

DECLARATION 2026



ACHIEVING GLOBAL HEALTH EQUITY: A C7 CALL TO SOLIDARITY, RESILIENCE AND INCLUSION



CIVIL SOCIETY 7 (C7) is an official engagement group of the Group of Seven (G7) that brings together voices from G7 countries and beyond. In 2026, under the French presidency, C7 is coordinated by Coordination SUD, the platform of French civil society organizations working for global solidarity.

ACHIEVING GLOBAL HEALTH EQUITY: A C7 CALL TO SOLIDARITY, RESILIENCE AND INCLUSION

While health is a key determinant of international stability, economic prosperity, and the UN Sustainable Development Goals (SDGs), promoting this issue and the right to health within the G7 has increasingly become a challenge. We regret that health was not referenced in last year's Chair's summary under the Canadian Presidency. We therefore welcome the establishment of the Health Working Group under the French Presidency, with the intention to mainstream health as a cross-cutting priority across other tracks.

The right to health is a fundamental human right. Governments are responsible for ensuring accessible, affordable, and quality healthcare for all through Universal Health Coverage (UHC). Achieving UHC requires inclusive systems and settings that provide safe, timely and affordable access to strong and robust primary, secondary, and tertiary care. We recognize the central role of the World Health Organisation in achieving this goal, and the support of G7 countries to this coordinating institution. We also recognize that the G7 has been a determinant forum on global health, able to initiate the creation of lifesaving initiatives such as the Global Fund to fight HIV/AIDS, tuberculosis and malaria. We count on G7 leaders to pursue this legacy to ensure global health equity worldwide.

Despite this commitment, major inequalities persist. Women and girls, children and adolescents, older persons, people with disabilities, LGBTQIA+ people, minority and indigenous peoples, rural populations, undocumented people, incarcerated people, and people living in poverty and conflict-affected areas continue to face disproportionate barriers to care, leading to preventable illness, exclusion, and death. Poverty-related, infectious, and neglected diseases remain under-prioritized, affecting billions of lives globally each year. In 2023, 4.6 billion people (half of the world's population) lacked access to essential health services, and 2.1 billion people faced financial hardship due to out-of-pocket payments. The widespread adoption of unhealthy diets, rising levels of air pollution, and increasingly sedentary lifestyles have led to noncommu-

nicable diseases (NCDs) becoming the leading cause of mortality worldwide. Progress in child survival has stalled, and almost 5 million children died before their fifth birthday in 2024, mostly from preventable deaths¹. Child stunting has risen again, adolescent mortality remains high, and acute food insecurity and malnutrition have increased for six consecutive years in the world's most fragile regions². Women tend to live longer than men, but still spend 25% more of their lives in poor health or with disabilities³. The current backlash against women's rights and gender equality threatens even more their access to healthcare.

At the same time, health financing is under severe strain. Official Development Assistance (ODA) declines sharply while many low- and middle-income countries face record debt outflows. By 2030, combined government and donor health spending is projected to decline in more than 80% of low-income countries and 40% in low- and middle-income countries . Rapid population ageing, particularly in low- and middle-income countries, is reshaping health and economic systems, increasing fiscal pressure and care needs. The Lancet estimates that a severe global health defunding scenario could result in 22.6 million additional deaths by 2030 .

Furthermore, health threats are compounded by the triple planetary crisis of climate change, biodiversity loss, and pollution, which intensifies disease risks, exacerbates the spread of infectious diseases including zoonoses, and undermines nutrition and livelihoods. Robust Pandemic Prevention, Preparedness and Response (PPPR) are essential to build resilient, equitable health systems capable of addressing current and future crises.

The recommendations below outline the course of action that G7 leaders must take to address these issues.

