



DEMAND OUR FUTURE:

**TREATMENT ACCESS AND QUALITY OF LIFE
FOR ALL PEOPLE LIVING WITH HIV (PLHIV)**

**PLHIV ASKs, Solution Statements and Leadership Commitments for the
2026 United Nations General Assembly High-Level Meeting (HLM) on HIV/AIDS**



The Global Network of People Living with HIV (GNP+) and the global PLHIV community present these **ASKs, Solution Statements and Leadership Commitments** as the essential minimum that governments, donors and development partners must commit to in the 2026 Political Declaration on Ending AIDS to ensure the HIV response is credible, rights-based and accountable to the realities of people living with HIV.

KEEP Your Promise.

PREAMBLE

People living with HIV (PLHIV) enter the 2026 High Level Meeting with renewed leadership and conviction. Despite having the tools needed to end AIDS, the HIV response remains standing at dangerous crossroads. Hard won gains are being eroded by shrinking resources, rising inequality, and political backlash against human rights. Health systems are strained, PLHIV organizations are underfunded and millions of PLHIV face persistent challenges in accessing lifesaving treatment, prevention and care.

We, the global PLHIV community, refuse a future where progress is uneven, where infants, children, adolescents and ageing PLHIV are left behind, where humanitarian crises and political instability sever continuity of care, where punitive laws override science, and where our leadership is treated as symbolic rather than central.

We reject any Political Declaration that sidelines the realities of our lives or dilutes the rights-based foundations that have driven global HIV response progress.

PLHIV communities have sustained the HIV response through pandemics, conflicts, climate related disasters, shrinking civic space and collapsing funding. We have built trust where systems failed, delivered services where governments could not and defended human rights where they were under attack.

We call on governments and policy makers to keep their promise to end AIDS deaths, End stigma and stop new HIV infections as the clear pathway to HIV epidemic control. We urge them to honor the commitments enshrined in the right to health and translate political pledges into sustained action and accountability. Only by fulfilling these obligations can we secure the future we have collectively fought for and ensure no one is left behind.

PLHIV leadership is the backbone of an effective, equitable, and accountable HIV response.

1. ASKS AND SOLUTION STATEMENTS

These **ASKs and SOLUTION STATEMENTS** define the minimum political action needed to ensure that the global commitment to end AIDS as a public health threat by 2030 remains credible.

ASKs articulate PLHIV's political demands including what must change at policy, legal and systems levels.

SOLUTION STATEMENTS outline the concrete actions governments, donors and partners must take to operationalize the ASKs in practice.

AREA 1. TREATMENT ACCESS AND INNOVATION

Context Framing:

Quality of life must be recognized as a core outcome of treatment access. PLHIV demand a future where treatment is accessible, innovation is equitable, stigma is dismantled and every person living with HIV can thrive.

PLHIV ASKs	Solution Statements
Secure uninterrupted, affordable, stigma free access to lifesaving treatment for all persons living with HIV.	<ul style="list-style-type: none">• Guarantee that all PLHIV regardless of geography, age, gender, identity or crisis context has uninterrupted, affordable, stigma free access to lifesaving treatment and the innovations that sustain long, healthy lives.• Ensure that treatment access is guaranteed both in policy and practice to reach all PLHIVs including in rural communities, in humanitarian settings, older PLHIV, adolescents, key populations and those facing discrimination in health systems.
Ensure consistent, uninterrupted access to optimized antiretroviral therapy (ART) across the entire life course.	<ul style="list-style-type: none">• Guarantee consistent, uninterrupted access to optimized ART by investing in resilient supply chains, reliable last mile delivery and differentiated service delivery that meets people where they are.• Scale up long-acting treatment options, community based dispensing, and peer led adherence support, especially in settings where health systems are overstretched or hard to reach.
Fully endorse and operationalize Treatment as Prevention (TasP) and U=U across all health systems, laws and public communication.	<ul style="list-style-type: none">• Embed U=U in clinical practice, legal reform, and public communication, ensuring that science guides every aspect of the HIV response.• Ensure that operationalization of U=U translates into stigma free services, rights affirming laws, and equal access to social and economic prospects, so that no PLHIV is denied dignity or opportunity.

