

Civil Society Statements of Priorities for the 2026 United Nations High-Level Meeting on HIV/AIDS

17 May 2026

**No time to wait.
United to end AIDS.**

Prepared in advance of the 2026 Political Declarations on HIV/AIDS and informed by country, regional and global civil society consultations, including communities living with and affected by HIV and key population networks across all global regions.

Community Leadership | Human Rights | Sustainable Financing | Equity | Accountability

AIDS is not over, and the world has failed to meet the 2025 targets of the 2021 Political Declaration. At the end of 2024, 9.2 million people could not access HIV treatment; there were 630,000 AIDS-related deaths (two times the 2025 target); and 1.3 million people acquired HIV (3.5 times the 2025 target)¹. These are the direct results of political decisions, structural inequities, criminalization of the populations most affected by HIV and chronic underfunding and declining international solidarity. UNAIDS estimates that roughly US\$21.9 billion per year in low- and middle-income countries will be needed through 2030 to stay on track to end AIDS as a public health threat. The path to ending AIDS remains achievable but only if governments and institutions confront inequalities and injustices that block access to services, invest in community-led, gender-transformative and human-rights-based responses and act with the urgency that this epidemic demands. Despite the progress, civil society and communities living with and affected by HIV will not accept complacency.

We will continue to hold political leaders accountable until every person, everywhere, can access the services, rights and dignity they deserve. We call for the 2026 Political Declaration on HIV and AIDS to reaffirm commitments made in all previous Political Declarations adopted by the General Assembly, including 2001, 2006, 2011, 2016 and 2021 as well as other global health Political Declarations, such as Universal Health Coverage, Tuberculosis, Non-communicable Diseases and Pandemic Preparedness, and International Conferences, such as the Beijing Declaration and Platform of Action and the Programme of Action of the International Conference on Population and Development. We also call for a Political Declaration that explicitly aligns with the strategic areas and targets of the 2026–2031 Global AIDS Strategy and places human rights and the reduction of inequalities at its core. Anything less would set us on the path of failing to achieve the end of AIDS. It is not the time for fatigue, or for stepping back on the hard-won gains; it is time to stand strong, united, to realize the promise of ending AIDS.

This statement builds on the findings of country-, regional-, and global civil society consultations, as well as global and regional civil society statements, conducted in preparation for the 2026 United Nations High-Level Meeting (HLM) on HIV and AIDS. Drawing on extensive input from people living with HIV, key population networks and civil society actors across all global regions, this statement presents the aspirations of communities and civil society for the 2026 Political Declaration on HIV and AIDS and outlines strategic priorities for the next five years of the global HIV response.

¹ 2026 UN Secretary General's report on the implementation of the 2021 Declaration of Commitment on HIV AND AIDS and the political declarations on HIV AND AIDS

Civil Society Priorities

1. We call for the recognition of community leadership as a key pillar in the HIV response

The 2026 Political Declaration must recognize community leadership as an essential infrastructure in the HIV response.

1.1 Recognition of the GIPA Principle: The 2026 Political Declaration must explicitly reaffirm the GIPA principle, as in 2021, and guarantee the meaningful, safe, and well-resourced participation of people living with HIV in all decision-making spaces and at all stages of programming, implementation and monitoring of programs that affect them. It must also include commitments to provide sustained, predictable funding for PLHIV-led networks, peer-led services, and PLHIV advocacy, including through social contracting mechanisms.

1.2 Recognition of the importance of vulnerable populations. This recognition must explicitly name all key populations, ensuring they cannot be erased in hostile political contexts. It must also include specific commitments for other vulnerable populations, such as young people and women and girls in all their diversity, whose leadership and organizations remain underfunded and under direct threat despite carrying the weight of the epidemic.

1.3 Maintain and monitor the community leadership targets: The 2026 Political Declaration must explicitly reaffirm and strengthen the community leadership commitments made in 2021 by reaffirming the 30-80-60 targets as a core benchmark of global accountability. Communities are already delivering essential HIV services yet their leadership remains underfunded, politically restricted, and insufficiently institutionalized. These targets must be paired with the development of national-level monitoring indicators, including mandatory reporting on community-led service coverage, financing, participation in governance bodies, and protections for civic space. Without clear targets and transparent national tracking, governments will continue to rely on communities while failing to resource or protect them. The Declaration must commit to supporting the scale-up of community-led service delivery while also strengthening their capacities and ensuring adequate compensation, safety and well-being.

