Treatment Action Group Statement on Termination of HIV Vaccine Research Funding

TAG calls on Congress to demand reversal of these cuts to HIV vaccine research as well as to HIV prevention and treatment research overall.

June 9, 2025 By Treatment Action Group

On Friday May 30, it was reported that National Institutes of Health (NIH) leadership has unilaterally terminated funding for HIV vaccine development consortia that were making significant progress toward solving the stern challenge of inducing protective broadly neutralizing antibodies against the virus.[1] Just a few weeks ago on May 15, two papers published in the journal Science described the advances being made in this area.[2,3]

The consortia termination was part of a multi-pronged attack on NIH support for HIV vaccine development:

- Funding for trials sponsored by the HIV Vaccine Trials Network (HVTN) involving Moderna's mRNA platform is "paused."
- Contracts for three non-human primate vaccine evaluation units have been ended, depriving scientists of a vital tool for pre-clinical assessments of HIV vaccine candidates.
- Reports cite an inchoate rule change that appears solely designed to make it harder for independent investigators to receive grants to work on the topic: "The change, to be finalized shortly, inflates the accounting for the upfront cost of studies into HIV vaccines funded by the agency. Instead of the cost of a five-year grant being spread out over five years, the NIH plans to make HIV vaccine dollars from multi-year grants all count toward a single year … making it harder for them to get funded."[4]
- HHS has reportedly instructed NIH "not to issue any more funding in the next fiscal year for HIV

vaccine research, with only a small handful of exceptions."[4]

The cuts represent a further escalation of the slash-and-burn assault on scientific research by the current executive branch of the US government. The grants had been through multiple levels of expert peer review to be designated as fundable, a process that a White House spokesperson has ignorantly dismissed as “paying so-called ‘experts’ to deliberate bad ideas for hundreds of hours”[5] (grant reviewers receive nominal compensation for their time).

To our knowledge, never before has “NIH leadership” (as cited in articles [6]) overridden long-established competitive peer review processes by unilaterally terminating grants prior to completion. An ominous quote has been provided to several media outlets by an unnamed “NIH official”:

“NIH expects to be shifting its focus towards using currently available approaches to eliminate HIV/AIDS.”

There’s a long list of reasons why this is not just short-sighted but completely wrong. Not least is that the administration making these decisions is deliberately eliminating and withholding funding for HIV treatment and prevention programs both internationally and domestically. As a direct consequence, accessing “currently available approaches” is being made more difficult, increasing the risk that:

- More people will acquire HIV because of lack of funding for HIV prevention, particularly for the most vulnerable key populations.
- Cases of HIV acquisition will go undetected due to lack of testing and the destruction of reporting systems.
- People with HIV will not have access to effective treatment, leading to higher viral loads and disease progression, as well as increased risk of transmission.

The most efficacious “currently available approaches” for biomedical HIV prevention are long-acting injectable antiretrovirals for pre-exposure prophylaxis (PrEP), but — in addition to inaccessibility — the decision to use PrEP involves recognition of the risk of exposure to HIV.

A massive potential benefit of an HIV vaccine is that it can be implemented broadly, without consideration of perception of risk. This is the key reason why the stated goal to “eliminate HIV/AIDS” cannot be achieved without NIH support for HIV vaccine development.[7]

This attack on HIV vaccine science also raises serious questions about the role of the current HHS Secretary Robert F. Kennedy Jr, who flatly stated his endorsement of the lies of AIDS denialism just two years ago:

“There are much better candidates than HIV for what causes AIDS” – RFK Jr, New York Magazine, June 2023.

What this signifies must be stated clearly: this administration’s HHS Secretary has either not read or not understood more than three decades of peer-reviewed scientific research literature on HIV.

TAG calls on Congress to demand reversal of these cuts to HIV vaccine research – as well as to HIV prevention and treatment research overall. A Senate Appropriations committee hearing with NIH Director Jay Bhattacharya is scheduled for June 10, and these decisions must be challenged. Bhattacharya should be reminded of his statement that NIH “must maintain the highest standards of transparency in all our endeavors.”

An additional opportunity for public feedback is the Office of AIDS Research Advisory Council meeting scheduled for June 26, public comments can be submitted to: OARACinfo@nih.gov. We encourage all who recognize the critical importance of HIV vaccine research to share their views.

[1] Cohen J. ‘Devastating’: NIH cancels future funding plans for HIV vaccine consortia. Science. 2025 May 30.

[2] Caniels TG, Prabhakaran M, Ozorowski G, et al. Precise targeting of HIV broadly neutralizing antibody precursors in humans. Science. 2025 May 15:eadv5572. doi: 10.1126/science.adv5572.

[3] Willis JR, Prabhakaran M, Muthui M, et al. Vaccination with mRNA-encoded nanoparticles drives early maturation of HIV bnAb precursors in humans. Science. 2025 May 15:eadr8382. doi: 10.1126/science.adr8382.

[4] Gounder C, Tin A. Trump administration ending multiple HIV vaccine studies, scientists and officials say. CBS News. 2025 May 30.

[5] Kozlov M. NIH killed grants on orders from Elon Musk’s DOGE. Nature. 2025 May 21.

[6] Mandavilli A. Trump Administration Ends Program Critical to Search for an H.I.V. Vaccine. New York Times. 2025 May 30.

[7] Beyrer C, Tomaras GD, Gelderblom HC, et al. Is HIV epidemic control by 2030 realistic? Lancet HIV. 2024 Jul;11(7):e489-e494.

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