

STATEMENTS BY NGO DELEGATION



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UNAIDS Multistakeholders Consultation
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INTERVENTION SEGMENT: Questions and discussion with participants on the Revised Options Paper (after the presentation of the Revised Options Paper by the Cofacs)

Thank you, Chair. I have the honour of presenting today an overview of the position we have reached within the NGO Delegation on the revised Options Paper.

But first, I would like to start by thanking the Working Group for the considerable effort that has gone into the document, regardless of the precarity of your situation.

Now, we believe there has been an important improvement, particularly when it comes to community engagement, which, in our opinion, is the section that contains some of the strongest language. However, as you yourselves acknowledge, good language is not yet the same thing as an operational guarantee.

Our concern lies precisely in the gap between the principles proposed in the paper and the guarantees that can only come from clearly defined processes, operational mechanisms and strong structures.

And for us, in order to achieve that level of clarity, the Working Group, the PCB and all stakeholders involved must ask ourselves two questions, if not three:

First, where functions, authority and resources move, will communities move with them? Not merely as consultees, but with formal representation, decision rights and resources?

Second, before functions move to Cosponsors and national structures, who verifies that the necessary capacity actually exists? Who holds those actors accountable? And what happens when regional and national political contexts hinder the involvement of civil society through the criminalisation or invisibilisation of key and priority populations or, regrettably, through a lack of political will?

For us, the real question is whether, once this transition is complete, a person or community facing an HIV-related crisis—including a human-rights crisis—can still rely on the UN system to act, and whether those communities will be able to meaningfully shape the decisions made by national responses, Cosponsors and the Hub.

Unfortunately, what we still see is a lack of clarity around many of those mechanisms. **This consultation is our opportunity to provide that clarity together, and to ensure that the principles we agree on today become structures that communities can actually rely on tomorrow.**



Thank you, Chair, for the opportunity to contribute. Executive Director UNAIDS, Ms Winnie Byanyima and all protocols observed, good Morning, good afternoon and good evening from where you are joining the Second Multistakeholder Consultation of the PCB Working Group. My name is Irene Ogeta, the Program officer at 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

Question one Intervention in Group Two. Day one Breakout Session 28th Sep, 2026

ATHENA Network appreciates the work of the working group.

We see the proposed country and regional presence options as an opportunity to make UN support more coherent but the structure itself is not the outcome. What matters is whether it strengthens the national HIV response and improves the lives and rights of people affected by HIV.

A more integrated “One UN” approach could reduce duplication, align technical assistance, and connect HIV work more effectively with health, gender equality, human rights, and social protection. Regional capacity can add specialised expertise and support cross-country learning. But it should complement, not substitute for, a capable and accessible country presence. HIV responses depend on trust, continuity, knowledge of the local context, and timely engagement with government and civil society.

As these options are considered, we would ask that several safeguards be built in. First, protect dedicated HIV expertise, resources, and clear accountability so integration does not make HIV a lower priority. Second, assess each option against evidence: national needs, gaps in current

support, the quality and continuity of partnerships, and the likely effects on communities not simply cost or organisational efficiency. Third, clarify who makes decisions and how country teams can access regional expertise quickly.

Community leadership must be central to the design, not added later. Women and girls, people living with HIV, young people, and key populations need meaningful influence over priorities, implementation, and monitoring. That requires safe and accessible participation, transparent feedback mechanisms, and predictable funding for community-led organisations. Particular attention is needed to barriers such as stigma, discrimination, gender-based violence, and unequal access to services.

We recommend a transparent, country-led process that includes government, civil society, and affected communities, followed by clear measures of success and regular review. The best option is the one that delivers coordinated UN support while preserving strong national capacity, protecting rights, and enabling communities to lead and hold the response accountable.

Thank you, Chair

Day 2 interventions

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

Question 2: 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.

Question 3: 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.



Joint Statement by UNITED! Movement Youth-Led Networks and Organisations to the UNAIDS Programme Coordinating Board

We, the undersigned youth-led networks and organisations under UNITED! Movement, call on the PCB to keep UNAIDS strong, present in countries, and accountable to communities and young people.

The UNITED! Movement is a youth-led regional movement bringing together SRHR and HIV networks across Eastern and Southern Africa. Convened by Y+ Global (the Global Network of Young People Living with HIV) and AfriYAN ESA (the African Youth and Adolescent Network on Population and Development), the movement is driven by young people to accelerate youth-led responses to HIV and SRHR commitments, with over 900+ membership. It focuses on strengthening youth-led network capacity, amplifying regional advocacy, fostering evidence sharing, and building multi-sectoral partnerships with UN agencies and regional bodies. Our critical work is made possible through the vital support of the 2gether 4 SRHR Joint Programme, funded by Sida, alongside dedicated technical guidance and partnership from UNICEF, UNFPA, and UNAIDS.

UNAIDS's support is central to this work. It helps young people move from local action to regional and global influence, and it connects our networks to governments, UN agencies and regional bodies. This is why we are calling for UNAIDS's coordination, data and community functions to be protected.

1. UNAIDS has already transformed, further transformation should be very carefully coordinated.

UNAIDS is leaner and more focused, and it has handed some of the technical work to the Cosponsors. It is a small investment that steers far larger resources. Cutting further now saves little and risks much, because the return on HIV investments made through governments, the Global Fund and other partners depends on the coordination, data and community leadership UNAIDS provides.

2. We understand that there is a need for a more integrated One UN approach, this is feasible only if it strengthens the HIV response.

The UNAIDS Secretariat in countries is a trusted actor that engages governments and communities and convenes partners and stakeholders to drive HIV-related policy and programmatic action, particularly to address barriers across the response. These relationships and capabilities built over decades cannot be replaced abruptly, particularly at a time when civic space is shrinking and there is growing pushback against human rights.

Integration can reduce duplication. But if HIV is folded into a general UN presence, no one is left to convene, coordinate, hold governments to account and defend the space for communities. Co-sponsors and regional models can support country presence but cannot replace it, especially for young people and key populations who depend on local relationships and trust.

3. A responsible transition needs time, and a plan.

A transition driven by the budget line pushes costs onto governments and communities, and services and data systems can be lost before alternatives are in place.

We call on the PCB to:

- **Keep the Secretariat's leadership, coordination, data and community functions strong.**
- **Maintain UNAIDS presence at country level** to steer the transition, coordinate with Cosponsors and safeguard the role of communities.
- **Protect presence in the 54 priority countries, with a carefully phased transition Step down only**

when countries and young people agree they are ready. Readiness must be assessed with communities and young people at the table, not by budget timelines alone.

- **We haven't given up hope, Fund UNAIDS, donors are coming up, our countries are owning the response, 2030 is almost here and we more than ever need to convene, strategize and develop resilient systems, not kill them, Keep the ECOSOC mandate and the PCB,** and use them more strategically, with earlier consultation, transparent and jointly agreed funding allocation, a clear division of labour between the Secretariat and Cosponsors, and young people and communities shaping priorities and funding decisions before they are made.

We welcome the option paper's recognition of community leadership and engagement as a core function of the UNAIDS secretariat. This function must not be lost and importantly young people should not be lost in it. We want to be engaged, not consulted.

We urge that this transition should strengthen the critical roles of both the secretariat and the co-sponsors with effective accountability mechanisms put in place.

Young people and communities will live with the outcomes of these decisions the longest. We ask the Board to design any new model around what keeps the national HIV response effective and communities in the room, and to let cost savings follow from that design.

SIGN-ONS

1. Zarephath Womens Network, **Uganda**
2. Youth Voices And Action Initiative, **Kenya**
3. HIV AIDS People Alliance, **Mombasa**
4. Mzimba South District Youth Network (MSDYN), **Malawi**
5. Mopipi International Trust, **Botswana**
6. United Movement Kenya, **Kenya**
7. Empower The Future Generations-EFG, **Tanzania**
8. Amref International University, **Nairobi**
9. Trans Alive Initiative Uganda, **Uganda**
10. AYARHEP Kenya, **Nairobi Kenya**
11. Youth For Change, **Malawi**
12. Afriyan, **Mozambique**
13. Bacha Re Bacha, **Lesotho**
14. Young Women For Sustainable Development Malawi, **Malawi**
15. Afriyan Mozambique, **Mozambique**
16. Communauté U-Report Kampemba/Lubumbashi, **RDC**
17. Africa Young Sex Workers Alliance (YOSWA), **Africa**
18. NYP+, **Tanzania**
19. Empowercare Youths Network Solution - EYNS, **Zambia**
20. CRSW-Kenya, **Kenya**
21. Youth And Adolescents Representatives Of Health Uganda(YARHU), **Uganda**
22. YWEN Namibia, **Namibia**
23. UNITED! Movement Namibia, **Namibia**
24. Youth's Hope Network Zambia (YHN Zambia), **Zambia**
25. Young People's Network On Health And Wellbeing, **Zimbabwe**
26. Uganda Youth And Adolescent Health Forum, **Uganda**
27. M-Sshadow, **Kenya**
28. AfroVive Health Foundation, **Uganda**
29. Mosepele Youth Network Support Organization, **Botswana**
30. Mbale Network Of Young People Living With HIV/AIDS-MNYP, **Uganda/ Eastern Region**
31. RNJ+ (Réseau National Des Jeunes Vivant Avec Le VIH/SIDA), **Burundi**
32. HAPA Kenya, Mombasa, **Kenya**
33. Red Ribbon Initiative, **Tanzania**
34. Resilient Hearts Foundation, **Zambia**
35. Pwani Youth Network, **Mombasa**
36. Eswatini Network Of Young Positives, **Eswatini**



Deuxième consultation multipartite sur la poursuite de la transition et de l'intégration de l'ONUSIDA dans le système des Nations Unies et au-delà

28 - 29 septembre 2026

Contribution de l'Association El Hayet Algérie

2. Échange interactif : session groupe 1

Discussion 2 : Gérer les attentes des différentes parties prenantes en vue d'une transition à la fois responsable et réaliste, compte tenu des contraintes de temps et des contraintes financières.

Question: Quels éléments les parties prenantes considèrent-elles comme essentiels pour garantir que la transition de l'ONUSIDA soit à la fois responsable et financièrement viable, notamment pour trouver le juste équilibre entre le temps nécessaire à la transition et la réalité d'un budget en diminution ? Réponse à la question 2

Bonjour chers collègues et amis,

Je suis Nawel, une personne vivant avec le VIH depuis plus de 30 ans. Je suis ici avec vous grâce, d'une part, à mon pays, l'Algérie, qui donne gratuitement les antirétroviraux à toutes les personnes vivant avec le VIH depuis 1998, et d'autre part, grâce à tout ce que le Secrétariat de l'ONUSIDA et ses coparrains nous ont apportés comme appuis et soutiens pour pouvoir devenir des acteurs clés réellement contributeurs à la réponse nationale au VIH. Nous le sommes devenus progressivement.

