

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. Activists Coalition on TB - Asia-Pacific (ACT! AP) – Thailand
13. Activists Coalition on TB in Pakistan (ACT! PK) – Pakistan
14. ADMD / RACOJ – République Démocratique du Congo
15. Afrique Rehabilitation & Research Consultants – South Africa
16. African Media and Malaria Research Network (AMMREN) – Ghana
17. African Youth Engagement – Cameroun
18. Afrihealth Optonet Association – Nigeria
19. Almagda Community Development Initiative – Nigeria
20. Ambassadors of Youth and Children’s Empowerment Network – Sierra Leone
21. Amoru AIDS Support Community Initiative (ASCI) – Uganda
22. Amref Health Africa France – France
23. APCOM Foundation – Thailand
24. Asajipedc – Cameroun
25. ASAPSU – Ivory Coast
26. ASOS (Action Socio-Sanitaire Organisation Secours) – Madagascar
27. Association ADS2 – Cameroun
28. Association Betoure des Femmes – Burkina Faso
29. Association Camerounaise pour l’Épanouissement et l’Autonomisation des Personnes Vulnérables – Cameroun
30. Association Camerounaise pour la Promotion de la Santé (ACPS) – Cameroun
31. Association d’Aide à l’Éducation de l’Enfant Handicapé (AAEEH) – France
32. Association de Développement Intégré Jeunes du Burkina Faso (ADIJBF) – Burkina Faso

33. Association des Femmes de l'Europe Méridionale (AFEM) – France
34. Association des Jeunes Juristes du Niger – Niger
35. Association des Jeunes Solidaires de Pitoaré Extrême-Nord – Cameroun
36. Association des Jeunes pour le Bien-être Social (AJBES) – Cameroun
37. Association des Jeunes pour les Développements de la Région du Nord – Cameroun
38. Association Évangélique pour la Lutte contre le Paludisme – Chad
39. Association for Promotion Sustainable Development – India
40. Association Izara – Madagascar
41. Association Mains Unies pour l'Espoir (AMUPES) – Cameroun
42. Association Nigérienne des Scouts de l'Environnement – Niger
43. Association Nigérienne des Malades Guéris de la Tuberculose (ANIMAG TB Niger) – Niger
44. Association of People Living with HIV – Pakistan
45. Association pour la Promotion de la Santé, le Développement et le Bien-être Social – Cameroun
46. Association pour la Promotion des Albinos au Cameroun (APAC) – Cameroun
47. Association pour la Santé Communautaire – Cameroun
48. Association Sénégalaise pour l'Avenir de la Femme et de l'Enfant (ASAFE) – Sénégal
49. Association Tous Ensemble pour le Développement (TED) – Cameroun
50. ASVOSADERB – Cameroun
51. Balanced Stewardship Development Association (BALSDA) – Nigeria
52. Barwaqa Relief Organization – Kenya
53. Baringo Civil Society – Kenya
54. BasicNeeds-Ghana – Ghana
55. Be Ok Tous Unis Cameroun (BOTU) – Cameroun
56. Better Future – Cameroun
57. Bihar Network of People Living with HIV/AIDS – India
58. Bloom Wellness Junction – South Africa
59. Blue Diamond Society – Nepal
60. CARAM Asia – Malaysia
61. Canadian Network for Neglected Tropical Diseases – Canada
62. Canadian Partnership for Women and Children's Health – Canada
63. CHEN – Patient Fertility Association – Israel
64. CILSIDA – Togo
65. Civil Society Alliance Scaling Up for Nutrition – Somalia
66. Civil Society Organisations Nutrition Alliance – Malawi
67. Civil Society Scaling Up Nutrition – Nigeria

