

# Asia and the Pacific

## 2025 DATA

21% decrease in number of new HIV infections since 2010

59% decrease in number of AIDS-related deaths since 2010

People living with HIV: 7.1 million [6.3 million–8.0 million]

New HIV infections: 280 000 [230 000–360 000]

AIDS-related deaths: 120 000 [93 000–160 000]

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

People living with HIV who know their HIV status: 81% [64–96%]

People living with HIV who are on treatment: 72% [56–84%]

People living with HIV who have a suppressed viral load: 69% [61–78%]

### Elimination of vertical transmission:

Antiretroviral therapy coverage among pregnant women living with HIV: 70% [58–85%]

Vertical transmission rate: 17% [15–20%]

### Financing of the HIV response:

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

## The world's second-largest regional epidemic with wide disparities

Asia and the Pacific is home to the world's second-largest HIV epidemic, with an estimated 17% of all people living with HIV in 2025 and almost a quarter (22%) of all new HIV infections.

Important progress has been made in the HIV response in the region, with the annual number of new HIV infections declining by 21%, from 350 000 [290 000–450 000] in 2010 to 280 000 [230 000–360 000] in 2025, and the number of AIDS-related deaths decreasing by 59% over the same period (Figure 10.1).

Progress remains uneven, however, with several countries experiencing growing HIV epidemics. Since 2010, numbers of new infections have increased in Afghanistan, Bangladesh, Bhutan, Fiji, the Lao People's Democratic Republic, Mongolia, Pakistan, the Philippines, Sri Lanka and Timor-Leste. Fiji, Pakistan, and the Philippines have some of the fastest-growing epidemics globally.

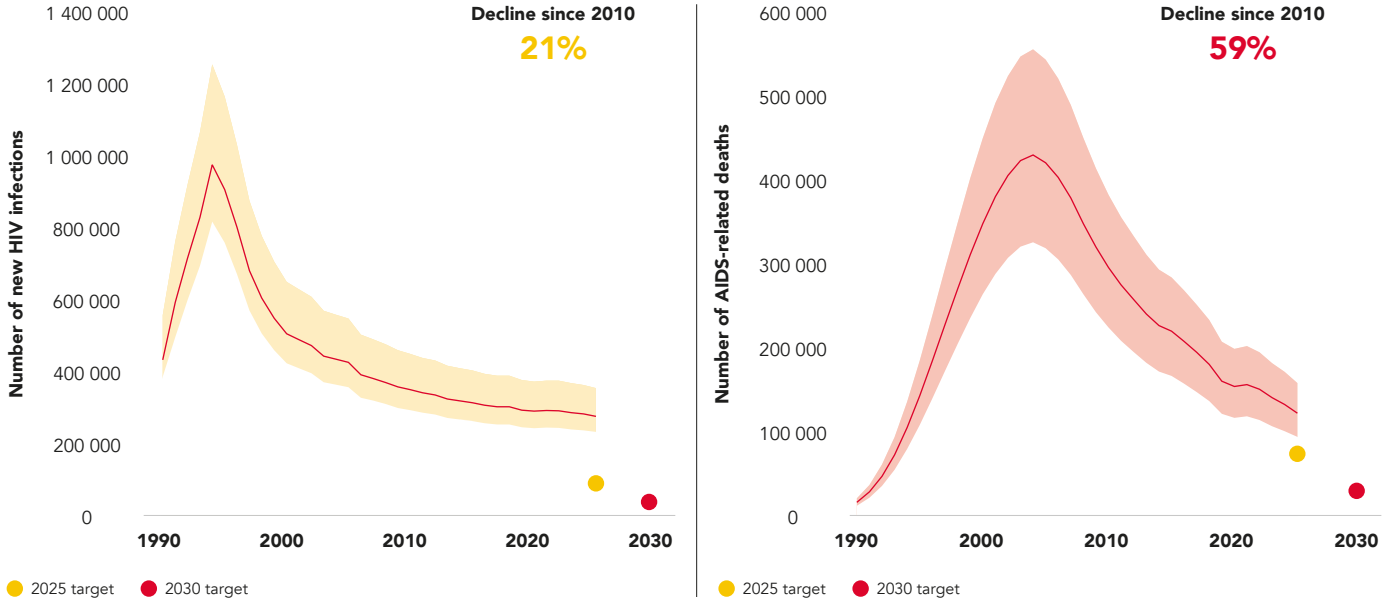
An estimated 100 000 [87 000–130 000] children aged 0–14 years were living with HIV in the region in 2025, accounting for 8% of all children living with HIV globally. In 2025, about 8200 [6300–12 000] children acquired HIV in the region.