Aujourd'hui, je suis une personne vivant avec le VIH référente. Je travaille avec le ministère de la Santé, les centres de traitement et tous les ministères impliqués dans la riposte et toutes les ONGs nationales, régionale (MENA) et internationales.

En 2002, grâce à l'appui de l'ONUSIDA, l'Algérie a eu pour la première fois un appui financier de 10 millions de dollars américains à travers une subvention du Global Fund sur la base d'une proposition nationale multisectorielle avec la pleine contribution des personnes vivant avec le VIH et la société civile. La subvention a ciblé en priorité des actions pour aider les personnes vivant avec le VIH et les populations clés à améliorer leur travail de proximité, leur expertise, leur plaidoyer, ainsi que leurs infrastructures pour accueillir dignement les personnes qui en avaient critiqueusement besoin et répondre à leurs besoins liés au VIH particulièrement la stigmatisation et discrimination, parfois mis en dehors de chez eux par leur propre famille avec aucun soutien et abri. Le Gouvernement et surtout le ministère de la Santé couvrait déjà tous les très hauts coûts liés au traitement, soins et suivi médical et a de ce fait accepté que ces fonds sont prioritairement pour les autres secteurs agissant dans la riposte VIH coordonnée à travers un plan national stratégique VIH développé grâce au soutien de l'ONUSIDA Algérie.



En 2005, riches d'une société civile et de personnes vivant avec le VIH algériennes dont les capacités avaient été incroyablement renforcées, et grâce aux contributions déterminantes des autorités nationales, aux outils et aux formations, ainsi qu'aux échanges de bonnes pratiques dans la région de l'Afrique du Nord et du Moyen-Orient, nous avons pu organiser la première réunion de haut niveau des personnes vivant avec le VIH de la région Afrique du Nord et Moyen-Orient, avec 21 pays représentés par des délégations comprenant des personnes vivant avec le VIH, des représentants des gouvernements (Conseils nationaux de lutte contre le sida), des experts (infectiologues, etc.). Comme vous le dites en anglais, cela a été un « GAME CHANGER ».

Depuis, des pays de la région MENA ont introduit les ARV, ont mis en place une collaboration étroite avec les personnes vivant avec le VIH, les experts et l'ONUSIDA, et ont soumis des propositions au Fonds mondial. Des réseaux de personnes vivant avec le VIH ont été formés, notamment MENAROSA et MANAHARA et bien d'autres.

Monsieur Bob, écoutez-moi, s'il vous plaît : nous étions des centaines et des milliers de personnes vivant avec le VIH à mourir durant les premières années de cette horrible pandémie. Nous avons avancé et nous revenons de loin...

Aujourd'hui, grâce à notre gouvernement et à notre société civile, nous avons travaillé main dans la main avec l'aide de l'ONUSIDA. Quand je dis ONUSIDA, je parle du Secrétariat et de ses coparrains, et même d'autres agences des Nations Unies qui ne font pas partie de l'ONUSIDA, mais que le Secrétariat de l'ONUSIDA a mobilisé lorsque nous avons besoin de leur expertise (EX. UNIDO, OIM, FAO etc.).

Ici, en Algérie, l'ONUSIDA travaille avec toutes les autres agences onusiennes depuis toujours très bien et on le ressent. Je peux aller au PNUD, à l'UNICEF ou à l'UNFPA pour exprimer des besoins VIH : ils m'accueillent et m'aident, mais ils me disent toujours : « Nous allons coordonner avec l'ONUSIDA secrétariat pour vous aider de manière optimale, avec nos expertises et nos fonds mis en commun. »

Je ne comprends donc pas ce qui se passe au niveau global, mais nous, au niveau du pays, nous ne voulons pas de la disparition de l'ONUSIDA (Hub et Coparrains + d'autres agences en fonction des pays et des besoins). Nous voulons même son renforcement, parce que nous sommes trop près du but pour en finir avec le VIH d'ici 2030 pour démanteler une équipe gagnante depuis 1999. Il ne d'agit pas que de fonds, l'ONUSIDA secrétariat n'avait même pas un bureau en 1999 et devait partager un fauteuil avec des collègues de l'UNICEF pour travailler et cela ne l'a pas empêché de nous accueillir et de nous écouter. Il y avait à peine 80 000 USD de fonds catalytiques pour nous aider mais cela nous a permis de faire entendre nos voix et montrer nos capacités et les fonds sont arrivés alors des coparrains, du gouvernement, des bilatéraux et du GF. D'ici le début de l'année 2000, le Coordonnateur résident a fourni un Bureau à l'ONUSIDA ce qui nous a permis nous populations clés et personnes vivant avec le VIH d'avoir un espace de sécurité où nous pouvions discuter de nos vrais problèmes et défis et surtout souffrances. Aujourd'hui nous avons depuis deux ans une nouvelle Directrice ONUSIDA, elle est la troisième à diriger ce Bureau, qui continue tout le travail et est présente avec la Coordinatrice résidente dans les événements VIH et elles deux représentent tous les coparrains et les agences ONU. Pourquoi arrêter cela ? expliquez-nous ?



arrêteriez-vous un mécanisme de santé qui sauvent la vie de millions de personnes . C'est comme arrêter un vaccin, un traitement , etc...

Moi, il y a très longtemps, j'ai malheureusement perdu ma petite-fille du sida. Aujourd'hui, mes jeunes amis, personnes vivant avec le VIH, ont de magnifiques enfants et vivent une vie de bonheur. Cela doit non seulement continuer, mais se perpétuer.

Cela nécessite, bien entendu, des financements. Mais est-ce que sauver des vies ne le nécessite pas ? Alors, continuons ce que nous avons accompli ensemble. Plus personne n'aura le VIH grâce aux puissants outils de prévention que l'ONUSIDA a contribué à redéfinir pour les rendre très efficaces au niveau des interventions pays, et ceux qui vivront avec le VIH pourront vivre heureux comme tous les êtres humains, et même encore mieux lorsque nous aurons tous accès au Lénacapavir, grâce au plaidoyer mondial de l'ONUSIDA, exactement comme celui que l'ONUSIDA a mené il y a 30 ans pour l'accès aux ARV dans les pays du Sud.

J'ai dit du cœur ce que je pense utile pour votre consultation sur le futur de l'ONUSIDA mais je résume pour répondre à la question :

- 1. L'ONUSIDA Secrétariat ou Hub doit impérativement continuer au niveau des pays et des régions clés.**
- 2. La transition doit se faire d'ici à 2030.**
- 3. Renforcer le programme commun et le travail des coparrains au niveau pays permettra de mettre les financements en commun et d'en mobiliser bien plus.**
- 4. Les acteurs de la société civile surtout les personnes vivant avec le VIH et les populations clés doivent continuées à collaborer étroitement avec les autorités nationales tous secteurs confondus (Gouv.) en chef de file me ministère de la santé et être appui par le Programme Commun.**
- 5. Les financements au niveau global doivent être mobilisés aussi à travers le GF car l'ONUSIDA passe un temps considérable et des efforts colossaux à nous aider à faire des propositions de qualité et de coordonne l'appui du Programme Commun pour la mise en œuvre efficace et à mesurer l'impact.**
- 6. Les financements nationaux sont inscrits dans le Plan National Stratégique VIH, le GF et l'ONUSIDA (Programme Commun) doivent inscrire leur soutien financier sur cette base en fonction des besoins de soutien et d'appui technique sur la base de leur division des taches.**

Merci.

En plus de nos autorités nationales surtout le ministère de la Santé et la société civile Algérie, nous tenons remercions Mme Alem Soraya, Directrice du Bureau pays de l'ONUSIDA en Algérie, pour son engagement, son accompagnement et son soutien constant. Ainsi que ces prédécesseurs particulièrement Mr Adel Zeddami qui nous a malheureusement quitté en 2022 et qui a consacré toute sa vie à la lutte contre le sida d'abord en tant que leader de la Société- Civile travaillant sur le VIH (Que Dieu le garde dans son vaste paradis), c'est une opportunité unique de lui rendre hommage. Enfin à la Dre Samia Lounnas qui a établi ONUSIDA Algérie en 1999 avec force et conviction. Lors de ce travail il faut dire que pour nous, personnes vivant avec le VIH, ces trois personnes et leurs équipes de la Joint Team des NU soutenues par les RCs et chefs des agences



ONU nous ont permis de réaliser que nous ne sommes pas que des malades et que nous avons beaucoup à apporter. Sans eux , nous arions encore tellement peur de la discrimination et stigmatisation qui tuent plus que le VIH.



Réseau Béninois des Associations de Personnes vivant avec le VIH/SIDA (RéBAP+)

N° d'enregistrement officiel 2005/0573/DEP-ATL-LITT-SG/SAG/ASSOC
DU 07 OCTOBRE 2005

Contribution du Réseau Béninois des Associations des Personnes Vivant avec le VIH (RéBAP+) à la transformation de l'ONUSIDA.

Chers membres du PCB

Nous vous écrivons en notre qualité de représentants de la **société civile béninoise**, réunissant les associations de personnes vivant avec le VIH (RéBAP+), les associations d'adolescentes et de femmes vivant avec le VIH, engagées dans la riposte nationale au Bénin.

Nous avons suivi de près le processus du Groupe de travail du PCB ainsi que la récente consultation mondiale multipartite sur le futur modèle opérationnel du Secrétariat de l'ONUSIDA.

En tant que communautés béninoises, nous soutenons la nécessité de moderniser l'ONUSIDA afin de le rendre plus agile et adapté aux défis actuels. Cependant, nous estimons que toute transformation doit constituer une transition sûre, responsable et ancrée dans les réalités communautaires, préservant le mandat unique du Programme commun.

Au Bénin, l'ONUSIDA n'est pas une entité abstraite. Bien que notre pays ait enregistré une **baisse remarquable de 72 % des nouvelles infections** et de 51 % des décès liés au sida depuis 2010, les défis restent de taille. Près de **68 000 personnes vivent avec le VIH** sur le territoire national, la vulnérabilité des adolescents et des jeunes représente encore **35 % des nouvelles infections**, et la stigmatisation exige une vigilance continue, malgré l'adoption historique de la **nouvelle loi n°2026-02 du 9 février 2026** axée sur les droits

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humains. Dans ce contexte, la présence du Secrétariat au niveau national demeure absolument indispensable.

Grâce à la production de données stratégiques fiables, à la coordination de l'Équipe conjointe des Nations Unies sur le sida, et à son appui technique de premier plan au **Secrétariat Permanent du Conseil National de Lutte contre le VIH/SIDA, les IST et la Tuberculose (SP/CNLS)**, le Secrétariat de l'ONUSIDA joue un rôle unique. Il catalyse la création d'espaces de dialogue et facilite la mobilisation de financements pour le suivi communautaire, le respect des droits humains et le genre, garantissant que personne ne soit laissé de côté au Bénin.

