

PRESS RELEASE

Millions of lives at risk as progress against AIDS falters

Progress in prevention and treatment is faltering around the world, putting millions of people in grave danger. Eastern Europe and central Asia, Latin America, and the Middle East and North Africa have all seen increases in annual HIV infections over several years. In Asia and the Pacific, UNAIDS data now show new HIV infections are rising where they had been falling. Action to tackle the inequalities driving AIDS is urgently required to prevent millions of new HIV infections this decade and to end the AIDS pandemic.

MONTREAL/GENEVA, 27 July 2022—New data from UNAIDS on the global HIV response reveals that during the last two years of COVID-19 and other global crises, progress against the HIV pandemic has faltered, resources have shrunk, and millions of lives are at risk as a result. The new report, *In Danger*, is being launched ahead of the [International AIDS Conference](#) in Montreal, Canada.

Globally the number of new infections dropped only 3.6% between 2020 and 2021, the smallest annual decline in new HIV infections since 2016. Eastern Europe and central Asia, Middle East and North Africa, and Latin America have all seen increases in annual HIV infections over several years. In Asia and the Pacific – the world’s most populous region – UNAIDS data now shows new HIV infections are rising where they had been falling. Climbing infections in these regions are alarming. In eastern and southern Africa rapid progress from previous years significantly slowed in 2021. There is some positive news, with notable declines in new HIV infections in western and central Africa and in the Caribbean, but even in these regions, the HIV response is threatened by a tightening resource crunch.

“These data show the global AIDS response in severe danger. If we are not making rapid progress then we are losing ground, as the pandemic thrives amidst COVID-19, mass displacement, and other crises. Let us remember the millions of preventable deaths we are trying to stop,” said UNAIDS Executive Director Winnie Byanyima.

Faltering progress meant approximately 1.5 million new infections occurred last year – over 1 million more than the global targets.

Marked inequalities within and between countries, are stalling progress in the HIV response, and HIV is further widening those inequalities.

New infections occurred disproportionately among young women and adolescent girls, with a new infection every two minutes in this population in 2021. The gendered HIV impact, particularly for young African women and girls, occurred amidst disruption of key HIV treatment and prevention services, millions of girls out of school due to pandemics, and spikes in teenage pregnancies and gender-based violence. In sub-Saharan Africa, adolescent girls and young women are three times as likely to acquire HIV as adolescent boys and young men.

During the disruptions of the last few years, key populations have been particularly affected in many communities – with rising prevalence in many locations. UNAIDS data have shown increasing risk of new infections faced by gay men and other men who have sex with men (MSM) globally. As of 2021, UNAIDS key populations data show MSM have 28 times the risk of acquiring HIV compared to people of the same age and gender identity while people who inject drugs have 35 times the risk, sex workers 30 times the risk, and transgender women 14 times the risk.

Racial inequalities are also exacerbating HIV risks. In the United Kingdom and United States of America, declines in new HIV diagnoses have been greater among white populations than among black people. In countries such as Australia, Canada and the United States, HIV acquisition rates are higher in indigenous communities than in non-indigenous communities.

The report also shows that efforts to ensure that all people living with HIV are accessing life-saving antiretroviral treatment are faltering. The number of people on HIV treatment grew more slowly in 2021 than it has in over a decade. And while three-quarters of all people living with HIV have access to antiretroviral treatment, approximately 10 million people do not, and only half (52%) of children living with HIV have access to lifesaving medicine; the gap in HIV treatment coverage between children and adults is increasing rather than narrowing.

The AIDS pandemic took a life every minute, on average, in 2021, with 650 000 AIDS deaths despite effective HIV treatment and tools to prevent, detect, and treat opportunistic infections.

“These figures are about political will. Do we care about empowering and protecting our girls? Do we want to stop AIDS deaths among children? Do we put saving lives ahead of criminalization?” asked Ms Byanyima. “If we do, then we must get the AIDS response back on track.”

There were significant differences between countries. Some of the countries with the biggest increases in the number of new HIV infections since 2015 included: Philippines, Madagascar, Congo and South Sudan. On the other hand, South Africa, Nigeria, India and United Republic of Tanzania had some of the most significant reductions in the numbers of HIV infections even amidst COVID-19 and other crises. Examples of progress point toward what effective pandemic response requires – with some of the strongest progress where community-led services, enabling legal and policy environments, and equitable services are clearest.

The report sets out the devastating consequences if urgent action is not taken to tackle the inequalities which drive the pandemic. It shows that on the current path the number of new infections per year would be over 1.2 million in 2025 – the year in which United Nations member states have set a goal of fewer than 370 000 new HIV infections. That would mean not just missing the pledge on new infections but overshooting that pledge by more than three times. Millions of avoidable HIV infections every year are making it ever harder and more expensive to ensure people living with HIV have access to lifesaving treatment and the targets to end the AIDS pandemic by 2030 are reached.

Global shocks including the COVID-19 pandemic and the Ukraine war have further exacerbated risks for the HIV response. Debt repayments for the world’s poorest countries reached 171% of all spending on healthcare, education and social protection combined, choking countries’ capacities to respond to AIDS. Domestic funding for the HIV response in low- and middle-income countries has fallen for two consecutive years. The Ukraine war has dramatically

increased global food prices, worsening food insecurity for people living with HIV across the world, making them much more likely to experience interruptions in HIV treatment.

At a moment when international solidarity and a surge of funding is most needed, too many high-income countries are cutting back aid, and resources for global health are under serious threat. In 2021, international resources available for HIV were 6% lower than in 2010. Overseas development assistance for HIV from bilateral donors other than the United States of America has plummeted by 57% over the last decade. The HIV response in low- and middle-income countries is US\$8 billion short of the amount needed by 2025. Global trade rules are obstructing low- and middle-income countries' production of pandemic-ending medicines, including new and emerging long-acting HIV medicines, and keeping prices unaffordably high for these countries to procure at scale.

“When international support has been most needed, global solidarity has stalled. Leaders must not mistake the huge red warning light for a stop sign. This must become a moment for a surge of international support,” said Ms Byanyima.

It is still possible for leaders to get the response back on track. This requires both national action and international solidarity. Last year leaders agreed a roadmap, set out in the [Political Declaration on HIV and AIDS](#), which can end AIDS by 2030 – if leaders fulfil it. It is eminently achievable and affordable – indeed, ending AIDS will cost much less money than not ending AIDS. Importantly, actions needed to end AIDS will also better prepare the world to protect itself against the threats of future pandemics.

The proven package for success includes; community-led, people-centred services; the upholding of everyone's human rights, the removal of punitive and discriminatory laws, and the tackling of stigma; the empowerment of girls and women; equal access to treatment including new health technologies; and health services, education, and social protection for all.

“We can end AIDS by 2030 as promised,” said Ms Byanyima. “But what it takes is courage.”

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UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners towards ending the AIDS epidemic by 2030 as part of the Sustainable Development Goals. Learn more at unaids.org and connect with us on Facebook, Twitter, Instagram and Youtube.