

AFRICA UNITED TO END AIDS



39th African Union (AU) Summit
Addis Ababa, Ethiopia
February 2026

AIDS IS NOT OVER IN AFRICA DESPITE STRONG PROGRESS

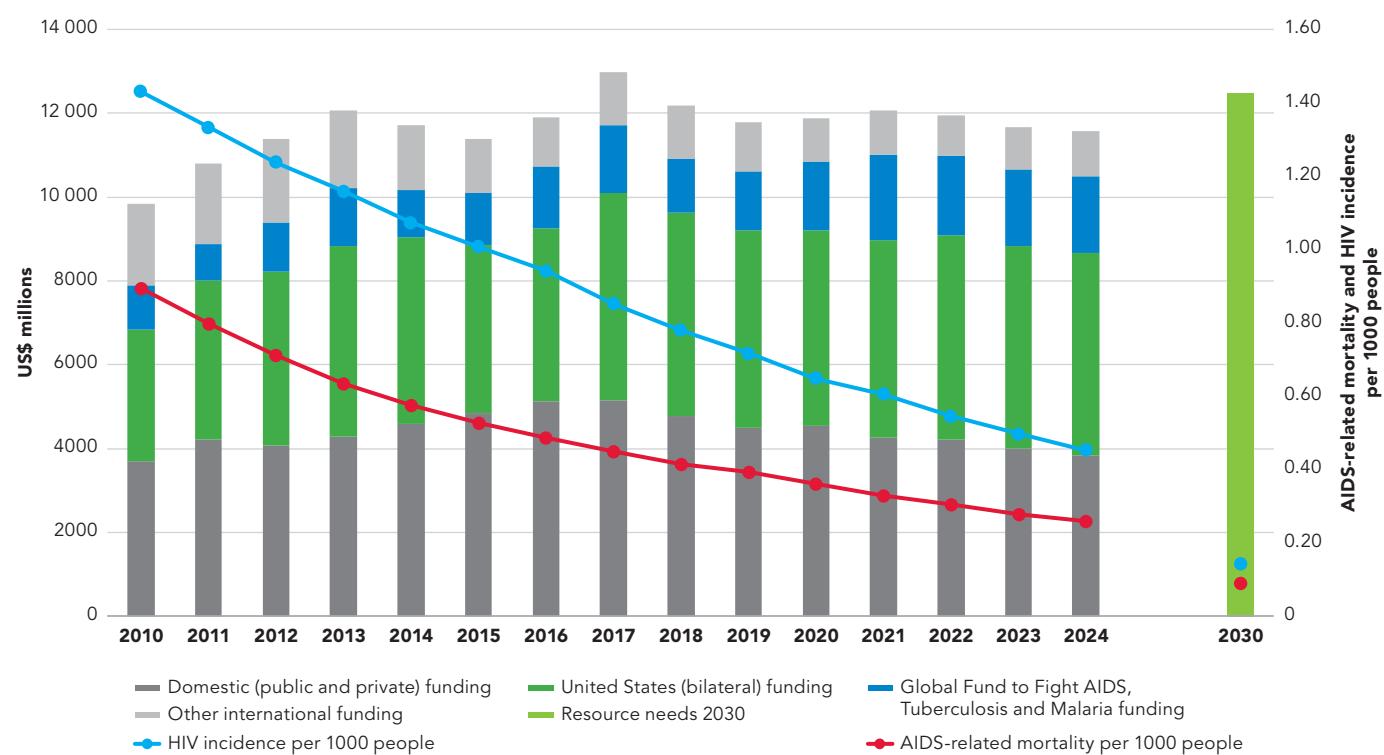
HIV in Africa in 2024

26.5 million people living with HIV.
1.2 million children aged 0–14 years living with HIV.
21.8 million people on HIV treatment.
670 000 new HIV infections.
390 000 AIDS-related deaths.

The global HIV response has changed the lives of tens of millions of people living with, at risk of or affected by HIV in Africa. In 2024, 82% of people living with HIV in Africa were on lifesaving treatment (1), compared with 45% 10 years earlier; numbers of new HIV infections were reduced by 71% since their peak in 1994; and numbers of AIDS-related deaths were reduced by 75% since their peak in 2004. AIDS is not over, however. In Africa in 2024, 4.8 million people were still not accessing HIV treatment; there were 390 000 AIDS-related deaths (more than 60% of AIDS-related deaths globally); and 670 000 people newly acquired HIV (48% of the total number of new HIV infections globally).

