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Question 1: What opportunities and challenges do you see in the proposed country presence options, as well as regional, for advancing a more integrated “One UN” approach — while sustaining effective support to the national HIV response and the strengthened role of communities?

PCB Member States

Brazil

Brazil sees a significant opportunity for a genuine transformation of the Joint Programme based on the findings of the Working Group (WG). We share the view that a siloed mentality must give way to a “One UN” approach, and we agree with the WG’s distinction between “steering” and “rowing”. In this regard, Brazil supports greater clarity in the respective roles and responsibilities of the Hub and the Cosponsors, based on a function-led approach, while ensuring that the core functions of the Joint Programme remain effectively coordinated, mutually reinforcing and are not fragmented or diluted across different entities. This is particularly important for functions related to monitoring, data and evidence generation and analysis, and accountability, which should remain closely connected to the Joint Programme’s leadership and coordination functions.

We also share the WG’s view that the discussion on the granularity of the transition should follow a function-led approach. PCB members will therefore first need to reach a shared understanding of the functions of the Joint Programme and the respective roles of its entities before addressing the operational details of the transition.

Among the challenges we identify, we would highlight the following concerns regarding the country and regional presence options:

The WG envisages that the Hub’s country presence will be phased out over time. Brazil would welcome further clarity on how this process would unfold, the role of host governments, and the level of oversight by PCB members. We agree that transparent, evidence-based and country-specific analyses and criteria should determine the configuration and placement of the Joint Programme’s presence in each country. In our view, the options in paragraph 40 merit further discussion.

We have similar concerns regarding the regional presence options in paragraph 41. Regional arrangements should reflect epidemiological and institutional realities rather than administrative convenience.

Additionally, while we support the idea of pooled funding to support cosponsor-led and cosponsor-facilitated work at country level, we would welcome further explanation from the WG on how it would be structured and governed. Brazil’s experience may be relevant in this regard: the Government currently finances approximately 80% of the staff of the UNAIDS office in Brazil and provides more than USD 1 million in support to civil society organizations and communities. This reflects strong national ownership and illustrates the importance of country-specific arrangements that recognize and build upon existing national commitments and capacities, including direct support to civil society and communities.

Haiti (first submission)

Translated from French:

The Government of Haiti welcomes the intention to strengthen integration of the HIV response within the “One UN” approach and make better use of Cosponsor organizations’ comparative advantages. This direction can help strengthen the coherence of UN interventions, promote better integration of HIV into health and development policies and

programmes, and support long-term strengthening of national capacities, thus enabling greater national ownership.

However, the Government believes that a premature reduction of UNAIDS' national presence could compromise essential coordination, advocacy, strategic information and community support functions, particularly amid persistent humanitarian, security and institutional challenges. In Haiti, UNAIDS continues to play a unique convening role among national institutions, development partners, community organizations and networks of people living with HIV. Any transition should therefore be gradual, based on a rigorous assessment of existing capacities and undertaken in close consultation with national authorities, technical and financial partners and affected communities.

Haiti (second submission)

Translated from French:

Opportunities:

- Strengthening existing institutional mechanisms: The region has a unique integration tool, PANCAP (Pan Caribbean Partnership Against HIV/AIDS), under CARICOM. A more integrated regional UN presence can multiply PANCAP's impact in harmonizing pooled medicine procurement policies and introducing biomedical innovations such as PrEP.
- A unified voice for transition financing: A unified regional office offers greater political weight to negotiate innovative financing strategies (debt relief in exchange for health investment) for the region's middle-income countries, often excluded from grants because of their economic status despite pockets of severe poverty.

Challenges:

- Political and institutional fragmentation: Between English-, French-, Spanish- and Dutch-speaking States, and varied legal statuses (independent States, overseas territories), regional UN centralization struggles to apply uniform solutions.
- Slow response to minorities' urgent needs: The Caribbean faces high levels of legal and social stigma against key populations. Regional UN structures, closely linked to government diplomacy, may hesitate to challenge national legislative frameworks (anti-sodomy laws, criminalization), where UNAIDS acted independently to defend human rights.

Nigeria

Nigeria considers that the transition needs to be both financially realistic and sufficiently deliberate to protect the effectiveness of the HIV response. The declining resource base makes it necessary to make decisions and improve efficiency, but it should not become a reason to transfer responsibilities faster than the institutions taking them on can realistically manage.

We would therefore support a phased approach in which the timing of each major change is linked to evidence that the necessary capacity, resources and accountability arrangements are in place. This would allow the transition to move forward while providing an opportunity to identify and address gaps before they affect countries or communities.

Financial planning should look beyond the immediate reduction in UNAIDS expenditure. It should identify the costs of making the transition itself, as well as the resources required to sustain the functions that will remain important under the new model. Adequate resources will also be needed for technical support to countries and for meaningful participation by communities and civil society.

For Nigeria, financial sustainability should therefore be understood not simply as reducing the cost of the Joint Programme, but as ensuring that available resources are directed towards the functions that are most critical to sustaining progress on HIV. The transition should be sufficiently timely to respond to financial realities, but sufficiently flexible to prevent short-term savings from creating longer-term gaps in the response.

Philippines

A more integrated One UN approach presents opportunities to reduce duplicated work, improve coordination, and make UN support more efficient, particularly in the context of the UN80 reforms. It can also strengthen country leadership by allowing countries to shape transition arrangements according to their needs, capacities, and priorities, rather than applying a fixed timeline to all countries.

At the regional level, stronger cooperation and regional hubs can facilitate the sharing of technical expertise and learning across countries. However, regional arrangements should continue to provide accessible and responsive expertise in areas such as HIV estimates, programme monitoring, sustainable financing, and the introduction of new prevention technologies.

At the same time, there are important risks. HIV may receive less attention if dedicated HIV functions and advocacy are absorbed into broader UN structures. Countries may also not yet have the systems and capacity to assume additional responsibilities. Changes should therefore proceed only when receiving institutions have demonstrated the capacity and resources to take on these functions.

We also emphasize that people living with HIV, key populations, civil society, and affected communities should have defined and meaningful roles in planning, resource allocation, and monitoring, with adequate support for their participation.

For the Philippines, the transition should pursue greater UN coherence while safeguarding HIV expertise, clear responsibilities, community access to UN support, and country-specific needs.

Senegal

Translated from French: At the country level, placing HIV advisers in Resident Coordinators' offices could give the response a stronger place in joint United Nations programmes. It could also improve coordination, integration and complementarity across health, human rights, social protection and financing. The main challenge is to preserve UNAIDS' added value on the ground: its ability to bring authorities, Cosponsor agencies, partners and communities together around shared data; to advocate on issues that may be sensitive; and to respond quickly when urgent problems arise.

Simply placing a position in a Resident Coordinator's office will only be effective if its mandate, resources and ability to engage with communities are clearly defined. Other arrangements could be proposed according to the country context, including appointing a focal point within the National AIDS Commission or another national multisectoral body. A uniform model would not suit countries with different needs and capacities. The Secretariat could develop terms of reference and clear criteria to assess each country's situation and determine the most appropriate arrangement.

Communities must have a role in designing, implementing and evaluating the new arrangements. This requires meaningful representation in decision-making, resources for community services and community-led monitoring, and the inclusion of community data in monitoring the response.

At the regional level, teams could provide specialised expertise for each of the four proposed core functions of the Joint Programme's new hub, including political mobilisation and leadership, multisectoral coordination of the global AIDS response strategy, AIDS data management and strategic information, and community mobilisation.

PCB NGO Delegation

The NGO Delegation sees opportunities in a differentiated "One UN" approach to strengthen coordination, reduce duplication and adapt support to different national contexts. But integration cannot simply mean transferring HIV responsibilities from a downsized Secretariat to Cosponsors or other UN structures. The test must be functional: does the successor arrangement have the mandate, resources, HIV and human-rights competence, community trust and accountability required to deliver?

Whatever country model is selected, there must be a clearly identifiable and adequately resourced HIV coordination function, with authority to convene Participating Agencies and sustained responsibility for community engagement. Alongside it, every country arrangement should include a formal, resourced and accessible community mechanism representing people living with HIV and all relevant key and priority populations, enabling communities to shape priorities and programmes, contribute evidence, monitor delivery and trigger accountability.

This is particularly important where national authorities criminalise, marginalise or exclude key populations. National ownership must not mean community exclusion. National responses must remain aligned with the Global AIDS Strategy, the 2026 Political Declaration and relevant PCB commitments, while protecting meaningful and timely civil-society participation. CSOs should be able to support the Hub, Participating Agencies and national responses through predictable financing and social contracting, with barriers related to safety, accessibility, mobility and participation actively addressed.

Functional readiness must therefore precede transition. No function should move simply because another institution has agreed to receive it; the successor must demonstrably have the capacity, resources, community participation and accountability mechanisms to deliver it.

As country presence decreases, regional structures must also be adequately financed and directly connected to community and key-population networks, particularly where civic space is restricted or national responses exclude populations.

In short, integration must not mean dilution. Country architectures may differ, but the safeguards should not: competent HIV coordination, meaningful and resourced community leadership, accountability for Participating Agencies, and no transfer of functions until their replacement demonstrably works.

Observer Member States

Cameroon

Translated from French:

Opportunities: Stronger synergies: Greater integration within the Resident Coordinator system would embed the HIV response in broader cooperation frameworks, such as the United Nations Sustainable Development Cooperation Frameworks (UNSDCFs). A multisectoral approach would make it easier to address HIV not only as an isolated health issue, but also through social inequalities, human rights, and gender, with UNDP, WHO, UNICEF, and UN Women working together.

Challenges: Dilution of political priority: The principal risk is that HIV could lose its visibility and political urgency among the many priorities of UN country teams. Loss of specialized expertise: Integrated, generalist structures sometimes struggle to retain the advanced technical knowledge needed to navigate the complexity of epidemics.

Democratic Republic of Congo

Translated from French: The options offer the DRC an opportunity to anchor the HIV response in a more integrated and sustainable “One UN” approach, but require particular vigilance regarding clarity of roles, financial sustainability and actual implementation of community participation. This could provide a robust country presence that is flexible to local context, clear institutionalization of communities’ role, financial responsibility, an explicit Division of Labour without fragmentation, and a realistic and sustainable budget leading towards a gradual, safeguarded phased approach.

The challenges can be summarized as:

- Insufficient clarity on the division of roles, risking continued grey areas in coordination and alignment of responsibilities in the DRC.
- Cosponsor capacities remain unequal or evolving, weakening continuity of technical support.
- Risk of fragmentation, especially in a large and complex country such as the DRC (duplication).
- Budget and sustainability in the DRC, where needs are immense.
- Community participation, whose role risks remaining symbolic.
- A legal and institutional framework that does not keep pace with progress.

Mali

Translated from French: Technical, financial, and monitoring and evaluation challenges require a country-level presence. Coordinating and managing the HIV response, which is more specific in nature, requires good coordination with the UN system, particularly with regard to integration into the response.

Togo

Translated from French: The HIV-related responsibilities must first be clearly defined so that communities can find their place. The reality is that, in the face of scarce resources, communities are pushed into the background. This arrangement should specify a quota for community personnel as well as for funding.

Zambia

Opportunities

- This will strengthen programme ownership at country level and promote political leadership because there will be need to fill the "gap" created by UNAIDS
- It will encourage domestic financial mobilisation because the pressure to look for resources will shift from UNAIDS to regional or country structures
- This will encourage empowerment of civil society and community based organisations as they will now be at the centre of the HIV response
- At the global level, this will support the UN80 Reform process by significantly reducing UNAIDS presence to very few strategic countries.

Challenges

- In some countries this may disrupt the fragile HIV response which is heavily dependent on donor funding
- It may produce coordination gaps in the response due to the absence of experienced UNAIDS staff who have been coordinating national HIV response activities
- Vulnerable groups like People Who Inject Drugs (PWID), Men who have Sex with Men (MSM) etc may face obstacles in accessing services like Pre-Exposure Prophylaxis or treatment due to funding restrictions imposed on the subgroups

Observer NGOs

Action against AIDS Germany

My central concern with the Country Presence Option is very simple: it could only work if the other UN organisations were genuinely willing and able to take on the functions and structures that UNAIDS has built at country level – above all, the meaningful engagement of communities and the capacity to respond to human-rights issues affecting people living with HIV and other marginalised communities.

I do not see that readiness.

The other UN organisations have had ample opportunity in the past to move closer to the model that UNAIDS has established. They have not done so. Based on my experience, I therefore do not see the evidence that they are either prepared or willing to take over these functions after the transformation process – certainly not „overnight“.

This is why I find the confidence behind the Country Presence Option difficult to understand. Where does the assumption come from that the other UN organisations of the Joint Programme will suddenly be able to take over the functions of UNAIDS once the transformation has taken place? They have not done so in the past, and I see little evidence that they would do so in the future.

There is, in fact, no established concept such as „UNAIDS Integration Readiness“. If there were – and if there were a scale to measure it – I would expect the organisations presenting themselves as ready and willing to receive a very poor score based on their actual record.

If the assumption nevertheless continues to be presented as credible, I have to wonder whether the underlying motivation is less about ensuring that UNAIDS' functions are preserved and more about questions of power, influence and the funding that could potentially be acquired.

My concern is not theoretical. Look at human-rights crises such as the one in Uganda. I do not see which of the other UN institutions would have stepped in in the same way as UNAIDS did. UNAIDS was, in my experience, the institution that seriously addressed the criminalisation of LGBTIQ communities. I did not see another UN institution stepping in with the same level of engagement, mediation and cooperation with communities to protect the wellbeing of people living with HIV and other marginalised communities.

This is precisely why I believe the conclusion should be the opposite of reducing UNAIDS' country presence: what is needed is a strengthened presence of UNAIDS at country level. Anything else risks creating the appearance of integration while leaving essential functions without a credible institutional home. In other words, it risks becoming an exercise in self-deception – or, more bluntly, a lie.

The “One UN Approach” is a beautiful idea. In practice, however, I see a serious risk that it becomes a Rohrkrepierer, because I do not see that the other UN institutions are currently

prepared or equipped to assume the specific role that UNAIDS has developed at country level.

I would also be very interested to know who will independently evaluate these developments. In particular, will the independent evaluation capacities of communities – which are so often cited – actually be given a meaningful role in assessing whether this transformation is working? Or will „integration readiness“ ultimately be assessed by the institutions themselves?

Please excuse my directness. I am German – that probably explains something. For me, friendliness and diplomacy have their limits when the wellbeing of other people is at stake.

Action for Health Initiatives Inc. (ACHIEVE) (first submission)

My main concern is not which UN office will host the HIV function. It is whether the new arrangement will still allow community concerns to travel effectively from the ground to decision-makers.

In the Philippines, communities are often the first to see problems in access to services, commodities, discrimination and implementation. We need a country arrangement where those signals don't get lost because responsibilities are divided among different agencies. Community participation therefore needs to be built into the coordination mechanism, not added as consultation.

Action for Health Initiatives, Inc. (ACHIEVE) (second submission)

This process of transforming UNAIDS and transitioning its role presents an opportunity for the following:

- Given the options provided, it is also an opportunity for honest assessment of the Joint Team, the Office of the Resident Coordinator and the Cosponsors on how effectively they can adopt and adapt the functions of UNAIDS, as well as determine an ideal timeline for when the transition takes place based on the results of the assessment.
- This also opens an opportunity to assess national HIV coordinating bodies and the Health Ministries on their capacity to absorb the UNAIDS functions effectively given country contexts: HIV situation, technical capacity, adequacy or inadequacy of resources, political environment, etc.

There are, however, challenges that need to be addressed or taken into consideration to ensure that the transition does not further undermine whatever gains have been achieved in the national HIV response. These challenges are:

- In the Philippines, the HIV epidemic continue to increase and expand among young people and key populations while stigma and discrimination remain high. The country is still significantly behind in its performance in achieving the 95-95-95 targets, which is further exacerbated by corruption that result in persistent issues in procurement and supply-chain management systems for essential medicines and diagnostics.
- The national coordinating body for HIV, the Philippine National AIDS Council, lacks the technical capacity to not just coordinate the national response, but to also lead strategically to effectively end the epidemic in the country by 2030.
- The UN Cosponsors, having their own specific mandates, diminished funding and personnel, will not be able to effectively absorb the functions of the UNAIDS, much less retain a clear focus on HIV without losing the most holistic and comprehensive perspective that marries science, community and CSO voice, and technical capacity

in the areas of financing. Prematurely lodging UNAIDS functions in these agencies will just result in de-prioritization.

Lastly, while the options have emphasized the role in communities and CSOs in governance and leadership, there has been no clarity as to how financing and support for them is sustained. The reality is that CSOs and communities have been dependent on donor funding. Domestic financing for HIV, while increasing, is not yet ready for a full-scale social contracting that can ensure community leadership that is independent of and not co-opted by government, to ensure accountability.

Actions des femmes pour la Paix et le développement durable membre/ANORS Ituri

Translated from French: The opportunity of UNAIDS' presence is to facilitate collaboration with local NGOs, support them and strengthen their capacities.

Challenges: A very limited budget that does not facilitate organizing large activities.

Adolescents Girls and young women network south Sudan

The transition can be an opportunity for the UN-Agencies to work closely together and avoid duplication hence making HIV Programmes more coordinated and efficient

However, there is a risk that HIV issues and community voices could receive less attention if UNAIDS functions are moved into other structures

For the case of communities, the most important thing is that there is still someone responsible and listening to communities, young people, women and girls, people living with HIV and other affected communities should continue to participate in planning and decision making

Africa Network of People Who Use Drugs [AfricaNPUD]

A stronger country and regional presence can make the UN more coordinated, responsive and closer to communities. But this will only work if people who use drugs are involved in planning, implementation, monitoring and evaluation—not simply invited to meetings.

Across African countries, only 12% of PWUD networks provide harm-reduction services, yet criminalization remains the main barrier to engagement. UNAIDS should protect and strengthen community-led delivery, support legal reform, and ensure formal representation in national AIDS councils, Global Fund processes and technical working groups.

Africa Young Sex Workers Alliance

The success of a stronger “One UN” approach will depend on whether integration strengthens and not dilutes the political, technical and community leadership that has made the HIV response effective.

At country level, greater integration through the Resident Coordinator system and UN Country Teams could create opportunities to bring HIV more systematically into broader conversations on health systems, gender equality, human rights, social protection, education and sustainable development. It could also reduce duplication between UN agencies and make better use of limited resources. This is particularly important at a time of severe funding constraints.

However, integration also creates a significant risk: HIV could become everybody's responsibility and therefore nobody's priority. HIV remains a distinct epidemic requiring specialized technical expertise, political leadership and attention to populations experiencing disproportionate vulnerability.

From a young sex workers' perspective, the most important question is therefore not simply where the UNAIDS staff will sit, but whether communities will continue to have a trusted and safe entry point into the UN system. UNAIDS consultations have highlighted that Country Offices can provide rare safe spaces for key populations, particularly where sex work is criminalized or communities face attacks on their rights.

Regional presence therefore becomes particularly important. Strong regional hubs could provide technical expertise, facilitate cross-country learning, support community-led monitoring, strengthen advocacy on policy and human rights, and ensure that smaller countries and countries with emerging epidemics are not left without support. The Global AIDS Strategy also recognizes regional civil-society networks as important actors for harmonizing strategies, accountability, technical support and resource mobilization.

For communities, the opportunity is to move from being consulted by the UN to being part of how the integrated UN system operates. Community organizations should have defined roles in planning, implementation, monitoring, accountability and evidence generation, with resources attached to that participation. UNAIDS itself recognizes that community responses should be integrated throughout national HIV planning, budgeting, implementation, monitoring and evaluation.

AIDS Healthcare Foundation/AHF Brazil

AHF Brazil's Intervention in WG3 — Contribution Not Delivered Due to Time Constraints

Thank you, Madam Chair, for the opportunity.

From our perspective, the transition presents both an opportunity and an enormous challenge.

The opportunity is to strengthen a more integrated One UN approach, bringing HIV into broader work on health, social protection, human rights and inequalities. If done well, this could help address structural factors that continue to leave people behind.

But our main concern is that the transition must respect country and regional realities. The HIV epidemic is far from over, and countries face very different challenges and populations still being left behind.

We also have an important concern around communities. In Brazil, the UNAIDS country office has been much more than a UN presence. It has been an open door for dialogue with civil society and a bridge between government, communities and other stakeholders.

So we need to ask: how will this space for dialogue be preserved, not only in Brazil but in many countries, if UNAIDS is no longer physically present, or if its representation becomes more distant from national realities?

For these reasons, we would favor a dedicated UNAIDS HIV office, as it would help preserve country-level expertise, proximity to communities and the dialogue built over time, while still allowing stronger One UN coordination.

For us, a successful transition means integrating HIV into the One UN without losing visibility, country-specific expertise or community engagement.

Thank you, Madam Chair.

AIDS-Fondet

We need UNAIDS secretariat presence in most countries; especially for convening and advocacy for key populations. The Cosponsors will not take on this responsibility in practice; especially not when the funding for HIV is dwindling. This can still work with more technical

implementation happening by the co-sponsors, but we still need the leadership and coordination of the secretariat - who is actually accountable to communities.

Aidsfonds - Soa Aids Nederland

Challenge: Any transition of hub offices out of specific countries must not happen until key relationships are fully transitioned from hub office staff to a suitable replacement. This is essential to maintain a strong role for communities in the HIV response. UNAIDS country offices and staff members at country level have played a vital brokering role connecting communities, multi-laterals like the Global Fund, Ministries of Health, and other government actors. This role must be safeguarded at all costs. It is vital in ensuring community needs are taken into account at the highest levels, provides increased safety to communities in hostile contexts, and has time and again resulted in a more effective HIV response. As one Aidsfonds partner shares: "Including UNAIDS in [our meetings with government officials] can provide an additional layer of institutional legitimacy and visibility while reducing the sense that community organizations are engaging alone in potentially sensitive discussions." This brokering role is the result of trust built over time by UNAIDS staffers, as well as these staffers technical expertise which gives them legitimacy in the eyes of national government officials. Relationships cannot just be transferred from one person to another because these people are all a part of "One UN." If UNAIDS is to further reduce presence in any country, it must not do so until relationships are fully transferred to other UN actors. Community organizations must know exactly who these actors are, be able to access them, and must feel comfortable with them. Community organizations should have a role in identifying when relationships are sufficiently transferred. It is important to note that, at times of crisis, members of marginalized communities often turn to UNAIDS staff for emergency support. It must be clear that this, too, is the role of in country UN staffers.

Opportunity: Advocacy functions exist and mutually reinforce each other across all geographic levels. The effectiveness of the hub's leadership and advocacy function depends not only on the ability to intervene at a high level when barriers arise, but also on sustained engagement and relationship-building at regional and country level. Setting clearly responsible parties for advocacy at all levels could greatly support the implementation of policies and practices beneficial to the HIV response. According to the current Options Paper, advocacy sits primarily with the global and regional hub offices. There is a key opportunity to also place this function with an appropriate actor at the national level. While the provision for global hub leadership to undertake ad hoc advocacy in response to specific barriers is important, successful advocacy in practice is built through long-term, ongoing relationships with national stakeholders. UNAIDS country offices have historically played a critical role in cultivating these relationships and advancing human rights-based advocacy that impacts the HIV response. If UNAIDS country offices are closed, it is essential to clarify how participating agencies and/or other actors will maintain the continuous engagement and trusted partnerships necessary to ensure effective advocacy for a human rights-centered response.

APCASO

Country presence of UNAIDS is important because it continues to elevate the presence, and consequently priority, of the HIV response at the country level. Given the budget limitations, there should be a set of markers wherein UNAIDS will need to step back from country presence or not. Take for example countries where HIV is experiencing an outbreak like in Fiji, or countries with ongoing epidemic like Pakistan or the Philippines. Likewise, UNAIDS' presence in the country isn't only needed in places where HIV is high - UNAIDS presence

also supports progressive laws and creates environments that's enabling for HIV-related policies and programmes to be adapted. This needs to be sustained.

ARCAD Santé Plus

Translated from French: The opportunity is UN integration, a suitable solution for preserving gains, but the challenge is how, in this context of limited resources, the UN should remain at national and regional levels to preserve proximity to countries and sustain political leadership. Proximity to communities is essential; they must remain at the heart of action.

It is also essential to maintain sufficient country-level presence and support capacity to ensure that the needs of the most vulnerable populations continue to be heard and taken into account in HIV policies and programmes.

ASAPSU

Translated from French:

Opportunity: Proven expertise.

Challenges: State policies are often not aligned with agencies' requirements, creating the impression of "continuous learning."

Ashodaya Samithi

The big opportunity on the country presence option is that the credibility of support provided by UNAIDS over 30 years brings knowledge repository. The one UN approach makes sure that country plans are consonant with the requirement HIV/AIDS poses, as well as the co-sponsor responsibility within division of labor and results. While UNAIDS propelled the beginnings it has to effectively continue to perform the role in ending AIDS. The role of the regional will have to be contributory on technical service, policy advocacy, ability to take on monitoring and evaluation along with tracking regional progress to engage substantively with countries through the country presence. The communities (all of them) in the past has been able to negotiate if neglected by national partners through UNAIDS. If this is compromised the community stands compromised.

ASK US Positive Children, Adolescent and Youth National Association

The transition creates an opportunity to make the UN response more integrated and better aligned with national priorities. A stronger "One UN" approach could reduce duplication, bring HIV more systematically into broader health and development platforms, and make better use of the technical strengths of the different UN agencies.

However, integration should not mean that HIV becomes less visible or that the specific needs of communities are overlooked. UNAIDS country offices have often provided an important space for governments, civil society, people living with HIV, key populations, young people and other partners to come together. The PCB58 Working Group noted concerns that moving these functions entirely to Resident Coordinator Offices or individual Cosponsor agencies could weaken trusted relationships and reduce safe spaces for communities, particularly key and priority populations.

For this reason, I would support a differentiated country and regional approach, rather than one model for every country. Countries with complex epidemics, significant inequalities, humanitarian challenges or substantial community-led responses may require stronger dedicated HIV coordination. In other settings, HIV coordination could be more fully integrated into existing UN structures, provided that clear responsibilities, technical capacity and accountability are maintained.

At regional level, stronger regional coordination could help countries share evidence, technical expertise, innovations and resources. At the same time, regional structures need adequate resources and clearly defined responsibilities; the PCB58 Working Group has already identified concerns about inadequate regional coverage and the need for clearer interaction between regional, national and global structures.

Most importantly, communities should not be treated simply as beneficiaries of the transition. They should remain active partners in designing, implementing and monitoring the new model.

Association ABÉJEV-PLUS du Bénin

Translated from French: The UN's country presence should be consolidated by transforming it into an agency with the funds needed to support communities.

Association D'Assistance Pour les Maladies Infectieuses Burkina Faso (ADAPMI BF)

Translated from French: One UN offers an opportunity to better coordinate resources and expertise at country and regional levels. But we must avoid integration diluting the HIV response's specific character. It is therefore essential to maintain HIV expertise, identifiable resources and, above all, genuine participation by communities, people living with HIV, young people and civil society organizations. Better UN integration must strengthen, rather than weaken, national responses and community leadership.

Association de lutte anti SIDA au Congo

Translated from French:

Opportunities

At country level

- Strengthen coordination among UN agencies to reduce duplication and provide more coherent support to national priorities.
- Pool technical expertise, data, resources and planning tools more extensively.
- Promote an integrated approach connecting HIV, health, human rights, social protection, gender, education and action against inequalities.
- Strengthen community organizations' role in programme design, implementation and monitoring.
- Improve use of national and community data to guide decisions and target the populations most exposed to vulnerabilities.

At regional level

- Facilitate exchanges of experience and good practices among countries facing similar issues.
- Develop cross-border initiatives, particularly for mobile populations and people living in border areas.
- Pool certain resources, expertise and training to reduce costs and improve efficiency.
- Strengthen regional advocacy for sustainable financing of the HIV response and community participation.

Challenges

- The risk that greater integration among agencies leads to excessive centralization, at the expense of the flexibility needed to respond to national and local realities.
- Differences in mandates, procedures, institutional cultures and financing mechanisms among agencies can complicate a genuine "One UN" approach.

- Reduced or fragmented financing could limit capacity to maintain essential HIV services.
- Community organizations risk being asked to do more without adequate financing, institutional capacities and representation in decision-making mechanisms.
- An overly uniform regional approach might not sufficiently consider each country's specific epidemiological, social, cultural and institutional contexts.
- Transition towards a more integrated approach must avoid HIV losing visibility among broader health and development priorities.

Major point for attention: The “One UN” approach could be particularly effective if based on a simple principle: better agency integration without weakening national leadership or communities' capacity for action. Communities should be regarded not only as beneficiaries but as partners and actors in the response, with genuine access to financing, decision-making, data and results monitoring.

In summary: The main opportunity is moving from fragmented support to more coordinated, integrated UN support centred on national priorities; the principal challenge is achieving this integration without losing proximity to communities or the national HIV response's operational effectiveness.

Association of people living with HIV (APLHIV)-Pakistan

For Pakistan the Opportunities include (1) more focused transition aligned with recommendations of working group, (2) it's good to have integration and transition in countries who are near to ending HIV, whereas for Pakistan, we support the option of keeping UNAIDS Secretariat at the country level keeping the countries needs and context in view. The reasons to keep a strong UNAIDS Country secretariat (which are also the challenges) are listed below:

- Pakistan is not transitioning out of the HIV epidemic—we are still trying to contain a growing one. Around 90% of our HIV response is supported by international partners—mostly by Global Fund. Around 75% of people living with HIV remain unaware of their status, and 82% are not receiving antiretroviral treatment. Recent outbreaks, particularly among children, have exposed serious systemic weaknesses, while stigma and discrimination remain major barriers. These realities require specialized HIV leadership at country level.
- Regional structures can provide technical expertise and efficiencies, and cosponsors should have clearer, non-duplicative mandates. But they cannot replace UNAIDS' country-level convening, advocacy, epidemiological needs and accountability functions.
- From the community perspective, this is particularly critical. UNAIDS has created space for people living with HIV and key populations to engage with government, development partners and decision-making processes. At a time when community space is already shrinking, we cannot simply transfer these functions elsewhere and assume that community leadership, human rights and accountability will survive. The UNAIDS Secretariat has represented the voice of those living with HIV and affected by the epidemic over the years, thanks to the UNAIDS Secretariat HIV epidemic has been visible and its response has been prioritized.
- Therefore, there should be no one-size-fits-all model. For Pakistan, we strongly advocate the continuation of a strong UNAIDS Secretariat country presence, supported by committed and efficient cosponsors.
- Integration should strengthen the HIV response—not weaken specialized leadership, reduce accountability, or make communities less visible. “For Pakistan, UNAIDS is not

an institutional luxury; it is an epidemiological necessity". if this dedicated country-level convening and accountability function disappears, who will perform it?

ASWA Alliance

While the proposed model offers a more integrated One UN approach, HIV requires specialised expertise and strong partnerships with affected communities. There is a risk that HIV priorities could be diluted within broader health structures unless dedicated expertise, accountability, and meaningful community engagement are maintained

ATHENA Network

ATHENA Network continues to reject the sunseting of UNAIDS and any transition that sidelines its mandate, dedicated leadership, or expertise on HIV. Integration must strengthen not displace UNAIDS and the Joint Programme.

We welcome the ambition of a more integrated "One UN" approach, particularly its potential to strengthen coordination across the UN system and better connect HIV responses with gender equality, sexual and reproductive health and rights, and broader health and development priorities. But integration must not mean dilution. The proposed country and regional presence options should be assessed by whether they preserve the expertise, resources, relationships, and accountability needed to sustain effective national HIV responses. This is especially important for young women and adolescent girls, whose needs and leadership can be overlooked when HIV is absorbed into broader structures without clear safeguards.

As a feminist organisation, we stress that young women's leadership is not an optional addition to the response. It is fundamental to gender equality and to effective, rights-based SRHR and HIV programmes. Young women must have meaningful influence in decisions not only be consulted and their organisations need predictable, accessible, and sustained funding to participate and lead.

A stronger One UN approach offers an opportunity to embed gender-transformative and youth-responsive HIV work across UN country teams. However, it also risks weakening dedicated HIV expertise, reducing visibility, and making it harder for communities to know who is responsible. Regional arrangements must also retain the capacity to support countries, connect community-led organisations, and address cross-border and regional priorities.

A responsible transition also requires realistic timelines. Declining budgets make delay costly, but moving too quickly could disrupt services, partnerships, and community engagement. We recommend a phased transition, guided by clear milestones and risk assessments, with resources protected for essential functions and community-led work. Progress should be reviewed regularly with affected communities, and plans adjusted if national support or access to services is weakened.

At the global hub level, the transition should preserve the strengths of the Joint Programme and the meaningful involvement of its co-sponsors, while giving communities and people living with, affected by, and at risk of HIV a real voice. Within the existing ECOSOC mandate, decision-making should be transparent, inclusive, and accountable, with clear roles for allocating resources and implementing core functions. Community participation must be resourced, not treated as voluntary labour.

We therefore urge the transition to include clear minimum standards: protected HIV capacity and resources; formal, adequately supported roles for communities and young women in governance and planning; transparent accountability for results; and accessible funding for

community-led organisations. These safeguards should be monitored during and after the transition, with communities involved in assessing whether they are working.

The test of integration is not whether UNAIDS structures are absorbed into the wider UN system. It is whether countries and communities, especially young women gain stronger support, greater influence, and better outcomes.

I submit.

