

TERMS OF REFERENCE

PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond

DOCUMENT PREPARED BY THE PCB BUREAU



Geneva, Switzerland
UNAIDS Programme Coordinating Board
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The Programme Coordinating Board is invited to:

- *Recall* decision point 7.3a from the 57th PCB meeting requesting the PCB Bureau to finalize the Terms of Reference for a Working Group to develop a plan on the further transition and integration of UNAIDS into the UN system and beyond;
- *Further recall* the intersessional approval of the Terms of Reference of the PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond on 5 February 2026;
- *Approve* the revised Terms of Reference for the PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond (UNAIDS/PCB(58)/26.2.rev1), including the amendments to paragraphs 9, 10, and 11, as submitted by the PCB Bureau;

Cost implications for the implementation of the decisions: none

Context and Background

1. At its 53rd meeting in December 2023, the UNAIDS Programme Coordinating Board (PCB) requested the Executive Director and the Committee of the Cosponsoring Organizations (CCO) to propose a revised operating model for the Joint Programme. To that end, the UNAIDS Executive Director and the ILO Director-General, on behalf of the Joint Programme, convened a High-Level Panel. The Panel, led by three co-chairs, brought together diverse stakeholders in the HIV response, working in an inclusive and collaborative manner to produce its recommendations.
2. In March 2025, the UN Secretary-General formally put forward the UN80 plans to reform the United Nations through three workstream: 1) efficiencies and improvements, 2) implementation of mandates from Member States, and 3) structural changes and programme realignment within the United Nations System. The UNAIDS revised operating model, approved by the Board in June 2025, was informed by consultations with the leadership of the UN80 initiative.
3. On the basis of the High-level panel on a resilient and fit-for purpose UNAIDS Joint Programme in the context of the sustainability of the HIV response recommendations, the UNAIDS Executive Director and the Director-General of the ILO presented a revised operating model to the Board for its consideration at the 56th PCB meeting in June 2025. In July 2025, the decisions from the 56th PCB meeting were formally noted by ECOSOC in consensus Resolution E/RES/2025/20 on the Joint Programme.
4. At the 56th PCB meeting, the Board endorsed a two-phased transformation as set out in the revised operating model¹, including the core functions of the UNAIDS Secretariat.² It requested 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.”
5. In September 2025, the UN Secretary-General published reform proposals in the UN80 Workstream 3 progress report “**Shifting Paradigms: United to Deliver**” that included a proposal to “sunset the Joint United Nations Programme on HIV/AIDS (UNAIDS) by the end of 2026” and “mainstreaming capacity and expertise into relevant entities of the United Nations development system in 2027”.³ During a session in October 2025, the Board “recalled and reaffirmed 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”. It also reiterated “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”.

¹ See UNAIDS/PCB (56)/25.15.rev2, https://www.unaids.org/sites/default/files/2025-06/PCB56_Revised_Operating_Model_rev2.pdf

² See decision point 8.3: (1) leadership and advocacy; (2) convening and coordination; (3) accountability through data, targets, strategy; and (4) community engagement. The PCB also requested that “actions to address inequalities are integrated across these four priorities and recalling the guiding principles of UNAIDS’ work”. https://www.unaids.org/sites/default/files/2025-06/PCB56_Decisions_1.pdf

³ See para 39, UN Document A/80/392. <https://docs.un.org/en/A/80/392>

6. In response to the request of the Board in June 2025, the PCB Bureau submitted a paper⁴ for consideration at the 57th PCB meeting in December 2025 with an update on the implementation of the revised operating model of the Joint Programme. The paper, in response to the request to seek coherence with the UN80 process as agreed by the PCB during the Special Session in October 2025, recommends the key considerations and questions that could be studied by the Working Group in preparation of the interim report and finalized plan for the transition and integration of the Joint Programme. They were divided into four defined sections: (a) programmatic key questions, (b) operational issues and transitional arrangement, (c) political and governance issues, and (d) financial issues, including future resource mobilization. These form the core basis for the scope of work of the Working Group. Key elements from the paper are outlined in following sections. These should be read in conjunction with the PCB Bureau paper.
7. At the 57th session of the Programme Coordinating Board⁵, decided to:
 - 7.1 *Take note* of the update on the implementation of the revised operating model of the Joint Programme (UNAIDS/PCB/57/25.31);
 - 7.2 *Recognize* 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, as soon as possible and no later than January 2026, the Terms of Reference for a Working Group to develop a plan on the further transition and integration of UNAIDS into the UN system and beyond, in coherence with the UN80 Initiative, including the elements set out in report UNAIDS/PCB (57)/25.31, and building on the recommendations of the High Level Panel and the core functions of the Secretariat as set out in report UNAIDS/PCB (56)/25.15.rev2, and present them for the Programme Coordinating Board's intersessional approval;
 - b. Outline the composition of the Working Group within the Terms of Reference, to be representative of the composition of the full PCB membership;
 - c. Establish a Working Group on the further transition and integration of UNAIDS into the UN system and beyond, following the approval of its Terms of Reference as set out in UNAIDS/PCB (57)/25.31, based on the UNAIDS guiding principles, with the first meeting to take place in early February 2026;
 - d. Mandate the Working Group to provide an interim report, on the plan including a timeline on the further transition and integration of UNAIDS into the UN system and beyond, in coherence with the UN80 Initiative, 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;
 - e. Mandate the Working Group to provide its finalized plan for the further transition and integration of UNAIDS into the UN system and beyond, through the Bureau, for the Programme Coordinating Board's consideration and decision-making at a special session of the Programme Coordinating Board

⁴ https://www.unaids.org/sites/default/files/2025-11/PCB57_Update_On_ROM_EN_1.pdf

⁵ https://www.unaids.org/sites/default/files/2025-12/PCB57_Decisions_EN.pdf

no later than the end of October 2026, for subsequent transmission to ECOSOC;

7.4 Recalling decision point 8.1 from the 56th meeting of the Programme Coordinating Board, *requests* the Executive Director to continue updating the Programme Coordinating Board on the ongoing downsizing of the Secretariat at the 58th meeting of the PCB in June 2026;

7.5 *Requests* the Executive Director to prepare the 2027 Workplan and Budget for the Joint Programme, aligned with the ongoing downsizing and informed by the plan of the Working Group for the further transition of the Joint Programme in the context of the UN80 Initiative, for consideration, at the same time as the plan for the further transition and integration of UNAIDS into the UN system and beyond;

7.6 *Requests* the PCB Bureau to organize appropriate and inclusive consultations of the Working Group, open to all PCB members and stakeholders, ahead of the scheduled Programme Coordinating Board meetings to inform and guide the Working Group, taking into account the discussions in the UN80 Initiative;

7.7 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;

Establishment of the Working Group

8. In accordance with the PCB decisions at its 57th PCB meeting, the Working Group is established by the PCB Bureau following the below guidance from the PCB:

Authority

9. The Working Group will be guided by and report to the PCB Chair and Bureau. The Working Group will consult with relevant organizations, including the Global Fund. It will have three Co-Facilitators who will oversee the functioning of the working group. The Co-Facilitators will be responsible for steering the Working Group discussions in line with the TOR and outcomes agreed, organizing consultations with the various stakeholders, shaping recommendations, generating consensus and producing the interim report to be submitted to the PCB in June 2026 and finalized plan to be submitted to the PCB for its October meeting based on the deadlines set by the PCB in December 2025. The Working Group will provide regular updates to the PCB Bureau including during the scheduled PCB Bureau meetings. The reporting template, including the key milestones, will be developed by the Working Group in consultation with the Bureau. The PCB Bureau will provide regular updates through the summary report of their meetings with the Working Group, which will be posted on the [UNAIDS website](#) and circulated to all PCB members, participants and observers.

Composition and nomination

10. The members of the Working Group and Co-Facilitators, as per UNAIDS established practice, shall be geographically- and gender- balanced and include government-affiliated, civil society-affiliated individuals and senior UN experts. The Working Group will include thirteen (13) members, and three (3) Co-Facilitators. In accordance with decision 7.3b from the 57th PCB meeting, the Working Group membership will come from nominations made by the full PCB membership. The composition of the Working

Group should collectively reflect a balance between institutional governance expertise and community-led expertise, including lived experience of people living with HIV, and key and priority populations. The PCB Bureau will ensure that the membership reflects the composition of the PCB (at least one (1) representative from each ECOSOC regional group (5), including most affected countries and donors, at least two (2) representatives from civil society and at least two (2) representatives from the UN system). The final decision of the composition will be based on the criteria with a focus on complementarity.

11. The Working Group will be coordinated by three (3) Co-Facilitators.
12. The PCB members (Member States, PCB NGO delegation and Cosponsors) will nominate candidates for the membership as well as for the Co-Facilitators of the Working Group. When PCB members nominate candidates, they will specify if it is for the role of the Co-Facilitator or member of the Working Group. Each PCB member can nominate up to three (3) candidates for membership and up to two (2) for Co-Facilitation. PCB observers could nominate experts through PCB members.
13. The PCB Bureau will select the members of the Working Group and Co-Facilitators among the nominated candidates based on the criteria listed under paragraph 22 through 24.
14. The Secretariat will provide support, as required by the Working Group and the PCB Bureau, in line with the agreed workplan.

Independence

15. Members of the Working Group and Co-Facilitators are engaged as individual experts. Although nominated by the PCB constituencies, they do not represent any constituency or the interests of a single United Nations Agency. They will work under the direction of the Co-Facilitators who will be guided by and report to the PCB Bureau.
16. Where Working Group members and Co-Facilitators have a real or perceived conflict of interest during the work of the working group on a specific matter under discussion, they will recuse themselves from participation in those specific instances and will not engage in PCB decision-making processes.
17. The members of the Working Group nominated by the Cosponsors must be senior experts with specific multisectoral technical background on HIV and AIDS and not be involved in the governance of the Joint Programme.
18. Recalling the PCB modus operandi, the Working Group will set its own rules of procedures while respecting the timelines set by the PCB in December 2025 and communicate these to the PCB Bureau for its information.
19. In its deliberations, the Working Group will be guided by the same principles that guide UNAIDS' work, as reflected in PCB decision documents:
 - 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.

Selection Process

20. Based on the nominations, the PCB Bureau will facilitate the selection of the Co-Facilitators and Working Group members as well as the establishment of the Working Group.
21. Bureau members shall review the nominations received using a methodology based on the criteria outlined in the next paragraph.
22. Members of the Working Group and the Co-Facilitators shall have a mix of the following knowledge and skills:

- a. **Strong understanding of the HIV response, the UNAIDS mandate and the Joint Programme's functions**

Members should bring a solid understanding of the Global AIDS response, its stakeholders and in particular have a good understanding of UNAIDS' mandate as established by ECOSOC, the Joint Programme's comparative advantages, HIV programmatic functions as reflected in the 2026–2031 Global AIDS Strategy, the four core functions⁶ of the UNAIDS Secretariat and key elements of the AIDS response that include global stewardship, accountability, data, country support, sustainability, and HIV-related human rights and gender equality.

- b. **Demonstrated expertise in UN system governance or institutional reform**

Members should have experience of working with the United Nations system at global, regional, or country levels, including UN governance, inter-agency coordination, or system-wide reform processes, and familiarity with UNAIDS' functioning and unique governance arrangements, including ECOSOC, enabling them to assess institutional models and governance options in a realistic and implementable manner.

- c. **Experience with organizational transitions and change management**

Members should have experience designing or advising on organizational transitions, within the UN system or comparable multilateral organizations, including operational continuity, workforce and human resource planning, institutional integration, organisational funding, financial forecasting and sustainability, with a demonstrated ability to distinguish between reforms that add value and functions that should be retained because they are effective.

- d. **Commitment to inclusive governance and community leadership**

Membership should reflect a strong commitment to inclusive and participatory governance, including demonstrated experience in or supporting community leadership and multilateral support to community-led responses, and ensuring the meaningful engagement of communities and civil society in UN governance structures, particularly communities affected by HIV, including people living with, affected by, and at risk of HIV, in line with human rights, gender equality, and the Greater Involvement of People Living with HIV (GIPA) principle.

