

PROGRESS UPDATE ON SUSTAINABILITY IN THE HIV RESPONSE

Additional documents for this item:

Action required at this meeting—the Programme Coordinating Board is invited to:

- *Take note* of the Progress update on the sustainability of the HIV response (UNAIDS/PCB(57)/25.29);
- *Note* with concern the rapidly changing health financing context and the need to urgently accelerate the sustainability of national HIV responses and diversify financing sources;
- *Recall* decisions 5.1, 5.2 and 5.3 from the 56th meeting of the Programme Coordinating Board in June 2025;
- *Request* Member States, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, with the support of the Joint Programme, to:
 - Expand country financing capacity through domestic revenue mobilization, continued global solidarity, and broadening the financing options to fully fund the HIV response and meet the estimated resource needs;
 - Advance country-owned HIV sustainability roadmaps design, implementation, and milestone tracking to align domestic and donor investments with national priorities, contributing to broader ongoing health care and development reforms;
 - Accelerate efforts to improve transparency and accountability for domestic and international HIV investments to enable efficiency gains, ensure investments deliver intended impact, and advance continued prioritization and identification of financial gaps;
 - Scale up sustainable domestic and international funding for communities in implementing country-owned HIV responses and Sustainability Roadmaps, including through social contracting and integration of community-led HIV responses into domestic budgets and benefit packages, and community participation in governance structures for sustainability;

Cost implications for the implementation of the decisions: *none*

Table of contents

Executive summary.....	4
Introduction	5
Political commitment to chart a pathway towards sustainability	7
Derailed progress: The impact of funding reductions on HIV response sustainability	9
The new reality: Critical challenges and catalysts for change	13
HIV response sustainability roadmaps: A status report and review of emerging results and lessons learnt.....	15
Status report on national sustainability roadmaps	15
The way forward: Securing effective transition and long-term sustainability of the HIV response	21
Conclusion	23
Proposed decision points.....	23

Executive summary

1. Sharp reductions in donor support for HIV programmes in low- and middle-income countries in 2025 and expectations of further declines in donor support in coming years underscore the urgent necessity of accelerating progress towards ending AIDS and laying the foundation for long-term sustainability of the global HIV response.
2. Funding cuts and global health financing shifts jeopardize the many gains made in the global HIV response, with especially serious consequences for the most vulnerable and marginalized communities. Recognizing the need to reduce donor dependence, many countries have, in recent years, undertaken national planning exercises to sustain the HIV response and increase domestic resources.
3. In 2024, prior to the funding disruptions of 2025, UNAIDS launched a new approach to HIV response sustainability, supporting countries to develop HIV responses that progressively achieve self-reliance.
4. One means for advancing self-reliance is to conduct country-driven processes to develop roadmaps to transition national HIV responses from donor dependence. To date, 25 countries have either developed or are in the process of finalizing national commitments to ensure and measure progress towards transition from donor funding and sustainability of national HIV responses.
5. Part A of national HIV response sustainability roadmaps articulates the national vision of sustainability and the transformations that are needed to realize this vision. Part B, which countries are now beginning to focus on, will operationalize this vision into tangible, costed three-year plans to drive key transformations, transitions and sustainability, with timelines.
6. In 2025, UNAIDS has supported development of these roadmaps, through normative guidance; publication of analytical tools to guide national processes (including the [Rapid AIDS Response Financing Tool](#), or RAFT, to assess in detail the potential impact of funding cuts, identify critical gaps and mobilize emergency financing for mitigating measures); technical support; and direct financial assistance to planning exercises in 14 countries.
7. The entire sustainability landscape has evolved rapidly in 2025, requiring urgent action to cope with the latest financial shocks for HIV and health-care financing, as well as acceleration of integration, transition and sustainability plans, including through the blending of sustainability roadmaps with national health financing and health plans. The role of these roadmaps has also evolved. The launch of the RAFT provided concrete support to countries in identifying gaps and mobilizing emergency financing for life-saving services, and medium-term measures for increasing domestic financing, particularly for HRH, integration and system strengthening.
8. Countries are taking stronger leadership in the move from donor-driven models to country-led reforms and greater self-reliance. Domestic financing for HIV and health care in 2025/2026 budgets has increased in several countries. Political commitment to the sustainability roadmaps has encouraged increased domestic financing for the HIV response, system strengthening and expanded access to life-saving services.

9. Countries are using the HIV Response Sustainability Roadmap processes to plan effective transitions and chart pathways towards sustainable HIV response. The roadmaps both reflect and catalyze intensified political commitment to end AIDS, sustain national responses and leave no one behind.
10. Across the roadmaps, countries are making clear commitments to increase domestic investments in HIV programmes. Their roadmaps pledge the pursuit of a range of additional financing tools such as incorporating HIV responses into health insurance schemes and benefit packages; integrating HIV into people-centred systems of primary health care; enhancing the efficiency and coherence of HIV services; and ensuring an enabling environment for a sustainable response. Community leadership and engagement are being prioritized for achieving and sustaining impact, with nearly all roadmaps committing to create or expand social contracting mechanisms for community-led responses.
11. The roadmaps reflect strong, transformative national commitment, but they will take time to implement. This highlights the need to continue global solidarity in the response to HIV, including by maintaining robust donor support for incrementally integrated HIV programmes. The roadmaps emphasize the importance of reasonably paced, careful and well-crafted transitions that preserve HIV services and build the national capacities that are required to simultaneously drive impact, protect people living with HIV and move towards greater national self-reliance.
12. Addressing funding disruptions and planning national transitions and transformations will differ from country to country. However, without a vaccine or cure for HIV, the sustainability of the response hinges on urgently closing treatment and prevention gaps, ensuring viral suppression and creating more equitable and supportive environments by addressing societal factors
13. Countries are working to design three-year transformation plans, including an integrated budget that reflects the contributions and alignment of all partners. Countries are using the roadmap process to achieve responsible transitions towards sustainability, with a focus on people living with HIV and recognition of the central role of community-led responses. Work is underway to integrate sustainability roadmaps plans and action steps into national health reform agendas. International actors must maintain HIV financing to support and enable these transitions, strengthen country and local capacities, and provide the technical and financial assistance that will help countries leverage the full array of financing options to support long-term sustainability and self-reliance.

Introduction

14. In 2024, UNAIDS collaborated with national partners, organizations of people living with HIV, communities, the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and other partners to launch a new approach to sustaining the impact of the HIV response by and beyond 2030.¹ This approach supports transformations to transition towards sustained impact and self-reliance, going beyond singular, short-term strategies for replacing lost donor funding with domestic funding. Some interventions for accelerating

¹ UNAIDS. HIV response sustainability primer. 2024.
https://www.unaids.org/sites/default/files/media_asset/HIV%20response%20sustainability%20response%20primer_web.pdf.

the HIV response may not be necessary to sustain impact, which underscores the importance of transformed responses that are designed specifically for sustainability. Sustainability calls for an intensified focus to strengthen people-centered systems for epidemic control, monitor the epidemic, maintain viral suppression, reduce inequalities, and leave no one behind.

15. Country-driven processes to develop HIV response sustainability roadmaps have to ensure that each country has the internal capacity, systems and resources to manage its own national HIV responses, including the political, programmatic and financial elements. Importantly, the new sustainability approach aligns the efforts of diverse partners to advance a single approach to building long-term sustainability of national HIV responses.

16. This new approach was broadly endorsed by the Programme Coordinating Board (PCB), which in December 2024 requested UNAIDS to support countries in developing HIV response sustainability roadmaps. Similarly, the resolution adopted by the United Nations Economic and Social Council on 29 July 2025 recommended that countries continue to develop and implement sustainability roadmaps, including with UNAIDS support. The High-Level Panel for a resilient and fit-for-purpose Joint Programme also prioritized a focus on national roadmaps to drive country-led transformations towards achieving and sustaining impact.

