



The Choice Agenda, TAG, HIVMA, AVAC and the
Federal AIDS Policy Partnership Research Working Group present:

SCIENCE IN THE CROSSHAIRS

Research Advocacy in a Time of Crisis



Webinar

Friday May 9, 2025

9 AM – 10:30 AM Eastern

Thank you for joining us today.



Run of show



Moderator:

Matthew Rose, Human Rights Campaign

Speakers:

John Meade, AVAC

Dr. Sybil Hosek, University of Illinois - Chicago

Riko Boone, TAG

Lizzy Lovinger, TAG

Dr. Nyaradzo Mgodzi, University of Zimbabwe Clinical Trials Research Centre

SCIENCE IN THE CROSSHAIRS

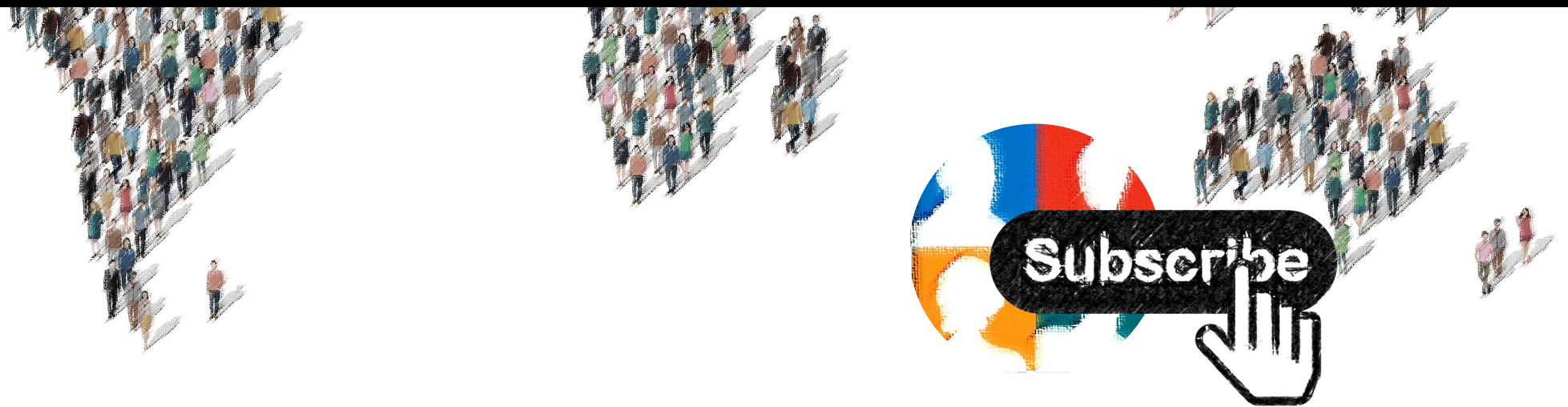


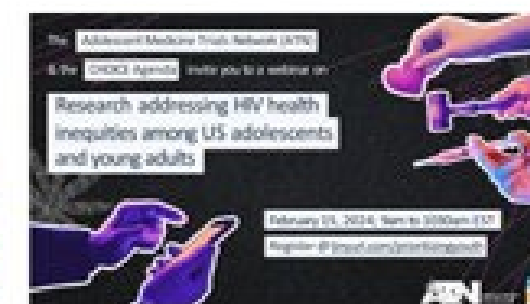
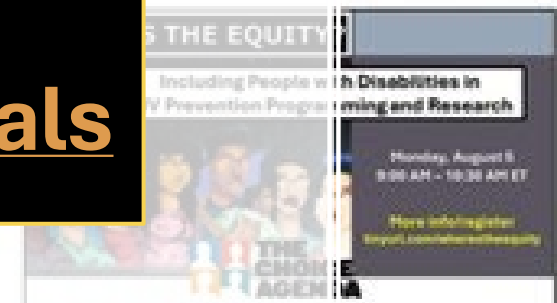
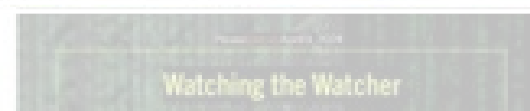
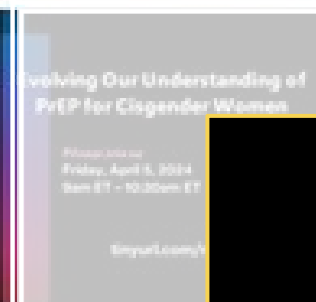
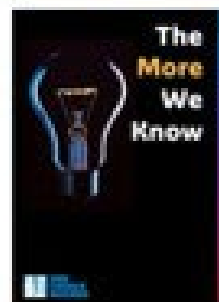
HIV prevention research - a new forum
for advocacy on the latest

