

UNAIDS EXECUTIVE DIRECTOR REMARKS

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ECONOMIC AND SOCIAL COUNCIL: 39TH PLENARY MEETING, 2025 MANAGEMENT SEGMENT



Thank you, your Excellency Ambassador Thapa, Vice President of the ECOSOC,

Thank you, Brazil and the Netherlands, the Chair and the Vice-Chair of the UNAIDS Programme Coordinating Board,

Excellencies, distinguished delegates,

Today, I will outline:

1. Updated global HIV data
2. Country responses to the financing crisis
3. UNAIDS' transformation

First, the latest data from July's Global AIDS Update, our annual report

- Last year, in 2024, there were 1.3 million new HIV infections and 630 000 AIDS-related deaths, that's down by 61% and 70% from peak levels. So progress has been registered over the last 15 years.
- New efficiencies and technologies coming on the market could reduce the cost of ending AIDS by around US\$ 7 billion, we estimate.
- Yet, more countries now criminalise marginalised groups at risk of HIV, we call them key populations—this is happening for the first time since data collection began.
- In January, the largest contributor to the global HIV response suddenly paused its support, worsening the decline in ODA.

PEPFAR—the bilateral programme of the United States government—its funding for 2025 has now thankfully been protected, but the overall retreat from ODA from many countries risks all we have gained.

Without PEPFAR, we could see an additional 6 million new HIV infections and 4 million AIDS-related deaths by 2029.

Second, country responses

Despite hardship, governments and communities are striving to maintain HIV services.

Low- and middle-income countries already provide 59% of HIV funding to their own responses. 25 countries are stepping up—working with us UNAIDS to increase their domestic HIV funding for 2026.

But it isn't nearly enough to replace lost aid. A new financing approach is essential for us to maintain the gains.

We welcome steps taken at the Sevilla Financing for Development Conference to address Global South debt and aggressive tax avoidance. This is essential to unlocking fiscal space for health needs, including HIV.

Third, how UNAIDS Joint Programme is responding

As a fully voluntarily funded programme, we have been significantly impacted by the financial shock.

However, we are adapting, guided by the epidemic's realities, guided by the UN80 initiative, and by a High-Level Panel's review.

Our mission remains: to end AIDS as a public health threat by 2030. The target in SDG3.

Our priorities in this new phase are:

- Supporting inclusive, multisectoral and sustainable national HIV responses— led by governments and communities, and funded increasingly from domestic sources;
- Accelerating HIV prevention, leveraging innovations like the twice-yearly injection lenacapavir, a preventive tool that has come on the market; and
- Addressing structural inequalities that hinder access to HIV services and protecting rights.

Operating within tighter constraints, our secretariat staff will drop by 55%. We are in the middle of a big change. Country presence will fall from 85 to 54, with a multi-country office model and a planned integration into 21 UN Resident Coordinator offices.

A further review and transformation of the Joint Programme will take place in two years' time in 2027 to gradually transfer functions to communities, governments, regional actors, and other UN entities as we approach 2030.

In closing, I urge ECOSOC to continue to:

- Yes, sound the alarm about how the funding crisis threatens all we have gained. The importance of global solidarity to fight and end this disease.
- To recognise the work that communities and governments are doing now, rising to meet this moment of crisis.
- And continue to commit to a gradual, planned transition towards a more sustainable HIV financing framework—led by governments and communities, but underpinned by global solidarity.

Thank you Chair, back to you.

