



2025 HIV MARKET REPORT

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The state of HIV treatment, testing, and prevention in
low- and middle-income countries

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DISCLAIMER

The data sources primarily used for analysis in the report include Clinton Health Access Initiative (CHAI) country teams, Ministry of Health counterparts, stakeholder resources and conversations (e.g. Global Fund, PEPFAR, UNAIDS, Unitaid, WHO, and civil society partners), and published research. CHAI has taken precautions to verify the information shared in the report. However, the analysis in the report is not exhaustive, and the responsibility for the interpretation and use of the material lies with the reader. The mention of specific companies or products does not imply CHAI's endorsement or recommendation.

ACKNOWLEDGMENT

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Cover images, clockwise from the top: A lab technician at a clinic in Nigeria; a child attends a clinic in Tanzania; a healthcare worker takes stock at a hospital in Lao PDR

Introduction

The 16th edition of CHAI's annual HIV Market Report expands this year to include a focus on the ongoing impact of the foreign aid cuts, building on the two Market Impact Memos released earlier this year. This report analyzes trends in HIV prevention and treatment (see Box 1).

New data from 14 CHAI-supported countries show that after major drops in access in Q1, recovery is limited and uneven, and warning signs abound despite some rebound in service delivery.



A healthcare worker in Nigeria provides pediatric HIV medication and counseling

Across the HIV treatment and prevention cascades, more people living with and at risk of HIV in the first half of 2025 are:

UNTESTED

- ▶ **3.4 MILLION** fewer adults tested for HIV
- ▶ **24,000** fewer infants tested for HIV

UNDIAGNOSED

- ▶ **22 PERCENT** decline in new HIV diagnoses due to a reduction in testing among the most vulnerable, highest-risk people
- ▶ **8 PERCENT** decline in people living with HIV receiving CD4 tests to diagnose advanced HIV disease

UNPROTECTED

- ▶ **2,000** fewer infants and children with HIV started on life-saving medication
- ▶ **37 PERCENT** reduction in PrEP initiations for people at risk of HIV

UNTREATED

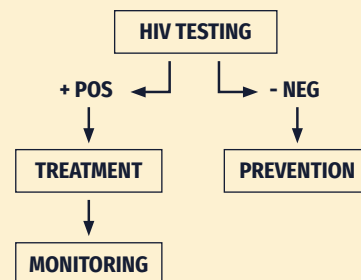
- ▶ **26,000** fewer infants and children on antiretroviral medications
- ▶ **5 PERCENT** reduction in adults starting antiretroviral medications

UNSUPPRESSED

- ▶ **10 PERCENT** increase in people living with HIV disengaging from treatment

Box 1: HIV Prevention and Treatment Cascades

Public health impact in HIV prevention and treatment depends on fully functional programs at every step of the “cascade” of services provided to people living with and at risk of HIV. This cascade starts with HIV testing. People who are HIV negative and at risk are offered pre-exposure prophylaxis (PrEP) and other HIV prevention options. Those who are positive are offered antiretroviral treatment (ART). People initiated on PrEP or ART only benefit from the medication if they have access to it and continue taking it as prescribed. The final stage in the cascade measures PrEP continuation for HIV negative people and viral load in people living with HIV.



If these trends persist, countries will likely face:

- ▶ Increased child mortality due to undiagnosed and un- or under-treated HIV infection
- ▶ Increased rates of new HIV infections
- ▶ Increased progression to severe disease and death among people living with HIV
- ▶ Increased challenges in realizing the game-changing benefits of lenacapavir for PrEP



Described below, each of these predictions will be refined with continued data collection and analysis, followed by an analysis of the shifts in financial resources available for the HIV response. This report is made possible through collaboration with countries confronting major challenges preserving service delivery while navigating an ever-evolving funding landscape.



More Babies and Young Children with HIV Undiagnosed and Untreated Due to Foreign Aid Cuts

Children are being disproportionately affected by disruptions in 2025 compared to adults. Trends show continuing challenges in rapidly diagnosing children, starting them on treatment, and keeping them on treatment. Without these critical tests and rapid access to treatment, 50 percent of HIV-positive children will die before they turn two and 80 percent will die before they turn five.