Key populations continue to experience disproportionately high HIV prevalence, with a median prevalence of 7.5% among people who inject drugs, 3.9% among gay men and other men who have sex with men, and 3.1% among transgender people, compared with 0.2% [0.2–0.3%] among adults in the general population (aged 15–49 years) (Figure 10.2). The number of new HIV infections in Fiji has increased approximately 12-fold since 2010. Among 849 new infections with a known transmission route in Fiji, over half, 430 cases, were linked to sexual transmission while people who inject drugs accounted for 362 cases (43%).[1]

1 Fiji HIV surveillance report 2025: national epidemiological analysis of HIV testing, diagnosis and care cascade. Suva: Fiji Ministry of Health and Medical Services; 2026 (https://www.health.gov.fj/wp-content/uploads/2026/05/Fiji_HIV_Surveillance_Report_2025_FINAL.pdf).

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

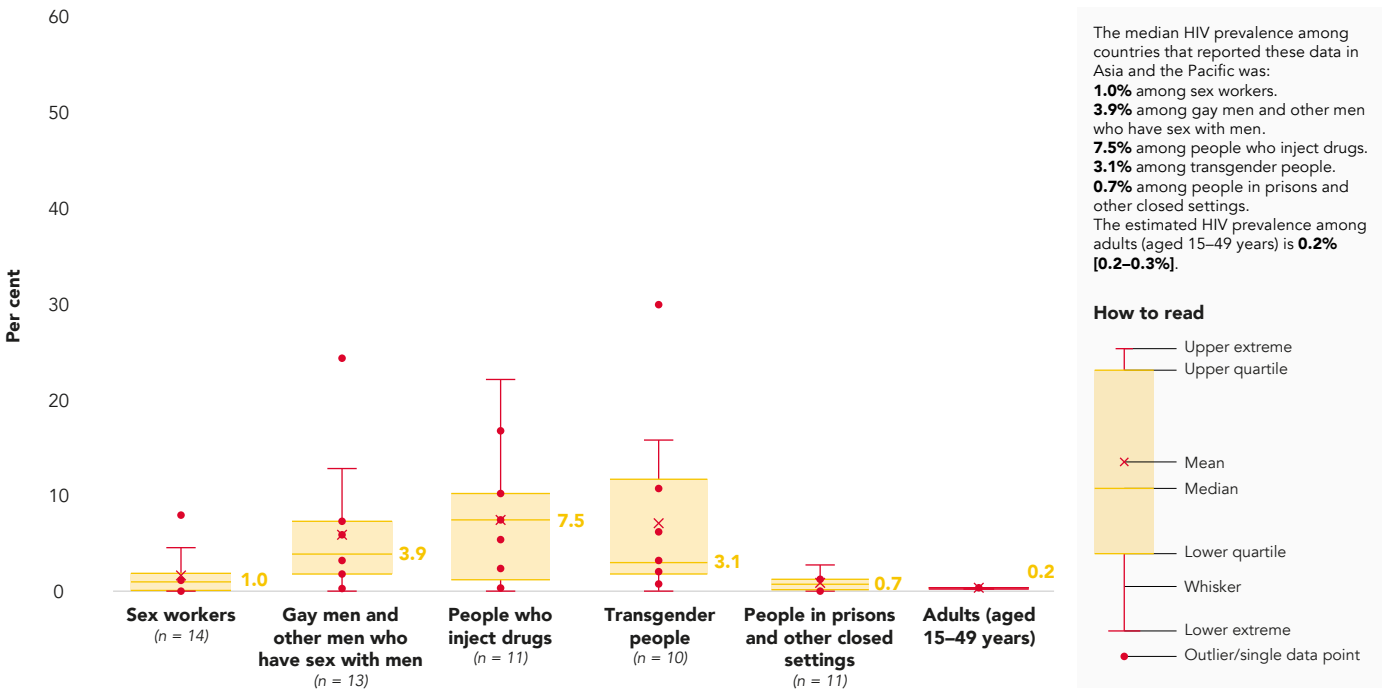
**Figure 10.1.** Numbers of new HIV infections and AIDS-related deaths, Asia and the Pacific, 1990–2025, 2025 and 2030 targets




Source: UNAIDS epidemiological estimates 2026 (https://aidsinfo.unaids.org/).