Thank you, Chair

Cameroon Network of Adolescents and Young People living with HIV (RéCAJ+)

Translated from French: The proposed options offer an opportunity to strengthen a more coherent and integrated “One UN” approach that could improve the impact and effectiveness of the national HIV response. They could also create more opportunities for people directly affected, particularly communities, to contribute to designing, implementing, and monitoring the response. However, this transition presents significant challenges, including insufficient human and financial resources to maintain UNAIDS’ essential functions and the risk of inadequate civil society participation. Given its historic leadership role in the HIV response, UNAIDS should make this transformation a gradual, inclusive, and adequately funded transition in order to preserve achievements and strengthen the role of communities over the long term.

Centre for Women Justice Uganda/CSO Task Team on Accountability, Efficiency and Diplomacy Uganda.

The proposed country and regional presence options present an important opportunity to advance a more integrated One UN approach, but the success of that approach will depend on what we choose to integrate, and what we choose to deliberately protect. The ambition therefore should be One UN, but not one-size-fits-all; integrated delivery, but not diluted HIV accountability; and stronger country ownership, but not weaker community leadership.

First, there is an opportunity to reduce fragmentation and strengthen country ownership and leadership. A more integrated UN presence could awaken political will and bring the HIV response more deliberately into broader national development, health-system strengthening, financing, human rights and social protection priorities, while reducing parallel structures and transaction costs. It could also allow the UN Country Team to draw more systematically on the complementary technical capacities of the different agencies. However, integration should not mean that HIV becomes everyone's responsibility but no one's clear responsibility. In countries with significant HIV burdens, there needs to be a clearly identifiable mechanism for strategic HIV leadership, technical support, accountability and coordination within the broader One UN architecture.

Second, country presence should be differentiated rather than uniform. The appropriate model will depend on the epidemiological context, national capacity, financing environment and the strength of existing HIV institutions and community systems. Countries facing significant HIV vulnerabilities may require stronger dedicated HIV capacity, while countries with stronger national systems may be able to operate through a more integrated model. The transition should therefore be guided by evidence and country context, rather than applying a single model across all settings.

Third, there is a significant opportunity to strengthen the role of communities through the One UN model. Integration should create stronger connections between communities, governments and the wider UN Country Team, particularly around policy implementation, accountability, data, human rights and addressing inequalities. But this will only happen if

community engagement is institutionalised rather than left to individual agencies or dependent on particular programmes. We therefore need to be very intentional about what happens to community capacity and community voice during the transition. If country presence is reduced, we should ask: Who will convene communities? Who will bring community evidence into national policy dialogue? Who will support community-led monitoring and accountability? And where will communities go when national systems are not responding adequately? (UNAIDS has been doing most of this, and is much more open to communities than other UN agencies)

At the regional level, there is an opportunity to retain strategic intelligence and cross-country learning. Regional structures can help countries respond to common challenges, share evidence and innovations, address cross-border vulnerabilities and maintain political momentum. But regional support should complement, rather than substitute for, strong country-level engagement. The transition therefore needs to be measured against outcomes, not simply against institutional footprint. We should monitor whether countries continue to have access to the technical expertise, data and strategic intelligence they need; whether national HIV responses remain politically visible; whether communities retain meaningful participation; and whether there are any gaps in coordination or accountability as responsibilities move into the broader UN system.

CHARITABLE ORGANIZATION «CHARITABLE SOCIETY «NETWORK 100 PERCENT LIFE DNIPRO» (first submission)

The organization's position: We see serious risks that, in its pursuit of optimization and integration ("One UN"), UNAIDS will lose its identity and be absorbed into WHO or other mainstream structures. WHO is about medicine, clinical protocols, and treatment, whereas UNAIDS is much more than that. UNAIDS encompasses human rights work, the fight against stigma and discrimination, policy advocacy, and ensuring unimpeded access to services for the most vulnerable and marginalized groups.

The opportunity for transformation lies solely in strengthening cross-sectoral synergies, but the main challenge is to prevent UNAIDS from being absorbed by health agencies. Preserving UNAIDS' autonomy, political leadership, and human rights mandate is absolutely critical to the sustainability of national responses to the epidemic.

Charitable Organization "Union of Adolescents and Youth "Teenergizer"

- Country and regional presence should be different depending on the context, not the same everywhere
- Important factors: HIV situation, national capacity, civic space, human rights and community needs
- UNAIDS functions should only be transferred when another actor has the capacity, funding and expertise to continue them
- "One UN" can reduce duplication, but there is a risk of losing HIV-specific expertise
- Countries should not have to navigate many different UN agencies to get support
- Regional structures can be useful for countries with limited capacity and for shared challenges across countries
- Community led services should remain part of the HIV response. not be treated as an additional activity
- For adolescents living with HIV continuity of trusted support groups is especially important
- The transition needs a clear timeline, milestones and readiness criteria
- Functions should not be transferred simply because a deadline has arrived

- There must be a clear answer to who will take over each function, with what staff, expertise and funding
- The future model needs realistic costing, based on the current decline in UNAIDS funding
- HIV-specific technical capacity and community support should be protected during the transition
- Community-led programs need predictable funding, especially smaller organizations with few alternative funding sources
- There should be a clear plan for funding gaps between the current and future models
- A longer transition is useful only if it allows real preparation and capacity building, not just postpones decisions
- The future Hub needs a clear division of roles, authority and accountability between the Hub, Cosponsors, countries, regions and communities
- Communities and civil society should be involved not only in consultation, but also in decision making, implementation and accountability
- People living with HIV and key populations should have defined roles in relevant decisions
- Community-generated evidence and community led monitoring should feed into Joint Programme accountability
- Funding decisions should include clear mechanisms for community participation
- Community participation needs resources and predictable funding, including for smaller community-led organizations
- Increased responsibility for Cosponsors should come with clear accountability and mechanisms for corrective action
- The Hub should retain enough capacity to coordinate the Joint Programme and protect the multi sectoral and HIV-specific nature of the response

CHARITABLE ORGANIZATION«CHARITABLE SOCIETY«NETWORK 100 PERCENT LIFE DNIPRO» (second submission)

Our organization has been cooperating with UNAIDS on a regional level since 2022.

In the Dnipro region, country-level presence offers the opportunity to embed HIV services into humanitarian and recovery programming for HIV disabled people, displaced populations and veterans, ensuring rapid responsiveness to local needs. Regional hubs could provide specialized expertise and surge capacity, but they risk diluting HIV visibility and slowing decision-making if authority shifts away from oblast-level realities. For community organizations like CO «100 PERCENT LIFE DNIPRO», integration into a “One UN” model strengthens advocacy and resource mobilization, while the challenge lies in safeguarding community-led mechanisms and ensuring funding continuity. Overall, the balance between efficiency at the regional level and strong, context-specific engagement at the country level will determine whether HIV priorities and community leadership remain central.

Civil Society Self Coordinating Mechanism-CSSCM Zambia

OPPORTUNITIES: Countries like Zambia qualify on every epidemiological criterion: over 1 million PLHIV-, unfinished 95s for children and KPs, high PEPFAR-Global Fund dependency. UNAIDS' PRESENCE ENABLES DAILY COORDINATION OF JOINT UN TEAM,. STRATEGIC INFORMATION SUPPORT TO MEANINGFUL ENGAGEMENT WITH. COMMUNITIES PER GIPA PRINCIPLE. REGIONAL/COUNTRY OFFICES PROVIDE CROSS COUNTRY LEARNING, POLITICAL ADVOCACY AND TECHNICAL OVERSIGHT THAT GENEVA CANNOT PROVIDE.

CHALLENGES: LOSS OF DIALY, TRUSTED CONVENING ROLE. TRAVEL TO GENEVA IS HIGH THAN REGIONAL AND COUNTRY PRESENCE-AND CANNOT REPLACE INFORMAL CORRIDOR ADVOCACY THAT RESOLVES ISSUES BEFORE THEY BECOME CRISES.

WEAKENED COMMUNITY LED MONITORING, COMMUNITY RIGHTS AND GENDER, HUMAN RIGHTS RESPONSE. COMMUNITIES WILL LOSE A NEUTRAL MULTILATERAL DEFENDER. NO OTHER UN AGENCY HAS AIDS AS ITS SOLE MANDATE. INTEGRATION MUST NOT MEAN DISAPPEARANCE

AIDS IS NOT YET OVER.

NO REAL TIME RESPONSE. HUMAN RIGHTS CRISIS CANNOT WAIT FOR A FLIGHT FROM GENEVA.

ZAMBIA PROPOSES: RETAIN REGIONAL AND COUNTRY-PRESENCE BASED ON EPIDEMIOLOGICAL BURDEN AND TRANSITION RISK.

Comité de Coordination Multisectoriel (CCM Haiti)

Translated from French: The proposed options present an important opportunity to move the Joint Programme towards a more integrated “One UN” approach by clarifying the roles and responsibilities of the Hub, Cosponsors, UN country teams, national institutions, and communities. The proposed distinction between functions requiring a global perspective and those relying more heavily on proximity to countries and communities provides a useful basis for deciding at which level each function can be carried out most effectively.

An important opportunity is to move gradually from a model based on institutional presence towards one based more on the essential functions that must be preserved and the level at which they can be carried out most effectively. Technical and operational functions could therefore be undertaken more extensively by Cosponsors and national actors, while the Hub would retain functions requiring political leadership, coordination, comparable data, accountability, and mobilization.

Differentiating among countries is also a major opportunity. National contexts vary greatly, so the transition model should consider criteria such as HIV burden, national capacities, financial viability, the legal environment and civic space, key populations’ access to services and decision-makers, and progress on integration. Presence and the level of support should therefore not be determined through a uniform approach.

At regional level, concentrating certain functions—including monitoring and evaluation, South–South learning, technical expertise, and crisis management—could preserve capacities that would not be efficient to maintain in every country. Collaboration between the Hub and the existing capacities of Cosponsors and regional institutions could be an important means of supporting the transition.

The main challenge, however, will be to prevent greater integration from fragmenting or reducing the quality of support to countries. A function should be withdrawn only when another actor is genuinely ready to take it on, with the necessary mandate, capacity, and resources. In particular, responsibilities must not simply be transferred without transferring capacity. The document rightly emphasizes the need to assess existing capacities before changing the Joint Programme’s presence in a country.

It will also be essential to preserve a clearly identified entry point through which countries can access the full range of Joint Programme support. Countries should be able to know which organization is responsible for a particular form of support, how to request it, the expected response time, quality standards, and the mechanism for raising a problem.

Finally, strengthening the role of communities should be treated as a structural part of the new model. Co-creation and shared leadership with communities and civil society should be built into national, regional, and global planning, implementation, and accountability mechanisms. The transition should therefore strengthen—not merely preserve—the mechanisms through which communities influence priorities and decisions affecting the HIV response.

Comunidad Internacional de Mujeres con VIH/Sida (ICW Chile)

Translated from Spanish: From Latin America and the Caribbean, I consider it essential to maintain a regional UNAIDS Hub with political authority, staff and resources to coordinate and oversee Cosponsors' country work, and to ensure its mandate includes community integration into these processes. This would enable better integration of UN work, monitoring of commitments and continued dialogue with national programmes and communities, including in Spanish and with the technical capacity and knowledge required.

The principal challenge is that Cosponsors have multiple mandates and other priority agendas. They are already part of the Joint Programme, and we have seen in practice that their presence alone does not guarantee that HIV remains a priority or that communities have a clear interlocutor. Without a specialized regional body that coordinates and demands results, the response can weaken. For people and communities, that loss of priority is not merely institutional: it can mean more HIV infections and more AIDS-related deaths.

Therefore, before transferring functions or reducing UNAIDS' presence in a country, the plan must establish who will assume each responsibility, with what expertise and resources, and how they will be accountable to the regional Hub. Monitoring must take place with governments and communities to verify that leadership, advocacy, strategic information and our effective participation in decisions are maintained.

CORAB

Translated from French: CORAB welcomes the general direction towards a unified UN Hub, but wishes to draw the Working Group's and PCB Bureau's attention to the concrete risks that a poorly sequenced transition would pose to the HIV response in Burkina Faso and the Sahel subregion.

Opportunities. Better coordination among UN agencies, if genuinely function-led, could reduce the current proliferation of contact points for national community organizations and strengthen the coherence of technical support. Differentiation according to epidemiological and institutional context is relevant: Burkina Faso combines a moderate generalized epidemic, a growing presence of key populations facing increased vulnerability, and a security and humanitarian context that weakens health and community systems. This context justifies strengthening, rather than reducing, differentiated support.

Major challenges.

- Continuity of services. The Sahel already faces supply disruptions and declining external financing. Any UNAIDS withdrawal before a receiving entity (Cosponsor, country coordination) is fully mandated, funded and operational risks worsening service discontinuities, particularly for antiretroviral treatment and combination prevention among vulnerable and stigmatized populations.
- Environment for high-risk populations. In a context where several Sahel countries have decided their intervention model and choice of target groups, some high-risk populations and other victims of gender-based violence are often left behind. This

requires a specific intervention strategy for them while respecting the legislative context.

- Direct and predictable financing. CORAB requests that the future financing model provide a protected and clearly identified budget floor for community organizations, including the smallest organizations ineligible for conventional UN financing mechanisms, through accessible instruments (social contracting, direct grants). This financing must be visible, separate from coordination costs, and not subject to residual allocation after the Hub is financed.
- Genuine community leadership, not consultation alone. Civil society inclusion must not be limited to presence in governance bodies without real decision-making power. CORAB requests effective decision rights in allocating community resources, defining community-led monitoring (CLM) priorities, and a formal mechanism ensuring that community-generated data trigger corrective action.

Recommendation. For CORAB, and by extension the Burkina Faso context, insecurity causing internal displacement and consequently increased loss to follow-up, new infections among young people and repeated GBV cases reinforce our conviction that achieving the three 95s and eliminating AIDS by 2030 requires strong decisions to strengthen country teams in both human and financial resources.

On this basis, CORAB supports the PCB NGO Delegation's position and requests that no function or country presence be withdrawn.

Dostana Male Health Society

An integrated "One UN" approach, if designed carefully, could reduce the fragmentation that currently burdens national HIV responses. In Pakistan, UNAIDS has played a critical role in mobilizing resources (e.g., US\$258 million from the World Bank for the National Health Support Programme) and in scaling up community-led programmes. A more coherent UN presence could:

Streamline coordination with national and provincial health departments, reducing transaction costs for CBOs that currently navigate multiple UN agency mandates.

Leverage broader health systems strengthening to integrate HIV services into primary health care, which is especially important as donor funding declines.

Elevate community leadership if the "One UN" framework explicitly mandates the inclusion of CBOs in planning and decision-making at the country level, as recommended in the Working Group's Terms of Reference.

Challenges:

- The primary risk is that HIV-specific expertise and community access are diluted within a broader development agenda. For CBOs in Pakistan:
- Loss of dedicated technical support: UNAIDS currently provides critical guidance on human rights, stigma reduction, and key population programming. If this expertise is absorbed into larger UN entities without dedicated HIV focal points, the quality of support to CBOs may decline.
- Funding channelling: Community-led organizations often receive direct or sub-granted funding from UNAIDS or through mechanisms it coordinates. A "One UN" approach that funnels resources through government or larger UN agencies risks further marginalizing CBOs, particularly those working with criminalized populations.
- Contextual barriers: In Pakistan, cultural resistance, criminalization of same-sex behaviour, and police harassment create barriers that generic UN development frameworks may not adequately address. A "One UN" approach must retain the

flexibility to support community-led organizations that operate in these hostile environments.

- Coordination gaps at provincial level: UNAIDS' own evaluation of Pakistan notes inadequate coordination between Joint Programme members at the provincial level, where health care is devolved. Without deliberate design, "One UN" could exacerbate these gaps rather than resolve them.

Recommendation: The "One UN" country presence options must include explicit, ring-fenced mechanisms for engaging and funding community-led organizations, with accountability measures to ensure that key population needs are not deprioritized in integrated planning.

Eurasian Harm Reduction Association (EHRA)

Representing community networks in Eastern Europe and Central Asia, where HIV infections are still rising and the epidemic is concentrated among criminalised people. We support transformation, but we have three asks. First, don't let the UN and the Global Fund leave our region at the same time. No country presence should be withdrawn until domestic funding for key-population and harm-reduction services is verified. For regions like ours, the "no Hub presence" option is not acceptable. Second, in many of our countries the UNAIDS office was the only door through which communities could take part in developing national programmes and legislation. Whatever model you choose, communities need a protected, resourced and independent seat, a share of the pooled fund that can reach organisations facing foreign-funding restrictions, and harm reduction with a named, accountable lead. Third, with two country offices and a two-person regional team, tell us who will help our countries set Political Declaration targets and reform harmful laws. We ask for a regional presence sized to its functions, not to a number. Transformation should be judged by what it does where the response is hardest. For EECA region, we believe the hybrid option, combined with a strong regional Hub presence under 41a, offers the best basis for ensuring effective country presence.

The key advantage of Hybrid option is that it allows presence to be determined by current need rather than the historical distribution of UNAIDS offices. This is particularly important for EECA, where the epidemic is still growing, while civic space is shrinking and many key populations remain criminalised or persecuted.

However, this will only work if the criteria in paragraph 37 give sufficient weight to rising incidence, criminalisation, barriers to services and specifically to shrinking civic space, alongside HIV burden. Otherwise, countries with lower absolute numbers of people living with HIV may again lose dedicated support despite having very high levels of vulnerability.

At country level, where dedicated Hub presence is needed, we would prioritise the Hub. Where a country can transition to a Cosponsor, this should only happen where that Cosponsor has demonstrated HIV, harm-reduction and key-population competence, resources and community trust.

We would be particularly concerned about relying on Resident Coordinator offices or national structures in restrictive environments, where HIV may lose visibility and communities may lose an independent UN entry point.

For this reason, 40a—no Hub presence—is not appropriate for EECA, and 40b does not adequately address the problem because it largely preserves the existing distribution rather than responding to current needs.

The regional component is therefore essential. Option 41a should accompany 40c, with sufficient capacity for human rights, community engagement, legal and policy support, data and assistance with national targets and implementation.

Finally, there should be a double-transition safeguard: country presence should not be withdrawn while Global Fund support is also ending unless sustainable domestic financing for harm reduction and key-population services has been demonstrated.

- Countries with growing epidemics and restrictive environments (much of Central Asia and similar contexts) need retained Hub or Hub-backed presence.
- Countries with more open civic space and stronger community systems (for example Moldova, Georgia, Armenia) could move to a Cosponsor-led model (39b), provided there is a formal community mechanism and verified domestic funding for harm reduction and key-population services and support to decriminalisation/ overcoming legal barriers
- Conflict-affected Ukraine needs crisis and humanitarian capacity, which fits the regional "technical or crisis capacity" function (para 42).

European Network of People who Use Drugs CLG

According to the proposed options, there will be one clear entry point per country, and Joint UN Teams that include governments and communities, could finally make "One UN" mean something on HIV. I also welcome that the transition criteria include civic space, legal environments and key populations' access to services (para 37), not only epidemiological angle.

The risk could lie in the endpoint. "Integration into national institutions" works where the state serves everyone, but it does not work where the state jails people who use drugs or criminalises same-sex relationships. In Eastern Europe and Central Asia, the UNAIDS presence is often the only UN voice that names this. So closing civic space should be a reason for the Hub to stay in the region. I would support the hybrid option (para 40c), with Hub presence kept where rights barriers are highest.

Hub advocacy at country level should not depend on a request from the UN country team (para 44a), because Resident Coordinators may not ask for confrontation. And regional presence should stay with the Hub until a replacement is shown to work with communities. MENA already lost its regional team, and EECA cannot afford the same.

Fiertés Afrique Francophone (FAF)

Translated from French: For Fiertés Afrique Francophone, a more integrated "One UN" approach offers an opportunity to strengthen the coherence of support to national HIV responses, provided that dedicated expertise, close relationships with communities and clearly defined accountability for results are preserved.

At country level, integrating HIV advisers into Resident Coordinators' offices could strengthen political dialogue and better mobilize agencies' expertise in health, human rights, social protection and gender equality. This option would benefit from a joint plan, explicit responsibilities and dedicated resources. Its main challenge would be the dilution of HIV among numerous priorities, as well as the weakening of trusted relationships and communities' direct access to the United Nations.

At regional level, a stronger presence could pool expertise, facilitate learning between countries and provide rapid support during health or humanitarian crises or threats to rights. It would also offer a framework for involving regional community networks more closely in needs analysis and advocacy. However, excessive centralization could distance support from local realities. In Francophone Africa, it would be essential to ensure the ability to work in French, knowledge of national contexts and resources for regular field interventions.

We therefore favour a presence differentiated according to country needs, combining an identifiable and accessible national capacity with strong regional support. Decisions should consider inequalities in service access, criminalization, fragile civic space and community capacities alongside epidemiological indicators. Low national prevalence can conceal significant needs among key populations.

Strengthening communities' role must translate into real power in setting priorities, making budget decisions and evaluating results. This requires representatives selected by communities themselves, accessible and predictable financing, and support for community-led monitoring. People living with HIV and key populations, including LGBT people, must retain direct, confidential and safe channels of dialogue with the United Nations.

Finally, any reorganization should be gradual and evaluated with communities. Before reducing national presence, it should be verified that the necessary capacities, financing and protection mechanisms are actually operational. Integration's success should be measured by continuity of services, reduced inequalities and communities' effective influence over decisions.

Fundación Huésped

A One UN approach should mean greater coherence, not less HIV-specific leadership or accountability. The differentiated approach is welcome: not every country needs the same UNAIDS footprint, and country ownership should be strengthened. But country ownership cannot become government ownership. The proposed criteria appropriately include civic space, legal environments and access for key populations; these should be decisive in determining the model.

In countries with hostile legal or political environments, or weak community capacity, a UN presence with sufficient HIV-specific political authority may still be necessary. The Hub should not withdraw simply because another UN entity can technically absorb its functions.

Every country needs a clearly identified entry point with accountability for the whole Joint Programme, not simply a Cosponsor representing its own mandate.

Community leadership needs to be treated as a core country-level function, with dedicated representation, resources and mechanisms for co-creation and co-leadership. Not as something that can simply be "absorbed" into existing UN structures.

Regionally, there is an important opportunity to preserve political and technical capacity that individual countries cannot maintain, particularly for cross-border issues, human rights, data, South-South learning and crisis response. I would therefore caution against allowing regional transition to be driven primarily by administrative efficiency. Regional realities should determine the architecture, not the other way around.

Harm Reduction International

Thank you chair and colleagues. I would like to start by stating that we support the concept of a unified and more integrated approach and appreciate the efforts to remove complication and multiplication of work. This is of course an admirable goal. However in terms of challenges we currently see a broad diversity of capacities, expertise, and even basic opinion within UN agencies at country level.

In the context of harm reduction and people who use drugs, drug use is still heavily criminalised in many contexts. UNAIDS has spent years developing relationships and trust with communities that risk being lost with communities as responsibility and country presence is transferred across UN agencies without those relationships, without the necessary expertise, and with a focus on criminal justice and criminalising our communities.

It remains to us still unclear how the functions currently undertaken by UNAIDS will be carried out in a practical sense – and again this includes a lot of the soft-skills of relationship building and community supports that can't be accounted for in technical documents.

As a bare minimum demand, we have to see UNAIDS retain a country presence in all countries that retain criminalisation.

When transition does occur under the right circumstances, we must ensure the responsibility is transitioned to UN agencies that retain a human rights focus. For people who use drugs that means agencies that support harm reduction rather than a focus on criminal justice approaches to drug use.

Regional hubs serve an important purpose but ultimately it is currently level laws that impact people – laws that change over time and as we've seen in recent years with the anti-rights movement and attacks on the LGBTQ+ community can also regress. It is crucial that communities have trustworthy and effective focal points regardless of country context to ensure we can meet future challenges faced in the HIV response.

Communities deserve their place at the heart of the response at all levels, regardless of country context. We know their involvement is crucial. Their involvement is mentioned throughout the proposal, but in a transformed UN Joint Programme and especially at the national level this is far from guaranteed. What accountability mechanisms will be put in place, beyond simply incentivising their involvement, to ensure communities are valued as leaders?

Housing Works

Translated from French: The new approach offers considerable opportunities to strengthen the coherence, coordination, and effectiveness of the HIV response. Greater integration among UN agencies could bring together more technical expertise, make better use of available resources, and better support national priorities. At regional level, retaining dedicated capacities could also encourage countries to share experience and support monitoring and evaluation, technical assistance, and South–South learning.

However, the transition also carries risks. Reducing UNAIDS' direct country presence could lead to a loss of leadership, coordination, and institutional memory, particularly in fragile settings where national capacities remain limited. There is also a risk of fragmentation if the responsibilities of the different Cosponsors are not clearly defined and coordinated.

To make the transition successful, presence and the level of support in each country should be determined by national context, the epidemiological situation, national capacities, the human rights environment, and civic space, rather than administrative or financial considerations alone. The document itself emphasizes the need to assess capacities before transferring any functions.

Finally, the role of communities and civil society must be a cornerstone of this transformation. Their participation cannot be limited to consultation; it must be institutionalized through co-creation, decision-making, monitoring, and accountability at national, regional, and global levels. In particular, community representatives should be included in the Joint UN Teams and have the mechanisms and resources needed to participate meaningfully.

India HIV AIDS Alliance (first submission)

- As per the current scenario of Transition of UNAIDS it gives some shaky storms to the communities and to the Government itself and at the same time, we also strongly support a phased and systematic transition, rather than a rapid transfer of

responsibilities. Any transition should be guided by country needs, readiness assessments, and meaningful consultation with governments, communities, and national stakeholders to ensure continuity of services and accountability.

- In my view, maintaining a resourceful and technically strong UNAIDS Hub will be critical. Countries will continue to need high-quality strategic guidance, political advocacy, multisectoral data and accountability functions, support on human rights and gender equality, and coordination across the UN system. A leaner structure should not mean a weaker structure. The Hub must retain sufficient capacity to support countries, especially those facing implementation, financing, or human resource challenges.
- I particularly welcome the emphasis on community co-creation and co-leadership. Being a lived experience with HIV, we believe that communities must remain central to decision-making, monitoring, and accountability at global, regional, and country levels. Sustainable integration will only succeed if community voices remain visible, resourced, and influential.
- In conclusion, I support a stronger and more integrated UN response to HIV, provided that the transition is carefully managed, country-focused, and backed by a strong technical Hub that preserves leadership, accountability, and meaningful community engagement.
- The greatest concern is that integration should not become a process of invisibilizing HIV. While HIV should be integrated into broader development and health systems, dedicated political leadership, advocacy, and accountability for HIV outcomes must remain strong.

India HIV/AIDS Alliance (second submission)

We need to see a sunset plan, only when the majority of the most affected countries achieve the UNAIDS targets. The last mile is the most difficult phase, a phase when technical directions from UNAIDS becomes the most important. Given the current global financing - The “One UN” model should retain a strong HIV coordination function, meaningful engagement of communities and key populations in decision-making, and flexible country-level mechanisms that can respond to evolving epidemics and national priorities. At the regional level, communities should remain active partners—not only beneficiaries—of policy development, implementation, monitoring, and accountability.

International Planned Parenthood Federation (IPPF)

I want “One UN” to mean one reliable path to care for a young person who fears being exposed: confidential HIV testing, PrEP, treatment, sexual and reproductive health care, and support after violence. In the Philippines, one third of people newly diagnosed with HIV in the first quarter of 2025 were aged 15 to 24. Yet prevention received only 6% of HIV spending in 2023.

The proposed country options offer a chance to connect these services and give people one clear point of contact with the UN. The risk is that moving coordination to a Resident Coordinator’s office or a Cosponsor may remove the HIV expertise and trusted relationships that make those services accessible. In my work with Wagayway Equality, I see why community-led referrals and safe spaces matter for LGBTQIA+ people and young people living with HIV.

Choose country arrangements according to HIV trends, human rights conditions, and proven capacity. Keep dedicated UNAIDS support where the need is high and communities cannot safely rely on other structures. Before transferring a role, identify its funded successor and ask affected communities to verify that confidential services and referrals still work.

Asia and the Pacific also need a funded regional team that can respond quickly to prevention gaps, rights threats, and requests for technical help. Give community-led groups paid roles in country and regional teams. Judge integration by whether people can reach care safely, not by how many offices the UN has closed.

IPPF Americas and the Caribbean

Unaid is already in the countries. There is no good opportunity coming out from downsizing the team at the ground level when it is most needed. What the evidence is showing is that we need UNAIDS working in its full capacity, with the secretariat coordinating the work of the co-sponsors at the country level.

Khmer HIV/AIDS NGO Alliance (KHANA)

Opportunities:

- Stronger “One UN” coherence: A more integrated country presence could reduce fragmentation across agencies, align HIV-related work with broader UN development priorities, and present a more coherent offer to government and other national partners. This could also reduce duplication in planning, reporting, missions, and technical assistance.
- Better use of comparative advantages: HIV work increasingly cuts across health systems, social protection, human rights, gender, migration, education, labour, and financing. A more integrated model could make it easier to draw on the different mandates and expertise of UN entities rather than treating HIV as the responsibility of a single agency.
- More strategic engagement with government: A coordinated UN country platform could provide a stronger entry point for supporting national HIV strategies, sustainability planning, domestic financing, integration of HIV services into primary health care, and policy reforms.
- Greater space for communities within the UN model: Integration does not have to mean centralisation. If designed deliberately, a One UN approach could create a more systematic mechanism for communities of people living with HIV and key and vulnerable populations to participate in policy dialogue, programme design, monitoring and accountability.
- Regional approaches can complement country capacity: Where individual country teams have limited HIV expertise, regional structures could provide specialised technical capacity, peer learning, data analysis, policy support and rapid technical assistance while keeping implementation and relationships anchored nationally.
- Potential efficiency gains: Shared operational functions and clearer division of labour could free resources for substantive HIV programming, including community-led responses.

Challenges and risks:

- HIV could lose visibility within a broader agenda. The greatest risk is that integration becomes synonymous with dilution. If HIV is absorbed into a general health or development portfolio, specific expertise, political attention and dedicated resources could decline even while HIV inequalities and unmet needs persist.
- Community engagement could become less direct. Communities often depend on relationships with specific UN entities and dedicated HIV mechanisms. A highly centralised country structure could unintentionally create additional layers between communities and decision-makers. The strengthened role of communities therefore needs to be an explicit design principle, not an assumed outcome.

- Loss of specialised expertise: HIV responses require knowledge of epidemiology, prevention, treatment, human rights, stigma and discrimination, key populations, community systems and HIV financing. Regionalisation may offer economies of scale, but excessive consolidation could make specialised expertise less accessible at country level.
- Accountability could become unclear. With multiple agencies operating through a shared structure, it needs to remain clear who is accountable for HIV results, who leads particular areas of work, and how government and communities can escalate concerns.
- Regional support may not respond quickly enough to country realities. A regional hub can provide valuable expertise, but country teams may need rapid, politically sensitive support that depends on detailed knowledge of the national context.
- Transition costs and institutional incentives: Moving toward One UN arrangements can initially require substantial time and management attention. Agencies may also have different mandates, funding streams, reporting requirements and institutional incentives, which can make genuine integration harder than organisational restructuring alone would suggest.

La Plateforme des Réseaux et Fautières de lutte contre le Sida et les Autres pandémies en Cote d'Ivoire

Translated from French: At country level, opportunities: The UN as an ally of civil society, always alongside civil society to discuss NGOs' circumstances.

Challenges: Integration of other diseases such as tuberculosis; support for CSOs in their activities and to enable them to play their role.

At regional level, opportunities: Sharing lessons learned among CSOs from different countries; organizing regional workshops to discuss key CSO issues.

Challenges: Building on good practices; exchange forums on the sustainability of activities and integration into the health system.

National Federation of Women Living with HIV and AIDS

The proposed transition presents an opportunity to strengthen a more coherent "One UN" approach, reduce duplication, and better align HIV-related technical support with broader priorities such as health systems, gender equality, human rights, social protection and sustainable development. Stronger integration within UN country teams could also improve coordination with national governments and other development partners.

However, integration should not result in the HIV response becoming less visible or losing dedicated technical expertise, coordination capacity and accountability. Country presence should therefore be differentiated according to the HIV epidemic, inequalities, vulnerabilities and the capacity of national and community systems, rather than applying a uniform model across countries.

For countries where communities face stigma, discrimination, gender-based violence, criminalization or barriers to HIV services, an effective UN presence needs to retain the capacity to provide HIV-specific leadership, convening and human-rights support. Regional hubs can provide valuable technical expertise, but they should complement not replace accessible country-level support.

Most importantly, communities and civil society should be involved not only as implementing partners or beneficiaries, but as decision-makers and co-leaders throughout the transition. Mechanisms for meaningful participation of people living with HIV, key populations, women,

young people and other affected communities should be clearly institutionalized at country, regional and global levels.

NEPHAK & NYAKACH SJC

Integration on the ground has a testable meaning. Kenya's formulation in the Bureau record is useful: an option optimizes the division of labour only if it reduces the coordination burden on implementing countries and delivers one coherent UN offer behind national plans; an option that leaves country teams managing fragmented Cosponsor engagement has redistributed the division of labour, not optimized it (Bureau Summary, Annex 1, Q7). Table 1 of the Options Paper (para 51) sorts functions by an implicit subsidiarity logic that is, in the abstract, broadly defensible: comparability functions upward, trust-dependent functions downward. Against that test the paper offers four placements for the country entry point (39a–d), three options for Hub presence (40a–c) and two regional models (41).