Figure 1. Infants Tested for HIV Across Five Countries (EID)

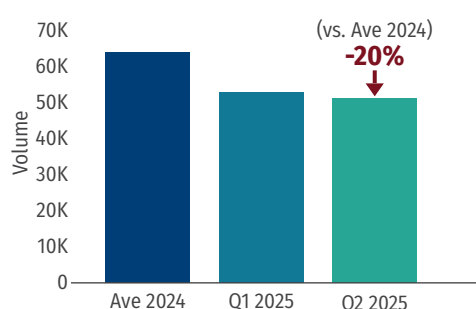


Figure 2. Children Starting HIV Treatment Across Nine Countries

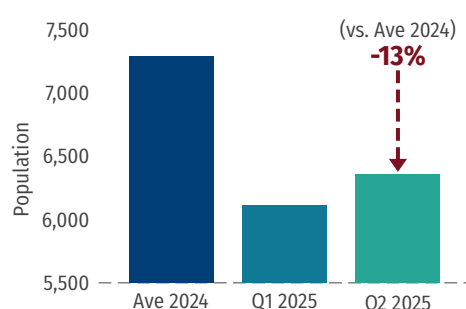
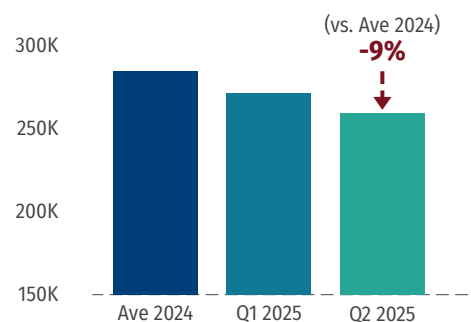


Figure 3. Total Children on HIV Treatment Across Nine Countries



- ▶ **Fewer babies at risk of HIV are being tested.** Early infant diagnosis (EID) for babies is **20 percent** below expected levels across five countries—24,000 fewer tests in the first half of 2025. That means thousands of newborns may miss the critical window for fast diagnosis and timely treatment, when delays can be deadly. (Figure 1)
- ▶ **Fewer babies and young children living with HIV are starting treatment.** Among those that are diagnosed, rates of treatment initiation have decreased **13 percent** compared to the 2024 average. This amounts to 2,000 fewer children living with HIV starting treatment in the first half of 2025. (Figure 2)
- ▶ **Over 26,000 babies and young children living with HIV who were on HIV treatment have fallen out of care so far in 2025.** (Figure 3)



Mothers in Zambia attend a postnatal clinic



Increased Disengagement From and Delayed Start of PrEP and ART, Raising Potential for More Avoidable HIV Infections

Data from countries show declines at almost every stage of the HIV treatment and prevention cascade. These declines could lead to surges in new HIV infections, as discussed in the prevention section, and to increased rates of severe disease and death for people living with HIV, as discussed in the advanced HIV disease (AHD) section. When testing drops, people do not know their status and cannot access the services they need. People at risk of HIV are more likely to acquire the virus, as they lack PrEP or other prevention options. People with HIV are less likely to start and stay on ART. Without medication, the amount of HIV in the blood increases, and people are more vulnerable to illness and more likely to transmit the virus.

KEY FINDINGS:

HIV Testing

- ▶ The number of HIV tests conducted is down **eight percent** across nine countries, corresponding to 3.4 million missed tests in the first half of 2025.
- ▶ Across seven countries, new HIV diagnoses declined **22 percent**. This corresponds to over 24,000 missed HIV diagnoses so far in 2025.
- ▶ **A decline in testing among the most vulnerable, highest-risk people.** The data show an eight percent drop in tests. Positive test counts did not decline by eight percent; rather, they decreased by 22 percent. This gap suggests that the testing that reaches people at the highest risk is being lost—this includes community-based and outreach services. A decline in new diagnoses does not automatically mean that infections are going down. In this context, it likely means that the people most vulnerable to HIV infection are no longer able to get tested.