⁶ The four core functions, as endorsed by the PCB, are (1) leadership and advocacy; (2) convening and coordination; (3) accountability through data, targets, strategy; and (4) community engagement.

e. Ability to understand data and apply evidence-based and results-oriented decision-making

Members should demonstrate the ability to draw on multisectoral evidence, data, and lessons learned and lived experiences to develop forward-looking recommendations that strengthen effectiveness and impact, ensuring that proposed changes are purposeful, justified, and aligned with the goal of ending AIDS as a public health threat.

f. Credibility, independence, and ability to work across institutional boundaries

Members should be widely respected for their professional integrity and independence, with a proven ability to engage constructively across UN entities and their processes, Member States, civil society, and partners, and to balance institutional continuity with innovation and adaptation.

23. In addition to the above criteria, the Co-Facilitators should also have the following profile, skills and experience:

- a. Strong facilitation, negotiation and consensus building skills and proven experience in meaningfully engaging with a range of stakeholders including governments, private sector, knowledge institutions communities and civil society and the multilateral system,
- b. Experience in organizational change of major public and/or multilateral institutions, organizational design and negotiating stakeholder acceptance and commitment,
- c. Sound understanding of financial and human resource management in public institutions.

24. Members of the Working Group and Co-Facilitators are expected to commit the necessary time to undertake the work and confirm, if applicable, that their employer agrees for the member to undertake this task – tentatively, a minimum of one day per week. The time investment will be defined in the workplan of the Working Group. Members of the Working Group and Co-Facilitators will not be remunerated.

25. The PCB Bureau will agree on the final composition of the Working Group, including the Co-Facilitators, based on the nominations received within deadlines stipulated and communicated to PCB stakeholders.

26. The Working Group is expected to complete its work by October 2026.

Scope of Work

27. Building on the recommendations of the High Level Panel and the core functions⁷ of the Secretariat as set out in report [UNAIDS/PCB \(56\)/25.15.rev2](#), the Working Group is expected to develop, with the guidance of the PCB Bureau, a plan on the further transition and integration of UNAIDS into the UN system and beyond, in coherence with the UN80 Initiative and based on a realistic financial scenario. The PCB Bureau, in consultation with the Executive Director, will keep the UN80 taskforce apprised of the progress of the work of the Working Group.

⁷ The four core functions, as endorsed by the PCB, are (1) leadership and advocacy; (2) convening and coordination; (3) accountability through data, targets, strategy; and (4) community engagement.

28. In developing this plan, the Working Group shall have the four deliverables outlined below and the issues expanded in Annex 1:
- a. Outline how the multisectoral capacity and expertise of the Joint Programme and the UNAIDS Secretariat's core functions⁸ as defined by the High-Level Panel, can be integrated into relevant entities of the UN development system and beyond.
 - Develop a detailed and fully articulated framework for the further transition and integration of UNAIDS and identifying functions and units to be transferred, transformed, downsized, merged, decentralized, and/or absorbed by the UN system and other stakeholders. In doing so, the Working Group will clearly distinguish between: Core functions which must be preserved and safeguarded either together in a single unit or with individual UN entities; and functions that may be transferred, shared, or repositioned with partners in the HIV response beyond the UN system, without compromising results and the principles that have guided the UN response to date.
 - Recommend modalities to ensure continuity and, if possible, strengthen the critical programmatic functions currently carried out by the Cosponsors and the UNAIDS Secretariat, including global stewardship of the Global AIDS Strategy; accountability and data; national and sub-national systems support; human rights; and gender equality and powering/ supporting community leadership, systems, and community-led responses in a cohesive way and minimize fragmentation.
 - Review the implications for operational continuity of the work of the Cosponsors and the UNAIDS Secretariat, including the availability and deployment of human and financial HIV resources, in light of structural changes underway across the UN system and the broader global health architecture — including those related to the UN80 reform agenda—that may affect the Cosponsors and/or the UNAIDS Secretariat.
 - b. Propose a UN-mandated governance model which allows preservation of the role of communities and civil society and ensures the continued coordination, accountability and leadership of the HIV response by the UN system.
 - Examine and provide recommendations on the provisions for civil society participation as established in ECOSOC resolution 1995/2, and subsequent ECOSOC resolutions on the Joint Programme and PCB decisions, with a view to preserving the role of civil society within representative and inclusive decision-making structures that also includes member states and other stakeholders.
 - Develop and propose coherent and actionable institutional and governance arrangements that uphold and advance the core mandate of UNAIDS as established by ECOSOC, underpinned by a clear theory of change to guide the effective integration of the Joint Programme within the UN system and beyond.
 - c. Develop a funding model for sustaining the proposed future governance structure and activities.
 - Develop a funding model to secure political and financial support for the future funding of the UN for leadership and coordination of the AIDS response.
 - Consider a full and transparent cost estimate for all aspects of transition and integration, including programme continuity, operational changes, country

⁸ *Ibid.*

presence adjustments, community system and leadership HR transitions, IT systems, legal liabilities, and change management and make recommendations.

- Assess risks (e.g. upfront cost, reduced quality, fragmentation, and equity risks) related to donor withdrawal or conditionality and propose mitigation strategies.
- d. Propose a timeline with milestones for the transition and integration process and the final estimated endline for the integration process.
29. The Working Group's plan, including the timeline, shall be forward-looking and evidence-based, grounded in the UN system's continued commitment to delivering on its HIV mandate and supporting countries and communities to reach the furthest behind first to achieve the shared goal of ending the AIDS epidemic. The plan should clearly articulate how each of the four core functions⁹ can be preserved and strengthened, how cross-cutting issues such as human rights, gender equality, and country/regional support will be integrated. The transition process should be approached as an opportunity to consolidate, modernize, and sustain the Joint Programme's recognized core functions¹⁰ where improvements are needed, while ensuring that existing arrangements that are already effective are preserved. Building on more than three decades of evidence, experience, and partnership, the Working Group will identify options and pathways that are purposeful and fit-for-purpose, enabling the UN to accompany and support countries in sustaining an effective, people-centred HIV response.

Proposed modalities of work of the Working Group

30. The Working Group shall conduct its work through hybrid meetings (in person with the possibility of online participation) with the option to convene meetings fully virtually where circumstances or the final composition of the Working Group so require.
31. The Working Group shall maintain ongoing communication through electronic correspondence, video conferencing, and teleconferences, as appropriate.
32. The PCB Bureau will organize appropriate and inclusive consultations of the Working Group, open to all PCB members and stakeholders, in accordance with the decisions of the PCB at its 57th meeting.
33. The Co-Facilitators shall provide regular briefings to the PCB Bureau, including through PCB Bureau meetings, on the progress of the Working Group's work.

Outputs

34. The Working Group will provide an interim report by 1 June 2026 on the plan, including a proposed timeline on the further transition and integration of UNAIDS into the UN system and beyond, in coherence with the UN80 Initiative, 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 based on the scope of work outlined in the TOR.
35. The Working Group will provide its finalized plan for the further transition and integration of UNAIDS into the UN system and beyond to the Bureau by 20 September 2026, based

⁹ The four core functions, as endorsed by the PCB, are (1) leadership and advocacy; (2) convening and coordination; (3) accountability through data, targets, strategy; and (4) community engagement.

¹⁰ *Ibid.*

on the scope of work outlined in the TOR.

Proposed timeline

Timeline	Actions
21 – 26 January	<ul style="list-style-type: none"> ▪ Bureau finalization of the TOR
23 January 2026	<ul style="list-style-type: none"> ▪ First meeting of the PCB Bureau to finalize the TORs
27 – 30 January 2026	<ul style="list-style-type: none"> ▪ TORs sent to PCB for comments (deadline: 30 January)
2 – 4 February 2026	<ul style="list-style-type: none"> ▪ Intersessional decision-making process (deadline: 4 February)
5 – 12 February 2026	<ul style="list-style-type: none"> ▪ Call for nominations for members and Co-Facilitators sent out further to intersessional approval of TORs (deadline: 12 February)
13 February 2026	<ul style="list-style-type: none"> ▪ Second meeting of the PCB Bureau to review nominations and agree on composition of the Working Group.
19 February 2026	<ul style="list-style-type: none"> ▪ Establishment of the Working Group (summary of the PCB Bureau on the selection process posted online).
20 February 2026	<ul style="list-style-type: none"> ▪ First meeting/induction of the Working Group with the PCB Bureau.
February-March-April	<ul style="list-style-type: none"> ▪ Consultations, briefings, bilaterals and interaction with all stakeholders scheduled within the workplan of the Working Group.
First quarter of 2026 - TBC	<ul style="list-style-type: none"> ▪ First formal consultation of the Working Group, open to all PCB members and stakeholders, to inform and guide the Working Group.
May 2026 (tbc)	<ul style="list-style-type: none"> ▪ Submission of the interim report of the Working Group to the PCB Bureau.
June 2026 (tbc)	<ul style="list-style-type: none"> ▪ Interim report submitted to the wider PCB electronically by the PCB Bureau.
30 June – 2 July 2026	<ul style="list-style-type: none"> ▪ Discussion at June PCB Meeting.
July – August – September 2026	<ul style="list-style-type: none"> ▪ Consultations, briefings, bilaterals and interaction with all stakeholders scheduled within the workplan of the Working Group.

August 2026 (tbc)	<ul style="list-style-type: none"> ▪ Second formal consultation of the Working Group, open to all PCB members and stakeholders, to inform and guide the Working Group.
September 2026 (tbc)	<ul style="list-style-type: none"> ▪ Submission of the finalized plan of the Working Group to the PCB Bureau.
September 2026 (tbc)	<ul style="list-style-type: none"> ▪ Finalized plan submitted to the wider PCB electronically by the PCB Bureau.
October 2026 (tbc)	<ul style="list-style-type: none"> ▪ Discussion of finalized plan at Special Session of the PCB in October 2026.

Estimated budget

36. As required by the PCB, this estimated budget gives a broad indication of the maximum budget for the work of the Working Group. A detailed breakdown will be available following discussions between the Co-Facilitators and the Bureau.

Items	Estimated cost (US\$)
Multistakeholder consultations (fully virtual - interpretation)	Up to 40 000
Additional technical support to the Working Group (see annex 1)	Up to 75 000
Report writer (45 days)	Up to 30 000
Any other costs as required	Up to 55 000
Total	200 000

[Annexes follow]

Annex 1. Issues to be considered by the Working group in the delivery of the four deliverables

To ensure that the transition and integration of UNAIDS is orderly, responsible and safeguards core functions, the Working Group will review the programmatic, operational, political and governance, and financial dimensions set out by the PCB Bureau in its paper UNAIDS/PCB (57)/25.31.11 The Working Group shall examine and make recommendations on the following:

1. Programmatic issues

1.1. *Develop an integration theory of change*

- Formulate a theory of change to guide the transition and integration process, ensuring that future institutional arrangements, including hub-based models, preserve, enhance and appropriately deliver core functions in support of the HIV response, with no gaps or fragmentation.
- Identify risks inherent to the integration and propose mitigation strategies to ensure the UN's accountability for continued delivery on the HIV mandate.
- Define how the theory of change will inform decision-making and timelines on programmatic design, stakeholder engagement, and operational arrangements.
- Consider lessons learned from other integration/transition efforts (such as, but not limited to: GPA to UNAIDS, STOP TB and RBM hosted by UNOPS, etc.) and consider other merger and transformation approaches being considered within the wider global health architecture/ecosystem.

1.2. *Safeguard mandate and governance functions*

- Analyse how core elements of UNAIDS' ECOSOC-mandated role—including global leadership; the promotion of consensus on policy and programmatic approaches; monitoring of trends and accountability for HIV targets; political and social mobilization; strengthening national and UN system capacities; and the meaningful and measurable engagement of civil society, including people living with HIV and key populations—can be preserved and safeguarded post-integration.
- Identify which future institutional arrangements (e.g., hosting, coordination mechanisms) are most suited to maintaining these functions including considerations for partially or integrally transitioning the functions of the UNAIDS Secretariat into a hub hosted by a multilateral entity. Identify functions that can that are suitable for transfer to partners and entities outside the UN system, and the guiding principles and terms on which such transfers should take place.
- Determine the legal and governance requirements needed to avoid fragmentation and ensure that communities, civil society and Member States continue to meaningfully shape global AIDS governance, including preserving a UN-mandated board that includes communities affected by HIV, including people living with, affected by and at risk of HIV in policy setting and decision making.
- Define the non-negotiable governance elements required to safeguard community leadership and decision-making and ensure that the transformation and integration does not dilute civil society engagement, leadership and decision-making.

