A ‘Perilous Moment’ for the Response to HIV, Warns UNAIDS

Global development assistance from multiple countries fell by 23% in 2025—the sharpest drop on record—and HIV programs have been hit hard.

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Geneva — A new report released today [June 12] by UNAIDS shows that external funding cuts, a strong push back on human rights and under investment and under prioritization of HIV prevention and community services are threatening to reverse years of gains in the AIDS response.

“There’s no question that this is the most serious disruption in the HIV response since the world came together to fight this disease,” said Winnie Byanyima, Executive Director of UNAIDS. “The funding cuts, combined with the reduction in civic space and the further criminalization of marginalized populations have come together to create the biggest storm the HIV response has ever seen.”

Dramatic cuts in aid that highly burdened, low-income countries depend on for their HIV response have had a devastating impact. Global development assistance from multiple countries fell by 23% in 2025—the sharpest drop on record—and HIV programs have been hit hard.

HIV testing programs fell by 22% in high-burden settings between 2024 and 2025, meaning people are unable to access treatment and the virus continuing to spread. Funding for condoms has been cut by more than 90% in some cases. PrEP (daily medicine to prevent HIV) uptake dropped sharply falling by 38% between 2024 and 2025 in 62 countries reporting to UNAIDS.

HIV prevention is being dismantled at the very moment the world needs to take it to scale, especially with new, revolutionary, long-acting prevention innovations coming to market. Prevention was already underfunded at just 11% of total HIV spending in 2024—and that limited investment is now shrinking further with no signs that domestic funding will fill the gap.

The HIV response has been the most successful story in global health over the last 25 years; AIDS-related deaths have been reduced by 56% from 1.3 million in 2010 to 570,000 in 2025. New infections have been reduced by 43% since 2010 to 1.2 million, and 78% of the 40.9 million people living with HIV are now on treatment (32.1 million).

But this success is fragile—nearly 9 million people are not on treatment. At a time when external

funding is reducing, treatment gains are extremely fragile. Western and central Africa, for example, is around 90% dependent on external funding for its HIV treatment programmes. Without sustained external financing and increased domestic resources, there is a serious risk of treatment interruptions—which will mean rising deaths and rising new infections.

Progress remains highly uneven—some regions are improving, while others are seeing rising infections (Eastern Europe and Central Asia, the Middle East and North Africa and Latin America have seen rising new HIV infections since 2010). And every week, 3,000 adolescent girls and young women in sub-Saharan Africa acquire HIV—this is one of the clearest signs the world is failing to reach some of the most vulnerable populations.

Community-led organizations, civil society, organizations led by people living with HIV, young people, sex worker organizations for example, are the most effective in delivering services to people living with and affected by HIV, yet they are not prioritized and are being pushed to the brink. They are on the front line to deliver HIV prevention, treatment and support services to up to 60% of their own communities including, men who have sex with men, sex workers, people who inject drugs and their sexual partners, yet funding has been drastically cut and there are no apparent increases from domestic resources.

A recent community-led study of 79 community-led organizations across 47 countries and three continents (Asia Pacific, Latin America and Africa) showed a 50% drop in community support services for people living with HIV, an 82% reduction in services for sex workers and service reductions of 85% for men who have sex with men. Support services for survivors of gender-based violence are also declining. When communities lose funding, the entire response loses reach, trust and effectiveness.

The report also shows a dangerous rollback of rights. Criminalization of marginalized populations is increasing for the first time since UNAIDS began tracking these trends. In 2025, two additional countries introduced criminalization related to same-sex sexual activity, and one country increased penalties for same-sex sexual activity in 2026. When people fear arrest or discrimination, they do not test, they do not seek care—allowing the epidemic to continue to grow.

“Diseases spread fastest where human rights are weakest,” said Ms Byanyima. “The rollback on human rights and civic space is not accidental—it is organized, it is political, it has real public health consequences and dire HIV outcomes.”

However, the report shows that there are windows of opportunity. The share of domestic resources for the HIV response increased from 28% in 2010 to 52% in 2024. Since January 2025, more than 54 countries have committed to increasing domestic financing. However, many countries are facing spiralling debt crises—28 African countries spend more on debt than on health. UNAIDS welcomes new donor commitments, for example from the US and the Global Fund to Fight AIDS, TB and Malaria, which offer an opportunity to work with countries on domestic co-investment and planned transitions.

Integration of HIV also has potential for promising results. A quarter of 152 countries have integrated HIV into broader health strategies. For example, cervical cancer services have been included in national HIV guidelines in more than 80 countries.

Innovation can further drive gains. By the end of March 2026, more than 6,000 people were accessing the long-acting prevention medicine lenacapavir across five sub-Saharan African countries however, more effort is needed to reach the 20 million people UNAIDS estimates are in need of antiretroviral prevention medicines.

In the coming days (June 22-23) the United Nations General Assembly will convene a High-Level Meeting on HIV/AIDS where countries will come together to adopt a new Political Declaration on HIV. This will be the final Political Declaration before the 2030 deadline to end AIDS as a public health threat. The new Political Declaration will include new 2030 targets from the Global AIDS Strategy. Overarching targets include reaching 40 million people with antiretroviral treatment by 2030, ensuring 20 million people have access to medicine to prevent HIV and ensuring that all people receive services free of stigma and discrimination.

The 2030 goals remain achievable. Reaching 2030 targets could avert 3.2 million additional new infections. This requires continued unity and commitment, with countries in the lead, backed by global partners with communities at the center.

“We know how to end AIDS,” said Ms Byanyima, “The question now is political: will we invest, or will we retreat? If we follow the Global AIDS Strategy and UN Member States commit to adopting a strong Political Declaration to guide the response over the next five years, we can still end AIDS by 2030. However, if we fail to act, we risk reversing decades of hard-fought progress.”

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