## Key populations continue to bear a disproportionate burden of HIV in Asia and the Pacific

**Figure 10.2.** HIV prevalence among people from key populations compared with adults in the general population (aged 15–49 years), reporting countries in Asia and the Pacific, 2021–2025




Source: UNAIDS Global AIDS Monitoring, 2022–2026; UNAIDS epidemiological estimates, 2026 (https://aidsinfo.unaids.org/).
Notes: n = number of countries. Total number of reporting countries = 39. The adult prevalence uncertainty bounds define the range within which the true value lies (if it can be measured). Narrow bounds indicate that countries reported similar prevalence, while wide bounds indicate greater disparity in the reported prevalence.

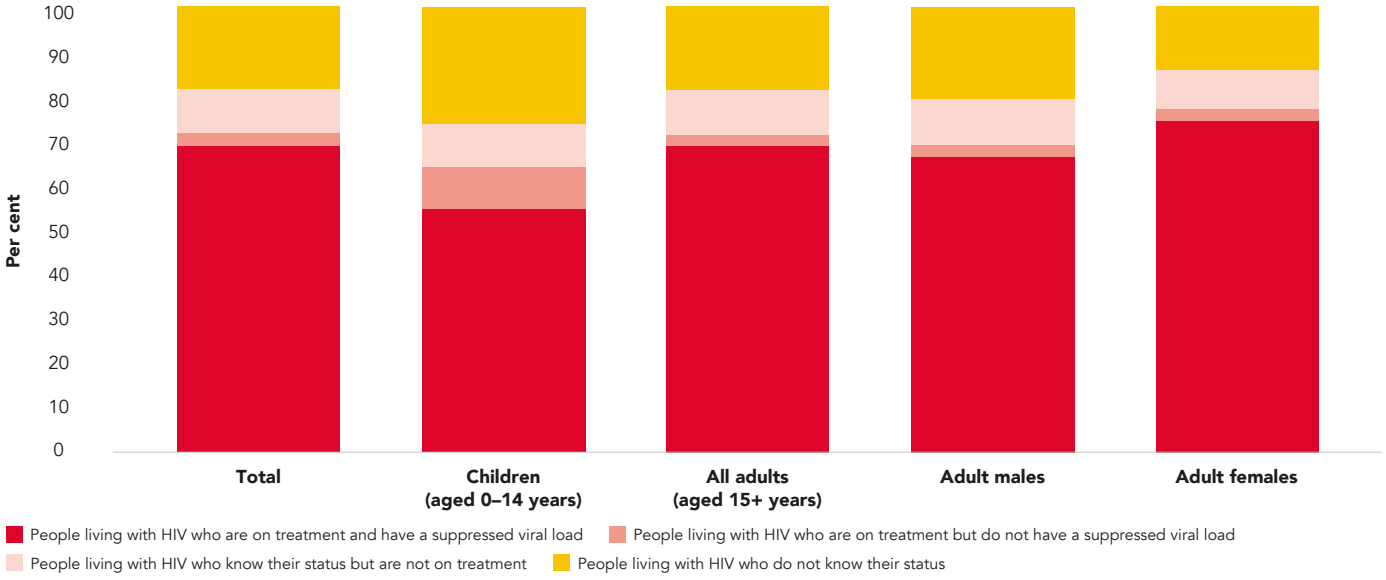
## The region faces a growing HIV prevention crisis, and gaps persist in access to HIV testing and treatment and viral load suppression levels

Despite efforts to expand HIV prevention services, coverage remains insufficient, particularly for pre-exposure prophylaxis (PrEP), harm reduction and other evidence-based interventions. PrEP uptake in the region increased by 27% between 2024 and 2025 but remained far below the target of 8.2 million people, with fewer than 300,000 people receiving PrEP in 2025. Harm reduction services remain limited: coverage of opioid agonist therapy was in median only 5% across eight countries, and needle–syringe programmes distributed a median of only 28 needles and syringes per person who injects drugs per year across six countries (far below the recommended 300 per person per year). Young people from key populations face additional barriers to HIV services, underscoring the need for prevention programmes that are responsive to their specific needs.[2]

The region continues to face substantial challenges in achieving equitable access to HIV services, with progress towards testing, treatment and viral load suppression targets varying across countries and populations in 2025. An estimated 1.3 million people living with HIV do not know their HIV status, more than 2 million people are not receiving antiretroviral therapy, and children continue to experience poorer treatment outcomes than adults (Figure 10.3). Antiretroviral therapy coverage exceeded 90% in Cambodia but remained below 50% in Afghanistan, Bangladesh, Fiji, Indonesia, Mongolia, Pakistan, and the Philippines.

