



Hold the Line. Finish the Job. A Call to World Leaders to End AIDS by 2030

For more than four decades, the global HIV response has proven what is possible when communities, governments, civil society, scientists, and funders work together. Millions of lives have been saved. New HIV infections and AIDS-related deaths have declined dramatically. What once seemed impossible has become one of the greatest public health achievements in modern history.

Good health and well-being (SDG 3) are both a cause and a consequence of sustainable development. They are decisive foundations for ensuring strong, productive, and resilient societies with extensive evidence demonstrating substantial returns on investment, scientific and programmatic innovation, economic benefits across sectors, and exceptional value for money. **Investments in HIV not only save lives, they fortify communities, strengthen critical health systems and essential infrastructure, and drive economic productivity and broader socioeconomic development.**

The final Political Declaration preserves several critical commitments that communities fought hard to secure, including targets on community leadership, community-led monitoring, civic space, access to medicines, and human rights. These gains matter and must be protected.

But protecting past gains is not the same as securing future progress.

At a time of shrinking development assistance, widening inequalities, and growing pressure on health systems, the declaration falls short of the level of ambition required to address persistent barriers to equitable access. Important gaps remain regarding intellectual property barriers, the full use of TRIPS flexibilities, technology transfer, and sustainable financing for the HIV response.

As a global community, we have a responsibility not only to protect past gains, but to accelerate progress toward a more equitable future.

What must now be protected, strengthened, and implemented:

1. **Fully implement the 30-80-60 targets and uphold the associated commitments** to protect and promote civic space, the rights of people living with HIV and key populations, community leadership, and community-led responses as drivers of progress toward ending AIDS.
2. **Restore, uphold, and make good on ambitious financial commitments**, including reversing cuts to Official Development Assistance (ODA), while recognizing the critical role played by all partners and sources of funds from across the global HIV response.
3. **Defend international human rights commitments**, gender equality in its fullest diversity, and the meaningful inclusion of communities living with and affected by HIV, including civil society partners in governance and decision-making bodies at sub-national, national, regional and global levels.
4. **Safeguard international commitments to protecting and promoting enabling environments** by recognizing the social and structural drivers of HIV and the impact of restrictive laws, policies and criminalisation on HIV risk, vulnerability, resilience, equitable access to services, human rights and dignity.

5. **Acknowledge and reverse intellectual property-related barriers**, including patents and other exclusivities, which negatively affect the availability, affordability and accessibility of HIV medicines and health technologies.
6. **Reaffirm and explicitly encourage the full use of TRIPS flexibilities** to protect public health, promote equitable access to medicines, and enable countries to respond effectively to current and future health challenges.
7. **Discourage TRIPS-plus measures** such as data exclusivity and other forms of enhanced protection that may delay generic competition and restrict equitable access to medicines and good health.
8. **Strengthen commitments on technology transfer**. Current provisions remain qualified by the phrase “on mutually agreed terms”, placing technology transfer almost entirely within voluntary arrangements and weakening efforts to expand knowledge sharing, manufacturing capacity, and equitable access to health technologies in low- and middle-income countries.

In a year marked by unprecedented financial upheaval, uncertainty, escalating conflict, climate catastrophe, growing hostility towards science, and human suffering proliferating in countries and regions around the world, global leadership and strong solidarity to tackle HIV and protect human rights are more important than ever. We know from the severe challenges posed by COVID-19 and other infectious diseases that **global health is a global public good and that human wellbeing, sustainable development, global economic prosperity, and peace can only be achieved when societies are healthy and safe.**

The recent retreat from international cooperation combined with plummeting levels of ODA and global health investment will not achieve our ultimate goal to end AIDS as a public health threat. Development assistance and global health investments have contributed to an increase of [more than ten years in global life expectancy since 2000](#). These investments have driven a substantial reduction in child mortality, strengthened nutrition and sanitation standards, and have supported major progress in healthcare, notably through broader access to antibiotics, HIV treatments and vaccines. **Strong investment in health and community systems reinforces global health security and works in solidarity to keep everyone safe.**

We call on world leaders to demonstrate leadership through bold action and renewed ambition to end AIDS by 2030; defend human rights and diversity; expand equitable access to medicines and health technologies; and recommit to investing in community-led responses as essential drivers of sustainable development.

This moment requires courageous, evidence-informed leadership grounded in 45 years of lessons from the HIV response. Adopting a weak 2026 Political Declaration on HIV and AIDS would be a missed opportunity; failing to adopt one at all would be an abdication of leadership.

We have learnt the hard way that HIV, tuberculosis (TB), COVID-19, and Ebola know no borders. History has taught us that outbreaks may be inevitable, but epidemics and pandemics are preventable. The evidence is clear. **Communities, human rights, equitable access to medicines, and sustained investment save lives.** The evidence is clear: committing to what works is the only path to ending AIDS as a public health threat by 2030.