Community and Civil Society Priorities for the 2026 High-Level Meeting on HIV/AIDS Asia and the Pacific

Regional Synthesis Report
Based on Community Survey Data
20th May 2026

1. Purpose and Strategic Context

This report synthesizes findings from a regional survey conducted in April 2026 across Asia and the Pacific among community-led organizations (CLOs), civil society organizations (CSOs), and community-based networks.

The survey aimed to capture community perspectives on progress, gaps, and priorities in the HIV response, with a focus on progress and remaining barriers since the 2021 Political Declaration; differentiated needs across key populations; community-led innovations and service delivery models; the impact of funding changes and sustainability challenges; and priority actions for the period 2026–2030.

Its purpose was to ensure that community voices directly inform the Multistakeholder Task Force (MSTF) and contribute to shaping the Political Declaration of the 2026 High-Level Meeting (HLM) on HIV/AIDS. The analysis is aligned with the Global AIDS Strategy 2026–2031 and reflects a regional effort to translate community evidence into policy priorities.

2. Regional Overview and Participation

The analysis is based on 50 valid responses from Asia and the Pacific, with individual responses from 16 countries: Bangladesh, Cambodia, India, Indonesia, Lao PDR, Malaysia, Mongolia, Myanmar, Nepal, Pakistan, Papua New Guinea, the Philippines, the Republic of Korea, Sri Lanka, Thailand, and Viet Nam.

In addition to country-specific inputs, the dataset includes responses from regional networks of people living and HIV and key populations in Asia and the Pacific.

Respondents include a diverse range of community-led and civil society actors, including networks of people living with HIV (PLHIV), key population-led organizations such as people who use drugs, MSM, transgender people, and sex workers, youth-led organizations, migrant networks, and community-based service providers. The dataset also includes national and regional networks, social enterprises, NGOs, and organizations involved in service delivery, advocacy, and community support.

A regional validation exercise held on 22 April 2026 with 55 participants further confirmed and refined the main findings.

Following the completion of the survey and validation process, an additional community perspective from the Pacific region was incorporated through an intervention delivered during the 2026 Multistakeholder Hearing on HIV/AIDS held in May 2026. The intervention was included to help reflect emerging Pacific perspectives and priorities within the regional synthesis.

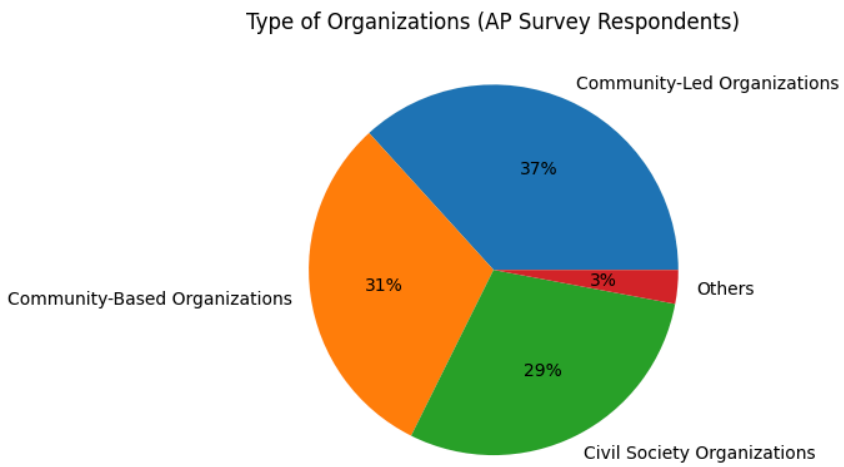

Figure 1: This figure presents the distribution of survey respondents by type of organization. Community-led organizations represent the largest share (37%), followed by community-based organizations (31%) and civil society organizations (29%). A small proportion of respondents (3%) falls under "other" categories, including UN entities and service delivery platforms.

