

UNAIDS EXECUTIVE DIRECTOR REPORT

WINNIE BYANYIMA

UNAIDS | 2026



58th meeting of the Programme Coordinating Board

30 June 2026

Geneva, Switzerland



We will not deliver on the promise of ending AIDS through institutions alone. We will deliver it through people, through the communities who refuse to be invisible, through the staff who carry this mission every day, through the partners and Member States who stand with us, and through courageous leadership in the face of uncertainty.

Thank you Chair.

Madam Chair, Excellencies, Madame Vice Minister of the Netherlands, thank you for joining us, Excellencies, distinguished delegates, friends, welcome to the 58th meeting of the Programme Coordinating Board. I am pleased to see so many of you here in Geneva and many more following online.

Let me begin by thanking the Bureau — led by the Netherlands, Erica thank you for your leadership, the Philippines and Kenya with the NGO Delegation and the Cosponsors — for your stewardship of the Board through what has been an exceptionally demanding time.

Of course, I also want to thank my colleague, Alexander de Croo, the UNDP Administrator who is leading the Committee of Cosponsoring Organizations. New to the UN but doing an excellent job, bringing the Cosponsors together. I would like to extend a warm welcome to UNODC's new Executive Director, Monica Juma. And to formally bid farewell to Cindy McCain, World Food Programme Executive Director who stepped down at the beginning of the month. Thanking them all for their support.

To the dedicated staff of UNAIDS, across the Secretariat, across the Cosponsors, in countries, in regional offices, at the Global Centre, thank you. All of you are inspiring. Thank you for what you do.

United Nations General Assembly High Level Meeting on HIV and AIDS

We meet just days after the UN General Assembly High-Level Meeting on HIV and AIDS in New York. An overwhelming majority of Member States renewed their commitment in a new Political Declaration, pointing the way to 2030.

149 Member States voted to adopt the new Political Declaration, with new 2030 targets aligned with the Global AIDS Strategy 2026–2031 approved by yourselves, the PCB in December last year.

This outcome proves that even in a complex global political context, UNAIDS still has that unique power to unite the world behind a shared vision to advance new targets and commitments to the 2030 SDG target.

That Declaration explicitly embeds the 95–95–95 testing, treatment and viral suppression targets, the 10–10–10 societal enabler targets, and the 30-80-60 targets for community engagement. It also includes an important new commitment to reach 40 million people with life-saving treatment and 20 million people with Antiretroviral-based prevention by 2030. That gives us a north star to a bold but achievable increase in coverage to reach everyone and halt the pandemic.

The Declaration locks in solid new commitments to support community-led responses, community-led monitoring, key populations, and human rights-based approaches. The Declaration features progressive language that has not been agreed in any other multilateral forum on ensuring affordable, timely access to HIV medicines and diagnostics and related health technologies. Importantly, the Member States

also committed to continue reporting their progress directly to the Joint Programme, ensuring accountability to 2030 and beyond within the current and future institutional setup.

Now I've heard some people say we've lost some language, the Declaration doesn't say enough times the world "key populations" and so on. Let me share with you my own experience. I've been in battle, I've served in a revolution. Like all commanders on the battlefield. we used our best judgement, we deployed our strongest arguments, we protected what was most valuable, and we adapted when the terrain shifted, we must count our losses and we must learn from them. But a good commander does not judge himself or herself based on every tactical setback or every concession made. No, but you judge yourself by whether the strategic objective has been achieved and whether you have emerged stronger. So, we are stronger, we come out stronger with this Political Declaration, with a northern star, able to drive forward.

Global context

The global HIV response was built on solidarity and international cooperation. It has saved millions of lives. Of 40 million people living with HIV in the world today, 32.1 of them are now on treatment, living long and healthy lives. But today, that model is under strain. Multilateralism is at its weakest in a generation. We are living through the effects of a protracted "inequality-pandemic cycle" - HIV, Covid, Mpox, Ebola. Among the compounding crises, two threats are poised to reverse our gains: the collapse in development financing, and the rollback of human rights, gender equality and civic space.

According to the OECD, ODA fell by 23% last year — the sharpest drop on record. 3.4 billion people now live in countries that spend more on sovereign debt interest than on health and education. New UNAIDS data released ahead of the High Level Meeting show serious signs of fragility. HIV testing has fallen 22% in high-burden settings — meaning that there are many people who do not know their status, and the virus continues to spread. Funding for condoms has been cut by more than 90% in some places. Prevention is being dismantled at the very moment we should be scaling it up and have the innovations.