Opportunities exist. Placing coordination with a Cosponsor, the Resident Coordinator's office, or a national structure uses existing presence in 130 countries rather than sustaining a parallel HIV structure. The Netherlands and the CCO Chair both favor that direction. The national-structure placement (39d) fits Kenya's position that National AIDS Authorities have statutory authority to anchor coordination and community engagement as UNAIDS presence contracts (Q6). Differentiation by context (37) is itself an opportunity, supported by the Philippines, Kenya, the NGO Delegation, and the CCO Chair. Matching presence to actual national capacity and civic space, rather than a uniform template, is more consistent with national ownership than what it replaces. The regional desk model (41b), hosted where Cosponsor structures already exist, may deliver regional functions at lower cost. And the explicit commitment to remunerated community co-creation roles and community representation within Joint UN Teams (27, 38) would be a real strengthening beyond the current NGO-voice-without-vote model.

The challenges begin with the placements themselves. The constituencies pull in different directions. The Netherlands wants Cosponsor staff in Resident Coordinator offices to lead; the CCO Chair warns against assuming those offices can absorb specialist HIV coordination (Q3, Q7). The NGO Delegation adds that an entry point needs defined authority, dedicated time and resources, and an accessible community mechanism independent enough to raise concerns about government or UN action (Q6). Where a national structure hosts coordination and the state is itself implicated, the placement does not supply that independence, or a route for rights-crisis escalation (44a), which is a Hub function with no specified channel from the point of contact.

Capacity is a challenge. Kenya says the capacity question 'has not yet been sufficiently addressed'; the CCO Chair says staff counts may not capture whether 'restructured and resource-constrained Cosponsors' can absorb more (Q3). As Table 3 is drafted, the capacity assessment begins in Phase 1, after the Phase 0 decisions on hosting, budget and direction for regional presence, and country and regional criteria are approved concurrently with it. Nothing in the paper checks that Cosponsor capacity counted for country-level absorption still has headroom to host regional desks.

The stakes for communities are real. The Executive Director's report to the 58th PCB records that most drop-in centres for key populations in Kenya have closed after a 23% fall in OECD development assistance. Thus, anchoring coordination and community engagement in national structures there is a hypothesis about capacity, not yet a finding.

Recommendations: require every placement to specify a resourced entry point, an independent community mechanism, and an escalation route independent of the host; run

the capacity assessment jointly and verify Cosponsor capacity across country and regional levels before withdrawals and before the desk model is finalized; test each option against Kenya's coordination-burden test, country by country, with communities taking part.

NEPHAK Kenya

Opportunities include: UHC drive (Kenya has unveiled 4 specific health laws, including the law of social health insurance); Integrated people-centred health service delivery that prioritize HIV - integration of HIV care in routine health care settings (taking cognizance of HIV co-infections and comorbidity (in recognition that there is a large cohort of older persons living with HIV); Differentiated Service Delivery (DSD) that is easing the burden on health systems and seeking to empower recipients of care (giving room for Self Care in the HIV space); push towards local manufacturing; Country Ownership (including Health Sovereignty (urging governments to invest in the HIV response and the on-going negotiations with US government in health cooperation (G2G) and GFATM is still available to eligible countries although they seem to be compromising the science of HIV and missing out on the core population (PLHIV).

Challenges include: Persistent HIV - related stigma and discrimination; wanting capacity of recipients of care and benign neglect of PLHIV by global health bodies; HIV response that is not anchored on science (i.e. lack of support for U=U); Health Sovereignty and narrow interpretation of government to government (no civil society or communities), deprioritized funding for community led interventions (i.e. GFATM reprioritized grants to exclude PLHIV stigma Index 2.0; lack of transparency among global health agencies (PLHIV networks only learned that UNAIDS had funding for PLHIV Stigma Index during the stop work order); community engagement that is not anchored on law and which is at discretion of governments and their partners. Lack of dedicated funding for PLHIV led networks and interventions, including for community - led monitoring.

Nephak Kenya - Chulaimbo County Hospital Kisumu west

Through my experience working at the community and facility level, the "One UN" approach can improve coordination, reduce duplication and strengthen linkages between communities and health facilities.

The key challenge is ensuring that integration does not weaken community structures. PLHIV, peer educators, CHPs and community organisations must remain meaningfully involved, especially in tracing, psychosocial support, adherence and follow-up.

Communities must remain at the centre of the HIV response.

NHRN-India

Evaluation of Country and Regional Presence Models and Essential Conditions for Sustaining Community Leadership and "One UN" Alignment:

- Multi-Country Offices and Regionalized Technical Hubs: Consolidating technical functions into regional hubs optimizes operational costs and strengthens cross-border learning and regional policy harmonization. However, regionalization risks creating distance from national policy entry points, delaying real-time technical assistance, and reducing direct support where national civic space is restricted or where countries are transitioning away from external financing.
- Embedding within the UN Resident Coordinator (RC) Office: Embedding the Secretariat presence within the RC office aligns with UN Development Reform and ensures HIV is integrated into Sustainable Development Cooperation Frameworks (UNSDCFs). The primary challenge is that multisectoral HIV priorities—particularly

human-rights-based law reform, key population advocacy, and harm reduction—risk being deprioritized within broader UN development agendas.

- **Mandatory Country HIV Coordination Entry Point:** Regardless of the presence option selected, every country arrangement must maintain a clearly identifiable, adequately resourced HIV coordinator or entry point with a defined Terms of Reference (TOR), dedicated HIV competence, and explicit authority to convene Participating Agencies and engage communities. This function cannot be treated as an unfunded additional duty for existing UN staff.
- **Independent Community Access Mechanisms:** Every country arrangement must incorporate a formally constituted, adequately resourced community mechanism representing people living with HIV and key and priority populations. This mechanism must remain institutionally accessible and sufficiently independent to hold both national governments and UN entities accountable, particularly in settings without dedicated Hub staff.
- **Functional Readiness Over Restructuring:** Identifying an institutional home for HIV coordination does not constitute functional readiness. Before transitioning country presence, the incoming setup must demonstrate operational capacity to convene agencies, safely engage communities, respond to legal and policy barriers, and execute clear escalation mechanisms.

OTRANS-RN

Translated from Spanish: There is no clearly defined approach that would maintain dedicated UN representation for HIV.

PLAPERTS

Translated from Spanish: I believe that moving towards a more integrated “One UN” approach could create important opportunities to improve coordination among agencies, avoid duplication, make better use of resources, and address HIV more comprehensively by linking it to human rights, gender, inequalities, health, social protection, and other dimensions affecting the national response.

However, one of the main challenges is ensuring that integration does not lead to a loss of visibility, technical specialization, or dedicated coordination capacity for the HIV response. HIV still requires specialized knowledge, monitoring of indicators, generation and analysis of information, resource mobilization, and sustained collaboration among the state, civil society, and communities.

From a community perspective, I consider it essential that any new model retain clear, formal, and sustainable mechanisms for communities and key populations to participate in planning, implementing, monitoring, and evaluating national HIV responses. Participation should not be limited to consultation; it should enable them to influence priorities and decisions effectively.

It is also important that national and regional arrangements clearly establish roles and responsibilities: who coordinates, who provides technical assistance, who facilitates resource mobilization, who monitors progress, and how accountability to communities is ensured.

I therefore believe that “One UN” could be an opportunity if it combines greater integration among agencies with the preservation of specialized HIV experience, sufficient resources, and mechanisms that give communities real influence.

For communities, the success of any transition should be measured not only by greater institutional efficiency, but also by whether achievements in the HIV response are maintained or strengthened: access to services, reduced stigma and discrimination, and especially communities' ability to participate in and influence decisions affecting their lives.

Plateforme des réseaux et faîtières de lutte contre le Sida et les autres pandémies

Translated from French:

Opportunity: Taking other pandemics into account.

Challenge: How to integrate these services at community level so that people can work as a team.

RAS+Togo

Translated from French: The "One UN" approach offers an opportunity to strengthen coordination, complementarity and pooling of UN agencies' resources and expertise at national and regional levels. It could also promote more coherent support to the HIV response, particularly in human rights, gender equality, social protection and strengthening communities' role.

However, the principal challenge will be preserving a presence sufficiently close to national and community realities to avoid excessive centralization of decisions and dilution of the HIV response's specific priorities. For RAS+ Togo, integration must therefore be accompanied by effective and structured participation by communities and civil society organizations in planning, implementation, monitoring and accountability for interventions.

Red Latinoamericana y del Caribe de Personas Trans RedLacTrans OSC

Translated from Spanish: If a more integrated approach is genuinely carried out and implemented, one opportunity could be to include the HIV/AIDS response in broader agendas and effectively extend it to discussions on human rights, gender equality, education, migration, housing, and population poverty indicators. If support for the response is maintained, preserving established experience, specialized knowledge, and ways of working could also be an opportunity.

There are several challenges. Of particular concern is the possibility of growing distance from populations. Losing the decisive role of community and civil society organizations, which sustain the response in local areas, is an enormous challenge and cause for alarm. Resources are another concern: without a dedicated HIV agenda, the sustainability of projects and the response is seriously undermined. This could also deepen inequalities between regions and countries, since the same response cannot be applied everywhere to the same problem. Losing the distinct approaches that have been built over time is an enormous challenge.

Red Latinoamericana y del Caribe que usamos Drogas (LANPUD)

The greatest risk is that the specific HIV response will be "diluted" within broader health mandates, such as universal health coverage, losing the priority attention that key populations require. Funding mechanisms could also become more rigid and slower. When funding options are integrated, small community organizations often struggle to meet the complex accreditation and audit requirements of the unified UN system.

It is difficult to identify opportunities, but one could be the unification of programmes so that they work more across sectors. I hope this would integrate the realities of people who use drugs into the work of both agencies and communities.

In Latin America and the Caribbean, moving towards a “One UN” approach has particular dynamics because of the region’s deep socioeconomic inequality, restrictive legal frameworks in several countries, and heavy reliance on international funding that is being withdrawn.

Réseau Grandir Ensemble

Translated from French: Through this opportunity we welcome the ambition to move from consultation to community co-creation and co-leadership, particularly by including representatives of community organizations in joint UN teams at national and regional levels. We believe that the “One UN” approach can offer a real opportunity if it better connects the expertise of lead Cosponsors, particularly UNICEF, WHO and UNFPA, around the specific needs of children, adolescents and young people living with HIV, which it is very important to recall.

A single, clearly identified entry point per country would facilitate community organizations’ access to technical support, provided that this entry point is governed by written mandates explicitly incorporating the paediatric and adolescent response.

Furthermore, West and Central Africa continues to lag behind other regions, particularly in paediatric testing and treatment coverage. Gradually removing the Hub’s country presence poses a major risk in contexts marked by restricted civic space, criminalization of key populations, humanitarian and security crises, and still-fragile national capacities. In light of this, we recommend that differentiation criteria explicitly incorporate the gap in outcomes between children and adults, the situation of adolescents and young people, and contextual fragility. No withdrawal should occur before a capacity assessment conducted with communities confirms effective assumption of functions. The hybrid approach (option c) appears most appropriate for the region.

We therefore believe it would be wise to maintain a clearly defined regional presence, the appropriate level for South–South learning, monitoring and evaluation support, and crisis management. For West and Central Africa, this presence must be genuinely Francophone, able to work with regional community networks and facilitate their participation in regional political bodies (ECOWAS, ECCAS, WAHO).

Future transfer of regional presence to existing UN institutions should result neither in dilution of HIV expertise nor reduced access by Francophone community networks to decision-making spaces, too often dominated by Anglophone dynamics.

Réseau Ivoirien des Organisations de Personnes vivant avec le VIH/sida (RIP+) (first submission)

Translated from French:

Opportunities:

- Support will align with the priorities of the country or subregion.
- National leadership by national actors and civil society organizations will be strengthened.
- Administrative burdens will be reduced.
- Dialogue among all stakeholders will be ongoing.
- There will be proximity to the principal groups concerned, namely people living with HIV and key populations

Challenges:

- Preserving achievements built up over many years.

- Mobilizing adequate and sustainable financial resources.
- Implementing the transition and integration gradually.

Réseau Ivoirien des organisations de Personnes vivant avec le VIH/sida (RIP+) (second submission)

Translated from French: The programmatic expertise of UNAIDS' multidisciplinary technical teams presents an opportunity for countries to strengthen national ownership of the response and achieve shared objectives aligned with the new Global Strategy 2026–2031. However, the fact that some countries already contribute financially to maintaining UNAIDS offices on their territory could create ambiguity about priorities during a period of resource constraints, and especially political interference or influence in the interpretation of data.

Réseau national pour une Grande Implication des Personnes vivant avec le VIH dans la lutte contre le VIH/Sida au Burkina Faso Q

Translated from French: We support deliverable 1, meaning maintaining gains and preserving capacities while preparing a transition plan. In this transition into the broader UN system, it is essential to prepare us, the communities and identity-based NGOs, to integrate into the system, because we risk being completely abandoned.

Sectoral Task Force on HIV, Tuberculosis, and Viral Hepatitis

Translated from French: Opportunities include strengthening the coherence and complementarity of UN agencies' support through a "One UN" approach, improving alignment with national priorities, and strengthening technical support to the national HIV programme, particularly in data, planning, sustainable financing, prevention and monitoring of key populations, as well as strengthening synergies between national, regional and decentralized levels.

Challenges include the risk that reduced technical presence close to the ground could limit rapid responses to country needs; centralization of functions at regional or national level could lead to a loss of local contextual knowledge, particularly in regions facing access and security constraints; and sustainable financing for community participation will be essential.

The international community of women living with HIV & AIDS /RDC

Translated from French: The presence of the UNAIDS office is an opportunity, but there are many challenges: no resources (I mean financing). All activities are left unsupported, as if UNAIDS did not exist. How will we achieve the three 95 targets? PMTCT, U=U. Furthermore, with Ebola virus disease in our country, people living with HIV are afraid to attend PODI [community ART distribution points], and there are many deaths, people lost to follow-up, etc.

Tranz Network Uganda

A more integrated "One UN" approach could improve coordination between UN agencies, government and civil society, reduce duplication and connect HIV services with SRHR, human rights and broader health systems.

However, the transition must preserve the effective coalition that UNAIDS has built among government, civil-society organizations and communities, including transgender and gender-diverse persons. This coalition has provided trusted pathways for reaching underserved populations, linking them to government health facilities, supporting treatment adherence, documenting service barriers and contributing to the 95–95–95 targets.

The main risk is that integrating UNAIDS functions into larger UN structures or regional hubs could weaken country-level community engagement, create unclear responsibility and interrupt established referral and accountability mechanisms. Regional support can provide technical expertise, but it cannot replace strong knowledge of Uganda's legal, social and political context.

Every country-presence option should therefore identify a responsible UN lead for HIV coordination, maintain a funded government–civil society–community platform, guarantee meaningful representation of key populations, and ensure the formal handover of existing partnerships, referral pathways, community evidence and commitments. Success should be measured not only by administrative efficiency, but by whether communities continue to access uninterrupted services, influence decisions and contribute to progress towards ending AIDS.

Trois fois sain (TROFOS Ongd)

Translated from French: A more integrated UN could facilitate better connections between health, human rights, gender, social protection, youth and action against violence, all of which are decisive in the HIV response. This approach could also strengthen technical support to national programmes and community organizations, particularly in data monitoring, advocacy, sustainable health financing, combination prevention and consideration of key populations and people living with HIV. For community organizations such as TROFOS, this evolution also offers an opportunity to strengthen direct dialogue with the UN system and give greater visibility to data and realities gathered at community level. One challenge concerns communities' place. The "One UN" approach should not be limited to better coordination between UN agencies. It should also translate into "One UN with communities", in which community organizations participate in setting priorities, implementation, monitoring and evaluation of interventions. For TROFOS, the preferred model would be integration at multiple levels, with clear connections between global, regional, national and community levels.

Uganda Key Populations Consortium (UKPC)

The proposed transition creates an opportunity to make the UN HIV response more coherent, less duplicated, and more clearly aligned to national priorities. But integration must not become withdrawal.

For countries with high HIV burden, weak domestic financing, shrinking civic space, or punitive laws against key populations, UNAIDS country-level presence must be retained. In such contexts, UNAIDS is not only a technical actor; it is often a trusted convenor, a political shield, and an entry point for communities that are criminalised, excluded or unable to safely engage government systems directly.

The Options Paper is clear that country transition should not be uniform and should be guided by HIV burden, incidence, civic space, legal environments, access to services for key and priority populations, national capacity and financial sustainability. Options Paper_English This is critical. A country that criminalises sex workers, LGBTQI+ people, people who use drugs, or other key populations cannot be treated the same as a country with an enabling legal environment.

At country level, there should be one clearly identified UNAIDS/Joint Programme HIV entry point that communities, government and partners can rely on. The Options Paper identifies possible country models, including a dedicated UNAIDS/Hub office, Cosponsor office, Resident Coordinator's Office or dedicated national structure. Options Paper_English For

high-risk settings, the dedicated UNAIDS/Hub presence should remain until there is verified capacity and trust in the alternative arrangement.

At regional level, UNAIDS must also retain visible capacity to support political advocacy, crisis response, strategic information, south-south learning and engagement with regional bodies. Regional arrangements should be based on epidemic and human rights realities, not administrative convenience. Options Paper_English

Our position: retain UNAIDS country presence in priority and high-risk countries; protect regional capacity; and ensure no function is transferred until communities, governments and partners confirm that the new arrangement can sustain leadership, data, coordination, human rights advocacy and community engagement.

Union Congolaise des organisations des PVIH (UCOP+)

Translated from French:

- At country level: a Cosponsor office acting on behalf of the UN Joint Team—with the Cosponsor office serving as the entry point for the Joint Team. Opportunity: This builds on Cosponsors' existing country-level capacities. Challenges: Establishing clear mandates and mobilizing the existing capacities of stakeholders in the country.
- At regional level: small regional "offices" within the Hub—drawing on Cosponsors' existing regional capacities. Opportunity: This builds on Cosponsors' existing regional capacities.

UNITED! Movement ESA - Y+ Global

UNITED! Movement ESA supports a more integrated One UN approach, provided it strengthens the HIV response and does not dilute it. UNAIDS has already transformed. It is leaner and more focused, and it has handed much of its technical work to the Cosponsors. Further cuts now would save little and put a great deal at risk, because UNAIDS is a small investment that steers far larger resources.

Opportunities

- Integration can reduce duplication and make UN support to governments more coherent, especially where Cosponsors already carry the technical work.
- Regional presence can offer efficient technical backstopping and peer learning across countries, as long as it supports country presence and does not replace it.
- A well-designed model can keep young people and communities at the centre of the national response and can embed community-led approaches in wider UN planning.

Challenges

- Loss of a dedicated HIV voice. If HIV is folded into a general UN presence, no one may be left to convene, coordinate, hold governments to account and defend the space for communities. Every priority country needs a senior, independent UN HIV leader.
- Weakened community and data functions. These are the first to erode under consolidation, and they are what keep the response rights-based and evidence-driven. The Secretariat's leadership, coordination, data and community functions must stay strong.
- Premature withdrawal. Presence should be protected in the 54 priority countries, with a phased transition of at least 18 months. Countries should step down only when national governments and young people agree they are ready, and readiness should be judged by community and youth input, not by budget timelines alone.

- Regional models cannot substitute for in-country presence. Distance from national processes makes it harder to support civil society, protect civic space and respond to local realities, particularly for marginalised young people and key populations.

Our ask: Design any new presence model around what keeps the national HIV response effective and communities in the room and let cost savings follow from that design.

Youth Rise (first submission)

Multisectoral Integration: Regional technical hubs and streamlined country models offer strong potential to integrate national HIV responses into primary healthcare, adolescent/youth health, and social protection systems. This integration is vital to removing legal and age-based barriers (such as parental consent requirements and age-restricted care) that currently prevent young people who use drugs from accessing lifesaving services.

Challenges

Mismatched Mandates: Decentralizing functions without evaluating Participating Agencies' specific youth and human rights capacities risks handing harm reduction portfolios to agencies that lack competence in youth-friendly service delivery or favor punitive policies. Because young people who use drugs face intersecting stigmas, criminalization due to drug use and marginalization due to age, relying on law-enforcement-oriented UN bodies will further push young key populations out of the healthcare system.

Essential Requirements & Key Asks

Formally Resourced & Accessible Community Mechanisms: Every country arrangement must mandate a formally constituted, fully resourced community mechanism that guarantees direct representation and funding for self-led networks of young people who use drugs. Located within a safe and accessible institutional home (such as the HIV coordinator, Resident Coordinator's Office, or national AIDS structure), this mechanism must maintain strict independence from law enforcement. This ensures young people who use drugs can safely participate, monitor state and UN actions, track rights violations, and demand youth-friendly harm reduction without fear of criminalization or stigma.

Rights-Grounded Division of Labour: Allocation of responsibilities between Participating Agencies must evaluate each agency's specific track record on human rights, youth-friendly service delivery, and trusted relationships with young key populations. Leadership on harm reduction and health services for young people who use drugs must be explicitly anchored in public health, youth-mandated, and human rights entities (such as WHO and UNICEF) rather than law-enforcement-oriented or punitive bodies. Agencies must prove they have the mandate and technical competence to address the specific legal, age-based, and structural barriers that prevent young people who use drugs from accessing healthcare.

YouthRISE (second submission)

There is an opportunity for a more integrated UN presence to reduce duplication and strengthen coordination at country and regional levels. However, integration should not be equated with decentralisation of responsibility without corresponding capacity, authority and accountability. The central question should be if communities, particularly key populations, will experience a stronger and more coherent HIV response after the transition.

For people who use drugs, the principal risk is fragmentation. UNAIDS has provided a space where HIV, harm reduction, human rights, drug policy, data and community leadership have been considered together. Its contribution has extended beyond technical service delivery to advocating for enabling legal and policy environments, including decriminalisation of drug use and measures addressing stigma and discrimination. Any country or regional model

must therefore preserve these functions rather than reducing harm reduction to a narrow package of health interventions.

We recommend that country and regional arrangements retain dedicated capacity to engage key populations and community-led organisations as partners in policy development, implementation, monitoring and accountability. This should include meaningful participation of young people who use drugs, whose needs are often obscured within broader “youth” or “key population” categories.

A One UN approach should also strengthen, rather than dilute, regional expertise. Regional structures will help address common policy and financing barriers while allowing responses to reflect different epidemics, legal environments and community priorities. The new Global AIDS Strategy itself recognises the importance of regional entities, including civil society networks, in technical support, accountability and resource mobilisation. We therefore recommend that every proposed country/regional option be assessed against explicit criteria: continuity of services; technical capacity on harm reduction and key populations; community participation; human rights and policy advocacy; data and accountability; financing; and mechanisms for communities to escalate concerns when commitments are not being implemented.

Zimbabwe Aids Network ZAN

First, a lean but effective structure.

UNAIDS maintains a focused presence at international, regional, and country levels that enables rapid policy alignment, technical support, and accountability. In Zimbabwe, this architecture has helped coordinate multi sectoral responses, align partners behind national targets, and sustain political commitment—even as domestic and external resources shrink.

Zimbabwe Civil Liberties and Drug Network

I see the following opportunities in the proposed country presence, dedicated HIV leadership and coordination at the country and regional levels:

- Direct access to HIV technical expertise for governments and communities.
- Institutionalized participation of communities and civil society in planning, implementation, monitoring and accountability.
- Protection of human rights and key-population programming, including support for populations that experience stigma, discrimination or criminalization.
- Dedicated resources for community-led services, advocacy, monitoring and research.

Overall, the key issue is not whether HIV should be integrated into the UN system, but how integration is designed. A successful “One UN” model should make HIV more integrated with broader development and health priorities without making HIV invisible. The transition should strengthen national ownership while preserving the distinctive functions UNAIDS has provided: convening, political leadership, accountability, strategic information, human-rights advocacy, and meaningful community engagement.

Key challenges that need to be addressed:

- Loss of HIV political visibility: HIV could become one issue among many within broader UN country programming.
- Loss of specialized technical expertise: A smaller or dispersed UNAIDS presence could make it harder for governments and communities to access specialized HIV policy, epidemiological, human-rights, and community expertise.

- Weakening of community accountability: If community organizations are not explicitly built into the new structures, integration could unintentionally centralize decision-making within UN agencies and governments.
- Reduced support for key and vulnerable populations: Populations such as people who use and inject drugs, sex workers, LGBTQ+ people, prisoners, migrants and other marginalized groups require specialized approaches that can easily be overlooked within generalized health programming.
- Funding and sustainability: Integration should not result in community-led HIV programmes losing funding. Current global concerns about declining HIV financing make this particularly important.
- Uneven country capacity: Countries have different epidemics, political environments and levels of health-system capacity. A single “One UN” model may therefore not work equally well everywhere.

Zimbabwe National Network of PLHIV+

Transition to be phased to ensure that the AIDS response at the country level has sufficient support at a time of uncertainty over funding and pushback on gender and human rights.

The hub is best placed as a multi-sectoral platform to lead difficult issues around human rights, financing, and community systems.

Zvandiri

I welcome efforts to strengthen a One UN approach because HIV is interconnected with education, mental health, gender equality, social protection and economic empowerment. However, integration must not come at the expense of HIV leadership, accountability or community engagement.

We live the HIV response every day. When stigma goes unchallenged, when services become less responsive, or when funding is reduced, young people living with HIV are often the first to feel the consequences.

UNAIDS country offices have been critical in connecting communities with ministries, health services and development partners. They have helped create safe spaces for communities, including young people living with HIV, to influence policies and programmes. That trust has taken years to build and cannot be rebuilt quickly.

Our ask is to maintain a strong UNAIDS presence in countries until communities and governments agree that alternative arrangements are fully functional and ready. A country arrangement should not be considered successful simply because a new institutional home has been identified. It should demonstrate the ability to engage communities, address human rights barriers, coordinate partners and maintain accountability.

Zvandiri (additional submission; Excel ID 104)

As a young person living with HIV and a Zvandiri advocate, I welcome efforts to strengthen a One UN approach because HIV is interconnected with education, mental health, gender equality, social protection and economic empowerment. However, integration must not come at the expense of HIV leadership, accountability or community engagement.

We live the HIV response every day. When stigma goes unchallenged, when services become less responsive, or when funding is reduced, young people living with HIV are often the first to feel the consequences.

UNAIDS country offices have been critical in connecting communities with ministries, health services and development partners. They have helped create safe spaces for communities,

including young people living with HIV, to influence policies and programmes. That trust has taken years to build and cannot be rebuilt quickly.

Our ask is to maintain a strong UNAIDS presence in countries until communities and governments agree that alternative arrangements are fully functional and ready, while further strengthening the leadership and accountability of UNAIDS cosponsors in the HIV response.

One of the key questions in this transition is not only what happens to the UNAIDS Secretariat, but how do we ensure the wider UN system continues to strengthen and prioritise the HIV response. As young people living with HIV, we recognise that agencies such as UNICEF and WHO and other co-sponsors have long played critical roles in supporting children, adolescents and communities living and affected by HIV, often working closely with partners like Zvandiri in Zimbabwe. The transition of UNAIDS cannot mean ending the AIDS response. There is a tremendous opportunity to keep building on their leadership. In the current global environment, we need to reimagine how that response is sustained through stronger national systems, continued UN leadership and accountability, and meaningful leadership by communities and young people.

For young people living with HIV, the test of any new model will ultimately be whether we continue to have a meaningful voice, whether services remain responsive to our needs, and whether the UN system remains accountable for ending AIDS.

Observer International Organisations

Andean Health Organization-Hipólito Unanue Agreement

From ORAS-CONHU, a subregional integration organization that coordinates and supports the efforts of the six Andean countries to improve the health of their populations, we note that the Andean countries actively supported the 2026 Political Declaration. The Declaration recognizes the leadership and experience of the Joint Programme, and explicitly highlights the contribution of regional and subregional institutions and organizations.

For our subregion, UNAIDS' regional capacity has helped connect country priorities with ministerial decision-making spaces and shared Andean processes. This collaboration has contributed to positioning the elimination of stigma and discrimination, combination prevention, access to innovations and community participation within the Andean health agenda.

We recognize that Resident Coordinators, United Nations country teams and Cosponsors are essential. However, their national or sector-specific mandates do not fully replace a regional counterpart capable of bringing together shared needs, communities and ministerial agendas and connecting them with global decision-making.

The year 2027 will be particularly important for the Andean countries as they prepare new funding requests to the Global Fund. A regional capacity can facilitate the exchange of lessons, the inclusion of shared priorities and the alignment of these requests with national and regional commitments, while respecting country leadership.

The transformation of UNAIDS does not necessarily need to preserve every existing structure, but it must preserve a regional capacity that facilitates cooperation among countries, translates evidence into policy decisions and supports the implementation of global commitments. In a region where new HIV infections have increased by 25% compared with 2010, prematurely withdrawing that capacity could widen the gap between adopted commitments and their implementation.

We therefore consider it necessary to maintain a clearly defined, efficient and accountable regional function that can work with intergovernmental organizations, ministries of health and communities, without replacing national responsibilities or duplicating the functions of other entities.

IDLO

Experience has shown the need for a strong UNAIDS country presence. No cosponsor has the cross-disciplinary expertise and bandwidth necessary to play the leadership role required at country level, working with both government and civil society, advocating for vulnerable groups and ensuring access to services.

Mecanismo de Coordinación Regional de VIH, Tuberculosis y Malaria del COMISCA

Translated from Spanish: From MCR SE-COMISCA, the technical and executive body supporting the Council of Ministers of Health of Central America and the Dominican Republic and promoting regional health integration, we believe that UNAIDS' transformation must strengthen, rather than weaken, the connection between global commitments, regional integration mechanisms and national decisions. The 2026 Political Declaration recognizes both the Joint Programme's role and the importance of regional and subregional institutions for sustainability, cooperation and accountability.

In Central America and the Dominican Republic, the HIV response faces challenges requiring coordination beyond individual countries: financial sustainability, integration into health systems, protection of community services and continuity of the response during transitions in external financing. UNAIDS' regional support has helped connect these issues with instruments such as the sustainability index and roadmaps, and with dialogue among health authorities and other actors.

2027 will be particularly critical. Countries will be preparing Global Fund funding applications while memoranda of understanding with the United States Government are implemented in the SICA region. The coexistence of these processes offers opportunities but can also generate fragmentation. Regional capacity can help align commitments, financing sources, national plans and sustainability roadmaps, avoiding duplication and protecting service continuity.

A future configuration should maintain regional capacity connecting evidence, policy and financing, and facilitating cooperation among countries. This capacity must operate with clear responsibilities, avoiding duplication and complementing the work of country teams, Cosponsors and the UN system.

Redistribution of functions to Resident Coordinators, country teams or Cosponsors can form part of the transformation, provided it preserves a regional interface and clear responsibility for comprehensive coordination. Otherwise, the sum of national and sectoral arrangements could fragment monitoring and leave gaps between countries.

Sustainability does not simply mean transferring responsibilities. It requires verification that receiving institutions have the mandate, resources and capacities necessary to exercise them without interrupting services or losing results.

Organisation du Corridor Abidjan–Lagos (OCAL)- Abidjan-Lagos Corridor Organization (ALCO)

Translated from French: The Abidjan–Lagos Corridor Organization (ALCO) is an intergovernmental organization established by Côte d'Ivoire, Ghana, Togo, Benin and

Nigeria to provide a subregional response that complements national responses, particularly to cross-border health issues and vulnerabilities associated with mobility.

In HIV, ALCO has substantial experience in regional and cross-border responses. In particular, it was a Global Fund Principal Recipient for regional HIV grants along the Abidjan–Lagos corridor under Round 6 from 2007, extended until 2015, and then under the new funding model for 2016–2018. This experience enabled interventions for key, vulnerable and mobile populations in the five corridor countries.

Moving towards a more integrated “One UN” approach offers an opportunity to strengthen national ownership, reduce duplication and better connect interventions by different UN entities. It can also promote better integration of the HIV response into national systems and mechanisms.

However, an important challenge will be ensuring that integration at country level does not reduce the ability to respond to issues that extend beyond national borders. Mobile populations do not stop at borders. Continuity of prevention, testing, referral and care requires coordination between countries. Particular attention must also be paid to vulnerabilities in border areas and along corridors, especially those affecting women and girls, key populations and other mobile or vulnerable populations.

UNAIDS’ future regional presence could therefore play an essential role in connecting national responses and promoting coordinated cross-border action where this adds value. It should build as far as possible on existing regional and subregional mechanisms and their field experience. Intergovernmental organizations such as ALCO can contribute to these connections between countries, communities and partners, particularly along corridors with high mobility.

Finally, strengthening communities’ role should remain central to this evolution. Communities and organizations working directly with key, vulnerable and mobile populations should be involved in identifying needs, designing interventions, implementing them and monitoring results, including in cross-border initiatives.

National integration, regional coordination and effective community participation are therefore complementary. The future architecture should ensure that populations and issues that cross borders do not become blind spots in the transition.

Other

Baros-Africa

BAROS-AFRICA is a Kenya-based organisation focused on stronger health systems, sustainable financing and transition planning. We assess country presence by whether it strengthens national self-reliance or creates new dependencies and gaps.

Opportunities. Integrating HIV capacity into Resident Coordinator Offices and UN Country Teams supports a “One UN” approach and embeds HIV in national health financing, primary care and UHC plans. Phase 1 has moved UNAIDS into the RC system in 20 countries, creating an opportunity to align UN support with country-led sustainability roadmaps and transition agreements with PEPFAR and the Global Fund. Regional hubs could efficiently serve several countries with scarce expertise in financing, data, supply chains and transition planning.

