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UNAIDS Programme Coordinating Board

UNAIDS EXECUTIVE DIRECTOR REPORT



THE ROAD IS ROUGH, BUT WE ARE
HERE TO SMOOTHEN IT. WE ARE
ADAPTING, WE ARE WORKING TO HELP
COUNTRIES SUSTAIN THE RESPONSE
INTO THE FUTURE—TO RIDE THIS
DISRUPTION. AND, IF YOU STAY WITH
US, WE CAN GET THERE TOGETHER.

Excellencies, distinguished delegates, friends from the NGO world, welcome to the 56th meeting of the UNAIDS Programme Coordinating Board.

I'd like to ask you to join me in a minute of silence for our colleague Peter Kamalingin, UNAIDS Country Director in South Sudan who passed away recently.

I had the huge privilege of knowing Peter for a long time in different roles. Peter lived his values and fought injustice. May his soul rest in peace.

I am pleased to see so many of you here in Geneva and many more following on-line.

Thank you, Brazil, for chairing the PCB this year, the Netherlands for serving as Vice-Chair and Kenya for serving as Rapporteur. You are doing an amazing job leading us through this tough time.

I'd also like to thank my colleague Gilbert Houngbo, Director General of ILO who is leading the Committee of Cosponsoring Organizations this year and who also joined me as co-convenor of the High-Level Panel on a fit for purpose and resilient Joint Programme. My sincere thanks to all the Cosponsors for your valuable contributions throughout the year.

I would like to formally bid farewell to three of our Cosponsor Principals—my friend Achim Steiner, the Administrator of UNDP who retired last week; Natalia Kanem, my sister, Executive Director of UNFPA who will leave in July; and another sister Ghada Waly, Executive Director of UNODC who has announced she is stepping down. We will miss them all. They have been strong, very creative and collaborative leaders. We are grateful for their commitment and dedication to the Joint Programme.

I would like to thank in a special way Ambassador Bekkers, a longstanding advocate for our work and people living with HIV around the world. I am told that this could be his last PCB in his current capacity. So we thank you, we thank the Netherlands, for your unwavering support for the Joint Programme and the global HIV response.

And at this moment of massive disruption in the response and huge transformation of the Joint Programme, I also want to recognize my dedicated colleagues of the Joint Programme secretariat and cosponsoring organisations around the world. All of you, your resilience, resolve and courage inspire me every day. Thank you all for what you do.

I encourage all PCB members and observers to review the UBRAF report that we will discuss on day 2. The report highlights the work of the Joint Programme supporting Governments and communities in their work to fight this disease.

We must understand the broader context of massive geopolitical shifts upending the world we operate in. Violent conflicts and wars. Economic turmoil. And a collapse in the foundations of global solidarity while inequality spirals. We are facing the most significant crisis for the global AIDS response since the darkest days of the pandemic.

So today I am going to walk you through three things:

1. The crisis in the global HIV response, the disruption—and how countries are responding to it.
2. How we, the Joint Programme, and the broader UN system are impacted by these seismic geopolitical shifts, and how we are resetting and responding.
3. How funding cuts are affecting the Joint Programme's finances and propose a path forward.

FIRST, THE CRISIS IN THE GLOBAL HIV RESPONSE:

We are seeing a massive interruption in international HIV financing in 2025.

Already last year, HIV financing had fallen by 6% from its peak. So it has been coming down, though slowly.

But now, we face the sudden withdrawal of much of the funding of the biggest donor of the global HIV response. This represented 73% of all the international resources for HIV. Other governments are sadly also cutting their contributions

This has created a systemic shock to the HIV response, triggering huge disruptions to treatment and prevention programmes around the world, especially in the high burden low-income countries of Africa. Clinics have shuttered. Medicines are out of stock. People are having their treatment disrupted and others have lost access to HIV prevention services.

Before this disruption, we had 3500 new HIV infections every day around the world, mostly in Africa. And we had 1700 AIDS-related deaths every day around the world. Today, our modelling estimates that this could have gone up to 5800 new infections per day around the world from 3500, and the deaths could be 2400 every day. More babies are being born with HIV.

If this continues unchecked, and there is a complete halt to US funding for treatment and prevention—if there are not efforts to fill this gap—there could be an additional 6 million people newly infected with HIV in the next 4 years up to 2029. And there could be an additional 4 million people who will die of AIDS-related illnesses by 2029.

