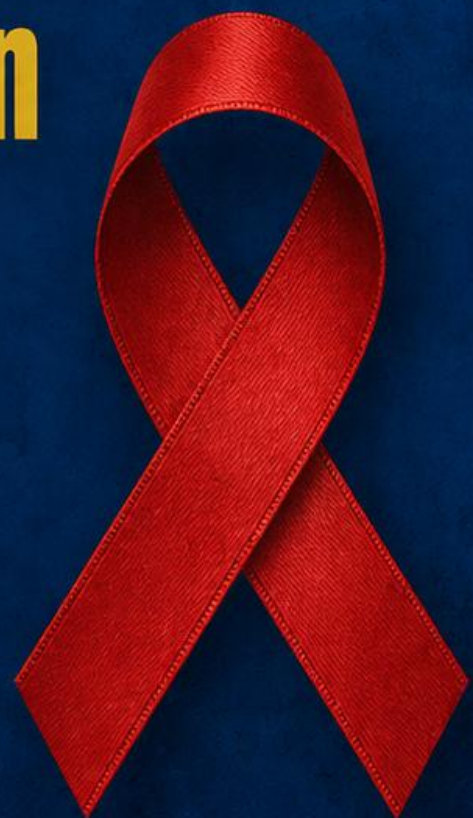


21st of April 2026

TO co-facilitators and Member States delegates of the
2026 UN High-Level Meeting on HIV/AIDS

HIV/AIDS response in Eastern Europe and Central Asia cannot be treated as business as usual in the 2026 Political Declaration on HIV and AIDS!

**Joint Statement of EECA
Communities and Civil Society
on the 2026 Political Declaration
on HIV and AIDS**



EECA remains the only region where both new HIV infections and AIDS-related deaths have increased since 2010. This is not a technical failure but the result of political choices: ignoring the needs of key populations, punitive laws, criminalization, shrinking civic space that disables community response, chronic underfunding of prevention and community-led responses, Russia's war against Ukraine and other armed conflicts driving displacement and mass migration across the region, and the continued failure to protect the people most affected by HIV. The 2026 Political Declaration must respond to this reality directly and clearly.

We call on Member States to ensure that the 2026 Political Declaration responds to the regional priorities identified in the regional chapters

of the Global AIDS Strategy 2026–2031, including for Eastern Europe and Central Asia. Generic global language is not enough when regions face distinct realities, risks and barriers. EECA's realities demand specific political commitments, measurable action and adequate financing.

We demand that the Political Declaration speak clearly against criminalization and punitive laws as drivers of the HIV epidemic.

In EECA, people living with HIV and key populations continue to face criminalization, police harassment, censorship, violence, and exclusion from services. These failures of the governments directly contribute to greater vulnerability, poorer prevention, delayed diagnosis, weaker treatment continuity, and illness and death. Sex work, drug use and possession for personal use, same-sex relations where they are penalized and criminalized, and HIV exposure and transmission continue to be governed through punishment rather than evidence-based public health care and the protection of human rights. These laws and policies fuel stigma, violence and abuse, drive people away from services, and keep the epidemic going. The 2026 Political Declaration must call for the review, reform, repeal and removal of punitive laws and policies that block access to HIV prevention, treatment, care and support.

We demand that the Political Declaration ensure and protect civil society's space in the HIV response.

Shrinking civic space is not a side issue — it is an HIV issue as it directly undermines our collective HIV response. In EECA, foreign-agent style laws, restrictive registration and funding rules, censorship, administrative pressure, targeted interference, reprisals and violence against activists are weakening the very actors who sustain prevention, outreach, treatment literacy, legal support, community-led monitoring and accountability. Across the region, community-led organisations are being pushed into survival mode: reducing visibility, limiting engagement, and scaling back advocacy simply to keep operating. This is the opposite of meaningful participation of communities and civil society: it is containment. The 2026 Political Declaration must require Member States to protect freedom of association, peaceful assembly and expression, prevent reprisals, and ensure that community-led organisations can register, receive funding, operate safely and participate fully in the HIV response.

We call on Member States to confront the reality of donor transition and retreat in EECA.

