Options Paper on the Further Transition and Integration of UNAIDS into the UN System and Beyond

24.09.2026

Introduction

1. At its 58th meeting, the Programme Coordinating Board (PCB) requested the Working Group on the further transition and integration of UNAIDS into the United Nations (UN) system and beyond to outline detailed options for the Joint Programme in advance of a multistakeholder consultation, scheduled for 28-29 September 2026. The terms of reference, as approved by the Board in February 2026 through the mechanism of intersessional decision-making, mandated the Working Group in its final report to:
    a. Outline how the multisectoral capacity and expertise of the Joint Programme and UNAIDS Secretariat's core functions, as endorsed by the PCB as part of the revised operating model, can be integrated into relevant entitles of the UN development system and beyond;
    b. Propose a UN-mandated governance model that allows for the 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;
    c. Develop a funding model for sustaining the proposed future governance structure and activities; and
    d. Propose a timeline with milestones for the transition and integration process and the final estimated end date for the integration process.

2. In accordance with its terms of reference, the Working Group submitted in June 2026 an interim report to the PCB, via the PCB Bureau, summarizing its progress towards development of a plan for the further transition and integration of UNAIDS. At its 58th meeting, the PCB considered the interim report and called upon the Working Group to "develop a concrete, actionable and sustainable plan," taking into account transition metrics and cost estimates. The PCB looked forward to the Working Group's presentation of a final plan for consideration, discussion and decision-making by the PCB at a fully virtual half-day session in October 2026.

3. On 10 September 2026, the Working Group submitted a draft options paper to the PCB Bureau. Co-Facilitators met with the PCB Bureau on 17 September to obtain feedback from PCB constituencies on this early draft, and the Working Group met on 18 September to discuss the Bureau's feedback and to make further progress towards finalizing a concrete plan for the further transition and integration of UNAIDS.

4. Pursuant to PCB decisions at the Board's 57th and 58th meetings, this report outlines where the Working Group is converging around a concrete transition model, where additional work is ongoing, and detailed options for further transition and integration for consideration by the PCB Bureau. It is submitted in advance of a multistakeholder consultation planned for 28-29 September. The Working Group is confident in its ability to produce a final report in accordance with the timelines outlined in the terms of reference, as a high degree of convergence within the Working Group has already occurred. However, recognizing that its deliberations remain a work still in progress, the Working Group looks forward to feedback and guidance from participants in the multistakeholder consultation on the options presented here.

Background and context

5. The deliberations of the Working Group constitute a formal work package (25) under the UN80 initiative. Working in the spirit of UN80, the Working Group aims to produce a concrete, actionable and sustainable plan that optimizes the UN system's efficiency and effectiveness in contributing to ending AIDS as a public health threat by 2030.

The global HIV response: Converging crises and new opportunities

6. The global HIV response is among the most successful efforts in the history of global health. In 2025, new cases of HIV acquisition and AIDS-related deaths in 2025 were markedly lower than in 2010 (by 42% and 57%, respectively). As a result of gains made to date, the world now possesses the means to end AIDS as a public health threat, with 14 countries have already reached the 95-95-95 HIV testing and treatment targets and more than 30 other countries potentially on track to do so by 2030.

7. The UNAIDS Joint Programme has played a pivotal role in catalyzing and guiding the global HIV response. In the Joint Programme's early years, when the HIV crisis had yet to elicit a commensurate global response, UNAIDS was central to building a global movement to respond to HIV. Independent assessments have more recently confirmed the Joint Programme's added value, including its development and stewardship of the Global AIDS Strategy, common budget and workplan to maximize the coherence and impact of the work of the UNAIDS Secretariat and Cosponsors, advocacy and policy leadership, convening and norm-setting functions, and support to countries and communities. In its extensive outreach and investigation, the Working Group has heard from a broad array of stakeholders – national governments from both implementing and donor countries, communities and civil society, and key partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) – that their work depends on a robust, effective and sustainable Joint Programme.

8. However, the global HIV response has arrived at a critical juncture, requiring a fresh look at the UN's HIV mandate and how it might evolve to optimize the UN's effectiveness in a rapidly changing environment. After decades of gains in the response to HIV, momentum towards ending AIDS as a public health threat is now faltering, with new HIV infections having increased since 2010 in at least 47 countries. The global HIV response underwent a shock in 2025, when external HIV financing declined by 18%, leading to severe disruptions in HIV service delivery. There are also signs of a deterioration in the human rights foundation of the HIV response, as criminalization of marginalized populations increased in 2025 for the first time since UNAIDS began tracking human rights trends.

9. While these challenges are daunting, there are also important opportunities for renewing and revitalizing the world's commitment to end AIDS. As data presented at the 2026 International AIDS Conference in Rio underscored, the world continues to benefit from scientific breakthroughs in the prevention, treatment and possible cure of HIV. Increases in domestic investments in 2025 partially offset the marked decline in international HIV assistance, and there is now considerable global momentum towards strengthening and

sustaining national health ownership and sovereignty. There are also momentous changes occurring in the broader global health and development system, including a far-reaching effort under UN80 to reform the broader UN system and growing momentum towards reforming international health assistance to promote integration and alignment with sovereign health strategies.

10. This scientific and political momentum now needs to be translated into concrete results, ensuring sustainable, equitable access to HIV prevention and treatment tools for all – a key aim of the Global AIDS Strategy 2026-2031, launched earlier this year. In such a complex environment, which presents both enormous challenges and historic opportunities, strong, sustained leadership will be needed to drive progress towards realizing the goals and targets outlined in the Strategy. A major step towards adapting and renewing the global HIV response came in June 2026, when United Nations Member States overwhelmingly endorsed a new Political Declaration on HIV and AIDS, which sets new targets and reaffirms global commitment to end AIDS as a public health threat by 2030.

Evolution of the UN's response to HIV

11. In 1994, the Economic and Social Council of the United Nations (ECOSOC) endorsed an undertaking by a range of UN organizations to establish "a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaboration and execution, and an equitable sharing of responsibility." In the intervening years, the number of Cosponsoring agencies rose from the original six to 11. Funding for UNAIDS also increased substantially after Member States unanimously endorsed the 2001 Declaration of Commitment on HIV/AIDS. From its outset, UNAIDS was designed to support and collaborate with, not supplant, national leadership on HIV.

12. Since 2015, UNAIDS has experienced steady declines in financing, with annual core funding decreasing from US$242.5 million to the current level of US$63 million. At its 56th meeting, the PCB approved a revised operating model for the Joint Programme that substantially downsized and streamlined the Secretariat around four core functions (leadership and advocacy; convening and coordination; accountability through date, targets and strategy; and community engagement). The UNAIDS Secretariat staff was reduced by 55%, to 294 staff members. Senior management was restructured, and the headquarters presence in Geneva was cut back by over 80%. The revised operating model also included six "lead" Cosponsors, each of which would receive catalytic core funding from the Unified Budget, Accountability and Results Framework (UBRAF), and five "affiliate" Cosponsors, which continue to engage in and support the global HIV response, but without a core UBRAF allocation. The number of UNAIDS country offices was reduced from 85 to 54, and Senior UNAIDS Coordinators were embedded directly into 21 UN Resident Coordinator offices.

13. The funding challenges at UNAIDS mirror those across the United Nations system, as total financial contributions to the United Nations Development System fell by 16% in 2025 alone. In March 2025, the UN Secretary-General launched a system-wide reform effort across the UN system – to optimize the UN's efficiency and effectiveness at a time

of enormous flux. As part of his progress report on the UN80 initiative, the Secretary-General included a proposal to “sunset UNAIDS by the end of 2026.”

14. After careful consideration, the Working Group rejected the proposal to sunset UNAIDS by the end of 2026, and recent statements from senior-most leaders of the UN indicate agreement that the Joint Programme will not and should not sunset in the immediate future. The fight against HIV is far from over, and the Working Group unanimously agrees that the UN’s HIV mandate must continue. The Working Group agrees with the PCB that what is needed now is a genuine transformation of the Joint Programme to ensure that it is fit for the purpose of supporting accelerated progress towards ending AIDS as a public health threat. This transformation must be understood as part of ongoing integration of HIV into the work of the UN system.

