

### 2024 DATA

17% decrease in number of new HIV infections since 2010

53% decrease in number of AIDS-related deaths since 2010

People living with HIV:  
6.9 million  
[6.2 million–7.8 million]

New HIV infections:  
300 000 [260 000–370 000]

AIDS-related deaths:  
150 000 [110 000–200 000]

### Testing and treatment cascade (all ages):

People living with HIV who know their HIV status:  
79% [62–92%]

People living with HIV who are on treatment: 69% [54–81%]

People living with HIV who have a suppressed viral load: 66% [60–75%]

### Financing of the HIV response:

Resource availability for HIV:  
US\$ 3.2 billion (50% gap to meet the 2030 target)

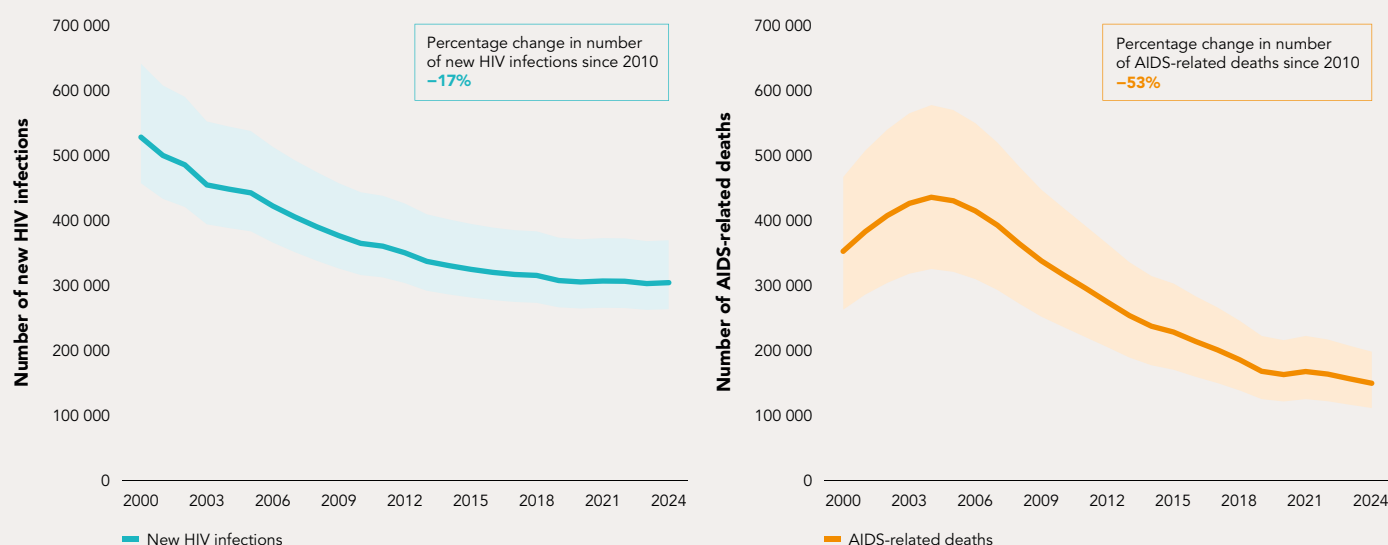
# ASIA AND THE PACIFIC

In 2024, 6.9 million [6.2 million–7.8 million] people living with HIV were residing in Asia and the Pacific, making this the world's largest epidemic after that in eastern and southern Africa. Asia and the Pacific accounts for almost a quarter of annual new HIV infections globally (23%).

Among countries with sufficient available data, some of the world's fastest-growing HIV epidemics are in Asia and the Pacific (Afghanistan, Fiji, Pakistan, Papua New Guinea, Philippines). The region has seen a 17% reduction in the annual number of new HIV infections between 2010 and 2024—from 360 000 [320 000–440 000] to 300 000 [260 000–370 000] annually (Figure 10.1).

