



# PLHIV LEADERSHIP SUMMIT



APRIL 2025

NAIROBI





# About GNP+

## + Our Vision:

A world where every person living with HIV enjoys their rights to a healthy and dignified life, free from stigma and discrimination.

## + Our Mission:

We provide global leadership and advocate for the improvements to quality of life for all people living with HIV.

## + Our Values:

- + We actively foster the participation and leadership of people living with HIV throughout the HIV response.
- + We are community-led and guided by the rights and realities of people living with HIV.
- + We are accountable to the communities of people living with HIV that we serve and are transparent in how we spend money and make decisions.
- + We are inclusive, and we embrace and defend diversity.
- + We recognize that the issues that affect us as people living with HIV often intersect with other aspects of our identities and our differing access to power and resources.

# THANK YOU

Huge gratitude to all our donors and supporters for the PLHIV Leadership summit 2025. Our incredible gathering would not have been possible without your support and sponsorship.



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# Introduction

The global HIV response stands at an inflection point. As geopolitical uncertainty, democratic regression, and fiscal realignment reshape the development landscape, the role of communities, particularly people living with HIV (PLHIV), is undergoing renewed scrutiny and heightened urgency.

In April 2025, stakeholders convened in Nairobi for the PLHIV Leadership Summit, a high-level consultation designed **to assess the state of PLHIV leadership, motivate the PLHIV leadership needed to chart pathways for sustainability of the HIV response**, and elevate PLHIV voices within global HIV response governance.

The Global Network of People Living with HIV (GNP+) is dedicated to ensuring a world where all people living with HIV have access to a healthy, dignified life, free from stigma and discrimination. With the 2030 goal of ending AIDS as a public health threat nearing, the urgency to address persistent gaps in the HIV response is critical now more than ever.

**In 2023, 9 million people living with HIV did not access life-saving treatment, and 630,000 people died from AIDS, highlighting the stark reality that the global response is off-track. The lives of over 40 million people living with HIV worldwide today extend beyond mere statistics. GNP+ emphasizes the need for a unified effort to reimagine strategies for sustained access to treatment, ensuring people not only survive but thrive. The "Undetectable = Untransmittable" message underscores the importance of achieving viral suppression for both individual health and prevention.**



The PLHIV Leadership Summit 2025 convened around the imperative of PLHIV community sovereignty and served as both a stocktaking exercise and a strategic inflection point for the global PLHIV movement. PLHIV leadership has shown how global solidarity has evolved, adjusting to threats while adapting and exploring new opportunities toward achieving the common goal of ending HIV stigma and discrimination, ensuring all PLHIV have access to HIV treatment, are virally suppressed, and have a quality life.

This summit, inspired by the bimonthly meetings led by the Global Network of People Living with HIV (GNP+), builds on the bedrock of global solidarity organized by the HIV movement, established 40 years ago in the Denver Principles, creating a framework for speaking in one voice to structure a response and coordinate its implementation for all PLHIV to have access to HIV treatment, achieve viral suppression, and enjoy a quality life. **Nothing about us without us.**



Since January 2025, GNP+ has convened nine virtual PLHIV meetings, including the PLHIV Leadership Summit in Nairobi, following the **LIVING 2024 Conference**, an official pre-conference at the AIDS 2024 IAS Conference in Munich, which resolved to expand its coordination efforts and strengthen collaborations, including cross-learning among PLHIV networks at regional and country levels to bolster **local and global PLHIV-led advocacy**.

Emerging from these sessions is evidence that the **strong relationships between PLHIV networks and their national governments have been crucial for mitigating disruptions, securing resources**, and achieving an inspiring multisectoral success to be celebrated and scaled.

At GNP+, we see an opportunity for PLHIV to converge and agree on key priorities to effectively advocate for their needs amidst financial constraints. Through strategic partnerships with country networks, GNP+ is working with PLHIV networks to actively **participate in the the national HIV response sustainability framework and to shape the upcoming Global AIDS Strategy and the 2026 UN High-Level Meeting on HIV and AIDS political declaration**.