<p>Accelerate investment in long-acting treatments, optimize pediatric formulations, cure research and vaccines, and ensure affordability and rapid rollout.</p>	<ul style="list-style-type: none"> • Accelerate investment in long-acting treatments, optimized pediatric formulations, cure research, and vaccines, paired with global strategies that guarantee affordability and rapid rollout in low- and middle-income countries. • Guarantee that innovations are guided by PLHIV values and preferences, with PLHIV meaningfully involved in clinical trials, research agendas and regulatory decision making.
<p>Set measurable, time-bound targets with clear responsibilities to ensure commitments translate into real improvements in the lives of PLHIV.</p>	<ul style="list-style-type: none"> • Establish measurable, time bound targets with clear lines of responsibility to ensure that treatment access, U=U implementation and innovation commitments deliver tangible results for PLHIV. • Fully integrate PLHIV-generated data into national monitoring systems to track progress, expose gaps and drive accountability across the HIV response.

AREA 2. PLHIV LEADERSHIP AND THE GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV (GIPA)

Context Framing:

PLHIV leadership is not optional. We demand a future where PLHIV leadership is institutionalized, diverse, safe, funded, embedded in law, protected in practice, and measurable in its impact.

<p>PLHIV ASKs</p>	<p>Solution Statements</p>
<p>Institutionalize meaningful PLHIV leadership and engagement at all levels to deliver a responsive and sustainable HIV response.</p>	<ul style="list-style-type: none"> • Ensure meaningful, equitable, and sustained PLHIV leadership by embedding PLHIV in shared decision making and accountability at local, regional and global levels. • Operationalize formal collaboration with PLHIV networks and allocate dedicated and predictable resources for PLHIV led initiatives and advocacy to achieve the 30-60-80 community targets.
<p>Fully implement and resource the GIPA principles as a non-negotiable foundation of PLHIV-led responses.</p>	<ul style="list-style-type: none"> • Ensure the full implementation of GIPA Principles and provide sustained, predictable funding for PLHIV-led networks, peer-led services, and PLHIV advocacy. • Institutionalize social contracting and domestic financing mechanisms that legally empower PLHIV networks to deliver essential services and hold systems accountable.

<p>Transform national decision making structures to guarantee PLHIV representation and equal voting powers.</p>	<ul style="list-style-type: none"> • Institutionalize and effectively transform the Global Fund Country Coordinating Mechanism (CCM) governance model into transparent, legally recognized governance platform for health where PLHIV have real agency in designing, implementing, and monitoring national HIV response.
<p>Institutionalize PLHIV-generated data within national processes.</p>	<ul style="list-style-type: none"> • Institutionalize PLHIV-generated data, including PLHIV Stigma Index and PLHIV values and preferences, within national planning, monitoring, and review processes. • Ensure PLHIV-generated data carry equal weight to routine health system data with dedicated resources to ensure its quality, independence, and impact.
<p>Provide and enable structured capacity building and succession planning to strengthen and sustain PLHIV leadership.</p>	<ul style="list-style-type: none"> • Remove the structural barriers that limit PLHIV participation by addressing institutional stigma, punitive laws and unsafe environments. • Guarantee resourced mentorship pathways, protected spaces for participation, and systems that enable PLHIV advocates to lead safely and effectively at all levels.

AREA 3. PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND PEDIATRIC HIV

Context Framing:

Infants and children living with HIV have the right to be supported at every stage of life. We demand a future where every child is born free of HIV, every child living with HIV receives treatment and care they deserve and every adolescent can grow, thrive and transition safely into adulthood.

<p>PLHIV ASKs</p>	<p>Solution Statements</p>
<p>Eliminate vertical transmission and close the treatment and care gap for children and adolescents living with or affected by HIV.</p>	<ul style="list-style-type: none"> • Take urgent, sustained and equitable action for triple elimination of HIV, Hepatitis and Syphilis and ensure that all infants, children and adolescents living with or affected by HIV receive timely, lifelong, and stigma free care. • Secure clear accountability, adequate financing, and meaningful participation of PLHIV parents, caregivers and youth leaders to ensure that no child or adolescent is ever left behind in the HIV response.

Guarantee equitable access to optimized pediatric treatment, adolescent friendly services and safe, supported transitions across the continuum of care.