avac.org/project/choice-agenda



Over **2700** individuals from **40+** countries are subscribed to **The Choice Agenda** global discussion list.





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Science in the Crosshairs: Research Advocacy in a Time of Crisis

Call to Action and Tangible Advocacy Actions

Presented by:

John Meade Jr., MPH

Senior Program Manager- Policy

May 9th, 2025 at 9:00am

What Can You Do to Mobilize & Elevate Messages

Toolkit

- After this webinar, will circulate toolkit with:
 - FY26 Advocates Guide
 - Messages
 - Advocacy “How To”
 - Research Advocacy Resources
 - Slides

Understanding the FY26 Proposed Budget

Big Picture: A Dramatic Retrenchment



Trump Proposes Slashing Domestic Spending to the Lowest Level of the Modern Era

nytimes.com

- The US administration's proposed FY26 budget marks a sweeping rollback of federal investment in health, research and global development.
- For advocates, researchers, and implementers, this proposal demands urgent attention and action.

FY26 Budget Proposes Major Funding Cuts & Policy Shifts

Significant reductions in non-defense discretionary spending

- Proposes a \$163 billion cut to non-defense discretionary spending
- The Department of Health and Human Services (HHS), which oversees NIH, faces a 26% reduction
- The proposed cuts indicate a shift toward the elimination of science and programming tied to diversity, equity, inclusion (DEI), gender, and climate with an increased emphasis on "America First" priorities- priorities that put the interests of the US and its citizens over other national and global issues.

Deep Cuts to Health and Biomedical Research

Proposed reductions threaten decades of progress and vital services

- Proposed research cuts: NIH by \$17.9 billion, CDC by \$3.59 billion, NSF by \$5.2 billion, an over 50% reduction
- PEPFAR preserved only for existing beneficiaries; excludes prevention except for pregnant and lactating populations
- Pauses US payments to WHO and other UN agencies
- HIV care, harm reduction, and health equity programs face deep cuts (e.g., Ryan White Program, SAMSHA grants)

What This Means



HIV prevention R&D and global implementation is at risk

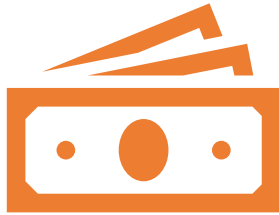


Equity-centered research threatened



PEPFAR protections are narrow

Advocacy Priorities



Monitor the full FY26 budget release for agency-level detail and justification



Engage Appropriations and other relevant Committees via coalition efforts (e.g., FAPP, GAPP, GHTC, SHF)



Support FY26 Dear Colleague letters on research and global health funding

Key Messages

1. NIH funding fuels innovation and economic growth
2. Cuts to NIH will make America poorer and sicker
3. Impact of these cuts will be devastating and reverberate widely

Advocacy to Elevate & Mobilize

What Can You Do to Mobilize & Elevate Messages

Toolkit 1

- Engage with Congress
 - Call & Email your Senators and Representative, especially if they serve on Appropriations committees
 - Organize In-State and District Meetings
 - Invite your Congressional members to visit your research lab or clinic
 - Hold Events During Congressional Recess Periods

Advocacy Asks

- **Please do not support any cuts to federal programs for HIV and TB research, HIV prevention or HIV care.** All of these programs play an important role in providing access to life-saving and cost-saving prevention and care while sustaining and accelerating the remarkable progress we have made in controlling HIV.
- **Fully fund the National Institutes of Health and the National Institutes of Allergy and Infectious Diseases and call for NIH to reverse and stop terminating research grants.**
- **Do not support the reorganization of the Department of Health and Human Services and continue to fund these programs through their current funding lines.** While there are opportunities for efficiencies, structural changes should be made with intention and input from key stakeholders, including Congress.

