

REPORT OF THE 56TH PROGRAMME COORDINATING BOARD MEETING

Additional documents for this item:

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

- *Adopt* the report of the 56th Programme Coordinating Board meeting.

Cost implications for the implementation of the decisions: none

Tuesday 24 JUNE 2025**1. Opening****1.1 Opening of the meeting and adoption of the agenda**

1. The UNAIDS Programme Coordinating Board (the Board or PCB) convened in-person with online participation on 24 June 2025 for its 56th meeting.
2. The PCB Chair, Cecilia Ishitani, Ambassador, Deputy Permanent Representative at the Permanent Mission of Brazil, welcomed participants to the meeting. A moment of silence was observed in memory of everyone who had died of AIDS.
3. The Chair referred to the profound crisis facing the global HIV response and said countries and communities remained committed to achieving the goal of ending AIDS as a public health threat. She then shared a brief description of Brazil's HIV response, which she said was guided by principles of equity, universality and community participation. Brazil was reducing structural barriers, keeping prevention central, rolling out pre-exposure prophylaxis (PrEP), reinforcing community-led responses and addressing the social determinants of health, she told the PCB.
4. Ms Ishitani briefed the meeting on logistical arrangements and the conduct of proceedings, and recalled the intersessional decisions adopted by the PCB.
5. The meeting adopted the agenda.

1.2 Consideration of the report of the 55th meeting of the PCB

6. The meeting adopted the report.

1.3 Report of the Executive Director

7. Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), welcomed delegates to the 56th meeting of the PCB and presented her report.
8. She paid tribute to Peter Kamalingin, UNAIDS Country Director for South Sudan, who had died recently. She thanked UNAIDS staff for their hard work and dedication.
9. She also thanked Ambassador Paul Bekkers, Permanent Representative of the Netherlands to the UN, as he was assuming a new function soon, for his personal commitment to the Joint Programme, and his country for their strong support to UNAIDS and the global HIV response.
10. Ms Byanyima told the meeting that the HIV response was facing its biggest crisis since the darkest days of the pandemic. Financing for HIV had fallen 6% from its peak but the response was now being hit by the withdrawal of funding from the biggest donor, representing 73% of all international contributions for the HIV response. Other governments were also cutting their contributions.
11. This systemic shock, she said, was triggering huge disruptions to programmes, especially in countries with high HIV burdens in sub-Saharan Africa. There had been 3,500 new HIV infections and 1,700 AIDS-related deaths each day before the current disruptions. UNAIDS modelling suggested this may have risen to 5,800 new infections and 2,400 deaths per day, Ms Byanyima told the PCB.

12. If this situation continued, the world could experience an *additional* 6 million new infections in the next four years and additional 4 million people would die of AIDS-related causes, she warned, and there would be a serious resurgence of the pandemic. That would constitute not only an AIDS crisis, but a crisis for entire health systems. The funding cuts were also arriving against the background of a global pushback against human rights, the Executive Director said.
13. This was the biggest crisis the Joint Programme had experienced in its 30 years of existence, she said, while also reminding the meeting that UNAIDS had been created in a time of crisis, with very little funding. It had fought its way out of that crisis, and it would do so again, standing with communities and governments, she vowed.
14. Ms Byanyima recalled her recent visit to South Africa, where she saw evidence of the impact of the funding losses and of the many ways in which the country was responding to them. Similar efforts were underway in other countries, she said. The Joint Programme was supporting and working with countries to reprogramme their budgets.
15. The Global Fund remained a critical financing partner in the global HIV response, working with the Joint Programme in numerous complementary ways, she said. It provided funding to countries and communities, while UNAIDS worked with them to ensure the money achieved the highest impact. Sustainability was a major priority, Ms Byanyima added, and UNAIDS was collaborating with 35 low- and middle-income countries to develop HIV sustainability roadmaps, which are plans for moving to greater domestic financing of HIV responses. The Executive Director also stressed that countries needed more fiscal space to invest in their responses.
16. Amid the crisis there were also major opportunities, she told the meeting. The United States (US) Food and Drug Administration had recently approved the highly efficacious long-acting injectable antiretroviral (ARV) lenacapavir. However, the US price was over \$ 28 000 per person per year. The manufacturer had indicated that there would be not-for-profit prices for many low- and middle-income countries, though it was not yet clear exactly what that entailed, Ms Byanyima explained. She insisted that the price be reduced and referred to research indicating that lenacapavir could be produced for as little as US\$ 25 per person per year. It was vital to bring long-acting PrEP to everyone who needed it, alongside other prevention tools, she said.
17. The Executive Director appealed to the US to restore the country's HIV contributions through both the US President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund so countries can purchase these ARVs and other life-saving health products. It would generate jobs and profits in the US, she said, while saving lives.
18. The Joint Programme remained firmly committed to the global HIV response, Ms Byanyima assured the Board. It would continue to deliver global HIV data, the annual global AIDS report and the next Global AIDS Strategy 2026-2031, as well as perform its other core functions. It would continue to stand with governments and communities.
19. After briefing the meeting on the development of the next Global AIDS Strategy 2026-2031 and the financing challenges facing the Joint Programme, she assured the Board that UNAIDS was making the requisite changes to weather the crisis and fulfil its mandate. It was proceeding with developing a revised operating model, as recommended by the High-Level Panel. She summarized the work and main recommendations of the Panel and told the meeting that the Secretariat would now focus on four core areas of work: leadership and advocacy; convening and coordinating; accountability; and community engagement. UNAIDS's overarching priority would be to support governments and communities to lead sustainable national responses that are inclusive and multisectoral.

20. The Panel suggested that another review be done in 2028 at the midpoint of the next Global AIDS Strategy, Ms Byanyima said and added that UNAIDS proposed an earlier review, in 2027. It would present the PCB with a further plan in June 2027 to inform the 2027 United Nations (UN) Economic and Social Council (ECOSOC) resolution on the transformation of the Joint Programme and its further integration into the broader UN system.
21. She explained that, if the HIV response and AIDS pandemic were moving in the right directions, the envisaged changes would likely include greater consolidation and merging with Cosponsors, with some functions transferred to certain countries and other supporting entities. The remaining Joint Programme country presence could be fully integrated into UN Resident Coordinator Offices. Depending on the UN80 reforms, further integration of the Joint Programme model could also occur. These decisions would also be informed by a review of the global health ecosystem, including the Joint Programme's work with the Global Fund, the Executive Director said.
22. As a first step, it was proposed to have six "lead" Cosponsors, supported by "affiliate" Cosponsors. The Secretariat would have 294 core staff members, which amounted to a 55% reduction from current levels. It would focus on fewer countries, reducing its presence from 85 to 54 countries that represent about 80% of people living with HIV and 71% new infections globally. The new model prioritized countries with a high HIV burden, significant external aid reliance and significant stigma and discrimination.
23. The four current practices would be replaced by one unified practice, led by one deputy executive director, Ms Byanyima explained. Most technical staff would be located in the Global South, with the Secretariat presence in Geneva reduced from 120 to 20 staff. These had been difficult decisions, she told the PCB, as UNAIDS was losing hundreds of highly experienced and dedicated professionals.
24. Regarding the financial outlook, she said the initially projected US\$ 125 million in core income for 2025 had been reduced to only US\$ 68 million, which was US\$ 80 million less than core budget minimum. The Secretariat was planning for an operating structure that costs about US\$ 60 million, and this structure would be in place in 2026.
25. Ms Byanyima said the Secretariat was grateful to governments who continued to contribute to the Joint Programme and to those who were considering increasing their contributions or making earlier payments. She appealed to others to make pledges and to transfer their contributions as soon as possible. Acknowledging that some longstanding partners had reduced their support, she asked them to consider contributing non-core resources. An increased focus on extra-budgetary income had already raised US\$ 15.2 million in funding in partnership with Cosponsors and civil society, she said.
26. The PCB was informed that China had committed to contribute US\$ 1 million annually for the next five years and the Chinese Development Agency had provisionally approved grant support for several countries. Noting a first contribution from Cambodia, as well as contributions from Côte d'Ivoire, Equatorial Guinea, and Kenya, she said countries from the Global South were contributing to the Joint Programme in a variety of ways.
27. The UN had been discussing ways to be more efficient and cost-effective, including by drawing together mandates and being less fragmented, Ms Byanyima told the meeting. The funding situation was forcing a "reset" of the UN, which was a positive change, and which would lead to a stronger and more capable UN, she said. To make this work, donors should continue contributing to the Joint Programme in predictable and consistent ways so that it could plan ahead.

28. Ms Byanyima ended her presentation with the screening of a short video in which a young Kenyan woman living with HIV described her work as a mentor mother and her experiences with the repercussions of the funding cuts for HIV.
29. Members and observers thanked the Executive Director for a report that spoke clearly to the challenging times, and they paid tribute to the dedication and hard work of the Secretariat staff. They stressed that HIV remained a serious global health threat and that new HIV infections were increasing in several countries. They also highlighted the Joint Programme's critical role in strengthening and supporting national HIV responses, convening multilateral actions and providing strategic technical support.
30. Strong gains were being made against the pandemic, the PCB was told, but the current situation showed how fragile the HIV response was in many places. Speakers highlighted that the response was now under severe strain due to declining funding support, shrinking civic space and the rise of anti-rights and anti-gender movements, all of which were also placing enormous pressure on communities of people living with HIV.
31. Speakers expressed alarm at the scale and impact of the funding reductions and said it made no sense to abandon the HIV response when the world was so close to achieving the goal of ending AIDS as a public health threat. They stressed that the cost of inaction was higher than the cost of continued investment in the response, referred to calls at a recent meeting of the G7 for continued investment in global health infrastructure.
32. The meeting was told that geopolitical shifts and abrupt funding cuts threatened the world's attempt to end AIDS. As health-related matters dropped down the list of international priorities, there was a high risk of a resurgence in the AIDS epidemic, speakers warned, especially if UNAIDS's leadership and coordination were weakened. The funding cuts brought a risk of millions of new infections and deaths in the next few years, and more ARV drug resistance, the PCB was told.
33. Affirming the importance of people-centred and community-driven HIV responses, several speakers asked why community-led advocacy and actions were being defunded when the evidence clearly showed they were vital for the success of HIV and other health programmes.
34. Attaining the goal of ending AIDS by 2030 required sustained resources, political will, collective solidarity and courageous actions, the PCB was told.
35. There were repeated appeals to donors to keep up efforts to end the AIDS pandemic, and several members declared their firm support for that work. Cosponsors also said they were determined to meet the challenges and to continue working alongside countries and affected communities, and key partners like PEPFAR and the Global Fund, to end AIDS by 2030.
36. Speakers acknowledged that the UN was undergoing transformation in an unpredictable world and difficult economic circumstances. They appreciated the efforts to chart a new path forward and they welcomed calls for greater domestic ownership and an increased focus on sustainability. Financial sustainability also meant spending better, prioritizing well, being transparent, and working together across the UN and with global partners, they noted. Country-led programmes were needed to build long-term solutions. However, some speakers said it was unrealistic and irresponsible to call for more funding from developing countries while reducing funding support.
37. It was difficult hearing a report describe such major downsizing and restructuring of UNAIDS, speakers said. Referring to the mandate which ECOSOC had established for

the Joint Programme, some asked whether UNAIDS would remain capable of guiding and coordinating the necessary interventions after undergoing such extensive downsizing and restructuring. They expressed their heartfelt solidarity with staff who were losing their jobs due to the restructuring and urged all countries to support UNAIDS.

38. Referring to the funding freezes and terminations in grants from the US Government, the US representative acknowledged the disruptions in the provision of HIV services but reminded the meeting that the United States was undergoing major changes, including reconsidering how to use taxpayer money for foreign assistance, an intensive drive toward efficiency, and a focus on returns on investment for the country. The United States would continue to support essential lifesaving programmes and make strategic investments that advanced its security and interests, she explained.
39. She told the PCB that the United States was in the process of reimbursing UNAIDS in full in relation to its 2024 contribution. However, she said she could not speak definitively to future contributions but informed that budgets could be lower for PEPFAR. The emphasis would be on streamlining operations and accelerating transitions, so countries take more responsibility for their programmes and adopt a more integrated approach to disease programming. She said the United States was focused on integrating programmes at the country level and integrating parallel systems.
40. Acknowledging that the changes were difficult and had arrived very quickly, she emphasized that decades of work had led to great progress. The focus now was on finding a “safe spot” for the long-term HIV response. The United States wanted to be part of creating new opportunities and navigating change, she said.
41. Several donors announced their continued or increased support for UNAIDS. Belgium stated that it would maintain its Euro 12 million contribution for 2025–2028 and the regional Government of Flanders would contribute Euro 750 000 annually for 2025–2026. Germany announced a further Euro 2 million contribution in 2025, while Spain also increased its contribution. Belgium called on all partners to provide predictable funding for UNAIDS.
42. Speakers reiterated their full support for UNAIDS and its work. It was clear, they said, that the Joint Programme approach was a success and had helped save many millions of lives.
43. The PCB was told that funding for HIV had been volatile for some time and that traditional conceptions of global public health financing were no longer sufficient; thus, new innovative sources of finance were needed. According to speakers, the same held for the Joint Programme, which had to adapt to a difficult financial situation, and which needed new financing models. Cosponsors were also urged to maximize their contributions.
44. Speakers thanked the High-Level Panel for its work and there was broad support for the Panel’s recommendations for a revised operating model. The crisis was also an opportunity to do better by working in new ways, the PCB was told. One speaker inquired about the extent to which the High-Level Panel had been guided by external facilitation.
45. Speakers were broadly in agreement with establishing a number of lead and affiliate Cosponsors with distinct roles, defining a realistic budget, and prioritizing activities around communities that bear most of the impact of the epidemic. However, they expressed concern about the major impact of restructuring on staff and urged the Secretariat to manage the changes carefully. Full transparency was needed

throughout the process, the PCB was told.

46. Speakers welcomed the emphasis on sustainability, equity, dignity, access and community empowerment and stressed that UNAIDS's restructuring should not occur at the expense of lives, nor should it compromise the values and principles that had driven the HIV response for decades. The protection of human rights and meaningful inclusion of affected communities were non-negotiable, they insisted.
47. Speakers also said that global health was a global public good and that the HIV response was a model of international solidarity, which had to be maintained. It also had to stay firmly grounded in scientific evidence with a strong emphasis on partnerships and on sharing lessons and experiences, the PCB was told.
48. Speakers highlighted four core approaches: effective multisectoral cooperation in the UN System; strong civil society engagement and decision-making participation; rights-based HIV responses; and domestic ownership of those responses for greater sustainability.
49. The Secretariat was thanked for its efforts to align the restructuring with the other relevant processes that were underway. Speakers underscored the need for cohesion between UNAIDS's restructuring, the UN80 process and discussions on changes to the global health architecture. But they also pointed out that the core functions of the Joint Programme should also be protected within the UN system, especially those related to working with communities and protecting rights of the people who are most vulnerable to HIV.
50. There was strong concern that some of the proposed changes, such as reducing UNAIDS's presence in countries, would set the HIV response back. Referring to an apparent intention to transform UNAIDS into a smaller entity which would close in its current form around 2030, several speakers also questioned whether it was realistic to discuss the "sunsetting" of UNAIDS when new HIV infections were rising in many countries, more than 40 million people were living with HIV, and further increases in HIV infections and AIDS-related deaths were being projected. They told the PCB that in the absence of a cure for HIV, the HIV response would have to continue beyond 2030, and that the next five years should be used to enable partners to continue the Joint Programme's vital work. According to them, any move towards "sunsetting" the Joint Programme should also ensure that Cosponsors can meaningfully engage in the successful transfer of functions.
51. The next Global AIDS Strategy 2026–2031 would be crucial, the PCB was told. It was an opportunity to reshape the global response in a context of declining donor funding and numerous other challenges. Speakers said they generally supported the key elements of the outline of the new Strategy, and that the next Strategy should emphasize country leadership in national HIV responses, with the Joint Programme playing a supporting role to enable this leadership.
52. Several members (including Algeria, Burundi, Cambodia, China, Haiti, India, Lesotho, Libya, the Philippines, the United Republic of Tanzania, and Zimbabwe) emphasized their commitments to support UNAIDS in these challenging times and acknowledged the fundamental support provided to their national HIV responses. They described some of the achievements of their HIV responses, the changes they were introducing and the important support provided by UNAIDS.
53. Several members described steps taken to strengthen domestic financing of their HIV responses; progress made towards the 95–95–95 targets and efforts to embed community-based and multisectoral approaches. They emphasized the ongoing need to remove health equity gaps and to maintain funding and flexible responses for

humanitarian crises. They also noted that the progress was fragile and that funding losses were causing disruptions to services. They called on UNAIDS to keep supporting HIV sustainability roadmaps and investment cases and to prioritize affordable access to HIV medicines.

54. Several members and observers said they were keen to increase access to long-acting pre-exposure prophylaxis (PrEP), but it had to be made affordable. They called for transparent and equitable pricing of medical technologies.
55. They hailed the US Food and Drug Administration's approval of the long-acting lenacapavir ARV as an exciting development. Alongside other prevention strategies, fair access to this prevention tool could usher in a new era in HIV prevention, they said. Noting the current high prices and limited access, they called for urgent price reductions. A member expressed regret that the manufacturer of lenacapavir had not agreed to license the product through the Medicines Patent Pool. The PCB was told that new medical technologies had to be accessible and affordable to everyone who needed them.
56. The PCB was reminded that HIV had always disproportionately affected key populations, including people who inject drugs, and that they continued to be left behind, as they were still being excluded from decisions affecting their lives and harm reduction continued to be neglected. The meeting heard that about US\$ 100 billion was spent annually across the world to police people who use drugs, yet only US\$ 150 million was needed to fund harm reduction for everyone who needed it.
57. In reply, Ms Byanyima thanked speakers for their support and comments. She said it was hard to hear the news of life-saving services being scaled back due to funding losses but added that there was encouraging news of countries responding. As examples she mentioned the introduction of an HIV levy and "sin taxes" dedicated to funding HIV programmes, the replacement of health workers who had lost their jobs, and efforts to keep vital HIV research funded.
58. She assured the PCB that the Joint Programme would keep countries focused on human rights approaches and on protecting sexual and reproductive health and rights. The progress being made was commendable, as were the responses to the funding cuts, often with the support of the Joint Programme. At the same time, she added, the Philippines was a reminder of how quickly the HIV epidemic could grow. Recalling that all UN Member States had committed to end AIDS as a public health threat by 2030, she urged them to keep that "sacred promise".
59. UNAIDS was mindful of its duty to people living with, at risk and affected by HIV, the Executive Director said, and she agreed with speakers that change should not come at their expense. She thanked speakers for their concern about staff during the transformation and pledged to implement the changes fairly and in transparent and dignifying ways. Noting that the envisaged changes carried risks, she said the support of partners was needed to mitigate and manage those risks. The future had to be faced together as a united Joint Programme.
60. She said the Secretariat was looking closely at how best to serve countries with reduced resources and a lighter presence. Its hub was being moved to the Global South and was costing less. It would place 20 staff in UN Resident Coordinator Offices, in addition to maintaining direct support in the most affected and challenged countries. However, she added, if donors saw a need for greater support in a region, they could help the Secretariat achieve that, for example in eastern Europe and central Asia. The overall direction of travel was for Secretariat structures and presences to be absorbed eventually into the wider UN system, with the entire Secretariat footprint integrated into the UN System, she said.

