UNAIDS PCB BUREAU MEETING

DATE: Wednesday, 12 November 2025

TIME: 14:00-17:00 (CET)

VENUE: Hybrid (in-person at the UNAIDS building and virtually on Teams)

PARTICIPANTS

Brazil: Representing the PCB Chair: Ms Débora Antônia Lobato Cândido, Second Secretary, Permanent Mission of Brazil in Geneva; Ms. Sarah Maria Soares Fernandes Bayma, International Advisor of the HIV/Aids, Tuberculosis, Viral Hepatitis and STIs Department.

Netherlands: Representing the PCB Vice-Chair: Ms Zina Olshanka, First Secretary, Permanent Mission of the Kingdom of the Netherlands in Geneva; Ms Carolien van Embden Andres, Senior Policy Officer., Mr Fabian Schipper, Senior Policy Officer.

Kenya: Representing the PCB Rapporteur: Dr Douglas Bosire, Country support, National Syndemic Diseases Control Council, Ministry of Health.

Representing the PCB NGO Delegation: Mr Xavier Biggs, Monitoring & Evaluation Manager, Jamaica AIDS Support for Life; Ms Amanita Calderon-Cifuentes, HIV Research and Advocacy Officer, Trans Europe & Central Asia (TGEU); Mr Shamin Mohamed Jr, Founder & President, LetsStopAIDS, Toronto, Canada.

ILO: Representing the Committee of Cosponsoring Organizations: Mr Kofi Amekudzi, Senior Technical Specialist, ILO Programme on HIV/AIDS, International Labour Organization (ILO).

UNAIDS Secretariat: Mr Mahesh Mahalingam, Chief of Staff; Mr Morten Ussing, Director of Governance; Ms Samia Lounnas, Senior Governance Advisor; Ms Adriana Hewson, Governance Officer; Ms Saliha Ozdemir, Governance Assistant; Ms Ajwah Nazir Malak, Governance Intern.

MEETING AGENDA

1. **Update on the preparations for the upcoming 57th PCB meeting (16–18 December 2025, Brasilia, Brazil):** *The Bureau will receive brief updates on the agenda items at the upcoming PCB meeting.*
2. **Update on the implementation of the UNAIDS 2024–2025 evaluation plan:** *The Director of Evaluation will present to the Bureau the semi-annual update on the implementation of the UNAIDS 2024–2025 evaluation plan.*

3. **Selection of themes for the 59th PCB meeting in December 2026**: *The PCB Bureau will select one theme for the PCB meeting in December 2026.*
4. **Any other business**

Summary of the Meeting

The PCB Chair welcomed the Bureau members to the second Bureau meeting to prepare for the 57th PCB meeting, scheduled for 16–18 December 2025. The purpose of the meeting was to provide Bureau members with an update on the preparations of the 57th PCB meeting agenda items by the relevant UNAIDS Secretariat focal points, as well as updates on the implementation of the UNAIDS 2024–2025 evaluation plan and selection of a theme for the 59th PCB meeting in December 2026. The Chair recalled that the Bureau members had received the draft agenda and background documents in advance of the meeting.

1. **Update on the preparations for the upcoming 57th PCB meeting (16–18 December 2025, Brasilia, Brazil)**

The relevant UNAIDS Secretariat focal points provided the updates on the preparation of agenda items as follows:

Agenda item 1.2: Report of the Special Session of the PCB

The Secretariat provided the update as follows:

- The report of the previous meeting is a summary of the presentations and discussions held at the Special Session of the PCB in October. It will be reviewed and cleared by the PCB Bureau and Chair and posted online in accordance with the Modus Operandi.
- As a reminder, this report includes a summary of all interventions made in plenary, as well as written statements submitted through the secure platform, as agreed in the intersessional paper on modalities for the virtual Special Session of the PCB in 2025.
- The report was circulated to the Chair for clearance and will be shortly sent to the Bureau for final clearance and posting.
- The PCB is invited to adopt the report of the Special Session.

The Bureau thanked the Secretariat for the update.

Agenda items 1.3 & 2: Report of the Executive Director and Leadership in the AIDS response

The Secretariat provided the update as follows:

- It is expected that the Executive Director will address the latest developments in the AIDS response since the 56th PCB meeting in June. The report will address some elements that the Board had requested in previous meetings. Specifically, it will include

updates on the implementation of the revised operating model, feedback from the recent CCO meeting (including key outcomes that relate to the revised operating model), and the cash flow implications concerning the fund balance and the use of the operating reserve fund.

- As is practice, an outline of the Executive Director's report will be posted one week in advance of the PCB meeting. The full report of the Executive Director will be posted following delivery at the 57th PCB meeting.
- For the Leadership in the AIDS response agenda item, the Executive Director usually invites a high-level speaker to provide a different angle on the AIDS response. There is no confirmed speaker at this point in time.

The Bureau thanked the Secretariat and expressed their recommendation for the Executive Director to consider inviting a speaker for this agenda item. Bureau members highlighted the importance of securing a strong speaker to reflect on the state and direction of the AIDS response and who could deliver motivation for the next phase of AIDS response. They stressed that such leadership is crucial given the ongoing transition and need to reaffirm the UN's commitment to the HIV response.

Agenda item 1.4: Report by the NGO representative

The NGO Delegation provided the update as follows:

- The NGO report is traditionally presented in December with a focus on critical issues impacting HIV response, particularly concerning communities and civil society.
- The 2025 report "Community-led Integrated HIV Services: The Future of a Sustainable HIV Response", is being finalized.
- The report was informed by a broad participatory consultation process involving diverse stakeholders across five global regions. The data collection included key informant interviews and six case studies focusing on specific communities: Indigenous populations in North America, adolescent girls and young women in Latin America, youth and men who have sex with men (MSM) in Africa, people who use drugs in Europe, and trans and sex worker communities in the Asia-Pacific region. The analysis from these studies forms the evidence base of the report.
- The document will include a one- to two-page executive summary, followed by an introduction and three main sections. These sections will cover the report's methodology, detailed results, and a discussion on how community-led HIV services can be integrated into, or operate alongside, primary healthcare systems. The structure is designed to clearly show both the practical and policy pathways for sustainable integration.
- The report will highlight practical examples of successful integration, such as Germany's Verapraxis model, demonstrating how community-led services are already working effectively within primary healthcare frameworks. These examples are intended to show that community-driven approaches can coexist and strengthen formal health systems when properly supported.
- Key messages:

- **Community-led integrated services are essential for a sustainable HIV response**. Integrating community-led models that combine biomedical interventions with social and structural support into the HIV continuum of care—testing, prevention, and treatment—is vital to reach people most at risk, reduce inequalities, and sustain progress amid declining HIV funding. Embedding these models within national health systems is critical to sustaining progress and reaching those left behind, but this depends entirely on the political will of Member States to adopt a human rights–based approach to the HIV response—one that recognizes the specific needs of key and vulnerable populations and tailors services around them. This includes the decriminalization of key population identities and the full integration of essential interventions such as harm reduction, trans-specific healthcare, mental health, sexual and reproductive health and rights, and comprehensive sexuality education into national HIV programmes.
- **Operationalizing the 30–80–60 community targets requires political commitment and investment**: Governments and partners must establish clear mechanisms, financing, and accountability frameworks to ensure communities can lead service delivery, prevention, and societal enabler programmes.
- **Recognition and resourcing of community-led organizations (CLOs) are prerequisites for effective integration**: CLOs need predictable, direct, and flexible funding to maintain autonomy and ensure that integration does not dilute community ownership or accountability. Integration must not translate into absorption by state systems or the erosion of independent community infrastructure. Instead, it must strengthen collaboration between community-led and primary healthcare systems, ensuring that trust, accessibility, and cultural competence—the hallmarks of community-led care—are preserved.
- **Structural and policy barriers continue to limit community leadership**: Repressive laws, criminalisation of key populations, shrinking civic space, and restrictive funding requirements undermine the ability of CLOs to operate safely and effectively. Member States must create enabling environments that guarantee the legal recognition, safety, and participation of community-led actors. This includes repealing punitive laws, protecting human rights defenders, and ensuring that anti-rights movements do not dismantle decades of progress in HIV and gender equality.
- **Partnerships must shift from tokenistic engagement to shared governance**: The future of the HIV response cannot rest on a single constituency or institution. Governments, UN agencies, and communities must work hand in hand to co-design, co-implement, and co-monitor programmes. This means moving beyond tokenistic consultation towards genuine power-sharing and equitable governance structures that embed community voices at every level of decision-making.

The Bureau thanked the NGO delegation for the update and emphasized the value of community perspectives and leadership in the HIV response. Bureau members noted the importance of clarity, data presentation, and actionable recommendations in finalizing of the NGO report.