This report should be read as complementary to broader evidence, including the extensive regional community consultations conducted across Asia and the Pacific in 2025 to inform the development of the Global AIDS Strategy on community-led responses and stigma and discrimination. The findings are closely aligned and reinforce these earlier processes.

Limitations of the survey

While the survey provides valuable insights from communities across Asia and the Pacific, some limitations should be acknowledged. The relatively small sample size—around 50 respondents across 16 countries—may limit the generalizability of the findings, and representation across countries and populations is uneven.

Access-related barriers may have influenced participation. These include connectivity constraints, the accessibility of the survey format, and varying levels of familiarity with digital tools, which may have limited engagement from some groups.

Finally, language and communication challenges may have affected both participation and the depth of responses.

3. Progress and Achievements in the HIV Response

Across the region, progress over the past five years is closely linked to the **expansion of community-led and government-supported service delivery models**, particularly in testing, treatment, and prevention.

Respondents from some countries report **expanded access to antiretroviral therapy (ART)** and improved treatment outcomes. In some contexts, including Viet Nam, the transition toward **domestic financing mechanisms such as social health insurance** has further strengthened treatment continuity and sustainability.

At the same time, there has been a **scale-up of HIV prevention approaches**, particularly for key populations. Respondents point to the expansion of **PrEP programmes** (e.g. Viet Nam, Thailand, Indonesia), as well as continued progress in **harm reduction services**, including opioid substitution therapy and needle–syringe programmes in countries such as Bangladesh, India, and Indonesia. These efforts have contributed to reducing transmission among key populations, although coverage remains uneven.

Three areas of progress are consistently reported across responses:

- improved early diagnosis through targeted and community-based testing approaches;
- stronger linkage to care through peer navigation and decentralized services;
- better retention and adherence through community-based follow-up and support systems.

Operational innovations are also emerging. Several countries report **active case-finding and re-engagement strategies** to reach individuals who are undiagnosed or lost to follow-up (e.g. Pakistan, Indonesia). Digital platforms and HIV self-testing approaches are increasingly used, particularly in the Philippines, the Republic of Korea, and Viet Nam. Differentiated service delivery models, including multi-month dispensing and community ART refill systems, are improving continuity of care.

A notable trend across the dataset is the **growing role of community-led and integrated service delivery**. Community organizations are delivering testing, treatment support, adherence counselling, and broader services, often linked with TB, sexual and reproductive health, and mental health. In countries, including Thailand, Nepal, and Bangladesh, these approaches have improved accessibility, acceptability, and trust in services.

Community engagement has also expanded beyond service delivery. In India, Nepal, and Thailand, respondents report increased involvement of community actors in **programme design, advocacy, monitoring, and accountability processes**. Community-led monitoring (CLM), particularly in Indonesia, the Philippines, and Papua New Guinea, is increasingly used to identify service gaps, document barriers, and inform programme improvements.

However, these gains remain **uneven across countries and populations**, and are often dependent on project-based funding, limiting their scale and long-term sustainability.

4. Key Gaps

Despite progress, the survey responses show that major gaps remain across the region, particularly in prevention, retention, financing, and access for key populations.

A first and recurring concern is the **fragility of prevention services**. Respondents from several countries report interruptions in condoms, lubricants, PrEP, PEP, HIV self-testing kits, and other prevention commodities, particularly following funding reductions. In some contexts, prevention services for MSM, transgender people, sex workers, and young key populations have been scaled back or stopped, increasing the risk of new infections.

Stigma, discrimination, and breaches of confidentiality remain among the most persistent barriers. Respondents describe fear of disclosure, judgmental treatment in health facilities, workplace discrimination, and unsafe service environments. These barriers discourage people from testing early, disclosing status, initiating treatment, or staying in care.

The data also highlights continued **legal and policy barriers**, including criminalization of key populations, policing practices, mandatory testing in some migration contexts, and weak legal protection. These barriers are especially harmful for people who use drugs, sex workers, MSM, transgender people, migrants, and people in detention.