1 www.who.int/news/item/18-03-2026-progress-in-reducing-child-deaths-slows-as-4.9-million-children-die-before-age-five

2 www.unicef.org/press-releases/acute-food-insecurity-and-malnutrition-rise-sixth-consecutive-year-worlds-most

3 www.weforum.org/stories/2026/03/womens-health-in-numbers

C7 POLICY RECOMMENDATIONS

ENSURING ACCESS TO UNIVERSAL HEALTH COVERAGE, LEAVING NO ONE BEHIND

→ Deliver comprehensive, people-centered health care for all, across the life course.

Accelerate the implementation of the 2023 Political Declaration on UHC by investing in strong primary health care systems that provide the full continuum of services without financial hardship: health promotion, prevention, treatment, rehabilitation, and palliative care. Systematically integrate nutrition, NCD-related, mental health, sexual and reproductive health, palliative, maternal, newborn, child, and adolescent health services to health systems, including for migrants, refugees and the detained, alongside community-based care that is supported by a whole-of-government approach addressing the social determinants of health. Ensure funded, uninterrupted SRHR services, including maternal care, contraception, SGBV response, and safe abortion. Elevate mental health and psychosocial support (MHPSS) as a core component of emergency and primary health responses, particularly in conflict-affected and displacement settings. Commit to strengthening health systems to combat infectious diseases and NCDs with equal ambition, including poverty-related and neglected diseases. Sustain and build on progress in ending HIV/AIDS, tuberculosis, and malaria by reinforcing community-based and formal health systems, protecting human rights, and scaling innovations from science and the private sector to at-risk populations. Address the projected global shortage of 110 million health and care workers by 2030 as an urgent strategic priority. Commit to sustained investment in workforce education, training, decent working conditions, protection, retention, and ethical international recruitment.

→ Guarantee equitable access to medicines, technologies and innovation.

Support timely, affordable access to quality-assured medicines, vaccines, diagnostics, and health technologies in low- and middle-income countries through voluntary licensing, technology transfer, and use of flexibilities related to Trade-Related Aspects of Intellectual Property Rights (TRIPS), while fostering early engagement with originators and strengthening regulatory cooperation to facilitate development and approval pathways. Increase sustainable investments in R&D to curb resistance and ensure that health tools and

innovations addressing the needs of populations in LMICs remain effective. Promote mission-driven, multi-stakeholder R&D with licensing provisions addressing unmet needs while strengthening local research, regulatory, and manufacturing capacity. Condition publicly funded research and partnerships to global access, availability, transparency, and affordability commitments to ensure such investments deliver public health impacts. In parallel, increase multilateral financing and pooled procurement to stabilize supply and reduce prices of essential health products and technologies for expanded access to people in need. Support initiatives modeled on market-shaping approaches for innovation, as exemplified by Unitaid.

→ Institutionalize equity, participation and rights-based governance in UHC.

While tackling specific issues of global health security and pandemic prevention, preparedness and response (PPPR), G7 leaders should advance equity, uphold human rights and guarantee social participation. Ensure that UHC strategies are grounded in the right to health and prioritize those furthest behind. Establish sustained platforms for dialogue with civil society and affected communities, including key and vulnerable populations, and embed meaningful social participation, including women's leadership, across health governance, programme design, and monitoring. We further emphasize that the legitimacy, effectiveness, and transparency of G7 commitments depend on the systematic inclusion of civil society. The G7 must lead by example in protecting and sustaining civic space, and ensure that global health policies are grounded in the lived realities of the communities they aim to serve, as well as in human rights- and gender-transformative approaches.

STRENGTHENING HEALTH FINANCING

→ Increase and optimize international financing for UHC.

Reframe health financing as a long-term strategic investment in human capital, economic stability, and sustainable development rather than a short-term expenditure. Commit to sustained increases in health spending to advance UHC, with a strong focus on primary health care, community systems and prevention. Fulfil the target of allocating at least 0.7% of GNI to ODA, including at least 0.1% of GNI to ODA for health, and ensure predictable, long-term support to global health initiatives. Partner with the World Bank Group and other multilateral actors to expand access to quality, affordable primary care, strengthen the health workforce, reduce out-of-pocket payments, and scale up PPPR capacities. Align climate, environment, and health financing to support integrated, resilient systems in low- and middle-income countries. Deliver on

financial commitments made at the Paris Nutrition for Growth Summit in 2025. Moreover, the G7 should spearhead innovative «blended finance» mechanisms that mobilize responsible private sector investment toward public health goals, ensuring these investments are governed by clear criteria for equity, transparency, and social impact.

