



# People to People Learning (PPL) on USAID Stop-work Order



**Stop-Work order Impact on TB High-Burden Countries**



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# Executive Summary



## Aman Shukla - Chair YOUNITE Global

On January 24, 2025, more than 1,000 organizations received stop-work orders from USAID, halting funding for critical health programs and severely impacting TB response efforts worldwide. This abrupt decision has disrupted treatment, weakened healthcare systems, and put vulnerable populations at risk in India, Zambia, Nigeria, the Philippines, Tanzania, Nepal, and Kenya.

YOUNITE Global, with support from Country Focal Points, conducted a situation analysis to assess the impact of this funding freeze on national TB programs. The findings highlight treatment interruptions, workforce reductions, and the devastating reality that people are being deprived of life-saving essentials and critical health services. This disruption puts countless lives at risk, leading to worsening health outcomes, the spread of TB, and potential humanitarian disasters. The urgent need for immediate investment and advocacy is crucial to sustaining progress toward ending TB by 2030. Immediate action is needed to restore funding, protect lives, and reinforce global TB elimination efforts.

### The following Key Findings are:

#### Global Disruptions in TB Programs:

- USAID-funded programs such as the **Health Systems for Tuberculosis (HS4TB), Challenge Facility Civil Society Grant (CFCS), and the Tuberculosis Implementation Framework Agreement (TIFA)** have been severely affected.
- Countries that relied on USAID's financial support for **TB case detection, treatment adherence, and prevention strategies** are now facing setbacks in their workplan and goals.

#### Severe Impact on Communities & Key Populations:

- The funding freeze has particularly harmed people that have vulnerabilities that reduce their access to services such as: people living in poverty, **people living with HIV (PLHIV), persons who inject drugs (PWID), female sex workers (FSW), Migrants and young key populations** who depended on community-based health services.
- In Northeast India (Manipur, Mizoram), over 1,000+ vulnerable individuals have lost access to life-saving services.

#### Youth & Community-Based Programs in Crisis:

- **Youth-led TB and HIV initiatives**, including YOUNITE Global's advocacy and training programs, have been halted.
- The closure of employment opportunities has impacted **hundreds of young health workers and volunteers**, leading to social and economic distress.

## Country-Specific Challenges as of late February 2025

- **India:** Halted programs have disrupted TB elimination efforts under the TB Mukht Bharat initiative, impacting CSOs and government collaborations.
- **Zambia:** The suspension has led to TB treatment interruptions, loss of community health workers, and even tragic cases of suicide due to economic distress.
- **Nigeria:** TB contact tracing, drug resistance surveillance, and case detection have declined, increasing multidrug-resistant TB (MDR-TB) risks.
- **Philippines:** Programs such as **TB-Free Luzon, SMART4TB**, and youth engagement initiatives have been paused, limiting access to treatment for children and young professionals.
- **Tanzania:** Over **1,409 health facilities** have paused TB services, leaving many rural communities without care.
- **Nepal:** The suspension of the **five-year USAID strategic plan (\$659 million)** has created huge uncertainty around TB control and resilience-building efforts.
- **Kenya:** The halt has affected cross-border TB control with Uganda, community TB initiatives, and the StopTB-supported CFCS Grant.

### The Way Forward:

**Urgent advocacy** is needed to restore USAID funding to avoid **reversing decades of progress in global TB and HIV response.**

Strengthening domestic health financing and **public-private partnerships** could provide alternative resources for sustaining community programs.

Global coalitions, including **UNAIDS, the Stop TB Partnership, and YOUNITE Global**, must mobilize **emergency interventions and policy negotiations** to safeguard ongoing health efforts.

**The USAID Stop-Work Order is not just a funding issue—it is a humanitarian crisis** that threatens the **health, dignity, and survival of millions worldwide.** Restoring support is crucial to ensuring the continuity of TB elimination programs and protecting marginalized communities.