Significant gaps remain across the **HIV cascade**. Late diagnosis, weak referral systems, limited viral load testing, loss to follow-up, and poor continuity of care are repeatedly mentioned. Respondents highlight challenges in linking people to treatment and keeping them engaged, particularly outside urban centres.

Access remains uneven, especially for rural, remote, migrant, and mobile populations. Respondents report long travel distances, limited service points, lack of migrant-friendly and multilingual information, and weak cross-border continuity of care. These gaps are compounded by poverty, documentation barriers, and lack of social protection.

Additional perspectives highlighted **broader structural challenges affecting Pacific responses**. These include geographic isolation, climate vulnerability, migration, limited health infrastructure, and barriers to continuity of care. Community representatives stressed that HIV responses in the Pacific must be Pacific-led, culturally grounded, and adapted to local realities, rather than replicating models developed in other contexts.

Another strong theme is the need for **more integrated services.** Respondents call for stronger linkages between HIV, TB, SRHR, mental health, harm reduction, gender-based violence response, nutrition, livelihood support, and care for

co-morbidities. This is particularly important for women living with HIV, young people, migrants, people with advanced HIV disease, and ageing PLHIV.

The survey also reflects a broader context of **shrinking civic space and widening inequalities**. Community organizations report reduced space for engagement, increased pressure on key populations, and growing disparities in access to services and resources. These dynamics are undermining trust, limiting community-led responses, and exacerbating existing vulnerabilities.

Finally, the survey points to a serious sustainability gap. Community-led programmes remain heavily dependent on short-term external funding, while domestic financing and social contracting are still limited or difficult to access. This affects staffing, outreach, commodity security, community-led monitoring, and the ability of organizations to sustain services.

5. Differentiated Needs by Population

The epidemic remains concentrated and requires **targeted, population-specific responses**, with clear differences in needs across groups.

- **People living with HIV (PLHIV):** Needs include uninterrupted access to quality treatment, viral load monitoring, and long-term adherence support. There is increasing demand for **integrated care**, including management of co-infections (TB, hepatitis), non-communicable diseases, and ageing-related conditions. Respondents also highlight the importance of **mental health, psychosocial support, treatment literacy, and social protection**, including livelihood and nutrition support.

- **Young people (including young key populations):** There is a strong need for **youth-friendly, confidential, and non-judgmental services**, as well as access to accurate information, comprehensive sexuality education, and digital platforms. Mental health, peer support, and tailored outreach are critical, particularly to address late diagnosis and rising infections among younger populations.

- **Gay, bisexual and other men who have sex with men (MSM):** Respondents emphasize expanding access to **PrEP, HIV testing, and early treatment**, alongside digital and peer-led outreach. Reaching younger MSM and those outside major urban areas remains a key gap, with stigma and fear of disclosure continuing to delay service uptake.

- **Transgender people:** Key needs include **integration of gender-affirming care with HIV services**, stigma-free environments, and legal and social protection. Community-led services are critical to ensuring trust, safety, and continuity of care.

- **Sex workers:** Priorities include **access to prevention tools (condoms, PrEP), confidential and non-discriminatory services, and protection from violence and exploitation**. Respondents also highlight the importance of economic empowerment and alternative livelihood support to reduce vulnerability.

- **People who use drugs:** There is a strong call to expand **harm reduction services**, including needle–syringe programmes, opioid substitution therapy, overdose prevention (naloxone), and services addressing chemsex. Respondents also emphasize the need for **decriminalization, protection from police harassment, and community-based service models**.

- **People in detention and closed settings:** Key gaps include **access to HIV prevention, testing, and treatment**, as well as continuity of care during and after detention. Limited oversight and human rights concerns remain significant barriers.

