

The National Institutes of Health funding withdrawal: Decades of progress dismantled in a few weeks

On 21 March, the Trump administration commenced terminating or putting on hold their grants from the US National Institutes of Health (NIH). The reason given to the grant holders was that their research was no longer aligned to the priorities of the NIH. The grant officers were required to verify that each project was in line with NIH's goals, which interestingly enough have not been publicly defined. These actions appear to be partly related to an intensification of NIH efforts to terminate grants, some of which may have components of diversity, equity and inclusion. It is reported that the US Department of Health and Human Services (HHS), the NIH's parent agency, has directed the NIH to speedily terminate 945 specific grants globally. Many grants related to LGBT health inside the USA were also terminated.^[1] A list^[2] posted by an HSS website that tracks agency grants includes 50 grants with a termination date of 20 March. The cuts follow previous terminations of grants involving diversity, transgender health and vaccine hesitancy, among others. With so many grants being terminated throughout the world, including the USA, what's clear is that Trump is on a warpath with science towards his own political ends – a sad reminder of his behaviour when he was in power during COVID-19. This is also demonstrated by his broad cancellation of NIH grants for unrelated political matters, as evidenced by his vindictive cancelling of NIH and other federal grants to Columbia University for its alleged tolerance of antisemitism on campus.^[3] Protests have ensued across the USA as the Trump administration terminated grants for 300 US university projects, citing cost savings or research not adhering to its ideologies.^[4]

South Africa (SA) has the largest number of people living with HIV compared with any other country globally.^[1,3] SA has therefore provided fertile ground for the research of anti-HIV and tuberculosis (TB) interventions, and has been critical in determining international guidelines on the most effective ways of implementing drugs and other benefits from these studies. Hence, SA's contributions to essential public health good worldwide cannot be questioned. While the research, which has received NIH funding, is being conducted on the African continent, it has benefitted people throughout the world, including in the USA. The clinical trials contributed to accessing approvals of new drugs by the US Food and Drug Administration. Moreover, research in SA has contributed to landmark studies, for example, on anti-HIV drugs taken by breastfeeding mothers reducing the risk of transmission to their babies, and the power of long-acting pre-exposure prophylaxis for HIV prevention. The latter has been recognised as a 2024 scientific breakthrough.^[1]

It is estimated that SA has received in the region of USD250 million a year from the NIH for medical research.^[1] However, when both direct and subgrants are considered for the past financial year, the figure increases to USD400 million (ZAR7.2 billion).^[4] These funds include supporting scientists, healthcare workers, laboratories, basic science and postgraduate programmes.^[1] It is reported that the National Institute for Allergy and Infectious Diseases (NIAID) funds more research in SA than any other NIH institute. It currently has on record 237 grants to SA, including several collaborations with institutions based in the USA and other countries. Most involve HIV or TB research. SA and the USA have

been working together for decades, jointly building infrastructure, expertise and partnerships.^[3]

As much as 70% of SA's HIV and TB research is funded by the NIH, and 300 such grants are expected to be terminated within a few days.^[4] This immoral funding slash has devastating implications for academic and research institutions. The rapidity of the decision has left little opportunity for working towards mitigation. Psychological stress among the workforce must also be underscored. In addition, this abrupt cessation of funds will put participants enrolled in trials at risk, particularly if interventions they have been taking will no longer be available and there is no plan for ongoing monitoring and care. Furthermore, this will mean a huge desecration of resources, as the data already gathered are highly unlikely to be of use in meeting the objectives of the studies. Not to mention the moral distress experienced by researchers when they are confronted with the possibility of having to abandon their trial participants. Moreover, much effort has been made to build trust in research both in SA and outside. The history of health research is riddled with atrocities and exploitation of vulnerable participants. Just at the time that the researcher has become trustworthy, and the researcher-participant relationship is one based on trust, the illogical action from Trump's administration could rapidly erode these gains made in research. Researchers now grapple with how to continue the monitoring and care of these participants. It is hoped that institutions at which the research is conducted will honour their responsibility to work with researchers to ensure participants are not abandoned. When participants realise there is ongoing care against all odds, this trust relationship is likely to be augmented.

Now that there has been this earthquake, how should the buildings be rebuilt? The over-reliance on US funding has come to a crashing halt, and there is a need to diversify the sources of funding. A collective look at alternative partnerships is essential. Over and above funding entities in other parts of the world, alliances with the private sector and the pharmaceutical industry should be considered. In addition, the SA government will need to contribute more towards optimally funding health research, despite the many other competing interests in the country. After all, health research is conducted to improve the health of the nation.

Borders are porous when it comes to infectious diseases. Terminating these grants, which basically have as their end goal global security, is a level of myopia close to blindness. Furthermore, today's research is tomorrow's treatments and cures. Whatever Trump and his administration's reasons for the current blitzkrieg on science, using political power to exact punishment by way of cutting NIH funding for research and clinical trials is morally offensive. To mitigate the situation, solidarity, both at home and globally, is called for.

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