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Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

The urgency of now: AIDS at a crossroads – progress report on the 2025 targets and strategic directions for the future

Report of the Secretary-General**

Summary

As mandated in the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted by the General Assembly in its resolution 75/284 of 8 June 2021, the present report contains a review of progress towards realizing the targets and commitments set out in the Political Declaration and an outline of the work that still lies ahead.

The present progress report comes at a critical moment in the global HIV response, when urgent action is needed to protect hard-won gains and accelerate progress towards ending AIDS as a public health threat. For more than two decades, the Government of the United States of America has been a steadfast leader in the global HIV response through the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and through its support for the Joint United Nations Programme on HIV/AIDS (UNAIDS), which together contributed over 70 per cent of donor funding to the response. Since its creation in 2003, the Plan has saved more than 26 million lives by investing in critical HIV prevention, treatment, care and support programmes in 55 countries.

The funding pause by the Government of the United States since the end of January 2025 has highlighted the fragility of the response to HIV. Countries have been anticipating a gradual reduction in external assistance. The abrupt nature of the 90-day pause means countries have had limited time to prepare and undertake mitigation measures. Nevertheless, countries have demonstrated strong political commitment, including at the recent thirty-eighth African Union Summit, at which the African Union Road Map to 2030 and Beyond: Sustaining the AIDS Response, Ensuring Systems Strengthening and Health Security for the Development of Africa was adopted.

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The current Global AIDS Strategy 2021–2026 has led the HIV response with a bold vision of ending inequalities that continue to fuel the epidemic. The midterm review of the Strategy, published as part of the annual *Global AIDS Update* in July 2024, highlighted key achievements and remaining challenges to inform the development of the next phase of the response.

Under the current strategy, fewer people acquired HIV in 2023 than at any point since the late 1980s. Over 30 million people were receiving life-saving antiretroviral therapy, reducing AIDS-related deaths to their lowest level since the peak of 2004. Significant gains have been made in sub-Saharan Africa, underscoring the power of existing interventions to end AIDS as a public health threat by 2030. As the United Nations approaches its eightieth anniversary, the results of the HIV response stand as a powerful testament to the impact of multilateral action, and must be protected.

Amid recent challenges and the fragility of the HIV response, the world is falling behind in achieving the 2025 HIV targets. Obstacles to accessing treatment, insufficient prevention programming, a failure to adequately support the work of communities, rising inequalities and a lack of political will and financial support threaten the response.

The next Global AIDS Strategy, for the period 2026–2031, is being developed at a time when the response to the HIV epidemic is at a crossroads. The strategy will be among the most important in 40 years of response to the pandemic. Developed in a context of instability for many countries, in particular with regard to HIV-related funding, the strategy will be crucial for accelerating the achievement of the 2030 Agenda for Sustainable Development and setting the foundation for a sustainable response to HIV post-2030.

I. Introduction

1. The HIV response is at a crossroads: groundbreaking achievements and scientific advances are being threatened by diminished global commitment to and investment in ending AIDS as a public health threat. The world will be enabled to end AIDS as a public health threat by 2030 and sustain the gains into the future through the following: universal access to HIV treatment and its integration with other health programmes; investment in new innovations and scaled-up HIV prevention programming; enabling legal and social environments; reinforced commitment to human rights and values of equity; investments in communities; and sufficiently and sustainably funded HIV programmes through country and community systems. The most recent data from 2023 illustrated that the 2025 targets were within reach for some countries, prior to the recent seismic shifts in funding for the global HIV response.

2. The world is now not on track. Political commitment to fully fund the HIV response is at risk. In January 2025, the Government of the United States ordered an immediate pause on its foreign assistance to assess programmatic efficiencies and consistency with United States foreign policy.[1] As of December 2024, the Government of the United States had been supporting more than 20 million people with life-saving antiretroviral treatment, including about 560,000 children (aged 0–14 years). The United States President's Emergency Plan for AIDS Relief (PEPFAR) programme operates in 55 countries, primarily in Africa, providing critical life-saving services for tens of millions of people living and affected by HIV. The sudden pause in United States foreign aid for HIV is already disrupting the delivery of life-saving HIV medicines and the provision of services for millions of people.[2]

3. If the President's Emergency Plan for AIDS Relief were permanently halted, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimates that there would be an estimated additional 4 million AIDS-related deaths, 3 million AIDS orphans, 600,000 new HIV infections among children and an additional 6 million adult new infections by 2029, making it impossible to achieve target 3 of Sustainable Development Goal 3 and end AIDS as a public health threat by 2030.

4. Further risks to the HIV response are posed by the threats to human rights, gender equality and the empowerment of women as they relate to HIV prevention, testing and treatment services, imperilling the progress of the response and driving disparities between populations and regions. Increases in the frequency and magnitude of conflict-related and climate-induced emergencies, and the rising number of displaced people as a result, underscore the need to better adapt HIV responses to humanitarian contexts. Key populations,[3] women and girls continue to be at significant risk of lack of access to services, driven by inequalities.

5. A midterm review of the Global AIDS Strategy 2021–2026[4] was published as part of the 2024 *Global AIDS Update*.[5] The review took stock of global and country-level progress made under the current strategy. Key findings from the review are summarized below.

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[1] "Reevaluating and realigning United States foreign aid" (Washington, DC, The White House, 20 January 2025). See www.whitehouse.gov/presidential-actions/2025/01/reevaluating-and-realigning-united-states-foreign-aid.

[2] See www.unaids.org/en/impact-US-funding-cuts.

[3] People from key populations include sex workers, gay men and other men who have sex with men, people who inject drugs, transgender people and people in prisons and other closed settings.

[4] *Global AIDS Strategy 2021–2026: End Inequalities. End AIDS*, available at www.unaids.org/sites/default/files/media_asset/global-AIDS-strategy-2021-2026_en.pdf.

[5] UNAIDS, *The Urgency of Now: AIDS at a Crossroads* (Geneva, 2024). Available at www.unaids.org/en/resources/documents/2024/global-aids-update-2024.

6. Success depends on further prioritization of the work under way to end AIDS, rising to the moment and recognizing the “urgency of now”. The midterm review underscores that urgency: whether the world ends AIDS depends on the path that leaders take in the coming years. The forthcoming Global AIDS Strategy for the period 2026–2031 must set that path.

