

W4GF statement for World AIDS Day 2025

“Disruption calls for transformation: a gender transformative HIV response that leaves no woman behind.”

As the world marks World AIDS Day 2025 under the banner “**Overcoming disruption, transforming the AIDS response,**” W4GF reaffirms its commitment to placing women and girls in all their diversity at the center of HIV responses.

We particularly recognize that today’s commemoration coincides with the early days of the 16 Days of Activism Against Gender-Based Violence which is a stark reminder that the fight against HIV cannot be separated from the struggle against GBV, structural discrimination, and systemic inequality. According to recent global estimates, nearly [one in three women](#) worldwide (around 840 million) have experienced partner or sexual violence during their lifetime.

The Crisis: Disruption, Funding Cuts & Gendered Impact

The 2025 [report](#) from UNAIDS warns that the HIV response is facing its most significant disruption in decades. Deep reductions in international funding, shifting geopolitical priorities, and declining global solidarity are already undermining prevention, treatment, and community-led services.

These disruptions disproportionately threaten women, girls (including LGBTQI+ individuals, sex workers, migrants, refugees) who already face systemic barriers like stigma, discrimination, criminalisation, exclusion from health services and are at heightened risk of both HIV and GBV¹.

- [Survey data](#) from sub-Saharan Africa, involving 444 adolescent girls and young women across 10 countries in 2025, illustrate that 48% reported their communities experienced disruptions in HIV-related services.
- At the same time, violence against women continues unabated: in 2024, 50,000 women and girls were killed by intimate partners or family members; **a woman every 10 minutes**².

This dual crisis, disruption in HIV services and persistent, pervasive GBV demands urgent, integrated, gender-transformative responses.

W4GF’s Priorities

¹ <https://women4gf.org/wp-content/uploads/2024/12/HIV-Day-Statement.pdf>

² <https://www.unwomen.org/en/news-stories/press-release/2025/11/every-day-137-women-and-girls-are-killed-by-intimate-partners-or-family-members>

Pillar	What to Do / Advocate For
Funding & Financing	Prioritize funding for gender-transformative, community-led HIV responses in all funding mechanisms (domestic budgets; global donors including The Global Fund GC8). Advocate for increased and flexible funding that goes directly to women-led organisations, grassroots movements, and peer networks.
Integration & Holistic Services	Ensure HIV services are integrated with sexual and reproductive health, mental health, GBV support, social protection, and other essential health services with a gender lens. Design programmes that respond to real-life intersectional needs (refugees, migrants, sex workers, transgender women, women with disabilities). Implement gender-transformative health education programs to raise awareness about Female genital schistosomiasis (FGS) ³ and HIV, and their interconnections. Ensuring health financing mechanisms include funding to integrate FGS care into existing health services ⁴ , scaling up MDA programs in endemic areas.
Legal & Policy Reform	Push for decriminalization of same-sex relations, sex work, drug use, and HIV-status; abolish punitive laws that drive stigma, invisibility, and exclusion from services. Strengthen and implement laws to prevent and respond to GBV, including access to survivor-centred justice and protection.
Representation & Leadership	Ensure meaningful participation of women in all their diversity in decision-making spaces: NAPs, CCMS, GF funding boards. Support women-led and feminist movements to shape HIV response agendas.
Data, Monitoring & Research	Collect and use gender-disaggregated, age- and population-specific data; gather evidence on intersecting issues (GBV, mental health, social determinants). Use data to inform programmes, track impact, and ensure accountability.

³In sub-Saharan Africa alone, FGS affects an estimated 56 million women and girls. Research indicates that women with Female Genital Schistosomiasis (FGS) may face a significantly higher risk of acquiring HIV. Estimates suggest this risk can be 3 to 4 times greater compared to women without FGS. The heightened susceptibility is likely due to chronic inflammation and lesions caused by the Schistosoma parasites, which compromise the genital mucosa and facilitate HIV transmission. This association highlights the need for integrated approaches to address FGS as part of broader HIV prevention strategies, especially in endemic regions where both conditions are prevalent. For further details, refer to studies that explore this link in depth, such as those available in The Lancet and PLOS Neglected Tropical Diseases journals

⁴ Frontline AIDS, a policy brief on Female Genital Schistosomiasis (FGS):

<https://frontlineaids.org/resources/addressing-the-unmet-needs-of-women-and-girls-in-africa-through-fgs-integration/>

Innovation with Equity	Ensure new biomedical prevention and treatment tools reach the most marginalized. Advocate for equitable licensing, affordable access, and inclusion of women, adolescents, key populations, and resource-limited settings. (long-acting antiretrovirals and PrEP, including promising interventions like lenacapavir) especially for the majority of countries in Latin America and the Caribbean that have been excluded from the voluntary licensing agreement. Guaranteeing the implementation of the TRIPS agreements is key to prioritizing health benefits over commercial ones.
GBV Prevention & Survivor Support	Embed GBV prevention and response in HIV programming: provide safe spaces, psychosocial support, legal aid, mental health services; invest in community awareness and transformation of social norms; ensure health systems are prepared to respond to GBV with sensitivity and rights-based care.

The gains of the past decades are fragile; they are at risk if we allow funding cuts, punitive laws, and GBV to drive us backward. But transformation is possible.

We call on:

- Health systems and service providers deliver integrated, stigma-free, gender-transformative and rights-based care, reaching women and girls with comprehensive services from prevention to care to social support.
- Civil society, women-led and grassroots movements to continue leading: raising voices, mobilising communities, providing peer-led services, documenting violations, and holding authorities accountable.
- **W4GF strongly urges stakeholders to join and actively deliver on the commitments of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination.** This includes creating concrete action plans with measurable outcomes, fostering collaboration among civil society, UN agencies, and affected communities, and ensuring consistent monitoring and reporting on progress to meet the goals of ending the AIDS epidemic by 2030; with gender-disaggregated data.
- The ongoing Global Fund's 8th Replenishment process is a critical moment to uphold global health commitments to women and girls by fully funding the Global Fund partnership and safeguarding its ability to deliver a gender-just HIV response. Additional efforts are urgently needed to ensure continuity in gender-transformative work, particularly through sustained investments in community-led responses and the meaningful participation of women and girls in all their diversity.

Disruption must not mean retreat. Instead, it must trigger renewal: renewed commitments, renewed solidarity, renewed action.

We call on all stakeholders to join us in solidarity, in action, in transformation. Because only a response rooted in gender justice, equity and human rights will deliver on the promise: no woman, no girl left behind.

**#WorldAIDSDay2025 #8ReplenishmentForEquity #FundHerHealth #8RforEquity
#16DaysofActivismAgainstGBV #NoExcuses #ActonViolence**

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