

HIGH-LEVEL PANEL ON A RESILIENT AND FIT-FOR-PURPOSE UNAIDS JOINT PROGRAMME IN THE CONTEXT OF THE SUSTAINABILITY OF THE HIV RESPONSE



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**SUPPORTING COUNTRIES TO REACH THEIR 2030 HIV TARGETS AS PART OF
THE SUSTAINABLE DEVELOPMENT GOALS AND MAINTAIN THE GAINS BEYOND**

Final Report

HIGH-LEVEL PANEL ON A RESILIENT AND FIT-FOR-PURPOSE UNAIDS JOINT PROGRAMME IN THE CONTEXT OF THE SUSTAINABILITY OF THE HIV RESPONSE

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We are indebted to the panel representatives who contributed their time and talent to this work.

INTRODUCTION

HIGH-LEVEL PANEL ON A RESILIENT AND FIT-FOR-PURPOSE UNAIDS JOINT PROGRAMME: MANDATE AND PROCESS

In December 2023, at its 53rd meeting, the UNAIDS Programme Coordinating Board (PCB) requested:

“THE EXECUTIVE DIRECTOR AND THE COMMITTEE OF THE COSPONSORING ORGANIZATIONS TO CONTINUE TO ENSURE THAT THE JOINT PROGRAMME REMAINS SUSTAINABLE, RESILIENT AND FIT-FOR-PURPOSE, BY REVISITING THE OPERATING MODEL...”

The PCB requested the Executive Director and the Committee of the Cosponsoring Organizations to report back to the June 2025 PCB meeting and provide “recommendations which take into account the context of financial realities and risks to the Joint Programme and relevant recommendations of the Joint Inspection Unit, recognizing the importance of the findings of the mid-term review of the Global AIDS Strategy and development of a long-term strategy to 2030 and beyond, in aligning the Joint Programme”.

In view of the PCB’s decision, UNAIDS Executive Director Winnie Byanyima and International Labour Organization Director-General Gilbert Houngbo co-convened a High-Level Panel to facilitate this review. The Panel was led by three co-chairs and its membership was comprised of representatives of key stakeholder countries, civil society and community representatives, multilateral organizations, foundations, the private sector and academia. Because of its diverse representation, the Panel benefited from experienced and technical members with clear understanding and deep knowledge of the Joint Programme and global health.

The specific objective of the High-Level Panel was to:

DEVELOP RECOMMENDATIONS THAT CAN INFORM THE RESPONSE TO THE PCB’S DECISION POINT 6.5 (DECEMBER 2023), WITH A VIEW TO ENVISAGING A RESILIENT AND FIT-FOR-PURPOSE OPERATING MODEL FOR THE JOINT PROGRAMME THAT BUILDS ON SUCCESS BUT EVOLVES AS THE EPIDEMIC AND THE POLITICAL, SOCIAL AND ECONOMIC CONTEXT OF THE EPIDEMIC IS EVOLVING.

This report was developed after five formal meetings of the panel: four online virtual consultations and a two-day hybrid (in-person/virtual) consultation in Lilongwe, Malawi. The Panel’s deliberations benefited from inputs from and/or discussion with the PCB NGO delegation, UNAIDS Group of Friends, civil society networks, Cosponsor and Secretariat leadership and staff, and other national and global stakeholders. The full Panel membership is provided at the beginning of this report.

The High-Level Panel was tasked with developing recommendations to the UNAIDS Executive Director and the UNAIDS Committee of Cosponsoring Organizations (CCO) to inform their response to the PCB decision point, towards envisaging a ‘fit-for-purpose’ UNAIDS Joint Programme that builds on the success of the current AIDS response but is cognizant of the evolving nature of the AIDS epidemic as well as the changing landscape of the political, social and economic context of the epidemic. The Panel has sought to examine what a “resilient and fit-for-purpose” operating model would look like in the context of the global AIDS response leading up to 2030 and beyond.

To this end, the following guiding questions informed the Panel’s recommendations:

- What is required for the Joint Programme to execute and implement its added value to end the AIDS epidemic as a public health threat by 2030?
- What is the operating model that can help execute this vision?
- What expertise is required to deliver on the Joint Programme’s specific added value, and how should the expertise be translated into an organizational structure?
- What is needed at both the global and national levels to support a “resilient and fit-for-purpose” operating model?
- What funding will enable a fit-for-purpose Joint Programme?

As we move towards 2030, there is a need for a UNAIDS Joint Programme which can address the evolving nature of the global AIDS epidemic. By undertaking this review, the Joint Programme acknowledges the need for bold strategies and arrangements to adapt to the evolving context of the epidemic and the global political landscape, including by revising the operating model of the Joint Programme. However, it is critical that any changes to the operating model of the Joint Programme do not reverse

the decades of progress made and do not undermine global capacity to monitor. Thus, the recommendations provided in this report seek to provide guidance and clarity on a “resilient and fit-for-purpose” Joint Programme that will continue to ensure that no one is left behind in the HIV response.

SCOPE AND LIMITATIONS OF THE HIGH-LEVEL PANEL

The Panel also notes that its mandate was to provide for a “resilient and fit-for-purpose” Joint Programme—to recommend how the Joint Programme might change to reach its goals in the context of the new realities it faces leading up to 2030. It was not charged with, nor do Panel members support, considering the withdrawal of UN agencies from the global AIDS response or abandoning the goal of ending AIDS as a public health threat. This goal remains both possible and essential to enable the world to enjoy peace and prosperity. As such, the Panel’s recommendations focus on how to achieve that goal in the world we face today.

The Panel notes specifically that its mandate and objectives were not to replace decision-making by the PCB, the Executive Director or the CCO. The Panel was not mandated to propose a specific budget for the Joint Programme, nor to provide detailed recommendations on specific staffing numbers, grade levels or patterns. As such, while such details came up in discussions by the Panel, they are not the focus of this report.

Changes to the operating model of the Joint Programme should also complement broader UN reform efforts but will not replace them.

POSSIBLE FUTURES: ENDING THE PUBLIC HEALTH THREAT OR FACING A RESURGENT AIDS PANDEMIC CRISIS?