Developing the HIV sustainability roadmaps

Countries are developing national HIV response sustainability roadmaps, using a two-part framework.

Part A focuses on securing high-level political commitment to measurable sustainability outcomes in the HIV response that will help countries define long-term goals, metrics and institutional frameworks that anchor HIV programmes as national priorities.

Part B operationalizes the Part A commitment and outlines costed, structured transition and sustainability actions plans and benchmarks to monitor progress, including increased accountability and transparency on domestic funding and financial sustainability.

An Advisory Committee on Sustainability of the HIV Response was established to safeguard country ownership and leadership, while providing guidance, consistency and oversight to the multi-country process. Tools were developed and resources mobilized to support countries in engaging in country dialogue and developing country-led roadmaps.

17. In 2024–2025, UNAIDS supported more than 34 countries in exercises to develop national HIV response sustainability roadmaps, including launching national dialogues, conducting comprehensive assessments, and refining their visions for achieving the end of AIDS and sustain impact by and beyond. In 2025, 18 countries finalized and endorsed country-led sustainability roadmaps.
18. These roadmaps have increased political commitment to HIV response sustainability and are serving as strategic tools to plan and guide the transition towards sustainable HIV responses that are gradually embedded in national systems and progress towards self-reliance.
19. Funding disruptions in early 2025 and significant changes in the global health financing architecture have slowed progress towards HIV response sustainability. At the same time, these disruptions have accelerated the momentum to shift from donor-dependent

models to national and regional leadership, domestically and regionally owned responses, and more diversified and secure health-care financing.

20. Even before the funding landscape changes of 2025, progress towards the global AIDS targets had slowed and begun to stall, due in part to persistent gaps in service access and uptake for certain populations, including children, adolescent girls and young women and key populations. It has become increasingly clear that different responses would be required to reach the most marginalized populations. At the same time, the foundation for a robust, sustainable HIV response has been undermined by setbacks for efforts to achieve gender equality,² a deterioration of the human right climate,³ and a slowdown in equitable human development.⁴ Population displacement has reached record levels, due to such factors as conflict and climate-related migration.
21. This report summarizes progress, challenges and opportunities related to HIV response sustainability, including the HIV sustainability roadmaps, since January 2025.

Political commitment to chart a pathway towards sustainability

22. Country-led roadmaps have elevated HIV response sustainability at the highest political levels, strengthened political commitment to the HIV response; and refined the visions and country-led pathways that can lead the transition of HIV responses towards sustainable HIV responses and domestic financing.
23. National approaches to sustainability and proposed national transformations have varied. Some countries have achieved or are within reach of the 95–95–95 testing and treatment targets, while others are experiencing rising numbers of new HIV infections or contending with anti-rights backlashes. The pathway to sustainability will be different in each context.
24. National political commitment for HIV responses sustainability is reflected at the global level, as well. In 2025, African leaders, in the African Union (AU) Roadmap to 2030 & Beyond, pledged to ensure “diversified and sustainable financing” for HIV and other health programmes.⁵ Renewed political commitment to ending AIDS is also evident in Southeast Asia, the Caribbean and other regions.^{6 7}

The shifting landscape of traditional external funding for HIV and health care

² Gender equality and gender backlash—Guidance document of the Working Group on discrimination against women and girls. 31 October 2024. Geneva: Human Rights Council. A/HRC/WG.11/41/2. <https://www.ohchr.org/en/documents/tools-and-resources/ahrcwg11412-gender-equality-and-gender-backlash-guidance-document>.

³ Beyrer C, Kamarulzaman A, Isbell M, Amon J, Baral S, Bassett MT et al. Under threat: the International AIDS Society—Lancet Commission on Health and Human Rights. *Lancet* 2024;403:1374-1418.

⁴ Gill I, Ayhan Kose M. Most of the developing world is turning into a development-free zone (blog). June 10, 2025. Washington D.C.: World Bank. <https://blogs.worldbank.org/en/voices/most-of-the-developing-world-is-turning-into-a-development-free-zone>.

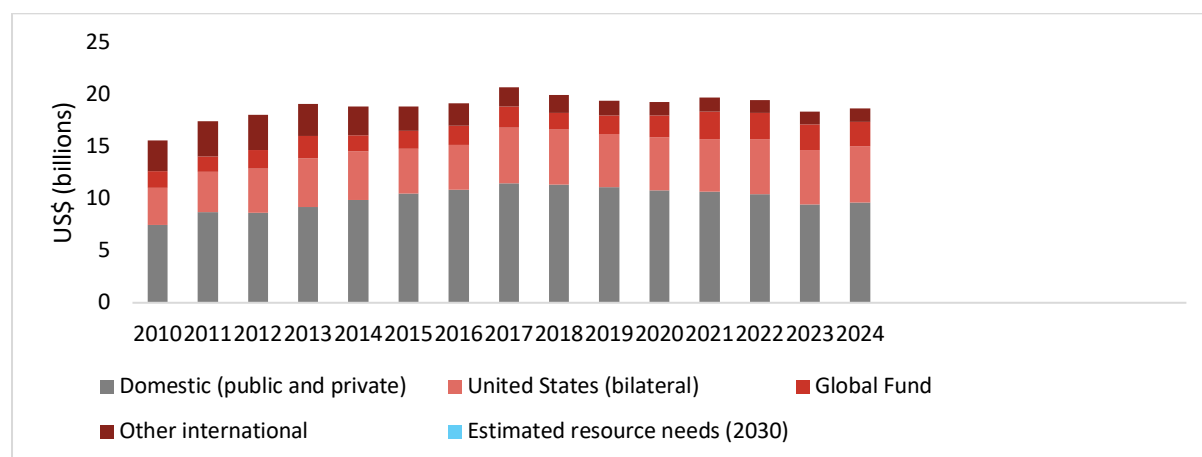
⁵ African Union. African Union Roadmap to 2030 & Beyond: Sustaining the AIDS response, ensuring systems strengthening and health security for the development of Africa. 2025. Addis Ababa: African Union. https://au.int/sites/default/files/documents/44542-doc-AU_Roadmap_to_2030_EN.pdf.

⁶ ASEAN leaders' declaration on ending inequalities and getting on track to end AIDS by 2030. 2022. Association of Southeast Asian Nations. <https://asean.org/wp-content/uploads/2022/11/36-ASEAN-Leaders-Declaration-on-Ending-Inequalities-and-Getting-on-Track-to-End-AIDS-by-2030.pdf>.

⁷ CARICOM DSG affirms support for closing gaps and accelerating progress for HIV prevention and care. Mar. 18, 2025. Georgetown, Guyana: CARICOM Secretariat. <https://caricom.org/caricom-dsg-affirms-support-for-closing-gaps-and-accelerating-progress-for-hiv-prevention-and-care/>.

25. In 2024, with US\$18.7 billion in investments available for HIV programmes in low- and middle-income progress (Figure 1), progress continued in the global HIV response but not at a rate sufficient to achieve global AIDS targets. Domestic funding accounted for 52% of global financing in low- and middle-income countries (a 28% increase since 2010), but the domestic share was smaller in sub-Saharan Africa (33%).