→ **Expand fiscal space through fair and sustainable economic reforms.**

In order for all countries to be able to increase spending on primary healthcare by at least 1% of their GDP as recommended by WHO, support domestic resource mobilisation by strengthening fair and progressive tax systems, scaling up health taxes, and reducing subsidies for harmful industries such as fossil fuels or the tobacco industry. Champion global tax justice, including support for the UN Framework Convention on International Tax Cooperation, measures to curb illicit financial flows, and equitable debt restructuring mechanisms to free fiscal space for health and social protection. Ensure that global and national financial reforms prioritize investments in universal, equitable, and resilient health systems.

→ **Reform the global health financing architecture for equity and country ownership.**

Advance reforms to better align external financing with national priorities through inclusive governance, coordinated country compacts, and stronger collaboration between finance and health authorities. Leverage G7 influence within international financial institutions to scale up concessional and grant-based resources without undue conditionalities, including through the strategic channeling of International Monetary Fund's Special Drawing Rights (SDR) toward health and social protection. Introduce monitoring and accountability mechanisms including civil society representatives to ensure transparency and efficiency of the SDR. Strengthen the World Health Organization (WHO) as the central, coordinating, and sustainable authority for global health, including through key reforms to increase flexible, pooled funding, reduce reliance on fragmented external aid, and support the development of robust, locally led health systems.

ADOPTING A ONE HEALTH APPROACH

→ **Integrate climate, environment, and health financing to invest in climate-resilient, sustainable, nutritious and low-carbon health and food systems.**

Systematically increase levels of public adaptation finance in line with commitments under the UN Framework Convention on Climate Change (UNFCCC) processes and develop guidance to integrate health into climate adaptation finance, in line with WHO recommendations, to capitalise on the

co-benefits of climate and health action across sectors. Strengthen early warning systems, climate-resilient infrastructure, and epidemic prevention capacities to build resilience and minimise the impacts of climate shocks, particularly in vulnerable contexts. Simultaneously, mitigate the health sector's own contribution to global greenhouse gas emissions by decarbonizing healthcare and food supply chains through a just transition. Promote circular economy practices in the health sector enabling medical waste reduction. Accelerate the transition to sustainable, nutritious, and affordable food systems to provide affordable nutritious diets for all. Invest in inclusive digital health transformation, integrated health–nutrition–WASH systems, and climate-resilient, low-carbon health services.

→ **Prevent health risks at the human–animal–environment interface.**

Institutionalize coordinated One Health governance across public health, environmental, agricultural, veterinary, and water and sanitation sectors. Leverage international mechanisms to support long-term investments in PPPR like the Quadripartite collaboration between FAO, UNEP, WHO, and WOA. Scale up integrated surveillance systems covering human, animal, and ecosystem health, including through building laboratory capacity. Strengthen antimicrobial resistance prevention through responsible use, equitable access to vaccines and diagnostics, and cross-sectoral monitoring. Address the health and economic impacts of environmental pollution by phasing out fossil fuels and toxic chemicals, reducing plastic waste, preventing water-related diseases, and accelerating biodiversity conservation and restoration. Scale up the prevention, control, and elimination of neglected tropical diseases through integrated One Health approaches.

→ **Strengthen preparedness, resilience, and public trust.**

Shift from reactive crisis response to sustained preparedness by integrating PPPR into broader health system strengthening, including in fragile and conflict-affected contexts. Invest in local and regional research, development, and manufacturing capacities. Build transparent, science-based communication strategies to counter misinformation and reinforce public trust in science and health, as well as to better inform about the links between health, climate, and biodiversity. Incorporate the Pandemic Treaty into national law to strengthen international cooperation in pandemic prevention, preparedness, and response, and to ensure the equitable sharing of pathogens and fair, equitable access to the benefits derived from the countermeasures developed in response.

