

REPORT ON THE RECOMMENDATIONS FOR REVISIONS TO THE JOINT PROGRAMME OPERATING MODEL

Additional documents for this item: N/A

Action required at this meeting—the Programme Coordinating Board is invited to:

68. *Welcome* the work and recommendations of the High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response;
69. *Take note* of the Executive Director and CCO's Report on the recommendations for revisions to the Joint Programme operating model (UNAIDS/PCB(56)25.15);
70. *Endorse* the revised operating model of the Joint Programme, as set out in this report (UNAIDS/PCB(56)25.15);
71. *Request* the Executive Director to provide an update on the operationalization of the revised operating model at the 57th PCB meeting in December 2025;
72. *Request* the Executive Director to present a review of the revised operating model to the 60th PCB in June 2027.

Cost implications for the implementation of the decisions: Estimate to be included as part of the update on the operationalization of the revised operating model presented to the PCB in December 2025.

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INTRODUCTION

1. The Global AIDS response has evolved significantly over the last 30 years and the Joint Programme has contributed in significant ways to its success. Over three-quarters of all people living with HIV (~31 million) were on life-saving treatment in 2023, and HIV-related deaths and new HIV infections continue to decline to record low levels in most parts of the world. Despite this progress, the AIDS response is offtrack to reach the 2025 global AIDS targets, as inequalities in HIV treatment and prevention services persist. There are now significant threats to hard-won gains, given the uncertain financial and geopolitical circumstances and waning global solidarity in the response. Despite significant challenges, there are also unprecedented opportunities, including breakthrough long-acting HIV medicines for prevention and treatment to supplement the scale-up of primary prevention programmes and halt the majority of new HIV infections. Guided by the next Global AIDS Strategy (2026-2031), the global goal of ending AIDS as a public health threat by 2030 is still achievable.
2. We are currently experiencing the most severe disruptions to HIV prevention and treatment services and related structural enablers in the history of the global HIV response. Today critical HIV treatment and prevention services and community systems to deliver services have shut down in many countries around the world due to funding cuts from major donors and limited fiscal space for domestic resources. UNAIDS Secretariat estimates that if the global HIV response, in its entirety of prevention and treatment programmes, is not fully restored, the world risks 2300 additional new HIV infections every day on top of the 3500 infections that were already occurring. This estimation is based on a scenario of all support to previously funded PEPFAR HIV prevention and treatment programmes being stopped and not replaced. These and other funding cuts could lead to an additional 6.6 million new HIV infections and 4.2 million AIDS-related deaths by 2029. This is a looming tragedy for people living with and affected by HIV, which demands urgent political and programmatic mobilization to prevent the progress of the last decades from being reversed and the goal of ending AIDS as a public health threat being out of reach.
3. These troubling developments are occurring at a time when the human rights environment is also deteriorating in many parts of the world, with a growing push back on human rights and gender equality, as well as shrinking civic space. Recent years have seen a wave of anti-LGBTQI+ legislation in countries from diverse regions as well as a continuation of HIV stigma and discrimination and punitive drug control measures across the world, which both inflict substantial human suffering while undermining effective responses to HIV prevention and treatment services.
4. The global AIDS response requires standing in solidarity to end AIDS as a public health threat by 2030 for once and for all and sustaining inclusive, multisectoral national HIV responses beyond 2030.
5. At its 53rd meeting in December 2023, the UNAIDS Programme Coordinating Board (PCB) requested the Executive Director and the Committee of the Cosponsoring

Organizations to propose a revised operation model for the Joint Programme¹.

Towards these ends, the UNAIDS Executive Director, and the ILO Director-General, on behalf of the Joint Programme, convened a high-level panel. The Panel, led by three Co-chairs, brought together diverse stakeholders in the HIV response, working in an inclusive and collaborative manner to produce its recommendations. The High-Level Panel presented its report to the Co-convenors on 5 May 2025². The panel made 6 broad recommendations and 18 sub-recommendations (see annex 1). The panel 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.