61. However, UNAIDS would not retreat from advancing people's rights and seeking to reduce the inequalities that drive the epidemic and deprive people of the services they need, she assured the meeting. It would keep pushing for access to the medicines and tools people need, including the latest advances, and it would continue to tackle stigma and discrimination.
62. Ms Byanyima thanked speakers for praising the work of the High-Level Panel. She said that the proposed new operating model was based on the Panel's recommendations and on the UN80 vision, and it would be flexible enough to be changed in line with that vision. The Joint Programme remained open to other reforms under UN80. It was also sharing its own lessons with UN80, including regarding features like its structure and Board.
63. Responding to a comment about external facilitation of the High-Level Panel, Ms Byanyima said that three independent co-chairs had facilitated the process.
64. The next Global AIDS Strategy would inform and shape the future for the HIV response, she told the PCB. It would focus on supporting countries to sustain their national responses, including through financial leadership. It would also outline pathways for financial sustainability that include ongoing global solidarity. Highly burdened low-income countries could not shoulder the burden on their own, she told the PCB.
65. In closing, Ms Byanyima thanked the United States for confirming that it would pay its 2024 contribution in full. UNAIDS also appreciated its close relationship with PEPFAR, a partnership that had delivered excellent results in countries. She thanked donors who had already confirmed their contributions or increases, including Belgium, Cambodia, China, Côte d'Ivoire, Equatorial Guinea, Germany, the Government of Flanders, Spain, Thailand and others. She said she looked forward to continued support from the United Kingdom.
66. The decision point was adopted.

1.4 Report of the Chair of the Committee of Cosponsoring Organizations

67. Gilbert F. Hounbo, Director-General of the International Labour Organization (ILO) and Chair of the Committee of Cosponsoring Organizations (CCO), expressed thanks to the co-chairs and membership of the High-Level Panel. He described the consultation as deep, despite the difficulty and sensitive of the issues.
68. Mr Hounbo said the Secretariat and Cosponsors broadly agreed on many of the key recommendations in the High-Level Panel's report, including: streamlining the Secretariat and establishing lead and affiliate Cosponsors; relocating staff to lower-cost locations; strengthening civil society engagement; reaffirming a multisectoral response; simplifying planning, reporting, and work-planning processes; and reducing the frequency of in-person PCB meetings. Cosponsors also welcomed the emphasis on strengthening domestic funding and country ownership.
69. However, on some issues, their views differed. Those included the conditions for the provision of predictable catalytic funding to Cosponsors and the need to simplify resource allocation criteria. He said Cosponsors would work closely with the Secretariat to assess shifts in the global context and to adjust collective actions, so they remained effective and aligned with the shared goal of ending AIDS as a public health threat by 2030.
70. Mr Hounbo said it was clear that funding for HIV had declined steeply and that this was threatening the work of the Joint Programme and the gains made in the HIV response. National ownership of HIV responses had to be supported, along with the

promotion of greater domestic funding, he said. The next Global AIDS Strategy 2026–2031 had to address these and many other major challenges, including by ensuring uninterrupted access to services, promoting human rights and gender equality, and protecting civic space. Access to HIV medicines and tools, including long-acting PrEP had to be guaranteed, support for community-led organizations should increase, and the next Global AIDS Strategy should be anchored in the principles of social justice, Mr Hougbo told the Board.

71. Cosponsors stood in solidarity with the Secretariat and staff during this painful period of attrition, he said and reminded the meeting that many Cosponsors and other UN organizations were undergoing similar experiences. It was important to fulfil the duty of care and to try and turn the challenges into opportunities. Responses should be assessed constantly against changing realities, he told the meeting.
72. In closing, Mr Hougbo thanked PCB members, civil society, communities and donors for their hard work and unwavering support to ensure that AIDS is ended as a public health threat. He said the Cosponsors remained staunch supporters of the Joint Programme and were committed to a joint global effort to end AIDS.
73. Members and observers thanked the CCO for the insightful report, expressed appreciation for the Committee's work and noted the contributions of Cosponsors who, despite many difficulties, continued to work towards ending AIDS.
74. Several speakers paid tribute to the work of the 11 Cosponsors, and they reaffirmed the need to preserve the innovative governance and operating model of the Joint Programme. They also shared examples illustrating its special value, its multilateral approach and its commitment to supporting and working with empowered communities. The Joint Programme was asked to continue to marshal an effective multisectoral response that serves communities and advances social justice.
75. There was overall appreciation for the work of Cosponsors and the Secretariat in developing the next Global AIDS Strategy 2026–2031, revising the operating model of the Joint Programme, and seeking to streamline resources for HIV. Several speakers urged that the next Strategy be grounded in principles of social justice, equity, human rights and people-centred approaches.
76. A very difficult context made it crucial to coordinate the actions of Cosponsors and the Secretariat effectively, speakers said. They commended the CCO for building consensus on many of the key recommendations for revising the Joint Programme operating model, in line with the High-Level Panel recommendations, while remaining alert to the very difficult decisions that had to be taken. The emphasis on civil society engagement and the focus on strengthening country ownership was welcomed, though the PCB was also told that structural challenges needed to go beyond institutional reforms. Cosponsors would also have to change their ways of working in challenging times, the PCB was told.
77. There was agreement that the new operating model should be aligned with UN80. However, speakers noted that the proposed new model foresaw a reduced number of Cosponsors, which made it crucial to clearly identify the criteria for determining the envisaged "lead" Cosponsors and their roles.
78. Cosponsors and the Secretariat were encouraged to bridge the remaining differences and agree on a model that can achieve the highest impact. An innovative and agile model was needed to ensure that the contributions of Cosponsors are not lost, speakers said.
79. These were not ordinary times, speakers said. Several members warned that the

budgetary constraints experienced by UNAIDS had major implications and threatened hard-won global health gains. They also noted with concern the scale of funding reductions across Cosponsors, which affected in-country support, and echoed calls for equitable and catalytic funding for Cosponsors.

80. According to speakers, adequate financial support was essential, but drastic reductions in international funding, combined with increasing needs, placed extraordinary pressures on communities, health systems and millions of people living with HIV. It was unacceptable that key and vulnerable populations should bear the burden of funding cuts, the meeting was told.
81. Speakers acknowledged the differences in opinion, especially regarding funding allocations to Cosponsors, but said they hoped those would be resolved. They asked the Executive Director to provide regular updates on the revised operating model and its operationalizing, and said they also looked forward to discussing the proposed new Workplan and Budget at the next PCB meeting in October.
82. In reply, the CCO Chair thanked the meeting for the constructive comments and said a strong sense of solidarity continued among Cosponsors. They were optimistic that the differences were surmountable and that positive progress would be reported to the next PCB meeting. Regarding resource mobilization, a coordinated approach was needed to avoid 11 Cosponsors and the Secretariat approaching the same donors. Mr Hounbo reminded the meeting that the Joint Programme had been created in part to avoid overlap and replication of that kind.
83. The meeting adopted the decision point.

1.5 Report by the NGO representative (postponed)

2. Leadership of the AIDS response (postponed)

3. Follow-up to the thematic segment from the 55th PCB meeting on “Addressing inequalities in children and adolescents to end AIDS by 2030”

84. Paula Munderi, Team Lead for Science, HIV Treatment and Paediatrics at UNAIDS, began her presentation by describing the preparation for the thematic session, including drafting of the background paper and speaker selection. She briefly recalled the content of that paper, an accompanying conference paper and the full report for the session. She then reviewed the main topics discussed during the session.
85. Key messages from the thematic segment included the need for quality data collection and improved use of data; a call for the adoption of decentralized and integrated services for women living with HIV, women, children and adolescents; recognition and resourcing of community leadership in service delivery; and greater targeted investment, she said.
86. Ms Munderi told the meeting that funding cuts were affecting vertical transmission programmes already. HIV testing rates in vertical testing programs were declining, stockouts of paediatric ARVs were occurring and community-led support services were being curtailed. If PEPFAR programmes did not continue, she said, modeling showed that there would be 660 000 additional new HIV infections in children, 260 000 additional AIDS-related deaths in children and 3.4 million more AIDS orphans by 2030.
87. Experiences of service disruptions were mixed and evolving over time, she explained. Some countries were introducing mitigating measures, such as building up buffer stocks of diagnostic test kits, transitioning health workers to the public sector payroll,

and prioritizing PrEP for pregnant and breastfeeding women. She mentioned as a good example the recently launched domestic funding Presidential Initiative to End Pediatric AIDS in the Democratic Republic of the Congo.

88. Speaking from the floor, members and observers thanked Ms Munderi for the informative update and commended the evidence-based recommendations that emerged from the thematic segment. They said it was sobering that, despite the advances made, some 120 000 children had acquired HIV in 2023 and an estimated 600 000 children living with HIV were not getting life-saving treatment. The PCB was told that children living with HIV were still much less likely than adults to know their HIV status and obtain treatment.
89. Speakers reminded the PCB that sub-Saharan Africa was home to more than 80% of the HIV burden among children and adolescents, and they reiterated calls for an urgent, equity-driven response. Ending HIV in children and adolescents should stay at the centre of the global HIV response, they urged, and programmes to eliminate vertical transmission had to be scaled up further.
90. According to speakers, it was also crucial to continue to reduce new HIV infections among women, especially adolescent girls and young women, so the “triple threat” of HIV, early pregnancy and gender-based violence could be turned into a “triple dividend”. Lifting barriers that prevent women from accessing HIV services was a powerful lever to break the cycle of infection and prevent vertical transmission, speakers told the meeting. They shared examples of successful programmes, integrated interventions and expanding partnerships. Speakers reiterated that the world would not make the necessary progress against AIDS without addressing the underlying inequalities that fuel the pandemic. Gender inequalities and human rights violations increased women’s vulnerability to HIV, which in turn led to ongoing vertical transmission, the PCB was told. Ending AIDS among children and adolescents was possible, they insisted, but only if systems of exclusion were dismantled, people’s rights were protected, and they could take informed decisions about their health, which required community-driven, human rights-based approaches that empower adolescent girls and young women.
91. Speakers supported the recommendations from the thematic segment, including those emphasizing the expansion of integrated services and the importance of community-led services and organizations. Evidence- and rights-based national plans were essential, they said, as were strengthened data systems to track HIV outcomes among children, adolescents and mother-baby pairs. According to them, data should be disaggregated by age, geographical location, population groups and sex, and programmes should reach the children of key populations and children trapped in humanitarian crises. Psychosocial support and peer-led models of support were also emphasized.
92. It was imperative to close the testing and treatment gaps for children and adolescents living with HIV, the meeting was told, which required strong cooperation and action from Cosponsors, given the multisectoral nature of the challenge. Speakers stressed that adolescents with HIV should be seen as a unique population requiring specific, tailored services and support. Speakers called for legal and policy reforms to remove age-of-consent barriers to HIV services.
93. The value of comprehensive sexuality education could not be overstated, speakers said. Providing children and adolescents with accurate and age-appropriate information about their sexual and reproductive health was a proven and cost-effective strategy to prevent sexually transmitted infections, speakers stressed.
94. The PCB was reminded that the knowledge, tools and capacity to end AIDS among

children and adolescents existed, but that the leadership and actions to use them to the full were still lacking. Safeguarding and building on the gains made would require increased domestic financing; mobilizing innovative and blended financing; ensuring that predictable funding goes to programmes that reach children and adolescents; and strengthening national ownership and accountability, speakers said.

95. There were stern warnings that the wave of funding cuts, if left unresolved, would badly set back efforts to end AIDS in children. The PCB was told that new modeling showed funding losses could result in up to one million additional HIV infections and almost 500 000 additional AIDS-related deaths in children by 2029. The cost of inaction would be catastrophic for children and adolescents, speakers said.
96. Meeting the commitments to children required ongoing solidarity and predictable funding from external supporters; the use of innovative blended financing options; increased domestic funding; and stronger national ownership of HIV responses, the PCB was told. Speakers endorsed the thematic segment report's call for more collaboration among governments, faith-based organizations, civil society, and the private sector to close access gaps for these vulnerable groups.
97. Representatives of several countries shared updates on their progress towards eliminating vertical transmission of HIV and end AIDS in children. They noted the importance of comprehensive sexuality education, sexual and reproductive health services and mental health support in their national strategies, as well as the introduction of dual HIV/Syphilis screening and testing for all pregnant women. They warned, however, that funding cuts posed major challenges. Some members described their difficulties in expanding paediatric diagnostic services and integrating mental health and sexual and reproductive health services for key populations.
98. While noting the emphasis on efficiency and value for money, there was concern about the closure of the regional UNAIDS office in the Middle East and North Africa. Speakers said they recognized the need for institutional reforms but stressed that changes should not interrupt support to countries and affected communities, including technical assistance. The most affected countries should be engaged closely in restructuring processes, they urged.
99. In reply, Paula Munderi thanked speakers for their contributions and their support for the vital efforts to protect and prioritize children and adolescents.

Wednesday 26 JUNE 2024

4. Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026

4.1 Performance monitoring reporting 2024

100. Angeli Achrekar, Deputy Executive Director of the Programme Branch at UNAIDS, introduced the performance monitoring report (PMR), which set out the collective results across 11 Cosponsors and the Secretariat at all levels. The PMR clearly linked UNAIDS results, impact and investments, as requested by the PCB, the IEOAC and donors, she said. The report had been streamlined, despite covering 10 results areas, five strategic functions and 45 UBRAF indicators. She then described the components of the report and reminded the meeting that the report referred to 2024 activities and did not yet reflect the developments of recent months.
101. The 2024 mid-term review had shown that the world had the tools and knowledge to end AIDS, but it was not on track for doing so by 2030, Ms Achrekar told the PCB. She informed that shadowing significant progress were persistent gaps, especially on prevention and human rights. The Joint Programme continued to work hard to close those gaps, and its unique role was evident in the results achieved (especially on prevention, testing and treatment, and policy and legal changes for more effective and sustainable HIV response), she reported. It was also maintaining strong governance and accountability systems.
102. She said HIV treatment programmes had saved about 24.1 million lives between 1996 and 2023, new infections had been reduced by 60% in the same period, and 31.6 million were receiving antiretroviral therapy (ART) at the end of 2023. UNAIDS had prioritized support to 85 countries, including support to 84 countries for HIV prevention; 79 countries for expanding community-led HIV responses; 50 countries for integrating gender equality into their HIV programmes; and 30 countries for developing HIV sustainability roadmaps.
103. The achievements reflected sharper prioritization and an ability to use limited resources with great efficiency, she said. Only six of the 45 Unified Budget, Results and Accountability Framework (UBRAF) indicators showed slow progress. According to her, the results showed UNAIDS's unique role in combining global leadership with country-level support (in over 80 countries).
104. However, she said that even with increased efficiency, chronic underfunding of the UBRAF was undermining crucial capacities across the Joint Programme and reducing opportunities to support countries, and new shocks for global health and HIV threatened the gains made and created the possibility of a resurgence of the pandemic.
105. Describing some of the actions taken in 2025 amid significant disruptions, Ms Achrekar said the Joint Programme was supporting countries and communities to mitigate the impact. This included working directly with them on Global Fund grants; reprogramming and reprioritizing interventions; and developing HIV sustainability roadmaps.
106. Continuing, Kofi Amekudzi, Senior Technical Specialist on HIV/AIDS at the International Labour Organization (ILO), summarized key results against Outcome 1. He said highlights of the Joint Programme's prevention work included new prevention guidance for women at high risk of HIV and key population; advancing more equitable access to services combination prevention in 84 countries; support for the Global HIV Prevention Coalition; increased uptake of PrEP (reaching 6.5 million people in 2024);

comprehensive sexuality education reaching over 27 million learners; the expansion of harm reduction services; and tailored workplace programmes.

107. Highlights of support for HIV testing and treatment included adoption of the “treat all” approach in 99% of countries; implementation of recommended first-line treatment regimens in 118 countries; and routine implementation of self-testing in 71 countries, he reported. The Joint Programme had supported a new framework and guidance for the elimination of HIV, syphilis and hepatitis B, along with the integration of related services. It had also advanced the use of superior treatment regimens for children in 102 countries.
108. Regarding Outcome 2 (Breaking down barriers), Mr Amekudzi said the Joint Programme had provided technical and other support for community-led HIV responses in over 70 countries; developed a new framework and methodology for monitoring the 30–80–60 targets; contributed to stronger community-led monitoring in 65 countries; and finalized and launched the Stigma Index v2.0 in 10 countries.
109. On human rights, the Joint Programme had supported the removal or reform of punitive laws and policies in 72 countries and had supported 41 countries under the Global partnership for eliminating stigma and discrimination. On gender equality, it had helped build expertise in 50 countries; supported gender assessments in 12 countries; and strengthened advocacy skills and access to decision-making fora for women living with HIV. It had also supported the scale-up of youth-friendly multisectoral interventions in over 50 countries as well as the endorsement of the Ministerial Commitment on Health and Well-being of Young People in 14 southern African countries.
110. For Outcome 3, which focuses on sustained and integrated HIV responses, the Joint Programme had helped improve allocative efficiencies, resolve programming bottlenecks and support HIV investment cases or similar analysis in 59 countries. It had supported evidence-informed HIV investments across the Global Fund grant cycle in 79 countries and the drafting of HIV sustainability roadmaps in 30 countries. It also had consolidated its role as the pre-eminent source of HIV financing data and supported increases in domestic financing for national HIV responses.
111. In addition, it had assisted over 90 countries in improving their access to health technologies. Guidance, technical support and e-learning tools had been provided for people-centred integrated systems for HIV, tuberculosis, other health programmes and social protection as part of primary health care. UNAIDS also had supported the inclusion of cervical cancer screening and treatment for women living with HIV in national strategies of 54 countries. Expanded provision of HIV services in humanitarian emergencies had been supported, along with rapid action to maintain essential HIV services and nutrition in countries affected by conflict and climate change.
112. Marie-Odile Emond, Senior Advisor for Programme Planning and Field Support at UNAIDS Secretariat, explained how the targeted initiatives and strong, inclusive partnerships that the Joint Programme convenes are rallying forces for change and progress. She said that an increasing number of countries and other actors are taking part in these efforts - such as for accelerating action on HIV prevention, ending AIDS in children, reducing stigma and discrimination, putting communities at the centre and most impactful investment. Progress towards the 3 outcomes has also been possible thanks to our five strategic functions, especially in terms of: sustained political commitment, state-of the art strategic information, effective coordination for country support and inclusive dialogue with all key stakeholders including close synergies with Global Fund & PEPFAR, intensified resources mobilization, and strong governance and accountability.