The global burden of the AIDS pandemic is staggering. Since the beginning of the pandemic, 88.4 million people have been infected with HIV and about 42.3 million people have lost their lives. By the end of 2023, 39.9 million people were living with HIV, and 1.3 million new HIV infections were reported that year.

There is still no vaccine and no cure. Despite that, the global AIDS response has achieved remarkable success. Ending the AIDS pandemic is possible.

However the trajectory of the pandemic is, today, highly uncertain. The AIDS response is in a moment of crisis, as rapid funding withdrawals have destabilized efforts to stop

the pandemic. In the best case scenario the world comes together, the response becomes more efficient, gaps are filled by a mix of international and national resources with the support of new innovations, and the AIDS response can rebound to achieve the global goals, putting us on track to end AIDS. That is the world that the High-Level Panel hopes this report can help build by quickly shifting to a fit-for-purpose new operating model for the Joint Programme. However, there is also a major threat that progress stalls or, in a worst case scenario, we face a resurgence of HIV infections and AIDS deaths. In that case, too, a fit for purpose Joint Programme will be essential in detecting and publicizing resurgence signals, minimizing harm, and helping set the world back on track towards stopping this deadly pandemic.

MOVING TO END AIDS, BUT NOT THERE YET

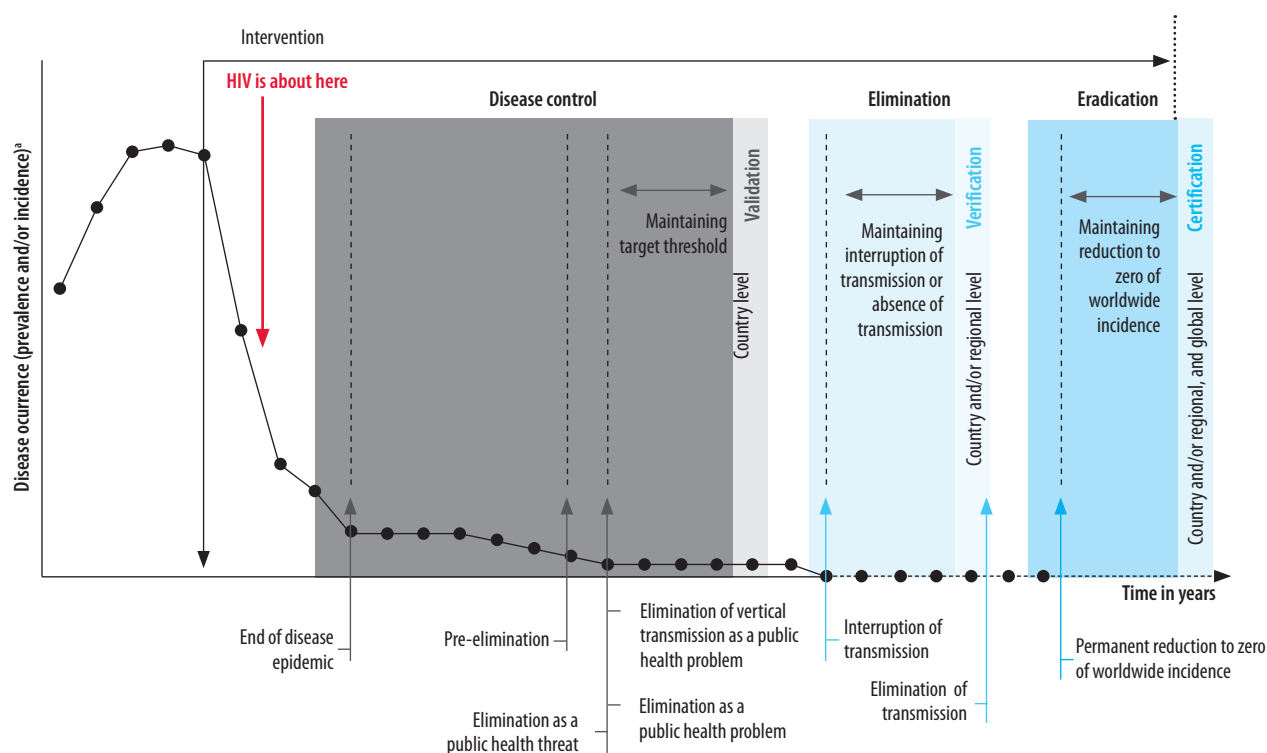
Of the 39.9 million people living with HIV globally in 2023, nearly 31 million people living with HIV (77%) were on treatment. AIDS-related deaths have been reduced by 69% since the peak in 2004 and by 51% since 2010. New HIV infections have been reduced by 60% compared to the peak in 1995. (1) Science has brought remarkable tools, including antiretroviral therapy and pre-exposure prophylaxis (PrEP). Recent approvals of breakthrough long-acting HIV medicines offer a promising future for HIV prevention and treatment, with the potential to turn the tide. To achieve epidemic control, interventions to drive down new HIV infections are critical. In recognition of the importance of reducing new HIV infections, world leaders had pledged to reduce annual new infections to below 370 000 by 2025 in the SDG process; however, estimates show that annual new HIV infections are almost three times higher than this goal, with 1.3 million new infections reported in 2023. (2)

The High-Level Panel reviewed epidemiologic data and several models that clarified where in the life of the pandemic we are and how we might build a fit-for-purpose operating model. One helpful heuristic was to think in terms of elimination—which suggests that the downward trend in HIV infections could, in the years ahead, drive the world into a period of “disease control” (see Figure below). If we can reach disease control, a far lighter United Nations response would be needed with less coordination required.