In other words, we could see a resurgent pandemic, we could fail in our collective mission to end AIDS as a public health threat by 2030.

In many of these countries we could return to those days where families were burying their loved ones on a daily basis.

Let us be clear. This would not just be an AIDS crisis hitting us back again. It would also be a crisis in the broader health system, because caring for the sick and dying would place a huge burden again on weak and fragile health systems.

Funding cuts are coming amid a global backlash against human rights. For the first time since UNAIDS started reporting on punitive laws, the number of countries criminalizing same-sex sexual activity and gender expression has increased, with punitive laws in an additional 5 countries. So, we need to see the financial crisis alongside the crisis in human rights

In 2025, 64 countries criminalized same-sex relations and 14 criminalize transgender people. 168 countries still criminalize some aspect of sex work. 152 criminalize possession of small amounts of drugs. 156 criminalize HIV nondisclosure, exposure or transmission, despite an absence of evidence that they contribute to slowing the epidemic.

Make no mistake, this is the biggest crisis we have faced in the 30-year history of our collective response to AIDS through our Joint Programme. We are facing a crisis akin to when most people living with HIV did not yet have access to effective treatment.

But our Joint Programme was created in crisis. There was no big money when this Joint Programme was first created. It is in our DNA to face crisis—and to fight our way out of crisis. So, we do not give up—we continue to stand with the governments and the communities as they lead their struggle to overcome this disruption. We figure out how to make the most of what we have. And we get on and work.

HOW GOVERNMENTS AND COMMUNITIES ARE RESPONDING

I have just returned from South Africa. In a country with the largest epidemic in the world, with 8 million people living with HIV, nearly 80% of their HIV response, is funded 80% by its own government, with 17% of assistance from PEPFAR. Even there, I spoke to community representatives and the staff of a clinic deep in Soweto, Johannesburg. They explained to me how many community outreach workers, how many data capturers, how many of their staff had been laid off, leading to many people in HIV care falling out of contact.

But I also saw how the government and communities are stepping in and taking even more responsibility. I spoke to President Ramaphosa. I spoke to Health Minister Motsoaledi. They are responding to crisis with ambition, pursuing the goal of bringing 1.1 million more people on treatment this year.

I was fascinated hearing the minister telling me how they know down to the smallest clinic which people they need to reach out and bring back on treatment—and that they are doing it.

They are doing all they can to fill the gap.

This is also the case in other countries. Heroic efforts of financially constrained governments, out there trying to save the lives of their people.

We are working with them. The Joint Programme is with them. In many countries we are supporting them to reprogramme the money that is left from Global Fund grants to make sure essentials are covered.

Last month, on the sidelines of the World Health Assembly, I met with several Ministers of Health. I salute the bold brave leadership that is coming from across Africa and the Global South. Here are some examples of the efforts of communities and Governments:

- Zambia, Uganda, Nigeria, Burundi, Côte d'Ivoire, and the Philippines are increasing domestic spending on HIV.
- Malawi, Kenya, and Botswana are working to integrate HIV programming into their national health systems.
- Namibia, South Africa, and Ghana are launching new initiatives to meet the challenge.

The Global Fund remains a critical financing partner. I salute South Africa and the United Kingdom for co-hosting the Fund's 8th replenishment. Our organisations are complementary—the Global Fund puts down funding, and we work with countries to make that funding work and deliver the highest impact.

Last year, we started working with more than 35 low and middle-income countries to develop what we call HIV sustainability roadmaps. These are sustainability financial programmatic roadmaps—detailed plans on how these countries can move towards greater domestic financing of their own responses. This work is more urgent than ever before.

But governments with the highest HIV rates also need more fiscal space to invest in their HIV responses. That is why I am hopeful that next week's Financing for Development Conference will kickstart a rethink of development financing that the world needs.



NEW OPPORTUNITIES

In the midst of this disruption, there are incredible opportunities before us which we must seize. Let us not get stuck in crisis and let opportunities pass by us.

Last week, the US Food and Drug Administration approved lenacapavir from Gilead Sciences. This is a prevention drug which can be administered just once every six months for HIV prevention and has almost 100% efficacy. Girls, women, LGBTQ+ people, sex workers, people who use drugs, are all waiting for this magical drug that can prevent them from acquiring HIV.