## Global Impact on TB Response by Stop-TB Partnership



**Lucica Ditiu-**  
**Executive Director, Stop-TB Partnership**  
**Geneva**

The situation is evolving with changes in status and need for more clarity on timeframes and way forward. Under the current Stop TB partnership suspension, we as an organization have a waiver for the lifesaving work performed by the Global Drug Facility team in providing diagnostics and drugs to countries.

This work continues for countries procuring through GDF and using Global Fund funding, their own national funding or other non-US funding. Unfortunately, countries using USAID funds to procure drugs and diagnostics are being affected.

The biggest impact of Stop TB is linked to the funding for our more than 140 grantees, specifically communities, TB survivors, civil society organizations and national partnerships, as well as the Stop TB partnership Working Groups and Board constituencies that saw their funding stopped overnight. This has had a tremendous impact on the overall TB response, reaching the end of TB SDG, and on our partners and colleagues working at the grassroots level who constructed their teams with so much effort, and managed to raise and deliver amazing impact for people with TB and see now all their efforts stopped.

Globally, we expect an impact due to the stop work order and no work done or being disrupted for the month of February. In case this is permanent, we will see a significant setback in the TB response and achievements and a rollback to several years ago. In addition to this, the suspension of the work done for the development of new diagnosis and treatment regimens will derail the timelines to get such new tools ready and available for the rollout in countries towards ending TB.

TB is an airborne disease and knows no borders. Humanity is getting closer to ending this disease. It is still possible to do it. We hope the new US administration will support our efforts to end TB, for the safety and prosperity of the American people.

## I. Pressing Challenges—India



### Amit Singh Gusain—YOUNITE India

United States President Donald Trump signed an executive order to halt funding of USAID, which is a key funder for community and CSO; the order resulted in the operations and humanitarian efforts worldwide being suspended for 90 days. India is one of the recipients of USAID grants for **health, especially TB, which is the leading reason for death worldwide**. This decision has also impacted India's TB program. While the broader progress in India's fight against disease burden has not been significantly affected, the

The suspension of USAID support disrupted key, essential aspects that are crucial to India's overall health advancements.

In India, USAID partners with the **Central TB Division** to support the ambitious **TB Mukh Bharat** program, aiding the country in its mission to eliminate tuberculosis by 2025. This collaboration includes various projects and activities outlined below:

In India, USAID partners with the Central TB Division to support the ambitious TB Mukh Bharat program, aiding the country in its mission to eliminate tuberculosis by 2025. This collaboration includes various projects and activities outlined below:

1. **Health Systems for Tuberculosis (HS4TB):** The project focuses on health financing and governance, assisting stakeholders in enhancing contract management efficiency for engaging the private sector in TB care.
2. **The Tuberculosis Implementation Framework Agreement (TIFA)** strengthens TB forums at the state level and cultivates TB community champions.
3. The Community Accountability Framework (CAF) enhances grassroots engagement, ensuring quality TB care and addressing community concerns, achieving excellence in TB care—a quality improvement initiative with the community.
4. Challenge Facility Civil Society Grant: Through the Stop TB Partnership India, civil society organizations (CSOs) have received the CFCS Grant, playing a crucial role in strengthening the local TB response. The most recent grant, CFCS-12 Round, supported CRCS initiatives in Chhattisgarh, Odisha, and Bihar.

- 5. Key initiatives also include evaluating active case findings, analyzing Ni-Akshay DBT data for nutritional support, assessing TB in the elderly, and modernizing NTEP’s training system through the **iDEFEAT-TB project**.

With USAID support, India has made progress toward **#ENDTB** through key projects with ongoing funding, but achieving TB elimination demands continued and greater investment. The current funding halt threatens the current support to TB communities and KVP’s, innovations, and upcoming breakthroughs. In the Northeast (Manipur, Mizoram), USAID supported HIV programs that were providing services to the most vulnerable communities to TB, i.e., persons living with HIV, were affected, where **100+ staff lost their jobs**, resulting in the closure of service points for over **1,000+** vulnerable individuals, including PLHIV, PWID, FSW, and young key populations, who now lack access to essential community-friendly services.