- Ensure equitable, comprehensive, and age appropriate care for all children and adolescents living with or affected by HIV.
- Rollout rapid and universal optimized pediatric formulations, consistent and accessible viral load monitoring and integrated psychosocial, nutritional and mental health support tailored to the needs of young people.
- Establish structured, supported transition pathways from pediatric to adolescent and adult care, ensuring that no young person is lost in this critical period.

Ensure a fully integrated, stigma free, family centered PMTCT and pediatric HIV system that guarantees no mother, infant, child, or adolescent is lost at any stage of care.

- Embed seamless, stigma free, family centered PMTCT and pediatric HIV care by guaranteeing universal and repeat HIV testing in pregnancy, immediate linkage to treatment and uninterrupted continuity of care through delivery, breastfeeding, childhood and adolescence.
- Institutionalize rapid, free early infant diagnosis with strong integration across antenatal, delivery, pediatric and adolescent services to prevent missed opportunities for diagnosis, disengagement from care and secure lifelong health for mothers and children.
- Fully fund and embed PLHIV-led monitoring and peer support, including mentor mothers, peer navigators, and caregiver groups, within national systems as essential pillars of the pediatric and PMTCT response.
- Position PLHIV-driven structures as core accountability mechanisms and integrate them into transparent, enforceable monitoring frameworks that drive real oversight, equity, and measurable progress for children and adolescents.

Revitalize Global Alliance to End AIDS in Children by 2030 with stronger accountability, transparent monitoring, and meaningful participation of PLHIV parents, caregivers, and youth leaders.

- We call for a revitalized Global Alliance to End AIDS in Children by 2030, driven by coordinated global, multi country and multi regional efforts with focused attention on children and meaningful inclusion of communities.
- Embed stronger accountability mechanisms, transparent monitoring and the central participation of PLHIV parents, caregivers and youth leaders to accelerate progress toward ending AIDS deaths in children and delivering a HIV free generation.

AREA 4. ELIMINATING STIGMA AND DISCRIMINATION TO CREATE AN ENABLING LEGAL AND STRUCTURAL ENVIRONMENT

Context Framing:

PLHIV networks must be resourced to lead stigma reduction and rights-based advocacy. We demand a future where laws protect us, systems respect us and stigma no longer stands between people living with HIV and the lives we deserve.

PLHIV ASKs	Solution Statements
<p>Create and sustain fully enabling legal, policy and social environments free from stigma and discrimination.</p>	<ul style="list-style-type: none"> • Enforce anti-discrimination protections and establish accessible reporting and redress mechanisms to create and sustain fully enabling legal, policy, and social environments for all PLHIV. • Mandate stigma free training across health and public institutions and operationalize robust accountability systems to ensure that rights-affirming laws and policies are fully implemented in practice.
<p>Reaffirm and strengthen the 2021 Political Declaration by urgently removing punitive and discriminatory laws and replacing them with rights based frameworks rooted in U=U science, evidence and human rights.</p>	<ul style="list-style-type: none"> • Repeal punitive and discriminatory laws, including those criminalizing HIV exposure, transmission, nondisclosure, sex work, same sex relations, drug use and gender diversity. • Replace punitive and discriminatory laws with rights based legal frameworks aligned with U=U science and public health evidence. • Ensure that legal reforms are guided by transparent, PLHIV-generated data, such as the PLHIV Stigma Index, and supported by measurable, time bound stigma reduction targets.
<p>Protect the privacy, digital rights, and data security of all PLHIV.</p>	<ul style="list-style-type: none"> • Implement robust privacy protections, digital rights and data security standards across all health and social service platforms to safeguard PLHIV from discrimination, surveillance and criminalization. • Enforce strict safeguards for personal health information, prohibiting unauthorized data sharing and ensuring that digital systems cannot be weaponized against PLHIV. • Ground all digital health expansion in rights based standards, transparent oversight and the meaningful participation of PLHIV communities to guarantee safety, autonomy and trust.

AREA 5. INTEGRATION OF HIV SERVICES AND HEALTH SYSTEMS STRENGTHENING

Context Framing:

PLHIV networks are essential partners in service delivery, governance, and oversight. We demand a future where HIV services are fully integrated into strong person-centered, community-led, rights-based health systems that deliver equitable, stigma-free, and lifelong care for all PLHIV.