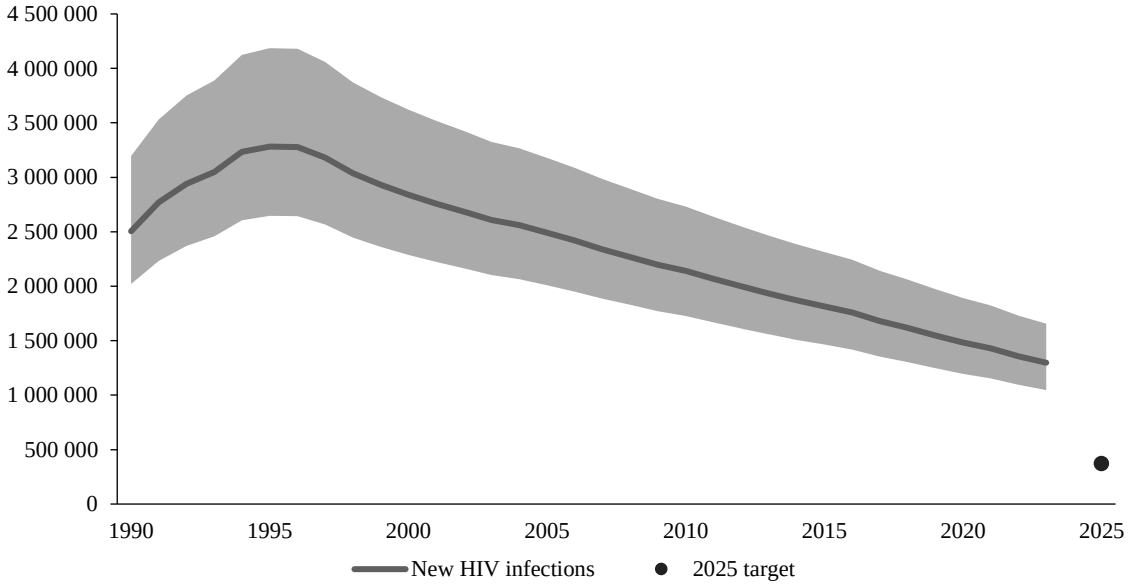
II. AIDS at a crossroads: progress report on the HIV epidemic

7. The global HIV response has made remarkable gains towards the 2025 targets set by the General Assembly in June 2021 to end AIDS as a public health threat by 2030,[6] a commitment enshrined in the Sustainable Development Goals. Despite this progress, the world will fall short of these targets.

A. The HIV pandemic

8. Fewer people acquired HIV in 2023 than at any point since the late 1980s.[7] Globally, about 39 per cent fewer people acquired HIV in 2023 compared with 2010, with sub-Saharan Africa achieving the steepest reduction (56 per cent).[8] Nonetheless, an estimated 1.3 million (1.0 million–1.7 million) people acquired HIV in 2023 – over three times the target of 370,000 or fewer new infections in 2025. Three regions are experiencing rising numbers of new HIV infections: Eastern Europe and Central Asia, Latin America, and the Middle East and North Africa (see figure I).

Figure I
Number of new HIV infections around the world, 1990–2023 and 2025 target



Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org).

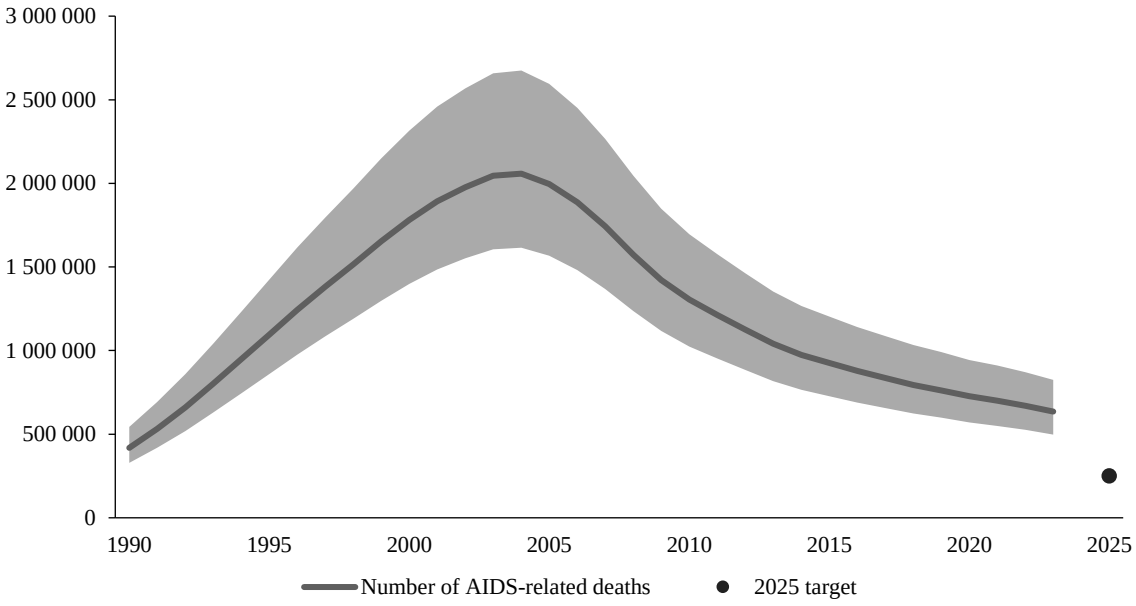
[6] See Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, adopted by the General Assembly in its resolution 75/284 of 8 June 2021.
[7] Unless otherwise stated, data provided are epidemiological estimates by UNAIDS for 2024 and data reported by countries to UNAIDS through its annual Global AIDS Monitoring exercise.
[8] UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org).

9. Globally, the decline in the number of new infections was greater among women than men, a trend that holds across different age groups. However, the HIV incidence rate among adolescent girls and young women was more than three times that among adolescent boys and young men in 22 countries in sub-Saharan Africa. Coverage of dedicated HIV prevention programmes for adolescent girls and young women is still insufficient in areas with moderately high HIV incidence.

10. Fewer children aged 0–14 years are acquiring HIV, a trend that is due largely to successes in East and Southern Africa, where the annual number of new HIV infections in children fell by 73 per cent between 2010 and 2023. The overall decline in vertical HIV infections, however, has slowed markedly in recent years, in particular in West and Central Africa. An estimated 120,000 (83,000–170,000) children acquired HIV in 2023, bringing the total number of children living with HIV globally to 1.4 million (1.1 million–1.7 million), 86 per cent of whom are in sub-Saharan Africa.

11. An estimated 30.7 million (27.0 million–31.9 million) people were receiving life-saving antiretroviral therapy in 2023, reducing AIDS-related deaths to the lowest level since the peak of 2004 (see figure II). In sub-Saharan Africa, these successes have contributed to a rebound in average life expectancy from 56.3 years in 2010 to 61.1 years in 2023.

Figure II
Number of AIDS-related deaths around the world, 1990–2023 and 2025 target



Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org).