6. The High-Level Panel report was discussed at a meeting of the Committee of Cosponsoring Organizations (CCO) held on 9 May 2025 on the sidelines of the UN Chief Executives Board meeting in Denmark.
7. Cosponsors and the UNAIDS Secretariat are committed to supporting governments and communities to respond to HIV, within their mandates and in the context of Agenda 2030, while at the same time recognizing that change is needed in the new context.
8. The Joint Programme has a transformation plan aligned to support countries to deliver SDG 3.3. The overarching priority as a Joint Programme is to support countries and communities to put in place sustainable, inclusive, multisectoral national HIV responses. The Joint Programme is transforming and eventually plans to close down by integrating, consolidating and tighter coordination. This transformation is guided by UN80, the High-Level Panel, the current financial and geopolitical situation and the current state of the HIV epidemic (also see annex 5).
9. This paper presents a new operating model for the Joint Programme which aims to transform the Joint Programme in two phases—**one immediate and one in 2027**. It takes into account preliminary discussions with the UN80 initiative and the reforms suggested by High-level Panel. The UN80 leadership has taken note of the recommendations and supports UNAIDS' line of action. The new operating model is agile and flexible to absorb further change.
10. This will enable the Joint Programme to work with governments, communities and key multilateral and bilateral donors, notably the Global Fund and PEPFAR, to accelerate the transition of donor-supported HIV treatment and prevention programmes to country-led and financed programmes. The Joint Programme will advance this by (1) supporting countries to utilize data for decision-making to guide limited resources and investment on the most cost-efficient, high-impact programmes, locations, and ways of working; and (2) accelerating the development and implementation of HIV sustainability road maps to transition towards greater country ownership and domestic financing. The Joint Programme will support

targeted, time-bound, capacity-strengthening interventions for critical HIV systems (including data and community health systems) to enable the effective transition to national management and ownership of HIV responses.

11. The Joint Programme will adjust its operating model to increase cost-effectiveness, reducing overlapping functions between the Secretariat and Cosponsors, reduce its country presence, and prioritize the scale-up of new, biomedical innovations, particularly in HIV prevention.
12. This plan for the future of the Joint Programme would focus its limited resources in supporting countries on the essential components of the next Global AIDS Strategy to end AIDS as a public health threat by 2030, ensuring maximum focus, impact, accountability and accelerating sustainability through greater country ownership, and increased domestic financing, in close partnership with PEPFAR, the Global Fund, country governments and communities.

THE NEW OPERATING MODEL

13. The new operating model of the Joint Programme will promote efficiency, effectiveness, resilience and sustainability, and is fit-for-purpose and in line with the UN80 initiative objectives. It supports, to the extent possible, countries to deliver on the SDG target of ending AIDS as a public health threat by 2030 and the implementation of the new 2026-2031 Global AIDS Strategy. The Joint Programme emphasizes the importance of situating the recommendations of the Panel within the broader UN80 reform agenda as it unfolds.
14. While the Cosponsors and the Secretariat fully agree on most revisions to the operating model, there are also areas where the Cosponsors and the UNAIDS Secretariat have different views. These differences have been clearly reflected in this paper where relevant.

Immediate transformation 2026-2027

15. A major change in the operating model is the restructuring of the UNAIDS Secretariat and differentiated Cosponsorship, with clearly defined lead and affiliate roles, leading to a streamlined Secretariat and fewer lead Cosponsors.

UNAIDS Secretariat

16. The UNAIDS Secretariat will have presence in a reduced number of countries while continuing to be able to provide limited and tailored support to approximately 60 countries in total. These 60 countries represent 83% of all new HIV infections and 87% of people living with HIV. Countries covered by the UNAIDS Secretariat, with in-country presence, will also be covered, to the extent possible, by relevant Cosponsors whose mandate directly responds to national HIV priorities and needs. The reduced geographic focus is based on a typology of countries developed by the Joint Programme, reflecting combinations of (1) high HIV burden, (2) significant stigma and discrimination against key populations, women and girls, particularly

adolescent girls and young women, humanitarian contexts, and (3) heavy reliance on international aid for the HIV response.

