

NIH Research Suffers the Consequences of USAID and PEPFAR Terminations

NIH and USAID have a history of working closely together, bridging research with effective programs that improve the health and wellbeing of hundreds of millions worldwide. With USAID funding, programs, and staff terminated, NIH research investments to U.S. universities and partner institutions globally have been significantly compromised, placing control of HIV/AIDS and other infectious diseases at risk. Clinical operations where NIH-funded research funds are used have been significantly reduced, resulting in greater spread of diseases and deaths. Essential knowledge that can improve healthcare services for Americans—as well as those around the world—is being lost, with multiple returns on taxpayer investment compromised.

Building on infrastructure and systems developed with U.S. support, NIH has conducted essential research in vaccine delivery; HIV and tuberculosis drug trials; health data and information systems that can catalyze innovation; diseases of ageing, such as cardiovascular disease and Alzheimer's; air pollution; and water-borne diseases. Some of this research has truly been groundbreaking, such as drugs that prevent mother-to-child transmission of HIV. As health systems globally weaken due to U.S. foreign aid cuts, NIH investments will also be weakened, in turn impacting lives, economies, and security at home and around the world.

USAID plays a vital role in the product development continuum, specializing in late-stage clinical research and implementation research to advance the use of new solutions. USAID's investments also strengthen partner nation research capacity. As the only U.S. agency with a mandate to focus on global health and development, USAID is uniquely positioned with deep partner country relationships and an unmatched understanding of community needs and culture. These factors are critical for developing new health tools that are appropriate, affordable, and accessible for widespread uptake in low-resource settings.

U.S. Investments Mean People are Living Longer and Thriving

USAID's global health leadership has extended life expectancies, reduced illness that inhibits the ability to attend work or school, and enables children to thrive so they ultimately become productive members of their societies. The **President's Emergency Plan for AIDS Relief (PEPFAR)** and **U.S. commitment to the Global Fund to Fight AIDS Tuberculosis and Malaria** underpin this success. The global response to HIV has transformed the epidemic from a death sentence to a manageable chronic disease, largely thanks to treatment and prevention drugs made possible through early research at NIAID and scaled up through PEPFAR and the Global Fund. HIV treatment is now widely available, accessible and highly successful in controlling disease progression among most patients in low- and middle-income countries.

PEPFAR investments have not just expanded access to antiretroviral therapies to save lives. They have also strengthened health systems, the health workforce, supply chains for a range of health needs, and information infrastructure in countries around the world. This means that people have been able to access improved prevention and treatment for other health challenges as well as for HIV, enabling them to remain productive members of the workforce. **Combined with other USAID investments, such as safe drinking water, sanitation, nutrition, and maternal and child care, HIV treatment and stronger health systems mean people in poor countries and communities are living longer and fuller lives.**

Longer life expectancies mean that deaths are coming from a new source: non-communicable diseases, such as heart disease, cancer, and diabetes. **77% of such deaths are in low- and middle-income countries with heart disease is the largest share of these preventable deaths. On average, across Africa more people now die from strokes or diarrhea than from AIDS**, although complications of HIV, such as respiratory infections, remain a top cause of preventable mortality. The health infrastructure and systems created by a global focus on HIV offer an opportunity to expand services to save even more lives and apply those lessons to American healthcare in similar settings where people do not receive the care they need. In turn, people would become more economically secure with ripple effects on the safety and prosperity of countries, regions, and allies such as the United States.

Case Study: Preventing Death from Causes Related to Ageing

An NIH award to an American institution that partners with PEPFAR clinics in several sub-Saharan African countries is researching how PEPFAR clinics can be leveraged for broader life-saving benefits. This \$40 million project supports local doctors and researchers with:

- Research design and integrity
- Data quality
- Training in caregiving
- Scale up and replication of effective caregiving approaches

After applying new data collection methodologies to better understand how best to care for non-communicable diseases among HIV patients in these clinics, the project will create an accessible toolkit for other researchers seeking to evaluate the costs and cost-effectiveness of integrated HIV/non-communicable disease care. This allows lessons learned through the project to inform a broader array of decision-makers, advance scientific understanding of the return on investment of implementing integrated HIV/non-communicable diseases care, and reduce disease burden and death across sub-Saharan Africa. This work will also inform the design of future U.S. investments in global health by identifying critical efficiencies that make the most of U.S. tax dollars for global health.