The extraordinary results achieved to date have been due to country leadership, community engagement, resource mobilization, and solidarity across countries and sectors—uniting communities, governments, civil society, the private sector, and the faith and scientific communities—with the support and partnership of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United States President’s Emergency Plan for AIDS Relief (PEPFAR), and global, regional and local actors. In Africa, financial resources for HIV increased by 18% between 2010 and 2024, supporting the scale-up of treatment and prevention that has saved millions of lives, with AIDS-related mortality declining by 59% and HIV incidence by 68% between 2010 and 2024 (Figure 1).

Figure 1. Distribution of HIV resources in Africa, and trends in HIV incidence and AIDS-related mortality, 2010–2024

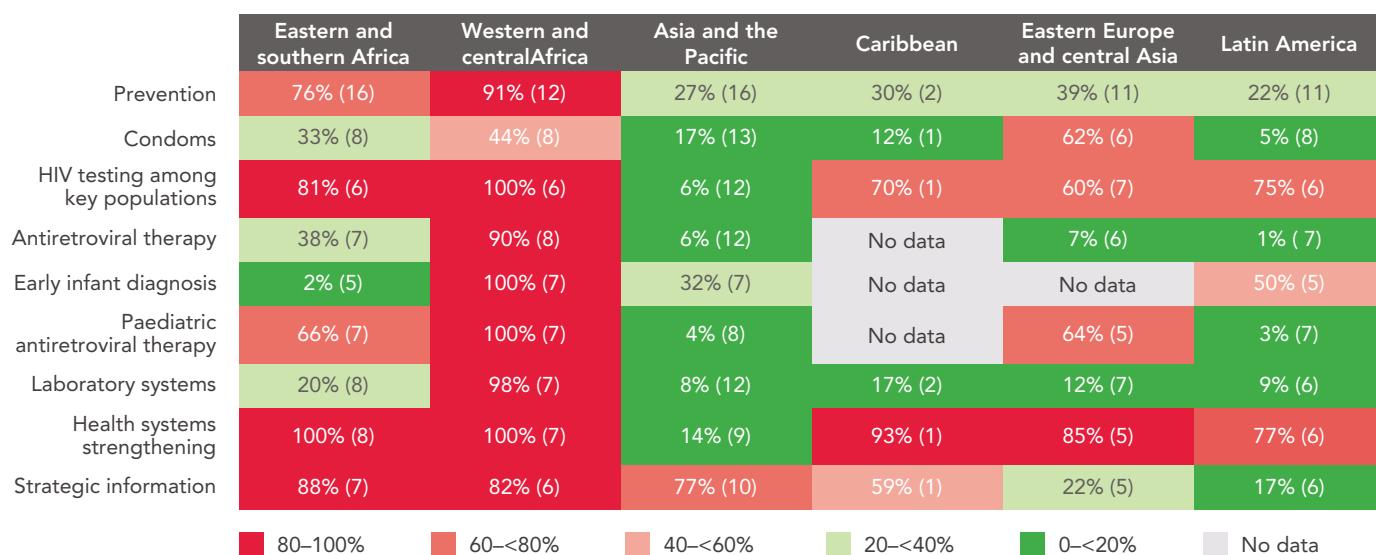


Source: UNAIDS Financial estimates, 2026.

SHIFTS IN INTERNATIONAL AID ARE TRANSFORMING THE HIV RESPONSE

Developments in international HIV assistance in 2025 have deepened existing funding shortfalls. The Organisation for Economic Co-operation and Development estimated that external health aid is projected to drop by 30–40% in 2025 compared with 2023, causing disruption to health services in low- and middle-income countries (2). Even as funding has partially returned, gaps remain in certain services that have been most reliant on external financing, including HIV prevention for the most vulnerable people, and in community systems. External financing has been crucial for HIV programmes, especially in Africa (Figure 2).

Figure 2. External financing dependency by intervention and region, recent expenditure data, 2019–2024



Note: in parentheses () is the number of countries providing detailed granular expenditure data for each intervention, which varies across regions. As a result, the aggregate figures shown in the chart reflect only those countries that reported (n) such data for the respective intervention and region. The illustrated share of dependency is therefore influenced by the set of countries reporting in each region and may not represent all countries within the region. Below is the list of countries with usable data by region:

Asia and the Pacific: Afghanistan, Bangladesh, Bhutan, Cambodia, India, Indonesia, Lao People's Democratic Republic, Malaysia, Mongolia, Nepal, Pakistan, Papua New Guinea, Philippines, Sri Lanka, Tajikistan, Thailand, Timor-Leste.

Caribbean: Dominican Republic, Haiti.

