

Africa's defining moment: the time to lead the HIV response is now



For decades, external actors, such as donors, funders, and implementing partners, have shaped Africa's HIV response. Although this strategy has saved millions of lives, it entrenched dependency, leaving Africa vulnerable to global donors' shifting priorities. With declining HIV funding and competing global crises, Africa must rise to lead its response.

This is not just a health challenge. It is about sovereignty, equity, and resilience. The time to act is not tomorrow. It is now.

The HIV epidemic has devastated Africa, killing millions and crippling economies.¹ The 2001 Abuja Declaration marked progress as leaders pledged to allocate 15% of national budgets to health.² However, subsequent progress has relied heavily on external donors, sidelining African ownership and leadership.³

Africa is home to 65% of the world's 39.9 million people living with HIV.⁴ Countries such as Botswana and Rwanda have reached UNAIDS' 95-95-95 targets, showing what is possible for other countries in Africa.⁵ However, disparities remain. Key populations—eg, sex workers, men who have sex with men, transgender individuals, people who inject drugs, and young women and girls—face disproportionate infection rates due to stigma, punitive laws, and systemic exclusion.

Adolescent girls and young women age 15–24 years in sub-Saharan Africa account for 77% of global new infections recorded weekly.⁵ Poverty, violence, and lack of access to education exacerbate their vulnerability, and addressing these inequities is crucial to ending the HIV epidemic.⁵

Africa's HIV response is at risk. A sense of complacency has emerged on the continent despite a 2.6% decrease in global HIV funding in 2021. Current funding levels are below the US\$29.3 billion needed annually by 2025.⁵ Furthermore, beyond the USA's intent to withdraw from WHO, their intention to review, rescind, and replace the 2024 US Global Health Security Strategy does not bode well for global health and the HIV response.⁶ The Executive Order has sent shockwaves through the HIV response and health system in general, potentially leaving millions of people living with HIV without access to treatment.

Immediate repercussions have been the closure of health facilities, disruption to the distribution of medical supplies, and cessation of service delivery, including for pregnant women and newborns. The anticipated long-term effects of the stop work order include loss of the community's trust in the health system, and increased risk of transmission among adolescents, pregnant women, newborn children, and key populations, as well as death.⁷ Additionally, the loss of experienced health personnel will substantially affect the response in the future. Local economies will be severely affected, with thousands of health workers out of employment.⁷

The Executive Order—coupled with stretched domestic budgets, rising debt, the economic toll of COVID-19, and the risk of disease outbreaks due to climate change—have exposed the fragility of Africa's health systems and revealed an over-reliance on external support and weak supply chains. Without bold action, the hard-won gains of the past two decades could unravel.

Africa must shift from dependency to leadership for three key reasons. (1) Sustainability: technical and financial dependency leave Africa vulnerable to donor fatigue and economic volatility. Long-term solutions

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Panel: A vision for Africa's HIV response

To lead the fight against HIV, African governments and stakeholders must embrace transformative strategies rooted in six pillars:

- 1 Strengthen political commitment: fulfill the Abuja Declaration and integrate HIV responses into broader health systems, through a primary health care approach towards Universal Health Coverage
- 2 Increase domestic financing: through innovative initiatives (eg, debt-for-health swaps and public-private partnerships) and transparent and efficient resource allocation
- 3 Empower communities and prioritise equity: prioritise community needs, combat stigma and barriers to gender equality, strengthen grassroots organisations, and ensure equal access to care with community-led accountability activities
- 4 Address legal and policy barriers: reform criminalising laws that perpetuate stigma and exclusion, and drive HIV acquisition to create inclusive, rights-based health systems
- 5 Invest in research and data sovereignty: generate local evidence and contextualised interventions, bridge the gap between research and implementation, and ensure data sovereignty
- 6 Leverage global partnerships on Africa's terms: external support must align with African priorities, strengthen local systems, and respect Africa's agency

will require local ownership, leadership, and investment. (2) Relevance: Africa's HIV epidemic disproportionately affects young women, key populations, and marginalised groups. Therefore, locally driven and contextualised approaches are essential to addressing these realities. (3) Health sovereignty: over-reliance on imported medicines and diagnostics is a crucial vulnerability. Investing in local manufacturing and research is vital for resilience.

This is Africa's defining moment. Africa must lead its HIV response with boldness, accountability, and vision. Leadership must extend beyond governments to include communities, academia, civil society, and the private sector.

As the 2030 deadline to end AIDS approaches, Africa must reject the status quo and embrace a future of health sovereignty and resilience. The HIV response must centre on those most affected, remove legal and policy barriers, scale-up prevention, address gender equality barriers, and invest in community-led solutions to save lives and transform health systems. A vision centred around six crucial pillars that are critical for Africa's health independence are articulated in the panel.

The message is clear: Africa must rise—not as a passive recipient of aid, but as a leader in global health. The time for African leadership is not a distant hope. It is now.

We declare no competing interests.

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