Figure 1. Estimated HIV resources available in low- and middle-income countries, 2010 2024



26. HIV funding shifts in 2025 have led to changes in the global HIV financing architecture. In September 2025, the United States released its "America First Global Health Strategy", which pledges to maintain 100% of funding for HIV commodities and health worker salaries while the U.S. negotiates bilateral agreements with countries receiving PEPFAR assistance.⁸
27. While continuation of portions of PEPFAR funding for the next five years in 15 countries is critical for overcoming the crisis, the restructured framework will reduce allocations below prior PEPFAR levels and shift investment scope. That will create significant funding gaps in selected response areas, highlighting the need to mobilize resources to address the gaps and to use limited resources as efficiently as possible. Multilateral funding partners, such as the Global Fund, have taken steps to adapt, defer and reprioritize investments in anticipation of funding shortfalls.
28. What is clear is that donor investments in the global HIV and health-care response are declining. Traditional Official Development Assistance declined by 21% from 2024 to 2025, with a further 9–17% drop projected for 2025, along with growing uncertainties regarding future financing. External assistance policy shifts are occurring beyond the U.S., with select European donors also reorienting priorities and reducing external funding for health. The traditional global health financing architecture is changing, prompting countries to show greater leadership in driving the transition from donor-driven models to country-led reforms and pathways toward greater self-reliance.
29. Against that background, it is urgent to reinvigorate political commitment, solidarity and diversified financing approaches, as well as synergies with health-care financing reforms. The purpose is to strengthen and accelerate the HIV response towards achieving targets and sustaining impact, supported by incremental self-reliance,

⁸ United States Department of State. America First Global Health Strategy. 2025. <https://www.state.gov/wp-content/uploads/2025/09/America-First-Global-Health-Strategy-Report.pdf>.

stronger national leadership, durable health and community systems and accountability for results.

30. While cuts in HIV donor assistance in 2025 and the prospects of lower financing contributions in 2026 and beyond posed extraordinary challenges for national HIV responses,⁹ they have also magnified recognition that the sustainability of national HIV responses is an immediate priority; heightened national ambition; and fostered innovation and out-of-the-box thinking among national decision-makers and HIV stakeholders across the world.

Derailed progress: The impact of funding reductions on HIV response sustainability

31. External funding disruptions for HIV and health-care programmes in 2025 are reversing HIV prevention gains, disrupting service delivery, weakening health and community systems, and undermining domestic financing transitions.
32. Prior to the funding disruptions in 2025, progress in reducing new HIV infections was already insufficient to reach the 2025 targets and was spread unevenly within and across regions. UNAIDS estimates that unmitigated funding disruption may lead to 2,300 people newly acquiring HIV and 600 dying of AIDS-related causes every day.¹⁰ The full impact or magnitude of the funding disruptions for HIV and health care is yet to be ascertained.

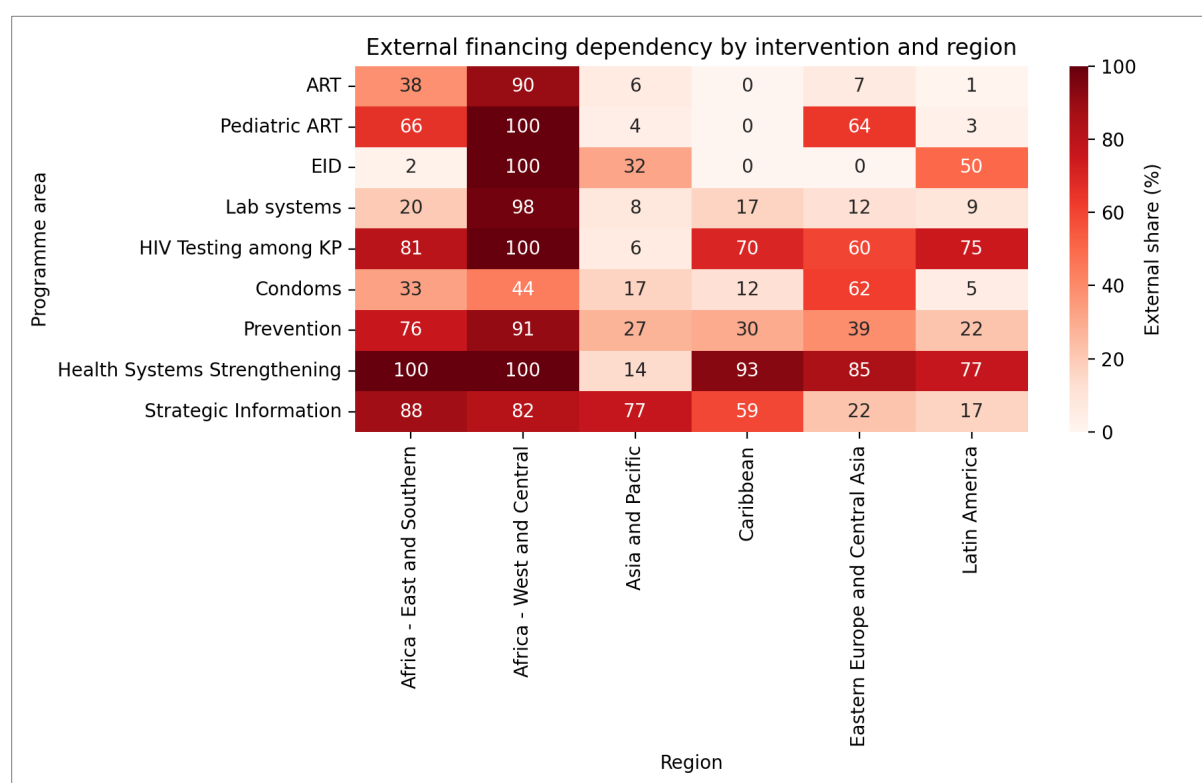
Implications for people who depend on HIV programmes

33. Donor cuts in 2025 have resulted in major service disruptions, gaps in human resources and breakdowns in supply chains. The programmes and system components that were highly dependent on external assistance were particularly affected, with especially pronounced effects in sub-Saharan African countries.
34. At the end of 2024, 60% of HIV testing programmes, almost 80% of prevention programmes, more than 80% of societal enabler activities, and almost 90% of HIV-related research were funded externally (Figure 2).

⁹ AIDS, crisis and the power to transform. 2025. Geneva: Joint United Nations Programme on HIV/AIDS. https://www.unaids.org/sites/default/files/2025-07/2025-global-aids-update-JC3153_en.pdf.

¹⁰ UNAIDS and Avenir Health estimates, April 2025.

Figure 2. External financing dependency by intervention and region



35. Monitoring by UNAIDS of country reported data has documented marked declines in HIV testing (including early infant diagnosis), antiretroviral therapy (including the provision of treatment for the prevention of vertical HIV transmission), and utilization of viral load testing.¹¹ In some countries, testing and treatment uptake rebounded in the second half of 2025, as a portion of PEPFAR funding became available again, but service gaps persist in many other countries. These disruptions threaten the gains made in reducing AIDS-related illness and mortality (including a 50% reduction in AIDS-related mortality globally and a 60% decline in sub-Saharan Africa between 2010 and 2024).
36. HIV prevention programmes, which are highly dependent on external financing in many countries across all regions, have been most affected by funding cuts. As UNAIDS monitoring shows, pre-exposure prophylaxis (PrEP) programmes have collapsed in many settings (with an estimated 2.5 million people who were using PrEP in 2024 losing access in 2025).¹²
37. Major downturns are also evident with respect to the number of men and boys receiving voluntary medical male circumcision (including a 60% decline in utilization in Uganda and an 88% decline in Botswana), the number of condoms distributed (declines of 31% in Kenya and 55% in Nigeria) and uptake of antiretroviral therapy (ART) among pregnant and breastfeeding women living with HIV (including a 29% decline in Ghana during the first six months of 2025).

¹¹ <https://aidsinfo.unaids.org/services>

¹² AVAC. Impact of PEPFAR stop work orders on PrEP. 2025 (<https://www.prepwatch.org/pepfar-stop-work/>).