By fostering **local-for-global PLHIV-led advocacy** and leveraging data-driven approaches, GNP+ is committed to ensuring that the HIV response remains on track toward ending AIDS as a public health threat and achieving its ambition of epidemic control by ending AIDS deaths and stopping new HIV infections.

These sessions have been used to build solidarity, offer cross-learning among PLHIV networks, and motivate the local-to-global PLHIV leadership needed now to adapt to dynamic changes and tap into opportunities to elevate the lived experiences of PLHIV as national and global health leaders. These leaders collaborate with governments and decision-makers to reimagine health systems for universal health coverage.





# HIGHLIGHTS



Participants

80

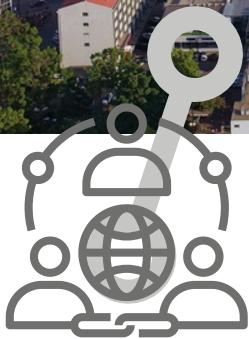
18

Countries

6

Regions

Latin America & Caribbean,  
West Africa,  
Eastern and Southern  
Africa,  
Asia,  
Eastern Europe & Central  
Asia and  
Middle East & North Africa



Donors,  
Government



Doctors, Researchers,  
Epidemiologists, UN agencies,  
Implementing partners,  
Clinicians, Civil Society,  
Religious Leaders

Gathered in Nairobi for the groundbreaking PLHIV Leadership Summit

## Concerned about

**TREATMENT** ARV  
Sustainability **Children** **KEY POPs** Data **AHD**  
Discrimination **Vulnerable Populations**  
Governments Confusion **STRATEGY** Young People Funding  
Security **LEADERSHIP** **Treatment Access** PLHIV advocacy  
Community Intervention 2030 **STIGMA** Opportunistic Disease  
Integration



# PLHIV solidarity to action

- Recognizing that this is about our lives, the global PLHIV movement resolved to prioritize treatment and people over complex bureaucratic criteria.
- Coordination of PLHIV solidarity in engagement with Global AIDS Strategy 2031 and UNHLM 2026.
- Define the minimum standard of integration for PLHIV and by PLHIV for joint advocacy in global and national HIV program planning processes.
- Committed to ensuring neat transitions, ensuring no PLHIV are disengaged from care in the abrupt shift, get back on track to ensure all PLHIV access treatment and are virally suppressed to benefit from (U equals U)
- Re-imagine PLHIV advocacy; Move from antagonistic to collaborative engagement with national government, all partners, and decision makers.
- Seek to institutionalize PLHIV networks in government HIV response plans; Build trust between governments and PLHIV networks for sustainable engagements in transitions and adaptation planning and implementation of programs that serve people living with and impacted by HIV.
- Build PLHIV Local for Global capacity in collaborative engagements and advocacy needed in the "new normal" of HIV response, including engagements with national budget making process, Civic education for health, engaging with treatment and diagnostics manufacturing, collaborating with national Community Health Services infrastructure, strengthening PLHIV network organizations for sustainability through social enterprise models, among others.



# ROADMAP TO

With only five years left to achieve the UN SDGs global goal of ending AIDS as a public health threat by 2030, many countries are working on national HIV response sustainability roadmaps to provide a new pathway for the HIV response, guided by the leadership of national governments, UNAIDS, PEPFAR, and the Global Fund. The HIV response sustainability roadmaps primer guides this process, which began in 2024.

Over ten countries launched their sustainability roadmaps on December 1, 2024. As the world adapts to current shifts, countries are fast-tracking the finalization and implementation of these roadmaps.

Currently, UNAIDS is leading the development of the next Global AIDS Strategy 2031, which will be followed by the UNGA-led 2026 UN High-Level Meeting on HIV/AIDS, where member states will adopt the 2026 Political Declaration on HIV/AIDS.