Similarly, under the **CFCS Grant**, community organizations in **Odisha and Chhattisgarh** faced the crises of sudden stop orders, halting months of progress toward building a sustainable TB community model for the state. This disruption impacts over **30 community staff and 100+** volunteers. Such a delay and halt will splash all the investment and efforts of the community (Chhattisgarh TB Mukta Network), and it hinders the investment of USAID in the government program that will halt the major achievement of India for TB Mukta Bharat.

### **A Glimpse of the Community on the Ground—Now Shrouded in Silence**



## II. Pressing Challenges— Zambia



### Maxwell Mumba—YOUNITE Zambia

USAID was the pioneer agency in Zambia for mitigating the health and life challenges among the marginalized and vulnerable communities until January, when United States President Donald Trump signed an executive order that resulted in halting funding supporting mankind activities in the country. USAID was the key funder for community-based organizations and civil society efforts. This decision resulted in the suspension of operations and humanitarian efforts worldwide for 90 days. Zambia, a major recipient of USAID health grants, has been significantly impacted, particularly in the fight against tuberculosis (TB) and HIV.

USAID has been an instrumental donor and supporter in Zambia’s National TB program, working closely with the Ministry of Health on community-led responses and healthcare interventions. The stop-work order has negatively affected several key projects, including:

- **The TB Local Organizations Network (TB LON)** supports community-based case finding, treatment adherence, and TB preventive therapy (TPT) for people living with HIV.
- **The Community TB Care Program** works to strengthen grassroots TB response by empowering community health workers and peer educators to link TB-affected individuals with healthcare services.
- **The Integrated HIV/TB Response Program** ensures people living with HIV have uninterrupted access to TPT and comprehensive TB care. Innovative **TB Diagnostics and Treatment Programs** include the rollout of new, shorter TB preventive therapy regimens (**3HP, 1HP**) and strengthening laboratory capacity for TB detection.

The halt in USAID funding has had dire consequences for individuals like Anthony, a **32-year-old TB survivor living with HIV**. After battling drug-sensitive TB, Anthony has been a vocal advocate for TB and HIV services in his community, working as a peer supporter to help others navigate treatment. The stop-work order has left many peer supporters without funding, resulting in fewer community-based services and increasing the risk of TB treatment interruptions and loss to follow-up.

Zambia had made significant strides in TB prevention and treatment through USAID-supported initiatives. However, the sudden funding cut now threatens these hard-won gains, putting TB survivors, people living with HIV, and the broader TB-affected community at risk. Sustained investment is essential to ensuring continued progress toward Zambia's goal of ending TB. Without it, the fight against TB and HIV faces serious setbacks.

### **A Devastating Effect of the USAID Funding Halt on the Community:**

After the stop-work order, a community worker tragically took his own life by hanging himself. He was unable to cope with the pressure and the thought that all his efforts and progress in supporting his community would come to an end. The fear of seeing people suffer without essential services became unbearable for him, leading him to believe that ending his life was the only escape. **This heartbreaking incident highlights the severe impact of funding cuts on those who dedicate their lives to helping others.**



### III. Pressing Challenges—Nigeria

#### **Binta Suleiman Jalo—YOUNITE Nigeria**

USAID provides TB support to **18 states in Nigeria** under the TB **Local Organization Network (LON)** project, which comprises **342 LGAs, 2518 wards, and 6884 facilities**. USAID-supported TB interventions in Nigeria include Community **active case findings; Mobile TB diagnosis; TB treatment and monitoring services**; Support for information management systems (**SMIS**) and data analysis; advocacy for Domestic resource mobilization; Communication and social mobilization, etc.



The recent Stop Work Order issued by USAID has significantly disrupted the provision of tuberculosis (TB) and HIV-related interventions for people in Nigeria. The cessation of funding has caused widespread concern, with direct consequences on health outcomes, employment, and community well-being. In Nigeria.