What Can You Do to Mobilize & Elevate Messages

Toolkit 2

- Local Advocacy Opportunities
 - Submit letters to the editor or op-eds to local papers
 - Join local podcasts that discuss current issues
 - Organize a local forum on the power and impact of research
 - Organize a local “power of research” rally and invite the local media
 - Host a virtual “advocacy power hour” to call Congressional offices

What Comes Next: Staying Activated

Upcoming Opportunities to Advocate...

Congressional Budget Hearings:

- [Health and Human Services Secretary Robert F. Kennedy, Jr testifies at House Labor, Health and Human Services \(LHHS\) Subcommittee Budget Hearing: May 14th at 9:30pm EST](#)
- [Health and Human Services Secretary Robert F. Kennedy, Jr testifies at Senate Health, Education, Labor and Pensions \(HELP\) Committee FY26 Budget Hearing: May 14th at 1:30pm EST](#)

Organizations or individuals can sign a letter to be submitted as part of the record by noon Tuesday May 13th

Sign-on Letter to Protect Federal Funding for HIV, TB and STI Research



Resources

Local Advocacy Opportunities

- Organize in-district meetings with your members of Congress
- Participate in town halls: <https://indivisible.org/town-hall-resources>
- Submit letters to the editor or op-eds to local papers: www.theopedproject.org/resources
- Join local podcasts that discuss current issues
- Organize an educational forum at a public venue in the community with other organizations and invite your members of Congress to speak and invite local media
- Invite your member of Congress to visit your institution's research lab or clinic
- Organize joint meetings or events with other research and healthcare-focused organizations
- Organize a local rally and invite the local media

NOTE: It is important to meet with your institution's government relations staff to educate them on how your program or work has been impacted and to let them know that you plan to participate in advocacy activities in your individual capacity.

Contact In-State and District Offices

- Visit Your Senators Websites to Find Local Contact Information

<https://www.senate.gov/senators/senators-contact.htm>

- Visit Your Representative's Website to Find Local Contact Information

<https://www.house.gov/representatives/find-your-representative>

Request a Meeting

- Call or email your congressional members state or district offices to request a meeting.
- Let them know you are a constituent who is an infectious diseases and/or HIV physician and researcher who would like to schedule a meeting with the Representative or Senator to discuss the abrupt cuts to research and how they are impacting your state or their Congressional district.
- **Organize the meeting with other researchers and community partners if possible.**

"I am Dr. Joanna Purple, and I am a physician and HIV researcher in Detroit, Michigan. I am calling on behalf of several community partners to request a meeting with Rep. XXX or Senator XXX to discuss how recent policy changes and cuts to research are impacting our community. We would appreciate the opportunity to meet with them on X [insert date when they will be in district] when they will be home on a state work period".

Prepare for the Meeting

- Agree on key points to cover to tell the story of the value of NIH funding to the community and local impacts of the NIH cuts
- Assign participants an issue to cover and discuss the meeting flow
- Compile local data and impact stories to share
- Close with a strong ask and offer to be a resource
- Identify a lead to send a thank you email and any follow up information requested

Close with the Asks

- Please do not support any cuts to federal programs for HIV and TB research, HIV prevention or HIV care. All of these programs play an important role in providing access to life-saving and cost-saving prevention and care while sustaining and accelerating the remarkable progress we have made in controlling HIV.
- For research — please fully fund the National Institutes of Health and the National Institutes of Allergy and Infectious Diseases and call for NIH to reverse and stop terminating research grants.
- Please do not support the reorganization of the Department of Health and Human Services and continue to fund these programs through their current funding lines. While there are opportunities for efficiencies, structural changes should be made with intention and input from key stakeholders, including Congress.