SIGNATORIES

1. 237 Paroles – Cameroun
2. AfeDec – Cameroun
3. Aidos - Associazione Italiana Donne per lo Sviluppo – Italy
4. Aide Internationale pour le Développement Durable (AIDD) – Ivory Coast
5. AIDS-Fondet – Denmark
6. Action Against AIDS Germany – Germany
7. Action Communautaire pour le Bien-être de l'Enfant et de la Femme au Burkina (ABEFAB) – Burkina Faso
8. Action Communautaire pour le Développement – République Démocratique du Congo
9. Action on Disability and Development (ADD) International – Bangladesh
10. Action pour la Justice et Progrès des Populations – Madagascar
11. Action pour la Santé Reproductive des Jeunes – République Démocratique du Congo
12. ACSOV Actions Contre les Souffrances des Orphelines et des Veuves – République Démocratique du Congo
13. Activists Coalition on TB - Asia-Pacific (ACT! AP) – Thailand
14. Activists Coalition on TB in Pakistan (ACT! PK) – Pakistan
15. ADMD / RACOF – République Démocratique du Congo
16. Africa Japan Forum – Japan
17. Afrique Rehabilitation & Research Consultants – South Africa
18. African Media and Malaria Research Network (AMMREN) – Ghana
19. African Youth Engagement – Cameroun
20. Afrihealth Optonet Association – Nigeria
21. Almagda Community Development Initiative – Nigeria
22. Ambassadors of Youth and Children's Empowerment Network – Sierra Leone
23. Amoru AIDS Support Community Initiative (ASCI) – Uganda
24. Amref Health Africa France – France
25. APCOM Foundation – Thailand
26. Asajipedc – Cameroun
27. ASAPSU – Ivory Coast
28. Ashar Alo Society – Bangladesh
29. ASOS (Action Socio-Sanitaire Organisation Secours) – Madagascar
30. Association ADS2 – Cameroun
31. Association Betoure des Femmes – Burkina Faso

32. Association Camerounaise pour l'Épanouissement et l'Autonomisation des Personnes Vulnérables – Cameroun
33. Association Camerounaise pour la Promotion de la Santé (ACPS) – Cameroun
34. Association d'Aide à l'Éducation de l'Enfant Handicapé (AAEEH) – France
35. Association de Développement Intégré Jeunes du Burkina Faso (ADIJBF) – Burkina Faso
36. Association des Femmes de l'Europe Méridionale (AFEM) – France
37. Association des Jeunes Juristes du Niger – Niger
38. Association des Jeunes Solidaires de Pitoaré Extrême-Nord – Cameroun
39. Association des Jeunes pour le Bien-être Social (AJBES) – Cameroun
40. Association des Jeunes pour les Développements de la Région du Nord – Cameroun
41. AEJI-Association Emard Jeunesse Infrastructures – Congo
42. Association Évangélique pour la Lutte contre le Paludisme – Chad
43. Association for Promotion Sustainable Development – India
44. Association Izara – Madagascar
45. Association Mains Unies pour l'Espoir (AMUPES) – Cameroun
46. Association Nigérienne des Scouts de l'Environnement – Niger
47. Association Nigérienne des Malades Guéris de la Tuberculose (ANIMAG TB Niger) – Niger
48. Association of People Living with HIV – Pakistan
49. Association pour la Promotion de la Santé, le Développement et le Bien-être Social – Cameroun
50. Association pour la Promotion des Albinos au Cameroun (APAC) – Cameroun
51. Association pour la Santé Communautaire – Cameroun
52. Association Sénégalaise pour l'Avenir de la Femme et de l'Enfant (ASAFE) – Sénégal
53. Association Tous Ensemble pour le Développement (TED) – Cameroun
54. Association Yemini Santé – République du Congo
55. ASVOSADERB – Cameroun
56. Balanced Stewardship Development Association (BALSDA) – Nigeria
57. Barwaqa Relief Organization – Kenya
58. Baringo Civil Society – Kenya
59. BasicNeeds-Ghana – Ghana
60. Be Ok Tous Unis Cameroun (BOTU) – Cameroun
61. Better Future – Cameroun
62. Bihar Network of People Living with HIV/AIDS – India
63. Bloom Wellness Junction – South Africa
64. Blue Diamond Society – Nepal

