Agenda item 5

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REPORT OF THE MULTISTAKEHOLDER CONSULTATION ON THE GLOBAL AIDS STRATEGY 2026-2031

28-29 April 2025

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Executive Summary

On 28-29 April 2025, UNAIDS held a hybrid multistakeholder consultation on the next Global AIDS Strategy 2026-2031, with the participation of more than 195 representatives of Member States, civil society, nongovernmental organizations, international organizations other than the UN, the private sector and academia, along with representatives of all 11 UNAIDS Cosponsors and the UNAIDS Secretariat.

With only five years left to deliver against the global goal of ending the AIDS epidemic as a public health threat by 2030, UNAIDS is developing its next Global AIDS Strategy 2026-2031. The next Strategy, which is planned to be adopted by the UNAIDS Programme Coordinating Board (PCB) in December 2025, will be a road map for all countries and partners in the global AIDS response to reach the Sustainable Development Goals (SDG) target of ending AIDS by 2030 as a public health threat.

The Strategy process started with the mid-term review of the previous Global AIDS Strategy, 2021-2026. This is in alignment with the meeting on 21 August 2024, in which the UNAIDS Executive Director, in collaboration with the PCB Bureau, proposed that a dedicated discussion on the outcome of the mid-term review and upcoming Strategy process be included in the agenda of the 55th meeting of the PCB in December 2024. The first phase of Strategy development was scoping and stakeholder mapping, the second phase was defining problems and solutions, and the third and current phase is on prioritization. Throughout this process, there have been a series of stakeholder consultations, including an online survey with over 5800 responses (see UNAIDS/PCB (56)CRP3), as well as many regional, national and community consultations. These consultations will continue through September 2025.

The consultations to date have yielded a wide range of critical input – the challenge ahead is prioritizing and transforming this feedback into a focused, effective Strategy. Key themes from the feedback include the urgency of scaling up HIV prevention, testing and treatment, the central role of communities, the urgency of addressing stigma and discrimination, and the importance of integrated, people-centered care within multisectoral systems. Sustainable financing, encompassing supporting countries to increase domestic financing, is also a major priority.

At the time of writing this report, the UNAIDS Strategy development process transitions into the next phase, with an annotated outline going before the 56th UNAIDS PCB in June 2025. The Global AIDS Strategy 2026-2031 will be presented to the 57th meeting of the PCB in December 2025. The Global AIDS Strategy 2026-2031 will provide a critical link to inform the preparations for the next United Nations General Assembly high-level meeting on AIDS in June 2026.

Framing of the new Global AIDS Strategy 2026-2031

1. The world is at a critical time in the AIDS response. The recent funding crisis has been a wake-up call for all stakeholders and one which must be faced together. The response to AIDS needs to adjust – falling financing and human rights set-backs need to be addressed. The opportunities of new technologies and better knowledge of how to reach the people affected can be leveraged. The world has achieved incredible results on the path to ending AIDS that must not be lost. It has never been more urgent to develop a Global AIDS Strategy 2026-2031 that puts people living with and affected by HIV at the centre of the work. The next Global AIDS Strategy will need to centre on priorities, on what is most impactful and on what is most feasible to build a sustainable response to HIV and end AIDS as a public health threat by 2030.

2. Following the presentation of the findings of the mid-term review of the Global AIDS Strategy 2021-2026, at the 55th PCB meeting, the UNAIDS Board adopted Decision Point 6.2: “On the basis of the findings of the mid-term review of the Global AIDS Strategy 2021- 2026, the 2030 target-setting process, and the ongoing review of the Joint Programme operating model, and acknowledging the need for coherence and transparency between these parallel processes, requests the Executive Director to present the annotated outline of the Global AIDS Strategy 2026-2031, to be developed through an inclusive and transparent multistakeholder consultative process, for consideration by the Programme Coordinating Board at the 56th PCB meeting in June 2025”.

3. In response to this request, UNAIDS initiated a comprehensive consultative process through an online survey and online focus group discussions at regional and global levels. In some instances, countries also organized national consultations. The first stage of consultations ended in a multistakeholder consultation from 28-29 April 2025 aimed at working on the development of the annotated outline of the Global AIDS Strategy 2026-2031, which will be discussed at the June 2025 PCB meeting, further to which the PCB will provide guidance for the remaining process steps to finalise the Global AIDS Strategy 2026-2031. Feedback from numerous consultations was presented and further input was solicited from various stakeholders.

4. Building on the current Global AIDS Strategy 2021-2026 and its targets, the Global AIDS Strategy 2026-2031 will aim to focus global efforts for the future of the AIDS response to end AIDS as a public health threat by 2030 and sustain the HIV response after 2030. As an essential accountability framework to measure results, it will be the reference for partners and donors to support countries, including financially, in their HIV response.

5. The Strategy development process takes place in a context of diminishing resources for the HIV response. The Strategy 2026-2031 will need to fully take into consideration the situation of countries and the international funding landscape, to guide collective efforts to overcome challenges and ensure effective and sustainable country-led AIDS responses.

Vision for the Global AIDS Strategy 2026-2031 – remarks of the Executive Director – A new compact for a sustainable HIV response to end AIDS

6. Winnie Byanyima, UNAIDS Executive Director, provided opening remarks to the multistakeholder consultation. She set the scene: that the world faces a major geopolitical shift with the erosion of multilateralism and retreating financing, accompanied by backlash on human rights and gender equality, core to the HIV response. 2025 has seen the sharpest decline in development assistance in history,

with many low and low- and middle-income countries dependent on this funding. However, AIDS is not over, with new infections growing.

7. Ms Byanyima noted that the end of AIDS is within reach but if the world loses momentum now, there is a risk of resurgence that will cost both lives and resources. Against this background, the new Strategy must be bold. The world has changed and the Strategy must adjust to these seismic global shifts. The Strategy must push for a transformed and sustainable HIV response that has strong, effective and integrated health systems and services, moving towards self-financing and prioritizing prevention, treatment and innovation. It must put communities and human rights at the centre and break the silence on stigma and discrimination. The Strategy must also push for equity in innovation by addressing access issues, supporting local manufacturing and putting people over profits.

8. Ms Byanyima stressed that strong global solidarity is needed to end AIDS and that the Strategy should also be put in context of global health security and pandemic preparedness; the world cannot afford to have a fragmented Strategy. The next Strategy must be realistic yet ambitious, with clear priorities backed by data, as well as accountability mechanisms. The Joint Programme is undergoing three linked processes to support the implementation of the new Global AIDS Strategy: a High-Level Panel on a resilient and fit-for-purpose Joint Programme; restructuring for a more effective and efficient UNAIDS secretariat; and the Strategy development process.

9. The Executive Director stated that success for the Strategy means: fewer new HIV infections and AIDS-related deaths; zero tolerance for stigma and discrimination; equitable access to innovations, including long-term injectables for prevention; leaving no one behind, regardless of the country in which they live; sustainable financing; and strong systems integrating HIV, while staying focused on what makes HIV unique. Above all, a successful Strategy builds shared ownership, as the next Strategy is a framework for every country in the world. The challenge is for the Strategy to assess and address the current risks and impacts. The AIDS response is a model for resilience. The Strategy should be focused and fearless for people living with, and affected by, HIV. Lives depend on this Strategy, which can bring the world strongly across the finish line.

Summary of “Urgency of Now – Perspectives of Communities”

10. Communities have been, and continue to be, a central, driving force within the HIV response. Representatives of two community-led groups, Global Network of People living with HIV (GNP+) and the International Network of People who Use Drugs (INPUD) shed light on key considerations for Strategy development in the current environment.

11. Annah Sithembinkosi Sango, GNP+, noted that the HIV response has been strongly impacted since January 2025. During this time, many people living with HIV experience various forms of emotion: shock, panic, anger and confusion. Many people living with HIV face the immediate threat to their supply of life saving anti-retrovirals and anxiety is high. Ms Sango has said that this time of crisis should be a rallying call for people living with HIV to come together now and ensuring access to treatment.

12. Regarding the development of the Global AIDS Strategy 2026-2031, Ms Sango made three key points – that the Strategy: (1) is about and for the people – it should positively impact the lives and should be focused on ending AIDS-related deaths and

new infections; (2) should keep alive the ambitious spirit of the HIV response – historically, the HIV response has been collectively ambitious in the targets and goals that are set - this work is not over so the ambition should not waiver, including the goal for an HIV-free generation; and (3) should focus on country realities and community leadership – in light of the movement towards service integration and sustainability, there will be a shift in leadership – this includes facilitating the leadership of national networks of people living with HIV to evolve and leverage their unique roles to adapt, re-imagine and re-shape national programs to deliver integrated services and make universal health coverage (UHC) plans that are HIV sensitive. She closed by noting that GNP+ and the leadership of national people living with HIV networks are committed to working with all partners towards sustainability of the HIV response.

13. Aditia Taslim, INPUD, while agreeing with the need for sustainability in the HIV response, brought up core considerations on how sustainability applies to the needs of people who use drugs, many of whom are left behind by their governments, and how it applies to harm reduction services, which are often not available or accessible in many countries. INPUD conducted a consultation for the Global AIDS Strategy 2026-2031 where participants noted that people who use drugs are still struggling to receive basic, essential services and support from the HIV response. Mr Taslim stressed that people who use drugs are seen as second-class citizens in many countries, and though he lauded the passage of the 10/10/10 targets, including decriminalisation, he noted that the world has not made progress on them. Moreover, the recent funding shift has dramatically impeded people who use drugs' access to core harm reduction services, and HIV and hepatitis C programming globally.