REAL POSSIBILITY OF RESURGENCE

In recent months, mounting crises of instability, war and economic turmoil were compounded by a rapid withdrawal of international funding for AIDS responses. UNAIDS estimates that if the current trends continue, including permanent discontinuation of HIV programmes currently supported by PEPFAR without other funding to

FIGURE 1: DISEASE CONTROL ON HIV



Source: "Adapted by UNAIDS: Khawar L, Donovan B, Peeling RW, Guy RJ, McGregor S. Elimination and eradication goals for communicable diseases: a systematic review. Bull World Health Organ. 2023 Oct 1;101(10):649-665. doi: 10.2471/BLT.23.289676. Epub 2023 Sep 6. Erratum in: Bull World Health Organ. 2023 Nov 1;101(11):745-748. doi: 10.2471/BLT.23.101123. PMID: 37772196; PMCID: PMC10523812.

fill the gaps, an additional 6.6 million new HIV infections (about 2300 additional new HIV infections per day) and an additional 4.2 million AIDS-related deaths (more than 600 additional AIDS-related deaths per day) will occur between 2025 and 2029. (3) Among the additional HIV infections, 665 000 would be among infants during childbirth and breastfeeding due to reduced coverage in services to prevent vertical transmission. Analyses by other researchers have produced similar results. A recent study published in *The Lancet* found that reductions in international funding for the AIDS response along the lines currently occurring could cause an additional 4.43–10.75 million new HIV infections and an additional 770 000–2.93 million AIDS-related deaths between 2025 and 2030, compared with the status quo. (4) The effects were greatest in countries with a higher percentage of international funding and in those with increasing incidence of HIV among key populations. For instance, more than 90% of the total AIDS response budgets of Côte d'Ivoire, Haiti and the United Republic of Tanzania is funded externally. (5)

In South Africa, home of the largest national population of people living with HIV, modelling of national data has found that, over 2025–2028, the international funding cuts and the resulting service reductions could cause 150 000–296 000 additional new HIV infections (29–56% increase) and 56 000–65 000 additional AIDS-related deaths (33–38% increase). (6) Permanent discontinuation of

these services over the next 20 years would increase this impact to 1.1–2.1 million additional new HIV infections and 519 000–712 000 additional AIDS-related deaths.

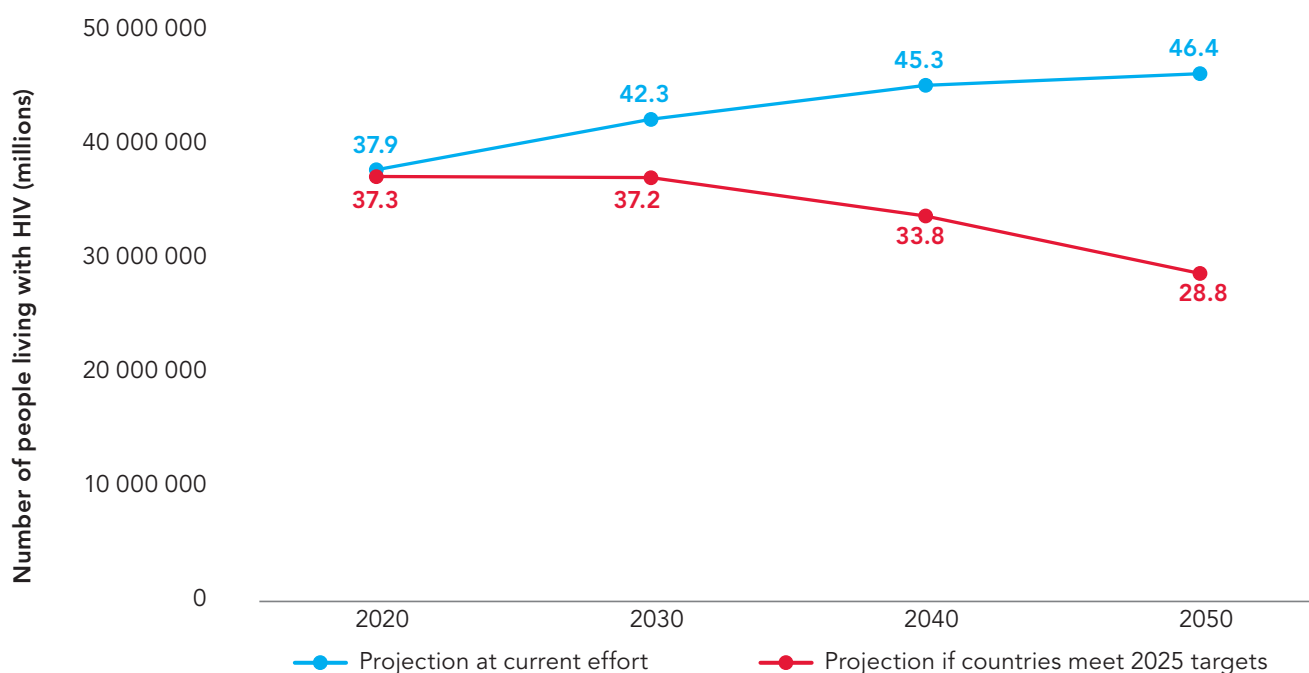
The above analyses show that the sudden withdrawal of funding for HIV programmes, coupled with the absence of long-term sustainable strategies to replace them, could very well result in a resurgence of HIV infections and millions of additional deaths worldwide. The actual impact of the funding cuts will become clearer if countries are able to report programme coverage data in the coming weeks and months. The impacts of reductions in service coverage or quality on health, livelihoods, HIV transmission and the global economy will accumulate over longer time horizons.

The realities and impacts of this current context also have to be considered in building a fit-for-purpose Joint Programme.

BARRING A CURE AND VACCINE, WE MUST SUSTAIN SUPPORT FOR PEOPLE LIVING WITH HIV BEYOND 2030

Today we do not yet have a cure or vaccine, though exciting breakthroughs in long-acting prevention and treatment tools are bringing the world closer than ever to

FIGURE 2: PROJECTIONS OF NUMBERS OF PEOPLE LIVING WITH HIV GLOBALLY IN 2030 AND 2050 IN STATUS QUO SCENARIO AND IF THE 2025 TARGETS ARE MET AND MAINTAINED



Source: UNAIDS estimates. Special analysis by Avenir Health using Goals model, November 2023.

a vaccine-like intervention. In this context, ending AIDS as a public health threat is not ending AIDS in the lives of all people. Indeed, before the current crisis, UNAIDS predicted that even if all countries meet 2025 AIDS targets, there will still be 37 million people living with HIV in 2030 and 28 million people living with HIV in 2050. A failure to make further progress towards the targets would result in there being 46.4 million people living with HIV in 2050.