Eastern Europe and central Asia: Albania, Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, North Macedonia, Republic of Moldova, Ukraine, Uzbekistan.

Eastern and southern Africa: Angola, Botswana, Comoros, Eritrea, Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Namibia, Rwanda, South Africa, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

Latin America: Belize, Brazil, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Paraguay, Peru, Venezuela (Bolivarian Republic of)

Middle East and North Africa: excluded from this analysis because there were no recent granular expenditure data for each of the intervention areas

Western and central Africa: Benin, Burkina Faso, Central African Republic, Chad, Democratic Republic of the Congo, Gabon, Gambia, Ghana, Guinea, Mali, Nigeria, Senegal, Togo.

Figures on health systems strengthening reflect a lower level of granular data reported from countries. This includes activities related to health-sector governance and planning, community system support, public financial management systems, and workforce development and quality improvement. It excludes other aspects of health systems such as laboratory management and strategic information, which are shown separately.

Source: Global AIDS Monitoring, UNAIDS-supported national AIDS spending assessments, 2019–2024.

In 2024, a high proportion of foreign assistance was directed at prevention programmes and community services. HIV prevention programmes for young people and people from key populations have stalled in many countries due to funding cuts. One study found that more than 60% of women-led HIV organizations have lost funding or been forced to suspend HIV prevention and community outreach programmes, leaving entire communities without access to vital services (3).

THERE IS HOPE: IMPORTANT STEPS IN SUSTAINABILITY AND SELF-RELIANCE

Countries have taken swift action to transform their HIV responses so they can be increasingly self-sustaining and follow responsible transitions. As a result, many countries are showing resilience in their HIV treatment delivery. Monthly data reported to UNAIDS indicated that the number of people newly initiated on treatment remained fairly stable over the first half of 2025, despite the funding cuts (4).

Regional leadership is stepping up

Throughout 2025, the African Union stepped in to take action:

- The African Union Roadmap to 2030 and Beyond pledged to ensure diversified and sustainable financing for HIV and other health programmes (5).
- A new African Epidemic Fund was established to support countries in preparing for and responding to future health emergencies (6).
- African leaders, convened by His Excellency President Mahama of Ghana, launched the Accra Reset, calling for the creation of new governance and financing models for regional health and development (7).
- The Africa Centres for Disease Control and Prevention launched a platform to bolster efforts to build greater pharmaceutical manufacturing capacity in the region (8).

Communities of people living with, affected by or at risk of HIV are rallying across the world to support each other and the HIV response. Developments in the second half of 2025, with respect to the two primary funders of global HIV programmes—the Global Fund and the America First Global Health Strategy—provide opportunities for countries to invest in programmes and reach the people who need services the most.

Reducing dependency on external aid for health and HIV will be crucial in the future. Despite limited fiscal space, many low- and middle-income countries have taken steps to increase domestic investments and mitigate the impacts of funding cuts. Of the 61 countries reporting to UNAIDS globally, 25 have reported an increase in their national HIV budgets for 2026, of which 11 are in Africa (4).¹ The UNAIDS approach to HIV sustainability places the focus on transforming the HIV response in the long term. Twenty-two African countries, with support from UNAIDS and partners, are developing sustainability and transition plans to secure a transformed and increasingly self-reliant HIV response beyond 2030, planning for increased domestic investments and accelerated integration into national health systems.

UNAIDS estimates that US\$ 21.9 billion will be needed annually from domestic and international resources until 2030 to achieve global HIV targets in low-, middle- and upper-middle-income countries. The highest annual resource needs in 2030 will be for upper-middle-income countries (46% of the total US\$ 21.9 billion),

For Africa, annual resource needs are projected at US\$ 12.5 billion by 2030.

UNAIDS

UNAIDS has been responding globally to ongoing developments by mobilizing partners, governments and communities and tracking the HIV epidemic and response, including service continuation in countries. For more information, please visit www.unaids.org

¹ Algeria, Central African Republic, Democratic Republic of the Congo, Egypt, Ethiopia, Kenya, Mali, Namibia, Niger, Nigeria, United Republic of Tanzania.

compared with 34% for lower-middle-income countries and 20% for low-income countries. Overall resource needs remain substantial, but the financing mix is changing: in 2024, many countries, particularly in Africa, remained heavily reliant on international support, with approximately 77% of HIV resources coming from external sources and the remainder being financed domestically.

UNAIDS in Ethiopia

Before the funding cuts in 2025, Ethiopia was heavily dependent on external funding (mainly from the Global Fund and the United States Government) for HIV programmes. Ethiopia's domestic budget for HIV represented only 4% of total HIV funding. A new health memorandum of understanding between Ethiopia and the United States Government was signed in December 2025, representing US\$ 1.5 billion for five years.