### Numbers of new HIV infections and AIDS-related deaths continue to decline

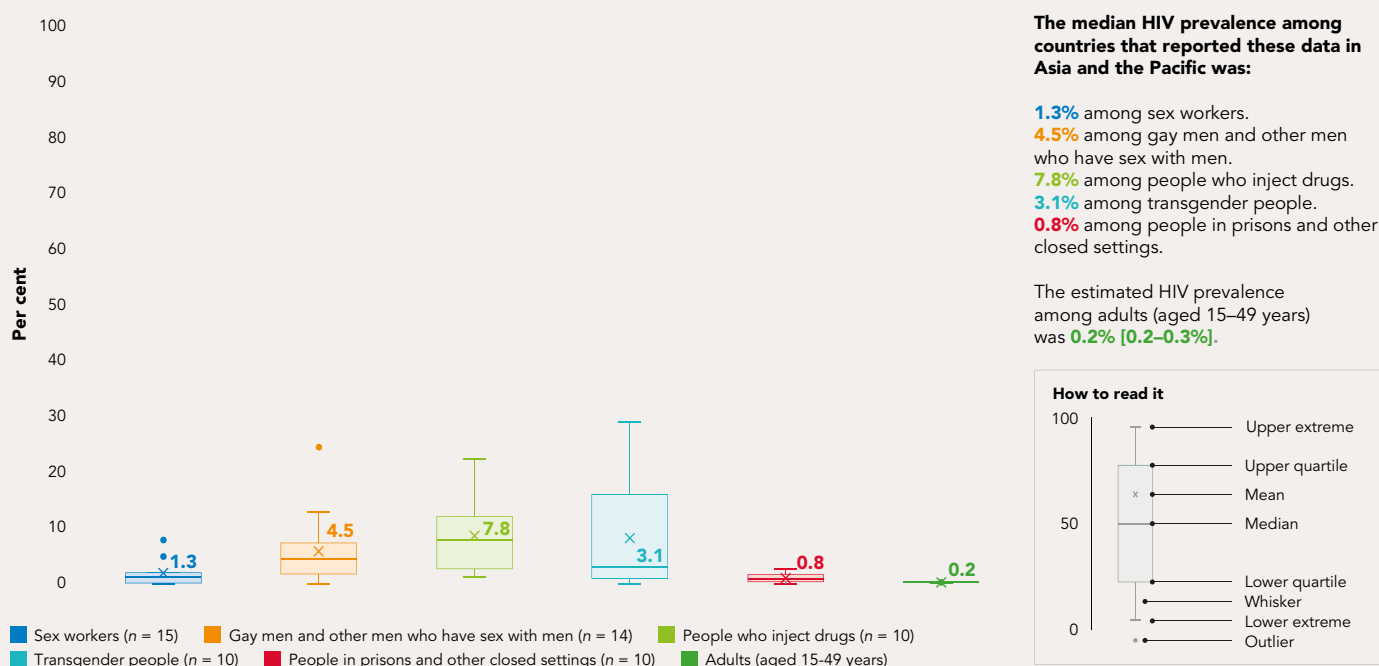
**Figure 10.1.** Numbers of new HIV infections and AIDS-related deaths, Asia and the Pacific, 2000–2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

## People at increased risk of HIV still lack access to services

**Figure 10.2.** HIV prevalence among people from key populations compared with adults (aged 15–49 years), reporting countries in Asia and the Pacific, 2020–2024



Note: n = number of countries. Total number of reporting countries = 39.

Source: Global AIDS Monitoring 2021–2025 (<https://aidsinfo.unaids.org/>); UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

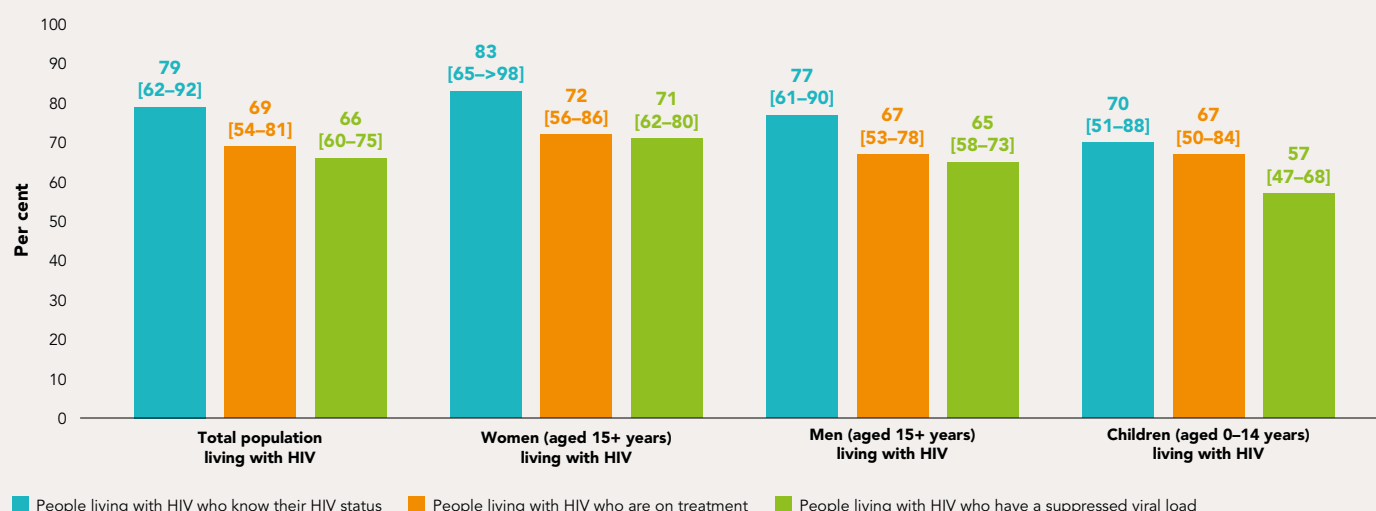
The region currently faces a growing HIV prevention crisis. Despite ongoing efforts to expand HIV prevention services, gaps remain. Regional uptake of pre-exposure prophylaxis (PrEP) remains low, with less than a quarter of a million people taking PrEP in 2024—much lower than the target of 8 million people. Median coverage of prevention services in 2024 was 47% among sex workers (11 reporting countries), 38% among transgender people (five reporting countries), 32% among gay men and other men who have sex with men (seven reporting countries) and 21% among people who inject drugs (six reporting countries). Coverage of opioid agonist therapy was only 5% (nine reporting countries). Only two countries reported distributing more than 200 needles and syringes per person who injects drugs per year (10 reporting countries). Young people from key populations face significant barriers to HIV services and are highly vulnerable but frequently overlooked.

