



Decades of Progress at a Crossroads: How Cuts and Inaction Threaten the Fight against HIV

November 2025

In July 2024, UNAIDS, the United Nations initiative dedicated to addressing HIV worldwide, published a document titled '*The urgency of now: AIDS at a crossroads*'.¹ The document outlines two key factors shaping the HIV pandemic today: regional disparities in the emergence of new cases and the neglect of priority populations. While the number of cases is declining in sub-Saharan Africa, HIV presence is increasing in at least 28 countries in various other regions, particularly in Eastern Europe,

Central Asia, the Middle East and North Africa.¹ The response is further limited by the **lack of coverage of key populations**: sex workers, men who have sex with men, transgender people, injecting drug users and people in prison, among other vulnerable groups. Although in sub-Saharan Africa - the region with the highest number of cases - women and girls are the most affected, in the Global North the majority of new infections occur in these key populations.¹

AUTHORS:

Laura Agúndez, Virginia Rodríguez, Claudia García-Vaz, Clara Marín and Gonzalo Fanjul.*

* Laura Agúndez is a Policy Officer, Virginia Rodríguez is the Advocacy Coordinator, Claudia García-Vaz is the Policy Coordinator, Clara Marín is a Policy Consultant and Gonzalo Fanjul is the Policy and Development Director, all of them at ISGlobal.

¹ The Urgency of Now: AIDS at a Crossroads — 2024 UNAIDS Global AIDS Update [Internet]. [cited October 30, 2025]. Available from: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-summary_es.pdf.

TABLE 1.

At a glance: HIV and the global response.

	<p>The Human Immunodeficiency Virus [HIV] attacks and progressively weakens the immune system, increasing vulnerability to other infections and diseases. Without treatment, it can progress to Acquired Immunodeficiency Syndrome [AIDS]. It is transmitted mainly through sexual contact, exposure to infected blood, or from mother to child during pregnancy, childbirth or breastfeeding.</p> <p>UNAIDS Global AIDS Strategy 2021-2026: focused on reducing inequalities that hinder access to HIV prevention, diagnosis, and treatment. 95-95-95 target: goal for 2030 that 95% of infected people know their status, 95% of them receive continuous treatment and 95% of them achieve viral suppression.</p> <p>PEPFAR (US President's Emergency Plan for AIDS Relief): the leading bilateral programme in the fight against HIV/AIDS. Commitment to UNAIDS targets.</p> <p>PEPFAR (Plan de Emergencia del Presidente de los Estados Unidos para el alivio del sida): principal programa bilateral en la lucha contra el VIH/SIDA. Compromiso con los objetivos de ONUSIDA.</p> <p>The Global Fund to Fight AIDS, Tuberculosis and Malaria: largest multilateral funder, direct support to health systems.</p>
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Source:
ISGlobal.

In contrast to these figures, another reality persists: **alarming cuts** to development assistance contributions. These reductions have a direct impact on global health initiatives that fund the HIV response. The announced cuts in contributions to the Global Fund by its major funders—the United States and

some European countries—jeopardise the response to the HIV pandemic and threaten to reverse the positive trends noted in recent years. More specifically, the cuts implemented by the United States alone could result in 3 million HIV-related deaths and more than 10 million new infections by 2030.²

² Cavalcanti DM, Sales L de OF de, Silva AF da, Basterra EL, Pena D, Monti C, et al. Evaluating the impact of two decades of USAID interventions and projecting the effects of defunding on mortality up to 2030: a retrospective impact evaluation and forecasting analysis. *The Lancet*. July 19, 2025;406(10500):283-94.

1. Evolution and Significance of the HIV Pandemic

“Over time, the burden of the epidemic has shifted mainly to young women in the Global South, in low- and middle-income countries, especially in sub-Saharan Africa. Girls and women aged 15 to 24 in the region accounted for nearly two out of every three new infections in 2023.”