GNP+ has taken up its mandate as the convener and coordinator of global PLHIV networks to motivate people living with HIV leadership toward and beyond 2030, **re-energizing the PLHIV-led movement to strengthen local-for-global advocacy for secured access to treatment and quality of life for all people living with HIV and those impacted by HIV.**

PLHIV will be here in 2031 and beyond. Now more than ever, the ambition of HIV epidemic control is critical to end AIDS deaths and stop new HIV infections to keep people alive.



The PLHIV leadership movement is committed to working with governments and partners to ensure **40 million PLHIV have access to treatment and are virally suppressed, enabling them to enjoy the benefits of HIV treatment, live healthy, high-quality lives, and, through Undetectable = Untransmittable (U=U), contribute to HIV prevention.**

Believing strongly in securing the PLHIV movement structure for the next generation of PLHIV leaders, the meeting identified the need to reimagine PLHIV-led advocacy, foster trust and relationships with national governments, and strengthen solidarity while **sustaining PLHIV networks.**

These community structures, built over years with generous investments through multisectoral engagement of governments, donors, and partners, remain useful now for innovative adaptations.

These adaptations support high-impact interventions that keep PLHIV alive, including task-sharing opportunities that advance Differentiated Service Delivery (DSD) for responsive, person-centred care at the primary health care level as a pathway to universal health coverage that is sensitive to HIV programs.

**We are the PLHIV Leaders Now!**



# METHODOLOGY

The summit was not merely a convening for consultation—it was structured as a design space for future governance. Discussions coalesced around three critical questions:

**1. What structures exist within PLHIV networks today, and how have they adapted in recent disruptions?**

**2. What gaps remain as countries begin to operationalise HIV sustainability plans?**

**3. What new forms of data, advocacy, and narrative leadership are needed to reshape public and policy discourse?**



5 plenary sessions

7 thematic discussions

6 PLHIV Leaders Now Podcasts series episodes

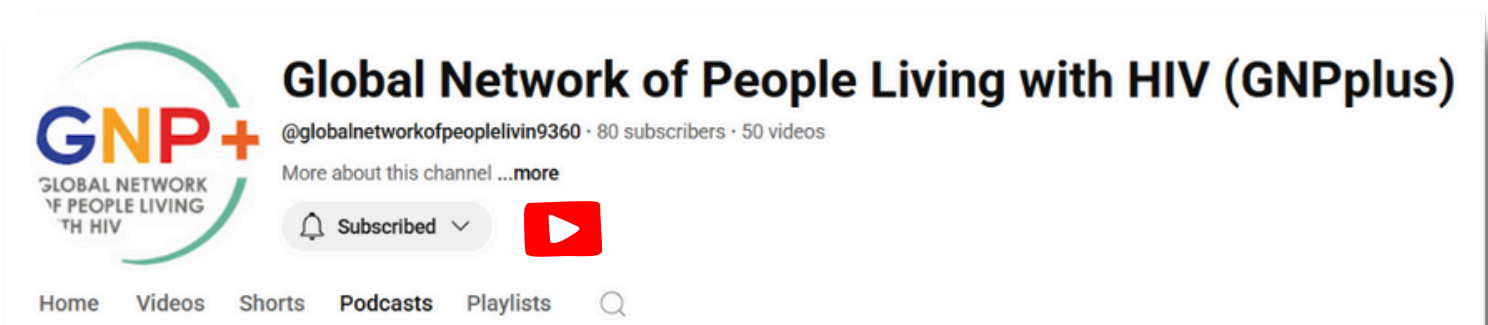


# PLHIV

## PLHIV Leaders Now podcast series

GNP+ commenced production of the "PLHIV Leaders Now" podcast series during the Nairobi Leadership Summit in collaboration with communities and PLHIV leaders. The podcast series will be a nine-month initiative to amplify voices and coordinate participation in government activities, offering a dynamic platform to define roles in HIV service delivery, ensuring PLHIV remain empowered and thriving.