Tips for a Successful Meeting

- **Know the legislator, the district and its demographics** as well as possible. You can see their bios, recent statements and other information on their websites and social media accounts.
- **Provide information about *who you are and what you do*, and make sure the legislator/staff know how to contact you in the future.**
- **Come prepared.** Bring clinic brochures or other relevant information, such as local HIV-related data and data about how much NIH and/or HIV research funding your institution or state receives.
- **Know the “other side’s” positions and be ready to respectfully respond to them.**
- **Always come with an “ask,”** even if it is an invitation to an event or to visit your institution or clinic.
- **Make your case, briefly and persuasively.** Be specific about what you want the legislator to do and when.
- **Tell a personal story and incorporate local issues and data whenever possible to help make the point.**
- **Find ways to stay connected.** Ask to be on the legislator’s health advisory committee, receive a regular newsletter and attend local events.
- **Follow up promptly with a thank you email and any promised information for the legislators and/or staff** with whom you met.
- **Be polite but feel empowered.** As a constituent, legislators work for you and the other individuals they represent, and you have a right to talk to them and their staff about issues that concern you and impact their constituents.

Congressional Recess Periods

(Subject to Change)

Senate

- April 14 - April 25
- May 26 - May 30
- June 19, June 20; June 30 to July 4
- Aug 4 - Sept 1
- Sept 22 - Sept 26
- Oct. 2, Oct 3, Oct 13 through Oct 17
- Nov 10 - Nov 14, Nov 24 - Nov 28
- Dec 22 – Dec 31

Source: https://www.senate.gov/legislative/2025_schedule.htm

House of Representatives

- April 11 - April 25
- May 23 - June 2
- June 16 - June 20; June 30 - July 4
- July 28 - July 31
- Aug 1 - Sept 1
- Sept. 5, Sept. 12, Sept. 22 to 26
- Oct 1 - Oct 3, Oct 6, Oct 24, Oct 31

Source:

https://www.majorityleader.gov/uploadedfiles/overview_-_2025_house_calendar_-_revised_april.pdf

Senate Leadership

<https://www.senate.gov/senators/leadership.htm>

Republican Leadership



**Senate
Majority
Leader**
Thune,
John
(R-SD)



**Majority
Whip**
Barrasso,
John
(R-WY)



**Republican
Conference
Chair**
Cotton,
Tom
(R-AR)



**Republican
Policy
Committee
Chair**
Capito,
Shelley
Moore
(R-WV)



**Vice Chair
of the
Republican
Conference**
Lankford,
James
(R-OK)



**Republican
Senatorial
Committee
Chair**
Scott,
Tim
(R-SC)

Democratic Leadership



**Democratic
Leader**
**Chair of the
Conference**
Schumer,
Charles E.
(D-NY)



**Democratic
Whip**
Durbin,
Richard J.
(D-IL)



**Chair of
Steering &
Policy
Committee**
Klobuchar,
Amy
(D-MN)



**Chair of
Strategic
Communications
Committee**
Booker,
Cory A.
(D-NJ)



**Vice Chair
of the
Conference**
Warren,
Elizabeth
(D-MA)



**Vice Chair
of the
Conference**
Warner,
Mark R.
(D-VA)



**Chair of
Outreach**
Sanders,
Bernard
(I-VT)



**Democratic
Conference
Secretary**
Baldwin,
Tammy
(D-WI)



**Vice Chair
of
Outreach**
Cortez
Mastro,
Catherine
(D-NV)



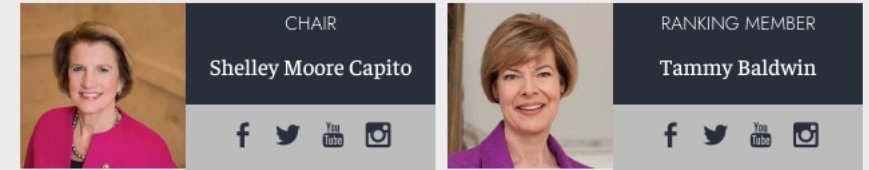
Susan Collins, (R-ME)
Appropriation Committee
Chair