Following the emergence of the first HIV cases in 1980, there was a rapid increase in incidence, peaking in 1995 with approximately 3 million new infections recorded that year.³ Since then, the number of **new infections** has declined, reaching 1.3 million in 2023. The number of HIV-related deaths reached its peak in 2004 at 2.1 million. Fortunately, a reduction of more than 60% in mortality has been achieved, with figures ranging **from 630,000 and 830,000 deaths** in 2023, according to various sources.^{2,3} This **decline** in infections and mortality is the **result of a titanic effort**, made possible by sustained funding, multilateral efforts, state policies, community activism, drug development and the dedication of healthcare workers. This has resulted in effective and accessible antiretroviral treatment, early diagnosis, more widespread use of condoms and other barrier methods, reduction of vertical transmission, and the implementation of community and educational interventions.

However, the **number of people living with HIV** has continued to grow, doubling between 1997 and 2023 and reaching **almost 40 million people** in 2023. The emergence of antiretroviral drugs and their increasing accessibility have had a major impact on this phenomenon, in conjunction with other measures to prevent premature deaths among infected individuals and increase their life expectancy.

Despite the figures presented, the downward trend in infections is not currently observed in all regions of the world. **In contexts of severe political instability**, the implementation of preventative measures and access to treatment are hampered. For instance, in Eastern Europe and Central Asia - regions affected by the war in Ukraine and its evolution - cases have increased by 20% since 2010, with an estimated 140,000 new cases in 2023. Most of these cases are linked to high-risk practices of injecting drugs.⁴ In the Middle East and North Africa, armed conflicts and political and socio-economic crises have also complicated HIV response. In this region, new infections have grown by 116% since 2010, with 23,000 new cases reported in 2023,⁵ especially among men who have sex with men. In many countries in the region, same-sex sexual practices are criminalised and, in six of them, punishable by death, which hinders access to preventative measures for these key populations.

The profile of people affected by HIV has changed significantly. In the 1980s and 1990s, most cases in the Global North were among young men.⁶ Over time, the burden of the epidemic has shifted mainly to **young women in the Global South, in low- and middle-income countries**, especially in sub-Saharan Africa. Girls and women aged 15 to 24 in the region accounted for nearly **two out of every three new**

³ Global HIV & AIDS statistics — Fact sheet | UNAIDS [Internet]. [cited October 30, 2025]. Available from: <https://www.unaids.org/en/resources/fact-sheet>.

⁴ Eastern Europe and Central Asia regional profile — 2024 global AIDS update The Urgency of Now: AIDS at a Crossroads [Internet]. [cited October 30, 2025]. Available from: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-eeaca_en.pdf.

⁵ Middle East and North Africa regional profile — 2024 global AIDS update The Urgency of Now: AIDS at a Crossroads [Internet]. [cited October 30, 2025]. Available from: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-mena_en.pdf.

⁶ AIDS: the Early Years and CDC's Response [Internet]. [cited October 30, 2025]. Available from: <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6004a11.htm>.

infections in 2023.⁷ This shift has **heightened the urgency** and importance of HIV in contexts where its social, economic and political impact is greatest, and where structural inequalities exacerbate the vulnerability of those affected. In contrast, in the Global

North, the relative urgency of HIV has diminished due to the reduction in new infections, improved antiretroviral treatments and lower mortality, which has shifted the priority of the disease on the public health agenda in these regions.⁸

2. Measures against HIV: Major Victories and Potential for Further Progress

“Pre-exposure prophylaxis, known as PrEP, consists of the preventive use of antiretroviral drugs by people who are not infected but are at risk of exposure. This is one of the most significant recent technological advances in the response to HIV and has great potential to massively reduce the number of infections.”

The global response is built through a set of comprehensive actions that seek to **reduce transmission of the virus and improve the quality of life** of people living with it. These actions include timely diagnosis, effective access to antiretroviral treatment and subsequent continuity of treatment to achieve viral suppression, alongside comprehensive care for related health problems.⁹ Within this comprehensive approach, **prevention** plays a central role in curbing transmission and is implemented through various pharmacological and non-pharmacological measures. The **treatment** of already infected people with antiretroviral drugs is also essential for prevention, as it reduces the presence of the virus in the blood to undetectable levels, thereby making its transmission impossible. It

is estimated that 77% of people living with HIV were being treated in 2023, a major achievement considering that in 2015 the proportion was less than half of that. However, these data are subject to demographic variations and key populations have lower treatment coverage.¹

Recently, another method of pharmaceutical prevention has gained importance: pre-exposure prophylaxis, known as **PrEP**. This method consists of the preventive use of antiretroviral drugs by people who are not infected but are at risk of exposure. This is one of the most significant recent technological advances in the response to HIV and has **great potential to massively reduce the number of infections** (see Table 2).

