted uncensored community talks to create space for frontline workers to share real-time experiences. These actions demonstrate how nursing organizations can protect public access to information, center frontline voices, and defend the ethical foundations of care. Nurses must call on their professional bodies to take similar bold steps.

At the academic and grassroots level, nurses are also leveraging storytelling to enhance political engagement. Educators have asked nursing students to write opinion pieces for newspapers, contact elected officials about health care policies, and use platforms like TikTok and Instagram to highlight urgent public health issues. These methods are more than educational tools; they are practical ways to foster a politically informed and engaged nursing workforce. In the context of a global health funding collapse, these strategies are not optional. They are urgent and necessary.

Nurses Holding the Line in Patient Care

How are nurses holding the front line of care in developing countries that have been affected by the Trump Administration's directives? If you look online or listen to the news, you will not find much about what is happening on the ground. That is because of the abrupt enactment of the stop-work order that was issued January 24, 2025. Within days, the USAID website was closed and now contains only a brief message dated February 23, 2025, putting most personnel on administrative leave (and, poignantly, adding a promise to provide information on how to retrieve personal items from the former USAID workspaces). Decades of experience and the wisdom of seasoned professionals have been lost.

Similarly, overseas offices were then shutdown and personnel dismissed with an immediate effect on programs. USAID-sponsored community health workers, the on-the-ground partners of nurses who implement and oversee critical health programs, were dismissed in droves, along with their leaders who were now dismissed from their jobs and left without offices, computers, or resources, and scrambling to get their own lives and

livelihoods in order. So, against a backdrop of chaotic noise, voices are not being heard.

What you will find online is brave and forthright leadership of nurses in positions of power such as Pamela Cipriano, President of the ICN. Dr. Cipriano described the effects of the Trump Administration's action on global health programs and called for reinstatement of funding (ICN, 2025). Our own ANAC board has issued a similarly bold statement (ANAC, 2025). You will also find the work of journalists who have documented the effects of the shutdown on workers' lives and the people they serve. Here is where we hear the voices of health workers who have been affected. In an article entitled, "We've vanished," a community health worker who served survivors of gender-based violence in South Africa told a journalist, "I loved my job. I loved the people I worked with. This job was a big part of my life … [our clients] trusted us, they knew where to go when they needed help. Who will advocate for them if we're no longer in the field?" (Joseph, 2025). She spoke on condition that her full name is not used, fearing her comments might affect future job prospects.

But nurses, especially in developing countries, are used to working in underresourced conditions, and they are tremendously resourceful, innovative, and committed. They have "grit"—that valuable quality of perseverance and passion for long-term goals. They find a way when there is no way. Because their work is demanding and is focused on serving their patients and communities, and sometimes, because of fear of reprisal when speaking out, their voices are not always heard. Below, we share some of their stories.

Regional Realities: Living the Crisis, Leading the Response

In this section, we honor the specificity of our experiences and uplift stories that reflect how nurses and communities are not only surviving but also leading. Each country's narrative brings its own challenges and sources of strength. What follows are accounts from Kenya, Malawi, and the Philippines that illustrate both devastation and resilience.

Kenya

When US support for HIV programs was paused in early 2025, the effects hit Kenya hard. It was not just hospitals or clinics that started to feel the effect; local shops, hotels, and small businesses in aid-dependent areas also started to feel them. But the biggest impact has been on health care workers and the communities they serve.

Health care workers in Kenya: Approximately 41,500 health workers—including doctors, nurses, support staff, and community health workers—were funded through US global health programs. When the funding freeze happened in February, all of them were told to stop working. By late March, only approximately 11,000 had been called back (Mersie, 2025). For many, there was simply no job to return to, clinics had shutdown, and the resources just were not there.

Those still working are really struggling. There are not enough supplies, and they are overwhelmed by the number of patients. "There are too few staff; we can't handle it," said one health care worker. Another added, "The workload has become too heavy" (Jacaranda Health, 2025).

Key Populations Left Behind: The cuts have also really hurt services for key populations, people like sex workers, people who inject drugs, and LGBTQ+ communities, who already face a lot of stigma and barriers to care. Programs that provided condoms, methadone treatment, and safe injection sites have mostly stopped. As Harm Reduction Institute (2025) reported, methadone clinics that offered critical support for opioid users have shutdown. Peer-led services—by and for members of these communities—have also taken a huge hit, leading to less psychosocial support for those who need it.

