From Political Commitments to Real Action:

GATE's Engagement at the 2026 UN High-Level Meeting on HIV and AIDS and The Road to 2031

GATE
Global Action for Trans Equality

Author: GATE
Suggested citation: GATE (2026). From Political Commitments to Real Action: GATE's Engagement at the 2026 UN High-Level Meeting on HIV and AIDS and The Road to 2031. New York: GATE

Acknowledgments:
With appreciation to all GATE staff who supported the development of this publication.

About GATE
GATE works to advance global justice for trans and gender diverse communities. Our vision is a future where trans and gender diverse communities live freely, safely, and with dignity. We are community-led and community-centered, working with integrity and innovation to create opportunities for shared learning and resource equity in order to advance global solidarity across borders and movements.

Find out more about GATE by visiting www.gate.ngo

Table of Contents

Executive Summary 4

Background 5

GATE at the 2026 High-Level Meeting 5

Official Thematic Panels **5**

Panel 1: Country-led, people-centered, integrated and sustainable national HIV responses: Resilient systems and financing 5

Panel 2: Equitable access to science, technology and innovation: Accelerating HIV prevention, testing, treatment and care 6

Panel 3: Community leadership: Driving an inclusive and sustainable HIV response 7

The Vote and the Adoption of the 2026 Political Declaration **8**

Side Events: Cross-community Solidarity and Partnership **9**

We Won't Go Back: Feminists' Demands for the 2026 HIV Political Declaration 9

Safeguarding the Future Role of Civil Society in the HIV Response 9

One Person, Multiple Diseases 10

From Commitments to Action: Advancing Key Population Priorities Following the 2026 UN High-Level Meeting on HIV 10

The Political Declaration and The Road for 2031 11

Conclusion 13

Bibliography 14

Executive Summary

Since the beginning of the epidemic, trans and gender diverse people carry some of the highest HIV burdens, being disproportionately at risk of acquiring HIV and prevented from accessing prevention, treatment and care globally due to discrimination, stigma, criminalization, and violence. GATE engaged the 2026 High-Level Meeting (HLM) on HIV and AIDS to close that gap. In June 2026, GATE joined civil society, key population networks, UN agencies and Member States in New York for the fifth such meeting since 2001, and the last before the 2030 deadline to end AIDS as a public health threat.

Across three official thematic panels, a contested vote on the Political Declaration, and a dense program of side events and meetings, the HLM delivered a mixed but workable outcome: a Declaration that names all key populations, community leadership targets, and a bold annual financing goal in the text, adopted by 149 votes to 8 against, and 14 abstentions. Hence, this report focuses on GATE's direct engagement in the HLM itself — above all, the interventions GATE delivered during panels, where GATE brought original research and a distinctly trans-led analysis into the official record.

Moreover, the most consequential decision for GATE's forward planning is encapsulated in the Declaration's final paragraph: Member States have already agreed to convene the next High-Level Meeting on HIV and AIDS in 2031 to review the commitments made in 2026. Therefore, this report is built on a tone related to what GATE is already working on, advocating for, and mobilizing to represent trans and gender diverse communities ahead of 2031 with evidence, coalitions and leverage already in place.

Background

The HLM was preceded by an Interactive Multi-Stakeholder Hearing on 14 May 2026 and informed by the Civil Society Statement of Priorities issued on 17 May 2026, which called for reaffirmed community leadership, sustainable financing, full decriminalization, integrated services, and the protection of UNAIDS. Both processes fed into the negotiation of the Political Declaration on HIV/AIDS: United to End AIDS by 2030, adopted by the General Assembly on 23 June 2026. For the purposes of this report, both are treated here as background: the substance of GATE's engagement and the strategic signal it sends for the next five years lie in what happened in the room during the HLM itself and in what it means for the communities GATE exists to represent.

GATE at the 2026 High-Level Meeting

Three thematic panels structured the formal proceedings. GATE did not deliver a statement during Panel 1 but offered the floor to allied delegations to deliver interventions. On Panels 2 and 3, GATE and its member organizations delivered full formal interventions, and GATE's Executive Director, Erika Castellanos, moderated Panel 3, the panel most directly concerned with community leadership.