Figure 4. Total HIV Tests Across Nine Countries

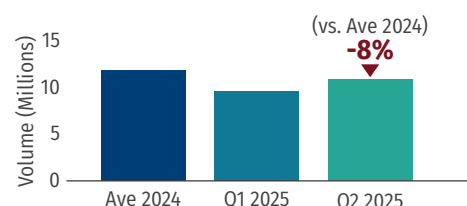
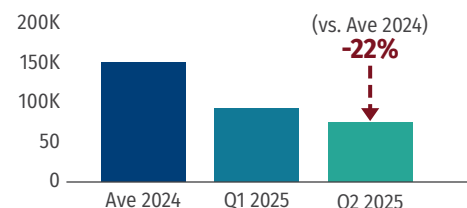


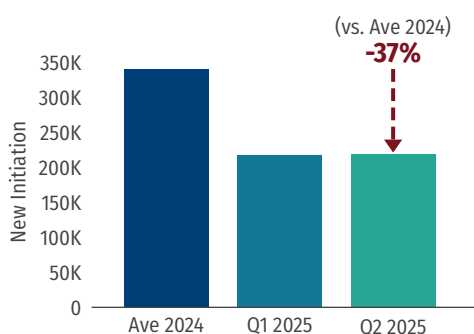
Figure 5. Total HIV Positive Test Results Across Seven Countries



PrEP

- ▶ By Q2 2025, **37 percent** fewer people were starting oral PrEP compared to 2024 averages. This corresponds to **more than 250,000 individuals at increased risk of HIV acquisition** in these countries who are not accessing PrEP in the first half of 2025.

Figure 6. Number of People Starting Oral PrEP Across 10 Countries



HIV Treatment

- ▶ Across 10 countries, **five percent** fewer adults began HIV treatment in Q2 than expected, a decline of 25,000 people since the start of the year.
- ▶ Data from eight countries show a **10 percent** increase in the number of adults living with HIV who are no longer in care, also known as loss to follow-up. **This corresponds to at least 10,000 people who may have lost access to lifesaving ART in the first half of 2025.**

Figure 7. Adults Starting HIV Treatment Across 10 Countries

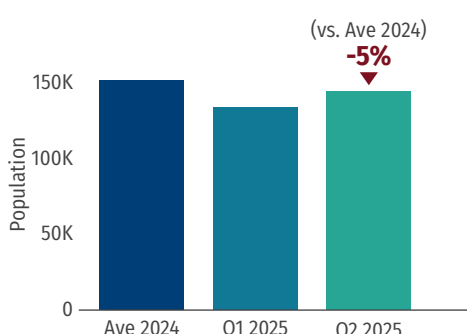
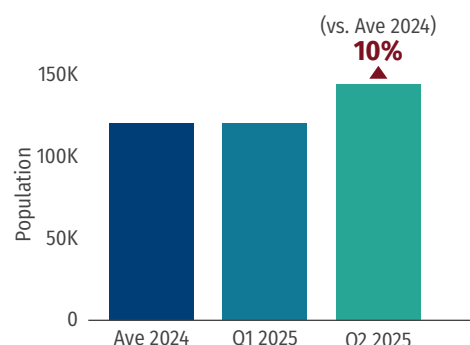


Figure 8. Adults Disengaging from HIV Treatment Across Eight Countries





People With Advanced HIV Disease Go Undiagnosed and Under-Treated With Potential for Increased Severe Disease and Death

Figures 7 and 8 show decreases in the numbers of people living with HIV who start and stay on antiretroviral drugs. Without treatment, the amount of HIV in the body (known as the viral load) can quickly increase, making the person sicker and more likely to pass the virus to others. **People living with HIV who are not on treatment are more vulnerable to progressing to advanced HIV disease (AHD) including developing a range of opportunistic infections, which can require complex treatments.** AHD is diagnosed with a CD4 cell count which is a key indicator of immune system health. People with a CD4 cell count below 200 are considered to have AHD. Data from the first half of 2025 show declines in CD4 testing and availability of essential treatments, meaning that people living with AHD are being missed and are not starting lifesaving treatment.