TB intervention programs have suffered setbacks due to the Stop Work Order. The suspension of screening, testing, and treatment services for TB patients has heightened the risk of community transmission. People living with HIV, who are already at higher risk of **TB co-infection**, now face an increased likelihood of developing active TB due to a lack of consistent healthcare support. TB contact tracing and preventive therapy programs have stalled, jeopardizing efforts to curb the spread of the disease. Additionally, TB case managers can no longer conduct household visits, meaning that individuals with drug-resistant TB (DR-TB) may experience treatment interruptions, further exacerbating public health risks.

#### **The impacts of the order are multifaceted:**

- **Disruption of Community-Based Interventions and Case Findings Activities** - The suspension of grassroots programs has halted household visits, adherence support, and gender-based violence (GBV) prevention efforts.
- **Reduction in TB Detection Rate** - A decline in tuberculosis (TB) detection means that fewer cases are being identified and diagnosed. This could be due to reduced screening activities, inadequate diagnostic tools, disruption in health services, or lack of awareness among the population. A lower detection rate results in more undiagnosed individuals, increasing the risk of continued transmission within communities.

- **Suspension of Ongoing Drug Resistance Survey - Drug** resistance surveys are essential for monitoring the prevalence and patterns of drug-resistant TB (DR-TB), guiding treatment protocols, and informing public health strategies. When these surveys are suspended, critical data on resistance trends are lost, leading to delays in developing effective interventions and policy decisions for TB control.
- **Reduction in Personnel Support** - TB programs rely on trained healthcare workers, lab technicians, outreach workers, and community health volunteers. A reduction in personnel due to funding cuts, workforce reallocation, or burnout can lead to decreased screening, treatment, and follow-up services. This weakens the overall response to TB, delaying diagnosis and increasing the burden on remaining healthcare workers.
- **Potential Stockout of Medicines and Other Consumables** - TB treatment requires a consistent supply of anti-TB drugs, diagnostic kits, lab reagents, and other medical consumables. Supply chain disruptions, funding shortages, or logistical challenges can lead to stockouts, forcing patients to miss doses or stop treatment entirely, increasing the risk of relapse and drug resistance.
- **Increased TB Transmission Due to Undiagnosed and Untreated Cases** - When people with TB are not diagnosed and treated promptly, they continue to spread the disease, especially in crowded settings like households, workplaces, and public transportation. Delays in case detection and treatment allow TB bacteria to circulate unchecked, leading to a rise in infections.
- **Treatment Interruptions for All Forms of TB** - Continuous treatment is essential for curing TB and preventing drug resistance. Interruptions, whether due to **stockouts, displacement, conflict, or lack of access to healthcare**, can cause treatment failure, leading to prolonged illness and increased spread of the disease.
- **Risk of Increased Drug-Resistant TB** - When patients do not complete their full TB treatment course or receive inadequate dosages due to interruptions, the TB bacteria can develop resistance to first-line drugs. This leads to multidrug-resistant **TB (MDR-TB)** and **extensively drug-resistant TB (XDR-TB)**, which are harder and more expensive to treat, requiring longer treatment regimens with more severe side effects.
- **Increased Morbidity and Mortality** - A reduction in TB diagnosis and treatment leads to worsening health outcomes, with more people developing severe forms of TB. Increased morbidity (illness) results in reduced productivity, long-term health complications, and higher hospitalization rates. The above statements strongly indicate how USAID was supporting Nigeria in higher mortality (death rates) occurring due to untreated TB, particularly among vulnerable populations like those with HIV, malnutrition, or other co-morbidities.

- **Weakened Health System and Program Sustainability -**

TB control programs depend on strong health systems, financial resources, and continuous political commitment. When TB services are disrupted due to funding constraints, personnel shortages, or policy changes, it weakens the overall



The above statements strongly indicate how USAID was supporting Nigeria in eliminating TB and uplifting communities. The funding halt has affected TB services and jeopardized the well-being of entire communities. Immediate action is needed to restore support, ensure that TB programs continue to save lives, and prevent further setbacks in global health progress.