⁷ HIV and adolescent girls and young women — Thematic briefing note — 2024 global AIDS update The Urgency of Now: AIDS at a Crossroads [Internet]. [cited October 30, 2025]. Available from: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-adolescent-girls-young-women_en.pdf.

⁸ Merson MH, O’Malley J, Serwadda D, Apisuk C. The history and challenge of HIV prevention. Lancet Lond Engl. August 9, 2008;372(9637):475-88.

⁹ Combined HIV Prevention - PAHO/WHO | Pan American Health Organization [Internet]. 2025 [cited October 30, 2025]. Available from: <https://www.paho.org/es/temas/prevencion-combinada-infeccion-por-vih>.

TABLE 2.

What is the importance of the new forms of PrEP?

Source:

Bekker LG, Joseph Davey D, Saidi F. Two for two: lenacapavir during pregnancy and lactation. *Lancet*. 2025 Oct 11;406(10512):1560-1561.

PrEP in its non-oral forms, such as injectables or vaginal rings, eliminates the need to take pills frequently, reducing the logistical problems and stigma that it entails.

In particular, the new injectable lenacapavir has proven to be highly effective and improved adherence, requiring only two subcutaneous doses per year.

However, the biggest barrier to accessing these new forms of PrEP is their high price: lenacapavir costs \$40,000 per person per year in the United States.

If it can be made available to the populations that need it most, this drug could mark a turning point in the prevention of vertical transmission of HIV in women and adolescents in Africa.

In addition to PrEP, another important pharmacological measure is **post-exposure prophylaxis (PEP)**, which consists of administering antiretroviral drugs after possible exposure to the virus, and is most effective when administered within the first 72 hours. However, access to it remains limited in many regions due to the irregular availability of the drug and social and health barriers.¹⁰

Non-pharmacological preventive measures are based on **sex education programmes** that include promoting condom use and other barrier protection measures, as well as risk reduction programmes for drug users. In addition, **early HIV testing** is crucial to facilitate early diagnosis, ideally ensuring that it is done confidentially and free of charge.

Among the **advances and priority areas** in HIV research today, in addition to injectable antiretrovirals, broad-spectrum antibodies stand out, with the potential to prevent infection or control the virus without daily medication,¹¹ and the development of experimental vaccines based on mRNA technologies and viral vectors.¹² Gene therapy approaches are also being explored that attempt to eliminate or silence the virus in a lasting manner.¹³ These advances could transform HIV response in the coming years, provided that the results are accompanied by policies that guarantee equitable access.

¹⁰ Allan-Blitz L, Mayer KH. Updated guidelines on HIV post-exposure prophylaxis: continued efforts towards increased accessibility. *J Int AIDS Soc*. November 22, 2024;27(11):e26393.

¹¹ Julg B, Walker-Sperling VEK, Wagh K, Aid M, Stephenson KE, Zash R, et al. Safety and antiviral effect of a triple combination of HIV-1 broadly neutralizing antibodies: a phase 1/2a trial. *Nat Med*. December 2024;30(12):3534-43.

¹² Mallapaty S. mRNA vaccines for HIV trigger strong immune response in people. *Nature*. August 1, 2025;644(8076):311-2.

¹³ Wang JW, Liu JH, Xun JJ. CCR5 gene editing and HIV immunotherapy: current understandings, challenges, and future directions. *Front Immunol* [Internet]. June 18, 2025 [cited October 30, 2025];16. Available from: <https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2025.1590690/full>.