Patty Murray (D-WA)
Appropriations Committee
Vice Chair

Senate
Appropriations
Committee

Labor, Health and Human Services,
Education, and Related Agencies



Senate LHHS
Appropriations
Subcommittee

MAJORITY MEMBERS



MINORITY MEMBERS



House Leadership

Speaker of the House



Rep. Mike Johnson

Elected by the whole of the House of Representatives, the Speaker acts as leader of the House and combines several roles: the institutional role of presiding officer and administrative head of the House, the role of leader of the majority party in the House, and the representative role of an elected member of the House. The Speaker of the House is second in line to succeed the President, after the Vice President.

Republican Leadership



Majority Leader

Rep. Steve Scalise

Represents Republicans on the House floor.



Majority Whip

Rep. Tom Emmer

Assists leadership in managing party's legislative program.



Republican Conference Chairman

Rep. Lisa McClain

Heads organization of all Republican Party members in the House.



Republican Policy Committee Chairman

Rep. Kevin Hern

Heads Conference forum for policy development.

Democratic Leadership



Democratic Leader

Rep. Hakeem Jeffries

Represents Democrats on the House floor.



Democratic Whip

Rep. Katherine Clark

Assists leadership in managing party's legislative program.



Democratic Caucus Chairman

Rep. Pete Aguilar

Heads organization of all Democratic Party members in the House.



Democratic Caucus Vice Chair

Rep. Ted Lieu

Assists the Democratic Caucus Chairman.



Assistant Democratic Leader

Rep. Joe Neguse

Assists the Democratic Leader.

CHAIRMAN RANKING MEMBER



Tom Cole
OK - 04



Rosa DeLauro
CT - 03

<https://appropriations.house.gov/>

House LHH Appropriations Cm



Chairman Robert Aderholt

MAJORITY

Robert Aderholt – **Chair**

Mike Simpson

Andy Harris

Chuck Fleischmann

John Moolenaar

Julia Letlow – **Vice Chair**

Andrew Clyde

Jake Ellzey

Stephanie Bice

Riley Moore

MINORITY

Rosa DeLauro – **Ranking Member**

Steny Hoyer

Mark Pocan

Lois Frankel

Bonnie Watson Coleman

Josh Harder

Madeleine Dean

Global Research Impact: HIV & TB

Elizabeth Lovinger
Richard Jefferys
Riko Boone
Treatment Action Group

Science in the Crosshairs: Research Advocacy in a Time of Crisis
May 9, 2025

Research Programs

- [Advancing Clinical Therapeutics Globally for HIV/AIDS and Other Infections](#) (ACTG, formerly the “AIDS Clinical Trials Group”)
- [The HIV Vaccine Trials Network](#) (HVTN)
- [The HIV Prevention Trials Network](#) (HPTN)
- [International Maternal Pediatric Adolescent AIDS Clinical Trials Network](#) (IMPAACT)
 - Current funding cycle 2020-2027
- Other NIH grants and collaborations
 - e.g. Martin Delaney HIV Cure Research Collaboratories

NIH Funding Delays & Restrictions

- Delayed notice of awards (NOA) for 2025 funds
- Delayed provision of funds after NOAs received
- Prohibition of funding for South African partners and sites, requiring budget revisions to receive awards
- Latest restriction: no inclusion of subawards to international partners until new policy is generated for international awards to be handled directly by NIH (due before Sept 30) <https://grants.nih.gov/news-events/nih-extramural-nexus-news/2025/05/new-nih-foreign-subaward-structure-enhances-integrity-accountability-oversight-and-national-security-of-nih-funded-research>