15. In examining how the Joint Programme can be made optimally fit for purpose moving forward, the Working Group analyzed how conditions have changed since ECOSOC first created UNAIDS. Whereas in 1994 new HIV infections and AIDS-related deaths were rising at an alarming pace, and HIV prevention and treatment options were wholly inadequate, the world now can build on decades of progress, and on a greatly expanded spectrum of validated prevention and treatment tools and wide-ranging technical and normative guidance. Moreover, while the Joint Programme was the singular leader of the global response in the 1990s, subsequent years have seen the emergence of historic global enterprises to support HIV services in low- and middle-income countries, including the Global Fund and the U.S. government’s President’s Emergency Plan for AIDS Relief (PEPFAR). With these and other initiatives, extensive capacity has been built in countries and communities to respond to HIV. Many countries now have legally constituted National AIDS Coordinating Authorities, with mandates to convene a strong multisectoral HIV response at national level. States that were heavily dependent on donor assistance have steadily increased their domestic investments, and many governments have developed Sustainability Roadmaps to further evolve their national HIV responses towards becoming increasingly self-financed. Alongside government stewardship, communities of people living with, at risk of and affected by HIV have been critical leaders, not only in delivering HIV services to people who need them, but also in building the health systems, the enabling policy and legal environments, and the strong structures for accountability that are so essential to ending AIDS. UNAIDS must now evolve to reflect and incorporate these major evolutions in the world’s fight against HIV.

16. Echoing the findings of other reviews and analyses, the Working Group has also observed that the Joint Programme, while widely and properly lauded for its historic achievements and continuing added value, currently suffers from excessive fragmentation, duplication and overlap, and a sense of uneven responsibility. A failure to distinguish properly between the leadership, advocacy, coordination and accountability responsibilities of the Secretariat from the duties of the Cosponsors across these domains has resulted in an organization that is top heavy and inefficient. The Working Group has been especially concerned by the frequent lack of coherence between the Secretariat and Cosponsors that has emerged during discussions pertaining to development of a transition plan. For a genuine transformation of the Joint Programme to occur, a siloed mentality must be replaced with an emphatic commitment to working as “One UN.”

17. Further efforts to evolve the Joint Programme are essential, as its core functions remain more important than ever. Recent stagnation in progress across the response underscores the urgent need for intensified leadership and advocacy; timely, accurate, reliable data remains the bedrock for sound decision-making in the response; and community leadership is pivotal to long-term sustainability of the response and ensuring that no one is left behind. Fortunately, there are promising examples of how UNAIDS still works effectively as a joint programme, including through close collaboration on fulfillment of the multisectoral data function and through well-coordinated, strategic joint action among UNAIDS partners at country level. These examples of shared ownership and collective accountability now must become the norm across the entire Joint Programme.

18. In the current environment, the desire within the Joint Programme and among its many stakeholders for firm ground is understandable but likely unachievable. In this geopolitical era, it is almost certain that change and the need for evolution will persist. Resilience and an ability to innovate and accept change must now be the order of the day within the Joint Programme and across the broader global HIV response.

Working Group's fulfillment of terms of reference

19. The Working Group[1] has carefully adhered to the modalities and transition criteria outlined in the terms of reference, taking into consideration the challenging and evolving geopolitical and global health context.

20. The Working Group has held 27 weekly virtual meetings to examine and analyze the issues outlined in Annex 1 of the terms of reference, including 11 meetings since the 58th session of the PCB. In addition, the Working Group met in-person over three days in August 2026 in Geneva to move towards finalizing its agreed plans under each of its four deliverables. On behalf of the Working Group, Co-Facilitators consulted regularly with the PCB Bureau, providing periodic progress reports and soliciting guidance on the Working Group's approach. Throughout its extensive work, the Working Group has systematically tracked where convergence on transition options and approaches is occurring and where additional investigation, reflection and analysis have been warranted. Since the 58th meeting, the Working Group benefited from consulting support for group facilitation, costing of various scenarios and options, transition planning, and background policy research.

21. During its regular meetings, the Working Group met and engaged in dialogue with the UNAIDS Secretariat, Cosponsors, implementing countries, communities and civil society, the Global Fund and donors. The Secretariat and Cosponsors separately provided the Working Group with their views of further transition and integration, and the Working Group facilitated joint meetings of the Secretariat and Cosponsors to answer key transition questions and identify where common ground exists on visions and action steps for transition and integration. The Working Group (either in whole or as

[1] Consistent with the terms of reference, the Working Group has been led by three Co-Facilitators. Membership of the Working Group is provided in Annex XX.

represented by the Co-Facilitators) has met with the UNAIDS Executive Director, Principals of Cosponsoring agencies who make up the Committee of Cosponsoring Organizations (CCO), the Deputy Secretary-General of the United Nations, the UN Under-Secretary-General for Policy, and the Executive Director of the UN Multi-Partner Trust Fund Office. Since the 58th PCB session, the Working Group has also received and taken on board the inputs of diverse stakeholders regarding the further transition and integration of UNAIDS, including from the HIV Leadership Forum, a community of practice of national HIV directors from Africa, Asia and Latin America, as well as a coalition of more than 400 community and civil society partners in Latin America.

22. In developing its proposed transition options, the Working Group appreciated and incorporated the guidance, perspectives and feedback provided by the PCB following the Board's discussion of the Working Group's interim report at the 58th PCB session. In addition to a multistakeholder consultation to inform the interim report, the Working Group also anticipates benefiting from a two-day multistakeholder consultation, convened by the PCB Bureau, which will take place on 28-29 September 2026.

23. The Working Group is pleased with the progress it has made and has endeavored to provide options or answers to the full spectrum of issues highlighted in its terms of reference. The array of issues and decisions around which the Working Group has converged is striking. However, as a group of volunteers working primarily virtually and with a minimal budget, the Working Group has lacked the capacity or expertise to provide the level of detail requested on some items in Annex 1 of the terms of reference. The Working Group is comfortable with this result, having determined that its value derives not from its ability to provide detailed answers to all possible transition questions but instead from its desire to chart a clear direction which the PCB must now lead and oversee.

Transformation, not sunsetting: The Working Group's vision of a robust, fit-for-purpose Joint Programme to preserve and accelerate progress towards ending AIDS

24. Now is the time to renew, adapt and evolve the UN's commitment, not to weaken or dismantle a joint effort that has galvanized historic achievements in promoting human health and well-being. Today, it is essential to preserve and adapt the core functions of the Joint Programme to address urgent health challenges, seize important new opportunities, and maximize the impact of the global HIV response.

25. However, continuation of the status quo is not a viable option. As AIDS remains a global challenge – and as coordinated leadership and support from the UN system remains critical to further progress – the Working Group has concluded that the "transition and integration" called for by the Board should be interpreted as a genuine "transformation" of the Joint Programme. In this regard, the Working Group has taken inspiration from the original 1994 resolution of the Economic and Social Council of the United Nations (ECOSOC), which authorized "a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility."

26. What was a good idea in 1994 remains timely and relevant in 2026. Accordingly, the Working Group is converging around a proposed direction (including different options and scenarios) to recreate and renew a truly joined-up partnership of United Nations agencies to help lead the world to the ultimate goal of ending AIDS as a public health threat. As outlined in greater detail below, the Working Group proposes a transition to an operating model that emphasizes the roles of Cosponsors for technical implementation and strategic delivery, with a Hub to provide leadership, coordination and accountability. These changes will be accompanied by an intensified push towards the integration of the Joint Programme's functions into national institutions, and prioritization of community co-creation and co-leadership across all aspects of the UNAIDS Joint Programme. Recognising the critical importance of human rights and gender equality to an effective HIV response, the Joint Programme's capacity on these areas will need to be preserved at all levels.

27. In exploring pathways for transformation of the Joint Programme, the Working Group has emphasized the simple concept that all organizations must distinguish between "rowing" and "steering." Key elements of the transformation proposed by the Working Group include:

- *More effectively leveraging the multisectoral implementation capacity of Cosponsors:* The Cosponsoring agencies, with their expertise in diverse sectors, will be the primary "rower" or implementer of the Joint Programme's technical work, and the presence of Cosponsors in 130 countries will serve as the principal foundation on which implementation must be built. Informed by a capacity assessment at the earliest stages of the transition process, Cosponsors will be mandated to spearhead implementation of results areas of the Global AIDS Strategy, potentially convening teams that could bring together different actors with capacities on specialist sub areas. A pool of funding will be maintained to support Cosponsor-led and Cosponsor-facilitated work at country level.