But I am concerned that Gilead has announced a US price of more than \$28 000 per person per year, obviously counting on maximizing profits in the richest markets. We understand that they say there will be a not-for-profit price for some low and middle-income countries. It's not clear what that means, but we are not going to turn off that tap of new infections unless we get those prices down. Experts we work with at Howard University and the University of Liverpool have found that this lenacapavir could be made and sold for just \$25 per person per year—a thousand times less.

We can't turn the tap of new infections off if we can't change that price.

This is the kind of ambition we should have—to bring injectable PrEP online, available for those who most need it, alongside the other prevention tools that we have.

So I am urging the Global Fund, PEPFAR, UNITAID, the CSO alliances that we pulled together—People's Medicines Alliance and other alliances—to work together to pile pressure.

Companies who seek profits respond to pressure, not soft language.

So we must pile pressure on Gilead to license to more companies to produce generics, while at the same time, we will work with others on the ground—with UNITAID, with Global Fund, with PEPFAR—to shape the market so that countries are ready to absorb lenacapavir. We need to get there.

I am also urging the American administration, President Trump, that there's a good deal here. There's a good deal because it's an American innovation that will get American money out of a large global market of people who need prevention through royalties. That it will bring American profits and American jobs, if the American government could consider increasing its contributions through PEPFAR and the Global Fund to enable the countries that are not able to afford to buy the drug—if they can use their influence to get Gilead to price that drug right.

This is an opportunity we should not lose.

HOW UNAIDS—AND THE WIDER UN SYSTEM—ARE RESPONDING TO THIS CRISIS AND STAYING ON COURSE FIGHTING THIS DISEASE

We remain committed to our role in the global response even though we are severely disrupted too. The entire UN system is disrupted.

But we are adapting and changing in this tough context so that we can still stay on our mandate and deliver.

We have much to deliver this year and next. This is a critical year. We have as usual to deliver the global data for the world to use. And that data is so important in this changing context. So, our Global AIDS Update report will come out in July as usual.

We must deliver a Global AIDS Strategy. We have an outline here. And we must have it adopted by this board in December. It must include targets for the world, and these targets must be agreed next year by July at a General Assembly High-Level Meeting. So, this global agenda we will not fail on, even as we change ourselves. At the same time, we will be holding hands with countries—with governments and communities—to fight to overcome this disruption.

FIRST, THE NEW GLOBAL AIDS STRATEGY TO TAKE THE RESPONSE FROM 2026 TO 2031

We are building a global AIDS strategy designed to both respond to the crisis we face while charting a viable path to stop this pandemic.

We have ensured an inclusive and consultative process with communities and governments.

The annotated outline we are presenting to this PCB features three priorities, alongside eight result areas that must be pursued with focus and urgency.

1. Sustaining a response that is country-led, resilient and ready for the future.
2. Ensuring it is people focused-equity, dignity and access.
3. And empowering communities to lead

They are inter-related- we will not end AIDS without achieving all three and keeping the lens of ending inequalities. The Strategy includes a set of ambitious but achievable targets.

This Strategy also calls for coordinated, well-financed transition pathways that are co-designed, inclusive, locally owned, and fully supported. Countries must not be left to shoulder this burden alone.

I commend the outline to you and look forward to your engagement as we push ahead to adoption of the Strategy at the 57th PCB meeting in December.

TWO, CHANGING OURSELVES TO MEET THE CHALLENGE OF THIS MOMENT

You will have heard the Secretary-General lay out his vision for the UN80 initiative—a fundamental re-think of what the UN looks like and how it works in response to today's crisis.

We at UNAIDS are part of this - and we are determined to lead, small as we are, in that process.

We are sharing our lessons learned from 30 years of a multisectoral Joint Programme of the UN such as our inclusive governance and Board with civil society representation, and other aspects that are unique to us.

We are undergoing a drastic rethink of our operations—scaling down, transitioning our responsibilities to cosponsors and governments in the first place.

High level panel

Excellencies, this work was well underway, as you know. At our 53rd meeting in December 2023, you requested that I and the Committee of the Cosponsoring Organizations propose a revised operating model for the Joint Programme.

Together with the ILO Director-General, who is the current CCO Chair, Gilbert Houngbo, we co-convened a High-Level Panel. The work of the Panel began before this disruption. The disruption happened while they were in the middle of their work. They adapted and responded when it happened, giving us

recommendations for an operating model that can help us deliver the next Global AIDS Strategy within a smaller envelope.

