

**57th Meeting of the UNAIDS Programme Coordinating Board  
Brasilia, Brazil**

**16 – 18 December 2025**

**Draft Decisions**

The UNAIDS Programme Coordinating Board,

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

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

*Intersessional Decisions:*

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

- Agrees that, health situation permitting, the 56th and 57th meetings of the Programme Coordinating Board will be held in-person with optional online participation in accordance with the modalities and rules of procedure set out in the paper, Modalities and Procedures for the 56th and 57th PCB meetings;
- Agrees that the 56th meeting of the Programme Coordinating Board, in accordance with decision point 10.5 of the 26th PCB meeting, will consist of a three-day decisionmaking segment and that the thematic segment agreed in decision point 9.1 of the 55th PCB meeting will be postponed to the 58th PCB meeting in June 2026;
- Agrees that the 57th meeting of the Programme Coordinating Board shall be held on 16-18 December 2025 (final venue to be decided at the 56th PCB meeting as set out in document UNAIDS(56)/25.21), superseding decision point 10.3 of the 51st PCB meeting;

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

1. *Adopts* the agenda;

## **Agenda item 1.2: Consideration of the report of the Programme Coordinating Board Special Session**

2. *Adopts* the report of the Special Session of the Programme Coordinating Board;

## **Agenda item 1.3: Report of the Executive Director**

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

## **Agenda item 1.4: Report by the NGO representative**

- 4.1 *Takes note* of the report by the NGO representative (UNAIDS/PCB (57)/25.28);
- 4.2 *Recognizes* the indispensable role of communities as service providers, caregivers, advocates, monitors, and leaders, and recognizes that meaningful community leadership and well-resourced community-led HIV responses are fundamental to the realization of the Global AIDS Strategy, to the attainment of the 30–80–60 and 10–10–10 targets, and to ending AIDS as a public health threat;
- 4.3 *Recalls* all decision points from agenda item 1.4 of the 55th meeting of the Programme Coordinating Board;
- 4.4 Noting with concern that reaching the goal of ending AIDS as a public health threat by 2030 is being negatively impacted by declining and unpredictable funding for community-led HIV responses, restrictions on civic space, regressions in gender equality and human rights as recognized under international human-rights law, and persistent stigma and discrimination, and other emerging challenges, *calls upon* Member States to:
  - a. Ensure that predictable, sustainable, and direct financing is directed to community-led organizations engaged in the HIV response, including through institutionalized social contracting and dedicated domestic budget lines, and ensure full, timely, and increased funding mechanisms dedicated to community leadership and resilience, including within UNAIDS;
  - b. Address structural, legal, and policy barriers to support equitable and human-rights based, community-led integrated HIV services that leave no one behind including people living with and affected by HIV, particularly key<sup>1</sup> and priority populations, guided by community leadership and societal enablers to end HIV-related stigma, discrimination, and gender inequalities and health inequities;

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

- c. Develop, with the support of the Joint Programme, comprehensive and integrated health and social support service packages known to reduce HIV risk and vulnerabilities within national HIV and health plans, that link HIV testing, prevention, including long-acting technologies, and treatment to the tailored needs of people living with and affected by HIV, particularly key and priority populations;
- d. Integrate and strengthen peer-led service delivery and community-led monitoring to improve service delivery quality, strengthen health systems, and enhance health equity including while encouraging innovative and digital approaches for monitoring and evidence-based decision-making in the national HIV response and broader health sector;
- e. Ensure that people living with and affected by HIV, particularly key and priority populations, are actively engaged in the process of integration of the HIV response into related, coordinated multi-sectoral programmes;
- f. Strengthen systematic reporting through the annual update of Global AIDS Monitoring report, in a transparent and disaggregated manner, on donor and domestic budget allocations supporting community-led responses and Human Rights programming, to monitor and inform progress toward the 30–80–60 and 10-10-10 targets, working collaboratively with Cosponsors and the UNAIDS Secretariat;

4.5 *Requests* the Joint Programme to:

- a. Develop a plan through 2030 for the continuity of the support to and engagement of communities currently delivered by the UNAIDS Secretariat in the context of the further integration of UNAIDS into the broader UN system;
- b. Reaffirm commitment to the meaningful involvement of people living with and affected by HIV, particularly key and priority populations, in the implementation of the Global AIDS Strategy 2026–2031 and in the UN General Assembly 2026 High Level Meeting on HIV/AIDS;

**Agenda item 3: Progress update on the sustainability of the HIV response**

- 5.1 *Takes notes* of the Progress update on the sustainability of the HIV response (UNAIDS/PCB (57)/25.29);
- 5.2 *Notes with concern* the rapidly changing health financing context and the need to urgently accelerate the sustainability of national HIV responses and diversify financing sources;
- 5.3 *Recalls* decisions 5.1, 5.2 and 5.3 from the 55<sup>th</sup> meeting of the Programme Coordinating Board in June 2025;
- 5.4 *Requests* Member States, in close collaboration with community-led HIV organizations and other relevant civil society organizations and partners, with the support of the Joint Programme, to:
  - a. Expand country financing capacity through domestic revenue mobilization, continued global solidarity, and broadening the financing options to fully fund the HIV response and meet the estimated resource needs;

