

Impact of US financial restrictions on the HIV Epidemics

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- US has been the largest donor to global health, providing 40% of all international assistance, contributing 30% of its foreign assistance to global health.
- PEPFAR is credited with having saved 26 millions lives and enabling 7,8 millions babies to be born without HIV infection... plus reduction in all cause mortality, increase in childhood immunization, etc...
- In 2024: 20,6 million people on ARV
342.000 health workers

- January 2025: Trump's executive order: dissolution of USAID and cancellation of most foreign assistance grants.
- February 1, 2025: Limited waiver
- March 28, 2025: Administration informs the Congress of
 - permanent dissolution of USAID
 - remaining operations transferred to State Department
- September 4, 2025: PEPFAR would partner with the Global Fund to support provision of long-acting injectables PrEP up to 2 millions people by 2028.

US New Global Health Strategy

- In September 2025, the administration released the [America First Global Health Strategy](#). Per the new strategy, the U.S. will:
 - Negotiate bilateral, multi-year agreements with countries receiving PEPFAR assistance. Agreements will include co-investment by countries and aim to transition the majority of countries to full self-reliance by the end of the agreement period;
 - Provide 100% of current levels of PEPFAR funding for commodities (including antiretrovirals, diagnostics, and preventive medications) and for frontline healthcare workers through 2026 and reduced funding thereafter.
 - Rapidly reduce funding for PEPFAR activities other than health commodities and frontline health personnel.

CONSEQUENCES (1)

- Discontinuation of critical prevention, treatment and research programs.
- Cessation of clinical trials.
- Hundreds of thousands of people in distress.
- Thousands of job losses among healthcare providers and NGO's staffs.

CONSEQUENCES (2)

- Additional 6 millions new infections
- Additional 4 millions AIDS-related deaths

between 2025 and 2029
(UNAIDS projections).

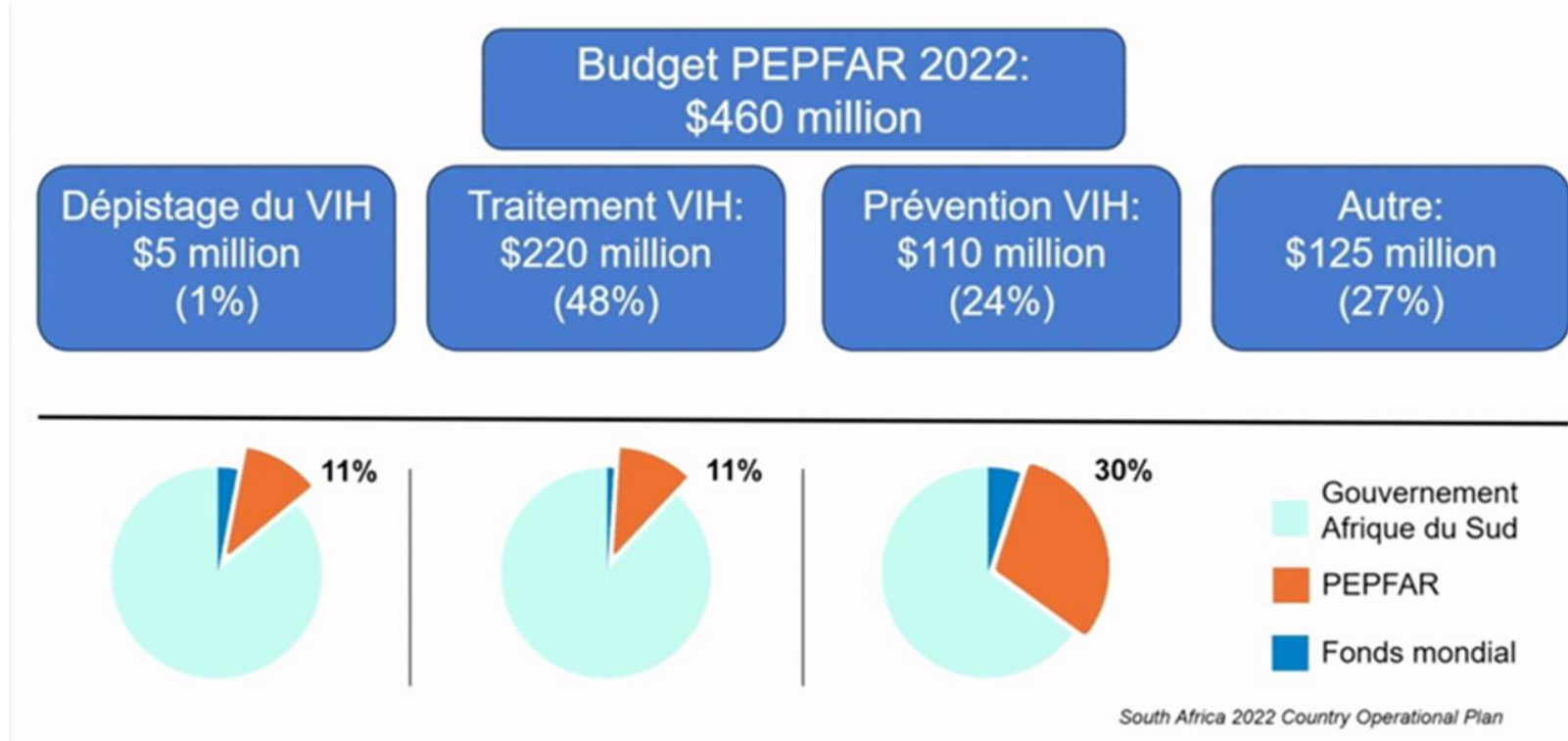
In addition significant cuts in global Official Development Aid (ODA) announced by France, UK, Germany, the Netherlands and Switzerland, in the context of the war in Ukraine.

