UN HIGH-LEVEL MEETING ON HIV/AIDS

United to End AIDS by 2030 | Meeting Summary | UNDP External

22-23 June 2026 | UN General Assembly, 80th Session, New York

1. Meeting Overview

On 22 and 23 June 2026, the United Nations General Assembly convened the High-Level Meeting (HLM) on HIV/AIDS at its 80th session in New York, under agenda item 10 in accordance with resolution 80/256. This was the last HLM on HIV/AIDS before the 2030 deadline to end AIDS as a public health threat, marking 25 years since the landmark 2001 Declaration of Commitment. The meeting comprised three plenary sessions and three thematic panel discussions, and concluded with the adoption by vote of Political Declaration A/80/L.79, United to End AIDS by 2030. The declaration was adopted 149 in favor, 8 against, and 14 abstentions: the first time a major HIV/AIDS political declaration has not been adopted by consensus.

VOTE ON POLITICAL DECLARATION A/80/L.79

149 in favor | 8 against | 14 abstentions

Voted against (8): Burkina Faso, Burundi, Democratic People's Republic of Korea, Israel, Niger, Russian Federation, Senegal, United States

Abstained (14): Bahrain, Belarus, Egypt, Iran, Iraq, Kuwait, Libya, Mauritania, Oman, Paraguay, Qatar, Saudi Arabia, Sudan, Yemen

2. Agreed Outcomes: Key Commitments in the Political Declaration

The following summarizes key commitments in the adopted declaration. Items in [brackets] reflect contested provisions or noted weaknesses recorded by Member States.

Area	Key Commitments
Targets and Timelines	Reaffirms 95-95-95 treatment targets. Commits to 40 million on HIV treatment and 38 million virally suppressed by 2030. Includes 40+20 milestones (20 million on PrEP; 20 billion condoms; 20% domestic HIV funding to prevention) and 10-10-10 societal enabler and 30-80-60 community-led response targets.
Financing	Acknowledges the $22 billion annual requirement in LMICs through 2030 and the $3.2 billion annual gap. Domestic resource mobilization and international financing are framed as partners. [Several delegations noted regression from 2021 language on burden-sharing and equity.]
Equity, Access, and Technology	Commits to equitable access to medicines and long-acting treatment and prevention options; strengthens local and regional manufacturing including through the African Medicines Agency. African Group oral amendment removing 'on mutually agreed terms' from technology transfer paragraphs adopted by acclamation. [EU, US, Canada, Switzerland dissociated.]
Human Rights and Key Populations	Commits to enabling legal environments and review of criminalization. EU amendments L.80 (gender-based violence) and L.81 (key populations) adopted by acclamation. [Most contested terrain: multiple states voted against or abstained; overall human rights language assessed as weaker than 2021.]
Community Leadership	Reaffirms the GIPA principle; commits to the 30-80-60 community-led response targets, social contracting mechanisms, and protection of civic space.
Health Systems and Integration	Commits to integrating HIV within primary healthcare, UHC, and national budgets, with links to TB, sexual and reproductive health, mental health, and NCD services. HIV responses to be embedded within emergency and humanitarian frameworks.
Accountability	Annual voluntary reporting to UNAIDS; annual Secretary-General progress reports. Next HLM in 2031 with interim reviews at the 2027 and 2030 SDG summits. UNAIDS institutional transition referenced but not resolved; designated to the PCB working group and UN80 reform framework.

3. Key Themes and Issues Raised in Discussion

3.1 Financing Crisis and Donor Transition

Global official development assistance for HIV fell 23% in 2025, the fastest ODA decline on record. The UNAIDS Global AIDS Brief (16 June 2026) documented HIV testing down 22% in high-burden settings, condom funding cut over 90% in some settings, PrEP uptake down 38%, and community-led service delivery cut by 50-85% in 47 countries. Less than 3% of HIV financing reaches community-led organizations and less than 1% reaches youth-led organizations. As of 2025, 1.2 million people acquired HIV globally and 570,000 died of AIDS-related causes, underscoring that the 2030 target remains at risk.