14. Mr Taslim called for the Global AIDS Strategy 2026-2031 to ensure the support, protection, and advancement of the work of drug user-led networks to prevent service collapse and increases in new HIV and hepatitis C infections, including preventable deaths due to overdose. Governments must scale-up support programmes for people who use drugs, which are currently reliant on international funding, and prioritise community-led responses. He also called for a dedicated funding stream of flexible funding for key population-led networks, including networks led by people who use drugs, from both international and domestic sources.

Key Messages

- Community-Centered Strategy: The Global AIDS Strategy 2026-2031 must prioritize people living with HIV, maintaining ambitious goals aimed at ending AIDS-related deaths and new infections, and promoting leadership roles for national networks to adapt and sustain HIV-sensitive integrated services.
- Urgent Access to Treatment: Amid high anxiety and disruptions since early 2025, ensuring continued access to antiretroviral treatment is critical; community unity and leadership are essential for overcoming this immediate crisis.
- Support for People Who Use Drugs: To prevent service collapse and reduce HIV and hepatitis C infections among marginalized populations, dedicated funding and sustained support for drug user-led networks and community-driven harm reduction programs are urgently needed, particularly due to declining international support and inadequate domestic investments.

Recommended targets to end AIDS by 2030

15. Angeli Achrekar, UNAIDS Deputy Executive Director, spoke about the global target setting process. She noted that the Joint Programme supports accountability for the HIV response to ensure that everyone is served. She outlined a four-pronged

approach: beginning with the Global AIDS target setting process, which is then translated into the Global AIDS Strategy. The Strategy then leads to the high-level meeting and Political Declaration, which then feeds into the development of national strategic plans (NSPs) at country-level. Once the NSPs are developed, UNAIDS then works together with countries and communities on routine basis to monitor the targets – this is UNAIDS' responsibility and promise to those living with and affected by HIV.

16. Ms Achrekar noted that the target setting process began with the mid-term review of the current Global AIDS Strategy, 2021-2026. The review identified several areas that were lacking progress, including prevention for all, gender equality and empowerment, realization and human rights, including the elimination of stigma and discrimination, and ensuring that children living with HIV are on treatment (see textbox 1). These are the substantive areas where the Global Task Team on Targets (Global Task Team or GTT) started.

Textbox 1. Key findings of the mid-term review of the Global AIDS Strategy, 2021-2026

The starting point of the Strategy development process is the mid-term review of the current Global AIDS Strategy, 2021-2026. Fewer people acquired HIV in 2023 than at any point since the late 1980s[1]. Globally, about 39% fewer people acquired HIV in 2023 compared with 2010, with sub-Saharan Africa achieving the steepest reduction (−56%)[2]. Nonetheless, an estimated 1.3 million [1.0 million–1.7 million] people acquired HIV in 2023—over *three times* more than the target of 370 000 or fewer new infections in 2025. Three regions are experiencing rising numbers of new HIV infections: eastern Europe and central Asia, Latin America and the Middle East and North Africa.

Globally, the decline in numbers of new infections was stronger among women than men, a trend that holds across different age groups. However, the HIV incidence rate among adolescent girls and young women was more than three times higher than among adolescent boys and young men in 22 countries in sub-Saharan Africa. Coverage of dedicated HIV prevention programmes for adolescent girls and young women is still insufficient in areas with moderately high HIV incidence.

Less children aged 0–14 years are acquiring HIV, a trend that is due largely to successes in eastern and southern Africa, where the annual number of new HIV infections in children fell by 73% between 2010 and 2023. The overall decline in vertical HIV infections, however, has slowed markedly in recent years, particularly in western and central Africa. An estimated 120 000 [83 000–170 000] children acquired HIV in 2023, bringing the total number of children living with HIV globally to 1.4 million [1.1 million–1.7 million], 86% of whom are in sub-Saharan Africa.

An estimated 30.7 million [27.0 million–31.9 million] people were receiving lifesaving antiretroviral therapy (ART) in 2023, reducing AIDS-related deaths to the lowest level since the peak of 2004 (Figure 2). In sub-Saharan Africa, these successes have contributed to a rebound in average life expectancy from 56.3 years in 2010 to 61.1 years in 2023.

Increasing access to ART for both treatment and prevention—much of it provided free of charge and through the public health sector—more than halved the annual number of AIDS-related deaths, from 1.3 million [1.0 million–1.7 million] in 2010 to 630 000 [500 000–820 000] in 2023. However, this was still twice as high as the global target set for 2025.

The number of AIDS-related deaths could be reduced to fewer than the 2025 target of 250 000 if the response achieves further rapid increases in diagnosing and providing HIV treatment to people living with HIV.

Treatment programmes were also driving down the number of new HIV infections. People with an undetectable viral load have zero risk of transmitting HIV to their sexual partners, and people with a suppressed viral load have a near-zero risk of doing so. This has given rise to the campaign Undetectable = Untransmittable, or U=U.

However, progress has been uneven. A person dies from HIV-related causes every minute. Globally, 9.3 million people are not receiving life-saving treatment, nearly a quarter of the 39.9 million people living with HIV. The gap is higher amongst children, with 43% not accessing treatment. The world pledged to reduce annual new infections to below 370 000 by 2025, but new HIV infections were still more than three times higher, at 1.3 million in 2023.

Prevention and treatment services will only reach people if human rights are upheld, gender inequalities are addressed, discriminatory laws against women and marginalized communities are removed, and HIV related discrimination and violence, particularly against women and key populations, are tackled. Equitable access to medicines and innovations, including long-acting technologies, is critical.

Persistent stigma and discrimination related to real or perceived HIV status, and intersections with discrimination on the basis of gender, behaviour or sexuality also stand in the way. According to an analysis of the People Living with HIV Stigma Index 2.0 studies conducted in 25 countries, 25% of people living with HIV reported experiencing stigma and discrimination when seeking non-HIV-related health care[3]. According to a survey published in March 2025, community organizations and networks around the world not only describe disruptions to services and staff shortages, but also an increase in stigma and discrimination and psychological distress caused by the sudden withdrawal of funding support[4].

The HIV-related needs of people from key populations are often served by non-governmental organizations, including organizations led by people living with HIV, as well as community-led organizations, whose work tends to go unrecognized and underfunded.

For more detailed findings from the mid-term review, please see the UNAIDS 2024 Global AIDS Update[5], The Urgency of Now: AIDS at a Crossroads.

17. Ms Achrekar stressed that the world needs new targets to help guide countries towards the finish line of 2030, and given the 2025 targets expire at the end of the year. The new targets have the following aims: to ensure continuity of new Strategy with current strategy; to double down on areas where 2025 targets haven't been achieved to generate continued commitment and action on these targets; to define the highest priority needs for the HIV response and simplify accountability by reducing the number of targets for the new Strategy; to define a path towards a more integrated effort to achieve the goal of ending AIDS by 2030; and to ensure sustainability of the HIV response until 2030 and beyond.

18. Chewe Luo, co-chair of Global Task Team, outlined the new developments emerging from the target setting process. The GTT had a heightened focus on integration and sustainability while also reducing inequalities. This resulted in 16 topline targets, supported by 50 second tier targets which are grouped into six priority areas:

I. Ensure available, accessible, acceptable and quality HIV treatment and care for people living with HIV ("treatment priority area")
II. Scale-up HIV prevention options that brings together biomedical, structural, community and behavioural interventions ("prevention priority area")
III. End stigma and discrimination and uphold human rights and gender equality in the HIV response ("human rights priority area")
IV. Ensure community leadership in the HIV response ("community leadership priority area")
V. Integrate HIV systems, services and other interventions with primary health care, broader health and other services, systems and sectors for effective people-centred and sustainable HIV response(s) ("integration priority area")
VI. Ensure sustainable financing for a people-centred national and global HIV response ("sustainable financing priority area")

19. Michel Kazatchkine, GTT co-chair, further elaborated on the targets, illustrating how the six priority areas translate into 16 topline priority targets, highlighting continuity with the current targets and new developments:

- Treatment priority area: kept 95/95/95 targets (on knowing status, receiving treatment and viral suppression) as these have not been achieved globally
- Prevention priority area: target of 90% of people in need of prevention use one or several of prevention options
- Human rights priority area: kept the 10/10/10 targets (less than 10% experience stigma and discrimination; experience gender inequality or violence; countries have punitive legal and policy environments that restrict access to services) as there has not been much progress in this area
- Community leadership priority area: kept 30/80/60 targets as there has not been much progress
- Integration priority area: targets include 95% of people who are receiving HIV or treatment services also receive sexual and reproductive health services; 95% pregnant women living with HIV and newborns receive maternal and newborn care that integrates or links comprehensive HIV services
- Sustainable financing priority area: exact target number under review but targets include reduction of out-of-pocket expenses; increase percentage of HIV domestic expenditure; funding mobilized for HIV investments in low and middle-income countries and all countries have access to equitable pricing for diagnostics and therapeutics

20. Mr Kazatchkine spoke about how the priority areas link with each other: integrating services and systems and resourcing the HIV response are foundational to preventing new HIV infections and providing treatment. Both prevention and treatment are enhanced by lifting the barriers of stigma and gender inequalities and ensuring human rights, as well as working with communities. Together, these six areas will lead to the ultimate goals of: by 2030, reducing new HIV infections by 90% from 2010 and continued 5% decline per year after 2030; reducing AIDS-related deaths by 90% from 2010; and ensuring sustainability of HIV response after 2030.