**HIV testing and treatment cascade, by age and sex, Asia and the Pacific, 2025**

**Figure 10.3.** HIV testing and treatment cascade, by age and sex, Asia and the Pacific, 2025




Source: UNAIDS epidemiological estimates 2026 (https://aidsinfo.unaids.org/).

2 Putting young key populations first: HIV and young people from key populations in the Asia and Pacific region 2022. Geneva: Joint United Nations Programme on HIV/AIDS; 2022 (https://www.aidsdatahub.org/sites/default/files/resource/unaids-2022-hiv-young-people-key-populations-ap-2022.pdf).

Among key populations, antiretroviral therapy coverage was 61% among sex workers (eight reporting countries), 64% among gay men and other men who have sex with men (10 countries), 72% among people who inject drugs (seven countries), 68% among transgender people (six countries) and 87% among people in prisons and other closed settings (five countries).

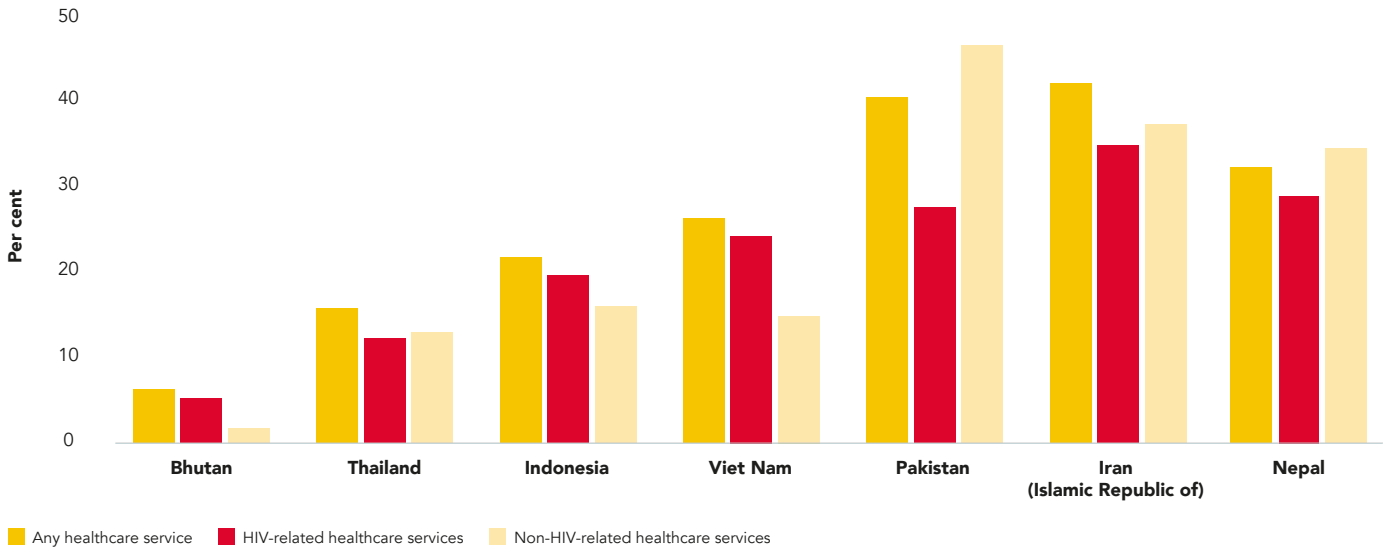
## Stigma, discrimination and violence continue to undermine access to HIV services

Data from reporting countries highlight the pervasive impact of stigma and discrimination on people from key populations. A median of 47% of transgender people (four countries), 28% of sex workers (seven countries), 11% of gay men and other men who have sex with men (five countries) and 11% of people who inject drugs (three countries) reported experiencing stigma and discrimination in the past six months. A median of 20% of people who inject drugs (six countries), 17% of transgender people (eight countries), 13% of sex workers (11 countries) and 7% of gay men and other men who have sex with men (nine countries) reported avoiding accessing health-care services in the past 12 months due to stigma and discrimination.

People living with HIV continue to report experiences of stigma and discrimination in health-care settings in several countries in the region (Figure 10.4), which can be a significant barrier to access to services.

