HIV Funding Cuts Could Spur More Cases

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As Congress continues to debate the federal budget for 2026—including proposals to reduce funding for domestic HIV services—researchers have been assessing the consequences of the cuts in terms of new HIV cases, medical costs and lives lost. Funding for the Centers for Disease Control and Prevention (CDC) HIV prevention efforts, the Ending the HIV Epidemic initiative and the Ryan White HIV/AIDS Program are all at risk.

An analysis published earlier this year estimated that defunding the CDC's HIV prevention work from 2025 to 2030 could lead to more than 213,000 additional HIV cases, over $52 billion in lifetime medical expenses and more than 10,600 extra deaths.

Another analysis looked at the consequences of reduced pre-exposure prophylaxis (PrEP) use. The researchers estimated that if PrEP coverage declines by just 3% annually, more than 8,600 HIV cases would not be prevented over a decade, resulting in lifetime medical costs of $3.6 billion. Policies that increase out-of-pocket PrEP costs "risk reversing progress toward ending the HIV epidemic," the study authors wrote.

A third analysis projected what would happen if Ryan White funding is cut. The program pays for antiretroviral therapy for low-income people, which suppresses the virus and prevents onward transmission. Using mathematical modeling, the researchers predicted that ending Ryan White services could lead to over 75,000 extra HIV cases across 31 high-burden cities over the next five years—a 49% increase. "The most powerful form of prevention is making sure we treat people with HIV effectively," says senior study author Todd Fojo, MD, of the Johns Hopkins University School of Medicine.