

Joint Statement – Europe’s unfinished epidemics: sustaining community-led HIV response in times of crisis

[article](#), [health and depathologisation](#)

Over the past months, partners across the HIV field have come together under the Coalition for a European HIV Response (C4EHR) to develop the Joint Statement *Europe’s Unfinished Epidemics: Sustaining Community-Led HIV Response in Times of Crisis*. The statement highlights a critical moment for Europe: while the tools to end HIV as a public health threat exist, political commitment and sustained investment are weakening. Europe remains off track to meet agreed targets, and community-led responses are increasingly undermined, with rising infections, preventable deaths, and widening inequalities as a result.

The statement calls for urgent EU action, including a renewed HIV Action Plan, sustainable funding for community-led programmes, and stronger EU leadership globally.

It has already been endorsed by more than 100 organisations and over 200 individuals, reflecting strong and growing support across the region. Endorsements remain open: organisations and individuals are invited to add their support here: <https://cloud.aidshilfe.de/apps/forms/s/MkJK6Wnr39pMzJJAHYj9r6ZD>

Read the Joint Statement below.

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 Commission, 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 threat^[1], and commitments to targets in the UN 2016 and 2021 Political Declarations on HIV^[2], 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.

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 ECDC^[4], the EU/EEA HIV epidemic mostly affects key populations^[5], 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 – 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.

Footnotes

[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](#)

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

[5] Key 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.

About the Coalition for a European HIV Response (C4EHR)

The Coalition for a European HIV Response (C4EHR) brings together civil society, community-led and community-based organisations and networks, as well as academic and scientific associations across Europe with a shared mission: ending HIV as a public health threat in Europe and beyond. We advocate for the political commitment and sustained investment that communities need and deserve, because the tools to end HIV exist, and the only thing standing in the way is political will.

This Joint Statement is endorsed by:

(last update: 4 May 2026)

Organisations

1. Revers, Russian Federation
2. Alternative Foundation, Hungary
3. Youth view, Tajikistan
4. Women and Modern World Social Charitable Center – CWMW, Azerbaijan
5. Fundacja Edukacji Społecznej/ Foundation for Social Education, Poland
6. Queer Geography, z. s., Czechia
7. Non-profit Partnership “Alliance for Public Health”, Republic of Moldova
8. Center for Information and Counseling on Reproductive Health – Tanadgoma, Georgia
9. ARAS -Romanian Association against SIDA, Romania
10. Estonian Network PLWHIV, Estonia
11. Plateforme Prévention Sida, Belgium
12. UK Community Advisory Board (UK-CAB), United Kingdom

13. Juventas, Montenegro
14. menZDRAV Foundation, Ukraine
15. HERA – Health Education and Research Association, North Macedonia
16. Georgian Harm Reduction Network, Georgia
17. ALLIANCE.GLOBAL, Public Organization, Ukraine
18. Positive Council Switzerland, Switzerland
19. PRAKSIS, Greece
20. Sens Pozitiv Association, Romania
21. PULS Comunitar, Republic of Moldova
22. Dutch Association of People with HIV (Hiv Vereniging), Netherlands
23. AIDS Solidarity Movement, Cyprus
24. Dignity Humanitarian NGO, Armenia
25. Albanian Association of PLWHA, Albania
26. Positive Women, Ukraine
27. Association for Preventive Healthcare “Jeden ?wiat” (Cracow, Poland), Poland
28. HIV i-Base, United Kingdom
29. Brescia Checkpoint ETS, Italy
30. Charitable Organization “100%LIFE”, Ukraine
31. Aids Hilfe Wien, Austria
32. www.herstelcollectief.nl, Netherlands
33. Lambda Warszawa, Poland
34. UTOPIA_BXL, Belgium
35. NGO “Podruga”, Kyrgyzstan
36. COMITÉ CIUDADANO ANTISIDA DE LA COMUNIDAD VALENCIANA, Spain
37. ??????? ?????????????????????? ????? “?????????”, Kazakhstan
38. PREKURSOR Foundation, Poland
39. Association SKUC, Slovenia
40. Red Ribbon Istanbul, Türkiye
41. AIDS-Fondet (The Danish AIDS Foundation), Denmark
42. Háttér Society, Hungary
43. APOYO POSITIVO, Spain
44. Positivo – Grupos de apoio e Auto Ajuda, Portugal
45. Human Rights and Public Health NGO, Armenia
46. CALCSICOVA , Spain
47. Associação Abraço – Associação de apoio a pessoas que vivem e/ou são afetadas pelo VIH/SIDA, Portugal
48. Stowarzyszenie PODWALE SIEDEM, Poland
49. Bordeaux Ville sans Sida, France
50. MUMC+, The Netherlands, Netherlands
51. Association of HIV/ AIDS Affected Women and their Families Demetra, Lithuania
52. OPUS diversidades, Portugal
53. PRIMUS – Center for the Development of Preventive Intersectoral Services, Serbia
54. Fondazione LILA Milano ETS, Italy
55. Lausanne University Hospital, Department of Infectious Diseases, Switzerland
56. Associação Grupo Aids: Apoio, Vida, Esperança, Outside Europe
57. SERES, Portugal
58. Lambda, col·Hector LGTB+ per la diversitat sexual, de gènere i familiar, Spain
59. “Access to Justice” non-Governmental Organization, Armenia
60. PHESTA public health consultancy, Netherlands
61. GAT – Grupo de Ativistas em Tratamentos – Portugal, Portugal
62. INSERM, France
63. Mann-O-Meter e.V., Germany