Across the region, 17 of 39 countries continue to criminalize same-sex sexual relations, 38 countries have laws that criminalize some aspect of sex work, at least 33 countries criminalize possession of small amounts of drugs for personal use, 26 countries criminalize HIV non-disclosure, exposure or transmission either directly or under broader communicable

**Figure 10.4.** Percentage of people living with HIV who experienced stigma and discrimination in health-care settings in the past 12 months, countries with available data, Asia and the Pacific, 2021–2024




Source: People Living with HIV Stigma Index 2.0 studies, 2021–2024.
Note: Experiences of stigma and discrimination in healthcare settings are measured as having experienced at least one of the following because of HIV status in the previous 12 months: denial of care, advised not to have sex, being the subject of gossip or negative talk, verbal abuse, physical abuse, avoidance of physical contact, and sharing of HIV status without consent.

disease laws and 4 countries have used general laws to prosecute cases of HIV non-disclosure, exposure or transmission in the past 10 years.

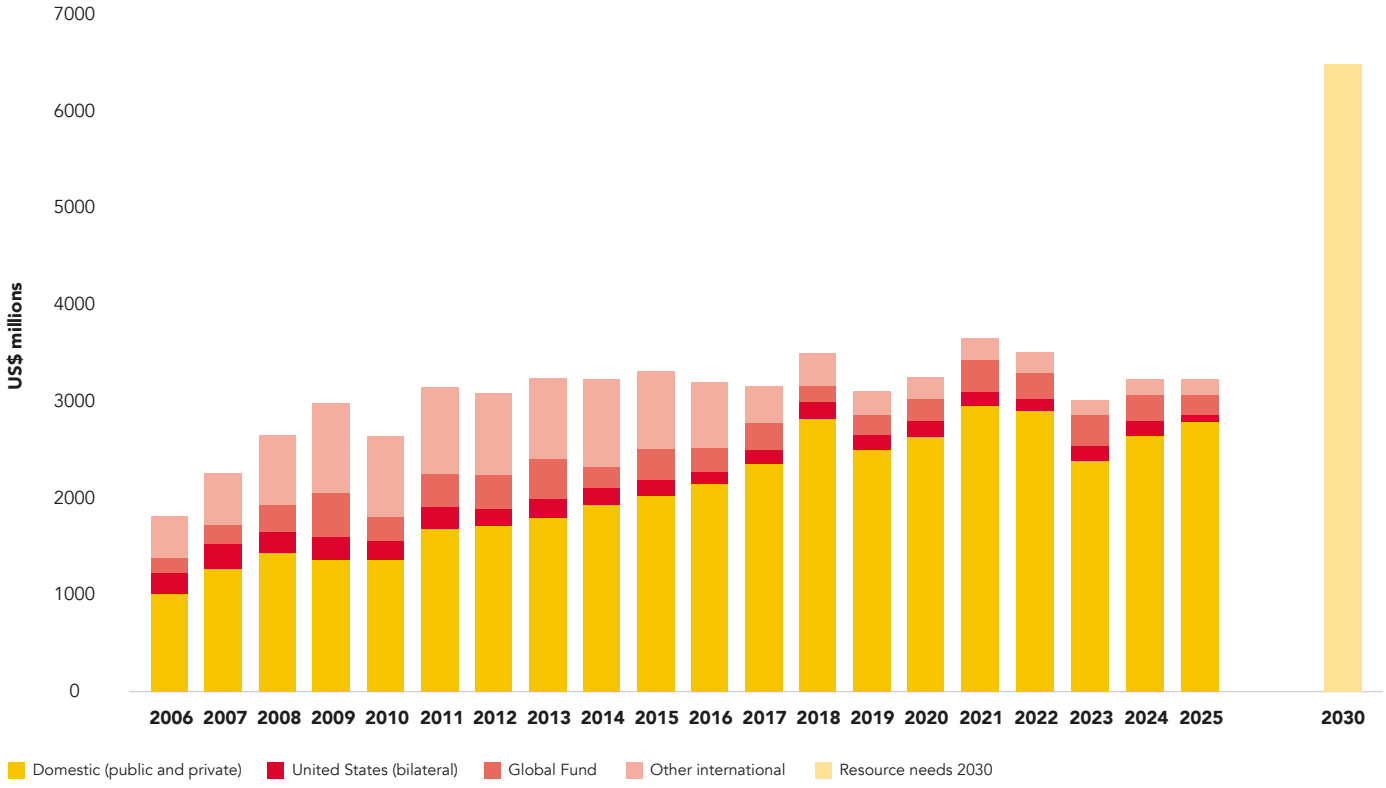
People from key populations face high levels of violence in the region. A median of 18% of people who inject drugs (four countries), 16% of transgender people (seven countries), 9% of sex workers (eight countries) and 4% of gay men and other men who have sex with men (six countries) reported experiencing physical and/or sexual violence in the past 12 months.