1.4 Institutionalize Community-led Monitoring (CLM). Data generated by organizations led by people living with and affected by HIV has helped improve services by providing real-time information on stockouts, service gaps, human rights violations, and barriers to access. Governments must institutionalize CLM within national HIV strategies, guarantee sustainable financing, and ensure that community-generated data is integrated into national monitoring and evaluation systems to track progress, expose gaps and drive accountability across the HIV response.

2. We call for secure, sustainable and diversified financing for the HIV response

Donor retreat combined with fiscal constraints, debt burdens, and shrinking civic space is already causing service disruptions, stockouts, and the collapse of community-led programs. Many community-led organizations have been forced to scale back or even cease their HIV activities. The Political Declaration must accelerate sustainability, ensure responsible transition measures, and safeguard lifesaving community-led responses by committing to the following;

2.1 Increase in domestic funding and global solidarity, ensuring sustainability in donor transitions:

Civil society explicitly rejects the framing that communities should "do more with less": funding cuts are not efficiency opportunities; they are threats to lives. Without renewed global solidarity and strengthened domestic investment, the world risks reversing progress and undermining the very communities leading the path to ending AIDS. Domestic financing must have adequate capacity to expand, including in middle-income countries and in countries facing economic crises, or where community-led services depend on external support. Donor transitions must be planned, accountable, and paired with guarantees that community-led services will not be the first to be cut. We need a fully funded Global Fund to Fight AIDS, Tuberculosis and Malaria to support countries in leading responsible and phased transitions. National Sustainability plans must also be fully funded and monitored to allow these transitions.

2.2 Diversify financing sources and adopt innovative financing mechanisms: To protect the response, we call for the adoption of debt-relief instruments, refinancing of debt, health taxes, improvement of public financing management, private sector engagement, social impact bonds, and mechanisms that create real fiscal space for sustained investment in prevention, treatment, and community-led services. Global solidarity must translate into financial tools that allow countries to prioritize health over debt and ensure that no community is left behind as transitions accelerate.

2.3 Financing for the strengthening of community health systems and community-led responses:

The 2026 Political Declaration must commit governments to fully fund and institutionalize community systems and community-led responses, including CLM and community-led service delivery. National HIV strategies must therefore embed these with protected budget lines, long-term social contracting mechanisms, and direct financing channels that survive political cycles and donor withdrawal. Recognizing communities as essential health-system actors and resourcing them accordingly is indispensable to building resilient, equitable, and sustainable HIV responses. At least 30 percent of national HIV budgets must be allocated to community-led responses. Gender-transformative budgeting must be institutionalized across all national HIV strategies. Financing commitments should also include dedicated investments for integrated mental health and psychosocial support services within HIV responses, including community-led and peer-delivered models.

3. We call for full decriminalization, the elimination of all forms of stigma and discrimination, and structural inequalities by ensuring legal protections and promoting enabling environments for all key and vulnerable populations

Five years after the 2021 Political Declaration, stigma, discrimination, and punitive legal environments remain among the most structural barriers to an effective HIV response. Across all regions, people living with HIV and key populations continue to face criminalization, violence, and exclusion from services amidst a shrinking civic space. As shocking as it sounds, criminalization of key populations is increasing for the first time since UNAIDS started tracking this trend. Hence, the Political declaration must move decisively to reach the 10-10-10 targets and commit to the following:

3.1 Decriminalization of Populations living with and affected by HIV: The 2026 Political Declaration must urgently commit to repealing criminal laws targeting people living with HIV and AIDS, which have no public health justification and fuel stigma and discrimination in healthcare settings, workplaces and communities. All laws criminalizing same-sex relations and gender diverse identities must be repealed as they drive communities away from health services and undermine the entire HIV response. We call for the decriminalization of sex work to reduce HIV vulnerability, violence, and barriers to services for sex workers and their clients. The Declaration must also commit to decriminalizing the personal use and possession of drugs as an evidence-based measure to reduce HIV vulnerability and enable access to harm reduction, treatment, and social services.