- *Country presence – Prioritizing integration and national ownership:* The Working Group envisages that the Hub's presence in countries will be phased out over time, with Joint UN Teams coordinating UN support for national responses and stakeholders. Ultimately, the Working Group expects the Joint Programme's country-level functions to be integrated into national institutions. How – and how fast – these transitions will occur will differ among countries, and will need to be guided by clear criteria that would reflect not only epidemiology but also human rights and gender equality and other priority considerations, as well as by each country's own preferences. This transition will again to be supported by a comprehensive capacity assessment to ensure that no role is transferred before verified capacity is in place to ensure continuation of core functions.

- *Regional presence:* The Joint Programme will also need to have a clear regional presence in all regions, to carry out functions that are more efficient at this level, such as monitoring and evaluation support, facilitation of south-south learning, technical or crisis capacity and engagement with political and technical bodies and processes operating at regional level, supporting advocacy.

- *Community engagement – From consultation to co-creation:* The model around which the Working Group is converging will build community co-creation and co-leadership into all facets of the Joint Programme's work – at global, regional and country levels. The Working Group views this as an important step to realize the goal of the Global AIDS Strategy to "institutionalize and formally designate community representation (including people living with HIV, key populations, women and young people) in coordination and decision-making mechanisms at all levels of the response." Elements of the model include provisions for remunerated community co-creation positions within the Hub, inclusion of community-led representatives in Joint UN Teams at regional and country levels, incentives to include community partners in catalytic country-level activities funded through the pooled funding mechanism, and efforts to strengthen the meaningful involvement of people and communities living with and affected by HIV and AIDS across all agencies and actors involved in the Joint Programme, in line with principles of the meaningful and greater involvement of people living with HIV. These steps will be accompanied by incorporation of robust, verifiable indicators on community co-creation and co-leadership across the Joint Programme's performance monitoring and accountability system.

- *A Hub that is laser-focused on ending AIDS as a public health threat:* A Hub that is considerably leaner than the current UNAIDS Secretariat will be responsible for "steering" a rejuvenated, streamlined Joint Programme. In line with its agreed core functions, the Hub will assume a global leadership and advocacy role, developing and shepherding the Global AIDS Strategy, and mobilizing the high-level political and financial commitment that are needed to deliver on global AIDS targets. Under its convening and coordination function, the Hub will administer and ensure accountability within a unified budget and workplan, again with a strong alignment to the Global AIDS Strategy. It will also gather and analyze multisectoral data, working closely with Cosponsors, national authorities, and communities, and will support the institutionalization of community co-creation and co-leadership across all aspects of the Joint Programme and in the wider HIV response. Previous PCB decisions have recognised that within each of these functions, human rights and gender equality are cross-cutting themes, and Hub expertise and capacity in these areas will need to be preserved. Outside of the functions alone, the Hub also has a unique role to play in supporting the Joint Programme's governance, including helping preserve the PCB as a key global agenda-setting and policy-making forum for HIV. The Hub will serve as the "brains and heart" of the transformed Joint Programme and will at the outset have a visible presence in all regions, with expectations that regional presence will be transitioned over time to existing UN regional institutions.

- *Working as "One UN":* Across all systems and operations at global, regional and country levels, reviving an ethos of joint action, shared goals and mutual accountability will be prioritized and mainstreamed. With the term of the current Executive Director ending at the end of 2026, recruitment of a new leader of the Joint Programme to drive this culture change is an urgent priority.

28. Across these various elements of the proposed transformation of the Joint Programme, the Working Group continues to explore strategic options. This report outlines these options, noting where convergence within the Working Group has been achieved and where divergent positions remain. In working to finalize its plan for the further transition and integration of UNAIDS, the Working Group looks forward to obtaining input and guidance from the many stakeholders who contribute to the Joint Programme's success.

Deliverable 1:
A plan to preserve the multisectoral HIV capacity and expertise of the Joint Programme and the UNAIDS Secretariat's core functions

29. The model around which the Working Group has converged builds on and adapts the considerable capacity and expertise on HIV that has been established across the UN system. The Working Group is grateful to the Secretariat and Cosponsors for providing financial and human resource details pertinent to transition planning, although obtaining pristine clarity regarding the capacities across the Joint Programme has been challenging. Likewise, it has been beyond the capacity of the Working Group to quantify or precisely clarify the relevant capacities of all key partners and stakeholders at global, regional and country levels, such as national governments, regional bodies, donors, the Global Fund and other multilateral partners, communities and civil society, and the private sector. As described in greater detail under Deliverable 4, a critical and urgent first step in the further transition and integration of UNAIDS is a rigorous assessment of these capacities, in part to ensure that no function or activity is transitioned before ensuring that capacity is in place to carry it forward.

30. The 294 UNAIDS Secretariat staff, along with organizational expenditure, are distributed across the four core functions (leadership and advocacy; convening and coordination; accountability, data and targets; and community support). About 6 in 10 UNAIDS Secretariat staff work across three or four functions. Roughly 64% of current Secretariat investments focus on support to countries and regions. With respect to country-level staff, two-thirds are located in sub-Saharan Africa (eastern and southern Africa, and west and central Africa). Staffing accounts for 55% of the full US$85.1 million of the Secretariat's budgetary footprint for 2026 (including both core and extrabudgetary non-core resources), with 39% devoted to activities and with management and operations serving as an enabling budgetary layer for the staffing and activity budgets. Core expenditures are heavily weighted towards staff salaries, with non-core funding prioritized for activity budgets.

31. Cosponsors have a presence in 130 countries. Cosponsors bring to the Joint Programme substantial expertise and mandates in diverse sectors that play a role in the HIV response at global, regional and country levels. A total of 444 Cosponsor staff focus in whole or in part on HIV – including 44% in sub-Saharan Africa – but it is not altogether clear how this sometimes-partial capacity per staff member would translate into total full-time equivalent personnel. In addition to HIV-dedicated staff, Cosponsors also employ health, social protection, education and policy staff for whom HIV work plays an integral part. Among Cosponsors, the World Health Organization has the largest number of dedicated HIV staff (117 full-time or part-time staff), followed by the United Nations Population Fund (75), the United Nations Development Programme (74), and the United

Nations Children's Fund (more than 60). Questions remain regarding the degree to which existing Cosponsor country-level capacity matches documented needs in different countries.

Proposed model for further transition and integration

32. The model proposed by the Working Group applies a simple principle to the allocation of functions within the UNAIDS Joint Programme. Functions that depend on comparability or a single system-wide view should remain integrated within a Hub of the Joint Programme (Hub). Functions that depend primarily on technical mandate, operational presence and proximity to national institutions should increasingly be led by Cosponsors (Participating Agencies) and national actors, with functions that require proximity to communities living with and affected by HIV led by community and civil society actors.

33. The proposed model operates at three mutually reinforcing levels. At country level, the Joint Programme coordinates a coherent United Nations offer around nationally determined priorities and connects countries and communities to the technical and financial resources needed for implementation. Regional arrangements connect countries to political engagement, analysis, expertise and backstopping across the core functions that cannot efficiently be maintained in every country. The Hub provides overall political leadership, common direction, governance support and system-wide accountability across each of the four core functions of the Joint Programme. No level should duplicate functions that are more effectively performed at another level. In the transition to the proposed new model, the Joint Programme's capacity on human rights and gender equality will be preserved at all levels.

Cosponsors as technical implementers for the UNAIDS Joint Programme

34. One or more Cosponsors should be designated to lead technical implementation under each of the result areas of the Global AIDS Strategy, and members of the Joint Programme should collaboratively review and adapt the UNAIDS Division of Labour, maximizing its simplicity and transparency to enable stakeholders to know where to turn for support on key issues. (The Working Group also encourages the PCB to consider a community-led lead for Result Area 8 of the Global AIDS Strategy, which focuses on community leadership.) While the Hub will provide guidance, leadership and coordination for the Joint Programme, Cosponsors will serve as the implementation arm of UNAIDS, with allocations of responsibilities to be guided by an assessment of their capacities at global, regional and country levels.

35. As explained below under Deliverable 3, a pool of funding will be available to support Cosponsor-led or Cosponsor-facilitated activities to implement the Global AIDS Strategy. Ensuring that countries retain access to needed technical support from the Joint Programme is essential both during the transition process and after the transformation is completed. Any country requesting technical support should be able to identify the responsible lead agency, the route for making the request, the expected response time, the applicable quality standard and the route for escalation if support is not provided.

