

Potential Impacts of Project 2025 on Global Health Funding

Spotlight on the Global Fund.

A policy brief by the Swedish Association for Sexuality Education (RFSU), November 2024.

INTRODUCTION

With this policy brief, the Swedish Association for Sexuality Education (RFSU) aims to outline the potential impacts of [Project 2025](#) on the global health architecture, focusing particularly on the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund) - and to provide recommendations for European governments and other like-minded donors.

The timing of this analysis is particularly relevant given the recent U.S. election, the upcoming Global Fund Board meeting in Malawi (November 19–22, 2024), and the Fund's financial replenishment launch scheduled for 2025, for the funding period 2026-2028.

PROJECT 2025 AND GLOBAL HEALTH FINANCING MECHANISMS

Project 2025, developed by [the Heritage Foundation](#), is a far-right, nationalist Christian roadmap for a prospective Republican President¹. It includes a 900-page policy blueprint called the [Mandate for Leadership](#) (the Mandate), which details an agenda for a future conservative administration. One of the proposed measures involves dismantling the rules-based multilateral order and the global architecture that facilitates the channelling of ODA. Proposed actions include utilising multilateral systems as extensions of U.S. foreign policy, withdrawing from agencies that do not comply, and creating obstructions that stall international agreements².

The U.S. Government is the largest source of development assistance globally (\$66 billion in 2023). In total, the U.S. contributed almost \$ 12.9 billion to Global Health and \$13 billion to the UN in fiscal year 2023³. Commitments to health-focused funding mechanisms and funds, to help clarify the scale of US Government contributions, include (USD 2023):

- The Global Fund: 3,45 billion⁴
- Gavi: 300 million⁵
- WHO assessed contributions: 387 million⁶

It is clear from the Mandate that international organisations are expected to support U.S. foreign policy interests. If they do not, the U.S. should give serious consideration to withdrawing from

¹ For further reading about Project 2025 and its potential impacts on human rights, SRHR, gender equality, global health and marginalised groups, see the report *Global Impacts of Project 2025*, Malayah Harper for RFSU, September 2024.

² *The Mandate for Leadership*, page 190-192. Also see Global impacts of Project 2025, Malayah Harper for RFSU, September 2025

³ OECD-DAC ODA statistics <https://web-archiver.oecd.org/temp/2024-04-11/514409-official-development-assistance.htm>

⁴ The Donor tracker https://donortracker.org/donor_profiles/united-states

⁵ The Donor tracker https://donortracker.org/donor_profiles/united-states

⁶ The Donor Tracker https://donortracker.org/donor_profiles/united-states

them, as the previous Trump administration did with the Human Rights Council, or terminating or reducing funding for them, as was done in the cases of UNESCO, UNRWA, and WHO⁷.

Project 2025 proposes a vast expansion of the [Mexico City Policy \(MCP\)](#), also known as the Global Gag Rule (GGR), which would apply anti-abortion restrictions to Public International Organisations (PIOs)⁸. In the past, organisations and agencies categorised by USAID as “Public International Organisations” (PIO). An implementation of the MCP, coupled with the removal of evidence-based, human rights, and gender-sensitive approaches to development programming, would have a significant impact not only on SRH and HIV service delivery, but also on the broader health architecture and progress toward Universal Health Coverage⁹.

THE GLOBAL FUND - STRATEGY AND RESULTS

Established in 2002, the Global Fund is one of the world’s largest grant-making health financing instruments, with a significant reach and impact in over 120 countries. It is highly effective and since the start of the partnership, the combined death rate from AIDS, TB and malaria has been cut by 61%. The U.S government provides about a third of the Global Fund's budget and is its largest single donor. Its current three-year grant cycle, Grant 7 (2023-2025), has allocated \$13.7 billion in grants aligned with its strategy¹⁰.

The latest Strategy (2023–2028) is groundbreaking in its recognition of the need to build people-centred, integrated systems for health; its commitment to the engagement and leadership of affected communities; and its focus on maximising health equity, gender equity, and human rights. These are laid out as contributory objectives (see figure 1 below).