68. Club des Amis Damien (CAD) – République Démocratique du Congo
69. Coalition des OSC pour le Financement de la Santé et la CSU (COFIS-CSU) – Cameroun
70. Coalition for Health Research and Development (CHReaD) – Kenya
71. COLTMR CI / Plateforme – Ivory Coast
72. Community Development Services (CDS) – Sri Lanka
73. Community Initiative for Tuberculosis, AIDS and Malaria (CITAMPLUS) – Zambia
74. Conscience et Dynamisme des Jeunes (CDJ-ONG/ASBL) – République Démocratique du Congo
75. COVIE (Conscience et Vie) – Ivory Coast
76. Council of People Living with HIV/AIDS in Kerala (CPK+) – India
77. CRADIF (Centre Régional d’Appui et de Développement des Initiatives Féminines) – Cameroun
78. CS4ME Global Civil Society for Malaria Elimination – Cameroon
79. Defend NHI Campaign – South Africa
80. Deutsche Stiftung Weltbevölkerung (DSW) – Germany
81. Disability Peoples Forum Uganda – Uganda
82. Drug User’s Network (DUNE) – Pakistan
83. Education for All – Cameroon
84. EKAR Santé/CES – Madagascar
85. Emergency and Development Services – République Démocratique du Congo
86. Enliven Initiatives – Uganda
87. Equipop – France
88. Eswatini Youth and Women for Change – Eswatini
89. Estrela+ Timor-Leste – Timor-Leste
90. Facilitating Learning of Women in Emerging Regions (FLOWER) – Ghana
91. Femmes et Citées Solidaires – Benin
92. Fight TB-CI – Ivory Coast
93. Friends of the Global Fund Europe – France
94. Framework Convention on Global Health (FCGH) Alliance – Global
95. Framework Convention on Global Health Alliance – Switzerland
96. Fulfilling Dreams Foundation (FDF) – Nigeria
97. Future Ready Foundation SA – South Africa
98. GAMMUN Center for Care and Development Nigeria – Nigeria
99. Gamndane Empowerment NPO – South Africa
100. German Network against Neglected Tropical Diseases – Germany
101. Global Action for Health – Cameroon

102. Global Alliance for Behavioral Health and Social Justice – USA
103. Global Black Gay Men Connect France – France
104. Global Citizen – France
105. Global Enviro-Action – République Démocratique du Congo
106. Global Fund Advocates Network Asia-Pacific (GFAN AP) – Asia-Pacific
107. Global Health Advocates – France
108. Global Health Italian Network – Italy
109. Global Public Health Institute (GPHI) – Nigeria
110. Global Public Health University (GPHU) – Nigeria
111. Global Surgery Umbrella – Netherlands & USA
112. Goa Zindgi Network of People Living with HIV/AIDS – India
113. Good Health Community Programmes – Kenya
114. Grâce du Congo – République Démocratique du Congo
115. Groupe Actif pour le Développement National – République Démocratique du Congo
116. GSNP+ – India
117. GTMA – Canada
118. GTMA Canada Global Health Association – Canada
119. Health Action Coordinating Committee (HACC) – Cambodia
120. Health and Global Policy Institute – Japan
121. Health for Children Organization – Tanzania
122. Health Promotion Tanzania (HDT) – Tanzania
123. Health Systems Global – United Kingdom
124. HICA CBO Uganda – Uganda
125. Himachal Network of People Living with HIV/AIDS – India
126. HODSAS – République Démocratique du Congo
127. Hope for Future Generations – Ghana
128. HRC Right to Information Trust – India
129. Ilchamus Disability Network – Kenya
130. IMEAMHP – Myanmar
131. IMRO Rwanda – Rwanda
132. Impact Santé Afrique (ISA) – Cameroun
133. Integrated Disabled Women Activities – Uganda
134. International Youth Council – Yemen
135. IPAC – Initiative pour la Promotion de l'Action Communautaire – Burundi
136. Italian Network on Neglected Tropical Diseases (IN-NTD) – Italy
137. Jeunesse du Monde en Action – France

138. Jeunes Entente – Sénégal
139. Jharkhand Network for People Living with HIV/AIDS (JNP+) – India
140. Joint People Development Organization (JOPEDO) – Tanzania
141. Joyce Kyerewaa Ahenkorah – Ghana
142. Korean Advocates for Global Health – Republic of Korea
143. LiveWell Initiative (LWI) – Nigeria
144. Lucky Iron Life – Canada
145. Madhira Institute – Kenya
146. Main d'Alliance pour le Développement ONG – République Démocratique du Congo
147. Maison de la Démocratie et des Droits de l'Homme – Guinée
148. Malaria and NTD's Youth Corps Cameroon – Cameroun
149. Médecins du Monde – France
150. Michael Adedotun Oke Foundation – Nigeria
151. Mothers Against Domestic Violence (MoADV) – Nigeria
152. Mountain Peak Resource Centre – Kenya
153. Myanmar Positive Group (National PLHIV Network) – Myanmar
154. Myanmar Trauma Education – Myanmar
155. NCPI+ – India
156. NGO: ADET – Togo
157. Nigerian Women Agro-Allied Farmers Association – Nigeria
158. North East African Community Health Initiative – Uganda
159. Norwegian Association for Post-Conflict Development (NPCD) – Norway
160. NTAG (Nepali Technical Assistance Group) – Nepal
161. Nutrition International – Canada
162. NY Tanintsika – Madagascar
163. ONE – France
164. ONG Adesen Nafa – Niger
165. ONG Plus de SIDA dans les Familles – Gabon
166. ONG SongES – Niger
167. Organisation des Femmes pour l'Islam sans Frontières (OFIF) – Cameroun
168. OSC Missira – Cameroun
169. Pan African Positive Women – Zimbabwe
170. Partnership for Universal Healthcare – Kenya
171. Pastoralist Initiative Development Aid (PIDA) – Ethiopia
172. PAY-W Clinic – India
173. Pendo African Initiative for Good Justice (PAIGJ) – République Démocratique du Congo