Evidence shows that protecting rights achieves stronger HIV outcomes. Yet we are seeing a serious, a dangerous rollback of the rights of those at highest risk of HIV — women and girls, gay men, transgender people, people who inject drugs, sex workers. For the first time since UNAIDS began tracking, criminalisation is rising: last year two more countries criminalised same-sex relationships, and one increased penalties for same sex relations this year. These laws undermine HIV services and allow HIV to spread. And we see it on the ground, immediately, as these laws are being debated, as they are being passed, we see people fleeing, we see people hiding, we see clinics empty. It is real.

Civic space is shrinking, with community organisations defunded or shut down. They are the gateway to reach those most left behind. One study across 47 countries found community services to those most in need cut by between 50 and 85%.

The consequences are already visible on the ground for people living with HIV and most at risk:

- In Kenya, for example, most drop-in centres for key populations have closed.
- In Uganda, 45% of programmes serving key populations have partially or fully closed.

- In Zimbabwe, services for sex workers and other key populations collapsed entirely in 2025.
- 77% of harm reduction programmes for people who inject drugs report severe disruption.

Today's Leadership in the AIDS Response agenda item and our thematic segment on Thursday will allow us to explore these issues in more detail.

These are the threats the HIV response is facing. And they lead me to what the UN is for, and what the Joint Programme is for, in a moment like this. The Joint Programme is here to support governments and communities to stand strong, to mitigate these pressures, to seize the opportunities that are there, even now – so that all people living with HIV or at risk, wherever they are, have access to life saving services.

Windows of opportunity

I see windows of opportunity. New tools. New financing routes. New national and regional momentum. A new Global AIDS Strategy. And a new Political Declaration. A United Nations that is reforming itself through UN80 to rise to this moment, more focused, more united, and more accountable to the people who depend on it. And a Joint Programme that amidst massive transition and uncertainty, is delivering in countries and for people.

Let me take you through four of these windows.

The first opportunity is the enormous potential of long-acting antiretrovirals. The breakthrough is real; the access is not yet matching the science. UNAIDS is using every lever to close that gap:

- Leading global advocacy on lenacapavir alongside sustainability considerations — so that introduction is funded, integrated, and does not crowd out the basket of prevention options women and key populations have told us they need.
- Supporting costing scenarios for lenacapavir in Eswatini and South Africa, so countries can plan, not improvise.
- Providing granular data so that every dose of lenacapavir reaches the specific population and within the community in need.
- Engaging on access to medicines — including local production in Africa and advocacy so the next breakthrough does not arrive locked behind a patent.

The science has done its part. The system must now do ours.

The second opportunity is around sustainable financing. This is a moment to use the Global Fund GC8 and the new United States Government agreements not only to sustain hard-won gains, but to ensure national responses and systems are self-reliant for the long term. That is exactly what UNAIDS is helping countries to do. Through the Joint Programme's Virtual Support Team, in the past six months:

- We have directly supported 18 countries across all regions on funding requests and implementation planning, with data and support on prioritization of the most impactful interventions. That represents support to approximately US\$4.3 billion in Global Fund allocations and US\$1.8 billion in USG MOU investments.
- We have helped countries prioritise essential HIV services, focus on the most affected populations, strengthen community systems, and enhance



complementarity between domestic resources, Global Fund and USG investments — closing gaps, reducing overlaps, and maximising impact.

More than 54 countries reported an increase in domestic public budgets for HIV since the funding shift of 2025. A few concrete examples:

- ψ Uganda: UNAIDS' financial analysis informed Ministry of Finance budget submissions, contributing to a US\$100 million increase in the public HIV budget to address the 2025 shortfall.
- ψ Côte d'Ivoire: committed to invest US\$60–65 million in 2025, rising to US\$80–85 million from 2026 onwards.
- ψ Tanzania's 2025–26 budget advances the Sustainability Roadmap with a proposal to establish sin taxes ring-fenced for HIV and health care, with 70% of additional revenues remitted to the AIDS Trust Fund.

