

NEXT PCB MEETINGS

Additional documents for this item:

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

- Recalling the intersessional decision on modalities and procedures for the 56th and 57th PCB meetings, *confirm* the theme *Beyond 2025: Addressing health inequities through sustained HIV response, human rights, and harm reduction for people who use drugs*, for the 58th PCB thematic segment (June 2026);
- Agree that the theme for the 59th PCB thematic segment (December 2026) will be: *Addressing the impact of funding cuts on people living with, affected by, and at risk of HIV, and on the response to HIV and AIDS*;
- Request the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 60th and 61st PCB meetings; and
- Approves the dates and venue of the 62nd and 63rd PCB meetings in 2027 as follows:
 - a. 62nd PCB meeting: 27–29 June 2028, Geneva, Switzerland;
 - b. 63rd PCB meeting: 12–14 December 2028, Geneva, Switzerland;

Cost implications for the implementation of the decisions: none

Themes for the 58th and 59th Programme Coordinating Board meetings in 2026

1. The UNAIDS Programme Coordinating Board (PCB) decided at its 20th meeting in June 2007 that future Board meetings will consist of a decision-making segment and a thematic segment (ref. PCB 20/rec.10a). Further to this decision, the 21st meeting of the PCB in December 2007 discussed the modalities for the identification of themes and agreed on a process whereby; *“the theme for the Programme Coordinating Board thematic segments should be decided by the Board upon recommendation of the Programme Coordinating Board Bureau. This recommendation should be based upon a call for proposals directed to all PCB constituencies and possibly other key actors...”* (ref. UNAIDS/PCB (21)/07.5 para.9).
2. The PCB also agreed that proposed themes should be considered on the basis of four criteria: broad relevance, responsiveness, focus, and scope for action. At its 55th meeting in December 2024, the Board requested that the PCB Bureau take appropriate and timely steps to ensure that due process is followed in the call for themes for the 58th and 59th PCB meetings (ref. [UNAIDS/PCB \(55\)/24.32](#)).

Process of selection of themes for the 56th and 57th Programme Coordinating Board meetings

3. At its meeting on [27 February 2025](#), the PCB Bureau agreed that the thematic segment for the 56th PCB meeting, titled "Beyond 2025: Addressing health inequities through sustained HIV response, human rights, and harm reduction for people who use drugs," approved at the 55th PCB meeting in December 2024, should be postponed to the 58th PCB meeting in June 2026 due to the high volume of agenda items.
4. In the intersessional paper on modalities and procedures for the 2025 PCB meetings ([UNAIDS/PCB \(56\)/25.2](#)), the PCB decided that the 56th meeting of the Programme Coordinating Board, in accordance with decision point 10.5 of the 26th PCB meeting, would consist of a three-day decision-making segment and that the thematic segment agreed in decision point 9.1 of the 55th PCB meeting would be postponed to the 58th PCB meeting in June 2026.
5. Accordingly, the PCB Bureau sent out a call to all Board Members in October 2025 inviting proposals for themes for 59th PCB meeting to be held in December 2026.
6. At its meeting on 12 November 2025, the Bureau considered the two proposals (listed below) that were submitted, giving due consideration to criteria in paragraph 1 above, as well as other factors, including: the level and diversity of support; urgency of the issue; whether the issue was being considered elsewhere; inclusion of the theme as a sub issue under a broader or related theme; and, the suitability of the theme to be addressed by the Board at a particular time.
 - **Proposal 1:** Addressing the impact of funding cuts on people living with, affected by, and at risk of HIV, and on the response to HIV and AIDS;
 - **Proposal 2:** Optimizing the supply chain for HIV products acquired by the State counterparty.
7. At the PCB Bureau meeting on 12 November 2025, members noted the strength and relevance of both submitted proposals. After discussing in detail the proposed theme, the Bureau agreed on the proposal “Addressing the impact of funding cuts on people living with, affected by, and at risk of HIV, and on the response to HIV and AIDS.” As requested by the

PCB Bureau, the proposal was strengthened by integrating elements of the proposal “Optimizing the supply chain for HIV products acquired by the State counterparty”, which the Bureau endorsed **on Tuesday 25 November 2025.**

Date and venue for the next Programme Coordinating Board meetings

8. The following dates are proposed for the Board meetings in 2028:
 - 62nd meeting: 27–29 June 2028.
 - 63rd meeting: 12–14 December 2028.