21. Mr Kazatchkine further highlighted innovative, realistic-yet-ambitious targets covering a broad range of priority issues. Some targets demonstrate the effort to incrementally

integrate the HIV response into broader health systems, including targets related to screening of cervical cancer, non-communicable diseases and depression. Others set a new bar for prevention, for example, ensuring people-centered prevention program reach key and vulnerable populations, and a new bar for treatment, for instance, that people living with HIV receive prevention therapy for TB and a reduction of TB-related deaths. These new targets are the last push of AIDS response before 2030 deadline.

22. The targets provide the direction of travel ("the what") and the Strategy will determine the actions needed to reach the targets ("the how").

Key Messages

- New Global Targets Build on Gaps from Current Targets: The recommended targets emphasize continuity with previous goals but introduce heightened focus on integration and sustainability, including sustainable financing.
- Key Priority Areas: Six strategic priority areas frame the new targets and influence the Global AIDS Strategy 2026-2031: HIV treatment access; comprehensive prevention efforts; human rights and gender equality; community leadership; integration with broader health systems; and sustainable financing.
- Ambitious Goals for 2030: By 2030, the Strategy aims for significant reductions—reducing new HIV infections by 90% from 2010 and continued 5% decline per year after 2030; reducing AIDS-related deaths by 90% from 2010; and ensuring sustainability of HIV response after 2030.

See link to the summary report on the recommendations of the Global Task Team for Setting 2030 HIV Targets.

Consultative process to date on the Global AIDS Strategy 2026-2031

23. Angeli Achrekar, Deputy Executive Director, UNAIDS provided an update on behalf of the UNAIDS cabinet on the consultation process to date on the development of the Global AIDS Strategy 2026-2031. Ms Achrekar provided an overview and timeline of Strategy development. As noted above, the process started with the mid-term review. As a part of this process, there were also initial priority thematic and cross cutting areas discussed, grounded in the feedback from December 2024 Programme Coordinating Board, the mid-term review of the current Global AIDS Strategy and the country sustainability roadmaps. The work this year includes stakeholder mapping and broad-based engagement, starting with consultations from April – June, and continuing into the fall. The overall aim is to develop an annotated outline that will be presented to June PCB meeting, and a final Strategy presented to the PCB in December 2025. This will ultimately lead to the June 2026 high level meeting on HIV and AIDS.

24. On the consultations, Ms Achrekar noted that they have had broad reach, through in-depth regional and national government and community consultations *(see Figure 1)*. All regions have held consultations, including both government and civil society input. Such consultations will continue at regional and country level through September.

Figure 1. Summary of reach through in-depth regional, national government and community consultations as of 28 April 2025

Regions	# National Govts	# Civil Society Orgs.
Asia Pacific	18	96
Caribbean	10	10
Eastern Europe and Central Asia	9	45
East and Southern Africa	15	90
Latin America	25	90
West, Central, Northern Africa	16	48

25. Ms Achrekar noted that the PCB also provides various engagement opportunities, including the PCB missions briefings (in March and September), two multistakeholder consultations and pre-PCB meetings, in addition to the PCB meetings themselves. These opportunities will be available throughout the year to engage in the strategy development.

26. Ms Achrekar highlighted that the purpose of this multistakeholder consultation is to:

- Receive input and reflections from stakeholders on how the new financial and geopolitical environment of the AIDS response needs to be reflected in the next Global AIDS Strategy;
- Share and review the emerging priorities shaping the annotated outline of the new Global AIDS Strategy, grounded in realities from communities, countries, and the latest evidence;
- Ensure the perspectives of people living with and affected by HIV, governments, civil society, and others are front and centre in shaping a strategy that reflects lived experience and local needs; and
- Engage PCB members and other stakeholders in critical conversations with a view to refining the strategic direction and ensure the final Strategy is bold, focused, and fit-for-purpose.

27. The Deputy Executive Director then provided an overview of an online survey for the new Global AIDS Strategy 2026-2031. The questionnaire, which was open from 3-22 April, focused on barriers in reaching the current global targets and solutions/priorities for the new Strategy 2026-2031. It was available in multiple languages and relied on concerted push from UNAIDS Country offices, Cosponsors and Communications team to maximize reach, resulting in high diversity (e.g., geographically, age, sector, among other areas) of respondents. Ultimately, the survey received over 5,800 responses, covering all regions. The responses also came from a variety of sectors and organizations, including community networks, national NGOs, government, international organizations, health care providers, academic institutions and the private sector.

28. Regarding the substance of the survey, Ms Achrekar highlighted that the most common barrier reported across six priority areas was stigma and discrimination. Respondents also prioritized the most critical actions – of those who responded, 50% focused on sustaining HIV testing, treatment and care; 20% wanted to scale up HIV

prevention; 12% focused on integrating HIV services with broader health systems and 8% prioritized ensuring community leadership in the HIV response. Among proposed priority actions to address funding needs, the top priority was the need to increase domestic financing.

29. To further elucidate priorities and needs for the next Global AIDS Strategy, Ms Achrekar stressed the following guiding questions for the multistakeholder consultation:

I) What are the priorities and actions that are most urgent for achieving the 2030 targets to end AIDS as a public health threat by 2030 and build a sustainable HIV response?
II) What are the actions that are most impactful for ending AIDS as a public health threat by 2030 and building a sustainable response?
III) What are the actions that are most feasible for ending AIDS as a public health threat by 2030 and building a sustainable response?
IV) What are the highest priority actions for ending AIDS as a public health threat by 2030 and building a sustainable response?
V) How will the new financial and geopolitical environment impact the prioritization of actions?

Results of the global consultative process to date

In each session the participants heard a presentation summarizing the findings of the consultation process to date in the relevant priority areas.

Services – scaling up HIV prevention, including through new technologies and securing HIV treatment for all who need it

30. Wafaa El-Sadr (ICAP – Columbia University) shared a presentation on ensuring available, accessible, acceptable and quality HIV treatment and care for people living with HIV. HIV treatment scale up has been enormously successful with individual and societal benefits – the 95/95/95 targets have been an important for rallying cry. As a result, almost 31 million people living with HIV were on ART in 2023 which is great progress, but there's still have a way to go. Despite amazing achievement, as Ms El-Sadr noted, there are still gaps - for example, 43% of children living with HIV are not on treatment and ART coverage is much lower for key populations. There is varying success on treatment by regions of the world – the Eastern and Southern Africa region has been successful but Eastern Europe and Central Asia, Middle East and North Africa and Asia Pacific have less so. Reaching the 2025 target to reduce AIDS-related deaths is more challenging. Currently, the world has more than double 2025 target. While there is a rebound in average life expectancy in sub-Saharan Africa, AIDS-related deaths have increased (by 34%) in Eastern Europe and Central Asia, with at least 1.8 million people living with advanced HIV disease due to late diagnosis, loss to follow up and weak re-engagement.

31. Looking ahead on treatment, Ms El-Sadr emphasized the topline targets to reach by 2030 and that the 95/95/95 targets are essential. The world must sustain the gains that have been achieved and accelerate the momentum to reach new goals. This means continuing to treat people currently on ART and meeting the 95/95/95 targets for all populations. Ms El-Sadr reminded the participants that, as of 2023, nearly a quarter of people living with HIV were not receiving ART. The recent withdrawal of funding will have alarming effects. In this context, the world must now think and act differently. This includes establishing new partnerships and new sources of funding.

It also includes scaling up differentiated service delivery (DSD) for treatment, shaping health programs to meet the needs of recipients, and also supporting the health systems to enhance coverage and quality to achieve impact.

32. Ms El-Sadr summarized and highlighted overarching considerations on HIV treatment. She re-emphasized the remarkable progress in treatment scale up with profound benefits to individuals, societies and communities, yet almost a quarter of people with HIV were not on treatment. The current crisis threatens sustaining the gains and accelerating the momentum towards reaching 95/95/95 targets among all populations, in all geographic regions. National and global strategies are urgently needed to navigate the crisis and mitigate its consequences. These strategies must be realistic, with clear milestones, take into account domestic and global resources, country context, status of the HIV response and health system readiness. On services, HIV programs need to prioritize simple and cost-effective DSD models that offer high quality services for recipients of care and efficiencies for the health system. They should also incorporate innovations, testing methods, long-acting medications and digital technologies. Programs and services must also tackle discrimination and legal, social and policy barriers. It is also essential to carefully monitor program performance over time to capture data on sustaining of gains and progress towards targets.

33. Yogan Pillay (Gates Foundation) addressed the urgent need to scale up HIV prevention by integrating biomedical, structural, behavioral, and community-based interventions. Despite advances, the world continues to see 1.3 million new HIV infections annually—far above the 200,000 target. There is, however, a historic opportunity to reverse this trend with broader access to innovative technologies like long-acting PrEP, which could prevent approximately 3 million new infections by 2030. Yet, current progress is off track, with low prevention coverage among key populations such as people who inject drugs (only 39% reached, with a target of 90%) and young women using condoms (30%, against a target of 80%).