People from key populations are disproportionately affected by HIV (Figure 10.2). Over an eight-year period, cisgender men who have sex with men had almost a one in five chance of being diagnosed with HIV in 15 Indian cities (1). In Fiji in 2024, the number of people newly diagnosed with HIV tripled from 2023 levels, with preliminary data indicating that half of people on antiretroviral therapy likely contracted HIV through injecting drugs.

The number of AIDS-related deaths in the region has declined by 53% since 2010 (Figure 10.1). Progress towards the testing, treatment and viral load suppression targets varies across countries and populations in the region. Antiretroviral coverage for people living with HIV reached over 90% in Cambodia, but was below 50% in Afghanistan, Bangladesh, Fiji, Indonesia, Mongolia, Pakistan, Papua New Guinea and the Philippines. The transition to dolutegravir as the first-line HIV treatment regimen across the region is expected to improve treatment outcomes.

## HIV testing and treatment cascade, by age and sex, Asia and the Pacific, 2024

**Figure 10.3.** HIV testing and treatment cascade, by age and sex, Asia and the Pacific, 2024



Source: UNAIDS epidemiological estimates 2025 (<https://aidsinfo.unaids.org/>).

There are 130 000 [110 000–150 000] children aged 0–14 years living with HIV in the region, making up 9% of the total number of children living with HIV globally. Papua New Guinea comprises 12% of the regional total of new HIV infections among children.

The reported median antiretroviral therapy coverage for the region in 2020–2024 was 60% among sex workers (six reporting countries), 60% among gay men and other men who have sex with men (eight reporting countries), 68% among people who inject drugs (eight reporting countries), 75% among transgender people (five reporting countries) and 89% among people in prisons and other closed settings (six reporting countries).

Recent data from reporting countries highlight the pervasive impact of stigma and discrimination on people from key populations. A median of 28% of transgender people (eight reporting countries), 20% of people who inject drugs (six reporting countries), 18% of sex workers (11 reporting countries) and 7% of gay men and other men who have sex with men (nine reporting countries) reported avoiding accessing health-care services in the past 12 months due to stigma and discrimination.

Social media supports HIV awareness and access to services, but the lack of legal protections and societal barriers in the region for people from key populations can fuel stigma, discrimination and violence (2), including in online spaces (3).

Since 2010, external funding for HIV programmes has decreased by 54%, dropping from its peak of US\$ 1.45 billion in 2011 to US\$ 581 million in 2024. During the same period, the contribution of domestic resources has risen by 92%, increasing the share of domestic resources from 54% of total HIV funding in 2011 to 82% in 2024. When China, India and Thailand are excluded, however, the domestic share of HIV funding drops significantly to 49%, highlighting the continued high reliance on external support in many other countries in the region. In 2024, the Global Fund to Fight AIDS, Tuberculosis and Malaria was the largest international source of funding (45%), followed by United States Government bilateral support (28%).

The early 2025 pause in external funding to the global HIV response had varied effects in the 10 countries where the United States President's Emergency Plan for AIDS Relief (PEPFAR) provided technical assistance or programme support. The repercussions of these cuts will have an impact on HIV programmes across the region (4–6). HIV prevention is crucial in this region, but recent data reported to Global AIDS Monitoring show that 11 of 16 countries rely on international sources for more than 75% of their prevention financing.

Empowered, well-funded communities are essential for the region's HIV response. Social contracting and continued donor funding will be critical for the sustainability of community-led responses in the region.

## References

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