Impacts of Foreign Aid Funding Freezes

The freeze and termination of PEPFAR and USAID health systems awards compromise NIH essential research investments. Impact on clinical staff and operations include:

- Half of the study projects report staff at clinics being furloughed or fired (with up to 65-85% of staff at some participating clinics).
- Service and record quality have been negatively affected; concerns are growing about the increased workload for remaining providers.
- Clinics that must turn away patients.
- PEPFAR-supported computer systems have been temporarily or permanently shut down, compromising data quality and access to crucial patient records.
- In search of cost-saving measures, some clinics have temporarily stopped paying for the internet, with negative consequences for information accuracy, supply chain management, and clinical operations.

Significant impact on patient care include:

- 50% of study projects report reduced availability of HIV medications; drug delivery is delayed; and clinics are rationing supplies.
- In one country's study sites, patients are trying to stock up on antiretroviral medicines, creating competition for those who have already run out, resulting in chaos at clinics.
- Less than half of the host-country governments have sufficient domestic funding to cover procurement costs of HIV medications absent PEPFAR.
- Some clinics are prioritizing HIV medicines and have stated they will stop monitoring for other conditions, increasing the likelihood of preventable illness and death.

Broader Implications and Recommendations

These consequences of the U.S. foreign aid freeze are just one example— from only a handful of countries and only the clinics participating in one NIH-supported study. In addition to studies independently funded by NIH that used USAID-supported programs as study sites, USAID would typically announce around 20 new grants in collaboration with NIH each year, focused primarily on global health, with a significant role in HIV research and innovation. In partnership with both CDC and NIH, USAID has helped co-finance dozens of critical biomedical innovations and products (full list [here](#)¹). USAID focused not only on product utilization and introduction in clinics and communities, but also on mentoring, capacity strengthening, and resilience of low-income country institutions to take on such research over the long term.

¹ Global Health and Antibiotics Related Research and Development (R&D) for FY2024, Congressional Report pursuant to Section 7019(e) of the Department of State, Foreign Operations, and Related Programs Appropriations Act, 2024. November 20, 2024
(<https://www.ghcoalition.org/documents/pdf/USAID%20FY24%20Global%20Health%20R&D%20Report.pdf>)

The abrupt cancellation of USAID projects that work closely with NIH has not only compromised years of investment in cutting-edge advances in life-saving treatments, but also derailed the path to sustainable locally-led research in low- and middle-income countries that worked in close partnership with NIH.

To ensure we protect life-saving USAID and NIH research and programs, Congress must:

- **Save Funding:** Congress must preserve current USAID account structures, oppose cuts through rescissions, continue USAID funding in new appropriations, and ensure foreign aid reform is conducted through Congress, not executive action alone.
- **Save Expertise:** No other Federal entity has the systems, global reach, and specialized expertise capable of doing USAID's job. The Department of State is not a substitute for USAID, and does not have USAID's technical capabilities in development, research programming, procurement, implementation, or monitoring and evaluation.
- **Save Statutes:** More than 20 bipartisan laws govern USAID programs, in turn enabling NIH-supported research that benefits people at home and around the world and supports U.S. leadership globally. Laws such as PEPFAR, the Global Health Innovation Act, the Water for the World Act, and American Schools and Hospitals Abroad all advance research and development by establishing systems and capacity on which NIH and other federal departments and agencies can build—as well as pathways for translational research to advance to product delivery.
- **Save Global Influence:** As the US government pulls away investments in research, China and other countries are taking advantage of this vacuum: top Chinese universities have begun recruiting American PhDs,² while the EU has pledged 500 million Euro to attract American scientists.³ This makes America less safe and less secure, and creates conditions for weakening American prosperity and influence.

²“America’s loss, China’s gain: top Chinese universities welcome PhD refugees from the US”
<https://www.scmp.com/news/china/science/article/3299395/americas-loss-chinas-gain-top-chinese-universities-welcome-phd-refugees-us>

³ “EU pledges €500 million for science amid US funding cuts”
<https://www.dw.com/en/eu-pledges-500-million-for-science-amid-us-funding-cuts/a-72438165>

Who is AID on the Hill?

Having served at USAID and at public, private, local, and faith-based implementing partners, AID on the Hill brings a realistic, insider perspective of how foreign assistance operates day-to-day. Our expertise informs how we advocate for a more effective U.S. foreign assistance model, one that is strategically aligned with American priorities and the needs of partner nations alike. Our grassroots engagement with Congress has one goal: For U.S. foreign aid to reflect American values and remain a powerful force for global stability, economic growth, and national security.