- **Women and girls living with HIV:** Respondents highlight the need for **integrated HIV, sexual and reproductive health (SRHR), and gender-based violence (GBV) services**, as well as tailored support addressing stigma, economic vulnerability, and social norms. Additional community inputs from the Pacific emphasized that women living with HIV continue to face stigma, fear of disclosure, financial insecurity, gender inequality, and violence. At the same time, women living with HIV are playing critical leadership roles through peer support, advocacy, education, and community engagement.

- **Migrants and mobile populations:** Ensuring **continuity of care across borders** is a major priority. Respondents stress the need for migrant-friendly services, access regardless of legal status, multilingual information, and protection from mandatory testing, deportation, and discrimination.

- **Children and adolescents living with HIV:** There are persistent gaps in **early diagnosis, access to child-friendly ART, and adherence support,** alongside broader needs for education, nutrition, and social protection.

- **Ageing populations living with HIV:** As the population ages, there is increasing demand for **long-term care, management of co-morbidities, mental health support, and social protection systems**, which remain underdeveloped.

Figure 2: This word cloud visualizes the most frequently cited needs across survey responses generated using the Microsoft Forms survey platform. The size of

each term reflects how often it was mentioned by respondents.

Five priorities consistently emerge across populations and countries:

- **Reducing stigma and discrimination**, including within healthcare settings and communities;
- **Scaling community- and peer-led service delivery**, particularly for prevention, testing, outreach, and adherence support;
- **Integrating HIV with broader health and social services**, including TB, SRHR, mental health, and social protection;
- **Expanding access to prevention and innovation**, including PrEP (oral and long-acting), self-testing, and harm reduction;
- **Strengthening equity in access**, particularly for rural populations, migrants, young people, and persons with disabilities.

6. Community-Led Good Practices and Innovations

Across countries, respondents highlight a wide range of effective community- and civil society-led HIV responses.

Several examples point to the growing role of **peer-led and community-based service delivery**. In countries such as India, Nepal, Indonesia, Bangladesh, and Philippines, community organizations are leading HIV testing, PrEP delivery, adherence support, and linkage to care, often reaching populations that do not engage with formal health systems. Peer navigators and outreach workers play a central role in improving trust, uptake, and retention.

Harm reduction and outreach for people who use drugs emerge as strong examples, particularly in India and Nepal, where community-led models have expanded access to needle and syringe programmes, opioid substitution therapy, and treatment support, while also engaging in advocacy and human rights monitoring.

A number of responses highlight **digital and hybrid innovations**, especially in Viet Nam and Republic of Korea. These include online platforms for anonymous counselling, HIV self-testing linkage, digital outreach, and private online education spaces, which help overcome stigma, confidentiality concerns, and access barriers for younger and hidden populations.

Community-led monitoring (CLM) is another key innovation reported across countries such as Thailand, Indonesia, Philippines, and Papua New Guinea. CLM is being used to document service gaps, track quality, and strengthen accountability, often through real-time data collection and feedback systems.

Several examples also show **integrated, community-led service models**, combining HIV services with mental health support, gender-based violence response, social protection, and livelihood support. These models are particularly important for marginalized groups, including migrants, young people, and transgender communities, as seen in responses from Nepal and Thailand.

Importantly, some of the most effective innovations go beyond service delivery and demonstrate **community leadership in policy and systems change**. This includes advocacy on drug policy reform, legal support for key populations, engagement in national programmes, and partnerships with local governments to institutionalize community-led approaches.

At the same time, responses also highlight the fragility of these models. Several examples note that effective community-led services have been disrupted or scaled down due to funding cuts, underscoring that **innovation exists, but sustainability remains a critical challenge**.

7. Specific Resources and Types of Support for Community-Led Responses

Sustainability emerges as a systemic concern across the dataset, cutting across countries, populations, and programme areas. Community-led responses are delivering essential services—particularly for key populations—but their continuity remains highly dependent on external financing, creating structural vulnerability.

