

## More Now Than Ever. Stand with Communities to Overcome Disruptions & Transform the AIDS Response!

On 1 December 2025, communities and civil society from across Asia Pacific commemorate World AIDS Day with an emphatic call to world leaders and decision-makers to stand in solidarity with key and vulnerable populations in “Overcoming Disruption, Transforming the AIDS Response”!

HIV remains a major global public health issue today. In 2024, 1.3 million people acquired HIV and 630,000 people died from AIDS-related causes, averaging one death every minute globally<sup>1</sup>. TB was the leading cause of death for people with HIV, with about 150 000 people dying of HIV-associated tuberculosis (TB)<sup>2</sup>. Low and middle-income countries (LMICs) bore the overwhelming majority of HIV cases, with around 64% of people living with HIV (PLHIV) located in Africa and 17% in Asia Pacific. That same year, around one-third of the 6.9 million PLHIV in the Asia-Pacific region did not receive antiretroviral treatment (ART)<sup>3</sup> – marking a serious gap in our progress to achieve the UNAIDS 95-95-95 targets<sup>4</sup>. HIV is still rapidly escalating in countries such as the Philippines which has the fastest-growing HIV epidemic in Asia Pacific with a 543% increase in new infections from 2010–2023 and where, alarmingly, one-third of new infections occurred among young people aged 15-24.

This year, sudden and significant cuts to global health financing resulted in widespread downscaling and disruptions of essential HIV responses in LMICs, where international assistance accounts for 80% of prevention programmes<sup>5</sup>. This drastic reduction in funding, if permanent, could result in an additional 6 million HIV infections and an additional 4 million AIDS-related deaths by 2029, unravelling decades of progress, deepening inequalities, and jeopardising the safety and wellbeing of key and vulnerable communities worldwide.

“The abrupt termination of major international HIV programmes earlier this year came at a particularly challenging time for key populations, many of whom are affected by conflict, climate, humanitarian crises and vulnerable to criminalisation, discrimination, and human rights violations. Despite these setbacks, communities have been the driving force that has sustained the HIV response on the ground, rallying with health workers, policymakers and partners to explore new pathways for service continuity and sustainability,” said Jeremy Tan, Programme Officer at Youth LEAD. “As the funding landscape for HIV shifts and evolves, we must ensure that communities continue to be funded and empowered to lead on effective, human rights-based, and gender-transformative health responses!”

Globally, 26% of all international financing for HIV programming is provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), which has invested US\$27.6 billion in HIV programming and

<sup>1</sup> [Fact Sheet - HIV and AIDS](#). World Health Organization. Accessed: 25 November 2025.

<sup>2</sup> [Fact Sheet - Tuberculosis](#). World Health Organization. Accessed: 25 November 2025.

<sup>3</sup> [Fact sheet - Latest global and regional statistics on the status of the AIDS epidemic](#). UNAIDS. Accessed: 25 November 2025.

<sup>4</sup> The 95-95-95 targets call for 95% of people living with HIV to know their HIV status, 95% of people who know they are living with HIV to be receiving antiretroviral therapy, and 95% of people receiving antiretroviral therapy to have a suppressed viral load by 2025.

<sup>5</sup> [AIDS, crisis and the power to transform: UNAIDS Global AIDS Update 2025](#). Geneva: Joint United Nations Programme on HIV/AIDS; 2025. Licence: CC BY-NC-SA 3.0 IGO.





US\$8.6 billion in HIV/TB programming as of June 2025<sup>6</sup>. In collaboration with governments, the private sector, health workers, civil society and communities, the Global Fund partnership has made groundbreaking progress, reducing HIV infections by 62% and AIDS-related deaths by 74% between 2002 and 2024. The Global Fund's Eighth Replenishment Investment Case calls for a global commitment of US\$18 billion to save up to 23 million lives between 2027 and 2029, prevent up to 400 million infections of HIV, TB and malaria; and deliver a return of US\$19 in health and economic gains for every dollar invested<sup>7</sup>. However, during the Eighth Replenishment Summit on 21st November, Global Fund pledges fell disappointingly short with US\$11.34 billion raised<sup>8</sup> and a number of pledges from key donors still outstanding. With 37% of the target still unmet, the Global Fund partnership risks severe reductions in catalytic investments in priority areas that address human rights and gender barriers and build community networks and engagement<sup>9</sup>.

"The serious shortfall in Global Fund pledges could potentially put hundreds of millions of people at risk of falling ill and dying from HIV, TB and malaria. Yet, this Eighth Replenishment is also a moment of incredible potential and hope," said Seum Sophal, FoNPAMs (Joint Forum of PLHIV Network and Most at Risk Population) Officer, Health Action Coordinating Committee Cambodia. "Breakthroughs in long-acting HIV antiretroviral medicines such as lenacapavir have the potential to revolutionise HIV prevention and treatment, while investments in communities and health systems have brought down the numbers of new HIV infections and AIDS-related deaths to their lowest levels in 2024. Ending AIDS as a public health threat by 2030 is within reach more now than ever, but we urgently need sustained leadership, cooperation and commitment from all to step up the fight!"

In the face of severe disruptions to health responses and a rapidly evolving financing landscape, communities and civil society in Asia Pacific call on country leaders, donors and duty-bearers to:

1. **Rally for additional and increased pledges to the Global Fund's Eighth Replenishment**, to meet the US\$18 billion investment target needed to save 23 million lives and sustain progress towards ending HIV, TB and malaria epidemics for good.
2. **Drastically increase the mobilisation of domestic resources for health** to close the widening gap in global health financing and **ensure that communities are funded** and empowered to sustain the continuation of effective, inclusive, and rights-based HIV responses in the long term.
3. **Invest in cost-saving prevention strategies to curb transmission of HIV**, including integrated, person-centred harm reduction programmes for key populations as well as scale up communities' access to oral and injectable pre-exposure prophylaxis (PrEP) medicines.
4. **Fully integrate the testing, treatment and, where available, vaccinations of significant co-infections** including Hepatitis B, Hepatitis C, human papillomavirus (HPV) and syphilis into national HIV responses.
5. **Uphold and protect human rights for all**, including key and vulnerable populations living with, affected by and/or vulnerable to HIV, by removing laws that criminalise and impinge on the enjoyment of human rights and enacting anti-discrimination laws that uphold the rights of every person.

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<sup>6</sup> [Results Report 2025](#). The Global Fund.

<sup>7</sup> [Eighth Replenishment Investment Case](#). The Global Fund.

<sup>8</sup> [Global Fund Partners Demonstrate Unity and Resolve to Sustain Progress and Strengthen Global Health Security](#). The Global Fund. Accessed: 25 November 2025.

<sup>9</sup> [Catalytic Investments for the 2026-2028 Allocation Period \(Grant Cycle 8\) 52](#). The Global Fund.

