

THE URGENCY OF NOW: SUSTAINING HEALTH SECURITY AND ENDING AIDS BY 2030



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THE HIV RESPONSE IN AFRICA IS SHOWING A RETURN ON INVESTMENTS

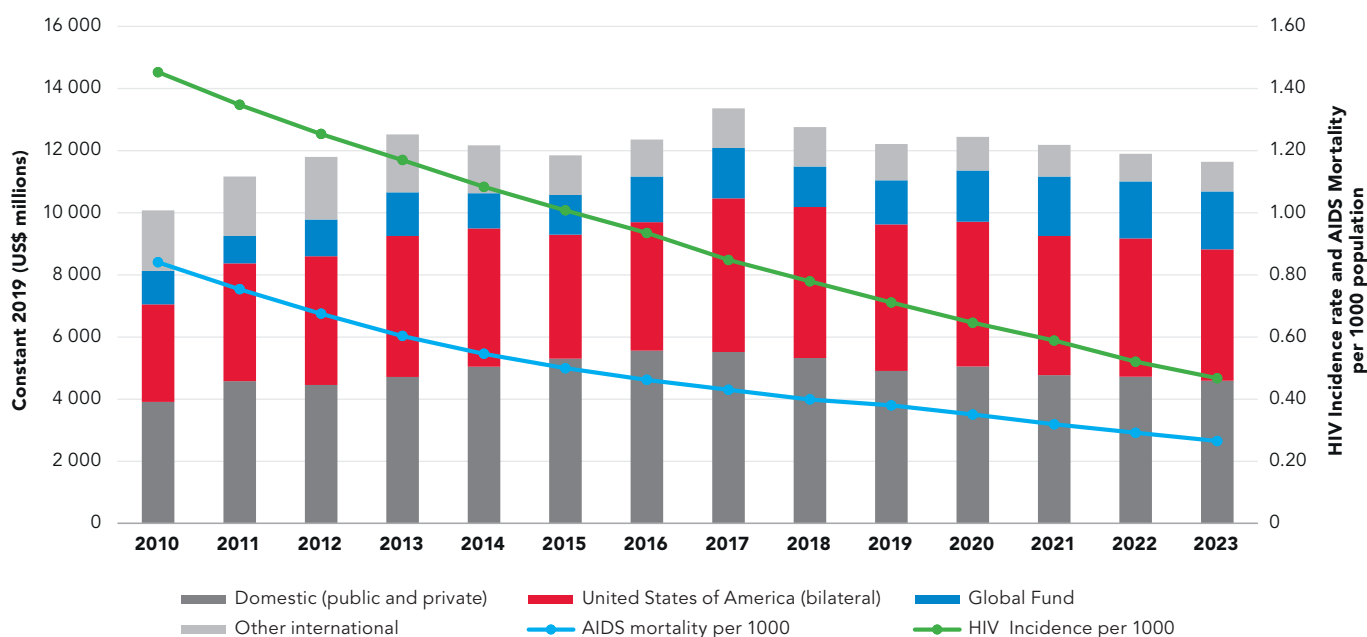
HIV in Africa (in 2023)

- 26.1 million people living with HIV.
- 1.2 million children living with HIV (aged 0–14).
- 21.3 million people on HIV treatment.
- 660 000 new HIV infections.
- 390 000 AIDS-related deaths.

The global HIV response has transformed the lives of tens of millions of people living with, at risk of and affected by HIV on the African continent. Today, 82% of people living with HIV in Africa are on lifesaving treatment¹, compared with 45% just nine years ago; new HIV infections have been reduced by 70% since their peak in 1994; and AIDS-related deaths have plummeted by 79% since the peak in 2004. In Africa, these successes have led to a rebound in average life expectancy from 58.7 years in 2010 to 63.8 years in 2023. However, AIDS is not over. In Africa, 4.8 million people are still not accessing HIV treatment and there were 390 000 AIDS-related deaths in 2023 (over 60% of the global total).