38. HIV programmes for key populations, which are heavily dependent on external donors, have disintegrated in many parts of the world.^{13 14 15} Key populations—who already face legal, social and economic barriers to service access—often depend on community-led services as a primary point of entry into the HIV and broader health system.
39. The dismantlement of the PEPFAR-funded DREAMS initiative, which provided a multisectoral package of services to adolescent girls and young women in 15 countries, has resulted in the disappearance of entire service systems and support networks: 48% of adolescent girls and young women surveyed across sub-Saharan Africa in 2025 were reporting disruptions in access to services for HIV prevention and sexual and reproductive health and rights.¹⁶
40. Donor reductions have added profound pressures on national health systems, which were already struggling to advance towards universal health coverage.¹⁷ The abrupt reduction in external assistance for HIV and health care led to layoffs of thousands of health-care workers and the widespread closure or curtailment of clinic services across many countries.^{18 19 20 21}
41. While these disruptions also prompted intensified focus on planning for the sustainability of national HIV responses, they prompted countries to prioritize short-term resource mobilization to preserve essential services and slowed some national processes for developing sustainability roadmaps.

Implications for sustainable HIV financing

42. The impacts of funding shortfalls are particularly severe for key population programmes, enabling environments, and community-led activities—areas with high dependence on international funding and limited political will for domestic resource allocation.
43. Similarly, data systems are critical for monitoring epidemic dynamics and for shaping responses. They are also highly dependent on international financing. International resources account for about 84% of funding for HIV-related strategic information and health systems strengthening, for example (Figure 3). Other system components,

¹³ MSF. How HIV funding cuts are undermining years of progress in Zimbabwe. Aug. 13, 2025.

<https://www.doctorswithoutborders.org/latest/how-hiv-funding-cuts-are-undermining-years-progress-zimbabwe>.

¹⁴ Global Black Gay Men Connect. Tracking the freeze: Real-time impact on key populations. 2025.

<https://gbgmc.org/impact-us-funding-cuts/#country-impact>.

¹⁵ The human costs of policy shifts: The fallout of United States's foreign aid cuts on harm reduction programming and people who use drugs. 2025. Norfolk UK: International Network of People Who Use Drugs. <https://inpud.net/wp-content/uploads/2025/04/The-Human-Cost-of-Policy-Shifts-Rapid-Assessment-Findings.pdf>.

¹⁶ ATHENA Network. Hanging in the balance: The impact of international donor funding cuts on the health, rights and futures of adolescent girls and young women in Africa: A rapid assessment. 2025.

¹⁷ Universal health coverage. 26 March 2025. Geneva: World Health Organization. [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc)).

¹⁸ Physicians for Human Rights. "The system is folding in on itself": The impact of U.S. global health funding cuts in Kenya. 2025. <https://phr.org/wp-content/uploads/2025/07/PHR-Research-Brief-Aid-Cuts-Kenya-2025.pdf>.

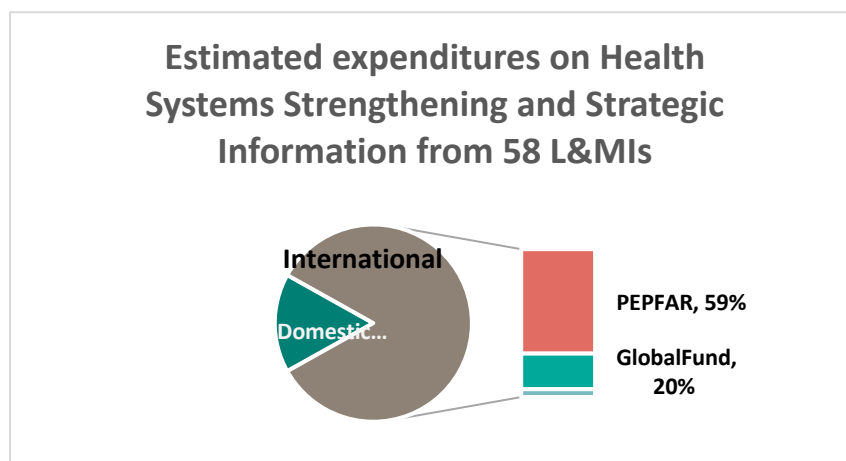
¹⁹ Tantum LK, Anderson DM, Halwiindi H, et al. The impacts of United States foreign development assistance reductions on health system building blocks at healthcare facilities in Zambia: a mixed-methods study. MedRxiv preprint. 2025. <https://www.medrxiv.org/content/10.1101/2025.10.06.25337414v1.full.pdf>.

²⁰ Physicians for Human Rights. On the brink of catastrophe: U.S. foreign aid disruptions to HIV services in Tanzania and Kenya. 2025. https://phr.org/wp-content/uploads/2025/09/On-the-Brink-of-Catastrophe-U.S.-Foreign-Aid-Disruption-to-HIV-Services-in-Tanzania-and-Uganda_PHR_September-2025.pdf.

²¹ Physicians for Human Rights. Shuttered clinics, preventable deaths: The impact of U.S. global health funding cuts in Ethiopia. 2025. <https://phr.org/wp-content/uploads/2025/06/PHR-Ethiopia-Research-Brief-June-2025.pdf>.

including supply chains, laboratories and human resources, depend largely on donor funding in many settings. All of these system components must now be redesigned to maintain high impact with fewer resources.

Figure 3. Estimated expenditures on health systems strengthening and strategic information from 58 low- and middle-income countries



Source: UNAIDS Global AIDS Monitoring

44. Mobilizing resources for the HIV response while also integrating it in national systems requires stronger alignment with broader health financing efforts, as well as diversified funding instruments to close resource gaps. The resolution of the 78th World Health Assembly on “Strengthening health financing globally” has added impetus to country and partners’ efforts to accelerate health-care financing reforms in countries.²²
45. A broad range of health financing options have been initiated to increase financing for HIV and health care. They include debt-for-health swaps (supported by the Global Fund), social impact bonds in South Africa and Kenya, and concessional financing from multilateral development banks in some countries.
46. Integrating HIV services into health insurance and benefit packages—an approach prioritized in sustainability roadmaps—has significantly expanded and increased domestic resources and long-term sustainable financing for the HIV response.
 - By integrating HIV into its national health insurance system, Viet Nam increased the domestic share of HIV spending from 34% in 2015 to nearly 55% by 2023,²³ with the proportion of people living with HIV receiving ART through the national health insurance programme surging from 32% in late 2019 to 94% by late 2023.
 - In the Dominican Republic, antiretroviral (ARV) drugs have been included in the family health insurance benefit package, enrollment of people living with HIV in health insurance has increased, and care options have been expanded through non-governmental organizations.²⁴

²² https://apps.who.int/gb/ebwha/pdf_files/WHA78/A78_R12-en.pdf.

²³ Bach Xuan Tran, Giang Vu, Carl Latkin, Financing for HIV/AIDS in the dual transition of epidemics and economy: the 10-year experience of Vietnam, The Lancet Regional Health - Western Pacific. 2023;3:00886. <https://doi.org/10.1016/j.lanwpc.2023.100886>

²⁴ Chang J. Integrating HIV/AIDS services into financial protection systems to increase sustainability of the HIV/AIDS response. PMC. 2025

- Similarly, HIV-related services are now included in the health insurance schemes in Kenya,²⁵ Ghana,²⁶ Namibia,²⁷ Nigeria,²⁸ Philippines,²⁹ (with plans to expand coverage scope to include HIV prevention, Rwanda,³⁰ Thailand,³¹ and elsewhere, while additional countries are making similar plans.
47. Donors have provided vital support to enable countries to integrate HIV services in national health insurance. In Nigeria, more than 600 000 people and 216 health facilities were integrated into the Lagos State Health Insurance Scheme. In Cambodia, donor support to incorporate HIV into existing health protection schemes resulted in 100% of people living with HIV being eligible to access free health-care services, up from only 38% in 2018.³² Similarly, the Global Fund grants supported the integration of HIV services and subsidy fees in Zambia.
 48. As a promising and increasingly relevant instrument in the redesign of health systems, social health insurance must be carefully tailored to incorporate in health packages the full continuum of HIV services, including HIV prevention and community-led actions.
 49. Although these signs of country leadership in implementing HIV and health financing reform are promising, the initiatives remain insufficient in scope and coverage. There is a need to expand efforts and diversify financing instruments, including but not limited to collaboration with international financial institutions and innovative use of private capital markets to generate funding for health services.³³ Many countries are likely to struggle to close HIV resource gaps on their own due to limited domestic tax bases, growing debt burdens and a proliferation of competing priorities, including but not limited to the increasing need for national investments to mitigate the effects of climate change. The journey to self-reliance will take time, resources and solidarity.

