PrEP Advocates Denounce Draconian Cuts to Federally Funded HIV Infrastructure

The scale of what is being lost is staggering. Here's a look at the Trump Administration's proposed budget cuts to federal HIV programs.

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People living with and vulnerable to HIV, along with HIV providers, scientists, and advocates, face a draconian tipping point: the Trump Administration proposes to radically cut HIV prevention, treatment, and research for life-saving and cost-saving services and interventions. In recent weeks, several offices of critical importance to the national HIV response within the Department of Health and Human Services, or HHS, have been targeted for severe program and staffing cuts. If there were any doubt of the administration's intent to neuter federally funded HIV infrastructure, this week a leaked copy of the administration's forthcoming FY 2026 HHS budget request would clearly eviscerate funding for HIV prevention, research and other efforts to end HIV as an epidemic.

Organizers of the Save HIV Funding campaign denounce these proposed cuts and other recent changes within HHS that threaten our national progress toward ending the HIV epidemic, providing care to those living with HIV, and responding to the syndemics of viral hepatitis, [sexually transmitted infections, STIs or STDs], and TB. These are cuts intended to subsidize tax cuts for billionaires and undermine opposition. The offices and funding that are being slashed have a very clear purpose with tangible results around the nation for bringing down HIV infections, ensuring that people living with HIV are cared for, diagnosing and curing other infectious diseases such as hepatitis C, ensuring that fewer babies are born with congenital syphilis or HIV, and providing countless other services that keep our communities healthy and safe. They are staffed frequently by people who come directly from communities affected by HIV and have an expertise that cannot be replaced. A majority of this federal funding goes directly to states, counties and local clinics to support these critical services.

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- The Centers for Disease Control and Prevention (CDC)'s Division of HIV Prevention, or DHP, has

been eviscerated in recent weeks as part of so-called “reductions in force,” and, in [the April 17] budget leak, HIV prevention appeared to be completely eliminated from the HHS budget for FY 2026. Cuts to DHP, which passes along 89% of its funding directly to state and local HIV programs, will hit states such as Alabama and Mississippi particularly hard as they depend on the division to fund up to 100% of their HIV prevention efforts. According to recent analysis from amfAR, a 100% reduction in DHP funding will lead to 143,486 new HIV infections by 2030, 14,676 additional AIDS related deaths, and $60.3 billion in additional lifetime health care costs.

- A proposal in the new budget to turn other CDC funding for viral hepatitis, STDs, and TB into block grants masks devastating funding losses as “flexibility to address local needs.” These cuts will directly result in a loss of capacity to prevent and respond to viral hepatitis, STD and TB outbreaks.

- The Health Resources and Services Administration, or HRSA, has been hit hard with hundreds of key positions eliminated in the past month. Advocates are particularly concerned about the impact on two key bureaus: The HIV/AIDS Bureau, which oversees critical infrastructure for the care and treatment of people living with HIV, and the Bureau of Primary Health Care, which funds 1400 community health centers with more than 15,000 service sites in all US states and territories. In 2023, more than 31 million Americans relied on HRSA-funded centers for care. The leaked budget request shows that for HRSA dental care provider education, and innovative programs of the Ryan White program and funding for the Ending the HIV Epidemic initiative would be entirely cut, meaning that it would be likely that healthcare centers serving communities across the country would no longer be able to provide several critical HIV services.

- The Office of Infectious Disease Policy, or OIDP, which serves as the nerve center for America’s response to HIV and other critical infectious diseases, is now minimally staffed. This key office helps lead the Ending the HIV Epidemic (EHE) initiative, launched by Trump himself in his first administration, which produced a 21% reduction in new HIV infections within jurisdictions that

have received targeted EHE funding. The Trump proposed FY26 budget would collapse OIDP into the new Administration for a Healthy America, or AHA. With no transparency on what this will look like, and given overall attacks on HIV infrastructure, advocates are deeply concerned about coordination of the national HIV response going forward.

- The Substance Abuse and Mental Health Services Administration, or SAMHSA, is the only federal agency specifically charged with addressing the needs of the millions of people in this country with substance use and mental health conditions. The Trump administration seeks to eliminate funding for SAMHSA harm reduction services, threatening worse HIV and other health outcomes for communities impacted by the substance use and overdose epidemic.

- The leaked budget also proposes to eliminate the Minority AIDS Initiative, or MAI. Cuts to this program would exacerbate health disparities by eliminating support for effective interventions that improve the care, treatment, and prevention of HIV among racial and ethnic minorities nationwide.

- Much has been lost at the National Institutes of Health, or NIH, where hundreds of millions of dollars in HIV/AIDS research grants, including the entire Adolescent Medicines Trials Network (ATN), have been suddenly canceled, and critical leaders with decades of experience and expertise have been dismissed, including leaders of the National Institutes of Allergy and Infectious Diseases (NIAID), NIAID's Division of Microbiology and Infectious Diseases (DMID), the Fogarty International Center, and the NIH's lead bioethicist, Christine Grady.

- And, of course, these attacks on US-based programs, services and leaders are taking place alongside the devastation of the global HIV response through the elimination of USAID and the dramatic reduction in scope of the President's Emergency Plan for AIDS Relief (PEPFAR). The destruction of HIV/AIDS programs around the world, including in the US, are making America and the world less safe, weaker and poorer, and undermining decades of U.S. partnership and

diplomacy.

This is a slash and burn operation that has nothing to do with efficiency or effectiveness. Many people affected by HIV along with advocates have always been concerned about getting the best return on federal program dollars because having more effective and cost-efficient use of these resources leads to better outcomes for our communities and the nation. Despite chronic underfunding, the Ryan White HIV/AIDS Program, which provides critical care to 550,000 Americans living with HIV, has helped get over 90% of individuals in the program successfully on HIV treatment, far surpassing the national average of 65%. Federal funding for HIV programs routinely produces these robust results, in part due to the expertise of the very people being fired from federal service now and their results-driven partnership with affected communities.

It's important to note that since the beginning of the HIV epidemic, advocates have clearly called for changes to federal programs because they were not effective or efficient. In May of last year, HIV advocates called on HHS to sunset the Ready Set PrEP program — a program that had the goal of getting 250,000 individuals onto PrEP (an effective HIV prevention medication). However, once advocates learned that the program had only managed to provide PrEP to fewer than 10,000 people, they urged the government to stop this program and instead create a more effective and cost-efficient National PrEP Program that would address key gaps in Ready Set PrEP.

Being effective and efficient absolutely matters, but this is not what the Trump Administration seeks. Instead, it is coordinating a deliberate eradication of the national and global responses to HIV and to halt the rigorous scientific work needed to ensure HIV prevention and treatment reaches those who could most benefit and to advance promising HIV cure strategies. We call on Congress and other policy makers to reject cuts to federal programs for HIV and related prevention, treatment and research that will set the HIV response back decades. All of these programs play an important role in providing access to life-saving, cost-saving services, while sustaining and accelerating the remarkable progress we have made in controlling HIV. The US must recommit to address HIV here and abroad to save lives and to honor the commitments and leadership our nation has demonstrated over the past 4 decades. Tax cuts for billionaires and anti-science sentiments should not prevail over what has been life- and cost-saving leadership that have accomplished historic gains for the US and beyond.

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