Agenda item 3: Progress update on sustainability in the HIV response

The Secretariat provided the update as follows:

- Key messages:
    - The recent international funding decline has fundamentally disrupted HIV response sustainability trajectories by disrupting services, reversing gains made on HIV prevention and treatment, and diverting resources and political attention to emergency mode and crisis management.
    - The decline in funding has widened the existing gap, hitting sub-Saharan Africa hardest. Women, young girls, and key populations face reduced access to prevention and care, while essential HIV programs and health system investments are left underfunded and struggling to sustain progress.
    - The crisis has catalysed change – country leaders are stepping up to boost domestic resources for HIV response and health care. African nations, in particular, have increased domestic funding for the shock response and are committing to profound reforms and increased investments, focusing on sovereignty, equity, and resilience to build systems that can endure beyond external support.
    - While domestic resources remain the bedrock of the HIV and health care investments, for low-income countries, these efforts are not sufficient to fund a response as it evolves, integrates, and transforms. Many African countries still face slow economic growth, low revenue collection, and high debt repayment obligations, which further strain already low health care budgets.
    - Global solidarity – continued donor investments - is necessary and critical to accelerate epidemic control, support transition and sustainability actions, and preserve the gains achieved. Responsible, well-planned multi-year transitions are needed to ensure coordination among partners and country leadership.
    - Effective implementation of roadmaps and other health reform plans should focus on supporting capacities, transformations, transitions, and resource mobilization, to progress towards a sustained response that preserves the gains for all.
    - Accelerating prevention, adopting innovations that scale impact, strengthening people-centered primary care and community systems, and ensuring an enabling environment and stigma-free access for all populations are essential for an effective transition to a national sustainable HIV response.
    - Partners shall support countries´ efforts in pursuing novel financing approaches, including those prioritized in the roadmaps, combining domestic resource mobilization (increased revenues, budget integration, dedicated taxes) with strategic partnerships (blended financing, public-private arrangements) and other context-tailored instruments and channeling their contributions primarily through government’s mechanisms.
    - UNAIDS and partners should expand analytical work and the advisory role to support evidence-based policy formulation and the implementation of a new financing framework for HIV, pandemics, and health, with explicit attention to enhancing financial protection while preventing increased out-of-pocket expenditures and user fees.

- Strengthening national leadership capacity, data systems, and resource tracking mechanisms to deploy roadmaps or other country-led instruments are strategic coordination instruments, as are aligning domestic and international investments, reducing fragmentation, and enhancing coherence across donor agreements to maximize collective impact, equity, and progress towards self-reliance.

Responding to Bureau members, the Secretariat clarified that:

- The report addresses sustainability in the context of declining external assistance, focusing on ensuring smooth transitions without leaving people behind.
- The report includes regional differences, noting varying levels of readiness:
  - In Sub-Saharan Africa, domestic self-reliance is slower due to fragmented systems, fiscal constraints, and heavy HIV burdens.
  - In Asia-Pacific and Latin America, challenges relate more to political will, policy changes, and stigma-free access, not financial capacity alone.
- The Joint Programme will continue to play a central role through technical support and political engagement during transitions, with active joint contribution in sustainability roadmaps in Botswana, Namibia, Lesotho, and Eswatini involving UNDP, UNICEF, UNFPA, WHO, and UNAIDS.
- Cosponsors' contributions reflect their competencies across prevention, treatment, integration, systems strengthening, and financing.
- Sustainability transitions require multi-year investments and long timelines, illustrated by Thailand's 10-year pathway toward domestically financed universal health coverage.
- Positive examples of increased domestic HIV budget allocations in Kenya, Namibia, Zambia, and Malawi demonstrate the potential for strengthened national leadership despite fiscal pressures.
- Political leadership remains the primary domain of sustainability and is closely connected to the other technical areas, linking directly to the broader discussions already on the PCB agenda.

Bureau members thanked the Secretariat for the update and underlined that this agenda item is both timely and essential, particularly in the context of global financial challenges and wider institutional reforms.

Agenda item 4: The Global AIDS Strategy 2026-2031

The Secretariat provided the following update:

- The Strategy invites renewed collective commitment to end AIDS by 2030. It is structured around 3 priorities and 8 result areas, with 8–10 recommended actions per result area to guide countries.
- Consultation and drafting process:
  - PCB reviewed the outline in June 2025 and requested a full draft for December 2025 adoption.

- Extensive consultations were held: thematic, regional, and online survey (February 2025).
- Draft was shared with Cosponsors in October; there was a two-day multi-stakeholder consultation (22–23 October) with countries, civil society, academia, private sector, and faith-based organizations.
- Written comments were collected until 30 October; inputs are being incorporated.
- Revised draft to be shared on 20 November 2025 for PCB review and adoption.

– Key messages:
  - The Strategy outlines that ending AIDS by 2030 involves:
    - Country-leadership for sustaining inclusive multisectoral HIV national responses
    - Reducing inequalities and upholding people's rights to access HIV prevention, testing, treatment and care services, including for women and girls, men and boys, children, and key populations affected or at risk of HIV.
    - Community leadership at all levels of the response.
  - It emphasizes country leadership to sustain inclusive, multisectoral, and rights-based national responses.
  - It places community leadership at the heart of the response, ensuring that people living with, affected by, and at risk of HIV are meaningfully engaged in decision-making and implementation.
  - The Strategy calls for reducing inequalities and removing barriers related to human rights, gender, and access to services to ensure equitable HIV prevention, testing, treatment, and care.
  - It promotes innovation and sustainability by leveraging scientific advances such as long-acting medicines and integrating HIV services into national health systems.
  - Regional chapters tailor the Strategy's three priorities and eight result areas to different epidemiological and financial contexts to support country-level ownership and action.

The Bureau thanked the Secretariat for the update on the Strategy and noted its ambition, inclusivity, and multi-stakeholder consultation process. Bureau members stressed the importance of ensuring the Strategy is forward-looking, emphasizes country ownership, integrates community perspectives, and links to ongoing transition and governance processes.

Agenda item 5: Update on the implementation of the revised operating model

The Secretariat recalled the decisions adopted by the past meetings pertaining to this agenda item:

– June PCB decision point
  - "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;"

- October PCB decision points
    - "Recalls and reaffirms all decision points pertaining to the revised operating model of the Joint Programme taken under agenda item 6 at the 56th PCB meeting in June 2025 to ensure the further transition of the Joint Programme within the wider UN system to sustain global progress towards ending AIDS as a public health threat;"
    - "Reiterates the importance of actively seeking coherence between the PCB's decisions on reform and transition and the ongoing discussions on the UN80 Initiative, as well as of engaging all stakeholders, including communities of people living with, affected by, or most at risk of HIV, impacted by UNAIDS reform in this process, while considering ongoing discussions on reform of the global health and development ecosystem;"
- Following the October PCB, UNAIDS is working with the Secretary-General's office to ensure coherence between the UN80 proposal and UNAIDS' operating model for Phase 2, in line with previous Board decisions and steer guidance.
- A Joint Programme group has been established to co-create the paper outlining the process for UNAIDS' transition. The paper will include the elements to be considered, a proposed process, timeline, and risk mitigation measures.
- Concerning the Board`s decisions to receive findings, analysis, and options before June 2027, the Secretariat proposes to accelerate the process and present these to the Board in December 2026 for decision-making, with interim updates in June 2026. These updates will include narratives on UNAIDS' liabilities, assets, and progress in implementing the operating model.
- Restructuring is progressing along agreed timelines: countries have been informed about changes in footprint and major staff separations scheduled for October 2025 and April 2026. The new organizational structure will take effect on 1 January 2026.
- Four workstreams are ongoing to support implementation:
    - New Ways of Working
    - Financial Gains and Simplification of Processes
    - Restructuring Implementation
    - Internal and External Communication
- Approximately 10 administrative review requests have been submitted, considered a low number given the scale of change. A working group has been established to address exceptions relating to insurance, pensions, and other staff rights. There is no intention to change staff entitlements and compliance with existing rules remains a priority. Staff welfare considerations will also be reflected in the transition paper.
- Paragraph 1 of Annex 3 of the PCB Modus Operandi sets out the functions of the PCB Bureau, including:
    - (i) Facilitating the smooth and efficient functioning of PCB sessions;

    - (ii) Facilitating transparent decision-making at the PCB;
- Especially in light of the time constraints, PCB Chair and Bureau direct participation in the finalization of the paper would ensure it aligns with the Board's previous decisions, reflects the perspectives of stakeholders, and is framed to support effective decision making. This would also reflect the Board`s decisions from June and Ocotober insisting on an inclusive consultative process to develop the plan and timeline that is presented to the PCB.
- It is proposed that PCB Bureau members engage with and direct the finalization of the paper and the draft decisions, in line with their mandate.

The Bureau thanked the Secretariat for the update and requested that the final report is circulated to the Bureau for final review before posting in line with the PCB decisions.

The Bureau requested that the Executive Director include in her report to the 57th PCB a recommendation for a decision of the Board to establish an inclusive PCB working group to focus on the substance of the further transformation and transition of the UN`s leadership role in the HIV response, which would help shape timelines for the process. The Bureau reaffirmed that civil society inclusion is critical for the legitimacy and joint decision-making, noting that civil society must be actively involved in the 2026 PCB working group.