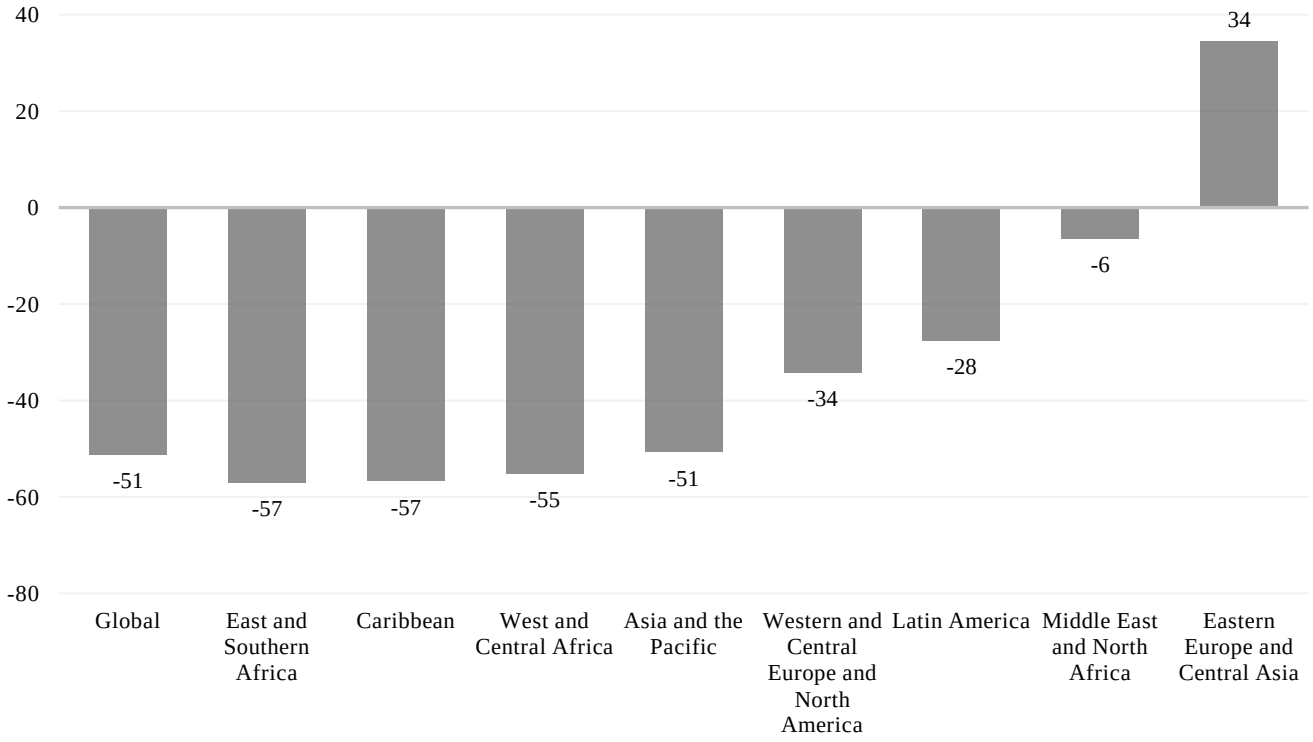
12. Increasing access to antiretroviral therapy for both treatment and prevention – much of it provided free of charge and through the public health sector – more than halved the annual number of AIDS-related deaths, from 1.3 million (1.0 million–1.7 million) in 2010 to 630,000 (500,000–820,000) in 2023. However, this number was still twice as high as the global target set for 2025.

13. The number of AIDS-related deaths could be reduced to fewer than the 2025 target of 250,000 if the response achieves further rapid increases in diagnosing and providing HIV treatment to people living with HIV (see figure III).

14. Treatment programmes were also driving down the number of new HIV infections. People with an undetectable viral load have zero risk of transmitting HIV to their sexual partners, and people with a suppressed viral load have a near-zero risk of doing so. This has given rise to the “Undetectable = Untransmittable” (U=U) campaign.

Figure III

Change in annual number of AIDS-related deaths between 2010 and 2023, globally and by region



Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org).

15. Progress has been uneven, however. A person dies from HIV-related causes every minute. Globally, 9.3 million people, or nearly a quarter of the 39.9 million people living with HIV, are not receiving life-saving treatment. The gap is higher among children, with 43 per cent not accessing treatment. The world pledged to reduce annual new infections to below 370,000 by 2025, but new HIV infections were still more than three times that level, at 1.3 million, in 2023.

16. Prevention and treatment services will reach people only if human rights are upheld, gender inequalities are addressed, discriminatory laws against women and marginalized communities are removed, and HIV-related discrimination and violence, in particular against women and key populations, are tackled. Equitable access to medicines and innovations, including long-acting technologies, is critical.

17. Persistent stigma and discrimination related to real or perceived HIV status, and intersections with discrimination on the basis of gender, behaviour or sexuality, also stand in the way. According to an analysis of studies conducted by the People Living with HIV Stigma Index 2.0 in 25 countries, 25 per cent of people living with HIV reported experiencing stigma and discrimination when seeking non-HIV-related

healthcare.[9] According to a survey published in March 2025, community organizations and networks around the world described not only disruptions to services and staff shortages, but also an increase in stigma and discrimination and psychological distress caused by the sudden withdrawal of funding support.[10]

18. The HIV-related needs of people from key populations are often served by non-governmental organizations, including organizations led by people living with HIV, as well as community-led organizations, whose work tends to go unrecognized and underfunded.

B. Mixed progress in HIV prevention

19. Globally, the 2025 prevention target (95 per cent of people at risk of HIV infection have access to and use effective combination prevention options) was not within reach in 2023. Prevention programmes continue to be underfunded, uptake of low-cost HIV prevention methods has slowed, and access to prevention tools such as pre-exposure prophylaxis (PrEP) products, including the dapivirine vaginal ring, remains unequal.

20. Recent innovations have the potential to be a game changer for HIV prevention if made available rapidly and affordably to potential users. For example, a six-month long-acting injectable PrEP product has shown extremely high efficacy in preventing HIV among adolescent girls and women in Africa.

21. The global HIV prevention response has been proceeding at an encouraging pace in sub-Saharan Africa, but it has stalled in other regions and continued to increase in three regions: Eastern Europe and Central Asia, Latin America, and the Middle East and North Africa. Persistent and widening gaps in basic HIV prevention must be addressed urgently.

22. At least half of all people from key populations are not being reached with prevention services, according to data reported to UNAIDS.[11] In particular, people who inject drugs, gay men and other men who have sex with men, and transgender people are neglected. In addition, more than half of the areas with high or moderately high HIV incidence in sub-Saharan Africa do not have prevention programmes tailored for adolescent girls and young women.[12]

23. Rapid, wider access to PrEP, including to the new long-acting injectable formulation, could reduce the number of new HIV infections, especially among people from key populations and among women in areas where HIV incidence is high. At current prices, however, this product will not be accessible to low- and lower-middle-income countries.

[9] Global Network of People Living with HIV, “Hear us out: community measuring HIV-related stigma and discrimination”, People Living with HIV Stigma Index 2.0 Global Report 2023 (Amsterdam, 2023).

[10] “What is the cost of inaction? Impact of funding cuts on the global HIV response and needs for emergency funding” (Global Network of People Living with HIV, Aidsfonds and Robert Carr Fund, 1 March 2025).

[11] Country reporting through Global AIDS Monitoring 2024 (see https://aidsinfo.unaids.org).

[12] High HIV incidence denotes one or more new infections per 100 person-years. Moderately high incidence denotes 0.3–0.99 new infections per 100 person-years.

24. Condom use remains the most effective low-cost HIV prevention method,[13,14] but condom programmes have been defunded and social marketing schemes cut back in many countries.[15] In some countries, sex workers report high levels of condom use with clients, but their access to potent prevention tools such as PrEP is minimal.[13] Gay men and other men who have sex with men and transgender people lack access to PrEP, except in a few high-income countries. Access to harm reduction services for people who inject drugs is extremely low, except in a few countries. There are also opportunities for voluntary medical male circumcision programmes to make a bigger impact.[16] The 35 million circumcisions conducted between 2008 and 2022 in 15 priority countries in East and Southern Africa averted an estimated 670,000 HIV infections.[17]

25. Interventions that address social and structural barriers are critical to preventing new HIV infections. Meaningfully engaging and advocating for children and adolescents is critical to ensure that responses are tailored to young populations in greatest need. Investments must be ramped up to transform unequal norms and to prevent and respond to violence against women and other gender-based inequalities that place women at significant risk of HIV, with the leadership and meaningful engagement of women, including young women, and girls who are living with HIV.