While only a limited number of respondents explicitly reference the Global Fund, several responses point to Global Fund–supported programmes and grant cycles (including GC7) as critical enablers of community-led services. At the same time, multiple responses describe service disruptions, funding gaps, and reductions in outreach, prevention, and community-based service delivery that are consistent with reliance on external funding mechanisms. In some contexts, respondents explicitly link funding cuts to the closure of community services, interruption of prevention programmes, and increased loss to follow-up.

Across responses, there is a strong and consistent call for **direct, sustained, and flexible financing for community-led organizations**, particularly for grassroots and key population-led groups. Current funding models—often short-term and channelled through intermediary structures—limit access, reduce flexibility, and constrain the ability of community organizations to plan, retain staff, and sustain services. This is especially critical in contexts where community-led interventions are the primary entry point for underserved populations.

A clear pattern also emerges around **imbalances in financing**, with prevention programmes described as underfunded and more vulnerable to disruption compared to treatment services. Respondents highlight that outreach, PrEP, harm reduction, and

community-based prevention activities are often the first to be scaled back when funding declines, despite being essential to reaching populations most at risk.

Beyond financing levels, respondents emphasize the need to invest in **community systems strengthening**. This includes organizational capacity (governance, financial management, safeguarding), data systems, digital outreach, monitoring and evaluation, and leadership development. Without these investments, community organizations remain constrained in their ability to operate as accountable and strategic partners within national responses.

The **community health workforce** is another critical area. Peer navigators, outreach workers, counsellors, and community leaders are central to service delivery and retention in care, yet remain under-resourced and often dependent on short-term funding. Sustained investment is required to support, professionalize, and retain this workforce.

Respondents also highlight the need for stronger **institutionalization of community-led responses within national systems**, including through domestic financing mechanisms such as social contracting and direct government funding. However, implementation remains uneven, and in some cases inaccessible to community organizations due to administrative barriers or delayed disbursements. Aligning external funding—including Global Fund investments—with domestic financing pathways will be critical to ensuring long-term sustainability.

In addition, there is a clear call to expand and sustain **community-led monitoring (CLM)** and accountability mechanisms. While CLM is recognized as effective in identifying service gaps and improving programme quality, it is not yet consistently funded or integrated into national systems.

Additional contributions from Pacific community representatives further underscored the urgency of ensuring that regional HIV responses reflect diverse realities, including the rapidly evolving epidemic and structural vulnerabilities faced by Pacific Island countries.

Finally, sustainability is not only financial but also structural. Respondents emphasize the importance of **meaningful community leadership and participation in decision-making**, including planning, budgeting, and programme design.

Overall, the findings point to a consistent conclusion: sustaining and scaling community-led responses will require a shift toward **long-term, flexible, and inclusive financing approaches**, alongside stronger investment in community systems, workforce, and leadership. Without such a shift, there is a significant risk that recent gains—particularly in prevention, outreach, and retention—will not be maintained.

8. Policy Priorities for the 2026 HLM

The survey findings point to a set of clear and interrelated policy priorities that should be reflected in the 2026 HLM Political Declaration, grounded in both evidence and lived experience.

First, there is a strong and consistent call to **institutionalize community-led responses within national HIV systems**. This goes beyond recognition of community contributions and requires formal integration into planning, financing, and implementation frameworks. Communities must be positioned not as implementers of externally designed programmes, but as **equal partners in shaping and delivering the response**.

Second, addressing **stigma, discrimination, and punitive legal frameworks** is identified as a prerequisite for progress. Respondents emphasize that structural barriers—such as criminalization and discriminatory practices in healthcare—continue to undermine service uptake and outcomes. Legal and policy reform is therefore essential to create enabling environments for effective HIV responses.

Third, ensuring **equitable access to comprehensive HIV services** remains a central priority. This includes not only expanding coverage, but also improving quality, continuity, and relevance of services across the prevention–treatment–care continuum. Differentiated, people-centred approaches must be systematically applied to meet the needs of diverse populations.