KEY FINDINGS:

- ▶ Across six countries reporting on CD4 tests administered, **41,000 fewer** people received this test for AHD in the first half of 2025, compared to the 2024 average, corresponding to an **eight percent** decrease.
- ▶ **Seven out of nine (78 percent)** countries reporting on supplies had less than a six-month stock of point-of-care CD4 tests. This means fewer of the sickest patients are being screened for advanced HIV disease on time for comprehensive care packages and preventable deaths.

Figure 9. Total CD4 Tests Across Six Countries

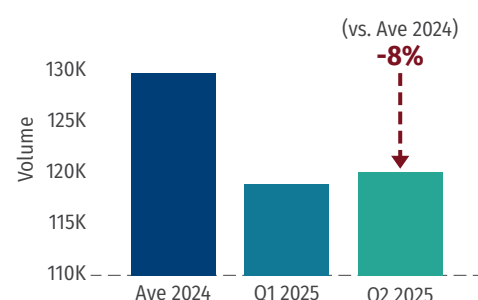
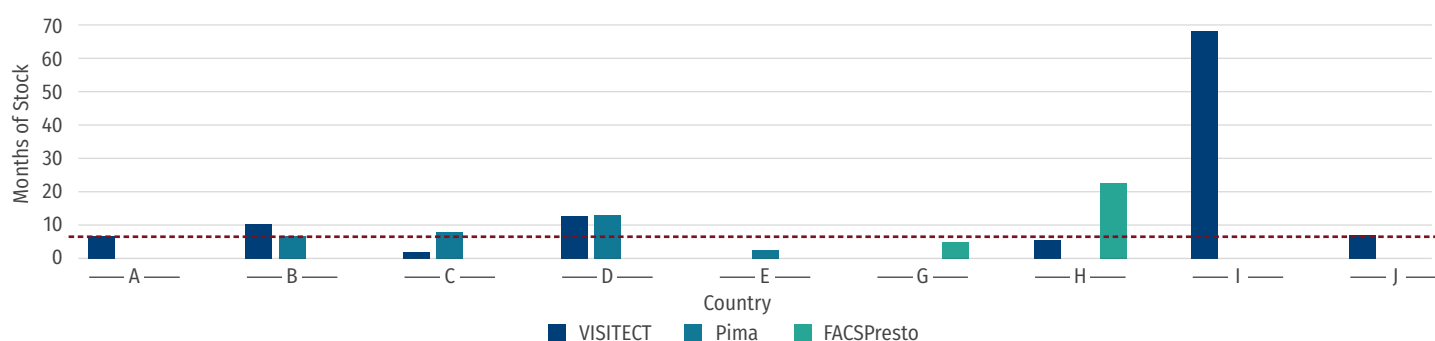


Figure 10. Country Stock Status of Rapid CD4 Tests



- ▶ **Cryptococcal meningitis**—a serious brain infection—is the second biggest killer of people living with HIV. The drugs to treat it are 5-flucytosine (5FC) and liposomal amphotericin B (L-AmB). More countries are reporting **less than six months' stock** of 5FC and L-AmB in Q2 2025 compared to Q1 2025. Shortages of these and other AHD treatment commodities could lead to increased mortality among people with AHD.

Figure 11. Country Stock Status for AHD Treatment Commodities (5FC, L-AmB, and INH/RPT)

AHD Treatment Commodities	Countries reporting < 6 months of stock in Q1 2025	Countries reporting < 6 months of stock in Q2 2025
5FC	33% Worsened +10%	43%
L-AmB	20% Worsened +9%	29%
INH/RPT	29% Improved -29%	0%



AHD treatment commodities at a clinic in Kenya



Increased Challenges and Potential Opportunities in Realizing the Game-Changing Benefits of Lenacapavir for PrEP

As a novel six-monthly injectable PrEP product, lenacapavir (LEN) has transformative potential to accelerate PrEP uptake and curb new infections—but more investment is needed to support delivery at scale. The groundbreaking generic deals (see Box 2) make LEN affordable in 120 low- and middle-income countries around the world, and CHAI and partners are working to support rapid scale-up of LEN programs starting with product manufactured by Gilead Sciences, then moving to generics when they become available in 2027.