In many countries, limited legal protections expose LGBTQIA+ people to stigma, discrimination and violence, contributing to poor health outcomes. Social media can generate knowledge about HIV and improve access to services, but supportive policies are needed to ensure confidentiality and the protection of users.

## Domestic investment is rising, but a US$ 3.2 billion funding gap and declining external support threaten progress towards ending AIDS

In 2025, approximately US$ 3.2 billion was available for the HIV response in the region, representing only half of the estimated US$ 6.46 billion required annually to achieve the 2030 targets and highlighting a financing gap of around US$ 3.2 billion. Domestic resources increased to US$ 2.78 billion in 2025 and accounted for 86% of total HIV funding, but they remained

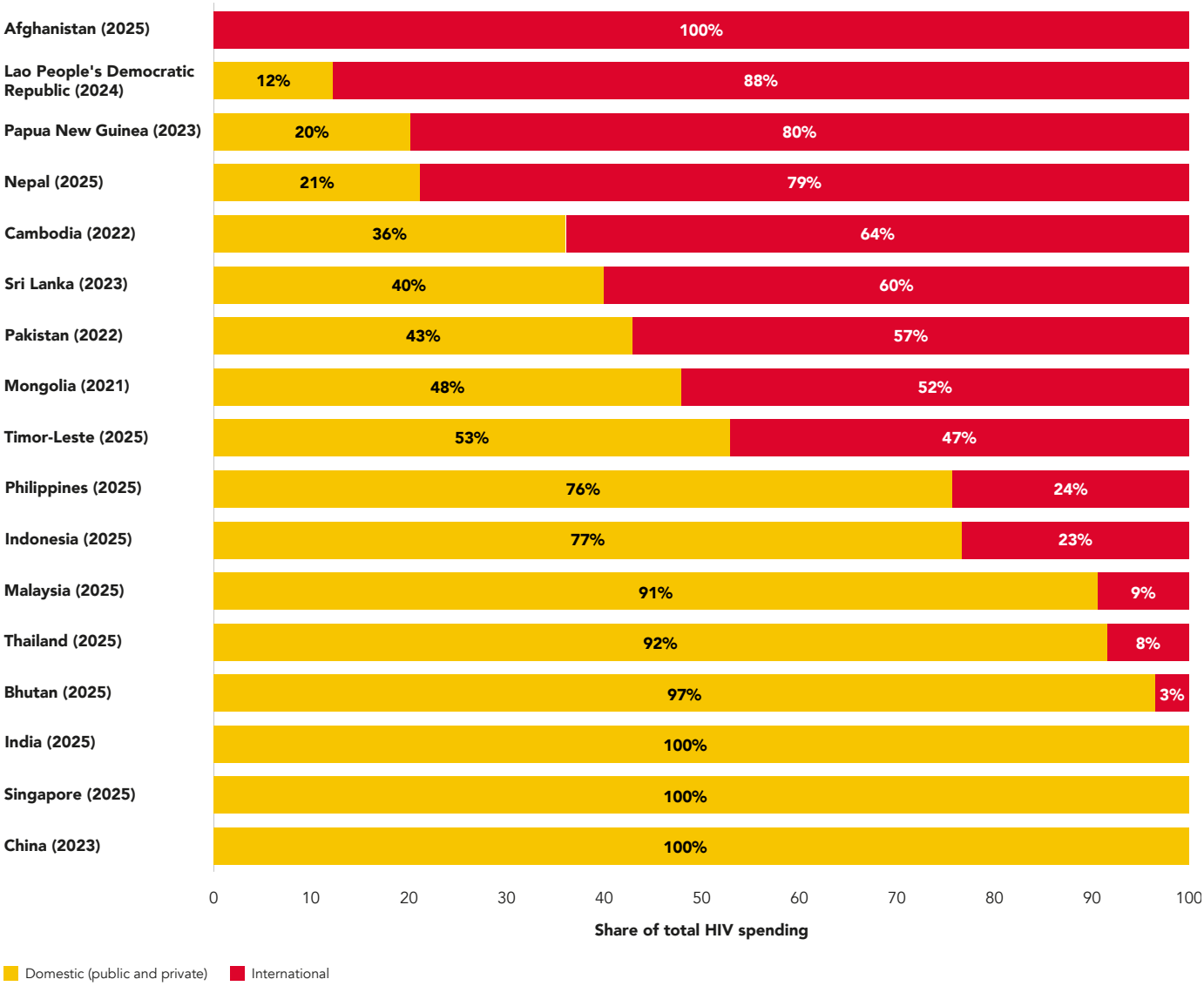
**Figure 10.5.** Resource availability by funding source (2006–2025), and 2030 needs, Asia and the Pacific region



