

June 12, 2025

To:

Hon. Takeshi Iwaya, Minister for Foreign Affairs

Hon. Shigenori Fukuoka, Minister of Health, Labour and Welfare

Request for Japan's Continued Commitment and Enhanced Support for the Global HIV/AIDS Response

We, as professionals engaged in HIV research, prevention, treatment, care and support, and as participants of the 10th Asia-Pacific AIDS & Co-Infections Conference (APACC 2025) in Tokyo, submit this request to the Government of Japan, especially the Ministries of Foreign Affairs and Health.

1. Past Achievements and Hopes for Ending AIDS Epidemic

Japan has demonstrated strong leadership in international solidarity rooted in human dignity by supporting the Joint United Nations Programme on HIV/AIDS (UNAIDS) and co-founding the Global Fund to Fight AIDS, Tuberculosis and Malaria at the 2000 G8 Kyushu-Okinawa Summit. These efforts have saved millions of lives and strengthened health systems worldwide.

- Over the past 25 years, global AIDS-related deaths have declined by approximately 70%, from 1.9 million in 1996 to 630,000 in 2022 ¹. Scientific advances such as early treatment, self-testing kits, and pre-exposure prophylaxis (PrEP) now make it possible to end AIDS as a public health threat.
- Investment in HIV research has brought wide benefits for infectious disease control. HIV researchers played a central role in leading basic research efforts at the onset of the COVID-19 pandemic, including vaccine development, and in advancing implementation science in collaboration with communities. The COVID vaccines were built from a foundation of more than 20 years of vaccine research in HIV and other infectious diseases.
- The HIV/AIDS epidemic highlighted the critical linkages between health and human rights. By promoting stable access to antiretroviral therapy worldwide, HIV programs helped strengthen healthcare systems and contributed to reducing health disparities and advancing universal health coverage (UHC).

2. A Critical Crossroads: The Need for Sustainable HIV Responses

Today, the global HIV response is facing an unprecedented crisis, particularly due to the suspension and reduction of U.S. funding through the President's Emergency Plan for AIDS Relief (PEPFAR), which had provided approximately \$4.8 billion annually. This has led to disruptions in HIV services across many regions, putting countless lives at risk ².

- A 90-day freeze in PEPFAR funding could result in up to 74,000 additional deaths and 103,000 new infections in seven Sub-Saharan African countries. If funding remains cut from 2025 to 2030, up to 2.93 million excess deaths and 10.75 million new infections are projected across low- and middle-income countries ^{3,4}.
- According to a WHO report in April 2025, nearly half of the surveyed countries (43 out of 90) reported disruptions in HIV prevention, testing, and treatment services, particularly in community-led programs previously supported by PEPFAR⁵⁻⁷. These disruptions have also been reported in the Asia-Pacific region⁸.
- The U.S. FY2026 draft budget, released in May 2025, proposes deep cuts to HIV research, essentially halting research on sexual health and undermining global infectious disease surveillance and pandemic preparedness ⁹.
- Reductions in development aid by several European donors further threaten the sustainability of international HIV efforts ¹⁰.

3. Our Requests to the Government of Japan

Given Japan's leadership in human security and UHC, we respectfully urge the government to continue playing a proactive role in global health and HIV/AIDS efforts and to encourage international partners to do the same.

Specifically, we request:

1) Strengthen Multi-Stakeholder Partnerships

Please promote the strengthening of international collaboration involving diverse stakeholders , and ensure the promotion and reinforcement of partnerships with affected communities and civil society ^{11, 12}.

2) Ensure Continuity of HIV Services, Strategic Information, and Coordination Mechanisms

Please ensure sustained financial support for existing international initiatives such as the Global Fund, UNAIDS, and UNITAID, to prevent disruption of HIV services and strategic information in low- and middle-income countries due to abrupt reductions in external aid. Please actively engage in the governance of these mechanisms to improve response efficiency, mobilize domestic resources, and sustain advocacy and coordination at both global and local levels, which are essential to a unified and equitable HIV response.

3) Invest in Research for Sustainable HIV Responses

Support international collaborative research to urgently assess the potentially profound impacts of sudden shifts in global health architecture, and to generate evidence-based policy recommendations for sustaining HIV programs.