34. Mr Pillay stressed that primary prevention is still needed to reduce HIV incidence beyond what has been achieved with ART scale up and provided an overview of the 2030 draft primary prevention targets. The ultimate goal is to have a 90% reduction in new HIV infections by 2030 as compared to 2010 rates. To reach this goal, the world should address the needs of people in need of HIV prevention, young people, key populations and people living with HIV, aiming to reach 95% of people in need of HIV prevention (output). This output translates into 95% of people reached with person-centered prevention programs; 95% of country distribution need met for condoms, PrEP, PEP, needles, syringes, opioid agnostic treatment (OAT); and 90% of adolescents and young people receiving comprehensive sexuality education. It also requires improving health, community, education, social support systems and legal environments. On outcomes, the target is 90% of people in need of HIV prevention use effective prevention options. This translates into 80% condom use with non-regular partners and 50% use of ART-based prevention in line with epidemiology and people’s choices.

35. Mr Pillay closed with outlining the key recommendations to close the gap by 2030. First, he stressed prioritizing prevention as part of a holistic approach to epidemic control (both primary and secondary prevention). This entails supporting universal offer of prevention in all public health settings as a standard of care, ensuring prevention communication and social behavioural change work is embedded in all prevention programming, and updating and implementing hybrid models of provider trainings. Access to long-acting PrEP, e.g. lenacapavir and other new products, is another key recommendation – countries should move with speed on new

technologies. Importantly, countries need to decrease prices, increase donations, increase communities' and countries' ability to procure new technologies. There also needs to be a focus on integration and sustainability of prevention services at community and facility levels. Prevention also needs scale up to reach key populations, as well as keep a focus on young key populations, especially adolescent girls and young women in Africa. There's a need to move from pilots to scale up for prevention services. Mr Pillay also stressed the need to reform the laws that criminalise key populations and the policies that deter people living with HIV and key populations from accessing health services and enact anti-discrimination and protective laws for access to health services. The final two recommendations involve ensuring enabling policies and a programmatic environment to endorse and scale up people-centered approaches; and planning, designing and strategizing on sustainable HIV prevention responses – including the political, programme, and financial elements.

36. Solange Baptiste (International Treatment Preparedness Coalition, ITPC) spoke about ensuring that all people, regardless of geography or economic status, can benefit from the latest scientific, medical, and technological innovations in HIV prevention, treatment, and care. Baptiste noted that context doesn't just inform action, it transforms it. The current context is both a moment of economic distress on one hand, and unprecedented scientific progress on the other, including more effective treatment; new diagnostic tools, PrEP options, new diagnostic tools and the rise of AI.

37. The Global AIDS Strategy 2026-2031 should include bold, enforceable actions to confront the affordability crisis for new technologies and address trade related barriers in access to innovation. It must actively tackle intellectual property barriers and pricing disparities; embed sustainable financing strategies across care and prevention continuum; and differentiate support based on country needs, including the full use of TRIPs flexibilities for least developed countries and building real capacity in middle-income countries.

38. Ms Baptiste noted that if innovation doesn't reach everyone, innovation is another form of privilege. Access discussions are treated like an elite space but communities are experts. For example, ITPC's Make Medicines Affordable Campaign has helped countries and partners reform laws to fully use TRIPs flexibilities, adopt anti-evergreening provisions, and abolish patent term extensions, among other important activities. The result of this work is earlier generic entry, lower drug prices and concrete costing savings: around 891 USD million saved.

39. Ms Baptiste stated that it is time to prioritize people over politics, with a community centered access agenda. She stressed that the world doesn't have an innovation problem, it has a justice problem. Medical breakthroughs are meaningless if the world allows inequality to dictate who lives and who dies. The Strategy 2026-2031 must champion TRIPs flexibilities in action and demand transparency from pharmaceutical companies on prices, licenses and R&D costs. It must fund civil society leadership and reframe innovation so that it starts with community needs. Scientific innovation is ready and progress is within the world's reach – the question is whether the world has the courage to demand science and innovation for everyone.

Key Messages

- Accelerate and Sustain Treatment Gains: While significant progress has been made in scaling up HIV treatment (31 million people on ART), nearly a quarter of people living with HIV still lack access; urgent actions include sustaining achievements,

accelerating efforts toward the 95/95/95 targets, and adopting Differentiated Service Delivery (DSD) models and innovations to ensure broad, equitable treatment access.

- Urgent Scale-Up of Prevention Efforts: Annual new HIV infections remain alarmingly high (1.3 million), far above current targets; addressing this gap requires integrated biomedical, structural, behavioral, and community-based interventions, accelerated adoption of innovative technologies (e.g., long-acting PrEP), and removing legal and social barriers, particularly for young people and key populations.
- Ensuring Equitable Access to Innovations: The Strategy 2026-2031 should emphasize addressing intellectual property and affordability barriers, enforcing TRIPS flexibilities, and prioritizing a community-centered access agenda to ensure all populations benefit equally from scientific and medical innovations in HIV prevention and care.

Ensure community leadership and address societal barriers to progress

40. Allan Maleche (KELIN) and Madiarra Coulibaly Offia (Alliance Cote d'Ivoire) presented on ending stigma and discrimination and upholding human rights and gender equality in the HIV response. Mr Maleche started by noting that the world is at a critical inflection point in HIV response – stigma, discrimination and criminalization continue pushing people living with HIV and key populations into the margins – an issue compounded by serious funding crisis. Mr Maleche highlighted the key challenges, including anti-rights, anti-gender and anti-democracy trends eroding access to HIV services globally; stigma and discrimination; criminalization; high HIV prevalence in prisons. These challenges are coupled with the shrinking space for civil society and communities in many countries and the disruption of sustainable financing. To develop the Strategy 2026-2031 in these unprecedented times, Mr Maleche noted that it's imperative to address stigma, discrimination, criminalization and think about how to fund human rights and key populations work. It's essential to not only invest in programs but also communities, including women, girls and key populations whose leadership is essential for an AIDS-free world.

41. Ms Offia addressed gender equalities in HIV response and presented recommendations from civil society on the Strategy 2026-2031. Ms Offia outlined urgent recommendations for the Strategy, encompassing supporting production and use of data to guarantee holistic approaches for biomedical and structural interventions; supporting dedicated funding for gender equality/changing social norms in tandem with biomedical interventions; developing economic arguments to decriminalize key populations and people living with HIV; ensuring that resources and support are allocated and measured in a disaggregated manner to meet the specific needs of women and girls; and addressing the sexual and reproductive health and rights (SRHR) needs and realities experienced by adolescent girls and young women through an integrated biomedical, behavioral and structural approach.

42. Nelson Otwana (NEPHAK), Ikka Noviyarti (Youth LEAD) and Chikumbi Isheanesu (My Age Zimbabwe Trust) spoke about ensuring community leadership in the HIV response. Mr Otwana noted that community-led interventions are important for the success of HIV programs but they lack real support. Thus, it's imperative to meaningfully discuss how to finance and sustain community-led responses that are integrated into national responses. Mr Otwana's urgent recommendation include: creating and improving social contracting mechanisms, developing investment cases on community leadership; reforming policies and regulatory frameworks that limit community-led organizations to participate in service delivery; reforming policies and laws that prohibit civil society and community-led organizations to register and operate; reviewing national coordination and accountability mechanisms to ensure

meaningful participation of communities; implementing and integrating community-led monitoring into routine national monitoring systems; and adequately resourcing civil society and community-led advocacy and human rights responses.

43. Ms Noviyarti stressed that the Global AIDS Strategy 2026-2031 needs to be about real people and their daily struggle. Community responses matter because when communities lead, it is sustainable. Communities have unique power to reach often excluded, marginalized groups and are architects of the response, building systems that endure even in the face of pandemics, crises and disasters. Key messages from Asia Pacific regional consultation include that communities and community-led systems must be at the center to ensure relevant, inclusive and sustainable services; health equity and universal health coverage require community leadership to build trust, share lived experiences and capitalize on innovation; and the need to scale up investment in community-led monitoring and other services. Ms Noviyarti then presented the demands from young key populations, stressing representation, participation and leadership; innovative implementation and program design, including digital spaces; capacity building and community strengthening; youth-centered investment through sustainable, direct and flexible financing; and high-quality services and inclusive delivery models touching upon mental health, SRHR and social support.

44. Ms Isheanesu further emphasized that young people are essential part of response to HIV rather than only beneficiaries, noting that age-based stigma and discrimination results in delivery models are limited in effectiveness. She noted that there is a need to engage young people as leaders of services and support community-driven solutions. Ms Isheanesu then presented the recommendations for the Global AIDS Strategy 2026-2031 – that it should: address structural barriers, including access to SRHR services generally; look at social determinants of health for adolescents and young people to address vulnerability to HIV, TB and other aliments; include youth participation and leadership in HIV governance – from global down to grassroots level; emphasize the need for young people's meaningful participation for HIV prevention and treatment and pandemic preparedness and response; and be deliberate in emphasizing the importance of prioritizing adolescent girls and young women with disabilities.