113. She presented an overview of the Joint Programme's achievements against the UBRAF indicators. After describing the various sets of indicators and their significance, Ms Emond said that, measured against the 2025 milestones, there had been good progress on 35 indicators with slow progress on six indicators. The slow progress was due mainly to lack of funding, reduced capacities and evolving needs. However, greater difficulties were anticipated in 2025 due to funding losses.
114. She reported that declining core budgets and funds mobilized from governments and other donors were leading to funding shortfalls and missed opportunities. She reminded the meeting that the upper threshold for the UBRAF had been set at US\$ 210 million in 2023, of which US\$ 153.4 million had been mobilized. In 2024, the operating budget had been set at US\$ 160 million, of which US\$ 144.5 million had been mobilized.
115. The impacts of funding shortfalls, including reduced technical assistance and reduced support to close gaps, has affected the pace of progress of the HIV response and led to many delayed or missed opportunities, even in priority areas such as community-led HIV responses, human rights and gender equality. HIV and humanitarian responses were being deprioritized at subnational levels and integration processes were being disrupted, she said. UNAIDS "Country envelopes" for Cosponsors joint work to support countries had been reduced by 30%, from US\$ 25 million to US\$ 17.5 million in 2024.
116. Mitigating steps had been taken, Ms Emond reported. As captured in the PMR, they included using innovations to enhance HIV prevention; pursuing stronger cross-country collaboration and community- and peer-led work; and working with governments and communities to enhance national ownership of HIV responses. She described a series of other actions in support of UN Sustainable Development Cooperation Frameworks and Resident Coordinator systems, as well as steps taken to reach communities who were left furthest behind, improve joint monitoring and reporting, and enhance operational efficiencies.
117. She reaffirmed that UN reform remains a top priority. As per its report to the PCB (conference room paper), UNAIDS score high on compliance with the latest UN Quadrennial Comprehensive Policy Review, the UN Reform checklist and UN Funding Compact such as close synergies with the Resident Coordinator system, integrated policies and system-wide approaches including common services sparing no efforts to pursue more synergies and further efficiencies.
118. Sam Kambarami, Director of Finance and Accountability at UNAIDS, informed the PCB there was an implementation rate of 96% for core funds and 100% for non-core funds in 2024. Set against the three main outcomes, US\$ 17.5 million in core funding and US\$ 82.1 million in non-core funding was invested for maximizing equitable and equal access to HIV services (Outcome 1); US\$ 12.2 million in core funding and US\$ 77.8 million in non-core funding for Breaking down barriers (Outcome 2); and US\$ 6.5 million in core funding and US\$ 46.4 million in non-core funding for Sustained and integrated HIV response (Outcome 3). He stated that the Secretariat expenditure and encumbrances for 2024 amounted to US\$ 126.3 million for core funded budget and US\$ 72.6 million in non-core funds.
119. Mr Kambarami then briefly presented the 2024 budget implementation by Results Areas and stated that total utilization had amounted to US\$ 242.7 million (US\$ 36.3 million core and US\$ 206.4 million non-core). He further stated that Core allocated funds in 2024 totaled US\$ 169.1 million, of which US\$ 162.5 million was actually implemented. He informed the PCB that total non-core estimated fund for 2024 were US\$ 279.8 million which was almost equal to the US\$ 279 million implementation for the year. He highlighted that the total allocated funds came to US\$ 448.9 million and

the total implementation was US\$ 441.5 million.

120. Speaking from the floor, members and observers said they appreciated the clear and detailed performance reporting and noted that it responded to previous requests from the PCB. The clarity of the executive summary was also lauded. It was suggested that future reports could be even more integrated and concise, to lower the burden on staff, as long as the requisite transparency and regional and country insights were maintained. The launch of the Transparency Portal was also applauded. It was suggested that further audits may be needed to fully understand how resources and activities were driving impact and how Cosponsors were contributing to progress against AIDS.
121. The information featured in the PMR provided communities and practitioners with information and evidence to advocate for stronger support and commitment from governments, speakers said. The UBRAF and the associated monitoring systems were also strong accountability tools, making it possible to monitor results across 11 Cosponsors and the Secretariat.
122. Speakers commended the impressive achievements documented in the PMR, despite a reduced budget for the Joint Programme. They said the achievements reported in the PMR held three, core lessons: communities made the difference, sustainable institutionalized systems were essential, and everyone's rights should be upheld. Several speakers indicated that the strong progress made against the UBRAF indicators confirmed the Joint Programme's critical role. They congratulated it on its collaborative partnerships and alliances and commended UNAIDS staff for their dedication and work.
123. The goal of ending AIDS as a public health threat by 2030 was not out of reach, the PCB was told, but major challenges had to be overcome. Over nine million people living with HIV were not receiving ART; new infections were rising in at least 28 countries; too many HIV programmes were not reaching key populations; stigma and discrimination was persisting; and the HIV-related human rights environment was deteriorating. As well, there were strong financial headwinds, with donor funding decreasing and many countries struggling to sustain domestic HIV funding, the PCB was told.
124. Cosponsors reminded the meeting that this year's PMR was an important milestone, marking over 30 years of joint action under the joint programme model. Speakers said both the UBRAF and the Joint Programme monitoring system were powerful tools for coordination, accountability and collective impact and showed that the Joint Programme was able to deliver in ways rarely seen across such a diverse institutional landscape.
125. In over 80 countries, they said, Cosponsors and the Secretariat had helped strengthen HIV responses, build supportive environments, protect rights of women and girls, and promote community-led responses. The Joint Programme had strengthened country systems and inserted HIV into broader development and financial strategies, confirming its value across sectors, populations and settings.
126. One example cited was the collaboration between INPUD and the UN Office on Drugs and Crime (UNODC) which had led to harm reduction being mentioned for the first time ever in a resolution of the Commission on Narcotic Drugs. In addition, in early 2025 a resolution had been passed calling for a comprehensive review of the world's efforts to address drug use.
127. The PMR also confirmed that strong progress against AIDS was possible when communities were supported, speakers said. Peer-led programmes were reaching

people when other systems failed. Members and donors were urged to act on the evidence, fully fund harm reduction and invest in community-led services.

128. Speakers said they were pleased that the Joint Programme had confirmed its commitment to four key areas of work: the prevention revolution; universal and equitable access to health services; community-led and -monitored interventions that are embedded in equitable primary healthcare systems; and the prioritization of key populations and children globally.
129. Several members and observers described the ways in which their national HIV responses benefited directly from Joint Programme support. They hailed the collective efforts of Cosponsors and the Secretariat and said the Joint Programme remained one of the most effective entities of its kind and offered profound, positive lessons for multisectoral responses to global challenges. Of note also, they said, was the work of the Global HIV Prevention Coalition; collective efforts to expand access to prevention services and tools through differentiated service delivery; the push for the triple elimination of vertical transmission; and efforts to eliminate HIV-related stigma and discrimination.
130. In addition to documenting achievements, speakers said, the PMR showed where improvements were needed. They described specific Joint Programme support to countries in different regions and welcomed the achievements for expanding community-led interventions, despite shrinking civic space. But they noted that access to quality services was still insufficient for certain key and other priority populations, notably people in prisons and people who use drugs. Programmes had to do better at reaching key populations, the meeting was told. The rollback of sexual and reproductive health and rights in several countries was another major concern, the meeting was told.
131. Speakers expressed profound concern about wavering political commitment, the funding shortfall and the prospect of further cuts. Growing financial gaps and inequalities in resource availability for HIV would widen disparities, speakers warned, with community-led organizations and the communities they serve bearing the brunt of the funding losses. They repeatedly called for a fully funded Joint Programme and a smooth transition to a more sustainable HIV response. There was strong support for new, innovative resource mobilization strategies, and for steps to achieve savings and reduce costs while maintain programme effectiveness. The Secretariat was asked to clarify how much higher non-core expenditures and encumbrances were in 2024, compared to non-core income.
132. Urgent collective action, strong political commitment and sustained, predictable funding was needed to achieve the 2030 goal, which now seemed to hang in the balance, speakers said. They agreed that a well-adjusted operational model was needed for the period ahead but warned that the envisaged reductions of in-country staff working on HIV across the Joint Programme would also weaken HIV responses. Several speakers said they hoped those decisions would be revisited.
133. Noting that the HIV response was at a critical juncture, several speakers warned that any discussion about “sunsetting” essential programmes was premature. They reminded the meeting that the progress that was being celebrated was the result of decades of hard work and dedication. The Joint Programme was a central actor in enabling that progress, they said. It was a powerful broker and convener for effective interventions, a voice for affected communities and it played a crucial role in bringing about environments in which HIV programmes can excel.
134. One speaker told the PCB that affordable access to essential medicines and diagnostics was vital, and that local production of health products should be expanded.

135. In reply, Mr Amekudzi, referred to the staff losses and other challenges and warned the PCB that the situation was likely to worsen before it improved. The Joint Programme would continue to do the best with the available resources, but it would be difficult to achieve everything it had set out to achieve, he said. He agreed with suggestions that further simplification would be needed in the reporting and the next PRM.
136. Replying to a question about young people and HIV prevention, the UNESCO representative said gaps remained, especially for adolescent girls and young women and people facing social difficulties. Regarding comprehensive sexuality education, the Joint Programme was part of wider efforts and was investing in sustainable change, for example by strengthening school-based curricula and training community-based educators. She described some of the barriers, along with efforts being made to mobilize stronger political support and strengthen accountability for comprehensive sexuality education.
137. Ms Emond said the indicators were designed to monitor progress on some of the main intended results of the Joint Programme, which were linked to impact measured by the Global AIDS Monitoring which inform UNAIDS Global AIDS Update to be launched in July 2025. The UBRAF Indicator Scorecards included explanations for the pace of progress towards the milestones in various results areas and strategic functions. She also explained that the five Secretariat functions contributed to all results areas and outcomes. She thanked speakers for their remarks about the transformative power of the Joint Programme and overall supporting a simplified report.
138. Responding to a question on expenditures and encumbrances, Mr Kambarami said they showed improved performance in relation to programme implementation. Ms Achrekar said the Joint Programme shared the concerns voiced about gaps affected key populations and the prevention scale up. She agreed on the importance of institutionalizing systems, policies and roles of communities in the HIV response, and said the Joint Programme was focused on achieving that. It would prioritize closing the remaining gaps in sustainable ways, she said. Christine Stegling, Deputy Executive Director of the Policy, Advocacy and Knowledge Branch at UNAIDS, acknowledged the praise for the Joint Programme's role in brokering and shaping resolutions and decisions in other UN and multilateral forums.
139. In closing, Ms Achrekar mentioned the report was a heartfelt tribute to the communities UNAIDS serve, how the unique set of comparative assets in the HIV response ecosystem that the Joint Programme brings are even more essential as the HIV response has moved to a new critical phase and appreciated the unique partnerships, donors' precious support, and all staff working for the HIV response across the 11 Cosponsors and Secretariat which made those results possible.
140. The decision points were adopted.

4.2 Financial reporting

141. Samson Kambarami, Director of Finance and Accountability at UNAIDS, presented the highlights from the financial reports and audited statements.
142. He told the PCB that the Joint Programme had again received an unmodified audit or clean opinion from the external auditors. He highlighted that the net fund balance stood at US\$ 107 million at the end of 2024 (compared with US\$ 91 million at the end of 2023), which was US\$ 37 million above the minimum level of US\$ 70 million. He explained that this increase was due mainly to the return to the Core Fund Balance of the excess US\$ 25.1 million, originally transferred from the Fund Balance in 2012 to cover After-Service Health Insurance (ASHI) liabilities, in accordance with a June 2024

PCB decision.

143. He stated that the ASHI showed defined benefit obligations of an estimated US\$ 137.4 million at the end of 2024 (versus US\$ 104.7 million in 2023). With current funding of the UNAIDS Secretariat ASHI obligations at US\$ 148.6 million, these were well covered.
144. The core income in 2024 totaled US\$ 149 million and core expenditures and encumbrances totaled US\$ 160 million (vs US\$ 176.7 million in 2023), he said, of which US\$ 126 million was for the Secretariat and US\$ 34 million was for Cosponsors. He informed the PCB that eleven donors had provided at least US\$ 2 million each, with the United States the largest donor, followed by the Netherlands and Switzerland, the United Kingdom, Sweden, Germany, Denmark and Luxembourg. He said non-core funds received by the Secretariat in 2024 had totaled US\$ 81.9 million (versus US\$ 61 million in 2023), of which 75% (US\$ 61.8 million) was from the US Government.
145. Describing expenses in 2024, Mr Kambarami said that US\$ 105.7 million had gone towards staff and other personnel costs (versus US\$ 101.1 million in 2023); US\$ 64.7 million (versus US\$ 65.8 million in 2023) had funded transfers and grants to counterparts; US\$ 36.9 million (versus US\$ 41.4 million in 2023) had paid for contractual services; and US\$ 6.3 million (versus US\$ 5.3 million in 2023) had been spent on travel.
146. The financial outlook for 2025 did not look promising, he warned. At end-May 2025, UNAIDS had received almost US\$ 42 million from donors and the projected income for the year was US\$ 68 million (versus US\$ 149 million in 2024), an amount which excluded any contribution from the US Government. Comparing incomes recorded for the first quarter, he said the 2024 and 2025 levels were the lowest of the past six years. The PCB was told that there was an estimated core fund gap of US\$ 82 million for 2025, compared to the operating budget of US\$150 million
147. Total expenditure and encumbrances came to US\$ 83.6 million at end-May 2025, of which US\$ 19.4 million was for Cosponsors and US\$ 56.7 million was for the Secretariat, he continued. Encumbrances came to US\$ 56.7 million. Non-core contributions received by the Secretariat totaled US\$ 15.2 million.
148. Discussing the approaches for dealing with the funding gap, Mr Kambarami said the core fund balance of US\$ 107 million would be used. He stated that transfers to Cosponsors would be limited to the US\$ 20 million already transferred, based on a revised 2025 core allocation, with further transfers contingent on new core contributions for 2025 to the planned operating budget of US\$ 150 million. In addition, the Joint Programme would strengthen efforts to mobilize non-core resources.
149. Furthermore, the Joint Programme would reduce operations and activities and implement the Secretariat restructuring, including major staff reductions, a reduced number of Country Offices and the transfer of staff to lower-cost duty stations.
150. He reminded the PCB that it had approved the level of the Operating Reserve Fund (ORF) at US\$ 33 million in 1998 and had endorsed the rules and procedures guiding the use of the ORF by the Executive Director. He explained that the primary purpose of the ORF was to ensure that cash would be available for financing the UNAIDS approved biennial budget, pending the receipt of contributions. In 2005, the PCB had endorsed revising the ORF's level to US\$ 35 million. No advances had been made from the ORF in 2024, he said. However, it was proposed to partially fund the organizational restructuring from the ORF. He stated that given a core fund balance of US\$ 107 million at the beginning of 2025 and expected income of US\$ 68 million for 2025, the estimated 2025 year-end balance was projected to be US\$ 27 million.

151. Mr Kambarami then described the other funds that were available to fund organizational restructuring. Those include the Mobility Fund and Terminal Payments Fund, which totaled US\$ 6.5 million; and projected financial revenue or interest from bank balances (US\$ 3 million).
152. He explained that restructuring would be completed in 2026, due to the staggered approach to contract terminations. This meant that staff costs for terminated staff would continue to be incurred until the end of their notice periods (which could extend to June 2026 for some positions). About US\$ 4.4 million for restructuring costs could be absorbed in the 2025 budget, while a further US\$ 1.9 million for 2026 could be absorbed or encumbered as a provision for restructuring in the 2025 budget. However, restructuring costs of US\$ 28.4 million required a total budget of US\$ 26.5 million in 2026, which necessitated use of the ORF. If this were not done, the net fund balance would be negative US\$ 8.7 million, hence the proposal to draw from the ORF.
153. He explained that the planned budget implementation could help to ensure that 2026 starts with an estimated opening fund balance of US\$ 27 million . If projected core contributions for 2026 would be at the level of US\$ 68 million as in 2025, a total of US\$ 93 million would be available for core spending in 2026. He stated that, even with the reduced number of staff for the Secretariat and reduced number of country offices, the 2026 core expenditures for the Secretariat, including the restructuring, would amount to approximately US\$ 101.7 million (hence the negative US\$ 8.7 million figure in the Fund Balance at end of 2026).
154. Regarding the UNAIDS Statement of Internal Control, Mr Kambarami briefly described the process that had been followed and listed the priority areas that required improvement in 2025: procurement and contract management; risk management; asset management; business continuity plans; and non-commercial agreements. He noted the proposed actions for each of the areas.
155. Speaking from the floor, members and observers thanked the Secretariat for the comprehensive information provided and the clarity of the report and explanations. They also welcomed the updates on key financial risks faced by the organization.
156. There was wide acknowledgement that the Joint Programme was operating in very challenging conditions and that the volatility of its budget had increased drastically. Stressing the importance of core funding for Joint Programme operations, speakers expressed concern about the sharp decline in financial contributions to the Joint Programme and its own diminishing capacities. The efforts to address the shortfalls and increase efficiencies were noted, as were the difficult decisions to reduce costs.
157. Some regions, including eastern Europe and central Asia, would be affected heavily by the funding cuts, the PCB was told. The importance of the Joint Programme's presence and technical assistance in Latin America and the Caribbean was also highlighted, with speakers warning that this support was now in danger. An effective global response had to encompass all regions, they insisted. Also emphasized was the need to preserve interpretation services for Joint Programme meetings to ensure inclusivity and to protect the ability to conduct and support research, some speakers noted.
158. UNAIDS was urged to sustain its joint resource mobilization efforts and there were repeated calls for continued financial support for the global HIV response. Members pledged to continue increasing domestic investments for their national HIV programmes.
159. Financial efficiency was more important than ever, the PCB was told. It was suggested that the Secretariat, in consultation with the IEOAC, consider an expedited actuary

overview of provisions for meeting staff and related liabilities, including funding for After Service Health Insurance.

160. There was general support for using some of the Operating Reserve Fund balance to partly cover the 2026 funding gap, subject to a replenishment plan to be presented to PCB. Speakers urged that budgeting processes and financial reporting also be streamlined to reduce transaction costs. Financial sustainability must go hand in hand with efficient results-based spending, flexibility, transparency and stronger coordination within the UN system and with international partners, they said.
161. The future of UNAIDS remained uncertain, speakers warned. They said they were looking to the Secretariat to ensure that financial planning for the coming years includes a robust strategy for transition that includes all potential outcomes.
162. The representative of the United States said it was reviewing foreign assistance and future relations with all international organizations. She confirmed that the United States would fully restore funding owed to UNAIDS for 2024 and said it hoped to contribute core funding as appropriated by Congress. She added that the United States had paid the outstanding US\$ 1.3 billion to the Global Fund in line with the priorities of the new administration.
163. Poland reported that it would increase its contribution to UNAIDS by 150%, including through supporting functional offices in Kyiv and Bonn. Portugal announced that it will double its voluntary contribution to UNAIDS for 2025, reflecting its commitment to multilateralism and to reaching the goal of ending AIDS as a public health threat.
164. The meeting was told that the proposal to use part of the Operating Reserve Fund to cover the shortfall in core funding should be considered prudently, though there was general agreement that the current situation merited the proposed action. UNAIDS was also asked to consider the possible relevance and legal conditions for releasing funds from other sources (such as After-Service Health Insurance).
165. Concerns were raised about fund transfers to Cosponsors, with some speakers arguing that efforts to manage the funding shortfall should not come at the expense of Cosponsors. The Secretariat was asked to clarify transfers to Cosponsors, past and future, given that Cosponsors themselves were also undergoing major restructuring.
166. Cosponsors said the proposal to peg the transfers to specified levels of core funds seemed to contain contradictions. The Secretariat was asked to share further information regarding the underspent US\$ 10.1 million mentioned in the report and to provide clarifications about the 2026 income forecasts. Speakers said it appeared in the revised operating model, that Cosponsors would receive transfers if core income exceeded US\$ 60 million, yet even with a projected income of US\$ 68 million, no transfers to Cosponsors was envisaged in 2026.
167. There was also acknowledgment that the revenue projections for 2025 had changed due to the sudden funding losses: transfers made at beginning of 2025 had been based on a higher anticipated inflow of funds. With the reduced budget, some Cosponsors had been overpaid and some underpaid. Cosponsors asked the Secretariat to continue sharing pertinent information and thanked the Executive Director for confirming that a US\$ 68 million projected income would enable transfers to Cosponsors.
168. While commending the High-Level Panel's work and recommendations, speakers said they remained worried about UNAIDS's resilience to future shocks and stressed the need for ongoing contingency plans. They urged it to make the necessary preparations so that it would have the funds to eventually "sunset" responsibly.