26. The continued underfunding of HIV prevention, societal enabler programmes and community-led activities does not bode well for the HIV response. Only an estimated $1.8 billion to $2.4 billion was available for primary prevention programmes in low- and middle-income countries in 2023, compared with the $9.5 billion that will be needed in 2025. Spending on societal enabler programmes amounted to $0.9 billion to $1.1 billion, far short of the $3.0 billion needed in 2025.

C. Expanded access to HIV treatment and population viral suppression

27. The year 2023 marked a landmark public health achievement in access to HIV treatment. Approximately 30.7 million (27.0 million–31.9 million) of the estimated 39.9 million (36.1 million–44.6 million) people living with HIV globally were receiving antiretroviral therapy. Global treatment coverage increased from 47 per cent in 2015 to 77 per cent in 2023.

28. The 95-95-95 targets set for 2025 (95 per cent of people living with HIV know their status, 95 per cent of people who know they are living with HIV are receiving antiretroviral therapy, and 95 per cent of people receiving antiretroviral therapy have viral suppression) are within reach. By 2023, approximately 86 per cent of people living with HIV worldwide knew their status. Among them, approximately 89 per cent were receiving antiretroviral therapy and 93 per cent of people on treatment had suppressed a viral load (see figure IV).

[13] John Stover and others, “The case for investing in the male condom”, *PLoS One*, vol. 12, No. 5 (16 May 2017).

[14] John Stover and Yu Teng, “The impact of condom use on the HIV epidemic”, *Gates Open Research*, vol. 5, No. 91 (2022).

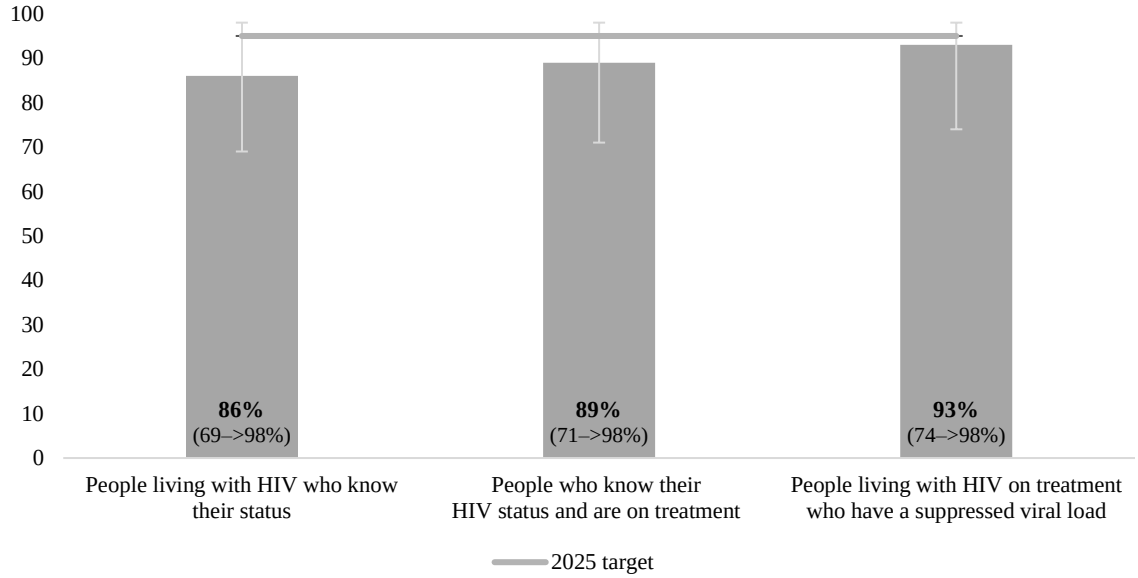
[15] “The global condom landscape: perspectives on the context of condom programming in a shifting environment”, PowerPoint presentation (Seattle, United States, and Geneva, Mann Global Health, 2024).

[16] Loveleen Bansi-Matharu and others, “Cost-effectiveness of voluntary medical male circumcision for HIV prevention across sub-Saharan Africa: results from five independent models”, *Lancet Global Health*, vol. 11, No. 2 (2023).

[17] Special analysis by Avenir Health using the Goals model, November 2023.

Figure IV

Percentage of people living with HIV who know their HIV status, who know their HIV status and are receiving antiretroviral therapy, and who are on HIV treatment and have a suppressed viral load, globally, 2023



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

29. Supporting people living with HIV to start and stay on antiretroviral therapy has enormous personal and public health benefits. The successful treatment of HIV is crucially important for preventing new HIV infections.[18] In 2023, almost three in four adults (73 per cent (66–81 per cent)) living with HIV globally had a suppressed viral load, a significant improvement compared with 40 per cent (36–45 per cent) in 2015.

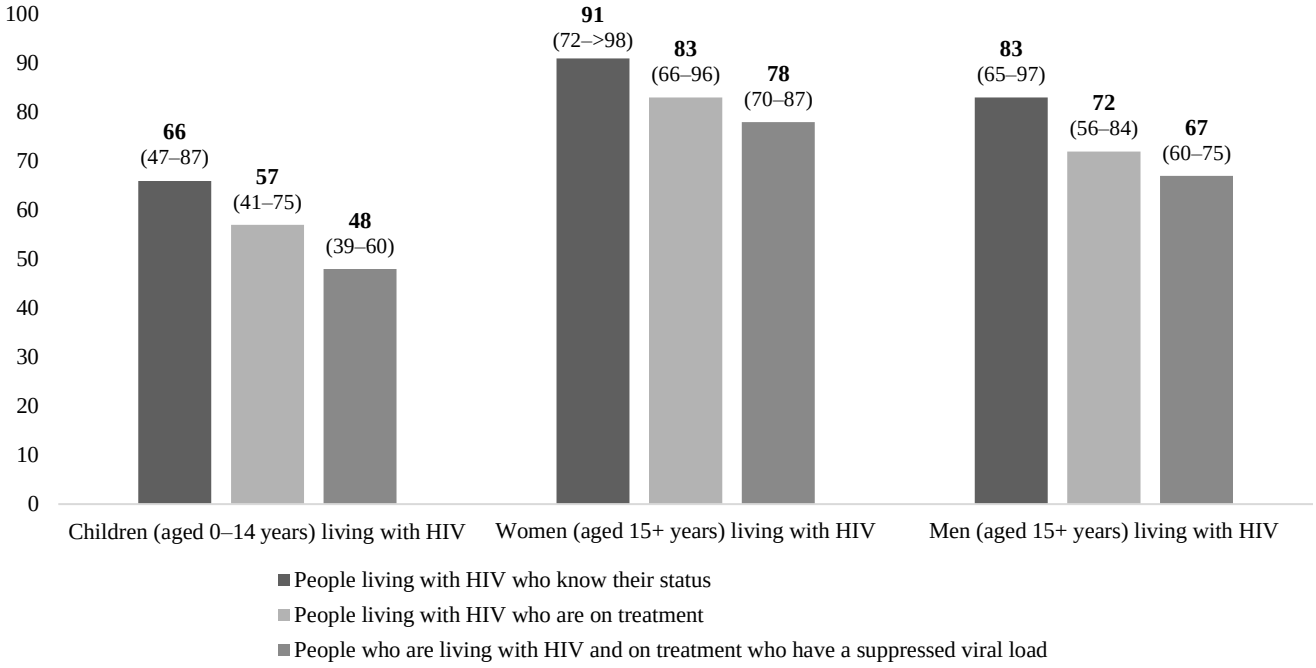
30. Some of the biggest gains have occurred in sub-Saharan Africa. Health and community systems have improved, offering HIV tests to people who may have been exposed to HIV and linking them to reliable treatment and care services. More tolerable and effective treatment regimens are making it easier for people to continue taking antiretroviral medicines and suppress viral loads.