Proposed Decision Points

The Programme Coordinating Board is invited to:

9. Recalling the intersessional decision on modalities and procedures for the 56th and 57th PCB meetings, *confirm* the theme *Beyond 2025: Addressing health inequities through sustained HIV response, human rights, and harm reduction for people who use drugs*, for the 58th PCB thematic segment (June 2026);
10. *Agree* that the theme for the 59th PCB thematic segment (December 2026) will be: *Addressing the impact of funding cuts on people living with, affected by, and at risk of HIV, and on the response to HIV and AIDS*;
11. *Request* the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 60th and 61st PCB meetings; and
12. *Approve* the dates and venue of the 62nd and 63rd PCB meetings in 2027 as follows:
 - a. *62nd PCB meeting: 27–29 June 2028, Geneva, Switzerland*;
 - b. *63rd PCB meeting: 12–14 December 2028, Geneva, Switzerland*;

[Annex follows]

Annex 1. Proposed theme for the 58th Programme Coordinating Board Meeting (June 2026)

Title: Beyond 2025: Addressing health inequities through sustained HIV response, human rights, and harm reduction for people who use drugs

Broad relevance: What is the theme's relevance to the global AIDS response?

As a key population, people who use and inject drugs are central to the HIV response and to reaching global AIDS targets. UNAIDS data show that people who inject drugs are 14 times more likely to acquire HIV than people in the overall population. Structural and social inequities, including criminalization and the stigma and discrimination it engenders, as well as poverty and marginalization, shape the experiences of people who use drugs, limiting access to harm reduction services, including antiretroviral therapy and social protection measures. In 2019, it was estimated that nearly half a million people died from drug-related causes, with 15% of these deaths attributable to HIV.

Globally, 153 countries criminalize drug use, compared with only five countries that provide high coverage of harm reduction services. Current funding for harm reduction is inadequate, with only US\$ 151 million allocated in low- and middle-income countries, compared with an estimated annual need of \$2.7 billion.

On the current trajectory, the AIDS targets will not be met. It is necessary to take stock of the progress made towards ending AIDS among people who use drugs.

Responsiveness: How is the theme responsive to the interests, concerns and information needs of a broad range of actors in the global AIDS response?

This theme responds to the interests, concerns and information needs of people who use and inject drugs (PWUID), alongside people living with HIV and key and priority populations, given the intersectionality among communities. More broadly, in-depth exploration of how the global HIV community will reduce health, social and political inequalities experienced by PWUID also responds to multilateral and governmental concerns about public health and human rights and about the overall sustainability of the HIV response.

Current drug policies have significant effects on public health, social integration and the environment. Therefore, a thematic segment focused on countering health and other inequities experienced by PWUID under contemporary drug policies and practices would be relevant to a broad range of actors in the global HIV response. Moreover, this planned thematic segment aims to draw and build on the previous two thematic segments, which focused on priority and key populations and on sustaining the gains of the global HIV response, with a specific focus on PWUID, drug policies and harm reduction.

In the context of a world affected by conflict, climate and economic challenges, this theme will consider and discuss what the political, programmatic and financial response for PWUID should look like in the future. The thematic segment aims to link to pathways of sustainability, as sketched out in the most recent PCB thematic segment, and it will consider how to position the response for people who use drugs within the broader Universal Health Coverage and Pandemic Prevention, Preparedness and Response agendas. The role, status and envisioning of community leadership of PWUID will be centered throughout the segment.

People who use drugs are key for covering the “last mile” towards ending AIDS, which requires addressing the inequities and inequalities that place key populations at elevated risk. Doing so require us to strategize on sustaining the gains made in HIV response and on ensuring that the health and human rights of key populations—including PWUID—are upheld, so that marginalized and underserved communities are not pushed further behind.

Finally, this thematic segment aims to conclude with actionable recommendations and pathways that will be responsive to the interests, concerns and information needs of affected communities, United Nations agencies, governments and donors. These will serve as signposts for the harm reduction and people who use drugs response in the lead-up to the Global AIDS Strategy 2026–2030.

Focus: How can consideration of the theme be focused to allow for in-depth consideration in one day?