Official Thematic Panels

Panel 1: Country-led, people-centered, integrated and sustainable national HIV responses: Resilient systems and financing

Government and multilateral speakers converged on a shared warning: the financial transition away from donor dependency must be gradual, not abrupt, or it risks undoing decades of progress. The Dominican Republic reported that it now prioritizes a nationally owned HIV response and the availability of antiretroviral treatment, and cautioned that a transition pursued too quickly could mean losing 40 years of achievements. The objective, its delegation stressed, is to protect people, not simply to fund programs, and developing countries have lost trust in donor models that were state-led and state-owned.

Shifting to Europe, Spain set out five directions it believes donors should follow: shift toward flexible funding aligned with national plans, medium-term planning and human-rights priorities; diversify the donor base so countries are not dependent on a small number of funders; address external debt and constrained fiscal space through health-linked debt counselling; strengthen public health capacity toward a universal, shared health system; and reform the international global health architecture, including a properly and sustainably financed World Health Organization (WHO). Spain also noted that the decline in official development assistance is occurring faster than at any point in recent history and called for renewed multilateral commitment, alongside recognition of the regional leadership shown by Brazil and South Africa.

On a similar note, the Global Network of People living with HIV (GNP+) posed the panel's sharpest question: whether the political commitment expressed in the Political Declaration will actually be translated into practice beyond the meeting itself, noting that the 2025 targets were missed, financing is under continued pressure, and stigma must be directly addressed in the text.

Speaking about regional leadership, the Africa CDC argued that ending AIDS by 2030 is achievable only if it is anchored in African leadership and sovereignty, and outlined four practical areas of support to countries: advancing domestic financing, building resilient primary healthcare systems, strengthening country-owned data, and applying lessons from the COVID-19 pandemic response — summarized as letting communities lead from the bottom up.

GATE warns that this panel's warnings are not theoretical. The world already missed the 2025 targets it set for itself: 630,000 AIDS-related deaths in 2024 — twice the 2025 target — and 1.3 million new HIV infections, three and a half times the 2025 target, according to the UN Secretary-General's report cited by civil society ahead of this HLM. Regarding the funding scenario, the global aid for HIV fell more than 23% in the past year alone, and UNFPA projects a 63% drop below 2022 levels by 2026.

Panel 2: Equitable access to science, technology and innovation: Accelerating HIV prevention, testing, treatment and care

The International Treatment Preparedness Coalition (ITPC) opened with a framing that anchored the session: innovation and access are not a trade-off — both can and must be achieved together — and regulatory approval is not the finish line, because innovation only matters once people can actually access it and trust the systems delivering it. As a panel that convened various stakeholders, including the private sector, Gilead Sciences detailed the rollout of lenacapavir (LEN), a long-acting option for both prevention and treatment, the product of more than 20 years of research and sustained engagement with partners and communities. Gilead also reported its first voluntary licensing agreement enabling generic production, with supply currently reaching around 10 countries and a commitment to protect up to 3 million people, and noted that this is the first time LEN has reached both sub-Saharan Africa and the United States simultaneously. The company also pointed to Undetectable = Untransmittable (U=U) as a movement central to sustained viral suppression, and stressed that bringing community voices into the design of scientific developments and access strategies is central to its approach.

GATE used its floor time to present original research on democratic backsliding as a direct barrier to HIV service delivery, a topic no other speaker in the session raised. Drawing on a survey of 64 member organizations across five global regions, GATE reported that 92% saw anti-gender movements become more visible and directly affecting HIV services; 83% saw healthcare providers change their practices under anti-gender pressure; and 89% named fear of discrimination as the single biggest barrier to access.

Drawing from the point that innovation without access is injustice, GATE argued that long-acting antiretrovirals (LA-ARVs) hold real promise for trans and gender diverse communities — decoupling treatment from daily pill-taking and clinic visits, protecting privacy and improving adherence — but that this promise cannot be delivered where provider refusal, site closures and criminalization of outreach workers are dismantling the infrastructure needed to reach people. These arguments were followed by the evidence from communities, which shows that 27% of surveyed organizations reported that anti-gender attacks had directly disrupted LA-ARV rollout in their context.

GATE's intervention closed with three explicit asks to Member States: protect civic space for trans-led organizations; treat anti-gender attacks as an implementation barrier to be addressed within HIV medication rollout strategies, not a separate political issue; and commit to long-term, politically protected funding. Its core message — that democratic backsliding is itself a health emergency — reframed the panel's science-and-innovation focus around the political conditions that determine whether innovation ever reaches the people who need it.