The new reality: Critical challenges and catalysts for change

50. The changing global health architecture and funding disruptions have prompted regional and national leaders to act decisively to address multiple challenges facing their HIV and health responses, including identifying strategies to the immediate and long-term impacts of external funding cuts.

²⁵ https://sustainability.unaids.org/wp-content/uploads/2024/06/Kenya_s-Operational-Plan-for-Enhancing-Country-Readiness-to-Sustain-a-Resilient-Hiv-Response-Beyond-2030-V8.pdf

²⁶ https://sustainability.unaids.org/wp-content/uploads/2024/06/GHANA-HIV-SUSTAINABILITY-ROADMAP-PART_A-FINAL-Version-GAC-AND-UNAIDS_.pdf

²⁷ https://sustainability.unaids.org/wp-content/uploads/2024/06/Namibia_SRMA.pdf

²⁸ Ogbuabo, D, Olwande C. Semini I, et al. Stakeholders' perspectives on the financial sustainability of the HIV response in Nigeria: A qualitative study. *Global Health: Science and Practice*. Apr 2023;11(2):e220043.

²⁹ Gangcuangco LMA, Eustaquio PC. The state of the HIV epidemic in the Philippines: progress and challenges in 2023. *Trop Med Infect Dis*. 2023 Apr 30;8(5):258. doi: 10.3390/tropicalmed8050258.

³⁰ file:///Users/iris2019/Downloads/3380-9865-1-PB.pdf

³¹ Nguyen QLT, Van Phan T, Tran BX, et al. Health insurance for patients with HIV/AIDS in Vietnam: coverage and barriers. *BMC Health Serv Res*. 2017 17(519).

³² Chang J, Hijazi M, Baker S, et al. Integrating HIV/AIDS services into financial protection systems to increase sustainability of the HIV/AIDS response. *BMC Health Serv Res*. 2025 May 28;24(Suppl 1):1671. doi: 10.1186/s12913-025-12528-9.

³³ Friends of the Global Fight, ONE Campaign, Results. Expanding global health finance: Convening report and agenda for action. 2025. Washington D.C. <https://www.theglobalfight.org/wp-content/uploads/2025/09/25022FGF-Global-Health-Finance-Report-R5-DIGITAL-09152025.pdf>.

51. By leveraging the political commitment and prioritization framework of the HIV response sustainability roadmaps, countries have successfully implemented targeted mitigation measures and mobilized emergency financing to help to sustain essential HIV services. For example, Zambia's Ministry of Health developed a plan to provide a prioritized package of HIV services for 12 months, while Ethiopia, Ghana, Kenya, Mali and other countries increased domestic resources to narrow their funding gaps and maintain life-saving services.
52. The sustainability roadmap process has focused increased political attention on the urgent need to close HIV funding gaps and plot mid-term paths towards sustainability. For instance, in Uganda, the sustainability roadmap was essential for securing increased government allocations³⁴ to mitigate the impact of funding disruptions in 2025–2026. In addition, Uganda increased its health sector budget allocation, including provision of dedicated funding for ART.³⁵ In Zambia, roadmap implementation is seen as a key action to achieve sustainable ART financing. Importantly, countries that developed sustainability roadmaps did not merely seek one-time emergency funding, but connected those requests to multiyear political commitments to invest in their HIV response and health-care systems and move towards true self-reliance.
53. For effective transition and long-term sustainability, it is critical to increase domestic financial allocations in a durable manner, beyond an emergency response. Momentum towards greater domestic financing must now be embedded into multiyear cycles and be accompanied by predictable and transparent investment agreements with partners.

Agile data-driven tool for mobilizing emergency and medium-term HIV response financing in countries

National leadership to mitigate the effects of donor cuts have leveraged the UNAIDS-designed Rapid AIDS Response Financing Tool (RAFT), which supports countries in applying granular spending data to identify gaps and inform policy actions to mobilize financing for HIV services.

Thirty-two countries, two regional programmes, Global Fund teams and partners used RAFT to guide emergency resource mobilization, reprogramming and budget integration by: (i) analysing the impact of funding freezes on HIV spending, programmes, procurement, human resources and services; and (ii) prioritizing and costing interventions using local data (e.g. health worker salary scales), and estimating the funding gap (Figure 4).

Malawi used RAFT to inform the additional allocation of US\$11 million to the Ministry of Health in its 2025 budget to recruit 6,000 staff (previously covered by donor-funded programmes) onto the government payroll.³⁶ El Salvador used RAFT to prioritize 28% of the PEPFAR 2024–2025 budget for immediate transition action, ensuring the sustainability of essential health-care workers who provide HIV care and treatment services. Zimbabwe leveraged RAFT to assess the impact of the funding freeze, identify critical policy shifts, and prioritize and advocate for domestic investments to offset donor funding reductions.

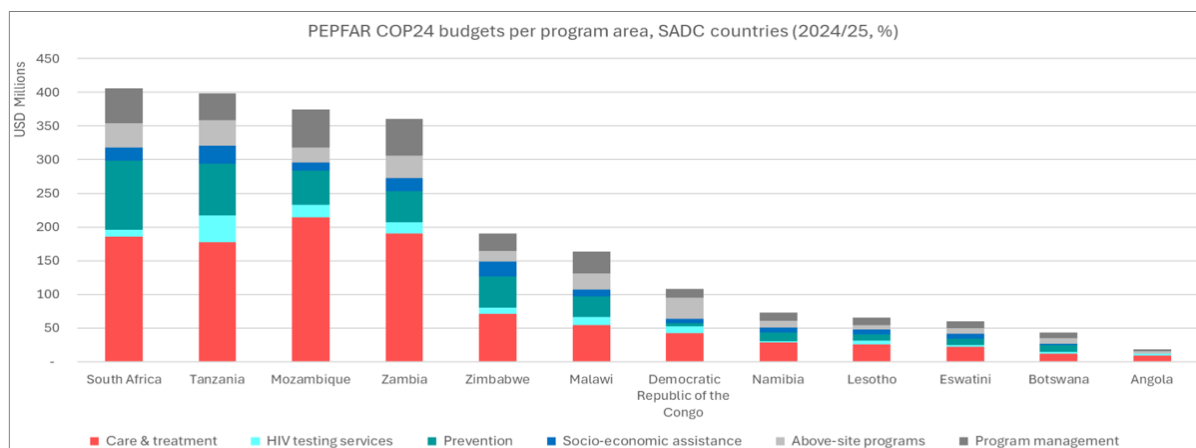
³⁴ US\$ 8.8 million for the period April–June 2025 and US\$165.4 million for 2025–2026 to mitigate the impact of funding disruptions. In addition, Uganda increased its allocation to the health sector from about US\$ 805.6 million in 2024–2025 to about US\$1.6 billion in 2025–2026, including about US \$32.5 million for ARVs, representing 7.8% of the total budget.

³⁵ Increased health budget should ensure quality services. Daily Monitor. 14 June 2025 (<https://www.monitor.co.ug/uganda/oped/editorial/increased-health-budget-should-ensure-quality-services-5081058>)

³⁶ UNAIDS Country Office, Malawi.