Bureau members emphasized that it was critical that the transition process was based on the needs of people living with and affected by HIV as the priority. It should focus on the continuity of the UN`s ability to play its multisectoral role and particularly its unique ability to support community`s engagement. Timelines had to be a product of the considerations to keep these roles intact throughout the transition.

Once the substance is clearly defined through an inclusive process, it will be considered by PCB members in the second half of 2026, representing an acceleration compared to the previously agreed timeline of June 2027. The Bureau emphasized that in developing this plan, it is critical to safeguard the jointness of the UN`s role in the HIV response, maintain the inclusive governance structure, and ensure accountability of all stakeholders involved. The Bureau agreed that these considerations should be reflected in decision points for the Board's consideration at the December PCB session.

The Bureau emphasized the need for coordination and coherence between Secretariat, Cosponsors, office of the DSG, and the Bureau to facilitate smooth implementation of the integration plan.

The Chair expressed appreciation for the constructive engagement of all participants, noting the complexity of the discussion and the reasonableness of the agreed course of action. This approach is expected to support consensual decision-making in Brasilia.

Agenda item 6: Statement of the UNAIDS Secretariat Staff Association (USSA)

The Chair of the USSA provided the update as follows:

- The USSA has supported staff through the turbulent restructuring phase by providing legal support, including free legal counselling for over 34 staff, with 7 cases actively processed under the internal justice system.

- Efforts to engage and inform staff include town halls, surveys, and regional meetings, ensuring transparency and connection, especially given UNAIDS' close-knit organizational culture.
- USSA has established an alumni platform to maintain engagement post-separation, subsidized pre-retirement seminars, and collaborated with counsellors to safeguard staff health and well-being.
- USSA participates in the Restructuring Consultation Group and Recruitment Review Board, meeting with management monthly or more frequently as needed.
- He expressed gratitude to the PCB and its delegates for their unwavering support to staff, which has been deeply appreciated and motivating.
- Staff have continued to deliver on UNAIDS' mission despite personal and family hardships caused by fast-paced restructuring and evolving decisions.
- The proposal for sunsetting by 2026 caused significant concern among staff due to lack of consultation and recognition of the fragility of the response and past achievements.
- He noted that recent changes in global financial aid highlight the fragility of UNAIDS' response and the need for continued investment to sustain gains.
- He raised the risk of burnout due to heavy workloads from the Global AIDS Strategy and the need for realistic targets and sustainable work plans.
- USSA applauds the PCB and Bureau for convening an urgent meeting and proposing a pragmatic way forward, acknowledging challenges in delivering the new global AIDS strategy with limited resources.
- The restructuring has impacted staff morale, though commitment to serve communities remains strong; USSA mourns the departure of colleagues and wishes them well.
- USSA recommendations to the PCB include:
    - Guide UNAIDS through a realistic process that safeguards gains and ensures services continue seamlessly.
    - Reaffirm commitment to staff rights and entitlements, particularly for those separating.
    - Ensure dignified exits for departing staff, recognizing their contributions and service; and
    - Keep staff fully informed and consulted on UNAIDS proposals affecting them, with transparent updates on evolving organograms.

Bureau members reiterated solidarity with UNAIDS staff during the restructuring, expressing appreciation for staff resilience, dedication, and continued delivery on UNAIDS' mission.

Agenda item 7: Next PCB meetings

The UNAIDS Secretariat provided the update as follows:

- This paper includes the proposed dates for the 62nd and 63rd PCB meetings in 2028, along with the proposed thematic proposals for the PCB meetings in 2026.

- The Secretariat proposes confirming meeting dates three years in advance to support planning and room reservations.
- While discussions on the operating model continue, it remains useful to fix dates with the understanding that adjustments can be made later if required.
- The Bureau previously agreed that the thematic segment originally planned for June 2025 will be moved to June 2026 under a broader framing.
- Only one thematic segment will be selected for 2026, and the Board will take the formal decision under that agenda item at the next meeting.

Responding to Bureau members, the Secretariat clarified:

- The shift to one virtual and one in-person PCB meeting from 2026 was included in the revised operating model adopted by the Board. However, modalities for each year must still be formally approved.
- This means that while the operating model sets the default, the Bureau can propose deviations if circumstances require, as happened during COVID-19.
- These decisions will be taken at the first Bureau meeting of 2026 (January–February).
- The Board has already approved the schedule of PCB meetings through 2027; any deviation would also require a formal decision.
- The decision on modalities should not wait for the formal adoption of the integration plan. The Bureau can make recommendations at its first meeting of 2026.

The Bureau thanked the Secretariat for the update.

Agenda item 8: Election of officers

The UNAIDS Secretariat provided the update as follows:

- This paper will include the proposed composition of the PCB Bureau for 2026 for approval at the 57th PCB meeting. Netherlands, the current Vice-Chair, will be the PCB Chair for 2025, as per the *modus operandi*. Other office holders will be selected based on written expression of interest. A Vice-Chair and Rapporteur must be elected from two other regional groups to ensure regional diversity. The Secretariat is already in contact with regional groups where discussions are underway, and expects a full slate of nominees to be ready by the Brasilia meeting.
- This paper will also include the composition of the NGO delegation for approval at the 57th PCB.

The Bureau thanked the Secretariat for the update.

Agenda item 9: Thematic Segment

The UNAIDS Secretariat gave an update on the preparation for the thematic segment on *Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps*:

- The thematic segment will provide an opportunity for the PCB to discuss recent innovations in long-acting antiretroviral medicines and how rapid, equitable access to these medicines can help close gaps in HIV prevention, treatment and care, and advance the goal of ending AIDS as a public health threat.
- In particular, the thematic session will:
    - Describe HIV prevention and treatment gaps in relation to global targets, in the context of current challenges in the HIV response.
    - Outline the added value of long-acting antiretrovirals in boosting outcomes of HIV prevention and HIV treatment programmes, with a focus on population groups, geographies and contexts with persistent difficulties in accessing and maintaining antiretroviral-based prevention and treatment.
    - Highlight the potential of long-acting antiretrovirals to address barriers to access and retention that weaken the effectiveness of HIV prevention and care services.
    - Discuss enablers and barriers to equitable, affordable and sustained access to innovative long-acting antiretrovirals in contexts with the greatest need, including affordable pricing, regulatory barriers and financing.
    - Feature integrated service delivery models that incorporate a human rights and gender lens, as well as evidence needs, data gaps and required policy reforms to support rapid roll-out.
    - Emphasize the role of community-led responses in supporting HIV prevention and care programmes and advocating for access at scale.
    - Propose strategies to ensure equitable access to long-acting antiretrovirals, with recommendations for action by the Joint Programme, governments, global health organizations, advocacy groups, the pharmaceutical industry and the scientific community.
- **Thematic Segment Working Group**
    - First meeting (16 October 2025): Annotated outline of the background note and agenda presented, and inputs received.
    - Second meeting (4 November 2025): Draft full background note and agenda—including suggested speakers—presented and inputs received.
    - The deadline for country case studies and best practices was 7 November 2025. A total of 18 case studies were received. Some will be included in the background note, with the remainder placed in a conference room paper.
    - The background note and agenda will be finalized by 20 November; feedback received is currently being incorporated.
- **Chapters of the background note**
    - Global trends in closing the gaps to achieving HIV prevention and treatment targets (UNAIDS data).
    - Long-acting antiretroviral medicines: summary of currently available and pipeline products for PrEP and treatment.
    - Person-centred approaches to long-acting antiretrovirals in HIV prevention and treatment, including population groups, geographies and contexts with persistent

difficulties in accessing and maintaining ARV-based prevention and treatment who stand to benefit most from long-acting formulations.

  - Health and community system needs—including information needs and the role of community leadership—to enhance access and enable implementation of long-acting antiretrovirals.
  - Pathways to equitable access to long-acting antiretrovirals in all countries, including timelines from efficacy studies to marketing approval, regulatory frameworks, cost-reduction strategies, financing, TRIPS flexibilities and local manufacturing.
  - Recommendations.

- **Draft agenda summary**
  - Opening session including keynote addresses from the Executive Director, a Minister of Health, and a person living with HIV or a civil society leader.
  - Setting the scene: highlights of the background note and an epidemiological update.
  - Panel 1 – Perspectives on long-acting antiretrovirals: featuring speakers focusing on (i) lived experiences of people at risk of and living with HIV, (ii) policy and programme implementation, (iii) access to medicines advocacy, and (iv) scientific perspectives.
  - Panel 2 – Planning for access: discussion of the steps needed to enable sustained access to long-acting antiretrovirals, featuring (i) an access advocate, (ii) UNITAID, (iii) industry, (iv) a government programme, and (v) funders.
  - Feedback and commitments from Member States.
  - Conclusions and way forward.
- The Secretariat confirmed that a working group—including the proponents of the theme (NGO delegation and Brazil)—is preparing and co-creating the segment, together with WHO.
- The Secretariat noted that the background paper will include relevant content on harm reduction, and one of the panelists may also address it.