Across the region, prevention, harm reduction, outreach, legal support, psychosocial support, rights-based services and much of the community-led response remain heavily dependent on external financing. As donors, including the Global Fund to Fight AIDS, Tuberculosis and Malaria, phase out or reduce support, communities are being left without the resources needed to keep people alive, connected to care and protected from abuse. We stress that national income-based metrics are insufficient to measure readiness for transition; they fail to account for shrinking civic space and the absence of domestic funding for key populations. Especially in the current political environment, donor withdrawal does not automatically translate into domestic ownership — too often, it leads to cuts, exclusion and silence. Without independent donor financing, community-led organizations across EECA lose their autonomy and their capacity to influence national HIV responses, effectively being silenced in the decision-making process.

Member States must commit that treatment will not be scaled back, that prevention for key populations will not be dismantled, that harm reduction will not be defunded, and that community-led responses will not be abandoned as donors leave. Transition without protection, financing and accountability is not sustainability. Sustainable access will also require structural measures to reduce prices and improve supply security, including pooled procurement, price transparency, regulatory cooperation and the use of TRIPS flexibilities to enable competition and prevent supply disruptions.

We call on Member States to protect evidence-based prevention and access to treatment, medicines and technologies as political obligations, not optional programme preferences.

In EECA, harm reduction, opioid agonist treatment, PrEP, condoms, lubricants, low-threshold services and peer-led prevention remain under-supported or politically contested. Access to medicines, diagnostics and newer technologies, including long-acting options, remains unequal because of pricing, procurement barriers, registration delays and weak supplier interest. The 2026 Political Declaration must commit to protecting and financing evidence-based prevention, including harm reduction, and to improving sustainable access to medicines, diagnostics and new technologies and digital solutions.

We call on Member States to explicitly recognize that HIV does not exist in isolation and that ending AIDS requires integrated, people-centered responses to co-morbidities.

In EECA, tuberculosis remains the leading cause of death among people living with HIV, and viral hepatitis – particularly hepatitis C – continues to drive morbidity and mortality among key populations, especially people who use drugs. Fragmented systems that separate HIV, TB and hepatitis services result in missed diagnoses, delayed treatment, preventable deaths and inefficient use of resources. The 2026 Political Declaration must commit to the integration of

HIV, TB and hepatitis services, including joint screening, diagnosis, treatment and care, and to ensuring uninterrupted access to these services across all settings, including prisons, harm reduction programmes and community-led services.

We call on Member States to guarantee continuity of HIV prevention, treatment, diagnostics and related services in contexts of war, displacement and migration.

In EECA, the war of russia in Ukraine has made this urgent and visible, but this challenge is not limited to our region. Across regions, people are losing continuity of care because they cross borders, flee violence, are displaced internally, or lack the documents or legal status required by national systems. The 2026 Political Declaration must require Member States to ensure continuity of care and access to services for migrants, refugees and forcibly displaced people regardless of legal status, and to strengthen cross-border referral, treatment continuation, access to medicines and diagnostics, and linkage to social and legal support. This must include access to medicines and health technologies, including and safeguards against evergreening by industry. No one should lose access to treatment, prevention or survival because of war, movement or paperwork.

Communities are the backbone of the HIV response, not temporary contractors.

In EECA, community-led organisations sustain outreach, peer support, treatment literacy, legal aid, psychosocial support, harm reduction, crisis-adapted responses, migrant support and other low-threshold services where formal systems often fail, exclude or intimidate. Community-led organisations are also critical providers of integrated services, including TB screening and treatment support, hepatitis testing and linkage to care, and psychosocial support for people with multiple health needs. Community-led monitoring and following advocacy by people with lived experience has shown its value as a real-time accountability mechanism and must be integrated into national monitoring, evaluation, and review systems, not treated as an optional consultation exercise. Member States must ensure sustained political and financial support for community-led responses, including direct financing, social contracting, protection of community workforces, and meaningful participation of communities in decision-making, implementation and accountability at national, regional and global levels.

The new Political Declaration must explicitly name all key populations and recognize their specific realities. People who use drugs, sex workers, transgender people, gay, bisexual and other men who have sex with men, and people in prisons and other closed settings must not disappear into vague language.