below their 2021 peak of US$ 2.96 billion, suggesting recent gains need to translate into sustained growth. At the same time, international financing declined to US$ 445 million, 69% below its 2011 peak, reducing the resources available for prevention, community-led responses and other highly donor-dependent programme areas (Figure 10.5).

The regional HIV response appears increasingly domestically financed, but this masks substantial variation across countries. When countries with high levels of domestic spending in the region such as China, India and Thailand are excluded, the domestic share of HIV funding falls to 65%, underscoring continued reliance on external support in many countries across the region. In 2025, the Global Fund to Fight AIDS, Tuberculosis and Malaria remained the largest source of international HIV financing, accounting for 46% of all external resources.

**Figure 10.6.** Domestic versus international share of total HIV spending, 2021–2025



The large funding gap, combined with growing prevention needs and rising epidemics in several countries, underscores the region's need for sustained domestic resource mobilization, greater efficiency in resource allocation and procurement, and continued international solidarity, particularly for prevention programmes, community-led responses, and countries with limited fiscal capacity to finance the HIV response (Figure 10.6). HIV prevention is crucial in the region, but data reported to Global AIDS Monitoring show that 10 of 16 countries that reported expenditures rely on international sources for more than 75% of their prevention financing.

Empowered, well-funded communities are essential for the region's HIV response. Social contracting and continued donor funding will be critical for the sustainability of community-led responses in the region. Accelerating progress towards the 2030 HIV targets will require renewed investment in prevention, expanded access to testing and treatment, stronger protection of human rights, and sustainable financing that prioritizes communities and the populations most affected by HIV.

## Pacific subregion

The HIV epidemic in the Pacific subregion is increasingly divergent. Papua New Guinea has the region's largest epidemic, with an estimated 110 000 [95 000 - 130 000] people living with HIV and 2400 [2000 - 3100] AIDS-related deaths annually. Fiji has one of the fastest-growing HIV epidemics globally. Numbers of new infections in Fiji have increased approximately 12-fold since 2010 and reached 1700 [1300 - 2400] in 2025, while HIV incidence among adults (aged 15–49 years) reached 3.3 [2.4 - 4.5] per 1000 HIV-negative people. Increases in diagnoses in Palau, the Solomon Islands, and Vanuatu also warrant attention. Across the Pacific subregion, numbers of new HIV infections increased by an estimated 65% and AIDS-related deaths by 19% between 2010 and 2025 (Figure 10.7), compared with declines of 21% and 59%, respectively, across Asia and the Pacific overall.

Young people account for 40% of total new HIV infections in the Pacific subregion. Available survey data point to persistent prevention vulnerabilities, particularly among young people. In Vanuatu, comprehensive HIV knowledge was reported by 11.9% of young women and 20.8% of young men, and condom use among people reporting multiple sexual partners was 9.9% among women and 31.9% among men.[3] In Fiji, comprehensive HIV knowledge was 29.9% among young women and 26.1% among young men.[4] Comprehensive HIV knowledge in Nauru was 3.1% among young women and 1.5% among young men.[5] These gaps in knowledge, condom use and testing can delay diagnosis and allow transmission to expand before HIV is detected.

Programme readiness has not kept pace with changing epidemic patterns. Access to PrEP, harm reduction, point-of-care testing, rapid treatment initiation and the prevention benefits of U = U (undetectable = untransmittable) remain limited or uneven across much of the Pacific

3 Vanuatu multiple indicator cluster survey 2023: survey findings report. Port Vila: Vanuatu Bureau of Statistics; 2024.

4 Fiji, multiple indicator cluster survey 2021 https://mics.unicef.org/sites/mics/files/2024-08/Fiji%202021%20MICS_English.pdf