In any scenario, there is likely to be a role for the United Nations to support the international response by monitoring the pandemic and ensuring that people living with AIDS receive treatment, care and support, and that HIV prevention efforts continue.

LOOKING TO AN OPERATING MODEL FOR 2025–2030 ALONGSIDE OTHER AIDS & UN PROCESSES

For more than 25 years, the Joint United Nations Programme on HIV/AIDS (UNAIDS), a collaboration of a Secretariat and UN Cosponsoring Agencies, has played a unique leadership role in global efforts to end the AIDS epidemic as a public health threat by 2030. UNAIDS was established in 1994 by a United Nations Economic and Social Council (ECOSOC) Resolution and began operations in January 1996. It was created to lead a global, coordinated response to the AIDS pandemic through a multisectoral approach, bringing together UN system

organizations and leveraging their collective expertise and resources. Since then, UNAIDS has convened partners and supported countries to set and advance towards their HIV targets and goals, with the overall aim of saving lives, achieving control of the AIDS epidemic, enhancing national and global health security, increasing global burden-sharing and establishing a sustainable response to AIDS. To ensure that the Joint Programme would continue to evolve to be effective, efficient and accountable amidst growing challenges and changing social, political and economic landscapes, a major review of the Joint Programme was conducted by the 2017 Global Review Panel on the Future of the UNAIDS Joint Programme Model. (7) Recognizing the contributions of the Joint Programme and its strong assets, including political legitimacy, country presence and its role as an international standard bearer, the report proposed a series of recommendations to update the UNAIDS operating model.

This High-Level Panel aims to contribute to the next set of thinking for the Joint Programme. The Panel does so, recognizing and differentiating its work from other important parallel processes including:

- A new 2026-2031 Global AIDS Strategy is currently being formulated that will shape the global AIDS response worldwide, of which the UNAIDS Joint Programme is only one part.
- The UN80 Initiative to reform and update the UN's structures, priorities and operations.

A CHANGING WORLD CALLS FOR NEW HIGH-IMPACT INITIATIVES FOR ENDING AIDS

Ending the AIDS pandemic as a public health threat by 2030, and ensuring sustained HIV prevention and treatment beyond 2030, requires transformative approaches to ensure targets are met. To promote long-term sustainability of the response, UNAIDS anticipates a focus on the following high-impact initiatives within the context of the next Global AIDS Strategy:

1. Development of Sustainability Roadmaps for low- and middle-income countries (LMICs) to support sustainable, country-owned and domestically financed national AIDS responses.
 2. Leading an HIV prevention revolution by accelerating efforts to ensure widespread availability and accessibility to affordable long-acting antiretroviral medications, within a wider effort to accelerate and integrate biomedical, structural and behavioural approaches to stopping infections.
 3. Development of new tools that support integrated, country-owned data analysis, so that AIDS programme managers can focus resources on where they will have the most impact.
 4. Advancing a rights-based HIV response at global, regional and country levels.
 5. Championing the centrality of communities through efforts to integrate community-led services into national health and social support systems and establishment of sustainable financial models.
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The High-Level Panel acknowledges that transformative and bold strategies are needed for a strong, accountable Joint Programme which can ensure progress towards ending AIDS and a plan for sustainability beyond 2030.

To this end, the new operating model of the Joint Programme must be fit-for-purpose and ready to continue to deliver on SDG Target 3.3.

FINDINGS AND RECOMMENDATIONS: A RESILIENT AND FIT-FOR-PURPOSE UNAIDS JOINT PROGRAMME

1. AIDS remains a deadly pandemic. The Joint Programme should continue throughout 2030 as the world seeks to achieve AIDS goals and address the acute crises facing the AIDS response.

As described in the introduction, the AIDS response has been this generation's deadliest pandemic. At the time of writing, extraordinary progress has been undermined by a financing crisis and the future is uncertain. In this context, the High-Level Panel urges the world to not abandon the goal of ending AIDS as a public health threat and sees the Joint Programme as crucial to both keeping this possibility alive and navigating the existing crisis to 2030.

1.1. The Joint Programme should operate with both Secretariat and Cosponsors in a lighter, focused model until 2030, since eliminating either one at this point could undermine the effectiveness of the Joint Programme.

The UNAIDS Secretariat leads and coordinates with the Cosponsors work in a complementary manner to drive the global multi-sectoral HIV response and mobilize political commitment and resources. After considering the current and evolving context, we recommend maintaining a smaller Secretariat (see Recommendation 3) and a differentiated "lead" and "affiliated" set of Cosponsors (see Recommendation 4) for the coming years, focusing not on wind-down but on directing a smaller budget to functions that are indispensable to stopping the pandemic and preventing rebound.

At the request of the High-Level Panel, the Secretariat and Cosponsors produced a set of scenarios through multiple iterations that considered the likely diminished resource levels, and whether and how they could be used effectively and efficiently to secure the most essential global capacity (see Annex). The High-Level Panel endorses the use of those scenarios to enable the Executive Director to guide the Joint Programme in effectively navigating fluctuating resource availability. The Panel finds that a Joint Programme with a smaller but focused and effective footprint until 2030 is viable and needed.

1.2. For the 2025-2030 period, the Secretariat would focus on four core functions: 1) Leadership, 2) Convening and coordination, 3) Accountability through data, targets, strategy, sustainability/resource mobilization, and 4) Community engagement.

This reflects a reduced mandate for the Secretariat (Recommendation 3) but retains the most critical functions needed to preserve an effective Joint Programme that is needed to carry us towards 2030.

1.3. The Cosponsors should self-assess and step up to fill gaps in their respective mandates.

Along with reductions to the Secretariat, the High-Level Panel proposes in Recommendation 4 below a reduced number of Cosponsors and revised roles, while the Joint Programme also better leverages the contributions that other partners from within and outside the UN can contribute. While the Secretariat should focus on the above four functions with a reduced staff, the Cosponsors must also adjust to ensure that they remain effective in a context of reduced resources. Nevertheless, the High-Level Panel underscores the importance of the Cosponsoring organizations further enhancing their respective roles and leadership. The Cosponsors are encouraged to make plans to identify who of them will step up in this moment of crisis, under a new operating model we describe below.