Le Secrétariat, main dans la main avec ses Coparrainants, permet à nos communautés de co-construire les priorités de la riposte, de demander des comptes aux décideurs et de traduire concrètement les engagements mondiaux dans nos instruments stratégiques nationaux.

À ce moment critique — marqué par le rétrécissement global des financements internationaux, les contraintes budgétaires liées à l'endettement et la nécessité d'assurer la durabilité de la riposte en Afrique de l'Ouest —, un affaiblissement de la présence nationale et régionale de l'ONUSIDA créerait un vide institutionnel et opérationnel catastrophique. Aucun Coparrainant, pris individuellement, ne dispose de la neutralité et du mandat pour reproduire ce rôle de coordination et ce mécanisme formel de redevabilité envers les communautés.

Alors que le Bénin s'apprête à accueillir la communauté internationale pour la conférence **ICASA 2027** et vient de signer un **nouveau protocole de partenariat avec l'ONUSIDA en septembre 2026** pour consolider ses acquis, nous appelons à un modèle de transformation qui :

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- **Maintienne une présence forte**, pérenne et dotée de moyens suffisants du Secrétariat au niveau national et régional en Afrique de l'Ouest, afin d'accompagner des pays comme le Bénin vers l'élimination définitive du sida d'ici 2030 ;
- **Préserve et renforce les communautés** en tant que co-créatrices et actrices centrales dans la prise de décision, la mise en œuvre et l'allocation des fonds, conformément aux principes de l'engagement des PVVIH (GIPA) ;
- **Garantisse une planification conjointe** au sein du système des Nations Unies, en parfaite synergie avec les structures nationales existantes (comme le SP/CNLS et le Programme Santé de Lutte contre le Sida), sans duplication ni affaiblissement.

Pour le Conseil d'Administration/ RÉBAP+,

Le Directeur Exécutif,

 KAKPO Néhémie

Stamp: Réseau Béninois des Associations des Vivants avec le VIH SIDA, Le Directeur Exécutif

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PLATEFORME DES POPULATIONS CLES POUR L'ACCES A LA SANTE

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N/Réf : .001/PPCAS/PCA/01/10/2026

Ab-Calavi, le 1^{er} Octobre 2026

Aux :

**Membres du Programme
Coordinating Board (PCB)
GENEVE- SUISSE**

Objet : CONTRIBUTIONS A LA TRANSFORMATION D'ONUSIDA

Chers membres du PCB,

Nous vous écrivons au nom des organisations de la société civile béninoise représentant les **populations clés**, notamment les **hommes ayant des rapports sexuels avec des hommes (HSH)**, les **travailleuses du sexe (TS)** et les **consommateurs de drogues injectables (CDI)**.

Nous suivons de près les discussions sur le futur modèle opérationnel du Secrétariat de l'ONUSIDA. Si nous soutenons sa modernisation, toute transformation doit être une transition sûre, responsable et préserver son mandat unique fixé par l'ECOSOC.

Au Bénin, l'ONUSIDA est un rempart indispensable. Cet ancrage stratégique vient d'ailleurs d'être solennellement réaffirmé par les plus hautes autorités de notre pays. Lors de l'Assemblée générale des Nations Unies à New York le 24 septembre 2026, **le gouvernement béninois a signé un accord historique injectant 544 042 euros** (environ 357 millions de FCFA) pour soutenir directement le fonctionnement et les interventions de l'ONUSIDA sur notre territoire pour la période 2026-2027. En co-finançant l'agence, l'État béninois montre l'exemple d'une responsabilité partagée face au recul des financements multilatéraux.

Ce leadership national fort vise à consolider une baisse de **72 % des nouvelles infections** obtenue depuis 2010. Cependant, la durabilité de ces acquis repose entièrement sur l'inclusion de nos communautés, qui concentrent encore une part disproportionnée de l'épidémie. L'application effective de la **nouvelle loi n°2026-02 du 9 février 2026** — qui protège enfin les populations clés contre la discrimination et la répression — nécessite le maintien d'un Secrétariat de l'ONUSIDA fort, neutre et doté de moyens.



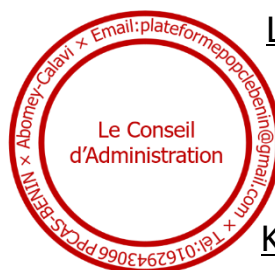
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A l'heure où le Bénin concrétise l'organisation d'**ICASA 2027**, affaiblir la présence nationale ou régionale de l'ONUSIDA trahirait l'effort financier de notre propre gouvernement et briserait les mécanismes de redevabilité envers les minorités.

Nous appelons donc à une transformation qui **maintienne une présence forte** du Secrétariat au niveau national, en phase avec l'engagement souverain et le co-financement du Bénin et qui renforce par extension la voix des communautés les plus vulnérables.

Pour la PPCAS



Le Président du Conseil
d'Administration

Kamal Deen **BANKOLE**

Pour nous, jeunes et adolescents vivant avec le VIH au Tchad, cette réflexion sur l'avenir de l'ONUSIDA est avant tout une question de continuité et de proximité.

Au cours des dernières années, nous avons eu l'occasion de travailler aux côtés de l'ONUSIDA au niveau pays sur différentes initiatives. Cet accompagnement nous a permis de renforcer nos capacités, de mieux nous organiser et surtout de faire davantage entendre la voix des jeunes vivant avec le VIH.

Sur le terrain, cet appui a contribué à des réalisations concrètes : la mobilisation des jeunes, le renforcement des pairs éducateurs, les actions de sensibilisation, la participation des jeunes au suivi communautaire et la création d'espaces où nous pouvons exprimer nos préoccupations et proposer des solutions.

C'est pourquoi, pour nous, une approche « Une ONU » peut être une véritable opportunité si elle permet de mieux coordonner les ressources et les interventions. Mais cette intégration ne doit pas éloigner l'ONU des communautés. Nous avons besoin d'un accompagnement qui reste proche du terrain et qui tienne compte des réalités des jeunes vivant avec le VIH au Tchad.

Concernant la transition, nous pensons qu'elle doit être progressive et bien préparée. Il faut donner suffisamment de temps aux acteurs nationaux et communautaires pour renforcer leurs capacités et assurer la continuité des acquis. La réduction des financements ne doit pas entraîner une réduction de la participation des communautés.

Enfin, au niveau mondial, nous souhaitons que les jeunes vivant avec le VIH et les organisations communautaires soient réellement associés aux décisions. Nous ne voulons pas seulement être invités pour témoigner ou être consultés. Nous voulons pouvoir contribuer aux décisions, à leur mise en œuvre et au suivi des ressources.

Notre expérience montre que lorsque les jeunes et les communautés sont accompagnés et responsabilisés, ils peuvent produire des résultats concrets.

Pour nous, l'enjeu de la transition est donc simple : préserver les acquis, renforcer les capacités nationales et communautaires et surtout ne pas perdre le lien avec les personnes qui sont directement concernées par la riposte au VIH.

Cordialement,

Pour le Club Only Family

En tant qu'Organisation d'adolescents et jeunes vivant avec le VIH – NOVA+Côte d'Ivoire, nous avons besoin d'un ONUSIDA fort, à l'écoute et proche des communautés. Le maintien d'une présence effective de l'ONUSIDA dans les pays est essentiel pour comprendre les réalités que nous vivons au quotidien, soutenir l'engagement communautaire et renforcer la coordination de la riposte au VIH.

Le Bureau pays de l'ONUSIDA joue un rôle clé dans le plaidoyer, la mobilisation des ressources, le dialogue entre les différents acteurs et la promotion des droits des personnes vivant avec le VIH. Il facilite également l'accès à l'expertise du système des Nations Unies et contribue à une réponse multisectorielle qui ne laisse personne de côté.

Cette présence est particulièrement importante pour faire entendre la voix des jeunes et veiller à ce que les priorités des communautés soient prises en compte dans les politiques et programmes nationaux. Elle permet aussi de mobiliser les compétences des agences coparrainantes afin de répondre efficacement aux besoins des populations les plus affectées.

Alors que les États Membres des Nations Unies se sont engagés à atteindre des objectifs ambitieux d'ici 2030, nous devons travailler ensemble, avec le gouvernement, la société civile et les partenaires, pour transformer ces engagements en actions concrètes.

Nous soutenons la transformation de l'ONUSIDA. Cependant, cette transformation doit renforcer sa capacité à accompagner les pays et les communautés, et être guidée par les réalités du terrain, les besoins des jeunes, des personnes vivant avec le VIH et des organisations communautaires.

Pour nous, maintenir une présence pays de l'ONUSIDA est un investissement essentiel pour garantir la continuité, l'efficacité et la durabilité de la riposte au VIH. Nous avons besoin d'un ONUSIDA présent aux côtés des jeunes, des communautés et de la société civile pour préserver les acquis, accélérer les progrès et atteindre les objectifs de 2030.

**Association Nouvelle Voix des Adolescents et Jeunes vivant avec le VIH
(NOVA+)**

COMMUNITY PERSPECTIVE ON THE UNAIDS TRANSITION AND THE FUTURE OF THE HIV RESPONSE

From my experience working at both community and facility level, I believe the transition and integration of UNAIDS into the wider United Nations system must not only focus on how institutions will work together. We must also look at what will happen to the people living with HIV who depend on community systems for information, treatment support, follow-up and psychosocial support.

In Kenya, we already have community structures that support the health system. These include Peer Educators, PLHIV networks, Community-Based Organizations, support groups, religious and community leaders, and community advocates. As we move towards greater government ownership and G2G implementation, these existing systems can help make the transition smoother and more sustainable.

But we should be careful not to assume that integration and self-care mean that communities no longer need support.

Self-care is important and should be strengthened, but self-care does not remove the need for treatment literacy, adherence support, psychosocial support, stigma reduction, tracing and follow-up. There are people who will still struggle with treatment interruption, internalized stigma, poverty, food insecurity, disclosure, mental and social challenges, or returning to care after being lost to follow-up.

In my community work, I have seen that sometimes what a person needs is not another medical appointment, but someone who can listen to them, understand what they are going through, explain their treatment in a way they understand, encourage them and help reconnect them to care.

For example, through the Advanced HIV Disease work I was involved in at Chulaimbo Hospital in Kisumu Kenya, community outreach, treatment literacy, tracing, psychosocial support, home visits and post-discharge follow-up were important parts of supporting clients. During the December 2025 to June 2026 period, the program reached 5,063 people, supported 210 treatment interrupters to return to care and identified 40 AHD cases.

One of the important lessons for me was that community engagement works because people are often more comfortable sharing their real challenges outside the formal health facility environment. Internalized stigma, poverty, lack of food, transport challenges and inadequate understanding of treatment can all contribute to treatment interruption.

Therefore, as some programs transition out and some cadres such as adherence counsellors and peer educators may be reduced, we need to ask, who will fill that gap?

If we are serious about sustainability, we should not simply remove community cadres. We should find ways of strengthening and integrating existing community actors, including PLHIV community advocates, peer educators, and community-led organizations.