To enable in-depth consideration of the proposed theme, the thematic segment day will focus on:

- a) Status update since the 2014 UNAIDS PCB thematic segment. Particular emphasis will be placed on coverage of harm reduction programmes, including needles and syringes, opioid agonist maintenance therapy, overdose prevention and actions needed to scale up implementation—all in collaboration with drug user-led organizations.
- b) Human rights and inequities. Since the 2016 UNGASS on Drugs, there have been several normative developments. Drug policies have become more prominent within the human rights architecture, alongside growing calls for decolonization of drug policies, given their impact on Indigenous communities. Additionally, the intersections of drug policy, climate change, war and humanitarian crises warrant further exploration. This theme will emphasize the critical roles played by nongovernmental organizations and drug user-led networks.
- c) Sustainable futures. Future responses will necessarily entail grappling with shrinking resources and civic space, as well as with the growing anti-rights backlash. Harm reduction will need to be defined better and more robust service delivery models—including strong community systems—will have to be promoted.
- d) Way forward. This section will chart actionable, time-bound recommendations for Member States, civil society and communities, donors, multilateral agencies, the private sector, and the Joint Programme.

Scope for action: How does the theme address possible and necessary action to be undertaken in the response to AIDS, rather than purely theoretical or academic issues?

By taking stock of the political, financial, and social shifts in the decade since the last PWUID-focused PCB thematic segment, this iteration will set out a vision and strategic direction for sustaining the HIV response for this community. The segment will draw from lived experiences, on-the-ground evidence, and normative and norm-setting guidance and reports.

As outlined above, the thematic segment will be divided into four key thematic areas.

The first will address the gaps in the 2014 thematic segment on PWUID, including drug use patterns, gender and geography. It will analyze progress on prior PCB decision points from June 2015 regarding halving HIV transmission among people who inject drugs and considering people, policies and programming in the context of a rapidly changing world. This will set the stage for identifying pathways and directions for developing actionable recommendations.

The second section—on human rights and inequities—will feature case studies of rights based policies, including decriminalization models that align with global norms, targets and standards. Identifying these will provide further nuance and specificity to shape decision points and future societal enabler targets regarding laws and policies that impact key populations. Furthermore, discussions on the impact of colonial-era laws, climate change, war and humanitarian crises on policies and programming will inform consideration for future actions and strategies from the Joint Programme.

The third section—on sustainable futures—will aim to inculcate action on investing and prioritizing funding from international and domestic sources to support PWUID and harm reduction at the global, regional and country levels. Particular attention will be paid to funding community-led responses on advocacy and programming, given the lack of progress on the 80–60–30 targets. It is also aimed at drawing attention to service delivery models that are cost-effective, person-centered, scalable, sustainable and designed with communities.

Finally, the fourth section will consider the future of harm reduction in a changing world. It will focus on charting a vision for how services for PWUID can be accommodated within the wider sustainability and integration agenda. This thematic area will demonstrate the importance of incentivizing countries to act on evidence and to do so with ambition. It will engage communities and leadership to promote the sustainability of programming that is tailored and aligned with the needs and priorities of people who use drugs, and the broader HIV response. All inputs and content will feed into the development of the next Global AIDS Strategy.

Annex 2. Proposed theme for the 59th Programme Coordinating Board Meeting (December 2026)

Title: Addressing the impact of funding cuts on people living with, affected by and at risk of HIV, and on the response to HIV and AIDS

Broad relevance: What is the theme's relevance to the global AIDS response?

In 2025, the HIV response has faced dramatic cuts in funding, with a severe impact on people living with, affected by, and at risk of HIV.

Data indicate that the funding crisis is hitting the most vulnerable first, with women living with HIV, adolescent girls and young women (AGYW), and key and vulnerable populations facing severe disruptions to care, treatment, and prevention services.

UNAIDS has warned that an additional 4.2 million people will die of AIDS related illnesses over the next four years, and a further 6.6 million will acquire HIV. Already, evidence from Zimbabwe shows that in the first half of this year, the number of people who died from AIDS rose to 5932, after years of steady decline. By 2026, when these themes take place, evidence is likely to show that the cuts are costing many more lives.

Beyond the impact on people, the funding cuts have also had profound repercussions for health and community systems; for government responses to HIV and AIDS; and for key global institutions, including UNAIDS and its co-sponsors. This theme will provide an opportunity to explore those repercussions, to consider how we have adapted, and to identify future actions needed to safeguard our goal of ending AIDS.

Responsiveness: How is the theme responsive to the interests, concerns and information needs of a broad range of actors in the global AIDS response?