3. Major Threats to Progress

“Following the great advances achieved in the first two decades of the 21st century, the fight against HIV now faces multiple threats that have slowed the momentum of the achievements, putting years of progress at risk: the unprecedented decline in available financial resources, difficulties in accessing treatment and prophylaxis, and directly linked to the previous two, the fragility of health systems in the most vulnerable regions.”

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a. Funding for the fight is at risk

In recent decades, the actions that have made it possible to reduce the number of infections and increase the number of people receiving treatment have been mainly funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria, and by the United States Government.

The **Global Fund** provides **a quarter of the international funding** for HIV programmes and is financed through

donations from countries — among which the US is the largest donor — and contributions from the private sector. Since its creation in 2002, the Global Fund has invested nearly **\$28 billion in HIV programmes**, saving an estimated 70 million lives.¹⁴ In countries where the Global Fund has invested, HIV-related deaths have fallen by 74% and new infections have declined by 62%.¹⁴ In these countries, more than 25 million people receive treatment—almost 80% of those living with HIV—and 12 million have been reached by prevention services, two-thirds of whom were part of the key populations. This investment is made with the intention that recipient countries can eventually transition to self-sustaining financing and particularly encourages middle-income countries to develop a plan to this end.¹⁵

¹⁴ Results Report 2025 - The Global Fund to Fight AIDS, Tuberculosis and Malaria [Internet]. [cited October 30, 2025]. Available from:<https://www.theglobalfund.org/en/results/#download>.

¹⁵ Plan for Transition [Internet]. [cited October 30, 2025]. Available from: <https://resources.theglobalfund.org/en/policies-requirements/sustainability-transition-and-co-financing/plan-for-transition/>.

TABLE 3.
Global Fund's
achievements in the fight
against HIV.

Global investment	<ul style="list-style-type: none"> Total investment for HIV since its creation in 2002 until June 2025: \$27.6 billion. In 2024: \$4.8 billion. Share of international funding for HIV: 26%.
Countries receiving the most funding	<ul style="list-style-type: none"> The sub-Saharan Africa region receives the largest share of funding. Countries that have received the most funding between 2023 and 2025: Mozambique, South Africa, Zimbabwe, Malawi, United Republic of Tanzania, Nigeria, Uganda, Ethiopia, Kenya, Zambia.
Main activities funded in 2024	<p>In countries where the Global Fund invests:</p> <ul style="list-style-type: none"> 25.6 million people were on antiretroviral therapy. 12.3 million people received prevention services, of whom 7.7 million belonged to key populations and 3 million were young people.
Measurable impact	<p>The combined death rate from AIDS, TB and malaria has fallen by 63% thanks to the Global Fund partnership.</p> <p>In countries where the Global Fund invests:</p> <ul style="list-style-type: none"> 7 countries have achieved the 95-95-95 targets: Botswana, Eswatini, Lesotho, Namibia, Rwanda, Zambia and Zimbabwe. 74% reduction in AIDS-related deaths. New infections have fallen by 62%. Without prevention and ARV drugs, deaths would have increased by 90%. 95% of people living with HIV are on treatment.

Source:
ISGlobal.

The United States has been the main actor in the global response to HIV. One of its courses of action has been the US President's Emergency Plan for AIDS Relief (PEPFAR). **PEPFAR** was launched in 2003 by George W. Bush and was a result of the urgent need to

respond to the devastating HIV/AIDS pandemic, considered an international emergency due to its high mortality rate, the proliferation of orphans and the weakening of entire communities, especially in countries with fragile health systems and limited resources.¹⁶

¹⁶ Read “PEPFAR Implementation: Progress and Promise” at NAP.edu [Internet]. [cited October 30, 2025]. Available from: <https://nap.nationalacademies.org/read/11905/chapter/4>.

In addition to ethical and humanitarian motivations, the launch of PEPFAR was justified by a desire to stabilise and exert influence in politically and economically unstable regions. Since its creation, the Plan has enjoyed strong support from both Republicans and Democrats - At least until now. It has an annual budget of around \$6.5 billion and provides medication to more than 20 million people.¹⁷ The government itself estimates that it has saved 26 million lives since its inception.¹⁸ The ways in which this money materialises at the local level are varied. Sometimes it goes directly to governments, being integrated into the country's health service provision or via local NGOs. In other cases, implementation has been carried out directly by US agencies, with both forms often coexisting in the same country.

