COMMUNITY AND CIVIL SOCIETY POSITION STATEMENT FOR AIDS 2026

What Communities and Civil Society Are Bringing to Rio

AIDS 2026 · Rio de Janeiro & Virtual · 26-31 July 2026

Rethink. Rebuild. Rise. With communities at the centre.

AIDS 2026 comes at one of the most uncertain moments for the HIV, TB and malaria responses. Funding is shrinking, donor priorities are shifting, government-to-government arrangements are expanding, and countries are being asked to integrate and transition programmes in ways that may affect the people and communities who depend on them most.

For civil society and community-led organisations, Rio is more than just a conference; it is a pivotal moment for politics, funding, and accountability. It serves as a platform to advocate for community-led solutions, safeguard human rights, enhance data-driven advocacy, and ensure communities remain central in decision-making. This follows IAS2025, where the Kigali Declaration was introduced to partners and stakeholders in Rwanda. The declaration explicitly calls for partnerships, support for global HIV research, human rights protection, prioritising HIV prevention, and ending the politicisation of science.

Across countries, communities have carried the response through crisis, stigma, criminalisation, commodity gaps, shrinking resources and political uncertainty. Community-led organisations reach people whom formal systems often miss. Community-led organisations support testing, push for prevention, champion community-led monitoring, and demand the protection of rights and accountability. Yet too often, community-led organisations are the first to lose funding when financing becomes constrained.

As donor funding shifts, Global Fund Grant Cycle 8 advances, PEPFAR and USAID funding arrangements change, and governments face pressure to absorb more responsibilities, communities must not be treated as optional. Where are communities and civil society voices?

Sustainability must not mean the disappearance of community leadership. Integration must not mean invisibility. Transition must not mean abandonment.

We therefore call on governments, donors, the Global Fund, PEPFAR, UNAIDS, IAS, technical partners, philanthropies, and all partners shaping the future of the HIV, TB, and malaria responses to turn commitments into funded, tracked, and community-owned action.

FIVE ASKS FOR AIDS 2026

WHAT COMMUNITIES AND CIVIL SOCIETY ARE BRINGING TO RIO

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AIDS 2026 opens four years from the 2030 deadline, at the most financially uncertain moment the HIV response has faced, with bilateral funding for HIV declining worldwide. The Global Fund's Eighth Replenishment secured $12.64 billion of its $18 billion ask. It's real momentum, but with quite a distance left to cover. Changes in global health financing are testing whether HIV, TB and malaria programmes can continue reaching the communities that rely on them most. Just weeks before this conference, the world adopted a new Political Declaration on HIV/AIDS, backed by broad international support. The task now is to turn that commitment into funded, resourced, and tracked action. Here is what communities and civil society are asking every partner to help deliver.

1

FINISH THE REPLENISHMENT — PROTECT WHAT WORKS

The HIV response needs $21.9 billion a year by 2030. The Global Fund's Eighth Replenishment raised $12.64 billion of its $18 billion target, a strong signal of confidence in a partnership that has already cut combined AIDS, TB and malaria deaths by 63%. We ask every donor, including the founding and largest supporters of this partnership, to help close the remaining gap and protect the gains already made.

WE'LL KNOW IT WORKED WHEN: *Country allocations and transition plans are shared transparently with civil society, and the remaining gap is closed collaboratively, not through service cuts.*

2

FUND COMMUNITIES DIRECTLY — THEY DELIVER RESULTS

Community-led organizations deliver a significant share of testing, prevention and retention-in-care results, especially for people who are often missed by formal systems. The new Political Declaration's "30-80-60" targets, together with its commitment to funded community-led monitoring, acknowledge this role. We ask for that recognition to become direct, multi-year, flexible financing that reaches organizations without vanishing into layers of sub-granting. In most countries, the money still has to pass through a government intermediary before it reaches communities. Every Global Health Initiative should fund communities directly.

WE'LL KNOW IT WORKED WHEN: *Countries report annually and publicly on the share of HIV budgets reaching community-led organizations directly, measured against 30-80-60.*

3

GUARANTEE OUR SEAT AND OUR VOICE IN THE ROOM

Munich 2024 showed that when conference organizers commit to inclusion, visa and scholarship access for delegates from the Global South can be improved. This progress must now become the standard, not the exception. CSOs call for guaranteed, funded visa facilitation and scholarships for Global South delegates at

every IAS conference and replenishment meeting, as well as formal civil society seats in all planning processes, not symbolic participation.

