

JOINT STATEMENT OF THE COALITION FOR A EUROPEAN HIV RESPONSE

Europe's Unfinished Epidemics

Sustaining Community-Led HIV Response in Times of Crisis.

Europe stands at a turning point. The tools to end HIV as a public health threat are available, but the political will and sustained investment required to use them are weakening.

Despite progress, Europe remains off track to meet agreed targets on reducing new HIV acquisitions, morbidity, and societal enablers. At the same time, community-led programmes – central to prevention, testing, treatment access, and human rights – are being undermined by shrinking funding and declining policy attention.

The consequences are immediate: rising new HIV acquisitions, preventable deaths, and widening inequalities across and within Member States.

This trajectory is not inevitable. It is the result of policy choices.

We, the undersigned, call on the European Parliament, the European Commissions, and Member States to take urgent action to safeguard and strengthen Europe's HIV response through sustained political commitment, together with ongoing and predictable funding for community led action.

1. Renewed EU Action Plan on HIV and other communicable diseases

We call on the European Parliament to urge the European Commission to develop and implement, without delay, a renewed EU Action Plan on HIV and other communicable diseases.

This Action Plan should:

- align with the Global AIDS Strategy 2026–2031;
- set clear targets, timelines, and accountability mechanisms;
- support Member States in achieving the 30–80–60 community leadership targets; and
- ensure meaningful and systematic involvement of civil society.

It must recognise community-led, integrated services as a core component of effective health systems and support enabling legal and policy environments that address stigma, discrimination, and punitive laws.

2. Sustainable EU funding for community-led HIV response

We call on the European Commission to ensure sustainable, predictable, and accessible EU funding for community-led HIV responses within EU4Health and the next Multiannual Financial Framework (2028–2034).

EU financing should:

- include a balanced mix of operating, action, and project grants;
- ensure resources reach community-led organisations, including through flexible funding mechanisms;

- support long-term sustainability through social contracting and domestic co-financing; and
- safeguard funding for ongoing epidemics alongside investments in emergency preparedness.

Community-led systems must be recognised and resourced as integral to public health delivery.

3. Strengthened EU leadership in the global HIV response

We call on the EU to and its Member States to exercise global leadership by championing the adoption of an ambitious 2026 UNGASS Political Declaration on HIV and AIDS that fully and unequivocally reflects, and is aligned with the goals, targets, and principles of the Global AIDS Strategy 2026–2031, while ensuring coherence and alignment across internal EU policies.

This includes:

- prioritising human rights, gender equality, and community leadership;
- supporting integrated, community-led responses in partner countries; and
- strengthening investment in research and innovation, including participatory-based research.

In a context of shrinking global resources, the EU must scale up predictable financing, reinforce multilateral cooperation, and support enabling environments for civil society.

Background

The European Union is at a critical juncture in its HIV response.

Despite repeated commitments to ending the HIV epidemic as a public health threat¹, and commitments to targets in the UN 2016 and 2021 Political Declarations on HIV², and the Global AIDS Strategy (2021-2026)³, Europe remains significantly off-track.

Recent ECDC data highlights the scale of the gap:

- new HIV acquisitions have increased by 5% instead of declining by 75%;
- AIDS-related deaths have risen by 37%; and
- only 70% of people living with HIV have achieved viral suppression, far below the 86% target.

Behind these numbers are people – and growing inequalities between and within Member States

Similar structural gaps affect responses to other communicable diseases, including viral hepatitis.

¹ [Sustainable Development Goal 3.3](#) End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

² [Political Declaration on HIV and AIDS](#): On the Fast Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030; [Political Declaration on HIV and AIDS](#): Ending Inequalities and Getting on Track to End AIDS by 2030

³ [Global AIDS Strategy – End Inequalities. End AIDS. 2021-2026](#)

Community leadership – a key pillar to the successful response

Community-led organisations are essential to effective HIV responses. Yet progress in supporting and measuring community leadership remains insufficient, despite clear global commitments to the 30–80–60 targets.

According to data from ECDC⁴, the EU/EEA HIV epidemic mostly affects key populations⁵, their partners, and other marginalised groups such as migrant communities or women, especially where these identities intersect. These groups continue to face structural barriers, including stigma, criminalisation, and discriminatory policies, that restrict access to prevention, testing, and treatment. This includes limited access to the preventive benefits of treatment itself, known as Treatment as Prevention (TAsP), whereby people living with HIV who adhere to their treatment and maintain an undetectable viral load, do not transmit the virus. The result is later diagnosis, poorer health outcomes, and widening health inequalities. Significant disparities also persist between Member States, including in access to pre-exposure prophylaxis (PrEP).

Community-led organisations play a critical role in addressing these gaps. They deliver prevention, testing, treatment, and care services to populations underserved by traditional health systems, often with high levels of efficiency and cost-effectiveness.

Recognising this, community leadership is identified as a core priority in the Global AIDS Strategy 2026–2031. The meaningful involvement of communities at all stages of the response (from planning and implementation to monitoring and evaluation) is essential to achieving effective and equitable outcomes.

Global targets commit to:

- 30% of testing, treatment, and care services;
- 80% of combination prevention for key populations; and
- 60% of advocacy activity for enabling legal and policy environments

being delivered by community-led organisations.

Achieving these targets requires sustained political commitment, adequate financing, and enabling legal and policy frameworks.

Urgency

This situation is compounded by recent funding decisions at both EU and global levels.

The EU4Health 2025 Work Programme has removed HIV-specific funding calls and reduced support for regional health networks, while prioritising emergency preparedness. At the same time, global funding reductions – including cuts to PEPFAR, USAID, and contributions to WHO, UNAIDS and the Global Fund

⁴[HIV/AIDS Surveillance in Europe 2025 – 2024 data](#)

⁵Key populations are: gay men and other men who have sex with men, transgender people, people who use drugs, sex workers, and people in prison and other closed settings – according to the definition of UNAIDS.

– are weakening HIV responses in neighbouring regions, with direct implications for the European Union.

This moment demands more than concern. It demands leadership.

Funding cuts are already undermining the systems that deliver results. Prioritising emergency preparedness while neglecting ongoing epidemics is a false economy that will cost lives and reverse hard-won progress.

But the path forward is clear.

With sustained political commitment, predictable investment, and a renewed focus on community-led responses, Europe can still change course and meet its commitments.

The question is no longer whether this is possible. It is whether the European Union will act.