Women living with HIV, including women who use drugs, women engaged in sex work, migrant women and women affected by displacement, must be visible in the commitments adopted by Member States. Adolescents and young people must also be explicitly recognized, including

through commitments on youth-friendly services, age-appropriate information, mental health and participation in decision-making. The Declaration must commit to gender equality, gender-sensitive responses, sexual and reproductive health and rights, protection from gender-based violence, and integrated services that reflect the realities of people's lives rather than the convenience of institutions.

We also state clearly: meaningful community engagement cannot end with consultation that has no influence.

Participation without impact is tokenism. If communities are asked to contribute to the 2026 process, those contributions must shape the Political Declaration itself and its implementation. The process must ensure timely, structured and substantive community engagement, and the outcomes must include clear commitments to accountability, monitoring, reporting and regular feedback to communities. There have already been too many declarations that remained stronger on language than on delivery. EECA cannot afford another one.

We call for the 2026 Political Declaration to reaffirm and strengthen coordinated UN leadership on HIV,

with the UNAIDS Secretariat at the centre of coordination, accountability and engagement with communities. At a time of shrinking civic space, political backlash and declining funding, the HIV response needs stronger leadership and stronger coordination — not weaker ones. Weakening UNAIDS would weaken the capacity of the international system to support Member States, bring partners together, track delivery and keep the response grounded in evidence, human rights and community realities. The Declaration must reaffirm the Secretariat's central function in implementation, accountability and follow-up.

For EECA, the political choice is clear. Either the 2026 Political Declaration responds to the realities of war, displacement, donor retreat, shrinking civic space, criminalization and unequal access, or it will repeat a familiar pattern: strong words, weak protection, and continued preventable infections, preventable deaths and preventable exclusion. We call on Member States to choose differently.

The 2026 Political Declaration must protect communities, sustain services, remove punitive barriers, preserve civic space and turn commitments into funded, measurable and accountable action!

**The statement is prepared and signed by the following community
and civil society organisations:**

AFI — Republic of Moldova
Alliance for Public Health — Ukraine, EECA region and globally
All-Ukrainian charitable organization "CONVICTUS UKRAINE" — Ukraine
ARAS - Romanian Association Against AIDS — Romania
CAAPL — Central Asia
Charitable Foundation "Positive Women of Odessa" — Ukraine (Odesa and Odesa region)
Charitable Organization "Union of Adolescents and Youth "Teenergizer" — Ukraine and the Eastern Europe and Central Asia region
Club Eney — Ukraine
Community PULSE — Republic of Moldova
ECOM — Eurasian Coalition on Health, Rights, Gender and Sexual Diversity — Eurasia
Estonian Network PLWHIV (EHPV) — Estonia
Eurasian Harm Reduction Association (EHRA) — Eurasia
Eurasian Movement for the Right to Health in Prisons — Eurasia
Eurasian Women's Network on AIDS (EWNA) — Eurasia
European Network of People who Use Drugs (EuroNPUD) — Europe
Flight — Croatia
Foundation Step by Step — Poland, Belarus
Gay and Lesbian Alliance — Kazakhstan
Health and Social Development Foundation (HESED) — Bulgaria
HOPS - Healthy Options Project Skopje — North Macedonia
HPLGBT — Ukraine
ITPC EECA — Eurasia
Kaos GL — Türkiye
Kolektyw Kamelia — Poland
LGBTQ+ group Coming Out — Russia
Montenegrin Harm Reduction Network Link — Montenegro
NGO Juventas — Montenegro
Odyseus civic association — Slovakia
PREKURSOR Foundation — Poland
Public Association "Overcoming" — Kazakhstan
Public organization "Point of support" — Kazakhstan
Queer youth NGO "Education Community" — Kazakhstan
Regional Expert Group on Migration and Health for Eurasia — Eurasia
Rights Reporter Foundation — Hungary
Sex Workers' Rights Lithuania — Lithuania
The Sex Workers' Rights Advocacy Network (SWAN) — Eurasia
Women and Modern World Social Charitable Center – CMMW — Azerbaijan
Združenie STORM — Slovakia
Общественная Ассоциация "Творческого Развития личности" — Moldova (Chişinău)
P2P — Kazakhstan