When the funding stops: What a South African case reveals about ethics, power and resilience in global health research partnerships

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Brief description of context

In early 2025, a sudden disruption in United States (U.S.) funding destabilised South Africa's global health research landscape, which has long been recognised as one of the world's most productive hubs for HIV and TB research.[1, 2] In January, the U.S. administration cut PEPFAR/USAID aid, immediately freezing support for HIV research and implementation programmes.[3] This resulted in the termination of over 6,000 U.S.-funded grants worldwide, [4] directly affecting South African HIV and TB research programs, with the highest HIV burden globally, of an estimated 7.7 million people living with HIV.[2] By February, the U.S. Centres for Disease Control and Prevention (CDC) had paused grants supporting South African public health research programmes, threatening thousands of jobs.[5]

The most devastating blow occurred in May when the U.S. National Institutes of Health (NIH) banned all foreign subawards in its grants, effectively severing most collaborative research funding. The NIH has been a significant funder of biomedical research in South Africa, contributing an estimated R3-7 billion (USD 200-400 million) annually.[6] Before the withdrawal, about 70% of South Africa's HIV/TB research was NIH-supported.[4] The decision left at least 39 clinical trial sites, and nearly 50 active HIV and TB studies were halted or at risk [7]. Many were mid-stream, leaving participants without access to trial medications or clinical monitoring; one TB treatment trial at the University of Cape Town was terminated abruptly, with no transition plan for patients.[7]

While the U.S. has historically been a dominant contributor and partner, South Africa's research ecosystem has also been supported by multiple foreign sources, including European governments, its own government, UK aid, international agencies such as UNAIDS, and philanthropic foundations. This broader pattern across Africa highlights the systemic risks associated with overdependence on foreign financing. Sudden cuts to PEPFAR, USAID, or Global Fund contributions repeatedly disrupted antiretroviral therapy (ART) supply chains, increased transmission rates, and reversed decades of health gains.[4,8]

Beyond immediate disruptions, the funding cuts threatened to dismantle 30 years of research capacity. Institutions such as the University of the Witwatersrand projected losses of up to 30% of their research income [5], while hundreds of research staff faced retrenchment.[4]

These events were not only a financial or logistical crisis but an ethical one. They exposed how political decisions in donor capitals can destabilise the ethical and institutional foundations of entire research ecosystems, calling into question the accountability, responsibility and distributive justice of global health partnerships.

This paper examines the 2025 U.S. funding withdrawal from South Africa on global health research governance, focusing on the pressures it created within existing systems. It reflects on accountability, responsibility, and distributive justice as ethical concepts that help interpret the inequities in donor-recipient dependency revealed by the case and that offer guidance for strengthening research system resilience.

Discussion of ethical issues

The 2025 funding withdrawal exposed South Africa's research fragility and the vulnerabilities of the African health system, which is dependent on donors. It revealed the ethical limits of reliance, where donor choices can undo the progress made. Building resilience means shifting from reactive adaptation to ethical reconstruction, focusing on accountability, shared responsibility, and distributive justice.

Accountability: Who decides, and who is answerable?

The 2025 funding withdrawal exposed the dependency at the heart of South Africa's global health research ecosystem. It did not introduce a new accountability problem; instead, it revealed how vulnerable the system had long been to decisions made in donor capitals, where political shifts can instantly reshape or dismantle local research capacity. The abrupt halting of grants, clinical trials, and patient care highlighted how deeply African researchers, institutions, and participants remain tied to external decision-making.

This dependency reflects what Nguyen[9] describes as *"government-by-exception,"* where reliance on external donors allows major decisions to occur outside national accountability structures, often under claims of urgency or humanitarian need. When funding flows are externally controlled, so too are the ethical parameters of research. Key decisions are made by external actors rather than by the communities who must live with their consequences.

Crane[10] extends this insight by demonstrating that donor-controlled funding regimes do more than allocate resources; they also reshape authority and define whose expertise is valued. Through grant conditions, reporting rules, and technical criteria, donors determine who sets priorities, who leads research, and whose knowledge is institutionally recognised. Dependency on external funds thus becomes dependency on external governance, narrowing the space for African partners to exercise agency over research direction, ethics, and oversight.

These analyses show African partners are seen as implementers accountable to donors, not co-governors responsible to communities. Addressing the funding withdrawal ethically requires more than restoring funding; it demands a shift to accountability.

Responsibility: Beyond contracts to moral duty

The 2025 withdrawal in South Africa revealed that responsibility in global health research goes beyond contracts. Funding cuts halted salaries, disrupted patient follow-up, and left participants unsupported, exposing systemic fragility.[4,15] These disruptions breached ethical principles of non-abandonment, beneficence, and respect for persons.