## IV Pressing Challenges—Philippines



### Joegene Mangilaya—YOUNITE Philippines

The Philippines carries **6.8% of the global tuberculosis (TB) burden**, with approximately **739,000** individuals developing TB annually. This translates to an incidence rate of around **650 cases per 100,000** population. Over the past decades, the country has made significant strides in combating TB, thanks to the dedicated efforts of the Philippine government, international donors, and civil society organizations.

However, on January 24, 2025, U.S. President Donald Trump signed an executive order imposing a 90-day pause on foreign development assistance, triggering a sweeping **"stop work"** directive for USAID-funded projects. This decision has far-reaching consequences for countries worldwide, including the Philippines.

### USAID's Role in the Philippines

The Philippines has long been a key partner of USAID, benefiting from extensive programs supporting economic growth, governance, health, education, and environmental resilience. In 2023 alone, USAID allocated approximately **\$198 million** to the Philippines, making it the second-largest recipient in the East Asia and Oceania region. These funds have played a crucial role in strengthening health initiatives, governance reforms, and educational projects.

### Immediate Consequences of the Funding Halt in County TB response

The abrupt suspension of USAID funding has led to the immediate shutdown of numerous programs, severely affecting critical services, including:

- The **TB-Free Luzon** Activity aims to expand and improve access to TB services across eight regions in Luzon. This initiative strengthens local government capacity while scaling up screening, diagnosis, prevention, and treatment efforts.
- **Impact on CSO for supporting the community-led interventions:** In the Philippines, USAID's support for **TBpeople Philippines**, a community-led TB organization dedicated to amplifying community voices, has been severely disrupted by the abrupt termination of funding. The sudden cancellation of projects and activities has resulted in major operational setbacks, including the immediate termination of newly hired staff **essential for ongoing and upcoming initiatives.**
- **SMART4TB**—a Johns Hopkins and UCSF-backed pediatric TB research project—halted recruitment, leaving children at risk.

- **Youth TB Advocacy Networks:** Programs training young TB ambassadors stopped, reducing community engagement. Community-Based TB Screening—Young volunteers assisting in detection and treatment campaigns affected.
- **HIV Testing & Counseling**—Many youth-focused testing centers closed, limiting early diagnosis and preventive care.
- **Sexual & Reproductive Health Education**—Adolescent health and HIV prevention programs lost funding.
- **TB Workplace Education**—Workplace TB awareness for young professionals ceased.
- **University & School-Based TB Awareness**—Mobilization of TB education campaigns in schools and universities halted due to the StopTB Partnership funding freeze.

This funding halt poses a significant risk not only to communities but also to the broader economy and healthcare system. The abrupt financial gap has resulted in the loss of hundreds of thousands of jobs, the suspension of countless operations, and



a severe contraction of the entire TB response system. While the Philippines will require considerable time to recover from these setbacks, it is equally crucial to resume the innovative research and advancements and community support that was essential for a sustainable TB response, previously supported by USAID. Restoring these efforts is essential to achieving global TB targets and sustaining progress in the fight against the disease.



## V. Pressing Challenges—Tanzania

### Enael Tarimo—YOUNITE Tanzania

Tanzania is a key recipient of USAID and PEPFAR grants in the African region, playing a crucial role in the fight against TB and other public health challenges. However, our community—especially the youth—is deeply concerned about the impact of the recent Stop Work Order issued by the U.S. Department of State.



This directive to suspend all foreign assistance under PEPFAR and USAID threatens the progress made in TB elimination efforts. Years of dedicated work in strengthening health services and expanding access to care are now at risk of being undone. The sudden disruption jeopardizes critical TB interventions, endangers lives, and weakens the resilience of healthcare systems that have been painstakingly built over time.