WE'LL KNOW IT WORKED WHEN: *Scholarship and travel budgets grow year over year to match rising demand — not just the visa approval rate for however many scholarships get funded.*

4

REMOVE THE BARRIERS THAT BLOCK CARE

The evidence is consistent across regions: where punitive laws, stigma and violence fall, more people test, enrol in prevention, start treatment and adhere. The 2026 Political Declaration's "10-10-10" targets reflect this evidence. We ask governments to fund and implement 10-10-10 as a public-health investment (the fastest way to reach the people every response still misses). That funding must protect prevention budgets specifically, including the rollout of new tools like lenacapavir, which will reach no one if the money isn't there. We also ask governments to protect the civic space of the organizations doing this work.

WE'LL KNOW IT WORKED WHEN: *Country progress against the 10-10-10 targets is tracked and reported publicly, the same way 95-95-95 is tracked.*

5

TURN COMMITMENT INTO TRACKED ACTION

Political declarations matter for what happens after them. AIDS 2026 is the first major global gathering since the 2026 Political Declaration passed with strong support: the moment to show the world what funded, resourced implementation looks like. We also call for the Kigali Declaration at IAS2025 in Rwanda to be acted upon, and for leadership of HIV programmes and research to be brought closer to communities that need them the most

WE'LL KNOW IT WORKED WHEN: *A public, community-owned scorecard tracks every target in the Declaration, with a progress report at every IAS conference through 2030 — starting here, in Rio.*

We call for continued investment in platforms that help communities access information,

We call for interpreting funding decisions, tracking cuts, understanding transition processes, and safely escalating concerns.

We call for intentional engagement of Communities who are equipped and empowered to participate in every decision that affects their lives.

OUR MESSAGE FROM RIO

We came to Rio to be heard.
We must leave Rio organized.
We must return home ready to act.

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SIGN-ONS TO THE STATEMENT:

1	ACTE ONG BÉNIN	Bénin
2	Action communautaire pour le Bien être de l'Enfant et de la Femme au Bureau (ABEFAB)	Burkina Faso
3	Action for Youth Aid and Development-South Sudan AYAD-SS	South Sudan
4	Actions Contre les Souffrances des Orphelines et des Veuves	République Démocratique du Congo
5	Africa Key Populations Experts Group-AKPEG	Kenya
6	Afrihealth Optonet Association (AHOA)	Nigeria
7	Aide Internationale pour le Développement Durable (AIDD)	Côte d'Ivoire
8	AJESEEY	Cameroun
9	AJUDI-ONG	DRC
10	Alcondoms Cameroun	Cameroun
11	Association d'Aide à l'Education de l'Enfant Handicapé (AAEEH)	France
12	Association Nigérienne des malades guéris de la tuberculose (ANIMAG TB)	Niger
13	Atlantic institute For Health Equity South Africa Tekano/Atlantic institute Oxford Rhodes house	South Africa
14	Be in The Know	Kenya
15	BLANTYRE ADVENTIST HOSPITAL	Malawi
16	CCM - CHAD,	Tchad
17	Center for Public Health promotion	Zambia
18	CHANGU NI CHEMA NETWORK	Kenya
19	Civil Society Forum, Sedibeng, Gauteng, South Africa.	South Africa
20	Civil Society Movement against TB	Sierra leone
21	COALITION OF WOMEN LIVING WITH HIV AND AIDS (COWLHA)	Malawi
22	Coalition PLUS	Global
23	Community And Family Aid Foundation-Ghana	Ghana
24	Community Echoes Foundation	Cameroon
25	Cphdp champions CBO	Kenya