GATE calls attention to the fact that 92% is not a marginal signal — it means anti-gender pressure on HIV services is now the operating norm for trans-led organizations across five global regions, not the exception. On the other hand, 27% is a delivery figure, not a political one: it means that for roughly one in four of GATE's member organizations, the newest, revolutionary and most private HIV prevention tool available — designed specifically to reduce the clinic contact and disclosure risk that drives trans people away from care — is already being blocked before it reaches anyone. Long-acting technology cannot close an access gap it never reaches.

Panel 3: Community leadership: Driving an inclusive and sustainable HIV response

Erika Castellanos, GATE's Executive Director, brilliantly moderated this panel, placing community leadership — not government or donor leadership — at the center of efforts to end AIDS by 2030. To provide context, UNAIDS and its co-sponsoring organizations reported a 23% drop in foreign aid and warned that a resulting budget shortfall would mean losing access to everything, including life-saving treatment, and that communities reach people the state cannot. On a similar note, youth and key population representatives called for real decision-making power rather than token consultation, which is central to the promise of the goals set for 2031.

Delivered by GATE, this was a very important intervention, where we grounded community leadership in its own history — trans and gender diverse communities organizing, demanding and delivering services "where States would not," from the earliest days of the epidemic through today's integration of gender-affirming care, harm reduction, and the U=U movement — while noting that this leadership remains chronically unfunded.

GATE presented data showing trans women face up to 20 times the HIV risk of the general population and trans men face 7 times the risk, and argued that trans and gender diverse people are nonetheless erased from the response: undercounted, collapsed into broader key population categories or misclassified as men who have sex with men (MSM), and largely absent from the data systems meant to track them. This analysis is largely confirmed by GATE's ongoing *Power in Q Data* project, conducted in partnership with MPact Global, through the support of the Elton John AIDS Foundation.

The project explores approaches developed and led by communities to produce more accurate, ethical, and locally relevant evidence on trans and gender diverse population size estimates. The project's findings demonstrate that undercounting trans and gender diverse populations is not a question of missing data. It is the result of how HIV systems, funding structures, and political priorities fail to capture the diverse lived experience of trans and gender diverse populations and continue to reproduce

invisibility. For instance, current estimates tend to depend heavily on HIV program records that marginally focus on trans women, especially those engaged in sex work, while trans men and other gender diverse individuals are often overlooked in datasets.

Even when communities produce strong, contextually relevant evidence to bridge gaps, it is often excluded from national and global frameworks that shape program development and funding allocations. Hence, driving an inclusive and sustainable HIV response also means looking at how data is produced, from its collection to its governance and use.

GATE reaffirms the importance of breaking the 'No data, no funding, no response' cycle. To achieve this, it is critical to require trans-disaggragated data in both national reports and global frameworks, to implement mandatory safety and confidentiality standards for data collection, to recognize and financially support community-driven data systems as core systems, to ensure funding decisions take into account methodologically robust evidence generated by communities, even when the gold-standard epidemiological data is lacking, and, finally, to anchroed such advocacy efforts in principles of human rights, gender justice and public health.

GATE's central claim was structural — that ending AIDS by 2030 is not possible while systematically excluding the communities most affected by it — and it called on Member States to go beyond affirming language in the Political Declaration to meaningfully fund community-led organizations, remove punitive legal barriers driving key populations away from services, and ensure trans-disaggregated data informs every national response. Finally, GATE closed with a reframing that this report carries forward: communities are not beneficiaries of the HIV response, but its architects.

GATE reaffirms that undercounting is not a technical footnote — it is a funding mechanism working in reverse. The Political Declaration just reaffirmed the 30–80–60 targets, which require governments to show that 30% of testing and care, 80% of key-population prevention, and 60% of societal-enabler programs are delivered by community-led organizations. Hence, a government cannot be held to a target for a population that its own data does not separately count. An exacerbated HIV risk that never appears as "trans" in a national report is a risk that no Ministry will ever be asked to explain, and no budget line will ever be built to address.

The Vote and the Adoption of the 2026 Political Declaration

The Declaration was put to a vote rather than adopted by consensus. The result was as follows:

In Favor	Abstentions	Against
149 Member States	14 Member States	8 Member States, including the United States

Interventions to justify the vote revealed the fault lines GATE will need to navigate going forward. The European Union (via Cyprus) pressed unsuccessfully for stronger language on gender-based violence and key populations, then supported the Declaration despite the weakened text because "we need a Political Declaration."

