How Much Did PEPFAR Cuts Disrupt HIV Care?

More than half of PEPFAR partners reported loss of funding awards, with services for HIV prevention and key populations hit hardest.

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Cuts to PEPFAR, the President's Emergency Plan for AIDS Relief, early in President Donald Trump's second term led to severe disruptions in HIV services in countries bearing the brunt of the epidemic, according to research presented ahead of the 2026 International AIDS Conference (AIDS 2026) next week.

A new report from amfAR shows that 52% of PEPFAR implementing partners had at least one terminated funding award, and even more restricted their work to maintain funding. Services for key populations—including gay and bisexual men, transgender women, sex workers and people who use drugs—were particularly affected. A second study found that the number of children with HIV receiving PEPFAR-supported treatment fell by 14% in 2025 compared with 2024.

"These studies provide compelling new evidence that PEPFAR disruptions have had negative, far-reaching consequences, particularly for those most vulnerable people," International AIDS Society president-elect Kenneth Ngure, MPH, PhD, of Jomo Kenyatta University of Agriculture and Technology in Kenya, said in a news release.

Launched by President George W. Bush in 2003, PEPFAR is credited with saving 26 million lives worldwide and preventing nearly 8 million cases of mother-to-child HIV transmission since its inception. In 2024, with a budget of $6.5 billion, PEPFAR provided antiretroviral treatment for more than 20 million people, pre-exposure prophylaxis (PrEP) for 2.5 million people and HIV testing services for nearly 84 million people.

Since then, the Trump administration has defunded PEPFAR via an executive order that halted most foreign aid, issued a waiver to continue funding for life-saving medicine (but not PrEP), shifted the program from USAID to the Department of State, requested deep cuts that were rebuffed by Congress and stopped funding for South Africa. According to the latest PEPFAR data release, the program provided treatment for about the same number of people in 2025, but support for PrEP dropped dramatically as it was restricted to pregnant and breastfeeding women. The number of children on treatment has fallen by nearly 10% annually since 2022, which the

government attributes to a decline in those acquiring HIV.

But the amfAR PEPFAR Pulse Study shows that the top-line numbers don't tell the whole story. While the survey reached 166 implementing partners in 46 countries, presenter Elise Lankiewicz, an amfAR policy associate, noted that some of the most severely disrupted partners—such as those that were completely shut down—may have been less likely to respond, so the findings may underestimate the impact.

"The PEPFAR that survived is not necessarily the PEPFAR that existed before," Lankiewicz said at a July 21 media briefing. "On the whole, our findings document not a collapse, but a narrowing of PEPFAR services concentrated among the populations and programming that in the long term often decide whether epidemic control is won or lost."

More than three quarters of the survey respondents had at least one terminated or delayed award during 2025, and a similar proportion said they had been asked to restrict their work to comply with U.S. policy. Terminated funding led to the closure of more than 1,700 service sites and loss of over 16,000 staff members. Many partners reported that they were unable to obtain condoms (23%), lab supplies (23%), PrEP (22%) or antiretroviral drugs (20%). Among partners offering HIV treatment, 21% said they had permanently discontinued at least one clinical care activity. But prevention took the biggest hit: a 51% decrease in spending from fiscal year 2024 to 2025. Locally based partners were affected more than large international partners.

While the U.S. did not directly cut funding for PEPFAR support of HIV treatment or prevention of mother-to-child transmission, two thirds of partners providing this care still reported interruptions due to reductions in staff, supplies or infrastructure and disruptions to interconnected service systems.

What's more, PEPFAR partners reported that they were most likely to have halted or limited services for key populations vulnerable to HIV. Even among those whose awards were not terminated, 61% said they had censored their language, and over 44% had stopped offering services for specific populations in order to continue to receive funding. Among all partners providing services for key populations, 73% permanently halted at least one such service, and 67% stopped outreach services. Closed service sites included 1,010 public health facilities, 325 access points, 126 drop-in centers and 47 mobile clinics, where people from marginalized groups are more likely to seek care.

The second study, based on a newly released data, found that 77,163 fewer children with HIV received PEPFAR-supported treatment in fiscal year 2025 compared with 2024. Among 21 countries with large numbers of children on PEPFAR-supported treatment, all but one reported a drop in those receiving treatment support, with proportional declines exceeding those for adults. South Africa recorded the largest decline: 30,880 fewer children receiving treatment, or a 45% drop. Presenter Ramona Godbole, PhD, of the Heidelberg Institute of Global Health, said that these declines go beyond the expected reduction due to fewer children needing HIV care.

“Members of key populations—including gay and other men who have sex with men, trans and other gender-diverse people and others—account for more than half of all new HIV acquisitions worldwide,” Lankiewicz told POZ. “Transitioning to a more locally owned HIV response is a worthy goal, but local ownership can only succeed if it includes the communities most affected. Members of key populations are not only most impacted by HIV, they are also frequently criminalized, making individual governments unlikely to invest in programs that direct HIV prevention, care and services toward them.”

“PEPFAR has been successful because it has followed the science, not changing political winds,” she continued. “The HIV response can only maintain its four decades of progress if it continues to make evidence-based investments, and where the evidence leads us is very clear: what works is directing services to the people who are most marginalized, most at risk, or least protected by existing health systems.”

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