PLHIV ASKs	Solution Statements
<p>Embed resilient PLHIV-led systems into national HIV and PHC Plans, with sustainable domestic financing and reduced donor dependency.</p>	<ul style="list-style-type: none"> • Scale up high impact differentiated service delivery (DSD) models, including peer adherence support, community testing, community pharmacy models, multi-month dispensing, and strong referral pathways, as core components of resilient PLHIV-led systems. • Guarantee uninterrupted ART distribution and service continuity during emergencies and system shocks through crisis ready, PLHIV system anchored delivery models embedded in national HIV and PHC plans.
<p>Fully integrate the HIV response into strong, equitable and person centered health systems in line with the GNP+ PLHIV Minimum Requirements for Integrated HIV Services.</p>	<ul style="list-style-type: none"> • Integrate person-centered HIV services within Primary Health Care (PHC) and Universal Health Coverage (UHC) frameworks in full alignment with the GNP+ PLHIV Minimum Requirements for Integrated HIV Services (2025). • Guarantee coordinated HIV, TB, maternal health, non-communicable disease (NCD), mental health, and primary care services supported by resilient supply chains, adequate human resources for health, and accessible, affordable services for all PLHIV. • Fund and formalize PLHIV-led community systems within national planning and governance, ensuring PLHIV leadership drives decisions across all levels of integrated care. • Ensure integrated HIV services reach people in rural, humanitarian and conflict affected settings through sustained investment and PLHIV-led approaches.
<p>Recognize and integrate PLHIV-generated data into national health information systems.</p>	<ul style="list-style-type: none"> • Formally recognize, fund, and embed PLHIV-generated data within national health information systems as a core pillar of monitoring, planning, and accountability. • Institutionalize PLHIV-led data sources, such as the PLHIV Stigma Index and Community Led Monitoring (CLM) data as authoritative evidence to drive policy decisions, resource allocation, and service improvement. • Resource PLHIV networks to collect, analyze, and validate data, ensuring that PLHIV evidence directly shapes national decision making and strengthens equitable, person-centered health systems.

2. PLHIV LEADERSHIP COMMITMENTS IN IMPLEMENTATION

We, the PLHIV community, are not passive beneficiaries of the global HIV response. We are its political engine, moral compass and frontline implementers. Our leadership is a governance function, not a symbolic gesture.

The commitments in this section define the leadership roles that PLHIV will drive to ensure that every ASK and Solution Statement is translated into real change on the ground. These commitments and roles are essential leadership functions that governments, donors, and institutions must recognize, resource and integrate into national and global implementation.

PLHIV leadership is indispensable to accountability, equity and the credibility of the 2026 Political Declaration.

Without PLHIV leadership at the center, the HIV response cannot claim legitimacy, cannot ensure accountability and cannot deliver the political will required to end AIDS.

AREA 1. TREATMENT ACCESS AND INNOVATION

Our Leadership Commitments

- PLHIV communities commit to leading the drive for equitable treatment access and innovation by championing self-care, supporting testing and adherence and mobilizing demand through peer-led treatment literacy, U=U education and meaningful participation in clinical trials, research agendas, and regulatory processes.
- We place our lived experience at the center of research, policy and program design, including generating evidence on values and preferences and strengthening accountability through community-led monitoring that ensures services remain person-centered.
- We commit to advocating for affordable, equitable and timely rollout of new technologies, including long-acting treatments, diagnostics and prevention tools.
- We commit to work with governments, researchers, institutional and development partners to ensure that treatment innovation is guided by PLHIV priorities, protects human rights and strengthens models of care that are grounded on PLHIV realities.

AREA 2. PLHIV LEADERSHIP AND THE GREATER INVOLVEMENT OF PEOPLE LIVING WITH HIV (GIPA)

Our Leadership Commitments

- PLHIV led organizations commit to delivering high impact, rights based and culturally grounded community responses, while mentoring and equipping the next generation of PLHIV leaders to sustain, expand, and future proof our movement.
- We commit to engage deliberately and strategically with national governments, duty bearers, donors and partners to co-create, implement and monitor sustainable HIV responses that uphold human rights, equity and accountability.
- Through lived experience, community generated data, and proven peer led models, PLHIV networks stand ready to translate political commitments into measurable progress toward the 2030 goals and sustained epidemic control.
- We commit to strengthening PLHIV leadership at local, national, regional and global levels, ensuring that PLHIV voices shape policy, budgets, service delivery and accountability mechanisms that directly affect our lives.