UNAIDS in Ethiopia works closely with Government counterparts, community organizations, and networks of people living with or affected by HIV to:

- provide technical advice and monitor HIV epidemiological trends and programmatic achievements from the local to the national level;
- support a responsible and effective transition to a public health facility service approach that will guarantee nondiscriminatory support for people living with HIV and people from key populations;
- guide government and community partners to explore effective community outreach models;
- develop south–south learning to address new HIV acquisitions among young people (including launching a digital health platform using artificial intelligence technology);
- support inclusion of HIV services in humanitarian response plans as part of Ethiopia's National HIV Strategic Plan.

In this period of uncertainty, UNAIDS focuses on supporting governments and community organizations to continue running effective programmes without leaving anyone behind, to preserve and build on the gains that have been made over the past three decades.

UNITING TO END AIDS: 2026 HIGH-LEVEL MEETING ON ENDING AIDS

Through 2025, the new Global AIDS Strategy 2026–2031 was developed by UNAIDS with input from countries, communities, regional bodies (including the African Union) and the private sector, and adopted by the UNAIDS Programme Coordinating Board in December 2025. It will serve as the foundation for the 2026 Political Declaration on AIDS, to be endorsed by United Nations Member States in June 2026.

The new Global AIDS Strategy provides a clear roadmap to ensure success and long-term sustainability in the decades-long global response to HIV. The Global AIDS Strategy places strong emphasis on countries and regional bodies such as the African Union to take leadership in the response.

If countries scale up to reach the 2030 targets, 3.3 million additional new HIV infections could be averted compared with a situation where HIV treatment and prevention services are maintained at 2024 coverage levels.

What's new in the Global AIDS Strategy?

2025	2030
Scaled-up HIV responses	➡ End AIDS and build sustainability
Intervention-centred	➡ People-centred
Large number of targets, some of which were statements of intent and not measurable	➡ Fewer targets that are adoptable by countries, subnational areas and subpopulations
Vertical HIV programmes	➡ Integration of HIV services in national programmes
Focus on provision of services	➡ Greater focus on access to services and diversifying methods—self-care models, community-led programmes
High donor dependence and donor-driven HIV responses	➡ Country-owned and -led responses. Shared responsibility differentiated by income
Global strategies	➡ Both global and regional strategies

The global HIV response is within reach of its goal—to end AIDS as a public health threat and build a sustainable response. The world has come too far and achieved too much to relinquish this response at this moment of historic opportunity. Renewing commitment to principles of shared responsibility and global solidarity is essential to ensure a future that is safer, healthier and more just.

Multilateralism and global solidarity have been a cornerstone of progress in the response to HIV. The support of African Union Member States for the adoption of an ambitious 2026 Political Declaration on AIDS at the United Nations General Assembly in June 2026 will be crucial. This will be a key moment for member states to collectively renew commitment, mobilize leadership and set direction for the HIV response.

UNAIDS and UN80

UNAIDS is undergoing a Board-led transition in the context of UN80. African member states have a key role in shaping this transition. The UNAIDS Programme Coordinating Board (PCB) has established a working group to develop options and recommendations for the further transition and institutional integration of UNAIDS. UNAIDS envisages a safe and responsible transition, anchored in country and community needs, protecting UNAIDS core functions that member states and civil society rely on including:

- Political leadership and advocacy
- Convening and coordination
- Accountability and strategic information
- Community engagement

UNAIDS is deeply committed to supporting Africa in protecting the gains and safeguarding the sustainability of the HIV response.

Timeline

2026

Mid-February	UNAIDS PCB working group convenes on the further transition and integration of the UNAIDS Joint Programme functions into the UN system and beyond.
May	Multistakeholder consultation to prepare for UN General Assembly High Level meeting on AIDS.
May-June	Negotiation of 2026 Political Declaration on ending AIDS to be adopted at 2026 High Level Meeting on AIDS.
Early June	UN General Assembly High Level Meeting on AIDS.
Mid-June	58 th meeting of UNAIDS PCB receives interim report from PCB working group on the further transition and integration into the UN system and beyond.
July	International AIDS Conference, Rio de Janeiro, Brazil.
September	Opening of United Nations General Assembly.
October	Special session of the UNAIDS PCB—decisions on further transition and integration of UNAIDS (and transmission to ECOSOC).
December	59 th PCB meeting.

2027

From January	Implementation of decisions taken by UNAIDS PCB on further transition and integration of UNAIDS.
Mid-June	60 th PCB meeting.

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