PLHIV should not only be seen as beneficiaries of HIV programs. We are also part of the solution.

Community advocates can support awareness and sensitization, treatment literacy, stigma reduction, linkage and re-linkage to care, and referrals. They can also help identify emerging challenges early and provide feedback to health facilities and decision-makers.

This does not mean replacing health workers. It means strengthening the link between the health system and the people it serves.

What I believe needs to be protected during the transition.....

1. *Community systems must remain part of the HIV response.*

Existing community structures should be mapped, strengthened and integrated into national and county HIV systems rather than allowing them to disappear when external programs end.

2. *PLHIV must have a meaningful role in decision-making.*

Community representatives, PLHIV networks, peer educators and community organizations should be involved in planning, implementation, monitoring and transition reviews—not only invited to consultations after decisions have already been made.

3. *Self-care must go together with support.*

We should promote self-care while recognizing that people have different levels of capacity and support. Some clients will still require adherence counselling, psychosocial support, tracing, home visits, post-discharge follow-up and treatment literacy.

4. *Transition should be measured by what happens to the person.*

We should not measure a successful transition only by how well institutions integrate or how much money is saved.

We should also ask;

- Are people remaining on treatment?
- Are treatment interruptions increasing?
- Are people returning to care when they interrupt treatment?
- Are viral suppression outcomes being maintained?
- Are people with AHD being identified early?
- Is psychosocial support still available?
- Are vulnerable clients receiving post-discharge follow-up?
- Are communities still able to access HIV information and support?

These indicators can tell us whether the transition is actually working for people.

5. *Funding should protect essential community functions.*

With declining resources, there will be difficult choices. However, funding should protect interventions that directly keep people connected to care, community-led organizations, peer support, treatment literacy, adherence support, tracing, psychosocial support and community-led monitoring.

The answer to declining funding should not automatically be removing the people who are closest to the communities.

6. *There must be a clear feedback mechanism from communities to the national and global level.*

People working at community level see problems early. We see when clients are struggling, when services are becoming difficult to access, when stigma is affecting care, and when vulnerable people are falling through the gaps.

There should therefore be a clear mechanism for information to move from the community to national structures and to the UN Hub, and feedback to move back to communities.

My main message

The transition provides an opportunity to build a stronger, more integrated and sustainable HIV response. But sustainability should not mean simply transferring responsibilities and withdrawing support.

It should mean strengthening what already exists in countries and communities.

In Kenya, G2G and government-led systems can provide an important foundation, but community systems must be deliberately included in that transition. The people who have been doing the work at community level already have experience, trust and relationships with the people we are trying to reach.

As we move forward, we need to ask not only “How will the institutions transition?” but also;

“What will happen to the person who is struggling?”

Please don't measure a successful transition only by how well institutions integrate. Measure it by whether the person experiencing treatment interruption, stigma, psychosocial challenges or needing post-discharge support still has someone and somewhere to turn to.

For me, that is what a responsible and people-centered transition should look like.

COMMUNITIES MUST REMAIN AT THE CENTER OF THE HIV RESPONSE

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COMMUNITIES MUST REMAIN AT THE CENTER OF THE HIV RESPONSE

Le Togo réaffirme sa volonté de préserver les acquis de la lutte contre le VIH et de renforcer l'appropriation nationale. Le maintien d'un Bureau Pays de l'ONUSIDA fort est indispensable pour accompagner la gouvernance et les réalités togolaises. : Le Bureau Pays sert de passerelle stratégique vers les coparrainants des Nations Unies en mobilisant leur expertise multisectorielle. La transition institutionnelle doit être réaliste, budgétisée et guidée par la continuité des soins et des services. La baisse des financements ne doit pas accélérer prématurément le transfert au risque de fragiliser les avancées sanitaires. La pérennité repose sur la préparation des acteurs locaux (expertises techniques, ressources humaines et données). Il convient de s'inspirer des enseignements du Fonds Mondial et du partenariat Stop TB pour structurer la feuille de route. La participation active de la société civile et l'approche centrée sur les droits humains doivent rester prioritaires. Une attention urgente et continue doit être accordée aux besoins spécifiques des enfants et adolescents vivant avec le VIH.

Chaque transfert de fonction requiert un plan de prise en charge clair, assorti d'un calendrier précis et d'un budget dédié



Réf. : PF-OSC-IST, VIH/Santé-Togo/270/2027

Lomé, le 05 octobre 2026

Pour le Conseil d'Administration
Le Président

Aux

Membres du Program

Coordination Board (PCB)

Genève - Suisse

Objet : Plaidoyer pour le maintien de la présence effective du bureau pays de l'ONUSIDA au Togo.

Chers Membres du PCB,

La Plateforme des organisations de la société civile de lutte contre le VIH, de promotion de la Santé et des Droits Humains au Togo, porte la voix des communautés, des populations clés, des personnes vivant avec le VIH, des jeunes et adolescents, des femmes, des enfants ainsi que de toutes les populations vulnérables, et réaffirme son ferme engagement à soutenir les progrès déjà réalisés dans la lutte contre le VIH tout en œuvrant pour la pérennité de la riposte.

Nous avons suivi avec une grande attention les travaux du Groupe de travail du PCB ainsi que la récente consultation mondiale multipartite sur le futur modèle opérationnel du Secrétariat de l'ONUSIDA.

Dans un contexte mondial difficile, marqué par la diminution des ressources et la nécessité de faire des choix entre plusieurs priorités, nous faisons le choix d'avancer aux côtés des communautés afin de consolider les acquis dans une démarche d'appropriation nationale.

L'ONUSIDA accompagne la société civile au Togo en termes de leadership, et d'assistance technique, de mobilisation des ressources de plaidoyer et de renforcement



des capacités. Nous soutenons de ce fait le maintien d'une présence effective des bureaux pays de l'ONUSIDA.

En effet, au Togo, cette présence est vitale et irremplaçable. Avec 95 200 personnes vivant avec le VIH suivies en 2025, dont environ 10 000 enfants de moins de 15 ans, 10 174 nouveaux cas dépistés et un taux de transmission verticale encore élevé (11,35 % malgré les progrès), ainsi que des obstacles persistants liés à la stigmatisation, aux droits humains et au genre pour les populations clés, la présence du Secrétariat au niveau national demeure indispensable.

Au-delà d'une présence institutionnelle, le bureau pays joue un rôle essentiel de coordination, de plaidoyer, de mobilisation des ressources et de facilitation du dialogue entre les différents acteurs. Le maintien d'un bureau pays de l'ONUSIDA constitue ainsi un investissement stratégique garantissant la continuité, la coordination, l'efficacité et la durabilité de la riposte au VIH.

Nous soutenons la transformation, mais nous la voulons réaliste. Elle doit renforcer la capacité d'accompagnement des pays en se basant sur les réalités nationales et les besoins des populations et des communautés. Toute transformation doit constituer une transition sûre, responsable et ancrée dans les communautés, qui préserve le mandat unique du Programme commun.

Nous réaffirmons notre engagement à travailler à vos côtés pour que cette transformation consolide les acquis du Togo et de toute la sous-région.

Veuillez agréer, **Chers Membres du PCB**, l'expression de notre considération distinguée.



AMETEPE Hanam



Réseau Des Associations De Personnes Vivant Avec Le VIH au Togo

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récépissé N°1299/MATD-SG-PADSC-DSC du 07 nov. 2005

Réf : 578 / RAS+T/ 26

Lomé, ce 02 octobre 2026

**Le Président du Conseil
d'Administration (PCA)**

Aux

**Membre du Programme
Coordinating Board (PCB)
GENEVE-SUISSE**

Objet : Contribution à la transformation de l'ONUSIDA

Chers Membres du PCB

Nous vous écrivons au nom du **Réseau des Associations de Personnes Vivant avec le VIH au Togo (RAS+Togo)**, pour partager notre position sur le processus de transformation et l'évolution du modèle opérationnel du Secrétariat de l'ONUSIDA.

Nous reconnaissons la nécessité de faire évoluer l'ONUSIDA afin de l'adapter aux nouvelles réalités de la riposte mondiale au VIH. Toutefois, cette transformation doit être une transition responsable, progressive, sécurisée et profondément ancrée dans les communautés, tout en préservant le mandat unique du Programme commun et les acquis obtenus au cours des dernières décennies.

Au Togo, l'ONUSIDA joue un rôle important dans la coordination, la production et l'utilisation des informations stratégiques, l'appui aux acteurs nationaux et le renforcement de la participation de la société civile et des personnes vivant avec le VIH. Dans un contexte où les défis liés à l'accès aux services, à la stigmatisation et à la discrimination, aux droits humains, au genre et à la pérennisation du financement de la riposte persistent, la présence et l'appui du Secrétariat de l'ONUSIDA demeurent importants pour maintenir une riposte inclusive et centrée sur les personnes.

Au cours des deux dernière décennies, l'appui de l'ONUSIDA a également contribué à créer et renforcer des espaces de dialogue entre les autorités, les partenaires, la société civile et les communautés. Ces espaces permettent aux personnes vivant avec le VIH et aux populations concernées de faire entendre leurs préoccupations, de participer à la définition des priorités, de suivre la qualité des services et de demander des comptes aux acteurs responsables.

Dans le contexte actuel, marqué par la transition progressive des financements extérieurs, la nécessité d'accroître la durabilité des programmes et les contraintes auxquelles sont confrontés les systèmes de santé et les organisations communautaires, une réduction trop importante de la présence et des capacités de l'ONUSIDA au niveau national et régional pourrait fragiliser à coup sûr les mécanismes de coordination, de dialogue et de participation communautaire qui ont été construits au fil des années.

Nous considérons donc que toute transformation du modèle opérationnel de l'ONUSIDA devrait :

1. Maintenir une présence nationale et régionale suffisante du Secrétariat de l'ONUSIDA, particulièrement dans les pays où les besoins demeurent importants, afin de soutenir la coordination, l'analyse stratégique, le dialogue politique et la mobilisation des acteurs ;
2. Préserver et renforcer la participation effective des personnes vivant avec le VIH et des communautés, conformément au principe GIPA et aux engagements internationaux en matière de participation communautaire, notamment dans la définition des priorités, la mise en œuvre, le suivi et l'évaluation de la riposte ;
3. Protéger et renforcer les mécanismes communautaires de redevabilité, notamment le suivi dirigé par les communautés, la documentation des violations des droits humains, la lutte contre la stigmatisation et la discrimination et les espaces de dialogue entre communautés et autorités ;
4. Garantir une véritable coordination au sein du Programme commun des Nations Unies sur le VIH, afin que la transformation ne conduise ni à la fragmentation des interventions ni à la disparition des fonctions de coordination et de redevabilité qui font la valeur ajoutée du Secrétariat ;
5. Veiller à ce que les ressources destinées aux communautés soient maintenues et renforcées, notamment dans un contexte où les organisations de personnes vivant avec le VIH et les autres organisations communautaires sont appelées à jouer un rôle croissant dans la durabilité de la riposte.

