

Global funding cuts: A growing risk to HIV control in Pakistan

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In 2025, the global public health funding scene was profoundly shaken, which also impacted global health programmes, including the human immunodeficiency virus (HIV) response at the global and national levels in many countries. The featured story on the Joint United Nations Programme on HIV/AIDS UNAIDS website¹ presents a sobering assessment. It mentions that 14% countries reported six or fewer months of stock for at least one antiretroviral therapy (ART) drug, and 21% countries reported a significant reduction in HIV testing commodities.¹ In September 2025, the United Nations Secretary-General's report for the UN80 Initiative mentioned a plan to sunset UNAIDS by the end of 2026. The main reason is the global funding crisis.² The funding for another global body working for HIV prevention and treatment, the Global Fund, is also under stress. At a fundraising event in November 2025 in South Africa, multiple European countries announced cuts to funding, even though they had traditionally been the main supporters of the Global Fund.³

Following the cascade effect of the financial implications, the World Health Organisation (WHO) has already announced plans to scale back its programmes.⁴ The national stakeholders need to take this seriously and start planning and mobilising domestic funds for the HIV response in Pakistan.

A study of 26 countries revealed a concerning projection: a weakening of international support could result in a dramatic increase in new HIV infections by 2030, ranging from 4.43 million to 10.75 million. Alarming, this includes a potential rise of up to 880,000 new infections in children. The consequences could also be devastating for child mortality, with up to 120,000 of the projected 770,000 million to 2.93 million additional HIV-related deaths occurring in this vulnerable population.⁵

The 2024 update by UNAIDS reported that fewer people were infected with HIV in 2023 than at any other time since

the 1980s. The number of people receiving treatment in the form of ART medicines was 31 million in 2023.⁶ This was also marked as a public health success as it helped reduce the number of AIDS-related deaths since the peak in 2004. The same documents reported that in 2023, besides sub-Saharan Africa, Pakistan was among the countries with the highest number of people living with HIV and not receiving treatment. The other countries were Brazil, India, Indonesia, Mexico and Thailand.⁶

The UNAIDS Pakistan Country Factsheet 2023 indicated that there were 297,000 adults and children living with HIV, among whom 54,000 were women aged 15 and above. Out of these, 23% knew their HIV status, and 15% were receiving ART. Also, 11% of those living with HIV and on treatment had suppressed viral loads.⁷

Since 2021, as the principal recipient of Global Fund funding in Pakistan, the United Nations Development Programme (UNDP) has been working to expand prevention outreach, increasing community-led prevention sites from 19 to 53 across 19 cities. To reach people, 134 motorbikes and 44 mobile vans have been provided to outreach teams, ensuring discreet and effective outreach to key populations. As a result, by the end of 2024, the number of individuals rose from just over 20,000 in late 2021 to more than 176,000. In total, 1.3 million individuals from key populations have accessed prevention packages during the current grant cycle. The UNDP has also strengthened health systems to address the low ART enrolment rate. More than 500 healthcare providers have been trained and the Health Management Information System (HMIS) has been improved.⁸

Based on such a scenario and the reduced global HIV funding, the HIV response is poised to take a hit at all levels in Pakistan as well. The UNDP Pakistan reported that in 2023, only 13% of people living with HIV (PLHIV) in the country were on treatment. A Project Brief⁹ on the HIV response in Pakistan reported that under the Global Fund HIV Project, community-based HIV prevention activities benefited 193,713 men having sex with men (MSM), 51,144 transgender persons and 67,402 female sex workers through 14 community-based organisations in 19 cities of Pakistan.

In March 2025, another outbreak of HIV was reported from a small town in the southern parts of the Punjab province

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of Pakistan. Media reported that close to 50 children tested positive for HIV.¹⁰ This outbreak was part of a series of reported HIV outbreaks documented in Pakistan over recent years. The last reported one was in 2019 in a small town in the Sindh province of Pakistan, which affected a large number (930 confirmed HIV positive out of 31,239 tested) of children and women.¹¹

The Differentiated Service Delivery (DSD) portal of UNAIDS¹² in its country profile for Pakistan, under key areas for further attention, recommends six monthly ART pick-ups and clinic visits, in line with WHO guidance on service delivery for the treatment and care of people living with HIV.¹³ It also recommends full implementation of HIV self-testing to increase the number of persons tested for HIV, especially those at most risk.

The accelerated response to HIV in Pakistan, focussing on prevention, treatment, care and support with surveillance in high-risk areas, is supported by the Global Fund till December 31, 2026, with approximately \$25 million.¹³ However, there are anecdotal reports that the quantity of HIV medicine has already started to come down, and patients are asked to visit on a monthly basis for their refills. There are also unconfirmed reports that national stakeholders have been informed about the scaling down of support, deferring expenditure, including training, surveys, and other programme management-related activities.

The national stakeholders in Pakistan need to realise this global shift, and must not underestimate the immediate and long-term impact of this global shift in HIV funding. The HIV response, including the need for prevention, testing and treatment resources, will soon have to be allocated from the local, national or provincial budgets. Pakistan's hepatitis elimination programme is a clear example of the government's commitment towards battling hepatitis B and C by 2030.¹⁴ There is a budget line for hepatitis B virus (HBV) and hepatitis C virus (HCV) testing and treatment in the public sector. In addition, some successful HCV micro-elimination programmes are going on in the country in both public and private sectors, demonstrating their usefulness in high-prevalence areas.¹⁵

Finally, Pakistan must also consider local manufacturing of anti-retrovirals, the medicines that all HIV-positive persons need to take. These are the most pragmatic ways to sustain the HIV response, and save lives in Pakistan.

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