45. Charles Ssonko, (Médecins sans frontières – on behalf of the Interagency Task Team on HIV in Emergencies) spoke about resilience and adaptability of the HIV response. Globally, the numbers of people displaced worldwide are increasing and humanitarian needs are on the rise. Data shows hard won gains are at risk. The world faces major challenges, including services and supply chain disruptions; population movement and structural gaps; services fragmentation; stigma and discrimination; mental health and gender-based violence; strategic information and data gaps; under resourced community systems; and limited funding and resources. There are also opportunities, such as inclusive partnerships; improving data collection; services delivery adaptation and integration; innovative supply chain solutions; community-based models and localization; and digital innovations. Mr Ssonko noted that the recommendations for the Strategy 2026-2031 are: ensuring uninterrupted access to HIV services particularly through new technologies and tools; strengthening innovative supply chains solutions to ensure availability of ART and other HIV commodities; addressing the compounded vulnerabilities of people living with HIV and other key and vulnerable populations; integrating SRH/HIV and primary care and other broad aspects of health; promoting better data collection and coordination tools between humanitarian and health actors; strengthening emergency preparedness at all levels; building capacities and adopting inclusive approaches; strengthening collaborations on HIV in emergencies; advocating for inclusion of HIV

activities in humanitarian response in domestic financing and national strategic frameworks; and promoting the documentation and sharing of promising practices.

Key Messages

- Addressing Stigma and Strengthening Human Rights: Tackling stigma, discrimination, and criminalization remains critical, particularly amid global anti-rights and anti-democracy trends; the Strategy 2026-2031 must prioritize dedicated funding and holistic approaches, combining biomedical and structural interventions, and ensuring gender equality and human rights are central.
- Enhancing Community Leadership and Participation: Community-led interventions require meaningful support, including improved social contracting, reformed regulatory frameworks, sustained financing, and integration of community-led monitoring. Special attention must be given to empowering youth leadership and ensuring services reach marginalized populations effectively.
- Resilience in Emergencies and Humanitarian Contexts: Strengthening resilience and adaptability of HIV responses in humanitarian crises is essential, involving uninterrupted service delivery through innovative tools, enhanced supply chain solutions, integrated service models, better data collection, and inclusive partnerships to address compounded vulnerabilities of displaced and affected populations.

Developing a sustainable HIV response

46. Michelle Remme (The Global Fund) provided an overview of the results of the consultations on systems strengthening for sustainability. Currently, the world has an opportunity to underscore the need for systems strengthening and integration, which must look beyond health systems. The HIV response has taught the world that community systems are integral for effective, sustainable responses, with a target of over 80% key and vulnerable populations reached by community-based and/or led orgs. There is also an urgency to reassess the role of external support and recenter efforts on systems sustainability in a shifting landscape. In the Strategy 2026-2031, systems strengthening should be a core enabling principle that underlines the Strategy's goals – this would help ensure that systems-related investments are meaningfully integrated across priority areas. It should also be a dedicated priority area that will also need attention and resources.

47. Ms Remme noted that the challenges and opportunities for systems strengthening are numerous. Existing frameworks for systems strengthening are not yet fully aligned with the evolving global health architecture - there can be better investments made to optimize efficiencies and impact – the way forward should leverage synergies between HIV, health and other broader social systems. Health and community systems remain verticalized, impeding the potential for efficiency and scalability. There are also persistent data and health information gaps, limiting ability to target equity gaps and data-driven decision-making. The opportunities include building on community-led models as proven pathways to sustainability; optimizing the existing global health infrastructure; integrating HIV services with social protection systems; integrating HIV with human rights accountability and redress systems; and funding community systems as an integral part of national health systems.

48. Ms Remme stressed the overarching recommendations for the Strategy 2026-2031, including adopting a holistic lens: to strengthen systems comprehensively; prioritize practical, context-specific solutions; strengthening sustainability focus of current frameworks and approaches; anchoring discussions in data and country realities

using epidemiological and other data; being realistic about resource availability; and leveraging cross-sectoral partnerships, including the private sector and community-led/-based actors, as critical contributors to resilient, people-centered systems. Key urgent topline recommendations revolve around the need to: recognize and formalize community providers/health care workers, and their integration within national health systems; integrate HIV services into health and broader systems, including UHC and health insurance schemes, social protection systems, supply chain systems, digital health strategies, and social contracting mechanisms; create enabling environments regarding law and policy reform: countries that have enabling environment will have lower costs to maintain and sustain coverage.

49. Ms Eleanor Namusoke-Magongo (MOH, Uganda) spoke about integrating HIV systems and other interventions with primary health care (PHC), broader health and other services, systems and sectors for effective people-centered and sustainable HIV response(s). She stressed that given the financing crisis and deprioritization of HIV response, sustaining HIV services require bold actions to move away from donor-supported and fragmented HIV service delivery. There is also a need to: integrate HIV into national health systems, ensuring quality, rights-based and evidence-informed care; take into consideration local epidemiological context; and integrate with non-health sectors too, as responses must address and overcome social barriers and structural determinants of health.

50. Ms Namusoke-Magongo highlighted key opportunities and challenges. Opportunities include defining integration locally; leveraging community systems and services; identifying how to measure success of defined integration approaches; exploring and implementing innovative financing models; expanding beyond the health sector and involving other sectors in HIV response; and enabling partnerships with the private sector and faith-based providers. Highlighted challenges encompass fragmented and siloed donor-supported HIV service delivery systems; lack of government preparedness to integrate HIV into PHC; lack of coherent strategies, policies and financing for integration of HIV with PHC systems; weak PHC systems and infrastructure; high cost of HIV commodities and services; high risk of loss of community and civil society engagement and leadership; social and structural barriers; limited multisectoral collaboration and resources for HIV and non-health programs (e.g., critical enablers); and lack of clear metrics and accountability for integration.

51. Ms Namusoke-Magongo stressed several overarching recommendations from the consultation. They include the need to: ensure strong political leadership, high strategic and cross-programmatic commitment and clear modus operandi for integration of HIV into PHC and broader systems for health; align and focus on core PHC levers and functions when focusing on HIV integration into PHC; leverage rapid needs assessments and country-specific data to guide tailored HIV service integration; engage in urgent country consultations to contextualize HIV-PHC integration. The recommendations also include: a phased, gradual integration of HIV services into / with PHC and broader health systems; simplify HIV service delivery by reducing complexities and focusing on most essential HIV care and prevention services; formalize, institutionalize and integrate HIV-focused community systems and services; explore and implement innovative financing models; promote digital transformation and interoperability of health information systems, including across sectors; strengthen integration of HIV into / with priority (highly impactful) non-health interventions and sectors; institutionalize multisectoral approaches; pursue legal and policy reforms to address discriminatory laws and ensure human rights protection; strengthen capacity , and inclusion, of legislators, parliamentarians, local governments, etc., to increase awareness and understanding of HIV issues;

demonstrate and promote developmental benefits of HIV integration; and implement robust accountability systems to measure the effectiveness of services integration.

52. Mark Blecher (National Treasury, South Africa) presented on ensuring sustainable financing for a people-centered national and global HIV response. He stressed the discrepancy between financing the AIDS response and what's needed in low- and middle-income countries. The leveling off of HIV financing has resulted in a $10 billion gap and in 2025, as donor financing has dropped significantly. Lower and lower-middle income countries spend a lot less on health budgets than high income countries. Poorer countries tend to deprioritize health. As donor-funded financing declines, in low-income countries, there must be a focus on addressing low domestic spending on health. In these countries, domestic funding on health has flatlined, and health systems are financed significantly by out-of-pocket spending, which results in catastrophic costs and inequities for beneficiaries. Many countries' health financing issues are exacerbated by their debt crises. Recent US policy shifts, along with declines from European and other donors, have had a huge impact in numerous countries. There are 10-20 countries that have a significant reliance on US government funding that are now experiencing a health financing emergency.

53. Mr Blecher highlighted a review of proposed solutions to the financing challenges sourced from reviewing nine countries' UNAIDS sustainability roadmaps. These solutions include negotiating a more predictable international funding trajectory; increasing domestic financing; reforming domestic health financing, efficiencies and integration; increasing revenue; implementing health taxes; supporting debt swaps; integration with social protection systems; and improving data tracking. Blecher stressed that from the recent survey's section on sustainable financing, respondents' main priority was increasing domestic financing, while trying also to maintain and reform international aid, addressing inefficiencies, and other improve integrations. On reaching topline 2030 targets, Mr Blecher noted that costing plans and targets is incredibly important, as it is foundational on the ability to plan and assess impact.

54. Regarding the future of HIV funding, Mr Blecher noted that there must be greater focus on domestic financing, with the key question of how to shift more funding towards health. Other considerations include: integrating HIV within PHC systems; reforming donor funding landscape/improving incentive frameworks, coordination of government funding, sustainability planning; pooled procurement mechanisms; and blended and innovative financing instruments. There needs to be collaboration between the Ministries of Health and Finance, looking at positive political examples of health sector and financing reform.

Key Messages

- Systems Strengthening and Integration: To achieve sustainable HIV responses, it is essential to integrate HIV services comprehensively with broader health and social systems, recognizing and formalizing community providers within national frameworks, leveraging cross-sectoral partnerships, and promoting innovative financing and digital health strategies.
- Holistic and Context-Specific Approaches: Sustainability requires practical, country-specific solutions anchored in robust data and clear metrics for measuring progress. Approaches must focus on reducing complexity, strengthening primary health care systems, addressing social and structural barriers, and formalizing community leadership and engagement.
- Addressing Financing Gaps: With significant reductions in donor funding and persistent low domestic investment in health, increasing domestic financing and efficiency is urgent. Key strategies include health financing reforms, implementing innovative mechanisms like health taxes and debt swaps, integration with social

protection systems, and fostering coordination between Ministries of Health and Finance to ensure sustainable, predictable financing.