Challenges. Without a dedicated mandate, resources and reporting lines, HIV capacity in RC Offices may depend on individuals and be diluted. Integration must also protect populations national systems do not yet reach. In Kenya, most drop-in centres for key populations closed

after the 2025 funding cuts. Country ownership must include communities and key populations, not only ministries.

What we recommend:

- Base country presence on readiness assessments covering epidemic burden, domestic financing, data systems and the legal environment.
- Link reductions in UN presence to measurable handover milestones, not dates.
- Avoid parallel systems: place data, estimates and monitoring with governments, while the UN provides technical support and independent verification.
- Formally include community-led organisations and monitoring in country coordination.

Mechanism Coordination Country – CCM Mali

Translated from French: The CCM considers that the proposed options offer an opportunity to strengthen the “One UN” approach, improve coordination among agencies and mobilize regional technical expertise more effectively in support of national priorities. Pooling expertise could also strengthen country support for programme sustainability and preparation of funding cycles.

However, the principal challenge is preserving sufficient country-level strategic support and coordination capacity. For the CCM, UNAIDS plays an important role in multistakeholder dialogue, community engagement, use of strategic data and support for Global Fund processes. Weakened national presence could affect the quality of coordination and consideration of the most vulnerable populations’ needs.

The CCM also emphasizes that any evolution in the operating model must strengthen, rather than reduce, participation by communities and civil society organizations in decision-making, monitoring and accountability mechanisms.

Key message: A more integrated UN is an opportunity if it preserves effective national presence, strengthens community engagement and maintains the coordination capacity essential to the performance and sustainability of Global Fund investments.

Pontificia Universidade Catolica do Rio Grande do Sul

While a more integrated “One UN” approach offers opportunities for streamlining operational costs and pooling regional expertise, country-level presence must reflect the unique nature of the HIV epidemic, particularly in middle-income countries like Brazil. HIV is not solely a biomedical condition; it is a structural, human rights, and social inequality issue. Co-sponsoring agencies have specialized, vertical mandates that cover individual pillars of the response—for instance, WHO/PAHO leads on clinical protocols, therapeutic guidelines, and medication. However, health agencies cannot single-handedly address the broader socio-political determinants of HIV, including legal barriers, criminalization, gender-based violence, and the defense of human rights. UNAIDS provides the necessary political convening power and cross-sectoral integration that no single specialized agency can replicate. UNAIDS plays an indispensable role as an institutional bridge between organized civil society, key populations, and government counterparts. In contexts where domestic political shifts may threaten civic space or deprioritize marginalized groups, UNAIDS serves as a neutral convener and protective platform. Diluting country-level presence into a generic Resident Coordinator structure risks severing these vital direct communication channels and weakening community-led advocacy. Brazil and similar contexts, UNAIDS is not merely an advisory body; it performs an active catalytic and convening role. Transition models must preserve dedicated, on-the-ground technical and political capacity rather than reducing country presence to a distant regional desk.

Public Health Foundation of India

The report of the Working Group has comprehensively addressed all the issues identified under the four deliverables set for its mandate. The recommendations for the third one on financing are still incomplete. They may get filled in as we approach the PCB deadline.

Deliverables 1 and 4.

The WG has firmly opposed sunseting UNAIDS which is a welcome step. With the unfulfilled agenda of ending AIDS ahead with only four years left, it will be shortsighted to phase out the global AIDS coordinating body prematurely. But the WG is not clear about the transition and when and how it should be carried out. Both the alternatives of 12 and 18 months are very short and the entire transition from global to regional to country level can't be carried out within this period without hurting the global AIDS response. It would be prudent to follow a differentiated approach for the phasing out process.

The earliest should be at the headquarters where a substantial cut in the number of personnel can be carried out within the next 18 months, leaving 35 to 45 technical and operational personnel to work on the identified global priority areas. The location of the Hub is a matter on which a firm recommendation was not given by the WG. The option of locating it as a part of the UNSG's office in New York was also not examined by the WG. For giving the Hub necessary political gravitas, such an arrangement will be immensely helpful. The recommendation of appointing a UN Special Envoy on AIDS will assume relevance only in such a situation and not otherwise.

The most controversial recommendation of the WG is to suggest a phasing out of the HUB presence at the country level. This should have been properly nuanced by suggesting continuation of the HUB presence at the country level in select group of countries, with clearly established criteria such as high disease burden, increasing incidence of HIV and increasingly adverse legal environment. These countries would need a strong country presence at least until 2030 and any attempt to dismantles this structure will be highly counterproductive.

For the other non-priority countries, a co-sponsor supported mechanism would be in order and the phasing in of this model can take place in the next 18 months. However, involvement of the UN Resident coordinator system into this framework would be essential to sustain political advocacy and to coordinate the technical support from the co-sponsors. The UN Theme Group model which the WG wanted to resurrect had earlier failed to deliver coordinated support to the national programmes. The leadership of the Resident Coordinator who therefore be hugely essential to bring in coordination among the cosponsor agencies. Depending on part-time staff would also not be a viable option as this has not yielded desired results earlier.

The recommendation to include the community representatives and national programme managers in the Joint UN Teams is a welcome move to bring in meaningful community participation.

Recommendation for a strong regional presence of the Hub is a welcome step. Emphasis should be on strengthening MENA and EECA regions which are still reporting increasing number of new infections. Other regions can have a downsized presence.

UNAIDS STAFF ASSOCIATION

USSA welcome the recognition that the world still needs a strong UNAIDS function and that the proposal is for transformation, not closure. As reforms are considered, it is essential to

preserve UNAIDS' unique strengths: community leadership, human rights, gender equality, accountability, and multisectoral coordination.

USSA is concerned about the potential loss of technical expertise, institutional memory, and trusted relationships with governments, civil society, and communities. USSA believes that any transfer of functions to Cosponsors or other entities should occur only when there is clear evidence of capacity, resources, and accountability to maintain impact. The future of country presence requires careful consideration, particularly in high-burden settings where UNAIDS plays a unique convening role.

USSA request transparency, timely communication, and meaningful consultation as decisions on structure, staffing, and implementation are developed. Staff should be viewed not only as affected by the transition, but as a key asset for delivering successful change.

Above all, the response takes place at country level, USSA believes that any future model must protect continuity and where needed reinforce support to countries and communities and safeguard progress toward ending AIDS as a public health threat.

Any planned / proposed elimination of country presence will have serious repercussions for the response that is already fragile given sudden withdrawal of major funding source.

Transformation should strengthen not diminish the capacities, partnerships, and values that have made UNAIDS effective over the past three decades.

Thank you

Christian MOUALA

On Behalf of UNAIDS STAFF ASSOCIATION (USSA)

United Nations RCO – Ghana

I support a more integrated One UN approach and stronger national ownership. As Resident Coordinator in Ghana, and previously in Botswana, I have seen the value of the Joint Programme's ability to bring together government, UN entities, civil society and communities around a common HIV response.

However, the choice of country model should be determined by function and context, not by a uniform cost-reduction target. UNAIDS' distinctive contribution lies in trusted relationships with governments, civil society, communities and key populations; its convening role; and its capacity to address stigma, discrimination, civic space, human rights and gender. These functions are especially important where marginalized communities face exclusion, criminalization or barriers to services.

I support a differentiated, phased approach. In high-burden, high-risk or politically sensitive settings, a dedicated UNAIDS/Hub presence may remain necessary during a meaningful transition period. In other contexts, the country entry point could sit with a capable Cosponsor, the RC Office or a national structure—but only after a transparent capacity assessment and consultation with government, communities and civil society.

Whichever model is adopted, each relevant country should retain a clearly identified HIV coordination entry point, with written responsibilities for leadership, strategic information, advocacy, convening and community engagement. No function should be withdrawn until an effective, credible and properly resourced alternative is in place.

At regional level, a clear presence remains important for specialist expertise, advocacy, crisis support, strategic information and learning across countries. It should reflect epidemiological and institutional realities, not administrative convenience.

Question 2: What do stakeholders consider essential to ensuring UNAIDS's transition is both responsible and financially sustainable — particularly in balancing sufficient time for the transition against the reality of a declining budget?

PCB Member States

Brazil

As noted under Question 1, Brazil considers that identifying and quantifying total resource needs should follow a function-led approach. The budget options presented by the WG should therefore be based on the resources the Joint Programme requires to effectively perform its agreed functions and contribute to our collective commitment to end AIDS as a public health threat, rather than on pre-set financial ceilings or predetermined timelines. In this regard, a successful transformation of the Joint Programme will require adequate and predictable resources. Brazil believes the budget options presented in paragraph 78 still merit further reflection and refinement by the WG.

Finally, we favor a longer transition timeline, which would allow the envisaged transformation to be carried out responsibly, while minimizing the risk of disruption and further fragmentation within the Joint Programme. The pace and sequencing of the transition should be determined by the need to preserve the Joint Programme's capacity to fulfil its mandate and core functions, rather than primarily by financial or time considerations.

Haiti (first submission)

Translated from French:

- For the Government of Haiti, transition success must above all be assessed by its ability to preserve HIV response gains and maintain support to countries. The fundamental principle of this process must be not to compromise achieved results or disrupt services, coordination mechanisms or community support.
- The Government of Haiti believes that no transition should lead to reduced technical support available to highly vulnerable countries. Transition criteria should consider not only epidemiological indicators but also countries' institutional capacities, sustainability of domestic financing, the human rights environment and humanitarian contexts.

Haiti (second submission)

Translated from French: Elements considered essential by stakeholders:

- Rejection of abrupt disappearance: Stakeholders formally rejected the initial plan to dismantle UNAIDS by the end of 2026. They believe this timetable was incompatible with preserving health gains.
- Transition in stages: They require a phased transition plan with precise milestones, allowing gradual transfer of UNAIDS' key functions into the broader UN system without creating a governance disruption.
- Staff reduction and decentralization: To align with budget projections without ceasing action, the agreement rests on a 54% reduction in central Secretariat staff and relocation of positions outside Geneva to be closer to beneficiaries.
- Rationalization of geographical presence: The operating model provides for reducing the agency's direct physical presence from 85 to approximately 35 high-priority countries (high disease burden, dependence on international assistance and stigma against key populations).
- Transfer of financial responsibility to national budgets.
- Ring-fencing civil society and human rights.

- Strategic use of short-term financial reserves.

Nigeria

Nigeria sees the proposed transition as an opportunity to make UN support to national HIV responses more coherent, less fragmented and more responsive to country priorities. Greater use of existing UN and Cosponsor capacities could reduce duplication and strengthen national ownership, provided that integration is designed around the needs and realities of individual countries rather than applying a uniform model.

The principal challenge is maintaining the substance of the support currently provided as institutional arrangements change. Nigeria would therefore favour decisions on country presence being informed by HIV burden, national capacity, the availability of technical expertise and resources, and the strength of existing UN and national institutions. A function should not simply disappear because the institutional arrangement providing it has changed; there should be clarity about who will assume responsibility and how continuity will be maintained.

At regional level, Nigeria sees value in retaining a capacity to connect countries to technical expertise, facilitate learning across countries, support responses during emerging challenges and engage with regional institutions. The appropriate model may differ between regions and should evolve as capacities develop.

Nigeria also considers community participation central to the success of the transition. Greater integration should create opportunities for communities and civil society to participate in shaping priorities, implementation and accountability, rather than reducing their role as UNAIDS structures become leaner.

PCB NGO Delegation

The NGO Delegation recognises the severe financial pressures facing the Joint Programme and the need for a financially sustainable model. But sustainability cannot mean transferring functions faster or reducing capacity further simply to meet a declining budget. The sequence matters: first define the essential functions, then determine the minimum capacity and resources required to deliver them, and only then determine staffing, institutional arrangements and the pace of transition.

The same principle should apply to the Hub. Its size should follow its functions, not an arbitrary staffing ceiling. A smaller structure that cannot deliver political leadership, coordination, community leadership, human-rights advocacy, data and accountability is not more efficient; it is under-capacitated.

The transition timetable should therefore follow functional readiness—not the reverse. A function has not been successfully transferred because another entity has agreed to receive it. Before it moves, there must be a responsible entity with the mandate, people, expertise and resources to deliver it; clear operational standards; functioning community participation; and monitoring, accountability and escalation mechanisms. Where these conditions are not met, there must be a mechanism to pause or correct the transition.

Financial sustainability must also include communities. Community leadership, monitoring, research and accountability are core functions, not optional activities to fund when resources permit. Their costs—including remuneration, accessibility, mobility and meaningful participation—must be built into the financing model. CSOs performing professional functions should have access to direct and predictable financing, including social

contracting, and financing mechanisms must remain accessible to smaller community-led organisations.

Similarly, when responsibilities move to Participating Agencies, resources and accountability must move with them. The Division of Labour should specify who is responsible, what they must deliver, with what resources and standards, and what happens when delivery fails.

Sufficient time does not mean preserving every existing arrangement indefinitely. It means sequencing the transition so that functioning capacity is not dismantled before its replacement works. Communities should participate in assessing that readiness, particularly where transitions affect their constituencies.

The principle is therefore straightforward: do no harm while transforming. Financial pressure may require difficult choices, but it should not determine by default which essential functions disappear. The measure of success is not how quickly UNAIDS becomes smaller, but whether the resulting Joint Programme is both financially viable and demonstrably capable of delivering its mandate.

Philippines

The Philippines supports a responsible, orderly, and consultative transition that takes into account the reality of declining resources while protecting essential HIV functions.

For us, the transition should be guided by a clear and costed plan that distinguishes one-time transition costs from the recurring costs of maintaining essential HIV functions. Countries should have clear information on which support will continue, who will provide it, and how it will be funded.

Sufficient time for transition is also important. Countries, particularly LMICs, need predictability to plan, strengthen national capacity, and avoid gaps in critical HIV services and support. Transition timelines should therefore consider country needs, capacity, and readiness, rather than follow a fixed timeline.

Domestic financing and country ownership should be strengthened. However, national financing plans should realistically identify which functions can be absorbed through government budgets and other financing mechanisms. We should not assume that existing government or health insurance resources can fully cover coordination, technical assistance, advocacy, and community functions.

For pooled funding, allocation should be transparent and predictable, taking into account epidemic trends, service gaps, fiscal capacity, and community needs. Clear disbursement schedules and contingency arrangements will also be important if donor contributions fall below projections.

Ultimately, the transition should strengthen sustainability while ensuring that countries and communities are not left behind.

Senegal

Translated from French: The transition should be gradual, costed and managed to ensure continuity of the response, while taking account of current and future resources. The timetable should reflect the realities of countries and communities. Models used by other institutions, such as the Global Fund, Stop TB and the UN system, could offer examples and help inform the proposed transition.

For example, transferring functions to national institutions requires preparation with stakeholders while preserving community representation and participation. Sustainability

therefore depends on more than available funding; it also depends on a country's capacity to carry out the transferred functions.

A smaller Secretariat hosted by another agency could retain strategic direction and convene specialised working groups. This could reduce some institutional costs, provided that governance, responsibilities and the role of communities are clearly defined.

A practical proposal will be needed for key functions of the AIDS response that would transfer to Cosponsors, such as prevention strategies, testing and treatment, human rights, support for vulnerable and key populations, and epidemiological surveillance. For each area of the response, a transition agreement should specify who carries out the function now, who will take it over, when the transfer will occur, and what skills and funding will be required. The budget should show the one-off costs of transferring functions separately from the recurring costs of the future arrangements.

Observer Member States

Cameroon

Translated from French: Maintain civil society involvement. Stakeholders stress that the transition must not come at the expense of communities. Preserve inclusive governance: The NGO Delegation emphasizes that budget restrictions must not marginalize civil society in decision-making. Protect community services: Communities are seen as essential infrastructure, not simply an adjustable budget line, especially as funding cuts directly threaten programmes for key populations.

Democratic Republic of Congo

Translated from French: In the DRC, we hope the transition will be function-centred, gradual and realistic in budget terms, with strong institutionalization of communities' role and prior capacity assessment, to avoid integration becoming a mere "fog" rather than a responsible and sustainable transformation.

There must therefore be a fair balance between:

- A pace of transition slow enough to preserve gains, secure capacities and avoid disruptions.
- Realistic budget adaptation reflecting declining financing, prioritizing a function-centred and sustainable approach.

Mali

Translated from French: We continue to record new infections. The current state of the world—with climate change, conflicts and the economic crisis, not to mention the need for continued access to care services—should warn us against rushing the process.

Togo

Translated from French: Seek efficiencies. Work on sustainability roadmaps. Entrust greater responsibility to communities.

Observer NGOs

Action against AIDS Germany

Let's be clear: This is about people living with HIV, their communities, their well-being and their survival – not about the survival of organisations.

For me, it is essential that the human rights-based approach that UNAIDS has done so much to advance is maintained and further strengthened. This includes, first and foremost, the meaningful participation and voice of communities. This must be ensured across the UN system. Other UN institutions should learn from UNAIDS in this regard.

We know that this is not politically self-evident. I remember numerous PCB meetings where states questioned why UNAIDS was involved in human rights at all, arguing that there is already a UN organisation responsible for human rights. Let us not use the avoidance of duplication as a pretext to abandon precisely what has made UNAIDS so important and effective.

It is equally essential that UNAIDS maintains a presence at country level. We need to take the experience of the Joint Programme seriously. This is about protecting the rights and well-being of people living with HIV and ensuring that people living with HIV and their communities have a voice – especially where governments restrict rights, criminalise people or marginalise communities.

We also need to look carefully at the much-invoked concept of “country ownership”. Country ownership cannot be a carte blanche when states fail to guarantee fundamental human rights or the right to health. We need strong and effective UN institutions that are able to speak out in such situations and defend human rights.

And finally: UNAIDS must retain its independent role in collecting and analysing HIV data – including data on discrimination, stigma, access and human rights, in other words, on the conditions that drive epidemics. This cannot simply be transferred to another UN institution. UNAIDS was created precisely because HIV requires a multisectoral approach and the close involvement of communities and civil society.

We heard yesterday that some countries intend to continue supporting UNAIDS. That is an important signal. I call on all states to ensure their contributions to UNAIDS and to pay outstanding commitments. The withholding of commitments that have already been made must come to an end. Only then can we meaningfully discuss timelines and how structures can be further developed.

Because ultimately, there is a simple question: Do we want to preserve and strengthen the structures that give people living with HIV a voice and protect their rights – or do we allow them to be dismantled under the pressure of the current challenges?

What happens to UNAIDS is in our hands.

Action for Health Initiatives Inc. (ACHIEVE) (first submission)

For me, sustainability is not simply about making the UNAIDS structure financially sustainable. We also need to ask whether the HIV response itself will remain sustainable after the transition.

If community organizations are expected to take on greater leadership, they need predictable resources to do that work. Otherwise, we risk calling something “community leadership” while actually transferring responsibilities to organizations that are already stretched.

I would therefore support a transition where we are clear about what is being transferred, who will take it on, and what resources will go with it.

Action for Health Initiatives, Inc. (ACHIEVE) (second submission)

While this transition of UNAIDS may be inevitable, there is a need to examine each country context to ensure that this process does not undermine the current gains of the HIV

response, which leaves the country in even worse state. What we need in the Philippines is to retain the UNAIDS Country Office to ensure that the transition will be effective and helpful to the country. This transition process needs to begin with the following:

- Conduct a thorough capacity assessment of the Philippine National AIDS Council, including its Chair, the Department of Health, to determine what it needs to effectively fulfill its functions of coordinating the national HIV response and convene all stakeholders and lead them into a strategic direction that is responsive to the needs of the HIV situation of the country. The results of the assessment need to be fully addressed before a country-owned HIV response can be realized.
- Conduct a thorough capacity assessment of the UN Cosponsors, their technical capacity, financing, personnel, etc., as well as their capacity needs to effectively take on the role of the UNAIDS, whether as host, or to absorb UNAIDS functions without diminishing HIV as a priority and not just one of the issues that will be integrated across the mandates of these UN agencies.
- While one of the reasons for this transition is the shrinking funding landscape, the options presented emphasize community leadership. If so, then there is a need to invest in community leadership in the Philippines. The reality is that social contracting, though becoming more recognized by government, is still limited by the government budget processes, politics, and the institutional limitations of the community organizations themselves. For them to eventually take ownership of the national HIV response, and truly be equal partners with government and development partners, their institutional capacity enhancement requires investment, along with sustained investments for their critical contribution in the HIV response, like community-led monitoring, stigma reduction and community-led prevention, testing and treatment services.

Until these are addressed adequately, we cannot close down the UNAIDS Country Office in the Philippines because they provide the technical perspective and they have the convening capacity that currently does a better job of coordinating the national HIV response.

Actions des femmes pour la Paix et le développement durable membre/ANORS Ituri

Translated from French: Elements to guarantee:

Collaboration with local NGOs, accountability to the donor, and transparency in project management.

Adolescents Girls and young women network South Sudan

The transition should happen gradually and with proper planning, we all know that currently funding is limited but saving money shouldn't create gaps in HIV service or community support

Before responsibilities are moved there should be a clear plan showing who will take over each role or responsibility, what resources will be available when changes happen, how communities will be informed, how we will know that services are not being lost

Continuity support for community _led organisation because they often reach people who may not easily access formal health services

Africa Network of People Who Use Drugs [AfricaNPUD]

A responsible transition must protect services before changing structures. Communities cannot sustain HIV and harm-reduction responses without predictable, direct and flexible funding.

The AfricaNPUD assessment across 17 countries shows that 54% of services are only moderately accessible, while many community organizations depend heavily on external donors. A rapid transition risks service interruption, especially for people who use drugs and other marginalized communities.

We recommend a phased transition with clear safeguards, multi-year financing, domestic investment and direct funding for community-led organizations. Communities must help decide priorities and monitor the transition. Efficiency must never mean abandoning people furthest from services.

Africa Young Sex Workers Alliance

A responsible and financially sustainable transition requires sufficient time to protect what is working, while being realistic about declining resources. The transition should be phased and based on clear priorities rather than implementing rapid reductions across the board. Before reducing country or regional presence, UNAIDS should assess what functions are essential to maintaining the HIV response particularly political advocacy, human rights protection, technical expertise, strategic information, and meaningful community engagement.

For young key populations, this is particularly important because our communities often depend on UNAIDS' unique convening and advocacy role in contexts where criminalization, stigma and shrinking civic space make it difficult to raise sensitive issues with governments. A financially sustainable model should therefore protect the functions that cannot easily be replaced by other UN agencies or implementing partners.

Community leadership should also be treated as an essential investment, not a discretionary cost. The transition should protect predictable resources and formal mechanisms for communities and Young Key Population networks to participate in national and regional decision-making, community-led monitoring and accountability. Cutting community engagement in the name of efficiency could ultimately weaken the sustainability of the HIV response itself. A responsible transition is one where the budget realities are acknowledged, but the voices, rights and leadership of the communities most affected by HIV are not treated as the easiest things to cut.

AIDS-Fondet

We still need adequate funding for UNAIDS - all the functions still rests here until (some of them) have been properly and functionally transferred to other entities. Each transition of function/role needs to be thoroughly assessed by key stakeholders, including communities and civil society, so that we are sure that it is working properly.

Aidsfonds - Soa Aids Nederland

Hub composition should follow hub functions: The composition of the hub – both how many staff and which staff – must be determined by the human resources required to carry out the functions of the hub, not determined a priori. While Aidsfonds understands the realities of a declining budget, we are concerned that there is already a proposed headcount in the Options Document. Without sufficient human resources, both the transition and UNAIDS long term mission will fail. At Aidsfonds we are going through a transformation ourselves, merging with a Dutch sexual and reproductive health and rights organization. In creating our new organizational structure we are first determining the broad categories of work required to achieve our goals; second forming departments to be responsible for work packages; third identifying the work streams within each work package; and only then determining what

staffing level is required for each work stream. We encourage the PCB to align the hub size with the staffing level required for each work stream.

Leadership should not waiver during the transformation: As the current ED of UNAIDS steps out, and a new interim ED steps in during the transformation period, the work of the transformation should not overshadow the vital ongoing work of preventing and treating HIV and responding to the human rights crisis that continues to drive the HIV epidemic.

Appointing an interim ED that has both of these skill sets and who is accountable to communities most impacted by HIV is vital to ensuring both an effective transition and a strong response to the financial and political crises impacting the HIV response across many countries. An interim ED must also be appointed in a timely fashion for continuous leadership support.

No function should move before its replacement actually works: The HIV response cannot afford a transition in which functions disappear first and successor arrangements are built afterwards. The principle of do no harm must therefore apply not only to services, but also to community infrastructure, political advocacy, financing, monitoring, accountability and the governance of the transition itself. No function should be considered successfully transferred simply because another institution has agreed to receive it. Before a function moves, there should be: a named responsible entity, an adequate mandate, sufficient people and resources, clear operational standards, functioning community participation, an accountability and escalation mechanism; and evidence that the successor arrangement is accessible and operational in practice.

APCASO

The sudden out-phasing of UNAIDS presence should not be considered an option. It is essential that UNAIDS retains its governance functions as per ECOSOC resolution, while at the same time keeping the core UNAIDS Secretariat at the global level and in the regions present. The regional office needs to be transformed into a Hub, wherein people can be "deployed" in countries where needed, or be stationed at country level for a time-based period, e.g. to support the development of an HIV policy, to address ongoing epidemic, etc., prioritizing countries with ongoing pandemic (like Fiji or the Philippines), or where UNAIDS presence is important (e.g. Indonesia wherein increased anti-LGBT policies hamper HIV-related activities).

ARCAD Santé Plus

Translated from French: UNAIDS' transition must be consultative, gradual and accountable, with a concrete plan implemented with countries. It is essential to take into account in this transition plan the role and place of communities and networks of patients and key populations dependent on external financing. Financial viability must not come at communities' expense. A successful transition protects the services, rights and voices of people living with HIV, key populations and populations left behind.

ASAPSU

Translated from French: Help ensure control over the supply of essential commodities or the production of medicines.

Ashodaya Samithi

A couple of critical elements surface as we see new sunrise and not a sunset. Firstly transition is through duration of time and not at a point of time on a date line as we speak of countries in various trajectories towards ending AIDS. Therefore, the structure, function,

resources are calibrated responsibly and appropriately. This also requires counterparts like Global Fund and countries being completely in sink.

Asia Pacific Network of People living with HIV (APN+)

Financial sustainability should not be measured only by speed or cost savings. Before transferring functions, each country should develop a Country Transition Compact jointly with government, the UN country team and communities, clearly defining responsibilities, resources and accountability. Every transition should pass a no-regression test, with a pause-and-repair safeguard and temporary reserve funding if essential support is weakened. Funding should follow responsibilities and be allocated according to country needs, readiness and remaining gaps, with communities participating in both assessment and funding decisions.

ASK US Positive Children, Adolescent and Youth National Association

A responsible transition should be phased, evidence-based and linked to clearly defined milestones, rather than driven only by the declining budget. There is a real tension between allowing sufficient time to protect the HIV response and the financial reality facing UNAIDS, so the transition needs to manage both issues at the same time. I see several elements as essential:

- Protect critical functions first, particularly political leadership, coordination, accountability, technical support, community engagement and support for populations that are most likely to be left behind.
- Establish clear transition milestones and minimum safeguards for countries and regions before responsibilities are transferred.
- Ensure that governments, communities, civil society, Cosponsors and other partners know who will take responsibility for which functions, with what resources and by when.
- Strengthen national ownership and domestic financing without assuming that national systems can immediately replace all functions currently supported through UNAIDS.
- Protect community-led and civil-society capacities, because these are essential to reaching marginalized populations and addressing stigma, discrimination and human-rights barriers.
- Use the remaining resources strategically, focusing on functions where UNAIDS can provide unique added value rather than trying to maintain the entire existing structure.
- The new Global AIDS Strategy also places strong emphasis on country leadership, community leadership, sustainable financing and integrating HIV within resilient health and social systems.

Therefore, financial sustainability should not simply mean reducing the UNAIDS budget or footprint. It should mean ensuring that essential HIV functions are sustainably financed and institutionally anchored before responsibilities are transferred.

Association ABéJEV-PLUS du Bénin

Translated from French: We suggest reducing the team.

Association D'Assistance Pour les Maladies Infectieuses Burkina Faso (ADAPMI BF)

Translated from French: A responsible transition must ensure continuity of essential functions and services while taking declining resources into account. A clear roadmap,

realistic timetable, defined responsibilities and predictable financing during transition should be proposed. The actual capacities of institutions taking over certain functions must also be assessed. Civil society and communities must participate in the transition because they are directly affected by its consequences.

With fewer resources, above all we must avoid transferring responsibilities without transferring the necessary capacities and financing.

Association de lutte anti SIDA au Congo

Translated from French: To ensure a UNAIDS transition that is responsible, gradual and financially viable, stakeholders could consider the following elements essential:

- A gradual and realistic transition:
 - Avoid abrupt reductions in support that could interrupt essential HIV services.
 - Define a clear transition timetable with stages, responsibilities and criteria for measuring progress.
 - Adapt the pace of transition to each country's actual capacity to gradually take over functions currently supported by UNAIDS.
- Protection of essential services
 - Prioritize interventions with the greatest impact on prevention, treatment, care and the rights of people living with HIV.
 - Identify critical functions that cannot be removed or transferred quickly.
 - Provide safeguards for the most vulnerable populations and communities heavily dependent on HIV programmes.
- Predictable financing despite a declining budget
 - Establish explicit financial priorities rather than distributing increasingly limited resources uniformly.
 - Seek diversified financing: national resources, international financing, multilateral partnerships and the private sector where appropriate.
 - Gradually strengthen domestic financing for the HIV response while considering each country's economic capacities.
- Genuine national ownership: The transition should be conducted with governments, community organizations, people living with HIV, civil society and technical and financial partners. Transferred responsibilities must be accompanied by the necessary resources, expertise and capacities.
- Maintaining a strong community role: Communities must participate in setting priorities, service monitoring and transition evaluation. It would be important to avoid budget reductions eliminating community mechanisms that often connect health services with vulnerable populations.
- A differentiated approach by country: Countries do not all have the same resources, health systems or institutional capacities. The timetable and level of support should

therefore be adapted to national context, the epidemic situation and financing and governance capacities.

- Transparency and accountability
 - It would be essential to clearly communicate:
 - Available resources and how they are changing.
 - Functions to be maintained, transferred or removed.
 - Each actor's responsibilities.
 - Expected results.
 - Risks associated with each transition stage.

Ultimately, the right balance is not to oppose “rapid transition” and “slow transition”, but to organize a sequenced, risk-based transition: accelerate where national capacities are sufficiently strong, maintain longer support where rapid reduction would create risks for essential services, and use remaining resources more strategically.

Association of people living with HIV (APLHIV)-Pakistan

I see three essentials for making the transition both responsible and financially sustainable.

First, protect the critical functions. Before functions are transferred, we need clarity on who will perform them, whether they have the capacity and resources, and how accountability and meaningful community participation will be maintained. In Pakistan, where the epidemic is still growing, this means maintaining a strong UNAIDS Secretariat country presence for strategic information, convening, coordination and community engagement.

Second, allow sufficient time, but link that time to readiness. Transition should be milestone-based rather than simply deadline-driven. Countries are at different stages, and Pakistan should not transition at the same pace as countries where the epidemic is controlled and domestic systems are stronger.

Third, address the declining budget through prioritization and efficiency. We should reduce duplication, clarify the respective roles of the Secretariat and Cosponsors, and concentrate limited resources on the functions and countries where they are most needed.

So, a declining budget should make the transition more focused and efficient—not premature. For Pakistan, financial sustainability should mean progressively strengthening domestic capacity and financing while retaining a strong UNAIDS Secretariat until these essential functions can be sustainably carried forward.

ASWA Alliance

Meaningful and continuous consultation with key populations throughout the transition since this is one entity that has really supported Key population in Policy advocacy and HIV knowledge production.

ATHENA Network

Thank you, chair for the opportunity. My name is Irene Ogeta, the program officer at ATHENA Network.

A responsible transition needs to be guided by a clear principle: reducing costs must not mean shifting the burden onto communities or weakening the response where needs are greatest. We need a realistic, cost transition plan, with clear milestones, named responsibilities, and regular opportunities to review what is working. The timeline should be long enough to protect essential functions and allow countries and partners to adapt but flexible enough to respond to declining resources.

Financial sustainability also requires transparency about what can be maintained, what must change, and how decisions are being made. Priorities should be based on evidence and country needs, while protecting functions that are difficult to replace, especially coordination, technical support, accountability, and meaningful community engagement. Communities, including young women and people living with and affected by HIV, should be involved early, not consulted after decisions have already been made.

Thank you, Chair

Cameroon Network of Adolescents and Young People living with HIV (RéCAJ+)

Translated from French: To ensure a responsible and financially viable UNAIDS transition, it is essential to preserve sufficient human, technical and financial resources to maintain the HIV response's essential functions. The transition must be gradual and accompanied by predictable funding so that reduced resources do not undermine achievements, particularly at community level. Above all, it must guarantee civil society participation, both in numbers and in the quality of that participation, at every level of decision-making and implementation. Communities must have the resources, capacities and spaces needed to contribute effectively to monitoring, accountability and adapting responses to local realities. A successful transition therefore leaves no community behind and strengthens its ability to act over the long term.

Centre for Women Justice Uganda/CSO Task Team on Accountability, Efficiency and Diplomacy Uganda.