1.3. *Ensure future global stewardship and accountability*

¹¹ https://www.unaids.org/sites/default/files/2025-11/PCB57_Update_On_ROM_EN_1.pdf

- Recommend mechanisms to sustain stewardship of the Global AIDS Strategy and UN Political Declaration on AIDS after transition and integration, upholding Member State accountability and driving progress towards HIV targets and commitments.
- Identify options for arrangements that would facilitate credible global leadership and coordination, in an inclusive manner, and how the UNAIDS Secretariat can be transitioned into a hub with suitable hosting arrangements that ensure operational autonomy, overseen by a UN-mandated Board that includes civil society membership.

1.4. Define Post-transition compilation of data and evidence, including community generated data and evidence, for reporting on progress toward ending AIDS and sustaining progress.

- Propose arrangements for ensuring high-quality, multisectoral HIV data and evidence—including financial, epidemiological, social science, policy, and community-led data—and global progress reporting, are preserved in future institutional arrangements backed by funding.
- Recommend safeguards to ensure that the strategic information function retains:
 - Adequate capacity to support countries to produce high quality, comparable and comprehensive multisectoral data on their HIV epidemic and response;
 - Nationally-owned, country-led data review processes;
 - Community-led data and evidence generation;
 - Validation and triangulation methodologies for epidemiological and financial data currently unique to UNAIDS;
 - Technical independence; and
 - Global comparability standards essential to monitoring the 2030 HIV targets and goals.

1.5. Assess stakeholder and system integration implications

- Consider the implications of integration for communities, civil society, governments, academia, faith-based entities, researchers, financing partners (e.g., Global Fund, GHSD/PEPFAR), and the private sector and factor them into the design of the proposed new institutional structure and arrangements.

1.6. Safeguard continuity and technical support

- Recommend models that will maintain uninterrupted support to programme and service delivery during and after the transition.
- Assess which current Joint Programme entities provide essential technical support and how their capacity can be maintained and, if possible, strengthened.
- Propose mechanisms to ensure adequate, dedicated resources and technical and policy support for key populations and vulnerable groups and their meaningful engagement in the AIDS response.

1.7. Strengthen leadership and advocacy on human rights, gender equality and community systems and community-led responses

- Recommend how leadership, advocacy, and programme delivery on human rights, gender equality and decriminalization will be protected and financed during and after integration.
- Identify risks associated with global regression on rights and propose mechanisms to safeguard gains, especially for priority and key populations.

1.8. Advance and embed community leadership

- Propose actions for continued UN support to promoting community systems and community leadership at all levels of the HIV response in line with the key areas listed in the Global AIDS Strategy approved by the PCB in December 2025.
- Identify community-led accountability mechanisms that must remain intact or newly developed during and after transition, and that require future hosts to commit to enabling and financing them.

1.9. Determine options for country presence integration

- Draw lessons from evaluations of HIV adviser placement in RC offices and analyse options for integrating UNAIDS Secretariat country offices into the UN Resident Coordinator system.
- Review alternative models—inside or outside the RC system, including Cosponsor hosted models, e.g. UN Theme group on HIV chaired by Cosponsors in rotation—for maintaining core functions and support to national responses.

2. Operational issues and transitional arrangements

2.1. Develop an operational transition framework

- Define the operational requirements and sequencing needed to support the integration process, including alignment with applicable UN staff regulations, organizational policies and UN system-wide transition frameworks.
- Conduct an assessment of current staffing, contractual arrangements and workforce capacities, and determine the HR planning actions required to support an orderly transition and preserve critical expertise and institutional know-how that underpins UNAIDS' core functions and global impact. Ensure the assessment includes the identification of key roles and functions essential for maintaining global credibility and the trust of diverse partners in the HIV response, and propose sustainable arrangements to retain them through the transition.
- Based on the assessment, propose models for redeployment within the UN Development System.
- Identify the protections and duty of care measures that must be upheld for all staff and affiliate personnel during transition, and specify how these will be implemented; propose specific protections for staff living with HIV, ensuring uninterrupted access to essential medical care.
- Identify and assess the ongoing obligations related to human resources that will remain post-integration, including pension, separation-related payments, after-service health insurance, handling of legal cases, and accountability mechanisms. Propose mechanisms for managing and financing these obligations in compliance with UN policies and fiduciary requirements.

2.2. Operational continuity and efficiency

- Analyse the operational systems, processes and infrastructure required to support continuity of Secretariat functions during the transition phase and define operational arrangements of the future hub.
- Determine how critical functions—including coordination, data management, administrative services, and systems operations—can continue without disruption during the transition period.
- Identify cost-efficiency measures and operational adjustments needed to support the integrated model.

- Establish a quarter-by-quarter agreed evolution of human resources in the UNAIDS Secretariat and Cosponsors for the entire period of transition into full implementation.

2.3. UN System alignment and harmonization

- Review UN System-wide frameworks, protocols and precedents relevant to organizational integration and identify how they can be applied to the Joint Programme.
- Recommend mechanisms for harmonizing operational arrangements with the Resident Coordinator system and with relevant UN entities, also taking into account capacity and programme delivery constraints when assessing the viability of options.
- Identify opportunities for shared services, common back-office arrangements, or pooled operational platforms for greater efficiency.

2.4. Sequencing and implementation roadmap

- Develop a clear operational roadmap with criteria, sequencing, milestones, responsibilities and dependencies.
- Identify risks and propose mitigation measures, oversight and monitoring arrangements.

3. Political and governance issues

3.1. Governance architecture and oversight models

- Review the current PCB mandated governance structures and assess how each governance function (oversight, accountability, consensus building, political mobilisation, monitoring, normative stewardship) should be preserved or adapted within a post-integration setting.
- Identify and assess governance models used in comparable UN system contexts, determining which elements may be relevant or adaptable for the global HIV response.
- Define potential future oversight mechanisms involving ECOSOC, alternative host organizations or programmes, Member States, communities, civil society, and Cosponsors, ensuring that decision-making remains transparent, inclusive, and equitable.
- Define how communities and civil society (including key populations and networks of people living with HIV) will be included in future governance and implementation structures.

3.2. Governance risks, safeguards and accountability mechanisms

- Identify political and governance risks associated with integration – e.g. loss of mandate clarity, fragmentation of responsibilities, diminished accountability, reduced civil society engagement – and propose mitigation strategies.
- Recommend robust accountability systems (e.g., progress reviews, independent oversight mechanisms, community and civil society monitoring) to safeguard human rights, gender equality, and key population inclusion.
- Propose mechanisms to ensure clear accountability for results across UN agencies involved in the HIV response.

3.3. Defining institutional roles and mandates post integration

- Analyse how mandates currently held by the Joint Programme (e.g., global coordination, multisectoral data custodianship, political mobilisation, normative

guidance, community leadership promotion) would be distributed or consolidated within new institutional arrangements. Ensure the analysis includes whether each function / mandate is partially or in its entirety best maintained and delivered: (a) centrally in a hub; (b) redistributed or transferred to Cosponsors; or (c) located in an external / non-UN arrangement, including within country systems.

- Propose clear role delineation to ensure no duplication or gaps in global HIV leadership and support to the response.
- Identify which entity or mechanism is best placed to serve as the convenor or coordination platform for UN system engagement on HIV, including the possibility of a hosted hub.

3.4. Harmonization with UN System processes and reforms

- Examine linkages between the transition process and current UN Development System reforms, including alignment with Resident Coordinator structures, regional collaboration platforms, and system-wide accountability frameworks.
- Propose political and governance mechanisms that support coherence with the future of global health architecture discussions, including pandemic preparedness, universal health coverage, and human rights mechanisms.

4. Financial issues, including future resource mobilization

4.1. Comprehensive costing of transition and integration

- Develop a full and transparent cost estimate for all aspects of transition and integration, including programme continuity, operational changes, country presence adjustments, HR transitions, IT systems, legal liabilities, and change management.
- Identify cost drivers, cost ranges, and best-case/mid-case/worst-case scenarios using accepted UN financial modelling practices.
- Determine one-time versus recurring costs associated with transition.

4.2. Independent fiduciary review and financial due diligence

- Assess fiduciary risks associated with transition, including asset valuation, liabilities, internal controls, and the financial sustainability of potential future hosting arrangements.
- Incorporate the results of any independent fiduciary review of UNAIDS' finances.
- Ensure financial due diligence informs all final recommendations.

4.3. Management of assets, liabilities and financial obligations

- Review all existing financial obligations and determine pathways for their management.
- Propose mechanisms for asset transfer, disposal or consolidation.
- Identify which obligations would remain with a future hub, which would fall to the hub's hosting entity, and which should transfer with functions taken up by another entity (within or beyond the UN system). The assessment should clearly distinguish between obligations tied to functions retained in the hub and those linked to functions being relocated.

4.5. Resource mobilization and future funding models for post integration arrangements

- Assess viable long term financing models to ensure sustainable support for:
 - Global coordination of the HIV response;

- Stewardship of the Global AIDS Strategy;
 - Data, including community generated data, and reporting systems;
 - Support to countries' transformation and integration of the HIV response to guarantee long term sustainability;
 - Community led responses;
 - Human rights and gender equality work;
 - Support to countries through the RC system or alternative platforms.
- Identify which UN entities or external mechanisms could serve as financing channels or hosts.
 - Propose governance and accountability conditions that should accompany the chosen funding model.
 - Recommend a mechanism for monitoring donor commitments throughout the transition period.

4.6. Financial governance, transparency and accountability measures

- Recommend financial oversight structures to accompany both the transition and post integration architecture.
- Propose reporting requirements, audit mechanisms, and transparency standards, including on Preventing and Responding to Sexual Exploitation, Abuse and Harassment to ensure continued Member State and donor confidence.
- Identify how the PCB or successor governance body will receive and review financial reporting during and after transition.

4.7. Financial risk assessment and mitigation plan

- Identify financial risks across the transition process, including underfunding, potential future cost overruns, unfunded liabilities, currency volatility, and disruptions to programme funding.
- Propose mitigation strategies, contingency measures, and financial triggers for PCB oversight.
- Prioritize risks according to likelihood and impact to inform decision making.

4.8. Transition financing roadmap

- Develop a step-by-step, timebound financing roadmap outlining required resources per quarter; expected donor contributions; sequencing of financial actions; fiduciary approvals;
- Align the development of the roadmap with the Working Group's June 2026 (interim) and October 2026 (final) reporting deadlines.