Community-Led Resilience: Even with all these challenges, many health care workers and communities are finding ways to keep going. Community health workers, along with people living with HIV and members of key populations, are stepping up—offering peer support, referrals, counseling, and treatment advice through formal and informal networks. They are also raising their voices through the media and advocacy efforts that have pushed the government to respond.

Some progress is being made. For example, in Nairobi, Ngara MAT Clinic is still up and running thanks to county support and partnerships. It is one of the few places continuing to offer methadone therapy with staff provided by Nairobi County.

Still, the picture is bleak. In a Jacaranda Health survey, one worker said, "Many people have lost their jobs, and others fear losing theirs." Another added, "health care workers are discouraged and lack motivation" (Jacaranda Health, 2025).

Malawi/GAIA Health

Malawi's experience underscores how fragile health infrastructure can be when global aid is suddenly withdrawn. In the wake of the USAID shutdown, more than 4,500 staff lost their positions, including nurses and

health diagnostic assistants who had provided essential HIV testing and care. Although the government of Malawi has responded as best it can, the effects have rippled across every aspect of HIV services, from prevention and diagnosis to treatment and outreach for key populations.

Preventative services, such as community education and the community distribution of condoms and family planning supplies have been hit hard, especially in districts that were supported by USAID. Supply chain disruptions have compounded these problems. As of this writing, antiretroviral (ART) distribution continues with minimal interruption thanks to an expedited Malawi government response and the fact that some implementing organizations have received US government waivers, allowing them to return to HIV service provision. However, if proposed US cuts to the Global Fund are enacted, ART distribution and HIV testing could be severely affected.

Local authorities have taken important steps to mitigate the fallout. District health officers have realigned staffing and reassigned duties to keep HIV testing and treatment accessible. They have also turned to trusted communication channels, including newspapers, to dispel rumors and reassure the public of the ongoing availability of HIV services (Jere, personal communication, May 21, 2025).

Injectable PrEP, once a promising addition to Malawi's prevention toolkit, illustrates the uncertainty of this moment. The trial rollout of long-acting cabotegravir faced immediate disruption after US policy changes threw funding into jeopardy (World Health Organization, 2022). In response, the government focused remaining supplies on clients who were already enrolled, particularly those who were pregnant or lactating. Still, closures and service reductions among implementing partners threaten the long-term success of this approach (UNAIDS, 2025a).

In the face of these disruptions, nurse leaders in Malawi have emerged as anchors of resilience. GAIA Global Health, which works on rural health and workforce development, had its USAID grant supporting human resources for health terminated abruptly. GAIA's country director, Joyce Jere, a nurse, spoke candidly: "When we received the stop-work order, I was sad. It was a big thing for us to have a USAID grant." But she also focused her message on strength and forward momentum. The organization had gained financial systems, evaluation capacity, and institutional maturity during the grant period. These gains, she emphasized, would not be lost. "We Malawians are resilient. We know that circumstances can change. We accept things, keep a positive attitude, and move on."

That attitude has helped GAIA sustain momentum despite uncertainty. The organization launched a fundraising campaign to ensure that students already receiving nursing scholarships, part of a program that has supported more than 600 aspiring nurses since 2008 (Schell et al., 2011), can continue their education. GAIA scholars now make up approximately 10% of Malawi's nurse workforce. The funding campaign is a stopgap, but one that shows what determined leadership can accomplish.

GAIA was also the lead implementer in Malawi for USAID's Nursing Leadership Initiative, which included plans to integrate a standardized HIV curriculum and preparation for treatment provision into nursing education. Even after the grant was terminated, GAIA raised funds to continue this curriculum work, reflecting its commitment to sustained progress in nursing education and expansion of treatment provision.

The Philippines

The shock of the US executive order reverberated quickly across the Philippines. Within days of the U.S. Department of State's announcement, PEPFAR-supported clinics began closing, disrupting vital services for HIV prevention and treatment. Nurses and outreach workers who had dedicated years to community health were abruptly laid off, and teleconsultation and PrEP delivery programs collapsed almost overnight.

But although the funding was cut, the need remained. The virus did not pause. Stigma did not vanish. Filipino nurses, familiar with working in crisis conditions, responded by innovating.