The revised operating model takes into account our preliminary discussions with the UN80 initiative and the recommendations by the High-Level Panel. So, the two come together. We have strong recommendations from our panel, and we have a strong steer from UN80. What we present to you as a revised operating model is a combination of the two.

This new operating model is agile and flexible to absorb further change—and let me say, to absorb more resources if we get them.

We will not be trying to do more with less. Instead, we have agreed to focus on four core areas:

1. Leadership and advocacy in the AIDS response (that includes advocacy for resources for the global AIDS response);
2. Convening and coordinating focused on sustainability of the global AIDS response, and of national AIDS responses;
3. Accountability through the work we do to collect data and analyze it and publish it, through our work on setting targets, and tracking progress; and
4. Community engagement.

UNAIDS's overarching priority will be to support governments and communities to lead national HIV responses that are financially sustainable, inclusive, and multisectoral. We'll be laser focused there.

I know that, while communities and civil society organisations have been affected by the disruption, they are standing strong. We will work hard to hand over our convening and brokering role to governments in the next few years.

The High-Level Panel asked us to conduct another review of our Joint Programme in 2028, at the mid-point of the next Global AIDS Strategy and to base it on how the epidemic is evolving.

We are proposing a further review a year earlier in 2027 and we commit to presenting a further change plan to the PCB in June of that year. This in turn will inform the 2027 ECOSOC resolution, which will be under review at that time, for further transformation of the Joint Programme and further integration in the broader UN system.

If the HIV epidemic is moving in the right direction and the global response is progressing well, this will include greater mergers and consolidations with Cosponsors and within the broader UN system, and it will mean transferring some functions to countries and other entities that support those countries—for example, the Africa CDC which has a mandate on pandemic preparedness, prevention and response.

The remaining UNAIDS country presences could be fully integrated into UN Resident Coordinator Offices.

Our small global hub could be co-hosted within the UN System.

Depending on the reform of the other UN entities through UN80, we could see further consolidation of the UNAIDS operating model. This is possible, but not predictable right now as UN80 rolls out.

We will also need to review the broader global health ecosystem—how we work with the other parts, Global Fund, and other parts of the global health architecture.

We are proposing other immediate changes on the funding model, resource mobilization, governance and partnerships.

As a first step, the High-Level Panel has proposed to reduce cosponsors to up to 6 Lead Cosponsors, supported by affiliate cosponsors.



The new funding model will be presented together with the 2026 workplan and budget in October. We are in discussions with the cosponsors on that.

We will have a dedicated session on the new operating model later this week and I will encourage you to endorse what we present.

Transformation of the Secretariat

We are also restructuring our secretariat in line with the revised operating model.

In our new structure, the Secretariat will have 294 core-funded staff members—an overall reduction of 55%. This reduction also applies to all positions in the organisation from GS to ASG.

We will also focus on fewer countries—as recommended by the High-Level Panel, reducing from 85 to 54 countries. Those 54 represent 80% of people living with HIV and 71% of new infections globally. We have prioritized countries with high HIV burdens, heavy reliance on aid, and significant stigma and discrimination against the key populations.

We are consolidating our current four thematic practices into one unified practice, led by one Deputy Executive Director.

The majority of our technical and programmatic staff will be in the Global South in the hubs we have created there, our regional offices, and country teams.

To reduce costs, our presence in Geneva will be significantly reduced. Today we are 120 people based here. At the end of the change, we will be 20.

These have not been easy decisions to make. We are losing highly experienced, dedicated professionals. People who have committed their lives to fighting this disease. I know that all of you will join me in thanking every departing staff member for their service. We are grateful.

In line with our commitment to the Greater Involvement of People Living with HIV in our workplace (“GIPA Principle”), we have ensured affirmative action for staff living with HIV.

While we cannot continue to operate as we have under current restraints, we will continue to implement our mandate by making ourselves:

- More aligned with the current country needs and evolving HIV response.
- More focused on supporting countries to end AIDS with limited resources.
- More agile and flexible to absorb further change.
- More cost-effective, with a significant reduction in secretariat staffing, cosponsors, and our country presence.

FINALLY, I WANT TO UPDATE YOU ON THE FINANCING OUTLOOK

In December’s PCB, we projected core income of \$125 million. But now, our projection for 2025 is US\$ 68 million. This is US\$ 82 million less than the revised core operating budget of US\$ 150 million which we made for 2025.