Ensuring a responsible and financially sustainable transition requires us to hold two realities together: we need sufficient time to transition responsibly, but we also have to plan against a declining resource envelope. The answer should not be to choose between speed and sustainability, but to sequence the transition around the functions, risks and resources that must be protected.

First, the transition needs a clear, costed and time-bound roadmap. We need to know what functions are transitioning, who will assume them, what capacities are required, what they will cost, and by when those capacities will be operational. The roadmap should distinguish between functions that can be integrated immediately, functions that require a longer transition period, and functions where a premature transfer could create significant risks to countries and communities.

Second, declining resources should drive prioritisation, not simply acceleration. The Joint Programme is already operating within a significantly constrained resource environment. The 2026 Workplan and Budget was deliberately streamlined in response to reduced resources, including fewer results areas and simplified monitoring and reporting. We therefore need to be very clear about the minimum critical functions that cannot be allowed to fall through the cracks during transition: political leadership and advocacy, strategic data and accountability, technical support to countries, human rights and gender equality, and meaningful community engagement.

Fourth, we need transition financing and risk protection. There should be clear safeguards against funding gaps between the point at which UNAIDS withdraws or transfers a function and the point at which another institution has the resources and capacity to assume it. This is particularly important for community-led responses, data and accountability systems, technical assistance and functions that may not have an obvious institutional home.

Finally, the transition should be adaptive. We should establish clear milestones and decision points, with the ability to slow, sequence or adjust implementation where the evidence shows

that a transfer is creating unacceptable risks. Financial discipline is important, but false economy during transition can ultimately cost more if it creates fragmentation, loss of institutional knowledge, weakened community systems or interruptions in national HIV responses.

CHARITABLE ORGANIZATION «CHARITABLE SOCIETY «NETWORK 100 PERCENT LIFE DNIPRO» (first submission)

The organization's position: Any transition or budget cuts must not lead to the dismantling of UNAIDS's unique functions at the country level. If the transformation boils down to mechanical cost-cutting and the transfer of functions to the WHO, it will destroy the architecture of engagement with key communities that has been built up over decades.

A prerequisite for sustainability is the clear financial and programmatic preservation of those areas that the WHO, by its very nature, cannot address: support for civil society organizations, protection of patients' rights, monitoring of barriers, and work with vulnerable groups (people living with HIV/TB/HCV, people who inject drugs, sex workers, etc.). The transition must be phased and ensure that UNAIDS' independent voice and resources on the ground are not lost.

CHARITABLE ORGANIZATION «CHARITABLE SOCIETY «NETWORK 100 PERCENT LIFE DNIPRO» (second submission)

Stakeholders consider several elements essential for a responsible and financially sustainable transition of UNAIDS. First, the process must be phased and realistic, with clear milestones to avoid disruption of HIV services. Second, the four core functions of the Secretariat — leadership, convening, accountability, and community engagement — must be preserved to maintain credibility and effectiveness. Third, financing must combine revived international solidarity with increased domestic investment, ensuring community-led responses are not undermined by donor cuts. (In my opinion, this is the hardest point, because during the war the number of local businesses decreases significantly.) Finally, stakeholders stress the need to balance sufficient time for transition against declining budgets by streamlining operations, prioritizing efficiency, and protecting HIV visibility within broader UN reforms.

Civil Society Self Coordinating Mechanism-CSSCM Zambia

SUSTAINABILITY CANNOT BE BUDGET CUTS ALONE: SUSTAINABILITY MEANS GOVERNMENT AND COMMUNITIES CAN MAINTAIN GAINS. REMOVING REGIONAL AND COUNTRY PRESENCE-WHILE SOUTHERN AFRICA STILL RECORDS OVER 400,000 NEW INFECTIONS YEARLY AND ZAMBIA 28,000 NEW INFECTIONS YEARLY IS NOT WAY TO GO.

FINANCIAL LOGIC: COST OF MAINTAINING REGIONAL AND COUNTRY PRESENCE IN ESA IS FAR LOWER THAN COST OF FAILURE, TREATMENT INTERRUPTION, DRUG RESISTANCE REVERSAL OF 95-95-95- GAINS, MTC TRANSMISSION, FAILURE COSTS MORE THAN THE RETAINED PRESENCE.

ESSENTIALS FOR TRANSITION: TRANSPARENT EPIDEMIOLOG BASED CRITERIA FOR PRESENCE- PROTECTION OF COMMUNITY SUPPORT ADVISOR POSITIONS, COMMUNITY LED RESPONSES, AND COUNTRY-SPECIFIC TRANSITION RISK ASSESSMENTS CO LED BY PLHIV AND KP NETWORKS. NO DECISION ABOUT US WITHOUT US.

Comité de Coordination Multisectoriel (CCM Haiti)

Translated from French: A responsible and financially viable transition should be gradual, differentiated, based on functions, and accompanied by mechanisms to adjust its pace. Declining resources make it necessary to streamline the model, but this should be guided by preservation of essential functions and the actual capacity of other actors to take them on.

A central principle should be that funding follows functions. Before transferring or ending a function, it should be clear who will be responsible, with what resources and capacities, and subject to what accountability. The transition should not simply shift responsibilities from the Hub to Cosponsors, country teams or national structures without providing the means they need.

Differentiation should also apply to the pace of transition. Some countries or functions may be ready to change quickly, while others will need a longer period of capacity strengthening. The criteria proposed in the document—including national capacities, financial viability, civic space, the legal environment, access for key populations and the degree of integration—could provide a basis for this differentiation.

It would also be important to establish milestones and regular review mechanisms to verify whether the conditions for each stage of transition have actually been met. The transition should not be regarded as entirely linear or irreversible. Where expected capacities are unavailable or an essential function is at risk of being lost, the model should allow the process to be slowed or adjusted.

With resources declining, priority should go to protecting the Joint Programme's functions with high added value: leadership and advocacy; data and strategic information; coordination and mobilization; accountability; human rights and gender equality; and community participation and leadership. Streamlining should focus first on reducing overlaps and duplication rather than weakening these essential functions.

Financial viability should also be assessed across the entire Joint Programme, not solely through savings achieved by the Hub. A reduction in global-level costs that creates substantial additional costs for Cosponsors, country teams or national structures would not necessarily improve overall efficiency.

Finally, financial responsibility must go hand in hand with clear programmatic responsibility. During transition, countries should always know where to obtain the support they need, who is responsible for it and what quality standards apply. This continuity is particularly important to prevent institutional transition from interrupting support for national responses.

Comunidad Internacional de Mujeres con VIH/Sida (ICW Chile)

Translated from Spanish: For the transition to be responsible and financially sustainable, we must recognize that changing structures also costs time and money. Assessing capacities, transferring functions and maintaining coordination as new structures become operational requires a dedicated transition budget. If resources are reduced before an effective replacement exists, the cost does not disappear: it falls on countries and, especially, communities and the response.

Our experience in the Southern Cone with the closure of the UNAIDS office shows why this matters. The presence of other UN organizations does not automatically replace a specialized HIV contact point. We need to know who convenes, who follows up on commitments and whom we can approach when gaps arise. A rushed handover can create a period in which these responsibilities are unclear, and communities would be the first affected. It is important to know and promptly define, if functions ultimately move to

Cosponsors, how UNAIDS' model of community participation in programmes and its way of working will be maintained; this must be preserved.

Financial sustainability also requires resources to reach community organizations, including for participation in advocacy, monitoring and decision-making spaces. In a context of shrinking civic space, we cannot ask for meaningful participation without financing the conditions that make it possible.

As civil society, we have defended the continued existence of UNAIDS. We thought the closure proposal had already been overcome. We agree with more compact offices, better integrated functions and a UN working jointly on HIV. But we must be realistic: Cosponsors need capacity, resources and specialized coordination to assume new responsibilities. Therefore, a 12- or 18-month deadline should not on its own determine withdrawal of a function. Each handover must occur only once it has been verified that there is a responsible actor, sufficient resources and a monitoring mechanism involving governments and communities. None of the agencies, which are already Cosponsors in the response, have achieved a concrete result on this agenda. Why would they do so now?

CORAB

Translated from French: CORAB considers that the question contains a dichotomy in the current options document: between budget urgency (the real decline in financing) and the urgency of preserving lives (service disruption if transition is rushed). These two urgencies should not be traded off against each other, but managed through sequencing based on readiness criteria rather than an arbitrary timetable.

What is essential for a responsible and sustainable transition:

- The pace must follow functions, not the reverse. CORAB joins the position of the Cosponsors and several delegations: no function or country presence should be withdrawn before a capacity assessment demonstrates that the receiving entity (Cosponsor, national structure, community mechanism) has the necessary mandate, staff, financing and systems. A fixed timetable (e.g. end of 2026) without these safeguards would pose a disproportionate risk to resource-limited countries such as Burkina Faso, already weakened by the Sahel security crisis.
- A realistic budget, but not a pretext for haste. CORAB recognizes that the proposed US\$60–85 million budget must be revised downwards to reflect the real decline in donor financing—a position widely shared within the Bureau. However, this budget revision must not justify accelerating withdrawal of presence without operational safeguards. An insufficient transition budget combined with an overly short timetable is the most dangerous combination for service continuity.
- A protected and non-negotiable floor for community financing. With a declining overall budget, there is a temptation to treat community financing as a residual adjustment variable. CORAB explicitly requests that resources for community organizations, including the smallest structures ineligible for conventional UN financing channels, be ring-fenced in a separate, visible budget floor that cannot be pooled with the Hub's coordination costs.
- Distinguish transition costs from ongoing operating costs. CORAB supports the proposal expressed by several Cosponsors and Co-Facilitators to clearly separate (a) one-off transition costs, often initially higher (human resources, systems, settling obligations), from (b) recurring post-transition costs, which should stabilize at a lower level. Conflating these two budget envelopes prevents donors from making informed choices and fuels distrust in the process.

- Mobilize diversified financing without shifting the burden to communities. CORAB supports the call for stronger domestic resource mobilization, but recalls that Burkina Faso, like other Sahel countries, faces severe fiscal constraints aggravated by the security crisis. International solidarity remains essential; it cannot be replaced overnight by domestic financing that the State cannot mobilize in the short term.
- Verifiable monitoring milestones, with community participation in evaluation. The transition should be structured around clearly defined quarterly or annual milestones.

Overall position. CORAB believes a “responsible and sustainable” transition is measured by its ability to avoid any service disruption for the most vulnerable populations, rather than by its speed. As several speakers emphasized at PCB58, “this is not a race against time”: long-term financial credibility depends precisely on demonstrating now that transition does not sacrifice gains in the name of budget urgency.

Dostana Male Health Society

Essential Elements:

A responsible transition must prioritize the sustainability of community-led responses, which are proven to increase testing uptake, improve adherence, and reduce transmission.

Drawing on our experience in Pakistan, we identify the following as essential:

Adequate Transition Time: The current timeline, with a final plan expected by October 2026, risks being rushed. Community organizations need time to build capacity, diversify funding, and adapt to new governance arrangements. The reality of a declining budget must not be used to justify shortcuts that leave communities behind.

Flexible, Multi-Year, and Direct Funding for Community Systems: As noted in recent NGO recommendations to the PCB, funding for communities must shift towards strategic models that are flexible, long-term, and cover core costs—not just project-based grants. Social contracting mechanisms should be scaled up to ensure that CBOs can deliver services sustainably.

Protection for Key Populations: In Pakistan, transgender communities face disproportionately high HIV prevalence driven by structural determinants, and CBOs like Dostana and Khawaja Sara Society are often the only service providers they trust. Any transition plan must include explicit safeguards to prevent funding gaps for key population programming.

Domestic Resource Mobilization: While international resources decline, transitions to national self-reliance are necessary. However, Pakistan's domestic financing for HIV remains limited. The transition plan should include support for advocacy to increase domestic funding and integrate HIV into national health benefit packages.

Balancing Time and Budget Realities: The declining budget is a serious constraint, but rushing a transition that undermines community systems will be more costly in the long run. A phased approach—with clear milestones and continued funding for community-led responses during the transition period—is essential.

Eurasian Harm Reduction Association (EHRA)

That is coordinated position from community networks in Eastern Europe and Central Asia:

We understand the budget is declining, and we do not ask for more than is realistic. But a responsible transition in our region starts with one principle: what little capacity is left must not be cut further. EECA has only two UNAIDS country offices and a very small regional

team. The epidemic is still growing, and the Global Fund is leaving at the same time. There is nothing left to cut here without leaving countries with no support at all.

So, for us, three things are essential.

First, protect country and regional capacity at least at today's level for the whole transition. Savings should come from headquarters and overhead, not from the last teams working directly with countries and communities. No presence should be reduced until a successor is proven to work.

Second, protect funding for regional technical support, both from the Hub and from regional civil society networks. This is the most cost-effective part of the response. With a small regional team, community networks provide technical support and analysis across many countries at very low cost.

Third, recognise that civil society pressure is what actually moves countries. Without it, our countries will not reach continuum-of-care targets for key populations. And they will not make the legal and policy changes needed for the 10-10-10 targets reaffirmed in the new Political Declaration: removing punitive laws, reducing stigma and discrimination, and addressing gender inequality and violence. Governments in our region will not do this on their own. If the transition cuts support for community advocacy, those targets will be missed.

On timing: a transition that moves faster than countries and communities can absorb is not cheaper, it is more expensive later. We therefore support the longer, 18-month option, sequenced by readiness, with a protected minimum budget for regional presence and community-led work.

We as regional networks in EECA region are very well coordinated and we are ready to help in coordinating effort with community groups and civil society.

European Network of People who Use Drugs CLG

The transition should be based on readiness, not a calendar or some flashy milestones. The paper's rule is the right one: nothing is withdrawn until it has a named owner, a mandate, resources and an accountability route (para 90). But the capacity assessment it depends on has not started yet, and it needs to happen first, include community capacity, and be published before any transfer date is set.

On money, I would separate the transition budget from the steady-state budget, as Phase 0 suggests, and ask donors to front-load it. By the Working Group's own estimate, the whole transformation costs 0.5% or less of what was spent on HIV in low- and middle-income countries in 2025. Cutting corners to save part of that may turn out to be false economy. Moving tasks from one UN agency to another will not save much either.

Within a smaller budget, community engagement and human rights capacity must be ring-fenced, including resourcing for the PCB NGO Delegation. These are the first things that tend to get cut and the hardest ones to rebuild. And the financing roadmap (para 88) is still empty. Without it, no timeline is credible.

Fiertés Afrique Francophone (FAF)

Translated from French: A responsible and financially viable transition must combine a realistic timetable, predictable resources and safeguards for continuity. In a context of declining budgets, six elements seem essential to us:

- Define the essential functions to preserve.
- Have a costed and transparent transition plan.
- Set a target deadline with verifiable conditions for moving to the next stage.
- Secure transition financing and seek targeted savings.
- Involve communities in decisions on trade-offs.
- Establish regular accountability for finances and results.

Fundación Huésped

The transition cannot be designed around an assumed budget reduction and then ask the functions to fit whatever remains. The functions that need to be protected should determine the resources required. There should be a fully costed transition plan covering both one-time transition costs and recurring costs, including the resources required by Cosponsors and community actors to actually assume new responsibilities. “Lean” should not become a proxy for under-resourced. A 35–40-person Hub, for example, can only be assessed against the mandate it is expected to deliver.

No function should be transferred until the receiving actor has the capacity, resources, mandate and accountability mechanisms to assume it. Community engagement is particularly vulnerable to becoming an unfunded mandate. If communities are expected to co-lead implementation, monitoring and governance, that needs to be explicitly financed. And the timeline should be driven by readiness and risk, rather than the budget calendar. The interim report’s recognition that closure at the end of 2026 would be neither realistic nor advisable is important in this regard.

Finally, financing should preserve the principle of international solidarity. A more decentralized model should not inadvertently shift the financial burden onto countries and communities precisely when external HIV financing is declining. We should not confuse a smaller institution with a cheaper HIV response. If we transfer functions without transferring resources and accountability, we are not reforming the system, we are shifting the burden.

Harm Reduction International

The Working Group report frames this as an opportunity “to renew, adapt and evolve the UN’s commitment” rather than “weakening” or “dismantling” our joint effort. If we are to be successful in this, transition must develop based on the needs and lived realities of communities, not based on institutional demands for change and arbitrary timelines. This requires time and money, so we need a longer process of 18 months or longer and the \$60–80 million budget envelope.

The stakeholders most impacted by any transition of UNAIDS functions and responsibilities is and will remain the communities impacted by HIV. Key populations need to remain the main consideration for UNAIDS now and into the future.

Throughout the UN80 process we’ve seen UN institutions and civil society operating at significantly reduced capacities following funding cuts. It is crucial that the overall goal of transition does not take precedence over sustaining the main functions of UNAIDS, and achieving the targets already laid out.

Above all our target must be functional readiness within a function-led budget.

Before any responsibilities are transitioned it is crucial that a review is undertaken to ensure not just the hub, but co-sponsors, and national governments have the human resource capacity and expertise, as well as legitimate willingness to take on this additional responsibility.

As a very basic demand we must say that transition can do no harm. This requires transition milestones based on legitimate institutional readiness, rather than condensed timeframes.

These milestones must be co-created by communities and include legitimate accountability mechanisms within the new hub to ensure transition is managed responsibly.

These demands recognise the importance of the work undertaken by UNAIDS, and the valued role that communities have in the Joint Programme, which needs to be sustained. However, it is also based on financial prudence – making the right decisions now to ensure transformation is responsible and effective, to ensure the work of UNAIDS is maintained, saves time and resources in the future when mistakes need to be corrected.

Housing Works

Translated from French: For us, a responsible transition must above all be planned, gradual and based on the realities of each country. Declining resources should not lead to accelerating the transition at the expense of service continuity, coordination of the response and the role of communities.

Several elements seem essential to us. First, there must be a realistic transition timetable, with clearly defined stages and criteria. A function should be transferred only when the capacities needed to carry it out are genuinely available nationally, regionally or within another UN agency.

Second, funding must accompany the functions transferred.

India HIV AIDS Alliance (first submission)

I believe stakeholders broadly agree that UNAIDS's transition must be responsible, phased, and driven by function and country readiness rather than by budget pressures alone. The options paper correctly highlights that the transition should follow a "do no harm" approach, ensuring that critical HIV leadership, coordination, data, accountability, and community engagement functions are not lost during the process.

From community prospective there are 3 essential elements to focus as follows:

- The HIV response has already experienced significant disruption from the COVID-19 pandemic and, more recently, from reductions in international assistance, including support previously provided through USAID and other bilateral funding mechanisms. Many countries and community organizations are still managing the consequences of these shocks.
- We therefore support a phased transition with adequate transition financing, allowing sufficient time for capacity assessments, country consultations, and the gradual transfer of functions to UN partners and national systems where readiness exists. Savings achieved through greater integration and efficiency should be reinvested in country support and community-led responses rather than resulting in a loss of essential functions
- communities should not be seen as a cost centre during times of fiscal constraint. The experience of both the HIV response and the COVID-19 pandemic demonstrated that community networks are among the most cost-effective and resilient partners in reaching vulnerable populations, maintaining accountability, and sustaining services during crises. Continued investment in community leadership and participation will therefore be essential for both a responsible and financially sustainable transition
- We therefore support a phased transition with adequate transition financing, allowing sufficient time for capacity assessments, country consultations, and the gradual transfer of functions to UN partners and national systems where readiness exists.

Savings achieved through greater integration and efficiency should be reinvested in country support and community-led responses rather than resulting in a loss of essential functions

- India's HIV response demonstrates that successful transition requires advance planning and phased domestic financing. Under the National AIDS Control Organization (NACO), community-led interventions and Care & Support Centres have gradually moved toward increased domestic support over multiple years, reducing the risk of service or funding gaps. Similarly, the Global Fund transition process is typically announced 3 years in advance, allowing governments, communities, and implementing partners sufficient time to plan for capacity building, resource mobilization, and sustainability.

India HIV/AIDS Alliance (second submission)

As a stakeholder, I would appreciate a phased and predictable transition, with sufficient time to transfer functions, knowledge, and responsibilities without disrupting support to national HIV responses. At the same time, the transition must be financially realistic, prioritising critical functions and avoiding commitments that cannot be sustained under declining resources. Continued consultation with governments, communities, donors, and UN partners, alongside clear transition milestones and accountability, will be essential to ensure continuity, ownership, and sustainability

International Planned Parenthood Federation (IPPF)

A responsible transition needs a realistic budget and a clear end point. It also needs enough time to prevent services from breaking. I would ask the PCB to publish two separate, costed budgets: one for the 2027 transition and one for the continuing Joint Programme. The first must cover staff obligations, data systems, handovers, and uninterrupted country and community support. The second must show what donors have committed to fund.

The options paper presents annual budgets ranging from US\$35 million to US\$90 million, but it has not settled the amount. Its financial governance and time-bound financing roadmap are still unfinished. Communities should be able to see what each budget option will protect, what it will cut, and who will carry the risk.

Use the proposed 12- or 18-month timetable as a planning guide, with a readiness check before each transfer. Do not withdraw a country function until another team has trained staff, an agreed mandate, funding, a service standard, and a clear way for communities to report failure. Protect HIV prevention, treatment continuity, sexual and reproductive health, and direct support for community-led organizations throughout the transition.

Every proposed senior post should have a stated function and cost. A young person should not lose a trusted peer worker because a new organizational chart looks cheaper.

IPPF Americas and the Caribbean

A responsible, sustainable transition requires transforming UNAIDS into an agile, highly capable organization backed by fully funded core functions. To overcome shrinking donor budgets and shifting political priorities, UNAIDS must pioneer innovative financing mechanisms, securing operational autonomy and safeguarding the global AIDS response beyond traditional bilateral aid.

Khmer HIV/AIDS NGO Alliance (KHANA)

Stakeholders generally emphasise that a responsible UNAIDS transition needs to be planned, phased and financially realistic: enough time to protect essential HIV functions and

relationships, but not so much time that the organisation continues operating on an increasingly unaffordable model.

Key considerations include:

- A transition timetable linked to resources, not an arbitrary date. The pace should reflect the declining budget and avoid creating a situation where commitments made early in the transition cannot be funded later.
- Protect essential functions first. Stakeholders would likely want a clear distinction between functions that must be maintained throughout the transition—such as strategic coordination, political advocacy, evidence and data, human-rights and community engagement, and support to national responses—and activities that can be consolidated, transferred or discontinued.
- Avoid a “cliff edge.” Abrupt reductions in staffing or country presence could undermine institutional knowledge, government relationships and community partnerships. A phased reduction, with milestones and decision points, can allow responsibilities to move progressively to governments, communities, other UN entities and regional structures.
- Use a scenario-based financial plan. Rather than assuming that funding will remain at a particular level, the transition could be tested against several budget scenarios. This would make explicit what can realistically be retained, consolidated or transferred under each funding envelope.
- Front-load transition investment where it has a clear payoff. Some expenditure during the transition—knowledge transfer, strengthening national institutions, community capacity, data systems and handover arrangements—may be necessary to generate sustainable savings later. Cutting these investments too early could simply shift costs or risks elsewhere.
- Make responsibilities and handovers explicit. For each function being transitioned, stakeholders need to know who takes responsibility, by when, with what resources and with what accountability. “Integration into the UN system” should not simply mean assuming that another agency will absorb the work.
- Protect community capacity and participation. Community-led organisations can be particularly vulnerable when international funding contracts. A responsible transition therefore needs to safeguard mechanisms through which communities participate in decision-making, monitoring and accountability, rather than treating community engagement as an activity that can be reduced when budgets tighten.
- Maintain transparency around trade-offs. With a declining budget, not everything can be preserved. Stakeholders are likely to value an explicit, evidence-based prioritisation process over across-the-board cuts that may appear equitable but inadvertently undermine critical HIV functions.
- Build in review points. The transition should have measurable milestones and opportunities to adjust course if the financial environment, epidemic, national capacity or institutional arrangements change.

La Plateforme des Réseaux et Fautières de lutte contre le Sida et les Autres pandémies en Cote d'ivoire

Translated from French: Help CSOs find strategies for sustaining their activities.

Support integration of community activities into the health system.

How to maintain gains achieved by CSOs and their community advisers.

National Federation of Women Living with HIV and AIDS

A responsible and financially sustainable transition should be guided by a clear principle: financial constraints should not lead to a premature transfer of functions before appropriate capacity, financing and accountability mechanisms are in place.

The transition should therefore include clear milestones, risk assessments and measurable safeguards for continuity of essential HIV services, community-led responses, human-rights protection, data and accountability, and national coordination. Sufficient transition time is particularly important for countries where HIV programmes depend on external technical assistance and where community organizations have limited institutional and financial capacity.

At the same time, the declining budget requires prioritization and efficiency. Rather than maintaining structures solely for their own sake, resources should be protected for functions that cannot easily be absorbed elsewhere—including strategic leadership and advocacy, cross-sectoral coordination, accountability, evidence and data, and meaningful community engagement.

A responsible transition should also include transparent communication with countries and communities about which functions are moving, to whom they are being transferred, what resources will accompany them, and who will be accountable for results. Cost-saving measures should not disproportionately reduce support for community-led organizations, as these organizations often provide the link between formal health systems and populations experiencing the greatest barriers to HIV services.

NEPHAK & NYAKACH SJC

Responsible (no function loses capacity before a successor demonstrably holds it). Sustainable (the end-state fits a realistic core budget). The Bureau constituencies converge on the first and diverge on the second; the Options Paper leaves the roadmap linking them unwritten.

Five things are essential:

Readiness sets the sequence; a fixed window sets the duration. Para 90 already says transition follows functional readiness. Kenya asks for quarter-by-quarter milestones gated by capacity thresholds, with implementing countries helping evaluate them; the CCO asks that no function or presence be withdrawn until the receiver, standards and financing are confirmed; the NGO Delegation asks that communities help assess readiness. The Netherlands prefers speed to a prolonged staged process. These reconcile: adopt one outer window (12 or 18 months, para 92) and let gates decide which functions move first.

Readiness needs an adjudicator, and the burden sits on the transferring side. Para 90's conditions (named owner, mandate, resources, service standard, accountability route) have no one deciding whether they are met. Cosponsor presence in 130 countries (para 31) is footprint, not demonstrated capacity, and the Working Group concedes capacity data are incomplete (para 29). The Hub and receiving agency should jointly certify each gate and publish the evidence, with the Bureau able to pause a transfer that fails it.

Cost by function, in scenarios, with transition and steady-state separated. The Co-Facilitators told the Bureau a responsible transition may cost more before it costs less; the Bureau wants a ceiling reflecting the decline. These are different budgets. The para 78 envelopes (US\$35–50m, 60–65m, 80–90m) are not tied to functions. The CCO seeks minimum, central and higher scenarios, and the Co-Facilitators suggest separating likely

commitments, required resources and the gap. Adopt that split so a shortfall appears as a named gap, not a silent cut.

A protected floor for functions that cannot defend their own budget line: community engagement, human rights and gender capacity, and regional support where country presence ends. Contraction already shows where cost lands. The Executive Director told the 58th PCB that OECD aid fell 23% in 2025, that community services were cut 50–85% in 47 countries, and that most key-population drop-in centers in Kenya had shut (PCBSS Report, paras 12–13). A smaller UNAIDS line is not a smaller cost of the response; the cost moved to communities and the service closed. For each proposed reduction, the final report should state where the cost is expected to land (ledger of transferred costs).

Pooled-fund rules before pooled-fund money. Para 81 gives allocation to the Hub, Cosponsors and communities jointly, but specifies no eligibility criteria, decision rule or dispute route, while para 84 requires it not be discretionary. Under contraction an unruly pool defaults to whoever has administrative capacity to claim, which excludes small community organizations. Eligibility, including organizations unable to meet UN implementing-partner requirements, should be approved with the budget. The Global Fund's Country Coordinating Mechanism Policy (GF/B39/DP09, 2018), with constituency-selected seats and eligibility requirements, is a structural template, not proof of performance; reviews of CCMs have identified weaknesses (Sands (2019) 5(2) Health Systems & Reform 100).

The time-against-budget trade-off therefore resolves this way: money fixes the ceiling and the window; readiness fixes the order; the floor protects what would otherwise be cut first. No constituency has yet said who pays once the gap is named; the Special Session must decide that. Recommendations: publish function-led minimum, central, and higher scenarios before 26 October; adopt a calendar outer limit with readiness gates and a deferral default; require independent readiness certification, adopt the deferral rule and protected floor.

NEPHAK Kenya

For people living with HIV, ensuring that the transition of the Joint United Nations Programme on HIV/AIDS (UNAIDS) is responsible and financially sustainable requires interventions and actions that will capacitate, empower and resource PLHIV through their networks for sustained leadership, representation and engagement with governments (Ministry of Health) and their partners at country-level. Support to PLHIV in their diversity will enable them embrace and advance Self Care, join MOHs in integrated services and sustain community engagement. This will require strong UNAIDS presence at country-level working with governments to put in place a mechanism for PLHIV representation and engagement. This will also be the avenue through which PLHIV in their diversity can bargain for funding, including through social contracting.

The point is; whether we are moving forward with a leaner hub, integrating UNAIDS role into the broader UN development system, or whether UNAIDS role is merged with other health bodies, the leadership, representation and engagement of PLHIV in their health and well-being for their voice and visibility must be a priority. Therefore, the co-sponsors must be willing and ready to embrace and engage PLHIV (something they have never been good at). Continued UNAIDS hub at country level can help prepare the co-sponsors for this role.

Nephak Kenya - Chulaimbo County Hospital Kisumu west

Stakeholders need a realistic transition period while putting measurable safeguards in place. This should include clear funding timelines, minimum funding for essential HIV and community services, regular transition reviews, and tracking indicators such as treatment retention, treatment interruptions, viral suppression, community reach and referrals.

Declining funding also requires better coordination, the transition should protect peer support, psychosocial support, tracing, adherence and community-led organisations so that people do not fall through the gaps.

NHRN-India

Principles for a Responsible Transition and Achieving Financial Sustainability

Functional Readiness as a Binding Condition: - Transition timelines must be determined by functional readiness rather than budget contraction. No function should be transferred or phased out until its successor arrangement is fully operational in practice.

Verification of Transfer Criteria: Prior to transferring any function, the Joint Programme must demonstrate:

- A named responsible entity with an explicit mandate.
- Dedicated human capacity and adequate financial resources.
- Clear operational standards and service timelines.
- Functioning community participation and enforceable accountability mechanisms.

Governing "Do No Harm": Transition processes must enforce the principle of "do no harm" across services, political advocacy, community infrastructure, and human-rights protections. Civil society and affected communities must have formal standing to assess readiness and trigger mechanisms to pause, correct, or escalate transitions that put essential functions at risk.

Function-Driven Hub Sizing: The size and staffing of the global Hub must strictly follow its agreed core functions (e.g., political leadership, strategic information, community engagement, and cross-agency coordination). Staffing figures (such as a 35–40 staff ceiling) must not serve as default targets without a transparent function-and-capacity assessment.

Protected and Costed Community Financing: Community leadership and civil society engagement must be treated as costed, protected institutional functions. A protected minimum funding floor must be established to cover community-designated roles, remuneration, community-led monitoring (CLM), accessibility, and safety.

Institutionalizing Social Contracting: Financial sustainability at the national level requires transitioning from ad-hoc grants to institutionalized social contracting and multi-year funding mechanisms, enabling governments and pooled funds to finance community-led organizations directly.

OTRANS-RN

Translated from Spanish: There must be a specific budget for the transition, for example to sustain the progress made in countries and to support us.

PLAPERTS

Translated from Spanish: Ensure a gradual, planned transition, with protected minimum resources for HIV and effective community participation. It is essential to define responsibilities clearly, prevent gaps in services and coordination, preserve technical capacities, and establish monitoring and accountability mechanisms. Budget reductions should not lead to reduced community participation or setbacks in the HIV response.

Plateforme des réseaux et faîtières de lutte contre le Sida et les autres pandémies

Translated from French: Identify the difficulties faced by civil society organizations. Strengthen their capacities or provide coaching. Provide technical support at all levels.

RAS+Togo

Translated from French: A responsible and financially viable transition must rest on gradual, predictable and consultative planning that considers countries' actual capacities and the pace of declining financing. It is essential to protect critical HIV response functions, particularly those led by communities, while gradually strengthening domestic financing and mobilization of alternative resources. The transition should therefore be accompanied by a realistic timetable, clearly defined financial commitments and a mechanism for monitoring service continuity, to avoid disruptions caused by an overly rapid reduction in resources.

Red Latinoamericana y del Caribe de Personas Trans RedLacTrans OSC

Translated from Spanish: The capacities needed for the response must be sustained. Change must be accepted and addressed as a process so that adaptation to a declining budget is as fair as possible in an unfair situation. Planning must take account of the reach of the response in local areas and identify capacities whose loss could substantially affect the national response.

Direct funding and participation for communities and populations must be guaranteed. For the model to be feasible and effective, the organizations and populations involved need sustainable funding, a role in governance, and an effective ability to influence and monitor decisions. Implementation of this approach should include indicators that assess both reduced spending and the maintenance of the HIV response.

Red Latinoamericana y del Caribe que usamos Drogas (LANPUD)

The UNAIDS model has been one of the few international spaces to defend harm reduction against criminalization policies and the so-called "war on drugs", which have done so much harm to our communities.

For people who use drugs, the UNAIDS transition is not an administrative debate; it is a matter of life or death. UNAIDS has been the main political counterweight in demanding that budgets include harm-reduction strategies: needle exchange, opioid substitution therapy, safe consumption rooms, naloxone distribution and drug checking.