Key results¹¹ in 2023 include:

- **Treatment:** In 2023, 25 million people received antiretroviral treatment, up from 24.5 million in 2022.
- **Prevention:** 17.9 million people were supported through HIV prevention initiatives, including 8 million from particularly vulnerable groups and 8.5 million young people.
- **Gender equality:** The Global Fund invested in programmes targeting adolescent girls and young women, who are disproportionately affected by HIV. By 2023, 3.9 million adolescent girls and young women were reached by HIV prevention programmes in priority countries, contributing to a 69% reduction in HIV incidence in this group since

⁷ *The Mandate for Leadership*, page 190-192. Also see M. Harper’s analysis in *Global Impacts of Project 2025*, RFSU, 2024.

⁸ *The Mandate for Leadership*, page 261, 190-192. Also see M. Harper’s analysis in *Global impacts of Project 2025*, RFSU, 2024.

⁹ *The Mandate for Leadership*, page 261, 190-192. Also see M. Harper’s analysis in the report *Global impacts of Project 2025* page 17-22, RFSU, 2024.

¹⁰ The Global Fund <https://www.theglobalfund.org/en/government/profiles/united-states/>

¹¹ The Global Fund <https://www.theglobalfund.org/en/>

2010.

- **Health systems:** The Global Fund committed \$1.8 billion in 2023 to strengthening health and social systems—the highest annual investment to date. These funds supported the training of health workers, improvements in laboratory infrastructure, and the integration of HIV services into broader health systems, enhancing countries' capacity to address a range of health challenges.
- **Access and affordability:** Collaborations with partners and pharmaceutical manufacturers led to significant price reductions for key treatments, including a 25% decrease in the cost of HIV treatment. This enabled substantial cost savings, allowing for further investment in critical areas of healthcare and expanded access to life-saving treatment.



The Global Fund's modalities - challenges posed by Project 2025

Project 2025's proposals put both the funding levels and operational effectiveness of the Global Fund at risk, potentially reshaping the landscape for combating AIDS, TB, and malaria, as well as human rights and gender equality.

Decreased funding: Project 2025 includes significant cuts to U.S. foreign aid spending overall. The U.S. contributions account for approximately one-third of the overall budget. Between FY 2001 and FY 2023, nearly [\\$25 billion](#) was appropriated to the Global Fund by the U.S. Congress, underscoring its crucial role as the Fund's largest donor. In 2025, the Fund is entering its three-year replenishment cycle – CG 8. Project 2025's agenda signals financial cuts to PIOs that do not align with its policies, specifically those related to SRHR and LGBTQI+ rights initiatives.

In June 2024, the House passed an appropriations bill cutting foreign aid by \$9.3 billion (12%) from current levels, with a reduction of \$1.3 billion in global health funding. Though these cuts await Senate approval

Marginalised key populations The Global Fund's mandate includes a range of interventions for addressing AIDS, TB, and malaria while maximizing health equity, gender equality, and human rights, with an emphasis on integrating SRHR services, ensuring rights-based service provision and engaging vulnerable populations, such as sex workers, LGBTQ+ individuals, people who inject drugs, and young women and girls. Conversely, Project 2025 aims to remove all gender-related language, including terms like "gender equality," "reproductive health," "abortion", and "diverse gender identities," from U.S. government and partner program materials¹². If enforced, this could reduce support for marginalised groups in Global Fund programs. Project 2025 undermines the rights of LGBTQ+ communities abroad by promoting heteronormative, nuclear family structures and ending the use of U.S. soft power to protect LGBTQ+ rights in countries with anti-LGBTQ+ laws.