Will drop between 9 and 17% in 2025 (9% in 2024).

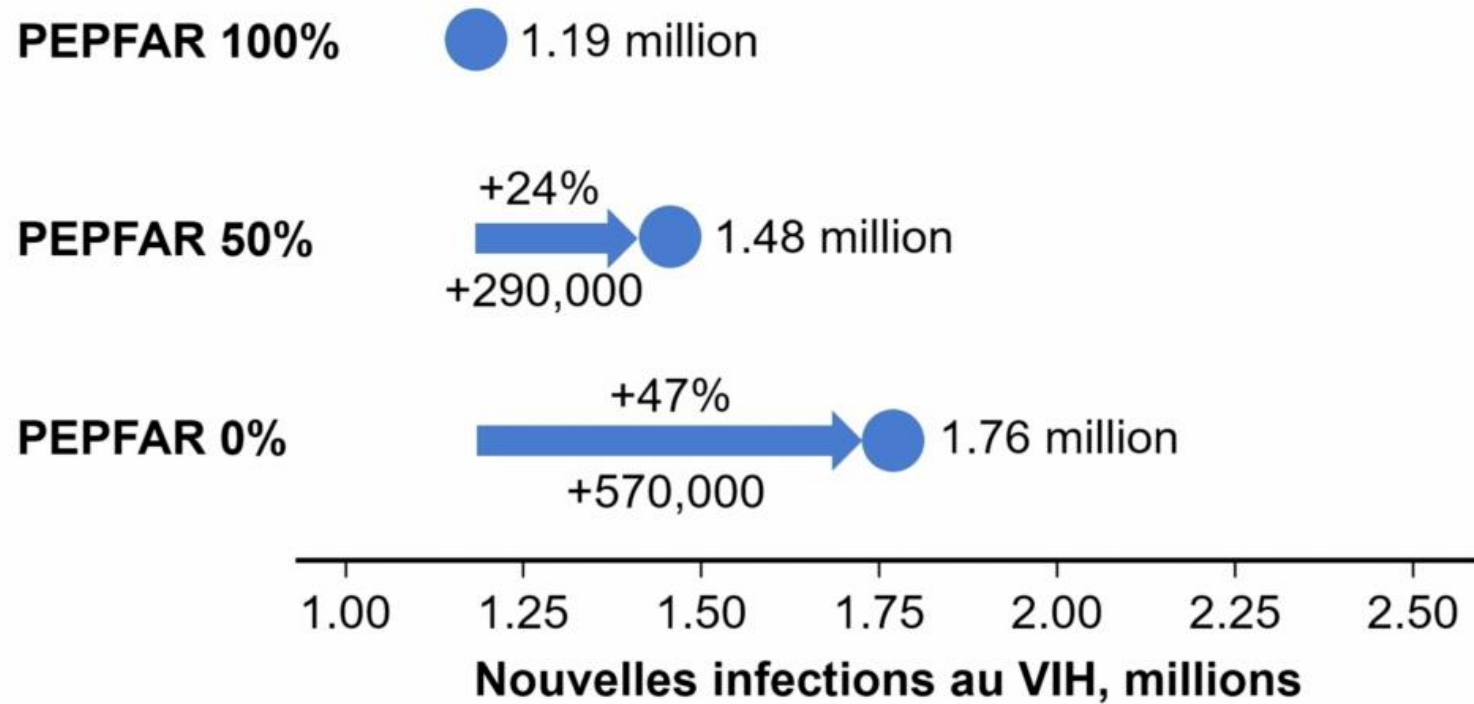
CONSEQUENCES (3)