Domestic resource mobilization and international financing were framed as partners, not alternatives. Managed transitions were cited as achievable when gradual, institution-led, and built on national trust prior to donor reduction. The $22 billion annual financing requirement for low- and middle-income countries remains significantly unmet, with a $3.2 billion annual gap acknowledged in the declaration.

3.2 Long-Acting Technologies and Equitable Access

Lenacapavir, a twice-yearly injectable PrEP, was the most-discussed scientific advance across all sessions. Early rollout experiences were reported from multiple countries. Gilead Sciences described its access strategy: royalty-free licensing to six generic manufacturers; bridge supply at no profit for up to 3 million people through the Global Fund and PEPFAR; and WHO prequalification granted in October 2025. Civil society and developing country governments cautioned against conflating access announcements with access reality, and called for TRIPS flexibility protections and alternative innovation models not dependent on high product prices. The 40+20 milestone framework was presented as the practical compact connecting scientific progress to population-level impact.

3.3 Community Leadership, Human Rights, and Legal Environments

Community leadership was described across all three thematic panels as under existential threat from funding cuts, shrinking civic space, punitive laws, and anti-rights movements. A survey of 64 civil society organizations across five global regions found 92% reporting that anti-gender movements are more visible and affecting HIV services, 89% citing fear of discrimination as the top access barrier, and 27% reporting anti-gender attacks directly disrupting long-acting medication rollout. HIV infections are rising in 38 countries, with young people bearing a disproportionate share. The panel called for communities to move from consultation to co-governance, with decision-making power over policies, budgets, and services.

On the legal environment, for the first time since UNAIDS began tracking, global criminalization of same-sex relationships is rising: two countries criminalized same-sex relationships in 2025 and one country increased penalties in 2026. Criminalization directly undermines service access and drives new infections. The political declaration negotiations were a live illustration of these tensions: EU amendments restoring key population references and gender-based violence language were adopted, while multiple states objected to human rights, SOGIESC, and comprehensive sexuality education provisions.

3.4 Health Systems Integration and UNAIDS Transition

Integration of HIV into primary healthcare, universal health coverage, and national budgets was endorsed across all sessions as clinically sound and financially necessary. Speakers cautioned that integration must not dilute HIV-specific programming: dedicated prevention financing, community-led delivery, and rights-based accountability must be preserved within integrated systems. Drug policy coherence was raised as an under-addressed dimension, with a call for stronger links between HIV programming and drug policies.

The proposed UNAIDS institutional transition within the UN80 reform framework was raised with concern across all sessions. Speakers called for preserving core mandates: civil society governance mechanisms, community engagement, data systems, and the multi-stakeholder accountability architecture built over 30 years. It was stated that the gradual phase-out proposed by the Secretary-General must be managed to sustain vital capacity and expertise in the relevant entities of the UN development system, with the joint UN programme model identified as the appropriate vehicle for continuity. The institutional future remains with the PCB working group; timeline and safeguards are unresolved.

4. Points of Convergence and Points of Tension

Points of Convergence

- **From commitments to implementation:** Near-universal agreement that the 2030 deadline requires concrete, accountable action. The 2025 targets were missed; a repetition would be catastrophic.
- **Innovation must be matched by access:** Long-acting technologies were universally welcomed; the challenge is equitable, affordable, and rapid deployment rather than scientific advancement alone.
- **Communities must lead, not just participate:** Community-led organizations are the most effective vehicle for reaching key populations; they require adequate, predictable, direct funding and decision-making power.
- **Integration with safeguards:** HIV services must be embedded in primary healthcare and national budgets, with ring-fenced prevention financing and preserved community-led architectures.
- **UNAIDS transition must preserve core functions:** The civil society governance architecture, data systems, and multi-stakeholder accountability mechanisms built over 30 years must survive institutional restructuring.