In addition to catalyzing mobilization of new domestic funding, the RAFT also enables countries to identify strategies for simplifying service delivery and optimizing service outcomes, including through effective scale-up of advances in HIV prevention and treatment technologies, such as long-acting injectable ARV regimens.

Figure 4. RAFT analysis inform the gap related to funding disruption in the SADC countries



54. Twenty-six countries plan to increase domestic funding for HIV and health-care responses in 2026.³⁷ This momentum towards greater national self-reliance for HIV financing aligns with political efforts at global and regional levels to forge a new paradigm for sustainable global health financing. Both the Lusaka Agenda on the future of global health initiatives³⁸ and the Accra Reset, launched by President John Dramani Mahama of Ghana on the sidelines of this year's UN General Assembly,³⁹ acknowledge the need for continued health assistance while aiming to "foster a new era of health sovereignty rooted in national ownership, investment and leadership".

HIV response sustainability roadmaps: A status report and review of emerging results and lessons learnt

Status report on national HIV sustainability roadmaps

55. Twenty-five countries have developed or are finalizing high-level political commitments to measurable sustainability outcomes in the HIV response.
- Part A sustainability roadmaps have been finalized in Botswana, Benin, Cambodia (updated), Eswatini, Ghana, Kazakhstan, Kenya, Lesotho, Malawi, Namibia, South Africa, Tajikistan, Tanzania & Zanzibar, Thailand, Togo, Uganda, Viet Nam, Zambia and Zimbabwe.
 - Processes to develop Part A are ongoing in Cameroon, Côte d'Ivoire, Ethiopia, Liberia, Nigeria and Sierra Leone.
 - Twelve countries have initiated the development of Part B, which translates commitments into costed operational steps, benchmarks and clear domestic

³⁷UNAIDS Global AIDS Monitoring; <https://www.parliament.go.ug/>

³⁸ <https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/12/Lusaka-Agenda.pdf>.

³⁹ Presidency of Ghana. President Mahama to launch "the Accra reset" at UNGA 2025 (press release). Sept. 22, 2025 (<https://presidency.gov.gh/media-advisory-president-mahama-to-launch-the-accra-reset-at-unga-2025/>).

financing goals (Botswana, Eswatini, Kazakhstan, Kenya, Lesotho, Malawi, Namibia, Uganda, United Republic of Tanzania, Viet Nam and Zimbabwe).

56. In addition to providing guidance and tools and building national capacity to develop evidence-driven sustainability roadmaps, UNAIDS has supported countries in numerous other ways. The UNAIDS Secretariat mobilized resources and is currently supporting the advanced design and operationalization of roadmaps in 11 countries, as well as country dialogues and updating local unit costs in other countries.
57. Eswatini, Lesotho and Namibia are developing Part B roadmaps with technical and financial support from the UNAIDS Secretariat, UNDP, UNICEF, UNFPA and the Global Fund. UNAIDS and France—through L'Initiative/Expertise France on Equitable, Sustainable and Efficient Financing for HIV and Health in Southeast Asia—are aiding efforts to increase sustainable and equitable financing for national HIV responses and health in Cambodia, Lao PDR, Thailand and Viet Nam, while Cameroon and Côte d'Ivoire have mobilized resources from in-country donors to develop their roadmaps.
58. UNAIDS developed tools, policy briefs and methods to support national sustainability roadmap processes. In 2025, UNAIDS released the "Companion guide" for Part B development, which had been refocused to address both transition planning and sustainability in response to the evolving context.⁴⁰ WHO provided input for the development of guidance and other tools and quality peer reviews of several roadmaps. UNAIDS has worked closely with the Global Network of People Living with HIV (GNP+) and numerous other community-led organizations and networks. UNAIDS tools that aided national stakeholders in the process of assessing national responses and developing roadmaps towards sustainability include:
- The Global Coalition on HIV Prevention guidance and HIV prevention investment cases;
 - The UNAIDS Reference Group on Human Rights Brief, "Centering human rights in sustainable HIV Responses and minimum human rights standards for sustainable HIV responses", August 2025;
 - A UNAIDS brief on community engagement, gender and human rights in support of Sustainability Roadmaps, currently in draft form;
 - Two UNAIDS costing guidelines, for community-led responses and national strategic plans, to guide local cost estimates for transition and sustainability activities;
 - WHO's operational guidance to sustain priority HIV, viral hepatitis and STI services in a changing funding landscape; and
 - Webinars, desk reviews and capacity-building activities to enable the dissemination of roadmap guidance, adaptation of tools to country contexts, community engagement and south-to-south learning.

What national sustainability roadmaps are telling us

59. A review of the sustainability roadmaps developed thus far reveals several key themes and characteristics that cut across diverse countries, as well as unique features of roadmaps that respond to national needs and conditions.

⁴⁰ https://sustainability.unaids.org/wp-content/uploads/2025/09/HIVResSust_PartBComGuide.pdf.

Political commitment towards a national vision of HIV response sustainability

60. The roadmaps reflect strong, enduring political support for ending AIDS, along with a clear understanding that political support and multisectoral action will need to continue and evolve to meet the changing demands of the sustainability era. In defining and developing a roadmap for achieving the national vision of HIV response sustainability, these processes emphasize the use of data to adjust national responses to evolving epidemic dynamics, sub-geographies and sub-populations.
61. In many countries, the offices of the President or Prime Minister led the roadmap design process, which has reinvigorated commitment and political attention to HIV response sustainability. Zambia, for example, calls for endorsement of the roadmap by the Presidency and for positioning the National HIV/AIDS/STI/TB Council under the Office of the Vice President.

Roadmaps help take HIV and the journey to a sustainable HIV response out of isolation

62. Although designed specifically for HIV, the sustainability roadmaps in some countries have been adapted to promote integrated, multi-disease planning. Both Botswana and Lesotho have developed integrated Part A roadmaps for HIV and TB. Other countries, including Ethiopia and Nigeria, have incorporated rigorous evidence-based and country-specific analysis and transformations into their multi-disease transition plans.
63. Evidence-based assessments and transformations of HIV responses are vital to ensure that critical priorities—especially for key populations and for enabling environments can that sustain impact despite limited political support—are preserved in transition planning towards increasingly domestically-funded, integrated health-care systems.

Integration as a pathway towards sustainable impact

64. Sustainability roadmaps prioritize the gradual and rational integration of HIV programmes into national people-centred health systems and community organizations, with a focus on primary health care and on maximizing the efficiency and effectiveness of investments.
65. Kenya's sustainability roadmap addresses the transitioning of strategic commodities for HIV, TB, malaria, nutrition and deworming, reproductive health, maternal and child health, and vaccines, as well as the development of integrated data systems (including electronic medical records) for tracking of HIV and noncommunicable diseases such as diabetes and hypertension. The United Republic of Tanzania has pledged to transition from a "national to a community-based and community-led people-centred response, along the continuum of resilient and sustainable systems for health".
66. Country roadmaps will continue to adopt an evidence-based, action-oriented approach, recognizing that one size does not fit all circumstances and that differentiated service delivery will be required for key and priority populations. Zambia, for example, plans service integration assessments, new guidelines, patient-flow mapping and training of health-care workers in the management and delivery of integrated services. The sustainability roadmaps promote collaboration with key donors to transition donor-supported personnel and systems to national ownership and management, and to support in-country steps and local capacities towards integration. Full integration of HIV in humanitarian responses continues to be essential.

