

REPORT OF THE CHAIR OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS

Additional documents for this item: N/A

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

- *Take note* of the report of the Chair of the Committee of Cosponsoring Organizations;

Cost implications for the implementation of the decisions: none

Introduction

1. Chair, Excellencies, Member States, donor partners, community organizations, civil society, observers and partners in the global HIV response, this report is delivered on behalf of the Cosponsors.
2. We stand at a pivotal moment for the global AIDS response. As the international community strives toward ending AIDS as a public health threat by 2030 and beyond, Cosponsors reaffirm their strong and collective commitment to sustaining momentum behind global and national HIV targets and multi-sectoral responses, including the Political Declaration on HIV/AIDS, and the Global AIDS Strategy 2026–2031.
3. This report addresses the current context of the global AIDS response, including the ongoing process of transition and further integration of the work of the UNAIDS Secretariat into the UN system and beyond, and the role of Cosponsors in working with countries and communities to sustain results, equity and coordinated support during this period of transition and beyond.

Global AIDS response: Urgency and priorities

4. Progress remains uneven and fragile. With 1.3 million new HIV infections in 2024 and 9.2 million people still not accessing treatment, the need for sustained and coherent action remains urgent.
5. Young women account for a disproportionate share of new HIV infections when compared to their male peers—particularly in sub-Saharan Africa—and nearly half of all new infections are occurring among members of key populations and their partners, a share that is increasing in some regions.
6. Men are less likely to access treatment and more likely to have advanced HIV disease than women. More than 15% of people living with HIV who are unaware of their status have advanced HIV disease and some 30% of people who are on HIV treatment but not virally suppressed have advanced HIV disease¹.
7. Sexual and reproductive health and rights is an important building block of progress in the HIV response and remains essential to achieving equity.
8. Structural barriers, including criminalization, stigma, discrimination and gender-based violence, continue to undermine access, trust and effectiveness, and no country is currently on track to fully dismantle these barriers. Other structural barriers such as limited access to social protection, food insecurity, unemployment, and lack of comprehensive sexuality education, continue to undermine progress, particularly in fragile and high-burden settings.
9. In the context of increasing geopolitical uncertainty, conflict and displacement, the world needs sustained engagement and leadership to integrate HIV services within humanitarian and recovery responses in fragile settings. Operational capacities across the UN system are essential to safeguard continuity of HIV services and protect gains in contexts of conflict, displacement and protracted crises.

¹ Stelzle et al., [Prevalence of advanced HIV disease in sub-Saharan Africa: a multi-country analysis of nationally representative household surveys](#). *Lancet Glob Health*. 2025 Mar;13(3).

10. The Global AIDS Strategy 2026–2031 and the 2026 Political Declaration on HIV and AIDS remain the collective, definitive, system-wide frameworks guiding political direction and operational priorities—helping to close persistent gaps and sustain progress. At the same time, continued efforts are needed to strengthen coherence and collective action in a changing global context.

Transition and Integration: Ensuring continuity and protection of core functions

11. In this context, the transition and further integration process—taking place within the broader landscape of UN80 system reform and an evolving financing and political environment—is advancing through a Member State-led process, including the PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond². That process is considering options for the transfer of the Secretariat’s four core functions.
12. In keeping with the UN mandate on HIV, Cosponsors view this transition as an opportunity to protect and strengthen the response to HIV and improve coherence, clarify roles and responsibilities, and reinforce the effectiveness of collective action across the UN system—while safeguarding political commitment, accountability, and results and future-proofing the UN’s contribution to the HIV response.
13. The transition is already underway in practical terms, including through evolving modalities of engagement and significant changes in the UNAIDS Secretariat footprint at country level. Discussions to date have underscored the importance of ensuring continuity, especially for community and civil society engagement, and avoiding operational or policy gaps during this period. Cosponsors are already adapting modalities of engagement and absorbing functions in ways that strengthen coherence, modernize delivery, and ensure that countries and communities continue to receive uninterrupted support.
14. Ensuring continuity and avoiding operational or policy gaps remains critical. Core functions—including leadership and advocacy, convening and coordination, accountability through data, targets, strategy and community engagement which are not the sole purview of the UNAIDS Secretariat—must be preserved and effectively anchored in any future arrangement.
15. The “lead” Cosponsors (UNDP, UNFPA, UNICEF, UNHCR, UNODC, and WHO) are already adapting their ways of working to ensure that prevention, treatment, care, data and strategic information, removal of structural barriers, human rights, gender equality, and community engagement are sustained, and that countries and communities continue to receive the coordinated and coherent support needed to deliver results.

Role of Cosponsors and country-level considerations

16. In a changing landscape characterized by financing pressures, geopolitical shifts and the need for deeper integration of HIV within broader health and development systems, strong country-level leadership and multisectoral engagement remain critical.
17. Cosponsors are uniquely placed to ensure optimal country-level integration, linkages and convergence within and across the sectors and thematic priorities covered by their mandates and in line with epidemic and response needs. Future arrangements should

² Terms of Reference PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond, Geneva: UNAIDS; 2026
[PCB58 Terms Of Reference PCB Working Group Rev2.pdf](#)

recognize the value of strong operational footprints, multisectoral mandates and established partnerships that enable rapid, integrated support across health, humanitarian and development systems.