Leadership, partnership and advocacy - regional approaches

Two speakers were invited to share their perspectives from regional standpoint to inform the Global AIDS Strategy.

55. Sheila Shawa (African Union, AU) discussed the AU's efforts to combat HIV and strengthen health systems through its Roadmap to 2030. The Roadmap builds on the Abuja Declaration's 15% health financing target and aims to translate political commitment into sustainable action. It promotes a coordinated, integrated approach to healthcare to improve efficiency and reduce fragmentation. Innovative financing strategies like different forms of taxes, debt relief, and public-private partnerships are being explored to supplement traditional funding. The Roadmap is guided by seven strategic pillars and includes a monitoring and evaluation framework, with support from various AU institutions and partners.

56. Alessandra Nilo (Gestos, IPPF) praised civil society's leadership in the AIDS response and its partnerships with governments and the UN, particularly in the governance structure of ILO and UNAIDS. She emphasized that advocacy rooted in evidence, equity, and human rights is increasingly under attack, requiring new strategies. Ms Nilo warned that shrinking civic space is linked to the rise of far-right governments and that most new HIV infections now occur in middle-income countries and outside sub-Saharan Africa, disproportionately affecting key populations who are often excluded for political reasons. She called for innovative financing and increased domestic investment, urging continued advocacy to shift political will and protect lives, even in a challenging global context.

57. UNAIDS has been engaging in an extensive consultations process (see Figure 1 above). While the consultations were still ongoing as of the multistakeholder meeting, there were emerging and urgent recommendations identified in all regions. As such, the UNAIDS Regional Directors, Luisa Cabal – Latin America and the Caribbean (LAC), Berthilde Gahongayire – West, Central and North Africa (WCNA), Anne Githuku-Shongwe – Eastern and Southern Africa (ESA), Eamonn Murphy – Asia Pacific and Eastern Europe and Central Asia (EECA), presented on the regional contexts and results of consultations within their regions.

58. All Regional Directors provided an overview of their regional context. While the regional contexts differ, they share many similar challenges and opportunities. From the various consultations, the Regional Directors identified urgent recommendations for the Strategy 2026-2031 in the following thematic areas, which correspond to the six priority areas of the 2030 targets:

Ensure available accessible, acceptable and quality HIV treatment and care for people living with HIV

59. All regions highlight as an urgent priority ensuring available, accessible, acceptable and quality HIV treatment and care. EECA and WCNA highlight the need for universal and equitable treatment access for all, especially for key populations, migrants and displaced individuals (in EECA) and adolescents, girls and women (in WCNA). In EECA, treatment continuity across borders through legal exemptions and regional cooperation is vital. EECA also calls for the registration of essential ARTs and OAT formulations. WCNA highlights the need to access long-acting ARTs. Both

regions prioritize DSD models, including through community-based and mobile services. Investment in health literacy and informed demand creation—particularly for women, adolescent girls, and youth—is a notable strategy in WCNA to enhance access and adherence.

Scale-Up of Comprehensive HIV Prevention

60. Regions consistently emphasize the need for integrated prevention strategies combining biomedical, structural, and behavioral approaches that are part of broader health and services. For example, in Eastern and Southern Africa, prevention recommendations focus on integrating biomedical tools like long-acting PrEP with other interventions including community and women's empowerment, advancing education and social protection for adolescent girls and young women (AGYW), addressing gender-based violence and economic justice and focusing on HIV prevention literacy. A continued shift from siloed HIV services to integrated approaches is required in LAC, building on ongoing integration efforts. EECA has stressed rapid adoption of innovative tools, removal of legal and administrative barriers to OAT, and the institutionalization of harm reduction within national health systems. Asia Pacific urges for the renewed focus on prevention for key populations, as well as the scale up of proven approaches such as PrEP and U=U, with significant investment in capacity-building and education. In WCNA, prevention recommendations focus on supporting localized, data-driven planning and service provision with the meaningful involvement and leadership of vulnerable and key populations, as well as the rapid adoption and implementation of innovative tools and empowerment of communities and young people.

Ensuring Community Leadership and Engagement

61. Across all regions, community-led responses are seen as essential for an effective and sustainable HIV response and, in many instances, communities already play a key role. In all regions, financing community-led responses through domestic funding utilising effective social contracting mechanisms is key for sustainable responses to HIV. In ESA, scaling up community-led service delivery models, integrating community-led monitoring in routine monitoring systems and financing community networks are also critical. EECA promotes institutionalized community-led monitoring, governance inclusion, and formal service roles for CSOs and key population-led organizations. These efforts require sustained funding, effective social contracting and integration into multisectoral care pathways. Asia Pacific similarly calls for scale up of social contracting and broader public funding for community-led initiatives. In LAC and WCNA, communities must be better integrated across all levels—policy-making, service delivery, and financing. WCNA recommends supporting community health infrastructure, digitizing follow-up systems, and strengthening community structures to deliver context-adapted HIV services.

Integrated, People-Centered Health Systems

62. Integration of HIV services within broader health and social systems is a cross-cutting priority for regions. LAC recommends building on its current experience integrating services, promoting integration with sexual and reproductive health, TB, and social protection systems. Task-shifting and DSD are viewed as avenues for reaching underserved populations. EECA also advocates for scaling up differentiated models, as well as digital health platforms, especially for mobile populations, and aligning penitentiary and civilian healthcare systems. WNCA calls for linking formal and informal health sectors, and supporting the establishment of local service networks linking public, community and private services.

Human Rights, Gender Equality, and Ending Stigma

63. Regions stress the centrality of addressing stigma, discrimination, legal barriers, gender inequalities, and violence against women and girls. ESA highlights the need to tackle gender-related, legal and policy barriers to service access, and the importance of sustaining this work even under difficult circumstances. EECA and LAC also recommends legal reforms to decriminalize key populations. In addition, it prioritizes embedding legal support and human rights mechanisms in health services, and institutionalizing anti-stigma training and legal support within health and justice systems. WCNA prioritizes training for inclusive and non-discriminatory service provision, promoting gender equality and empowerment of women and girls, comprehensive sexuality education, and public campaigns to reduce HIV-related stigma. Addressing legal and policy barriers for key and vulnerable populations, including criminalization, was identified a necessary step in facilitating access to services. LAC echoes these themes, highlighting a rights-based and gender-responsive approach to dismantle stigma, discrimination, and legal barriers, especially for key populations, women, youth, and migrants, among others, emphasizing the strategic role of UNAIDS on this area.

Sustainable and Diversified Financing

64. All regions acknowledge that financial sustainability is core to the future of the HIV response and the Strategy 2026-2031. They also call for an increase in, and transition to, domestic financing of the HIV response. ESA also recommends ensuring donor funding to support community-led organizations and strengthening regional accountability and collaboration, leveraging actors such as SADC, EAC and the AU for harmonization and coordination. EECA also recommends regional coordination by finalizing and operationalizing intergovernmental agreements to protect access to HIV-related care for migrants. WCNA highlights the need to institutionalize HIV sustainability roadmaps within national frameworks, implement social contracting mechanisms to support community responses, strengthen regional pharmaceutical production and mobilize private sector financing. Asia Pacific supports strategic transitions that retain essential donor support while scaling up domestic investment in key population programs, as well as equitable pricing for HIV commodities and innovations. LAC calls for innovative partnerships, ensuring funding for community leadership and engagement, and embedding HIV funding into wider development agendas, engaging non-traditional donors.

Key Messages

- Shared Regional Priorities Across the HIV Response: Despite regional differences, there is strong alignment on key themes: ensuring universal, equitable access to HIV treatment and comprehensive prevention services; advancing community-led HIV responses and integrating them into national strategies; and embedding HIV services within broader systems such as health and social protection.
- Emphasis on Rights-Based and Inclusive Approaches: Regions underscored the importance of dismantling legal and policy barriers, promoting gender equality, and reducing stigma and discrimination through legal reform, inclusive service provision, and rights-based programming—particularly for key and vulnerable populations.
- Call for Sustainable and Diversified Financing: All regions stressed the urgency of increasing domestic investment, maintaining strategic donor support for community-led efforts, and pursuing innovative financing mechanisms (e.g., social contracting, private sector engagement, and regional coordination) to secure the future of the HIV response.

Feedback Received for the Multistakeholder Consultation

65. Based on the presentations of various consultations to date, stakeholders provided written and oral feedback into the Strategy development process. The synthesis below has summarized and clustered the feedback by the four priority areas: (1) Scaling up HIV prevention, including through new technologies and securing HIV treatment for all who need it; (2) Ensuring community leadership and addressing societal barriers to progress; (3) Developing a sustainable HIV response and (4) Leadership, partnership and advocacy – regional approaches.