- Major disruption to HIV response in several countries (mainly Africa).
- Cuts are hitting program activities and medical stocks, but also logistical backbone of HIV care (transports, etc...)
- Suspended community outreach services and rising levels of stigma, discrimination and mortality rates
- People living with HIV are skipping and rationing doses of antiretroviral medications, creating conditions for drug-resistant HIV strains to emerge.

PEPFAR budget allocation in South Africa

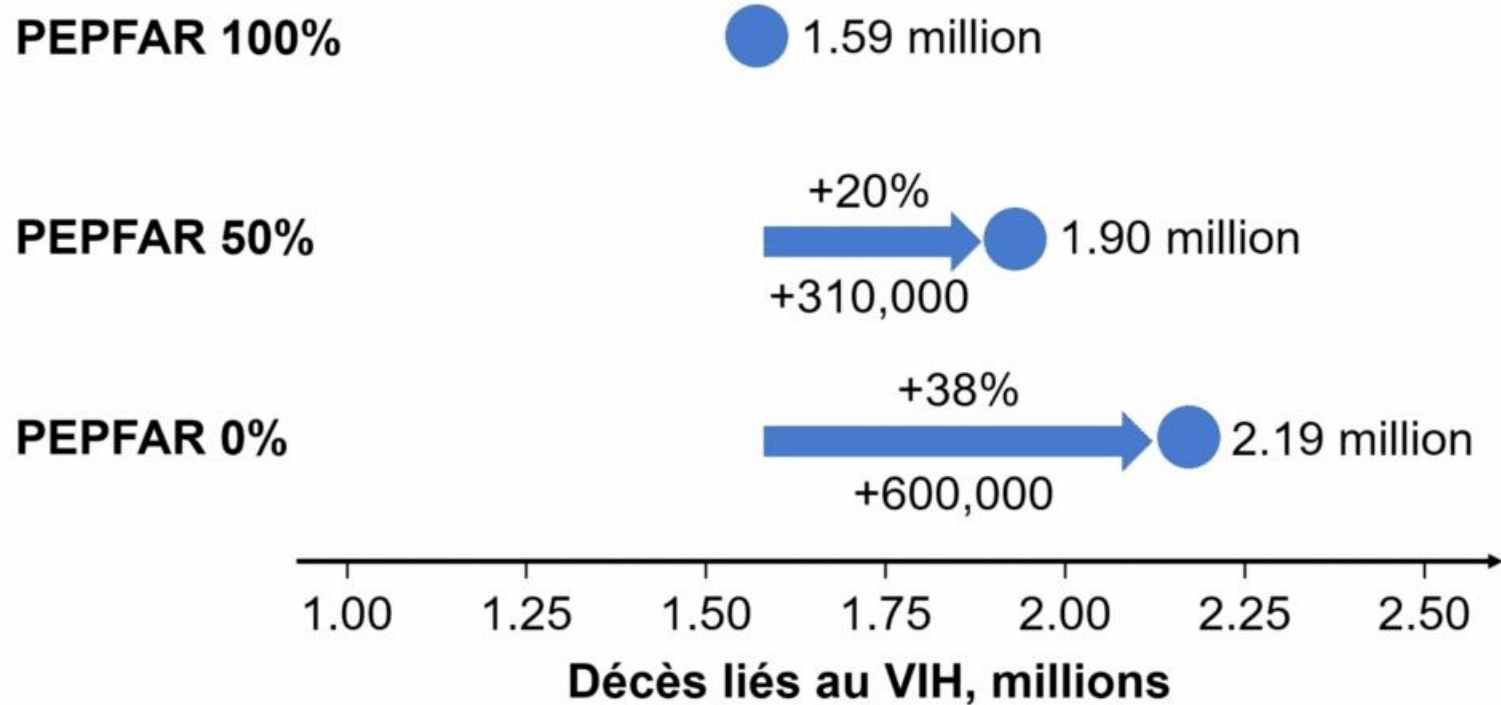


New HIV infections in South Africa (10 y)



