

IPPF



IPPF Key Messages

2026 High-Level Meeting on HIV and AIDS

IPPF Key Messages for the 2026 High-Level Meeting on HIV and AIDS

The International Planned Parenthood Federation (IPPF) welcomes the opportunity of the 2026 High-Level Meeting (HLM) on HIV and AIDS to review progress and renew the engagement and commitment of Member States, communities and partners to accelerate a comprehensive, universal and integrated response to HIV and AIDS. This HLM must sustain and strengthen the HIV response and ensure that global and national commitments can urgently address current and future health challenges.

Progress has been uneven since the 2021 United Nations Political Declaration on Ending AIDS and the targets in the declaration have not been achieved. The overall trajectory of the HIV response has slowed in recent years, with persistent gaps in prevention, treatment, and access to services. Longstanding structural barriers—including stigma, hate speech, discrimination, criminalization, and deep inequalities, including within and between countries—continue to undermine efforts to reach those most affected. In parallel, decrease of investments and growing uncertainty around international funding has weakened the global response and data indicates important reversing hard-won gains, potentially leading to a resurgence of infections and HIV-related deaths in the years ahead. Simultaneously, coordinated global anti-gender backlash is actively reversing decades of progress for vulnerable communities.

In the UN spaces where discussions on HIV/AIDS are taking place, marginalized communities continue to be largely left out and prevented from substantively shaping any decisions impacting them, in particular gay men and other men who have sex with men, sex workers, transgender people, people who use drugs, and prisoners and other incarcerated people as well as people living with HIV, and women and youth.

The UN80 reform proposal to urgently sunset UNAIDS represents a risk of even stronger sidelining of the HIV/AIDS agenda.

In this context, this High-Level Meeting represents a critical political moment, taking place at a particularly volatile juncture for the global response. It will bring together all Member States to negotiate a new Political Declaration that will shape the global HIV response for the years ahead, including by building on the new Global AIDS strategy (2026-2031). The outcomes of these discussions will have direct implications for national priorities, financing, and access to essential services for affected communities.

As the world's largest provider of sexual and reproductive health services and a leading advocate, IPPF strongly calls on governments and partners not to fall below previously agreed language (please see annex 1) and to ensure that the following recommendations are included:

1. Sexual and reproductive health and rights

As evidence shows, it will be impossible to end the epidemics of AIDS by 2030, as envisaged under the SDG 3.3 aims, without fully realizing the SRHR of women, adolescents and girls, LGBTQI+ and key populations, including sex workers and those living with HIV. As evidence shows, it will be impossible to end the epidemics of AIDS by 2030, as envisaged under the SDG 3.3 aims, without fully realizing the SRHR of women, adolescents and girls, LGBTQI+ and key populations, including sex workers and those living with HIV.

It remains deeply concerning that these rights continue to be violated and face major barriers, due in part to the insufficient integration of human rights-based approaches into health policies and programming and policies, persistent gender health inequalities.

Staying HIV-free depends on the ability to exercise autonomy over one's body and sexual life and protect one's sexual health, neither of which is possible where discrimination and gender inequality persist. In many regions, access to SRHR information and services remains limited, particularly for women in rural areas, adolescent girls, and marginalized communities. Punitive laws, stigma and discrimination further restrict access to essential SRHR services for women from key populations, while some countries are actively rolling back the rights of women and girls.

According to recent data from UNAIDS, only slightly more than half of women and girls aged 15–49 are able to make their own decisions regarding sexual relations, contraceptive use and healthcare. Adolescent girls and young women face particularly severe barriers, including restrictive age-of-consent laws in some countries.

The Universal Health Coverage (UHC) and universal access to sexual and reproductive health, as agreed by consensus in the Agenda 2030, as well as in the 2023 Political Declaration on UHC, cannot be successfully achieved if women, men and adolescent girls and boys are denied their SRHR.

Efforts to end AIDS by 2030 will therefore remain insufficient unless they are grounded in a comprehensive framework centred on gender equality, SRHR and human rights, placing people in all their diversity at the centre of the HIV response.

We call on Member States to:

- Reaffirm commitments to the Declaration of Commitment on HIV/AIDS and all political declarations on HIV/AIDS adopted at the HLM of the GA, including in 2006, 2011, 2016 and 2021.
- Reaffirm the Beijing Declaration and Platform of Action and the Programme of Action of the International Conference on Population and Development, and its further implementation, and the outcomes of their review conferences, which is a key framework for gender equality.
- Reaffirm that the human rights of all people include the right to health, including SRHR, the ability to decide freely and responsibly on matters relating to their sexuality and reproductive health, throughout the life cycle, without coercion, discrimination and violence.
- Integrate the HIV response, including testing, diagnosis, care treatment, and prevention with services for SRHR, STIs, TB, viral hepatitis and harm reduction, as well as social protection strategies, as part of UHC and strong Primary Health Care systems.
- Integrate services that prevent HIV transmission, child, early and forced marriage (CEFM), and unintended pregnancy among adolescent girls and women, including economic empowerment, respect, protection and fulfilment of their right to education, SRHR, interventions that address unequal gender norms, and increased efforts to end vertical transmission and provide pediatric service for children living with HIV by addressing gaps in the continuum of HIV services among pregnant and breastfeeding women.
- Ensure all individuals have access to HIV services, including HIV testing, treatment, and prevention, and that individuals have access to a range of choices for HIV testing, HIV treatment drug regimens, and Pre-exposure Prophylaxis (PrEP) methods.
- Ensure access to antenatal care services that address the special concerns and needs of mothers and young mothers living with HIV, stronger engagement of male partners as part of antenatal care.

2.

Comprehensive sexuality education

CSE remains a critical factor in the ability of all people, in particular for adolescent girls and boys, to protect themselves from HIV by improving knowledge of HIV and related services. It also plays a key role in HIV prevention, testing and treatment, and ending stigma and discrimination, in addition to its role in addressing the social and structural factors that perpetuate inequalities and increase HIV-related risk.

CSE goes beyond biological information to include values of creation around human rights and gender equality, non-violence and non-discrimination as well as skills to build healthy relationships. This informs youth about their rights and gives them the tools to protect themselves through safer sex practices, such as negotiating condom use, and to identify when their rights are being violated, such as cases of sexual abuse or denial of services.

We call on Member States to:

- Ensure access to quality, age-appropriate, gender-transformative comprehensive sexuality education for all young people, both in and out of school, that addresses the realities faced by adolescents and young people, in all their diversity, and empowers youth to exercise their rights.
- The educational system of almost every country includes some form of education for young and diverse people on sexual and reproductive health and their rights. CSE is the term recognized by the international community when referring to these programs or curriculums, and therefore should be used in this context.
- Protect, respect and fulfil youth's right to privacy and confidentiality and ensure that services pertaining to adolescents and youth, including health services, are youth friendly and take into account their diversity.
- Ensure the meaningful and strategic participation and coordination with adolescents and youth living with HIV in the different decision-making processes relevant to them.



3.

Sexual and gender-based violence (SGBV)

SGBV compounds and exacerbates violations to women's, adolescents and girls' as well as key population's rights and health, with particular impact on their access to SRHR including HIV care and services. Gender inequalities, SGBV and gaps in basic HIV prevention programmes put adolescent girls and young women at much higher risk of acquiring HIV than their male peers in many regions.

The interplay between intimate partner violence (IPV) and HIV is an ongoing concern in high-prevalence settings. Women who experienced physical intimate partner violence have on average a lower percentage likelihood of viral suppression compared with those not exposed to such violence, according to the [UNSG report from 2025](#).

The integration of SGBV services in the HIV response is key to ensure that multiple and intersecting forms of discrimination and violence faced by women, adolescents, girls, LGBTIQI+, and key populations can adequately be addressed in the long term.

We call on Member States to:

- Eliminate the root causes of gender inequalities and end all forms of SGBV and discrimination, with a particular focus on those living with HIV and key populations.
- Provide integrated services and tailored service packages to the need of individual community members to prevent and address SGBV, including interventions that address multiple and intersecting forms of discrimination and violence faced by women, adolescents and girls living with HIV, indigenous women, women with disabilities, transgender women, sex workers, migrant women and other marginalized populations.
- Address gaps and strengthen behavioural change programmes on positive masculinities, women's rights, and safe and responsible sex to reduce gender and HIV-related stigma and discrimination, and harmful gender norms, including on violence; and address and end SGBV.
- Scale up social protection interventions for girls, adolescents, young women, LGBTIQI+, and key populations, and engage men and boys in intensified efforts to confront unequal socio-cultural gender norms and undo harmful masculinities.

4.

Women, adolescent, youth and girls' participation and empowerment

Economic empowerment, access to CSE, elimination of harmful social norms, and completion of secondary education are key factors that create enabling environments where girls and young women can make informed decisions, access HIV prevention and care services, and exercise control over their SRH, ultimately reducing their vulnerability to HIV.

Further risks to the HIV response are posed by the threats to human rights, gender equality and the empowerment of women and girls as they relate to HIV prevention, testing and treatment services, imperiling the progress of the response and driving disparities between populations and regions. Key populations, and women and girls continue to be at significant risk of lack of access to services, driven by inequalities.

We call on Member States to:

- Strengthen and mobilize women community-led organizations, girls and gender-diverse people, including from key populations, in the HIV response.
- Strengthen gender-responsive leadership, governance, coordination and linkages.
- Strengthen economic empowerment initiatives, social protections and reduce women's and girls' socioeconomic vulnerability to HIV.
- Strengthen access to female-controlled HIV prevention methods.