Due to the USAID stop-work order, significant impacts have already begun to emerge, affecting individuals, health facilities, and entire communities. The consequences are far-reaching and include the following:

### Disruption of Key USAID-supported TB and health Programs:

- **USAID Uhuru TB and Family Planning Facility Solutions Activity:** This initiative, which aimed to strengthen access to quality TB and family planning services in the underserved regions of Katavi, Kigoma, Rukwa, and Songwe, has been severely impacted. The halt in funding disrupts the delivery of advanced TB diagnostic equipment, early detection efforts, and treatment services, leaving many communities without essential healthcare.
- **USAID Afya Yangu Project:** A program supporting **approximately 1,409** health facilities in six southern regions of Tanzania has been forced to pause. This initiative was crucial in providing comprehensive HIV and TB services, including prevention, care, treatment, and antiretroviral therapy. With its suspension, thousands of people with TB face uncertainty in accessing life-saving treatment.
- **Tuberculosis Implementation Framework Agreement (TIFA):** A collaboration between USAID and Tanzania's National Tuberculosis and Leprosy Program (NTLP), TIFA played a critical role in addressing systemic TB control challenges. The stop order has significantly weakened TB prevention, detection, and treatment strategies at the national level, jeopardizing progress made in TB response efforts.

- **Closure of Health Facilities & Job Loss Among Healthcare Workers:** Workers—including doctors, nurses, laboratory technicians, and community health workers—are now facing mass job losses. With the suspension of clinical services, rural and underserved communities, which heavily relied on these professionals, are left without essential healthcare. The disruption not only affects livelihoods but also weakens the overall healthcare infrastructure, leading to service gaps in critical areas.
- **Decline in TB Awareness & Education Among Young People: Tanzania is estimated to have around 100,000 TB cases annually, with over 18.4k HIV-positive & TB deaths.** The stop order has significantly reduced TB education outreach, particularly among young people, one of the most vulnerable groups to TB infection. Key and vulnerable populations, such as PLHIV, PWID/PWUS who previously had access to TB awareness programs, now face heightened risks due to the lack of outreach services.
- **Economic Struggles for Young People:** A significant number of young people were employed as community health workers and dependent on these jobs for their livelihoods. With the halt in funding, they are now left without employment, exacerbating economic instability and increasing poverty in affected communities.
- **Increase in Lost-to-Follow-Up Cases & Rising Infections:** The sudden disruption in healthcare services has led to a rise in TB patients being lost to follow-up, increasing the risk of untreated infections spreading within communities. The absence of healthcare providers at facilities has resulted in a decline in patient attendance, threatening efforts to control TB and other infectious diseases.



**The halt in USAID's TB funding not only endangers individual lives but also threatens the broader public health system and economic stability of many communities. Urgent action is needed to restore these critical services and mitigate further harm.**



## VI. Pressing challenges—Nepal



### Deepak Shrestha—YOUNITE NEPAL

Nepal has benefited significantly from USAID's support in its development, reflecting the strong commitment of the U.S. to progress in the country. However, the recent aid suspension has disrupted ongoing health programs, including crucial TB control initiatives. The five-year strategic plan between the Nepal government and USAID, which committed \$659 million to various development projects, has been paused.

This pause affects numerous NGOs, civil society organizations, and CBOs involved in health initiatives, directly impacting TB programs. While there have been discussions about issuing waivers for "life-saving humanitarian assistance," the ambiguity surrounding these waivers has left many TB program operators uncertain about their applicability and has left many TB program operators in limbo.

- In 2024, USAID continued its support for **Nepal's tuberculosis (TB) control** efforts through various initiatives and collaborations. Notable programs and contributions include:
- **National Tuberculosis Control Centre (NTCC)** Support focuses on strengthening the country's TB response through policy development, capacity building, and improved surveillance.
- **USAID's Global Health Supply Chain Program-Procurement and Supply Management (GHSC-PSM):** This program supports the procurement and distribution of TB medicines and supplies in Nepal
- **Challenge TB:** This program works to improve TB case detection, treatment, and prevention in Nepal.
- **Global Resilience Against Drug-Resistant Tuberculosis (GRAD-TB):** Launched in 2024, this program aimed to improve the detection, treatment, and prevention of drug-resistant TB in USAID priority countries, including Nepal. The initiative focused on developing innovative approaches and providing specialized technical assistance to national TB programs.
- **Surveillance and Data Management:** Support was extended to strengthen TB surveillance systems, ensuring accurate data collection and analysis for informed decision-making.