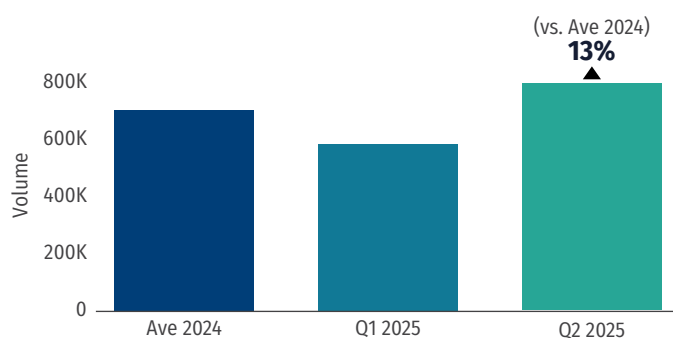
However, the funding disruptions and declines in access described in this report mean that many countries will face additional challenges in realizing the game-changing benefits of LEN for PrEP.

Even before 2025, PrEP coverage was far below the total need of those at risk, and for what is required to reach epidemic control. UNAIDS [estimates](#) that at least 20 million people will need to be on PrEP by 2030 to achieve epidemic control—a 10-fold increase from 2024. These major gaps in access to critical HIV prevention services will result in even more HIV infections.

As shown in Figures 4, 5, and 6, overall testing, testing in highly vulnerable communities, and PrEP initiations have all dropped. **These trends put the promise of LEN in peril.** Without testing in communities with high rates of HIV, and without stable PrEP services that allow choice between delivery mechanisms (oral, injectable, etc.), LEN rollout will falter.

Despite these trends, there is also reason for hope and persistence. Declines are stabilizing, and overall testing has started to rebound. The use of HIV self-tests is up 13 percent by Q2 2025 compared to 2024 quarterly averages. **This points to countries attempting to offset declines in conventional testing with a less labor-intensive option that eases workforce strain due to funding cuts.** HIV self-testing is a proven approach for reaching people in need of testing and for the first time, WHO prequalified HIV self-tests are now available for less than US\$1.00.

Figure 12. Total HIV Self-Tests Distributed Across Seven Countries



► **A 13 percent increase in HIV self-test distribution in Q2 compared to 2024 averages amounts to over 30,000 additional HIV self-tests distributed so far in 2025.**



Box 2: CHAI and Partners Secure Generic Price for Lenacapavir

Six-monthly injectable lenacapavir (LEN) holds the potential to transform HIV prevention—but only if widely and affordably available. Earlier this year, two agreements made under Gilead Science's voluntary license helped bring that potential to reality, with generic manufacturers announcing a price of US\$40 per person per year for LEN (exclusive of oral loading dose) across 120 low- and middle-income countries (LMIC).

\$40
per year across
120
low- and middle-income countries

In September, Dr. Reddy's Laboratory, Unitaid, CHAI, and Wits RHI [announced](#) a collaboration that will bring generic injectable LEN to market at US\$40 per person per year in 2027. The announced partnership includes provision of financial, technical, and regulatory support to Dr. Reddy's Laboratory to ensure rapid development and LMIC availability. Importantly, as part of a multi-partner, multi-supplier strategy, the Gates Foundation likewise [announced](#) a partnership with Hetero Labs to produce injectable LEN at the same \$40 annual price, backed by a volume guarantee. Together, these deals position generic LEN for rapid, affordable scale, in support of individual and epidemic HIV prevention goals, once available.



A healthcare worker prepares a rapid HIV test in Nigeria

Foreign Aid Cuts



Less Foreign Aid, More Confusion, and Less Information on the Impacts of Cuts

Many models and projections describe the short- and medium-term impacts of the 2025 shifts in the HIV funding landscape. **Working with Ministries of Health, communities, development partners, and donors, CHAI is assessing how country data align with or diverge from these scenarios and headline global trends, drawing on both existing and emerging analyses.** Granular, country-level, ground-truthed reporting will be essential to defining strategies that sustain HIV and broader health services over the long term.