5. Key populations and communities' leadership

Key populations and community-led organizations and networks are the heart of the HIV response. For more than 40 years, their activism, knowledge and inventiveness have shaped and powered HIV programmes across the world, saving countless lives.

Key populations and community-led services and support are crucial lifelines for people neglected by standard health systems, reaching them with information, services and other support they need to stay HIV-free or live healthily with HIV. Yet, key populations, including people living with HIV, gay men and other men who have sex with men, transgender individuals, sex workers, people who use drugs, migrants, refugees, and detainees; continue to be excluded from decision making processes and face violence, exclusion, and major barriers to accessing healthcare and protection services.

We call on Member States to:

- Make strong commitments to political leadership, and to support/facilitate communities' ownership, including of people living with, at risk of, and affected by HIV.
- Develop strategic and inclusive partnerships, with local and community-based organizations, CSOs, feminist groups, LGBTQI+ organizations, youth-led organizations, academia, and the private sector.
- Ensure meaningful, ethical and strategic community involvement as well as other key stakeholder involvement in decision-making processes.
- Invest on data collection, disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.
- Support community-led monitoring and research, and community engagement in national, regional and international accountability mechanisms and increase investments in research and development for long-acting HIV treatment.
- Increase direct and sustainable financing for community-led responses, including through social contracting and domestic financing mechanisms.

6. Structural barriers, stigma, and the principle of non-discrimination

Persistent stigma and discrimination related to real or perceived HIV status, and intersections with discrimination on the basis of gender identity and sexuality orientation (SOGI) or expression, also stand in the way. According to an analysis of studies conducted by the People Living with HIV Stigma Index 2.0 in 25 countries, 25% of people living with HIV reported experiencing stigma and discrimination when seeking non-HIV-related services.

In many contexts, seeking HIV services may also expose a person's socio-legal status that are socially stigmatized or criminalized.

In many regions, in particular in the Arab world region, HIV is fueled not only by gaps in healthcare, but by stigma, discrimination, criminalization and the lack of inclusive and adapted policies. HIV continues to be wrongly associated with homosexuality, adultery or other socially rejected behaviors, further fueling fear and discrimination. Key populations and LGBTIQ+ individuals are afraid to seek testing or treatment due to fear of arrest, rejection, or abuse. This is also the case for many migrants and refugees, where irregular legal status may expose individuals to detention, deportation, violence, or abuse, further discouraging them from accessing healthcare services.

We call on Member States to:

- Reaffirm the Universal Declaration of Human Rights and all Human Rights Treaties. Reiterate in particular that all human beings are born free and equal in dignity and rights, and the rights and needs of people in all their diversity whether they are living with, at risk of, or affected by HIV.
- Implement strategies to remove barriers in the HIV response, such as stigma, discrimination and gender inequality.
- Address social and structural barriers to significantly improve HIV outcomes through context specific strategies, including community-led prevention, universal access to testing, treatment and self-care initiatives, novel prevention (PrEP and PEP) and medical technologies.
- Implement strategies to end HIV-related stigma and discrimination, including improving access to inclusive and stigma-free services, that respect their right to privacy and confidentiality, for key populations, young people, in particular adolescent girls and young women, those living with a disability, refugees and migrant population groups.
- Ensure enabling legal environments that repeal punitive and discriminatory laws and policies, as well as prevent and eliminate human rights violations against people living with HIV and key populations, and that ensure their right to health, education, and social protection for all, including through removing third-party consent requirements that limit access, especially for women and girls, adolescents and youth to SRH services including for HIV prevention, testing and treatment.
- Bolster rapid efforts to ensure universal and equal access to HIV prevention, affordable care and services, information and education and treatment for all, with a focus on those left behind including key populations, youth, adolescent girls and young women and other priority populations.

7. Health systems and technology and digital health

A strong consensus has emerged around the need for further integration of HIV with broader health systems, including primary health care. More extensive integration is expected to boost the use, efficiency and sustainability of HIV services, thereby improving both HIV and broader health outcomes and making health systems more resilient.

Digital health and community-led technology are now also central to the HIV response, particularly for adolescents, young people, LGBTIQ+ communities, key populations, and people living with HIV who may face stigma, criminalization, mobility barriers, or fear of being seen accessing services.

Digital platforms can expand access to HIV information, self-testing, PrEP, PEP, treatment literacy, appointment booking, teleconsultation, mental health support, and community referrals. However, digital health must be grounded in human rights, privacy, informed consent, confidentiality, data protection, and community ownership.