The extraordinary results achieved to date have been due to global solidarity across countries and sectors—uniting communities, governments, civil society, private sector, and the faith and scientific communities—with countries leading the way and with the support and partnership of UNAIDS, the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), and global, regional and local partners. These resources have contributed to encouraging results, with AIDS-related mortality declining by 69% and HIV incidence by 68% in Africa between 2010 and 2023 (Figure 1).

Figure 1. Resource availability (US\$ millions), HIV incidence and AIDS mortality in Africa (2010–2023)



IMMEDIATE IMPACT OF THE PEPFAR FREEZE

For more than two decades, the United States Government has been a steadfast leader in the global HIV response through PEPFAR and the Global Fund and through its support to UNAIDS. If PEPFAR was permanently halted, UNAIDS projections show that the numbers of AIDS-related deaths in PEPFAR-supported countries² would be multiplied by five, and the number of children orphaned due to AIDS could double. If PEPFAR was not reauthorized between 2025 and 2029

¹ Taken from UNAIDS 2024 HIV estimates.

² Source: UNAIDS Goals ASM Model 2023 (Countries include Cameroon, Eswatini, Kenya, Lesotho, Mozambique, Namibia, Nigeria, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe).

THERE IS URGENCY IN SECURING SUSTAINABILITY FOR HEALTH AND HIV

across the 55 PEPFAR partner countries (of which 85% are in Africa), and other resources were not found for the HIV response there would be:

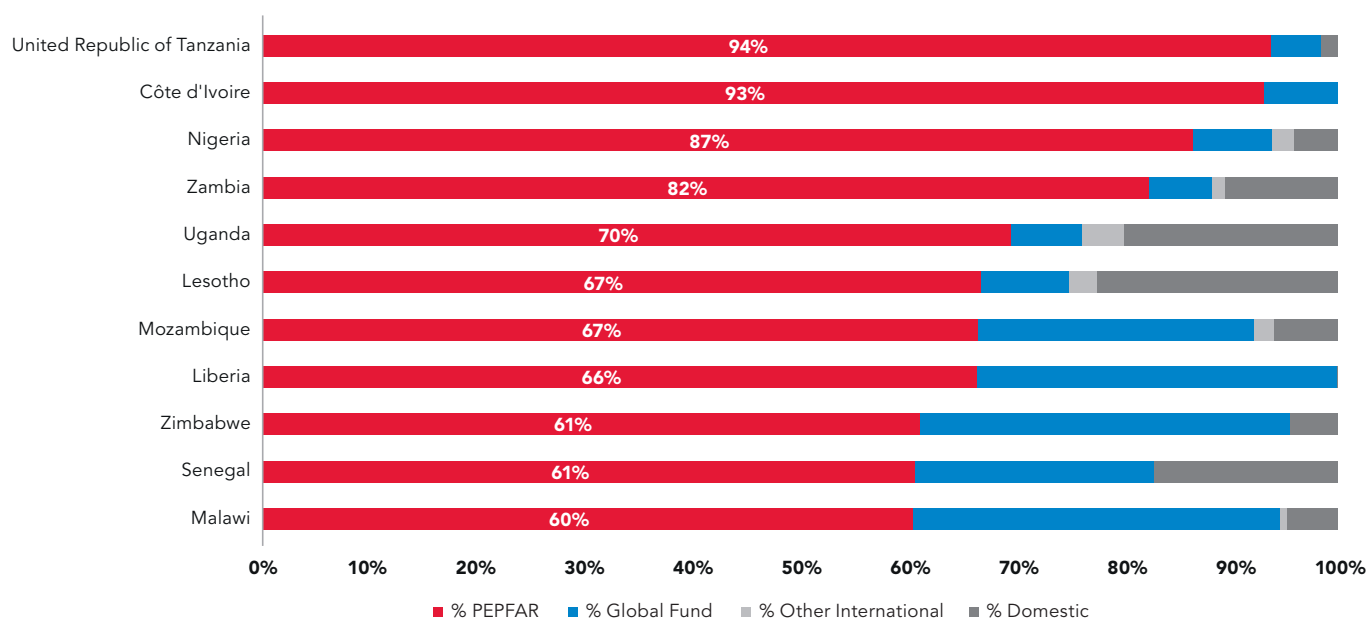
- An additional 6.3 million AIDS-related deaths (between 2025 and 2029).³
- An additional 3.4 million AIDS orphans.
- An additional 350 000 new HIV infections to children.
- An additional 8.7 million new HIV adult infections.