Brazil highlighted that long-acting HIV medicines offer significant potential to close prevention and treatment gaps and welcomed the opportunity to host the discussions. Brazil commended the Secretariat's preparatory work and expressed hope that the segment will advance equitable access to these innovations.

The Bureau thanked the Secretariat for the update on the thematic segment and noted that they looked forward to the discussions in December on this important and timely topic.

<u>Conclusion on agenda items at 57th PCB meeting</u>

Following consideration of the updates on the preparations for the upcoming 57th PCB meeting, the Bureau thanked the agenda item focal points for their comprehensive presentations and updates and looked forward to the posting of the final papers and the discussions to be held at

the PCB meeting on these important topics.

2. **Update on the implementation of the UNAIDS 2024–2025 evaluation plan:** *The Director of Evaluation will present to the Bureau the semi-annual update on the implementation of UNAIDS 2024–2025 evaluation plan.*

Adan Ruiz Villalba, Director of Independent Evaluation, presented to the Bureau the semi-annual update on the evaluation of the UNAIDS 2024–2025 evaluation plan as follows:

- Since 2019, when the Board approved the UNAIDS Evaluation Policy and the establishment of an independent evaluation function, an annual report has been presented to the PCB in December. This is the sixth annual report on evaluation to be presented to the PCB.
- The 2024–2025 evaluation plan has been developed based on the Evaluation Policy, with the Global AIDS Strategy and the UBRAF as the overall conceptual framework; all evaluations in 2024-2025 are mapped against these.
- The topics, scope and key questions of evaluations were identified through a consultative process involving the UNAIDS Cosponsors and Secretariat. Evaluation topics are then discussed with the Expert Advisory Committee and subsequently with the Cosponsor Evaluation Offices.
- In 2025, two evaluations were completed: a joint evaluation with the System Wide Evaluation Office concerning the contribution of the Joint Programme to UN Sustainable Development Cooperation Frameworks and an Evaluation of Multicounty Offices and HIV Advisors as alternatives to UNAIDS Country Offices. A third evaluation, the role of the Joint Programme in sustaining the response to HIV, is in the drafting stage and expected to be finalized by the end of December 2025.
- Expenditure: 94% of the USD 769,000 budget has been committed or spent, primarily on evaluations and staff costs.
- Two evaluations could not be initiated because of budget constraints. In response to these constraints, the evaluation office integrated questions from the two remaining evaluations (pertaining to UNAIDS partnerships with the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), and sustaining impact on HIV through community systems) into the evaluation of the role of the Joint Programme in sustaining the response to HIV.
- The outcome of evaluation on UNAIDS multicounty offices and placement of HIV advisors in UN Resident Coordinator offices was as follows:
    - UNAIDS is navigating a period of restructuring marked by declining resources, reductions in staffing, and growing external pressures.
    - There is currently a limited systematic approach guiding how UNAIDS should adapt its presence and engagement across different contexts. In the absence of a corporate framework, both the Multi-Country Office (MCO) and HIV Adviser models have evolved organically, often shaped by individual initiative rather than institutional strategy.
    - As the organization moves toward fewer country offices and more multi-country configurations, it must adopt a more strategic and differentiated approach. Country and multi-country structures need to be supported to identify what can

realistically be delivered within available capacities, and priorities must be clearly communicated to partners.

- Similarly, UNAIDS must develop clear typologies of presence—ranging from MCOs and single-person offices to co-location arrangements within RCOs, cosponsors, or national institutions. This diversity of models would allow greater flexibility and adaptation to country context, while maintaining alignment with the Joint Programme.

- The outcome of system-wide evaluation on progress towards a "new generation of United Nations country teams" was as follows:
  - UNAIDS Secretariat country offices are fully part of the Resident Coordinator system. As the chair of the country-level Joint UN teams on AIDS, UNAIDS country director leads and ensures that joint UN efforts in support to the national response on AIDS are aligned with, derived from and contribute to UNSDCF efforts.
  - The five-year UBRAF is synchronized to the maximum extent with the planning cycles of cosponsors and other UN funds, programmes and agencies, in line with the Quadrennial Comprehensive Policy Review and PCB requests.
  - Plans, results and related budgets are included in the UNCT UN-INFO system and tagged as “joint” in UN-INFO for reporting,
  - While the evaluation affirmed the ongoing relevance of the strategic vision and acknowledged certain improvements and the establishment of foundational elements, it revealed a critical gap between aspirations and reality.
  - Key areas for action: Streamlining the Cooperation Framework Cycle: Revising UNCT Configuration. Strengthening Development Coordination: Enhancing Accountability and Incentives: Removing Institutional Obstacles. Improving Funding Quality.
- Role of the Joint Programme in sustaining the gains (phase 2 status update)
  - The Independent Evaluation Office conducted a comprehensive review of 21 evaluations from the past four years to assess the effectiveness of the Joint Programme in sustaining the HIV response.
  - A second phase of the evaluation has been agreed upon, building on recommendations from the recent High-Level Panel Report. This phase aims to strengthen the resilience and adaptability of the Joint Programme’s operating model, ensuring it remains effective in the current complex context.
  - The evaluation uses a mixed methods approach, combining qualitative and quantitative data collection, analysis, and triangulation. Extensive stakeholder engagement, document reviews, field observations, and case studies support a comprehensive understanding of the Programme’s impact.
  - The final report is scheduled for completion in December 2025, with early analysis underway to inform the design of the new operational model.
- United Nations Evaluation Group and Prospectus
  - The planned peer review could not proceed due to timing and readiness issues on both sides.
  - Instead, a forward-looking assessment was commissioned to adapt the evaluation function during organizational transformation.

    - Key conclusions:
        - Evaluation should be used as a strategic tool for adaptive management and real-time decision-making.
        - Rapid, actionable insights and short feedback loops are essential.
        - Efficiency and value-for-money must be prioritized.
        - Use of technology and partnerships (e.g., academic institutions, regional evaluation associations) can help compensate for limited resources.
- 2026 Evaluation Workplan
    - The Evaluation Office used a participatory approach, involving stakeholder consultations to identify relevant topics, define scope, and prioritize joint evaluations with Cosponsors, Secretariat leadership, the Expert Advisory Committee, and other stakeholders.
    - Prioritization is based on the evaluation policy, restructuring considerations, and high-level panel recommendations.
- Workplan 2026 principles
    - Use the Global AIDS Strategy as the central unit of analysis and provide ongoing feedback during its implementation.
    - Strengthen joint evaluations with Cosponsors, including a planned evaluation on sustainability for populations served by UNODC (people who inject drugs, people in prisons, and other closed settings).
    - Conduct short, focused reviews on strategic organizational issues, including lessons learned from the 2025 restructuring and transition.
    - Assess community work in the context of the sustainability roadmaps and how community-led efforts link to country delivery plans.
- Planned Evaluations for 2026 (see Annex 3 for more detail)
    - Fewer evaluations (a 55% reduction) due to financial constraints.
    - Evaluations will have more limited scope and depth.
    - Budget request: USD 175,000.
    - Additional joint work under consideration includes a preliminary assessment of the role of the UN system in the use of long-acting PrEP (lenacapavir) for prevention.
- Evaluation Expert Advisory Committee
    - In 2025, two virtual meetings of the Expert Advisory Committee were held.
    - The Committee stressed the need to show the value of the evaluation function in contributing to the transition process and providing insights for decision-making as a key contributor to the reform process.
    - It took note of the Annual Report of findings from evaluations undertaken in 2025 and requested to ensure that the evaluations are part of the decision-making process at all levels of the organization including at senior level.
    - It advised to deliver a complete presentation of the evaluation on "The Role of the Joint Programme in Achieving and Sustaining the HIV response".

    - It welcomed the adaptations of the Evaluation Function to the transition period.
    - On the Peer Review of the Evaluation Function, it reconsidered the need to conduct such heavy exercise in the current context.
    - On the Annual Work Plan 2026, it advised and requested that enough resources are available to complete the 2026 plan.

Responding to Bureau members, the Director of Evaluation clarified the following:

- Use of evaluation findings
    - Noted improvements in participation and transparency through reference groups and broader sharing of results.
    - Acknowledged that the last mile of ensuring uptake of recommendations remains a challenge.
- With the senior evaluation officer departing, the Evaluation function will be reduced to one person.
- Future evaluations must be narrower, with focused terms of reference and very limited scope.
- Strategic elements guide how evaluations will be conducted rather than representing separate evaluations. Examples provided:
    - Feeding real-time insights into the new Global AIDS Strategy via early, country-level checks.
    - Conducting joint evaluations with co-sponsors to maximize limited resources.
    - Short, rapid reviews to inform decision-making during transition.
    - Applying sustainability analysis, including community-led efforts, to ensure the HIV response remains durable.
- The ongoing joint evaluation on sustaining the gains was mandated by a clear PCB decision. Phase 2 was redesigned so the evaluation questions look forward, not backward, in recognition of the transition underway.
- It was confirmed that evaluation activities can and should support the integration agenda by providing targeted evidence and quick feedback loops.
- It was also clarified that risk management—including financial and resource mobilization risks—is being handled by the Oversight Committee. Their work is coordinated with the evaluation function to avoid duplication.

