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Cuts to HIV funding have attracted protests in the US. (EPA/Will Oliver)

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In January, the Trump administration ordered a broad pause on all US [funding for foreign aid](#).

Among other issues, this has significant effects on US funding for HIV. The United States has been the world's biggest donor to international HIV assistance, providing [73% of funding in 2023](#).

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A large part of this is the [US President's Emergency Plan for AIDS Relief \(PEPFAR\)](#), which oversees programs in low- and middle-income countries to prevent, diagnose and treat the virus. These programs have been [significantly disrupted](#).

What's more, recent funding cuts for international HIV assistance go beyond the US. Five countries that provide the largest amount of foreign aid for HIV — the US, the United Kingdom, France, Germany and the Netherlands — have announced cuts of between 8% and 70% to international aid in 2025 and 2026.

Together, this may mean a [24% reduction](#) in international HIV spending, in addition to the US foreign aid pause.

We wanted to know how these cuts might affect HIV infections and deaths in the years to come. In a [new study](#), we found the worst-case scenario could see more than 10 million extra infections than what we'd otherwise anticipate in the next five

years, and almost 3 million additional deaths.

What is HIV?

HIV ([human immunodeficiency virus](#)) is a virus that attacks the body's immune system. HIV [can be transmitted](#) at birth, during unprotected sex or thorough blood-to-blood contact such as shared needles.

If left untreated, HIV can progress to AIDS (acquired immunodeficiency syndrome), a condition in which the immune system is severely damaged, and which can be fatal.

HIV was the world's deadliest infectious disease [in the early 1990s](#). There's still no cure for HIV, but modern treatments allow the virus to be suppressed with a daily pill. People with HIV who continue treatment can live without symptoms and don't risk infecting others.

A sustained global effort towards awareness, prevention, testing and treatment has reduced [annual new HIV infections by 39%](#) (from 2.1 million in 2010 to 1.3 million in 2023), and annual deaths by 51% (from 1.3 million to 630,000).

Most of that drop happened in sub-Saharan Africa, where the epidemic was worst. Today, nearly two-thirds of people with HIV live in [sub-Saharan Africa](#), and nearly all live in low- and middle-income countries.

Our study

We wanted to estimate the impact of recent funding cuts from the US, UK, France, Germany and the Netherlands on HIV infections and deaths. To do this, we used our [mathematical model](#) for 26 low- and middle-income countries. The model includes data on international HIV spending as well as data on HIV cases and deaths.

These 26 countries represent roughly half of all people living with HIV in low- and middle income countries, and half of international HIV spending. We set up each country model in collaboration with national HIV/AIDS teams, so the data sources reflected the best available local knowledge. We then extrapolated our findings from the 26 countries we modelled to all low- and middle-income countries.

For each country, we first projected the number of new HIV infections and deaths that would occur if HIV spending stayed the same.

Second, we modelled scenarios for anticipated cuts based on a 24% reduction in international HIV funding for each country.

Finally, we modelled scenarios for the possible immediate discontinuation of PEPFAR in addition to other anticipated cuts.

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With the 24% cuts and PEPFAR discontinued, we estimated there could be 4.43 million to 10.75 million additional HIV infections between 2025 and 2030, and 770,000 to 2.93 million extra HIV-related deaths. Most of these would be because of cuts to treatment. For children, there could be up to an additional 882,400 infections and 119,000 deaths.

In the more optimistic scenario in which PEPFAR continues but 24% is still cut from international HIV funding, we estimated there could be 70,000 to 1.73 million extra new HIV infections and 5,000 to 61,000 additional deaths between 2025 and 2030. This would still be 50% higher than if current spending were to continue.

The wide range in our estimates reflects low- and middle-income countries committing to far more domestic funding for HIV in the best case, or broader health system dysfunction and a sustained gap in funding for HIV treatment in the worst case.

Some funding for HIV treatment may be saved by taking that money from HIV prevention efforts, but this would have other consequences.

The range also reflects limitations in the available data, and uncertainty within our analysis. But most of our assumptions were cautious, so these results likely underestimate the true impacts of funding cuts to HIV programs globally.

Sending progress backwards

If funding cuts continue, the world could face higher rates of annual new HIV infections by 2030 (up to 3.4 million) than at the peak of the global epidemic in 1995 ([3.3 million](#)).

Sub-Saharan Africa will experience by far the greatest effects due to the high proportion of HIV treatment that has relied on international funding.

In other regions, we estimate [vulnerable groups](#) such as people who inject drugs, sex workers, men who have sex with men, and trans and gender diverse people may experience increases in new HIV infections that are 1.3 to 6 times greater than the general population.

The Asia-Pacific received [US\\$591 million](#) in international funding for HIV in 2023, which is the second highest after sub-Saharan Africa. So [this region](#) would likely experience a substantial rise in HIV as a result of anticipated funding cuts.

Notably, more than [10% of new HIV infections](#) among people born in Australia are estimated to have been acquired overseas. More HIV in the region is likely to mean more HIV in Australia.

But concern is greatest for countries that are most acutely affected by HIV and AIDS, many of which will be most affected by international funding cuts.

This story appears in the **Trump's Second Term** feature series. [View the full series.](#)