169. The new Global AIDS Strategy would arrive at a crucial moment, the PCB was told. It had to go beyond previous approaches and be adaptive to very challenging conditions, while keeping communities at its core, guiding and facilitating people-centred services, advancing human rights, and supporting the introduction of innovations.
170. There was strong support for the three core priorities proposed for the next Strategy, along with insistence that primary prevention should be expanded and that the collection, analysis and sharing of data and other evidence remained vitally important. Science, not ideology, should drive HIV responses, speakers stressed. Speakers indicated that people-centred services were crucial, and structural barriers had to be addressed, including through legal reforms, rights-based and gender-transformative approaches, especially in response to the growing anti-rights and anti-gender campaigns. The vital importance of sexual and reproductive health and rights, including age-appropriate, comprehensive sexual education, had to be reaffirmed. Speakers also supported the increased focus on developing sustainability roadmaps and on domestic sustainability in the next Global AIDS Strategy.
171. Mr Kambarami, in reply, thanked speakers for their remarks. Responding to questions about transfers to Cosponsors, he said those would increase if UNAIDS received more financial contributions. However, as matters stood, the transfer of core funds to lead Cosponsors in 2026 could be infeasible considering the cash flow implications on the levels of fund balance and operating reserve fund of the Secretariat restructuring. He said he could share more detailed information about the reserve and unspent balances for Cosponsors. He agreed on the need to be both realistic and ambitious and to focus on achieving further cost efficiencies. Regarding the increase in contractual services, he said this related specifically to one award and therefore did not represent a generalized trend.
172. Ms Byanyima clarified that, with the 2025 core income projections of US\$68 million against an operating budget of US\$150 million, the funding shortfall was forcing cuts across the Joint Programme. As a result, Cosponsors were receiving some 30% less than the originally intended transfers. The latter cuts were being made to funds that had not yet been transferred to Cosponsors. She added that if there was a United States contribution for 2025, it might be possible to fulfil some of the transfers to Cosponsors.
173. Tim Martineau, Director for Management at UNAIDS explained that the US\$ 68 million level of projected income would require drawing on the operating reserve fund in 2026. In the transition, the top priority was to address staff liabilities during restructuring up to mid-2026, which would considerably strain cash flow during 2026. The full cost-reducing effect of restructuring therefore would only manifest in 2027. There could be need for exceptional cash flow measures for 2026 in the lowest level funding scenarios for the new operating model, including considering not providing core funds for the lead Cosponsors.
174. Regarding liabilities mentioned by two members and references to the ASHI, he said the Secretariat was happy to discuss this with and through the IEOAC. However, he added the improvements seen in the ASHI were due mainly to changes in the discount liabilities in Europe, which were vulnerable to sudden changes.
175. Ms Byanyima thanked PCB members for their guidance and said greater predictability was vital to plan effectively for the future. The Secretariat would meet with Cosponsors to discuss ways to share diminished resources. The ultimately priority was to maintain the Joint Programme's ability to be active in countries and to bring technical expertise and other support.
176. She thanked the donors who had confirmed their multi-year contributions, as well as

those who had increased their contributions. She also thanked the US delegation for its statements and the US Government for its support and confidence in the Joint Programme. Referring to continuous bipartisan support in the US for the AIDS struggle, she said the US had been a PCB member since the Joint Programme had been founded in 1996. Its leadership and continued commitment remained vital for the HIV response, she emphasized.

177. Regarding references to “sunsetting” the Joint Programme, Ms Byanyima said UNAIDS was not using that word because it implied “disappearing”. People living with HIV saw the 2030 targets as a “sacred promise”, she said. The UN could not simply “walk away”; it had to transform the way it worked and fulfil its mandate. The Joint Programme would change, but that did not mean it was “sunsetting”, she stressed.
178. The decision points were adopted.

5. Annotated outline of the next Global AIDS Strategy 2026–2031

179. Ms Achrekar began by explaining that the Global AIDS Strategy was a key element of global accountability for the HIV response. After describing the Strategy process, she reminded the PCB that the Strategy rested on four core building blocks that were shaped by the HIV epidemiology and response landscape. Those were the mid-term review; the recommended 2030 targets; the HIV sustainability roadmaps; and inclusive consultations with countries, civil society and other experts.
180. The mid-term review showed major gains, especially in the treatment scale-up, she told the meeting, though significant gaps remained, especially for HIV prevention, access to health services for children, realizing human rights and eliminating discrimination. She emphasized that societal barriers still required action, as more than half of the adults in 33 countries still held discriminatory attitudes towards people living with HIV.
181. Providing a preview of the latest HIV estimates, she said there had been approximately 1.3 million new infections in 2024, but recent funding losses could lead to an additional 6.6 million new HIV infections by 2030. UNAIDS was tracking service disruptions through the Global AIDS Monitoring system, which showed reduced HIV testing, data reporting and other disruptions. Domestic resources for HIV had increased in recent years and PEPFAR-supported countries were showing strong intentions to increase domestic spending. There was growing national ownership and commitment to sustain HIV responses, but it would be impossible to close the global funding gap without support from external sources, she stressed.
182. Turning to the next Global AIDS Strategy, she said it had 16 topline targets for 2030 along with 50 second-tier targets that indicate what needs to be done to achieve the topline targets. She summarized some of the topline targets (e.g. a 90% reduction in new HIV infections by 2030 compared with 2010 and a continued 5% decline per year after 2030) and said that, if they were achieved, the world would be ending AIDS as a public health threat. That feat would avert 2.9 million new HIV infections and 1.3 million AIDS-related deaths by 2030.
183. Achieving the 2030 targets, she continued, would require further increases in domestic funding, particularly from lower-middle-income countries. With the decrease in available international funding, the reliance on domestic funding was growing fastest in lower- and upper-middle income countries, she explained. The US\$ 18.7 billion that had been available globally for HIV in 2024 would need to increase to US\$ 21.9 billion in 2030.

184. Ms Stegling described the process for developing the next Strategy, which was designed to focus on priority actions that can achieve the maximum impact. It included consulting representatives from almost 100 national governments and more than 300 civil society organizations across all regions.
185. The eventual Strategy would set out a clear vision that focuses on impact, tackles structural drivers of the pandemic, and guides investments to essential and sustainable activities, Ms Stegling continued. It would retain the “inequality lens” of the current Strategy and build on the progress made thus far and it would mobilize inclusive multisectoral actions sectors, regions and levels. The Strategy, she said, was also aimed at “future proofing” the HIV response financially, programmatically and politically so it could survive future shocks.
186. Aa prioritization matrix was being used to assess and rank priority actions, based on clear criteria, she added. The Strategy would be more focused and prioritized and would be structured around three priorities and eight results areas, each with clear recommendations to enhance the sustainability of the HIV response.
187. The three core priorities were: (1) a country-led, resilient HIV response; (2) people-focused services; and (3) “powering” communities to lead. Ms Stegling described the key actions implied in each priority and the eight results areas. She said the Strategy emphasized expanding partnerships at all levels and shared some examples with the meeting. It would focus on sustainability, actions and results, targets, innovations, regionalization, and stakeholder engagement, she said.
188. Ms Stegling then described the next steps and timeline for the development of the Strategy, which would be submitted in November 2025. She reminded the PCB that almost 10 million people who needed ART were not getting it. The world needed a Strategy that would help it avoid slipping back into another global AIDS emergency. The Joint Programme was a key part of the collective effort that was needed to avoid such an outcome.
189. Speaking from the floor, members and observers thanked the presenters for the Strategy outline and update. They commended the inclusive, consultative approach taken and the commitment to country ownership and people-centred priorities and noted that the Joint Programme had solicited opinions from a wide range of stakeholders and that their inputs were reflected in the outline. They endorsed the evidence-based approach and asked that the final Strategy clearly affirm science and promote the “undetectable = untransmissible” (U=U) principle.
190. The HIV response was at a tipping point, speakers said, so the Strategy should focus on the most crucial priorities and highlight innovative approaches for implementing priority actions in challenging circumstances. There was strong support for the emphasis on country-led and people-focused HIV responses, the three core priorities and eight results areas, the guiding principles and the revised targets for 2030. Speakers also supported grounding the Strategy firmly in multilateralism, a hallmark of the Joint Programme.
191. Speakers cautioned that the Strategy should not conflate its targets with the activities that had to be undertaken to achieve those targets. Thus, the core features of a sustainable HIV response should be separated from the instruments for achieving sustainability (e.g. financing, integrated service delivery, data for systems and monitoring). The meeting was told that it was important to be able to demonstrate to politicians that progress was being made and could be sustained in ways that respond to the new challenges.
192. Speakers said the Strategy outline described a wide range of challenges and ways to

tackle them, but it was not yet clear enough how this would be done and where efforts would be best focused. Some speakers said that, although the Strategy outline contained a great deal of the necessary content, the overall approach felt like “more of the same”. Some speakers asked that the Strategy articulate more clearly how countries would achieve self-reliant HIV responses. It was not enough to burden countries with constant calls for more domestic funding because external support was decreasing, the meeting was told.

There was insistence that this should not be a “one-size-fits-all” Strategy and that the Strategy targets should align with country realities. Speakers urged that the Strategy and its targets should be relevant to a variety of contexts, given the different epidemic realities, needs, budget scopes and national contexts of countries. The meeting was told that for countries facing rising numbers of HIV infections, an overriding priority was to reverse that trend; and some of the proposed targets were not immediately relevant to that challenge. Similarly, the Strategy had to be relevant also for countries facing crises and had to consider the specific challenges in countries experiencing prolonged humanitarian crises.

193. Speakers echoed suggestions that the Strategy should present a strong call to action that guides the future HIV response and is grounded in a clear-sighted understanding of both successes and failures and of what is needed to build sustainability. It would need to clearly articulate how countries can build self-reliance in the struggle against AIDS. This strategic clarity was necessary, they said, to enable implementing governments, communities and partners to focus their energies and resources where they would have the greatest impact. Speakers acknowledged that this was difficult to do in a Strategy which sought to speak to everyone. However, the conundrum could be addressed by differentiating between epidemic challenges and country categories, which could be grouped according to clear criteria.
194. The meeting was also told that UNAIDS should focus on its core mandate, which is to support countries and communities to end their AIDS epidemics; thus, for example, prevention was a clear priority, including as part of primary health care, but this focus should not neglect the importance of tackling the factors and conditions that drive the pandemic. Speakers therefore endorsed the focus on removing structural barriers and placing equity, community engagement and human rights at the core of the Strategy. It was impossible to end AIDS without upholding people’s rights, they stressed.
195. Such an approach was especially important in a context of continuing pushback on human rights and gender, the meeting was told. There was concern about an apparent absence of explicit targets in the Strategy that respond to that pushback. The centrality of human rights and gender equality was not negotiable, the meeting was told. In addition, while supporting the use of a gender-transformative lens, speakers noted that the Strategy had to show how it would deliver on gender equality and how this supported the achievement of public health goals.
196. Speakers indicated that many of the highlighted priorities would be merely aspirational if not backed with political support and sustained, core funding for community-led networks, including networks of people who use drugs. Community-led organizations and interventions are vital for effective HIV responses, speakers added. Gaps in state-led services for HIV prevention should not be underestimated, they cautioned. Ultimately, community-led responses had to fill those gaps, and communities would keep doing so, speakers said, but this took trust, support and core funding.
197. The meeting was told that a highly challenging context called for new ways of working that put communities at the centre of the response. The Strategy should offer clearer guidance on how best to strengthen, fund and protect community systems, the PCB

was told. Countries were urged to learn from the example of the Robert Carr Fund, which remained one of the very few sources of flexible funding for community organizations. Funding for communities had to be stable and transparent, speakers said.

198. Also emphasized was the need to institutionalize and fund community leadership in advocacy, service delivery and monitoring. The importance of effective coordination with government systems to promote long-term sustainability and alignment with national commitments was underscored. Speakers also noted the value of firm accountability and underscored the need to invest more in information and data systems to facilitate accountability.
199. The decriminalization of key populations was emphasized as an approach that is essential for making headway against AIDS and that saves lives and money. Speakers said that the Strategy specifies the need for drug policy reforms, including the elimination of punitive drug laws. They also called for redistributing resources from the “war on drugs” to harm reduction. Also emphasized was the importance of accountability and monitoring and the ongoing value of tools like the Stigma Index.
200. Speakers welcomed the focus on long-term financial and programmatic sustainability and on adapting responses to evolving, sometimes volatile contexts. They highlighted the difficult context in which the HIV response had to proceed and asked for a full assessment of the impact of reduced funding for the Joint Programme. The next Global AIDS Strategy 2026-2031 had to be built on realistic scenarios, they advised.
201. There were questions about some of the assumptions used to do the financial modeling for the Strategy and whether the overview of the HIV response in the Strategy outline accurately reflected the realities countries and communities were now facing. Speakers said the Strategy should confront the challenge of sustainability in the current reality of very difficult fiscal conditions for low- and middle-income countries. They cautioned against framing prevention and treatment as competing priorities: they were vital, mutually supportive and should be scaled up together, the meeting was told.
202. The emphasis on developing national HIV sustainability roadmaps was welcomed. The Strategy should be realistic about the prospects for increasing domestic funding, the meeting was told, and it would have to strike a balance between ambition and realism. Sustainability had to be framed and pursued realistically, and domestic funding had to come with protections that the funding would not be withdrawn suddenly. There was also concern that the focus on national ownership might be framed too narrowly around domestic funding. True country ownership also requires political leadership, multisectoral integration, civic space, protection of rights and long-term institutional accountability, the PCB was told.
203. Cosponsors said they recognized that they, too, would have to maximize the comparative advantages of each agency, prioritize work at country level, streamline structures and processes, and align them for results and impact. They reaffirmed their collective commitment to the success of a more focused and simplified Strategy.
204. HIV services should be incorporated into broader health systems to make maximum use of limited resources, speakers said. There was support for stronger linkages with primary health care and for collaboration between networks of people living with HIV and governments to deliver sustainable responses that are built around integrated services. Those networks should be institutionally embedded in national response plans.
205. However, speakers also warned that deeper integration should not weaken the HIV

response. It should be pursued carefully, with a clear understanding of how the linkages would work in practice and guided by clear targets, they said.

206. They also called for an emphasis in the Strategy on promoting equitable access to essential medicines and other innovations, including through strong support for pooled procurement, regional manufacturing and the use of TRIPS flexibilities.
207. Members and observers described recent achievements of their national responses and the importance of the Joint Programme's support. They said they hoped that the Joint Programme would not be "sunsetting" midway through the Strategy period.
208. In reply, Ms Stegling thanked speakers for the positive feedback and reminded the PCB that an inclusive approach also meant there would be many perspectives. She explained that the concept of sustainability used in the Strategy was not limited to financial sustainability. It included political and programmatic sustainability, even though the financial elements had taken on greater importance due to the sudden shift in the funding environment.
209. She noted the many requests that the Strategy be clearer about the necessary actions and changes, and she agreed that it should speak also to the needs of the weakest communities. Regarding integration, she agreed that it should be approached in a holistic way that includes wider social protection systems. Responding to a suggestion that human rights and gender equality should not be conflated, she said this would be explored further, as would the possibility of greater differentiation between countries facing different epidemics and challenges.
210. Ms Stegling also agreed with a remark that the Strategy would have to distinguish clearly between the goals and targets to be pursued and how they could be achieved. The biggest challenge was to be ambitious while also responding to current realities. She appreciated the confirmation that the proposed approaches in the Strategy were closely aligned with those being applied in countries.
211. Ms Achrekar thanked speakers and said their guidance was exactly what was needed to take the process forward. She said it was helpful to hear validation of the focus on country- and community-led sustainability of HIV responses that are built around multisectoral approaches. She also expressed appreciation for the suggestions on how the Strategy could respond to new realities, the use of digital health tools, the importance of social contracting, greater use of pooled procurement and more, and said the Strategy would include more "granular" metrics.

4.3 2026 Workplan and budget – process and timeline

212. Ms Emond presented the process and timeline for the development and submission of the Joint Programme's transitional 2026 Workplan and Budget. Explaining its purpose and background, she reminded the PCB that the UBRAF served as the operational framework for the Joint Programme's contribution to implementing the current Global AIDS Strategy. The Executive Director had been requested by the PCB to present a one-year transitional Workplan and Budget for 2026 in June 2025. However, the HIV response' environment has significantly evolved since early 2025 and as agreed with the PCB Bureau, it is critical to have the PCB discussion and decision on the Joint Programme's operating model prior to presenting the 2026 Workplan and Budget for approval. Submission of the 2026 Workplan & Budget in October 2025 will also allow to take into account the revised UNAIDS Secretariat's structure.
213. She told the meeting that under the current UBRAF 2022-2026, the Joint Programme's implementation had been adapted to the evolving HIV response and needs as well as to the funding decline faced by the Joint Programme. She reminded of the evolution of

- the reduction in the Joint Programme's core operating budget from the minimum level of US\$ 187 million approved as part of the 2024–2025 Workplan and Budget to US\$ 150 million in December 2024 due to reduced donor funding and with further prioritization. Given major decreases in funding in early 2025, while resource mobilization further intensified, the situation remains uncertain and it was unlikely the Joint Programme will fully deliver 2025 Workplan which will affect the 2025 report
214. Ms Emond explained that the 2026 Workplan and Budget would follow the same overall structure of the 2022–2026 UBRAF and would be informed by the Global AIDS Strategy mid-term review and the outline of the next Strategy. It would integrate PCB decisions on the new operating model, as well as include suggestions for the 2026 PMR in line with the reduced scope of work and capacities, the new operating model and the foreseen budget of the Joint Programme.
 215. Approval of the 2026 Workplan & Budget by the PCB should occur no later than the first half of October 2025 at a special session of the PCB, she reported, allowing for the Joint Programme to be then fully operational for its implementation by January 2026 including through the new Enterprise Resource Planning system (which was transitioning to the new Business Management System led by WHO).
 216. She said the Joint Programme had to navigate a rapidly changing global context, epidemic and response (including various restructuring across most Cosponsors and the Secretariat) and needed to remain agile and responsive to those. While further prioritizing its support for countries and communities in line with the latest data and evidence, it was important to optimize the new opportunities and innovations. The Workplan and Budget thus had to be adaptable, realistic, simplified, clear and more compact allowing the Joint Programme to deliver the transformative and convening power, expertise, data, policy changes that are needed for sustainable HIV response while maintaining accountability but with quite simplified monitoring and reporting.
 217. Ms Emond then described the process through which the next strategic plan -UBRAF or equivalent' would be developed. As requested by the PCB, under the leadership of UNAIDS Executive Director, a working group would be established to advise on the development of the 'next UBRAF or equivalent' in September 2025, and the UBRAF would be submitted to the PCB for approval at its 58th meeting in June- 2026.
 218. Speaking from the floor, Members thanked Ms Emond for the update. They expressed their firm trust in the Joint Programme and said that the Joint Programme's work, under the UBRAF, had to be well integrated with national strategies, and the programmatic outcomes had to be clearly articulated. There was a request that the Secretariat explain the legal foundations for a transitional, one-year Workplan and Budget.
 219. There was strong support for the focus on gender equality, human rights and community engagement. Speakers noted that efforts to uphold human rights and achieve gender equality faced concerted pushback in some countries, though one observer asked UNAIDS to avoid promoting concepts that "lacked universal consent".
 220. Speakers said they continued to be inspired by the courage, innovation and resilience of communities living with and affected by HIV, but acknowledged the strain caused by the funding cuts, which were putting lives at risk. The long-term sustainability of HIV responses hung in the balance. A fundamental shift was needed: the Joint Programme's scope of work had to be simplified and adapted to the reduced capacity, with targets removed or reformed.
 221. Speakers underscored the need to prioritize across limited budgets to protect the core functions of the Joint Programme and to include contingency planning so future fiscal

shocks can be managed. They asked that the Workplan and Budget be shaped also by these unfolding realities and by the most recent HIV data and reports. It was suggested that, rather than select and focus activities based on the availability of funds, the 2026 Workplan and Budget should address the most urgent needs and be informed by the mid-term review, evidence and the latest data. It also should integrate PCB decisions on the new operating model and reflect UNAIDS's risk management strategies. It was recommended that the 2026 Workplan and Budget be presented in October 2025 in a simplified form.