1.4. International financing remains necessary to end AIDS as a global public health threat and the UN should continue resource mobilization functions.

As the Joint Programme continues to be necessary, it must be sufficiently resourced. The Panel encourages member states at all income levels to contribute toward this public good, and notes with appreciation that UNAIDS counts as contributors high-, middle-, and lower-income countries. The annexed scenarios range from US\$ 120 million (optimistic expectation for 2025) to several levels of reduced funding, down to US\$ 60 million. They illustrate the increasing impact the Joint Programme can have at higher resource levels, which improves the likelihood of reaching the end of AIDS by 2030. The High-Level Panel notes, however, that a viable

Joint Programme is still possible at the lower levels, which can preserve capacities for cases in which more resources are available later. The Secretariat should continue its leadership role of advocating for resources for the whole of the global AIDS response, of which the Joint Programme is one part. Diversification of funding sources should be a priority in the 2025–2030 period. At the country-level the Secretariat and Cosponsors should increase focus on raising funds locally to support activities.

2. The Joint Programme should remain multisectoral and sharpen its focus on addressing key gaps and seizing short-term opportunities to respond to the evolving AIDS pandemic. This should include recognizing, supporting and transitioning roles where strong capacities have been built and continue to be built by government, multilaterals and communities and other civil society institutions.

Over the last two decades, many countries have developed strong capacities in their AIDS responses in areas such as expanding access to HIV services, enhancing infrastructure resulting in stronger health systems, integration of AIDS responses into general health systems and improved surveillance and data collection. Additionally, the establishment of institutions such as the Africa CDC, and the strengthening of civil society and community-led responses, has greatly helped strengthen the global AIDS response. In recognition of this strong foundation, the High-Level Panel encourages the global community to envision the global AIDS response as a “four-legged table” anchored by national governments and communities and broader civil society, with strong support from the United Nations and global financing mechanisms that must seek to address essential gaps and align with evolving needs.

The Panel recommends that the Joint Programme rapidly evolve. Where other institutions at national, regional or global level are well positioned to drive forward certain functions, those should be handed over, thus contributing to the long-term sustainability of the global AIDS response. UN agencies will need to continue support to countries through maintaining their global normative roles as per their mandates.

The Panel recognizes that if the AIDS epidemic requires international action—particularly in the absence of a cure or vaccine, and while human rights violations, stigma and discrimination and intersecting inequalities, including gender inequalities, continue to drive HIV epidemics, especially among key and priority populations—the UN is likely to continue to have to play a role in the global AIDS response. To strengthen the sustainability of national responses in the context of current geopolitics, the UN’s role should shift dramatically post-2030. Thus, the Panel recommends that:

2.1. Sharpen focus on HIV prevention and AIDS response sustainability.

Allowing for a growing pandemic is not acceptable, and it undermines the sustainability of country responses. A major challenge facing the global AIDS response is stubbornly high HIV infection rates, and rising rates in many countries, especially within key and priority populations, that reinforce and result in unequal enjoyment of the right to health around the world and undermine the sustainability of national AIDS programmes. At the same time, many countries have managed to reduce new infections by applying scientifically proven tools developed over the past decades, and by undergoing social and legal reforms to ensure that prevention, testing, treatment and care services reach the people living with HIV and people most at risk of HIV infection. HIV infections cross borders, making this an international issue. Prevention approaches that close gaps in treatment to maximize population-level viral suppression and that bring together biomedical, structural and behavioural interventions to reduce contexts of risk and harm are critical. New prevention tools such as oral and long-acting injectable PrEP should be scaled up through strong national commitment and leadership. Service expansion must be guided by comprehensive strategies and accompanied by efforts to put in place the enabling environments needed by women and girls and key populations. This comprehensive approach to prevention is much more effective than waiting to treat HIV infections in the long term. We have remarkable new tools, but economic, legal, leadership, and political barriers persist.

Sustainability is another acute need that requires sharpening efforts to support countries to free up fiscal space for the AIDS response, build effective and efficient models of HIV prevention and treatment, enhance integration, ensure political leadership, human rights and support to key populations, and much more. The High-Level Panel recommends that the Secretariat along with the Cosponsors should ensure that they provide ongoing support to countries so that additional countries continue to progressively increase the domestic financing allocated to their respective national HIV responses. In addition, helping countries to create an enabling legal and policy environment for innovative scale up of HIV treatment, prevention, care and support programmes is key. The Joint Programme is particularly well suited to support countries in this work, which is now more essential than ever during 2025–2030.

2.2. Support the focus of national governments and national civil society towards ensuring sustainability of HIV services with targeted support for communities and civil society in their HIV responses.

Part of what makes the Joint Programme unique is that it focuses on the whole ecosystem required for a response to a pandemic virus with no cure and no vaccine. The Joint

Programme should be even more explicit at the national level in its joint mission of supporting governments and civil society and handing over implementation responsibilities to national institutions and actors as we move towards 2030.

UNAIDS also continues to play an essential role in “making the money work”—supporting countries to develop and implement programmes financed by the Global Fund, PEPFAR, development banks and other international partners, and increasingly programmes that are domestically financed.

2.3. Deepen partnerships with other multilaterals, particularly regional institutions.

The expanding complexity of the global health ecosystem presents a challenge, but also an opportunity. In a challenged multilateral space, regional bodies are taking on increased importance, such as protecting and advocating for the human rights of civil society and key and priority populations, the enabling environment for policy and legal changes, and other humanitarian emergencies. As the Joint Programme reduces its footprint, it should engage more strategically within and outside formal UN spaces with regional bodies and other multilaterals that might be mobilized to provide support to countries, especially in areas where the Joint Programme needs to progressively pull back.

3. The UNAIDS Secretariat is essential but will need to downsize, right size and consolidate to focus on the most essential functions; as the number of country offices shrink, it should generate a new typology to determine country/national presence and provide leadership and differentiated support to the evolved needs of today’s varied HIV epidemics.