31. Disparities in access to HIV testing and treatment continue to undercut the overall impact of these accomplishments, however. The biggest gaps involve people who do not know they are living with HIV and people who have been diagnosed with HIV but have not started or been able to stay on treatment. Persistent disparities in treatment coverage – between regions, between adults and children, and between women and men – continue to undercut the overall impact of the HIV response.

32. Children aged 0–14 years living with HIV remain considerably less likely than adults to be diagnosed and receive antiretroviral therapy: about 43 per cent (31–57 per cent) of the global total of 1.4 million (1.1 million–1.7 million) children living with HIV were not receiving treatment in 2023. Children accounted for 12 per cent of all AIDS-related deaths, even though they constituted only 3 per cent of people living with HIV (see figure V).

[18] R.M. Anderson and R.M. May, “Epidemiological parameters of HIV transmission”, *Nature*, vol. 333 (1988).

Figure V
Testing and treatment cascade among children, women and men around the world, 2023
(Percentage)



Source: Further analysis of UNAIDS epidemiological estimates, 2024.

33. Across the world, adult men aged 15 years and above living with HIV are less likely than their female counterparts to know their HIV status and receive HIV treatment. Their treatment outcomes also tend to be poorer.

34. Antiretroviral therapy coverage among some key populations may have increased in recent years,[19] but people from key populations living with HIV still have lower antiretroviral therapy coverage and worse treatment outcomes than other people living with HIV, in particular in sub-Saharan Africa.[20]

35. Consequently, one quarter (23 per cent (19–27 per cent)) of all people living with HIV were not receiving antiretroviral therapy in 2023. Access to treatment was especially low in Eastern Europe and Central Asia and the Middle East and North Africa, where only about half of the 2.1 million (1.9 million–2.3 million) and 210,000 (170 000–280 000) people living with HIV, respectively, were receiving antiretroviral therapy.

36. An estimated 1.8 million (1.6 million–2.0 million) people have advanced HIV disease (AIDS). AIDS used to be seen mainly as a problem of late diagnosis and treatment of HIV infection. These concerns remain, but advanced HIV disease is now most common among people living with HIV who have received antiretroviral

[19] James Stannah and others, “Trends in HIV testing, the treatment cascade, and HIV incidence among men who have sex with men in Africa: a systematic review and meta-analysis”, *The Lancet HIV*, vol. 10, No. 8 (August 2023).

[20] Oliver Stevens and others, “Population size, HIV prevalence, and antiretroviral therapy coverage among key populations in sub-Saharan Africa: collation and synthesis of survey data 2010–2023”, *medRxiv*, preprint. Available at www.medrxiv.org/content/10.1101/2022.07.27.22278071v2.

therapy and then stopped treatment.[21,22] This puts their health at risk, increases the risk of HIV transmission and adds to the burden on health systems, including impeding the benefits of the U=U campaign.[23,24]

37. People living with HIV have an increased risk of mental health conditions, especially depression, across the life course and require access to screening, diagnostic and treatment services, and psychosocial support.[25] As people living with HIV age, they are likely to encounter a growing range of comorbidities, including noncommunicable diseases such as hypertension and diabetes, that require care.

38. The prices of vital HIV products are a major factor in the ability of countries to sustainably finance their HIV programmes with domestic resources. Although the prices of many antiretroviral medicines have continued to decline in recent years, low- and middle-income countries spent approximately $3 billion on antiretroviral medicines between 2020 and 2022. Procurement prices still vary drastically across regions and country income groups. In an environment of constrained resources, lowering the prices of antiretroviral treatment and new innovations introduced to the market will be essential to the sustainability of the response to HIV.

D. More progress in reducing stigma, discrimination, social inequalities and violence is needed

39. The 10-10-10[26] and the 30-80-60[27] targets set for 2025 are not within reach. Punitive laws targeting people living with HIV and people from key populations were still on the statute books in almost all countries, thereby threatening access to HIV prevention and treatment services. Stigma, discrimination, social inequalities, exclusion and gender inequality, including gender-based violence, make it hard for people to stay free of HIV and protect their health.[28,29] Recognition of these barriers

[21] Marcel Kitenge and others, “Prevalence and trends of advanced HIV disease among antiretroviral therapy-naïve and antiretroviral therapy-experienced patients in South Africa between 2010–2021: a systematic review and meta-analysis”, *BMC Infectious Diseases*, vol. 23, No. 1 (2023).

[22] Dominik Stelzle and others, “High prevalence of advanced HIV disease in sub-Saharan Africa: an analysis of household surveys”, abstract presented at the Conference on Retroviruses and Opportunistic Infections, held from 3 to 6 March 2024 in Denver, United States.

[23] Haroon Moolla, “The effect of unplanned care interruptions on the mortality of adults resuming antiretroviral therapy in South Africa: a survival analysis”, abstract presented at the twelfth International AIDS Society Conference on HIV Science, held from 23 to 26 July 2023 in Brisbane, Australia.

[24] Surajudeen Abdulrahman and others, “HIV treatment adherence: a shared burden for patients, healthcare providers, and other stakeholders”, *AIDS Reviews,* vol. 21, No. 1 (2019).

[25] *Integration of Mental Health and HIV Interventions: Key Considerations* (Geneva, UNAIDS, 2022).

[26] The 2025 targets are defined as follows: less than 10 per cent of countries have punitive legal and policy environments that lead to the denial or limitation of access to services; less than 10 per cent of people living with HIV and people from key populations experience stigma and discrimination; and less than 10 per cent of women, girls, people living with HIV and people from key populations experience gender-based inequalities and all forms of gender-based violence.

[27] The 2025 targets are defined as follows: 30 per cent of testing and treatment services to be delivered by community-led organizations; 80 per cent of service delivery for HIV prevention programmes for people from key populations and women to be delivered by community, key population and women-led organizations; and 60 per cent of programmes support the achievement of societal enablers to be delivered by community-led organizations.

[28] Anne Stangl and others, “Removing the societal and legal impediments to the HIV response: an evidence-based framework for 2025 and beyond”, *PLoS One*, vol. 17, No. 2 (2022).