17. UNAIDS Secretariat country support will be provided through placement of Senior UNAIDS Coordinators in the **Office of the UN Resident Coordinator** in about 20 countries. The placement of the UNAIDS Coordinator in the UN Resident Coordinators' office will enable UNAIDS Secretariat to effectively coordinate and lead the UN Joint Team on AIDS across sectors in its support to governments and communities. Post 2027 after a careful review, all remaining UNAIDS offices could be integrated with the UN Resident Coordinator's office. Current UNAIDS presence in other countries is being consolidated in 11 multi-country offices, and 8 stand-alone country offices.
18. The Secretariat will reduce its staff by 55 per cent. There will be a significant shift of staff closer to the people we serve and to lower-cost duty stations. This average reduction also applies to leadership positions, from the P5 level to ASG. The new structure envisages a consolidation of the functions across the country, regional and global levels. The majority of global programmatic staff will be working from four locations—Johannesburg, Nairobi, Bangkok and Bonn. They will work with other staff based in the country and regional level in a matrixed manner. This change increases the efficiency and effectiveness of technical support provided at the country level as well as in building knowledge networks, national capacities building and enhancing policy leadership at all levels.
19. In line with the recommendations of the Panel, the Secretariat will be focusing on four core functions: (1) leadership and advocacy (including for global resource mobilization); (2) convening and coordination focussed on sustainability of the global AIDS response; (3) accountability through data, targets, strategy; and (4) community engagement. The overarching priority as a Joint Programme will be to support countries to achieve sustainable, inclusive, multisectoral national HIV responses.
20. The UNAIDS Secretariat will continue to bring diverse stakeholders together and create space for the active participation of affected communities—including people living with HIV, women and girls, key populations, young people and other priority populations—from the national to the global level. The UNAIDS Secretariat creates platforms for dialogue, knowledge sharing and joint action, enabling stakeholders from across multiple sectors (including within government, civil society, private sector, and faith communities) to collaborate effectively, avoid duplication, and maximize impact.
21. The UNAIDS Secretariat will deprioritize several of its current programmatic coordinating activities, which have complemented and supported work undertaken within and across Cosponsoring organizations. As the Secretariat restructuring is implemented, an exercise will be conducted together with the Cosponsors to optimize ways of working and ensure no duplication of functions. A full list of deprioritised roles is provided in Annex 2. Cosponsors have expressed willingness to consider

these proposed responsibilities, subject to their organizational restructuring processes, and developments related to the UN80 initiative.

22. There will be a small programmatic hub that performs global functions and supports HIV-related networks and partners in countries. Its key objectives are to support in the development of HIV response sustainability roadmaps, generate and use multisectoral data and convene community, governments and other partners to advance rights-based, gender transformative approaches to the HIV response. This programmatic hub will be based in Johannesburg, Nairobi, Bangkok and Bonn.

Cosponsors

23. The Principles of Cosponsorship, confirmed and agreed by the CCO and presented to the PCB in December 2020, are still valid. They are provided in Annex 3.
24. In line with the High-Level Panel recommendations, there would be up to six lead Cosponsors.³ These lead Cosponsors will be supported by other affiliate Cosponsors who together will continue to work closely with countries to leverage their resources to deliver key HIV services, as feasible, and to create a supporting environment for uptake of HIV services. The new operating model maintains the integrity and core strengths of the Joint Programme—supporting the multisectoral response to the epidemic, even with fewer lead Cosponsors.
25. The process to select the lead and affiliate Cosponsors has commenced and should be concluded and presented to the PCB as part of the 2026 Budget and Workplan. UN80 reforms may result in more consolidation of the Joint Programme and in further changes to lead and affiliate Cosponsors.
26. The High-Level Panel also recommended that UN organizations who are not currently Cosponsors but provide direct value to the AIDS response be included as affiliate Cosponsors. Inclusion of the International Organization for Migration (IOM) and the Office of the United Nations High Commissioner for Human Rights (OHCHR) as affiliate Cosponsors will strengthen the ability of the Joint Programme in promoting human rights and reaching migrant populations. The inclusion of new affiliate Cosponsors will be reviewed by the CCO and submitted to the PCB for its consideration and approval as outlined in the modus operandi.
27. At the country and regional levels, there is flexibility on the number of UN agencies that can be part of and contribute to the Joint UN Team on AIDS. Determinations on Joint Team membership are made at country and regional levels, based on the epidemic dynamics, Cosponsor mandates, capacities and who is best placed to respond to the needs and priorities of countries and in the context of UN reform.
28. The Cosponsors have stated that they remain “fully committed to the Joint Programme, coordinated by the UNAIDS Secretariat, but based on the significant reductions in multilateral HIV resources, they are unable to predict the future funding of the Joint Programme beyond 2027.” Additionally, “Cosponsors are currently

undergoing restructuring and prioritization exercises in response to the recent shift in donor priorities and as part of the broad UN80 and Humanitarian Reset processes which are underway. Going forward, simplification, prioritization, integration, differentiation and innovation will drive HIV programmes.”