With a shrinking budget, the UN must understand that maintaining international bureaucracies and office-based consultants is unsustainable. Organizations led by people who use drugs are the most cost-effective. No one stretches a dollar further than a community network working on the ground.

Instead of spending scarce resources on slow transition processes, priority should be given to direct, simplified funding for grassroots community networks. We reach places that UN agencies and health ministries will never be able to enter because of stigma and punitive laws.

Réseau Grandir Ensemble

Translated from French: For us, the first criterion of a responsible transition is continuity of services and community support, already severely weakened by the 18% decline in external financing in 2025. We believe no capacity should be withdrawn until its replacement has a designated responsible actor, a mandate, resources and an accountability route. We therefore recommend including early-warning indicators specific to children, adolescents and young people in transition monitoring, for example retention in care, viral suppression and access to psychosocial support, to detect and rapidly correct any negative effect.

Similarly, we consider that an 18-month period offers a better balance between the ambition for transformation and the reality of national contexts, particularly in West and Central Africa.

An overly rapid transition would expose countries and communities to support disruptions that would be difficult to reverse. This period should have clear, public and verifiable milestones so that it cannot be perceived as resistance to change. Transition duration could also differ between countries according to readiness criteria rather than a uniform deadline.

It is important to recall that transformation costs represent at most 0.5% of resources devoted to HIV in low- and middle-income countries. We therefore encourage diversification of financing sources, particularly contributions from implementing countries and partnerships with Francophone donors. We also advocate that issues less attractive to donors, particularly human rights, mental health of young people living with HIV and the paediatric response, remain covered by the core resource base.

Réseau Ivoirien des Organisations de Personnes vivant avec le VIH/sida (RIP+) (first submission)

Translated from French: Maintain, or increase, the representation of networks of people living with HIV and key populations in governing bodies. Maintain the strategic focus on strengthening organizational and technical capacities. Continue the fight against HIV/AIDS-related stigma and discrimination.

Réseau Ivoirien des organisations de Personnes vivant avec le VIH/sida (RIP+) (second submission)

Translated from French: Before beginning the stages of transition, stakeholders consider the following essential to ensuring a transition that is both responsible and financially viable: genuine, rather than merely consultative, participation by civil society and affected communities in setting priorities; country-level impact assessments before any adjustment; and preservation of the UN system's technical expertise on HIV.

Réseau national pour une Grande Implication des Personnes vivant avec le VIH dans la lutte contre le VIH/Sida au Burkina Faso Q

Translated from French: With the budget declining, it is essential that the system work to integrate HIV and affected communities into other agencies. UNAIDS had the ability to direct its support towards the target populations. The concern is that if the transition is not carried out properly, the system will forget the target populations and we will have lost the gains.

Sectoral Task Force on HIV, Tuberculosis, and Viral Hepatitis

Translated from French: In Mali, the right balance would be to avoid an overly rapid transition that weakens the response's gains, through the following: a gradual and realistic transition; increased and predictable domestic financing for the HIV response, with a gradual increase in the State's contribution while continuing to mobilize international financing during transition; prioritization of essential, high-impact interventions; preservation of strategic functions currently supported by UNAIDS, including policy support, coordination, strategic data, resource mobilization and multisectoral dialogue; strengthening national institutional and technical capacities so that gradually transferred functions can be sustainably undertaken by national structures; protection of community organizations' role; and a costed transition roadmap with clearly defined responsibilities, realistic deadlines and indicators for regularly monitoring progress and identifying risks.

Tranz Network Uganda

A responsible and financially sustainable transition must be phased, transparent and based on the continuity of essential HIV services. Before reducing country-level funding or

presence, UNAIDS should map the community programmes, referral systems, partnerships and accountability mechanisms that currently depend on its support and identify who will assume responsibility for each function.

Clear timelines, advance notice and transitional bridge funding are essential so that community-led organizations can adjust without interrupting HIV prevention, testing, treatment linkage, adherence support and SRHR services. Declining budgets should be addressed through prioritization and coordinated use of existing UN resources, but savings should not be achieved by transferring unfunded responsibilities to governments or community organizations.

Funding should protect the functions that most directly sustain the HIV response, particularly community-led service delivery, engagement of key populations, human-rights monitoring and linkage to government health facilities. Future arrangements should also include realistic cost estimates, defined institutional responsibilities and measurable indicators for service continuity.

The transition period should therefore be long enough to complete an orderly handover, but guided by clear milestones and regular reviews. Its success should be measured by whether communities continue receiving services and contributing to the 95–95–95 efforts, not only by reductions in UNAIDS's operational costs.

Trois fois sain (TROFOS Ongd)

Translated from French: For TROFOS, a responsible and financially viable transition must above all ensure continuity of the national HIV response while allowing a gradual and controlled reduction of UNAIDS support.

With limited resources, it will be important to prioritize functions directly affecting continuity of the response: strategic support to national programmes, production and use of data, multisectoral coordination, human rights, action against discrimination, resource mobilization and community participation.

Functions relating to key populations, people living with HIV and other particularly exposed communities require special attention. Their financing should not be regarded as a secondary expense, because their participation contributes directly to the response's effectiveness and quality.

For TROFOS, financial viability of the transition necessarily depends on strengthening financing for community organizations. Gradually transferring responsibilities to national actors is insufficient if the necessary resources do not follow.

It would therefore be important to establish mechanisms that ensure predictable, multi-year and sufficiently flexible financing for community organizations, particularly for community monitoring, advocacy, prevention, action against stigma and referral to services.

The first essential element is a realistic transition timetable, differentiated according to countries and their level of vulnerability. Countries do not all have the same institutional, financial and community capacities. A uniform and overly rapid reduction in support could weaken gains, particularly where health systems and community organizations remain heavily dependent on external support. For TROFOS, financial viability of the transition necessarily depends on strengthening financing for community organizations. Gradually transferring responsibilities to national actors is insufficient if the necessary resources do not follow.

For TROFOS, the right balance does not mean choosing between a rapid and a long transition. It means matching the pace of transition to countries' actual capacities and the resources actually available.

Uganda Key Populations Consortium (UKPC)

A responsible transition must be function-led, not budget-led. Budget decline is real, but it should not justify rushed withdrawal from countries where communities are already under pressure from criminalisation, stigma, violence and service exclusion.

The Options Paper rightly states that transition should be sequenced according to functional readiness, not a uniform institutional timetable. It further states that existing capacity should not be withdrawn until the new arrangement has a named owner, agreed mandate, sufficient resources, operational service standard and accountability route. Options Paper_English This should be the minimum standard.

Financial sustainability should therefore protect five essentials:

- A lean but strong Hub with authority to lead, convene, track data and defend human rights.
- UNAIDS country presence in high-burden and high-risk countries, especially where communities are criminalised.
- Dedicated funding for community-led organisations, not only UN agency implementation.
- A pooled funding mechanism that supports country-level work, Cosponsor technical support and community-led action.
- A realistic transition timeline that avoids disruption.

The Options Paper proposes pooled funding for country-level activities and states that funding decisions should involve the Hub, Cosponsors, and community and civil society representatives, subject to PCB direction. Options Paper_English This is important and should be protected.

On timing, a 12-month transition risks being too rushed for fragile and politically sensitive contexts. An 18-month transition is more realistic if the aim is to prevent disruption, protect communities and avoid weakening the HIV response. The Options Paper itself acknowledges the trade-off between a faster transition and the risk of disruption and fragmentation. Options Paper_English

Our position: reduce costs, but do not cut away the very capacities that protect the most marginalised. The transition should move with urgency, but not recklessness.

Union Congolaise des organisations des PvVIH (UCOP+)

Translated from French: A gradual transition is needed, but with a realistic plan and timetable for transition and integration that does not exceed one year. Note: Adapt the transition to each country.

UNITED! Movement ESA - Y+ Global

- Time to transition. Presence in the 54 priority countries should be protected, with a phased transition of at least 18 months. A faster timeline pushes costs onto governments and communities, and services and data systems can be lost before alternatives are in place.
- Readiness set by countries and young people, not by the budget line. Countries should step down only when national governments and young people agree they are

ready. Transition benchmarks should be agreed with communities, and young people should be part of assessing them.

- Funding matched to the mandate. UNAIDS should be funded for the job it is asked to do, not to an arbitrary ceiling. If the budget is set first and the mandate is trimmed to fit, the transition becomes a series of cuts and no longer follows any plan.
- Protecting the core functions. Where savings must be found, the Secretariat's leadership, coordination, data and community functions should be kept strong. These are what hold the response together, keep it accountable and keep communities at the table.
- A senior, independent UN HIV leader in each priority country to steer the transition, coordinate with Cosponsors and safeguard the role of communities as capacity is adjusted.
- Governance continuity. Keeping the ECOSOC mandate and the PCB preserves the accountability and multi-stakeholder oversight that a transition of this scale needs, including community and civil society seats at the table.

Our ask: Set the transition timeline by what the response needs to stay effective, and design cost reductions around that timeline.

Youth Rise (first submission)

Ring-Fenced, Accountable Youth Financing: Financial sustainability requires that funds transferred to participating agencies or transitioning entities are strictly ring-fenced for technical capacities, dedicated youth personnel, and direct, sustainable funding for networks of young people who use drugs. This prevents resources intended for lifesaving frontline youth harm reduction from being absorbed into general UN agency core overheads.

Mandatory Capacity & Youth Evaluations: Prior to redistributing any mandates or budgets, the Joint Programme must conduct an independent evaluation of Participating Agencies' performance, technical capacity, and track record on human rights and youth-friendly harm reduction. Agencies must prove they possess the specific competence to address age-based legal barriers (such as parental consent laws), stigma, and the unique health needs of young people who use drugs.

Youth-Led Transition Oversight: Affected communities, specifically youth-led Community-Led Monitoring (CLM) mechanisms driven by young people who use drugs, must have direct standing to assess functional readiness before any transition or handover occurs. Youth-generated evidence regarding service disruptions or human rights violations must have the formal authority to trigger binding corrective action plans with named responsible actors and defined timeframes

YouthRISE (second submission)

A responsible transition should be governed by function and risk, rather than an arbitrary timetable or staffing target. Financial constraints are real, but accelerating institutional change before alternative capacities are operational risks creating costs that will ultimately be borne by countries and communities. This is particularly concerning for harm reduction because even before recent funding disruptions, harm reduction in low- and middle-income countries had an estimated 94% funding gap. Recent reductions have already resulted in programme closures and loss of access to essential services. A transition that further weakens coordination, technical assistance or community-led programming could therefore compound an existing financing crisis.

The transition should consequently include a funded implementation plan with clear milestones, risk assessments, minimum capacity requirements and safeguards for continuity

of services. Functions should not be transferred simply because an institution can nominally absorb them; there should be evidence that the receiving entity has the expertise, staffing, political mandate and resources to perform them. We also recommend ring-fenced and predictable resources for community-led organisations, including organisations led by people who use drugs and young people. Community engagement cannot remain meaningful if the institutions expected to participate in governance, monitoring and implementation are simultaneously losing their operating resources.

The transition should also protect institutional memory and technical expertise. UNAIDS' value lies partly in accumulated relationships, country knowledge and its ability to convene actors that do not naturally work together. The loss of this connective capacity may not immediately appear on a balance sheet, but could produce substantial downstream costs through weaker prevention, poorer accountability and renewed policy barriers. A phased transition should be understood not as resistance to reform but as a financial safeguard: do not transfer a function until the receiving architecture is demonstrably capable of sustaining it.

Zimbabwe Aids Network ZAN

Second, a streamlined funding approach that keeps communities visible and active.

Community-led organizations are often the last to receive domestic funding and the first to feel international cuts. UNAIDS' ability to channel catalytic resources through simplified mechanisms ensures that grassroots groups remain funded, visible in national dialogues, and able to deliver last mile services in prevention, testing, treatment, and community-led monitoring.

Zimbabwe Civil Liberties and Drug Network

I would suggest a transition that should guarantee the following,

- No interruption of essential HIV services or community-led programmes.
- Retention of dedicated HIV technical capacity within the UN system.
- Clear financing attached to transferred UNAIDS functions.
- Continued regional HIV expertise, particularly for Southern Africa.
- Meaningful participation of communities and key populations in UN country planning and accountability.
- Protection of HIV data, surveillance and community-led monitoring systems.
- A gradual and evidence-based shift towards domestic financing, rather than an abrupt withdrawal of international support.
- Regular public reporting on the transition, including what functions have moved, where they have moved, what resources accompany them, and whether service coverage is being maintained.

In short, stakeholders need a transition that is “fast enough to respond to the financial reality, but slow enough to protect the HIV response.” The measure of success should not simply be whether UNAIDS becomes smaller or is integrated administratively; it should be whether the UN system can perform UNAIDS' essential functions more coherently, at sustainable cost, while maintaining political commitment, technical quality, accountability and community leadership.

Zimbabwe National Network of PLHIV+

Countries' readiness in terms of capacities, partnerships, and resources to carry the response forward should first be established before UNAIDS transitions out of any country.

Shared decision-making alongside the division of labor and technical expertise that co-sponsors bring on board. The hub must maintain a function of bringing together cosponsors and partners to strengthen provision of coordinated support to Government and other stakeholders in outlining and implementing priorities for the AIDS response.

Zvandiri (first submission)

As communities, we recognize the financial pressures facing UNAIDS and support efforts to build a sustainable future. However, sustainability cannot be achieved by reducing capacity faster than functions can be transferred. The principle must be simple: readiness should determine the pace of transition, not budget pressures.

As young people living with HIV, we worry that the services, accountability mechanisms and community partnerships that support us could be weakened during the transition. No function should move until there is a clearly identified institution, adequate resources, operational systems, accountability mechanisms and meaningful community participation.

The transition must do no harm. Communities should help assess whether successor arrangements are actually working in practice before existing UNAIDS functions are withdrawn.

Funding should follow functions. UNAIDS should be funded based on what it is expected to deliver, including political leadership, community engagement, accountability, coordination and human rights advocacy, rather than an arbitrary staffing or budget ceiling.

Zvandiri (second submission)

As communities, we recognize the financial pressures facing UNAIDS and support efforts to build a sustainable future for the HIV response. However, sustainability cannot be achieved by reducing capacity faster than critical functions can be transferred. Readiness, not budget pressures alone, should determine the pace of transition.

We must also distinguish between the transition of the UNAIDS Secretariat and the future of the wider UN HIV response. As responsibilities evolve, it is important that UNICEF, WHO and the other UNAIDS cosponsors remain fully engaged and are supported to strengthen their HIV leadership, community engagement and accountability efforts.

As young people living with HIV, we are concerned that services, accountability mechanisms and community partnerships could be weakened during the transition. No function should move until there is a clearly identified institution, adequate resources, operational systems, accountability mechanisms and meaningful community participation in place.

The transition must do no harm. Communities should play a central role in assessing whether successor arrangements are functioning effectively in practice before existing UNAIDS functions are withdrawn. Success should be measured not by institutional restructuring alone, but by the ability to maintain coordination, protect human rights, engage communities and deliver results for people affected by HIV.

We therefore call for any transition to be phased over at least 18 months, allowing adequate time to test systems, strengthen partnerships and avoid disruptions to the HIV response.

Finally, funding should follow functions. UNAIDS should be resourced according to what it is expected to deliver, including political leadership, community engagement, accountability, coordination and human rights advocacy, rather than being constrained by an arbitrary staffing or budget ceiling. A sustainable future for the HIV response requires both strong institutions and strong community partnerships working together.

Observer International Organisations

Andean Health Organization-Hipólito Unanue Agreement

From ORAS-CONHU, a subregional integration body that coordinates and supports the efforts of the six Andean countries to improve the health of their populations, we believe that the central question is not only how long the transition should last, but how to ensure that integration leaves countries better equipped to respond to HIV.

Latin America enters this transformation at a challenging epidemiological moment: new HIV infections have increased by 25% compared with 2010. At the same time, the Andean countries must translate the 2026 Political Declaration into national action and continue advancing shared priorities such as eliminating stigma and discrimination, combination prevention, access to innovations and community participation.

In addition, during 2027, four Andean countries will be preparing or submitting funding requests to the Global Fund. UNAIDS's transformation will therefore coincide with critical decisions on programmatic priorities, financial sustainability and the protection of community-led services. An accelerated reduction in support could affect the quality of these processes and widen the gap between global commitments and national implementation.

From this perspective, a 12-month transition may be insufficient to assess capacities, consult countries and communities, agree on responsibilities and verify that the new arrangements can perform the functions they will receive. The 18-month option provides a more reasonable timeframe for this process without disrupting regional cooperation or weakening support for national priorities.

IDLO

A responsible transition requires an agreed strategic plan to ensure all current dimensions of the Secretariat's role are fully covered - a few may be assumed by cosponsors but the central strategic, accountability and coordinating responsibilities can only be exercised by the Secretariat, (others such as OHCHR could make a contribution.) For this the Secretariat needs to retain a strong core at HQ level of experienced professionals as well as key strategic roles at country level.

Mecanismo de Coordinación Regional de VIH, Tuberculosis y Malaria del COMISCA

Translated from Spanish: From MCR–SE-COMISCA, the technical and executive body supporting the Council of Ministers of Health of Central America and the Dominican Republic and promoting regional health integration, we observe that several processes requiring particularly careful coordination will coincide during 2027.

Countries will be preparing or submitting Global Fund funding applications while, simultaneously, memoranda of understanding with the United States Government are implemented in the SICA region. These processes will have implications for financing, epidemiological surveillance, information systems, laboratories and service continuity. Added to this is the need to gradually increase domestic financing and protect community functions as external cooperation declines.

Concentrating UNAIDS' transformation into a 12-month period would mean making institutional transfers while countries renegotiate and reorganize fundamental components of their responses. For this reason, we consider an 18-month period an operationally safer option.

The additional time should be used according to a concrete sequence: first, identify the functions and financial risks of each transfer; second, agree which institution will assume

each responsibility and with what resources; and third, verify that it functions before withdrawing existing capacity. A declaration of institutional willingness does not in itself demonstrate operational capacity.

Organisation du Corridor Abidjan–Lagos (OCAL)- Abidjan-Lagos Corridor Organization (ALCO)

Translated from French: To ensure a transition that is both responsible and financially viable, it seems essential to clearly define the functions that must be preserved, then organize their gradual transfer according to the capacities actually available at national and regional levels.

Declining resources may require some changes to be accelerated, but should not lead to an overly rapid withdrawal that could create disruptions in the HIV response. The transition should therefore be guided by readiness and capacity criteria, rather than the budget timetable alone.

In this context, using existing national and regional institutions, mechanisms and partnerships can also help reduce costs, avoid duplication and preserve gains. Particular attention should be paid to functions and populations that might not be adequately covered after the transition, especially key, vulnerable, mobile and cross-border populations.

Other

Baros-Africa

We support transitions from donor funding to national ownership. They fail when budget deadlines override verified readiness. With UNAIDS revenue falling and official development assistance at a record decline, discipline is even more critical.

We consider these measures essential:

- A costed, staged transition plan with clear exit criteria. Each function needs a receiving entity, funded handover and readiness test.
- Independent, real-time transition monitoring. A PCB-visible dashboard should track service continuity, data completeness, domestic financing and community-led service funding, enabling early correction.
- Gradual co-financing by programme countries. A transparent, phased co-investment pathway would strengthen ownership and reduce donor dependence.
- Protect data and strategic information first. Transfer HIV estimates, spending assessments and key-population size estimates to national ownership with support, safeguarding planning and Global Fund allocations.
- Transparent costing. Separate one-off transition costs and liabilities from recurring costs, using best-, mid- and worst-case scenarios.
- Continued international solidarity where needed. Services for criminalised populations cannot rely on domestic budgets alone.

A responsible transition verifies each step before the next.

Mechanism Coordination Country -CCMMali

Translated from French: The CCM considers that a responsible and financially viable transition must prioritize preserving UNAIDS functions essential to Global Fund grant effectiveness: multistakeholder coordination, strategic country support, partner mobilization, use of data and community engagement.

The transition should be gradual, with clear stages and regular monitoring of its impact on national coordination mechanisms, preparation of funding requests, grant implementation

and sustainability efforts. Budget constraints are a reality but must not compromise the technical and strategic support countries need.

The CCM also emphasizes the importance of maintaining sufficient national and regional support capacity to assist countries with transitions, domestic resource mobilization, health system strengthening and preparation of future Global Fund cycles.

Key message: The transition must seek efficiency without weakening coordination, partnership and strategic support functions essential to the performance, sustainability and impact of Global Fund investments.

Pontificia Universidade Catolica do Rio Grande do Sul

Cost-cutting cannot come at the expense of functions that other agencies and national budgets frequently overlook—namely, human rights defense, stigma mitigation, and political accountability. If specific tasks are shifted to co-sponsors, there must be binding benchmarks to ensure these areas do not disappear into general, non-targeted public health budgets. As international financing declines, civil society organizations face severe sustainability crises. A responsible transition roadmap must prioritize direct technical and financial mechanisms to strengthen community-led monitoring and advocacy, ensuring self-sustaining partners in dialogue with national authorities.

Transition timelines must be pegged to concrete resilience indicators—such as sustained domestic funding for key population interventions, maintained legal protections, and functional civil society participation mechanisms—rather than fiscal deadlines. Upper-middle-income countries remain vulnerable to rapid resurgences in stigma and policy regression if international oversight is withdrawn precipitously.

Public Health Foundation of India

The recommendations on Deliverable 3 on financing are still incomplete and evolving. Comments will be possible if the full text is available at the appropriate time.

United Nations RCO – Ghana

The reality of a declining budget is well understood by all. But let's not do a transition driven primarily by speed or headcount reduction. It should be function-led, differentiated and based on demonstrated readiness.

In practical terms, no function should transfer until there is a named institution or actor with a clear mandate, adequate capacity and resources, agreed service standards, and accountability for delivery. This is particularly important for country coordination, strategic information, technical support and community engagement.

The transition budget must also be distinct from the future operating budget. A leaner model may bring efficiencies, but a responsible transition will require investment upfront: in capacity assessments, handover, maintaining continuity, pooled catalytic support and meaningful community participation. Cutting too quickly risks fragmentation and the loss of relationships and trust built over decades.

Across many settings, marginalized communities are becoming more exposed and are too often blamed for wider social challenges. UNAIDS country teams have often been among the UN's clearest advocates for human rights, evidence and inclusion. This capacity must not be lost before an effective alternative is in place.

Resident Coordinators will support the final decisions and help make the new model work.

Question 3: Within the bounds of the existing ECOSOC mandate, where do stakeholders see the greatest potential to transform decision-making at the global (Hub) level — in a way that keeps all Joint Programme actors meaningfully involved and invested in decision-making, core-function implementation, and funding allocation?

PCB Member States

Brazil

Brazil welcomes efforts to reduce excessive fragmentation, duplication and overlap, as well as uneven distribution of responsibilities within the Joint Programme. Consistent with the function-led approach outlined above, we support greater clarity in the respective roles and responsibilities of the Hub and the Cosponsors, while ensuring that the Joint Programme's core functions remain effectively coordinated and mutually reinforcing. This should be underpinned by transparent, criteria-based allocation of core resources and by the PCB's effective oversight.

The meaningful involvement of communities is equally essential to decision-making at all levels. In particular, Brazil considers it important that the transition preserve not only community participation, but also the distinctive and institutionalized role of communities and civil society in the governance and decision-making architecture of the Joint Programme. In this regard, Brazil supports the WG's proposals to establish remunerated community co-creation positions within the Hub; to include community-led representatives in Joint UN Teams at regional and country levels; to create incentives for including community partners in country-level activities; and 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. We also welcome the discussion on establishing a community-led leadership for Result Area 8 of the Global AIDS Strategy.

Haiti (first submission)

Translated from French:

- For the Government of Haiti, transition success must above all be assessed by its ability to preserve HIV response gains and maintain support to countries. The fundamental principle of this process must be not to compromise achieved results or disrupt services, coordination mechanisms or community support.
- The Government of Haiti believes that no transition should lead to reduced technical support available to highly vulnerable countries. Transition criteria should consider not only epidemiological indicators but also countries' institutional capacities, sustainability of domestic financing, the human rights environment and humanitarian contexts.

In conclusion, Haiti supports UNAIDS' transformation but considers it essential to maintain sufficient country and regional capacities until the conditions for a safe, sustainable and capacity-based transition are fully met.

Haiti (second submission)

Translated from French: Stakeholders see the greatest potential for transformation of global decision-making through reform and strengthening of its role in central coordination of the UN system and its subsidiary bodies.

This transformation draws on several key UN areas and mechanisms to realize this role as an inclusive “Hub”:

- Alignment and operationalization of the Pact for the Future.
- The Coordination Segment as a decision-making “Hub”.
- Stronger integration with international financial institutions.
- Inclusive multistakeholder governance (the spirit of the Joint Programme).

Nigeria

Nigeria sees the greatest potential for transformation in making decision-making more genuinely collective, while giving the different actors within the Joint Programme clear areas of responsibility. The existing ECOSOC mandate and the PCB provide a sufficient governance foundation; the priority should be to improve how decisions are made and implemented within that framework rather than create additional layers of governance.

The Hub should provide strategic direction, coherence and oversight, while drawing systematically on the expertise and operational reach of the Cosponsors, the experience of countries, and the perspectives of communities and civil society. This should be supported by a common planning and accountability framework that makes it clear who is responsible for what, what resources accompany each responsibility, and how performance and gaps will be addressed.

Nigeria considers funding allocation an important test of whether this new model is genuinely collaborative. Decisions on pooled resources should be guided by agreed priorities and transparent criteria, informed by country needs and evidence, with meaningful input from Cosponsors, Member States and communities. The process should avoid both excessive centralization at the Hub and fragmented decision-making across individual entities.

The transformation should therefore create stronger incentives for all actors to participate in the success of the whole programme, rather than simply protecting individual institutional mandates. For Nigeria, the measure of effective decision-making at Hub level will be whether it produces clearer accountability, better use of collective expertise and resources, stronger country ownership and more meaningful community participation.

PCB NGO Delegation

PCB NGO Delegation

The greatest opportunity within the existing ECOSOC mandate is to move from consultation towards structured co-creation, shared responsibility and meaningful decision-making, without reopening the fundamental governance architecture of UNAIDS.

For communities, this means moving from the right to be heard to having defined roles, resources and decision rights wherever the existing mandate permits. Community leadership should extend across the Hub’s four core functions and the work of Participating Agencies—including advocacy, data and accountability, financing, human rights, technical work, programme design and implementation. Communities should participate while priorities are being shaped, not after the parameters have already been decided.

This does not require changing the NGO Delegation’s mandate or making it an operational arm of the Joint Programme. The five NGO seats should remain focused on PCB governance and accountability, while broader civil society and community-led networks should have formal, constituency-led and adequately resourced mechanisms to co-create, co-lead and, where appropriate, co-implement the work of the Hub and Participating Agencies.

The same principle should transform accountability. As Participating Agencies assume greater responsibility, authority must be matched by named responsibilities, resources, standards, reporting requirements and consequences for non-delivery. Communities must have standing within this accountability chain: community-led monitoring and other community-generated evidence should be capable of triggering a formal response, corrective action and, where necessary, escalation to the Executive Director and PCB.

Funding allocation offers another concrete opportunity. Any pooled financing mechanism should give community representatives meaningful decision-making authority, with transparent constituency-led selection, representation of people living with HIV and key and priority populations, remuneration and accountability to their constituencies. Financing must also remain accessible to smaller community-led organisations, including through social contracting when CSOs perform professional or implementation functions.

Finally, a common workplan and clear Division of Labour should connect the Hub, Participating Agencies and communities through shared implementation and mutual accountability, rather than simply dividing functions between them. This is essential to prevent a leaner Joint Programme from becoming a fragmented one.

So the opportunity is not simply to create more spaces for communities to speak. It is to institutionalise where communities can shape decisions, where Participating Agencies are accountable for delivery, and how resources follow responsibility. The future Joint Programme will be strongest when community leadership is built into its decision-making, implementation, financing and accountability—not added alongside them.

Philippines

The Philippines believes that the transition provides an opportunity to make global HIV governance more coherent, accountable, and sustainable, while preserving the collective nature of the UNAIDS Joint Programme.

We see value in clearly separating strategic governance from technical implementation. The global Hub should focus on political advocacy, stewardship of the Global AIDS Strategy, global data compilation, and system-wide accountability, while thematic implementation can be led by designated UN Cosponsors and national actors according to their respective mandates and expertise.

On pooled funding, strategic directions should continue to be set by the Programme Coordinating Board, while resource allocation and disbursement should follow a transparent and collaborative process involving the Hub, UN Cosponsors, and civil society and community representatives. This would strengthen accountability and ensure that funding decisions reflect country and community needs.

We also support moving beyond consultation toward meaningful community co-leadership. Community representatives should have defined roles in resource allocation and governance, while community-led monitoring data should contribute to global accountability.

Finally, a single annual work plan and consolidated results framework covering the Hub, Cosponsors, and regional and country-level commitments could clarify responsibilities, track results, and strengthen accountability across the Joint Programme.

For the Philippines, the future governance model should be inclusive, transparent, country-centered, and accountable, while ensuring that HIV remains a shared responsibility across the UN system.

Senegal

Translated from French: Within the current ECOSOC mandate, the most promising transformation would be a hub accountable to the Joint Programme's multistakeholder governance, rather than simply an administrative centre.

Member States, Cosponsors and communities should help shape priorities and the budget from the outset, understand their respective responsibilities for implementation, and review results together. A shared funding envelope, with allocations that are justified and publicly tracked, would help sustain everyone's engagement. Communities must have a meaningful influence on these decisions. Any change to their formal governance rights would need to follow the procedures established by ECOSOC.

Observer Member States

Cameroon

Translated from French: Reconnect authority with financial levers: Respondents emphasize the need to give ECOSOC budgetary authority—even limited authority or through a pilot—over pooled funding mechanisms. This is the link needed to create a genuine Hub connecting global political direction with the actual allocation of financial resources.

Structurally strengthen participation by civil society and Joint Programme actors: To move beyond token inclusion, stakeholders recommend stronger, formalized consultation mechanisms, with clear procedural rules, systematic feedback and a high-level coordination function or champion. The aim is to make non-state actors genuine partners in decision-making.

Institutionalize and centralize youth participation: Through the creation and operation of the UN Youth Office and related Youth Hubs, Joint Programme actors seek to embed younger generations' recommendations in ECOSOC decision-making, replacing ad hoc approaches with formal seats at the negotiating table.

Transform the High-level Political Forum (HLPF): It should move beyond serving as a platform for visibility and presentation of Voluntary National Reviews to become a forum with real consequences. This Hub should drive implementation of global decisions in a binding manner and ensure transparent governance, including by involving planning and finance ministries alongside national statistical offices.

Democratic Republic of Congo

Translated from French: The Hub must be seen as the main lever of transformation to guarantee shared decision-making, responsible budget allocation and institutionalization of communities' role, while remaining aligned with the ECOSOC mandate and drawing on the essential areas of transformation:

- Clear division of roles and responsibilities.
- Institutionalization of community participation.
- Shared leadership.
- Alignment with the ECOSOC framework, which would require adjustments.
- A function-centred and sustainable budget in full transparency.
- Strengthened collective accountability within shared and transparent governance.

Democratic Republic of Congo (PNMLS)

Translated from French: The PNMLS National Executive Secretariat ensures multisectoral coordination of the national response.

Mali

Translated from French: Before 1994, the response to the global HIV epidemic was fragmented among several UN agencies, without coordination of actions and with fewer results.

Faced with the health emergency and the virus's disproportionate impact in developing countries, ECOSOC decided to design a unified approach.

At its creation, the mission ECOSOC assigned to UNAIDS was to:

- Coordinate and pool the technical and financial expertise of several UN institutions.
- Strengthen political commitment at global and national levels.
- Mobilize civil society and actively integrate people living with HIV at the heart of governance.

Today, on behalf of Mali's HCNLS, we believe these responsibilities should remain, and indeed be strengthened, to accelerate elimination of the epidemic by 2030 and consider sustaining gains in countries beyond 2030.

The main potential for transformation should therefore consider strengthening inclusive governance that fully maintains the engagement of States, Cosponsors, civil society and communities in strategic decisions, implementation and resource allocation.

We make three recommendations:

- Preserve strong multistakeholder governance, guaranteeing effective multisectoral participation by countries and communities in decisions on priorities, essential functions and resources.
- Clarify implementation responsibilities between the Hub, Cosponsors and national actors while maintaining the Joint Programme's collective accountability for results.
- Guarantee transparent resource allocation based on country needs, epidemic burden, persistent inequalities and the need to protect the most vulnerable populations.

Finally, we recommend a permanent mechanism for dialogue between global, regional and national levels so that decisions are guided by country realities and community needs.

Mali is one of the AES countries that wishes not only to continue this response but also to strengthen it and be able to take over by 2030.

Togo

Translated from French: Seek efficiencies.

Observer NGOs

Action for Health Initiatives Inc. (ACHIEVE)

I would like the new Hub to create a stronger connection between global decisions and what communities are actually experiencing.

Too often, communities contribute data and evidence, but we don't always see how that evidence influences priorities or funding decisions. The transformation is an opportunity to make that link much clearer.

If communities are expected to be co-leaders of the HIV response, then they should have a meaningful role not only in implementation, but also in deciding what gets prioritized, what gets funded, and how results are held accountable.