Clinical trial participants enter studies on the understanding that their welfare will be safeguarded throughout the research process. When funding was withdrawn without transition plans, participants were left without monitoring, medications, or continuity of care. This reveals not only an operational failure but a deeper ethical tension. The external funders carried a decisive power over the continuation of care; responsibility became unevenly distributed and fractured.

In donor-dependent systems, responsibility cannot be limited to the boundaries of grant cycles or legal contracts. It is shared responsibility among funders, host institutions, and investigators, all of whom bear ethical responsibility for ensuring that participants are not harmed when any political decisions disrupt research activities.

Distributive justice: Fairness in resources, recognition, and power

Distributive justice concerns the distribution of benefits, burdens, and decision-making power in research. In South Africa, sub-award structures that limited the authority of South African investigators perpetuated dependency and inequity.[1] Local investigators often lacked control over

budgets, staffing decisions, or timelines because external funders held the primary awards. This arrangement meant that when the 2025 withdrawal occurred, South African teams bore the heaviest consequences, losing salaries, laboratory continuity, and trial infrastructure despite having had little influence over the funding decisions that precipitated the crisis.

Researchers were thus positioned as subcontractors rather than leaders, denied full autonomy over project design or resource allocation. The disease-specific orientation of donor funding, which heavily privileged HIV and TB, compounded this imbalance by directing the bulk of resources toward internationally defined priorities. This focus supported world-class HIV/TB research capacity but left other pressing health needs, such as non-communicable diseases and primary care research, underfunded and vulnerable to collapse when donor support shifted.[7] The South African 2025 withdrawal made these imbalances visible.

As Crane[10] notes, these hierarchies are not accidental but embedded in the political economy of global health research. Funding structures, authorship practices, and technical rulemaking determine whose knowledge is recognised and whose leadership is legitimised. In the South African case, U.S. funders set trial protocols, reporting requirements, and budget lines, while local researchers implemented work without equal authority to shape research agendas. When the withdrawal occurred, this unequal distribution of power directly translated into an unequal distribution of harm.

Distributive justice in global health research requires addressing both financial equity and epistemic recognition, such as valuing local expertise and influence over research. A just system ensures resource distribution, fair authorship and leadership, and capacity-building for African researchers to shape priorities and govern resources.

The principles of accountability, responsibility, and distributive justice show how dependency can distort governance and fairness in global health research.

Emerging Good Practices and Evolving Responses

South Africa's response to the 2025 donor withdrawal demonstrated both resilience and ethical innovation. Rather than allowing health research to collapse, national institutions acted swiftly to protect scientific capacity. The South African Medical Research Council (SAMRC), together with the national government and external donors, launched a R600 million (USD 33 million) Resilience Fund to support key projects affected by the withdrawal.[11, 12] The South African government contributed R400 million, while external donors contributed R200 million jointly. The initiative aimed to maintain research continuity, protect staff employment, and safeguard ongoing HIV and TB studies.[11]

Although created as an emergency measure, the Fund represented a significant ethical shift in global health partnerships. It replaced unilateral donor control with shared responsibility and mutual accountability, enabling government, universities, and international partners to co-invest and co-govern. Transparent oversight and equitable allocation strengthened public trust, while co-funding promoted collective stewardship of research integrity and participant welfare.[12]

The Resilience Fund shows that financial diversification is not only strategic but also ethical. By institutionalising co-funding, transparency, and shared decision-making, South Africa provided a model for translating ethical principles, accountability, responsibility, and justice into practical governance reforms that strengthen global health research systems.[13]

However, the South African case also highlights its own limitation. Only countries with relatively strong research infrastructures and capacity can mobilise such resources quickly. For many LMICs, similar responses may be financially unattainable. The Fund therefore demonstrates both what ethical co-governance makes possible, and why broader reforms to global financing are

needed so that all LMICs not only those with stronger national capacity can withstand sudden donor shifts.

Conclusions and recommendations

This case shows that research resilience requires both ethical and financial reform. To translate these insights into action, the table below summarises practical steps that can strengthen accountability, responsibility, and justice in future disruptions.

Stakeholder Group	Practical Recommendations
Governments	· Allocate fixed research lines in national health budgets. · Establish early-warning and emergency research-continuity mechanisms. · Diversify funding sources and build domestic co-funding capacity. · Develop regional resilience funds and harmonised ethical standards.
Funders (donor governments & agencies)	· Give advance notice of funding changes and coordinate transitions. · Provide bridge or transition grants for ongoing studies. · Co-invest with local partners and support long-term capacity-building. · Hold joint annual review forums with ministries and research institutions.
Global governance bodies & research institutions	· Support direct local management of international funds. · Implement fair authorship, data-sharing, and oversight standards. · Conduct equity audits of partnerships and funding flows. · Develop guidelines for ethical donor transitions and coordinated crisis responses.

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