174. Personal – South Africa
175. Physicians Association for Nutrition (PAN International) – Belgium
176. Plateforme des Fédérations des Personnes Handicapées de Madagascar – Madagascar
177. Plateforme des ONGs et Associations de Lutte contre le Paludisme – République du Congo
178. POALP – Congo
179. Positive Female’s Network (POFEN) – Pakistan
180. Premiere Urgence Internationale – France
181. RENAPSAJ – Gabon
182. Restore Hope for Hopeless (RHH) – République Démocratique du Congo
183. Results Canada – Canada
184. Results United Kingdom – United Kingdom
185. Réseau des ONG et Associations de Lutte contre le Paludisme au Togo (ROALP-TOGO) – Togo
186. Réseau Santé Plus RS+ – Niger
187. Rural Empowerment and Climate Technology Initiative – Nigeria
188. SAHI MpanaSoa – Madagascar
189. Salud por Derecho – Spain
190. Saluti Malaria Fighters Association – Uganda
191. Santé Espoir Vie – Guinée
192. Santé et Action Globale – Togo
193. Santé Sud – France
194. Shujaa Initiative – République Démocratique du Congo
195. Sign Language and Advocacy Awareness Development Association of Zambia (SLAADAZ) – Zambia
196. Simalungunese Intellectuals Union – Indonesia
197. Society for Women and AIDS in Africa (SWAA Sénégal) – Senegal
198. South African Network of People Who Use Drugs (SANPUD) – South Africa
199. STUF United Fund – Taiwan
200. SUnited Kingdomaar Welfare Organization – Pakistan
201. Support Persons in Trauma Initiative – Nigeria
202. Sustainable Impact for Development (SIDAF) – Cameroun
203. SYDHE Asbl – République Démocratique du Congo
204. TB People Zimbabwe – Zimbabwe
205. TB Women Tanzania (TWT) – Tanzania
206. TB Women Champion – Kenya
207. TBPeople Botswana – Botswana

- 208.** Telugu Network of People Living with HIV/AIDS (TNP+) – India
- 209.** The Madhya Pradesh Network of People Living with HIV/AIDS – India
- 210.** The Manipur Network of Positive People (MNP+) – India
- 211.** The National Organisation for People Living with Hepatitis B – Uganda
- 212.** The Navigators Uganda (D4D) – Uganda
- 213.** The Ndaragwa Foundation – Kenya
- 214.** The Positive Women Network of Rajasthan Society – India
- 215.** The Tamil Nadu Network of Positive People (TNP+) – India
- 216.** Thriving Youth Leaders Initiative – Lesotho
- 217.** TPOL Take Priority – Liberia
- 218.** Traditional Healer's Organization – South Africa
- 219.** Trois Fois Sain ONGD – République Démocratique du Congo
- 220.** Tumaini Letu Nshamba – Tanzania
- 221.** UCAAM – Uganda
- 222.** Uganda Land Owners Association (ULOAA) – Uganda
- 223.** United Kingdomana West 2 Community-Based Health Initiative (CBHI) – Nigeria
- 224.** Unidade Local de Saúde do Tâmega e Sousa – Portugal
- 225.** UNASCAD – Haiti
- 226.** Union des Jeunes Cadets (UJCA) – République Démocratique du Congo
- 227.** Union de Solidarité d'Aide au Développement Communautaire (USADEC) – Rwanda
- 228.** Unitaid Board NGO Delegation – South Africa & United Kingdom
- 229.** Uttarakhand Network of People Living with HIV/AIDS – India
- 230.** Uttar Pradesh Network of People Living with HIV/AIDS – India
- 231.** WACI Health – South Africa
- 232.** Water, Energy and Sanitation for Development (WESDE) – Cameroun
- 233.** WaterAid Canada – Canada
- 234.** Wegen Charitable Organization – Ethiopia
- 235.** Wemos – Netherlands
- 236.** Women in Hepatitis Africa (WIHA) – Nigeria
- 237.** World Vision Deutschland e.V. – Germany
- 238.** World Vision International – Burundi
- 239.** WMG – Tunisia
- 240.** Wote Youth Development Projects CBO – Kenya
- 241.** Yalleman Association for Care and Protection of OVC – Nigeria
- 242.** Youth Chapter – Pakistan
- 243.** Youth Lead Voice – India
- 244.** Zicabangeleni Project – South Africa



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