Nous sommes convaincus que la transformation de l'ONUSIDA doit être une occasion de renforcer le rôle des communautés plutôt que de réduire leur espace d'action. Les personnes vivant avec le VIH ne doivent pas être considérées uniquement comme des bénéficiaires des programmes, mais comme des acteurs, partenaires et co-créateurs de la riposte.

Le RAS+ Togo réaffirme sa disponibilité à contribuer de manière constructive à ce processus afin que les changements envisagés permettent de consolider les acquis, de renforcer la redevabilité et de garantir que les personnes vivant avec le VIH et les communautés restent au cœur de la riposte au VIH.

Dans un esprit de solidarité et d'engagement communautaire,



Président du Conseil d'Administration (PCA)

DOKLA Kokouvi Augustin

À l'attention de :

Joe Phaahla – Vice-Ministre de la Santé, Afrique du Sud

Bob Rae – Ambassadeur du Canada et Président de l'ECOSOC

Fionnuala Murphy – Frontline AIDS

Co-facilitateurs,

Groupe de travail du PCB de l'ONUSIDA – Genève

Madame, Monsieur le Président,

Mesdames et Messieurs les Co-facilitateurs,

Nous vous écrivons au nom de la société civile togolaise en notre qualité de Plateforme des organisations de la société civile de lutte contre le VIH, de promotion de la Santé et des Droits Humains au Togo. Nous portons la voix des communautés, des populations clés, des personnes vivant avec le VIH, des jeunes et adolescents, des femmes, des enfants et toute autre population vulnérable.

Nous tenons au prime abord, à réaffirmer notre ferme engagement à soutenir les progrès réalisés jusqu'alors dans la lutte contre le VIH et assurer la pérennité de la riposte.

Nous avons suivi avec une grande attention les travaux du Groupe de travail du PCB ainsi que la récente consultation mondiale multipartite sur le futur modèle opérationnel du Secrétariat de l'ONUSIDA.

Mesdames et Messieurs, nous évoluons aujourd'hui dans un contexte mondial difficile, marqué par la diminution et la nécessité de faire des choix entre plusieurs priorités. Malgré ce contexte, nous faisons le choix d'avancer aux côtés et avec les communautés en vue de consolider les acquis dans une démarche d'appropriation nationale.

L'ONUSIDA ayant toujours accompagné la société civile au Togo en termes de leadership, d'assistance technique, nous soutenons le maintien d'une présence effective des bureaux pays de l'ONUSIDA.

En effet, au Togo, la présence de l'ONUSIDA est vitale et irremplaçable. Avec 95 200 personnes vivant avec le VIH suivies en 2025, dont environ 10 000 enfants de moins de 15 ans, 10174

nouveaux cas dépistés et un taux de transmission verticale encore élevé : 11,35% malgré les progrès ; ainsi que des obstacles persistants liés à la stigmatisation, aux droits humains et au genre pour les populations clés, la présence du Secrétariat au niveau national est indispensable.

Au-delà d'une présence institutionnelle, le bureau pays joue un rôle essentiel de coordination, de plaidoyer, de mobilisation des ressources et de facilitation du dialogue entre les différents acteurs. Le maintien d'un bureau pays de l'ONUSIDA constitue ainsi un investissement stratégique garantissant la continuité, la coordination, l'efficacité et la durabilité de la riposte au VIH.

Nous soutenons la transformation mais nous la voulons réaliste. Elle doit de ce fait renforcer la capacité d'accompagnement des pays en se basant sur les réalités nationales et les besoins des populations et des communautés.

Nous estimons donc que toute transformation doit constituer une transition sûre, responsable et ancrée dans les communautés, qui préserve le mandat unique du Programme commun.

Nous réaffirmons notre engagement à travailler à vos côtés pour que cette transformation consolide les acquis du Togo et de toute la sous-région.

Avec notre ferme volonté de collaborer,

Pour et au nom de la société civile togolaise, des communautés, des populations clés et vulnérables.

Salutations du Togo,

Nous vous écrivons au nom du **Réseau des Associations de Personnes Vivant avec le VIH au Togo (RAS+)**, pour partager notre position sur le processus de transformation et l'évolution du modèle opérationnel du Secrétariat de l'ONUSIDA.

Nous reconnaissons la nécessité de faire évoluer l'ONUSIDA afin de l'adapter aux nouvelles réalités de la riposte mondiale au VIH. Toutefois, cette transformation doit être une transition responsable, progressive, sécurisée et profondément ancrée dans les communautés, tout en préservant le mandat unique du Programme commun et les acquis obtenus au cours des dernières décennies.

Au Togo, l'ONUSIDA joue un rôle important dans la coordination, la production et l'utilisation des informations stratégiques, l'appui aux acteurs nationaux et le renforcement de la participation de la société civile et des personnes vivant avec le VIH. Dans un contexte où les défis liés à l'accès aux services, à la stigmatisation et à la discrimination, aux droits humains, au genre et à la pérennisation du financement de la riposte persistent, la présence et l'appui du Secrétariat de l'ONUSIDA demeurent importants pour maintenir une riposte inclusive et centrée sur les personnes.

Au cours des deux dernière décennies, l'appui de l'ONUSIDA a également contribué à créer et renforcer des espaces de dialogue entre les autorités, les partenaires, la société civile et les communautés. Ces espaces permettent aux personnes vivant avec le VIH et aux populations concernées de faire entendre leurs préoccupations, de participer à la définition des priorités, de suivre la qualité des services et de demander des comptes aux acteurs responsables.

Dans le contexte actuel, marqué par la transition progressive des financements extérieurs, la nécessité d'accroître la durabilité des programmes et les contraintes auxquelles sont confrontés les systèmes de santé et les organisations communautaires, une réduction trop importante de la présence et des capacités de l'ONUSIDA au niveau national et régional pourrait fragiliser à coup sûr les mécanismes de coordination, de dialogue et de participation communautaire qui ont été construits au fil des années.

Nous considérons donc que toute transformation du modèle opérationnel de l'ONUSIDA devrait :

1. Maintenir une présence nationale et régionale suffisante du Secrétariat de l'ONUSIDA, particulièrement dans les pays où les besoins demeurent importants, afin de soutenir la coordination, l'analyse stratégique, le dialogue politique et la mobilisation des acteurs ;
2. Préserver et renforcer la participation effective des personnes vivant avec le VIH et des communautés, conformément au principe GIPA et aux engagements internationaux en matière de participation communautaire, notamment dans la définition des priorités, la mise en œuvre, le suivi et l'évaluation de la riposte ;
3. Protéger et renforcer les mécanismes communautaires de redevabilité, notamment le suivi dirigé par les communautés, la documentation des violations des droits humains, la

lutte contre la stigmatisation et la discrimination et les espaces de dialogue entre communautés et autorités ;

4. Garantir une véritable coordination au sein du Programme commun des Nations Unies sur le VIH, afin que la transformation ne conduise ni à la fragmentation des interventions ni à la disparition des fonctions de coordination et de redevabilité qui font la valeur ajoutée du Secrétariat ;

5. Veiller à ce que les ressources destinées aux communautés soient maintenues et renforcées, notamment dans un contexte où les organisations de personnes vivant avec le VIH et les autres organisations communautaires sont appelées à jouer un rôle croissant dans la durabilité de la riposte.

Nous sommes convaincus que la transformation de l'ONUSIDA doit être une occasion de renforcer le rôle des communautés plutôt que de réduire leur espace d'action. Les personnes vivant avec le VIH ne doivent pas être considérées uniquement comme des bénéficiaires des programmes, mais comme des acteurs, partenaires et co-créateurs de la riposte.

Le RAS+ Togo réaffirme sa disponibilité à contribuer de manière constructive à ce processus afin que les changements envisagés permettent de consolider les acquis, de renforcer la redevabilité et de garantir que les personnes vivant avec le VIH et les communautés restent au cœur de la riposte au VIH.

Dans un esprit de solidarité et d'engagement communautaire,

Key Message: Second Multistakeholder Consultation of the PCB Working Group on the Further Transition and Integration of UNAIDS into the UN System and Beyond
Speech on 28 September 2026.

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?

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.

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. 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.

Draft Q&A Intervention

Thank you. I would like to share a short reflection and one question from the perspective of regional networks of people living with HIV and key populations in Asia and the Pacific. My name is Harry Prabowo, from the Asia Pacific Network of People living with HIV or APN+ and based in Bangkok Thailand.

Since moving from country-level work into the regional HIV response, I have seen UNAIDS' relationship with regional network of People living with HIV and key populations evolve far beyond consultation. Together, we have work on human rights, access to HIV, TB, and hepatitis C medicines, and emergency support for community during the COVID 19, demonstrating the value of regional mechanism that connects communities with policy spaces, resources and the UN system.

But one experience I particularly want to highlight is community-led monitoring, or CLM. When CLM started gaining momentum in our region, there was considerable confusion across countries about what CLM actually meant and how communities should implement it. At that time, UNAIDS challenged us as regional PLHIV and key population networks with a very practical question:

“How are we going to support communities at country level to understand and implement CLM?”

That challenge became an opportunity. Instead working separately, regional network come together. The Partnership with UNAIDS contributed to the formation of the Seven Alliance Consortium.

UNAIDS also helped create opportunities for cross-learning on CLM between countries in Asia and the Pacific, and event between Asia Pacific and Eastern Europe and Central Asia. Through this process, we become more closely engaged and worked closely with UNAIDS Country Office.

Through this journey, we learned that CLM is not only about collecting data. It is about communities using evidence to advocate for change and to hold system accountable. And I believe this becomes even more important in the current sustainability and transition era. As HIV programmes become increasingly integrated into broader health systems, CLM can become an important entry point for communities to engage in health-system accountability.

I am sharing these examples not because I believe the current UNAIDS structure must remain exactly as it is. Transformation is part of the process. But our experience tells us that transition needs to be carefully sequenced, so that functions and relationships that

are working are not removed before effective arrangements are in place to sustain them.

The Options Paper calls for moving communities from consultation to co-creation and co-leadership. Our partnership with UNAIDS has enable communities to influence Policy, use evidence and hold system accountable. These functions must be sustained until effective alternatives are in place.

My question is: ***Across the proposed options, what concrete mechanism will ensure that regional network of People living with HIV and key population retain the decision-making space, resources and access needed to exercise meaningful leadership, particularly as HIV programmes become integrated into broader health systems?***

Thank you.



Letter from SUNO to the PCB Governance Team

Subject: Community Perspectives from India and Recommendations on the UNAIDS Transition Process

Dear PCB Governance Team,

On behalf of SUNO (a national coalition of Male Sex with Male (MSM), Transgender (TG), People Who Inject Drugs (PWID), Female Sex Workers (FSW), and People Living with HIV (PLHIV) networks) in India, we would like to express our appreciation for the opportunity to provide input into the report and recommendations concerning the future transition of UNAIDS.