We call on Member States to:

- Invest in rights-based and community-led digital health systems that expand access to HIV prevention, testing, treatment, care, and support, while protecting privacy, confidentiality, informed consent, and safety from digital surveillance, outing, harassment, or misuse of HIV and SOGIESC-related data.
- Scale up digital and hybrid service delivery models, including online-to-offline HIV outreach, HIV self-testing, telehealth, TelePrEP, digital appointment systems, peer navigation, treatment adherence support, viral load reminders, and referral pathways that link individuals to confirmatory testing, PrEP, Antiretroviral therapy (ART), STI services, SRHR, mental health, and social protection.
- Ensure digital inclusion and equity, recognizing that digital health must not widen inequalities. Member States should support low-bandwidth, multilingual, youth-friendly, disability-inclusive, and community-accessible platforms, while investing in digital literacy, community digital navigators, data support, and offline referral options for those without reliable internet access or safe digital spaces.
- Fund community-led digital innovation, particularly by LGBTQI+ organizations, PLHIV networks, youth-led organizations, sex worker-led groups, harm reduction groups, and other key population-led organizations, recognizing that trusted community messengers are often better able to reach people who avoid formal health systems due to stigma, fear, or previous discrimination.
- Use digital tools to strengthen accountability, including community-led monitoring of service quality, stockouts, stigma and discrimination, confidentiality breaches, PrEP and ART access, viral load delays, and gaps in youth- and key population-friendly services.

8.

Humanitarian, conflict and crisis contexts and displacement

The HIV response has also been impacted by wars, displacement and humanitarian crises: from Syria and Sudan to Lebanon and Palestine, conflicts and instability continue to disrupt HIV and SRHR services. The rise in conflict-related and climate change-induced emergencies and protracted humanitarian contexts underscores the need to better adapt HIV responses to humanitarian contexts.

We call on Member States to strengthen the integration of HIV prevention and access to services in humanitarian crises, environmental disasters and pandemic responses.

9.

Financing and accountability mechanisms

Social equity must be an entry point to the financing architecture on AIDS with our communities at the center of decisions and communities-led responses being fully funded. The global order that shaped the modern HIV response is itself under strain. Multilateral institutions, such as the UN and UNAIDS, are being questioned, while human rights, gender equality, SRHR, and bodily autonomy are contested.

In the Global South, particularly in Southeast Asia, the HIV response has also been structured through profound inequality and dependency to international financing. As a result, when donor priorities shift or funding declines, health systems weaken. When funding is cut, treatment becomes uncertain. Sustainability must mean resilience in 2026, through locally-led systems with equitable access.

In a context of scarce resources to address urgent and competing health priorities, it remains critical to ensure that financial and human resources' commitments towards the HIV response can be attained through national prioritization processes, the integration of HIV financing within domestic and international financing systems, and the implementation of financial mechanisms including debt-cancellation and restructuring. Sustainable financing cannot only mean domestic resource mobilization but also requires redistribution of scientific and institutional power, including technology transfer.

Renewed commitments are urgently needed to ensure that improvements in HIV outcomes can be achieved in lower income economies, and to ensure the financing of local or community-led responses and adequate resources to provide the continuum of HIV services for key populations, women, adolescents and girls and other priority groups.

Ending the HIV epidemic also requires collective responsibility. Bold leadership, country ownership, community engagement in decision-making and strong accountability mechanisms remain essential to achieving targets and commitments to advance the HIV response and end AIDS as a public health threat. Member States and stakeholders should strengthen their commitments to political leadership, inclusive partnerships, strong advocacy to sustain the HIV response, community ownership, community-based monitoring, research and innovation.

We call on Member States to:

- Reaffirm commitments from Addis Ababa Action Agenda (2015) and Sevilla Commitment (2025).
- Integrate gender-responsive budgeting for focused and mainstreamed interventions.
- Urgently mobilize domestic and international funding for the HIV response, leveraging alternative financing mechanisms to bridge funding gaps.
- Integrate HIV-related needs into health insurance schemes and broader health strategies, as well as development budgets and financing instruments.
- Replenishing and sustaining adequate financial commitments towards the HIV response at global and national levels are essential steps to ensure progress towards significant improvements in HIV outcomes.
- Ensure the financing of local and community-led responses and services for key populations and other priority groups, including people living with, at risk of, and affected by HIV.
- Accelerate the scale-up of bilateral and multilateral funding, as well as domestic resource mobilization, for the HIV and AIDS response.
- Sustain global solidarity and funding and support financing mechanisms and partnerships, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the Initiative and Unitaid.
- Advance to reach the commitment of investing (i) at least a quarter of AIDS spending on HIV prevention; (ii) at least 6% of all global AIDS resources for social enablers; and ensuring that at least 30% of all service delivery is community-led by 2030, through investment in human resources for health, as well as in the necessary equipment, tools and medicines.
- Mobilizing additional sustainable domestic resources for HIV responses through a wide range of strategies and approaches, including public-private partnerships, debt financing, debt relief, debt restructuring and sound debt management, progressive taxation, tackling corruption and ending illicit financial flows.

