

2025 YOUTH STATEMENT ON THE 2026-2031 GLOBAL AIDS STRATEGY AND FUTURE HIGH-LEVEL POLITICAL COMMITMENTS ON THE AIDS RESPONSE

October 2025



We, the undersigned youth-led organizations, stand united in our commitment to ending AIDS by 2030.

As young people living with and affected by HIV in all our diversity, we bring lived experience, innovation, and resilience to the HIV response. The current HIV funding crisis and the rise of anti-rights and anti-gender movements are seriously threatening to undo years of hard-won progress at a time when the world is still off track to achieve most of the global HIV targets, and there is less than five years to meet SDG Target 3.3 by 2030.

This statement reflects our collective voice and aims to inform the development of the 2026-2031 Global AIDS Strategy, as well as future high-level political commitments to end AIDS. It is grounded in the findings of the two Global Youth Consultations on the Global AIDS Strategy, which collected input from over 120 young people from around the world, and the age-disaggregated data from the Global AIDS Strategy Survey, which received 403 responses from young people, including young key populations such as young people living with HIV, adolescent girls and young women, young sex workers, LGBTQI+ youth, and young people who use drugs, representing diverse regions across the global south.

The findings from these processes show that young people, particularly those from key populations, continue to face systemic barriers that hinder their full participation in decisions that affect them and their access to lifesaving SRH, HIV, TB, and harm reduction services. Stigma and discrimination remain the main obstacles, often embedded in healthcare systems, schools, and communities. Harmful and retrogressive social and cultural

norms, coupled with the lack of access to comprehensive sexuality education, drug harm reduction education, and the increasing spread of misinformation through digital platforms, undermine young people's access to accurate health education and services. Legal and policy frameworks in many countries criminalize our identities and restrict our access to services, while underfunded health systems fail to provide youth-centered, integrated, and confidential care. These challenges are exacerbated by the exclusion of young people from decision-making spaces, the chronic underfunding of youth-led initiatives, and the overreliance on top-down funding models to support youth-led responses. The recent loss of funding from major international donors is reducing the provision of services available to young key populations and forcing youth-led organizations and programs to close or significantly reduce their outreach and scope.

As a population disproportionately affected by HIV, we call for the 2026-2031 Global AIDS Strategy and future political commitments to end AIDS to reflect our realities and respond to our need, and include a detailed blueprint to address the needs of young key populations comprehensively, utilizing inclusive, gender-transformative, and human rights-based approaches that address the root causes of inequalities and recognize young people's agency as partners and leaders.

First, there is an imperative that all future commitments to end AIDS must include evidence-based approaches and priority actions that address the root causes of inequalities that are impeding the

achievement of the HIV targets. Strategies to retain children and adolescents in the schooling system, education for economic empowerment, health-promoting schools, and social protection are some of the interventions that have demonstrated effectiveness in reducing inequalities and improving HIV and broader health outcomes. Yet, these interventions are too often treated as optional add-ons, instead of being recognized as essential foundations for achieving the end of AIDS by 2030.

Second, young people require the urgent scale-up of youth-centered and integrated Sexual and Reproductive Health and Rights (SRHR), HIV, tuberculosis (TB), and harm reduction services that are confidential and non-discriminatory, as well as the prioritization of these services into Universal Health Coverage and Primary Health Care. This includes expanding digital prevention and care information, increasing access to telehealth and self-testing, and ensuring that mental health, self-care, and adherence support are accessible through these services. Youth-preferred social media platforms, websites, and digital tools are currently underutilized and must be leveraged to drive HIV prevention, treatment, and rights literacy information and campaigns that are designed and led by young people. These digital strategies must be complemented by offline options to ensure no one is left behind.

Third, comprehensive sexuality education and drug harm reduction education must be universally provided in schools, as well as through digital platforms and youth and community-led organizations, as they are cornerstones for HIV prevention, empowerment, and rights-based health education. For these interventions to be genuinely effective and youth-responsive, they must be co-designed with young people in all their diversity and engage them meaningfully throughout the implementation and monitoring process. This is particularly true in curriculum development, where meaningful youth participation helps produce content that is relevant, age-appropriate, and grounded in diverse lived experiences.

Fourth, we urge governments to remove punitive and discriminatory laws. This means

the full decriminalization of HIV positive status, sex work, drug use and possession, and LGBTQI+ identities, and repealing laws and policies that restrict adolescents' access to the full continuum of SRHR, HIV, TB, mental health, and harm reduction services. Removing punitive laws must go hand in hand with the adoption of protection and accountability mechanisms and expanded access to youth-centered and youth-led literacy and legal support programs, since legal change without proper support and enforcement often allows structural discrimination to persist unchallenged. Cultural, religious, and social norms must not be used as a shield to justify human rights violations or to ignore the needs of the most marginalized.

Fifth, we call for renewed efforts in HIV prevention and the removal of barriers to benefit from transformative innovations and approaches. One is the U=U message (Undetectable = Untransmittable), which offers hope and empowerment to young people living with HIV and key populations. Despite its potential, awareness of U=U remains low among young people in many regions, and this gap must be addressed through targeted youth-focused outreach and youth-led education campaigns. The second is Lenacapavir, which represents one of the most promising breakthroughs in recent years. However, its potential is undermined by limited accessibility and age-related access barriers, which must be urgently resolved to ensure equitable benefit. Other strategies to reduce mortality among YPLHIV, such as peer and mental health support as well as TB testing and treatment, including access to rapid molecular diagnosis, TB-LAM testing, and TB vaccination, should be promoted as part of integrated youth-centered services.

Sixth, we urge governments and donors to increase youth-responsive funding with clear, dedicated, and sustainable funding lines, as well as flexible, long-term core funding to youth-led organizations, recognizing them as essential partners, not just beneficiaries or short-term implementers. Youth engagement must go beyond tokenism and be resourced, institutionalized, and embedded in the response. This includes designated roles in governance structures, as well as funding and accountability mechanisms at all levels to

ensure young people are equal partners in decision-making. Sustainable youth leadership also requires intergenerational and peer collaboration and mentorship models that intentionally build long-term leadership pipelines. Youth-led organizations play a significant role in promoting the rights and dignity of all young people, including young women and girls, LGBTQI+ youth, young people who use drugs, youth with disabilities, in closed settings and those affected by humanitarian crisis, but they need to be recognized and supported to mobilize domestic resources and access innovative financing mechanisms to sustain youth-led responses especially in the face of shrinking international support.

In conclusion, we envision a world where all young people are empowered and can thrive, free from HIV, stigma, and discrimination. A world where our rights are respected, justice is served, our voices are heard, and our leadership is valued. The future strategy and commitments to end AIDS must not only reflect our realities but be shaped by our priorities. We call on governments, donors, and partners to invest in sustainable youth-led responses and ensure that no decision about us is made without us. Global targets will remain unmet without bold, inclusive youth engagement across every level of the response. What benefits us will benefit all. Because when youth thrive, communities thrive.