UNAIDS is not just a usual UN agency for us; it is our face and voice nationally and globally. As representatives of communities most affected by HIV, we wholeheartedly recognize that UNAIDS, is needed more than ever to adapt to evolving global financing and governance realities. At the same time, we believe that any transition must be guided by the imperative to protect and sustain the gains achieved in the HIV response, particularly for communities and populations that continue to face barriers to health, human rights, and meaningful participation.

We wish to highlight four key recommendations:

1. Maintain a Strong UNAIDS Country Presence

In India, the UNAIDS Country Office has been a trusted partner to communities, government institutions, and civil society organizations in advancing a people-centred and rights-based HIV response. UNAIDS has played a critical role in convening stakeholders, fostering inclusive policy dialogue, and supporting the meaningful engagement of people living with HIV and key populations in national decision-making processes.

The role of UNAIDS in supporting countries to drastically scale up evidence-based HIV prevention and treatment programs through a multistakeholder partnership to reduce new HIV infections and save millions of lives of PLHIV with treatment, most importantly, fighting stigma and punitive laws, was the biggest contribution towards the HIV response globally. One of the other key contributions of UNAIDS has been to promote country ownership of the HIV response by strengthening collaboration among National AIDS Control Organisations (NACOs) and other key stakeholders, including communities most affected by HIV.

Community-led organizations across India have consistently relied on UNAIDS to create and safeguard spaces for participation, amplify community voices, and ensure that the perspectives and needs of those most affected by HIV are reflected in policies, programs, and financing decisions. UNAIDS has also been instrumental in promoting human rights, gender equality, and the principle of leaving no one behind within the national HIV response.

UNAIDS stands as a brand that local governmental stakeholders and communities associate with at the country level and that should be retained in India. And creating a new brand under the proposed model at the country level may not be a good idea, especially in achieving ending AIDS targets.

At a time when India continues to address persistent inequalities and barriers affecting key populations and people living with HIV, the continued presence of UNAIDS at the country level remains essential. The loss or significant reduction of country office capacity would weaken a long-standing source of technical support, advocacy, coordination, and accountability and could undermine progress achieved in strengthening community leadership and participation.

We therefore strongly believe that if we have to achieve ending AIDS by 2030, we recommend that maintaining a robust UNAIDS country presence in India, with sufficient capacity to support communities, national partners, and the HIV response, remain a central objective of any future organizational model.

2. Ensure a Gradual and Responsible Transition Through 2031

Any restructuring or transition should be implemented over a sufficiently long timeframe to avoid disruption to national HIV responses, partnerships, and community networks. Communities require predictability and continuity, particularly in contexts where UNAIDS plays a unique role that is not replicated by other actors.

SUNO supports a phased transition approach extending through 2031, allowing adequate time for consultation, planning, capacity strengthening, and mitigation of risks. A transition that is too rapid could undermine national coordination mechanisms, weaken community participation, and reduce support for populations most at risk of being left behind.

3. Strengthen Community Leadership and Governance

As UNAIDS evolves, it is essential that community leadership is not diminished but strengthened. Communities must have a more prominent role within governance structures, decision-making processes, and accountability mechanisms.

The principle of the greater involvement of people living with HIV and affected communities has been fundamental to the success of the HIV response. Future governance arrangements should ensure that communities are represented in meaningful and influential ways, with sufficient

resources and mechanisms to support their engagement.

We encourage the Working Group to recommend strengthened institutionalized community leadership across governance structures and throughout the transition process itself.

4. Preserve UNAIDS' Role in Global Fund Grant Cycle 8 and Implementation Support

Looking ahead to Global Fund Grant Cycle 8, UNAIDS will remain a critical supporter and partner in the CCM to translate commitments into implementation. UNAIDS' technical expertise, convening power, and longstanding relationships with governments, civil society, and communities are essential to ensuring that grants are designed and implemented effectively.

In particular, UNAIDS plays a vital role in facilitating meaningful community participation throughout planning, implementation, monitoring, and accountability processes. Maintaining this role will be critical as this is the last round of funding for India to ensure that GC8 investments reach the people and communities most affected by HIV and contribute to equitable and sustainable outcomes.

Conclusion

UNAIDS' regional and global presence remains essential in supporting countries to accelerate progress towards the 95–95–95 HIV targets. Its ability to connect country-level priorities with regional and global expertise, evidence, partnerships, and resources can help strengthen national responses and ensure that the needs of communities most affected by HIV remain central to the HIV response.

The HIV response has demonstrated that meaningful community engagement is not optional but essential for success. As the Working Group considers recommendations regarding the future of UNAIDS, we urge that community perspectives remain at the center of decision-making.

We strongly support:

Maintaining UNAIDS country presence and capacity;

Implementing a long and carefully managed transition period through 2031;

Strengthening community leadership within governance and accountability structures; and

Preserving UNAIDS' central role in supporting GC8 implementation and ensuring meaningful community participation.

We thank you for considering these recommendations and stand ready to continue engaging constructively throughout this process.

Yours sincerely,

For and on behalf of the SUNO : National Coalition of Key Population Networks in India

All India Network of Sex Workers

Azaad Titliyaan (Female Sex Workers Collective)

Harm Reduction Network

Integrated Network for Sexual Minorities

National Network of Sex Workers

National Network of Transgender Persons

NCPI+ National Coalition of People Living with HIV in India (NCPI+)

Taaras Coalition

To the co-facilitators:

- 1. Joe Phaahla, South African Deputy Minister of Health**
- 2. Bob Rae, Canadian UN Ambassador and ECOSOC President**
- 3. Fionnuala Murphy, Frontline AIDS**
- 4. Co-Facilitators UNAIDS PCB Working Group**

Dear Sir/Madam,

We thank you for the elaboration of the Options Paper on the Further Transition and Integration of UNAIDS and welcome the recognition that the global HIV response remains a priority that requires a dedicated UNAIDS function and that communities remain central to ending AIDS.

At the country level, we have partnered with UNAIDS to ensure the community remains at the center of the national, regional and global AIDS response.

Recently we have successfully mobilized community inputs to the development of GC8 Funding Request with support from UNAIDS. We have also started the development of a sustainability plan for community-led response including through the advocacy of social contracting and integration of community-led monitoring. The work is far from being completed and we still have quite a long way to go until we can fully sustain ourselves. Hence, we are very much concerned with the option of reducing UNAIDS country presence which would create even greater distance between decision-makers and the people most affected by HIV.

There are estimated to be around 560,000 people living with HIV in Indonesia and not even half of them are on treatment. We are still far from reaching the 95-95-95 targets especially due to stigma and discrimination against PLHIV and key populations which hamper our access to HIV related services.

We have seen that UNAIDS played a unique role in amplifying community voices, defending human rights, and ensuring that no population is left behind at country level. These functions must remain adequately resourced at the country level as well as regional and global level.

Championing community-led response at country level is critical. It is where the epidemic remains and the response needs to be. It remains essential especially in reaching vulnerable and marginalized populations. Reduction in capacity of UNAIDS country presence could affect advocacy, community mobilization, and support for addressing stigma, discrimination, criminalization, and inequality. It would also hinder the progression towards sustainability of

the national AIDS response that would include the sustainability of community-led response to HIV.

We believe that any transformation of UNAIDS in the future must protect and strengthen the principle of meaningful involvement of people living with HIV and key populations, not weaken it.

Any future model of UNAIDS should strengthen accountability to communities and ensure that community voices remain represented at global, regional, and country levels. We ask that people living with HIV, key populations, and civil society organizations working on HIV be actively involved in designing and monitoring any transition process off UNAIDS.

Nothing about us without us.

We thank you for your kind attention.

Dutifully signed jointly by the following:

- 1. Spiritia Foundation**
- 2. Yayasan Cendrawasih Bersatu Papua**
- 3. Yayasan Pontianak Plus**
- 4. Yayasan Sriwijaya Plus**
- 5. Yayasan Victory Plus Yogyakarta**
- 6. PKBI Daerah Jawa Barat**
- 7. Yayasan Medan Plus**
- 8. Yayasan Flobamora Jaya Peduli**
- 9. YPKDS Sulawesi Selatan**
- 10. Yayasan Spirit Paramacitta**
- 11. Yayasan Sorong Sehati**
- 12. Yayasan Srikandi Perintis**
- 13. Yayasan Batamang Plus Manado**
- 14. Yayasan Pelita Ilmu**
- 15. Yayasan Mahameru**
- 16. Yayasan Gaya Celebes Sulawesi Selatan**
- 17. Yayasan Sehat Peduli Kasih (Central Java Province, Indonesia)**
- 18. Lembaga Kemaslahatan Keluarga Nahdlatul Ulama Kalimantan Selatan**
- 19. Lembaga Wonosobo Youth Center**
- 20. Perkumpulan Pemberantasan Tuberkulosis Indonesia (PPTI) Cabang Kota Balikpapan**
- 21. Yayasan Grapiks (Graha Prima Karya Sejahtera)**

22. Yayasan Galatea
23. Yayasan Cita Andaru Bersama
24. Perkumpulan LSM Petik
25. Lembaga Penelitian Sosial dan Agama (LENSA)
26. Yayasan Srikandi Pasundan
27. Yayasan Lembaga Kasih Indonesia Kita
28. Yayasan Caritas PSE KAM
29. PKBI Cabang Subang
30. Yayasan ELSA
31. Wahana Cita Indonesia
32. Yayasan Inset
33. PKBI Kalimantan Timur
34. Yayasan Pesona Bumi Pasundan (YPBP)
35. PKBI Kota Semarang
36. Ikatan Ahli Kesehatan Masyarakat Indonesia Sulawesi Tenggara (IAKMI SULTRA)
37. Yayasan pelangi Maluku
38. Lembaga Pemberdayaan Masyarakat dan Kelestarian Alam (L-PASKA)
39. Yayasan Vesta Indonesia
40. PKBI Garut Jawa Barat
41. PKBI Cirebon
42. BINA MUDA GEMILANG
43. Yayasan Mitra Alam
44. Yayasan SPEK-HAM Surakarta
45. PKBI Daerah Jawa Timur
46. Fatayat NU Jawa Tengah
47. Yayasan Mutiara Maharani
48. Yayasan Kalandara
49. PKBI Daerah Riau
50. Yayasan TEKAD
51. Yayasan Sebaya Lancang Kuning - Riau
52. FKPB Batang
53. Yayasan Redline Indonesia
54. Yayasan Bambu Nusantara
55. Yayasan Gaya Dewata
56. Yayasan KOMPAK (Komunitas Peduli AIDS Kepulauan Riau)
57. Yayasan Kanti Sehati Sejati (Outreach)
58. Yayasan Female Plus - Jawa Barat
59. Yayasan Pesona Jakarta