3.2 Enact legal protections for people living with and affected by HIV: Member States must enact and enforce legal protections against stigma and discrimination across all spheres of life, including employment, housing, education, and healthcare, and guarantee access to uninterrupted, affordable health services as a human right, including protection from forced treatment interruption due to legal, administrative, or conflict-related barriers. The Declaration must address the violation of basic human rights and intersecting vulnerabilities of people in closed settings, including their overrepresentation among people who use drugs, people from racialized and marginalized communities, and people living in poverty, as a structural dimension of the HIV response. The Declaration must call for the closure of compulsory drug detention and forced treatment centers, which violate human rights and undermine HIV prevention, treatment adherence, and trust in health systems.

3.3 End reproductive coercion and all forms of gender-based mistreatment in healthcare settings: The Declaration must commit to eliminating forced and coerced sterilization, obstetric violence, denial of services, and discriminatory treatment in HIV, sexual and reproductive health, maternal health and infant feeding services, which is particularly urgent for women living with HIV. Member States must guarantee that all women can exercise their right to decide freely and

responsibly on matters related to their sexuality and reproductive lives, free from coercion, discrimination and violence.

3.4 Remove barriers to services for young people in all their diversity and protect them from criminalization: All legal and policy barriers, including parental consent requirements, minimum age restrictions, and criminalization, that prevent young people from accessing HIV testing, prevention, treatment, harm reduction, and mental health services must be removed.

3.5 Address the structural inequalities that drive HIV vulnerability: The Declaration must recognize that biomedical tools alone will not end the epidemic. Structural inequalities still determine whether people can access and use existing prevention and treatment tools, and they must be dismantled. Multidimensional poverty, criminalization, stigma, the denial of bodily autonomy, reproductive justice, and empowerment are structural determinants for HIV risk, and the growing wave of political resistance, anti-rights mobilization, as well as funding cuts, are rolling back rights and restricting and weakening community-led programs. Attention must be paid to the compounding impact of humanitarian crises and climate emergencies.

3.6 Recognize and respond to intersecting vulnerabilities across the HIV response. Race, ethnicity, disability, poverty, food insecurity, age, migration status, and housing insecurity intersect and compound one another, determining not only who acquires HIV but who receives care, who is counted in data, and whose needs shape policy. Racialized and ethnically marginalized communities face a disproportionate HIV burden driven by structural racism embedded in health systems and social protection frameworks. People with disabilities encounter critical barriers to HIV services, from the absence of accessible health information to their near-total invisibility in programmatic data. Migrants, people experiencing homelessness, and those in informal settlements face exclusions that social protection mechanisms have yet to bridge. The Declaration must commit to explicitly naming and resourcing responses to these intersecting vulnerabilities.

4. We call for full access to integrated, differentiated and people-centered HIV services

Ending AIDS as a public health threat by 2030 requires a fundamental transformation of HIV services co-designed with communities, integrated across health systems and leaves no one behind. The Political Declaration must commit to the following:

4.1 Integrate HIV services with sexual and reproductive health and rights (SRHR), tuberculosis (TB), hepatitis, gender-based violence (GBV), oral health, mental health (MH), and non-communicable diseases (NCDs) care across the full continuum of care:

The 2026 Political Declaration must commit to the full integration of HIV services with sexual and reproductive health and rights, STI services, tuberculosis, hepatitis, oral health, mental health, gender-based violence response, and non-communicable disease care. This integration should be anchored within universal health coverage frameworks without financial hardship, stigma, discrimination, or criminalization. Integration must be gender-sensitive, rights-based, and community-accountable. Oral health must receive particular attention as both an entry point for early detection of HIV-related conditions and a neglected dimension of comprehensive HIV care. Mental health should be recognized not only as a component of integrated care but also as a cross-cutting enabler of equitable HIV outcomes across prevention, treatment, care, and community wellbeing. Particular urgency must be placed on eliminating viral hepatitis among people who use drugs through integrated testing, direct-acting antiviral treatment access, peer navigation, prison-based care, and harm reduction scale-up