In December 2024, the Global Fund and the US government announced a joint effort to make the injectable PrEP lenacapavir available to at least two million people worldwide.¹⁹ A month later, at his second inauguration, the President signed 220 executive orders that included the country's withdrawal from the WHO and the **immediate termination of development aid**.²⁰ A political punch on the table and the worst omen for global health. **PEPFAR is included in these cuts:** for the 2026 budget, there are plans to reduce funding by 40% compared to

2025, almost \$2 billion less.²¹ Treatment services, prevention of mother-to-child transmission and diagnosis will be maintained, but not the prevention of other types of transmission.²² In April, the termination of at least 145 grants for HIV research in the country was announced.²³ This shift in US policy also implies the cancellation of 83% of the programmes of the United States Agency for International Development (USAID) and a 62% cut in its funding for the 2026 budgets.²⁴ This agency was responsible for channelling and implementing much of PEPFAR's assistance.²⁵ Projections indicate that the termination of funding will have direct and serious consequences for the response to HIV:

— **HIV incidence and deaths will increase:** It is estimated that the reduction in aid could cause nearly 3 million HIV-related deaths and more than 10 million new infections by 2030.²⁶

— **Lack of medication:** The reduction or discontinuation of antiretroviral drugs in severely affected contexts will allow the infection to run its natural course, increasing the prevalence of AIDS and associated serious illnesses. In addition, the interruption of aid directly impacts the supply chains for medicines. The rationing of medication has already begun in Africa, where countries

¹⁷ Trump pauses funding for anti-HIV program that prevented 26 million AIDS deaths : Goats and Soda : NPR [Internet]. [cited October 30, 2025]. Available from: <https://www.npr.org/sections/goats-and-soda/2025/01/25/g-s1-44762/pepfar-trump-hiv-foreign-aid>.

¹⁸ HIV.gov [Internet]. [cited October 30, 2025]. PEPFAR. Available from: <https://www.hiv.gov/federal-response/pepfar-global-aids/pepfar>.

¹⁹ Global Fund, PEPFAR Announce Coordinated Effort to Reach 2 Million People with Lenacapavir for PrEP to Significantly Reduce Global HIV Infections [Internet]. [cited October 30, 2025]. Available from: <https://www.theglobalfund.org/en/news/2024/2024-12-17-global-fund-pepfar-coordinated-effort-2-million-people-lenacapavir-prep/>.

²⁰ What executive orders did Trump sign on day one? The Guardian [Internet]. January 21, 2025 [cited October 30, 2025]. Available from: <https://www.theguardian.com/us-news/2025/jan/20/trump-executive-orders-list>.

²¹ KFF. The Trump Administration's Foreign Aid Review: Status of PEPFAR [Internet]. KFF. 2025 [cited November 3, 2025]. Available from: <https://www.kff.org/global-health-policy/the-trump-administrations-foreign-aid-review-status-of-pepfar/>.

²² Adams R. Trump makes sweeping HIV research and grant cuts: 'Setting us back decades'. The Guardian [Internet]. March 31, 2025 [cited October 30, 2025]. Available from: <https://www.theguardian.com/us-news/2025/mar/31/trump-administration-hiv-research-grant-cuts>.

²³ Gedeon J. Rubio says 83% of USAID programs terminated after six-week purge. The Guardian [Internet]. March 10, 2025 [cited October 30, 2025]. Available from: <https://www.theguardian.com/us-news/2025/mar/10/marco-rubio-usaid-funding>.

²⁴ kfadamw. Administration Releases Additional Details of Fiscal Year 2026 Budget Request [Internet]. KFF. 2025 [cited November 3, 2025]. Available from: <https://www.kff.org/global-health-policy/administration-releases-additional-details-of-fiscal-year-2026-budget-request/>.