Donor financing plays a crucial role in supporting health systems across the African region. External contributions account for 12% of overall health financing and 60% of HIV financing. Urgent action is needed to secure the continuity of health services, and to address this reliance ensuring long-term sustainability and ownership for health systems.

Total resources for HIV in Africa have increased by 15% since 2010, driven by a 17% increase in domestic resources and a 14% increase in international resources. In 2023, the total resources allocated for HIV in the region amounted to US\$ 11.6 billion, a 6% decline since 2020. Approximately 39% of the funding is domestically sourced, while PEPFAR and the Global Fund contribute the bulk of external resources, with PEPFAR accounting for over 50% of total HIV funding in 13 out of 25 African Union member countries for which the latest HIV financing data are available (Figure 2).

By 2030, UNAIDS estimates that \$11.6 billion per year will be required in Africa to end AIDS as a public health threat (United Nations Sustainable Development Goal 3.3).⁴ Antiretroviral treatment, primary prevention and societal enablers require significant investment. Mobilizing additional domestic resources is crucial to bridging these gaps and sustaining progress, particularly given the critical role of PEPFAR.

Figure 2. Estimated percentage share of total resources in the HIV financing landscape across multiple countries in the African region



³ Special analysis. Glastonbury, CT: Avenir Health; February 2025.

⁴ Source: UNAIDS Resource needs estimates 2021.

CALL TO ACTION FOR AFRICAN UNION COUNTRIES

The African Union has developed a roadmap to end AIDS by 2030. More than at any other time, it is important for its leaders to come together and:

- **Build a sustainable response.** Funding for HIV is shrinking globally, hindering progress and causing rising epidemics in certain regions. States need to not only address the immediate financial shortfalls, but also develop medium and long-term strategies to secure sustainable funding for the HIV response. This includes enhancing domestic revenue generation and reducing reliance on external aid to ensure lasting impact beyond 2030.
- **Integrate HIV into health and other sectors.** To achieve long-term sustainability, States need to prioritize integrating the HIV response into national health systems (including through primary health care (PHC) and universal health care (UHC) packages), in ways which ensure that key and vulnerable populations are adequately supported. This transformation will enhance efficiency, promote equity and strengthen human rights-based, people-centred health systems.
- **Scale up HIV treatment and prevention.** Leaders and policy-makers must act urgently to provide access to HIV treatment and prevention services to reduce AIDS-related deaths and onward transmission. Significant gaps remain in access to HIV prevention and treatment services, which must be filled.
- **Leverage innovations.** Countries must act to ensure that all people, regardless of geography or economic status, benefit from the latest scientific, medical and technological advancements in HIV prevention, treatment and care, including game-changing HIV prevention technologies.
- **Leverage the power of communities,** which are on the frontlines of the response to HIV, by putting in place the mechanisms for their participation in a long-term, sustainable response. This can be achieved by confirming the role of community-led organizations in the delivery of testing, treatment, prevention and societal enabler services.
- **Uphold human rights.** HIV prevention and treatment services will reach people only if human rights are upheld, unfair laws against women and people from marginalized communities are removed, and discrimination and violence are tackled. States need to enact swift and transformative measures to end restrictive and discriminatory laws, policies and practices, and protect the human rights of their populations.
- **Enhance financial data transparency** including accountability for HIV financing and tracking mechanisms to monitor financial commitments and disbursements at the national and regional levels.

The HIV response is at a crossroads. Now is the time to invest in ending AIDS as a public health threat by 2030 and ensure that a sustainable response is built for decades to come.

UNAIDS

UNAIDS is responding to ongoing developments by mobilizing partners, governments and communities to assess and mitigate the impact of the pause on the continuity of essential HIV services. It has established a portal to provide real-time, global and country information, data, guidance and other resources related to the impact of these developments across 55 PEPFAR supported countries and the global HIV response. For more information, please visit www.unaids.org