4.2 Integrated, people-centered, and innovation-enabled TB/HIV responses. The 2026 Political Declaration must reaffirm, elevate, and operationalize commitments to end TB, recognizing that progress on HIV is inseparable from progress on TB. In a context of shifting global health financing and increasing country ownership, this moment demands a decisive transition toward integrated, people-centered, and innovation-enabled TB/HIV responses. TB-HIV integration demands urgent prioritization: tuberculosis remains the leading cause of death among people living with HIV worldwide, yet responses continue to be funded and implemented in silos. The Declaration must set a clear, time-bound commitment to achieving the global target of treating 90% of people with HIV-associated, backed by integrated funding streams, joint national planning, and community oversight.

4.3 Address the specific needs of all people living with and affected by HIV across the continuum of care: A people-centered HIV response is one that sees and responds to each person in their full context. For people living with HIV, this means uninterrupted and stigma-free and equitable access to ART, including multi-month dispensing, full operationalization of Treatment as Prevention (TasP) and U=U, prioritization of the Advanced HIV Disease package beyond specialist-only settings, and accelerated investment in long-acting treatments. U=U is a critical human rights and anti-stigma framework that can help dismantle discriminatory laws and policies, reduce HIV-related stigma, improve mental health outcomes, and restore dignity,

autonomy, intimacy, and quality of life for people living with HIV.

4.4 Address the particular and intersecting needs of Adolescent Girls and Young Women (AGYW) as a priority population in the HIV response: The Declaration must commit to dedicated programming for AGYW addressing both biomedical and structural drivers; guaranteed access to combination prevention, including long-acting options; removal of age of consent barriers; comprehensive sexuality education (CSE); and bodily autonomy as a non-negotiable right. The Declaration must commit to ensuring integrated rights-based services for all adolescent girls and young women.

4.5 Address the needs of other vulnerable and underserved populations: For people aging with HIV, who will represent more than one in five people living with HIV globally by 2030, it means integrated care for multimorbidity, NCDs and social protection systems that support aging with dignity. For women in all their diversity, it means integrated, gender-sensitive SRHR, mental health, GBV, NCD, and HIV services across the life course, including integration of breastfeeding support and universal access to HPV screening and vaccination; and addressing harmful gender norms. For children living with HIV, the Declaration must commit to strengthening systematic early infant diagnosis and ensuring continuous availability of adapted pediatric antiretroviral formulations; to delivering PMTCT as part of the triple elimination of HIV, hepatitis B, and syphilis; to structured pediatric-to-adult care transition protocols with peer-led adherence support; and to integrating child-specific indicators into national monitoring systems with data. For young people, it means the provision of integrated youth-friendly, confidential and non-judgmental services that respond to their HIV, SRH, GBV, and mental health needs and peer-led support. Youth-friendly services should include integrated mental health and psychosocial support, suicide prevention, substance use support, and digital well-being approaches tailored to the realities faced by young people living with and affected by HIV. For indigenous people, this includes providing culturally grounded services that reach hard-to-reach locations and address structural inequalities.

4.6 Guarantee the equivalence of care and continuity of services for people in prisons and other closed settings. The Declaration must commit to guaranteeing full equivalence of HIV care between prisons and the community, including access to ART, opioid agonist therapy, needle and syringe programs, drug checking, and condoms, and to ensuring smooth, uninterrupted linkage to community-based care upon release, recognizing the post-release period as one of the highest-risk moments for treatment interruption, overdose, and preventable death. People with lived experience of incarceration must be meaningfully involved in the design and delivery of health services in closed settings. Strategic data on HIV, TB, and harm reduction in prison populations must be systematically collected, disaggregated, and publicly reported.

4.7 Fulfill the SRHR needs of people living with and affected by HIV: The Political Declaration must commit to recognizing the relation between gender equality, SRH and human rights, and ensuring the integration of SRHR services into HIV services and vice versa, placing people in all

their diversity at the center.

