Feedback for UK-CAB

Roger Pebody

1 August 2025

IAS 2025

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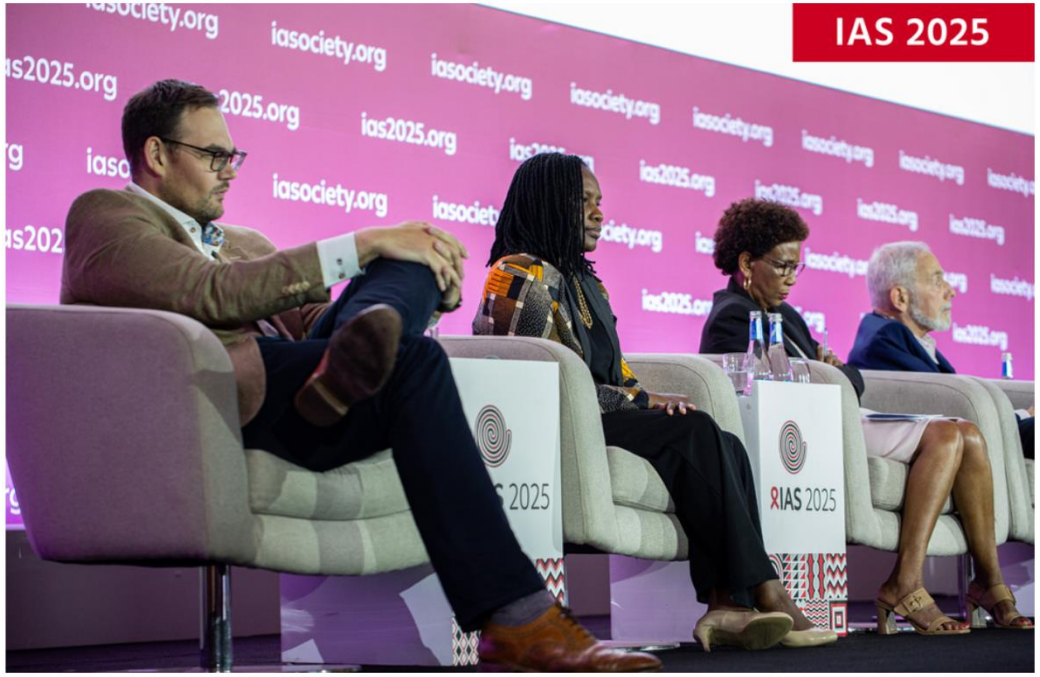
Finance & funding

US funding cuts cause immediate drops in numbers testing and on HIV treatment

International HIV funding crisis threatens millions of lives, researchers warn

Keith Alcorn | 21 July 2025 | Estimated reading time 5 minutes



Dr Dorlim Moiana Uetela (second from left), who presented the Mozambique study, at IAS 2025. Image: ©Jacques Nkinzingabo/IAS. CC BY-SA 4.0.

Cuts in US funding for HIV programmes have already led to declines in testing and treatment starts in several countries, research presented last week at the 13th International AIDS Society Conference on HIV Science (IAS 2025) in Kigali shows. Longer-term reductions in donor funding could lead to 10.8 million extra HIV infections and 2.9 million extra deaths by 2030, modelling suggests.

IAS 2025

Johannesburg, comparing Q1 2024 and Q1 2025

- HIV testing down by 8.5%
- HIV diagnoses down by 31%
- ART starts down by 30%

Mozambique, comparing Feb-May 2024 and Feb-May 2025

- ART starts down by 14%
- Viral suppression down by 33% (43% in children)

Impact of an international HIV funding crisis on HIV infections and mortality in low- and middle-income countries: a modelling study

Debra ten Brink[1], Rowan Martin-Hughes[1], Anna L Bowring[1], Nisaa Wulan[1], Kelvin Burke[1], Tom Tidhar[1], Shona Dalal[2], Nick Scott[1]