Member States

1. Scaling up HIV prevention, including through new technologies, and securing HIV treatment for all who need it

66. All stakeholders agreed that primary prevention remains foundational to effective HIV responses and must be protected. There was also a strong consensus on the importance of equitable access to antiretroviral medications, including innovative long-acting ARTs and comprehensive HIV testing. Combined prevention strategies, particularly the widespread and accessible use of PrEP, were highlighted by most stakeholders. Integration of HIV services with PHC was broadly recommended to increase efficiencies in an environment of limited resources. Stakeholders noted that the Strategy 2026-2031 could cover comprehensively how to best develop and implement people-centred and integrated approaches to better guide countries on service delivery. There was also a suggestion for the Strategy to include actions to increase local production and technological transfer as part of increasing the availability and affordability of HIV diagnostics, treatments and tools, including PrEP.

67. While there were strong areas of consensus, there were some differences highlighted by stakeholders on HIV services. Though stakeholders largely support comprehensive sexual and reproductive health, including age-appropriate comprehensive education, others highlighted the importance of promoting healthy lifestyles. Alternative prevention methods were also suggested, such as complete abstinence from drug use, in lieu of harm reduction interventions such as opioid substitution therapies and needle exchange programs.

2. Ensuring community leadership and addressing societal barriers to progress

68. The majority of stakeholders underlined the crucial role of community leadership and civil society more broadly in making HIV interventions effective and responsive. Community engagement and partnership are core to many countries' HIV responses. Community-led monitoring is also widely recognized as essential for accountability and service improvement. Addressing human rights, including stigma, discrimination, gender inequalities, and punitive laws, was consistently highlighted by many stakeholders as essential to effective HIV responses, particularly for key populations, women, adolescents, and youth. Combatting misinformation and anti-rights movements through legal and policy reforms was also broadly supported.

69. However, differing opinions exist on: (1) the delegation of clinical services to community members without specialized medical training and (2) the 10/10/10 targets. Some stakeholders suggested that health professionals should directly provide such services, with community involvement strictly in supportive capacities.

Regarding the 10/10/10 targets, a suggestion was made for UNAIDS to narrowly focus on its mandate as defined by ECOSOC.

3. Developing a sustainable HIV response

70. Stakeholders broadly emphasized the necessity of ensuring programmatic and financial sustainability of the HIV response. This includes advocating for the integration HIV services with PHC for comprehensive service delivery – this integration should first include an assessment to understand the local context; integration can then be tailored accordingly. All stakeholders acknowledged the critical need for increased domestic resource mobilization, particularly amid declining international donor support. Importantly, it was highlighted that donor countries have an opportunity for innovation and leadership in developing sustainability and transition paths for recipient countries. It was noted that the Strategy 2026-2031 should reflect the fact that a sustainable response must be grounded in human rights, equity, democracy, community engagement and academic collaboration to guide policy, strengthen accountability and to build trust.

71. A shared priority included enhancing local production of essential commodities such as medicines and diagnostics, along with establishing regional support systems or funds to foster shared responsibilities among neighboring countries. Stakeholders also emphasized sustainability as central to long-term resilience against global economic and geopolitical challenges.

4. Leadership, partnership and advocacy – regional approaches

72. Stakeholders stressed the importance of UNAIDS' continued leadership and coordination roles. There was broad agreement on optimizing resource allocation among UNAIDS Joint Programme to improve efficiency. Advocacy efforts at regional and global levels were widely recognized as essential to maintain political commitment and address funding gaps.

73. Stakeholders also emphasized the value of regional solidarity and technical cooperation, sharing examples of cross-border health initiatives and collaboration with regional bodies. Many also discussed the importance of protecting domestic HIV budgets, engaging civil society and communities, and advancing inclusive governance as essential for sustainability. Calls were made to strengthen regional advocacy and ensure international support reinforces national leadership in the AIDS response. On integration, stakeholders noted that this requires engaging a wider range of stakeholders beyond HIV programme managers, including, for instance, Ministries of Finance and Interior.

74. It was noted that regional approaches to leadership, partnership and advocacy should be context specific. For example, access to health-related products was highlighted as a critical issue, with calls to ensure it is meaningfully addressed in the Strategy 2026-2031, especially for countries facing restrictions or barriers to affordable health technologies. Some stakeholders also proposed that the Global AIDS Strategy 2026-2031 should accommodate country-specific legal limitations, highlighting state sovereignty. In this context, they advocated for HIV services that align with their national legal frameworks.

General Feedback

75. Stakeholders emphasized the urgency of maintaining global visibility of HIV issues through increased advocacy and awareness campaigns throughout the year, similar

to World AIDS Day initiatives, to counteract public complacency and misunderstanding about the disease.

Non-governmental Organizations

1. Scaling up HIV prevention, including through new technologies, and securing HIV treatment for all who need it

76. There was broad consensus among stakeholders on significantly prioritizing HIV prevention, particularly through the expansion of accessible, affordable, and varied prevention technologies including biomedical interventions, HIV vaccines, condom use, and comprehensive sexuality education. Continued access to, and scale-up of, treatment, including access to long-acting ART and PrEP, were also highlighted as essential.

77. The integration of HIV services with broader health systems, including PHC and UHC, was strongly supported by stakeholders. They urged that integration should protect the community-led services crucial for marginalized and key populations, as well as quality of care for these communities. Integrated care should be person-centred and aimed at improving health outcomes and quality of life throughout the life course. Stakeholders highlighted the importance of investing in health workforce (e.g., trainings, retention and well-being) as a foundation for quality and sustainable service delivery.

78. Some stakeholders advocated for explicit and prominent inclusion of U=U in the new Strategy, highlighting its transformative potential in reducing stigma and improving treatment adherence. Harm reduction services, particularly for people who use drugs, were also consistently emphasized, advocating for scaled-up needle exchange programs, OAT, and supervised consumption services, alongside supportive mental healthcare in all regions. Stakeholders also underscored the urgency of explicitly integrating trans-specific healthcare, including gender-affirming hormonal treatment, into the Strategy 2026-2031. Additionally, stakeholders emphasized the importance of mental health services integrated into HIV care, highlighting that mental health conditions, when unaddressed, undermine prevention efforts and treatment adherence.

79. Some stakeholders noted significant gaps in visibility and prioritization of certain populations, notably prisoners and people in closed settings, calling for explicit inclusion of prison health in global and national agendas. The inclusion and prioritization of orphans and vulnerable children in HIV programming was also emphasized, particularly through social protection mechanisms.

2. Ensuring community leadership and addressing societal barriers to progress

80. Stakeholders strongly agreed on the critical importance of strengthening and operationalizing community leadership, particularly emphasizing the 30/60/80 commitments of the current Strategy. They called for clear mechanisms for financing, implementation, and monitoring these commitments, especially amid shrinking civic spaces. Inclusive governance in the HIV response – encompassing meaningful engagement of communities and civil society, including youth and key populations – was also highlighted as critical.

81. Community-led monitoring was emphasized as essential for ensuring accountability, service quality, and responsiveness to marginalized groups, particularly Black,

Indigenous, and People of Color (BIPOC), youth-led groups, and key populations. There was consensus on the urgent need to address stigma, discrimination, gender inequality, and anti-rights mobilization, urging the Strategy 2026-2031 to use human rights as a cornerstone, equally prioritizing rights-focused interventions alongside biomedical ones.

82. Stakeholders collectively stressed the urgent need to make progress on the 10/10/10 targets towards the full decriminalization of HIV transmission, drug use, sex work, and diverse gender identities. They highlighted the profound negative impact of punitive legal environments on HIV transmission and access to services, urging the Strategy 2026-2031 to include, and countries to monitor and report on, specific targets and accountability mechanisms to monitor punitive laws, violence, stigma, and discrimination. This could also include assessing the existence of legal aid and policy environments that allow for access and advocacy which would eventually change the laws.

3. Developing a sustainable HIV response

83. All stakeholders agreed on the critical need to strengthen domestic resource mobilization, advocating for sustainable financing mechanisms tailored to country contexts. Sustainable financing must also include diversified, non-governmental funding that will amplify community and civil society voices. Stakeholders also advocated for strategies that reduce donor dependency, enhance local production of HIV-related commodities, and ensure adequate budgeting for community-led health systems, social contracting, and core funding for community-led networks and organizations. Funding for communities and broader civil society, as well as for human rights work, must be kept as critical elements of a sustainable HIV response. This includes addressing historical inequities in funding, ensuring that women-led and key population-led organizations also have access to flexible, long-term financing.

84. Some stakeholders highlighted specific approaches to maintain and enhance essential HIV services amidst financial constraints – for example, by developing diversified funding streams (including private sector and philanthropy), emergency stockpiling mechanisms, pooled procurement, and integrating health financing through UHC and national health insurance schemes. Stakeholders also emphasized the need to integrate HIV into, and coordinate with, broader social and humanitarian response frameworks, recognizing intersections with climate change, humanitarian emergencies, and conflict.

4. Leadership, partnership, and advocacy – regional approaches

85. There was widespread support for a transformative, equity-driven approach to address regional disparities in HIV responses, emphasizing political accountability, programmatic focus, and sustainable financing. Debt burdens for low and middle-income countries should be addressed to accelerate progress for these regions.

86. Stakeholders consistently advocated for strengthening multisectoral partnerships, including intraregional collaboration, ensuring that political leadership at all levels (from global to local) remains committed to financing and advocating for the HIV response. This not only includes leadership from countries but also leadership and coordination through UNAIDS and other multilateral institutions. Communities should be a core part of this leadership, partnership and advocacy, including meaningful participation of key populations, youth and women and girls. Stakeholders noted that

political leadership on HIV must remain bold and visible, building strategic alliances between governments, civil society, private sector, and multilateral institutions to address social determinants of HIV. Some stakeholders noted that fostering city-level leadership, accountability, and innovation, recognizing the pivotal role of urban centers in shaping localized, equity-driven HIV strategies, as a key approach.

