

## Delivering equitable, people-centered, and stigma-free HIV services across the continuum

President of the General Assembly, Excellencies, distinguished delegates, colleagues, comrades, and friends,

Thank you for the opportunity to speak about how we deliver equitable, people-centered, and stigma-free HIV prevention, treatment, and care—across the full continuum—for everyone, everywhere.

We know what drives progress: **science, sustained financing, and strong systems.**

But we also know what slows it down—punitive laws, stigma, discrimination, and violence. *[pause]* These are not side issues. They determine who can access services safely, who is believed, who is protected, and who is left behind.

If we are serious about ending AIDS as a public health threat, then **representation is not optional**—it is a requirement for effective policy. *[pause]* That means centering **women living with HIV**, and ensuring meaningful leadership and decision-making power for **key populations**, including sex workers, gay and bisexual men, people who use drugs, people in prisons, and for **queer and transgender people**—whose lives and health outcomes are too often shaped by exclusion rather than evidence.

We must close gaps in access to services by removing legal and structural barriers, and by investing in approaches that people trust: confidential, non-judgmental, culturally competent care; community-led services; and protection from discrimination in health settings, schools, workplaces, and within families and communities.

This is also how we scale up prevention. *[pause]* We strengthen demand by ensuring people have accurate information and real choices. *[pause]* We strengthen community systems so outreach, peer navigation, harm reduction, and differentiated service delivery can reach people early—and keep reaching them over time.

And we improve service uptake when services are designed around people's lives: flexible hours, integrated care, respectful providers, and stable supplies of medicines and diagnostics. Across the continuum, quality means rapid linkage to care, sustained viral suppression, and holistic support—because living well with HIV is not only a clinical outcome; it is a human outcome.

For women living with HIV, quality care must include reproductive autonomy, freedom from coercion, and protection from gender-based violence. It must include prevention and treatment for STIs, support for mental health, and pathways to economic security—because inequality increases vulnerability, limits access, and undermines adherence and continuity of care.

We also need to be clear: **HIV does not exist in isolation**. If our services are siloed, people will fall through the cracks. Integration is not a slogan; it is an efficiency strategy and an equity strategy.

That means integrating HIV interventions with sexual and reproductive health services; with tuberculosis prevention and care; with viral hepatitis services; with screening and treatment for noncommunicable diseases; with mental health services; and with social protection systems that reduce poverty, food insecurity, and instability.

In practical terms, I urge Member States and partners to focus on three commitments.

1. **First**, reform laws, policies, and practices that criminalize or exclude people, and enforce **zero tolerance** for discrimination and violence in health settings. Rights and access rise together.

2. **Second**, fund and scale community-led and peer-delivered services—especially those led by women living with HIV, key populations, and queer and transgender communities—because these models consistently reach people earlier, reduce drop-off, and build trust.
3. **Third**, integrate HIV into broader health and development systems without losing what works: differentiated service delivery, confidentiality, and accountability for outcomes. Integration must make services easier to use—not harder to find.

Ending AIDS requires more than biomedical tools—it requires dignity in practice. Let us choose policies grounded in evidence, services grounded in communities, and systems grounded in equity. Let us ensure that women living with HIV, key populations, and queer and transgender people are not only protected by our commitments, but represented in our decisions. And let us act with urgency—starting now—because behind every delay is a life pushed into fear, silence, or loss: fully fund what works, end laws and practices that drive people underground, and hold ourselves accountable for measurable progress for those still being left behind.

#### TOP Feminist Non Negotiables

- We are not going back to the dark days of AIDS
- Sexual Reproductive Health and Rights and Bodily Autonomy are non-negotiable
- Protect and Fund Feminist and women-led organisations
- Community-led and youth-led commitments must be fulfilled
- There will be No sunseting of UNAIDS

Thank you, Thank you, colleagues.