NIH Funding Delays & Restrictions

- Recipients of NOAs prior to international restrictions appear able to proceed until next renewal in December
- In the interim, any applications for supplements would trigger the international restriction

Crucial Role of International Research - examples:

- SMART (continuous vs CD4-guided ART), START (immediate vs deferred ART)
 - NIAID-funded international INSIGHT Network studies that defined the global standard of care for HIV
- HPTN 052: ART prevention of HIV transmission in serodiscordant couples (U=U)
 - Demonstrated in NIAID-funded study (Sites: Malawi, Zimbabwe, South Africa, Botswana, Kenya, Thailand, India, Brazil, and the United States)
- Efficacy of Truvada pre-exposure prophylaxis (PrEP) in MSM
 - Demonstrated in NIAID-funded study (Sites: Peru, Ecuador, South Africa, Brazil, Thailand, and the United States)
- Efficacy of long-acting injectable cabotegravir PrEP in cisgender women, men and transgender women
 - Demonstrated in NIAID-funded studies (Sites: Latin America, Asia, and Africa)
- HIV vaccine efficacy trials in the context of differing circulating global HIV variants (e.g. Thailand, South Africa)
- New, improved shorter regimens for TB treatment & prevention

DAIDS-Funded HIV Research in South Africa:

BY THE NUMBERS

22 Research Sites

24 Clinical Trials

25-50% Participants from South African sites*

* Proportion is even higher for trials focused on pediatric and pregnant populations (50-90% of participants)

DAIDS-Funded TB Research in South Africa:

BY THE NUMBERS

25 Research Sites

12 Clinical Trials

30% Participants from South African sites*

* Proportion is even higher for trials focused on pediatric and pregnant populations (50-90% of participants)

DIRECT IMPACTS: ACTG, HVTN, IMPAACT HIV TRIALS AT RISK

- **Treatment**
 - dolutegravir in neonates, oral cabotegravir in children and adolescents
 - long-acting injectable cabotegravir and rilpivirine in children, adolescents, and pregnant women
- **Prevention**
 - preventive vaccine modalities designed to induce bNAb production (inc. mRNA vaccines)
 - Injectable cabotegravir as PrEP
- **Cure**
 - broadly neutralizing antibodies (bNAbs)
 - 3BNC117-LS-J and 10-1074-LS-J - largest HIV cure-related trial on the African continent, following up on encouraging evidence that bNAbs can promote post-treatment control of HIV viral load in some individuals
 - PGT121.414.LS +/- VRC07-523LS
 - analytical interruptions of antiretroviral therapy for adults and infants
- **Co-morbidities**
 - HBV: Oral TLR8 Agonist Selgantolimod
 - MDD: pramipexole vs. escitalopram
 - Hormone therapy for transgender & menopausal women with HIV



DIRECT IMPACTS: ACTG, HVTN, IMPAACT TB TRIALS AT RISK

- **new drugs**
 - next generation oxazolidinones (sutezolid, TBI-223)
- **shorter, safer regimens for treatment of drug-sensitive TB**
- **an optimized regimen for TB meningitis**
- **preventive treatment for contacts of drug-resistant TB**
 - 6-month preventive treatment using delamanid (6D)
- **therapeutic and preventive vaccines**
 - ID93 + GLA-SE
 - MTBVAC (safety and immunogenicity in PLHIV to enable inclusion in IAVI phase IIb+/III trial)
- **data to expand access to life-saving TB innovations to children and pregnant women**

DIRECT IMPACTS: OTHER USG-PROPOSED OR -FUNDED TB STUDIES AT RISK: USAID, CDC, AND NIH-SUPPORTED INVESTIGATOR INITIATED TRIALS

- shorter, safer regimens for TB treatment
- an optimized regimen combining new drugs for XDR-TB (necessary to inform optimal treatment of patients with bedaquiline resistance)
- shorter, safer regimens for TB prevention
- shorter, safer regimens specifically for children
 - 2-months of treatment with isoniazid, rifapentine, moxifloxacin, and pyrazinamide for drug-sensitive TB in children (2HPMZ)
 - 4-to-6-months of treatment with bedaquiline, delamanid, levofloxacin, and linezolid for drug-resistant TB in children, with duration tailored according to severity of disease (4-6BDLxLz)