Partnerships: The Global Fund's close partnership with PEPFAR and WHO could also face significant challenges under Project 2025's policies. For instance, in at least 10 African countries, the Global Fund [supplies over 50% of ARVs](#) for PEPFAR programs, meaning that any cuts or restrictions on PEPFAR would disrupt Global Fund outcomes and, by extension, national HIV treatment and prevention programs. During the Trump administration, the expanded MCP was applied to PEPFAR for the first time, "gagging" numerous NGOs that provide integrated health services, including contraception and HIV treatment. According to The [Lancet](#), many NGOs were unable to provide integrated SRH services, including contraception and HIV services. In regions like sub-Saharan Africa, where adolescent girls and young women are at high risk of malaria due to pregnancy, this policy could also hinder access to vital integrated ANC services.

The U.S. is the WHO's largest funder. If the WHO is defunded, it would affect all of its core functions and could have knock-on impacts on the Global Fund. The WHO would no longer be in the same position to advance norms and standards, develop and disseminate new data, or support governments at the country level in developing health sector or disease-specific plans. While these functions are essential in their own right, they also play a critical role in supporting the Global Fund and Country Coordinating Mechanisms (CCMs) in developing proposals.

Operational modalities: As a financing institution, the Global Fund's operating model does not have an in-country presence; therefore, it relies on national ownership and partnerships with local organisations, including over 250 Principal Recipients (PRs) and thousands of Sub-Recipients (SRs). In the past two grant cycles (5 and 6), an estimated 30% of Global Fund resources have been managed through civil society organisations and NGOs¹³.

Local NGOs and CSOs cover a range of health and development activities, and it is not uncommon for the Global Fund and the U.S. government (USAID or PEPFAR) to fund the same NGOs at the country level to implement different projects. Under the previous application of the GGR, if these conditions are applied to an NGO in a country that is also a Global Fund PR, then those conditions are applied to all the sub-recipients, even if those SRs do not receive any US

¹² The Mandate for leadership p 4-5, 259-260

¹³ The Global Fund https://www.theglobalfund.org/media/14830/cs_funding-community-civil-society-organizations_report_en.pdf

government monies. An expanded MCP requiring PRs and SRs to adhere to anti-abortion conditions could limit the Global Fund's capacity to support SRHR services and advocacy, particularly in regions where access to these services is already constrained.

CONCLUSION

Project 2025 risks fundamentally weakening global health financing mechanisms with devastating impacts on the lives and health of people, particularly those who are already marginalised. If Project 2025's agenda advances, it could severely restrict access to essential health services, undermine health equity, and erode human rights protections that are central to the Global Fund's strategic goals and its mission to fight AIDS, tuberculosis, and malaria. By acting now, the Global Fund, governments, civil society organisations (CSOs), and other stakeholders can work to safeguard the Fund's mission and ensure continued support for the most vulnerable populations in achieving better health outcomes and strengthened human rights protections.

RECOMMENDATIONS for European and Like-Minded Governments

- **Collaborate closely with international health financing mechanisms** (such as the Global Fund, Gavi, and the Global Financing Facility), supporting and strengthening their focus on gender equality and human rights programming.
- **Mobilise funding to address pressing health financing gaps.** This is essential to protect and expand civic space and to support health-focused, gender-responsive, and human rights-based programs in countries at risk of losing U.S. funding. Promote unified, multi-donor coordination and dialogue.
- **Encourage international health mechanisms to prepare for, respond to, and raise awareness of the human rights implications** of Project 2025. Support them in taking proactive measures to ensure non-discrimination against SRHR and LGBTQ+ organisations, principal recipients, and sub-recipients.
- **Leverage the influence of European governments through multilateral systems and international financial institutions.** This helps amplify coordinated voices for human rights and dignity on global platforms and provides opportunities to mobilise additional funding. Utilise positions on global boards, technical review panels, programme policy committees, and other relevant bodies to advance this agenda.
- **Strengthen support for building a progressive global movement for health, gender equality, and sexual and reproductive health and rights (SRHR),** led by actors from the Global South. While funding and political backing from European governments remain critical, sustained and substantial support is also essential for coordinated action and leadership by governments and civil society across the Global South.
- **Increase financial commitments for the Global Fund's 2025 replenishment,** while underscoring the importance of human rights-based approaches in the fight against AIDS, tuberculosis, and malaria.