222. While reprioritization might offer relief, the PCB was told, it was not a structural solution. Efforts to achieve a revised operating model were therefore important and the next UBRAF should be in accordance with the relevant recommendations of the High-Level Panel.
223. Speakers thanked donors who continued to support the HIV response. Noting that Cosponsors had signaled an ongoing need for predictable funding, they expressed concern about the reduced transfers to Cosponsors. They asked Cosponsors to reprioritize other resources so they could continue to play their vital roles in the global HIV response. Commenting on the overall process, they said Cosponsors should be fully engaged in the development of the 2026 Workplan and Budget and the next UBRAF or its equivalent.
224. UNAIDS was asked to ensure that the upcoming budget contains all necessary budgeting details, as well as costs of the restructuring exercise and a breakdown of expected efficiency gains from UN80 reforms. UNAIDS was asked to adopt best practices of the UN system in its budgeting, as set out in a recent JIU report.
225. The Secretariat was asked to ensure there are sufficient resources for interpretation services into all official UN languages for PCB meetings.
226. In reply, Ms Emond thanked speakers for the comments, which showed support for the proposed approach. She said there appeared to be large consensus on the need for simplification, confirmed the 2026 Workplan and Budget will be informed by the latest evidence and data, and focus on where the needs were greatest.
227. She explained that the one-year transitional Workplan and Budget for 2026 had been planned for several years when the UBRAF 2022-2026 was approved and had been requested by the PCB. It was a bridging Workplan and Budget to adapt to the evolving context, epidemic and response. Elaborating, Mr Ussing explained that this specific, one-year stemmed from the Board's instruction to have a transitional version that would bridge the period between two successive Global AIDS Strategies.
228. Replying to a question about the first UN80 workstream, which focuses on efficiencies, Ms Byanyima said UNAIDS had already begun making major efficiency gains in 2024, before the current funding cuts. The current changes included new efficiencies in ways of working, reporting processes, work planning processes, streamlined governance and oversight—all of which would enhance efficiencies further. She said additional details could be compiled in a short report to be shared with PCB delegations.
229. The draft decision point was adopted.

6. Report on the recommendations for revisions to the Joint Programme Operating Model

230. Ms Byanyima introduced this presentation. She referred to the request from the PCB for the preparation of a revised operating model for the Joint Programme and thanked

the High-Level Panel and its three co-chairs for their work.

231. Mamadi Yilla, Deputy Coordinator for Health Diplomacy, U.S. Department of State, Washington D.C, speaking on behalf of H.E. Dr. Cleopa Kilonzo Mailu, co-chair of the High-Level Panel, told the PCB that the co-chairs welcomed the report of the new operating model, which was consistent with the Panel's recommendations. When the Panel had begun its work, she said, the context had been very different from the current one, but the work's purpose remained fully relevant.
232. The fundamental goal was to end the AIDS epidemic as a public health threat, she said, and that could not be done without the Joint Programme. She told the meeting that the Panel had held a special meeting to discuss the pause in US funding and its impact. The Panel's recommendations therefore took account of those disruptions. She reiterated that the Joint Programme remained a central pillar of the global health response, the success of which depended on global solidarity and shared responsibility.
233. Erika Castellanos, Executive Director of GATE (Global Action for Trans Equality) and one of the co-chairs of the High-Level Panel, said the Panel had made six recommendations and 18 sub-recommendations, which she briefly outlined. The first recommendation recognized that the Joint Programme should continue through 2030, due to the severity of the AIDS pandemic. She then discussed the four sub-recommendations, which responded to the need for change.
234. The Secretariat would emphasize four core functions, Ms Castellanos explained: leadership; convening and coordination; accountability; and community engagement. Cosponsors should adjust, as well, so they could remain effective in the context of reduced resources. She stressed that international financing remained crucial and that the UN should continue to mobilize resources.
235. The second recommendation called for the Joint Programme to remain multisectoral and to sharpen its focus on addressing key gaps and supporting transitioning roles. It should undergo rapid evolution, handing over certain functions where capacity existed, while recognizing that the pandemic required international action. There should also be a tighter focus on HIV prevention and response sustainability. The Joint Programme would emphasize working with national governments and civil society to strengthen the sustainability of HIV services and deepen partnerships.
236. The third recommendation focused on the Secretariat, which remained essential but had to "downsize" and focus on its most crucial functions. It would maintain its role as much as possible at country level and expand the mix of models for delivering country support. It also would have a simplified structure across its three levels.
237. The fourth recommendation was aimed at the Cosponsors and proposed a differentiated model, with a small group of "lead" Cosponsors (that would receive core funding) and a further group of "affiliated" Cosponsors.
238. The fifth recommendation highlighted civil society, which should have an expanded role even if the Joint Programme's footprint shrank. Civil society should be added to UN Joint Teams on HIV/AIDS at country and regional levels and involved in the development and implementation of joint activities. The recommendation also called for incentivizing joint fundraising that includes civil society organization as partners, institutionalizing support, strengthening and sustaining leadership, and building community-led responses.
239. The sixth recommendation called for immediate planning for the post-2030 transformation of the Joint Programme. However, the very real possibility of a

resurgence of the pandemic also had to be considered; in that case, a different form of adaptation would be needed. The Executive Director should present the PCB with a plan for such a transformation, with defined milestones. This would include steps to enhance the readiness and ownership of countries and Cosponsors to take up some of the key functions of the Joint Programme, as well as plan for new options to support communities and civil society.

240. Ms Castellanos thanked her fellow co-chairs and the Panel members for their deep commitment and hard work in the process.
241. Ms Byanyima presented the proposed revisions to the Joint Programme operating model. She began by recalling the process and timeline for the Panel's work. The new model was aimed at transforming the Joint Programme in two phases, she said, one of which would begin immediately and one which would commence in June 2027. The features of Phase 1 had been developed in greater detail than those of Phase 2, she noted. The new model was informed by the UN80 initiative, as well as by the recommendations of the High-Level Panel, she explained, though on certain issues there remained some differences with the Panel's recommendations.
242. The new operating model would focus limited resources on supporting countries to deliver on SDG 3.3, Ms Byanyima said. It would emphasize prevention, impact, accountability, sustainability and country ownership in partnership with PEPFAR, the Global Fund, country governments and communities so that countries have the capacities to own and deliver their responses. She stressed that the majority of low- and middle-income countries already funded more than 50% of their HIV responses, but that international solidarity remained vitally important.
243. The Secretariat would have a smaller footprint and would provide support in different ways, by focusing on fewer countries (81 to 54 countries, that represent 80% of people living with HIV and 71% of new HIV infections), Ms Byanyima continued. It would be integrated further into the UN system in countries, including into Resident Coordinator Offices, and would consolidate its presence into multi-country offices. UNAIDS Coordinators would be embedded in Resident Coordinator Offices in over 20 countries. This change had been piloted already in five countries. The Secretariat would have 11 multi-country offices and eight standalone Country Offices. She told the PCB that Secretariat staff would be moved to lower-cost duty stations, a shift that built on a process of "delocalization" which had begun three years ago.
244. The Secretariat's four current practices would be unified into one, which would be led by one deputy executive director, Ms Byanyima said. The Secretariat would work with Cosponsors to avoid duplication, by handing over several areas of work. The Secretariat would focus on four priority areas: leadership and advocacy (including global resource mobilization); convening and coordination (focused on sustainability); accountability (data, targets and strategy); and community engagement. She emphasized that sustainability entailed financial, political and programmatic sustainability. The four areas constituted the framework for Joint Programme delivery. Across each of them, upholding human rights and ensuring access to services would be a priority. She added that increased engagement of civil society at country and regional levels, including joint fundraising, was envisaged.
245. A differentiated Cosponsor arrangement was being proposed, the Executive Director told the PCB. It would involve six "lead" Cosponsors and other "affiliate" Cosponsors. The selection of the "lead" Cosponsors was underway. They would play a leading role in the Committee of Cosponsoring Organizations (CCOs), in developing the Joint Programme Workplan and Budget, and in other UNAIDS processes. Under the new model, there would be the possibility of new affiliate Cosponsors joining (e.g. IOM and

OHCHR). Cosponsors would take on a number of responsibilities and activities that are transferred from the Secretariat.

246. Ms Byanyima then briefly described some of the related governance reforms, including further simplification of the next UBRAF or equivalent. Governance processes would be consolidated and streamlined in a bid to increase operational efficiencies.
247. Joint mobilization of non-core resources with Cosponsors and with civil society entities would feature more prominently, with those resources complementing core resources. Mechanisms for transferring resources to countries would also be simplified to reduce transaction costs and workloads. Funding for Cosponsors was an ongoing discussion, she said. The current sense was that core funding transfers to Cosponsors would not be possible with a budget of less than US\$ 60 million, though Cosponsors' concerns about the need for catalytic core funding were being noted. She acknowledged that not all Cosponsors were in the same situation, so a differentiated allocation formula would be proposed. These discussions would continue, and further suggestions would be presented at the special PCB meeting in October 2025.
248. Reminding the meeting of the scheduled UN ECOSOC resolution on the Joint Programme in 2027, Ms Byanyima said the Joint Programme would assess the state of the pandemic and response, and the financing environment, and it would then consider further transformations. If good progress was being made, the Secretariat footprint could be folded entirely into the wider UN system, for example, with the Secretariat hub placed somewhere in that system to continue playing its global role. She said the Secretariat would present proposals based on its assessment of the situation in 2027 and reiterated that the proposed operating model could be adapted to fit changing circumstances.
249. In closing, Ms Byanyima said the intention was to have the new operating model in effect as of January 2026. It was being designed on projections of having a minimum of US\$ 60 million in core funding available for the Secretariat, though there was cautious optimism that this amount might be exceeded. The 2026 Workplan and Budget would be based on the new operating model, which would be reviewed in 2027, with an action plan presented to the Board in June of that year.
250. Mr Amekudzi thanked everyone who had worked on developing the proposals and agreed that the process had been highly consultative. On behalf of the ILO Director-General, he thanked the Executive Director for the close collaboration as co-convenors of the High-Level Panel. While acknowledging the convergence in thinking between the Secretariat and Cosponsors on several features of the new operating model, he noted that some areas of divergence remained. He briefly described some of the discussions with the Executive Director and among Cosponsors, and said Cosponsors remained willing to support the Joint Programme even without funding transfers, based on their capacities. However, that would require reducing their work burdens and transaction costs. He also noted that Cosponsor organizations were undergoing restructurings and the implications remain to be seen.
251. He asked whether Cosponsors would be debating whether they should be "lead" or "affiliate" Cosponsors if the Joint Programme's budget fell below US\$ 60 million (and no core funds were transferred). A "Plan A" therefore might see Cosponsors operating without core transfers but continuing to support the Joint Programme. The HIV-related mandates of Cosponsors provide a sufficient basis for ongoing engagement and coordination. Financing should not be the deciding factor, he said; Cosponsors had been working on HIV for decades, even before the creation of UNAIDS. However, if sufficient resources did become available, then a "Plan B" might be considered, with up to six "lead" Cosponsors drawing on those resources. He said that criteria was

being discussed, drawing on the High-Level Panel's recommendations, possibly related to thematic and results areas, or around population groups and modes of HIV transmission. He emphasized that this was an ongoing discussion.

252. Members and observers commended the report and thanked the High-Level Panel for its work and the Secretariat and Cosponsors for sharing details of the proposed operating model. They reiterated that the Joint Programme remained essential for the global HIV response, not least in the several countries with growing epidemics. The meeting was reminded that the Joint Programme was a unique, inclusive model in which governments, affected communities and the UN jointly shape policies and life-saving actions. The world could not afford to lose this exemplary institution, they said.
253. Speakers noted that the new operating model was being developed amid great turmoil and said they appreciated the efforts at restructuring. The reform of UNAIDS was timely, as were efforts to focus resources on the most critical areas. The vision expressed in the proposed operating model was in line with broader UN system reforms, they said. There was insistence that the Joint Programme should remain true to its collective mandate, which was to end AIDS and end inequalities. This was not the time to retreat on fundamental commitments, the PCB was told.
254. Speakers said it was reassuring to know that the Joint Programme would continue to focus on core functions crucial for the HIV response. It was equally important to ensure that the key functions of the Joint Programme continue to be performed effectively and that Cosponsors fully integrate and safeguard HIV technical expertise in their programmes. Also welcomed was the phased transfer of other functions to Cosponsors, along with the reassurance that this would be done in the context of broader UN reform.
255. Members said the transition to a new model must be realistic, well-sequenced and inclusive of the voices of all regions, including governments, civil society and communities. Concerns were raised that the reduced UNAIDS in-country presence would weaken multisectoral responses. The transition to a new model had to be inclusive and realistic, they insisted, and it should not weaken the capacities of countries that were not being prioritized by traditional donors. In countries in Latin America and the Caribbean, for example, UNAIDS continued to be an essential actor as a technical partner, convener and advocate, speakers recalled. The proposed approach should strengthen, not fragment, the collective response to HIV, they said.
256. The PCB was urged not to forget that the entire discussion was ultimately about people, not about systems and institutions. A human rights-based approach should remain explicitly woven into the Secretariat's core functions, speakers said, to protect the rights of those living with and most vulnerable to HIV. But speakers also expressed deep concern about the implication of declining funding for the ability to fulfil those functions. Reductions in staff and country presence threatened the capacity to deliver results, they warned.
257. Speakers asked for more detailed information about the new organizational structure proposed in the new model. Concerns were raised about whether the Secretariat would have sufficient personnel to deliver on the four core functions given the proposed structure, reduced presence in countries and staffing losses. They also requested greater clarity about the placement of UNAIDS officers in Resident Coordinator Offices, including how their ability to carry out core UNAIDS functions would be protected from other demands within the Resident Coordinator System and whether alternative arrangements were considered by the High-Level Panel.
258. There was also concern that human rights and gender equality did not feature explicitly in the descriptions of the four core functions of the Secretariat. The Joint Programme

had a major role to play in advancing gender equality and protecting the human rights of people living with and affected by HIV. The proposed model should not weaken that work but rather strengthen it, the PCB was told.

259. The meeting was told that the transition should be managed carefully so impact is preserved, especially where it is needed the most. The Secretariat was urged to have a clear risk assessment and strategy for protecting human rights and working with communities. Speakers said they looked forward to seeing a common understanding on the role of communities in the HIV response among the various actors. Those roles should not be subject to ad hoc interpretations by different entities: they should be defined clearly and deliberately, speakers said.
260. The value of the Joint Programme lay in its technical expertise, its convening functions and its ability to empower communities and bring them to the heart of the response, speakers said. They told the PCB that, in many countries, UNAIDS was the only space where members of key populations, such as people who inject drugs, could freely engage with the UN on matters of mutual concern. Whatever the new operating model, that feature had to be safeguarded, the meeting was told.
261. While there was strong support for the proposal to expand the role of civil society organizations at regional and country levels, some speakers were concerned that institutionalized support for communities, especially those most marginalized and criminalized, may be more challenging than anticipated.
262. Thanking departing Secretariat staff for their dedication and hard work, speakers said they regretted the painful reductions in UNAIDS staff numbers. While recognizing the rationale for the reductions, they said they hoped the new operating model would be able to maintain the core competencies of the Secretariat. They said they hoped the next Global AIDS Strategy would be achievable in a context of reduced donor contributions from major donors and the limited fiscal abilities of countries to fill funding gaps.
263. Speakers commended the realistic view taken with regard to the proposed budget and recognized the utility of adopting a differentiated model of fund transfers to Cosponsors, based in part on their own access to funding. There was concern expressed by one speaker about what would happen if the Joint Programme's core revenue was lower than US\$ 60 million, and the Cosponsors would not receive any transfers of core funding from the Secretariat. The Secretariat was asked to clarify the scenarios for transferring funds to Cosponsors, especially considering hopes that Cosponsors would commit to filling the gaps left by a restructured UNAIDS Secretariat.
264. Cosponsors said they had worked closely with the Secretariat to develop the response to the High-Level Panel recommendations and agreed with many of them. However, given the rapidly changing context, it was necessary to remain agile and not be locked into decisions that could become impractical or that put up barriers to flexibility.
265. Cosponsors committed to support efforts to fully fund the Joint Programme and asked for transparency and clarity about how funds will be raised and allocated to different programmatic priorities. Referring to the Secretariat's intention to deprioritize its coordination and support in certain programming areas, Cosponsors reminded the PCB that they had always led on those areas and would continue doing so.
266. They noted that the proposed differentiation between "lead" and "affiliate" Cosponsors was more relevant for conditions where funding for Cosponsors was available and said they were exploring the implications of remaining engaged in the Joint Programme without core funding. They said they would discuss a new configuration of Cosponsorship with the Secretariat and would report back to the PCB in October.