Annex 2: Extracts from report of the 57th PCB meeting

1.3 Report of the Executive Director

1. Winnie Byanyima, Executive Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS), welcomed delegates and thanked the Government of Brazil for hosting the meeting in Brasilia.
2. After praising Brazil's HIV programme, she said the PCB was meeting at a time of great disruption and shifting financial realities which was affecting HIV responses and the work of the Joint Programme across the world. This was affecting people's access to HIV services. Over two million adolescent girls and young women had been deprived of essential health services and community organizations were being devastated, she told the meeting. The stakes were incredibly high, she said.
3. She told participants that the meeting would consider the new Global AIDS Strategy 2026-2031, which was setting ambitious targets. Inaction was not an option, she stressed. If the world failed to reach the targets, some 3.3 million more people would acquire HIV by 2030.
4. UNAIDS had been born into crisis, she said, and it had adjusted radically several times to meet the needs of the evolving AIDS pandemic. It could do it again. By 1996, she reminded the Board, almost seven million people had died of AIDS and 20 million people were already living with HIV, most of them in Africa. Experts were predicting a potentially catastrophic impact, yet the conventional view was that widespread antiretroviral therapy (ART, which became available in high-income countries in 1996) was not feasible in low- and middle-income countries.
5. At the time, she continued, the United Nations (UN) response was overly medicalized and fragmented. The Joint Programme was created by the UN Economic and Social Council (ECOSOC) to provide global leadership and coordination, mobilize a multisectoral response, convene actors, engage communities, and provide strategic information to enhance and keep country actions on track and accountable.
6. That approach had achieved great results, the Executive Director said. The world was now closer than ever to ending AIDS, with 77% of people living with HIV on ART. The global HIV response had saved almost 27 million lives, new HIV infections had been reduced by 61% from their peak in 1996 and AIDS-related deaths had been reduced by 70% since their peak in 2004.
7. But AIDS was not over, Ms Byanyima warned. There were 1.3 million new infections and 670 000 AIDS-related deaths in 2024, each of them preventable. Some 9.2 million people with HIV were still waiting for treatment and new infections were increasing in several regions, including in Latin America, where 120 000 people had acquired HIV in 2024.
8. She said that the world was facing the crisis of a major gap in funding for the UN, with geopolitical instability, conflict and shifting political programmes causing great disruption. The Joint Programme was adjusting in line with the vision set out in the UN80 process to make it fit for the future, she said. It was doing so while safeguarding the five key elements that were critical for success: political ambition; driving innovation; setting bold targets and tracking progress; ensuring the response is multisectoral; and guaranteeing inclusive governance with civil society and communities.
9. The aim was to have clear funding plans in place to ensure that each of those five elements was properly safeguarded and that the UN did not abandon its role in

combatting AIDS. Ms Byanyima then discussed each of the five elements in greater detail, along with the global efforts, including at the UN, to create the means for overcoming the pandemic.

10. She reminded the meeting that Brazil had been one of the first among low- and middle-income countries to provide free ART, a move that had inspired a global movement to bring free treatment to everyone who needed it. She praised South Africa and Brazil for also leading initiatives to promote the local production of antiretrovirals (ARVs) and other essential medicines and to make them affordable. She described recent steps to achieve more affordable pricing for long-acting ARVs and generic manufacturing of ARVs and other HIV products. After referring to the great promise of long-acting pre-exposure prophylaxis (PrEP) and arrangements to supply those versions at affordable prices, Ms Byanyima noted that most Latin American countries unfortunately had been excluded from those arrangements.
11. Reminding the PCB that an estimated 12 million Africans had died of AIDS even after ART had been developed, she said the Joint Programme worked diligently with governments to use their laws to facilitate generic production of ARVs and with companies to license and transfer life-saving technologies. UNAIDS also worked with global funders and innovators to ensure a robust pipeline of new technologies.
12. UNAIDS had helped achieve wide access to technologies and services and spurred and supported innovation, the Executive Director said. By forging partnerships, it had helped HIV responses take treatment out of hospitals and into communities. It had inspired innovations and facilitated and brokered arrangements to make technological breakthroughs like long-acting ARVs widely accessible.
13. Ms Byanyima said another key dimension of the Joint Programme's work was to establish bold targets and track progress in their achievement. In 2011, it had launched the Global Plan to eliminate the vertical transmission of HIV, which went on to set clear goals and actions, with UNAIDS tracking the progress. By 2015, new HIV infections in children had been cut by half and the World Health Organization (WHO) had begun certifying countries that met the elimination criteria. She told the meeting that Brazil had very recently been certified for eliminating vertical transmission, making it the first country with more than 100 million people to achieve that goal.
14. In 2014, she recalled, only 66% of people who knew they were living with HIV were getting ART. In 2016, the Joint Programme set the 90–90–90 targets, which required new ways of collecting and analysing testing and treatment data. The initiative worked. By 2025, seven countries, some with very high HIV burdens, had already reached the 95–95–95 targets set in 2021.
15. Without such targets and the data for tracking progress, there would be no global HIV global response and no accountability, Ms Byanyima told the PCB. Each year, UNAIDS published the authoritative data report, monitoring country progress on the global AIDS pandemic and response, an accounting that guides the global response.
16. The Programme ensured a multisectoral response at global and at country level, she continued. In many countries, HIV infrastructure had provided the backbone for the COVID-19 response, she said. Even with reduced resources and in a complex political environment, multisectoral action remained vital for a successful HIV response.
17. Inclusive governance was also essential, she said. HIV responses had been built by people living with HIV and their communities; they had pushed past the denialism that hobbled responses and had helped build national programmes that were rooted in communities' experiences and needs. UNAIDS had been built to reflect that approach. Its committed engagement with communities lay at the heart of its success, as did the

synergies it forged with governments, donors, UN agencies and other partners. The question, Ms Byanyima said, was whether the rest of the UN System was ready and able to continue that work.

18. She reminded the PCB that the Joint Programme had been transforming itself well before the current crisis. She noted that the UN Secretary-General had recently proposed an accelerated pathway, whereas the PCB had agreed to a two-phase roadmap while recognizing the Secretary-General's call for a more ambitious timeline.
19. The Executive Director said the first phase of UNAIDS's transition was underway and would be completed by April 2026. It involved moving to a model with six "lead" Cosponsors, reducing Secretariat staff by 55%, sharply lowering costs, reducing the country footprint, and integrating UNAIDS functions into the Resident Coordinator system in 20 countries. This entailed a painful and difficult process, she said, thanking all UNAIDS staff for their commitment and professionalism under very trying circumstances.
20. The Secretary-General's overall UN80 ambition was achievable, Ms Byanyima said. UNAIDS could guide the HIV response through the second phase of change while transitioning UNAIDS's functions into the wider UN System and beyond. But she insisted that it was crucial to safeguard the progress made, prevent backsliding and deliver on the promise of ending AIDS as public health threat.
21. This was not the time to walk away, Ms Byanyima told the PCB. Three decades of hard work, billions of dollars and countless negotiations had been invested; and the world could not abandon the achievements made or the work that remained. She said the prerequisites for keeping the response alive were clear: political ambition; innovation; setting targets and tracking progress; multisectoral action; and governance with civil society and communities. Time after time, UNAIDS had overcome the odds, transformed the HIV response for people living with, affected by and at risk of HIV.
22. After reminding the meeting that 2025 marked the 40th anniversary of the HIV response in Brazil, Ms Simao opened the floor for comments. Members and observers thanked the Executive Director for a timely and sobering report that accurately captured UNAIDS's role in the achievements of the HIV response, alongside communities, governments, donors and other partners.
23. Speakers agreed that the global HIV response was at a crossroads. The decisions taken now would shape the response for at least the next decade they said. The current PCB meeting was crucial: it had to agree on how to transition the UN's role in the response.
24. Speakers commended the Joint Programme for its global leadership for a people-centred HIV response and praised its achievements. The Secretariat was thanked for its forward-looking leadership in seeking to preserve an effective and sustainable HIV response. Great progress had been made, but the fight to end AIDS was far from over, they said; in fact, it was in grave danger.
25. New HIV infections continued to occur; millions of people were not receiving HIV treatment, especially children and key populations; structural barriers, inequalities and stigma and discrimination were blocking people's access to services; human rights were under sustained attack; and external funding was plummeting (especially affecting prevention and community responses). All this was occurring in a rapidly shifting global health and development landscape and in a context of conflict, displacement and widening inequalities, which affected countries with limited resources the most.

26. Donor investment remained vital for catalytic programmes, innovations and reaching the most marginalized populations, speakers said, while recognizing that the era of reliance on donors was ending. Countries had to act immediately to achieve epidemic control and reduce the long-term costs for their health systems, they said. If they delayed action, it would take years and much greater resources to achieve that goal. But not all countries were able to do so rapidly, speakers told the PCB. Germany announced that it was contributing an additional Euro 700 000 in core funding and Euro 1 million in non-core funding.
27. The world could not risk backsliding, speakers said. If the foundations of HIV responses were allowed to weaken further, the human and financial costs would grow considerably, they warned.
28. A clear transition path for the sustainable integration of UNAIDS into the UN system and beyond was needed. Crucially, it had to preserve strong leadership for driving the global response forward. Speakers insisted that the reforms and changes must strengthen, not undermine the global HIV response.
29. They reminded the meeting that many strengths and opportunities were at hand. The world had the tools to end AIDS, new innovations like long-acting antiretrovirals were available, and effective new service delivery methods were being used. Countries increasingly were leading national responses and communities remained committed to play their crucial roles. The new Global AIDS Strategy for 2026–2031 presented a forward-looking vision and the upcoming High-Level Meeting on AIDS and political declaration were opportunities to reaffirm global commitment to reach the 2030 AIDS targets.
30. Speakers said there was momentum for rethinking public health and HIV funding. They saw the transformation of the Joint Programme as an opportunity to build on decades of lessons learned from the HIV response and to chart a course that would be country-led, people-centered, evidence-based, and focused on impact and sustainability.
31. At the same time, speakers reiterated, political commitment, innovation, robust data systems and the leadership of communities laid at the heart of the HIV response's achievement and had to be protected. Experience showed that successful HIV responses required government leadership aligned with partnerships across society; predictable and transparent domestic resource mobilization; funding arrangements to support community-led organizations to do what they do best; strong data and accountability mechanisms; and legal and policy reforms to remove barriers to service access.
32. Ultimately, speakers said, governments, communities and civil society were the main drivers of country progress against the AIDS pandemic. In planning for UNAIDS's transition, the UN had to ensure support to those actors. The future of the HIV response should be built around the needs of people living with and affected by HIV, particularly key and priority populations, and it should be grounded in human rights.
33. Members and observers unanimously reaffirmed their strong support for the Joint Programme. They said UNAIDS was more than "just another UN programme": it was a unique platform that anchored community leadership, coordinated across the UN system, and kept equity and rights at the centre of the HIV response. Its technical support and convening roles were vital for successful multisectoral action against AIDS.
34. For affected communities, UNAIDS was uniquely important, speakers said. Even in challenging legal and policy environments, it managed to maintain space for dialogue, protect access to services and reinforce the importance of human rights in public

health. In a period of shrinking resources, rising inequalities and ongoing backlashes against human rights and gender equality, losing such a platform without safeguards would be a significant setback.

35. Some members briefed the meeting on recent developments in their HIV epidemics, emphasizing the importance of prevention programmes and described key features of their responses, the institutions they had created and the approaches they had adopted. They said UNAIDS had been supporting and cooperating with those institutions for 30 years.
36. The central challenge was to preserve UNAIDS's unique added value while transitioning it more deeply into the wider UN system, speakers said. They warned that proceeding without transparent timelines, mitigation measures and a clear vision for how UNAIDS's distinctive mandate and core functions would be carried forward could jeopardize hard-won gains and leave those most affected by HIV and inequalities behind.
37. Speakers insisted on a smooth, carefully managed transition process that would meet the needs of affected communities. A safe landing for the Joint Programme was needed to preserve strong country support, accountability with data, and the leadership of communities, they said. Achieving this required a realistic, well-sequenced approach, grounded in shared responsibility and attentive to the risks of disruption.
38. A responsible and clear transition was essential. Speakers said the transition had to be accompanied by strong multilateral cooperation and continued leadership, with the full functions of UNAIDS preserved. UNAIDS's transition was not simply about dividing and reallocating responsibilities but about ensuring coherence and complementarity. In mapping and carrying out the transition, it was crucial not to lose sight of the fundamentals that make HIV responses successful. For example, technical support brokered or provided by UNAIDS was vitally important as countries assumed full ownership of their national responses.
39. Members and observers reaffirmed their support for the UN Secretary-General's broader reform efforts but expressed deep concern about the proposed accelerated closure of the Joint Programme. They acknowledged the need for further reform of the UN system to enhance efficiency and impact but warned that rushing UNAIDS's transition would have major negative consequences for the global HIV response. Shortcuts would backfire, they warned; experience showed that poorly planned transitions disrupted services, weakened accountability and eroded trust.
40. The transition should proceed in an orderly and planned fashion to safeguard the HIV response while being coherent with the UN80 initiative, the PCB was told. That would require difficult decisions and compromises, speakers acknowledged, but it was essential for integrating UNAIDS's unique capacities and ensuring that the UN retains an impactful role in the global HIV response.
41. The PCB was told that a transition should be guided by several non-negotiables: no disruption to HIV services; no loss of community leadership; and no weakening of human rights accountability. Decisions had to be evidence-based and anchored in human rights and equity, involving meaningful engagement with affected communities and protecting and advancing the hard-won gains of the HIV response. Wide and equitable access to HIV services and tools and the meaningful participation of civil society must remain priorities, and communities played indispensable roles, speakers said. UNAIDS's transformation should sustain community systems and help secure the political and fiscal space for them in the long term.

