New Study Highlights the Potential Impact of Funding Cuts on the HIV Response

Up to 2.93 million more people could die from HIV-related causes due to international aid reductions.

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A new study published in The Lancet HIV conducted by the Burnet Institute and the World Health Organization highlights the potential impact of international funding cuts on the global HIV response. The research underscores the urgent need for sustained financial support to prevent millions of new HIV infections and deaths in the coming years.

The study, which analysed data from 26 countries, found that if international support declines, an additional 4.43 to 10.75 million new HIV infections – including up to 880 000 in children – could occur by 2030. In the same period, 770 000 to 2.93 million more people could die from HIV-related causes, with up to 120 000 of these deaths affecting children.

Low- and middle-income countries could be the most affected, particularly those in sub-Saharan Africa. This region has seen tremendous progress in HIV treatment coverage for people living with HIV, pregnant women and children, and in prevention for populations at high risk of infection.

Dr. Meg Doherty, Director of WHO's Department of Global HIV, Hepatitis and Sexually Transmitted Infections Programs, emphasized the importance of international collaboration and investment in maintaining progress against HIV. "This study is a stark reminder that international cooperation and funding are essential to sustain the advances we've made in HIV prevention and treatment, as well as in developing innovative products that save lives."

Halting treatment causes a rapid increase in HIV viral load and a decline in CD4 cell count, leading to increased potential for HIV transmission and development of advanced HIV disease, respectively.

The study found that the discontinuation of HIV treatment, in scenarios where funding cuts and suspensions continued, could lead to an additional 4.4 million new infections, even if mitigation efforts resumed treatment within two years. If the available funds were redirected from HIV testing and prevention services to maintain critical treatment for people living with HIV, an additional 1.7

million new infections by 2030 would occur, compared to the status quo scenario.

Since 2015, international donors have provided around 40% of all HIV funding in low- and middle-income countries. Programs like PEPFAR and The Global Fund to Fight AIDS, Tuberculosis and Malaria have been instrumental in providing the financial, programmatic and technical support needed to implement and expand HIV services.

HIV service disruptions that have resulted from funding challenges in 2025 include staffing shortages, supply chain interruptions, and increased barriers to access for prevention and treatment services. As Dr. Doherty stated, “It is crucial to develop innovative, country-led financing strategies and integrate HIV services into broader health systems to maintain progress and prevent avoidable suffering and deaths.”

WHO remains committed to supporting national governments, community and civil society partners, and donors in adapting to changing donor support to safeguard the health and well-being of those most vulnerable to HIV, viral hepatitis and sexually transmitted infections. By building the capacity of national health systems, the global community can continue essential life-saving services and support the long-term stability of sustainable health systems.

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