The Secretariat’s primary focus is on the HIV response, unlike Cosponsors which all have other prominent mandates beyond HIV. The Secretariat, which is still unique within the UN, was created to coordinate a global HIV response through evidence-based advocacy, setting global strategies and targets, supporting governments to build effective and sustainable responses, and advancing the rights and leadership of communities in national responses. This role has been and will continue to be especially crucial in complex environments where human rights and civic space are under attack.

The High-Level Panel does not seek to recommend an exact number of country offices or staff for the downsizing of the Secretariat, but provides the guiding recommendations below, leaving the specific proposal for restructuring the Secretariat to the UNAIDS Executive Director based on projection of resources available from donors.

It seems clear that the Joint Programme will not have sufficient resources to meet what the world needs from it in the immediate term. Therefore, the period ahead will involve a great deal of triaging of need. However, an important consideration for the High-Level Panel is preserving Secretariat capacity today so that as resources become available during the 2025-2030 period, it can coordinate and lead the Joint Programme to ensure those resources are quickly and effectively put to good use.

The Panel notes the important work on scenario-planning presented in a joint Secretariat-Cosponsor paper and believes this work reflects a sound basis on which to plan the lead up to 2030.

The Panel recommends:

3.1. Maintain during downsizing the Joint Programme’s role at country level as much as possible; consider a typology of countries on which to base presence; and expand the mix of models through which the Joint Programme delivers country support to lower the cost of its country presences.

One of the most valuable elements of the Joint Programme has been UNAIDS Country Offices, which play a role in a wide range of processes, support high-impact use of funds and convene across the AIDS response in collaboration with the Cosponsors, governments and communities. In the Panel’s discussions, this was one of the elements most valued.

The High-Level Panel supports the creation of a typology of countries that allows the UNAIDS Secretariat to tailor support according to customized, context-specific models so the presence at country level is strategic and also promotes cross-country learning and resourcing. It is clear that the resources available in the short term will necessitate fewer full country offices. It should be noted that even if the Joint Programme is smaller, both globally and in countries, it can and should be strengthened through expanded partnerships with communities, civil society and other key stakeholders, especially in countries.

The Panel heard several creative options about how to deal with a substantially reduced staff presence in countries. Multi-country offices (MCOs) appear to be an effective model where they are in use. The Panel encourages expanded use of MCOs, particularly where the geography and politics are conducive. Posting a senior staff member in the Resident Coordinator’s Office is another possibility, with some experience suggesting it has worked well, and other experience suggesting it can undermine a critical role of UNAIDS: using its voice on controversial issues. In some cases, it should be possible to further delegate country functions to Cosponsors, especially in countries where the Secretariat does not have a country presence or is not able to provide coverage to the country.

3.2. Review and simplify the structure of the UNAIDS Secretariat across its three levels: Global Centre, Regional Support Teams and countries.

With reduced Secretariat staff numbers, it will be necessary to simplify functions. While it has historically been helpful for the various global programme and policy practices to have a presence at multiple levels, this may no longer be realistic without some adjustments. As such, the practices could be consolidated from global centre and regional into a single layer, or the practice structures adjusted in other ways to be more streamlined. A lighter structure at the regional level should provide leadership, support and oversight to country operations and find ways to integrate Secretariat and Cosponsor capacity.

Timeline: The Panel recommends that the Secretariat implement a plan to make these changes in an 18-month period beginning by June 2025 and ending in 2026.

4. Restructure UNAIDS Cosponsorship to meet the moment, introducing a differentiated model with a smaller group of “lead” Cosponsors that receive core funding, while encouraging self-funded participation of “affiliated” Cosponsors and incentivizing strategic joint fundraising by UN agencies.

The High-Level Panel reiterates the importance of the unity of the Joint Programme and the value of leveraging the roles and commitments of UN agencies in the global fight against AIDS. This is both strategic and imperative. Until 2030, the Joint Programme must remain a truly joint UN effort. However, the Panel recognizes that it is no longer sustainable to continue to fund 11 Cosponsors through guaranteed core UNAIDS funding. At the same time, Cosponsors have been affected by the global health financing crisis. Distributing the likely envelope of reduced funding equally amongst Cosponsors will likely undermine the efficacy of the response by spreading funding and capacity too thin.

4.1. The Joint Programme should develop a new model for sharing resources.

When the Joint Programme was established by Resolution 1994/24, the intent was in part to catalyse and coordinate Cosponsor resources for the AIDS response to “contribute to the resource needs of the programme”. The resolution further states: “Funding for country-level activities will be obtained primarily through the existing fund-raising mechanisms of the co-sponsors.” This model shifted over time, for a variety of reasons, to Cosponsors receiving core funds from the Programme. However, at this point, given the current substantially reduced funding, this leaves the Joint Programme in a cycle that undermines the core idea

that it would “build off the capacities and comparative advantages of the Cosponsors”.

Adapting to the new realities of today can be achieved by greater flexibility in the definition of cosponsorship—lowering barriers for all UN agencies “concerned with the HIV/AIDS epidemic” and that can contribute to the Joint Programme to do so, while acknowledging that not all can receive core funding from the Joint Programme. As described below, the High-Level Panel recommends reducing the number of Cosponsors that receive core funds. These Cosponsors will also be expected to take on greater responsibilities and to contribute staff and financial resources from non-UNAIDS funds and/or extrabudgetary funds in their mandates. However, being a Cosponsor should not be limited to only those UN agencies that receive core-funds. The Panel recommends creating “affiliated” Cosponsors—a wider group of UN agencies—that would leverage non-UNAIDS-specific funds in their mandate.

4.2. Lead Cosponsors: Consider a set of up to 6 “lead” Cosponsors based on programmatic need and resources available.

The High-Level Panel considered a wide range of proposals about how to shift the operating model in terms of cosponsorship. Until 2030, we recommend adopting a hybrid model that creates a group of “lead” Cosponsors but encourages others to engage based on needs. This approach preserves the Joint Programme’s multisectoral spirit.

Lead Cosponsors would be eligible for access to core funding and would have responsibilities that include participation in the governance of the Joint Programme and reporting against the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF). The lead Cosponsors would make up a nimble CCO. In planning funding, the High-Level Panel recommends considering apportioning funding based on needs and equity rather than a simple formula of equal “shares” of what is available. This recognizes the difference between Cosponsors, some of which are large, highly operational institutions with access to many funding streams, while others are far smaller and more restricted.