267. Other speakers stressed that the collective power of Cosponsoring organizations was now more important than ever to ensure that the core values and ideals of UNAIDS are integrated across workstreams and across all partners. They insisted on the need for transparency, accountability and robust consultation in the process of devising a new operating model. The aim was to achieve a Joint Programme that is nimbler and a model that leverages the strengths of each Cosponsor and integrates HIV prevention, treatment and care as key aspects of primary healthcare, they emphasized.
268. Noting the possibility that additional reforms might be needed in the future, speakers urged that further restructuring of the operating model be done very carefully to avoid losing the know-how and technical resources brought by the Joint Programme. Consultation with civil society should be maintained throughout the process, they insisted.
269. While members and observers supported the recommendation to begin planning for a post-2030 transformation, they urged that this should include defined milestones, anticipate a possible resurgence of the pandemic, and ensure that countries are not left unsupported if their epidemics worsen.
270. Some speakers supported the vision of fully transitioning the Joint Programme into the wider UN System, culminating with the closing down of the Joint Programme in 2030. They saw this not a retreat but as a “natural evolution” of the global HIV response, with core functions integrated into the work of other organizations and agencies.
271. However, several members and observers insisted that the idea of “sunsetting” should be considered only once the goal of ending AIDS as a public health threat had been achieved. As long as people were dying from a treatable disease, that goal would not have been reached, they told the meeting. An inclusive multisectoral Joint Programme would be necessary until the world reached that goal. Those speakers insisted that the platform built by the Joint Programme for the global HIV response should not be lost, and that furthermore, it would be financially unwise and irresponsible to close UNAIDS. They told the PCB that people who believed UNAIDS could simply be “folded” into WHO, for example, perhaps lacked a full understanding of what the fight against AIDS entailed and required.
272. The Executive Director was asked to share more information about implementation of the new model at the 57th PCB meeting and to share a full report at the 60th meeting.
273. In reply, Ms Byanyima thanked speakers for their advice and said it would be noted. She agreed with speakers that the multisectoral nature of the Joint Programme was unique and had to be protected. She acknowledged that the restructuring process involved major risks; reducing an organization’s staff and presence by more than half entailed risks, she said. Retaining institutional memory and expertise would be a challenge, but ways were being sought to manage those risks, with the guidance of an external company as well as the oversight committee.
274. The aim was to be nimble and efficient and to continue delivering as a Joint Programme, she continued. The exercise was grounded in a commitment to do better with the resources that were available. She assured the meeting that the upholding of human rights was embedded in each of the four core functions of the Secretariat and in the work of the Cosponsors—challenging the inequalities that drive risk of infection and push people away from HIV services. Further details of the new structure would be provided in presentations on the final day of the PCB, under the agenda item on strategic human resources management issues.
275. Ms Byanyima agreed that it was premature to plan a closure of the Joint Programme now. A review was being planned for 2027, for a further transformation of the

response. Until there was a cure for HIV there would be people living with HIV needing lifelong treatment. The world did not yet have new HIV infections under control. Many HIV responses were significantly disrupted and new resources and approaches needed to be mobilized. Some responses were moving further off track. Referring to the review planned for 2027 and Phase 2 of the transformation, she said this would be an opportunity to assess what else had to change in light of how the HIV response was proceeding, including with regards to HIV prevention, and what resources were available and needed for the response. The Board would receive a report to help it make decisions about further transformation, she said.

276. Replying to a specific question, she gave assurance that the restructuring plans were fully aligned with UN80 and noted that UNAIDS's leadership to drive UN80 objectives was being recognized within the UN System. In October 2025, she continued, the Secretariat would submit to the PCB a budget based on an operating model that was more consolidated, integrated and efficient. In addition, the Board will have the opportunity to decide on the streamlining of governance and independent oversight functions to reflect the smaller size of the Joint Programme. Finally, regarding the financing of Cosponsors' HIV activities, she said a solution for funding the "lead" Cosponsors would be found. Although core resources were declining, there were opportunities to raise non-core resources for HIV, she said. She asked for the support of participants to create new possibilities for sustaining UNAIDS' work, highlighting joint fundraising with co-sponsors and civil society as a key pathway to keep the work going.
277. Replying to a comment, Mr. Amekudzi said Cosponsors had envisaged linking their roles to some degree of fund transfers; they hoped this was still workable.

Thursday 26 JUNE 2025

7. Update on strategic human resources management issues

278. Stephan Grieb, Director of People Management, UNAIDS, began his presentation by describing the main components of his report. He said the accompanying paper detailed progress and challenges related to each of the five guiding principles of the People Strategy 2023–2026.
279. He told the PCB that the Secretariat had 671 staff in 2024, from 121 countries. Eighty-one percent of them were in regional, country and liaison offices, and 66 of them were UNAIDS Country Directors. Fifty-five percent of staff were female. He noted that these data were no longer up to date, given the ongoing restructuring of the Secretariat.
280. Restructuring had begun in 2024 already, he said, with a recruitment freeze and an accelerated process for hiring consultants. He explained that the termination of funding notice received from the US Government in February 2025 equated to a cut of about 60% in expected financial resources for 2025 and necessitated a more fundamental restructuring process, involving severe staff and other reductions.
281. Mr Grieb described the restructuring that was underway and listed the five objectives that guided the exercise. He explained that a consultative process had guided the changes but had to be done very quickly, given the urgency of the situation. The process included consultations with a project management team, focus groups, two all-staff surveys and input from the Staff Association. He also listed some of the related information-sharing events and products.
282. The new model would seek to preserve the Joint Programme's contributions to the global HIV response, but with reduced staff and presence in countries, streamlined

thematic areas, a more networked organization, and a radical reduction of its staff numbers in Geneva. Programmatic support from the Secretariat would be consolidated into a single practice and some departments would be merged. Mr Grieb shared an organigram depicting the new structure.

283. Country support would be based around four regions (eastern and southern Africa; western and central Africa; Latin America and the Caribbean; and Asia-Pacific and eastern Europe). This entailed a reduction in the number and size of regional and country offices. There would be five UNAIDS hubs (Bangkok, Bonn, Geneva, Johannesburg and Nairobi) and the country footprint would be reduced to 54 countries and would be maintained through a combination of UNAIDS Country Offices; placing UNAIDS officers in UN Resident Coordinator Offices; 11 multi-country offices; and regional support teams. Overall staff numbers would decrease from 661 to 294, a 55% reduction, with all grades affected. He concluded by presenting the timeline for implementing the restructuring, which envisaged the final terminations of contract to occur by June 2026.
284. Ms Byanyima noted that it was a painful process and affirmed the importance of the Board's advice.
285. Speaking from the floor, Members thanked Mr Grieb for the comprehensive update. They acknowledged that the unprecedented financing crisis demanded decisive action but noted that the actions being taken were nonetheless difficult. Losing more than 50% of staff would diminish the Joint Programme's ability to deliver on its mandate, they warned, and the loss of institutional memory could endanger UNAIDS's reputation. It would also affect the dedicated professionals who had committed their lives to the fight against AIDS. Staff were UNAIDS's most important asset, they stressed. They thanked UNAIDS staff for their hard work and dedication and expressed empathy with all staff affected by the restructuring.
286. It was suggested that decisions to move staff be based on long-term cost-benefit analysis; the Secretariat was asked to inform the PCB of the total costs of severance payments and staff relocation. It was also asked whether it had considered reclassifying existing positions to achieve additional budget efficiencies and reduce the impact of staff reductions. It was noted, though, the use of Artificial Intelligence should only complement human work; the Secretariat was asked to report on AI costs and efficiencies.
287. Speakers expressed concern about the Staff Association's statement that it had not been involved sufficiently in the restructuring process and about communication gaps between staff and management, increased levels of stress among staff, and possible violations of staff regulations and rights.
288. The importance of transparency and effective communication, robust support for staff, and proactive risk mitigation was highlighted. Speakers said the principles advocated by the Joint Programme externally should also guide its internal conduct and processes.
289. Restructuring should be marked by a strong duty of care, they insisted. Transparency and fairness were essential; diversity, equity and inclusion should be maintained, and staffing should reflect the communities served by the Joint Programme. Speakers commended the commitment to ensure that no staff member living with HIV would lose their job. It was suggested that staff working on human rights, gender equality and community engagement should be protected.
290. The Secretariat was urged to ensure transparency and timely communication on all decisions, including on staffing, and to provide meaningful and sustained support for

staff, especially those undergoing challenging transitions (including counselling, flexible work policies and consistent engagement with the Staff Association). The responsibilities of remaining staff should be clearly specified, speakers said. They highlighted the vital role of the USSA and said it should be adequately resourced so it can protect the rights and well-being of staff.

291. The Secretariat was asked to update the PCB regularly during restructuring. Speakers also requested that a detailed overview of the criteria and methodology used to decide staff reductions be presented at the next meeting of the PCB.
292. It was noted that the envisaged staff distribution was still “top heavy”, with 74 posts at P5 level or higher. The meeting was reminded that the UN80 process called for reducing higher-level costs and not decreasing the proportion of entry-level positions. UNAIDS’s restructuring appeared not to be following that guidance, speakers observed, given the massive loss of general staff.
293. There was widespread doubt about whether it was realistic to expect fewer staff to meet a workload that was unchanged. Even though UNAIDS would now focus on four core functions, those were still reasonably broad, which raised concerns about burnout and stress among staff. Speakers noted that many staff were already stressed and struggling with work overload and said the situation would probably worsen.
294. Staff well-being and mental health should be top priorities, speakers said. They asked for more information on how workloads would be managed in a context of reduced staff and resources. Continued investments in staff development and well-being were critical and staff needed intensified support, including counselling, they added. Regular monitoring of staff well-being was requested.
295. More generally, speakers warned that restructuring should not threaten the Joint Programme’s critical role in country and regional HIV responses. They hailed the important contributions of UNAIDS Country Offices and expressed their deep concern about the staff cuts and their impact in countries. One country representative, for example, said it was already having difficulties costing its national HIV budget due to the reduced support from UNAIDS. UNAIDS’s expertise, coordination and other support remained crucial.
296. Speakers questioned the merger of the regional office for eastern Europe and central Asia with that for Asia and the Pacific and said there had not been proper consultation with stakeholders on the matter. UNAIDS’s experience with merging regional representation was not good, they said: both regions would suffer if the planned merger continued. For epidemiological and political reasons, merging two regions with very different realities, needs and epidemics was difficult to understand or accept, they said. Supporting high-burden countries should be a top priority, the PCB was told. Donors were urged to help fill the funding gaps.
297. In reply, Mr Grieb thanked speakers for their comments. He acknowledged that some lower staffing categories, such as general staff, were more affected in the restructuring, but explained that this was due to many country offices being reduced to one staff member who had to have certain levels of experience and expertise to fulfil that role. He disagreed with statements that some grades were being protected.
298. Responding to concerns about the impact of the restructuring on UNAIDS capacity to support country needs, he acknowledged this would have an effect. He assured the PCB that the Secretariat was committed to transparency, that everyone had been informed about the restructuring, and that psychosocial counselling and other was being pursued. It was a very painful exercise, he underlined.

299. Mr Martineau, in reply, said the general staff reductions were largely due to steep reductions in the number of Country Offices. Responding to another question, he said he was not aware of any violations of staff rules and insisted that the Secretariat was highly compliant with the relevant rules and policies. There had been a staff consultation group (led by the USSA chair) and a project management team, in which staff were involved, in addition to monthly meetings with the Staff Association on all matters. A review board would be put in place, as well.
300. Regarding an assertion that staff had not been informed immediately about the process when it began, Mr Martineau said this was because the process had started in December and management had felt it was better to inform staff after the end-of-year holidays, in January.
301. Ms Byanyima, replying, thanked participants for their empathy and support. She said all staff had now been informed whether they were staying or leaving. She assured the PCB that the Secretariat was doing its best to conduct the restructuring with fairness and transparency and that the duty of care was being observed. She also ensured it that business continuity would be maintained so that UNAIDS could deliver on its major commitments.
302. Responding to a remark about the need for merit-based appointments, she asked whether it was truly merit that accounted for the fact that most companies and governments were led by men. Regarding hiring criteria, she said she respected the fact that some people did not like the concepts of “diversity” or “inclusion”, but UNAIDS would continue to represent the face of the people affected by the pandemic and the wider world.
303. Regarding the staff reductions across different professional grades, she said there had been a tradeoff. If a single UNAIDS staff member was going to work in the Resident Coordinator’s Office, for example, it had to be a senior person. Sadly, the lighter footprint had led to fewer of the general and junior staff retaining their positions, but there would also be non-core positions which allowed for bringing in younger staff when those resources become available.
304. Posts had been reclassified, she said, and this would achieve savings. For example, international posts were being converted to national posts, and “P5” posts were being restructured as “P4” ones. She said the Secretariat could provide further details about the costs of severance packages and the other restructuring changes.
305. Ms Byanyima reiterated that UNAIDS was aligned with UN80. As an example, she cited the fact that UNAIDS had begun a shift into the Resident Coordinator system three years earlier. Other UN agencies were learning from this experience, she said. Ms Byanyima insisted that the merging of the Middle East and North Africa region with regional offices in sub-Saharan Africa was working. The merger did not mean that UNAIDS was departing from the affected regions; it would maintain its presence, but in a different way, she said.
306. She concluded by saying that the Secretariat was open to continue engaging around the questions that were being raised in relation to the restructuring.
307. Ms Stegling acknowledged that the circumstances were very difficult and described some of the steps that were being taken to protect staff well-being. UNAIDS would be a different organization with only half the staff, she admitted. It had to prioritize its work and decide what it would no longer be doing. The core focus and priority from now on would be to strengthen inclusive, multisectoral country-owned sustainable HIV responses, she told the PCB. That required changing ways of working, applying networked approaches and using the knowledge management processes that were

being put in place.

308. The meeting adopted the decision point.

8. Statement by the Representative of the UNAIDS Staff Association (USSA)

309. Alankar Malviya, Chair of the UNAIDS Secretariat Staff Association (USSA), thanked the meeting for its support and empathy. He began by describing the main elements of the USSA report and said it had been submitted late because the Staff Association had received the final details of the restructuring only a few days before the Board meeting.

310. After providing background about the USSA (which had been set up in 2005, with a constitution establishing its mandate), Mr Malviya shared an update on implementation of the previous set of Staff Association recommendations.

311. He told the PCB that staff had not received a comprehensive report on organizational realignment and the People Strategy (the first recommendation made at the 54th PCB meeting). Regarding the second recommendation, which called for a biannual update on UNAIDS resource mobilization efforts, he said staff were awaiting regular updates. Regarding the implementation of support measures to cope with large workloads (the third recommendation), he said staff were highly stressed by large workloads and the situation would worsen in the coming months.

312. The fourth recommendation called for making Staff Health Insurance accessible to all staff globally. Efforts were being made to improve coverage, he said, including simplification of procedures and speeding up response times. The Staff Association would continue working with management to achieve further improvements. Regarding a supportive environment and adequate resources for the USSA, he said the Staff association was short of resources.

313. A constructive, cordial relationship was being maintained with management, but concerns remained, Mr Malviya told the Board. The USSA participated in numerous oversight and human resource bodies at UNAIDS, it had observer status on the Senior Leadership Team, was a member of the Recruitment Review Board and had regular monthly meeting with UNAIDS directors. Several of the Staff Association's recommendations on flexibility in working arrangement had been accepted. However, the USSA was still deprived of a standing speaker slot at "town hall" meetings.

314. Other issues of concern included a lack of transparency and meaningful engagement in the restructuring process. Mr Malviya said the Staff Association had not been consulted before the process, nor had the terms of reference for the consultancy firm been shared. The latter had had no discussions with staff below the level of directors and regional directors: the process had been highly centralized and rushed, he said. In addition, the revised organogram showed a top-heavy organization, which did not match the stated objective of increasing junior-level positions.

315. Mr Malviya said staff were struggling with unprecedented anxiety, heavy workloads and stress and were also concerned about the organization's ability to deliver on its mandate. Staff were troubled by discussions about "sunsetting" the Joint Programme. Regarding the memorandum of understanding, he said almost no funding had been received for face-to-face meetings. The Staff Association was also concerned about decreased opportunities to raise staff concerns at "town hall" meetings and similar forums.

316. In their proposed recommendations, he said staff asked the PCB to ensure that UNAIDS has the capacity to implement the Global AIDS Strategy. They also appealed to donors and sponsors to keep supporting the Joint Programme and the struggle against AIDS. Management was asked to ensure that restructuring is implemented in an inclusive and transparent process and to involve the Staff Association in the review board and grant it sufficient space to raise staff issues and concerns.
317. In addition, the USSA asked management to ensure a dignified exit for staff and the timely release of separation entitlements; consider individual situations and accommodate them as much as possible; mobilize additional resources to retain staff; and report clearly on resource mobilization efforts. Any “sunset” planning should be based on meaningful consultation with staff and the USSA. Mr Malviya told the PCB that, rather than push to “sunset” UNAIDS, the focus should be on reaching the goal of ending AIDS and celebrating that victory together. In discussion, members and observers thanked the Staff Association for its candid and constructive report. They paid tribute to the dedication and professionalism of UNAIDS staff worldwide, who had stood with communities throughout. They applauded the dedication and hard work of staff despite very difficult circumstances. Staff well-being was paramount, speakers insisted. They supported the USSA’s call for adequate resources, mental health support and other practical steps that prioritize staff well-being.
318. Speakers also endorsed the request for increased transparency in restructuring processes and the call for a clear, comprehensive account of the restructuring decisions taken, including the methodology and criteria used. They asked management to share the final restructuring details and to provide the next PCB meeting with an overview of the implementation of restructuring.
319. The Staff Association’s proposed recommendations were thoughtful and clear, speakers said, and reflected a collective commitment to create a supportive, transparent and adequately resourced environment in which UNAIDS staff can thrive. Management was urged to take the staff recommendations to heart and ensure that staff are meaningfully engaged in all relevant processes. Speakers asked the Secretariat to ensure that the USSA has sufficient resources to operate effectively.
320. In reply, Mr Malviya thanked the meeting for the solidarity and support expressed and for its appreciation of the Staff Association’s decision not to request additional resources this year unless more funding became available. He reiterated that the Staff Association and staff were in a very difficult situation. The reduction in funding had shown how fragile the world’s achievements against AIDS were, he said, but those gains had to be protected. He asked the PCB to join forces and support the Joint Programme in mobilizing resources to reach the goal of ending AIDS, rather than engaging in discussions about “sunsetting” UNAIDS.
321. Ms Byanyima, speaking for UNAIDS management, thanked the Staff Association and pledged to continue working with it. Noting the call for greater transparency, she said management would do more to communicate the restructuring “journey” with them. However, processes were moving rapidly, and this could mean that some consultation had to be sacrificed. The USSA’s presence on the review board would be ensured, she said. Agreeing with the emphasis placed on staff well-being, Ms Byanyima cited flexible work policies as an example of efforts to safeguard well-being. Management had removed rules requiring three months separation before staff could be hired as consultants and was taking other steps to ease the transition, she said in closing.
322. The decision point was adopted.

9. Organizational oversight reports

9.1 Internal Auditor's report

323. Ms Elena Sobre Flotats, representing the Head of Investigations at the Office of Internal Oversight Services (IOS), WHO, summarized the services IOS provides to UNAIDS before reporting on the four internal audits which had been done. Three of them were "satisfactory with some improvements required" and one was "satisfactory". There had been an improvement in the effectiveness of controls tested (from 71% in 2023 to 73%) and the number of controls with a high level of residual risk had decreased from 5% to 4%, she said.
324. On the implementation of audit recommendations, she said two had been closed (concerning communications at UNAIDS and the Regional Support Team in Latin America) and outstanding recommendations had been reduced from 72 to 49 April 2024 to April 2025. A total of 21 recommendations were overdue as of 20 May 2025.
325. Regarding investigations, she told the PCB that 10 new allegations involving UNAIDS staff and resources had been received in 2024, which represented a significant 65% decrease compared with 2023. There was one allegation of sexual misconduct (compared to 11 in 2023); most allegations were related to financial misconduct.
326. In 2024, IOS had concluded 17 cases, including four from 2024 and 13 from before 2023, she said. Of the cases received in 2024, three had been closed with six months (the targeted period), one had been closed after that timeframe, and six remained open. At the end of 2024, IOS had 14 open cases (compared to 13 at the end of 2023). Of them, 10 were at investigation stage and six were at the reporting stage.

9.2 External Auditor's report

327. Ms Ritika Bhatia, Director of the External Audit, described the scope of the audit and said an unqualified opinion had been given on financial statements, although one issue regarding non-accounting for voluntary contributions from two donors in 2023 had been identified. It was recommended that voluntary contributions be accounted for in the financial statements.
328. The compliance audit showed that there were 1,375 agreements of which 456 were at different stages of implementation and 143 were overdue (52 of them by more than 100 days). It was recommended that the completion or closure of agreements be monitored regularly by the relevant offices.
329. Ms Bhatia told the meeting that UNAIDS had introduced a post-facto verification process for both commercial and non-commercial agreements. Of 337 agreements that underwent post-facto verification, 258 were found to be compliant, 79 were noncompliant and 48 had not yet been initiated. It was recommended that specified corrective actions be taken and that controls be reinforced to ensure adherence to standard competitive processes and that deliverables be specified clearly in terms of reference.
330. Regarding actions taken on previous external audit recommendations, she said there were six previous recommendations outstanding at the end of 2024, of which four had been implemented, leaving two outstanding recommendations.