Country presence

36. The Working Group foresees a long-term future where the Hub will have no ongoing presence in countries and where the UN's country-level coordination and support will be provided by the Joint UN Team, with functions eventually absorbed into national institutions and systems. As countries strengthen ownership of the HIV response, build sustainable institutions and community-led capacities, and achieve greater integration within broader systems, the Joint Programme's footprint can progressively diminish and become more targeted. However, this will not happen overnight and should not be applied uniformly across countries. The Working Group has agreed that a differentiated approach will be required to tailor country and regional transition arrangements to the needs of different settings.

37. The Working Group has been informed by both Cosponsors and the Secretariat that some form of country-level presence for the Joint Programme will be needed in more than 50 countries. Transparent criteria to guide the differentiation of approaches among countries will need to be further elaborated as part of the process of transition, and should be used to determine individual country models for the Joint Programme's presence and support. These criteria should be aligned to the Global AIDS Strategy and its targets and results areas, including HIV burden, HIV incidence, civic space and legal environments (including laws and policies regarding human rights and gender equality), access to services and decision-makers among key and priority populations, national capacity, financial sustainability, progress towards integration, and the existing partner presence. Recognizing that individual countries determine their own health priorities and the support arrangements that work best, no decision regarding the Joint Programme's presence in any country should be made without close consultation with the national AIDS authorities and other key country partners and stakeholders or before a careful analysis has been conducted on existing capacity among relevant stakeholders with respect to the performance or absorption of the Joint Programme's country-level functions.

38. Financing should follow function in the determination of country presence, and care will be needed to avoid disruption, chaos or fragmentation of relationships between UN partners and national governments and stakeholders that have been forged over decades. Steps should be taken to preserve country ownership, country-level functions of data and strategic information, leadership and advocacy (including adapting and implementing the Global AIDS Strategy and addressing barriers to progress), convening and coordination (including coordinating HIV actors, supporting accountability, advising the Resident Coordinator on HIV-related matters), and community leadership (through institutionalized community engagement within country arrangements, including dedicated community representation where appropriate, and support for sustainable community engagement and leadership across all aspects of the response). The Working Group encourages the expansion of Joint UN Teams to include national governments, communities and civil society, towards the aim of ensuring co-creation and co-leadership of strategies to support implementation of the Global AIDS Strategy.

39. Relevant countries should have one clearly identified HIV coordinator and entry point to the Joint Programme, and this entry point must represent the Joint Programme as a

whole. Depending on country context, options for placement of the Joint Programme's country presence include:

a. A dedicated UNAIDS HIV office (i.e. the Hub in the immediate term);

b. The office of a Cosponsor on behalf of the Joint UN Team;

c. The office of the Resident Coordinator; or

d. A dedicated national structure.

Written terms of references should outline clear responsibilities and accountability for the entry-point function, and all country-level models should fully leverage existing capacity across governments, UN entities, communities and civil society, bilateral partners, regional institutions and the private sector. Regardless of the model implemented in specific countries, the Joint Programme must remain a welcoming, affirming place to support community co-creation and co-leadership, as well as a source of leadership and support to communities facing human rights or other crises, as both are essential elements of delivery at national level. Priority should be given to embedding strategic information capacities within national institutions and community leadership capacities within community and nation structures.

40. The number of countries, if any, that would require the presence of the Hub in the short term has yet to be determined, although the Working Group envisages that the Hub's country-level presence will be reduced over time and that Cosponsors' technical work at country level will be more closely integrated within UN structures, such as the Resident Coordinator's office. Options which the Working Group is considering include:

    a. No presence by the Hub in any country at the end of the transition period, with country-level representation of the Joint Programme transitioned in all cases to Cosponsors;

    b. A presence of the Hub in up to 54 countries in the mediate term, as proposed by the UNAIDS Secretariat, with this number declining in stages by 2031.

    c. A hybrid approach in which the Hub would be present at the start of the transition process in a more limited number of countries, with this presence to be phased out over time.

    The Hub should coordinate and manage the required country-level transitions over time, ensuring that no function is withdrawn until another member of the UNAIDS Joint Programme is prepared to assume these responsibilities.

Regional presence

41. The Joint Programme will need to have a clear regional presence in all regions, including in the Middle East and North Africa, where the UNAIDS Regional Support Team was

discontinued due to budget constraints. The Working Group is considering two options for regional presence:

a. A presence by the Hub at the regional level; and

b. The creation of small regional “desks” within the Hub, while relying on existing Cosponsor capacity at the regional level.

42. Although no final decision has been reached by the Working Group on these options, it is expected that the Hub in the near term is likely to serve as the regional presence for the Joint Programme. The Working Group anticipates that the Hub’s regional presence will, over time, be transitioned to existing UN regional institutions and capacities. Regional arrangements should reflect epidemiological and institutional realities rather than administrative convenience. Functions that are more efficient at regional level, such as monitoring and evaluation support, facilitation of south-south learning and technical or crisis capacity, should be organized regionally. Regional structures should also engage political and technical bodies operating at regional level, supporting advocacy, coordinating participation in regional processes, and promoting involvement of people living with and affected by HIV and of civil society. Greater collaboration between the Hub and Participating Agencies at the regional level will be essential.

Hub of the Joint Programme

43. The Working Group recommends that the Joint Programme retain a Hub that will be considerably leaner than the current UNAIDS Secretariat. Led by an Executive Director, the Hub should be designed as a platform for stewardship rather than a parallel implementation structure.

44. The Hub will have the following functions:

a. *Leadership and advocacy*, including political mobilization, development and stewardship of the Global AIDS Strategy; evidence-based global political advocacy to keep HIV on the political and financial agenda; engagement in ongoing discussions regarding reform of the global health architecture; high-level intervention when a barrier or a major human rights issue arises in a country; country-level political advocacy with governments (when requested by the UN country team); ensuring that the needs, perspectives and priorities of people living with HIV and of key and priority populations are central to the UNAIDS Joint Programme’s policy, financing, accountability and implementation arrangements; and resource mobilization (with Cosponsors also encouraged and incentivized to mobilize funding for country-level activities).

b. *Coordinating, convening and governance*, including support for governance of the Joint Programme by the PCB, convening experts on key issues, coordination of the Joint Programme’s strategy and workplan, cultivation of strategic partnerships, geographic coordination and regional oversight, performance monitoring, and

ensuring that the Joint Programme is accountable for clear results under the Global AIDS Strategy and the agreed joint workplan.

c. *Data, accountability and targets*. This function should be led and coordinated by the Hub, together with Cosponsors. This function includes collection of multisectoral data from communities, partners and countries (recognizing that countries retain ownership of and responsibility for validating and approving national data); analysis and processing of data; standard setting; global estimation, including comparability over time; ensuring the quality of data; the establishment of targets; reporting and accountability on global progress; and building national data capacity (as a shared activity with Cosponsors). The Working Group notes that the multisectoral data function of UNAIDS has been widely cited by diverse partners and stakeholders as among the most valuable contributions of the Joint Programme.

d. *Community engagement and leadership*, including preservation of the role of communities and civil society in global HIV governance and supporting the institutionalising of community co-creation and co-leadership across the Joint Programme and the wider HIV response. The Hub can also play a key role in efforts to strengthen the meaningful involvement of people and communities living with and affected by HIV and AIDS across all agencies and actors involved in the Joint Programme, in line with the principle of meaningful and greater involvement of people living with HIV. The Hub will ensure regular, structured channels through which the Hub and the wider Joint Programme systematically engage with communities.

45. The proposed Hub is intended to be lean, innovative and agile. The Hub will be laser-focused on accelerating progress towards ending AIDS and responsible for “steering” a rejuvenated, streamlined Joint Programme, with diminished need within the Hub for thematic expertise across specific result areas of the Global AIDS Strategy and enhanced need for expertise in advocacy and communications, coordination, partnership cultivation and accountability. Continued expertise within the Hub will be needed on human rights and gender equality, which are recognized as cutting across the core functions. The Hub also has a unique role to play in supporting the Joint Programme’s governance, including helping preserve the PCB as a key global agenda-setting and policy-making forum for HIV.

46. The Hub will at the outset have a visible presence in all regions, with expectations that regional presence will be transitioned over time to existing UN regional institutions. With the Hub’s country-level presence expected to diminish over time, the Hub will need to lead the Joint Programme in devising new ways of doing business to ensure coherence across the Joint Programme and between global, regional and country-level work. As the “heart and brains” of the Joint Programme, the Hub must also spearhead the revival of a spirit of mutual accountability and shared mission across the entire Programme. The Hub will ensure accountability for results across the Joint Programme as well as the meaningful engagement, co-creation and co-leadership of communities in all aspects of work at global, regional and country levels. Consistent with the revised operating model, the Hub will relinquish technical and implementation roles, handing these over to Cosponsors and avoiding duplication and overlap within the Joint Programme.