Malawi, on behalf of the African Group, pushed to remove language it viewed as risking an inadequate response. The United States, while highlighting its historic PEPFAR investment, formally dissociated itself from the text, objecting to what it called non-internationally agreed language and to the Declaration's scope, which it said went beyond a narrow focus on ending AIDS by 2030. Several delegations, including Cuba, El Salvador, Uganda, Belarus, Saudi Arabia and others, raised sovereignty, religious and cultural objections. Notably, anti-gender language did not make it into the final text, and Nigeria, initially expected to vote against alongside a bloc of States, ultimately voted in favor.

Side Events: Cross-community Solidarity and Partnership

We Won't Go Back: Feminists' Demands for the 2026 HIV Political Declaration

Co-hosted by the Permanent Mission of Brazil, IPPF, ICW Global, Gestos, FEIM, ATHENA Network, WMG, Frontline AIDS, AWID and Just Futures Collective. Speakers from Brazil's Ministry of Health, ICW, UN Women, UNFPA, ICW Latina, Gestos and UNICEF converged on a single demand: that women and key populations be resourced as leaders and experts, not counted only as beneficiaries. UNFPA cited a projected 63% drop in HIV-related ODA below its 2022 peak; UNICEF warned that 3 million more children will acquire HIV in the coming years due to funding cuts — a scale of projected harm on the same order as the funding retreat GATE documented for trans-led services in Panel 2. Gestos made it explicit that the 30% funding floor for community-led systems must be a floor, not a ceiling, and reaffirmed UNAIDS as a governance model that must be replicated, not eliminated.

GATE believes that tracking funding for community-led organizations must be a priority before 2031, using both the Global AIDS Strategy and the Political Declaration as advocacy tools.

Safeguarding the Future Role of Civil Society in the HIV Response

Hosted by the Konrad Adenauer Foundation, this session highlighted the transition of UNAIDS as the defining institutional question of the meeting, described as moving from a first phase into an ongoing second phase focused on safeguarding community leadership. Participants noted that this is the last HLM before the 2030 goal and that the 2026 Programme Coordinating Board (PCB) meeting the following week would be pivotal in shaping the transition. What is at stake concretely is that the PCB NGO Delegation is the only formal mechanism through which trans and key population networks currently hold a governance seat within the UN system, and if the transition weakens it, communities lose a seat, not just an argument.

GATE played a critical role in highlighting the importance of cross-movement work and cross-key population partnerships ahead of the goal of ending AIDS by 2030, especially given shrinking civic space and scarce financial resources.

Through active participation in the Working Group on the UNAIDS transition and the regular and special sessions of the PCB, GATE remains engaged with UNAIDS and the PCB NGO Delegation, the formal channels through which trans-led and key population networks currently have a voice within UNAIDS' governance structure. As the Joint Programme moves through its institutional transition, GATE is committed to collaborating with Member States, the Secretariat, and fellow civil society delegations to ensure that this process is handled responsibly and remains sensitive to community needs — not simply as a matter of preserving an institution, but as a matter of preserving the mechanisms, funding pathways, and decision-making seats that trans and gender diverse people depend on.

GATE will continue to monitor the transition closely, advocate for the meaningful and resourced participation of community-led networks at every stage, and press for a future institutional set-up that strengthens, rather than dilutes, the leadership communities have built over three decades of the HIV response.

One Person, Multiple Diseases

Co-convened with the Government of the Philippines, UNAIDS, the Stop TB Partnership and the RBM Partnership to End Malaria, this session pressed for person-centered integration of HIV, TB and malaria responses, noting that siloed funding streams remain the biggest obstacle to integration at the country level — a structural gap with a measurable cost. It is important to highlight that TB remains the leading cause of death among people living with HIV globally, responsible for over 160,000 of the 660,000 annual deaths among people co-infected with both diseases. GATE will use its 2026–2030 roadmap to press for trans-disaggregated data in health systems, especially through our Power in Q Data Project, which extends to TB/HIV integration efforts in particular, so that the undercounting we identified in Panel 3 is not quietly repeated within a newly integrated system.