18. Cosponsors continue to play a central role in supporting national leadership and civil society to ensure equity, safeguard human rights, sexual and reproductive health and gender equality, reinforcing accountability for results and ensuring continued engagement with communities.
19. In a constrained financing environment, stronger primary healthcare systems and integrated service delivery are essential to protect equity, sustain HIV outcomes, and reach underserved and marginalized populations.
20. It is important to ground transition options in country realities. Given the diversity of epidemic and response contexts and institutional capacities, future arrangements will be differentiated and require flexibility and should avoid one-size-fits-all approaches, while addressing persistent inequalities affecting people living with HIV, women, girls and key populations. Implementation will need to remain responsive to national demands and capacities.

Community engagement and inclusive participation

21. At a time of shrinking civic space and increasing pressure on human rights and gender equality, sustaining the leadership and meaningful participation of civil society and community-led organizations is more critical than ever. Communities are not only essential partners in service delivery, but central to accountability, advocacy and rights protection and to ensuring that governments and the international community uphold their commitments to end AIDS and leave no one behind.
22. Maintaining confidence and engagement among communities, civil society and partners remains central, with particular attention to ensuring the meaningful inclusion of people living with HIV and key populations.
23. Through their mandates, Cosponsors remain fully committed to working closely with community-led organizations serving people living with HIV, LGBTQ+ people, sex workers, people who use drugs, and adolescent girls and young women who are at disproportionately higher risk of acquiring HIV.
24. Inclusive and sustained outreach, consultation and dialogue are essential to preserving trust and legitimacy and to ensuring effective participation.

Data, strategy and accountability

25. Cosponsors recognize the critical role in managing data and reporting, clearly based on country needs, in the context of a broader accountability framework that monitors progress in implementing the Global AIDS Strategy 2026–2031.
26. Cosponsors that are already partners in the data collection and validation process are devising plans work on HIV data, targets and strategy, including through a focus on greater integration, systems-interoperability and sustainability.
27. Cosponsors are keen to work closely to ensure: the greater streamlining of data collection; improved consistency and comparability across disease burden estimates; better value for money; greater alignment with efforts to strengthen national disease

surveillance and population data systems; and increased integration and interoperability across diseases, systems and sectors.

Operational clarity and implementation

28. As the work of the PCB Working Group progresses, there is increasing emphasis on the need to clarify roles, responsibilities and operational arrangements in a phased and practical manner.
29. There is a shared recognition that greater clarity on division of labour—building on comparative advantages across Cosponsors and without a Secretariat managing special initiatives that overlap with key Cosponsor functions but are not sufficiently focused on HIV—will be important to eliminate duplication and support coherence and enable more effective implementation and support. Future arrangements under consideration will need to build on the comparative advantages and existing capacities of Cosponsors and the broader UN system, while ensuring coherence, minimizing duplication and strengthening delivery at country level.
30. Rapid analysis of country presence, capacities and implementation will be important to inform evidence-based decision-making and support the development of practical options and transition pathways.
31. Further analytical work on financing realities and implementation requirements has also been identified as an important area for continued attention to ensure that proposed arrangements are feasible and sustainable in practice.

Innovation and strengthened delivery

32. The transition period presents an opportunity to accelerate progress through innovation and strengthened service delivery, including by reinforcing a primary healthcare approach within universal health coverage and development (i.e. governance, social protection, etc). More integrated, people-centred health and community systems can enhance sustainability, improve access and equity, and ensure HIV services are effectively embedded within broader health and development systems.
33. This includes scaling new and proven prevention and treatment tools, including long-acting antiretrovirals for both prevention and treatment, strengthening differentiated and community-based approaches, and leveraging integrated and digital solutions to reach underserved populations, including women and girls and key populations facing persistent access barriers.
34. Sustained investment in combination HIV prevention and increased domestic resources will be essential to achieving the goals of the Global AIDS Strategy 2026–2031 and the HIV Prevention 2030 Global Access Framework.
35. In a period of constrained resources, the responsible adoption of artificial intelligence and digital tools for case-finding, supply chain forecasting, adherence support and programme analytics offers a meaningful opportunity to stretch every dollar further and reach people we are otherwise losing. Cosponsors are committed to working with countries and communities to deploy these tools safely, ethically and in ways that strengthen rather than substitute for human-centred care.
36. Cosponsors remain committed to working with countries and communities to adopt and scale approaches that are equitable, evidence-based and nationally owned, in line with

the Global AIDS Strategy 2026–2031 and the 2026 Political Declaration on HIV and AIDS.

Engagement with the PCB Working Group and way forward

37. Cosponsors have engaged constructively with the PCB Working Group and will continue to support a transparent, inclusive and Member State-led process.
38. There is broad alignment on the importance of a careful, phased, practical and timely approach, grounded in evidence, country realities and implementation considerations.
39. As this work moves toward upcoming milestones, continued engagement among Cosponsors and stakeholders, strengthened analytical inputs and sustained outreach and open communication will be important to support informed decision-making and confidence.
40. Cosponsors reaffirm their collective commitment to the UN mandate on HIV and a strong, coherent and effective global AIDS response, emphasizing the importance of continuity, sustained partnership, inclusive engagement and confidence-building across all stakeholders. Building on the comparative advantages of the UN system will be essential to sustain progress and deliver results under the Global AIDS Strategy 2026–2031.

Closing

41. We are 11 agencies, funds and programmes with an enduring commitment to the UN's mandate on HIV and one unfinished promise: to end AIDS as a public health threat by 2030. Our collective resolve remains firm. We have not come this far to stop now, and we will continue to evolve, strengthen and deliver—together with countries, communities and partners—to finish the job for the people we serve.

[End of document]