

Joint Youth Statement for the Political Declaration on HIV/AIDS 2026

We, the undersigned youth-led organisations, reaffirm our commitment to ending AIDS by 2030. Young people are not merely beneficiaries of the HIV response; we are leaders and partners who play a crucial role in shaping a more inclusive, resilient, and healthier future for everyone. We advocate for the rights of our peers, deliver essential resources through innovative methods, and build youth experiences to create the next generation of sustainable, country-owned, and people-centred approaches to HIV.

A CHANGING WORLD

Last year, regional and global networks of young key populations and people living with HIV developed a [Global Youth Statement](#) to inform the development of the [2026-2031 Global AIDS Strategy](#). Since then, we have seen a growing number of nations abandon or turn against civil society organisations (CSOs). Anti-rights groups and anti-gender movements worldwide have derailed efforts to deal with global issues in a collective manner.

The HIV funding crisis continues to reverberate across the globe, further fuelled by global crises, war and conflict that are displacing young people worldwide. HIV and health organisations working with youth and other vulnerable communities continue to be in survival mode, grappling with the abrupt end of international funding and the rushed transition to new financial sources - both

factors particularly hurting young people and other key populations.

Domestic funding of HIV and related interventions has not met demand; in many contexts, services have been left struggling to survive. Budget cuts not only reduced services but also depleted workforces, weakened infrastructures, and damaged the institutional memory of community-led efforts. Government institutions have also scaled back their engagement with community-led organisations, failing to create the legal and financial environments to support social contracting and other forms of public-civic partnerships.

At the global level, the space for CSOs and representatives of key populations is shrinking, limiting our opportunities to remain visible and meaningfully engage in decision-making processes. An increasing number of Member States are pushing back on meaningful CSO and NGO participation in high-level meetings, criticising the inclusion of language on key populations and challenging whether gender equality or human rights are the right principles for health systems. This is apparent from the recent voting on the Modalities Resolution, where a number of organisations attempted to exclude key populations and CSOs from participating in the High-Level Meeting on HIV/AIDS.

Within the UN, budget cuts and restructuring processes risk weakening the international system's ability to support effective HIV responses: from monitoring the implementation of political commitments to reducing the visibility of rights violations affecting young people and key populations.

As a result, we remain critically off track to achieve global HIV targets, risking the loss of hard-earned gains and decades of progress. Young people, especially young women and

key populations, remain disproportionately impacted by HIV, **still accounting for** 28% of all new infections.

At this critical moment, global institutions must remain equipped to protect participation, accountability, and human rights in the HIV response. Conservative opposition to rights-based approaches must be combated at all costs, as these decisions impact local and national activities.

BE BOLD

As a population disproportionately affected by HIV, we call for the 2026 Political Declaration to be bold in its commitment to ending AIDS and respond to young people living with HIV and young key populations. Youth engagement must go beyond tokenism and be resourced, institutionalised, and embedded in the HIV response.

Our commitments today remain aligned with our previous statement: we propose six priorities to ensure that the 2026 Political Declaration on HIV/AIDS builds on past HIV victories and keeps young people involved in future HIV efforts.

1

First, all future commitments to end AIDS must include evidence-based approaches and prioritise actions that address the root causes of inequalities that are limiting HIV targets.

Strategies to retain children and adolescents in the schooling system, education for economic empowerment, health-promoting schools, and social protection are some of the interventions that have successfully reduced inequalities and improved HIV-related and broader health outcomes. Yet, these interventions are too often treated as optional add-ons, instead of being recognised as essential foundations for achieving the end of AIDS by 2030.

2

Second, we must strengthen and expand youth-centred sexual and reproductive health and rights (SRHR), HIV, tuberculosis (TB), mental health and harm reduction services.

A critical issue for adolescents living with HIV is the transition from child-focused to adult health services, which often leads to treatment interruptions and fewer follow-ups. To address the cracks in gaps, we should expand digital prevention and care information, increase access to telehealth and self-testing, and expand access to new, promising medications like Lenacapavir. These services should be prioritised within Universal Health Coverage and Primary Health Care, and should include integrated screening, prevention, and treatment for co-infections and related conditions, such as hepatitis B and C, sexually transmitted infections, and mental health needs.

We need to enhance access to and awareness of innovative HIV prevention methods. This involves utilising youth-preferred social media platforms, where content is created by young people and includes relevant privacy safeguards. By doing this, we can deliver effective information on HIV prevention, treatment, and rights literacy. These initiatives can help spread important messages like U=U (Undetectable = Untransmittable), which provide hope, empowerment, and support to many, even though many people are still unaware of it. Innovation must also ensure equity.

3

Third, Governments and partners must collect and publish age, sex, and population-disaggregated data and meaningfully involve young people in monitoring progress, identifying service gaps, and holding institutions accountable.