4) Promote linkages between HIV/AIDS programs and UHC

Continue to invest in global partnerships working to promote UHC, such as the UHC Partnership,

UHC2030 and the new UHC Knowledge Hub based in Japan. Advocate for the integration of HIV prevention, treatment, care and support with person-centered primary health care approaches, drawing on lessons from the HIV movement to advance broader health system priorities.

We sincerely hope that the Government of Japan will consider and reflect on these requests in its future global health and foreign policy efforts.

Sincerely,

Endorsed by the undersigned

List of Initial Signatories

Adeeba Kamarulzaman, President and Pro Vice-Chancellor, Monash University Malaysia; Vice Chair, WHO Science Council; Member, Global Commission on Drug Policy; Member, Global Council on Inequality, AIDS and Pandemics, Malaysia

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Ishwar Gilada, President-Emeritus, AIDS Society of India; International AIDS Society, Governing Council Member, India

Joseph D. Tucker, Professor of Medicine and Professor of Global Health, the University of North Carolina at Chapel Hill/London School of Hygiene and Tropical Medicine; Program Co-Chair, Asia Pacific AIDS and Co-Infections Conference, United Kingdom and US

Junko Tanuma, Professor of Infectious Diseases, International University of Health and Welfare; Program Co-Chair, Asia Pacific AIDS and Co-Infections Conference, Japan

Justin Koonin, President, ACON, Australia; Former Co-Chair, UHC2030

Masaki Inaba, Co-Chair, Africa Japan Forum, Japan

Nittaya Phanuphak, Executive Director, the Institute of HIV Research and Innovation; International AIDS Society, Governing Council Member, Thailand

Shinichi Oka, Director-Emeritus, AIDS Clinical Center, Japan Institute for Health and Security; Specially Appointed Vice-Director, National Sanatorium Tamazenshoen, Japan

Shuzo Matsushita, Professor, Joint Research Center for Human Retrovirus Infection, Kumamoto University

TREAT Asia, amfAR – The Foundation for AIDS Research, Thailand

Wataru Sugiura, President, Japanese Society for AIDS Research, Japan

Supplementary Information: Impacts of the Global HIV Funding Cut – Fact Sheet (Last updated on June 9, 2025)

1. Estimated Impacts Based on Major Reports

Ref.	Region (Scenario)	Estimated Excess Deaths	Estimated New Infections
[3]	Seven sub-Saharan African countries (90-day PEPFAR halt)	Up to 74,000	Up to 103,000
[4]	All low- and middle-income countries (if PEPFAR ends and other aids drops 24%, with no recovery)	Up to 2.93 million	Up to 10.75 million
[13]	Permanent dissolution of PEPFAR fund in the world	4.2 million	6.6 million

2. Reported Impacts on Medicine and Service Supply

UNAIDS survey on HIV-related commodities and medical supplies (56 countries, April 28, 2025) [6]

- Countries with <6 months' supply of antiretroviral drugs: 8/56 (14%)
- Countries with <6 months' supply of HIV test kits: 12/56 (21%)
- Countries with <6 months' supply of PrEP/condoms: 13/56 (23%)
- Countries reporting supply chain management problems: 26/56 (46%)

WHO survey on ODA cuts (90 countries, April 17, 2025) [5]

- Moderate to severe service disruptions: 43/90 countries (48%)
- Increased out-of-pocket costs for patients: 16/66 countries (25%)
- Loss of health worker employment: 40/76 countries (53%)
- Disruptions in infectious disease surveillance/emergency systems: 31/65 countries (48%)
- HIV programs were the third most impacted, following disease surveillance and malaria (affected in 54/90 countries, 60%)
- HIV-related medicine/supply disruptions: 32/88 countries (36%)

References

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12. Future of Global Health Initiative. <https://futureofghis.org/final-outputs/lusaka-agenda/> December 2023
13. UNAIDS. Estimating the potential impact of HIV response disruptions, May 2025 https://www.unaids.org/sites/default/files/2025-04/JC3144_Estimates_Funding_cuts_impact_En.pdf