29. When there is a need from countries which are not covered by the UNAIDS Secretariat, Cosponsors in country will, wherever possible, provide support and draw from the regional or global expertise of Cosponsors and the UNAIDS Secretariat, as required.
30. Cosponsors will continue to maximize the leveraging opportunities with health and other sectoral programmes to scale up HIV programmes, particularly at the national level.
31. Cosponsors are currently undergoing restructuring and prioritization exercises in response to the recent shift in donor priorities and as part of the broad UN80 and Humanitarian Reset processes which are underway. The Joint Programme will revisit the division of labour with a view to ensuring duplications and gaps are avoided, coherence is strengthened and value for money is maximized as roles and responsibilities shift, while at the same time ensuring a multi-sectoral approach remains central. Cosponsors are integrating HIV within their broader programming, policy and advocacy efforts in support of countries to ensure more sustainable and inclusive multi-sectoral responses to HIV.

Post June 2027 transformation plan

32. Without a vaccine and without a cure, progress in the HIV response has come through a multisectoral approach. At the end of 2027, if the epidemic is moving in the right direction and the global response is progressing well, the UNAIDS Secretariat can undertake greater mergers and consolidations with Cosponsors and transfer some functions to countries and other entities such as Africa CDC.
33. The Executive Director in consultation with CCO taking into account further direction of UN80, will present a plan in June 2027 to the PCB for its consideration to further transform, consolidate and integrate the Joint Programme with a view to closing down the UNAIDS Secretariat by 2030. This timeline is one year earlier than what was recommended by the High-Level Panel.
34. The process for developing this plan will begin right away in close collaboration and alignment with the UN80 process. The PCB will be informed of the progress by the Executive Director as part of her regular reports to the PCB.
35. Based on the steer and decisions of the PCB, the scheduled ECOSOC resolution on the Joint Programme in 2027 could take forward opportunities for further transformation of the Joint Programme and the closing down of the UNAIDS Secretariat in its current form.

36. In 2027, the Board will further review the governance and oversight requirements going forward as it considers the future transformation of the Joint Programme while ensuring that gains in civil society participation at the board level is not lost to ensure that the HIV response meets needs of PLHIV and most at-risk communities. The UNAIDS board is the only UN governing body that includes civil society and this must be preserved.

Secretariat transformation post June 2027

37. UNAIDS Secretariat plans to further reduce, consolidate and integrate the within the UN while also supporting the delivery of the SDG 3.3 mandate. After a careful review, it will consider integrating the rest of the UNAIDS country presence into the Resident Coordinator Offices.
38. The UNAIDS Secretariat will further reduce itself as a small global hub to promote global leadership and coordinate the global AIDS response. Its key objectives will be to track and report progress on global HIV targets adopted by the UN General Assembly, collect and publish annual global HIV response data and lead high level global advocacy for SDG 3.3.
39. This hub could be hosted by a Cosponsor entity or by UNDCO, or another multilateral entity, that can enhance its global and national leadership, coordination and accountability roles. The Global Fund and PEPFAR rely on UNAIDS data, community platforms and convening role to plan and implement programmes. A working relationship between the host of the UNAIDS hub and the US Government is key for this critical partnership to continue in the immediate short term.

Cosponsor transformation post June 2027

40. Depending on reform of UN entities through UN80, further consolidation of UNAIDS operating model may be possible.
41. Cosponsors hope the Joint Programme will remain viable until 2030 to end AIDS but should this not happen, Cosponsors commit to continue working to end AIDS, albeit with reduced capacities and resources.

Enhancing readiness and ownership of countries

42. Across the Joint Programme, a more differentiated approach will be put in place to support countries, complementing growing country capacities and responding to priority country needs. It is expected that many functions will progressively, fully transfer to governments, civil society and other partners as HIV targets and goals are reached, and various elements of country HIV response sustainability roadmaps are implemented. This could include, for example, mobilizing domestic resources through innovative means, integration within national health and social systems, social contracting communities for service delivery etc.

43. As national responses become self-sustaining, countries will be able to assume full ownership and leadership of HIV service delivery utilizing both national health and community systems. Where Joint Programme functions are transitioned, this will be done systematically and gradually over the next years.