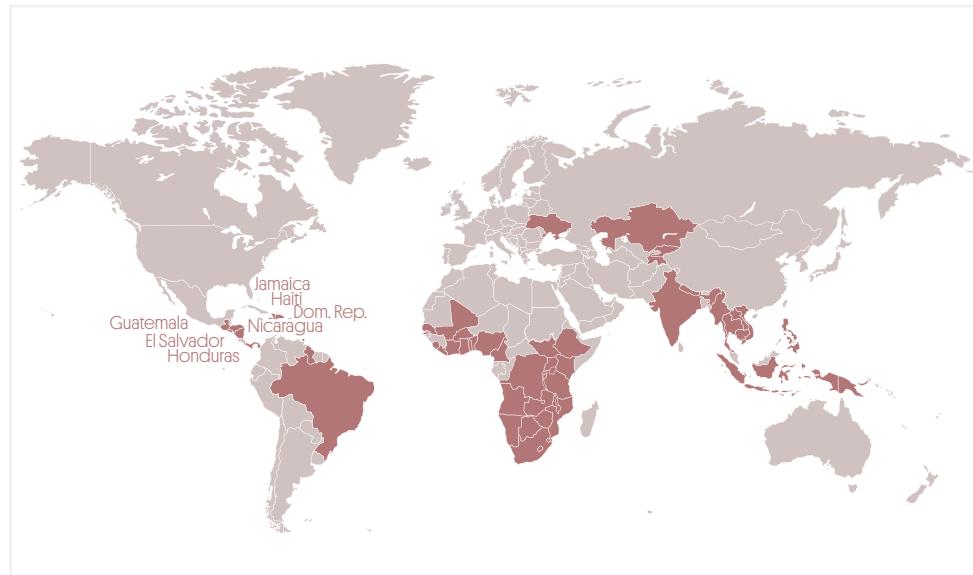
such as Kenya receive 40% of their medication through PEPFAR.²⁵

Overburdened healthcare systems:

The increase in infections and the development of advanced cases of

AIDS will cause greater demand for healthcare in systems already under considerable pressure and without the resources to respond.

FIGURE1.
Countries where PEPFAR
was operating in 2022.



Source:

<https://www.state.gov/where-we-work-pepfar>.

The reduction in international aid from the United States is further exacerbated by **similar cuts** announced by other **major donors** such as the United Kingdom, France, the Netherlands and Belgium.²⁶ This situation is pushing humanitarian aid and development systems to the brink of collapse. The Organisation for Economic Co-operation and Development (OECD) estimates that total official development assistance could fall by up to 17% by 2025.²⁷

This contrasts with the position of **Spain**, who has announced an increase in its contribution by 11.5% for the next replenishment cycle of the Global Fund (2026-2028).²⁸ This commitment is part of the country's growing global leadership in international health, as evidenced by its active participation in the Fourth International Conference on Financing for Development held in Seville, where Spain defended multilateralism and increased development aid.²⁸

²⁵ Ross A, Cocks T, Wandera V, Cocks T. Kenya HIV patients live in fear as US aid freeze strands drugs in warehouse. Reuters [Internet]. March 11, 2025 [cited November 3, 2025]. Available from: <https://www.reuters.com/business/healthcare-pharmaceuticals/kenya-hiv-patients-live-fear-us-aid-freeze-strand-drugs-warehouse-2025-03-11/>.

²⁶ From Finland to the UK, European countries are slashing aid. What does it mean for climate funds? | Euronews [Internet]. [cited October 30, 2025]. Available from: https://www.euronews.com/green/2025/03/30/from-finland-to-the-uk-european-countries-are-slashing-aid-what-does-it-mean-for-climate-f?utm_source=chatgpt.com.

²⁷ What new funding data tells us about donor decisions in 2025 [Internet]. 2025 [cited October 30, 2025]. Available from: <https://www.thenewhumanitarian.org/analysis/2025/04/17/what-new-funding-data-tells-us-about-donor-decisions-2025>.

²⁸ Jose Manuel Albares defends Spain's commitment to global health by increasing funds for AIDS, malaria, and tuberculosis [Internet]. [cited October 30, 2025]. Available from: <https://www.lamoncloa.gob.es/serviciosdeprensa/notasprensa/exteriores/paginas/2025/300625-albares-ffd4-salud-mundial.aspx>.