AREA 3. PREVENTION OF MOTHER TO CHILD TRANSMISSION (PMTCT) AND PEDIATRIC HIV

Our Leadership Commitments

- PLHIV communities commit to placing the rights and needs of children and adolescents living with or affected by HIV at the center of our advocacy and action, including advancing the triple elimination of HIV, hepatitis and syphilis as a political and moral priority.
- We commit to work with national governments and partners to strengthen knowledge, capacity, and demand creation by actively engaging PLHIV parents, caregivers, and youth in peer-support programs, treatment literacy, and advocacy that close testing and treatment gaps and improve viral suppression among children.
- We commit to amplifying the voices of PLHIV parents, caregivers, and youth leaders in national and global decision-making spaces, ensuring that policies, budgets, and service delivery models reflect the realities of families affected by HIV.

AREA 4. REMOVING STIGMA AND DISCRIMINATION FOR AN ENABLING LEGAL AND STRUCTURAL ENVIRONMENT

Our Leadership Commitments

- PLHIV communities commit to adapting, strengthening and using the PLHIV Stigma Index as a core accountability mechanism to document real world barriers to testing, treatment and prevention, and to drive the legal and policy changes needed to dismantle stigma and discrimination.
- We commit to lead efforts to shift harmful narratives by raising awareness of U=U through our lived experience, using peer-led education to motivate testing, prevention, treatment uptake and sustained viral suppression across communities.
- We commit to generate and share PLHIV driven evidence and work with governments, service providers, and partners to address discriminatory practices in health, social, and legal systems, and to advocate for rights affirming laws, policies and services that protect the dignity and safety of all PLHIV.

AREA 5. INTEGRATION OF HIV SERVICES AND HEALTH SYSTEMS STRENGTHENING

Our Leadership Commitments

- PLHIV communities and networks commit to sustained, strategic engagement with governments and partners to ensure that the integration of HIV services into Primary Health Care strengthens the quality, continuity and rights based nature of HIV care.
- Grounded in our lived realities and community generated evidence, we commit to monitor integration efforts to ensure they close service gaps, protect differentiated service delivery (DSD) models, and uphold the standards outlined in the GNP+ PLHIV Minimum Requirements for Integrated HIV Services.
- We commit to identifying and exposing barriers created by weak systems, stigma, or fragmented services, and to advocating for integrated models that are person centered, community anchored and responsive to the diverse needs of PLHIV across all settings.
- We commit to work with national and local health authorities to ensure that integration includes strong referral pathways, reliable supply chains, interoperable digital systems, and stigma free service delivery.
- We commit to mobilizing communities to hold governments and partners accountable for delivering equitable, sustainable, and rights affirming integrated services that strengthen health systems and improve outcomes for all PLHIV.

3. CLOSING DECLARATION

This PLHIV focused political document is a declaration of our unwavering leadership and commitment to continue our legacy as frontline defenders of our own lives.

We refuse to wait for permission to shape the systems that govern us and to secure quality, stigma free lives and sustainable treatment access for all PLHIV.

As we head towards 2031 and beyond, we PLHIV will still be here. Our needs will remain. We therefore commit to working with all partners to build a truly sustainable HIV response that lasts.

We will assert and demand the structural changes required to end AIDS. We will continue to organize, generate evidence, shape policy, and hold every actor accountable to the commitments made in the 2026 Political Declaration to End AIDS.

The PLHIV ASKs, Solution Statements and Leadership Commitments outlined here define the standards by which the global HIV response and governments must measure their actions.

END



GNP+ led the development of these ASKs, Solution Statements and Leadership Commitments through a global PLHIV led process, drawing from the PLHIV Leadership Summit 2025, the PLHIV Minimum Requirements for Integrated HIV Services, the PLHIV led Sustainable Roadmap and the Global AIDS Strategy 2026–2031. They reflect the priorities and advocacy calls from PLHIV across regions, including those living through humanitarian crises, political repression and fragile health systems.