Advancing reforms for integration into primary health care and multisectoral efforts, ensuring financial programmatic and political sustainability is critical today. A transition is underway and we are supporting countries to be in the driver's seat. Twenty-five countries have set domestic financing goals and set strategic directions; in addition to the 30 completed Sustainability Roadmaps, eight more are finalising their Roadmaps and integrating sustainability into GC8 design; ten countries have finalized Transition and Sustainability Roadmaps across ESA, WCA and Asia-Pacific. And we have moved with countries from designing roadmaps for reform, integration and sustainability to implementing them — through health insurance integration, social contracting for community-led services, and HIV financing aligned with broader health reforms.

Regional initiatives, such as the Accra Reset led by President Mahama of Ghana, the African Union Roadmap, the Alliance for the Elimination of HIV in the Americas are strengthening country ownership of the HIV response and building health sovereignty. UNAIDS is closely involved in these initiatives and working closely with partners including Africa CDC, the Africa Union Commission, the Global Fund and WHO. Countries are leading but cannot make this leap alone. They need to build fiscal space, debt relief and an end to extractive financing flows.

The third opportunity is rights. In a moment of organised pushback, the UN's role on human rights is indispensable.

At the global level, UNAIDS is positioning coordinated UN leadership on human rights, gender equality and community leadership as essential to sustaining the HIV response. Through our role as coordinator of the Global Partnership for Action to Eliminate All Forms of HIV-related Stigma and Discrimination, we are working with Spain to advance the EU's SHIELD initiative — with around 20 countries expressing interest in the work package on stigma and discrimination to ensure more access to HIV prevention and treatment services.

In every region, we are showing up — even where it is hardest — because access to HIV services for the people most in need depend on it:

- ψ In Ghana, UNAIDS drew the Resident Coordinator's attention to the draft African Charter on Family, Sovereignty and Values, prompting a continent-wide RC meeting and a coordinated UN response to the anti-rights pushback. When Parliament rushed through the Human Sexuality and Family Values Bill on 29 May with only 32 of 274 members present, UNAIDS supported the #ghanacheckyouraura campaign — a continent-wide civil society mobilisation carrying one message: Send it back.
- ψ In Senegal, UNAIDS was the only international institution invited to the table by HIV stakeholders — supporting draft circulars to instruct public servants

to respect and protect access to HIV services despite restrictive new legislation.

- ψ In Uganda, during and after the Anti-Homosexuality Act, we sustained diplomacy, coordinated UN messaging on the public-health risks of enforcement, sought admission as a friend of the court, and supported adaptive service delivery so people could keep accessing HIV and SRHR services.
- ψ In Kazakhstan, following December 2025 amendments restricting so-called "LGBTQ propaganda," UNAIDS used its public-health mandate to make the case clearly: restrictions on information undermine access to HIV prevention, testing and treatment.
- ψ In Ecuador, our advocacy with parliamentarians prevented criminalisation of HIV transmission in proposed penal code reforms.
- ψ In Tajikistan, sustained advocacy by UNAIDS, UNDP, the Global Fund and the Network of Women Living with HIV contributed to a Supreme Court Plenum resolution introducing the U=U principle into criminal proceedings on HIV exposure.

And the last opportunity is multi-sectoral data. because of course none of this works without data. This is what allows countries to programme smartly, target resources where they matter most, and hold all of us to account for results.

The constrained funding environment and shifts have disrupted the HIV response — including the data systems we rely on, and the people who power them. UNAIDS has worked hand in hand with countries and communities to track the impact of the disruptions (as well as resumption of services), and to ensure that remaining gaps in services, in financing, in coverage, are accurately captured, visible, and mitigated. This is where UNAIDS plays a critical multisectoral role. Epidemiological data to know the epidemic. Programmatic data to know what works, who is reached and who is left behind. Data on policies and laws, to show where rights are upheld and where they are denied. And financing data so we know what investments are needed and how countries are using their own domestic resources for the response. And we continue to push for community-led monitoring — because the most valuable insights, especially about quality of services, come from communities themselves, and data should not only be collected about communities but generated with them.

The reductions in capacity of governments and communities to collect and analyse data will undermine the national and local responses.

- ψ For example, data on HIV incidence by district, age and gender allows countries in sub-Saharan Africa to focus HIV prevention efforts where, and to whom, they are needed most
- ψ Lead, compile, and manage the development of country-specific estimates for 172 countries and aggregate regional and global estimates to monitor SDG target.
- ψ Data on the 95-95-95 treatment cascade ensures local programme managers know whether people are falling out of care and not reaching that critical level of undetectable viral load which means they will not transmit HIV

In a constrained funding environment, every dollar matters. Data are what allows countries to direct precious resources where they will have the greatest impact, to identify who is being left behind, and to demonstrate the return on investment that justifies continued domestic and donor commitment.