OTHER CHANGES TO THE OPERATING MODEL

Funding model

44. The PCB will be considering the 2026 Budget and Workplan, including the budget allocations based on the latest funding projections, on 9 October 2025 at a half-day full-virtual special session of the PCB.
45. The UNAIDS Secretariat favours maintaining the threshold as laid out in previous PCB decisions⁴. The UNAIDS Secretariat proposes that a minimum threshold of 15% of core resources will be available to Cosponsors should annual core income exceed US\$70 million and increase to 20% if core income exceeds US\$ 100 million. If core income is between US\$ 61-70 million the threshold will be reduced to 10%. If core income drops below US\$ 60 million, the Secretariat would be unable to avail core resources for the Cosponsors.
46. The Cosponsors request a minimum of US\$ 1.5 million per Lead Cosponsor to support an agile, effective Joint Programme, with sufficient capacity to undertake joint fundraising for non-core resources. Cosponsors are of the view that, without catalytic resources, the glue holding the Joint Programme together and the strength of the coordinated multisectoral response would be compromised.
47. Where feasible, non-core funding mobilized by the Secretariat for programmatic areas and with regional earmarking, will be jointly planned with, mobilized and availed to the relevant Cosponsors and Secretariat.
48. The Secretariat proposes a distribution model for global level work that allows for fairness, equity and differentiation based on programmatic need in how these funding thresholds will be allocated.
- 20% of the total amount available for lead Cosponsors will be equally divided amongst the Cosponsors. This allows for every Cosponsor to have some unrestricted fund at the global level.
 - 30% of the total amount available to lead Cosponsors will be available for Cosponsors who have limited unrestricted core resources of their own to carry out their activities. A formula for allocating this amount will be determined. Stronger and larger Cosponsors will get less compared to the smaller ones.
 - 50% of the amount available to the lead Cosponsors will be available to fund thematic global and regional activities of Cosponsors based on priorities collectively identified by them.

Cosponsors have expressed the view that the above allocation formula should be simplified.

49. Core funding is supplemented by non-core funds. There will be greater reliance on jointly mobilizing non-core resources to support joint, multisectoral activities at the global, regional and country levels. These non-core funds will provide breadth and depth to the Joint Programme's support to countries, fill critical gaps, enable response to emerging needs, and overall allow for a more agile programme that can deal with a changed epidemic and funding environment. Emphasis will be placed on joint resource mobilization for countries.
50. Core resources will continue to be available for joint work at the country level when funding levels allow for priority countries. However, a simplified model for transfer of resources to the country level will be developed to reduce transaction costs, increase timeliness and simplify reporting requirements.
51. The UNAIDS Secretariat, as per current practice, will not use the country envelope core resources. There will be a concerted shift to raise more non-core resources for the country level work. Joint Team members, including the UNAIDS Secretariat together with civil society partners, will jointly raise non-core resources to fund their joint activities.

Governance

52. In addition to its oversight role, the PCB serves as the global policy setting forum on HIV. The PCB also remains the only UN governing body where civil society, represented by the most affected communities, participate in all aspects of the Board's work.
53. All Cosponsors—lead and affiliate—will be members of the CCO. The quorum for the CCO will be the presence of a majority of lead Cosponsors. Lead Cosponsors will serve as rotating chairs of the CCO. All Cosponsors shall have full rights of participation in the PCB but without the right to vote as outlined in the PCB *modus operandi*.
54. Currently the PCB meets twice a year in person. From 2026 it is proposed to reduce the in-person meetings to one a year and have an additional PCB meeting that is fully virtual. This change will lead to significant savings for the Joint Programme as well as for members.⁵
55. All Cosponsors—lead and affiliate—will be members of the CCO. The quorum for the CCO will be the presence of a majority of lead Cosponsors. Lead cosponsors will serve as rotating chairs of the CCO. All Cosponsors shall have full rights of participation in the PCB but without the right to vote as outlined in the PCB *modus operandi*.

Partnerships

56. Civil society organizations will be invited to participate in the UN Joint Team on AIDS at the country and regional level, inspired by civil society's role in and contributions to the PCB. The Joint Programme will also explore other ways to enhance civil society engagement at the country level.
57. The UN Joint Teams on AIDS will also identify and pursue opportunities to enhance the role and contribution of civil society to the HIV response. The deeper engagement of civil society in the work of the Joint Programme will enhance the relevance and impact of Joint Teams on AIDS, leading to stronger and more sustainable results. Non-core resources will be jointly raised with civil society organizations and relevant members of the Joint Team on AIDS, depending on local opportunities.
58. In an evolving global health and development ecosystem, and in line with the High-Level Panel recommendations, UNAIDS will explore with regional bodies such as Africa CDC and other multilaterals strategic opportunities to mobilize further support and transfer functions to countries, access regionally led technical support, as they put in place effective, sustainable and inclusive responses to HIV.