9.3 Ethics report

331. Lord Dartey, Head of the Ethics Office at UNAIDS, told the PCB that most of the recommendations regarding the independence of the Ethics Office had been implemented, although there were two outstanding matters, one of which was the issuing of full-term contracts for newly appointed heads of the Office.

332. The Office had responded to 203 requests for advice and guidance in 2024, slightly fewer than in 2023, he said. There had been a significant drop in requests for policy clarification but an increase in requests for advice regarding conflict of interest and standards of conduct. Mr Dartey said this probably was due to greater awareness among staff of conflict-of-interest issues. Regarding standards of conduct-related requests, he said the increase was due mainly to more requests related to harassment. This also may have reflected greater sensitization of staff about these matters.
333. Mandatory training programmes continued to have high completion rates of 88%–100%, Mr Dartey continued. Ethics training was also being integrated into new staff orientation. He said no new requests for protection against retaliation and no new allegations of sexual misconduct had been received. The steps taken on those fronts appeared to be paying off. However, other survey data suggested that further work was still needed to allay fears of retaliation.
334. Regarding the implications of the restructuring process for the ethics function, Mr Dartey said a high number of requests for advice and guidance regarding restructuring could be anticipated, along with a potentially high number of conduct-related complaints if shifting workplace dynamics affect collaboration and trust among staff. Those issues must be addressed as quickly as possible, he stressed. The Ethics Office was engaged in the restructuring process as an observer, he added.
335. Mr Dartey warned of a risk of reduced oversight and peer accountability, especially in countries with only one staff member, which may lead to ethical lapses and misconduct. There was also a potential for higher vulnerability to sexual exploitation and abuse in isolated offices, along with a risk of increased unreported misconduct. Implementing protective measures might be tougher in smaller teams where separation of staff was less feasible, he cautioned.
336. Priorities for the Ethics Office included provided targeted support in high-risk locations, tailoring training to prevent issues and undertaking special activities to address the fear of retaliation. He said the Office would support a management-led process to develop and implement an accountability framework on sexual exploitation and abuse and other misconduct in accordance with relevant policies.
337. It would also explore the use of digital tools to monitor staff perceptions and identify emerging risks, and it would collaborate closely with senior management, the People Management Department and other relevant entities to ensure that issues are addressed in a comprehensive manner.
338. Mr Dartey said the financial constraints and ongoing downsizing presented risks that required strong collaboration with management to ensure zero tolerance for misconduct. The Ethics Office would work with management to mitigate ethical risks due to the reduced organizational footprint and to promote a culture of integrity by focusing on prevention, support and accountability. However, he noted that current indications were that the Ethics Office would be preserved with only staff member.

9.4 Report of the UNAIDS Independent External Oversight Advisory Committee

339. Benoit De Schoutheete, vice-chair of the Independent External Oversight Advisory Committee (IEOAC), briefly reviewed the mandate and work of the IEOAC and said the Committee had met three times in the previous 12 months. Each area of the Committee's terms of reference had been addressed. In addition, several related issues had been examined, including a review of the operating model, organizational restructuring, information security and the new enterprise resource planning system.

340. He noted that UNAIDS was monitoring disruptions, taking mitigating actions and remaining alert to new developments. The Committee had also been briefed on the development of the next Global AIDS Strategy; the work of the High-Level Panel and its recommendations; the restructuring of the Secretariat; and the UN80 reforms. Since those multiple exercises had the potential to create further risks, it was important to align them well, he said.
341. He said the Committee had noted the report of the External Auditor and had been briefed on management's efforts to address the funding gaps, including its proposal to use part of the operating reserve fund in 2026. The Committee agreed that the risk associated with that decision was low. Mr De Schoutheete noted, however, that the initial proposal had been to use US\$ 10 million in 2026 and US\$ 2 million in 2027, but that the current proposal was to use US\$ 15 million in 2026. The Committee would closely monitor this matter, he said.
342. The Committee had also noted the active engagement of the Cabinet in risk management, Mr De Schoutheete told the PCB. Risk management and monitoring had matured well in the organization. In addition, it was important for UNAIDS to define its risk appetite; develop a system to assess and manage risks at each level of the organization; identify the owners of significant risks; and set clear dates set for implementing mitigating action plans.
343. Regarding IOS, he said the Committee acknowledged that progress had been made in reducing the backlog of pending audit recommendations but noted that more work was needed. It urged IOS to close long-outstanding recommendations as soon as possible (especially those involving sexual exploitation and abuse, and retaliation). IOS was also advised to conclude new cases within the agreed six-month timeline set out in memorandum of understanding.
344. The Committee had also reviewed implementation of external and internal oversight recommendations. It noted the burden imposed by the Joint Inspection Unit (JIU) and proposed that the Secretariat focus its participation in JIU engagements on those that are most relevant to UNAIDS.
345. Mr De Schoutheete said the Committee had been briefed on the restructuring process. The expectation was that restructuring would be based on a mapping of skills and competencies. He referred to the UBRAF Performance Monitoring Report, which he described as a "goldmine of information", and to the annual report of the Ethics Office.
346. Finally, Mr De Schoutheete said the Committee had conducted a self-assessment against 13 criteria and it intended to involve stakeholders in an assessment in 2026. The Committee had three new members, and it was proposing an extension of members' terms from two years to three years.

9.5 Management response to the organizational oversight reports

347. Tim Martineau, Director for Management at UNAIDS, began his presentation of the management response to the organizational oversight reports by welcoming the recommendations of the oversight bodies.
348. He told the PCB that 70 Internal Audit recommendations had been closed in 2024, including 22 with high residual risk, more than 2,000 assets had been updated in the fixed asset register, and there had been a marked improvement in asset register accuracy. The External Audit had issued an unmodified opinion on the financial statements, he said.
349. Of the six past recommendations, four had been closed as of December 2024 and two were being implemented (concerning Actuarial Staff Health Insurance and business

continuity planning). He said the next full actuarial valuation would be conducted in 2025 and work had already begun with SHI to ensure accurate data are used. A new version of the Business Continuity Plan had been developed, and all Country and Liaison Offices were required to complete their plans by the end of the year.

350. Management agreed with all five new recommendations, he said. They related to: accounting for voluntary contributions received; continued monitoring of the completion of POs; strengthening staff knowledge and use of the gender equality marker; corrective actions for post-facto verification non-compliance; and ensuring adherence to standard competitive processes. Mr Martineau described the actions management would undertake for each of the recommendations.
351. He told the meeting that there had been significant improvements in the closure of Internal Audit recommendations. IOS had closed 70 audit recommendations since the previous report to the PCB; as of May 2025, 49 recommendations had not been closed yet. The balance of open recommendations was at lowest the level since 2020. All outstanding recommendations from the 2022 audit had been closed and good progress had been made in closing recommendations from the 2023 audit and workplan, with 11 already closed.
352. He also noted improvements in the effectiveness of controls tested: 73% in 2024 compared with 71% in 2023 and 55% in 2022. Three audits had been rated “partially satisfactory” and one had been rated “satisfactory” in 2024.
353. IOS had received 10 new allegations in 2024 (compared with 29 in 2023 and 17 in 2022), only one of which involved sexual harassment. Of these, six were under review, two had been closed at intake, one had been closed after preliminary review, and one had been closed after full investigation. He described some of the steps UNAIDS was taking to ensure a safe workplace and referred the meeting to details in the Strategic Human Resources Management report.
354. He said management thanked the Ethics Office for its important contributions towards achieving a safe workplace, ensuring policy coherence and strengthening accountability. He then provided management’s response to concerns raised by the Ethics Office.
355. Mr Martineau also thanked the IEOAC for its work and summarized management’s response to issues highlighted by the Committee. He welcomed its review of financial reporting and its assessment of the proposal to draw on a portion of the operating reserve fund. He said management committed to communicate clearly with donors and to comprehensively recover expenses associated with the implementation of non-core funds. It also welcomed the Committee’s advice on the restructuring of the Secretariat and would undertake that process in line with five guiding principles: investment in learning, development and growth; enhancing gender equality, diversity, equity, inclusions, and antiracism. Management would develop its risk appetite statements and strengthen the monitoring and escalation processes.
356. Finally, he said management continued to address JIU recommendations from system-wide reviews and was anticipating the closure of an additional 41 recommendations. A further prioritization exercise would be carried out after the restructuring process had been concluded. He noted that some of the recommendations emerging from the cross-cutting reviews were less practical or relevant to UNAIDS due to its structure or size. He said management had sought the Committee’s advice on prioritizing JIU engagement and that the Committee had supported selective participation only for reviews that are most relevant for UNAIDS.
357. Speaking from the floor, members and observers thanked the presenters for their

detailed reports and thanked UNAIDS management for its response. Speakers appreciated the work of the oversight bodies and commended the considerable improvements made in recent years. It was important to maintain effective oversight mechanisms during restructuring, they added.

358. Concerns were raised about the negative impact of restructuring, including higher operational and ethical risks, with speakers noting that both the Internal Auditor and Ethics Office had identified potential risks. The Secretariat was asked whether it and WHO had considered merging oversight capacities with other UN agencies to achieve greater efficiencies.
359. Speakers noted the findings of the Internal Auditor's report and welcomed the ongoing improvements in the effectiveness of controls, along with the closure of two reports, the reduction in outstanding recommendations, and the significant reduction in new allegations involving staff. They encouraged UNAIDS to address the key audit observations—particularly on overdue projects, procurement and application of the gender marker—and to finalize long-outstanding investigations and recommendations.
360. Speakers were concerned about the operational risk posed by declining funding, the staff reductions and the Secretariat's much smaller global footprint, which put its ability to fulfil its mandate at serious risk. They asked if the Internal Auditor had considered revising its risk audit plan in the context of the significant restructuring at UNAIDS.
361. The unqualified opinion of the External Auditor for 2024 was welcomed, as were the significant improvements in asset management. Speakers said they appreciated that the management team had accepted all the recommendations and was working to address them. They also welcomed the steps taken to strengthen enterprise risk management and asked that the measures be embedded across the organization. Speakers reiterated that financial shortfalls were the biggest risk to UNAIDS. The External Auditor was asked to include more granular information of its annual activities, findings and recommendations and to share, in due time, its opinion of the outcome of UNAIDS's restructuring.
362. Speakers thanked the Ethics Office for upholding a culture of ethics across the organization and supporting staff. They applauded the progress achieved and stated their strong support for the independence of the Office. The Secretariat was asked to continue to support Ethics Office with resources so it can operate effectively, especially in high-risk settings.
363. As the Secretariat underwent the largest restructuring in its history, the work of the Ethics Office was vital, speakers said. They noted that the Ethics Office anticipated an increase in requests for advice and guidance, as well as its concern that the small size of UNAIDS teams could make preventive measures challenging. The Secretariat was urged to act proactively to protect the ethical gains made and to ensure they are adhered to during times of change.
364. UNAIDS management was urged to heed the Ethics Office's concerns about the likely impact of restructuring on the ethics function and to provide it with the necessary assistance to manage the anticipated ethical and operational risks. While recognizing that the current funding constraints affected the appointment of an Ethics Officer, some speakers questioned whether the ethics function could be delivered successfully in such a context. Upholding the highest ethical standards remained critical, the PCB was told.
365. Cosponsors reaffirmed the 44th PCB session decision point which had requested the Executive Director to ensure that the Secretariat ethics function adheres to standards set by JIU. They urged the Secretariat to ensure that Ethics Office functions were fully

capacitated and noted the need to ensure tenure for the head of the Ethics Office. The Office was asked to devote special efforts to prevent fraud and corruption.

366. Speakers recognized the value of the Independent External Oversight Advisory Committee's work and said they were pleased that it was fully functional. They supported its call for improved risk management, efficient resource allocation, and full implementation of audit and oversight recommendations in a timely manner. They also agreed that a clear value proposition was needed for the Joint Programme, which could be adapted as the funding environment evolved.
367. There was support for the IEOAC's plans to regularly engage with the JIU and the proposal to extend IEOAC members' terms of work. The Secretariat was encouraged to ensure funding to IEOAC for at least one in-person meeting per year.
368. Members noted the management response and commended the strong progress in closing outstanding recommendations and mobilizing non-core funding. They supported the measures proposed by management to address the various oversight recommendations and integrate them into the organization's work. They also supported the allocation of resources for necessary evaluations and the provision of financial and other support to enable the oversight bodies to carry out their functions. Speakers reiterated the importance of improvements in cost control effectiveness and welcomed progress in reducing high-residual risks related to noncommercial contracts.
369. Replying to a question about the timeliness of investigations, the Internal Auditor said the request had been noted. However, she added that investigations depended on the complexity of the matter, cooperation in the process and other factors, all of which determined the duration of investigations. She added that specific improvements had been introduced, including criteria for prioritizing investigations. Responding to a question about updating the workplan and risk assessment, she said this was being done, including through continued dialogue with the Secretariat and the IEOAC. An update on this work could be provided at the next PCB meeting, she said.
370. In his reply, Mr Dartey noted the appreciation expressed for the work of the Ethics Office. Regarding a question about a greater focus on preventing fraud, he said the Office was already doing so and was working with the compliance team to that end.
371. Mr Martineau, in his reply, said UNAIDS management was pleased with the progress made and would focus on prioritizing the outstanding recommendations. It was discussed with WHO the possibility of using some of the resources devoted to the administrative service agreement for other priority areas, such as IOS investigation support. He noted and recognized the ethical risks emerging from the downsizing and restructuring process.
372. The decision point was adopted.

10. Renewal of terms of for the UNAIDS Independent External Oversight Advisory Committee

373. Morten Ussing, Director of Governance and Multilateral Affairs, UNAIDS, presented this report on behalf of the PCB Bureau. He began by reviewing the background to the process for selecting new memberships of the IEOAC for 2025–2026 and 2026–2027.
374. The terms of the four current members were set to conclude in December 2025, he explained. To ensure continuity and effectiveness, and in line with the decision of the 53rd PCB meeting, the Bureau had begun the selection process for new members. However, due to the rapid decline in funding, it had proposed in a May 2025 meeting

to delay the process of selecting new members for the 2026–2027 period. Revision to the IEOAC terms of reference would lead to savings of US\$ 60 000 for the current year (albeit by postponing the costs to the following year), Ms Ussing said. The proposed change would also mean that all committee members would have established knowledge of the Joint Programme, which would be useful during restructuring, he added.

375. The decision point was adopted.

11. Fifty-seventh meeting of the PCB

376. Mr Ussing, told the meeting that Brazil had informed the PCB Bureau of its desire to host the 57th meeting of the PCB in Brasilia in December 2025 and that it had stated its willingness to provide in-kind and financial support.

377. He reminded the Board that several PCB meetings had been held outside Geneva previously, in line with criteria set out by the Board. The proposed meeting in Brazil fulfilled those criteria, which included: regional rotation; overall cost-sharing (Brazil would advance the additional costs to holding the meeting in Geneva); local expertise (it is a leader in treatment and care and in HIV prevention); adequate local facilities; having no HIV-related travel restrictions; relevance to the thematic segment (which focuses on long-acting ARV prevention); and the added value of having a meeting “in the field”.

378. Mr Ussing described the modalities of the meeting and the comparative budgets for holding a PCB meeting in Geneva (US\$ 210 000) and in Brazil (US\$ 430 000). Thanks to the generosity of Brazil, he said, the core costs for the Secretariat would be roughly US\$ 130 000, that is a saving of about US\$ 70 000 compared with holding the meeting in Geneva. Brazil's support would be considered as a contribution to the Joint Programme.

379. Speakers thanked Brazil for the proposal, which they supported.

380. Brazil's representative thanked UNAIDS and the Chair for their work during the 56th meeting and said Brazil looked forward to hosting PCB participants to the meeting in Brasilia, which would occur at a critical juncture. The meeting would be considering the next Global AIDS Strategy and would be looking ahead to the next High-Level Meeting on HIV and AIDS. It was an important opportunity to amplify voices from the Global South and reaffirm the political centrality of the HIV agenda.

381. Other speakers thanked Brazil for its excellent chairing of the meeting and supported the proposal to host the next meeting in Brasilia. The Secretariat was asked to ensure that the meeting provides interpretation into all official UN languages. Speakers reiterated their commitment to an HIV response that is rooted in solidarity, respect and justice for all.

382. The meeting adopted the decision points.

383. The meeting then considered the outstanding decision points.

384. The representative of Iran said his country believed that UNAIDS should adhere to its core mandate of ending AIDS worldwide. It disassociated itself from para 5.3(e) of the decision point for agenda item 3 due to concerns it had expressed at the 51st PCB meeting. The decision to disassociate was grounded in Iran's national laws and its cultural values, he explained and asked that this position be reflected as a footnote with the agenda item and in the meeting report.

385. While acknowledging the adoption by consensus of the relevant decision points, the representative of the United States said it was deeply concerned that comprehensive sexuality education programmes undermine the protective role of the family, and it therefore disassociated itself from decision point 5.3(e). It asked that this be reflect in the report.

12. Any other business

386. The meeting was reminded that June 26 was also a Global Day of Action titled “Support, Don’t Punish”, a worldwide campaign that calls better drug policies that focus on health and human rights.
387. There was no other business.

13. Closing of the meeting

388. Presenting her closing remarks, UNAIDS Executive Director, Winnie Byanyima, said this had been a critical meeting for the Joint Programme. UNAIDS’s priority was to support governments and communities to lead national responses that are sustainable, inclusive and multisectoral. It felt fitting, she noted, that June 26 also marked the 80th anniversary of the signing of the UN Charter. She said the strong commitment to multilateralism was clear during the meeting. Consensus had been reached on the issues on the agenda, which again showed the unique multilateral space which the Board presented.
389. Regarding the revised operating model of the Joint Programme and the restructuring of the Secretariat, Ms Byanyima assured the PCB that this was occurring in line with the direction of travel of the UN80 reforms. The new model was agile, flexible and able to absorb future needs for change, she said.
390. The next Global AIDS Strategy was on track for adoption at the December 2025 meeting of the PCB, she reported. The meeting’s input and feedback on the Strategy outline were deeply appreciated, she said. UNAIDS would continue to consult extensively, and it would deliver a bold and realistic new Strategy, which would also inform the next UN High-Level Meeting on AIDS in 2026 and the next Political Declaration.
391. The advice shared on protecting UNAIDS staff had been noted, she told the meeting and thanked it for endorsing the timelines and process for the 2026 Workplan and Budget. In addition, the Board’s approval of the “draw down” on the operating reserve fund granted the Joint Programme the flexibility to continue to operate effectively, she said.
392. Ms Byanyima thanked the Staff Association for its input and thanked speakers for recognizing the commitment, resilience and determination of staff. She also thanked supporters who funded the Joint Programme, especially long-term partners, and saluted the contributions of all donors, whether core or extra-budgetary, current or past.
393. The Executive Director reminded the PCB that UNAIDS had signed new funding agreements with the Government of Cambodia and the Government of Flanders; Belgium had confirmed its ongoing support for the Joint Programme; Germany had announced an advance of 2 million euros on its core contribution; Spain had announced an increase in its core support; Portugal had doubled its contribution; and Poland had also increased its contribution. She thanked China, Côte d’Ivoire,

Equatorial Guinea and Kenya for their contributions and thanked the United States for confirming that the outstanding funds for 2024 would be paid in full. She noted that the Joint Programme remained cautiously hopeful that US support would continue in 2025 and beyond. Ms Byanyima also thanked the Government of Germany for supporting the relocation of staff members to Bonn and Brazil for chairing the meeting, for its skillful facilitation of the work of the drafting group, and for offering to host the next PCB meeting in Brasilia.