The series was launched on May 18<sup>th</sup> during the 2025 International AIDS Candlelight Memorial and hosted on GNP+'s [Spotify](#) under "PLHIV Leaders Now" and on GNP+'s official [YouTube](#).



## Upcoming Series

- + Candle light memorial
- + Shaping an African led HIV response
- + Going back to the basics
- + Pivot or Die
- + The New PLHIV leader
- + Youth are the leaders now



**PLHIV**  
LEADERSHIP



# DAY 1

GNP+ constituted a PLHIV Leadership Task Team to collaborate on a range of activities aimed at building solidarity and visibility of PLHIV leadership. On Day 1, the Task Team members met to formalize their role in collaborating with GNP+ to strengthen PLHIV-led local-for-global PLHIV-led advocacy advocacy.

They were joined by regional leaders from LAC, West Africa, EECA, and MENA. The team defined key short- and long-term plans for collaborative advocacy to solidify PLHIV voices.

## OUR PRIORITIES

### Short-term priorities

**1. In the immediate term, commitment to treatment and smooth transitions** are essential to ensure no PLHIV are disengaged from care during the abrupt shift and to address rising misinformation about treatment, motivating adherence and reducing panic among PLHIV.

Embracing a changed outlook to the financial shock is necessary to get back on track, ensuring all PLHIV access treatment and are virally suppressed to benefit from U=U, while reimagining PLHIV advocacy: from antagonistic to collaborative engagement with national governments, all partners, and decision-makers.

**2. Ensure Sustainable Community Leadership in Decision-Making:** As adaptations and reimagining of HIV programs continue, institutionalize PLHIV and community-led organization participation in national and global HIV policy-making bodies, including Country Coordinating Mechanisms (CCMs), health budget discussions, and UN High-Level Meeting (UNHLM) processes.

**3. Strengthen Emergency Response and Safety Nets for Shrinking Civic Space:** Establish emergency support systems (e.g., relocation funds, digital security tools, legal defence) for community activists and organizations at risk due to hostile legal or political environments.

**4. Combat Misinformation and Amplify Accurate HIV Information:** Launch rapid-response communications campaigns using trusted channels (e.g., WhatsApp, radio, community forums) to address misinformation on treatment, policy changes, and services for PLHIV and those impacted by HIV, while addressing stigma, discrimination, and violence.

**5. Reimagine and Adapt PLHIV and Community-Led Research:** including the PLHIV Stigma Index, PLHIV values and preferences, and lived experiences to strengthen their use within the current adaptations of integrating HIV services into primary health care and universal health coverage.

### Long-term vision

**1. Build Resilient, Self-Sustaining Networks:** Invest in income-generating initiatives and decentralize funding reliance.

**2. Train Local Leadership:** Provide training on civic education for health, legal navigation, and digital security.

**3. Push for Global Governance Reform:** Advocate for HIV program design that reflects country and community realities. Influence donor frameworks to include emergency flexibility and political safety.

# THE OPENING CEREMONY



During the opening ceremony, the leadership of regional networks, including LAC, MENA, EECA, and West Africa, held a panel session moderated by **GNP+ Co-Director Sbongile Nkosi** to discuss opportunities for strengthening local-for-global PLHIV-led advocacy PLHIV advocacy.

**Florence Riako Anam, Co-Director of GNP+**, gave a keynote address on pivoting in solidarity: The moment for stronger PLHIV leadership to end AIDS, achieve HIV epidemic control, and keep people alive.

This was followed by remarks from **Nelson Otwoma** (NEPHAK), **Jolijn van Haaren** (Dutch Ministry of Foreign Affairs), **Dr. Medhin Tsehaiu** (UNAIDS Country Director), **Laurie Gulaid** (UNICEF ESA Regional Advisor), **Maximina Jokonya** (Director, Y+ Global), and a representative from NASCOP, Ministry of Health, Kenya, for Dr. Andrew Mulwa.