The Bureau expressed support for the evaluation report and thanked the Evaluation Office for its work.

3. **Selection of themes for the 59th PCB meeting in December 2026**

The Secretariat provided the update as follows:

- Recalled that, as agreed in the intersessional paper (“Modalities and Procedures for the 56th and 57th PCB Meetings”), the thematic segment originally scheduled for the 56th

PCB meeting, “Beyond 2025: Addressing Health Inequities through Sustained HIV Response, Human Rights, and Harm Reduction for People Who Use Drugs”, was postponed to the 58th PCB meeting in June 2026 in view of the extensive agenda for the 56th PCB meeting. Therefore, only one theme is solicited for 2026.

- A call for submissions of themes for 2026 was issued on 12 September 2025 with the deadline of 10 October 2025. It was sent to all PCB members and participants for 2025, including member states, NGO delegation and Cosponsors. 2 proposals were received. These were circulated to the Bureau in advance of this meeting and will be annexed to the summary of this meeting.
- The themes listed in alphabetical order of the submitting party were:
    - “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”: submitted by the PCB NGO delegation, supported by Brazil, the Netherlands, Cambodia, Poland, Portugal, United Kingdom, UN Women and WHO; and
    - “Optimization of the supply chain for HIV products acquired by the Government”: submitted by Senegal.
- In the process of selecting one of these proposals for the thematic segment to take place in December 2026, the PCB Bureau considered four criteria (decided at the 21st PCB meeting – December 2007):
    - **Broad relevance** considers the question on the relevance of the theme to the global AIDS response;
    - **Responsiveness** seeks to know if the theme is responsive to the interests, concerns and information needs of a broad range of actors in the global AIDS response;
    - **Focus** asks how the theme can be focused to allow for in-depth consideration in one day; and
    - **Scope for action** considers how the theme addresses possible and necessary actions to be undertaken in the response to HIV, rather than purely theoretical or academic issues.

Regarding the proposals for the thematic segments for 2025, the PCB Bureau noted the strength and relevance of both submitted proposals.

The Bureau supported 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 the thematic segment for December 2026, noting its importance for the future of the HIV response. The Bureau recommended that efforts were made to incorporate relevant aspects of the proposal *Optimization of the supply chain for HIV products acquired by the Government*, considering the funding cuts repercussions on this aspect of the HIV response as well, into the proposal titled: “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.”

4. **Any other business (AOB)**

Update on NGO delegation meeting with the DSG

The representative of the NGO delegation provided the following update:

- The NGO Delegation met with the Deputy Secretary-General (DSG) in her role overseeing the UN80 process. The DSG reiterated that her proposal to sunset UNAIDS was a recommendation and that her office stood behind it.

- The NGO delegation presented its concerns, including that:
    - A 2026 closure would be too hasty and would not allow sufficient time for skills, knowledge, and capacity transfer. There were particular concerns on the specific skills, capacity, and commitment to support communities as well as community engagement in UN HIV governance.
    - Contractual commitments would not be met and it would not be financially feasible within the proposed timeframe.
    - The DSG's earlier communication was interpreted in the system as an instruction, not a recommendation; clarification is required that this was only a proposal.
    - Civil society and communities need assurances that the Joint Programme is undergoing transition, not closure.
- The DSG committed to continued dialogue and indicated she would re-engage in the coming weeks.

The Bureau thanked the NGO delegation for its proactive engagement and expressed concern that African member states may not be aligned with the pace or direction of the reform process as those bearing the largest burden of the epidemic globally.

UBRAF Working Group

The Secretariat provided the following update:

- A decision at the 55th PCB meeting requested the establishment of a PCB working group to accompany the development of the next five-year UBRAF framework.
- The Secretariat is working on annual budgets in the context of the revised operating model and financial situation, and so it is no longer appropriate to have a PCB working group established to accompany a development of the multi-year framework.
- The Executive Director is therefore not moving ahead with the establishment of that working group, as the earlier PCB decision was taken in a different context and is no longer applicable.

The Bureau thanked the Secretariat for the update.

57th PCB meeting in Brasilia, Brazil

The Secretariat provided the following update:

- Participants were reminded to complete their registrations and proceed with hotel bookings.
- The two recommended hotels have deadlines for the negotiated rates:
    - Brazil Palace: rates are valid until 17 November.
    - Royal Tulip: rates are valid until 28 November.
- Delegations were asked to encourage all constituencies to finalize both registration and accommodation arrangements.

The Bureau thanked the Secretariat for the update and looked forward to the PCB meeting in Brasilia.

The Chair thanked the Bureau members for their time and closed the meeting.

[Annexes follow]

Annex 1: Slides from Bureau meeting presentation

PCB BUREAU MEETING

12 November 2025

UNAIDS

MEETING DRAFT AGENDA

1. **Update on the preparations for the upcoming 57th PCB meeting (16–18 December 2025, Brasilia, Brazil):** *The Bureau will receive brief updates on the agenda items at the upcoming PCB meeting.*

2. **Update on the implementation of the UNAIDS 2024–2025 evaluation plan:** *The Director of Evaluation will present to the Bureau the semi-annual update on the implementation of the UNAIDS 2024–2025 evaluation plan.*

3. **Selection of themes for the 59th PCB meeting in December 2026:** *The PCB Bureau will select one theme for the PCB meeting in December 2026.*

4. **Any other business**

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Agenda item 1: Update on preparations for the 57th PCB meeting

Agenda item	PCB Report(s)	Person(s) for coordination
1.2	Report of the Special Session of the PCB (8 October 2025)	UNAIDS Secretariat – Morten Ussing
1.3 & 2	Report by the Executive Director and Leadership in the AIDS Response	UNAIDS Secretariat – Morten Ussing
1.4	Report by the NGO delegation	Representative of the NGO delegation
3	Progress update on the sustainability in the HIV response	UNAIDS Secretariat – Jaime Azcona and Iris Semini
4	Global AIDS Strategy 2026-2031	UNAIDS Secretariat – Muleya Mwananyanda and Anne-Claire Guichard
5	Update on the implementation of the revised operating model of the Joint Programme	UNAIDS Secretariat – Mahesh Mahalingam
6	Statement by the Representative of the UNAIDS Secretariat Staff Association	UNAIDS Secretariat – USSA Chair
7	Next PCB Meetings	UNAIDS Secretariat – Morten Ussing
8	Election of Officers	UNAIDS Secretariat – Morten Ussing
9	Thematic Segment: Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps	UNAIDS Secretariat – Paula Auberson-Munderi

1.2: Report of the Special Session of the PCB (8 October 2025)

- The report of the previous meeting is a summary of the presentations and discussions that took place at the Special Session of the PCB in October. As is practice, the report is cleared by the PCB Bureau prior to being posted online.
- As a reminder, this report includes a summary of all interventions made during plenary, as well as written statements submitted through the secure platform, as agreed in the intersessional paper on modalities for the virtual session of the PCB.
- The report of the Special Session meeting will be reviewed and cleared by the PCB Bureau and Chair and posted on the PCB website.

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1.3: Report of the Executive Director

- The report of the Executive Director includes the most important achievements in the global AIDS response since the PCB last met, as well as an emphasis on remaining challenges, as well as an emphasis on remaining challenges.

- It is expected that the Executive Director will give an update on the implementation of the revised operating model of the Joint Programme and the development of the Global AIDS Strategy 2026-2031. The Executive Director will also address the difficult financial situation.

- As is practice, an outline of the report will be posted in advance of the meeting. The full report will be posted following the delivery of the speech at the PCB meeting.

2: Leadership in the AIDS response

- For this agenda item, the Executive Director invites high-level speaker(s) to provide a statement.

1.4: Report by the NGO delegation

Community-led Integrated HIV Services: The Future of a Sustainable HIV Response

Consultation process

- The development of the report was informed by an extensive, participatory consultation process involving diverse stakeholders across regions.

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1.4: Report by the NGO delegation

Key Messages

1. Community-led integrated services are essential for a sustainable HIV response.
2. Operationalizing the 30–80–60 community targets requires political commitment and investment.
3. Recognition and resourcing of community-led organizations (CLOs) are prerequisites for effective integration.
4. Structural and policy barriers continue to limit community leadership.
5. Partnerships must shift from tokenistic engagement to shared governance.

UNAIDS

3: Progress update on the sustainability in the HIV response

- The PCB Bureau agreed at its September 2025 meeting to broaden the scope of the report to encompass overall progress on sustainability in the HIV response.