POTENTIAL INDIRECT IMPACTS: TRIALS SPONSORED BY NON-USG FUNDERS

- Public funding from USG to South Africa is the scaffold on which pharma, philanthropies, and other governments invest in transformative HIV & TB science
- Trials sponsored by other research funders build on top of core and other funding provided to clinical trials units and research sites through NIH awards
- In addition to imperiling specific studies and innovations, USG cuts risk infrastructure, staff/talent, training the next generation of scientists, community engagement, data sharing, biorepositories, etc.
- If South African and other international study sites and participants are excluded from enrollment, follow-up, study completion, and data collection and analysis, ongoing and planned trials are likely underpowered to produce meaningful results, wasting years of work and tens or hundreds millions of dollars in investment
- Trials no longer able to continue enrollment internationally will face delays and increased costs as they seek new sites and study participants elsewhere.

FORTHCOMING ISSUE BRIEF

- Provides information about TB and HIV clinical trials and research programs impacted by U.S. government funding disruptions
- Proposes urgent actions that donor agencies, governments, and philanthropies can take to preserve scientific advances underway and prevent the collapse of TB and HIV medical research in South Africa
- Identifies 39 clinical research sites and at least 20 TB trials and 24 HIV trials at risk
- Includes tables with the specific research sites and TB and HIV studies that will be affected should the U.S. government terminate research awards to South African institutions.
- **Available at treatmentactiongroup.org
Thursday, May 15th at 8 AM ET.**



SOUTH AFRICA'S TB AND HIV RESEARCH AT RISK: A CALL TO CATALYZE URGENT ACTION BY FUNDERS

May 2025

Since January 2025, a series of United States (U.S.) executive orders, funding suspensions, and grant terminations have thrown South Africa's tuberculosis (TB) and HIV programs into crisis, threatening lifesaving research, prevention, and treatment programs. The stop-work order issued on January 24, 2025 affected all projects funded by the U.S. Agency for International Development (USAID), the Centers for Disease Control and Prevention (CDC), and the President's Emergency Plan for AIDS Relief (PEPFAR). South Africa had been one of the largest beneficiaries of PEPFAR, which contributes approximately 17% to the national HIV/AIDS response, supporting access to antiretroviral therapy (ART) for 5.5 million people.¹ Along with USAID, PEPFAR also contributes 14% to the national TB response, including essential National TB Program and community-based services in South Africa.² Research conducted in South Africa — much of it led by South African scientists supported with funding from the U.S. National Institutes of Health (NIH), and, to a lesser extent, CDC and USAID — has helped to bring forward most of the innovations introduced globally in the last two decades and shaped global health policies that have revolutionized TB and HIV prevention, diagnosis, treatment and care, benefiting both the local population and communities worldwide, including people who live in the United States.

This issue brief provides information about TB and HIV clinical trials and research programs impacted by U.S. government funding disruptions, and proposes urgent actions that donor agencies, governments, and philanthropies can take to preserve scientific advances underway and prevent the collapse of TB and HIV medical research in South Africa.

According to the latest data, over 8 million, or 12.8% of South Africa's 63 million people are living with HIV.³ Of these, about 6.2 million are receiving ART, at least prior to the recent USAID/PEPFAR program cuts. In 2023/2024 there were an estimated 178,000 new HIV infections and 105,000 deaths among people with HIV.⁴ TB is the leading cause of death among people with HIV, but also affects people without HIV. According to the World Health Organization (WHO), in 2023 there were 270,000 new cases of TB in South Africa, 145,000 of them (53%) among people living with HIV. Thirteen thousand cases of rifampicin-resistant and multidrug-resistant TB were reported, and 56,000 deaths from TB overall, 31,000 of them (55%) among people with HIV.⁵

