Experts at IAS Conference Warn Global HIV Gains at Risk Amid Sudden Funding Cuts

Researchers will present predictive modeling and real-world data from Africa and Latin America that reveal rising HIV acquisitions, stalled treatment and fragile health systems.

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IAS 2025, the 13th IAS Conference on HIV Science, taking place in Kigali, Rwanda, and virtually from 13 to 17 July, will feature an array of studies that address the current political and financial issues affecting the HIV response, including the implications for Africa and around the world.

Recent global funding cuts have fundamentally disrupted the HIV response, threatening life-saving research, prevention and care. Abstracts presented at the conference will give a detailed look at the stark impact of the cuts. They will also show how experts and advocates are working on the ground to confront these new and urgent challenges.

“This year’s conference takes place at a paradoxical moment for all of us who have dedicated our careers to ending the HIV pandemic,” IAS President Dr Beatriz Grinsztejn said. “On the one hand, we’re witnessing extraordinary scientific breakthroughs that could transform prevention and treatment and even bring us closer to a cure. On the other hand, these very advances are under threat from massive funding cuts that risk stalling clinical trials, slowing our progress, and jeopardizing the progress we’ve fought so hard to achieve.”

Now, more than ever, it is important for the world to hear directly from HIV researchers, scientists and affected communities. Today’s scientific highlights press conference featured four studies that were selected from hundreds of abstracts being presented at IAS 2025.

“The sudden cuts to US funding have been deeply felt across the African continent by the millions of people who rely on HIV prevention, testing and treatment services, and by the researchers and health workers striving to end the pandemic,” IAS President-Elect Prof Kenneth Ngure said. “The studies discussed at IAS 2025 offer real-world insights into how these actions are impacting vulnerable populations and the impact they could cause in the future.”

Modelling of the projected impact on HIV incidence, mortality and PrEP access among key populations in sub-Saharan Africa

HIV incidence and related deaths look set to significantly increase in sub-Saharan Africa as a result of funding for PrEP being halted under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), according to a pre-print modelling study, which was presented by lead author Dr Jack Stone, Associate Professor in Infectious Disease Mathematical Modelling at the University of Bristol.

PrEP funded by PEPFAR was received by nearly 700,000 people living across 28 sub-Saharan African countries by late 2024. Funding for this medicine was paused in January 2025.

The study indicates that this pause could lead to around 6,671 extra HIV acquisitions over a year and 3,617 further acquisitions over the next five years. More than 2,900 of the additional acquisitions are projected to be among gay and bisexual men who have sex with men, while more than 2,000 are shown to be among female sex workers.

Findings of the study also estimated increases in HIV acquisition levels will exceed 5% in eight of the 27 countries for men who have sex with men, two countries for people who inject drugs, five countries for trans women and six countries for female sex workers.

"Ceasing PEPFAR's funding for PrEP in sub-Saharan Africa will remove approximately 700,000 individuals from using oral PrEP. If this continued for one year, then 10,000 additional infections could occur over the next five years, with many of these infections being among gay and bisexual men who have sex with men and female sex workers," Dr Stone said. "It is crucial that funding is found to continue and expand PrEP services in sub-Saharan Africa."

Session and abstract: Co-Chair's choice: Modelling the impact of cuts in PEPFAR funding for HIV pre-exposure prophylaxis among key populations in sub-Saharan Africa, Oral (6731, Track C)

Real-time evidence from Mozambique on how funding cuts have disrupted HIV services and strained national health systems

The US funding freeze had an immediate impact on Mozambique, as detailed in the real-world study presented by Anna Grimsrud, Senior Technical Advisor at the International AIDS Society, on behalf of the study team.

Mozambique has the third highest number of people living with HIV globally, and health facilities serve approximately 2 million of the 2.4 million people living with HIV. To evaluate the impact of the US executive order on HIV services, the authors compared select indicators from the country's district health information system in February 2024 and February 2025.

They found that there was a 25% reduction in ART initiation among adults, from over 22,000 to just over 17,000, in February 2025 compared to February 2024. Among those on treatment, there was a 38% reduction in viral load tests performed. There was also a 37% reduction in test results received and a 33% reduction in the number of results showing viral suppression.

Among children, there was a 44% reduction in viral load tests, a 71% reduction in test results

received and a 43% reduction in virally suppressed results, indicating a disproportionate impact on the paediatric population.

The study projected that, if the funding interruption persists, Mozambique could see an estimated increase of 83,000 new HIV acquisitions (a 15% rise) and 14,000 additional HIV-related deaths (a 10% increase) by the year 2030.

Session and abstract: Co-Chair's choice: The impact of the U.S. funding interruption on HIV services and the HIV epidemic in Mozambique, Oral (6810, Track E)

On-the-ground report from South Africa showing how funding cuts stalled progress toward ending the HIV pandemic

In Johannesburg, South Africa, funding cuts hindered progress made toward ending the HIV epidemic, according to an abstract presented by Khensani Chauke of the Gauteng Provincial Department of Health, Pretoria, South Africa.

Johannesburg was the recipient of the Accelerating Program Achievements to Control HIV Epidemic (APACE) award, funded through PEPFAR, to support achievement of the 95-95-95 goals. However, the award was withdrawn in February 2025. This impacted key healthcare workers, including counsellors providing community-based HIV testing to vulnerable populations.

The study team assessed the impact of the award termination by comparing HIV tests, HIV diagnoses and ART initiations from 2023 to 2025. They found that testing decreased by 8.5% from Q1 2024 to Q1 2025. There was also a 31% decline in HIV diagnoses and a 30% decline in ART initiations. HIV positivity declined from 3% to 2.2%.

Session and abstract: Cascades of HIV prevention, treatment and care: Termination of the USAID APACE award in Johannesburg, South Africa: Impact on the number of people living with HIV tested, diagnosed and initiated on anti-retroviral therapy (ART) (January-March 2023-2025), Poster (6823, Track C)

Reports from organizations in 13 Latin American countries on how funding suspensions have impacted the HIV response in that region

Meg Stevenson from Johns Hopkins Bloomberg School of Public Health presented data showing how Latin American and Caribbean organizations focused on HIV have been impacted by the suspension of US foreign aid. Researchers distributed an online survey to 40 community-based HIV service organizations in Latin America and the Caribbean between 18 February and 14 March 2025. Funding cuts began in late January.

The survey found that 21 of 24 (87%) of participating organizations that reported receipt of US funding in the last year had their funds suspended. These cuts represent an average of nearly 50% of the organizations' annual budgets. In some cases, it was 100% of their budgets. Funding cuts affected programmes that were providing HIV prevention and treatment, as well as ancillary

services, to adults and children.

Session and abstract: Global and national financing, economic evaluation and sustainability: Impact of US-funding suspensions on HIV response in the Latin America and Caribbean region, Poster (6842, Track E)

Call to action for debt refinancing to protect HIV response

Zackie Achmat, founder of the Treatment Action Campaign and a member of the Global HIV Treatment Coalition, joined the press conference and shared a call to action on the urgent need for debt refinancing to protect the HIV response in low- and middle-income countries.

“You can’t end the AIDS pandemic while African nations must choose between paying creditors and saving lives,” Achmat said. “As someone who has lived with HIV for more than half my life, I have seen the cost of political inaction. We fought for treatment when the world said it was impossible. Now, the convergence of crushing debt and funding cuts threatens everything we’ve built. We need urgent debt restructuring so African countries can invest in saving lives instead of servicing debt.”

Note: The summaries above are primarily based on submitted abstracts, but in some cases, study teams have provided updated or additional information. Final data presented at the conference may change.

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