Consultation process

The draft outline was shared with the Cosponsors for their input. The report reflects the actions and results of the UNAIDS Secretariat, Cosponsors, and partners.

UNAIDS

3: Progress update on the sustainability in the HIV response

Key Messages

- The recent international funding decline has fundamentally disrupted HIV response sustainability trajectories by disrupting services, reversing gains made on HIV prevention and treatment, and diverting resources and political attention to emergency mode and crisis management.
- The decline in funding has widened the existing gap, hitting sub-Saharan Africa hardest. Women, young girls, and key populations face reduced access to prevention and care, while essential HIV programs and health system investments are left underfunded and struggling to sustain progress.
- The crisis has catalysed change – country leaders are stepping up to boost domestic resources for HIV response and health care.
- While domestic resources remain the bedrock of the HIV and health care investments, for low-income countries, these efforts are not sufficient to fund a response as it evolves.
- Maximize collective impact, equity, and progress towards self-reliance.

UNAIDS

3: Progress update on the sustainability in the HIV response – Key Messages Cont.

- Global solidarity – continued donor investments -
- Effective implementation of Roadmaps and other health reform plans should focus on supporting capacities, transformations, transitions, and resource mobilization, to progress towards a sustained response that preserves the gains for all.
- Mobilize diversified and additional financing mechanisms and investments to drive integrated, multi-sectoral transformations.
- Partners shall support countries´ efforts in pursuing novel financing approaches, including those prioritized in the Roadmaps.
- UNAIDS and partners should expand analytical work and the advisory role to support evidence-based policy formulation and the implementation of a new financing framework for HIV, pandemics, and health.
- Strengthen national leadership capacity, data systems, and resource tracking mechanisms.

4. Global AIDS Strategy 2026-2031

The Global AIDS Strategy 2026-2031 builds of the Global AIDS Strategy 2021-2026 and invites a renewed collective recommitment to end AIDS by 2030.

The Strategy is structured into 3 priorities and 8 result areas. For each result area 8-10 actions recommended actions are identified to guide countries in accelerating progress towards ending AIDS by 2030.

The PCB reviewed the outline of the Strategy in June 2025 and requested UNAIDS to present a full draft of the document for consideration and adoption at the PCB December 2025 PCB.

UNAIDS

4. Global AIDS Strategy 2026-2031 Cont.

Consultation process:

- The Strategy has benefited from an extensive consultation including thematic consultations and regional consultations as well as an online survey launched in February 2025 to gather additional input. The draft of the document was shared with cosponsors for review throughout the month of October.
- A two-day multistakeholder consultation on the draft Strategy took place on 22-23 October bringing together participants from countries, civil society, academia, private and faith-based organizations. Stakeholders reviewed the overall direction and main recommendations of the Strategy. The team is currently incorporating the input from the consultation (including the written comments provided until 30 October).
- The revised draft will be shared on 20 November for the PCB to review and adopt.

UNAIDS

4. Global AIDS Strategy 2026-2031 - Key Messages

The Strategy outlines that ending AIDS by 2030 involves:

- Emphasizing country leadership to sustain inclusive, multisectoral, and rights-based national responses.

- Reducing inequalities and upholding people's rights to access HIV prevention, testing, treatment and care services, including for women and girls, men and boys, children, and key populations affected or at risk of HIV.

- Placing community leadership at the heart of the response, ensuring that people living with, affected by, and at risk of HIV are meaningfully engaged in decision-making and implementation.

UNAIDS

4. Global AIDS Strategy 2026-2031 - Key Messages Cont.

- The Strategy calls for reducing inequalities and removing barriers related to human rights, gender, and access to services to ensure equitable HIV prevention, testing, treatment, and care.
- It promotes innovation and sustainability by leveraging scientific advances such as long-acting medicines and integrating HIV services into national health systems.
- Regional chapters tailor the Strategy's three priorities and eight result areas to different epidemiological and financial contexts to support country-level ownership and action.

Table of contents

It Starts with People
- The Current Global Situation on HIV/AIDS: Key findings from the mid-term review and latest data
- *Strategic Foundations*
- Funding the Global Response to HIV

Mapping the Shift to end inequalities: Three Priorities, Eight Results to End AIDS as a Public Health Threat by 2030 and Build a Sustainable Response
Theory of change

Priority Action 1: A Country-led, resilient and future ready Global Response
Result area 1. Ensure financing for people-centered global and national HIV responses
Results area 2. Integration of HIV interventions and HIV-related health and community systems with primary health care, broader health systems, and key non-health sectors
Result area 3. Invest in essential information systems and data collection by sectors and communities

Priority Area 2: People-Focused Services - Equity, Dignity and Access
Results area 4. Scale up HIV prevention options that bring together biomedical, structural, community and behavioural interventions
Result area 5. Guarantee equitable access to available, accessible, acceptable and quality HIV testing, treatment and care
Result area 6. End stigma and discrimination and uphold human rights and gender equality in the HIV response
Result area 7. Ensure equitable access to scientific, medical and technological innovations in HIV prevention, treatment

Priority 3: Community leadership in the HIV Response
Result area 8. Community leadership

Partnerships for Progress: Local, Regional and Multilateral Actions to End AIDS
Local Action for Greater Impact
Regionalism and The Global Response to HIV
Inclusive Multilateralism and the Global Response to HIV
Role of the Joint Programme

United To End AIDS
Annexes
Eight regional sections for the regional contexts for the Global Response
Glossary
Theory of change
Major Milestones in the Development of the Strategy

5. Update on the implementation of the revised operating model of the Joint Programme

Progress so far – restructuring Phase 1

- Restructuring continues along agreed timelines: Countries have been informed of the changes in footprint and major staff separations occurring in October 2025 and April 2026.
- Four workstreams are ongoing: (1) New ways of working, (2) Financial gains and simplification, (3) Restructuring implementation, (4) Communication.
- The new organizational structure takes effect from 1 January 2026.

5. Update on the implementation of the revised operating model of the Joint Programme

June and October 2025 PCB decisions

June PCB decision point

"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"

October PCB decision points

"Recalls and reaffirms all decision points pertaining to the revised operating model of the Joint Programme taken under agenda item 6 at the 56th PCB meeting in June 2025 to ensure the further transition of the Joint Programme within the wider UN system to sustain global progress towards ending AIDS as a public health threat"

"Reiterates the importance of actively seeking coherence between the PCB's decisions on reform and transition and the ongoing discussions on the UN80 Initiative, as well as of engaging all stakeholders, including communities of people living with, affected by, or most at risk of HIV, impacted by UNAIDS reform in this process, while considering ongoing discussions on reform of the global health and development ecosystem;"

5. Update on the implementation of the revised operating model of the Joint Programme

Progress so far

- Following the decisions of October PCB, UNAIDS is working with the SG's office to seek coherence between the UN80 proposal and UNAIDS operating model for Phase 2.
- We have created a Joint Programme group to co-create the paper outlining the process for the transition of UNAIDS. The SG's office will also be invited as an observer to the group.
- This paper will contain the elements that need to be considered, a proposed process and timeline.
- We would like to have regular touch points with the Bureau as we develop this paper, in spirit of the decision of the Board which asked us to consult with PCB stakeholders.

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5. Update on the implementation of the revised operating model of the Joint Programme

Questions for the PCB Bureau

- The paper will outline a process to consider the programmatic, governance, financial and operational aspects that need to be considered for UNAIDS full transition into the broader UN System. Are there additional issues that you would like us to cover?
- There are divergent perspectives on the timeline for transition, as seen from the analysis and recommendations of the HLP, the PCB decisions, and the UN80 proposal. How should this be framed in the paper – drawing on Bureau members' engagement with their constituencies – to ensure transparency and support informed decision-making by the Board?
- Based on the Board discussions and decisions to date, we are expecting that decisions may task the PCB Bureau to guide and oversee the process in 2026 between PCB meetings. What are the Bureau's expectations on accountability and governance structures to oversee the progress of the process in 2026 leading to the Board's final decisions on the transition?

UNAIDS

6. Statement by the Representative of the UNAIDS Secretariat Staff Association

Updates since last PCB – USSA standing in solidarity with staff and doing its bit

- Staff legal Support – Legal advice, legal insurance
- Staff Engagement – Townhalls, surveys, regional outreach
- Alumni & Transition Support – alumni platform , pre-retirement seminars ,health and wellbeing
- Governance & Presentation – Restructuring Consultation Group,Recruitment Review Board

- Staff and USSA ,wholeheartedly express their gratitude to PCB and it delegates for their unwavering support to staff, and for supporting our issues in last PCB meeting.
- Despite of unprecedented turbulent period staff has delivered stretching beyond imagination and continued to deliver on UNAIDS's mission demonstrating their commitment to the cause and why they are termed as the most valuable asset of UNAIDS.
- The pace at which restructuring implantation happened, caused many hardships to staff on personal / family front.
- Building the ship as we sail it, in these turbulent waters.