From Left: Allan Maleche, Executive Director, Kelin, Dr. Vuyiseka Dubula, Global Fund and Dr. Jonah Ontieba from NASCOP



Gracia Violette Ross, WCC



From right: Keren Dunway, ICW Global and Lyubov Vorontsova, EWNA



From Left: Samuel Matsikure, Aidsfonds and Tariq El Alaoui, MENA Community



Jane Nganga, EPN/ INERALA+ Kenya



From Left: Laurie Gulaid from UNICEF and Charity Makona, Global Chair, International Community of Women Living with HIV





Dr. Nduku Kilonzo, Yemaya Health (left) and Ludfine Onyango, UNAIDS Kenya



Tariq El Alaoui, Director of Programs, MENA Community



From Right Laura Thuo and Jerop Limo, Executive Director AYARHEP



Charity Makona, ICW



Maxima Jokonya, Director Y+ Global



Margret Mbugua, Technical Advisor PATA



## DAY 2 & 3

On Day 2, the session opened with a plenary on sustaining HIV epidemic control beyond 2030, moderated by GNP+'s Cedric Nininahazwe.

**Dr. Jeff Eaton from Harvard** presented on sustaining HIV epidemic control beyond 2030: What data and mathematical modelling tell us about responding to an evolving HIV epidemic.

**Dr. Mumbi Chola from the African-Led HIV Control Working Group** presented on the vision for Africa's sustainable HIV response toward and post-2030 in a changing funding environment.

**Dr. Nduku Kilonzo from Yemaya Health Advisory** presented on redefining the Africa HIV response: Government leadership and PLHIV agency.

This was followed by a panel discussion with Meirinda Sebayang (Chairperson of Positive Indonesia Network), Elsie (Ghana), and Margaret Mbugua (PATA Youth Care Project, supported by Aidsfonds), who discussed data, structures, and institutions fit for purpose for the HIV response now and into the future.



The meeting then broke into three breakout thematic sessions that deliberated on key concerns, including **the essential services package for HIV treatment; PLHIV making a case for prioritized, efficient, effective, and sustainable HIV prevention at a time of uncertain financing; and securing social enablers to promote testing, treatment, and prevention to save lives beyond the pill.**

The thematic rooms also discussed **PLHIV-led narrative change: What is the narrative of the moment? How does it differ from the past?** How does it drive us toward keeping people alive?

They also explored reimagining the role of PLHIV in strengthening resilient community health systems toward ending AIDS and keeping people alive.

The network leadership sought to develop a global PLHIV position on sustaining HIV services through the integration of HIV into universal health coverage: Pathways to inclusive, integrated, people-centered primary health care.

**Gloria Nawanyaga**, Lead Global Alliance to End AIDS in Children (GACA) Ambassadors, concluded the day with a plenary on the role of religious leaders in the HIV response, including leveraging the Vatican Rome Action Plan to end AIDS in children.

This included presentations from **Dr. Shaffiq Essajee** (UNICEF), **Dr. Nandita Sanjay** (WHO), and **Margret Mbugua** (PATA), followed by a panel discussion with **Elizabeth Oluchi** (WCC), **Fr. Gideon Byamugisha**, and **Sharlick Akinyi** (RCO, Homa Bay County)



Jason Shepherd, Project Coordinator for the Caribbean Regional Network of People living with HIV and AIDS (CRN+) contributing during a thematic session