In 2026 more than 146 countries reported to UNAIDS on the status of their epidemic and response. More than 60 countries report on financial indicators to Global AIDS

Monitoring; 17 countries have implemented National AIDS Spending Assessments; six countries have costed national prioritised packages of services. We have released the first revision of the National AIDS Spending Assessment Guidelines since 2009, and launched a new online resource needs estimation tool and a global antiretroviral price transparency repository.

UNAIDS transformation

The UNAIDS Joint Programme is on a journey. Phase 1 of this transformation started following the report of the High-Level Panel, I want to remind you Board members, and this was even before the Secretary-General announced UN80. With the support of this Board and with appreciation to the work so far of the PCB working group, we quickly worked to align with the vision of UN80 and push further.

Let me say here that we have witnessed an evolution in the UN80 approach to UNAIDS- from the language of “sunset” to and I quote “one of “transitioning UNAIDS and mainstreaming capacity... to protect the HIV response” This is in the SG’s progress report on UN80 of 26 May.

At our best, UNAIDS represents the best of multilateral collaboration and as I speak to you today I am confident that we will do right in this transformation for people living with and affected by HIV, by communities, and by the UN system.

The first phase of our transformation is quickly moving toward completion. In 2025 when UN80 began, the UN Secretariat and Co-Sponsors were jointly responsible for delivering in 15 different areas. 11 of those were areas of technical, normative, and implementation work. In these we are closing out the Secretariat’s responsibility of joint delivery and we are working with the co-sponsors on responsible transition, supporting their fundraising efforts and doing all we can to support continuity amidst disruption.

At the Committee of Cosponsoring Organizations meeting last week, we were joined by the Deputy Secretary General. She started by saying that the Interim Report of the PCB Working Group is excellent. The Deputy Secretary General also stated that UNAIDS transition started well before UN80 and represented significant change. She supported the Interim Report’s emerging consensus that a central entity would continue to be required to lead and coordinate the UN’s AIDS response as part of the new model. On community engagement, she said that UNAIDS Secretariat’s relationship with communities is something very unique in the UN System that has to be preserved. It is not something, she said, you can just put in a box and transfer to another place. It needs careful consideration. Those were her words.

I am also glad to report that co-sponsor principals reaffirmed their commitment to the UN’s role in the global response and indicated that they are prepared to take on the responsibilities in their area, where the Secretariat is withdrawing from joint delivery.

For example, in the area of pediatrics and vertical transmission we have closed 9 positions at national, regional, and global level. UNICEF will now lead the Global Alliance for Pediatric Treatment and other issues in this area. We are similarly closing out activities across the 11 areas—responsibilities like technical support on HIV testing and prevention, or HIV gender assessments, economic costing for HIV programs, our urban and cities program, and planning for humanitarian responses.

In the remaining 4 areas there are cross-cutting functions. Here we are guided by the Political Declaration that passed the UN General Assembly last week. Member states committed to “support and leverage” the UN Joint Programme and, here I quote, “reinforce and expand the unique multisectoral, multi-stakeholder, development and



rights-based collaborative approach to end AIDS by 2030...” This joined-up approach is our power, our unique contribution, and the four cross-cutting areas are central: Multisectoral Coordination, Leadership and Advocacy, Accountability including Data and Targets, and Communities. These functions are interlinked.

But we must, for the coming years, do them differently. As the working group has noted, there is broad convergence on the need for a central hub for leadership and multisectoral coordination of UN action, but we must reimagine the how. We look forward to their work.

For our part, board members, we are working to double down on our strength, but also consolidate.

- ψ Last year when UN80 began, we were 671 Secretariat Staff and we were 11 co-sponsors with similar responsibilities.
- ψ By the end of today we will be 296 Secretariat Staff and 6 lead co-sponsors.
- ψ We will move from presence in 85 countries to 54.
- ψ But this is not just about becoming a smaller replication of what we have been—it is about becoming a different UNAIDS. At country level, for example, we are making creative use of multi-country offices, creating interim placements in Resident Coordinator offices, and looking at how we can coordinate with the regional commissions.
- ψ And there are hard decisions here: We have, for example, closed 34 positions linked to our data and its use. This leaves us too thin for what countries need and I hope we can find extra-budgetary support to fill these gaps.