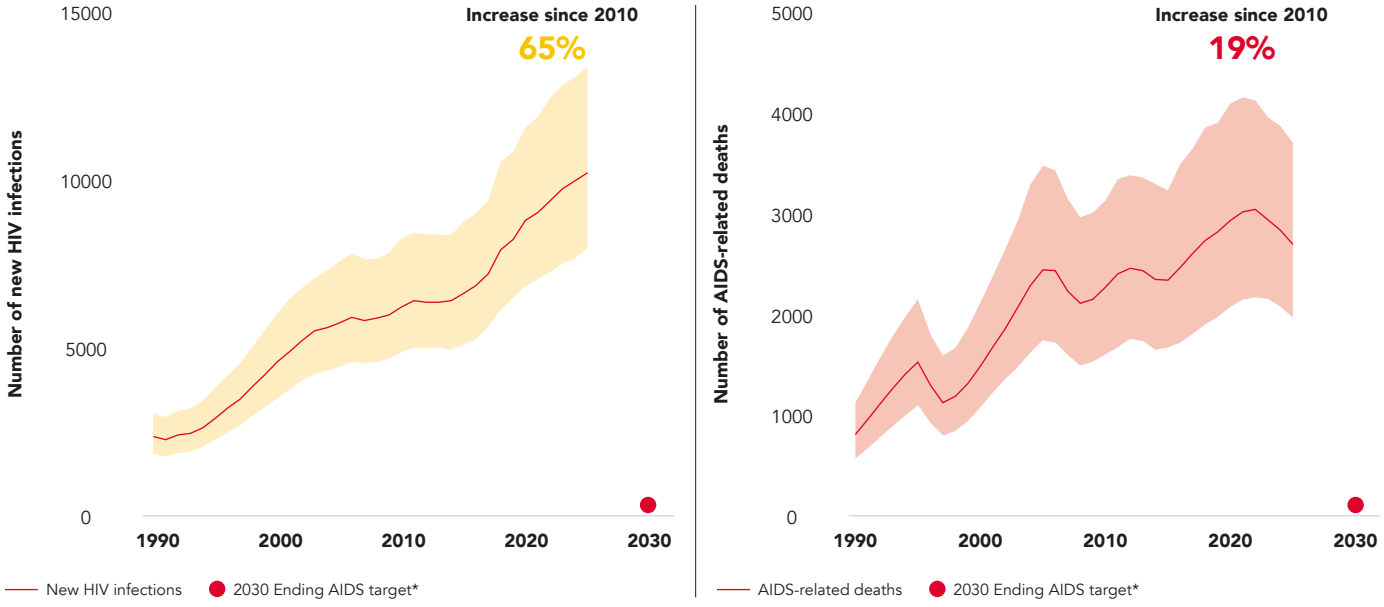
5 Nauru demographic and health survey-multiple indicator cluster survey 2023. https://stats.gov.nr/2024/11/13/urgent-need-for-investment-in-programmes-against-violent-discipline-naurus-first-ever-nationwide-mics/

subregion. Access to oral PrEP remains limited, with availability in just four countries (Australia, Fiji, New Zealand, Papua New Guinea). Treatment coverage is highly unequal, ranging from around 88% in Australia and New Zealand, to 57% in Papua New Guinea, and 22% in Fiji. Strategic information gaps further constrain the response. Many smaller Pacific island countries lack recent reliable HIV estimates, trend data, treatment cascade information, and data on key populations and modes of transmission. Strengthening surveillance, HIV estimates, key population data, routine programme information and community-led monitoring is essential for early detection and timely response.

Fragile health systems, limited community engagement, stigma and restrictive legal environments further compound these gaps. Data indicate that punitive provisions remain in place in several Pacific settings, including laws or policies affecting sex work, same-sex sexual activity, possession of small amounts of drugs for personal use, HIV nondisclosure, exposure or transmission, and adolescents' access to HIV testing. Such barriers can deter people, particularly those from key populations, from accessing prevention, testing and treatment services.

Taken together, these trends show that the Pacific subregion is not on the trajectory required to meet the 2030 targets. The HIV response will need to accelerate early detection, combination prevention and harm reduction, early and uninterrupted treatment access, community leadership and rights-based services, while strengthening resilient health and community systems and regional cooperation. The priority is to identify and act on emerging signals before localized transmission develops into larger epidemics.

**Figure 10.7.** Trends in the number of new HIV infections and AIDS-related deaths in the Pacific subregion, 1990–2025, and 2030 targets




*The 2030 target is equivalent to a 90% reduction since 2010.
Source: UNAIDS epidemiological estimates