Optimizing the reach, efficiency and sustainability of HIV programmes

67. National sustainability roadmaps acknowledge that the tools exist to end AIDS as a public health threat and the pledge concerted action to optimize the use of those tools. Roadmaps therefore outline clear strategies to ensure and maintain achievement of the 95–95–95 testing and treatment targets, for example.
68. The roadmaps prioritize reducing new HIV infections alongside increasing domestic financing, diagnosing new HIV infections and achieving viral suppression for all people living with HIV. Even in countries that have reached the 95–95–95 targets, new HIV infections persist among key and vulnerable populations and young people. As Togo's roadmap stresses, "Primary prevention must be elevated as a priority for controlling the epidemic". Numerous roadmaps (e.g. in the United Republic of Tanzania and Zambia) propose tailored solutions to address sub-optimal scale-up of new interventions such as PrEP and HIV self-testing.
69. Differentiated service delivery models are prioritized for closing service gaps efficiently and effectively. Zambia aims to revise its differentiated service delivery model to develop population-specific, cost-effective service delivery approaches, while Lesotho seeks to evolve toward more inclusive, community-centered frameworks, including policy changes to enable 12-month multimonth dispensing.
70. Several roadmaps highlight the importance of building national and regional capacity to manufacture ARVs and other HIV commodities.

Commitment to building robust, people-centred community and health systems

71. National roadmaps pledge to strengthen laboratories, supply chains and procurement, and move towards a "single, unified national health information system" and increased interoperability. Noting that HIV workforces in many countries are primarily donor-funded and managed by international nongovernmental organizations, roadmaps call for optimization of human resources for health and for the planned transition of HIV response workers to government payrolls.
72. In their sustainability roadmaps, countries have committed to harmonizing procurement and distribution systems to reduce stock-outs and achieve price reductions for HIV and other medical products, including by using Artificial Intelligence and other digital tools. Kenya is prioritizing the assessment and mapping of HIV data tools, electronic medical records and reporting systems nationwide, and the creation of a national consensus for a "unified, government-owned, interoperable national data ecosystem and infrastructure". Zambia's roadmap calls for integrating HIV surveillance into the overall national disease surveillance system.
73. Roadmaps stress the essential roles which communities play in efforts to end AIDS and sustain gains. Nearly all roadmaps propose public financing of community-led responses (e.g. via social contracting); elevating community engagement in HIV-related decision-making, and reinforcing robust community-led monitoring. For example, Uganda aims to establish social contracting of civil society organizations by 2025 and ensure that by 2040 at least 25% of civil society organizations providing services in high-burden districts receive domestic financing. Thailand has prioritized increasing domestic funding for community organizations, thereby expanding reach and access for vulnerable populations, including migrants. Roadmaps include commitments to ease

regulatory barriers that block community organizations from registering and securing funding, enabling social enterprise models and diversified revenue streams.

74. Roadmaps recognize the unfinished business of ensuring an enabling environment exists for a sound, sustainable HIV response. They call for actions to remove societal barriers to HIV service access, through legal and policy reforms, and proactive measures to eliminate stigma and discrimination and ensure no one is left behind. Malawi's roadmap cites the importance of addressing "a growing anti-rights movement". Lesotho's roadmap proposes laws to facilitate the establishment of a national gender equality commission and the creation of mechanisms to enable political and community leaders to engage in inclusive, stigma-free dialogues.
75. Several roadmaps emphasize decentralizing health services. Kenya, for example, prioritizes the establishment of decentralized laboratory systems with multi-disease testing capacity and greater use of point-of-care diagnostic tools. Viet Nam plans to develop decentralized sustainability plans to advance implementation at provincial level.

Ensuring sustainable and equitable financing

76. Sustainability roadmaps set milestones to increase domestic financing to sustain epidemic control and reduce donor dependence. Botswana has introduced domestic funding targets for its HIV response for 2026 and 2030 as part of a broader commitment to increase health-care financing to 15% of the total government budget by 2030.⁴¹ The United Republic of Tanzania is committing to raise more than half of its HIV response funding from domestic resources, including the private sector. Togo's Roadmap envisages increasing domestic HIV financing from 15% to 50% by 2030.
77. As much of the development of roadmaps occurred prior to the steep reductions in donor HIV financing in 2025, some countries may need to recalibrate some of their commitments and timelines for increased domestic financing in light of changed circumstances. The new Global AIDS Strategy, which the PCB will review and endorse at this meeting, for the first time incorporates benchmarks and percentage objectives for increased domestic financing in all country groups.
78. National roadmaps also prioritize efforts to improve the efficient use of available resources. Strategies identified by countries include pooling resources to achieve economies of scale; joint purchasing of medicines, supplies and equipment (including at the regional level); improving logistics and tracking of stocks; reducing wastage; and optimizing the distribution of health-care workers. Zimbabwe's roadmap, for example, calls for actions to "strengthen public financial management systems for health and HIV to enable more accurate, transparent and needs-based budget planning at a national and sub-national level".
79. In their sustainability roadmaps, countries propose diverse avenues to mobilize new domestic resources for HIV, including through the introduction of taxes (e.g. excise taxes on alcohol, tobacco and sugary drinks) and partnerships with the private sector. Zambia's roadmap, for example, calls for introducing legislation to establish a health fund that includes HIV services as part of the public health package.

⁴¹ This would increase the amount of government funding for HIV from the current BWP 1.027 billion (US\$ 75.6 million) per year to at least BWP 1.370 billion (US\$ 100.8 million) by 2026 and BWP 1.826 billion (US\$ 134.4 million) by 2030.

80. While the roadmaps demonstrate renewed commitment to increasing domestic resources, they also acknowledge the considerable obstacles many countries face in moving towards greater self-reliance in their national HIV responses. Challenges include large debt burdens, which are forcing countries to prioritize debt servicing over health investments; limitations of national tax bases and tax collection systems; a proliferation of national priorities that compete for limited domestic resources (with especially acute challenges in fragile settings) and slow economic growth in the aftermath of the COVID-19 pandemic.

How sustainability roadmaps are already influencing national decision-making and prioritization

81. Countries are demonstrating that they intend for their roadmaps to lead to concrete change. For example, after Uganda's roadmap prioritizes the integration of HIV services into primary health care, including with services for noncommunicable diseases. The Government in February 2025 issued a circular with new guidance that stand-alone HIV/tuberculosis clinics will be phased out and integrated into general outpatient health-care settings. It also states that the same physicians attending to chronic disease patients—including those with hypertension or diabetes—should also provide care for people living with HIV.
82. South Africa's roadmap focuses heavily on sustaining the HIV response through the National Health Insurance Act of 2023. The 2025 budget review includes a 5.9% annual increase in health expenditure over the next three years, including a 3.3% annual increase for HIV and tuberculosis. As part of preparations for the implementation of its new national health insurance scheme, the Government will fund the development of a patient information system, a centralized chronic medicine dispensing and distribution system, and a facility medicine stock surveillance system.
83. Ghana's roadmap has received high-level political engagement from the new Minister of Finance and the President. Based on the sustainability assessment, the Ghana AIDS Commission Act (Act 938) will be reformed to sustain political leadership and engagement of civil society. This includes ensuring that the National HIV and AIDS Fund is well-resourced and that the sources of funds are clearly indicated in the Act.
84. Cambodia reviewed and updated its sustainability roadmap in 2022, with another update planned for 2025. One of the high-level outcomes of the roadmap is to ensure that key populations for HIV are included on the list of vulnerable populations who are entitled to HIV-sensitive social protection.
85. Moving forward on its commitment to increase domestic HIV investments, Côte d'Ivoire recently (July 2025) committed to invest US\$ 60–65 million in 2025 and US\$ 80–85 million from 2026 onwards to maintain critical HIV services.⁴²
86. Similar leadership is evident in the United Republic of Tanzania, where the Government introduced, in its 2025/26 health-care budget, earmarked levies and taxes to finance the HIV response and health. This includes a proposal to allocate 70% of the additional revenue for HIV via the AIDS Trust Fund and the remaining 30% for universal health coverage.

