

OUTLINE OF THE REPORT OF THE EXECUTIVE DIRECTOR

Additional documents for this item: N/A

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

- *Take note* of the report of the Executive Director;

Cost implications for the implementation of the decisions: *none*

Introduction

1. We meet at a time of major disruption to the HIV response and to UNAIDS.
2. Member states, communities and cosponsors came together to create the Joint Programme the mid 1990s to unite the UN system, bring coherence, and place people living with HIV at the centre of the response. You have supported UNAIDS and the HIV response over the past three decades. It is this unique, multisectoral response that has led to the progress we see today.
3. Brazil's leadership in guaranteeing free access to antiretroviral therapy in 1996 demonstrated that political courage and commitment to equity can make the impossible possible.
4. Today, UNAIDS and the HIV response must once again transform to meet new challenges and prevent a resurgent pandemic.

Six fundamentals of the HIV response

5. Six elements have been fundamental to the success of the HIV response so far: political ambition; innovation; concrete plans; data for accountability; multisectoral action; and governance with civil society and communities. These need to be safeguarded through our transformation and are essential to overcome the challenges we still face.

Political ambition

6. UNAIDS has mobilized political will to move the world from apathy to action.
7. Key milestones include the 2000 UN Security Council's recognition of AIDS as a security threat; the 2001 General Assembly Declaration of Commitment; the creation of the Global Fund and PEPFAR; and successive Political Declarations recognizing that stigma, discrimination and inequalities drive the pandemic.

Innovation

8. UNAIDS has supported innovations to overcome barriers, including reducing treatment costs from over US\$ 10 000 to under US\$ 50 per person per year.
9. Innovations have included Undetectable=Untransmittable (or U=U) messaging, biomedical advances such as long-acting pre-exposure prophylaxis (or PrEP), and social innovations in the areas of rights-based programming and social protection.

Concrete plans that turn targets into ambition and innovation.

10. The Global Plan for eliminating vertical transmission of HIV, launched in 2011, set clear goals and actions.
11. By 2015, new HIV infections had fallen by more than half, and WHO had begun certifying countries that were reaching the elimination milestones.
12. Sixteen countries have achieved dual elimination of HIV and syphilis; the Maldives has achieved triple elimination of HIV, syphilis and hepatitis.

Data that shows where we're succeeding and where we're failing

13. UNAIDS pioneered the 90–90–90 targets, creating new data systems and people-centred models of care. The 95–95–95 targets are now within reach.
14. In 2024, an estimated 87% of people living with HIV knew their HIV status, 89% were receiving treatment, and 94% had suppressed viral loads.
15. Data systems now enable inequality analysis, showing which policies and populations are reached or left behind.

Coordinated, multisectoral action

16. The Joint Programme has mobilized across sectors, recognizing that the most effective HIV responses go beyond the health sector.
17. Cosponsoring agencies continue to work every day to build synergies that make the HIV response effective.

Governance with civil society and communities

18. Civil society has been integral to UNAIDS governance since the Denver Principles, which shaped the active involvement of people living with HIV in the HIV response.
19. Communities remain fully engaged members of governance, strengthening knowledge and accountability, despite challenges.

Today, new challenges and a dangerous complacency threaten the response

20. Waning solidarity, declining international resources and competing priorities threaten the HIV response.
21. External health assistance is projected to drop by up to 40% compared to 2023.
22. Two-thirds of African countries spend more on debt servicing than on health.
23. A global backlash against human rights further undermines progress.
24. Without action, prevention and community-led services will collapse and human rights will be rolled back.

But together—even without a cure or a vaccine—we can guide the HIV response to a safe landing

25. UNAIDS and partners are setting targets through the new Global AIDS Strategy.
26. It is: Country-led, resilient, and ready for the future – integrated into broader health systems with rigorous, privacy-centred data collection.
27. People-focused, with equity, dignity, and access for all – ending stigma and discrimination, scaling-up access to HIV prevention, testing, and treatment, and building regional production.

28. Led by communities of people living with, at risk of, or affected by HIV – shaping policies, delivering services, and holding us to account.
29. Failure to reach the strategy's targets could lead to an additional 3.3 million HIV infections.
30. In 2024, prior to the funding disruptions of 2025, UNAIDS launched a new approach to HIV response sustainability, supporting countries to develop HIV responses that progressively achieve self-reliance. This year, UNAIDS has supported countries accelerating these efforts.
31. Thirty-two countries have used the Rapid AIDS Financing Tool to reprioritize budgets.
32. More than 30 countries are developing national sustainability plans.
33. The Global Fund replenishment has secured pledges of over US\$ 11 billion.
34. New long-acting HIV medicines, including lenacapavir, are being rolled out in Africa.

UNAIDS transformation

35. UNAIDS is transitioning and integrating into the wider UN System and beyond in the context of the SG's UN80 Initiative.
36. A key question for this PCB: How do we build a clear vision and a concrete plan for a safe landing that integrates UNAIDS into the UN Development System, while preserving its unique capacities and continuing the UN's vital role in driving HIV results and accountability?
37. The response will be country-led and people-centred, with strong community leadership and community-led services.
38. Progress will be sustained through domestic financing, regional partnerships and by embedding HIV into health systems, while maintaining a focus on equity and rights.

Conclusion

39. The HIV response must retain six fundamentals: ambition, innovation, concrete plans, data, multisectoral action, and community leadership.
40. History will judge harshly if commitments are not matched by concrete actions.
41. Success means radically reducing new HIV infections, ensuring universal access to treatment and prevention, and eliminating stigma and discrimination.
42. The PCB has always been a place where consensus that has eluded other parts of the UN can be found. Now, the Board needs to guide UNAIDS's transition responsibly, safeguarding results while aligning with UN80. Losing that would also have major implications for the AIDS response.
43. Evidence-based consensus and inclusive governance remain essential to prevent a resurgent pandemic.

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