UNAIDS

6. Statement by the Representative of the UNAIDS Secretariat Staff Association - Updates since last PCB Cont.

- UN 80 proposal gave a huge jolt to already stressed-out organization staff
- Announcement of sunsetting by 2026, without any consultation with staff nor considering the fragility of response and achievements
- We seem to be victim of our own success, though recent changes in global financial aid landscape have exposed fragility of the response and need to continue investing to sustain the gains
- USSA would like to thank and applaud PCB for its decision to convene an urgent meeting and suggesting a pragmatic way forward.
- Delivering on new Global AIDS Strategy looks very difficult with such limited resources and given the uncertainties surrounding UNAIDS future
- The historically biggest restructuring in UNAIDS has affected the morale of the staff, though their commitment to serve communities keeps them going in these challenging circumstances
- USSA is deeply saddened by the departure of so many of its members and wishes them long life and prosperity wherever the road may lead.

UNAIDS

6. Statement by the Representative of the UNAIDS Secretariat Staff Association

Recommendations

- USSA requests PCB to guide UNAIDS, through a process that is realistic, ringfences gains made thus far and ensures services to communities seamlessly.
- Staff expects Management to reaffirm its commitment to safeguarding the rights and entitlements of all staff, in particular those who are being separated.
- USSA urges management through PCB to keep staff fully informed of the discussions affecting their future under UN80 and consult USSA on any proposal affecting staff.

7. Next PCB Meetings & 8. Election of Officers

- The PCB paper 'Next PCB meetings' includes the proposed dates for the PCB meetings in 2028, along with the proposed thematic segments for the 59th PCB meeting in December 2026.
- The 'Election of officers' agenda item, the Secretariat received a written expression of interest on XXX for the position of Vice Chair. This paper will also include the composition of the NGO delegation for approval at the 57thPCB.

9. Thematic Segment: Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps

Consultation process

- 57th PCB Thematic Segment Working Group
  - First meeting: 16 October 2025 – annotated outline of background note and agenda presented, and inputs received.
  - Second meeting: 4 November 2025 – draft full background note presented and agenda with some suggested speakers, and inputs received.
  - Deadline for submitting country case studies and best practices was **7 November 2025.** 18 case studies received so far. Some of these will appear in the background note and the rest in a conference room paper.
  - Background note and agenda will be finalized by 20 November: Feedback received is being incorporated.

UNAIDS

9. Thematic Segment: Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps –

Chapters of the background note

- Global trends in closing the gaps to achieving HIV Prevention and Treatment targets (UNAIDS Data)
- Summary of long-acting antiretroviral medicines: Currently available products and pipeline products, for PrEP and for treatment.
  - Person-centred approaches to long-acting antiretrovirals in HIV prevention and treatment
    - Population groups, geographies and contexts describe population groups, geographies and contexts with persistent difficulties in accessing and maintaining ARV based prevention and treatment, that will most benefit from long- acting formulations
  - Health and community system needs, including information needs and the role of community leadership, to enhance access and enable implementation of long-acting antiretrovirals
  - Pathways to equitable access to long acting antiretrovirals in all countries
  - Timelines from efficacy studies to marketing approval, regulatory frameworks, cost reduction strategies and financing, TRIPS flexibilities, local manufacturing
- Recommendations

UNAIDS

9. Thematic Segment: Beyond 2025: Long acting antiretrovirals: potential to close HIV prevention and treatment gaps

- **Draft agenda summary**
  - Opening session: keynote addressed from Executive Director, Minister of Health, person living with HIV or civil society leader
  - Setting the scene: highlights of the background note; epi update

- **Panel 1: Perspectives on Long Acting antiretrovirals**
  - (i) speakers who will focus attention on the lived experiences of people at risk of and living with HIV, (ii) decision maker on policy and program implementation (iii) advocate for access to medicines (iv) scientist

- **Panel 2: Planning for access – what will it take?**
  - A panel of speakers to discuss necessary steps to enable sustained access to long acting antiretrovirals (i) Advocate for access (ii) UNITAID (iii) Industry (iv) Government program (vi) Funders

- **Feedback and commitments from members states**
- **Conclusions and way forward**

UNAIDS

Agenda Item 2. Update on the implementation of the UNAIDS 2024–2025 evaluation plan

UNAIDS

Agenda Item 3. Selection of themes for the 59th PCB meeting in December 2026:

Two Themes Proposed

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 – Proposed by: PCB NGO Delegation

2. Optimization of the supply chain for HIV products acquired by the government – Proposed by: Senegal

AOB

57th PCB meeting in Brasilia, Brazil

- 57PCB Meeting Days: **16-18 December 2025**
- 57PCB Field Visit: **15 December 2025**

- Further to the invitation circulated for the 57th meeting of the Programme Coordinating Board (PCB), folowing documents are now available online:
  - **Logistical Note for all participants (in-person and virtual)**
  - **Logistical Note for in-person participants**

  - Both documents can be accessed on the PCB website under the 57th PCB meeting section: 👉 57th meeting, UNAIDS Programme Coordinating Board, 16-18 December 2025

UNAIDS

57th PCB meeting in Brasilia, Brazil

- The **registration for the 57th PCB meeting is now open** and can be completed via the following link. Registration will remain open until **Monday, 24 November 2025**: 👉 http://pcbregistration.unaids.org

- Kindly note the **deadlines specified in the Logistical Note for in-person participants**, particularly regarding **hotel accommodation**. Delegates are strongly encouraged to book their rooms early to benefit from the **negotiated flat rates**, which are available only until the indicated cut-off dates:
  - **Royal Tulip Alvarado Hotel (meeting venue): Friday, 28 November 2025**
  - **Brasilia Palace (walking distance to meeting venue): Monday, 17 November 2025**

UNAIDS

Annex 2: Slides from Evaluation Office presentation

Semi-Annual Update

Office of the Independent Evaluation

Adan Ruiz Villalba

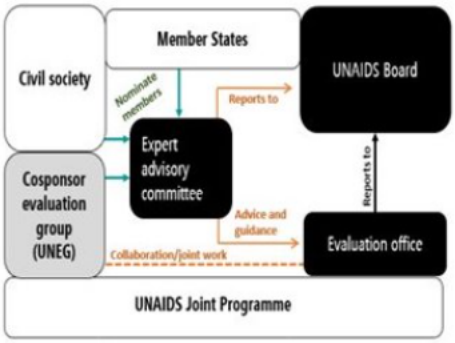
12/11/2025

UNAIDS evaluation function

The **Board approves the evaluation plan** and **considers annual reports** on evaluation.

The **Expert Advisory Committee** provides **advice and guidance** to UNAIDS Evaluation Office.

The **Cosponsor Evaluation Offices** provide **support** and participate in **joint evaluations**.



The **Evaluation Office** is responsible for **developing the evaluation plan**, **conducting evaluations** and **monitoring follow up to evaluations**.

Functionally independent

Positioned independently

Reports to the Board

Recent evaluations

Evaluations	Year	Status
1. Independent Joint Evaluation of the Global Action Plan for Healthy Lives and Well-being for All (SDG3 GAP).	2024	Completed
1. Review of the UNAIDS Joint evaluations and assessments (2020 – 2024)	2024	Completed
1. The Midterm Evaluation of the Cooperative Agreement (2021–2026) between U.S. Centers for Disease Control and Prevention (CDC) and Joint United Nations Programme on HIV/AIDS (UNAIDS)	2024	Completed
1. The contribution of the Joint Programme to UN Sustainable Development Cooperation Frameworks	2025	Completed
1. Multicounty offices and HIV advisors as alternatives to UNAIDS Country Offices	2025	Completed
1. Global. Regional and country level Work	2025	Completed
1. The role of the Joint Programme in sustaining the response to HIV	2025	In progress
1. UNAIDS partnership with the Global Fund and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)	2025	Included in (7)
1. Sustaining impact on HIV through community systems	2025	Included in (7)

Implementation of Budget 2025

Categories of expenditure 2025	Amount Allocated	Expenditure in 2025	% Amount budgeted vs Expenditure
Staff cost	549, 000	508,386	92%
Joint Programme Evaluations	183, 000	182,527	99%
Secretariat Evaluations	35, 000	35,000	100%
Capacity and Governance	2 ,000	1, 853	92%
Effective Management	-	-	0%
Total	**769 000.0**	**727 766.6**	**94%**

UNAIDS multicounty offices and placement of HIV advisors in UN Resident Coordinator offices

•UNAIDS is navigating a period of restructuring marked by declining resources, reductions in staffing, and growing external pressures.

•There is currently a limited systematic approach guiding how UNAIDS should adapt its presence and engagement across different contexts. In the absence of a corporate framework, both the Multi-Country Office (MCO) and HIV Adviser models have evolved organically, often shaped by individual initiative rather than institutional strategy.