42. Speakers added that the transition should be handled with care, transparency and support for staff at all levels. They thanked UNAIDS staff for their ongoing commitment to the HIV response.
43. They called for strong leadership from the Board and said it had a collective responsibility to preserve the gains of the global HIV response as the Joint Programme was integrated further into the wider UN System and beyond. The Board had agreed on a new operating model for the Joint Programme and a vision for further transformation, they said: it now had to translate that vision into a concrete and realistic plan.
44. A timebound transition roadmap with clear milestones and accountability mechanisms was vital, speakers said. It would have to set out which functions are to be carried by which Cosponsors, informed by their concrete proposals on how they would assume those functions and the capacities required to deliver them. The roadmap would also have to outline how transfers would be managed, how institutional knowledge would be safeguarded, how civil society's involvement and voice would be protected, and how the transition process would align with UN80 reforms—with clarity regarding timelines, affordability and practicality. Also needed was a budget and workplan that laid the basis for a sustainable and orderly implementation phase.
45. While recognizing the importance of a “joined-up” planning process, some speakers said this had to happen quickly: a time-bound plan for the full transition of the Joint Programme was needed by end-2026.
46. There was strong support for the creation of a working group to guide the transition. Such a group would have to be fully accountable to the PCB, they said. It should have a realistic mandate that would allow it to deliver an actionable plan for the most appropriate way to transition UNAIDS by preserving the approaches and methods that had brought success to the HIV response.
47. Cosponsors reminded the meeting that Cosponsor principals had unanimously committed their respective agencies to continue to contribute to the HIV response, safeguard progress and strengthen integration. They said they took note of the intention to establish a working group for a responsible transition of the Joint Programme and reaffirmed their commitment to UNAIDS while preserving its legacy of innovative and effective partnerships across the UN with governments, civil society and other partners.
48. There was insistence that global solidarity remained essential during the transition. Speakers urged political leaders to choose equity over convenience, people over processes, and long-term sustainability over short-term efficiencies. The world was watching, they said, and the lives of people living with and affected by HIV depended on the choices and decisions that were being taken.
49. Speakers strongly welcomed the new Global AIDS Strategy and its approach, including the central role it reserves for community leadership. They also welcomed the shift towards increased domestic ownership and leadership, including through the development and implementation of country-led and country-owned sustainability roadmaps. While international support would remain important, the pivot toward resilient, country-led systems was both timely and necessary.
50. An appeal was made to maintain eastern Europe and central Asia as a distinct region within the HIV response (and not merged with Asia-Pacific as a region). Eastern Europe and central Asia's epidemiological, legal and political profile was entirely different from that of Asia and the Pacific, they explained. Merging the two regions would put at risk communities' access to meaningful support, data and accountability

mechanisms. It would also risk creating new geographic blind spots in the HIV response. Keeping Eastern Europe and central Asia as a standalone region, with staff based there, was the only way to achieve appropriate handover arrangements with the right mix of Cosponsors and other relevant support.

51. In reply, Ms Byanyima thanked the speakers for their remarks and support. She said the new Global AIDS Strategy could generate new momentum to end AIDS. It reinforced multisectoral and people-centred approaches and continued to position the core of the work at country level, supported by international and global actors.
52. She agreed with calls for the meaningful participation of civil society in all aspects of the response and UNAIDS's transition and said it was heartening to hear countries' commitment to ensure that services could be accessed by everyone who needed them and to maintain multisectoral approaches.
53. She emphasized that reliable and up-to-date data had catalyzed and shaped effective action and were thus vital for accountability. . Strategic information assets had to be protected and could not be fragmented, she advised. Although the HIV response was larger than UNAIDS, the Joint Programme had an important and clear role to play. Even though the previous 12 months had almost upended the HIV response, there was cause for hope, she said. UNAIDS was uniquely positioned to address the challenges even as it embraced its transformation.
54. The Executive Director reminded the meeting that the Joint Programme was funded entirely through voluntary contributions. Thanking donors, she said UNAIDS existed because governments at every income level contributed to its funding. It was a "small-budget, high-impact" programme which operated prudently, anticipated and addressed crises, and remained viable, she told the PCB, and it was taking tough decisions to adapt for the future.
55. Ms Byanyima acknowledged the appeals for UNAIDS to remain present in all regions and assured the meeting that it remained committed to safeguard the special needs of eastern Europe and central Asia. There were lessons to be learned from the closure of Country Offices in the previous realignment, she said.
56. The upcoming High-Level Meeting of the General Assembly would be a watershed in HIV response, she said. Decisions taken at previous High-Level Meetings had moved the HIV response forward significantly and she hoped that the June 2026 meeting would adopt a bold new Political Declaration with ambitious targets.
57. Regarding the transformation of the Joint Programme, the Executive Director said she was heartened by the passion shown by speakers. There was a shared understanding that transformation had to happen and had to be accelerated, she said. However, it was also clear that this had to be done responsibly, preserving the critical elements that had brought success to the global HIV responses. Millions of lives depended on the choices that were being made, she concluded.
58. The meeting adopted the decision point.

4. Consideration of the Global AIDS Strategy 2026–2031

59. The Chair introduced this agenda item by providing brief background to the development of the new Global AIDS Strategy. Angeli Achrekar, Deputy Executive Director for Programmes, and Christine Stegling, Deputy Executive Director for Policy, Advocacy and Knowledge, UNAIDS, presented the agenda item.
60. Ms Achrekar told the meeting that it was still possible to end AIDS, despite multiple

crises and setbacks. The necessary science and tools existed, and communities remained firmly committed, she said. But political will and financing were fragile. As affirmed by her, this could be the world's last window of opportunity to end the pandemic.

61. She said the new Global AIDS Strategy represented a collective recommitment to end AIDS by 2030. It was not a "business as usual" strategy, she stressed. It responded to a world of overlapping crises, widening inequalities, shrinking civic space and new health and economic shocks and was geared at transformation through decisive actions.
62. She described the Strategy's development, which involved extensive consultations with over 5,000 people and networks, as well as surveys, dialogues and research. The Strategy had four building blocks: a mid-term review of the current Global AIDS Strategy; target setting; sustainability roadmaps; and ongoing consultations, she explained.
63. Ms Achrekar told the PCB that the Strategy highlighted country leadership; reducing inequalities and upholding people's rights to access people-centered HIV services and support; and community leadership at all levels of the response. It was focused on reaching all the people that were left behind; on sustainability; on a deep commitment to human rights, gender equality, decriminalization and communities as leaders and decision-shapers; on better integration within broader health and development agendas; and on clearer lines of accountability.
64. The Strategy laid out three core priorities: sustaining the HIV response; people-centred services; and community leadership. Those priorities aligned with eight results areas.
65. The action areas under Priority 1 focused on financing, systems, integration and data. For financing the HIV response, national strategic plans had to be integrated with national structures for a coherent national response and funding sources had to be diversified, she explained. The HIV response also needed to be integrated into national health and community systems and beyond. Multisectoral integration was vital, while strong data and information systems were needed to achieve accountability, she affirmed.
66. Priority 2 involved people-focused services and had four results areas, with the recommendations focusing on the scale-up of essential HIV prevention, testing, treatment and care, and on service delivery improvements, Ms Achrekar said. Thus, results area 4 involved scaling up all proven options for HIV prevention; results area 5 called for ensuring equitable access to services and tools; and results area 6 demanded actions to end stigma and discrimination and uphold human rights and gender equality. Priority 3 was focused on strengthening community leadership in the HIV response and better integration of community-led systems.
67. Ms Stegling continued the presentation and said the Strategy would enable countries to achieve 16 topline targets towards ending AIDS as a public health threat. Some targets were new, while others had been extended from the previous Global AIDS Strategy since they had not been achieved by 2025. The new Strategy aimed to reach people with the HIV treatment and prevention services they needed, within safe and supportive environments.
68. She explained that ending AIDS was defined as a 90% reduction in the numbers of people acquiring HIV and dying of AIDS-related causes, compared with 2010. Achievement of the targets stipulated in the Strategy would bring most countries within reach of that goal and would avert 3.3 million new HIV infections and 1.5 AIDS-related deaths by 2030.

69. Ms Stegling said approximately US\$ 22 billion was needed annually until 2030 in low- and middle-income countries to end AIDS by 2030. This was a reduction of over US\$ 7 million from previous estimates.
70. Continuing, she said the new Strategy reflected regional specificities and included eight regional sections. She described the key features of the AIDS epidemics in different regions and highlighted the challenges, priorities and focus for HIV responses in each of them. The Strategy also defined important roles for various actors at all levels, she told the PCB, and it recognized the importance of regional organizations and showed how such entities could support domestic financing, South-South cooperation and more.
71. Multilateral actions remained vital, Ms Stegling added, as did accountability. A four-pronged approach was envisaged, starting with the new Strategy, which would lead to the next High-Level Meeting, which in turn would feed into national strategies, which would be monitored and tracked. The new Strategy would serve as the basis for the High-Level Meeting on AIDS in June 2026.
72. Ms Stegling said it was fitting that the Global AIDS Strategy was being adopted in Brazil, which had showed what can be achieved by combining political will, community leadership and rights-based approaches.
73. In discussion from the floor, members and observers unanimously welcomed the new Global AIDS Strategy and commended the Joint Programme for the evidence-informed and inclusive process, which had involved over 5,000 stakeholders.
74. They said the Strategy arrived at a decisive moment. It brought renewed ambition, commitment and clarity to the actions that were needed to end AIDS, and it responded to the challenges confronting countries. While the world could be proud of the progress made, it had to recognize that major barriers still stood in the way, speakers said. Countries' determination to end the AIDS pandemic was being disrupted by widespread crises, geopolitical instability, fiscal constraints, sharp declines in donor funding, attacks on human rights, and ongoing stigma and discrimination. Indeed, the progress achieved thus far appeared to rest on increasingly fragile foundations, they warned.
75. Speakers welcomed the Strategy's call for a renewed sense of urgency and for strengthened solidarity and they supported the priorities and results areas, which mapped well onto the main gaps in the HIV response.
76. Speakers stressed that HIV responses needed to be country-owned, resilient and prepared for future shocks, with services centered on people rather than systems. Reducing structural inequalities and ensuring equitable access to services and medicines were not optional components of the response, but central to ending the pandemic. They said the Strategy correctly emphasized that progress depended especially on closing persistent gaps and addressing structural barriers. Cosponsors stressed that the task of ending AIDS was inseparable from strengthening health systems and addressing gender and other inequalities.
77. The increased focus on access to services, integration, sustainability and country ownership and the shift to greater domestic financing were also well-aligned with broader shifts in the global health ecosystem, they said. The inclusion of regional context would help countries tailor their actions, they added. It was suggested that the Strategy should respect national contexts and priorities, including national legislation and societal values.
78. Speakers said the new Strategy provided a clear roadmap for ending AIDS and

presented concrete actions for reaching the 2030 targets. They welcomed the streamlined set of targets, including having 40 million people on treatment and virally suppressed and having 20 million people using ARV-based prevention options by 2030. The targets should help focus national efforts, they said.