[29] Rachel Baggaley, “Young key populations and HIV: a special emphasis and consideration in the new WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations”, *Journal of the International AIDS Society*, vol. 18, No. 2 (2015).

has increased, but it is not yet sufficiently reflected in laws, policies and practices, and rising authoritarianism is making it even more difficult to remove these barriers.[30]

40. Almost half (47 per cent) of people in 42 countries with recent survey data harboured discriminatory attitudes towards people living with HIV.[31] These attitudes continue to be found at health facilities. Almost one quarter of people living with HIV reported experiencing stigma when seeking non-HIV-related healthcare services in the previous 12 months, according to an analysis of People Living with HIV Stigma Index surveys conducted in 25 countries.[32]

41. Very few countries are close to achieving the 2025 target of less than 10 per cent of people living with HIV and people from key populations experiencing stigma and discrimination. Prompted by the activism of affected communities, a few countries have abandoned or reformed laws that target people living with HIV and people from key populations. Out of 193 countries, only 3 (Netherlands (Kingdom of the), Uruguay and Venezuela (Bolivarian Republic of)) did not have any laws that criminalize sex work, same-sex sexual relations, possession of small amounts of illicit drugs, transgender people or HIV non-disclosure, exposure or transmission.

42. Gender-based violence, in particular against women and girls, remains a threat and a serious violation of human rights everywhere.[33] The interplay between intimate partner violence and HIV is an ongoing concern in high-prevalence settings. Women who experienced physical intimate partner violence in the 12 months preceding the survey had on average a 9 per cent lower likelihood of viral suppression compared with those not exposed to such violence, according to analysis of data from seven surveys in countries in sub-Saharan Africa.[34]

43. Non-governmental organizations, including organizations led by people living with HIV, women-led organizations, and youth and community-led organizations, help provide services and support to people, especially people living with HIV and people from key populations, whose HIV and other healthcare needs tend to be neglected by public and private health providers.[35] Community leadership has been a cornerstone of the AIDS response and is enshrined in the Greater Involvement of People Living with HIV/AIDS principle that was adopted in 1994 at the Paris AIDS Summit[36] of "nothing about us without us".

44. It is essential that community-led organizations have the civic space and legal and regulatory environments that permit them to receive funding and operate, and that they have functional links with public health and wider government systems. Nevertheless, over two thirds (71 per cent) of the world's population lives in 78 countries where civic space is now either entirely closed or heavily controlled, threatening people's most basic human rights, including the right to health.[37] There is

[30] Global Commission on HIV and the Law, *Risks, Rights and Health: Supplement* (New York, UNDP, 2018).

[31] Population-based surveys, 2019–2023.

[32] Global Network of People Living with HIV, "Hear us out: community measuring HIV-related stigma and discrimination".

[33] E/CN.6/2025/3/Rev.1.

[34] Salome Kuchukhidze and others, "The effects of intimate partner violence on women's risk of HIV acquisition and engagement in the HIV treatment and care cascade: a pooled analysis of nationally representative surveys in sub-Saharan Africa", *The Lancet HIV*, vol. 10, No. 2 (2023).

[35] George Ayala and others, "Peer- and community-led responses to HIV: a scoping review", *PLoS One*, vol. 16, No. 12 (2021).

[36] See www.unaids.org/en/resources/documents/2014/20141201_GIPAprinciple.

[37] CIVICUS – World Alliance for Citizen Participation, "People power under attack 2023: a report based on data from the CIVICUS Monitor" (Johannesburg, South Africa, 2023).

a persistent need for support, including financial support, for community engagement to secure the sustainability of the HIV response into the future.

E. Better integration of HIV services is a cornerstone of sustainability

45. A strong integration agenda can support the sustainability and long-term resilience of HIV programmes. When integrated well, HIV services and other health services can improve health outcomes, strengthen health systems and support progress towards universal health coverage.[38] Integration within primary healthcare and across sectors has also been a feature of national HIV responses. Further, gender equality and the empowerment of women, workplace interventions, humanitarian assistance, social protection and livelihood schemes have been progressively linked with HIV-related interventions.

46. An increasing number of countries have national strategic HIV plans that are integrated with those related to other health issues or diseases, and with broader health strategies or plans. Thirty-nine of the 151 reporting countries had national health strategies or policies that integrated the HIV response (seven more than in 2022). Of the 60 countries that had adopted universal health insurance schemes, 38 included antiretroviral therapy and 21 included PrEP in their health benefit and financing packages.[39]

47. Linked or integrated tuberculosis and HIV treatment for people living with both HIV and tuberculosis helped avert an estimated 6.4 million (5.5 million–7.3 million) deaths between 2010 and 2022.[40] Interventions that prevent and treat HIV, sexually transmitted infections and viral hepatitis can be both cost-effective and cost-saving, especially when combined.[41]

48. The integration of services can address interrelated issues and risks for certain populations, such as through the integration of HIV services, sexual and reproductive health services, nutritional support, and mental health and gender-based violence services. Comprehensive sexuality education remains a critical factor in the ability of all people, in particular adolescent girls and boys, to protect themselves from HIV by improving knowledge of HIV and related services. Some progress has been made, but integrated services for HIV and sexual and reproductive health generally are not yet widespread.[42]

49. The rise in conflict-related and climate change-induced[43] emergencies and protracted humanitarian contexts underscores the need for HIV-integrated emergency responses that address people's health, food security and nutrition, and protection needs, especially in high-burden countries.

50. The benefits of integration are context-specific, and they require a range of enabling factors, including adequate staffing and expertise, functioning health systems, well-resourced and adequately linked community health systems, and

[38] Caroline Bulstra, "Integrating HIV services and other health services: a systematic review and meta-analysis", *PLoS Medicine*, vol. 18, No. 11 (2021).

[39] UNAIDS National Commitments and Policy Instrument, 2017–2024 (Geneva, UNAIDS, 2024). See https://lawsandpolicies.unaids.org.

[40] World Health Organization (WHO), *Global Tuberculosis Report 2023* (Geneva, 2023).

[41] WHO, *Consolidated Guidelines on HIV, Viral Hepatitis and STI Prevention, Diagnosis, Treatment And Care For Key Populations* (Geneva, WHO, 2022).

[42] Linda-Gail Bekker and others, "Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society-*Lancet* Commission", *The Lancet*, vol. 392, No. 10144 (2018).