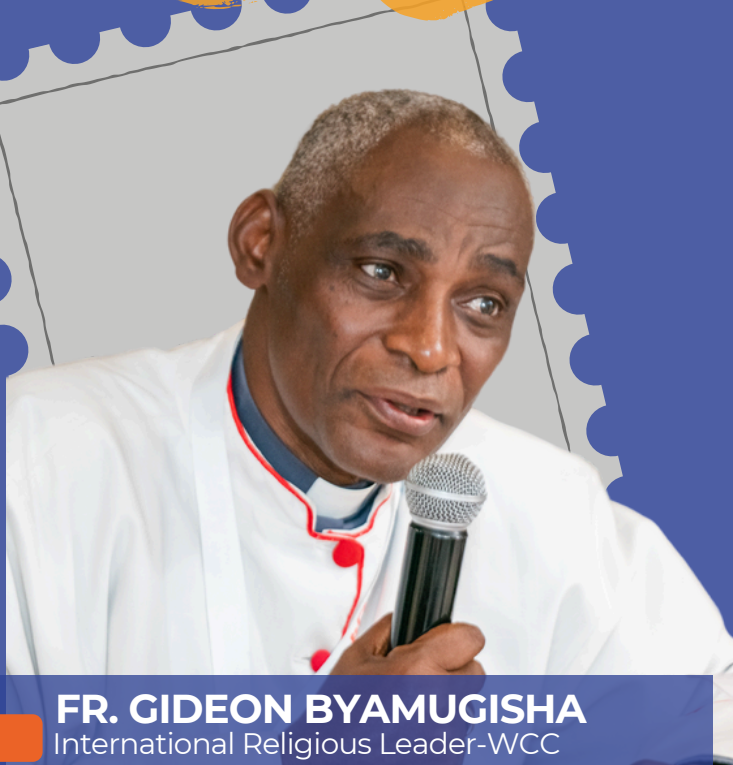
“It started with a small idea, a dream of having a conversation with 10 people, now there are about 60 participants from around 20 different countries. Where you go, energy flows. That’s Leadership!”



**JOLIYN VAN HAAREN**  
Dutch ministry of Foreign affairs



“Now is the time for Africa to use the resources it has, education from school, faith communities and private sector. I am advocating the Triple love campaign, because this is the time we need love most and we should not be denied in terms of safe behaviours, access to treatment and adherence, testing and empowerment which we are doing here in Nairobi.”



**FR. GIDEON BYAMUGISHA**  
International Religious Leader-WCC

The opening plenary on Day 3 was led by **Charity Makona from ICW Global**, who moderated a session on sustainability of the HIV response amidst dynamic changes in donor and government priorities and funding: What are alternative funding sources, and how do PLHIV adapt in engaging with donors and government budgets and planning to ensure responsive HIV services?

**Jaime Atienza**, Director of Equitable Financing Practice at UNAIDS, presented on UNAIDS leadership in the sustainability of the HIV response in the changing financial landscape: Opportunities for PLHIV engagement and collaboration.

**James Conroy from CHAI** presented the HIV Market Impact Memo developed by CHAI/UNITAID.

The PLHIV network leaders then went into **three thematic breakout rooms to develop strategies for networks of PLHIV, YPLHIV, and WLHIV, adapting to current trends and realities**, while formulating key PLHIV advocacy priorities and plans for the sustainability of the HIV response toward 2030 and beyond.

**Not to miss the opportunity to jointly contribute our voices to the Global AIDS Strategy, we organized a community consultation on the GAS 2031 thematic area of treatment.**

Led by **Daniel Townsend**, the presentation on the UNAIDS Global AIDS Strategy consultation was also supported by Tatenda, Elizabeth, Daniel, and Nat.

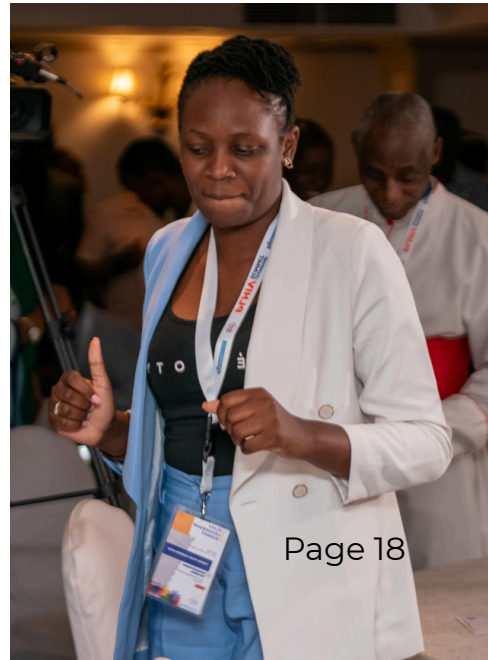




The second day closed with a powerful plenary session facilitated by Leon Lidigu, a renowned journalist and member of Africa Reach. The session was filmed for the PLHIV podcast series "The PLHIV Leader Now," which was being recorded on the sidelines of the summit to continue disseminating the messaging beyond the meeting in Nairobi.