65. CADE-Coopérative Agro-pastorale Don Emard - Congo
66. CARAM Asia - Malaysia
67. Canadian Network for Neglected Tropical Diseases - Canada
68. Canadian Partnership for Women and Children's Health - Canada
69. CHEN - Patient Fertility Association - Israel
70. CILSIDA - Togo
71. Civil Society Alliance Scaling Up for Nutrition - Somalia
72. Civil Society Organisations Nutrition Alliance - Malawi
73. Civil Society Scaling Up Nutrition - Nigeria
74. Club des Amis Damien (CAD) - République Démocratique du Congo
75. Coalition des OSC pour le Financement de la Santé et la CSU (COFIS-CSU) - Cameroun
76. Coalition for Health Research and Development (CHReaD) - Kenya
77. COLTMR CI / Plateforme - Ivory Coast
78. Commonwealth Foundation - United Kingdom
79. Community Development Services (CDS) - Sri Lanka
80. Community Initiative for Tuberculosis, AIDS and Malaria (CITAMPLUS) - Zambia
81. Conscience et Dynamisme des Jeunes (CDJ-ONG/ASBL) - République Démocratique du Congo
82. Corps des Jeunes contre le Paludisme - République Démocratique du Congo
83. COVIE (Conscience et Vie) - Ivory Coast
84. Council of People Living with HIV/AIDS in Kerala (CPK+) - India
85. CRADIF (Centre Régional d'Appui et de Développement des Initiatives Féminines) - Cameroun
86. CS4ME Global Civil Society for Malaria Elimination - Cameroon
87. Defend NHI Campaign - South Africa
88. Deutsche Stiftung Weltbevölkerung (DSW) - Germany
89. Disability Peoples Forum Uganda - Uganda
90. Drug User's Network (DUNE) - Pakistan
91. Education for All - Cameroon
92. EKAR Santé/CES - Madagascar
93. Emergency and Development Services - République Démocratique du Congo
94. Enliven Initiatives - Uganda
95. Equipop - France
96. Espoir Flamme d'Impact - République Démocratique du Congo
97. Eswatini Youth and Women for Change - Eswatini
98. Estrela+ Timor-Leste - Timor-Leste

99. Facilitating Learning of Women in Emerging Regions (FLOWER) – Ghana
100. Femmes et Citées Solidaires – Benin
101. Fight TB-CI – Ivory Coast
102. Friends of the Global Fund Europe – France
103. Framework Convention on Global Health Alliance – Switzerland
104. Fulfilling Dreams Foundation (FDF) – Nigeria
105. Fundacion HCV Sin Fronteras – Argentina
106. Fundacion Huesped – Argentina
107. Future Ready Foundation SA – South Africa
108. GAMMUN Center for Care and Development Nigeria – Nigeria
109. Gamndane Empowerment NPO – South Africa
110. German Network against Neglected Tropical Diseases – Germany
111. Global Action for Health – Cameroon
112. Global Alliance for Behavioral Health and Social Justice – USA
113. Global Black Gay Men Connect France – France
114. Global Citizen – France
115. Global Enviro-Action – République Démocratique du Congo
116. Global Fund Advocates Network Asia-Pacific (GFAN AP) – Asia-Pacific
117. Global Health Advocates – France
118. Global Health Italian Network – Italy
119. Global Public Health Institute (GPHI) – Nigeria
120. Global Public Health University (GPHU) – Nigeria
121. Global Surgery Umbrella – Netherlands & USA
122. Goa Zindgi Network of People Living with HIV/AIDS – India
123. Good Health Community Programmes – Kenya
124. Grâce du Congo – République Démocratique du Congo
125. Groupe Actif pour le Développement National – République Démocratique du Congo
126. GSNP+ – India
127. GTMA Canada Global Health Association – Canada
128. Health Action Coordinating Committee (HACC) – Cambodia
129. Health and Global Policy Institute – Japan
130. Health for Children Organization – Tanzania
131. Health Promotion Tanzania (HDT) – Tanzania
132. Health Systems Global – United Kingdom
133. HICA CBO Uganda – Uganda
134. Himachal Network of People Living with HIV/AIDS – India