1 Burnet Institute, Melbourne, Australia

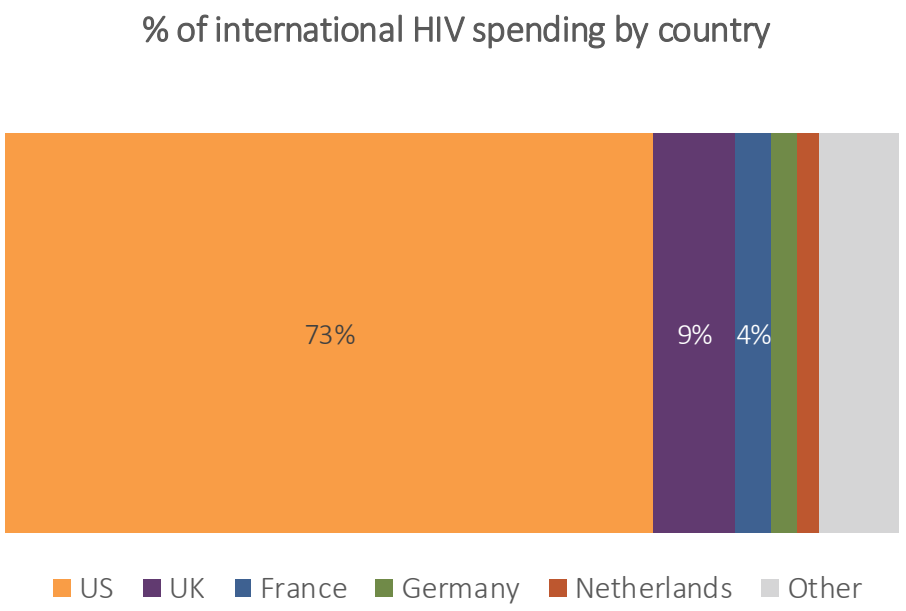
2 Department of Global HIV, Hepatitis and STIs Programmes, World Health Organization, Geneva, Switzerland

World Health Organization

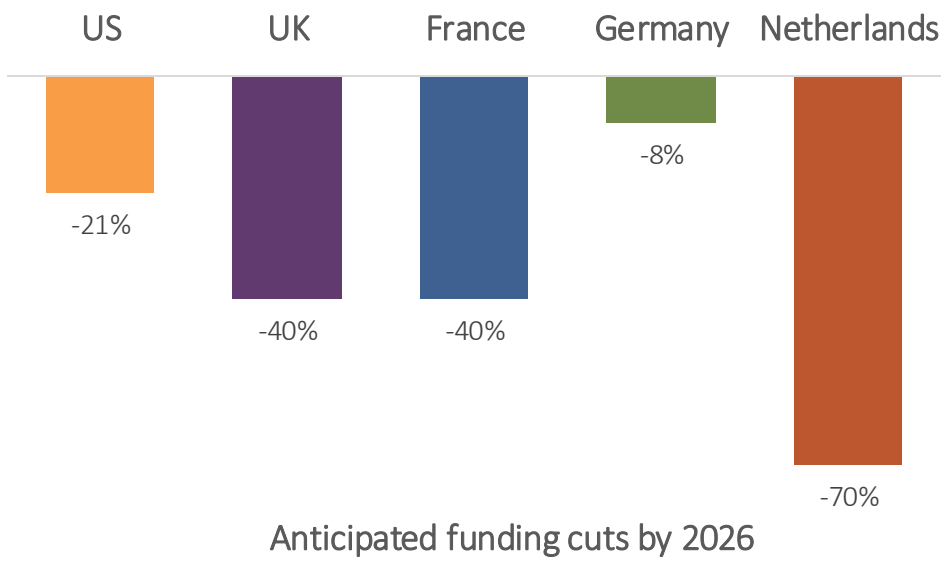
Burnet
reach for the many

Rationale: significant cuts to foreign aid announced end 2024 and early 2025

FIVE COUNTRIES MAKE UP >90% OF INTERNATIONAL HIV FUNDING[1]