⁴²https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/july/20250724_cotedivoire

The way forward: Securing effective transition and long-term sustainability of the HIV response

87. The powerful momentum towards greater national ownership and self-reliance in the HIV response has to be protected, enhanced and maintained. The following strategic actions are recommended to seize the historic opportunity to end AIDS and lay the foundation for long-term sustainability.

- **Demonstrate political commitment to implement the new Global AIDS Strategy.** The new Global AIDS Strategy for 2026–2031 and its new global targets offer a blueprint for a transformed, sustained HIV response towards ending AIDS as a public health threat by 2030.
- **Strengthen and accelerate integration.** The HIV response must be fully integrated in health-care systems and other social sectors to maintain a multisectoral response that is delivered incrementally and sustained through national systems. Achieving sustainability beyond donor dependence requires prioritizing integration into primary health care, along with context-specific, evidence-based approaches that strengthen institutional and local capacities to ensure that HIV services are included in all health packages and to safeguard existing gains and empower communities to lead.
- **Intensify the focus on sustainable HIV response financing.** Countries, UNAIDS and partners will intensify their advocacy and country support to pursue diversified financing instruments for stronger alignment with health financing efforts, including expanding fiscal space, increasing revenues and allocations for HIV and health. New global targets and resource needs estimates set income-based domestic financing goals for increasing domestic funding for the HIV response. Meeting those targets could increase the domestic share of HIV funding in low- and middle-income countries to two-thirds of global resource needs by 2030, marking substantial progress toward self-reliance.
- **Strengthen impact and efficiency of HIV response spending.** Strengthened prioritization of HIV programmes, service delivery and targeted investments are critical for adapting the response to external funding reductions. Investments in this special period will advance: accelerated prevention; the adoption of innovations that expand impact (such as long-acting injectable PrEP); strengthened people-centred primary care and community systems; accessible and affordable HIV technologies for all countries and populations in need; as well as enabling environments and stigma-free access are achieved for all populations.
- **Renew and sustain global solidarity in the HIV response.** Responsible, transparent, accountable and well-planned transitions are needed to elevate national leadership and ensure coordination among partners. Donors must commit to remaining engaged in the global effort to end AIDS, and efforts must be redoubled to mobilize others for the global response. For certain aspects of the response—such as programmes for key populations, enabling environments and community-led responses—longer transitions to domestic financing and continued external assistance are merited in many contexts.
- **Continue support to country-led sustainability roadmap design and implementation, grounded in national priorities.** Putting national visions,

leadership and priorities in the driver's seat, including by influencing and helping to shape donor bilateral and multilateral agreements, is essential to overcome potential donor-driven transitions that could undermine progress towards sustainability and self-reliance. Sustainability roadmaps can reduce fragmentation by bringing together actors and resources around a single, country-driven vision and integrated financing framework that drives transition and sustainability actions. The roadmaps will provide valuable inputs and country orientation to enable solid agreements with bilateral and multilateral partners in the next funding cycle, including the diverse co-financing and co-investment components.

- **Advance matters related to communities' leadership and to eliminating all forms of stigma and discrimination as part of the implementation of sustainability roadmaps.** Countries should be supported to use their roadmaps as instruments to advance a multi-sectoral response approach. That includes enabling legal and policy environments (e.g. identifying and implementing time-bound legal and policy reforms to remove punitive and discriminatory laws and practices that hinder access to HIV services, particularly for key populations, women and young people) and strengthening national human rights mechanisms and access to justice. Transition and sustainability efforts must explicitly set coverage and financing benchmarks for key population programming, for integrating dedicated packages into national health and social protection benefit packages, and for scaling up community-led responses and monitoring.
- **Ensure effective implementation of sustainable financing.** Robust support must be provided for the implementation of sustainable HIV financing strategies within the sustainability roadmaps, leading to an integrated financing framework of the HIV response at country level, incorporating funding streams from all key actors. Financing instruments and strategies include combining increased efficiencies with domestic resource mobilization (increased revenues, budget and benefit package integration, dedicated taxes); strategic partnerships (blended financing, public-private arrangements); and other context-tailored instruments, with the contributions channelled primarily through government mechanisms. Implementation will require both time and consistent domestic and donor investments to achieve measurable outcomes, underscoring the need for multiyear planning and donor support alongside operating through and transferring programmes to country systems.
- **Integrate the comprehensive HIV continuum in health insurance and Universal Health Care benefit packages.** Countries and regions must prioritize integrating HIV services into health benefit packages for long-term financing, and this must be reflected across all sustainability roadmaps. Current health insurance schemes remain limited, particularly in Africa, and related fees often hinder equitable access.^{43 44} Benefit packages must include HIV, prevention and community-led services, with financial barriers removed. Donor support remains vital to expand coverage, reduce fees and sustain access.

⁴³ https://cdn.who.int/media/docs/default-source/health-financing/responding-to-the-health-financing-emergency-conference-copy.pdf?sfvrsn=ff8988cb_3

⁴⁴ Ooms G, Kruja K. The integration of the global HIV/AIDS response into universal health coverage: desirable, perhaps possible, but far from easy. *Global Health*. 2019;15:41. 10.1186/s12992-019-0487-5.

- **Monitor transition and progress towards sustainability.** The sustainability benchmarks and milestones outlined in sustainability roadmaps should be integrated in global, regional and country monitoring and implementation systems to track progress, inform rapid-corrective actions, increase accountability and promote transparency in the response.

Conclusion

88. A sustainable HIV response stands at the intersection of epidemic control: sustainable and equitable financing; and effective, people-centred community and health-care systems and policies. Progress toward a sustainable response has been substantial but it remains vulnerable and uneven. The gains made to date in the HIV response are at risk of being reversed due to heavy donor dependence, the 2025 funding cuts and projected, long-term declines in external assistance. The threats reflect profound shifts in global health financing and combine with limited fiscal space and insufficient domestic investments in health-care systems in many low- and middle-income countries.
89. Sustaining the gains against HIV demand accelerated efforts to transform, prioritize and integrate into national systems an inclusive HIV response that maintains epidemic control, addresses inequalities that fuel the epidemic, and boosts progress towards Universal Health Coverage. Advancing towards self-reliance will require sufficient time and responsibly timed and fully coordinated transitions between Governments and key international actors, along with commitments from the latter to operate through Government systems to strengthen them while optimizing impact.
90. The country-led sustainability roadmaps represent key, dynamic instruments to meet these challenges. Sustaining and strengthening political and community leadership to advance a sustainable HIV response and self-reliance will be critical over the next decade to safeguard progress and sustain epidemic control. Global solidarity remains essential for the next stage of the HIV response to secure pathways towards sustainability.

Proposed decision points

The Programme Coordinating Board is invited to:

91. *Take note* of the Progress update on the sustainability of the HIV response (UNAIDS/PCB(57)/25.29);
92. *Note with concern* the rapidly changing health financing context and the need to urgently accelerate the sustainability of national HIV responses and diversify financing sources;
93. *Recall* decisions 5.1, 5.2 and 5.3 from the 56th meeting of the Programme Coordinating Board in June 2025;
94. *Request* Member States, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, with the support of the Joint Programme, to:
 - a. Expand country financing capacity through domestic revenue mobilization, continued global solidarity, and broadening the financing options to fully fund the HIV response and meet the estimated resource needs;

- b. Advance country-owned HIV sustainability roadmaps design, implementation, and milestone tracking to align domestic and donor investments with national priorities, contributing to broader ongoing health care and development reforms;
- c. Accelerate efforts to improve transparency and accountability for domestic and international HIV investments to enable efficiency gains, ensure investments deliver intended impact, and advance continued prioritization and identification of financial gaps;
- d. Scale up sustainable domestic and international funding for communities in implementing country-owned HIV responses and Sustainability Roadmaps, including through social contracting and integration of community-led HIV responses into domestic budgets and benefit packages, and community participation in governance structures for sustainability;

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