64. Schwulenberatung Berlin gGmbH, Germany
65. Aidshilfe Saar e.V., Germany
66. Aidshilfe Neumünster e.v , Germany
67. ISKORAK, Croatia
68. Katte e.V., Potsdam, Germany
69. OIO , Germany
70. AIDS-Hilfe Chemnitz e.V., Germany
71. Positiiviset – HivFinland , Finland
72. Aids-Hilfe Wolfsburg e. V., Germany
73. AIDS-Hilfe Trier e.V., Germany
74. Aidshilfe Köln e.V., Germany
75. Braunschweiger AIDS-Hilfe e.V., Germany
76. Aidshilfe NRW e.V., Germany
77. Aids-Hilfe Konstanz e.V., Germany
78. Pozitif Dayan??ma (Positive Solidarity), Türkiye
79. LILA Nazionale OdV, Italy
80. NADIR ETS, Italy
81. HILFE-FÜR-JUNGS e.V., Germany
82. Aidshilfe Oberhausen e. V., Germany
83. Aidshilfe Sachsen-Anhalt e.V., Germany
84. Aidshilfe Sachsen-Anhalt Nord e.V., Germany
85. AIDS-Hilfe Marburg e.V., Germany
86. AIDS-Hilfe Nürnberg-Erlangen-Fürth e.V., Germany
87. Africa Advocacy Foundation, United Kingdom
88. Mi-Health Europe- Stichting Africa Advocacy Foundation, Netherlands
89. Positiv e.V., Germany
90. aidshilfe leipzig e.V., Germany
91. AIDS-Hilfe Weimar und Ostthüringen e.V., Germany
92. TRT-5 CHV, France
93. CeGIDD at the University Hospital of Guadeloupe, France
94. Association Rive, La Réunion, France
95. CPIE MASCARIN, France
96. AFRIQUE AVENIR, France
97. Checkpoint Paris, France
98. Arcat, France
99. RELAIS VIH, France
100. GROSOL, France
101. Sidaction, France
102. Aids-Hilfe Dresden e.V., Germany
103. Funders Concerned About AIDS, Europe
104. Planning Familial de l'Isère, France
105. Aidshilfe Hamm e.V., Germany
106. Fédération Addiction, France
107. Association de Lutte Contre le Sida et pour la Santé Sexuelle, France
108. Comité de Coordination Régionale de la Santé Sexuelle Ile-de-France Nord-Ouest, France
109. The Young People+ Initiative, Europe
110. Association ASETIS, France
111. SIDA STUDI, Spain
112. Association ENVIE, France
113. Free Clinic – GIG Health promotion in injecting drug use Flanders, Belgium
114. CoReSS Guadeloupe St Martin St Barthélemy, France
115. L'Isola di Arran ODV, Italy

- 116. Aidsfonds, Netherlands
- 117. Aidshilfe Wiesbaden e.V., Germany
- 118. Life Quality Improvement Organisation Flight, Croatia
- 119. Eurasian Key Populations Coalition, Armenia
- 120. Aidshilfe Bielefeld e.V., Germany
- 121. AIDS-Hilfe Lausitz e.V., Germany
- 122. Hungarian Civil Liberties Union (HCLU), Hungary
- 123. Aidshilfe Unterland e.V., Germany