- 60. Perkumpulan Keluarga Berencana Indonesia (PKBI) Daerah Sulawesi Tengah**
- 61. Perkumpulan Keluarga Berencana Indonesia (PKBI) Daerah Sulawesi Utara**
- 62. Kelompok Kerja Bina Sehat**
- 63. Fatayat NU Jawa Timur**
- 64. Kelompok Penggagas Mahakam Plus**
- 65. Yayasan Akbar**
- 66. Perkumpulan Jaringan Indonesia Positif (JIP)**
- 67. Perkumpulan Inti Muda Indonesia (IM)**
- 68. Perkumpulan Gaya Warna Lentera Indonesia (GWL-INA)**
- 69. Perkumpulan Organisasi Perubahan Sosial Indonesia (OPSI)**
- 70. Perkumpulan Jaringan Transformasi Indonesia (JTID)**
- 71. Perkumpulan Persaudaraan Korban NAPZA Indonesia (PKNI)**
- 72. Aliansi Nasional Anak Dengan HIV**
- 73. Pusat Penelitian HIV AIDS (UAJ-PPH ATMAJAYA)**
- 74. Ikatan Perempuan Positif Indonesia (IPPI)**

Thank you and warm regards



MYANMAR POSITIVE GROUP

THE NATIONAL NETWORK OF PEOPLE LIVING WITH HIV IN MYANMAR

Dr. Gurumurthy Rangaiyan
UNAIDS Country Director
UNAIDS Country Office, Myanmar
Yangon

Date_14 Sep 2026

Subject: Protecting Lives and Sustaining HIV Treatment Amid Conflict: An Appeal for UNAIDS' Continued Presence in Myanmar

Dear Dr. Rangaiyan,

On behalf of Myanmar Positive Group (MPG), we write to express our sincere appreciation for UNAIDS' support and to appeal for its continued presence in Myanmar. For the people living with HIV whom we represent, this appeal concerns a fundamental need: continued access to lifesaving treatment, even amid conflict, displacement and disruption of health services.

When people are forced to leave their homes, cannot safely reach a treatment centre or do not know where to obtain their next supply of antiretroviral medicines, their health and lives are at risk. Protecting them requires sustained coordination among health authorities, service providers, funding partners and community organizations. UNAIDS plays a critical role in bringing these stakeholders together and keeping treatment continuity a shared priority.

We particularly value UNAIDS' engagement with the Ministry of Health, the National AIDS Programme, the Global Fund Principal Recipient, implementing partners and community networks to identify difficulties in accessing medicines and support practical responses. By helping connect community concerns with those responsible for supplies and services, UNAIDS supports efforts to prevent treatment interruptions, facilitate referrals and maintain access to care in conflict-affected and hard-to-reach areas.

Sustaining treatment also requires sustained funding. UNAIDS' support to resource mobilization, including the development of Global Fund Grant Cycle 7 and Grant Cycle 8 proposals, helps ensure that ART and essential HIV services remain priorities. These resources are critical to maintaining medicines, services and the community support that helps people remain connected to treatment.

The voices of people living with HIV are essential to protecting treatment access. Our members often know first when medicines are difficult to obtain, a service becomes inaccessible or a referral arrangement is not working. UNAIDS provides a trusted channel through which MPG can raise these concerns with national authorities and partners. Its support to community-led monitoring and advocacy helps bring urgent problems to attention before they lead to prolonged interruptions in care.

In an emergency, community networks are a vital connection between people and services. We help share information, support referrals and identify people who have lost contact with care. UNAIDS' support strengthens this work and complements the Ministry of Health and National AIDS Programme's efforts to sustain the HIV response under exceptionally challenging conditions.

As the working group considers the transition of UNAIDS functions within the UN system, we respectfully urge it to assess the implications for people who depend on uninterrupted HIV treatment. Myanmar continues to need dedicated country-level capacity to coordinate UN technical assistance, mobilize resources, connect stakeholders and ensure that community concerns inform timely action.

Community System Strengthening . Representation . Voices of Community . Meaningful Participation . Exemplary Leadership

MPG Secretariat Office: No. 367/19, Khaing Thazin St., Paung Ku Nyar Na, Shwe Nanthar Ward, Mingalardon Township, Yangon, Myanmar

Contact : 09 797 212 020, 09 765 639 020, info@myanmarpositivegroup.org, www.myanmarpositivegroup.org

Preserving UNAIDS' presence in Myanmar is critical to protecting lives and sustaining HIV treatment amid conflict. We ask that any future arrangements safeguard its capacity to perform these functions and maintain the partnerships on which our communities rely.

Please convey this appeal to the working group. For people living with HIV, continuity of this support means a better chance of obtaining medicines, remaining in care and living with health and dignity despite the crisis around them.

Yours sincerely,



Thaw Thar Kyaw
Chairperson
Myanmar Positive Group
Myanmar



Dr. Gurumurthy Rangaiyan
UNAIDS Country Director
UNAIDS Country Office, Myanmar
Yangon

Subject: Appreciation for UNAIDS' support to community networks and an appeal to maintain its presence in Myanmar

Dear Dr. Rangaiyan,

On behalf of the Community Network Consortium, we wish to express our deep appreciation to you and the UNAIDS Country Office for your sustained support to people living with HIV and key populations in Myanmar. At a time of profound uncertainty and hardship, this partnership has helped our networks remain connected, bring community concerns to decision-makers and contribute to the national HIV response.

The ongoing conflict, displacement and economic hardship have made access to HIV services increasingly difficult. For the people we represent, these challenges are deeply personal: difficulty travelling to a treatment center, fear of disclosing their HIV status, loss of income, or uncertainty about where to obtain their next supply of medicines. Community networks are often the first point of contact for people facing these difficulties, yet our ability to respond depends on sustained partnerships, technical support and resources.

UNAIDS has stood alongside our networks through these challenges. Its support to community coordination, capacity development, community-led monitoring and resource mobilization has strengthened our ability to identify service barriers, support referrals and advocate for continuity of prevention, treatment and care. Equally valuable is the space UNAIDS creates for communities to speak openly, be heard and contribute meaningfully to decisions that affect their lives.

Through UNAIDS' support, our networks have participated in national strategic planning, Global Fund Grant Cycle 7 and Grant Cycle 8 proposal development, country dialogue and technical working groups. This engagement helps ensure that community experience informs national priorities. It also complements the work of the Ministry of Health and the National AIDS Programme by strengthening connections between health services and populations who may otherwise be difficult to reach.

We understand that a working group is considering the transition of UNAIDS functions within the UN system. **We respectfully ask that the voices and needs of Myanmar's communities remain central to these discussions.** In our current circumstances, UNAIDS' continued presence in the country is critical. Its established relationships, dedicated HIV expertise and ability to bring communities, government, UN agencies and funding partners together provide support that our networks rely on.

Our appeal is to preserve a dedicated UNAIDS country presence with the capacity to sustain community partnerships, coordinate UN technical assistance and help mobilize resources. Any future arrangements must protect the continuity of this support, particularly while conflict and service disruptions continue to place people at risk of being left behind.

For our communities, a continued UNAIDS presence means a stronger voice in the national response, a trusted partner in addressing service challenges and continued support for the organizations working to reach those most in need. It is essential to protecting progress and helping Myanmar fulfil its commitments to end AIDS.

Please accept our heartfelt thanks for your team's commitment and solidarity. We would appreciate your sharing this message with the working group as an expression of the importance our communities attach to UNAIDS' continued presence and support in Myanmar.

Kind regards,



On behalf of the Community Network Consortium
Myanmar

1 October 2026

UNAIDS PCB Working Group Co-Facilitators

Fionnuala Murphy, Frontline AIDS

Bob Rae, Canadian UN Ambassador and ECOSOC President

Joe Phaahla, South African Deputy Minister of Health

Dear Co-Facilitators,

We, the undersigned national networks representing people living with HIV and key populations in Nepal, recognize the importance of ensuring that the HIV response remains country-led, inclusive, and responsive to the realities faced by communities. From our experience, the UNAIDS Secretariat has played a unique catalytic role in creating a safe space for meaningful community participation and ensuring that the voices and concerns of people living with HIV and key populations are reflected in HIV policies, programmes, and decisions.

The UNAIDS Secretariat (Country Office) has supported communities and civil society beyond its technical role. It has helped connect communities' voices with government, UN agencies, development partners and other stakeholders, supported community-led advocacy, and facilitated dialogue on policy and strategic issues affecting the HIV response. Its support has also helped ensure that community priorities and perspectives are considered in policymaking, planning and resource allocation processes in the national HIV response.

For communities, the value of the UNAIDS Secretariat also lies in its ability to bring together different actors and create opportunities for dialogue when perspectives and priorities may differ. This convening and bridging role has been important in strengthening accountability and keeping the HIV response focused on the people and communities most affected by the epidemic.

As Nepal works towards the 2030 HIV targets and addresses the sustainability of its HIV response, we, the affected communities, request the UNAIDS PCB Working Group, co-facilitated by you all, to secure continued presence and support of the UNAIDS Secretariat (country office) in Nepal until the transition and integration of UNAIDS is complete. From the perspective of communities in Nepal, it is important that the transition does not create gaps in the support, relationships, and platforms that enable people living with HIV and key populations to meaningfully participate in and influence the HIV response.

We respectfully request that our experience and perspectives as communities and civil society in countries such as Nepal are considered and taken into account in this process.

Yours sincerely,

Recovering Nepal- RN



National Association of People Living with HIV and AIDS- NAP+N



Federation of Sexual and Gender Minorities Nepal- FSGMN



Jagriti Mahila Maha Sangh- JMMS



National Federation of Women Living with HIV and AIDS- NFWLHA



YKP Lead Nepal



National Migrant Network of HIV and SRHR- NMNHAS



Prison Foundation- PF



Recovering Nepal Women- RN Women



Ms. Fionnuala Murphy, Frontline AIDS

Hon. Joe Phaahla, South African Deputy Minister of Health

Exc. Bob Rae, Canadian UN Ambassador and ECOSOC President

Co-facilitators

UNAIDS Programme Coordinating Board (PCB) Working Group

Subject: **Civil Society Perspectives from Pakistan on the Further Transition and Integration of UNAIDS**

Dear Co-Facilitators and Members of the PCB Working Group,

We, representatives of people living with HIV, networks, key populations, communities, CSOs, CBOs and NGOs in Pakistan, welcome the work of the PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond.

We recognize the need for a more focused, efficient and sustainable UN response to HIV. However, transition must reflect country realities and protect the essential functions required to sustain national HIV responses and progress towards ending AIDS by 2030.

Pakistan is not transitioning out of an HIV epidemic; it is still working to contain a growing one. Significant gaps remain in prevention, diagnosis, treatment and retention, while stigma, discrimination, structural barriers and dependence on international financing continue to challenge the response.

In this context, the UNAIDS Secretariat's country-level presence remains essential. Its functions in leadership and advocacy, convening and coordination, strategic information and accountability, and community engagement help bring together government, provincial programmes, UN agencies, development partners and communities around a coordinated national response.