79. Speakers agreed with the focus on resilient health systems, strengthening HIV services within broader health systems, eliminating inequalities and other structural barriers, and upholding human rights. They also supported the emphasis on multilateralism for coordination, accountability, normative guidance, and shared learning.
80. For Priority 1, on country-led responses, speakers welcomed the shift from a donor-driven approach to a country-owned and -led one and supported the emphasis on long-term domestic financing and diversified resource mobilization, while recognizing the difficult decisions which countries would have to make to prioritize HIV funding. Also welcomed was the emphasis on moving away from fragmented, donor-dependent systems and towards integration of HIV within primary health care and as a part of universal health coverage.
81. Speakers welcomed the domestic financing targets. They recognized, however, that increased domestic funding would be difficult to achieve in countries with severely constrained fiscal space. Even as domestic ownership and financing expanded, global solidarity would remain a foundation for progress, they said. The funding disruptions showed that responsibility for the HIV response had to be shared across the global community.
82. Cosponsors said they recognized the impact of disrupted financing on countries, communities, cosponsoring entities and the UN system overall. They reaffirmed their commitment to maintain institutional, programmatic and policy support for implementation of the new Strategy.
83. Speakers noted the focus on government stewardship and on clear responsibility for results. Genuine collaboration among governments, communities and institutions was essential, they insisted, and health services had to be adapted to incorporate the participation of all people living with, affected by and at risk of HIV.
84. There was broad support for the Strategy's emphasis on integrating HIV services within broader health systems and on expanding effective prevention. AIDS could not be addressed in isolation, they said. It required a multisectoral approach and deeper integration with broader health and development agendas. They therefore supported the focus on integrating HIV services in primary health care as a core element of universal health coverage, which was also key for sustainability.
85. However, speakers warned that integration could not lead to marginalization and to services becoming inaccessible or unsafe. This was a danger especially for key populations, they said. The meeting was reminded that, in many countries, community-led organizations were operating under tight restrictions and in fear. Integration, speakers said, was unrealistic if organizations could not operate safely and legally; it should be accompanied by legal reforms, safeguards and direct community financing. They insisted that the new Strategy prioritize the protection of community spaces and hold governments accountable for ensuring meaningful community leadership, as stipulated in Priority 3.
86. It was suggested that the integration of HIV and TB services could be more prominently reflected under Results Area 2 and incorporated as a top-line target.
87. The emphasis on strategic information was strongly endorsed. The PCB was told that

interventions should be scientifically proven and should respond to the different epidemiological, legal, and social cultural contexts, and the different needs of countries.

88. For Priority 2, speakers welcomed the clear actions proposed for people-focused services and the call to protect, respect and promote civic space. They commended the Strategy for putting equity, rights and communities at its core: community-led, rights-based actions were essential for ending AIDS, they stressed. The emphasis on people-centered, integrated and rights-based services and community leadership was also praised, as was the emphasis on gender equality and the elimination of stigma and discrimination.
89. The PCB was reminded that the AIDS epidemic was intensifying in several countries among the most vulnerable populations. Differentiated services and the participation of key populations in decision-making processes were needed to change the trajectory of those epidemics, speakers said.
90. Speakers welcomed the Strategy's recognition that criminalization of drug use, forced treatment, police violence, stigma, and exclusion from health systems were major barriers to HIV prevention, treatment and care. They said that many of those barriers were due to policy choices that could and should be changed. They said they agreed with the Strategy's insistence on removing legal barriers, addressing discrimination, safeguarding sensitive personal and health data, and protecting civic space. It was noted that the highlighted HIV prevention measures lacked reference to drug use prevention and treatment, including therapy for people seeking to stop using drugs.
91. Also highlighted was the importance of equitable and affordable access to medicines, which was closely linked to the Strategy's priorities. Speakers reminded the meeting that licenses provided through the Medicines Patent Pool had played a key role in expanding access to WHO-recommended, quality-assured and affordable generic HIV medicines for more than 24 million people across 148 countries. The PCB was told that voluntary licensing and technology transfers, manufacturing capacity building and local production were becoming ever more critical to enable equitable and timely access to needed medicines and other health products.
92. On Priority 3, speakers welcomed the focus on communities as a central pillar and the insistence on the need for inclusive multilateral action. Ultimately, they said, adaptability, transparency and the meaningful involvement of all stakeholders were needed to ensure that the global HIV response remained capable of delivering on the Strategy's targets. That demanded strong political will, sustained investment in equitable and resilient systems, and an unwavering commitment to an inclusive gender and human rights-based approach.
93. Next steps should involve guidelines for implementation at country level to help translate the vision into operational actions, speakers said. It would be crucial to adapt the work ahead to the evolving transition of UNAIDS. Ultimately, implementation of the new Strategy would depend on the UN system's ability to sustain critical support in key areas, such as strategic information, technical guidance and community engagement.
94. While welcoming the dialogue on the revised operating model for UNAIDS, speakers expressed strong concern about its envisaged premature closure, which they warned would risk derailing critical work. The cost would be more preventable deaths, more women and children falling through the cracks, and the loss of the gains made against the pandemic, they said.
95. UNAIDS was needed more than ever, the PCB was told, and it remained vital for implementation of the Global AIDS Strategy. Speakers questioned whether there

would be sufficient capacity to guide, coordinate and support national processes if UNAIDS's resources were not carefully transferred elsewhere in the UN system. They asked who would support and monitor implementation of the Strategy in countries; to whom and how would progress be reported; how accountability would be maintained; and who would support countries encountering challenges. Those questions must be resolved with clarity, they demanded.

96. The roles played by UNAIDS in countries across the world were repeatedly highlighted, especially in relation to political mobilization; reducing stigma and discrimination; monitoring programmes and ensuring accountability; advocating for social justice, human rights and equity; understanding the epidemic and response; technical support; normative guidance; striving for sustainability; and more.
97. The proposals to transition and integrate UNAIDS into the UN system and beyond as part of UN80 reforms had huge consequences for affected communities, the meeting was told. Speakers said UNAIDS was a focal point for communities at all levels and was the only UN body to formally embed communities in its governance. For many LGBTQ communities, they added, it provided one of the few spaces in the UN where they were recognized, respected and able to engage meaningfully.
98. Speakers urged that the UN Secretary-General not press for an accelerated transition timetable and called for the Joint Programme to be maintained until continuity of core functions, accountability and system-wide coordination could be credibly ensured. A well-structured, realistic and timebound process was crucial, they said.
99. Speakers insisted that UNAIDS's transition be based on a clear plan that presented a credible and fully articulated strategy for safeguarding the HIV response in countries. The plan should strengthen accountability and improve efficiency while protecting space for civil society engagement.
100. They supported the creation of a global working group to prepare such a plan and demanded that civil society be represented on it. They also stressed the need for sustainable, innovative and predictable financing models, including increased domestic financing and continued international support. Crucially, this support had to reach community organizations, they said.
101. The importance of international funding for community-led responses was underscored. Several speakers asked how communities could be expected to lead and mobilize resources locally when they could not operate safely and openly in their countries. The potential closure of UNAIDS, the reduction of European Union funding for community organizations and shrinking support for the Robert Carr Fund were creating a perfect storm that would make implementation of the new Strategy far more difficult, the PCB was told.
102. The United States representative thanked the UNAIDS Secretariat for its tireless work on behalf of shared goals. It also noted that it was important to have a robust Strategy that addressed issues by following the epidemiology and data produced via the widest possible consultation, including with those who are living with and most at risk of acquiring HIV. The United States representative added that it was not bound by the language put forward in the Strategy because it was not a Member State-drafted document. The representative for Iran said it was not bound by any part of the Global AIDS Strategy that contradicts its national priorities, laws and regulations, policies, Islamic principles, cultural norms, traditions and values. It therefore did not consider itself bound by a legal obligation to implement the Strategy. The representative for the Russian Federation said it did not support language in the Strategy related to sexual rights and gender diversity.

103. Several country representatives said the new Strategy aligned with their own visions for transforming health systems, including strengthening primary health care and building community-led systems (e.g. by absorbing thousands of community health workers into formal systems). Some country representatives described ways in which the Global AIDS Strategy was aligned with its national strategy and priorities.
104. The decision point was adopted.

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

105. Ambassador Erica Schouten, Permanent Representative of the Kingdom of the Netherlands to the UN in Geneva, began her presentation by reminding the meeting that the update had been prepared in response to decision point 8.6 from the PCB meeting in June 2025. She described the process that had led to the update's finalization.
106. She said the PCB Bureau had proposed the creation of an inclusive PCB working group, reporting through the Bureau, to develop a plan including a timeline for the further transition and integration of the UNAIDS Joint Programme within the wider UN system, including timelines and key milestones. The Bureau had reaffirmed that civil society inclusion was critical for legitimacy and joint decision-making and had noted that civil society needed to be actively involved in such a PCB working group. It had also emphasized that the work had to be anchored in the needs of people living with and affected by HIV and should safeguard the continuity of the UN's multisectoral role and its ability to support meaningful community engagement in HIV responses.
107. She said the Bureau had underscored that timelines should be designed to safeguard continuity of the Joint Programme's core roles throughout the transition. The working group's recommendations would be submitted for consideration by PCB members in the second half of 2026 (earlier than the previously envisaged timeline which extended to June 2027).
108. The Bureau had also emphasized that the plan should preserve the jointness of the UN's role in the HIV response, maintain an inclusive governance structure and ensure accountability of all stakeholders involved. It had highlighted the need for coordination and coherence between the UNAIDS Secretariat, Cosponsors, the Office of the Deputy Secretary-General, and the PCB Bureau to facilitate smooth implementation of the transition plan. In addition, the Bureau had noted that it was critical to maintain inclusive governance structures and ensure accountability of all the involved stakeholders.
109. Ms Schouten explained that the paper accompanying this agenda item had four sections: process, key content and analysis, milestones and timelines, and draft proposed recommendations.
110. Mahesh Mahalingam, Chief of Staff, UNAIDS, referred to UNAIDS's strong tradition of inclusive multisectoral engagement. He said a key proposal in the paper was the establishment of a PCB working group, with members reflecting the composition of the PCB. The group would lead the development of a comprehensive plan to guide the further transition and integration of the Joint Programme into the UN Development System and beyond, while ensuring meaningful engagement of all relevant constituencies, civil society, governments, Cosponsors, and other partners.
111. That approach would ensure that future decisions reflect the needs and priorities of

countries and of the communities who are most affected by HIV. The PCB would request the Bureau to finalize the working group's terms of reference after receiving inputs from all relevant stakeholders, Mr Mahalingam explained. It would then seek the PCB's approval and establish the working group. The Bureau would also develop a costed workplan for approval by the PCB. The working group would be time-limited and would conclude upon submission of its final report to the Bureau in 2026. This approach would ensure that the planning process is inclusive, transparent and has clear milestones.