Operational efficiencies

59. The UNAIDS Secretariat, from its founding as an efficiency measure has used the administration of other UN entities in support of the programme. As such, the UNAIDS Secretariat does not have large back-office functions. Treasury, payroll, payments processing, HR policy, ERP, audit, investigation and ombudsperson, among others, are all outsourced and bought as services from WHO and are fully integrated. The arrangement costs the Secretariat an annual transfer of US\$ 3.5 million to WHO for these services.
60. At country level, more than 70% of the UNAIDS Secretariat's offices are co-located with other UN entities with standard cost sharing arrangements, and the UNAIDS Secretariat is actively using UN processes where shared services and common back offices are being put in place.
61. That said, the High-Level Panel report foresees further operational efficiencies and cost-cutting measures that can be adopted by the Joint Programme. This could include consolidating Joint Programme capacities, moving the location of global programmatic functions of the UNAIDS Secretariat, further integrating with UN back-office reform and integration at country level with the Resident Coordinator's office and at the regional level, and streamlining governance processes that draw considerable resources from cosponsors to engage in. To further enhance cost-savings, Cosponsors have offered to house the UNAIDS Secretariat at regional and country levels. Cosponsor offers will be evaluated on a case-by-case basis where necessary, to ensure significant cost savings are realized.

62. With the greater focus on joint non-core resource mobilization, a full cost recovery model will be implemented by the Joint Programme to more realistically reflect the actual costs that are indirectly incurred while specific thematic and geographic projects are implemented through non-core resources.
63. The Joint Programme proposes to significantly simplify and streamline its joint accountability framework (UBRAF or equivalent) by reducing the transaction costs and implementing an agile planning, monitoring and reporting process. It will ensure, however, that Joint Programme's new accountability framework continues to meet global standards for international organizations.
64. The independent oversight functions of UNAIDS will be streamlined to reflect the reduced size of the Joint Programme. Respecting the independence of the Independent External Oversight Advisory Committee (IEOAC), the UNAIDS Cabinet will discuss with the Committee how its mandate is most effectively implemented for a much smaller organization and recommendations would be put forward by the Committee to the 56th PCB meeting as part of its report to the Board. It is expected that all meetings of the IEOAC will be virtual going forward.

NEXT STEPS

65. The new operational model will be effective from 1 January 2026.
66. The Joint Programme's Workplan and Budget for 2026 will be based on the revised operating model.
67. A review of the operating model will be undertaken in 2027 and an action plan will be presented to the PCB in June 2027, leading to further consolidation and integration of the UNAIDS Secretariat into the UN system, building capacity and handover of key functions to countries.

PROPOSED DECISION POINTS

The Programme Coordinating Board is invited to:

68. *Welcome* the work and recommendations of the High-Level Panel on a resilient and fit-for-purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response;
69. *Take note* of the Executive Director and CCO's Report on the recommendations for revisions to the Joint Programme operating model (UNAIDS/PCB(56)25.15);
70. *Endorse* the revised operating model of the Joint Programme, as set out in this report (UNAIDS/PCB(56)25.15);
71. *Request* the Executive Director to provide an update on the operationalization of the revised operating model at the 57th PCB meeting in December 2025;

72. *Request* the Executive Director to present a review of the revised operating model to the 60th PCB in June 2027.

[Annexes follow]

UNEDITED

Annex 1: High Level Panel recommendations and where they are addressed in the paper

Full report: https://www.unaids.org/sites/default/files/2025-05/high-level-panel-resilient-fit-for-purpose-unaid-report_en.pdf

Recommendation	Paragraphs pertaining to the recommendations
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.	7,8
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.	41
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.	19
3. The Cosponsors should self-assess and step up to fill gaps in their respective mandates.	28 - 31
4. International financing remains necessary to end AIDS as a global public health threat and the UN should continue resource mobilization functions.	9, 12
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.	10,12, 13
1. Sharpen focus on HIV prevention and AIDS response sustainability.	10