Fourth, securing **sustainable financing for HIV and community systems** is critical. The Political Declaration should include clear commitments to increase both domestic and international investment, with explicit allocation for community-led responses and systems strengthening.

Finally, there is a need to **strengthen accountability mechanisms**, particularly through the institutionalization of community-led monitoring. Embedding these approaches within national systems can ensure that services are responsive, equitable, and continuously improved based on real-time evidence.

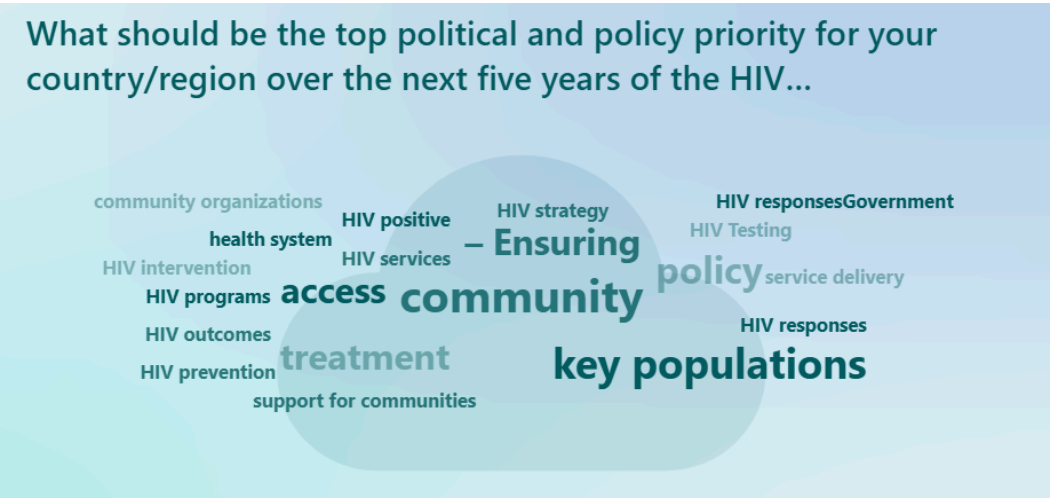

Figure 3: This word cloud was generated from open-ended survey responses using the Microsoft Forms platform. The size of each term reflects its frequency of mention by respondents.

9. Conclusions

The findings from this survey provide a clear and consistent message from communities across Asia and the Pacific: community-led responses are essential to ending AIDS, but they are not yet adequately supported, sustained, or scaled. The survey complements the UNAIDS Global AIDS Strategy by grounding its priorities in lived realities and community evidence, offering timely and actionable input to inform the 2026 High-Level Meeting.

The results highlight that progress will depend not only on expanding services, but on strengthening **people-centred and community-responsive health systems** that are sensitive to the needs of diverse populations. This includes ensuring that integration efforts across HIV, sexual and reproductive health, mental health, and other services, to enhance equitable access, quality of care, and continuity of services.

At the same time, the findings underscore that an **enabling environment** extends beyond service delivery. Legal and policy frameworks must actively protect people from stigma, discrimination, and criminalization, while enabling communities to lead, participate, and access services without fear. Shrinking civic space and widening inequalities are emerging as critical risks, constraining community action and undermining progress, particularly for key and vulnerable populations.

The survey also reaffirms the central role of partnerships—between governments, civil society, NGOs, and community-led organizations—in delivering effective and sustainable responses. Meaningful engagement of people living with HIV and key populations must move beyond consultation to genuine co-leadership, supported by adequate resources and institutional recognition.

The 2026 High-Level Meeting represents a critical opportunity to translate global commitments into concrete, actionable, and adequately resourced priorities. For Asia and the Pacific, this means ensuring that the Political Declaration reflects these realities and commits to measurable change.

Ending AIDS by 2030 remains achievable, but it will require a decisive shift: from short-term, fragmented interventions to long-term, community-centred systems; from recognition of community roles to full partnership and investment; and from commitments on paper to accountable implementation in practice.