112. The terms of reference would be critical, he said. The working group would have to provide a range of recommendations, including for future governance and institutional arrangements (with representation of civil society) and for safeguarding and strengthening core functions. The latter included stewardship and coordination of the Global AIDS Strategy 2026-2031, support to countries to report on progress, facilitating stakeholder engagement (specifically for communities living with and affected by HIV) and country ownership, advancing human rights-based approaches and human rights programming, and analysing and disseminating data and other evidence.
113. The working group also would have to provide recommendations for ensuring operational continuity and managing human resource transition, as well as review financial sustainability and resource mobilization to maintain funding for the HIV response during and after integration. Finally, it would have to present recommendations for promoting inclusive and transparent stakeholder engagement and advise on a timeline with key milestones and endline for the integration of the Joint Programme into the UN system and beyond.
114. Mr Mahalingam then summarized the core content of the accompanying paper: programmatic, operational, political and governance, and financial (including future resource mobilization). Those four areas provided the frame for the analysis which the working group would conduct, he explained.
115. He then presented in greater detail some of the key questions which the working group would need to consider. They included which entities would support countries to track progress to 2030 targets; which entity would compile and report the data on progress and ensure cooperation among actors; what integration would mean for communities, governments, civil society, academia and financing partners; how programming and service continuity would be maintained; and how advocacy and support for human rights, gender equality and the elimination of HIV-related stigma and discrimination would be maintained.
116. Also important was clarity on how the country presence of the UNAIDS Secretariat would be integrated practically into the UN Resident Coordinator system and how institutional knowledge and data would be retained and kept accessible as public goods. Those questions went to the heart of why UNAIDS had been so central to the HIV response for the past 30 years, he told the PCB.
117. The working group would also have to examine how operational continuity and human resource issues were to be addressed during the transition; what timelines would ensure compliance with UN staff regulations and rules while safeguarding staff well-being and maintaining operational efficiency; what options existed for transferring staff to other UN entities; how planning and duty of care would be guaranteed for staff and affiliate workers; and what considerations would help to ensure that staff, including those living with HIV, are protected during the transition, including their access to essential medical care.
118. Regarding political and governance issues, key questions included what processes

- would guide decisions during the integration; what models should be adopted for a UN multisectoral role; whether there was a need for a global hub or coordinating mechanism in the future; how such a structure would be organized and resourced and where it would be located; how the involvement of affected communities would be ensured in a future governance structure, on par with current arrangements; and what mechanisms would be put in place to oversee the integration process.
119. Turning to the financial dimension, Mr Mahalingam said the issues included how to ensure transparent and comparable cost estimates and commission independent fiduciary reviews; what the funding model of a future coordinating entity should be; what models could support civil society engagement and action and sustain HIV response; how resources would be secured for continuing technical assistance; how the cost of integration would be covered; and how donor “buy-in” and commitments beyond 2026 would be achieved.
 120. He said these and other key decisions taken in 2026 would shape the entire HIV response. It was clear, he said, that a rushed transition carried far greater risks than taking the necessary time to get the transition right: integration without a clear, realistic pathway was a great risk. This was not about slowing the process down, he said, but about building a foundation for success.
 121. Ambassador Schouten presented the proposed key milestones for 2026. These included: finalization and approval of the working group’s terms of reference and its establishment; the first meeting of the working group to define its activities, workplan, milestones, stakeholder engagement plan, etc.; the first multistakeholder meeting on the transition and integration plan; consultation with the Committee of Cosponsoring Organizations at heads-of-agencies level at the biannual; presentation of the working group’s interim report to the PCB; and presentation of the final working group report for subsequent transmission to ECOSOC.
 122. Deputy Secretary-General of UN, Amina Mohammed, then addressed the meeting. She praised the new Global AIDS Strategy for its clarity, inclusivity and clear division of labour. However, she said, implementation depended on having enough resources and asked whether it was realistic to expect that this could be achieved primarily through increased domestic investments from countries that were under huge economic and fiscal stress. It was necessary to try and convince the international community to provide donor support for development and the work set out in the Strategy. Financing implementation of the Strategy had to be discussed.
 123. Ms Mohammed said UNAIDS had played a vital role in the HIV response, had achieved major successes, and had done so on the basis that everyone is a citizen with rights. She summarized some of the progress and said the achievements went far beyond health and gave people around the world a fair chance in life.
 124. It was important to find ways to strengthen the UN System’s ability to support populations that are most in need, she said. The UN80 report had set out a vision for further integrating UNAIDS’s capacity and expertise across the UN System. This was not about diluting UNAIDS’s impact, but rather about strengthening it and building on its successes, she told the PCB. It was therefore in the spirit of renewal that the Secretary-General had proposed that UNAIDS be “sunset” by 2026. Noting that millions of people would still be living with HIV beyond 2030, she said the proposed changes were aimed at ensuring that the UNAIDS mission remained alive.
 125. She said the Secretary-General had asked her to work with the PCB and UNAIDS to help guide that process. The discussion at the PCB and the voices of civil society would influence her report back and discussions with the Secretary-General, Ms Mohammed said.

126. Turning to priorities, Ms Mohammed said the uninterrupted delivery of HIV services had to be ensured, and UNAIDS's capacities and expertise had to be very carefully transitioned into those parts of the UN System that were best positioned to carry forward that mission effectively and sustainably. The UN's collective expertise and programming from across its entities and agencies would be brought into a reimagined structure to support governments and civil society, she told the PCB. Governments and civil society would remain at the centre of the HIV response, according to her.
127. The UN would continue to support national leadership, helping countries sustain and integrate HIV services in their broader health and social systems, she continued. A successful transition could only be achieved in full partnership with all UNAIDS stakeholders, she assured the meeting. Since UN Resident Coordinators would have an important role in coordinating and convening a multistakeholder HIV response in the future, it was important to explore how that role could be optimized. The UN System had to collaborate more cohesively and efficiently, drawing on the comparative strengths of its entities, she said. She also mentioned that it had to do things differently and argued that the current reform process was long overdue.
128. She emphasized that sustained financing underpinned the entire enterprise. HIV had to stay visible and prioritized in national budgets, and advocacy for the HIV response had to continue and deepen, she said.
129. Ms Mohammed stated that the Secretary-General's timeline for a decision by June 2026 was ambitious but achievable. She said that ECOSOC and the Cosponsors held formal decision-making authority for the transition and that the PCB would continue to play a critical role in ensuring a smooth and responsible transition. She said she looked forward to the PCB's guidance regarding a more progressive timeline.
130. Ms Mohammed agreed that the timelines proposed by UNAIDS were constructive but said she hoped they could be accelerated even further. However, while there was a sense of urgency, she said "we're not in a hurry to fail". According to her, it was vital to achieve common ground on all the concerns raised by the PCB and civil society. Ms Mohammed insisted that the UN remained committed to the mandate of ending AIDS and that UNAIDS's transition did not amount to a retreat. It was about preserving and enforcing the mission while addressing unprecedented realities and pressures in the current context, she concluded.
131. Speaking from the floor, members and observers thanked the Deputy Secretary-General for engaging directly with the PCB and sharing her perspectives, and thanked the PCB Bureau and the Secretariat for the comprehensive report and the inclusive process that had underpinned its development.
132. They welcomed the Deputy Secretary-General's commitment to safeguard the HIV response, but said it was unclear how core functions like strategic information and accountability would be preserved in the envisaged rapid transition being proposed under UN80, nor how country-level support would be maintained. They asked for clarification on how Member States, through the PCB and ECOSOC, in line with their mandates, would be involved meaningfully in decision-making processes to ensure a responsible and inclusive transition.
133. Speakers praised UNAIDS for its work in combating HIV for the past three decades. Many countries were on course to achieve and sustain epidemic control, which would not have been possible without the Joint Programme, they said. The importance of UNAIDS's role in coordination, mobilization of political leadership, technical support and normative guidance, human rights protection, monitoring and accountability, and data collection and reporting could not be overemphasized, speakers told the PCB. Those functions supported and complemented the work of national programmes and

helped ensure that the world remained on course to end AIDS as a public health threat by 2030, speakers said. They also noted that the Secretariat was working with countries to craft plans to achieve and sustain HIV control. It was the platform for translating global commitments into regional and national action.

134. UNAIDS played key roles in providing strategic leadership, coordination, data and accountability, promoting community leadership, and facilitating technical support for a comprehensive, multisectoral and human rights-based HIV response, speakers mentioned. UNAIDS Country Offices were also instrumental in supporting national ownership of HIV responses and ensuring that the needs of affected communities remain central, they added, stressing that those core functions had to be safeguarded and sustained. They note that UNAIDS's transformation had to be done in a careful, sequenced and responsible manner.
135. Speakers stressed that UNAIDS's data and strategic information functions (including HIV estimates modeling, AIDS spending assessments and investment cases) and technical support functions remained critical for accountable, evidence-informed and human rights-based HIV responses. They noted that even in countries where HIV services were increasingly integrated with primary health care and universal health coverage, specialized technical support remained critically important.
136. The meeting was also reminded that UNAIDS was a critical partner of the Global Fund: the data UNAIDS collected and analysed (including progress monitoring, key populations size estimates and AIDS spending assessments) were vital, including for enabling the Global Fund to determine grant eligibility and allocations.
137. The meeting acknowledged the Secretary-General's efforts to strengthen the effectiveness, coherence and impact of UN System. Speakers recognized the urgency of UN reform and affirmed their broad support for the UN80 Initiative. The UN System clearly had to adapt to a swiftly changing political and financial landscape, as did UNAIDS, they said. They voiced great concern, however, that a rushed transition risked dismantling the architecture that was driving progress against the AIDS pandemic. They also reminded that UNAIDS had been ahead of the curve in planning for its deeper integration in the UN system.
138. Cosponsors said they had committed to the Secretary-General's vision at the most recent meeting of the Committee of Cosponsoring Organizations and had called for coherence between previous PCB decisions and the UN80 report of the Secretary-General.
139. However, numerous other speakers argued forcefully against rushing any decision on phasing out UNAIDS, while some said they were entirely opposed to the sunseting of UNAIDS. AIDS was not over, they told the PCB, and the UN System had to continue playing its role effectively in the global HIV response.
140. Speakers warned that what was being demanded by the Secretary-General was not "routine" modernization, but the dismantling of a structure whose time had not yet come. Nothing was to be gained from a demolition on the scale and at the speed that was being demanded, they said. They warned that the proposed 2026 timeline for sunseting was reckless, as it sent a message to the world that AIDS was over.
141. Noting that Africa continued to be disproportionately affected by AIDS, they said that any transition had to be gradual, carefully sequenced and attentive to potential operational disruptions. The transition should be tied to epidemiological milestones, not calendar dates, they insisted.
142. A rushed sunseting would not allow time to stabilize and protect the core functions of

UNAIDS, they warned. While there was real urgency, there should be no hurry to fail, speakers said, echoing the remarks of the Deputy Secretary General. They argued that the Joint Programme's transition should not sacrifice its proven effectiveness in carrying out the ECOSOC mandate, providing technical support, guidance and monitoring and evaluation functions, and that the fundamental objective should be a smooth transition of the core functions of the Joint Programme in order to sustain the HIV response.

143. Members and observers insisted on a realistic timeline and process that safeguards countries' efforts to end AIDS as a public health threat by 2030 and sustained that accomplishment. They asked the Deputy Secretary-General to take that message back to New York and the UN80 process and to stand with affected communities until the job of ending AIDS was complete.
144. The PCB was reminded that the Joint Programme had been created precisely to overcome fragmentation, align diverse mandates and ensure a multistakeholder response. Its value laid in its convening power, strategic leadership, and accountability functions—which could not be replicated by individual agencies acting alone. Lessons should be drawn from previous reform efforts, speakers urged.
145. Cosponsors said the Joint Programme stood as one of the UN System's most innovative and successful models, thus that legacy, along with the expertise and institutional memory of UNAIDS, had to be preserved. Cosponsors said they were united in their commitment to achieve a transition and integration process that strengthens rather than weakens the global HIV response.
146. Speakers told the PCB that the UNAIDS model had brought science, rights and accountability together and proved that multilateralism and inclusion worked, which was clear in the roll-out of HIV treatment. Before the generalized provision of antiretrovirals, speakers said, some 10 million people had died of AIDS in Africa—more than all the people who had perished in World War One.
147. Speakers reiterated that UNAIDS was often the only UN entity consistently advocating for and defending a human rights-based response to HIV, including decriminalization and harm reduction in politically difficult environments. It played a critical role supporting countries to promote and protect human rights and tackle stigma and discrimination, they insisted.
148. They highlighted UNAIDS's success in advancing collaborative governance, civil society inclusion and a rules-based approach to rights and development. UNAIDS was one of very few UN entities that consistently opposed injustices like HIV criminalization, promoted the involvement of vulnerable populations in policy discussions, and called governments to account, they said. UNAIDS Country Offices were also rare safe spaces for key and vulnerable populations. There should be no compromise on those vital functions, they said. Some speakers warned that an accelerated sunset of UNAIDS would amount to a capitulation to those who opposed multilateralism and inclusion and who were comfortable silencing communities.
149. Speakers noted that over 1,000 civil society organizations across the world had issued a warning against accelerating the closure of UNAIDS. Premature closure of UNAIDS would be a monumental error, with the cost borne by affected communities for generations to come, the PCB was told.
150. Given the recent disruptions of HIV responses, speakers said, UNAIDS should continue to function as the global compass for HIV response in the years immediately ahead, providing technical leadership to guide countries through differentiated service

delivery and innovative prevention strategy; stewardship of the global HIV surveillance and accountability framework; human rights advocacy to protect the most vulnerable and ensure no one is left behind; and using its convening power to sustain partnerships.