From Commitments to Action: Advancing Key Population Priorities Following the 2026 UN High-Level Meeting on HIV

GATE and Global Black Gay Men Connect convened a cross-regional and cross-movement group with the support of Gilead Sciences that included Action AIDS Germany, APCOM, REDLACTRANS, Aidsfonds, the Danish AIDS Foundation, the Dutch Ministry of Foreign Affairs, amfAR, Health GAP, IPPF, the Global Fund and other representatives — for a candid debrief. Among the key themes discussed was the vacancy left by the United States both as a funder and as a political actor, as "no one has stepped into that role", and the near-total absence of US-based civil society coordination during the HLM. Moreover, highlights from the amfAR study on how the withdrawal of U.S. funding for HIV services around the world is impacting the fight against AIDS were also shared. In a similar vein, the exclusion of civil society from most official Member State delegations was also highlighted. GATE played a critical role in convening this cross-stakeholder debrief and turning the day's political signals into a shared agenda to build the joint evidence base and delegation strategy for the road to 2031.

The Political Declaration and The Road for 2031

GATE successfully convened a Multi-Stakeholder Taskforce, with our Executive Director, Erika Castellanos, as a Co-Chair, and actively participated in the elaboration of the Civil Society Priorities, resulting in a bold, strong, and purpose-driven Political Declaration. Key populations are named, but the fight to keep them named was ongoing until the vote; community leadership targets and financing commitments were reaffirmed, including the 30-80-60 targets and the GIPA Principle. Regarding funding, one of the most pressing issues during the HLM process itself, the Declaration explicitly reaffirms the target of mobilizing 21.9 billion dollars annually for HIV investments in low- and middle-income countries by 2030.

All of these mechanisms will be mobilized by GATE to hold governments and institutions specifically accountable for funding trans-led organizations.

In a nutshell, the core targets that Member States are committed to are the following:

Target	What it commits Member States to by 2030
95–95–95	95% of people with HIV know their status; 95% of those diagnosed are on treatment; 95% of those on treatment are virally suppressed — disaggregated by population.
10–10–10	Fewer than 10% of people living with, at risk of or affected by HIV experience stigma and discrimination; fewer than 10% of women, girls and affected people experience gender inequality and violence; fewer than 10% of countries retain restrictive legal frameworks that deny access to services.
30–80–60	30% of testing and care/treatment support delivered by community-led organizations; 80% of prevention programs for key populations delivered by community-led organizations; 60% of societal-enabler programming delivered by community-led organizations.
US$ 21.9 billion	Annual financing target for HIV investments in low- and middle-income countries by 2030.

However, targets only change outcomes when someone is held to them. The world set numeric targets for 2025, too and missed them by wide margins — 630,000 AIDS-related deaths, which is 2 times the target and 1.3 million new infections, which represents 3.5 times the target in 2024 alone. Reaffirming the same kind of numeric target for 2030 carries a real risk of repeating that failure.

GATE and partners advocate that behind numbers are real people with lives, stories, families, and loved ones with a wide range of experiences and lived realities that must be represented in data.

This is why collecting disaggregated data on trans and gender diverse people and other social markers is so important for programming, evaluation, and implementation. Without such evidence, history will repeat, and a missed 2030 target will be explained in 2031 in the same manner as a missed 2025 target was in 2026.

On that note, GATE, together with GESTOS, GBGMC, the International AIDS Society (IAS), IPPF, ICW and UNAIDS, convened a workshop during the 26th International AIDS Conference in Rio de Janeiro, Brazil, examining the outcomes of the 2026 UN High-Level Meeting on HIV and AIDS and what the new Political Declaration means in practice for communities, advocacy, accountability, and the future of the HIV response. Through keynote reflections, stakeholder presentations, and interactive table discussions, participants including representatives from UNAIDS, the IAS, the Multi-Stakeholder Task Force, the private sector, governments and community partners, analysed how the Declaration can be used as a practical advocacy tool across countries and regions, working through group discussions to identify concrete advocacy priorities and follow-up actions.

In parallel, GATE and partners developed a 12-month strategic plan to translate the workshop's findings and the Declaration's commitments into a concrete, time-bound agenda for the year ahead — ensuring that the priorities identified in the room translated into sustained advocacy, not a one-time exercise.