26	CRSW-KENYA	Kenya
27	CW Lesotho (ICW Lesotho	Lesotho
28	Data Etc	USA
29	Department of Children Services	Kenya
30	Domitillah Okemo	Kenya
31	eannaso	Tanzania
32	ECO Dada Initiative	Kenya
33	Education For All	Cameroon
34	Emmanuel Community Empowerment Network	Kenya
35	Empower India	India
36	Empowerment Community based organisation	Kenya
37	Femmes et Cités Solidaires	Bénin
38	Gavudunyi community unit CBO	Kenya
39	GERMAIN NDZODO OTABELA	CAMEROUN
40	Gisèle Aurélie Ntchouafet Tchouakeu	Cameroun
41	Global Health Italian Network	Italy
42	Groupement des organisations de mise en œuvre des ISDC au Cameroun (GISDIC	Cameroun
43	HODSAS	REPUBLIQUE DEMOCRATIQUE DU CONGO
44	Housing Works Haiti	Haiti
45	Human Rights Organisation ODH-Mozambique	Mozambique
46	I-Care Kenya	Kenya
47	Institute for Social and Youth Development (ISYD)	Pakistan
48	ITPC-MENA	Morocco
49	Jeunesse Congolaise vers la Voie du Savoir(JCVS)	DRC
50	Khadija Richards	South Africa
51	KP-TNC	Malawi
52	Liberia Equality Network - LEN	Liberia
53	Magatte MBODJ	Sénégal
54	Maisha youth	Kenya
55	Malawi Network of People Living with HIV/AIDS	Malawi
56	Marie josette Yemche	Cameroun

57	MENA Rosa	Middle East and North Africa
58	Methadone recovery community empowerment-tz (MRCE-TZ)	Tanzania
59	MOH	Vihiga
60	Most at Risk Young Mothers and Teenage Girls Living with HIV Initiative (MOYOTE)	Kenya
61	Mugumu support self help group	Kenya
62	MUTUELLE DE SANTE IGIRANEZA	BURUNDI
63	NETWORK OF ELDERLY PLHIV IN KENYA	KENYA
64	Network of TB Champions in Kenya (NTBC-K)	Kenya
65	Network of Young People Living with HIV in Kenya(Y plus Kenya)	Kenya
66	Nigeria Malaria and NTDS Youth Corps	Nigeria
67	NIN MIN MONH	COTE D'IVOIRE
68	NPAGHC	TURKANA
69	Omega winners initiative	Kenya
70	Ong Plus de Sida dans les Familles	Gabon
71	Open minded generation	Kenya
72	Organisme du partenariat en santé ops (health partnership)	République démocratique du Congo
73	Pan African Positive Women's Coalition-Zimbabwe	Zimbabwe
74	Recovery With Honor (CBO)	Kenya
75	Red Ribbon Empowerment Movement (RREMov)	Ghana
76	Santé Espoir Vie	Guinée
77	Shalom Health Foundation	Ghana
78	Show Me Your Number	South Africa
79	Sidaction	France
80	Sinatsisa Lubombo Women and girls Empowerment orga	Eswatini
81	SITATUNGA MANUFAA	Kenya
82	Society for Child Support and Economic Empowerment	Nigeria
83	Society for Women and AIDS in Africa. SWAA-Ghana	Ghana
84	SUDANESE PLHIV CARE ASSOCIATION (SPCA)	Sudan
85	Sukaar Welfare Organization	Pakistan

86	TCHALE	TOGO
87	Tharaka Nithi Shinners CBO	Kenya
88	The Diversity Forum	Malawi
89	The Society for Children Orphaned By AIDS Inc. (SOCOBA)	United States
90	The Uganda National Medical Alliance for Prisoners' Support	Uganda
91	Treatment Optimization Campaign	South Africa
92	Tujenge Afya CBO	Kenya
93	TUJENGE AFYA COMMUNITY BASED ORGANISATION	Kenya
94	TULA COMMUNITY BASED ORGANIZATION	KENYA
95	UTU BORA CBO	VIHIGA
96	Wavemakers Initiative for Health and Youth Empowerment (WIHYE)	Nigeria
97	Woplah	Kenya
98	Wote Youth Development Projects CBO	Kenya
99	YOUNG POTTERS CBO	Kenya
100	YOUNG WOMEN'S CHRISTIAN ASSOCIATION	BENIN
101	Youth Movement for HIV/TB/SRHR Advocacy in Zambia -YMHAZ	Zambia
102	Zimbabwe Civil Liberties and Drug Network	Zimbabwe
103	Zimbabwe National Network of PLHIV+	Zimbabwe