47. The Working Group has yet to reach consensus on the optimal size of the Hub. The Working Group received two proposals regarding the size of the Hub:

    a. A lean global unit of 35-40 staff; or

    b. A much more robust global unit, with a larger staffing footprint.

    The Working Group is not currently prepared to make a recommendation regarding the size of the Hub but is drawing on the support of consultants to quantify the staffing and resources that would be required for the Hub to carry out its essential functions. Decisions on its size are also closely related to the remit of the Hub, including the extent of its presence at country and regional levels and the degree to which it will be responsible for overseeing, monitoring and ensuring accountability of all country-level activities, including for technical activities carried out by Cosponsors.

48. UNAIDS currently benefits from a “light” arrangement with WHO, whereby the Secretariat pays agreed fees for certain management services, such as payroll, contracting, auditing, investigations, travel and the like. In 2026, administrative costs associated with the Secretariat’s arrangement with WHO are projected to amount to US$ 2.9 million. Overhead costs of the Joint Programme have already been reduced and must be reduced further still.

49. With respect to a home for the Hub, there is no precise definition of the term “hosting” within the UN system. Various options have been presented to the Working Group for placement of the Hub, including:

    a. Hosting by a Cosponsor with the ability and capacity to host, or

    b. Hosting by UNOPS, which currently uses a demand-driven model to provide UN partners with such services as infrastructure, procurement, project management, human resources and financial management.

    The Working Group has seen no compelling reason to change from the current administrative services agreement UNAIDS has with WHO, but it encourages the UNAIDS Joint Programme to continue exploring options to minimize overhead costs and optimize its ability to fulfil its mission.

Division of labour under the proposed new operating model

50. The formal UNAIDS Division of Labour focuses on the distribution and clarification of roles and responsibilities within the UNAIDS Joint Programme across key thematic areas of the global HIV response. The Working Group anticipates that the thematic Division of Labour will be revisited to clarify Cosponsor leads and contributors in each of the result areas of the Global AIDS Strategy.

51. Under the new operating model proposed by the Working Group, clarity will also be needed with respect to the distribution of roles and responsibilities across each of the

Joint Programme's core functions. Table 2 outlines how the labour within the Joint Programme would flow within a transformed Joint Programme.

TABLE 1. Division of labour under proposed new operating model

Core function	Hub role	Cosponsors' role	Shared or cross-cutting roles
Leadership and Advocacy	The Hub will coordinate the Joint Programme's work on leadership and advocacy, including development and stewardship of the Global AIDS Strategy. The Hub should speak for the response as a whole, lead global resource mobilization, anchor advocacy in evidence, and fill the identified gaps where key or priority populations are not being reached or heard.	Cosponsors will take the lead in implementing in individual result areas of the Strategy within their respective sectoral mandates.	As Cosponsors will lead technical implementation in key result areas, coordination will be needed between the Hub and Cosponsor leads on theme-specific advocacy.
Coordinating, convening and governance	The Hub will provide high-level convening and coordination, including nurturing partnerships with communities, civil society, governments, the Global Fund, PEPFAR, the private sector and other actors. The Hub will be responsible for shepherding development of the agreed joint workplan, monitor results, intervene as necessary to identify and address gaps or weaknesses in implementation of the workplan, and support governance of the UNAIDS Joint Programme. It will also play an important role in geographic coordination and regional oversight.	Joint UN Teams will manage relationships at country level. Cosponsors will implement country-level activities financed by the pooled funding mechanism. As country presence is transitioned to Cosponsors over time, Cosponsors will assume responsibility for country-level coordination and convening activities pertinent to the Joint Programme's work, consistent with reciprocal obligations under the agreed workplan.	Members of the Joint Programme, accepting reciprocal obligations for participation, should commit to a common workplan, accept named responsibility for agreed results, report against those commitments on a defined cycle, and participate in an agreed escalation process where delivery falls short.
Data, accountability and targets	Standard-setting, global estimation, comparability over time, the setting and monitoring of targets, and public reporting should remain integrated within the Hub. Countries own and must continue to validate and approve national data.	Cosponsors contribute specialized indicators, validation and analysis in their areas of mandate.	The proposed new model prioritizes a fuller integration of community-led data, monitoring and perspectives at all levels.
Community engagement and leadership	Communities and civil society will retain their established role in global governance (with continued resourcing of this an essential pre-requisite). Communities and civil society will have designated roles within the Hub. helping shape priorities and messaging for global leadership spaces and co-defining global resource allocation.	Communities and civil society should have designated roles in delivery of the strategic results areas, and in Joint UN Teams or other country coordination arrangements, including allocating country-level resources. Differentiated country models for the Joint Programme will all prioritize engagement of communities and civil society, including people living with HIV	Community engagement will move towards a model of co-leadership, where communities are involved from the earliest stages in shaping, driving and monitoring the Joint Programme's strategy and activities, as equal partners. This move must be underpinned by the inclusion of designated and formal roles for communities and civil

		and key and priority populations, and the pooled funding mechanism will afford a new means to support partnerships and consortia that include community-led activities.	society, alongside decision rights, and access to resources for expert work performed, rather than through consultation alone. Communities and civil society will contribute community-led data, monitoring and perspectives to help strengthen and transform the accountability framework, and to set the standard for what community leadership and engagement really mean and how these can be strengthened across the UNAIDS Joint Programme.

[TO COME – 1-2 INDICATIVE EXAMPLES OF HOW THE DIVISION OF LABOUR WOULD WORK FOR CORE FUNCTIONS UNDER THE PROPOSED NEW OPERATING MODEL]

Branding

52. The current UNAIDS brand is both highly recognizable and valuable but also potentially confusing, as the term UNAIDS in the mind of some has come to refer to the Secretariat rather than the Joint Programme. The Working Group recommends that the brand be transitioned to refer in all instances to the UNAIDS Joint Programme.

Strengths and potential weaknesses and risks of proposed operating model options

53. Although the revised operating model approved by the PCB refers to the four core functions as belonging to the Secretariat, the Working Group agrees that these four core functions properly belong to the Joint Programme as a whole. In preserving the four core functions, the proposed new model distinguishes coordination and leadership from implementation.

54. The options outlined here with respect to the size and scope of the Hub present both opportunities to streamline and strengthen integration across the UNAIDS Joint Programme as well as a range of potential risks. While the Working Group is agreed on the importance of further streamlining the Hub, this structure will require sufficient staffing, resourcing and gravitas to undertake the key functions the Working Group has outlined. As budget envelopes are inevitably finite, the Working Group also recognizes that resourcing of the Hub will also need to be balanced with resourcing for catalytic country-level activities and technical support by Participating Agencies.

55. Through its extensive consultations with stakeholders, the Working Group has been advised that the proposed transition model must be innovative and not merely appear as a downsized version of the status quo. The Working Group is confident that the proposed model meets this criterion. Declines in donor support for HIV and other health and development priorities pose a risk to the viability of the proposed model, although

the Working Group (as explained below in its discussion of Deliverable 3) believes the proposed model will represent a compelling value proposition for existing and new donors to the Joint Programme.

56. The proposed model is aligned with ongoing UN reform efforts. As with the broader UN80 initiative, the direction outlined here aims to make the most of the UN system's capacities by working together in simpler, more efficient and more coherent ways, and to enable the UN system to meet the challenges and seize emerging opportunities in a rapidly changing world. At country level, Joint UN Teams will continue to work to embed HIV in relevant UN frameworks, both to accelerate progress towards ending AIDS and to ensure that HIV is fully integrated within the UN's broader work to promote human health and development. The Working Group believes that the Joint Programme can serve as a model for the broader UN system, demonstrating how entrenched and siloed ways of working can be adapted to changing circumstances and make the UN system even more efficient, participatory, coherent and effective.

Other options explored by the Working Group

57. As described in its interim report to the PCB, the Working Group considered a variety of possible models for the further transition and integration of UNAIDS. These were explored, analyzed and ultimately rejected, although various aspects of these alternative models proved useful in informing the hybrid approach recommended by the Working Group.