The High-Level Panel recommends two options for consideration about how to organize the “lead” Cosponsors:

Option 1: A cluster model in which five specific work areas could be created (e.g. clinical services, prevention, humanitarian, rights, children, key populations, etc), with one lead Cosponsor for each work area receiving core funding for this role.

Option 2: Identification of up to six lead Cosponsors by populations and modes of HIV transmission (e.g. people living with HIV, key populations, sexual transmission, drug use, youth, structural/development drivers, etc). These six would not be expected to coordinate cluster activities.

The reason the Panel recommends directing core resources to a smaller number of lead Cosponsors is to ensure sufficient funding and capacity to deliver against a more limited mandate, and with the Cosponsor leads and Secretariat working together to support raising extrabudgetary resources for clusters or other work that could be available to affiliated Cosponsors. The Panel acknowledges the value of UNAIDS' resource mobilization efforts for institutions such as UNODC, whose populations served are difficult to independently fundraise for.

Timeline: The Panel recommends that changes to Cosponsor arrangements be agreed by end 2025.

4.3. Affiliated Cosponsors: Encourage participation by a second tier of UN agencies willing to engage and contribute meaningfully, but without the expectation to participate in governance, CCO and UBRAF.

The High-Level Panel recognizes that through such a model, UN agencies beyond the six lead Cosponsors that are engaged in the global AIDS response and willing to self-fund their activities and/or participate together in extra-budgetary fundraising should be included in the Joint Programme's planning and implementation of activities. These affiliated Cosponsors should not be expected to participate in the same level of governance and reporting. Furthermore, UN agencies who are not currently Cosponsors (e.g. OHCHR, IOM) could participate and contribute to the Joint Programme. A very light coordination structure with limited bureaucratic processes would maximize multi-sectoral benefits and minimize transaction costs.

5. Expand the role of civil society in the Joint Programme even as the overall footprint of the organization shrinks.

From the beginning of the AIDS epidemic, communities have been at the centre of the response. It was through community mobilization that the importance of tackling HIV and AIDS gained international recognition and garnered a coordinated response at the global level. The roles of the communities in HIV prevention, treatment, care and support have proven to be effective to reach the most marginalized and is central to the response. Indeed, the current Global AIDS Strategy acknowledges that communities are at the forefront and must be fully empowered, resourced and sustained to play their crucial roles.

UNAIDS upholds the principle of the greater involvement of people living with HIV (the GIPA principle) and has been building in the last decades long-standing partnerships with communities of people living with HIV and affected by HIV, including communities most at risk, supporting their meaningful participation and building their advocacy capacities for rights and inclusion.

UNAIDS was the first and only United Nations programme to have formal civil society and communities of people living with and affected by HIV including key populations represented on its governing body, the PCB, since 1996. UNAIDS also has a guidance document for partnerships with civil society, including people living with HIV and key populations. This function should be protected and continued to be resourced to ensure the Joint Programme does not lose the voices, lived experiences, skills and expertise of the 'heart' of the response.

After 40 years of the response, it is time for UNAIDS to more fully leverage the expertise of communities living with and affected by HIV. The operating model of the Joint Programme should even more explicitly and systematically engage civil society organizations as key partners in its work at both regional and country levels. This inclusion will enhance the multisectoral response and leverage the unique strengths and insights of communities and other civil society and help ensure the sustainability of national responses.

5.1. Add civil society to the UN Joint Teams on AIDS at the country and regional level.

Civil society and key population organizations must be involved in the development and implementation of joint activities, ensuring their perspectives and expertise are reflected in the planning and execution of HIV response strategies. The Panel, however, urges Joint UN Teams on AIDS to avoid creating major new processes, elections, etc in an era of reduced capacity.

Timeline: The Panel recommends that guidance to Joint UN Teams on strengthening civil society partnerships be developed by end 2025 and implemented by June 2026.

5.2. Incentivize joint fundraising efforts that include civil society organizations as key partners.

This approach will enhance resource mobilization and help support HIV civil society organizations to have the necessary funding to sustain their activities and leadership role in the response.

5.3. Institutionalize support, strengthen and sustain community leadership and community-led responses

This is the opportunity for the Joint Programme to demonstrate and action its values of “communities being at the centre” of the AIDS response by supporting fundraising for civil society and creating mechanisms where flexible funding is mobilized from donors and flows to the communities for their core costs, and crucial functions such as community-led programming, including for community-led service delivery, policy advocacy, community mobilization and representation at key decision making bodies and spaces.

6. Plan now for a Post-2030 UNAIDS Transformation in which UNAIDS will not remain in the same form. Plan for rapid progress against AIDS that could bring UNAIDS’ current mission to a close. Consider the real possibility of resurgence, which would require transformation of a different sort. Until there is a cure, plan an appropriate UN role in helping the world support millions of people living with HIV and sustain an effective, right-sized response.

The UNAIDS Executive Director should present a plan to the PCB that addresses how the functions of the Joint Programme can be dealt with in various scenarios, including which functions might be sunset, merged, or devolved in the context of broader UN shifts.

The High-Level Panel was mandated to provide recommendations to the Executive Director and the CCO “to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose, by revisiting the operating model” for the current moment. The Panel was not mandated or equipped to provide specific recommendations beyond 2030. However, the Joint Programme must not wait until 2030 to begin planning no matter how uncertain the future. The Panel’s discussions emphasized that this must not be mechanistic.

If the global AIDS response is successful and AIDS is no longer a public health threat in 2030, the Joint Programme should be prepared to sunset functions no longer needed and celebrate its success. However, we also need a fallback plan. The world is facing rapid shifts in the global economic and political landscape, resulting in devastating funding gaps for global health, which is having a negative impact on the global AIDS response. Due to these changes, it is difficult to see past the current circumstances and predict the state of the AIDS response in five years. In some scenarios progress could stall or, even worse, there could be resurgence in HIV infections and deaths globally. In that case, we need to have a fit-for-purpose organization to fall back on.