4.8 Strengthen data systems to make evidence-based decisions and close gaps in service provision:

The Declaration must commit to the systematic collection and disaggregation of data by populations, including indigenous communities, people with disabilities, children, trans and gender diverse people, people who use drugs, people in prisons, women, young people, migrants and refugees who remain historically invisible in national surveillance.

4.9 Strengthen and expand digital tools and services: The Declaration must commit to scaling digital technologies, ensuring that digital expansion is co-designed with affected communities, protects privacy, does not enable surveillance of communities or the weaponization of HIV-related information, and does not deepen exclusion for those without reliable connectivity or digital literacy. The expansion of digital health systems and AI-driven technologies must not expose people living and affected by HIV to surveillance, predictive profiling, criminalization, breaches of confidentiality, or discriminatory targeting. Governments and private-sector actors must ensure robust digital security protections, informed consent standards, community oversight mechanisms, and safeguards against algorithmic bias and the misuse of health data.

4.10 Engage faith-based, spiritual, and traditional institutions as partners in the HIV response:

The Declaration must commit to structured, resourced engagement of faith-based and traditional institutions as genuine partners in the HIV response while ensuring that such engagement is grounded in human rights, non-discrimination, and the full inclusion of key populations.

5. We call for scale-up and equitable access to prevention tools

HIV prevention remains chronically underfunded and underscaled, and recent funding losses have placed HIV prevention at critical risk, as external funding contributes to sustaining most prevention programs across regions. The 2026 Political Declaration must declare HIV prevention as an emergency backed by binding commitments, adequate resources, and accountability.

5.1 Urgently scale up the full combination prevention package. The Political Declaration must urge the scale-up of prevention services, and technologies must be accompanied by sustained investment in community-led prevention literacy, culturally responsive communications, peer-led demand generation, and efforts to combat misinformation and stigma surrounding HIV prevention.

5.2 Invest in comprehensive sexuality education as a foundational HIV prevention strategy. The Political Declaration must commit to universal access to rights-based, scientifically accurate, and inclusive comprehensive sexuality education (CSE) for all young people; to protecting CSE programs from political and religious interference; to training and adequately compensating educators; and to recognizing CSE as an essential component of the combination prevention package.

5.3 Guarantee equitable access to next-generation prevention and treatment innovations, including long-acting ARVs, and fully operationalize U=U. The Political Declaration must ensure that next-generation tools such as long-acting prevention and treatment technologies are affordable, rapidly approved, and available at scale. The Declaration must call for the operationalization of Undetectable = Untransmittable (U=U) across all health systems, laws, and public communications.

6. We call for accelerated innovation and equitable access to medicines and technologies

A generation of scientific progress has produced tools that can end AIDS, but only if the people who need them can access them. Scientific breakthroughs alone will not end AIDS if innovation remains concentrated in wealthy countries or inaccessible to the communities most affected by HIV. Innovation without equity is not progress. The Political Declaration must commit to

- 6.1 Increase and diversify investment in HIV research and development (R&D), and guarantee affordability through equitable licensing and TRIPS flexibilities:** Governments must increase public investment in HIV R&D, conditioning it on price transparency and equitable licensing where public funding contributes. The private sector must be held accountable through transparent pricing and equitable licensing obligations. TRIPS flexibilities must be fully and proactively utilized rather than treated as a last resort, and interventions such as patent oppositions and compulsory licenses must be incentivized, with a focus on optimizing voluntary licensing, generic competition, and technology-sharing mechanisms to meet public health objectives.
- 6.2 Accelerate regulatory approval, drive technology transfer, and build regionally anchored supply chains:** Regulatory fast-track pathways must be expanded to accelerate the approval and adoption of WHO-recommended innovations, with enabling regulatory environments developed in low- and middle-income countries rather than dependent on external processes. Local and regional manufacturing must be treated as a strategic priority, not a voluntary gesture.
- 6.3 Ensure equitable access to new tools, including Advanced HIV Disease:** Equitable access must be planned from the start of the development process, not bolted on after approval. Catalytic actors such as Unitaid play an essential role in supporting introduction, affordability, and scale-up, and their role must be explicitly recognized. Advanced HIV Disease remains a major and underfunded driver of AIDS-related deaths; access to the diagnostics and treatments that address it must be urgently prioritized, including TB diagnostics and WHO-recommended rapid molecular testing, alongside next-generation prevention technologies and pediatric formulations.
- 6.4 Commit to a global roadmap for HIV vaccine and cure research, with clear milestones and accountability:** The Declaration must commit to sustained, adequately resourced investment in HIV vaccine and cure research, with transparent reporting and shared accountability across Member States, research institutions, and the private sector. This roadmap must cover the full pipeline and must be explicitly linked to equitable access commitments from the outset.
- 6.5 Ensure communities are at the center of research governance:** The Declaration must commit to mandatory inclusion standards for people living with and affected by HIV in all HIV-related research and community oversight mechanisms in trial design and monitoring. Scale-up pathways must address last-mile barriers so that innovation reaches those with the greatest need first, not last.