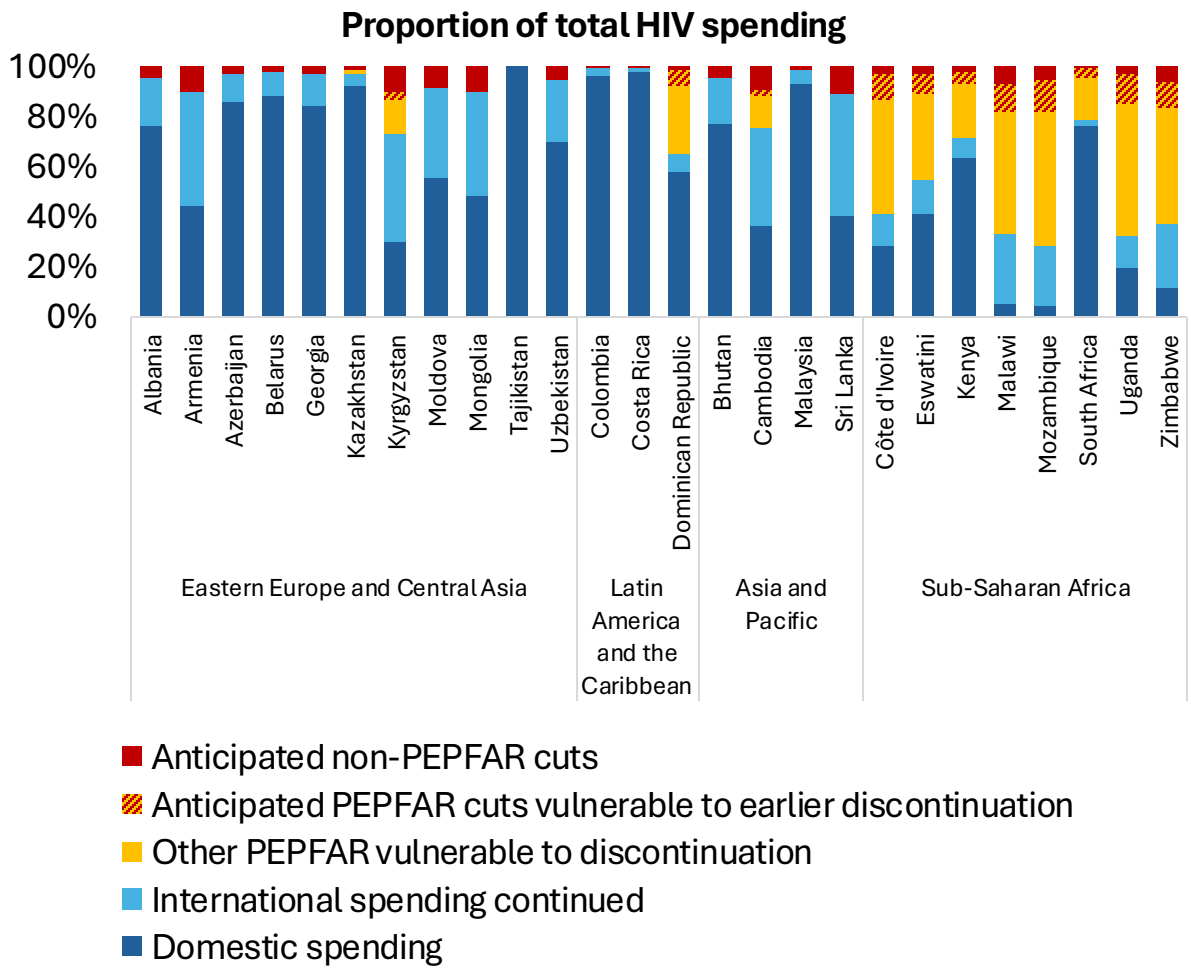


FUNDING CUTS COULD RESULT IN 24% CUT TO INTERNATIONAL HIV FUNDING



1 KFF/UNAIDS. Donor Government Funding for HIV in Low- and Middle-Income Countries in 2023

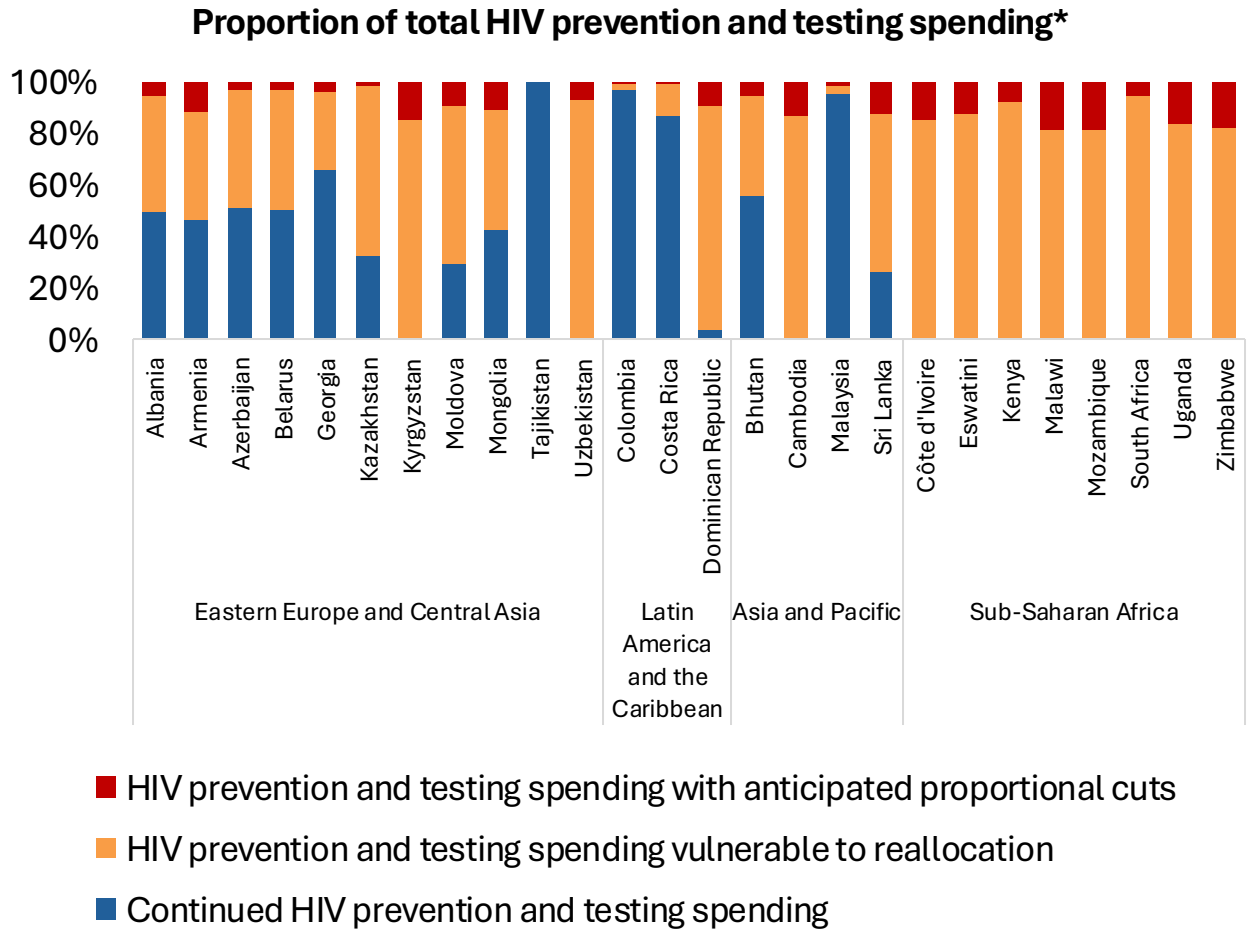
Vulnerability to funding cuts greatest in sub-Saharan Africa



Source: Based on GAM-reported spending, supplemented where domestic spending unreported

- Countries in **sub-Saharan Africa** are most exposed to international funding cuts