58. The Working Group considered but rejected a possible further downsizing of the Secretariat as an option for transition, essentially maintaining current structures within the Joint Programme but with a smaller budgetary footprint. This approach would potentially minimize disruptions to the global HIV response and preserve in current form the programme's core functions. The Working Group concluded, however, that a simple further downsizing of the Secretariat would represent an attempt to hold on to the status quo rather than transform the UN's response to HIV for a new and rapidly changing environment.

59. Another approach considered but also rejected by the Working Group would end UNAIDS as it is currently constituted, with a wholesale transfer of core functions among the Cosponsors. While arguably most consistent with the UN80 vision, it is unclear how all core functions of UNAIDS could be effectively transferred, as Cosponsors do not currently hold mandates for certain core functions, such as advocacy and leadership, and their governance structures do not allow for the meaningful engagement of people living with and affected by HIV.

60. Another approach explored but rejected by the Working Group would involve the merger of UNAIDS with an existing health partnership. The Working Group had extremely productive interactions with the UNOPS-hosted Stop TB Partnership and with the WHO-hosted Partnership for Maternal, Newborn and Child Health, informing the Working Group's deliberations with respect to expanded partnerships, simplified governance, and models of community- and country-level support. While the Working Group encourages and anticipates further progress in integrating the HIV response with TB, malaria and the

broader health agenda, it was determined that it would be premature to recommend an immediate merger between UNAIDS and one or more existing health partnerships, none of which are joint UN programmes. Concerns were raised regarding this option's potential effects on the visibility of HIV advocacy and resource mobilization, especially prior to the 2030 deadline for the global goal of ending AIDS as a public health threat. No existing health partnership has a mandate from the ECOSOC or the UN General Assembly, another aspect considered by the Working Group in rejecting as premature the possibility of an immediate merger.

Deliverable 2:
A UN-mandated governance model that preserves the role of communities and civil society and ensures the continued coordination, accountability and leadership of the global HIV response

Current UNAIDS governance

61. As a unique programme within the UN system, UNAIDS possesses an innovative approach to governance. In 1995, ECOSOC (1995/2) established a joint UN programme with a Secretariat (led by an Executive Director) and the Committee of Cosponsoring Organizations (CCO) as a standing committee, and subsequently defined the composition of the PCB (22 Member States, Cosponsors and 5 representatives of non-governmental organizations (NGOs)). The PCB was authorized by ECOSOC to establish broad policies and priorities for the Joint Programme and to make recommendations to Cosponsoring organizations. Under prevailing ECOSOC resolutions, Cosponsors and NGO representatives are allowed a voice on the PCB but not a right to vote.

62. The original ECOSOC resolutions establishing UNAIDS have been reaffirmed and adapted over the last three decades, as these resolutions allow a degree of flexibility in making changes to the Joint Programme. The current ECOSOC framework has permitted the reduction or termination of some activities of the Joint Programme, modification of the funding model and the balance of resources between the Secretariat and Cosponsors, changes to the list of Cosponsors and the level of individual Cosponsor involvement in the Joint Programme, and redistribution of functions between the Secretariat and other UN agencies at regional and country levels.

63. Certain changes to the Joint Programme, however, cannot be implemented without a new resolution from ECOSOC. For example, the PCB's legal counsel has advised that it would be impermissible within the confines of current ECOSOC resolutions to do away with a UN secretariat with responsibility for coordinating the HIV-related work of all UN agencies, forego the coordinating function for the UN's HIV response, transfer the coordination role to another UN programme or agency, eliminate the PCB, or modify the current makeup of and voting rights within the PCB.

64. The Working Group has extensively assessed the value of an ECOSOC mandate for the UN's joint work on HIV. These benefits include a formal link between the global HIV response and the UN system (which distinguishes the HIV response from the responses to TB, malaria or non-communicable diseases) and express recognition of the role of communities and civil society in governance of the UN's HIV response.

Proposed UN-mandated governance model

65. The Working Group recommends that the PCB remain the governing body for the UNAIDS Joint Programme. The Working Group also recommends continuation of the current ECOSOC mandate on governance for the Joint Programme. As noted earlier, the Working Group is not currently recommending a change in the global structure's hosting or administrative arrangement, although further study of feasible, cost-effective options is advised.

66. The Board should remain responsible for approving the UNAIDS Joint Programme's budget and workplan and for ensuring oversight and accountability of the programme. As approved by the Board, the Joint Programme's budget would include both core operating costs for work at global, regional and country levels, as well as guidance for allocation of funding for catalytic country-level work through a pooled funding mechanism.

67. Accountability for the transformed UNAIDS Joint Programme should rest on a single results framework and workplan covering the global structure, regional and country arrangements, and commitments undertaken by Cosponsors. Greater emphasis must be placed on mutual accountability within the UNAIDS Joint Programme, not solely on accountability within individual institutions. The workplan should identify a responsible party for each agreed result, the resources attached to it, the expected contribution of other partners and the reporting schedule.

68. The Executive Director should remain accountable to the Board for stewardship of the common workplan, the integrity of global functions and the performance of the Joint Programme as a whole. Cosponsors should be accountable for the commitments they accept within that workplan and for resources allocated through Joint Programme mechanisms.

69. Independent oversight should cover both the operating resources of the global structure and funds channeled through the pooled mechanism, including audit, evaluation, financial reporting and review of results. The Board should receive a regular consolidated account of findings, management responses and actions taken.

TABLE 2. Proposed accountability chain

Level	Primary accountability	Core instrument	Escalation / oversight
PCB	Strategic direction; approval of budget and workplan; oversight of the Joint Programme and pooled financing.	Approved strategy, common workplan, budget, performance and financial reports.	Requests corrective action; commissions independent review; addresses persistent system-level underperformance.
Executive Director / global structure	Stewardship of common functions; coordination of collective workplan; integrity of data and reporting.	Results framework; agency and country performance view; consolidated annual report.	Raises unresolved constraints with agency leadership and reports material issues to the PCB.
Cosponsors	Delivery of named technical and implementation commitments and use of allocated resources.	Agreed deliverables, indicators, service standards and financial reporting.	Corrective plan; elevation through agency leadership; visibility to PCB where non-delivery persists.
Regional / country leads	Coordination; access to expertise and financing; community voice and agency; reporting and escalation.	Written terms of reference; Joint UN Team workplan; country review.	Regional or global backstopping; referral to agency leadership or global structure.

Communities / civil society	Co-creation, monitoring and contribution to delivery within agreed roles.	Governance participation; community-led monitoring; feedback and grievance routes.	Direct reporting into country review, pooled-fund governance and PCB accountability processes.

70. The Working Group encourages further exploration of ways to simplify and reduce costs associated with governance of the Joint Programme. Reducing the size of the Board is one option that emerged in the Working Group's discussions, but this would likely require obtaining a new governance resolution from ECOSOC. Reducing the number of Member States on the Board also has the potential to curtail participation by the very national governments whose leadership will be central to implementation of the Global AIDS Strategy. As a result, the Working Group rejected this option.

71. Consideration by the Working Group was given to changes in voting rights on the Board, but the Working Group ultimately decided to recommend that voting rights remain unchanged (with both Cosponsors and NGO representatives retaining a voice but not voting rights). The sentiment was broadly shared within the Working Group that voting rights for the NGO delegation would be welcome, and the CCO also recommended that Cosponsors be provided with voting rights on the Board as well. However, rather than recommend changes to voting rights on the Board, which would require a new ECOSOC governance resolution, the proposed new operating model provides a new avenue for strengthening the input of Cosponsors and civil society in the operations of the UNAIDS Joint Programme. As proposed by the Working Group and explained below under Deliverable 3, the model would embed decision-making authority for funding decisions for the pooled mechanism with the Hub, Cosponsors and communities and civil society, in line with strategic direction provided by the Board.

72. The primary strength of the Working Group's approach to governance is that it continues the Board as a recognized forum for high-level policy leadership of the global HIV response. The PCB will continue to bring around the same table Member States from both implementing and donor countries, both the UNAIDS Hub and Cosponosrs, and representatives of communities and civil society, consistent with the principles of the meaningful and greater involvement of people living with HIV. Retaining the Board preserves the Joint Programme's formal relationship with the UN system and recognizes, preserves and consolidates current mandates within the Joint Programme.

73. The Board will need to be both active and vigilant to ensure implementation of the vision recommended by the Working Group. In particular, the Board's decisions and modus operandi must clearly differentiate between the coordinating and implementing functions, to realize the full potential of a transformed UNAIDS Joint Programme.