394. Ms Byanyima bid farewell to long-standing supporters of the Joint Programme who were leaving their respective country missions. In closing, she thanked UNAIDS and Cosponsor staff, who were living and working through very difficult circumstances.
395. The Chair thanked everyone who had contributed to the success of the meeting and lauded the constructive spirit in which the meeting had been conducted. She said the world was in the “last mile” of the HIV response and was very close to achieving what once had seemed impossible. Unity, courage and shared purpose would enable it to cross the finishing line, she said.
396. The 56th meeting of the Board was adjourned.

[Annexes follow]

PROGRAMME COORDINATING BOARD

UNAIDS/PCB (56)/25.1.rev2

Issue date: 22 May 2025

FIFTY-FOURTH MEETING

DATE: 24–26 June 2025

TIME: 09:00–18:00 (CET)

VENUE: Geneva, Switzerland

Annotated agenda

TUESDAY, 24 JUNE

1. Opening

1.1 Opening of the meeting and adoption of the agenda

The Chair will provide the opening remarks to the 56th Programme Coordinating Board meeting

and will present to the Board the draft agenda for adoption.

Document: UNAIDS/PCB (56)/25.1; UNAIDS/PCB (56)/25.2; UNAIDS/PCB (56)/25.3

1.2 Consideration of the report of the 55th PCB meeting

The report of the fifty-fifth PCB meeting will be presented to the Board for adoption.

Document: UNAIDS/PCB (55)/24.36

1.3 Report of the Executive Director

The Executive Director will present her report to the Board.

Document: UNAIDS/PCB (56)/25.4

1.4 Report of the Chair of the Committee of Cosponsoring Organizations

The Chair of the Committee of Cosponsoring Organizations will present the report of the Committee.

Document: UNAIDS/PCB (56)/25.5

1.5 Report by the NGO representative (postponed)

2. Leadership in the AIDS response (postponed)

3. Follow-up to the thematic segment from the 53rd PCB meeting

The Board will receive a summary report on the outcome of the thematic segment on Addressing inequalities in children and adolescents to end AIDS by 2030.

Document: UNAIDS/PCB (56)/25.6

4. Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026

4.1 Performance monitoring reporting

The Board will receive a report on the implementation of the UNAIDS Unified Budget, Results and Accountability Framework for 2024

Documents: UNAIDS/PCB (56)/25.7; UNAIDS/PCB (56)/25.8; UNAIDS/PCB (56)/25.9; UNAIDS/PCB (56)/25.10; UNAIDS/PCB (56)/CRP1; UNAIDS/PCB (56)/CRP2

WEDNESDAY, 25 JUNE

4.2 Financial reporting

The Board will receive a financial report and audited financial statements for 2024 which includes the report of the external auditors for 2024 as well as an interim financial management update for 2025.

Documents: UNAIDS/PCB (56)/25.11; UNAIDS/PCB (56)/25.12

4.3 Process and timeline for the 2026 Workplan and Budget

The Board will receive an update on the 2026 Workplan and Budget within the UNAIDS 2022–2026 Unified Budget, Results and Accountability Framework and a timeline for its approval.

Document: UNAIDS/PCB (56)/25.13

5. Annotated outline of the next Global AIDS Strategy 2026–2031

The Board will receive an annotated outline of the next Global AIDS Strategy 2026–2031 on the basis of the findings of the mid-term review of the Global AIDS Strategy 2021–2026 and the 2030 target-setting process.

Documents: UNAIDS/PCB (56)/25.14; UNAIDS/PCB (56)/CRP3; UNAIDS/PCB (56)/CRP4

6. Report on the recommendations for the review of the Joint Programme operating model

The Board will receive a report from the Executive Director and the CCO on the recommendations for the review of the Joint Programme operating model to continue to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose.

Documents: UNAIDS/PCB (56)/25.15; UNAIDS/PCB (56)/CRP5

THURSDAY, 26 JUNE

7. Update on strategic human resources management issues

The Board will receive an update on strategic human resources management issues.

Documents: UNAIDS/PCB (56)/25.16; UNAIDS/PCB (56)/CRP6; UNAIDS/PCB (56)/CRP7

8. Statement by the representative of the UNAIDS Secretariat Staff Association

The Board will receive a statement delivered by the Chair of the UNAIDS Secretariat Staff Association.

Document: UNAIDS/PCB (56)/25.17

9. Organizational Oversight Reports and Management response

The Board will receive reports from following independent functions:

9.1 Internal Auditor's Report

The Board will receive the internal auditor's report for the year 2023.

Document: UNAIDS/PCB (56)/25.18

9.2 External Auditor's Report

The Board will receive the external auditor's report for the year 2023.

Document: UNAIDS/PCB (56)/25.19

9.3 Ethics Report

The Board will receive the annual report of the Ethics Office.

Document: UNAIDS/PCB (56)/25.20

9.4 Report of the UNAIDS Independent External Oversight Advisory Committee (IEOAC)

The Board will receive the annual report of the IEOAC.

Document: UNAIDS/PCB (56)/25.21

9.5 Management response to the Organizational Oversight Reports

The Board will receive the management response to the independent Organizational Oversight Reports.

Document: UNAIDS/PCB (56)/25.22

10. Renewal of terms for the Independent External Oversight Advisory Committee (IEOAC)

The Board is invited to approve the renewal of terms for the IEOAC membership as submitted by the PCB Bureau.

Document: UNAIDS/PCB (56)/25.23

11. 57th meeting of the Programme Coordinating Board

The Board will receive a report from the PCB Bureau on the proposal to host the 57th PCB meeting in Brazil.

Document: UNAIDS/PCB (56)/25.24

Thematic segment: Beyond 2025—Countering health inequities through sustaining the HIV response, human rights and harm reduction for people who use drugs (postponed)

12. Any other business

13. Closing of the meeting

[End of document]

26 June 2025

56th Meeting of the UNAIDS Programme Coordinating Board Geneva, Switzerland

24–26 June 2025

Decisions

The UNAIDS Programme Coordinating Board,

Recalling that all aspects of UNAIDS work are directed by the following guiding principles:

- Aligned to national stakeholders' priorities;
- Based on the meaningful and measurable involvement of civil society, especially people living with HIV and populations most at risk of HIV infection;
- Based on human rights and gender equality;
- Based on the best available scientific evidence and technical knowledge;
- Promoting comprehensive responses to AIDS that integrate prevention, treatment, care and support; and
- Based on the principle of non-discrimination;

Intersessional Decisions:

Recalling that, it has decided through the intersessional procedure (see decisions in UNAIDS/PCB(56)/25.2:

- Agree that, health situation permitting, the 56th and 57th PCB meetings will be held in-person with optional online participation in accordance with the modalities and rules of procedure set out in the paper, Modalities and Procedures for the 56th and 57th PCB meetings;
- Agree that the 56th meeting of the Programme Coordinating Board, in accordance with decision point 10.5 of the 26th PCB meeting, will consist of a three-day decision-making segment and that the thematic segment agreed in decision point 9.1 of the 55th PCB meeting will be postponed to the 58th PCB meeting in June 2026;
- Agree that the 57th meeting of the Programme Coordinating Board shall be held on 16–18 December 2025 (final venue to be decided at the 56th PCB meeting as set out in document UNAIDS(56)/25.24), superseding decision point 10.3 of the 51st PCB meeting;
- Recall decision point 10 from the 55th PCB meeting, approving the composition of the NGO Delegation;
- Approve the nomination of the candidate from the Asia and Pacific region as mentioned in paragraph 10.

Agenda item 1.1: Opening of the meeting and adoption of the agenda

1. *Adopts* the agenda;

Agenda item 1.2: Consideration of the report of the 55th PCB meeting

2. *Adopts* the report of the 55th meeting of the Programme Coordinating Board;

Agenda item 1.3: Report of the Executive Director

3. *Takes note* of the report of the Executive Director;

Agenda item 1.4: Report of the Chair of the Committee of Cosponsoring Organizations

4. *Takes note* of the report of the Chair of the Committee of Cosponsoring Organizations;

Agenda item 3: Follow-up to the thematic segment from the 55th PCB meeting

- 5.1 *Notes with concern* that there were still 120,000 new HIV infections in children in 2023, particularly in Sub-Saharan Africa, where 88% of all undiagnosed children are residing; 600 000 children (aged 0–14 years) living with HIV are currently not on HIV treatment; that more than one third (36%), or 370 000, of older adolescents aged 15–19 years living with HIV are not receiving antiretroviral therapy; that children accounted for 12 percent of all AIDS-related deaths, even though they constitute only 3% of people living with HIV; and that children and adolescents are much less likely to be virally suppressed compared to adults due to inadequate services and support;
- 5.2 *Takes note* of the background note (UNAIDS/PCB (55)/24.34) and the summary report (UNAIDS/PCB (56)/25.6) of the Programme Coordinating Board thematic segment on “Addressing inequalities in children and adolescents to End AIDS by 2030”;
- 5.3 *Requests* Member States, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, with the support of the Joint Programme, to fast-track targeted and measurable actions towards the 2030 targets for children:
 - a. Scale up high quality, integrated, people-centered, HIV prevention and treatment interventions during pregnancy and breast-feeding including for those from key populations,¹ children and adolescents including through youth- and community-led service delivery models within primary health care and community settings;
 - b. Implement context-determined, evidence-based case finding strategies to identify undiagnosed children and adolescents living with HIV and ensure their timely initiation, as well as retention, on treatment;
 - c. Further support communities to lead in the response to HIV, including community-led organizations, in particular those by and for youth and relevant civil society organizations of adolescent girls and young women, key populations and people living with HIV, by strengthening their representation and participation in relevant

¹ As defined in the Global AIDS Strategy 2021–2026. Key populations, or key populations at higher risk, are groups of people who are more likely to be exposed to HIV or to transmit it and whose engagement is critical to a successful HIV response. In all countries, key populations include people living with HIV. In most settings, men who have sex with men, transgender people, people who inject drugs and sex workers and their clients are at higher risk of exposure to HIV than other groups. However, each country should define the specific populations that are key to their epidemic and response based on the epidemiological and social context.

spaces where financial and programming decisions impacting communities are made, while recalling the guiding principles of UNAIDS's work;

- d. Strengthen health information systems to collect and disaggregate programme data that tracks mother-baby pairs, children, adolescents and young people living with or at high risk of HIV including those in key populations and their children, and increase the use of data analyses that allow for identifying the causes of new HIV infections among infants, and utilize those data to guide effective and sustainable programme design and drive funding to where it is most needed;
- e. Prioritize targeted action to address the structural drivers of increased HIV-related risk and vulnerability during pregnancy and breast-feeding including for those from key populations, and to remove policy and legal barriers that inhibit their access to HIV services, and strengthen the provision of age-appropriate, comprehensive education and information, relevant to cultural contexts, on sexual and reproductive health and HIV prevention, or comprehensive sexuality education, as set out in the Global AIDS Strategy 2021–2026, while promoting informed decision-making and well-being;^{2 3}
- f. Increase targeted immediate and long-term investments in ending AIDS among children and adolescents, including through increased domestic financing, for a response that is sustainable and planned beyond 2030;

Agenda item 4: Unified Budget, Results and Accountability Framework (UBRAF) 2022–2026

Agenda item 4.1: Performance reporting

- 6.1 *Takes note* with appreciation, of the 2024 Performance Monitoring Report, including its scope and depth;
- 6.2 *Encourages* all countries to use UNAIDS's annual performance monitoring reports to meet their reporting needs;
- 6.3 *Requests* the Executive Director to present a significantly simplified 2025 Performance Monitoring Report;

Agenda item 4.2: Financial reporting

- 6.4 *Accepts* the financial report and audited financial statements for the year ended 31 December 2024;
- 6.5 *Takes note* of the interim financial management update for the 2024–2025 biennium for the period 1 January 2025 to 31 March 2025, including the replenishment of the Building Renovation Fund;
- 6.6 *Expresses concern* over the core UBRAF funding projections for 2025;

² The Islamic Republic of Iran disassociates itself from decision point 5.3e.

³ The United States of America disassociate themselves from decision point 5.3e.

- 6.7 *Takes note* that the current Fund Balance levels are not sufficient to fully fund the planned 2025 core global and country envelope allocations for all Cosponsors or the restructuring process in 2025 or 2026;
- 6.8 *Recalls* decision 20 from the 6th PCB meeting in May 1998 approving the rules and procedures guiding the use of the Operating Reserve Fund;
- 6.9 *Approves* the proposal of the Executive Director to draw such amounts as deemed necessary from the Operating Reserve Fund, up to a maximum of US\$ 15 million, to cover the immediate financial requirements of the UNAIDS Secretariat restructuring, and requests that a plan on how it will be replenished be presented to the Programme Coordinating Board for approval at its 57th meeting in December 2025;
- 6.10 Recalling decision 8.1 from the 51st PCB meeting, *urges* Member States to implement the recommendations of the Informal Multistakeholder Task Team on UNAIDS funding situation as endorsed by the PCB Bureau;
- 6.11 *Encourages* donor governments to release their contributions towards the 2022–2026 Unified Budget, Results and Accountability Framework as soon as possible and to make multi-year contributions;
- 6.12 *Requests* an update on the methodology used for reporting on the resources invested in community-led HIV responses and sustainable HIV responses as part of the financial reporting at the 58th PCB meeting in June 2026;

Agenda item 4.3: Process and timeline for the 2026 Workplan and Budget

- 6.13 *Takes note* of the update on the process and the timeline for the 2026 Workplan and Budget;
- 6.14 Noting with concern the very significant reduction in resource availability for the implementation of PCB-approved Workplan and Budget 2024–2025, *looks forward* to receiving, at the PCB in June 2026, reporting on what was implemented under these circumstances, including any work to support people living with HIV and key populations and community-led HIV programming;
- 6.15 *Requests* the Executive Director to inform the PCB on the 2025 Workplan and Budget implementation through the periodic PCB Bureau meetings;
- 6.16 Recalling decision point 6.2 from the 55th PCB meeting, *requests* the Executive Director to present the one-year transitional UBRAF Workplan and Budget for 2026, within the framework of the current UBRAF, for approval at a fully virtual half-day Special Session of the PCB to be held on 8 October 2025;

Agenda item 5: Annotated outline of the next Global AIDS Strategy 2026–2031

- 7.1 *Recalls* PCB decision point 6.2a from the 55th PCB meeting;

- 7.2 *Takes note* of the annotated outline of the Global AIDS Strategy 2026–2031;
- 7.3 *Requests* the Executive Director to present the Global AIDS Strategy 2026–2031, to be developed through an inclusive and transparent multistakeholder consultative process, based on the latest scientific evidence and taking into account the discussions at the 56th PCB meeting in June 2025 as well as the impacts of the rapidly changing global health and development ecosystem, the regression of gender equality and human rights, and persistent stigma and discrimination in the global HIV response to the 57th PCB meeting in December 2025 for consideration and adoption;

Agenda item 6: Report on the recommendations for the review of the Joint Programme operating model

- 8.1 *Welcomes* 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;
- 8.2 *Takes 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);
- 8.3 *Welcomes* the clear articulation of the Secretariat's four core functions as (1) leadership and advocacy; (2) convening and coordination; (3) accountability through data, targets, strategy; and (4) community engagement, while requesting that actions to address inequalities are integrated across these four priorities and recalling the guiding principles of UNAIDS's work;
- 8.4 *Endorses* the revised operating model of the Joint Programme, as set out in this report (UNAIDS/PCB(56)25.15), noting that additional decisions will be taken on the operating model at the Special Session of the PCB in October 2025 and subsequent PCB meetings in line with future decisions of the UN80 Initiative;
- 8.5 *Requests* the Executive Director to provide regular updates on the operationalization of the revised operating model starting at the 57th PCB meeting in December 2025;
- 8.6 *Requests* the Executive Director, to define a review process of the revised operating model by the 57th PCB in December 2025, in consultation with the Cosponsors and PCB stakeholders, and undertake that review by June 2027 at the latest to inform the PCB's decision making, subject to ECOSOC decisions, on the further transition of the Joint Programme within the wider UN system to sustain global progress towards ending AIDS as a public health threat;

Agenda item 7: Update on strategic human resources management issues

- 9.1 *Takes note* of the update on strategic human resources management issues;
- 9.2 *Requests* the Executive Director to provide an update at the 57th PCB in December 2025 on the implementation of the restructuring process and its impact on staff, and

encourages that the outstanding issues raised in the statement of the UNAIDS Secretariat Staff Association (UNAIDS/PCB (56)/25.17) be taken into consideration;

9.3 *Requests* the Executive Director to ensure that the implementation of the revised operating model, including the Secretariat restructuring, is conducted in a transparent, inclusive and fair manner, and to report back at the 57th PCB meeting;

9.4 *Requests* the Executive Director to present at the 58th PCB meeting in June 2026, as part of the Update on Strategic Human Resources Management Issues, a detailed overview of the criteria and methodology used for staff reductions, including disaggregated data by region, function, staff level, and gender;

Agenda item 8: Statement by the representative of the UNAIDS Secretariat Staff Association

10.1 *Takes note* of the statement by the representative of the UNAIDS Secretariat Staff Association, acknowledging its concerns regarding the impact of the Secretariat restructuring on staff well-being, institutional knowledge, and the ability to deliver on the Joint Programme's mandate;

10.2 *Invites* the UNAIDS Secretariat Staff Association to exceptionally provide an updated statement at the 57th Programme Coordinating Board meeting;

Agenda item 9: Organizational oversight reports and Management response

11.1 *Takes note* of the Internal Auditor's report for the financial year ended 31 December 2024;

11.2 *Accepts* the External Auditor's Report for the financial year ended 31 December 2024;

11.3 *Takes note* of the report of the Ethics Office;

11.4 *Welcomes* the annual report of the UNAIDS Independent External Oversight Advisory Committee and *looks forward* to the next report in 2026;

11.5 *Approves* the revised Terms of Reference of the UNAIDS Independent External Oversight Advisory Committee, as reflected in annex 1 of the annual report of the IEOAC (UNAIDS/PCB(56)/25.21);

11.6 *Takes note* of the Management response to the Organizational Oversight Reports;

Agenda item 10: Renewal of terms for the Independent External Oversight Advisory Committee (IEOAC)

12.1 *Recalls* decision point 11.3 from the 53rd PCB meeting;

- 12.2 *Takes note* of the report prepared by the PCB Bureau on the renewal of terms for the UNAIDS Independent External Oversight Advisory Committee;
- 12.3 *Approves* the exceptional renewal of terms of the UNAIDS IEOAC membership for 2026–2027 as submitted by the PCB Bureau;

Agenda item 11: 57th meeting of the Programme Coordinating Board

- 13.1 *Recalls* the intersessional decisions on modalities and procedures for the 56th and 57th PCB meetings; and
- 13.2 *Agrees* that the 57th Programme Coordinating Board meeting (16–18 December 2025) shall be held in Brasilia, Brazil.

[End of document]