



When Will HIV End?

We are at significant risk of missing the 2030 deadlines for ending HIV/AIDS as a public health threat. We must act now.

June 16, 2022 By Katie Lapidés Coester and Ace Robinson

“Is HIV still a thing?”

“Is AIDS treatment free in the U.S.?”

“When will HIV end?”

According to Google, these are questions people frequently ask related to HIV. As two organizations working to respond to the epidemic — at both the national and global level — we are well positioned to provide answers. The simple truth is that HIV is still a global crisis that is crippling many communities both in this country and around the world.

Effective treatment is available, but it is not always easily accessible nor affordable. The communities that are most impacted by HIV have always been the least likely to be aware of, have access to, and reap the benefits of optimal HIV care. And that is still very much the case today.

As to when the HIV epidemic will end — that answer depends on whether or not U.S. leadership takes the steps necessary to meet the goals to which it has committed.

The United States, along with other United Nations member states, have set the goal of ending HIV as a global health threat by 2030. Here in the United States, the Ending the HIV Epidemic ([EHE](#)) initiative aims to reduce HIV incidence by 90% by that same deadline.

Based on recent funding decisions, we have serious concerns about whether these goals can be achieved without significant course correction. But one thing is clear: we need immediate and bold action to end HIV.

THE GLOBAL HIV/AIDS RESPONSE

While the United States is not solely responsible for ending HIV/AIDS, it is — and always has been — the largest single donor to the response. Its continued leadership is more crucial than ever.

Over the past 20 years, the United States has been instrumental to the enormous progress made against HIV/AIDS. Today, 28.2 million more people are accessing life-saving treatment that did not

exist 30 years ago. New HIV infections have declined 31% since 2010.

However, the epidemic persists. Even before COVID-19, global HIV prevention goals were unacceptably off-target. According to the most recent [report](#) from UNAIDS, of the 38 million people living with HIV, 10 million lack access to the medicines they need to live healthy lives. Prevention also remains a key challenge and unmet target, with 1.5 million new HIV infections in 2020 alone. In the face of COVID-19, the negative impact on those living with increased risk for HIV is exponentially elevated.

Yet, despite the enormity of the crisis, Congress' final Fiscal Year (FY) 2022 funding package fell far short of the resources needed to effectively fight the dueling crises at the global level. The President's Budget for FY23 does not do much to increase our confidence, proposing cuts of \$20 million from the President's Plan for AIDS Relief ([PEPFAR](#)). PEPFAR is a signature component of the U.S.'s response to HIV/AIDS and has also been essential to fighting other global health crises. Yet it has been flat funded for decades. Neither the FY22 nor the President's proposed FY23 budget do anything to improve the matter.

THE DOMESTIC RESPONSE TO HIV/AIDS

The domestic funding increases for the epidemic have been similarly insufficient. However, here we do see a bright spot. The President's FY23 Budget proposed a \$337 million increase in funding for year four of the EHE initiative. This is particularly powerful given EHE's "all of government" approach which brings in agencies that are outside of, but intersect with, health care. This intersectional approach helps to address the broader, non-medical factors — where people are born and how they grow, work, live, and age — which significantly impact outcomes.

The President's Budget also included an historic proposal of \$237 million — \$9.8 billion over 10 years — to increase access to Pre-Exposure Prophylaxis (PrEP). If enacted, these resources would help address racial, ethnic, and gender health disparities in PrEP uptake, which is a key goal of the [National HIV/AIDS Strategy](#). However, "if" is the operative word; this is a budget request and does not have the power of the law — only Congress is able to appropriate funds.

We need Congress to act. These increases would help enormously. But even this is still not enough to achieve our goals. The updated EHE initiative is innovative, but it is also relatively small in scale. On its own, it is not going to get us to the endgame.

There are exciting biomedical innovations in the pipeline which could potentially be game changers. For example, injectable prevention and treatment is newly available to the general public. However, the funding and systems of healthcare delivery are not fully evolved to support their rollout. We were already struggling to get PrEP into the hands of those who need it. Now, we are also struggling to get the community prepared for the next stage of HIV prevention, treatment, and care.

The Ryan White HIV/AIDS program ([RWHAP](#)), which helps to fund care and treatment services for low-income people with HIV. However, the RWHAP needs more funding to implement clinical best

practices in under-resourced communities.

It's clear that we have the tools to achieve our goals. Now, we need the resources to ensure we can effectively make use of them.

NOW WHAT?

Although this assessment is stark, it is not too late to turn things around. We can still achieve both the global and domestic goals for ending HIV as a public health threat. But it requires bold action. It's too late for incrementalism.

As Congress moves forward with the FY23 appropriations process, this bold action must be the modus operandi. Collective action has brought about remarkable progress against HIV over the course of the past four decades. We can prove to the world that we are capable of finishing what we've started. We have the tools. We know the way. We simply need the resources to reach the finish line.

Katie Lapedes Coester is co-chair of the Global AIDS Policy Partnership ([GAPP](#)), a diverse coalition of over 70 organizations—including advocates, civil society and faith-based organizations, philanthropy, implementers, professional membership organizations, and NGOs—committed to expanding and improving U.S. global HIV/AIDS programming.

Ace Robinson is co-chair of the Federal AIDS Policy Partnership ([FAPP](#)), a national coalition of more than 120 local, regional, and national organizations advocating for federal funding, legislation and policy to end the HIV epidemic in the United States.

© 2026 Smart + Strong All Rights Reserved.

<http://beta.docker.poz.com/article/when-will-hiv-end>