Countries reckon with huge blows to testing, care, and treatment for infants and children

Without continued PEPFAR programs, models predict that by 2030, an additional 1 million children will become infected with HIV, 500,000 additional children will die of AIDS, and there will be 2.8 million more children orphaned by AIDS. **Country data on declines in early infant diagnosis, treatment initiation, and support in care are dire warnings that these projections could become realities.** These risks are especially acute in the first years of life, when children with HIV face very high mortality without timely diagnosis and treatment. Early warning data also point to fragile supply of pediatric antiretroviral and testing commodities in several countries, suggesting that service disruptions may increasingly be compounded by stock risks. **Together, these trends signal a heightened risk of reversals against global pediatric HIV targets and efforts to eliminate mother-to-child transmission.**

Our data suggest that an increasing proportion of these children will die without an HIV diagnosis, a further failure of the health system and a barrier to accurate assessment of the impact of aid cuts.

WHAT TO WATCH IN 2026:



► **Diagnosis and treatment gaps for infants and children:**

Ministries of Health, pediatric HIV programs, and partners should monitor infant and child testing volumes and coverage, pediatric ART initiation, and retention in care together to understand where service disruption is driving missed diagnoses and delayed treatment, and focus available resources where children are most at risk, including finding children who have already fallen out of care.

► **Pediatric commodity security:** Building on CHAI's early stock-status signals, Ministries of Health, procurement units, and partners should closely track pediatric treatment and testing stock levels, pipeline, and supplier performance, intervening early to prevent stockouts, avoid backsliding from optimal child-friendly formulations and regimens, and maintain continuity of care.



Aid Cuts Devastated PrEP and Testing for Highly Vulnerable Communities

The scale of US government award terminations impacting HIV, tuberculosis, and malaria programs has been difficult to quantify with precision, as no official tally of cancelled US Agency for International Development (USAID) mechanisms has been released, nor have country programs clearly outlined which activities covered by cancelled awards have resumed in whole or in part with other external or domestic resources. At the same time, **PEPFAR has ceased all public-facing data sharing**, ending the routine quarterly data reviews both in countries and globally through online resources. Triangulating available information on cancelled awards, country data on service delivery, and reports on the robustness or challenges of data collection, CHAI and partners find:

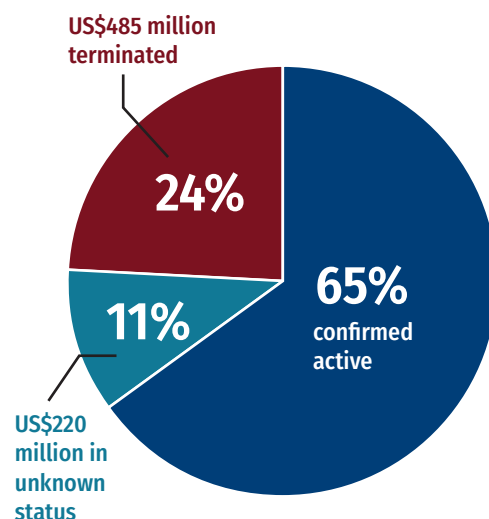
► **Worst-case scenarios for adult HIV treatment may have been averted—for now.** Projections of impact on ART have used [available information](#) on award cancellation to extrapolate to treatment risk. Approximately 24 percent of USAID's FY25 PEPFAR awards were terminated by August 2025, representing US\$485 million, with an additional US\$220 million (11 percent) in unknown status. Terminated awards are estimated to affect timely ART delivery for 2.3

Because PEPFAR funded data collection, data cleaning, and analysis in many countries, these core activities have slowed or stopped altogether, seriously impacting the ability of programs to plan and respond to the needs of patients.

million people living with HIV globally (1 in 10 PEPFAR patients), with nearly 80 percent of at-risk treatment concentrated in South Africa, Uganda, India, and Eswatini, where some countries retained less than 25 percent of their planned programming resources. **While countries report a 10 percent increase in disengagement from treatment, as well as drops in initiation that have severe consequences for individuals and health systems, we have not yet recorded disruptions of the magnitude of worst-case scenarios.** Explanations for this include the high proportion of ART services provided with support from the US Centers for Disease Control and Prevention (CDC), which did not lose its PEPFAR funding when USAID was eliminated; Ministry of Health resilience and adaptation of government clinics to absorb clients; community mobilization; and lags in data collection that may be concealing greater shortfalls—or increases in re-engagement in care.