We can only ensure that public health systems are held accountable for their words if there are effective monitoring and data-collection mechanisms. From recording treatment uptake to identifying key barriers to delivering rights-based HIV responses, we need fully functioning systems of accountability with relevant guarantees of access and protections for those engaged in monitoring.

4

Fourth, comprehensive sexuality education and harm reduction education must be protected, funded, and recognised as essential HIV prevention and rights-based health interventions.

These are not optional add-ons, but foundational tools for reducing new HIV infections, challenging stigma and discrimination, strengthening bodily autonomy, and ensuring that young people can make informed decisions about their health and rights.

These models of education must be confidential, free from stigma and discrimination, and designed around the realities and preferences of young people in all their diversity. Their success is defined by their co-development with young people (particularly in curriculum development), ensuring they're meaningfully engaged in their design, implementation and review.

5

Fifth, we urge governments to end punitive and discriminatory laws and policies.

This means the full decriminalisation of HIV positive status, sex work, drug use and possession, and LGBTQI+ identities, and repealing laws and policies that restrict adolescents' access to the full continuum of SRHR, HIV, TB, mental health, and harm reduction services.

Removing punitive laws must go hand in hand with the adoption of protection and accountability mechanisms and the expansion of access to youth-centred and youth-led literacy and legal support programs, since legal change without proper support and enforcement often allows structural discrimination to persist unchallenged. Cultural, religious, and social norms must not be used as a justification to violate human rights or ignore the needs of the most marginalised.

6

Sixth, we urge governments and donors to increase youth-responsive funding with clear, dedicated, and sustainable funding lines. This includes flexible, long-term core funding for youth-led organisations.

This includes designating youth roles within governance structures and supporting youth groups and movements in accessing funding mechanisms to sustain their involvement in decision-making processes.

PUT US BACK ON TRACK

This High-Level Meeting has the potential to put us back on track for a world where young people can thrive - free of HIV, stigma, and discrimination. With the right funding and political commitments, our global community can work together towards this future, one where youth-led responses leverage pioneering medicines, disseminated

through innovative messaging and grassroots groups, where decisions are made with impacted groups – not for them.

What benefits us will benefit all. Because when youth thrive, communities thrive, and the progress we make together brings the end of AIDS within reach.

Supporting organisations

The following youth-led/serving organisations and civil society have endorsed this statement and stand together in calling

for a bold, rights-based, and youth-centred Political Declaration on HIV/AIDS.



Full List of Endorsements

Anchorage Society of Hope and Resilience	Feminist Support For Youth Initiative Uganda	Center for Advocacy in Gender Equality and Action for Development (CAGEAD)
Hearty Empowerment and Rights Initiative (HER-Initiative)	Tholulwazi Phakathi	GenEquity
Intersex Persons Society of Ghana	TechPride Empowerment Foundation	Talented youth community fellowship Uganda
Student	Rohingya Women Alliance	Africa Young Sex Workers Alliance (YoSWA)
Rising Winners Youth Empowerment Initiative (RWYEI)	Lighthouse Social Enterprise Vietnam	Equal Health and Rights Access Advocacy Initiative - EHRAAI
Lidar Community Foundation	Foundation for Rural development (FORUD)	SSDP International
Positive Mind Health and Empowerment Initiative	Young Women Association of Malawi	AINGA/AIDES
Bolan medical college	EmpowerCare Youths Network Solution	Eurasian harm reduction association (EHRA)
Centre for Youth Empowerment Health and Rights Ghana	Voice of Our Voices	ELEMENTA
Anchorage Society of Hope and Resilience	Jinja Network of young people living with HIV (JNYPA)	Instituto RIA, AC
Kilos Ti UMili Youth Organization	CRSW Kenya	Cultura Joven AC
The Momentum Support Initiative	Purpose Amplified Namibia (PAN)	Conseil Des Organisation De Lutte Contre L'Abus De Drogue En Côte D'Ivoire (CONAD-CI)
Future Leaders youth club	AGIR	Jones Youth In Action
Good Health Community Programmes	ASSCODECHA – Associação Comunitária para o Desenvolvimento Humano	PILS (Prévention Information Lutte Contre le Sida)
Youth Plus Elite Club	African Network of Adolescents and Young Persons Development (ANAYD)	INTI MUDA JAWA BARAT
Greater Masaka Association of Youth with disabilities.	Y+ Global	International Drug Policy Consortium
Youth Movement for HIV/TB/SRHR Advocacy in Zambia (YMHAZ)	Most At Risk Young Mothers And Teenage Girls Living With Hiv Initiative(moyote)	Drug Policy Network South East Europe
Alliance Internationale Pour Les Droits À La Santé Sexuelle Et Reproductive (AIDSSR)	Angaza Youth Initiative	PREKURSOR Foundation
Key Populations Uganda	Young Persons Network for Sustainable Life Style and Health (YOUPEN4SLAH)	SSDP International Burundi
	ChildLife Mozambique	Harm Reduction International