General feedback

87. The complexities introduced by geopolitical shifts and financial uncertainties were highlighted as significant risks, requiring adaptive, resilient contingency planning to maintain HIV service delivery, safeguard human rights, and sustain community-led responses. Stakeholders emphasized the need for evidence-based responses, strengthened data systems and strategic messaging to maintain public and political will.

88. Stakeholders uniformly acknowledged the challenges posed by anti-rights and anti-gender mobilization, urging robust, strategic responses integrated into the core of the Global AIDS Strategy 2026-2031 to effectively confront these threats and uphold human rights and community commitments across all areas of the HIV response. Furthermore, stakeholders highlighted the importance of investing in feminist and intersectional research, ensuring women and girls in all their diversity are meaningfully involved and adequately resourced in research and knowledge production. They also underscored the need to engage effectively with a variety of stakeholders, including media, influencers, faith-based and traditional leaders to combat misinformation and counteract anti-rights movements.

Conclusion

89. Christine Stegling, UNAIDS Deputy Executive Director for Policy, Advocacy and Knowledge,reflected on the extensive input received from recent consultations, acknowledging that while it there is significant amount of feedback, these diverse perspectives are critical and reflect the real challenges and priorities raised by stakeholders.

90. Key themes emerging from the consultations include the importance of communities and the need for intentional, inclusive integration into health and multisectoral systems. However, the persistent major obstacle is stigma and discrimination — both within health systems and communities — that continues to worsen in resource-constrained settings, especially when community systems are shut down. For the Strategy 2026-2031, Ms Stegling urged the exploration of new solutions, as well as service delivery and community models that can function effectively in a resource constrained environment. On financing, she suggested shifting the conversation from merely increasing domestic resources to asking where are the biggest opportunities for impact. The consultations brought up some ideas that could be included in the Strategy. Ms Stegling further underscored the fact that there are strategic political choices that are being made in the HIV response, and that, many times, the problem is not technical. She reminded participants that many of the previous challenges, like severely limited ART access in the 1990s, are political, not just technical. Ms Stegling welcomed the regional specificity brought into the discussion and noted that Strategy 2026-2031 must address regional differences. The current context is difficult but there’s hope to think of new and creative ways of addressing the challenges. It is a collective responsibility to reach the targets so that people stop dying of AIDS and that there is a reduction in new HIV infections. Right now, 10 million people aren’t on treatment who need it. She stressed that it’s imperative to write a Strategy that helps the world reach the targets and avoid another AIDS emergency.

91. Angeli Achrekar, UNAIDS Deputy Executive Director for Programmes, echoed gratitude for the collective efforts from target setting to regional and global consultations, emphasizing that the Strategy 2026-2031 must center on people living with, and affected by, HIV. She urged for the strategy to be evidence-based and results-driven, leading to real change at national and community levels. The Strategy 2026-2031 must balance ambition with current realities. Ms Achrekar also acknowledged the thousands of people who have provided inputs into the Strategy development process thus far – the hard work is to prioritize this information into a Strategy that helps countries end AIDS as a public health threat by 2030. At the core of the consultations is a focus on integrated, people-centered care that maintains the integrity of HIV response. There's also a need to ensure that accelerating prevention technologies goes hand-in-hand with closing treatment gaps. She also emphasized the need for institutionalized, community-led HIV responses, as well as programmatic and financial sustainability. Underlying all of this is the need to protect the rights of people living with, and affected by, HIV, including addressing stigma and discrimination. This requires a robust multisectoral effort at all levels.

92. Ms Achrekar outlined next steps, including receiving written inputs by May 6 2025 and an annotated outline by mid-June for the PCB. She concluded by emphasizing the importance of solidarity in moving forward, both in developing the Global AIDS Strategy 2026-2031 and in achieving its goals.

[Annexes follow]

Annex 1: Agenda

DAY 1 – 13.00 – 17.00 CET		
Session	**Item**	**Speakers**
Session 1	**Introduction and framing of Global AIDS Strategy**	
13.00 – 13.15	Why is the Strategy important?	Amb. Cecilia Ishitani, Brazil, PCB Chair
13.15-13.30	A new compact for a sustainable HIV response to end AIDS	Winnie Byanyima
13.30-13.45	The urgency of now – perspective of communities	Annah Sithembinkosi Sango, (GNP+), Aditia Taslim (INPUD)
13.45-14.00	Recommended targets to end AIDS by 2030	Angeli Achrekar, Chewe Luo, Michel Kazatchkine,
14.00-14.15	Strategy process to date Reflections from CCO Chair	Christine Stegling, Angeli Achrekar, Kofi Amekudzi
14.15 – 14.30	BREAK	
Session 2	**Leadership, partnership and advocacy - regional approaches** Facilitators: Anurita Bains (UNICEF) and Ehab Salah (UNODC)	
14.30-14.35	Introduction to the session	Anurita Bains (UNICEF)
14.35-14.45	Leadership, partnership and advocacy	Sheila Shawa, African Union
14.45-14.55	Regional approach – Eastern and Southern Africa	Anne Githuku-Shongwe, UNAIDS
14.55-15.10	Regional approach – Asia and the Pacific Regional approach – Eastern Europe and Central Asia	Eamonn Murphy, UNAIDS
15.10 – 15.30	Discussion	All
15.30-15.35	Facilitator closing	Ehab Salah (UNODC)
Session 3	**Services - scaling up HIV prevention, including through new technologies and securing HIV treatment for all who need it;** Facilitators: Meg Doherty (WHO) + Ayman Abdelmohsen (UNFPA)	
15.35-15.40	Introduction to the session	Meg Doherty (WHO)
15.40-15.50	Ensuring available, accessible, acceptable and quality HIV treatment and care for people living with HIV	Wafaa El Sadr, ICAP
15.50-16.00	Scale-up HIV prevention options that brings together biomedical, structural, community and behavioural interventions	Yogan Pillay, Gates Foundation
16.00-16.10	Ensuring that all people, regardless of geography or economic status, can benefit from the latest	Solange Baptiste, ITPC

	scientific, medical, and technological innovations in HIV prevention, treatment, and care.	
16.10-16.45	Discussion	All
16.45-16.50	Facilitator closing	Ayman Abdelmohsen (UNFPA)
16.50-17.00	Closing the day and recap of next day	PCB Chair
DAY 2 – 13.00 – 17.00 CET		
13.00 -13.10	Recap of day 1 and overview of agenda for day 2	PCB Chair
Session 4 Continued	**Leadership, partnership and advocacy - regional approaches** Facilitators: Joanna Herat (UNESCO) and Allen Maina (UNHCR)	
13.10-13.15	Introduction to the session	Allen Maina (UNHCR)
13.15 -13.20	Leadership, partnership and advocacy	Alessandra Nilo, GESTOS
13.20-13.30	Regional Approach – Latin America and Caribbean	Luisa Cabal, UNAIDS
13.30 -13.40	Regional Approach – Western and Central Africa	Berthilde Gahongayire, UNAIDS
13.40– 14.00	Discussion	All
14.00– 14.05	Facilitator closing	Joanna Herat (UNESCO)
Session 5	**Ensure community leadership and address societal barriers to progress** Facilitators: Boyan Konstantinov (UNDP) and Nazneen Damji (UN Women)	
14.05 – 14.10	Introduction to the session	Nazneen Damji (UN Women)
14.15 -14.25	End stigma and discrimination and uphold human rights and gender equality in the HIV response	Allan Maleche, KELIN ; Mme Madiarra Coulibaly, OFFIA
14.25-14.35	Ensure community leadership in the HIV response	Nelson Otwama, NEPHAK Ikka Noviyanti, Youth LEAD Chikumbi Isheanesu, My Age Zimbabwe Trust
14.35-14.45	Resilience and adaptability of the HIV response -in different settings – including humanitarian, conflict	Charles Ssonko, MSF
14.45 -15.10	Discussion	All
15.10-15.15	Facilitator closing	Boyan Konstantinov (UNDP)
15.15 - 15.30	**Break**	
Session 6	**Developing a sustainable HIV response** Facilitators: Katherine Ward (WORLD BANK) and Francesca Erdelmann (WFP)	

15.30 – 15.35	Introduction to the session	Katherine Ward (World Bank)
15.40 – 15.45	Systems strengthening for sustainability (health, legal, data, procurement, social protection, digital)	Michelle Remme, The Global Fund
15.45-16.00	Integrate HIV systems and other interventions with primary health care, broader health and other services, systems and sectors for effective people-centered and sustainable HIV response(s)	Dr Eleanor Namusoke-Magongo, MOH, Uganda
16.00-16.10	Ensure sustainable financing for a people-centered national and global HIV response	Mark Blecher, National Treasury, South Africa
16.10- 16.35	Discussion	All
16.35-16.40	Facilitator closing	Francesca Erdelmann (WFP)
Session 7	**Closing**	
16.40 – 16.50	Overview of next steps and closing remarks	Angeli Achrekar, Christine Stegling
16.50 – 17.00	Closing	Amb. Cecilia Ishitani, Brazil, PCB Chair

Annex 2 – LoP

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