Actors at every level of the global HIV response are impacted by the recent funding cuts, whether as former recipients of funding, who have been forced to rethink their operations and priorities to adapt to the new financial reality, or as institutions that may not have been immediately impacted, but are now having to recalibrate in a vastly changed external environment.

Whether they are working at the community, national, regional or global levels, stakeholders have some core, shared informational needs in terms of understanding that the funding cuts have had: which services have survived as they are or been integrated into the health system, which are now no longer available, how many people are impacted by these changes, and what populations or locations are most heavily impacted. Since the cuts hit in January 2025, information of this nature has been gradually made available but in a piecemeal fashion. This thematic meeting would provide an opportunity, for the first time, to bring a variety of information and experiences from across different communities, countries and regions together, and to provide a single space for synthesis, towards a shared global picture.

Critically, beyond information alone, this thematic meeting would also provide a vital opportunity to explore how different actors have adapted, highlighting examples of good practice. It would also examine how community mobilization, advocacy, and accountability efforts—particularly those led by community-based and women’s organizations—have been impacted, as some have faced major funding losses or closure.

In addition, the thematic would aim to bring in expert thinkers in areas that are collectively identified as critical to explore for the way forward. These could include, for example, innovative financing, increasing fiscal space, advancing calls for debt relief, and approaches to effective and efficient integration within health systems and across diseases, as well as other health system efficiencies. The discussion would also draw on [WHO’s modeling work](#) on the potential impact of funding cuts on the HIV response, and the [upcoming midterm review of the Global Health Sector Strategies on HIV, viral hepatitis, and sexually transmitted infections \(2022–2030\)](#) to be presented to the World Health Assembly in 2026. Together, these insights would help inform discussions on mitigation, simplification, and integration within health systems and the evolving Joint Programme.

Again both the good practice case studies and these expert insights would reflect experience and knowledge at every level - from people living with HIV and key and vulnerable populations, to researchers and academics, governments and national health systems, donors (including the Global Fund), and the Joint Programme itself. As detailed below, the thematic would put a strong focus on how examples of promising practice and expert knowledge of solutions not yet fully explored could guide the PCB’s discussions and decisions on actions to be taken in future, in order not just to understand the impact of the cuts, but to address them.

Focus: How can consideration of the theme be focused to allow for in-depth consideration in one day?

Reflecting the approach outlined in response to the questions immediately above and below, the discussion can be focused around three key pillars.

The first of these would be a synthesis of available data and evidence regarding the impacts that the cuts have had, on people living with HIV and on key and vulnerable populations, as well as on service delivery and systems at all levels of the HIV response.

Following this first pillar, the second part of the thematic would focus on documenting existing examples of good practice in responding to the cuts, ensuring a strong focus on highlighting recommendations of good practice that can be expanded upon, or applied in other contexts. This may include examples such as sustainability roadmaps and other efforts to promote long-term resilience in the HIV response.

The third and final pillar would involve looking outwards, at solutions that haven’t yet been deployed within the HIV response, but could be critical to solving the challenges that we face. Again these discussions would need to be carefully facilitated, to elicit strong proposals that could inform the actions that need to be taken, going forward.

Scope for action: How does the theme address possible and necessary action to be undertaken in the response to AIDS, rather than purely theoretical or academic issues?

As outlined above, a thematic on this topic would need to be carefully structured and facilitated in order to offer a space (and one that is much needed) to identify further actions that actors at all levels of the HIV response may need to take, in order to safeguard our goal of ending AIDS in a dramatically changed financial environment.

These actions would be informed by the real world examples of good practice as discussed above, with a real emphasis on inviting speakers who are able to describe the practical steps that were taken and the benefits that can be brought about.

At the same time, as described above, some more theoretical presentations may be needed, in order to facilitate exploration of new or innovative solutions that have not yet been deployed in the HIV response. These could for example include increasing fiscal space or advancing calls for debt relief to support health systems, as well as recommendations emerging from ongoing discussions around the reform of the global health architecture and the reframing of health as a global public good, as well as other themes as appropriate. While these topics might be more theoretical, presenters would be carefully selected to ensure that they can bring strong practical recommendations into the discussion, and overall the thematic would need to be supported with top class facilitators, who are able to elicit strong proposals for possible and necessary action to be undertaken in the response to AIDS.

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