Discussions, contributions and light moments on 10<sup>th</sup> and 11<sup>th</sup> April 2025 during the PLHIV Leadership Summit







Dr Miriam Chipimo , Gates foundation



Abhijith Njarattil Parameswaran, GNP+



Tatenda Makoni, executive director for ZNNP+



Participants following discussions during a thematic room session at the PLHIV Leadership Summit



# Key recommendations

What is emerging from this moment is not simply a technical transition but a generational shift in vision, leadership, and purpose. This ushers in a new chapter in the global HIV response, defined not by emergency, but by endurance and resilience.

As donor funding continues to recede and fiscal responsibility shifts to national governments, the sustainability of HIV programs will depend on more than just domestic budget allocations. It will rest on the quality of trust between governments and communities and on the capacity of those who have long been at the forefront of the response i.e. PLHIV leaders and networks to help carry it forward.

We want a just transition from global funding to domestic mobilization, ensuring sustainable, accessible HIV care.

**Transition Strategy:** Shift from inconsistent global donor funding to a stable, domestically sourced resource model in which PLHIV networks are led and well-resourced.

**Active Participation:** PLHIV networks are accountability holders and have a central role in decision-making, from service design to budget oversight, to ensure that interventions meet community needs.

This report lays out our collective vision for that future. It is grounded in the conviction that PLHIV leaders and networks are not ready merely to partner but to lead.

**We are the PLHIV Leaders NOW!**







Forty million people are living with HIV globally, 630,000 of our peers died in 2023 among them 120,000 children. 1.3 million people acquired HIV in the same period. In Africa, where the HIV burden remains highest, 75 percent of new HIV infections occur among general population.

**All this, at a time when progress in science affirms Undetectable=Untransmittable, underscoring the impact of HIV treatment not only in securing healthy lives for PLHIV but also for HIV prevention.**

People living with HIV and partners in this meeting agreed to evolve our PLHIV led advocacy and were clear about **two critical ASKs** that we commit to take forward; **ensure people living with HIV (PLHIV) have access to treatment and build trust with governments to work together strategically.**

This collaboration should create responsive, integrated HIV services that utilize the networks and community infrastructure invested in by the generosity of many over the past couple of decades.

When we started in our role, we set the ambition to democratize PLHIV leadership. In our reflections we believe, **there are leaders of every season. Some are born into it, some are forced into it, some of us, have to learn it.**

When the HIV response was in the emergency period leaders then needed to liberate us from stigma and invisibility.

But now in this moment. We need change leaders, those who are bold and willing to make the hard decisions required to chart the path towards achieving the global goal of ending AIDS as a public health threat, and the bold ambition towards epidemic control.

**Global health is undergoing unprecedented change and with this, a persistent cloud of uncertainty. Yet, our work must continue.** We see an opportunity to innovate and go off-road into defining an adaptive strategy to guide our engagement and work in this period of uncertainty.

As we all adapt and change, take down and rebuild, we invite our partners to join us in this process as we deem it not only important for GNP+ and PLHIV networks but one that will inspire leadership across the sector.

GNP+ is motivating PLHIV leadership to identify who the leaders needed now are, to invest in building, supporting, and shaping them. And it would be incredible if most of them are young because they're the ones who have the energy to take us to the future, and the ambition for epidemic control. To keep all of us alive.

**We are the PLHIV Leaders Now!**



# PLHIV LEADERSHIP SUMMIT



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