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.	10, 12
3. Deepen partnerships with other multilaterals, particularly regional institutions	10
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.	16 – 22
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.	16- 17
2. Review and simplify the structure of the UNAIDS Secretariat across its three levels: Global Centre, Regional Support Teams and countries.	16-22
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.	11, 23- 31
1. The Joint Programme should develop a new model for sharing resources.	44 - 51
2. Lead Cosponsors: Consider a set of up to 6 "lead" Cosponsors based on programmatic need and resources available.	24 - 26
3. Affiliated Cosponsors: Encourage participation by a second tier of UN agencies willing to engage and contribute	24 - 25

meaningfully, but without the expectation to participate in governance, CCO and UBRAF.	
5. Expand the role of civil society in the Joint Programme even as the overall footprint of the organization shrinks.	20, 42, 43, 51, 56, 57
1. Add civil society to the UN Joint Teams on AIDS at the country and regional level.	56
2. Incentivize joint fundraising efforts that include civil society organizations as key partners.	56- 57
3. Institutionalize support, strengthen and sustain leadership and community-led responses	19, 51
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.	9, 32– 39, 42 - 43
1. The Executive Director should begin to plan now and present a plan for Post-2030 UNAIDS Transformation with defined milestones to the PCB.	32- 39
2. Enhance readiness and ownership of Countries and Cosponsors to take up some key functions of the Joint Programme.	42 -43
3. Plan for new options to support communities and civil society.	42- 43

Annex 2: Programmatic areas where the UNAIDS Secretariat will deprioritize its coordination and support role⁶

	Strategic area and functions	Proposed Cosponsor engagement / lead
Result area 1: HIV prevention		
1.	Condom planning and programming	UNFPA
2.	Prevention among men and boys; voluntary medical male circumcision	UNFPA/WHO
3.	Undetectable = Untransmittable (U=U)	WHO
4.	Integrated Bio-Behavioral Surveillance (IBBS), operational research	WHO
5.	Commission on Narcotic Drugs (CND)	UNODC
Result area 2: HIV treatment		
6.	HIV testing and treatment; differentiated service delivery	WHO
7.	Viral suppression and adherence	WHO
Result area 3: Paediatric AIDS, vertical transmission		
8.	Paediatric treatment	WHO/UNICEF
9.	Paediatric HIV testing	WHO/UNICEF
10.	Prevention of vertical HIV transmission	WHO/UNICEF
11.	Global Validation Advisory Committee (GVAC)	WHO
Result area 4: Community-led responses		
12.	UN PLUS	ILO

Result area 5: Human rights		
13.	HIV-related restrictions on entry, stay and residence (travel restrictions)	UNDP
Result area 6: Gender equality		
14.	Gender equality advocacy and programming	UN Women
Result area 7: Young people		
15.	Young people networks	UNFPA/UNICEF/UNESCO
16.	Adolescents living with HIV; access to treatment	UNFPA/WHO
Result area 8: Fully funded, sustainable HIV response		
17.	Financing (community programmes; health care)	World Bank
18.	Health insurance, user fees	WHO
19.	Intellectual property rights and access to health technologies	UNDP
20.	Multisectoral financing	World Bank
21.	Innovative financing	World Bank
Result area 9: Integrated systems for health and social protection		
22.	Universal Health Coverage (UHC)	WHO
23.	Resilient and sustainable systems for health (RSSH)	WHO
24.	Sexually transmitted infections, hepatitis, cervical cancer, mental health, non-communicable diseases	WHO
25.	TB/HIV	WHO

26.	HIV and ageing	WHO
Result area 10: Humanitarian settings and pandemics		
27.	HIV in humanitarian and emergency settings	UNHCR/WFP
28.	Pandemic preparedness response and HIV	WHO
Cross cutting issues, priority populations, and other portfolios		
29.	Indigenous people and HIV	WHO
30.	Disability and HIV	WHO
31.	Prisons and closed settings	UNODC
32.	Cities and urban areas	UNDP
33.	Social protection	ILO/WFP/UNICEF

Cosponsors have expressed willingness to consider these proposed responsibilities, subject to their organizational restructuring processes, and developments related to the UN80 initiative.

Annex 3: Principles of Cosponsorship

1. The Principles of Cosponsorship, confirmed and agreed by the CCO and presented to the PCB in December 2020, are still valid. These are:
 - The organization brings an identifiable comparative advantage to the Joint UN Programme on HIV/AIDS and has a mandate to carry out activities related to HIV.
 - The organization is a UN-system body.
 - The organization's Executive Head and its senior leadership regularly engage in the development and review of the policies and frameworks of the Joint UN Programme on HIV/AIDS through the Committee of Cosponsoring Organizations (CCO).
 - There is a commitment to participate in the Unified Budget Results and Accountability Framework (UBRAF) or any other future iteration, including assistance in mobilizing resources for this.
 - The organization has a strategy and framework that contributes to the goals of the Joint UN Programme on HIV and AIDS.
 - The organization's governing body considers how the organization is addressing HIV within its mandate and policies.
 - The organization designates its own resources to fund HIV-related issues, including through dedicated staff.
 - The organization has resources and capacity at regional and country levels available to support the implementation of HIV-related activities.
 - In countries with a Cosponsor presence the organization actively participates in Joint UN Teams on HIV/AIDS at the country level.
 - The organization implements a clear, well-disseminated stand-alone or integrated HIV workplace policy.