South African research institutions have played a central role in advancing global TB treatment, prevention, diagnostics, and vaccine development. Contributions include key trials that led to the registration and defined the optimal use of new medicines for drug-resistant TB (bedaquiline, pretomanid, delamanid), and introduced short-course regimens for the prevention (3HP, 1HP, 6L) and treatment of both drug-sensitive and drug-resistant TB (4HPMZ, 6BPaLM). South Africa has led pediatric investigations for nearly all TB medicines and generated most of the available dosing and safety data for TB prevention and treatment during pregnancy. Diagnostic breakthroughs, including validation of rapid TB tests like GeneXpert and urine LAM, relied heavily on South African study populations. Furthermore, the country has contributed to every major TB vaccine trial over the past 25 years, including the first infant efficacy trial of a novel TB vaccine candidate (MVA85A) and other ongoing trials of candidates including: M72/AS01E, BCG revaccination, MTBVAC, ID93/GLA-SE, and the first mRNA TB vaccines.

Advocacy Strategies

An act of civil disobedience is justified—in fact becomes necessary—when the individual makes the following judgments: his government is behaving wickedly or stupidly beyond the bounds of what he perceives as tolerable; dissent, having been earnestly tried, has proved of no avail; selective resistance to the law is preferable to various slyer or more violent alternatives.

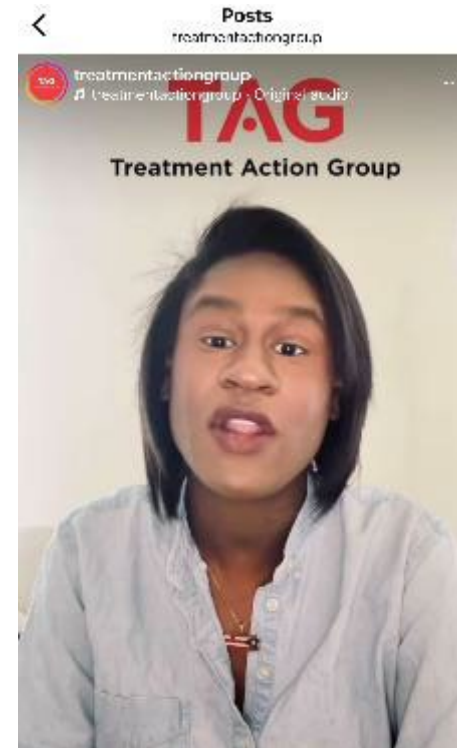
- Jane Jacobs

An individual who breaks a law that conscience tells him is unjust, and who willingly accepts the penalty of imprisonment in order to arouse the conscience of the community over its injustice, is in reality expressing the highest respect for the law.

- Dr. Martin Luther King, Jr.

Advocacy Strategies

- Contact Senate Democrats ahead of the May 14, 2025 Congressional hearing with HHS Sec. RFK Jr:
lillian_ryan@help.senate.gov
- Tell your story: Write and submit op-eds; social media, educate and enlist friends & family etc.
- Engage your media contacts



Advocacy Strategies

- Protests and civil disobedience



Haiyun Jiang for The New York Times



Demonstrators protest the withholding of funding for the President's Emergency Plan for AIDS Relief in the Cannon House Office Building in Washington on Wednesday. Eric Lee/The New York Times

Advocacy Strategies

- Other suggestions?



SAVE HIV FUNDING
The Fight For Our Lives

TRUMP BUDGET REQUEST WOULD SLASH LIFE- AND COST-SAVING HIV PROGRAMS

The White House FY26 budget request would deeply cut and eliminate some HIV programs within the Department of Health and Human Services (HHS) and ominously omits mention of key initiatives, including Ending the HIV Epidemic, CDC HIV prevention services, and both the SAMHSA and HHS Minority AIDS Funds.

Read statement at:
<https://prep4all.org/news-publications/>

Call Congress at [202-224-3121](tel:202-224-3121) and tell your representatives that they must reject cuts to federal programs for HIV and related prevention, treatment and research that will set the HIV response back decades.