Vulnerability to funding cuts in all countries for prevention and testing



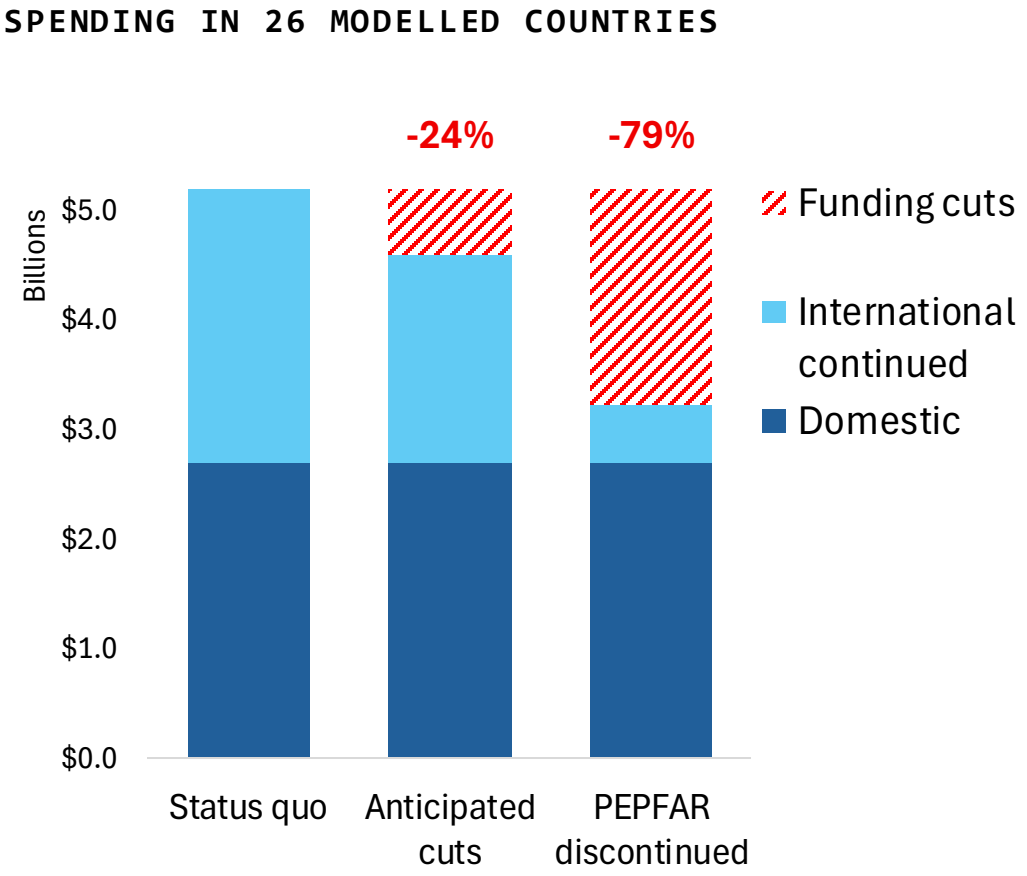
Source: Based on GAM-reported spending, supplemented where domestic spending unreported

- Countries in **sub-Saharan Africa** are most exposed to international funding cuts
- Globally, **HIV treatment and facility-based testing will be prioritized** as life-saving within national health systems
- **HIV prevention and other testing** services are more likely to be funded through international sources, and may experience the majority of cuts

(*) Spending includes modelled HIV prevention, testing, and treatment support interventions, excluding facility-based testing and treatment:

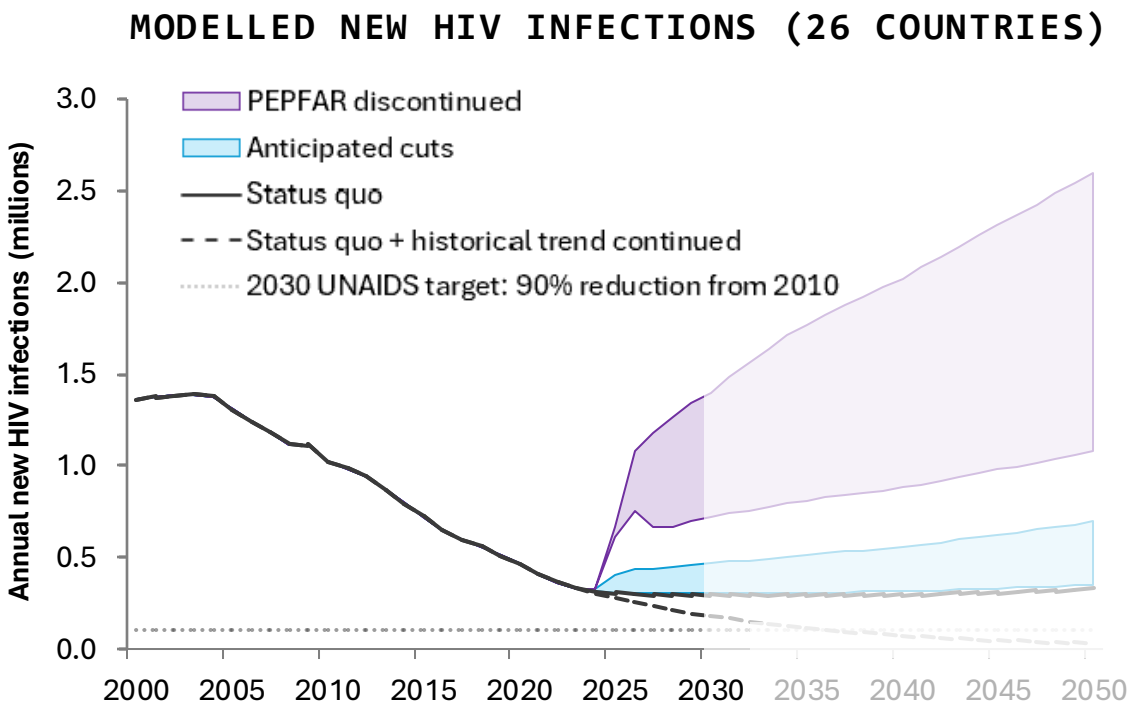
Condom programs, community-based testing, HIV self-testing, HIV prevention and testing for key populations, needle and syringe programs, PrEP, treatment linkage, retention, and adherence programs, viral load monitoring, voluntary medical male circumcision