Actions des femmes pour la Paix et le développement durable membre/ANORS Ituri

Representation type as selected in the form: UNAIDS Cosponsor.

Translated from French: The greatest potential is first to take grassroots needs into account, and to consider the location of needs to avoid going off course.

Adolescents Girls and young women network south Sudan

Decision making should involve government, UN_agencies, Civil society and communities.

Communities should not only be invited to meetings after decision have already been done but should have an opportunity to help shape decision from the beginning upto final resolution

Young people, women and girls, people living with HIV and other affected communities should have meaningful representation.

Funding decisions should be transparent, communities should be able to understand where the money is going and whether it's reaching the people who need it

Africa Network of People Who Use Drugs [AfricaNPUD]

Global decision-making should move from consultation to shared power. Attendance is not meaningful engagement: although 87% of networks reported involvement in Global Fund or PEPFAR processes, only about half considered their participation effective.

Within the existing mandate, the Hub should guarantee a formal and funded role for communities in decision-making, core-function delivery and resource allocation. This includes transparent information, voting or decision rights where possible, community-led monitoring, and accountability for how community recommendations are acted upon.

All Joint Programme actors should remain involved, but decisions must be guided by evidence and lived experience. Community leadership is not an additional function—it is essential to an effective HIV response.

Africa Young Sex Workers Alliance

The greatest potential for transformation at the global Hub level lies in making decision-making more participatory, transparent and accountable, while ensuring that all Joint Programme actors remain meaningfully invested.

The Hub should not become a structure where decisions are concentrated among a few agencies. Instead, it should create clear mechanisms for all Joint Programme actors including Cosponsors, UNAIDS Secretariat, governments and communities to contribute to strategic priorities, implementation and resource allocation. Each actor should have a clearly defined role and accountability for delivering on agreed priorities.

For communities, particularly young key populations, this means moving beyond consultation. Community participation should translate into meaningful influence over decisions that affect our lives. Young key population networks and other community-led organizations should have formal representation in relevant global decision-making structures, with access to information and resources that enable them to participate effectively.

There is also an opportunity to institutionalize community-led monitoring and evidence as part of the Hub's decision-making processes. Data and evidence generated by communities can help identify where programmes are failing to reach marginalized populations and inform adjustments in priorities and funding.

Funding allocation is another critical area for transformation. Resource decisions should be based on transparent criteria that consider HIV burden, inequalities, human-rights contexts and the needs of populations that are systematically excluded from services. Dedicated resources for community-led responses should be protected rather than treated as residual funding after other priorities have been met.

For us Young Sex Workers, the opportunity is to create a One UN decision-making model that shares power rather than simply coordinates agencies. Keeping all Joint Programme actors meaningfully involved should not come at the expense of community leadership. Instead, communities particularly young key populations should be recognized as essential actors in governance, implementation, accountability and the sustainability of the global HIV response.

AIDS Healthcare Foundation/AHF Brazil

Tomorrow, we will have the opportunity to address questions 2 and 3 during the WG discussions. I hope there will be enough time for us to do so.

AIDS-Fondet

You should not change decision-making just to change it.

Aidsfonds - Soa Aids Nederland

Pooled Fund Decision Making Processes – The creation of a pooled fund is a key way to maintain involvement and investment from all Joint Programme actors. As the ECOSOC mandate does not set out decision-making practices for this pooled fund, UNAIDS has the opportunity to harness 15 years of participatory grant making expertise from civil society. Many organizations working to combat HIV and promote human rights – including ISDAO, UHAI-EASHRI, The Red Umbrella Fund, Frida Young Feminist Fund, and Aidsfonds – have piloted, tested, and refined pooled fund models that give equal voice and vote to donors and civil society. Importantly, these funds have found ways to work even in the most complex of political situations. Given its lack of vote on the PCB, mandating a civil society vote on pooled fund allocations is necessary to transform UNAIDS for continued effectiveness. Civil society – including but not limited to the organizations listed above – should be structurally involved in the creation of decision-making processes and practices for the new pooled mechanism. Community leadership must be built into the pooled fund architecture – both its creation and its implementation.

APCASO

UNAIDS' existing ECOSOC mandate must be considered a good practice of the entire UN system. I don't think there is a need to change the decision-making at the global level. If anything, this has to be taken as a model for other UN agencies to follow.

ARCAD Santé Plus

Translated from French: For ARCAD Santé PLUS, the greatest potential for transformation lies in strengthening communities' and civil society's participation in the Joint Programme's global governance. Restructuring must also ensure that resources continue to support high-impact interventions at country level and that global decisions are informed by realities on the ground and the needs of the most vulnerable populations.

Nothing for communities without communities. Transformation of the global Hub must strengthen the voice, representation and influence of people living with HIV, key populations and populations left behind in decision-making and resource allocation.

ASAPSU

Translated from French: Civil society organizations should have a greater decision-making role in policy governance systems.

Ashodaya Samithi

The Global hub has to put out an understanding, this is not about dismantling or disengaging but creating greater efficiency effectiveness and accountability as a Joint Co Sponsor program/Initiative. Therefore in the options if going by past experience we can create a small unit at the UN RC office and under the guidance operate within the country but if earlier we have done differential approach of bucketing countries (eg Pakistan takes responsibility of Nepal and Sri Lanka) we should use that experience going forward. The person at the country level is a torch bearer with adequate technical support to carry out the four critical thematic areas. Further the knowledge repository should be used. The UN Stakeholders can be guided to provide to the National program within structure that provides credibility and keep the pressure on closing the gap.

Asia Pacific Network of People living with HIV (APN+)

The PCB should remain under the existing ECOSOC mandate because it provides a unique governance space for member states, co-sponsor, community and civil society. However, meaningful reform also requires stronger operational rules, including tripartite participation in work-plan and funding decisions, a Community Impact Statement for major decisions and a process for escalating unresolved community concerns. Transparent reporting and a dedicated community funding window would help ensure that people living with and affected by HIV have meaningful authority rather than being limited to an advisory role.

ASK US Positive Children, Adolescent and Youth National Association

Within the existing ECOSOC mandate, there is an opportunity to make the global Hub more collaborative, transparent and function-focused, while maintaining the Joint Programme's multisectoral character.

Decision-making should involve the Secretariat, Cosponsors, Member States and communities in a way that gives each actor meaningful responsibility rather than simply consultation. The existing PCB itself provides an important foundation for this, including formal participation of NGOs alongside Member States.

One practical approach would be to establish clearer shared decision-making arrangements around three areas:

- **Strategic priorities:** Jointly identify a limited number of global priorities where UNAIDS and the Cosponsors can collectively add value and where coordination is genuinely needed.
- **Core functions:** Clearly define which organization leads each core function, while maintaining joint accountability and avoiding duplication. The Cosponsors should remain substantively invested rather than seeing integration as a transfer of responsibilities from UNAIDS to individual agencies.
- **Funding allocation:** Funding decisions should be based on agreed priorities, evidence of need, equity and measurable contribution to the global AIDS response. There should also be greater transparency about how resources are allocated across global, regional, country and community functions.

I would also encourage a stronger role for community representatives in global decision-making, particularly people living with HIV, young people and key and priority populations.

Their participation should extend beyond speaking opportunities to meaningful involvement in priority-setting, implementation oversight and accountability.

Overall, the transformation should aim for “One UN, but not one voice replacing all voices.” The strength of the Joint Programme has been its ability to bring together different mandates, sectors and constituencies around HIV. The transition should preserve that diversity while making the system more coherent, accountable and financially sustainable.

This would be consistent with the broader direction emerging from PCB58: the operating model needs to evolve, but stakeholders continue to emphasize strong political leadership, multisectoral coordination, accountability and meaningful community participation.

Association ABÉJEV-PLUS du Bénin

Translated from French: Everything.

Association D'Assistance Pour les Maladies Infectieuses Burkina Faso (ADAPMI BF)

Translated from French: For us, the future Hub must be a genuinely inclusive and transparent decision-making space. Communities and civil society must not merely be consulted; they must be able to contribute to strategic decisions and monitoring of implementation. We recommend lasting community representation, participation by young people and the most affected populations, and greater transparency in resource allocation. The Hub should also enable national and regional realities to feed into the global level.

Association de lutte anti SIDA au Congo

Translated from French: The potential for transformation lies less in creating a new structure than in a new way of deciding: a smaller Hub with a clear strategic mandate, an inclusive PCB with real oversight capacity, Cosponsors fully accountable for defined functions, and communities involved in decisions directly concerning priorities, implementation and resources. This logic is consistent with recent directions seeking to preserve UNAIDS' distinctive functions—leadership, coordination, data/accountability and community engagement—within a more integrated UN architecture.

Association of people living with HIV (APLHIV)-Pakistan

From our perspective, transformation at the global Hub should not simply mean changing structures. It should mean clearer accountability, meaningful participation and better support to countries.

Within the existing ECOSOC mandate, there is an opportunity to clarify the roles of the UNAIDS Secretariat and cosponsors, reduce duplication, and ensure that all Joint Programme actors remain meaningfully involved and accountable for implementation.

At the same time, greater efficiency should not result in over-centralized decision-making. Global decisions on priorities and funding must reflect epidemiological need and country realities. Countries like Pakistan, still facing a growing epidemic and major gaps in diagnosis and treatment, require continued specialized support.

Most importantly, communities must be part of decision-making—not consulted after decisions have already been made. People living with HIV and key populations bring evidence from the ground and must have a meaningful voice in setting priorities and ensuring accountability.

Funding should follow functions and needs, while essential UNAIDS Secretariat functions—leadership, convening, advocacy, community engagement and accountability—remain adequately resourced.

The test of reform is not how much we change the structure, but whether the new structure delivers better for countries and communities.

ASWA Alliance

Strengthen community participation.

ATHENA Network

Within the existing ECOSOC mandate, there is an opportunity to make Hub-level decision-making more transparent, inclusive, and accountable without creating a new structure. The Joint Programme can build on and strengthen existing governance and coordination processes by clarifying who participates, how decisions are made, and how those decisions influence the Programme's core functions and funding allocations.

Meaningful participation must go beyond receiving information after decisions have been made. All Joint Programme actors including Cosponsors, the Secretariat, Member States, and civil society should have timely access to relevant information and clear, practical opportunities to shape proposals while they are still under consideration. This includes understanding the evidence, priorities, and constraints informing decisions, as well as the criteria used to allocate funding and the trade-offs involved.

Transparency also requires closing the feedback loop. Stakeholders should be informed about how their input was considered, what changes it influenced, and why particular proposals or priorities were adopted or not adopted. This would help build trust, strengthen accountability, and ensure that decisions reflect the Programme's mandate and the needs of the communities it serves.

Representation must also be meaningful and diverse, particularly for communities most affected by the Programme's work. Young women's leadership should be recognized as an essential contribution to governance and decision-making not treated as optional or supplementary. Their perspectives should be included early and consistently, with appropriate support to enable their full participation.

A transition is more likely to be effective and sustainable when those responsible for delivering it and those most affected by it have a genuine opportunity to shape its direction, priorities, and implementation. Strengthening existing processes in this way can help ensure that Hub-level decisions are more inclusive, transparent, and accountable, while remaining firmly within the current ECOSOC mandate.

Thank you, Chair.

Cameroon Network of Adolescents and Young People living with HIV (RéCAJ+)

Translated from French: The greatest potential for transformation lies in making Hub governance more inclusive, transparent and accountable, with effective community participation in strategic decisions, implementation and resource allocation. For RéCAJ+, this governance must preserve meaningful representation of young people, people living with HIV and key populations. The Hub should strengthen coordination among Cosponsors, avoid duplication and preserve UNAIDS' essential functions, including advocacy, strategic data, human rights and resource mobilization. The transition should also strengthen accountability through a shared results and financing framework. Above all, it must maintain a strong link between global decisions and national and community realities so that communities remain decision-makers and agents of change, not merely beneficiaries.

Centre for Women Justice Uganda/CSO Task Team on Accountability, Efficiency and Diplomacy Uganda.

To transform decision-making at the global level, I believe we should begin with one principle: we should reform how the Joint Programme works without weakening the governance and accountability arrangements that have enabled communities and civil society to have a meaningful voice in the global HIV response.

First, there is an opportunity to make the PCB a stronger strategic governance and accountability anchor for the future Joint Programme. The PCB already brings together Member States, Cosponsors and civil society, including people living with and affected by HIV. This inclusive model is one of the distinctive strengths of the Joint Programme and should be protected rather than diluted through the transition, esp. any considerations for opening of ECOSOC.

Second, we need to protect the principle that the Joint Programme is more than the sum of individual UN agencies. Its value lies precisely in bringing together complementary mandates, technical expertise, political leadership, community engagement and accountability. A future global Hub should therefore not become simply a coordination mechanism between agencies. It should retain a mechanism for collective priority-setting, joint accountability and strategic allocation across the HIV response.

Third, we should use this transition as an opportunity to learn honestly from the implementation of UBRAF. UBRAF has given the Joint Programme a common results, planning and accountability framework. At the same time, the current funding environment has exposed challenges around reduced HIV capacities, prioritization and the ability of Cosponsors to fully engage where catalytic UBRAF resources are unavailable. We should avoid simply transferring existing processes into a new institutional arrangement without addressing their underlying weaknesses.

Therefore, as we design the new model, we should ask: Which challenges within UBRAF are structural, which are implementation challenges, and which should not be carried forward into the new architecture?

CHARITABLE ORGANIZATION «CHARITABLE SOCIETY «NETWORK 100 PERCENT LIFE DNIPRO» (first submission)

The organization's position:

We see the greatest potential for transformation at the global and regional levels in strengthening—not weakening—the multilateral nature of UNAIDS (cooperation with civil society). Unlike purely technical medical agencies, UNAIDS' strength has always lain in its inclusivity and close ties to local communities.

Decision-making processes must remain country-driven and transparent, with the voices of communities and local NGOs carrying the same weight as the positions of member states or large agencies. UNAIDS must preserve its autonomy as a unique bridge between governments, the UN system, and the civil society sector, rather than becoming just another internal department of a large international organization.

The HIV response is first and foremost about human rights, access to services, and community trust—not just about hospital protocols.

CHARITABLE ORGANIZATION«CHARITABLE SOCIETY«NETWORK 100 PERCENT LIFE DNIPRO» (second submission)

Stakeholders believe the ECOSOC mandate provides the greatest potential to transform global Hub decision-making by embedding inclusive governance that keeps all Joint Programme actors engaged. They stress the importance of tailored UNAIDS programmes, ensuring that country-specific needs — such as those in Dnipro — directly inform global priorities. Transparent mechanisms for funding allocation and unified data platforms are seen as essential to maintain trust and accountability. Civil society and communities must retain formal roles in governance to safeguard rights-based, people-centered approaches. In this way, the Hub can balance efficiency with responsiveness while preserving UNAIDS's unique model of tailored HIV leadership.

Civil Society Self Coordinating Mechanism-CSSCM Zambia

WE DO NOT AGREE THAT ALL AIDS DECISIONS SHOULD BE CENTRALIZED IN GENEVA. DECISION MAKING MUST BE COUNTRY INFORMED AND REGION INFORMED. UNAIDS CORE FUNCTIONS: LEADERSHIP AND ADVOCACY, STRATEGIC AND COMMUNITY MOBILIZATION. THESE CANNOT BE DELEGATED TO AGENCIES WITHOUT AIDS MANDATE. ONLY UNAIDS HAS THE AIDS MANDATE.

RETAIN REGIONAL SUPPORT TEAMS, REGIONAL TEAMS FOR ESA, WCA, ASIA PACIFIC PROVIDE TECHNICAL OVERSIGHT, CROSS COUNTRY LEARNING, AND POLITICAL ADVOCACY ACROSS TIME ZONES THAT GENEVA CANNOT PROVIDE. CLOSING REGIONAL AND COUNTRY OFFICES WILL ISOLATE INDIVIDUAL COUNTRY RESPONSES AND DESTROY SOUTH-SOUTH LEARNING.

EPIDEMIOLOGY BASED CRITERIA, NOT ONE-SIZE-FITS-ALL GENEVA MODEL. RETAIN ESA REGIONAL TEAMS DUE TO THE 53% HIV GLOBAL BURDEN.

COMMUNITIES IN ESA CARRY THE HIGHEST GLOBAL HIV BURDEN AND GLOBALLY TRUSTS UNAIDS BECAUSE UNAIDS HAS STOOD WITH US OVER THE YEARS AND IN DIFFICULT HUMAN RIGHTS MOMENTS WHEN OTHERS COULD NOT.

REGARDLESS OF HOW THE GENEVA OFFICE AND LEADERSHIP PERCEIVES THE FINANCIAL PRESSURE AND TRANSITION PLAN, THE EPIDEMIOLOGY TELLS US AIDS IS NOT OVER .

ZAMBIAN PLHIV COMMUNITY.

Comité de Coordination Multisectoriel (CCM Haiti)

Translated from French: The main potential for transformation lies in making the Hub a genuine platform for the Joint Programme's leadership, coordination, governance and accountability, rather than a parallel implementation structure. Its added value should be defined less by its size than by the functions it is best placed to perform globally: political leadership, strategic direction, coordination, data and accountability, resource mobilization and community engagement. This transformation should, however, be accompanied by governance that ensures the effective engagement of all Cosponsors and other stakeholders. If Cosponsors take greater responsibility for technical implementation, it will be important to maintain collective responsibility for Joint Programme results. Clarifying roles should therefore not fragment responsibility. The PCB should retain and, where appropriate, strengthen its role as a global forum for setting HIV priorities and developing policy.

Comunidad Internacional de Mujeres con VIH/Sida (ICW Chile)

Translated from Spanish: Within the current ECOSOC mandate, I see the greatest potential for change in how the Joint Programme's everyday decisions are made. Preserving communities' participation on the PCB is fundamental, but that global representation must be complemented by formal and paid positions for people living with HIV and community organizations within the UNAIDS Hub, as well as participation mechanisms at regional and national levels.

Communities must be involved from the beginning in setting priorities, monitoring the four essential functions and evaluating results. Our participation cannot be limited to reviewing decisions already made. This requires clear authority, timely access to information and resources for organizations to carry out this work.

I also consider it important for the Hub, Cosponsors and communities to participate in decisions on the pooled fund for country activities, under PCB guidance and oversight. Criteria and allocations should be transparent and include direct resources for community work and advocacy, particularly where civic space is shrinking.

Finally, every Cosponsor assuming a responsibility must have identifiable commitments and be held accountable for them. A regional UNAIDS Hub can monitor these commitments together with governments and communities. In this way, all actors will participate in decisions but also be responsible for ensuring that the Joint Programme continues to fulfil its functions in practice.

CORAB

Translated from French: CORAB supports maintaining the ECOSOC mandate with reopening. This legal stability is a condition of security for communities: it guarantees continuity of civil society's formal seat on the PCB, a gain that no administrative reform should weaken. True transformation therefore lies not in the legal structure, but in how real decision-making power is exercised within this framework. CORAB therefore requests arrangements to facilitate the integration of new organizations that have long been observers.

Where CORAB identifies the greatest potential for transformation without changing the ECOSOC mandate:

- Move from consultation to effective shared decision-making. The current ECOSOC framework guarantees the presence of NGO delegations on the PCB, but in practice that presence remains largely consultative. The greatest potential for transformation lies in granting substantive and documented decision rights to community representatives, particularly in three areas: (a) allocation of resources for community functions, (b) definition of CLM priorities and indicators, and (c) assessment of achievement of transition milestones. This can be done without changing the ECOSOC mandate, through revision of the Hub's and pooled financing mechanism's internal governance rules.
- Make the Hub's coordination authority real and enforceable. Currently, the Secretariat coordinates without binding authority over Cosponsors. The most significant transformation within the existing mandate would be to give the Hub a coordination mandate with clear consequences for Cosponsor non-alignment: named responsibilities, service standards, escalation mechanisms to the Executive Director and, if necessary, the PCB. Without this operational authority, the "Hub" would remain a collection of individual mandates rather than a transformation of decision-making.

- Establish collective accountability, rather than only downward accountability. The ECOSOC mandate already enables the PCB to hold actors accountable for results. CORAB believes the potential for transformation lies in extending this accountability to donors and Cosponsors themselves, not only countries, to verify that financial investments genuinely support implementation of national plans, rather than only performance reported by countries.
- Embed community data in the formal decision-making process. CLM remains a consultative data source today. Without changing the mandate, an internal governance rule could be established under which CLM findings automatically trigger a review and, where appropriate, corrective action within the Hub, thereby transforming communities from mere data providers into actors in quality control of the response.
- Clearly separate institutional hosting from operational authority. Whether the Hub is hosted by a Cosponsor agency or another entity, the transformation challenge is to ensure through internal governance rules that the host entity does not exercise hierarchical authority over the Hub's own functions (political leadership, accountability, community engagement). This is a matter of internal architecture, achievable without changing the ECOSOC framework.

Overall position. For CORAB, true transformation within the ECOSOC mandate must take account of the number of actors per region and strengthen the nature of the power actually delegated to them. A Hub that reproduces current power relations—where communities are consulted but do not decide, and Cosponsors are involved but not held accountable—would not constitute transformation, but a continuation of the s [source response ends here].

Dostana Male Health Society

Greatest Potential for Transformation:

Within the existing ECOSOC mandate, the most significant transformation would be to establish meaningful, resourced, and decision-making participation of communities and civil society in the Hub's governance structure. UNAIDS' unique governance model, which includes NGOs on the PCB, is a strength that must be preserved and deepened, not diluted.

Specific opportunities include:

Community Representation with Decision-Making Power: The Hub should include designated seats for community-led organizations—not as observers, but with voting or formal decision-making authority on funding allocations, programmatic priorities, and core-function implementation. This is particularly critical for key population-led organizations that are often excluded from formal governance spaces.

Dedicated Funding Stream for Community-Led Responses: The Hub's funding allocation mechanisms should include a ring-fenced stream for community-led responses, with transparent criteria and direct disbursement to CBOs. This would ensure that resources reach the frontline organizations best positioned to reach key populations.

Accountability to Communities: The Hub should establish regular reporting and feedback mechanisms to communities, including a formal channel for CBOs to raise concerns about programming gaps or human rights violations. This would operationalize the principle of "nothing for us without us."

Preserving UNAIDS' Multisectoral Mandate: The Hub must retain UNAIDS' unique multisectoral approach, which brings together health, human rights, development, and community perspectives. This is especially important in contexts like Pakistan, where the

HIV response requires coordinated action across health, law enforcement, and social welfare sectors.

Leveraging ECOSOC's Oversight Role: ECOSOC's formal governing responsibility provides an opportunity to ensure that the Hub remains accountable to Member States while also embedding community participation in its modus operandi. The transition should not weaken ECOSOC's ability to hold the Joint Programme accountable for its human rights and community engagement commitments.

Eurasian Harm Reduction Association (EHRA)

We accept that voting rights on the Board will not change under the current ECOSOC mandate. That makes it even more important to transform decision-making in the areas where the existing mandate already allows it. We see the greatest potential in three areas.

First, community roles within the Hub. Remunerated community co-creation positions within the Hub, and a community-led lead for Result Area 8, should be confirmed in the final plan. These positions must include people from regions and populations that are most affected by criminalisation, including people who use drugs, sex workers and LGBTIQ people, and they must include voices from EECA.

Second, the pooled fund. The Options Paper proposes that the Hub, Cosponsors and communities decide together how pooled funding is allocated. This could be a real transformation if implemented properly. Communities must have equal decision-making rights, not simply an advisory seat. Allocation criteria must take into account rising HIV incidence, criminalisation and shrinking civic space, and not only the overall HIV burden. Otherwise, regions like ours, where the epidemic is growing but absolute numbers are smaller, will systematically lose out. A protected share should also be allocated to community-led and regional work, including regional technical support.

Third, accountability that communities can trigger. Communities should be able to use community-led monitoring to initiate a review when a Cosponsor or the Hub is not delivering on agreed commitments, with a clear pathway to the Executive Director and, where appropriate, to the PCB. Shared decision-making has limited meaning if communities do not have effective mechanisms to hold partners accountable.

We also need to ensure that Co-sponsors share the key values and priorities necessary to support community-led services, including harm reduction. Cosponsors such as UNODC need to prioritise evidence-based and human rights-based responses, including action to reduce the criminalisation of drug use and possession.

For the EECA region, this is not an abstract question. Whoever leads and implements the coordination role of the Joint Programme in the AIDS response will need to be prepared to protect criminalised communities and the civil society organisations providing lifesaving services to them, particularly in highly restrictive and authoritarian contexts. This is precisely why we need stronger unity and cooperation between civil society, communities, the UN and technical agencies, and the Hub.

European Network of People who Use Drugs CLG

The biggest opportunity, in my opinion, is the pooled fund (paras 71, 81). Yes, the ECOSOC mandate stops us from giving NGOs a vote on the Board, but it does not stop us from giving communities a binding role in allocating money. That means guaranteed seats in pooled-fund decisions, and a minimum share for community-led organisations that can receive funds directly, not only through UN agencies.

Inside the Hub, community co-creation posts should be selected by constituencies, not appointed externally to avoid the "top-down" approach. That way the people in them answer to communities directly. A community-led lead for Result Area 8 would signal the same thing.

To keep Cosponsors invested, there should be one workplan with named responsibility for each result, and resources tied to delivery. The paper itself admits that Cosponsor governance does not allow meaningful engagement of people living with HIV (para 59). So every agency leading a result area should meet community engagement standards and report on them to the PCB.

Finally, allocation decisions should be published, and communities should have a direct escalation route to the Board if delivery fails. Transparency costs little and builds trust faster than any restructuring.

Fiertés Afrique Francophone (FAF)

Translated from French: The greatest potential for transformation lies in Hub governance that more closely connects priority-setting, the exercise of responsibilities and resource allocation. Within the current ECOSOC mandate, this transformation should strengthen collective ownership of the Joint Programme and communities' effective influence. It must ensure collective preparation of decisions; strengthen communities' influence in practical terms; establish explicit commitments for essential functions; make financial allocation transparent and based on needs; and connect global decisions to national and regional realities.

Fundación Huésped

The proposed Hub is described as the "heart and brains" of the Joint Programme, while Cosponsors become the implementation arm. That creates a crucial question: who actually has decision-making power over priorities, resources and accountability?

The Hub should have a clear mandate and authority to coordinate the whole Joint Programme, rather than becoming simply another UN secretariat coordinating voluntary cooperation. The four core functions should remain interconnected at the Hub, this is important because the model otherwise risks separating the functions that make each other effective.

Cosponsors should have meaningful influence over strategy and implementation, but this should be accompanied by collective accountability for delivering the Global AIDS Strategy. Funding allocation needs transparent criteria linked to agreed priorities, results and equity, not simply institutional bargaining among Cosponsors.

Most importantly, the existing ECOSOC-mandated role of communities and civil society in governance must be protected and strengthened, not treated as an inherited feature of the old UNAIDS model. Community participation should extend beyond the PCB itself into priority-setting, implementation, monitoring, accountability and funding decisions, with resources attached to that participation. Meaningful participation requires investment in the mechanisms that make representation possible: translation and multilingual participation, flexible meeting times and formats, connectivity support, and sustained national and regional structures that can support and hold representatives accountable.

The Hub should ultimately be accountable not only for what the Joint Programme delivers, but also for how power is exercised within it. The opportunity is not simply to create a leaner Hub, but to create a more accountable one: where Member States, Cosponsors and communities have defined roles in decision-making, where resources follow agreed

priorities, and where community participation is a source of decision-making power rather than consultation.

Harm Reduction International

Thank you chair and we echo a few of the concerns around the clarity of this topic in the report.

The Joint Programme as we currently know it represents a best-practice example that should be maintained through any transformation. The role of the PCB, and in particular the NGO delegation, must be sustained, and we welcome reassurances that this will be the case.

The success of the model of community and civil society involvement in UNAIDS has long been evident. This model should have been emulated across the UN system, at a minimum within co-sponsors who see its impact directly within UNAIDS. This has not been the case, and we don't see any evidence to suggest that is going to change.

Before transformation takes place, before co-sponsors are handed added responsibility, we must ensure they are fit for purpose. Co-sponsors must be assessed and approved not only based on formal mandate, but by expertise, human-rights competence, community trust and demonstrated ability to work with relevant populations. We must ensure we are working toward shared goals and with agreed expectations, co-developed with communities and civil society, to ensure a truly joint programme.

UNAIDS has been a leader in the UN system when it comes to harm reduction and drug policy reform. They have rightly called for and set specific targets for countries to remove laws that criminalise key populations. Evidence shows that criminalisation actively hinders community engagement and works against the goal of ending AIDS by 2030.

Co-sponsors must be willing to take on this mantle of prioritising health, justice, and human rights, over criminalisation. To focus specifically on the UNODC as co-sponsor, despite the work of their HIV team, which has also faced recent cuts, that is simply not the case for the UNODC as co-sponsor.

To return our focus very specifically to opportunities and potential, ensuring community and civil society engagement along with a shared prioritisation of human rights across the UN system represent that opportunity, but that must be enforced and accountable.

Any transformed model must be capable of political leadership, coordination, accountability, community engagement. The size and responsibility of any future Hub, the role of co-sponsors, and maintained community and civil society engagement must ensure this.

Housing Works

Translated from French: In my view, the greatest potential for transformation lies in how the Hub can become a genuine space for collective decision-making, rather than simply a coordination structure.

With the proposed transformation, it will be important to maintain a balance between Hub leadership and genuine participation by Cosponsors, governments, communities and civil society. Decisions on priorities, essential functions and, above all, resource allocation should not be taken solely at the centre.

I think it would be particularly important to strengthen community and civil society representation in governance and decision-making mechanisms. Their participation should go beyond consultation: they should be able to help set priorities, monitor results and ensure accountability for the use of resources.

The Hub could also play an important role in ensuring greater transparency in resource allocation, with clear criteria based on countries' needs, the epidemiological situation, vulnerabilities, human rights and national capacities.

Finally, mechanisms should keep all Joint Programme actors connected to Hub decisions, particularly through balanced representation, regular consultations and feedback. This would enable a genuine "One UN" approach while avoiding excessive centralization of decisions as the UNAIDS structure becomes smaller.

For me, the Hub's success should therefore be measured not only by its size or the savings achieved, but by its ability to maintain inclusive, transparent and accountable governance in which communities remain genuine partners in the HIV response.

India HIV/AIDS Alliance (first submission)

We believe the greatest opportunity within the existing ECOSOC mandate is not to change the governance structure itself, but to transform how decisions are made and shared across the Joint Programme. The options paper rightly proposes moving from consultation to genuine co-creation and mutual accountability among the Hub, Cosponsors, governments, and communities.

- For communities, meaningful involvement means being part of decisions on priorities, implementation, monitoring, and resource allocation, not only being consulted after decisions are made. We therefore welcome proposals that embed communities and civil society in funding and accountability mechanisms.
- From a country perspective, decision-making should be guided by country realities and evidence, while maintaining a strong global Hub that provides leadership, strategic direction, accountability, and technical coordination across the Joint Programme.
- In times of constrained resources, shared ownership of both decisions and results will be essential. The strongest model is one where the Hub, Cosponsors, governments, and communities work as equal partners under a common results framework, ensuring that investments are directed where they can have the greatest impact for people living with and affected by HIV

India HIV/AIDS Alliance (second submission)

A more integrated governance model could strengthen collective accountability through shared decision-making, transparent criteria for funding allocation, and regular review of results and resource use. The joint programme sponsors and co-sponsors should also proactive measures to ensure that the resources are sourced to support UNAIDS technical assistance to countries to achieve the targets that it set forth to achieve (95-95-95) and then develop a transition plan when the countries have achieved their targets especially the ones that are most affected.

International Planned Parenthood Federation (IPPF)

People living with HIV, young people, women, and key populations must help shape priorities and funding decisions.

The existing ECOSOC mandate gives NGO representatives and Cosponsors a voice on the PCB, but no vote. Changing those voting rights would require ECOSOC action. The PCB can strengthen decision-making now: share draft strategies and budgets early, let NGO representatives and Cosponsors help set priorities, and require a written explanation when their recommendations are rejected.

The proposed pooled fund offers a more immediate opportunity. Give the Hub, Cosponsors, and representatives of community-led organizations real decision-making roles in allocating funds, under PCB-approved rules and oversight. Pay community representatives for their expertise. Publish allocation criteria, decisions, and results, with safeguards for conflicts of interest and for people who face retaliation.

One joint workplan should name who leads each of the four core functions, what they will deliver, what resources they control, and how the PCB will respond when they fall short. Include community-led evidence on service gaps, stigma, confidentiality breaches, and discrimination in that review.

If people living with HIV can speak but cannot affect what receives funding, the new hub will preserve our presence and diminish our influence.