7. We call for HIV to be fully integrated into crisis preparedness and humanitarian response, ensuring continuity of services in conflict, economic shocks, climate, and displacement settings

Communities living with and affected by HIV do not stop needing HIV services when conflict erupts, climate disasters strike, economic shocks or borders close. Yet HIV has not been systematically integrated into humanitarian preparedness, and communities pay the price. The 2026 Political Declaration must commit to the following:

- 7.1 Integrate HIV into all humanitarian and emergency preparedness frameworks:** The Declaration must commit Member States to integrating HIV prevention, testing, treatment, and care into national and international humanitarian preparedness and response frameworks. This includes uninterrupted access to optimized ART across the entire life course TB treatment, diagnostics, and prevention, and mental health and psychosocial support services, including trauma-informed and community-led approaches for all people living with and affected by HIV, with particular attention to women and girls who face compounded vulnerabilities in crisis settings.
- 7.2 Guarantee continuity of HIV treatment for migrants, refugees, and displaced people regardless of legal status:** The Declaration must guarantee cross-border continuity of ART, transfer of medical records, and recognition of migrants and mobile populations as a priority group in all HIV response planning. No person living with HIV should face treatment interruption because they have been displaced, crossed a border, or lack documentation.
- 7.3 Resource and protect community-led organizations as essential frontline responders in crisis:** The Political Declaration must guarantee their inclusion in humanitarian funding mechanisms and emergency response coordination and explicitly protect frontline health workers and community providers in crisis settings. Community and peer workers should be adequately compensated, protected from burnout, and supported through well-being and mental health measures.

8. We call for the reaffirmation of global accountability, multilateralism, and UN leadership

The multilateral architecture that underpins the global HIV response built by communities is now under direct threat. Civil society will not accept a Political Declaration that reaffirms accountability in principle while failing to strengthen it in practice. The 2026 Political Declaration must commit to the following:

- 8.1 Reaffirm the central coordinating role of UNAIDS and strengthen UN leadership:** The Declaration must unequivocally reaffirm the UNAIDS Secretariat and its Programme Coordinating Board, including the Community Delegation, an exemplary model of structured community involvement that other UN agencies should adopt. All efforts to weaken, defund, or sunset UNAIDS, including through the UN80 process, must be explicitly rejected, as this represents a risk of even stronger sidelining of the HIV **and** AIDS agenda. Community voices must be present not only within UNAIDS but across the broader Global Health Architecture; their absence from these discussions creates the conditions for top-down decision-making that communities will not accept.
- 8.2 Strengthen accountability and hold Member States to their commitments:** The Declaration must create robust mechanisms to ensure Member States meet their commitments, with monitoring and evaluation by communities that are duly resourced and implemented, and all data made publicly available.
- 8.3 Protect the integrity of multilateralism and reject efforts to subordinate HIV commitments to political pressure:** Global HIV commitments cannot be subordinated to the positions of any single government. The integrity of this Declaration must not be negotiated away by erasing key populations, diluting human rights language or weakening gender equality commitments.

The tools exist. The evidence exists. What is missing is political will, and civil society will not stop demanding it until every person living with, affected by, or at risk of HIV can access the care, dignity, and rights they deserve.