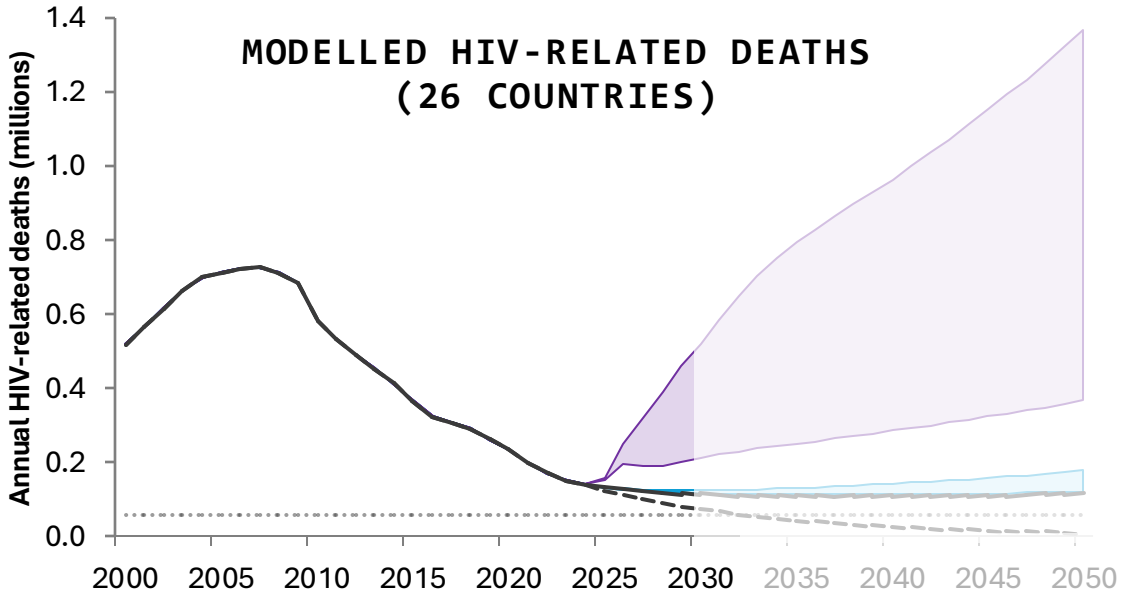
Funding scenarios modelled



1. Status quo: fixed spending on HIV testing and prevention + fixed proportion treated
2. Anticipated 24% cuts to international aid by 2026
   - Prevention and testing reduced by 24%*proportion of international funding received by country
   - Treatment and facility-based testing assumed to be maintained domestically
   - Modelled with and without mitigation
3. Immediate PEPFAR discontinuation plus anticipated cuts
   - Impacts to all HIV services including treatment and facility-based testing
   - Modelled with and without mitigation and recovery over 12-24 months

More details available in paper:ten Brink D, Martin-Hughes R et al. Lancet HIV. 2025;12(5):e346-e54.





An inflection point for global HIV spending

Extrapolated global impact in low- and middle-income countries 2025-2030 compared to status quo

PEPFAR discontinued + anticipated cuts:

- 4.4–10.8 million additional infections depending on mitigation efforts & recovery
- 770,000–2.9 million additional deaths

Anticipated cuts:

- 71,500–1.7 million additional infections (a potential 50% increase in new HIV infections over status quo)
- 5,000–61,000 additional deaths

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IAS 2025

Finance & funding

The funding scramble: countries desperately seek HIV finance solutions

Krishen Samuel | 30 July 2025 | Estimated reading time 10 minutes

Protesters at the opening ceremony of IAS 2025. ©Jean Bizimana/IAS. CC BY-SA 4.0.