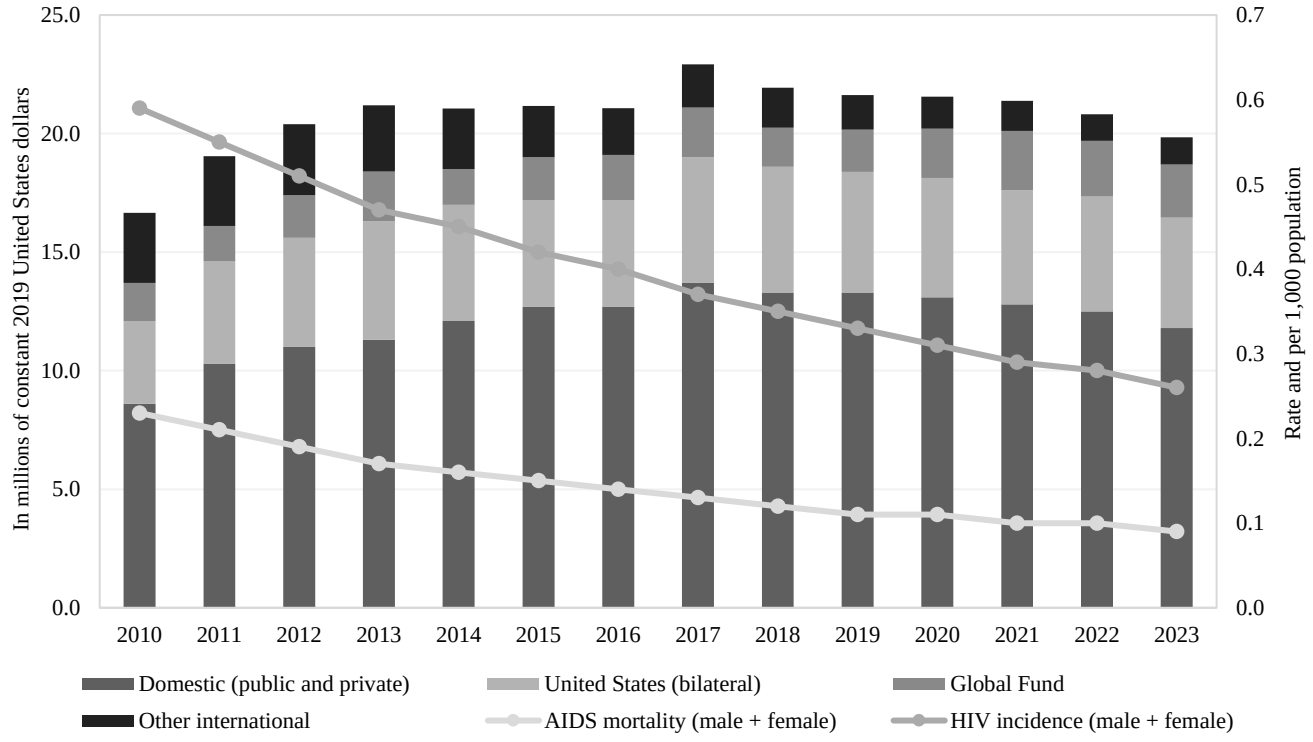
[43] "The climate crisis and its impact on HIV services: a policy brief from UNDP and UNAIDS" (Geneva, UNAIDS, 2024).

decisive actions to prevent stigma and discrimination.[44,45,46] Moreover, it is vital that integration is pursued in ways that strengthen the person-centred and equity-based principles that define successful HIV programmes.[47]

F. A funding crisis is putting the HIV response in jeopardy

51. Approximately $19.8 billion was available for HIV programmes in low- and middle-income countries in 2023, which is almost $9.5 billion short of the amount needed in 2025. In 2023, total resources available for HIV, adjusted for inflation, were at their lowest level in over a decade. The regions with the largest funding gaps (Eastern Europe and Central Asia, and the Middle East and North Africa) were making the least headway against their HIV epidemics. Most funding for HIV programmes comes from domestic resources (about 59 per cent), but both international and domestic HIV funding are under stress. Adjusted for inflation, domestic HIV funding declined in 2023 for the fourth year in a row, and international resources were almost 20 per cent lower than at their peak in 2013 (see figure VI).

Figure VI
Resource availability, HIV incidence and AIDS mortality in low- and middle-income countries (2010–2023)



Source: UNAIDS estimates, July 2024.

[44] Caroline Bulstra, “Integrating HIV services and other health services: a systematic review and meta-analysis”.
[45] Luka Nkhoma, Doreen Chilolo Sitali and Joseph Mumba Zulu, “Integration of family planning into HIV services: a systematic review”, *Annals of Medicine*, vol. 54, No. 1 (2022).
[46] Henry Zakumumpa and others, “Transitioning health workers from PEPFAR contracts to the Uganda government payroll”, *Health Policy and Planning*, vol. 36, No. 9 (November 2021).
[47] Linda-Gail Bekker and others, “Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society-*Lancet* Commission”.

52. The foreign assistance review of the Government of the United States has served to highlight the deep fragility of the HIV response. Direct contributions from that Government amount to 33 per cent of HIV funding in countries supported by the President's Emergency Plan for AIDS Relief, and the potential withdrawal of the Plan poses a major risk. Many of those nations face high disease and debt burdens, which limits their ability to replace lost resources. While domestic contributions in countries supported by the Plan have risen by 38 per cent since 2010, they remain insufficient to fully cover the support provided under the Plan in a short amount of time. International donor funding in those countries has also declined from $3 billion in 2010 to $1.1 billion in 2023. Support under the Plan funds 19 per cent of HIV medicines in 36 low- and middle-income countries (a figure that rises to 32 per cent when self-reliant nations are excluded). Without sustained support, service disruptions could reverse progress and threaten millions of lives.

53. Despite the abrupt nature of the cuts by the Government of the United States to funding for the global HIV response, countries have demonstrated strong political commitment. By March 2025, the Governments of Botswana, Ghana, Kenya, Malawi, Nigeria and South Africa had issued statements indicating that they would use domestic resources to ensure the continuity of critical HIV services in response to the stop-work orders issued by the United States. In addition, the African Union recently adopted the African Union Road Map to 2030 and Beyond: Sustaining the AIDS Response, Ensuring Systems Strengthening and Health Security for the Development of Africa.[48] Sustainability solutions will require solidarity from Governments, civil society, communities, the private sector and funding partners, including the United States.

III. Securing the future of the AIDS response: strategic priorities going forward

54. UNAIDS projections show that some 46 million people will be living with HIV in 2050 if HIV programmes remain at 2023 coverage levels. Even if the world achieves the 2025 targets and sustains those gains, there will be almost 30 million people living with HIV in 2050. Each of them will need lifelong HIV treatment and support to live long and healthy lives. In the absence of an effective and universally accessible vaccine or cure, HIV transmission will continue.

55. The primary goal is to reduce, by 2030, the number of new infections and AIDS-related deaths by 90 per cent compared with 2010 levels, achieving that reduction in ways that prevent a future resurgence of the epidemic. This requires a resilient and durable HIV response. Projections show that high-burden countries that meet the 95-95-95 targets could continue to reduce new HIV infections by 20 per cent every five years if they invest simultaneously in effective HIV primary prevention programmes.[49] These investments need to occur in environments free of stigma and discrimination and will require financial and political investments in critical enablers and community-led programmes. Nevertheless, other changes are also required owing to the constantly evolving nature of the HIV pandemic. HIV programmes will have to be integrated into broader health programmes, with a view to responding to the

[48] See https://aidswatchafrica.org/african-leaders-renew-commitment-to-strengthening-health-systems-with-the-adoption-of-the-au-roadmap-to-2030-and-beyond.

[49] UNAIDS, "Describing 'the end of AIDS as a public health threat'" (Geneva, 2023).

growing impact of infectious and noncommunicable diseases, including among people living with HIV.[50]

56. As HIV programmes are integrated further into primary healthcare and broader health systems, there will also be room for mutual learning. HIV responses have been instrumental in fortifying health and community systems and making human rights and equity central priorities. More extensive integration with other health programmes can contribute to further strengthening of country systems, but it should not dilute the distinctive features that make HIV responses successful.[51] This is especially urgent when serving populations who may be targeted with stigma or discrimination.

57. All of this must be achieved in a context shaped by a major funding crisis, persistent inequalities within and between countries, a burgeoning threat of repressive governance and ongoing discrimination against people who are disproportionately exposed to HIV and other health threats. The decisions and actions taken now will have a lasting impact on global efforts to end the AIDS epidemic as a public health threat.