74. The primary risk associated with the Working Group's governance proposals is that the proposed approach might feel to some like a continuation of the status quo. However, the Working Group believes the current governance approach provides sufficient flexibility and inclusivity to enable the transformation of the Joint Programme. Further changes to the Joint Programme's governance model may be needed, including a new ECOSOC resolution down the road, but the Working Group advises that consideration of any further governance changes be delayed until the new, transformed operating model has had a chance to work.

Other governance options considered by the Working Group

75. The Working Group examined a range of other options for governance of the Joint Programme but ultimately rejected each of these, determining that the current PCB model is superior. One option explored but rejected was to adopt another existing governance model presently used within the UN system. Currently, UN organizations and agencies provide various means for input on governance matters from communities and civil society, but the Working Group is aware of no UN body that formalizes community participation in the manner of the PCB. Preserving the role of communities and civil society in both the governance of UNAIDS and in all aspects of the global HIV response is an overriding priority for the Working Group (and also for the Board itself, as the Working Group's Terms of Reference stipulate a continuation of the governance role of communities and civil society).

76. The Working Group also examined other models for UN-hosted partnerships. These include partnerships hosted by UNOPS (such as Stop TB Partnership, RBM Partnership to End Malaria, and the Scaling Up Nutrition movement) as well as by WHO (Unitaid and the Partnership for Maternal, Newborn and Child Health (PMNCH)). As noted, the Working Group met with senior leadership of the Stop TB and PMNCH partnerships. The Working Group agreed that these partnerships provide useful lessons that should be taken on board by the Joint Programme, including an openness to working with a broad diversity of partners. However, the Working Group opted not to recommend such a model for a transformed Joint Programme, as none of these partnerships has a formal link with ECOSOC or the UN General Assembly.

Deliverable 3:
A funding model to sustain the proposed governance model structure and activities

Working Group's methodology for costing new model

77. The Working Group has obtained consulting assistance for the accurate costing of the various models and options under consideration and has also received budgeting information from both UNAIDS Secretariat and Cosponsors. Drawing on this information and support, the Working Group is working to develop cost estimates that differentiate one-time transition costs from projected recurring costs. The Working Group anticipates that these exercises will enable it to describe the key drivers of projected Joint Programme costs as well as best-case, mid-case and worst-case scenarios for these costs. Cost estimates will include both programmatic expenses as well as infrastructure-related costs for a slimmed-down Hub (e.g. human resources, information technology, finance, management, activities and operations). Projected costs will also be compared with the current UNAIDS budget, as validated by independent fiduciary review.

Proposed long-term financing model

78. A transition of the kind proposed here will require ongoing funding from Member States. With respect to the overall budget envelope for a transformed Joint Programme, the

Working Group has reached no conclusion at this stage. Options considered by the Working Group include:

a. An annual budget of US$35-50 million;

b. An annual budget of US$60-65 million (roughly equivalent to the current core budget of US$63 million and in line with transition proposals submitted to the Working Group by Cosponsors), and

c. An annual budget of US$80-90 million (roughly equivalent to the current total budget footprint of the Joint Programme and based on the Secretariat's analysis of programmatic needs and resource mobilization opportunities in 2026-2027).

79. The Working Group is not prepared to endorse a defined resource envelope for the UNAIDS Joint Programme, but instead is continuing its work to use a function-led approach to understand and quantify total resources needs. Early feedback from the PCB Bureau indicates a belief among some PCB constituencies that the US$60-65 million and US$80-90 million funding envelopes for the transformed UNAIDS Joint Programme may not be realistic or sustainable. The Working Group acknowledges that upon completion of the transition process the annual funding envelope for the UNAIDS Joint Programme may be smaller than the current core budget of US$63 million. However, the transition process itself, which will occur primarily in 2027 (see discussion below of Deliverable 4), will entail considerable human resource and other costs, underscoring the need for Member States to be prepared to contribute sufficient resources to enable the proposed transformation of the Joint Programme. The Working Group reminds Member States that the total funding required to implement the transformation under any of the proposed budget envelopes would roughly equal a mere 0.5% or less of total amounts spent on HIV in low- and middle-income countries in 2025. Given the indispensable strategic value of the UNAIDS Joint Programme, the Working Group believes this amount represents an excellent return on investment and is eminently achievable.

80. The Working Group proposes that the UNAIDS Joint Programme work within a single annual budget, taking account all resources. While a foundation of core resources will remain important for the Joint Programme – to enable sufficient resilience and flexibility to adapt, and to ensure coverage of sensitive issues that may not attract donor financing on their own – the Working Group encourages increased emphasis on mobilizing non-core resources, in alignment with the Global AIDS Strategy and the strategic priorities agreed by the Board. As the proposed new operating model distributes core functions across global, regional and country levels, the financing model will support resourcing for these core functions, including global coordination of the response, stewardship of the Global AIDS Strategy, the multisectoral data function (including community-generated data), support for transformation and integration of country responses, support for community co-creation and co-leadership at all levels, and work promoting an enabling policy environment for a sound and sustainable HIV response.

81. The Working Group proposes that a pool of funding be in place to support country-level activities of the UNAIDS Joint Programme. Consistent with the ECOSOC mandate, the

PCB should provide strategic direction and oversight of the pooled funding mechanism. Subject to strategic direction and approval by the Board, decisions regarding the awarding and disbursement of the pooled mechanism should be made collaboratively by the Hub, Cosponsors, and community and civil society representatives.

82. The Working Group is exploring different options for placement of the pooled funding mechanism. These options include:

a. A simplified Unified Budget, Results and Accountability Framework (UBRAF), which already functions as a trust fund for distribution of resources within the Joint Programme. Under the proposal by the Secretariat, a simplified model would continue to support regional and country-level presence of the Hub, and country envelopes would be reinstated to support catalytic country-level activities by Cosponsors.

b. Placement of the pooled mechanism with the UN Multi-Party Trust Fund Office (MPTFO), the UN Centre of Expertise on Pooled Financing, which in 2025 transferred US$1.06 billion to 42 UN entities to support programmes in 115 countries. The UN MPTFO enables transparent resource allocation, allows for funding decisions to be made through a multi-stakeholder process (including participation by communities and civil society), and has a track record of managing over 200 trust funds.

83. Whichever institutional route is chosen for the pooled funding mechanism, financing should follow the agreed allocation of functions. A larger share of resources should support country priorities, community and civil-society participation and delivery, and technical support through Cosponsors, while the Hub retains the resources required for its defined stewardship and integrated functions. Allocation criteria, decisions, recipients and results should be transparent to the Board and to the countries concerned.

84. Determination of the optimal home for the pooled funding mechanism should result from a transparent, competitive, criteria- and evidence-based process that takes into account such factors as cost, overhead, efficiency of funding transfers, financial accountability and the like. The pooled funding mechanism must be optimally efficient, independent, not seen as discretionary to the Hub or Executive Director, and have predictable funding.

85. [TO COME -- FINANCIAL GOVERNANCE, TRANSPARENCY AND ACCOUNTABILITY OF PROPOSED NEW MODEL (INCLUDING REPORTING REQUIREMENTS, AUDIT MECHANISMS DURING AND POST-TRANSITION)]

86. The Working Group believes the proposed options for a transformed UNAIDS Joint Programme would present an attractive investment case for donors. Preserving the core functions which stakeholders have recognized as essential to the global response, the proposed new model returns the UNAIDS Joint Programme to the original vision of a joined-up response, improves efficiencies (in part through a slimmed-down Hub), and strategically focuses the Joint Programme on where it provides clear, added value to the response. The Working Group encourages the Joint Programme to continue its inroads

with emerging donors, including but not limited to the growing number of implementing countries that are making contributions to UNAIDS to maintain country-level support and presence.

87. The Working Group has been informed that the Secretariat's current management arrangement with WHO is financially advantageous. The Secretariat has also informed the Working Group of other revenue-generating and efficiency-promoting measures it has taken, including the transfer of a substantial number of staff to less expensive venues outside Geneva and the rental of the bulk of the Geneva headquarters to other UN partners. The Working Group encourages continued exploration of efficiency-promoting measures, including potential hosting options for the Hub that might further minimize overhead costs and leadership by a new Executive Director to create a culture that prioritizes efficiency.