How will countries fund and sustain their national HIV responses moving forward? This was a central question at the recent 13th International AIDS Society Conference on HIV Science (IAS 2025) in Kigali, Rwanda. Sweeping funding cuts from the US have wreaked havoc on many countries' national HIV responses – especially for those who were largely dependent on donor funding.

While this funding – and its associated systems, processes and people power – has been built up over decades, its removal has been swift and brutal. And while there has been a move towards

- UNAIDS say that 25 out of 60 countries have found ways to increase domestic funding for their 2026 HIV budgets.
- But AVAC report that none of 7 key African countries have committed at least 15% of national budget to health (Abuja Declaration).

Claude
https://claude.ai/new

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Health services & systems

Integration of HIV services – what does that really mean?

Edith Magak | 31 July 2025 | Estimated reading time 6 minutes

Kenneth Ngure (centre), IAS President-elect, at IAS 2025. ©Jacques Nkinzingabo/IAS. CC BY-SA 4.0.

At the 13th International AIDS Society Conference on HIV Science (IAS 2025) in Kigali, Rwanda, integration with the wider healthcare system was widely presented as a practical response to declining donor funding. But while policymakers and implementers explored different integration models, advocates warned that integration done poorly could risk undermining decades of progress in the HIV response. It was also clear there is no universal formula for integrating HIV services.

"Integration is not an all-encompassing solution to changing the HIV response. We have to stay critical about how we get services to different populations that need them," said Caroline Bulstra

IAS 2025

Service-level: delivering specific health services together at the point of care, e.g. HIV + hypertension.

Functional-level: embedding HIV services in broader financing mechanisms, data systems, supply chains, etc.

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Health services & systems

Is HIV integration a response or a death sentence? Communities demand answers

Edith Magak | 23 July 2025 | Estimated reading time 8 minutes

Yvette Raphael at IAS 2025. ©Jacques Nkinzingabo/IAS. CC BY-SA 4.0.

"When our leaders talk about integration, what do they really mean? It's hypocrisy when they tell us to use outpatient [clinics], when they know mobile clinics exist because of their criminalisation of our lives," said Yvette Raphael, Executive Director of Advocacy for Prevention of HIV in Africa, during a protest at the IAS opening ceremony. "Integration is not the solution. Let's be honest: without decriminalisation, accountability and the funding needed, integration will be a death sentence for us."

At the just-concluded 13th International AIDS Society Conference on HIV Science (IAS 2025) in Kigali, Rwanda, one of the buzzwords was integration, specifically how it can bridge the gap in HIV

IAS 2025

"When our leaders talk about integration, what do they really mean?

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At the just-concluded 13th International AIDS Society Conference on HIV Science (IAS 2025) in

IAS 2025

- Integration as a quick fix
- Moving people back to primary care clinics which don't have a good record on confidentiality and stigma

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Injectable & long-acting PrEP

Does six-monthly PrEP have a future following the collapse of global HIV funding?

Roger Pebody | 23 July 2025 | Estimated reading time 10 minutes

Carolyn Amole at IAS 2025. Image: Roger Pebody.

"Lenacapavir is a product with real transformational potential that has the power to change the history of HIV," Carolyn Amole of the Clinton Health Access Initiative (CHAI) told last week's 13th International AIDS Society Conference on HIV Science (IAS 2025) in Kigali, Rwanda. But for that potential to be achieved, it must be delivered at scale, and for that it needs to brought rapidly to market at an affordable price, she said.

This extraordinarily efficacious form of PrEP – only requiring injections every six months – arrives at a precarious time. The Trump administration's radical cuts to the global health programme PEPFAR remove the institution which funded over 90% of PrEP users worldwide and which was expected

IAS 2025

- Positive decisions from US and European drug regulators
- WHO pre-qualification (soon)
- WHO guidelines
- Global Fund deal for access to Gilead drug until generics available
- First generic lenacapavir 2027

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IAS 2025

- Under Global Fund deal, countries must make financial contribution
- Only 2 million people covered
- PrEP scale-up has relied on PEPFAR
- Vicious cycle:
  - lack of (government) orders
  - fewer generic companies
  - higher generic prices