TABLE 4.

Spain's contributions to the Global Fund.

Since the creation of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002, Spain has been a key partner in the global response to these diseases. Between 2002 and 2010, it contributed more than **\$700 million** [around **€600 million**], placing it among the main donors. After several years without direct contributions, in **2017** it resumed its support through the **Debt2Health** mechanism, which released **€15.5 million** for health programmes in three African countries.

In **2019**, the Spanish government resumed direct financial contributions with a commitment of **€100 million**, marking its formal return as an active donor. Subsequently, for the **2023-2025 cycle**, it increased its contribution to **€130 million**, reaffirming its leadership in global health. Finally, in **June 2025**, it announced a new contribution of **€145 million** for the **2026-2028 cycle**.

Overall, according to Fund data, Spain has contributed **more than €830 million and \$65 million through October 2025**, in addition to debt swap operations, making Spain the thirteenth largest government donor and reflecting a renewed and sustained commitment to the international fight against AIDS, tuberculosis and malaria.

Source:

ISGlobal.

b. Problems in accessing treatment and pharmacological prophylaxis

The cost of new drugs is unaffordable for the populations that need them the most.²⁹ Accessibility to these drugs continues to be restricted by their high prices, caused by current intellectual property policies and a lack of transparency in development costs and pricing.³⁰ Pressure from affected countries and communities succeeded in reducing the annual price of the most widely used treatments from \$10,000 in the 1990s to \$100 in 2015.³¹ In the global context of health inequality, the **pharmaceutical industry** plays a central role in the response to HIV and is in a position to ensure that scientific advances translate into real benefits for all people, not just

those who can afford them. Its role goes even further: it has an ethical, economic and political obligation, having received public funding during the research phases and benefited from regulatory frameworks and patent protection promoted by states.³² Decisions related to pricing, licensing and collaboration with international initiatives such as the Medicines Patent Pool, which facilitate access to generic versions of innovative medicines, directly influence equitable access and the effectiveness of the global response.³³ Recognising this influence allows for a better understanding of how public policy, regulation and cooperation strategies can improve the reach of treatments and prevention, especially for key populations.

²⁹ Drugs.com [Internet]. [cited October 30, 2025]. Sunlenca Prices, Coupons, Copay Cards & Patient Assistance. Available from: <https://www.drugs.com/price-guide/sunlenca>.

³⁰ Exploring the consequences of greater price transparency on the dynamics of pharmaceutical markets [Internet]. Sep 2022 [cited October 30, 2025]. (OECD Health Working Papers; vol. 146). Report No.: 146. Available from: https://www.oecd.org/en/publications/exploring-the-consequences-of-greater-price-transparency-on-the-dynamics-of-pharmaceutical-markets_c9250e17-en.html.

³¹ Intellectual property and access to health technologies | UNAIDS [Internet]. [cited October 30, 2025]. Available from: <https://www.unaids.org/en/resources/documents/2016/JC2820>.

³² Tessema FA, Barenie RE, Avorn J, Kesselheim AS. Federal Funding For Discovery And Development Of Costly HIV Drugs Was Far More Than Previously Estimated. *Health Aff Proj Hope*. May 2023;42(5):642-9.

c. Fragility of health systems

The strength and sustainability of health systems are fundamental to the effective and efficient implementation of HIV care programmes. The capabilities of these programmes are compromised by a lack of human, technical and infrastructure resources.³³ Health systems, which face an overwhelming shortage of personnel exacerbated by the COVID-19 pandemic, are struggling to cope with the increased demand for care. This **lack of human resources for health** is identified as the most serious obstacle to the implementation of antiretroviral therapy and the prevention of vertical transmission—from mother to child—especially in rural settings.³⁴ Sociocultural challenges

such as **stigma** and **discrimination** also hamper the response, discouraging voluntary testing and the seeking of care and counselling.