Khmer HIV/AIDS NGO Alliance (KHANA)

Stakeholder perspectives point to several areas with particularly high potential:

- Make the Hub a genuinely joint decision-making platform. The Hub could become the place where the Secretariat and all Cosponsors jointly translate the global HIV strategy into a small set of shared priorities, responsibilities and results.
- Give the PCB stronger strategic steering, rather than operational management. The PCB already has the formal mandate to establish broad policies and priorities, review execution, approve plans and budgets, and review financing arrangements. The opportunity is therefore to use that authority more strategically: the PCB could set the collective outcomes, priorities and accountability expectations, while the Hub/Joint Programme actors determine how those outcomes are delivered.
- Turn funding allocation into a joint strategic instrument. Funding could become one of the strongest mechanisms for making the Joint Programme genuinely joint. Instead of allocating resources primarily by institutional entitlement, a future model could link allocations to: agreed priorities → defined functions → responsible actors → expected results → resources → accountability.
- Give Cosponsors both voice and responsibility. Meaningful involvement should not simply mean retaining seats in meetings. Each Cosponsor could have a clearly defined package of global HIV responsibilities, with corresponding reporting and accountability. This is particularly important if the Hub becomes smaller. The current transformation discussions envisage Cosponsors taking on responsibilities transferred from the Secretariat, while also recognising that core funding for Cosponsors may need to become more differentiated.
- Put communities inside the decision architecture, not alongside it. This is perhaps the most distinctive opportunity. The PCB is already unusual in bringing together Member States, Cosponsors and civil society, including people living with and affected by HIV.
- Create a stronger “collective accountability” cycle. A transformed Hub could operate on a relatively simple annual cycle: PCB sets priorities → Joint Programme agrees responsibilities and resources → actors deliver → Hub consolidates evidence → communities and Member States scrutinise results → PCB adjusts priorities/resources.
- Preserve ECOSOC's political connection. There is also an important strategic role for ECOSOC itself. UNAIDS was created by ECOSOC, and the current mandate explicitly includes global leadership, consensus-building, national capacity, political mobilisation and advocacy for adequate resources. So the Hub could become smaller operationally but stronger institutionally—serving as the connective tissue between:

ECOSOC → PCB → Hub → Cosponsors/UN system → countries and communities.

That would preserve the political legitimacy of the Joint Programme while allowing much more distributed implementation.

La Plateforme des Réseaux et Fautières de lutte contre le Sida et les Autres pandémies en Cote d'ivoire

Translated from French: Actors should participate in major high-level meetings, with active and effective participation in decision-making meetings, and be invited to attend accountability meetings with donors or technical partners. Support CSOs through capacity strengthening or coaching in their assigned role.

National Federation of Women Living with HIV and AIDS

Within the existing ECOSOC mandate, there is significant potential to strengthen decision-making through a governance model that combines the comparative advantages of the UN system with the meaningful participation of governments, Cosponsors, communities and civil society.

The transition should preserve a clear collective mechanism for setting priorities, monitoring progress and allocating resources across the Joint Programme. Decision-making should be based on evidence, country and regional HIV contexts, inequalities and the needs of populations most affected by HIV, rather than primarily on institutional mandates.

Community and civil-society participation should be embedded in the governance architecture rather than treated as consultation. This could include formal representation and participation in priority-setting, review of implementation, accountability processes and resource-allocation discussions, with sufficient information and support to enable meaningful participation.

At the global level, the future Hub should also maintain strong links with regional and country-level mechanisms. Regional hubs could help translate global priorities into context-specific technical support, while country-level mechanisms should provide feedback on implementation, emerging needs and gaps. This would create a two-way accountability structure rather than a primarily top-down flow of decisions.

The transition is also an opportunity to strengthen transparency around resource allocation, including clear criteria, documented decisions and mechanisms through which communities and civil society can monitor whether agreed priorities and commitments are being implemented.

NEPHAK & NYAKACH SJC

The Bureau record shows agreement on the perimeter and disagreement inside it. The Netherlands, Kenya, the NGO Delegation and the CCO Chair each favor retaining the ECOSOC mandate and the PCB (Bureau Summary, Annex 1, Q8). The greatest potential therefore lies below the PCB vote, at three points matching the question's own headings: funding allocation, core-function implementation, and Hub-level decision-making.

The sharpest disagreement concerns authority. Civil society asks for decision rights within the existing mandate, such as financing and priority-setting, rather than a vote. The CCO Chair asks that collective ownership be protected and that the Executive Director not be implied to supervise Cosponsors' constitutional mandates, staff or governing bodies (Q8). Votes cannot meet these asks now; operational authority can, if accountability attaches to commitments an agency has accepted, not to the agency itself. Paras 67–68 (named responsibilities) and 95 (Executive Board endorsement) supply the consent route.

Funding allocation. Para 81 already proposes joint Hub, Cosponsor and community decisions on the pooled fund, creating shared authority over new resources rather than taking authority from anyone. It lacks defined seats, decision categories, a decision rule and a dispute route. Cosponsors would both allocate and receive, which requires recusal rules. Community seats must be able to affect outcomes; the NGO Delegation warns voice without a vote is not decision-making power (Q8).

Core-function implementation. Cosponsors are accountable for commitments they accept in the common workplan, the Executive Director for its integrity (para 68). That answers the CCO's concern: authority runs through agreed commitments enforced by PCB corrective action, not hierarchy.

Hub-level decision-making. Communities need standing, not just a channel. Table 2 (following para 69) gives every other tier a response or escalation route; the community tier receives 'direct reporting' into processes, with no duty to respond, no deadline and no consequence. The remedy needs no constitutional change: a duty to respond within a fixed period, a corrective plan naming an actor, and referral to the PCB if unresolved.

Para 63 lists what counsel considers to need new ECOSOC action, including transferring the coordination function, eliminating the PCB, or changing its composition and voting rights. A Board-approved allocation framework applied jointly with Cosponsors and communities does none of these on its face; para 62 records that the funding model can be modified under the current framework. Certain Expenses (ICJ Reports 1962, 151) supports latitude to carry out an existing purpose, by analogy only: it concerns the United Nations, not a subsidiary body, and covers exercising the mandate, not shifting what the Board decides. Binding effect should flow from Board delegation, within Board criteria, reviewable by the Board.

That reading needs testing against advice the Secretariat proposed to brief at the pre-meeting for the 26 October Special Session, after this consultation (Bureau Summary, pp. 7–8). Participants are asked where authority can change 'within the bounds' without seeing where the bounds were drawn. Until then the default of voice without vote continues; no intent is implied, but alternatives get less time.

Voting remains unreconciled: the CCO recommended votes for Cosponsors, and the Working Group notes broad sympathy for NGO votes (para 71). Operational authority substitutes for a vote; it is not equivalent.

Recommendations: publish the advice's conclusions before the plan is finalized; adopt a decision rule and conflict-of-interest provisions for the pooled fund, giving community seats real decision authority; give Table 2's community row a response duty, deadline and consequence; and date the CCO Chair's proposed review of voting arrangements (Q8), so deferral does not become permanence.

NEPHAK Kenya

At the global level, give this role to the World Health Assembly (WHO where nations can make decisions). For this to happen, revamp the WHA and related organs so that communities and civil society can be part of it. Strong UNAIDS hub at country - level will ensure what governments take to the WHA include priorities that include HIV and AIDS (as part of the Health Agenda)

Nephak Kenya - Chulaimbo County Hospital Kisumu west

From my experience working at community and facility level, decision-making at the global level needs to be more connected to what is actually happening on the ground. Community representatives, PLHIV, peer educators and national partners should have a meaningful

voice in priorities, funding and implementation—not just be consulted after decisions are made. The greatest opportunity is to create clear feedback mechanisms from communities to the Hub and back, with all actors jointly accountable for decisions, resources and results.

NHRN-India

Accountability Across Participating Agencies and Modernizing Governance and Resource Allocation

- **Authority Matched by Accountability:** As implementation and technical responsibilities are decentralized or transferred to Participating Agencies (Cosponsors), authority must be paired with binding accountability.
- **Operational Requirements:** The Division of Labour and common workplans must define:
 - Named agency responsibilities and service standards; Specific resource allocations attached to each responsibility; Clear escalation pathways to the Executive Director and the Programme Coordinating Board (PCB) when commitments are not delivered.
- **Community Standing in the Accountability Chain:** Civil society and key population networks must have formal standing to initiate accountability reviews, utilize community-led monitoring (CLM) data to identify performance gaps, and demand corrective action plans with fixed timelines.
- **Institutionalizing Community Decision Rights:** While formal PCB voting rights remain defined by ECOSOC structure, community "decision rights" must be institutionalized within permissible areas under the existing mandate. This includes direct decision-making authority in pooled financing mechanisms, priority-setting, and monitoring frameworks.
- **Transforming UBRAF Allocation Models:** Unified Budget, Results and Accountability Framework (UBRAF) funding allocations must move beyond fixed historical distribution. Allocations should be tied to verified joint execution, demonstrated human-rights competence, key population engagement, and dynamic allocation pools that respond to emerging epidemiological gaps.
- **Strengthening Executive Steering via the CCO:** The Committee of Cosponsoring Organizations (CCO) must function as an active executive steering body. Cosponsor heads of agency should be held directly accountable to the PCB for delivering on core functions allocated to them, ensuring shared ownership across the UN system.

OTRANS-RN

Translated from Spanish: The UNAIDS Hub should continue to exist, even if only at global level, to gather information and validate it with civil society and community NGOs, governments, and international and national cooperation partners.

We are at a critical moment in which financial challenges have forced us to adjust our strategies to continue providing partial services, with the clear prospect that there may be no more. Strong financial strategies must be developed to sustain basic HIV services. This requires realism in every region and attention in each assessment to gaps concerning inclusion, discrimination, gender-based violence and exclusion from services. The human rights of affected people must be funded; this calls not simply for giving them money, but for effective strategies in which they participate from the outset through to the outcomes.

PLAPERTS

Translated from Spanish: It is essential to involve states, communities, people living with HIV, key populations, civil society, UN agencies, international cooperation partners and

donors. Decision-making must be transparent and guarantee genuine community participation, especially in decisions on priorities, essential functions and resource allocation.

RAS+Togo

Translated from French: The greatest potential for transformation lies in more inclusive, transparent and coordinated global governance, enabling all Joint Programme actors, including communities and civil society, to participate genuinely in strategic decisions. It is essential to strengthen mechanisms for consultation, accountability and shared decision-making while ensuring resource allocation based on country priorities and needs.

Red Latinoamericana y del Caribe de Personas Trans RedLacTrans OSC

Translated from Spanish: The greatest potential lies in giving communities decision-making power. Civil society and affected populations must retain guaranteed participation in, and influence over, decisions.

Red Latinoamericana y del Caribe que usamos Drogas (LANPUD)

Translated from Spanish: The greatest mistake would be to disperse responsibilities among different UN agencies. For the global Hub to work, it is essential that the four key functions remain together under a single central entity: political leadership and advocacy; convening and coordination of the Joint Programme; accountability through epidemiological data, targets and strategy; and community participation and leadership.

The greatest potential of this transformed Hub is to avoid returning to a model in which only states decide. If funding declines, the only way to ensure that resources are allocated fairly—including allocations for needle exchange or naloxone—is for us to remain at the Hub governance table where the budget is decided, protected by ECOSOC resolutions, which is clearly a setback for our population.

Réseau Grandir Ensemble

Translated from French: For this final question, our intervention has five sections:

Section 1: Governance of the pooled financing mechanism

The Joint Programme can give communities genuine decision-making power without changing voting rights on the PCB.

Section 2: Co-creation positions within the Hub

To be genuinely transformative, these positions must have effective decision rights, legitimacy from community networks themselves and diverse profiles: people living with HIV, key populations, women, adolescents and young people born with or living with HIV. Community co-leadership should have verifiable indicators in the results framework, accompanied by public accountability to the PCB.

Section 3: Community leadership of results area 8

We support the proposal to entrust a community actor with leadership of results area 8 of the Global AIDS Strategy, dedicated to community leadership. This would be a strong and concrete signal of transformation, compatible with the current ECOSOC mandate. We would suggest that leadership be exercised by a consortium representing different regions and populations, with corresponding resources, rather than a single organization.

Section 4: Strengthening the PCB NGO Delegation

While noting the recommendation not to change voting rights at this stage, we consider strengthening the PCB NGO Delegation necessary. Pending any new ECOSOC resolution,

action is possible within the current framework: sustainable financing for the delegation, a young representative, support for prior consultation with regional networks including Francophone networks, and systematic translation of documents. Consideration of further governance changes should also be placed on a clear timetable rather than postponed indefinitely.

Section 5: Mutual accountability and Division of Labour

We believe transformation of decision-making also requires a clear and public Division of Labour. For each results area, it must be possible to identify the lead Cosponsor, its resources and its response timeframe. We recommend clearly assigning named responsibility for the paediatric and adolescent response, and enabling communities to activate the escalation mechanism in Table 2 when agreed support is not provided.

Réseau Ivoirien des Organisations de Personnes vivant avec le VIH/sida (RIP+)

Translated from French: Establish ongoing dialogue among all stakeholders. Develop transparent criteria for allocating financial resources that take account of country or subregional realities. Develop a charter of collective accountability.

Réseau national pour une Grande Implication des Personnes vivant avec le VIH dans la lutte contre le VIH/Sida au Burkina Faso Q

Translated from French: The original formula should be maintained, which would above all guarantee a strong case for donors: strategic refocusing, a leaner Hub, clear added value, and encouragement to mobilize emerging donors, including implementing countries.

Sectoral Task Force on HIV, Tuberculosis, and Viral Hepatitis

Translated from French: For Mali, the main potential for transformation lies in global governance that is more inclusive, transparent and based on country needs. It would be essential to ensure effective participation by countries and communities in setting priorities and making strategic decisions; maintain balanced representation of Joint Programme agencies, governments, civil society, people living with HIV and key populations; strengthen transparency in resource allocation; preserve the Programme's essential functions, including coordination, technical support, production and use of strategic data, resource mobilization and advocacy; and establish mechanisms for national and community realities and priorities to feed regularly into the global level.

The international community of women living with HIV & AIDS /RDC

Translated from French: I would prefer UNAIDS to take ECOSOC's place; in fact, we do not feel its presence except in March.

Tranz Network Uganda

For countries such as Uganda, where punitive laws and a hostile environment restrict key populations and expose transgender and gender-diverse persons to stigma, violence and exclusion from services, global Hub decision-making must retain strong and independent community participation.

Within the existing ECOSOC mandate, the greatest opportunity is to strengthen the PCB's inclusive model by protecting the role of the NGO Delegation and establishing formal representation of people living with HIV and key populations in decisions on strategy, implementation and funding allocation. Community participation should begin when priorities and budgets are being developed—not after decisions have already been made.

Funding decisions should be guided by epidemiological evidence, human-rights risks and inequalities in access, rather than relying only on government priorities. In restrictive settings, routing all community funding through government structures could exclude or endanger criminalized and marginalized populations. The Hub should therefore retain mechanisms for direct and protected financing of community-led organizations.

It should also establish confidential channels through which communities can report service denial, discrimination and funding gaps directly to the global level. All Joint Programme actors should have clearly assigned responsibilities, while the Hub maintains oversight, publishes funding decisions and holds agencies accountable. This would ensure that transition does not silence the communities most affected or weaken their access to HIV and SRHR services.

Trois fois sain (TROFOS Ongd)

Translated from French: For TROFOS, the global level (Hub) could play a more strategic role by strengthening coordination among the different Joint Programme actors while ensuring that decisions remain based on country realities and community needs.

The first potential for transformation concerns governance and participation in decision-making. All Joint Programme actors should have clearly defined spaces to contribute to strategic decisions, with transparent mechanisms for considering the views of governments, UN agencies, technical and financial partners and, above all, community organizations.

Uganda Key Populations Consortium (UKPC)

The greatest opportunity is to preserve the PCB and ECOSOC mandate while transforming how decisions are made underneath them.

The PCB should remain the governing body of the Joint Programme. This is the only model that currently protects formal participation of Member States, Cosponsors and civil society, including communities most affected by HIV. The Options Paper recommends that the PCB remain the governing body and that the current ECOSOC governance mandate continue. Options Paper_English

But preserving the PCB should not mean business as usual. Decision-making at Hub level must become more shared, transparent and accountable.

This means:

- the Hub should steer, not dominate;
- Cosponsors should have named responsibilities under a common workplan;
- communities and civil society should have formal, resourced roles in shaping priorities, implementation and funding decisions;
- criminalised communities must have safe and protected channels to influence decisions without being exposed to harm;
- community-led data and monitoring must feed directly into accountability and funding decisions.

The Options Paper is strong in moving community engagement from consultation to co-leadership, including designated roles within the Hub, participation in Joint UN Teams, community-led data, and involvement in resource allocation. Options Paper_English This must become a core feature of the new model.

The pooled funding mechanism is one of the most practical places to transform decision-making. Communities should not only be consulted after priorities are set; they should help define priorities, assess risks, allocate resources and monitor implementation.

Our position: preserve the PCB, strengthen the Hub, retain UNAIDS country presence where communities are criminalised or at risk, and make community co-leadership real through decision rights, resources and accountability.

Union Congolaise des organisations des PvVIH (UCOP+)

Translated from French:

- Make the global Hub a genuine space for multistakeholder governance.
- Bring states, Cosponsors, communities, civil society and partners together within a shared structure.
- Maintain genuine community and civil society participation in strategic decisions.

UNITED! Movement ESA - Y+ Global

- Use the PCB as the anchor for joint decision-making. Keeping the PCB, with its multi-stakeholder structure, means Cosponsors, governments and civil society all have a formal seat. The opportunity is to make it more strategic. That means clearer papers, earlier consultation and more time to discuss priorities and allocations, so that decisions are not simply ratified.
- A clear division of labour between the Secretariat and Cosponsors. With technical work now sitting with the Cosponsors, the Secretariat's role should be defined and protected: leadership, coordination, data and community functions. Cosponsors need to be invested in delivering the technical side and accountable for it, and the Secretariat needs to be able to hold the whole system together
- Transparent, jointly agreed funding allocation. Cosponsors should be able to see how funds are allocated and why, and to take part in setting the criteria. UNAIDS should be funded for the job, not to an arbitrary ceiling. A ceiling set first and a mandate trimmed to fit erodes buy-in from every actor
- Communities and young people as decisionmakers. Community and civil society voices, and young people in particular, should shape priorities and allocations at the Hub level, and should not be consulted only after decisions are made. Strengthening the Secretariat's community function is what makes this real
- Shared data as the basis for decisions. Strong Secretariat data functions give all actors the same evidence on which to set priorities, allocate funds and track results, which builds trust and shared ownership.
- Leadership that connects the Hub to countries. A senior, independent UN HIV leader in each priority country links country realities to Hub decisions, so that global choices reflect what is happening on the ground.

Our ask: Keep the ECOSOC mandate and the PCB, protect the Secretariat's core functions, and use them to bring every Joint Programme actor, including communities and young people, into decisions on strategy, implementation and funding.

Youth Rise (first submission)

Institutionalizing Paid Youth Co-Leadership in Governance: Transform global decision-making by embedding formal, paid community co-leadership across all priority-setting, governance, and funding allocation processes. This mandate must explicitly include seats and dedicated resources for self-led networks of young people who use drugs, shifting from tokenistic youth consultations to real structural authority and decision-making power.

Embedding Rights-Based Accountability via OHCHR: Formally bring the Office of the High Commissioner for Human Rights (OHCHR) into the Participating Agencies structure to embed rights-based accountability across all Joint Programme actors. Strong OHCHR

inclusion is critical to holding agencies and member states accountable for rights violations, age-based discrimination, and the criminalization that disproportionately harms young people who use drugs.

Restructuring Key Population Portfolios into Shared Leadership: Rebalance the Division of Labour to address the longstanding gaps in services for young key populations. Specifically, the lead function for people who use drugs must be shared between WHO, UNICEF, and UNODC, leveraging WHO for public health standards, UNICEF to drive youth-friendly healthcare and age-appropriate service delivery, and strictly restricting UNODC's remit to prison and detention settings. This guarantees that global guidance and funding for young people who use drugs are governed by public health and human rights, rather than law-enforcement-driven agendas.

YouthRISE (second submission)

The greatest opportunity is to make the Hub a genuinely multisectoral coordination and accountability mechanism instead of a smaller Secretariat performing functions that have been redistributed elsewhere. The existing UNAIDS model has an important institutional asset which is community and civil society participation embedded in its governance. The Programme Coordinating Board is distinctive within the UN system in formally incorporating affected communities and civil society, while people who use drugs have been able to participate as legitimate experts in policy discussions that directly affect their lives. This should not be lost through integration.

The Hub should retain sufficient authority and capacity to perform the four core functions collectively: political leadership and advocacy; coordination across Joint Programme actors; accountability through data, targets and strategy; and community engagement. It should have a clear mandate to identify gaps between commitments and implementation, convene the relevant UN entities, and ensure that no population or issue becomes institutionally orphaned. Decision-making should also move beyond consultation towards structured co-governance where communities have defined roles in priority-setting, implementation oversight, monitoring and the allocation of resources intended for community-led responses. This is key for populations whose rights and access to services are affected by criminalisation, stigma and discriminatory policies. Also, WHO can retain leadership on harm reduction service delivery and data, OHCHR could strengthen work on human rights, stigma, discrimination and decriminalization while UNODC retains responsibility for HIV and harm-reduction access in prison settings. But these functions must remain connected through a coordinating mechanism with sufficient authority and resources.

Finally, funding allocation at Hub level should be transparent and based on epidemiological need, inequalities, community priorities and demonstrated gaps. The Hub should publish clear criteria for resource allocation and enable meaningful community oversight of whether those resources reach the populations for whom they are intended. The measure of a successful transition should reflect if communities experience a more coherent, accountable and adequately resourced HIV response and not whether institutional functions have simply been redistributed across the UN system.

Zimbabwe Aids Network ZAN

Third, retaining and reinvigorating community leadership, advocacy, and coordination at every level.

Zimbabwe's experience shows that country led, people centered responses deliver results when communities are meaningfully engaged in policy, planning, and accountability. ZAN, through the Zim CSO Database and national coordination platforms, relies on UNAIDS'

normative guidance and convening power to strengthen community systems, protect human rights, and ensure that those most affected lead the response.

In a context of declining HIV financing and proposed institutional changes, removing or weakening UNAIDS would risk fragmenting coordination, diluting community voice, and undermining hard won gains toward the 2030 targets.

Zimbabwe therefore calls on the PCB to:

- Sustain UNAIDS with a lean, fit for purpose structure;
- Protect and scale catalytic funding that reaches community-led organizations; and
- Embed community leadership in all post sunset planning and national HIV strategies.

The people living with and affected by HIV in Zimbabwe are watching. Let us ensure that the global architecture continues to serve them—effectively, visibly, and with their leadership at the center.

Thank you.

Zimbabwe Civil Liberties and Drug Network

Within the existing ECOSOC mandate, I would see five areas with particularly strong potential:

- A reformed global Hub governance mechanism

The future Hub could retain a representative decision-making body based on the principles of the PCB, with Member States, all Joint Programme actors and civil society having clearly defined roles. This would prevent integration from becoming simply an administrative transfer of UNAIDS functions into individual UN agencies.

The current transition Working Group has explicitly been asked to develop a UN-mandated governance model that preserves civil-society participation and continued UN coordination, accountability and leadership of the HIV response.

- Collective ownership of core functions

Rather than allocating functions agency-by-agency in isolation, the Hub could establish a shared portfolio of protected HIV core functions, with lead and supporting agencies identified for each function. These should include:

- global HIV political leadership and advocacy;
- stewardship of the Global AIDS Strategy;
- strategic information, data and accountability;
- human rights and gender equality;
- support to national and sub-national responses;
- community leadership and community-led responses;
- resource mobilization and allocation; and
- coordination across the UN system.
- Joint decision-making on funding allocation

A particularly important opportunity is to move towards a transparent, jointly agreed HIV resource-allocation framework at Hub level. Funding decisions should not be determined solely by whichever agency happens to host a particular function. Instead, the governance mechanism should agree on priorities, allocation criteria, expected results and accountability requirements collectively; this could include a common HIV investment framework showing available resources, agreed priorities, allocation by function/region, responsible agency, community role, measurable results leading to independent accountability. This would also

make it easier for Member States and communities to see where HIV resources are going and whether funding is reaching the populations and countries with the greatest unmet needs.

- Keeping all Cosponsors invested

The transition should avoid creating a situation where some former Cosponsors become peripheral to the HIV response. The CCO currently provides a mechanism through which Cosponsor heads contribute to strategy, policies and operations and ensure that relevant PCB decisions are reflected in their organizations' work. A future Hub could strengthen this by giving each Cosponsor a defined contribution to agreed core functions, while maintaining collective accountability for the overall HIV results framework. This would make "One UN" substantive rather than simply organizational.

- Institutionalizing community power

Perhaps the most important opportunity is to protect the feature that makes UNAIDS governance distinctive: communities are not merely beneficiaries but participants in governance. The future Hub should therefore guarantee structured participation of people living with HIV, key populations and civil society in the following areas:

- Setting global priorities;
- Designing the HIV workplan;
- Resource-allocation discussions;
- Monitoring implementation;
- Reviewing results;
- Identifying emerging threats; and
- Evaluating whether the transition is actually improving the HIV response.

The critical principle should be "one strategy, one accountability framework, shared functions and shared ownership", rather than one agency taking over UNAIDS.

Zimbabwe National Network of PLHIV+

UNAIDS presence should be maintained to sustain the key functions of coordination, data accountability, and community engagement until such a time that the transition will not create a gap in the said areas.

The transformation must ensure that the roles of the secretariat and joint programme actors are clarified and strengthened to ensure effective joint provision of support to Government and stakeholders.

Zvandiri (first submission)

We are not proposing to reopen the ECOSOC governance architecture. We have to maintain the existing governance arrangements, including the five NGO seats on the PCB, while strengthening where and how communities can exercise meaningful influence over decision-making, financing, monitoring and accountability

I believe the greatest opportunity for transformation is moving from consultation to genuine community co-leadership. Communities should be involved from the beginning of decision-making processes, not only invited to comment after priorities have already been set.

This means giving people living with HIV, including young people, meaningful roles in governance, priority-setting, monitoring, accountability and funding allocation. Community leadership should be embedded throughout the architecture of the Joint Programme rather than isolated within a single engagement mechanism.

As responsibilities move between the Hub, participating agencies and other actors, authority must be matched by accountability. Communities should have the ability to raise concerns, use community-led evidence, trigger reviews and seek corrective action when commitments are not delivered.

Young people living with HIV should have formal representation in decision-making and financing structures. Those most affected by HIV should help determine priorities, resource allocation and definitions of success.

Zvandiri (second submission)

As a young person living with HIV, I believe the greatest opportunity for transformation is moving from consultation like this one we are currently having to genuine community co-leadership. Communities should be involved from the beginning of decision-making processes, not only invited to comment after priorities have already been set.

This means giving people living with HIV, including young people, meaningful roles in governance, priority-setting, monitoring, accountability and funding allocation. Community leadership should be embedded throughout the architecture of the Joint Programme rather than isolated within a single engagement mechanism.

As responsibilities move between the Hub, participating agencies and other actors, authority must be matched by accountability. Communities should have the ability to raise concerns, use community-led evidence, trigger reviews and seek corrective action when commitments are not delivered.

The UNAIDS Secretariat has provided a unique convening and coordinating role, helping connect communities, governments, civil society and development partners. As reforms move forward, it is essential that UNICEF, WHO and the other UNAIDS cosponsors are part of these conversations and are supported to continue strengthening their HIV commitments and leadership, while preserving the coordination, advocacy and accountability functions that have made the Joint Programme effective.

Observer International Organisations

Andean Health Organization-Hipólito Unanue Agreement

For ORAS-CONHU, the greatest potential for transformation lies in establishing a clearer and more systematic connection between the Joint Programme's global decisions and the priorities identified by countries through regional and subregional forums.

Subregional institutions bring national authorities together, facilitate political agreements and help identify challenges shared by several countries. However, their experience and decisions do not always feed systematically into global planning, resource allocation and monitoring processes. The new Hub could address this disconnect without requiring changes to the current ECOSOC mandate or the composition of the PCB.

We propose that global decisions on priorities, workplans and resource allocation be preceded by structured regional consultations involving governments, communities and other relevant stakeholders. The Hub should subsequently report how these contributions were incorporated or explain why they were not included.

There should also be a feedback mechanism. Regions need to know what decisions were made, which institution will be responsible for implementing them and what results are expected. This information would enable subregional organizations to support implementation, facilitate cooperation among countries and alert the PCB when gaps arise.

Transforming decision-making does not depend solely on changing who has voting rights. It can also be achieved by improving how evidence is generated, how priorities move between the national, regional and global levels, and how actors are held accountable for the decisions taken.

For ORAS-CONHU, the main advance would be to institutionalize this relationship between the Hub and regional and subregional mechanisms, ensuring that global decisions better reflect countries' realities and can be effectively translated into national policy action.

IDLO

It is necessary to retain the unique PCB structure and mandate. It has proven to be most effective, bringing the experience of affected groups to the table and multiple perspectives across the UN system, together with the essential support of the Secretariat for governance. It is actually UN reform which has been working well for many years. It should be seen as a proof of concept! It would be preferable to retain in current form. If not possible, an alternative could be a fully self contained module within the joint meetings of Funds and Programmes, maintaining the key role of the Secretariat and the full participation of civil society.

Organisation du Corridor Abidjan–Lagos (OCAL)- Abidjan-Lagos Corridor Organization (ALCO)

Translated from French: The potential for transformation lies particularly in more inclusive decision-making that is better connected across global, regional and national levels, while preserving meaningful community participation.

Decisions on priorities, implementation of essential functions and resource allocation should draw more closely on realities and needs expressed at national and regional levels. Structured mechanisms for consultation and information to flow upwards would enable the different Joint Programme actors, communities and relevant regional and subregional institutions to contribute effectively to these decisions.

This approach would also enable greater consideration of issues that extend beyond national borders, particularly those concerning key, vulnerable and mobile populations, so that regional and cross-border priorities remain visible in global decisions.

Other

Baros-Africa

The ECOSOC mandate and tripartite PCB provide a legitimate, inclusive governance base. The greatest opportunity is to make decisions results-based, transparent and verifiable:

- Allocation against shared, measurable results. Each year, the PCB would set priority results, allocate Hub and Cosponsor core funding against them, and publish allocations and delivery. Funding shares should reflect changing responsibilities.
- One accountability framework for all Joint Programme actors. Cosponsors and the Hub would report HIV resources, staff and results through common indicators and a shared public dashboard, enabling evidence-based decisions.
- A formal role for programme countries. High-burden and co-financing countries should have a stronger voice in Hub priorities.
- Localisation as a measurable commitment. The PCB could track a target share of Joint Programme resources for African, national and community-led partners.
- Independent verification. An independent review function reporting to the PCB and combining community-led monitoring with official data would strengthen trust.

- Governance for data and AI. As national ownership and AI use expand, the Hub should set standards for data sovereignty, privacy and responsible use, especially for sensitive key-population data.

Mechanism Coordination Country – CCM Mali

Translated from French: The CCM considers that the greatest potential for transformation lies in strengthening more inclusive, transparent and results-oriented global governance, enabling governments, Cosponsors, communities and partners to remain fully involved in strategic decisions and resource allocation.

For the CCM, decisions at global Hub level must continue to be informed by country realities, epidemiological and programmatic data, and lessons from grant implementation. They must also preserve the entire Joint Programme's shared accountability for achieving results.

Particular attention should be paid to effective participation by communities and civil society so that decisions on national priorities and resources respond to the needs of the most affected and vulnerable populations.

Key message: Transformation of the global Hub must strengthen the voice of countries and communities, guarantee transparent resource allocation and preserve the Joint Programme's collective accountability to maximize the HIV response's impact and sustainability.

Pontificia Universidade Catolica do Rio Grande do Sul

The UNAIDS model where civil society has formal representation is a cornerstone of global health governance beyond HIV. Global Hub decision-making must institutionalize community input not just at the governing board level, but directly into the prioritization of core-function implementation and budgetary trade-offs.

Public Health Foundation of India

On deliverable 2, a UN mandated model consistent with the ECOSOC resolution is the best option recommended by the WG. But the location of the Hub is key for the effectiveness of this model. As mentioned earlier, the best option would be to locate it in the UNSG office. If that is not feasible for any reason it is better to carry on with the existing arrangement of continuing it at Geneva with a financing agreement with the WHO. There is scope for reducing the operational budget of the Hub by restricting travel, especially foreign travel and operational expenses at all the three levels of governance.

The Committee recommends that “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.” This is a generalized recommendation which can't be easily implemented. There should be a clear delineation on which are the functions the HUB should carry out, and which can be reasonably delegated to the co-sponsors. For example, prevention of new infections, especially among affected communities doesn't fall under any of the core functions of the co-sponsors. The division of labour between UNFPA, UNDP and UNODC for all the three categories of affected communities did not work well all these years. One of the reasons for the failure of the prevention programmes in countries is this divided responsibility among the cosponsors. And inability to bring down the incidence of HIV to the targeted levels is one of the glaring failures in ending AIDS by 2030.

Prevention should be a core responsibility of the Hub which only is in the best position to assume leadership and bring in strong community participation into prevention programmes. As community involvement is identified as a core area of Hub responsibility, this arrangement will eminently fit into this governance model. Similarly, the WG can easily consider recommending transfer of ARV treatment and PMTCT programmes to the WHO which will take out bulk of the responsibility from the Hub and facilitate its becoming a leaner set up. On branding, The WG has rightly recognized the importance of retaining the UNAIDS brand but there is no rationale in changing it to UNAIDS joint programme. The countries, communities and other stakeholders are working with the joint UN programme for the last thirty to forty years and are quite well aware of these nuances.

United Nations RCO – Ghana

Within the existing ECOSOC mandate, the greatest opportunity is to make the Hub a genuinely empowered but lean centre for leadership, strategic coherence, data, accountability, convening and protection of the Joint Programme's multisectoral, rights-based and community-centred character.

The PCB should remain the principal global policy and oversight forum. It is a unique asset: it preserves the formal connection of HIV to the UN system and a recognised role for communities and civil society in global governance.