- ▶ **Prevention and testing services have suffered catastrophic losses.** Prevention and testing programs faced severe cuts: terminated awards would have been responsible for approximately 31 percent of planned HIV testing targets (6.8 million tests), 39 percent of PrEP initiation goals (390,000 initiations), and 700,000 planned VMMC procedures. CHAI country data confirm the huge impact of US withdrawal of resources for oral PrEP for most populations, with major reductions in PrEP initiations. We also see warning signs that HIV testing services are no longer reaching the most vulnerable populations. Countries have moved to expand the use of HIV self-tests; however, major challenges remain, particularly for early infant diagnosis. **PEPFAR’s announcement of support for lenacapavir (LEN) introduction affirms its commitment to expanding access to innovative, long-acting HIV prevention; however, community-based testing and PrEP services that will be the backbone of LEN introduction will need to be rebuilt.**

Figure 13. Total US\$2.04 Billion USAID budget for PEPFAR



WHAT TO WATCH IN 2026:



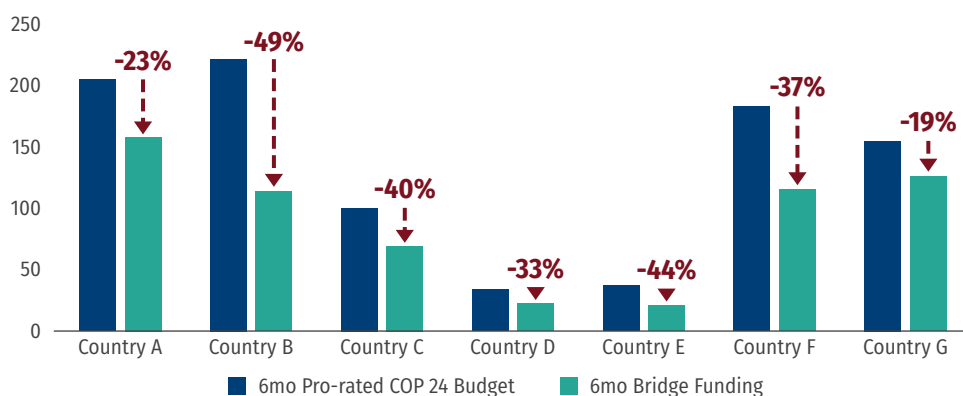
- ▶ **Reliable country, regional, and global data are essential:** Country-led initiatives to stabilize and secure data infrastructure, and to re-establish a baseline for timely data collection, analysis, and sharing will be critical to understanding impacts and targeting mitigation.
- ▶ **Targeted attention to well-defined gaps:** With constrained resources to recover lost ground in testing and reaching vulnerable groups—while also introducing innovations like lenacapavir—countries and partners should shift from modeled projections to estimates of actual impact on the highest-risk populations to guide prioritization and program design.



Countries Challenged to Procure, Program, and Budget with Unprecedented Uncertainty

- ▶ **PEPFAR Bridge Plan reduces country funding through March 2026.** CHAI quantified funding reductions from the US government by comparing the resource envelopes for the six months of Bridge funding provided to PEPFAR country programs to the comparable prorated amount from FY2024. Bridge funding covers October 1, 2025 to March 31, 2026. **These countries are heavily reliant on PEPFAR funding for their HIV response and saw an average cut of 35 percent to their funding envelopes**