135. HODSAS – République Démocratique du Congo
136. Hope for Future Generations – Ghana
137. HRC Right to Information Trust – India
138. Ilchamus Disability Network – Kenya
139. IMEAMHP – Myanmar
140. IMRO Rwanda – Rwanda
141. Impact Santé Afrique (ISA) – Cameroun
142. Integrated Disabled Women Activities – Uganda
143. International Youth Council – Yemen
144. IPAC – Initiative pour la Promotion de l’Action Communautaire – Burundi
145. Italian Network on Neglected Tropical Diseases (IN-NTD) – Italy
146. Jeunesse du Monde en Action – France
147. Jeunes Entente – Sénégal
148. Jharkhand Network for People Living with HIV/AIDS (JNP+) – India
149. Joint People Development Organization (JOPEDO) – Tanzania
150. Joyce Kyerewaa Ahenkorah – Ghana
151. Korean Advocates for Global Health – Republic of Korea
152. LiveWell Initiative (LWI) – Nigeria
153. Lucky Iron Life – Canada
154. Madhira Institute – Kenya
155. Main d’Alliance pour le Développement ONG – République Démocratique du Congo
156. Maison de la Démocratie et des Droits de l’Homme – Guinée
157. Malaria and NTD’s Youth Corps Cameroon – Cameroun
158. Médecins du Monde – France
159. Michael Adedotun Oke Foundation – Nigeria
160. Mothers Against Domestic Violence (MoADV) – Nigeria
161. Mountain Peak Resource Centre – Kenya
162. Myanmar Positive Group (National PLHIV Network) – Myanmar
163. Myanmar Trauma Education – Myanmar
164. NCPI+ – India
165. NGO: ADET – Togo
166. NGOs for Malaria Elimination Network – Tanzania
167. Nigerian Women Agro-Allied Farmers Association – Nigeria
168. North East African Community Health Initiative – Uganda
169. Norwegian Association for Post-Conflict Development (NPCD) – Norway
170. NTAG (Nepali Technical Assistance Group) – Nepal

171. Nutrition International – Canada
172. NY Tanintsika – Madagascar
173. ONE – France
174. ONG Adesen Nafa – Niger
175. ONG Plus de SIDA dans les Familles – Gabon
176. ONG SongES – Niger
177. Organisation des Femmes pour l’Islam sans Frontières (OFIF) – Cameroun
178. OSC Missira – Cameroun
179. Pan African Positive Women – Zimbabwe
180. Partnership for Universal Healthcare – Kenya
181. Partnership for Women’s, Children’s and Adolescents’ Health – Switzerland
182. Pastoralist Initiative Development Aid (PIDA) – Ethiopia
183. PAY-W Clinic – India
184. Pendo African Initiative for Good Justice (PAIGJ) – République Démocratique du Congo
185. Personal – South Africa
186. Physicians Association for Nutrition (PAN International) – Belgium
187. Plateforme des Fédérations des Personnes Handicapées de Madagascar – Madagascar
188. Plateforme des ONGs et Associations de Lutte contre le Paludisme – République du Congo
189. POALP – Congo
190. Positive Female’s Network (POFEN) – Pakistan
191. Premiere Urgence Internationale – France
192. RENAPSAJ – Gabon
193. Restore Hope for Hopeless (RHH) – République Démocratique du Congo
194. Results Canada – Canada
195. Results United Kingdom – United Kingdom
196. Réseau des ONG et Associations de Lutte contre le Paludisme au Togo (ROALP-TOGO) – Togo
197. Réseau Santé Plus RS+ – Niger
198. Rural Empowerment and Climate Technology Initiative – Nigeria
199. SAHI MpanaSoa – Madagascar
200. Salud por Derecho – Spain
201. Saluti Malaria Fighters Association – Uganda
202. Santé Espoir Vie – Guinée
203. Santé et Action Globale – Togo
204. Santé Sud – France