In places like Quezon City and Cebu, nurses joined forces with peer workers to launch grassroots testing programs, bringing services to beauty salons, bars, and community events (HIV/AIDS Support House, 2025). These programs aimed to meet key populations where they already gathered. Others coordinated ART deliveries to patients in far-flung provinces, often using motorbikes and volunteer support to bridge the gap left by formal systems.

Although informal, these strategies reflected deep commitment and care. Nurses adapted telePrEP programs, originally piloted with donor funds, to run on no-cost messaging platforms. What had once been pilot projects became lifelines.

Community-based organizations stepped in as well, forming solidarity networks to continue HIV care, but many of these services now require out-of-pocket costs. For marginalized groups such as transwomen, sex workers, and low-income youth, even small fees can mean the difference between access and absence.

Although medicine stockpiles hold steady for now, uncertainty looms over future deliveries, with much of the medication pipeline dependent on international funding.

Filipino nurses have taken on new roles—as system designers, public educators, policy critics, and activists. Their leadership is a form of harm reduction. Their advocacy is a form of resistance. And their courage signals a broader truth: when top–down support vanishes, it is often the nurse who steps in to hold the system together.

We do not just need nurses at the table. We need them to lead HIV care and prevention response.

Nursing Solidarity and Global Action

Across continents, nurses are beginning to recognize what our patients have always known: no one is safe until everyone is. As national safety nets unravel, the need for global nursing solidarity has never been more urgent. The interconnected nature of the HIV response means that when one link in the chain breaks, the consequences ripple far beyond borders.

Transnational platforms like the ICN and the ANAC have already begun to build this solidarity (ANAC, 2025b). From coauthored position statements to shared advocacy toolkits, these organizations create space for nurses from different countries to share strategies, amplify collective voices, and craft unified demands (ANAC, 2025a). These networks are more than symbolic; they are strategic, providing resources and momentum for coordinated global responses.

We call for intensified collaboration: joint campaigns for HIV treatment equity, the creation of global policy forums where frontline nurses can speak truth to power, and the development of a unified stance against donor withdrawal from essential health systems. We need to move from reactive statements to proactive organizing. Nursing is not just an ethical or technical vocation—it is and always has been a political force.

Now is the time to deepen those political roots and grow our collective power. As systems falter and international aid retreats, nurses are stepping forward not just as providers of care but as architects of resistance and agents of justice.

Closing Reflections

This article is more than a reflection. It is a refusal to stay silent. From the Philippines to Kenya, from Malawi to South Africa, nurses are not just coping with a crisis—we are confronting it head-on. We are resisting inequity, challenging inaction, and reimagining what HIV care must become in a world where funding can vanish overnight.

Our stories show that nurses are holding the line and leading the response. Whether advocating at policy tables, restructuring local services, or maintaining care in communities despite impossible odds, nurses are keeping health systems alive (Calaguas, 2025). These efforts are not isolated acts of heroism; they are coordinated responses grounded in years of knowledge, community trust, and deep moral commitment.

But these stories also expose a larger truth: global health equity cannot depend on the whims of politics. HIV care is not a luxury or a donation. It is a human right.

This moment calls for more than awareness. It calls for action that is specific, tangible, and sustained. Nurses everywhere can support colleagues affected by these global health cuts by engaging in advocacy that is both personal and collective. Beyond the usual advice to "contact your representative," we urge nurses to use tools like the app *5* Calls (https://5calls.org/), which helps users identify current legislative efforts and provides scripts to make impactful calls quickly and effectively. Joining professional organizations like the ANAC also offers ongoing opportunities for coordinated advocacy, knowledge sharing, and community building. ANAC members are not only issuing public statements but also taking legal action and hosting uncensored discussions that amplify real frontline voices. Becoming a member means becoming part of that movement.

These small, intentional acts—joining, calling, writing, sharing—are how we convert outrage into momentum. When harnessed together, they create a collective voice that cannot be ignored.

What helps the world helps the United States; beyond geopolitical interests lies a deeper principle: the soft diplomacy of health aid has shown the world that the wealthiest country on Earth still cares. Let us not abandon that promise.

We envision a future built on global nursing solidarity, resource equity, and health justice. The world needs nurses who are not only compassionate caregivers but also fierce advocates, organizers, and leaders. That future begins with us. And it begins now.

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