We are planning for a Secretariat operating structure that costs \$60 million, being conservative, which will be fully in place through next year. We need sustained and predictable support as we navigate these changes.

I would like then now to say we are grateful to governments who have continued to make contributions toward this Joint Programme. We are grateful to the governments who are considering increasing their contributions, and to those who are paying their contributions earlier than originally planned. All this is very helpful in this drastic change.

I would like to thank Germany for advancing contributions to UNAIDS.

We are deeply grateful to Belgium for reconfirming its long-standing partnership with UNAIDS through the upcoming renewal of our Memorandum of Understanding for 2025–2028, totalling €12 million.

We also warmly welcome our renewed partnership with the Government of Flanders for 2025–2026, reflecting Flanders' continued dedication to the HIV response.

For governments who have not yet made pledges, we urge you to do so—to pay your contributions in full as soon as possible.

We acknowledge that some of our long-standing partners have had to take decisions to reduce their level of support to UNAIDS. We appreciate that you remain active and committed to the mission of ending AIDS. We ask that you try to facilitate non-core resources where your annual core contributions have been reduced.

Through our focus on securing extra budgetary funding, we have already acquired US 15.2 million in extra budgetary funding this year, in partnership with cosponsors and with civil society. We continue to pursue this stream of funds.

The National Disease Control Prevention Administration of China has committed to contribute US \$1 million annually for the next five years. We are grateful for that. Also, the China International Development Cooperation Agency has confirmed provisional approval of grant support for Lesotho, South Africa, Uganda, Zimbabwe, and Myanmar. We thank China for this generous support.

I would like to acknowledge and celebrate the contribution of Cambodia, a dedicated PCB member, and leader in the HIV response, and now, new donor to the Joint Programme. We'll be signing an agreement with Cambodia today. Thank you, Cambodia.

We see more evidence of the countries of the Global South stepping up to contribute to this Joint Programme in different ways. I observe that their pattern of contributing is different from the traditional donor way of funding—but it is significant. Countries like Côte d'Ivoire, Equatorial Guinea, and Kenya have contributed and are continuing to contribute in different ways. We hope your leadership inspires more countries to contribute to the Joint Programme. It belongs to the world.

CLOSING

Friends, we are in a geopolitical reset. And we are proactively resetting how we operate in response.

For too long, we in the UN have been talking about how we should be more efficient and cost effective, how we should bring together mandates and be less fragmented. But we haven't been doing much to change. We've been moving a little—but now, the situation we are in is forcing us to do what we have been talking about.

We call it a reset of the UN. I call it a decolonising of the United Nations. We are being forced to think seriously about the cost of our business.

We support countries that are poor, but our model of supporting them is an expensive one.

We are now being forced to make policies to come to support countries humbler and cheaply. This is a result of a dramatic situation—but this is positive outcome and I embrace it.

Our policies we'll be bringing to you at the board to simplify how we do our work, to take away many of the privileges we have enjoyed, just so that we can stand

along developing countries and continue to serve them as they pull out their scarce resources to serve themselves.

So we are making very hard decisions. We are in a moment of history—and for me, I'm proud to be here at this moment. Making the hard decisions is painful, but we make them, and we know that we are leaving a stronger and more capable United Nations.

The road is rough, but we are here to smoothen it. We are adapting, we are working to help countries sustain the response into the future—to ride this disruption. And, if you stay with us, we can get there together.

Here's what I need from you, particularly the donors.

I need you to maintain the resources you have been putting in the Joint Programme. We need that assurance.

I need you to be predictable. We cannot move a big change, to continue to sustain the response to achieve results, make progress, without certainty. We need some certainty over the next 2 years to plan and move the world towards the targets.

I also ask you for this certainty for our staff. It isn't fair on our staff not to be able to tell them what's going to happen to them and their families in the next six months or one year.

Help us with more predictability. Help us by maintaining these resources that we need to make the change, to take us to 2027, where we will look again at how much more change we need to make.

The AIDS response was born in crisis. And we find ourselves here again. But as I said, we are tough. We were born in crisis. We stand and face the crisis—and do what's right.

I want to close by handing over to one of the millions of people on the frontlines who are not afraid, and who inspire us. Juliana, a woman I met in Kenya the first week I took up my job here. She continues to inspire me. I hope she inspires you. Here is her story.



Photo credit: Festo Lang.

