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## Funding the future of the HIV response

Substantial progress in the fight against HIV has been made over the past decade. Advances in HIV prevention, testing, and treatment have been matched by declines in HIV incidence and HIV-related deaths. The success of Botswana reaching the 95-95-95 targets, despite resource limitations, points to a hopeful future. However, the recent publication of *In Danger: UNAIDS Global AIDS Update 2022*, the UNAIDS annual report, paints a sobering picture of the fragility of these gains. Stagnating financing for the HIV response, alongside continued global inequities, and the impact of the COVID-19 pandemic, jeopardises progress. Current projections indicate that neither the UNAIDS 2025 95-95-95 targets nor the goal of ending the AIDS epidemic by 2030 will be met.

Funding for the HIV response is falling short. UNAIDS calculates that low-income and middle-income countries will need US\$29.3 billion by 2025, to achieve targets. Based on current funding patterns UNAIDS predicts a shortfall of \$8 billion. A failure by governments and other donors to commit to this level of funding is short-sighted. The long-term costs—both human and financial—of increasing HIV incidence and HIV-related deaths will be greater. Rising infections are already seen in central Asia, eastern Europe, Latin America, the Middle East and north Africa. UNAIDS reports 650 000 deaths due to AIDS-related causes in 2021, and this number cannot be allowed to rise. Donors will have a chance to financially reaffirm their commitment to the HIV fight later this year when The Global Fund to Fight AIDS, Tuberculosis and Malaria begin their Seventh Replenishment (to cover the period 2023–2026). We hope to see the target of securing US\$18 billion in funding met.

Alongside funding shortfalls, the COVID-19 pandemic has impacted the HIV response. Huge resilience has been seen in the response, with services quickly adapting to reduced social contact and expanding provision of options, such as multimonth prescribing. However, services have been impacted. Although an additional 1.47 million people started taking antiretroviral therapy (ART) globally in 2021, as reported by UNAIDS, this figure was far lower than the 2 million increases seen in previous years. Eastern and southern Africa saw fewer HIV tests done in 2021 and 2020 than 2019. We cannot afford to allow these numbers to fall further.

Scaling up and extending the reach of HIV testing must be a priority. Focus must be given to particularly vulnerable groups, such as infants and key populations, for whom knowledge of HIV status falls far short of that of the general population. The UNAIDS target that 30% of testing and treatment programmes will be run by community-led organisations by 2025 will be crucial in increasing the reach.

Although increasing testing and treatment access must be priorities, the needs of those accessing treatment cannot be forgotten. As increasing numbers of people are accessing ART, viral load and resistance monitoring must be increased to ensure those accessing treatment are benefiting. The health-care needs of people living and ageing with HIV go beyond HIV care. At a time of funding uncertainty, the innovations and differentiated service delivery seen in HIV care over the past few years must be expanded to encompass integrated and holistic care for other conditions, including mental health support.

Despite the COVID-19 pandemic, UNAIDS reports a large increase in the number of people taking pre-exposure prophylaxis (PrEP), from 820 000 in 2020 to 1.6 million in 2021. Eastern and southern Africa have made particularly impressive progress in their PrEP scale-up. However, many other regions are falling far short—particularly the Asia-Pacific region, which has large numbers of people who would benefit from PrEP and some countries, including Malaysia and the Philippines, with rising infections. To reach the global target of 10 million people at substantial HIV risk taking PrEP by 2025, acceleration of PrEP programmes must be swift. Increasing PrEP options, including long-acting injectables, has the potential to help reach this target. However, as we have argued previously, access to novel agents must be equitable and available to all who would benefit.

Although the HIV response could be in danger, it is not time to lose hope. Full replenishment of the Global Fund driving increased—and equitable—access to prevention, testing, treatment, and integrated and efficient care has the power to put the HIV response back on track. Governments and other donors must meet the funding needs, not stand by and watch as HIV infections rise, avoidable deaths occur, and achievable goals slide out of reach. ■ *The Lancet HIV*



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For **UNAIDS Global AIDS Update 2022** see [https://www.unaids.org/sites/default/files/media\\_asset/2022-global-aids-update\\_en.pdf](https://www.unaids.org/sites/default/files/media_asset/2022-global-aids-update_en.pdf)

For more on **the Seventh Replenishment** see <https://www.theglobalfund.org/en/fight-for-what-counts/>

For more on **equitable PrEP access** see [Editorial Lancet HIV 2022; 9: e449](#)