- 205.** Shujaa Initiative – République Démocratique du Congo
- 206.** Sign Language and Advocacy Awareness Development Association of Zambia (SLAADAZ) – Zambia
- 207.** Simalungunese Intellectuals Union – Indonesia
- 208.** Society for Women and AIDS in Africa (SWAA Sénégal) – Senegal
- 209.** South African Network of People Who Use Drugs (SANPUD) – South Africa
- 210.** STUF United Fund – Taiwan
- 211.** SUnited Kingdomaar Welfare Organization – Pakistan
- 212.** Support Persons in Trauma Initiative – Nigeria
- 213.** Sustainable Impact for Development (SIDAF) – Cameroun
- 214.** SYDHE Asbl – République Démocratique du Congo
- 215.** TB People Zimbabwe – Zimbabwe
- 216.** TB Women Tanzania (TWT) – Tanzania
- 217.** TB Women Champion – Kenya
- 218.** TBPeople Botswana – Botswana
- 219.** Telugu Network of People Living with HIV/AIDS (TNP+) – India
- 220.** The Madhya Pradesh Network of People Living with HIV/AIDS – India
- 221.** The Manipur Network of Positive People (MNP+) – India
- 222.** The National Organisation for People Living with Hepatitis B – Uganda
- 223.** The Navigators Uganda (D4D) – Uganda
- 224.** The Ndaragwa Foundation – Kenya
- 225.** The Positive Women Network of Rajasthan Society – India
- 226.** The Tamil Nadu Network of Positive People (TNP+) – India
- 227.** Thriving Youth Leaders Initiative – Lesotho
- 228.** TPOL Take Priority – Liberia
- 229.** Traditional Healer’s Organization – South Africa
- 230.** Trois Fois Sain ONGD – République Démocratique du Congo
- 231.** Tumaini Letu Nshamba – Tanzania
- 232.** UCAAM – Uganda
- 233.** Uganda Land Owners Association (ULOAA) – Uganda
- 234.** United Kingdomana West 2 Community-Based Health Initiative (CBHI) – Nigeria
- 235.** Unidade Local de Saúde do Tâmega e Sousa – Portugal
- 236.** UNASCAD – Haiti
- 237.** Union des Jeunes Cadets (UJCA) – République Démocratique du Congo
- 238.** Union de Solidarité d’Aide au Développement Communautaire (USADEC) – Rwanda
- 239.** Unitaid Board NGO Delegation – South Africa & United Kingdom
- 240.** Uttarakhand Network of People Living with HIV/AIDS – India

- 241.** Uttar Pradesh Network of People Living with HIV/AIDS – India
- 242.** WACI Health – South Africa
- 243.** Water, Energy and Sanitation for Development (WESDE) – Cameroun
- 244.** WaterAid Canada – Canada
- 245.** Wegen Charitable Organization – Ethiopia
- 246.** Wemos – Netherlands
- 247.** Women in Hepatitis Africa (WIHA) – Nigeria
- 248.** World Vision Deutschland e.V. – Germany
- 249.** World Vision International – Burundi
- 250.** WMG – Tunisia
- 251.** Wote Youth Development Projects CBO – Kenya
- 252.** Yalleman Association for Care and Protection of OVC – Nigeria
- 253.** Youth Chapter – Pakistan
- 254.** Youth Lead Voice – India
- 255.** Zicabangeleni Project – South Africa



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