HIV related deaths, South Africa, (10y)

Décès liés au VIH à 10 ans



Potential impact in Ivory Coast

Résultats – Côte d'Ivoire

Contribution PEPFAR \cong 60%

Retrait total du PEPFAR

- L'épidémie redémarre
- +140 000 nouvelles infections (+126%)
- +50 000 (+50%) décès liés au VIH au cours de 2025-2034 (vs maintien du PEPFAR)

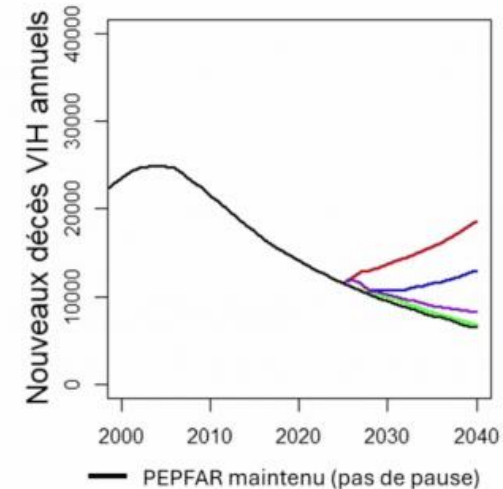
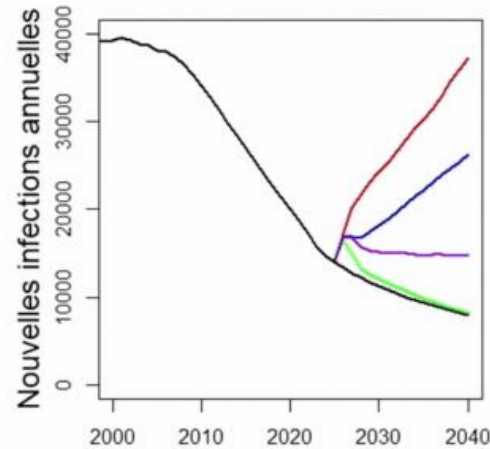
Pause (3 mois) suivi d'une reprise progressive – tous les services pour toutes/tous (1 an)

- +11 000 nouvelles infections (+10%) et
- +5 000 décès (+5%) au cours de 2025-2034
- ~160 000 années en bonne santé perdues

- Economie de ~\$60M pour le PEPFAR
- → l'économie est de ~\$400 pour chaque année en bonne santé perdue

Pause (3 mois) suivi d'une reprise progressive de certains services - traitement uniquement (1 an)

- L'épidémie redémarre car les nouvelles infections sont diagnostiquées moins rapidement



Pause (3 mois) suivi d'une reprise progressive de tous les services - sauf pour les TS et HSH (1 an)

- L'épidémie augmente puis se stabilise
- +40 000 (+40%) nouvelles infections au cours de 2025-2034

- The current crisis indicates that low- and middle income countries must take a larger burden of health spending and assume a greater role in global health decision-making and control of international funding.
- Official development Aid (ODA) should complement rather than dominate national efforts.
- This will not be easy...

Uncertainties...

- **Leadership:** The President has not yet nominated a Global AIDS Coordinator, and it is unclear when this might occur
- **Reauthorization:** It is unknown if Congress will seek to reauthorize PEPFAR, which could afford it an opportunity to propose changes to the program
- **Reorganization:** The dissolution of USAID, integration of remaining USAID global health activities into Global Health State Department, and other proposed changes at the State Department raise questions about the potential impact on PEPFAR's operations.
- **Funding/Budget Request:** The administration's 2026 budget request includes significant reductions in funding for global health, including a \$1.9 billion reduction for PEPFAR (final appropriation amounts will be determined by Congress).
- **New Global Health Strategy:** Over the next few months, it is expected that the administration will develop bilateral agreements with countries regarding PEPFAR programming and plans to scale down funding, the details of which will significantly shape the future of the global HIV response.



Benefit for the US...

For each year of life lost, Americans would
save between \$220 and \$450 ...
...in total, not per taxpayer..

**“Governments may come and go,
but the right to health is immutable
and universal, and we must
continue to fight for it.”**

Michel Kazatchkine, October 2025