A road is being paved for 2031. Paragraph 100 of the Political Declaration already commits the General Assembly to convene the next High-Level Meeting on HIV and AIDS in 2031, explicitly to review progress on the commitments made in 2026 and to take stock of interim progress at the 2027 and 2030 General Assembly summits on the global goals. **That means the 2031 review is not a distant hypothetical: the accountability clock is already running, and the case GATE will need to make in 2031 is already being built between now and 2030.**

Conclusion

The 2026 HLM produced a Political Declaration that is, in the words of the civil society delegation, “less bad than what was expected” — key populations remain named, community leadership targets were reaffirmed, and anti-rights language was kept out of the final text. But the narrow vote, the absence of the United States, the rejection of the text by several delegations, the unresolved future of UNAIDS, and civil society’s continued exclusion from formal decision-making all point to a response sustained by political will that cannot be taken for granted. For trans and gender diverse people specifically, GATE’s own evidence from this HLM — a 92% rate of anti-gender pressure on services, a 27% rate of anti-gender disruption to long-acting medication rollout, and a data landscape that still cannot count trans people as trans people — shows that the gap between what the Declaration promises and what reaches communities is not closing on its own.

Therefore, **GATE reaffirms that our advocacy through 2031 does not rest solely on the Political Declaration**. In December 2025, the UNAIDS Programme Coordinating Board (PCB), meeting in Brasília, Brazil, adopted the Global AIDS Strategy 2026–2031 - the technical companion to the Declaration’s political commitments. Together, these two instruments form the full mandate guiding the global HIV response through 2031: the Political Declaration carries the political weight of Member State commitments negotiated at the General Assembly, while the Global AIDS Strategy sets out the concrete targets, milestones and operational pathways UNAIDS and its partners will be held to along the way.

With the 2031 review already written into the Declaration, and the Global AIDS Strategy already setting the milestones to get there, **GATE has what most advocacy efforts do not: five years’ notice of exactly when its work will be tested, and two aligned instruments to hold governments accountable to.** The text exists, the targets exist, the evidence exists. What GATE is committed to building is the coalitions to make sure trans and gender diverse people are not the ones left behind when those targets are counted. As mentioned during the HLM in our statements, communities are not beneficiaries of the HIV response - they are its architects, and it is time to act and deliver on these commitments.

Bibliography

amfAR, The Foundation for AIDS Research. (2026). Findings from the PEPFAR Pulse Study: Measuring the Global Impact of PEPFAR Disruptions. Washington, DC. https://www.amfar.org/wp-content/uploads/2026/07/PEPFAR-Pulse-Study_2448.pdf

GATE (2026). Democratic Erosion as a Health Emergency: How Anti-Gender Movements are Dismantling Access to Health for Trans and Gender Diverse People Worldwide. New York: GATE. https://gate.ngo/wp-content/uploads/2026/07/Democratic-Erosion-as-a-Health-Emergency.pdf

GATE (2025) Trans Men in the Global HIV and Broader Health and Development Responses: A Smart Guide for Communities. New York: GATE. https://gate.ngo/wp-content/uploads/2025/04/Trans-Men-and-HIV-Policy-Brief_-Communities-Smart-Guide.pdf

UNAIDS. (2024). Global AIDS update thematic briefing note: HIV and transgender people. Joint United Nations Programme on HIV/AIDS. Geneva: https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update-transgender-people_en.pdf

UNAIDS (2025). The Global AIDS Strategy for 2026–2031: United Towards Ending AIDS. Geneva: Joint United Nations Programme on HIV/AIDS; 2026. License: CC BY-NC-SA 3.0 IGO. https://www.unaids.org/sites/default/files/2026-04/2026%E2%80%932031_Global-AIDS-Strategy.pdf

UNAIDS Programme Coordinating Board NGO Delegation (2026). Civil Society Statement of Priorities for the 2026 United Nations High-Level Meeting on HIV/AIDS, 17 May 2026. https://unaidspcbngo.org/news/civil-society-priorities-2026-hlm-on-hiv-aids/

United Nations General Assembly (2026). Political Declaration on HIV/AIDS: United to End AIDS by 2030, A/RES/80/268 (24 June 2026), adopted 23 June 2026. https://digitallibrary.un.org/record/4119691?ln=en

GATE
Global Action for Trans Equality

From Political Commitments to Real Action:

GATE's Engagement at the 2026 UN High-Level Meeting on HIV and AIDS and The Road to 2031