- **Capacity Building:** Efforts were made to enhance the skills of healthcare workers through training programs, improving the overall quality of TB care.
- **World Tuberculosis Day 2024:** USAID collaborated with the NTCC and other partners to commemorate World TB Day on March 24, 2024. The event emphasized the theme "Yes! We can end TB!" and included programs recognizing outstanding contributions to TB management and control in Nepal.

- **Fleming Fund Country Grant for Nepal,**

- **Phase Two:** Implemented by **FHI 360**, this initiative addresses antimicrobial resistance (AMR) using a One Health approach. By enhancing laboratory capacities and surveillance systems, the project contributes to better detection



and the management of drug-resistant infections, including multidrug-resistant TB. These initiatives highlight USAID's long-standing contributions to Nepal's TB response. However, the aid suspension raises concerns about the continuity of these efforts and the future of TB control in the country. Beyond the financial consequences, the halt of HIV and TB initiatives puts the progress gained in lowering stigma and guaranteeing young people's access to treatment at risk of being undone.



## VII. Pressing challenges—Kenya



### Vivian Faith—YOUNITE Kenya

Over the years USAID has continued its commitment to fostering development in Kenya through various programs and financial allocations. The 2025 USAID stop-work order has significantly disrupted Kenya's tuberculosis (TB) control efforts. USAID-funded TB diagnosis and treatment services have been forced to close, leaving patients without access to essential medications and timely diagnoses

The halt has also interrupted the collection and transportation of sputum samples, which is very crucial for monitoring treatment efficacy. Community-based organizations connecting marginalized groups to TB services have ceased operations, and clinical trials for improved TB treatments are on hold. These disruptions jeopardize progress in combating TB in Kenya and around the world. burden.

### The key programs that are affected by the USAID stop work orders are:

- **USAID Tamatisha TB:** USAID Tamatisha TB is an above-site national mechanism that supports the National TB Leprosy and Lung Diseases Program (NTP) in Kenya to implement TB care and treatment activities in all 47 counties. This mechanism is funded by the United States Agency for International Development (USAID).

### ***Human Story: Beyond The Headlines, The Impact***

*“Having worked in a USAID-funded program through an NGO, the stop-work situation has had a profound impact on both myself and the young people in my community. Personally, it has disrupted my ability to meet basic needs such as rent, food, and clothing, creating an immense financial strain. The uncertainty has left many of us feeling hopeless and anxious about the future.*

*Beyond personal struggles, the shutdown of our service site has severely affected access to critical healthcare services, including medication. We are now being transferred to facilities where we have no prior connection or trust, making it difficult to continue receiving care. Many young people in the program are feeling stigmatized and abandoned, as these disruptions force them to navigate unfamiliar systems without adequate support.” - **Youth Advocate, Kenya***

- **Tuberculosis Implementation Framework Agreement (TIFA)**: The project aims to address the unique needs of persons affected by tuberculosis in cross-border areas. By utilizing project resources and our organizational experience, we hope to make a significant difference in improving TB case detection, treatment, and prevention. We will target, among others, key audiences and populations, including migrant populations around border points of entry/exit, men aged 25-44, and women over the age of 65 who are at higher risk of TB.
- **StopTB-supported CFCS Grant**: Kenya receives support from the USAID-funded CFCS Grant through the StopTB Partnership to strengthen community initiatives. This funding empowers communities to identify critical challenges on the ground and develop strategic roadmaps to accelerate progress toward ending TB after the fund-halting also got suspended.