To mitigate these weaknesses and ensure that achievements endure beyond external support, it is crucial to support and **strengthen local capacities** for service delivery. This requires significant investment in human resources, as well as in the training of clinical professionals and the strengthening of community health worker staff. Improving the management system, infrastructure (clinics, laboratories, supply chain) and epidemiological surveillance systems is also a priority.

4. The Crossroads

“HIV response programmes have been saving lives for years, bringing education, testing, treatment and prophylaxis to key locations for the elimination of HIV. The development of successful technologies such as injectable PrEP is very good news and could stop the spread of infection, but we risk losing all this progress. The withdrawal of funding jeopardises what has been achieved and the potential for an HIV-free future.”

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For the United States, all the motivations that justified the launch of PEP-FAR remain valid: a global spread of the virus and the destabilisation of the most affected regions would have an economic impact on the US. Additionally, it also has a historical and political responsibility for upholding the multilateral and bilateral commitments that it has established over the decades.

The devastation and social commotion caused by the emergence of the HIV pandemic in the 1980s left its mark on generations, but it is beginning to fade from the collective memory of the Global North. Fewer and fewer people remember the image of Lady Di approaching AIDS patients to the astonishment of much of the population, when there was total ignorance about how the infection was transmitted. Now that we know so much about the virus and how to treat and prevent it, we cannot go backwards. We have scientific advances ready to significantly improve prevention. It would be a historic mistake not to make them available to people.

³³ Resilient and Sustainable Health and Community Systems [Internet]. [cited November 3, 2025]. Available from: https://www.theglobalfund.org/en/resilient-sustainable-systems-for-health/?utm_source=chatgpt.com.

³⁴ HIV/AIDS burden in rural Africa: the people's struggle and response of the international community | Enfermedades Infecciosas y Microbiología Clínica [Internet]. [cited October 30, 2025]. Available from: <https://www.elsevier.es/es-revista-enfermedades-infecciosas-microbiologia-clinica-28-articulo-hiv-aids-burden-in-rural-africa-13109984>.

The **debate on the future of global health** reflects a growing tension between multilateral solidarity and a return to agendas focused on domestic interests. The reduction in international funding and the weakening of multilateral mechanisms such as the Global Fund put millions of lives at risk and threaten

to reverse decades of progress. Retreating into national logic ignores the fact that pandemics know no borders and that only a coordinated global response, based on justice and shared responsibility, can guarantee a sustainable future for global health and security.

5. Securing the Future of the Fight against HIV and AIDS: Recommendations for Action

“European leadership must fill the financial and political void left by the United States, promoting more horizontal cooperation between the global North and South, and promoting efficiency, coordination and country leadership in the design and implementation of their own health strategies.”

Based on the above analysis, the following recommendations are proposed to prevent the definitive erosion of global health initiatives and strengthen the health autonomy of countries in the global South, ensuring a more equitable, coordinated and resilient response to HIV and other threats:

- Strengthen European leadership in global health governance, with Spain and the European Union taking a proactive role in reforming the international health architecture. This leadership must fill the financial and political void left by the United States, promoting more horizontal cooperation between the global North and South, and promoting efficiency, coordination and country leadership in the design and implementation of their own health strategies.
- Consolidate the Global Fund as a central pillar of the global health response, maintaining and increasing European funding to ensure the continuity of programmes combatting HIV, tuberculosis and malaria. This financial support must be linked to a reform agenda that strengthens coor-
- dination between the various global initiatives in the field and improves the efficiency of international aid, under the leadership of the beneficiary countries and in line with their national health policies.
- Intensify action in the regions and populations most affected by HIV and other epidemics, maintaining efforts in sub-Saharan Africa and stepping up interventions in areas where infections are on the rise. Strategies should focus on key populations, ensuring care is tailored to local realities and addresses inequalities in access to diagnosis, treatment and prevention measures.
- Ensure a human rights-based approach that guarantees universal, equitable and non-discriminatory access to health services, especially for key populations. It is essential to combat stigma, empower rights holders and promote mechanisms that facilitate access to essential medicines and technologies, such as voluntary and compulsory licensing, generic production and cooperation with international platforms.

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