IV. Development of the Global AIDS Strategy for the period 2026–2031

58. The extraordinary results achieved to date have been due to global solidarity and action across countries and sectors, uniting communities, governments, civil society, the private sector, organizations of young people, women and people living with HIV, Indigenous Peoples, trade unions, and faith and scientific communities, with countries leading the way and with the support of global, regional and local partners, in particular UNAIDS, the President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

59. The Global AIDS Strategy 2021–2026 was adopted by consensus at a special session of the Programme Coordinating Board of the Joint United Nations Programme on HIV/AIDS in 2021. Later that year, Heads of State and Government and representatives of States and Governments adopted the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, in which they envisaged a transformative response to end AIDS as a public health threat by 2030. Countries agreed to targets to be met by 2025 that would put them on the path to achieving that goal by 2030.

60. The next Global AIDS Strategy is being developed over the course of 2025. The next High-Level Meeting on HIV/AIDS will be convened by the General Assembly in 2026; at that Meeting, countries are expected to commit to implementing a new Global AIDS Strategy for the period 2026–2031.

61. Throughout 2024, UNAIDS undertook essential groundwork to lay the foundation for the development of the next Global AIDS Strategy through (a) the midterm review of the Global AIDS Strategy 2021–2026; (b) the establishment of an advisory global task team on targets for 2030 and the publication of a set of recommended targets for countries to achieve the goal of ending AIDS as a public health threat by 2030;[52] and

[50] Linda-Gail Bekker and others, "Advancing global health and strengthening the HIV response in the era of the Sustainable Development Goals: the International AIDS Society – Lancet Commission", *The Lancet*, vol. 392, No. 10144 (July 2018); and Gemma Oberth and Alan Whiteside, "What does sustainability mean in the HIV and AIDS response", *African Journal of Aids Research*, vol. 15, No. 1 (2016).

[51] Bekker and others, "Advancing global health"; and Peter Piot and others, "Defeating AIDS: advancing global health", *The Lancet*, vol. 386, No. 9989 (July 2015).

[52] UNAIDS, "Global Task Team on 2030 HIV Targets: draft recommendations", available at www.unaids.org/sites/default/files/2025-03/recommended_2030_HIV_targets_livedocument_en.pdf.

(c) support to countries for the development of sustainability road maps for the HIV response.

62. The next Global AIDS Strategy will cover the final five years leading to the culmination of the 2030 Agenda for Sustainable Development, and it must position the world for a sustainable and resilient response to AIDS after 2030.

63. Political, financial and programmatic sustainability will require immediate, medium-term and long-term visions for meeting the 2025 targets, maintaining and accelerating progress through 2030 and ensuring momentum for strengthened systems that allow for an effective country-owned response beyond 2030. In leading the global efforts to end AIDS as a public health threat by 2030 and sustain the associated gains, UNAIDS supports country partners and communities in the development and implementation of country-owned and country-driven sustainability road maps for the HIV response.

64. The next Global AIDS Strategy will serve to set global priorities for the period leading up to 2030 and for moving beyond the Sustainable Development Goals, including the goal to end AIDS as a public health threat by 2030. The Strategy will be used to guide countries, communities, donors, policymakers and stakeholders in the next phase of the HIV response, including in securing a sustainable response beyond 2030. It will be developed through an inclusive process driven by multiple stakeholders over the course of 2025, with a view to informing the 2026 High-Level Meeting on AIDS. As the world prepares to commemorate 80 years of the United Nations, renewed solidarity and commitment is needed to end AIDS as a public health threat.

V. Recommendations

65. To put the world on track to end AIDS as a public health threat by 2030 and secure a sustainable response to HIV beyond 2030, Member States and stakeholders are encouraged to fully implement the recommendations set out below.

Recommendation 1
Take urgent action to reach people left behind in the HIV response

66. Member States and stakeholders are encouraged:

(a) To scale up HIV prevention, testing and treatment services by addressing gaps and systemic factors that perpetuate HIV-related inequalities and incorporating community-led services;

(b) To implement strategies to remove barriers in the HIV response, such as stigma, discrimination and gender inequality;

(c) To adopt a multisectoral approach to services, including education, sexual and reproductive health, social protection and justice;

Recommendation 2
Secure adequate and sustainable funding for the HIV response

67. Member States and stakeholders are encouraged:

(a) To urgently mobilize domestic and international funding for the HIV response, leveraging alternative financing mechanisms to bridge funding gaps;

(b) To integrate HIV-related needs into health insurance schemes and broader health strategies, as well as development budgets and financing instruments;

(c) To review the adequacy and affordability of current HIV responses for long-term sustainability beyond 2030;

(d) To operationalize sustainability road maps for the HIV response, in collaboration with countries, communities and partners;

(e) To support inclusive discussions on the transformations to the HIV response that may be needed to adapt to the changing external context and pattern of the pandemic and for post-2030 sustainability;

Recommendation 3
Promote community-led responses

68. Member States and stakeholders are encouraged:

(a) To create safe environments for organizations led by people living with HIV, women, young people and key populations to participate in decision-making and service delivery;

(b) To enable adequate and sustainable funding of community-led responses, including through social contracting and other relevant legal mechanisms;

Recommendation 4
Ensure equitable access to medicines and health technologies

69. Member States and stakeholders are encouraged:

(a) To support reductions in the price of medical products;

(b) To ensure equitable and reliable access to affordable, high-quality HIV-related health products, technologies and innovations;

(c) To strengthen supply chain management, procurement and pooled procurement systems;

Recommendation 5
Strengthen data systems for people-centred, evidence-informed and sustainable programmes

70. Member States and stakeholders are encouraged:

(a) To strengthen HIV programmes by building data systems that can be used to support individuals entering and staying in care and enable monitoring of programmes by age, gender and mode of transmission, with a view to achieving effective, differentiated and integrated HIV services;

(b) To strengthen routine, granular data systems to monitor progress and reduce barriers, including by monitoring financing data and tracking commodity prices;

Recommendation 6
Integrate HIV services into health systems to promote the achievement of broader health goals

71. Member States and stakeholders are encouraged:

(a) To align HIV models with the core functions of primary healthcare, namely, primary care services and community engagement, in line with the goal of universal health coverage;

(b) At the 2025 High-Level Meeting on Noncommunicable Diseases, to adequately address the interlinkages between HIV/AIDS and non-communicable

diseases and the integration of services, as appropriate, to respond to the growing impact of such diseases on people living with HIV;

(c) To leverage lessons from over 40 years of responding to the HIV pandemic in the context of negotiations for the development of a World Health Organization instrument on pandemic prevention, preparedness and response;

Recommendation 7
Maintain global solidarity to end AIDS by 2030

72. Member States and stakeholders are encouraged:

(a) To ensure that the global HIV response architecture is coordinated and fit for the future to end AIDS by 2030 and to sustain the gains beyond 2030;

(b) To ensure that the UNAIDS Unified Budget, Results and Accountability Framework for the period 2026–2030 is fully funded;

(c) To report to UNAIDS annually on HIV epidemics and responses;

(d) As mandated by the Political Declaration on HIV and AIDS: Ending Inequalities and Getting on Track to End AIDS by 2030, to support the convening of the 2026 High-Level Meeting on AIDS to review progress, and work with UNAIDS, communities and other partners to set ambitious targets for 2030 as part of the next Global AIDS Strategy.