### **Global Stop-Work Order: Kenya's Youth at the Center of the Crisis**

The global stop-work order on USAID-funded projects has had far-reaching effects in Kenya, where many youths and vulnerable communities were reliant on these programs for survival. The loss of employment, mentorship, and advocacy opportunities has created a humanitarian crisis, affecting the livelihoods, health, and well-being of thousands of young people. Without immediate intervention, Kenya is likely to see an increase in TB prevalence, treatment Interrupters, a surge in new HIV infections, and higher rates of teenage pregnancies, among others.

**“The USAID funding freeze is not just an economic issue; it is a humanitarian crisis that threatens to reverse the progress made in youth empowerment, TB response and HIV prevention in Kenya.” - Vivian Faith, YOUNITE Kenya**



## Call to Action: Restore Funding, Protect Lives, and Sustain Progress

**The USAID Stop-Work Order has triggered a global health crisis, putting millions at risk of TB, HIV, and other preventable diseases. The abrupt funding halt has disrupted critical healthcare programs, shut down community-led initiatives, and left Key and vulnerable populations without essential services. We cannot afford to lose decades of progress in global health.**

### **We Call on Governments, Donors, and Civil Society to Take Urgent Action**

- ◆ **USAID and U.S. Government:** Immediately reinstate funding for TB programs to prevent unnecessary deaths, treatment interruptions, and community collapse.
- ◆ **Global Health Organizations & Policymakers:** Advocate for alternative funding mechanisms and emergency financial relief to protect affected communities.
- ◆ **National Governments & Ministries of Health:** Invest in domestic health financing and strengthen partnerships to ensure continuity of essential services.
- ◆ **Philanthropic & Private Sector Partners:** Step in to bridge funding gaps, supporting youth-led and community-based programs that uplift marginalized populations.
- ◆ **Civil Society & Youth Networks:** mobilize, raise awareness, and amplify community voices to demand urgent action at national and global forums.
- ◆ **YOU—The Global Community:** Share this message, engage with decision-makers, and stand in solidarity with those affected. Your voice can save lives. Act Now. The time is running out.
- ◆ **Join the Keep the Lights On" Campaign:** TB knows no borders. We must act now to sustain progress and prevent lives from being lost. Join us—help keep the #LightsOn and fight TB together!

Restoring funding isn't just an economic decision—it's a moral imperative. We urge governments, donors, and advocates worldwide to come together and ensure that no one is left behind in the fight against TB, HIV, and global health inequities.

**📣 Join the movement. Speak up. Demand action. #EndTheCrisis  
#RestoreFunding #HealthForAll**

## A Message of Strength & Action for the TB Community & Youth



### Timur Abdullaev- Board Member- TB People Global

“ What the world needs is an increased support to end TB in line with the Political Declaration of the **2023 UN High-Level Meeting on TB**. Cutting down funding for TB does not only go against the commitments, it jeopardizes the progress achieved so far, and poses a big risk of resurgence of the epidemic - which is already killing more people than any other ”



Investing in TB means investing in pandemic preparedness

**COMMIT • INVEST • DELIVER**



Invest in TB-affected community organisations for sustainability of TB response

**COMMIT • INVEST • DELIVER**

Stop TB Partnership hosted by UNOPS #YesWeCanEndTB #CommitInvestDeliver #EndTB

Stop TB Partnership hosted by UNOPS #YesWeCanEndTB #CommitInvestDeliver #EndTB

### Information Sources:

- YOUNITE Country Focal point person
- [Global Impact of USAID Funding Halt on TB programme USAID funding freeze disrupts global tuberculosis control efforts | CIDRAP](#)
- [UNAIDS Weekly Update: Impact of US Shifts on the Global HIV Response | UNAIDS](#)
- [List of Terminated USAID Contracts and Grants:](#)

# GLOBAL YOUNITE

Youth United for Impact in TB Elimination



Let's YOUNITE for a TB Free World



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