151. Speakers said the transition process was being driven forward too quickly and that the proposed accelerated timelines for sunsetting did not allow sufficient time for reviewing and safeguarding core functions. They pointed out that the new deadline did not match the transition timeline and approach decided previously by the PCB and affirmed by ECOSOC.
152. Alignment between intergovernmental decision-making on UNAIDS's reform and transition, and ongoing discussions under the UN80 initiative were essential for clarity, coherence and confidence in the process and for maintaining the trust of communities of people living with, affected by, or at risk of HIV, the meeting was told. Speakers insisted that the PCB and ECOSOC retained central roles in guiding any structural or programmatic transition of UNAIDS.
153. Speakers insisted that sunsetting UNAIDS in just 12 months was artificially rushed, untenable and unethical. They said the UN80 proposal had emerged not from due diligence among experts, but through a process that appeared to be driven by objectives that were in tension with the obligations to 40 million people living with HIV around the world and to the others who are at risk of acquiring HIV. The transition had to occur in an appropriate timeline, and it had to involve affected communities, they demanded.
154. Speakers told the PCB that the UN80 Initiative must strengthen, not dilute, multilateralism. It must serve the priorities and concerns of developing countries, and it must remain multisectoral and inclusive, including affected communities and civil society. Community leadership had to be maintained, they insisted. The transitioning of UNAIDS needed to preserve and strengthen the key functions and resources of UNAIDS, including ensuring the meaningful involvement of and support for affected communities.
155. Dismantling UNAIDS without a realistic plan and before national systems were fully prepared would put decades of progress at risk, especially in the current context of steep reductions in external funding support and shifts away from multilateralism, speakers cautioned. A carefully managed transition was essential to preserve the gains and prevent further disruption, they insisted.
156. Speakers demanded that the transition should safeguard the multisectoral and inclusive nature of the HIV response and that the principles, processes and protections built over decades survived UNAIDS's transition. They called for explicit safeguards for human rights-based leadership, continuity of core functions and meaningful community participation. It was essential to protect UNAIDS's unique governance model, especially the role of communities in it, and guarantee meaningful space for communities within a multisectoral HIV response, they insisted.
157. Speakers called for absolute clarity about how UNAIDS's core features and functions would be preserved, where responsibilities would be located and how accountability would be assured.
158. UNAIDS's transition therefore should proceed only on the basis of clear and credible proposals from the identified agencies about how they would assume the Joint Programme's core functions and preserve its core values, including preserving the place and role of communities and civil society as key partners in the HIV response, the meeting was told. Community representatives asked Cosponsors to clarify how

they would assume UNAIDS's role in engaging with people living with HIV, communities and key populations. The defense of human rights required a clear plan, they stressed.

159. Speakers also expressed concern that funding currently allocated to the Secretariat would not necessarily flow to Cosponsors, leaving them without resources to take vital work forward. They noted that many other UN entities were themselves experiencing funding and staffing constraints and therefore a structured, transparent and well-sequenced plan was essential before the transfer of functions and capacities could begin.
160. Key roles and functions highlighted by speakers included UNAIDS's global convening role; the consolidation of data and evidence-generation; accountability processes; technical and implementation support; engagement with communities and civil society; HIV-related human rights advocacy; and support for institutional processes and resource mobilization. Proposals needed to also protect the institutional knowledge and expertise that supported country responses, the meeting was told.
161. Speakers reiterated that the institutionalized inclusion of civil society was foundational to the legitimacy and work of the Joint Programme, but noted that the decision to accelerate the proposed sunsetting of UNAIDS had been taken without consulting the communities affected by that decision. The search for an optimal solution was not just an internal UN discussion, they said, as civil society partners had to be part of a transparent process. Shared governance was essential, they said, adding that there was wide agreement about the centrality of civil society in future governance structures.
162. There was unanimous support for a transition process that is evidence-informed, adequately resourced and responsive to the realities and needs of countries. Transition planning should be careful, preserving what works, adapting to what must change, and ensuring that the global response remained fit for purpose, members and observers said.
163. They underscored the importance of establishing a clear framework for integrating key UNAIDS functions within the broader UN System. That framework needed to safeguard the unique value of the Joint Programme, including its role in sustaining political leadership and broad-based social mobilization; advance progress on HIV-related human rights and reduction of stigma and discrimination, as well as equality and decriminalization; and enable a governance model that preserves UNAIDS's central leadership role, while ensuring that communities and civil society remain closely engaged in decision-making and accountability. Speakers demanded an inclusive process that meaningfully engages affected communities.
164. Speakers welcomed the proposal to set up a PCB working group to develop a plan and timelines for the transition of UNAIDS into the wider UN System and beyond, in a manner that is coherent with the UN80 Initiative and previous PCB decisions. They said they had full trust in the proposed working group and stated their expectations that the political leadership of the UN would support the group's plan and timeline, through the PCB Bureau, and subsequent PCB decision making.
165. Speakers underscored that the credibility of the transition process depended on achieving alignment between the PCB decisions and the broader UN80 reform trajectory. They cautioned that this would not be easy, as substantial programmatic, operational, governance and financial issues had to be addressed. This was crucial to safeguard core functions of UNAIDS, including community engagement, human rights advocacy and data custodianship, they added. The working group would have to make a clear, practical and realistic plan, including a timeline, through the PCB Bureau, for

protecting the different functions and responsibilities of UNAIDS as they are reallocated and integrated across the UN System, the meeting was told.

166. The paper accompanying this agenda item provided strong guidance for the working group, speakers said. The elements of the group's terms of reference identified there addressed many of their core concerns, but they advised some flexibility in case the working group or the PCB Bureau identified other, important matters.
167. There was general support for the proposals in the accompanying update on the issues which the working group should cover. The meeting was told that the objective should be a resilient model that strengthens coordination across the HIV response; preserves a strong, credible country-level presence; safeguards technical support and strategic information functions and upholds human rights and community leadership.
168. Speakers added that UNAIDS's mandate had to be protected during the transition: global stewardship of the HIV response, accountability mechanisms, multisectoral coordination, data collection and monitoring, and leadership on human rights, community systems and legal reforms. Transition planning needed to preserve what works and set out necessary adaptations so the global response remained fit for purpose, they reiterated.
169. Speakers highlighted as priorities a governance and decision-making model that guarantees institutionalized involvement of civil society; safeguards that preserve an integrated system for monitoring and accountability, including community-led data across all relevant dimensions of the HIV response (not solely the biomedical aspects); and measures to maintain the jointness of the HIV response and prevent fragmentation and discordance. Also noted were guarantees for Secretariat staff throughout the process.
170. In determining this plan and timeline, the working group should strike a balance between the desired transition timelines and the imperative to protect lives and ensure meaningful consultation with affected countries, they meeting was told. Due to concerns about the wide scope of tasks set for the working group, it was proposed that technical assistance be provided to the group.
171. Speakers agreed that the working group be fully accountable to the PCB Bureau and the PCB, and that it operate transparently and inclusively. They asked for the working group members to have the necessary technical expertise, knowledge and experience in national programme implementation, and to reflect the diversity of PCB membership (i.e. representatives from the main PCB constituencies, including Member States, communities and Cosponsors. They called on a geographically balanced composition of the working group.
172. Several specific deliverables for the working group process were proposed.
173. Speakers said the working group needed to recommend a governance structure that includes meaningful civil society and community participation; a responsible, and costed transition plan, with proposals for an orderly transition of core UNAIDS functions; an assessment of how core programme functions would be maintained to ensure continuity, such as which functions should remain centralized and which could be integrated; how human resource transitions should be managed; and a realistic timeline for implementation of the transition plan.
174. Some of those elements elicited more detailed suggestions from the floor. For example, also highlighted were operational considerations, such as duty of care for staff, and risk mitigation measures to prevent disruptions to HIV services, including ART community-led service delivery. Credible financial scenarios would be needed;

the plan would have to include transition and closure costs, as well as forward-looking resource mobilization models, the meeting was told. It was suggested that a permanent resource mechanism for community engagement be embedded in the new operating model. Also suggested was ring-fenced, predictable funding for HIV and key population networks within the 2027 work plan.

175. Speakers stressed the importance for clarity on what the working group had to deliver and by when. They called for a clear guiding mandate for the working group that sets out priority considerations and takes into account, without being driven solely by, the dynamics of the UN80 process.
176. The transition plan would have to be ready for implementation as soon as adopted, speakers urged. Some speakers said the timelines proposed in the accompanying paper were acceptable but could, if possible, be accelerated even further.
177. The group would have to provide a transition plan detailed enough so that implementation could begin in January 2027, the meeting was told. Decisions on the plan and the Joint Programme's financial and programmatic planning should be tabled during a special session of the PCB no later than end-October 2026, the PCB was told, though that deadline might require that some the details and decisions be finalized during implementation. Speakers acknowledged that it would be challenging to move at that pace while ensuring legitimacy and accountability.
178. Several speakers reiterated that the transition effort was complex and the stakes were high; it therefore should not be approached as a race against time but with the focus on an accountable and just outcome for people living with and affected by HIV. For that to happen, the necessary safeguards highlighted at this PCB session would need to have supreme priority, they added.
179. Ms Byanyima thanked speakers for their remarks and thanked the Deputy Secretary-General for attending the meeting. She stressed that communities were the backbone of the HIV response and central to accountability. Their work was not optional, but indispensable, she said, reiterating that any transition had to strengthen community leadership.
180. The transition must be co-created, not driven from the top, and it must be responsible, orderly, transparent and accountable, she urged. Invoking the principle "Nothing about us, without us," the working group must be inclusive, she added.
181. Ms Byanyima said the Global AIDS Strategy was a compass for the global HIV response and that the proposed reforms would have to advance implementation of the Strategy while reshaping the "vehicle" that facilitates implementation.
182. She told the PCB that the four key roles of UNAIDS would have to be integrated responsibly and effectively: its leadership role in setting goals; its convening and coordination across sectors and society; its accountability role, which includes critical data functions; and its community engagement and securing of space for communities. She offered her assurances that she and the PCB would continue working with the Secretary-General to achieve the UN80 ambitions.
183. The Deputy Secretary-General, in response, said the process had been serious and thoughtful, and had been conducted within the UN System and with Member States. Ultimately, the solution had to reflect what Member States wanted to see happen. She acknowledged that the proposed timeline was very tight. This was not simple due to the 2025 funding cuts, though the setbacks during 2025 were the proverbial "straw that broke the camel's back", she said.
184. UN80 contained many elements and UNAIDS was one of them, Ms Mohammed said.

A task force and steering committee had to deliver the overall reform “package” and they were working on a very short timeline, which she briefly discussed. The aim was for final decisions to be presented to the General Assembly in September 2026, before the end of the Secretary-General’s term, she noted.

185. Ms Mohammed noted that the crisis of funding required timely decisions on how the Joint Programme’s work would be sustained, which would involve Cosponsors and determining how to deepen partnerships. She agreed that the Joint Programme was a highly effective programme but asked whether it remained the best model for meeting the challenges that had led to its creation 30 years ago.
186. She noted that speakers had emphasized that key roles and features of the Joint Programme had to be protected, and said she hoped that space for civil society would be maintained in Cosponsor entities.
187. Ms Mohammed assured the meeting that the UN was “not in the business of creating more harm”; funding losses were doing so, she said, not UN80. Responding to remarks from the floor, she said UN80 was not simply a detached, administrative exercise, and that people and communities were the priority. She assured the PCB that she believed the UN System could achieve a responsible and appropriate transition and said she hoped that stakeholders would trust her and the Secretary-General as they sought to do so.
188. Although a lot of work laid ahead, she said she believed that the proposed working group could make the process work. Its terms of reference would need to be decided with the full engagement of civil society, she added.
189. In closing, she reiterated the timeline pressures but added that a “shoddy package” should be avoided and that the outcome should not be an arrangement that produces less than what UNAIDS was currently capable of. She said the transition would continue and she hoped that Member States would contribute the resources that were needed to make it succeed, including multiyear financing and more support for civil society. Civil society had shown it can absorb resources and deliver, she told the PCB. Appealing for trust, she said she looked forward to working with the Board in the coming year.

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