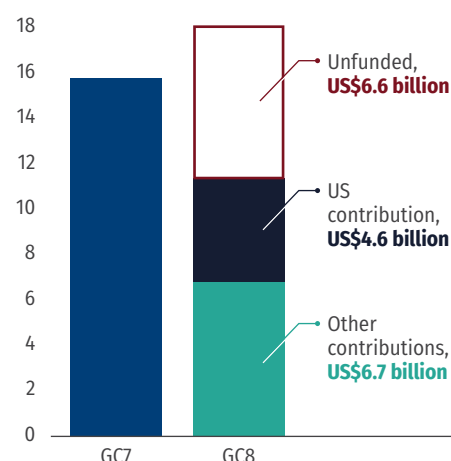
Figure 14. PEPFAR Bridge Funding Compared to Pro-rated COP24 Budgets in Seven Countries (US\$ million)



for this transitional period. As this report was being finalized, these and other countries across the region were entering negotiations with the US government for Memoranda of Understanding (MoU), bilateral agreements covering two to five years of programmatic support. The sum for these agreements reflects money not yet appropriated by the US Congress. **Indicative budgets in all countries reflect substantial decreases.** Major questions remain about the implementation arrangements for the MoUs, including which partners will receive funds, whether existing arrangements for supply chain and service provision will be preserved, and how the funding will be distributed across the health areas covered in the agreements (polio immunization, maternal health, malaria, tuberculosis, HIV, and global health security). Notably, the MoU template restricts national governments from including multilateral financing in calculations of domestic resource allocations, a condition that further complicates country-level planning and budgeting.

► **Global Fund secures US\$11.3 billion in replenishment—boosted by US\$4.6 billion US pledge—but falls short of US\$18 billion goal.** Countries also face uncertainty about funding from the Global Fund to Fight AIDS, TB and Malaria, which completed a reprioritization process for the current Grant Cycle 7 (GC7) in September, resulting in an average 12 percent reduction for HIV funding. The Global Fund’s Eighth Replenishment Summit, held on November 21, 2025, closed with pledges of US\$11.3 billion for the 2027–2029 GC8 period—below both the US\$18 billion target and the US\$15.7 billion raised previously for GC7. **However, the United States pledged up to US\$4.6 billion, subject to a 2:1 match—23 percent less than its US\$6 billion pledge for GC7 but substantially higher than the levels signaled in recent budget proposals, easing some of the worst fears of a sharp US retrenchment.** The United Kingdom’s GC8 pledge is also down 15 percent relative to its previous contribution. As of late November 2025, three of the largest GC7 donors—France, Japan, and the European Commission, which together pledged nearly US\$3.4 billion in the previous cycle—had yet to confirm their GC8 pledges and are expected to do so in 2026. **Taken together, early pledges point to a significant, though less severe than initially feared, reduction in overall Global Fund resources for GC8—on the order of 10–20 percent compared to GC7.** GC8 application materials are expected to be shared with countries by the end of 2025, with specific allocation letters expected in late February or early March 2026, leaving countries with limited visibility on final envelopes as they make critical planning decisions for HIV programs.

Figure 15. Global Fund GC8 Replenishment Progress as of November 2025 (US\$ billion)



► **Beyond program budgets, these shifts have direct implications for commodity security.** PEPFAR and the Global Fund currently finance and procure a large share of HIV treatment, diagnostic, and prevention commodities. As envelopes shrink, governments are expected to finance and directly procure more of these commodities themselves. **This transition carries risk.** To date, countries have benefited from two large purchasers (PEPFAR and the Global Fund) that consolidate demand and run large, coordinated tenders that secure low prices, ensure product quality, and enforce supplier performance.

In the absence of a pooled procurement or coordination mechanism, more fragmented, domestically financed procurement could raise prices, weaken supplier accountability, and increase the likelihood of stockouts.

WHAT TO WATCH IN 2026:



- **Country-level coordination and multistakeholder engagement will be essential:** Ministries of Finance, Health, and Environment working closely with impacted communities, private sector partners, implementing partners, and other stakeholders can develop holistic, costed strategies.
- **Commodity security and supply chain resilience:** Ministries of Health, procurement units, and supply chain partners should coordinate to closely track stock status, lead times, and supplier performance across HIV and related health areas, intervening early to prevent stockouts, enable rapid adoption of the best products available, and stabilize vulnerable markets.