•As the organization moves toward fewer country offices and more multi-country configurations, it must adopt a more strategic and differentiated approach. Country and multi-country structures need to be supported to identify what can realistically be delivered within available capacities, and priorities must be clearly communicated to partners.

•Similarly, UNAIDS must develop clear typologies of presence—ranging from MCOs and single-person offices to co-location arrangements within RCOs, cosponsors, or national institutions. This diversity of models would allow greater flexibility and adaptation to country context, while maintaining alignment with the Joint Programme.

System-wide evaluation on progress towards a "new generation of United Nations country teams"

- UNAIDS Secretariat country offices are a fully part of the Resident Coordinator system. As the chair of the country-level Joint UN teams on AIDS, UNAIDS country director lead and ensure that the joint UN effort in support to the national response on AIDS are aligned with, derived from and contribute to UNSDCF efforts.
- The five-year UBRAF is synchronized to the maximum extent with the planning cycles of cosponsors and other UN funds, programmes and agencies, in line with the Quadrennial Comprehensive Policy Review and PCB requests.
- Plans, results and related budgets are included in the UNCT UN-INFO system and tagged as “joint” in UN-INFO for reporting and related external communication highlight those that are Joint Programme on HIV results.
- While the evaluation affirmed the ongoing relevance of the strategic vision and acknowledged certain improvements and the establishment of foundational elements, it revealed a critical gap between aspirations and reality.
- **Key areas for action**: Streamlining the Cooperation Framework Cycle: Revising UNCT Configuration. Strengthening Development Coordination: Enhancing Accountability and Incentives: Removing Institutional Obstacles. Improving Funding Quality.

Role of the Joint Programme in achieving and sustaining gains

Status update: Phase II data collection and analysis.

- The Independent Evaluation Office conducted a comprehensive review of 21 evaluations from the past four years to assess the effectiveness of the Joint Programme in sustaining the HIV response.
- A second phase of the evaluation has been agreed upon, building on recommendations from the recent High-Level Panel Report. This phase aims to strengthen the resilience and adaptability of the Joint Programme's operating model, ensuring it remains effective in the current complex context.
- The evaluation uses a mixed methods approach, combining qualitative and quantitative data collection, analysis, and triangulation. Extensive stakeholder engagement, document reviews, field observations, and case studies support a comprehensive understanding of the Programme's impact.
- The final report is scheduled for completion in December 2025, with early analysis underway to inform the design of the new operational model.

United Nations Evaluation Group and Prospectus

- UNAIDS has entered a transition and transformation phase.
- Expectations for accountability, learning and efficiency remain high even as resources shrink. Evaluation needs to respond to this reality, and demonstrate both prudence and purpose: providing credible, usable evidence for decisions, contributing to sustainability of the response. and documenting the long-term institutional legacy of UNAIDS as a joint UN programme.
- The 2019 Evaluation Policy emphasizes independence, credibility, and utility. These principles remain valid but must now be reinterpreted for a leaner structure and the change underway. This means prioritizing use over coverage, formative over summative approaches, and knowledge capture over new evidence generation.

United Nations Evaluation Group and Prospectus

- Evaluation should be harnessed as a strategic tool for adaptive management, accountability, and legacy to provide rapid, actionable insights during transition.
- Adaptive learning: Support real-time decision-making during restructuring, staff transition and the potential transfer of programs to other agencies.
- Efficiency and value for money of programs: Demonstrate cost-effectiveness and relevance to retain donor confidence in individual activities/programs.
- Contributing to sustainability: By transferring evaluation knowledge and capacity to other organizations and partners.
- Use technology and partnerships to maximize reach and reduce costs.
- Joint evaluations with co-sponsors can provide cost-sharing and greater legitimacy..
- The evaluation office should also explore partnerships with academic institutions, regional evaluation associations, and networks.

WORK PLAN 2026 Process

- The Evaluation Office used a participatory approach, involving stakeholder consultations to identify relevant topics, define scope, and prioritize joint evaluations.
- Considerations for selecting evaluation topics included strategic significance, potential for learning and innovation, and organizational feasibility within resources and timeframes.
- Prioritization was influenced by organizational restructuring and high-level recommendations, leading to a more selective evaluation schedule focused on knowledge transfer.
- The strategic focus is on improving the use of evaluation findings to enhance decision-making and ensure the sustainability of UNAIDS responses.
- An online consultation gathered feedback from Cosponsors and Secretariat leadership, including discussions about joint and collaborative evaluations.
- The consultation process involved input from Evaluation Offices and the Expert Advisory Committee to refine the evaluation plan.

WORK PLAN 2026 Principles

1.The first one considers the Global AIDS Strategy 2026-2031 as the central unit of analysis to be supported by evaluation evidence by providing learning feedback loops during the life of the document.

2. The second one galvanizes the synergies of the Joint Programme by **aligning the work of Cosponsors and the Secretariat**. focused on the **sustainability** of the response to HIV/AIDS among **key populations served by UNODC, specifically people who inject drugs (PWID), people in prisons** and other close settings.

3. The third one consists of conducting **short-focused independent reviews on organizational issues of strategic importance for the Joint Programme**.

4.The plan includes conducting an analysis of the **lessons learned** from UNAIDS transition during 2024-25. 4.The fourth one consists of contributing to the **sustainability** of the HIV/AIDS response by assessing **community work in the context of sustainability road maps.**

WORK PLAN 2026 and Request for Budget

Evaluations 2026	Year	USD
Joint Programme Evaluations		
Evaluation of the translation of the Global HIV/AIDS Strategy into country programmes.	2026	30,000
Joint Evaluation on the sustainability of the response to HIV/AIDS in key populations: people who inject drugs (PWID), and people in prisons and other closed setting.	2026	50,000
Joint Preliminary Assessment on the role of the UNAIDS Joint Programme in the use of Lenacapavir in prevention.	2026	30,000
Secretariat Evaluations		
UNAIDS community systems at country level in the context of sustainability road maps.	2026	40,000
Lessons learned from the Organisation transitional process	2026	15.000
Other activities		
Evaluation coordination activities and dissemination	2026	10,000
Total		175,000

- The envelope and number of the evaluations and activities for 2026 has decreased 55% from 2025 reflecting the new financial situation of the organization.
- In consequence the scope and depth of the evaluation exercises as well as the evaluative questions will need to be more specific and limited.

Evaluation Expert Advisory Committee

- In 2025, two virtual meetings of the Expert Advisory Committee were held.
- The Committee stressed the need to show the value of the evaluation function in contributing to the transition process and providing insights for decision-making as a key contributor to the reform process.
- Took note of the Annual Report of findings from evaluations undertaken in 2025 and requested to ensure that the evaluations are part of the decision-making process at all levels of the organization including at Senior Level.
- Advised to deliver a complete presentation of the evaluation on The Role of the Joint Programme in Achieving and Sustaining the HIV response.
- Welcomed the adaptations of the Evaluation Function to the transition period and look forward to seeing innovations and collaborations with partners.
- On the Peer Review of the Evaluation Function reconsider the need to conduct such heavy exercise in the current context.
- On the Annual Work Plan 2026 advised and requested that enough resources are available to complete the 2026 plan.

UNAIDS

Annex 3: Thematic proposals for the 59th PCB meeting

UNAIDS

Table: Themes proposed for the 59th PCB meeting (December 2026)

No.	Theme Title	Proposed By:	Language received in	Key Points	Supported by	Theme linked to an agenda item?	Theme already addressed?	Contact
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**	PCB NGO Delegation	English	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 an additional 6.6 million will acquire HIV. 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 thematic 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. 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.	Brazil, Cambodia, Poland, and Portugal — joining the original endorsements from the Netherlands, the United Kingdom, UN Women, and WHO.	Yes- the next few PCB meetings will be covering agenda item directly related to the impact of the changing funding environment and ways to put the world on the path for a sustainable HIV response in countries.	No	Fionnuala Murphy, NGO Delegate Europe, +44 7841 526949 f.murphy@unaidspcbngo.org (Please CC: bj.eco@unaidspcbngo.org and v.monley@unaidspcbngo.org)
2	**Optimisation of the supply chain for HIV products acquired by the government**	Senegal	French	This theme will help strengthen the contribution of States in the response to HIV. It contributes to reducing product shortages and limits treatment interruptions. To highlight the contribution of States, there is an urgent need to improve procurement processes using national resources. This is part of a drive towards pharmaceutical sovereignty. Contributions from national procurement are often poorly documented and insufficiently shared. The execution of the counterpart often suffers from a lack of documentation, and partners would always like to know the level of contribution from the State. This optimisation would therefore make information more fluid and reliable, with shorter circuits. The thematic segment would consist of sharing national procurement experiences and SWOT analyses and will guide decision-makers in streamlining procurement schemes with national resources, from the expression of needs to receipt, with a highly fluid information flow.			No	Maguatte Ndoye NDIAYE, Chef de la Division Sida au Ministère de la Santé du Senegal, +221776571545 nmaguatte3@gmail.com

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