Annex 4: Considerations for future transformation of the Joint Programme

As recommended by the High-Level Panel, the considerations for the further transformation will include:

- 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.
- Until there is a cure, the continuing needs of people living with HIV.
- Broader UN reforms that have been undertaken under the UN80 Initiative and in many Cosponsors who today are going through their own restructuring.
- The evolved capacities of UN agencies with ongoing mandates to respond to the specific needs of the global AIDS response.
- Factors facilitating or undermining global response including Universal Health Coverage, HIV integration, human rights contexts, etc.
- Resources available in the AIDS response and to the UN.
- The geopolitical context.⁷

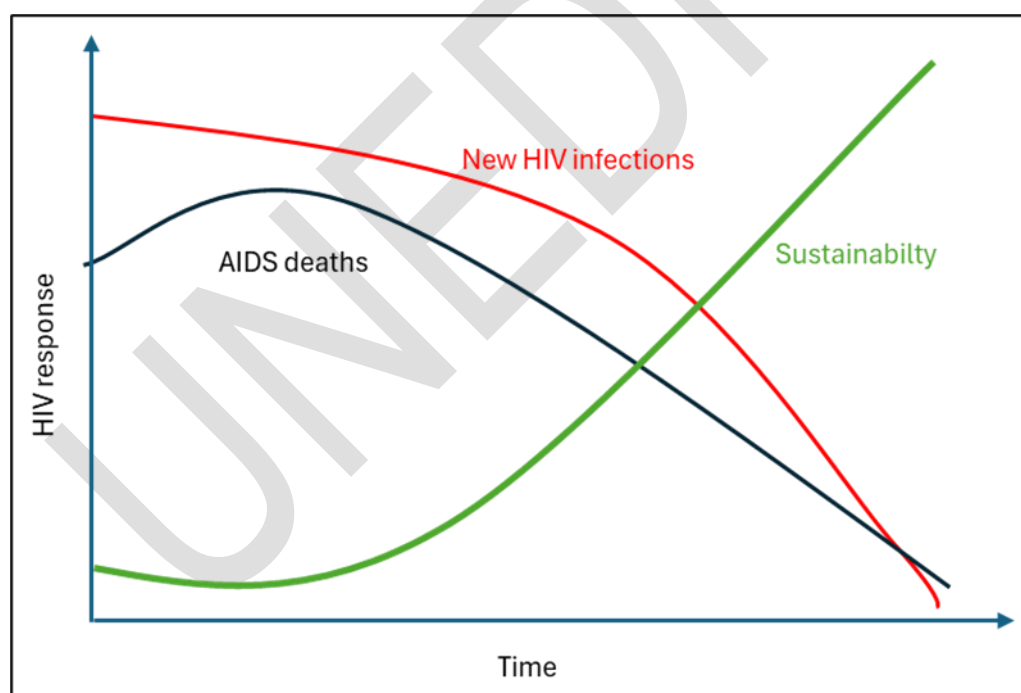


Figure 1: Considerations for transforming the Joint Programme

Annex 5: UN80 and the Joint Programme transformation

1. UNAIDS is engaging with the UN80 process, bringing the work of the High-Level Panel, lessons learnt from the recent shock faced by the AIDS response and the reflections of the PCB in shaping its future role within the wider reforms of the UN system. The UN80 Initiative, launched by the UN Secretary-General in March 2025, is structured around three key workstreams: (1) rapidly identifying efficiencies and improvements under current arrangements; (2) reviewing the implementation of all mandates given to the United Nations by Member States; and (3) undertaking consideration of the need for structural changes and programme realignment across the UN system.⁸
2. To advance the efforts of the UN80 taskforce, the UN Secretary-General has created seven UN80 clusters. The UNAIDS Executive Director is part of the cluster on Development in the UN System, which is coordinated by UNDP, UNOPS, UNICEF and DCO. The High Commissioner for Human Rights has also invited the UNAIDS Executive Director to contribute to the UN80 cluster on Human Rights. The UNAIDS Executive Director is engaging with the task force and the UN leadership on ensuring that the new operating model contributes to the UN80 process and lessons shared for system-wide application.

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