Financing roadmap

88. [TO COME -- ARTICULATION OF STEP-BY-STEP, TIMEBOUND FINANCING ROADMAP, INCLUDING REQUIRED RESOURCES PER QUARTER, EXPECTED DONOR CONTRIBUTIONS, SEQUENCING OF FINANCING ACTIONS, FIDUCIARY APPROVALS – NOTE: FINANCING TIMELINE MUST ADDRESS MANAGEMENT OF ASSETS, LIABILITIES AND FINANCIAL OBLIGATIONS]

Deliverable 4:
Timeline with milestones for transition and integration process

89. A process of transformation has already begun within the Joint Programme, with the adoption by the PCB of the revised operating model. The Working Group proposes that its recommended process for further transformation should start immediately, but this needs to be understood as a process that will take time. The Working Group envisages 2027 as a critical year of transition. In this regard, the Working Group is mindful of the maxim that we should "do no harm" as we work to further evolve a programme that has proven so successful. The global HIV response is continuing to recover from the acute disruption of services associated with reduced donor HIV assistance, and the process of further transition and integration of UNAIDS should take care to avoid injecting further chaos into the response.

90. The transition should be sequenced according to functional readiness rather than a uniform organizational timetable. Country needs, capacities and priorities should serve as the primary consideration in determining the pace and nature of further transition and integration of UNAIDS. Existing capacity should not be withdrawn until the agreed arrangement has a named owner, an agreed mandate, sufficient resources, an operational service standard and an accountability route. Particular attention should be given to technical support, country coordination, community financing and safeguards for the voice and agency of people living with HIV and key and priority populations, where a gap between institutional transfer and operational readiness would be felt most directly by countries and communities. Further evolution in the Joint Programme's country presence should considered only with the active participation of governments, communities and national stakeholders in shaping this process.

91. As reflected in Table 3, the Working Group envisages that the transition will unfold in phases, beginning with foundational decisions from the PCB to be followed by discrete phases for design, phased implementation, consolidation and review/assessment.

TABLE 3. Proposed phases for transition/transformation process

Phase	Key Elements	Decision Gate
Phase 0 **Foundational Decisions (post 10/2026 PCB decision)**	PCB confirms Hub terminology, function-first sizing, hosting, and the transition-period budget (distinct from the future steady-state budget), and confirms the direction for regional presence. Executive Director recruitment for the transition period is launched immediately. The evidence-based approach to capacity assessment for global and regional entities is agreed, along with guidance and support for country-level capacity assessment.	Gate 1: PCB decision package approved
Phase 1 **Design & Mobilization**	Division of Labour agreed with Cosponsor Agencies; pooled fund determined within the new Joint Programme model and host selected; country and regional presence criteria approved by PCB; new Executive Director in place. Capacity assessment of UN system capacity and national systems gets underway, in close consultation with governments and communities.	Gate 2: Design approved; mobilization begins
Phase 2 **Phased Implementation**	The Hub is stood up, with a focus on preserving continuity and avoiding fragmentation and disruption. Functions transfer to UN system and national systems only where demand and a capacity assessment confirm readiness. Country and regional presence transitions begin on a criteria-based, phased, government-consulted basis. The pooled fund is activated, following PCB budget approval (Q2).	Gate 3: Mid-point readiness review
Phase 3 **Consolidation & Review**	The new operating model is substantially operational, recognizing that some aspects of the model (such as country and regional presence) may continue to evolve. The steady-state budget is phased in as efficiencies are demonstrated. A lessons-learned review is conducted at the global level, and governance and accountability arrangements are confirmed as steady-state. At country level, transition to broader UN system/national structures is completed per country — with timing determined by country criteria, context and other considerations — and country-level lessons feed into the steady-state model.	Gate 4: Transition closure; handover to steady-state governance

Options for transition/transformation process

92. The Working Group continues to work towards consensus on the timeline for the transition. Options under consideration by the Working Group include:

a. A 12-month period of transition through the fourth quarter of 2027; and

b. An 18-month period that would last into the first half of 2028.

A 12-month transition would demonstrate commitment to the transformation and avoidance of “business as usual,” although this more rapid transition carries the risk of disruption and increased fragmentation within the Joint Programme. A slightly longer transition process would minimize potential disruption to the UN’s joint work on HIV but potentially communicate a resistance to bold change. Regardless of the timeline selected, it is anticipated that the outcomes of the transition process, especially at country and regional levels, will represent not a final destination but rather a time-limited transition towards greater integration of HIV within the work of the UN and broader integration of this work within national institutions and systems.

93. The transition will require clear, firm, bold leadership. The term of the current UNAIDS Executive Director expires at the end of 2026. Working at a time of great challenge, the Executive Director deserves thanks and appreciation for beginning the process of transforming the Joint Programme. The Working Group also expresses genuine gratitude for the high level of cooperation and assistance it has received from the Executive Director and her exceptionally capable staff.

94. The Working Group recommends that a new Executive Director be appointed under clear terms of reference and a new mandate from the PCB to oversee the process of further transformation. The Working Group is exploring two options for its recommendations on transition leadership:

    a. Appointment of an interim director who will be charged with overseeing and driving the transition to a transformed UNAIDS Joint Programme, with a new permanent Executive Director to be named following the close of the transition process; or

    b. Appointment of a new Executive Director who will implement the transition and then manage the transformed organization following the transition.

95. Beginning the recruitment of this new leader is an urgent priority. Clear criteria and processes for monitoring the new director’s performance should be in place and agreed by the PCB. The goals and objectives of this process of further transformation should be contained in a new resolution of the PCB and formally endorsed by the Executive Boards of all Participating Agencies. Essential criteria for selection of the director should include a clear commitment to and demonstrated operational skills for promoting a process of change and integration, including adherence to the milestones outlined in the operational transition roadmap which the Working Group will include in its final report. In addition to overseeing the operational details of the transformation process, the new leader must also promote a change in culture within the Joint Programme, replacing a siloed approach with a shared commitment to work as “One UN,” in close coordination with the ongoing UN80 process.

96. No new Executive Director, no matter how talented or committed, can drive the transformation of the UNAIDS Joint Programme on her or his own. Both the PCB and the UN Secretary-General will need to provide clear, unwavering support for the transformation of the Joint Programme. The Working Group is considering two options to

harness the organizational leadership of the broader UN to support further transition and integration of UNAIDS:

a. Appointment by the Secretary-General of a Special Envoy for the UNAIDS Joint Programme, to keep AIDS on the political agenda, maintain the momentum for transformation and provide the needed institutional gravitas to drive change; and

b. Looking to existing institutional arrangements of the UN system to support the proposed transformation of the Joint Programme.

As the changes proposed here will require profound changes in the operating model and relationships within the Joint Programme, they may encounter institutional inertia and resistance. A Special Envoy would bring the credibility and imprimatur of the senior UN leadership to work with the new leader to overcome these challenges and effectuate the needed transformation of the UNAIDS Joint Programme. Some feedback from the PCB Bureau questioned the need for a Special Envoy, submitting that this appointment would make the transition model unnecessarily top-heavy.

97. [DESCRIPTION OF OPERATIONAL SYSTEMS, PROCESSES AND INFRASTRUCTURE REQUIRED TO SUPPORT CONTINUITY OF SECRETARIAT FUNCTIONS DURING TRANSITION PHASE]

98. [DESCRIPTION OF OPERATIONAL ARRANGEMENTS OF FUTURE GLOBAL COORDINATING STRUCTURE AND TIMELINE FOR THEIR ROLL-OUT – DESCRIPTION OF OPERATIONAL ARRANGEMENTS FOR CREATION/IMPLEMENTATION OF POOLED FUNDING – DESCRIPTOIN OF OPERATIONAL ARRANGEMENTS FOR CHANGES TO COUNTRY/REGIONAL PRESENCE]

99. [ARTICULATION OF OPERATIONAL ROADMAP (WITH CRITERIA, SEQUENCING, MILESTONES, RESPONSIBILITIES AND DEPENDENCIES), INCLUDING PROCESS THROUGH WHICH CENTRAL COORDINATING STRUCTURE WILL RELINQUISH FUNCTIONS AND PROCESS THROUGH WHICH PARTICIPATING AGENCIES WILL ABSORB THEM]

100. [DESCRIPTION OF HOW ROLL-OUT OF THESE OPERATIONAL ARRANGEMENTS WILL BE ALIGNED/HARMONIZED WITH RC SYSTEM AND RELEVANT UN ENTITIES]

Conclusion

101. [TO COME]

Proposed Decision Points

The Programme Coordinating Board is invited to:

[DECISION POINTS TO COME]

[End of document]