- b. Advance country-owned HIV sustainability roadmaps design, implementation, and milestone tracking to align domestic and donor investments with national priorities, contributing to broader ongoing health care and development reforms;
- c. Accelerate efforts to improve transparency and accountability for domestic and international HIV investments to enable efficiency gains, ensure investments deliver intended impact, and advance continued prioritization and identification of financial gaps;
- d. Scale up sustainable domestic and international funding for communities in implementing country-owned HIV responses and Sustainability Roadmaps, including through social contracting and integration of community-led HIV responses into domestic budgets and benefit packages, and community participation in governance structures for sustainability;

#### **Agenda item 4: Global AIDS Strategy 2026-2031**

- 6.1 *Adopts* the Global AIDS Strategy 2026–2031;

#### **Agenda item 5: Update on the implementation of the revised operating model of the Joint Programme**

- 7.1 *Takes note* of the update on the implementation of the revised operating model of the Joint Programme (UNAIDS/PCB/57/25.31);
- 7.2 *Welcomes* that UNDP, UNFPA, UNHCR, UNICEF, UNODC, and WHO will be lead Cosponsors and that ILO, UNESCO, UN Women, WFP and the World Bank will be affiliate Cosponsors;
- 7.3 *Requests* the PCB Bureau to:
  - a. Finalize, no later than January 2026, the Terms of Reference for a Working Group on UNAIDS transition and integration into the UN System, including the elements set out in UNAIDS/PCB/57/25.31, and present it for the Programme Coordinating Board 's intersessional approval;
  - b. Establish a Working Group on UNAIDS transition and integration into the UN System immediately after the approval of its Terms of Reference as set out in UNAIDS/PCB/57/25.31;
  - c. Mandate the Working Group to provide an interim report, with preliminary recommendations for UNAIDS transition and integration, through the Bureau, for the Programme Coordinating Board's consideration and decision-making at the 58th meeting of the Programme Coordinating Board in June 2026;
  - d. Mandate the Working Group to provide final recommendations for UNAIDS transition and integration, through the Bureau, for the Programme Coordinating Board's consideration and decision-making no later than the 59th meeting of Programme Coordinating Board in December 2026;
- 7.4 *Requests* the PCB Bureau to organize quarterly engagements of the Working Group with PCB Stakeholders;

- 7.5. Recalling decision 6.2c from the 55th meeting of the Programme Coordinating Board and decisions 4.1 and 4.2 from the Special Session of the Programme Coordinating Board in October 2025, *agrees* to postpone the establishment of the UBRAF Working Group to the next cycle of the UBRAF beyond 2027;

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

- 8.1 *Takes note* of the Statement by the representative of the UNAIDS Secretariat Staff Association (USSA)

**Agenda item 7: Evaluation report and management response**

- 9.1 *Recalls* decision 7.5 of the 53rd Programme Coordinating Board meeting approving the UNAIDS 2024–2025 Evaluation Plan, as well as decision 8.7 of the 55th Programme Coordinating Board meeting requesting the next annual report to be presented to the Programme Coordinating Board in December 2025;
- 9.2 *Takes note* of the 2025 Annual Report and the summary of the main findings from the evaluations undertaken in 2025;
- 9.3 *Takes note* of the management response to the 2025 annual report on evaluation;
- 9.4 *Approves* the 2026 Evaluation Plan (UNAIDS/PCB (57)/25.33) endorsed by the Expert Advisory Committee on evaluation;
- 9.5 *Recalls* decision 9.3 of the 47th meeting of the Board on the importance of adequately resourcing and staffing the evaluation function in accordance with the evaluation policy approved by the Programme Coordinating Board in its decision 6.6 of its 44th meeting, taking into account the financial situation of the organization;
- 9.6 Recalling decision 8.5 from the 55th meeting of the Programme Coordinating Board, *agrees* that the Expert Advisory Committee on evaluation approved by the Programme Coordinating Board in 2025, as detailed in Annex 1 of the 2025 annual report on evaluation and evaluation plan 2026 (UNAIDS/PCB (57)/25.33), is reappointed for a second term;
- 9.7 Recalling decision 8.6 from the 55th meeting of the Programme Coordinating Board, *takes note*, in accordance with provision 73 of the evaluation policy, that the UN Evaluation Group peer review will be postponed to 2026;
- 9.8 *Looks forward* to the annual report on evaluation to be presented to the Programme Coordinating Board in December 2026;

**Agenda item 8: Next PCB meetings**

- 10.1 Recalling the intersessional decision on modalities and procedures for the 56th and 57th meetings of the Programme Coordinating Board, *confirms* the theme *Beyond 2025: Addressing health inequities through sustained HIV response, human rights,*

*and harm reduction for people who use drugs, for the 58th PCB thematic segment (June 2026);*

- 10.2 *Agrees that the theme for the 59th PCB thematic segment (December 2026) will be: Addressing the impact of funding cuts on people living with, affected by, and at risk of HIV, and on the response to HIV and AIDS;*
- 10.3 *Requests the PCB Bureau to take appropriate and timely steps to ensure that due process is followed in the call for themes for the 60<sup>th</sup> and 61<sup>st</sup> meetings of the Programme Coordinating Board; and*
- 10.4 *Approves the dates and venue of the 62nd and 63rd meetings of the Programme Coordinating Board in 2028 as follows:*
  - a. *62nd PCB meeting: 27–29 June 2028, Geneva, Switzerland;*
  - b. *63rd PCB meeting: 12–14 December 2028, Geneva, Switzerland;*

**Agenda item 9: Election of officers**

- 11. *Elects the Chair, the Vice-Chair and the Rapporteur for the period 1 January to 31 December 2026 and approves the composition of the PCB NGO Delegation.*

*[End of document]*