The Panel notes that in any scenario, the Joint Programme must be ready for transformative change post-2030.

The UN80 Initiative was initiated by Secretary-General António Guterres in March 2025 “to rapidly identify efficiencies and improvements, review the implementation of all mandates given to the Organization by Member States, and conduct a strategic review of deeper, more structural changes and programme realignment in the UN System”. (8) This initiative will need to be closely considered and hopefully can deliver synergies that benefit the AIDS response.

Barring a vaccine and a cure, HIV will be with the world after 2030. The UN will have a role to play and must not abandon countries or communities in this fight. Many UN agencies will have a continuing international mandate on HIV, from monitoring to norm-setting to human rights support to frontline programming in challenge contexts, regardless of the Joint Programme.

6.1. The Executive Director should begin to plan now and present a plan for Post-2030 UNAIDS Transformation with defined milestones to the PCB.

UNAIDS should not wait to develop a plan until 2030, instead the Executive Director should present a plan well in advance. It also cannot consider UNAIDS in isolation from the AIDS response as a whole and the geopolitical context. The Executive Director, as head of the Joint Programme as a whole, should draw on all of its constituent parts in crafting this plan.

In presenting a transformation plan the Panel recommends that the Executive Director consider, among other factors:

1. The state and likely trajectory of the AIDS pandemic post-2030 and whether it will be under control, still as challenging as today, or resurgent and reflecting a growing global threat.
2. Until there is a cure, the continuing needs of people living with HIV.
3. Broader UN reforms that have been undertaken under the UN80 Initiative and in many Cosponsors who today are going through their own restructuring.
4. The evolved capacities of UN agencies with ongoing mandates to respond to the specific needs of the global AIDS response.
5. Factors facilitating or undermining global response including Universal Health Coverage, HIV integration, human rights contexts, etc.
6. Resources available in the AIDS response and to the UN.
7. The geopolitical context.

The Panel also recommends considering individually the multiple functions of the Joint Programme, not just the Secretariat, and what is needed in a post-2030 context. Together and individually, functions could be considered:

- for merger with an existing UN agency, where distinct functions are still needed;
- for integration into UN agency regular functions, where distinction is no longer needed;
- for sunset, where they are no longer needed from the UN because capacities have been built by governments, communities or other institutions; or
- for continuation in some cross-cutting structure, based on Member States' needs and UN reform.

The High-Level Panel urges particular attention to functions including coordination, data and strategic information, and the leading voice UNAIDS currently exercises on key issues related to human rights and for people living with HIV and affected communities. For example, the work and leadership that UNAIDS is providing on global surveillance, monitoring, forecasting and target-setting is central to our global ability to reach the goal of ending AIDS as a public health threat. Without UNAIDS and the Joint Programme leading the global monitoring efforts, countries and donors will have no guideposts or targets to measure progress, detect areas of resurgence or guide impactful resource allocation.

Timeline: The plan should be developed by June 2028.

6.2. Enhance readiness and ownership of Countries and Cosponsors to take up some key functions of the Joint Programme.

In all scenarios, some elements of what the Joint Programme does today will no longer be needed, while others will likely need to continue into the future. Data and tracking, human rights monitoring and support, and key populations programming are some examples of a wider list of functions that need careful planning and support for the future.

6.3. Plan for new options to support communities and civil society.

Today UNAIDS plays a complex role. It is a basket-holder of civil society funding at regional and country-level including for community-led monitoring and networks support, a capacity-builder, and a diplomatic envoy for inclusion at decision-making tables. Currently none of the existing entities can play all these roles in a coordinated manner. Barring a major change in the epidemic response (e.g. development and approval of a vaccine), these functions are likely to be needed. A future infrastructure must be built beginning now.

ANNEX 1

TABLE 1: SCENARIOS DEVELOPED BY SECRETARIAT & COSPONSORS FOR THE HIGH-LEVEL PANEL

GOAL	2025 TARGETS (CURRENT MODEL)	DELIVER 2030	SUSTAIN CURRENT RESPONSE	EPIDEMIC CONTROL IN KEY COUNTRIES	PREVENT REBOUND
Potential reach/ impact		- 90% of people living with HIV - 85% of new HIV infections	- 85% of people living with HIV - 80% of new HIV infections	- 80% of people living with HIV - 70% of new HIV infections	- 75% of people living with HIV - 65% of new HIV infections
Country coverage through a combination of country offices and multi-country offices	93 countries - 61 UCOs - 9 MCOs - 5 HIV Advisers (RCO)	~80 countries	~70 countries	~50 countries	~35 countries
Catalytic country-level funding	US\$ 16 million	US\$ 15 million	US\$ 10 million	US\$ 6 million	US\$ 3 million
Global-level Cosponsors	11	6 (Lead), 5 (affiliate)	6 (Lead), 5 (Affiliate)	6 (Lead), 5 (Affiliate)	6 (Lead), 5 (Affiliate)
Cosponsor funding (catalytic; results-based framework)	US\$ 14 million (general set aside for Cosponsors)	US\$ 10 million	US\$ 10 million	US\$ 6 million	US\$ 3 million
Secretariat budget	US\$ 120 million	US\$ 95 million	US\$ 80 million	US\$ 68 million	US\$ 54 million
Secretariat capacity	Over 650 staff	400 staff [375–425]	350 staff [325–375]	300 staff [275–325]	250 staff [225–275]
Locations	Approx. 20% staff based in Geneva	Further delocalization to programme countries / lower-cost locations; minimum presence in Geneva (support leadership, governance and resource mobilization functions)			Full delocalization, no Geneva presence
Governance	2 PCB meetings / year (both hybrid—in-person + virtual)	2 PCB meetings / year (one fully virtual)	1 PCB meeting / year; extra meeting every other year	1 PCB meeting / year	1 PCB meeting / year
Budget	US\$ 150 million	US\$ 120 million	US\$ 100 million [90–110million]	US\$ 80 million [70–90 million]	US\$ 60 million [55–65 million]

Note: It is worth noting that Cosponsors made proposals around the allocation ratio and secretariat staffing which have implications of the figures used in this table of the Secretariat.

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