HIV in 2025: What We've Learned, What We're Still Getting Wrong

Pervasive stigmas, funding shortfalls and systemic inequalities keep some people from accessing HIV prevention, affordable testing and treatment.

December 10, 2025 By Thresa Giles

Methods of testing, preventing, and treating HIV have come a long way since the virus was first identified in 1983. Four decades into the epidemic, the global health community finds itself facing emerging innovations and new challenges. From revolutionary prevention approaches to the rising prevalence of community support groups, people today are living longer, healthier lives.

However, progress has not completely overshadowed pervasive stigmas, funding shortfalls, and systemic inequalities that keep people from accessing prevention, affordable testing, and treatment.

The year 2025 is one in which those working with vulnerable communities and in the research and development of preventive measures and treatments are applying what has been learned over the last four decades. It is also a year where we are acknowledging what we still get wrong about HIV and how we can pivot to bring the best care to those who need it the most.

Breakthroughs and progress

There have been remarkable advances in HIV in the past 10 years, in areas of both prevention and treatment. For instance, the approval of PrEP (pre-exposure prophylaxis) medications has changed people's perceptions of HIV. What was once considered a death sentence is now something that can be prevented and managed, whether one is in a committed relationship with someone who is HIV positive or has multiple partners and is unsure of their status.

Meanwhile, long-acting antiretroviral therapies (LA-ART) have freed people with HIV from taking a litany of daily pills. Through LA-ART, people can suppress the virus for weeks or even months, even to the point where it becomes undetectable.

2025 has also seen continued progress in research, with scientists exploring the potential benefits of broadly neutralizing antibodies, mRNA-based vaccine platforms, and gene-editing approaches like CRISPR, offering hope of a possible cure on the horizon.

Innovations in testing have also allowed people more freedom and peace of mind. Groups of non-profits have stepped up to offer free HIV testing, informative community events, education resources, and support groups for vulnerable populations or those with HIV. At-home testing kits and the rise of telehealth have also made it easier for people to access care and know their status.

What we are still getting wrong in 2025

Even with all of these giant leaps forward, we are still getting things wrong with HIV. These missteps and persistent problems slow progress and can lead to higher rates of HIV among certain communities, as well as co-occurring issues such as depression or higher instances of AIDS.

Medical innovation has always struggled to keep pace with societal ills and inequity. Disparities that are deeply rooted in geography, generational poverty, racial inequity, discrimination against LGBTQ+ people, and homelessness continue to affect rates of testing, diagnosis, and treatment. For example, rural Americans have always faced barriers to care, from long travel distances to discriminatory stigmas that continue to attach themselves to the subject of HIV.

Certain communities, such as Black Americans and Latino Americans, continue to show much higher rates of HIV, with nearly 70% of new cases falling into one of those demographics. Reaching these communities in need can be challenging, especially when resources are scarce or volunteers are hard to come by.

Funding uncertainty has also impacted 2025. While recent government budgets have ended “all CDC HIV prevention programs,” programs for care, treatment and PrEP have fortunately been retained. Thankfully, there are also research initiatives and prevention programs funded through grants that support community clinics, health departments, and mobile outreach that connect with vulnerable groups.

Closing the gaps and continuing progress

To overcome the hurdles faced by those in support, care, prevention, and research, we must devise innovative ways to close gaps and continue progress toward an eventual cure.

Evidence-based prevention programming must continue to receive attention, whether through federal and state support or grassroots fundraising. National HIV initiatives that support prevention and care must be focused on how HIV affects everyone as much as possible so the work can continue.

Education will continue to play a critical role in reducing the stigmas that still exist surrounding HIV. This education is especially important in rural communities or communities with higher rates of diagnoses. Information campaigns must normalize testing, and community groups must continue to make free HIV testing and access to preventative measures a priority.

Preparing for the road ahead

In the early days of HIV, even getting tested meant risking social exile. There was pervasive fear surrounding knowing one’s status and living with HIV. Science goes a long way in the quest to end HIV, but without the support of the social will, HIV will probably persist.

Ending HIV is no longer a far-flung dream, but a reality that can be reached with the continuation of sound science, funding support, community initiatives, and the prioritization of education, prevention, testing, and treatment. Perhaps soon, we can put HIV in our rearview for good.

Thresa Giles is the Chief Executive Officer of Hope & Help, Central Florida’s leading nonprofit dedicated to ending the HIV/AIDS epidemic. With over 30 years of experience across the for-profit and nonprofit sectors, Thresa brings extensive leadership expertise in finance, operations, compliance, and organizational development. Prior to joining Hope & Help, Thresa served as Chief Financial Officer of Stand for Children, Inc., a national nonprofit advancing education and social equity. Her career has spanned key functional areas, including procurement, regulatory compliance, grant administration, and asset management. Thresa’s leadership is driven by a vision of strengthening community partnerships and expanding access to care through strategic growth, innovation, and team development. Her work has earned her accolades such as the Jacksonville Women of Influence Award, the Ultimate CFO Award, and the State of Delaware Outstanding Leader Award.