These have been difficult, but I am proud of how we did this work, with dignity, with fairness, transparency, and kindness to our staff. Decisions were guided by clear criteria applied consistently and documented at every step. The process complied fully with staff regulations and rules, with due process and access to appeal. And we honoured specific commitments throughout — including the commitment to retain staff openly living with HIV, in line with the GIPA principle. Our Review Board was expanded to 11 staff members reflecting the diversity of our workforce. We knew this would test the well-being of our people. So we scaled career and transition support, leadership development, skills-based workforce planning, and staff counselling to protect mental health, well-being, preserve institutional knowledge, and manage operational risk. With this level of change, there is a need to stabilize—allowing time to reorganize and adapt ways of working, and rebuild effectiveness in a rapidly changing environment. I want to pause here to thank the Secretariat Staff Association and the staff who are working today, 30th June, their last day. I could tell you stories of the extraordinary dedication of our colleagues. Some who, after leaving, just continued working, because the work needed to be done, volunteering their time.

Interim report of the PCB WG

Here, let me turn to the PCB Working Group on this transformation.

Through its consultations and deliberations, the Working Group has moved the discussion in a positive and constructive direction— from sunset to preserving the role of the UN to support the AIDS response in a new and transformed manner. This aligns with the heart of the Secretary-General’s UN80’s latest steer (May 2026). Joint delivery that is fit for purpose – reshaped and more affordable, without losing the core promise by the United Nations.

Before turning to the substance of the interim report, allow me to express my deep

appreciation to the Co-Facilitators of the PCB Working Group, Minister Joe Phaahla of South Africa, Ambassador Bob Rae of Canada and Fionnula Murphy representing civil society. I want to recognize their leadership in steering an inclusive, transparent and consultative process. We are also very grateful to all its members. I want to thank the Deputy Secretary-General, the co-lead of the UN80 work package on UNAIDS, for her personal engagement with this process.

I welcome the interim report and want to draw your attention Board members to these important areas of agreement in that interim report:

- The Working Group affirms that the UN mandate on HIV must continue—the effort to end AIDS as a public health threat remains unfinished.
- It identifies several options and directions of travel which it will develop further in coming months. We look forward to that.
- Broad convergence on the need for a central hub for leadership and multisectoral coordination of UN action on HIV.
- Core functions of the UN – both of the Secretariat and the Cosponsors— must be preserved.
- Acknowledges that programme countries have underlined the value of having a single point of entry for communications with, and support from, UN partners.
- It recognizes the critical role of communities and civil society in the national responses and the important work of the joint programme in supporting that role in countries.
- The Working Group has also recognized the unique and indispensable role of communities, civil society in the governance of the Joint Programme. It is grounded in the ECOSOC mandate, which provides civil society with a formal place alongside Member States and the UN. Whatever the final landing place for the UN’s mandate, I urge us all to find ways to preserve this unique governance arrangement.
- The Working Group will be addressing the need for a new financing model for delivering this mandate. It should provide sufficient financing for the leadership and coordination role, as well as for the complementary roles of Cosponsors towards delivering the mandate.

Overall, there is a focus on a realistic, phased, time-lined and costed transition. We must let this independent working group do its work, we must enable them to do its work, and we look forward to receiving the final report in October for consideration by this board.

Closing

As I end, we will not deliver on the promise of ending AIDS through institutions alone. We will deliver it through people, through the communities who refuse to be invisible, through the staff who carry this mission every day, through the partners and Member States who stand with us, and through courageous leadership in the face of uncertainty.

My staff are very courageous. We talk a lot, we plan a lot, and we are looking at the end of our roles. I commend my staff to you.

This is how we have always moved this response forward. And that is how, together, the UN will carry it to 2030 — and beyond.

Allow me now to quote Erika Castellanos, the Executive Director of GATE, one of our

leaders from the communities. She said:

"When UNAIDS invests in civil society leadership, resources reach the communities most affected, lived experiences become evidence, and evidence becomes advocacy, protection, and accountability. At a time when anti-gender movements are escalating, and civic space is shrinking, this partnership shows that meaningful support to community-led organisations can transform vulnerability into collective power — and collective power into lasting change."

Thank you for your attention.

Thank you.