Points of Tension

- **Declaration adopted by vote, not consensus:** 149 in favour, 8 against, 14 abstentions. States voted against over human rights language, trade provisions, SOGIESC, and the scope of the declaration, representing a significant departure from prior consensual processes.
- **Human rights and key population language:** EU amendments L.80 and L.81 were adopted, but multiple governments dissociated or expressed reservations. The overall human rights-based approach is assessed by several delegations as weaker than 2021.
- **Technology transfer:** The African Group's oral amendment removing 'on mutually agreed terms' was adopted; the EU, US, Canada, and Switzerland dissociated. The tension between public health access objectives and intellectual property frameworks is unresolved.
- **Financing responsibility:** The African Group and other developing country delegations characterized the declaration as shifting burden to domestic financing without adequate international solidarity commitments. No new financing commitments were made.
- **Private sector role:** Calls for structural solutions including TRIPS flexibilities, alternative innovation models, and local manufacturing sit in tension with voluntary industry access frameworks.

Appendix: Further Resources and References

The following documents, frameworks, and events were referenced by speakers across all sessions of the High-Level Meeting, 22-23 June 2026.

Document / Reference	Description / Relevance
Political Declaration on HIV/AIDS: United to End AIDS by 2030 (A/80/L.79, as amended)	Principal outcome document. Adopted 23 June 2026, 149 in favour, 8 against, 14 abstentions. Contains the 95-95-95, 40+20, 10-10-10, and 30-80-60 targets.
2021 Political Declaration on HIV and AIDS	Baseline referenced by multiple delegations; the 2026 declaration was assessed by several as weaker on human rights language.
Global AIDS Strategy 2026-2031: United towards Ending AIDS	Strategic framework cited throughout as guiding the HIV response alongside the Political Declaration.
Report of the Secretary-General on HIV/AIDS (A/80/724), 2026	Referenced by Monaco and others as the basis for renewed political commitment.
UNAIDS Global AIDS Brief (16 June 2026)	Key data source cited across all sessions: ODA for HIV fell 23% in 2025; HIV testing down 22%; PrEP uptake down 38%; community-led services cut 50-85% in 47 countries.
UNAIDS 'In Danger' report	Cited in discussions on community leadership: HIV infections rising in 38 countries, young people disproportionately affected; less than 1% of HIV financing reaches youth-led organizations.
Global Fund to Fight AIDS, Tuberculosis and Malaria — Seventh Replenishment	EU pledged EUR 3 billion+. Referenced throughout as a primary financing mechanism.
PEPFAR (U.S. President's Emergency Plan for AIDS Relief)	Over $100 billion invested; estimated 26 million lives saved; over 20 million on ART across more than 50 countries.
Gilead Sciences / Global Fund / PEPFAR Strategic Partnership on Lenacapavir (Yeztugo) for HIV PrEP	Twice-yearly injectable HIV PrEP. Gilead finalized partnerships with the Global Fund and PEPFAR in 2025 to supply up to 3 million people in LLMICs at no profit through 2028. WHO prequalification granted October 2025. Generic rollout via voluntary licensing in 120 countries anticipated from 2027.
WTO Doha Declaration on the TRIPS Agreement and Public Health (2001)	Referenced in paragraph 86 of the Political Declaration; cited by multiple delegations in discussions on technology transfer and access to medicines.
Greater Involvement of People Living with HIV/AIDS (GIPA) Principle — Paris Declaration (1994)	Reaffirmed in the Political Declaration and referenced across all sessions as the foundation for community leadership commitments.
Thematic Panel Summaries — HLM 2026 (Panels I, II, III)	Panel I: Country-Led, People-Centered HIV Responses, Resilient Systems and Financing (South Africa, Cambodia). Panel II: Equitable Access to Science, Technology and Innovation (Mexico, Malawi). Panel III: Community Leadership Driving an Inclusive and Sustainable HIV Response (Netherlands, Haiti).
UNAIDS Programme Coordinating Board (PCB) Working Group on UNAIDS Transition	Designated forum for resolving the institutional future of UNAIDS within the UN80 reform framework. Raised with concern across all sessions; timeline and safeguards remain unresolved.
International AIDS Conference 2026 (AIDS 2026) — Rio de Janeiro, July 2026	Brazil issued a formal invitation to all delegations. Next major global convening of the HIV community.
2027 and 2030 UN General Assembly Summits on the Global Goals	Designated as interim HIV accountability moments under the Political Declaration prior to the 2031 HLM.
UN HLM on HIV/AIDS 2031	Next full review of commitments made in the 2026 Political Declaration.