We support UN80 reform and greater efficiency, including clearer and complementary roles for the Secretariat and Cosponsors. However, integration should strengthen the HIV response rather than create gaps in functions that countries are not yet ready to assume. Transition should therefore be differentiated, phased and based on country-specific readiness and demonstrated sustainability rather than a uniform institutional timeline.

We respectfully call for the continued presence of the UNAIDS Secretariat in Pakistan throughout the transition and until its essential functions can be sustainably carried forward through adequately resourced national mechanisms. Sustainable financing, institutional capacity, coordination, strategic information and meaningful community participation should be established before these functions are reduced or transferred.

People living with HIV, key populations and communities must also remain meaningfully involved in shaping, implementing and monitoring future arrangements.

Our call is not to resist transition, but to ensure that it is responsible, evidence-based and sustainable. Pakistan needs a strong UNAIDS Secretariat during this period to help build the conditions that will ultimately make a successful transition possible.

Sincerely,



Asghar Satti

On behalf of people living with HIV, key populations, communities, CSOs, CBOs and NGOs in Pakistan

Signatory Organizations

1. Association of people living with HIV (APLHIV)-Pakistan
2. Positive Female Network (POFEN)-Pakistan
3. Drug User's Network (DUNE)-Pakistan
4. Youth Chapter Pakistan
5. Activists' coalition on TB in Pakistan (ACT! PK)
6. Awami Welfare Society
7. Active Help Organization
8. Allai Development Organization
9. Awami Development organization
10. Bham Foundation
11. Blessing Development Association
12. Charsadda TB Association
13. Community Welfare Organization
14. Dareecha Male health Society
15. Dostana Male health Society
16. Ghazi Social Welfare Association
17. Humraz Male Health Society
18. Hamdam Foundation
19. Integrated Rural Awareness & Development Organization (IRADO)
20. Innovative Human for change
21. Jaggarta
22. Manzil Foundation
23. Marhaba Welfare Trust

24. Organizing Action Towards Humanity
25. Peace Foundation
26. Pakistan Anti TB Association
27. Roshan Samaj Development Organization
28. SPEAK Trust
29. Satrangi organization
30. SHEED Society
31. Saiban Development Organization
32. Samaji Behbood Rabita Council
33. Sami Foundation
34. Taaleem Foundation
35. United Rural Development Organization
36. Youth Welfare & Younger Blood Donor Association
37. Zindagi Development Organization



1 October 2026

Joe Phaahla, South African Deputy Minister of Health
Bob Rae, Canadian UN Ambassador and ECOSOC President
Fionnuala Murphy, Frontline AIDS
Co-Facilitators
UNAIDS PCB Working Group

Dear Co-Facilitators,

**STATEMENT BY THE KEY POPULATION ADVOCACY CONSORTIUM (KPAC)
PAPUA NEW GUINEA
ON THE FURTHER TRANSITION AND INTEGRATION OF UNAIDS INTO THE UN
SYSTEM AND BEYOND**

The Key Population Advocacy Consortium (KPAC) Papua New Guinea welcomes the ongoing work of the UNAIDS Programme Coordinating Board Working Group to develop a responsible, effective and financially sustainable transformation of the UNAIDS Joint Programme. We support reform that strengthens national ownership, makes better use of the comparative advantages of United Nations agencies and communities, and protects the core functions that have made the Joint Programme effective.

For Papua New Guinea, however, transformation must not result in fragmentation of the HIV response or the premature withdrawal of the leadership, coordination, accountability and community-engagement functions currently provided through UNAIDS. Papua New Guinea continues to face major challenges in HIV prevention, testing, treatment, retention in care, stigma and discrimination, and equitable access for key and vulnerable populations. In this context, a coherent country-level mechanism that can steer and coordinate the collective UN response remains essential.

KPAC therefore strongly supports a transformed Joint Programme with a clear Hub function and a sustained country-level presence in Papua New Guinea during the transition period. The Hub should serve as the strategic entry point for the Joint Programme as a whole: convening the UN system, aligning technical assistance, ensuring that responsibilities are clear, monitoring delivery, identifying gaps, mobilizing political and financial support, and escalating issues when agreed support is not provided. Technical implementation may increasingly be undertaken by Cosponsors according to their mandates, but the steering, coordination and accountability function must remain coherent and visible.

This is particularly important for communities. UNAIDS has been a trusted partner and an important platform for people living with HIV, key populations, women, young people and other affected communities to participate in national policy dialogue and to raise human rights concerns. KPAC considers community co-creation and co-leadership to be a core requirement of any future model, not an optional consultation mechanism. The transformed arrangements in Papua New Guinea should institutionalize community representation within the Joint UN Team and other coordination structures, and should preserve dedicated capacity to support human rights, gender equality, stigma reduction and meaningful community engagement.

We also support the principle that transition should be function-led, differentiated and based on verified capacity. Responsibilities should not be transferred simply because a new institutional arrangement has been selected. Before any function is moved from the UNAIDS Secretariat or Hub to a Cosponsor, the Resident Coordinator's Office or a national institution, there should be a

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transparent assessment showing that the receiving entity has the mandate, technical capacity, resources, relationships and accountability arrangements needed to perform that function without disruption. No critical function should be withdrawn until another actor is demonstrably ready to assume it.

Papua New Guinea should be treated as a setting where sustained support is warranted by the scale and trajectory of the epidemic, geographic and health-system constraints, human rights and gender barriers, the needs of key populations, and the continuing requirement for coordinated technical assistance. In addition, a strong presence in Papua New Guinea can provide an important platform for connecting national needs with regional and global expertise and for coordinating the contributions of WHO, UNFPA, UNICEF, and other UN entities and partners supporting the HIV response in Papua New Guinea and the wider Pacific.

Accordingly, KPAC calls on the Working Group to ensure that the final transition model provides for: (1) a clearly mandated Hub that retains leadership, advocacy, coordination, accountability, strategic information and community-engagement functions; (2) a sustained and clearly identified Joint Programme entry point in Papua New Guinea, with sufficient authority and capacity to coordinate the UN system's HIV support; (3) a Joint UN Team arrangement with clear responsibilities, response times and accountability for technical assistance; (4) institutionalized community co-creation and co-leadership, including meaningful representation of key populations and people living with HIV; (5) a transparent, capacity-based and country-specific transition process in which no function is transferred before verified capacity is in place; and (6) a regional support arrangement that ensures Papua New Guinea and Pacific countries have dependable access to specialized technical, strategic information, human rights, gender and crisis-response capacity.

KPAC supports transformation, but transformation must strengthen rather than weaken the collective capacity of the United Nations, government and communities to end AIDS as a public health threat. For Papua New Guinea, this requires a strong steering function, a coordinated UN offer, meaningful community leadership, and a responsible transition that protects continuity, trust and accountability. We respectfully request that these priorities be reflected in the Working Group's final recommendations and in the future operating model of the Joint Programme.

Yours sincerely,

Mr. Lesley Bola
Executive Director
Key Population Advocacy Consortium (KPAC)
Papua New Guinea

Mobile - 67575032442



Statement from Pilipinas Shell Foundation, Inc. (PSFI) on Multi-Stakeholder Engagement on UNAIDS Transition and Integration into the UN System and Beyond

The Pilipinas Shell Foundation, Inc. (PSFI) is a non-governmental organization that supports the Philippines' HIV and AIDS response through the Philippine Business Sector Response to HIV/AIDS (PBSR) and the Philippines Response in Optimizing Testing, Empowered Communities, Treatment and Sustainability (PROTECTS). Through testing and treatment support, community empowerment, policy advocacy, and workplace interventions, these initiatives strengthen the national response and help individuals and communities live healthy, dignified lives.

PSFI welcomes the ongoing discussions on the future direction of UNAIDS and the broader global HIV response. As a long-standing partner in the Philippines' HIV and AIDS response, PSFI has witnessed firsthand the importance of strong collaboration among government, civil society, communities, development partners, the private sector, and the United Nations in addressing an increasingly complex epidemic.

At a time when the Philippines continues to experience one of the fastest-growing HIV epidemics in Asia and the Pacific, we believe it is important to highlight three key considerations.

First, the value of leadership, coordination, and partnership must be sustained.

One of the most significant contributions of the UNAIDS Secretariat country office has been its ability to bring together diverse stakeholders around a common agenda. The HIV response requires the active participation of many sectors, each with unique mandates, expertise, and resources. UNAIDS Secretariat has played a critical role in creating a space where these stakeholders can align priorities, share accountability, and work collectively toward common outcomes. This convening function has strengthened national ownership of the response and helped ensure that efforts remain coordinated rather than fragmented.

Second, transitions should build on existing partnerships and strengthen local capacity.

The sustainability of the HIV response depends on strong national systems, empowered communities, and effective partnerships. Any future arrangements should reinforce these foundations and protect the gains achieved through years of collaboration. Organizations working at the community level, including nongovernmental organizations and community-based groups, rely on coordinated platforms where stakeholders can exchange knowledge, identify gaps, and develop joint solutions. Continued investment in these partnerships will be essential to sustaining progress and responding effectively to emerging challenges.



Third, preserving essential functions is more important than preserving structures.

As discussions on the future architecture of the HIV response continue, attention should remain focused on the functions that have proven critical to success. Among these is the ability to convene partners, facilitate dialogue, promote policy coherence, and foster collective action across sectors. Regardless of where these functions are ultimately situated, they must remain adequately supported and effectively delivered. The response to HIV requires a mechanism that can help align efforts, leverage comparative advantages, and maintain a shared commitment to achieving national and global targets.

PSFI believes that effective partnerships remain at the heart of a successful HIV response. The ability to bring stakeholders together, foster collaboration, and mobilize collective action has been one of the defining strengths of UNAIDS Secretariat at the country level. As the future of the Joint Programme is considered, it will be important to ensure that these functions continue to support a coordinated, inclusive, and impactful response that leaves no one behind.

Thank you.

RAY U. ANGLUBEN, MOH, MPH

Director – Global Fund Programs

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Philippine Society for Microbiology and Infectious Diseases, Inc.

Subspecialty Society of the Philippine College of Physicians Accredited
Specialty Division of the Philippine Medical Association

Statement of the Philippine Society for Microbiology and Infectious Diseases (PSMID) on UNAIDS Transition and Integration into the UN System and Beyond

October 2, 2026

The Philippine Society for Microbiology and Infectious Diseases (PSMID), the leading professional association of infectious disease and microbiology specialists in the Philippines, welcomes the continuing dialogue on the future of UNAIDS and the broader global HIV response.

As a medical and scientific society committed to advancing excellence in infectious diseases, microbiology, patient care, research, and public health, PSMID recognizes the importance of maintaining a strong, coordinated, and evidence-informed HIV response. The Philippines continues to face one of the fastest growing HIV epidemics in Asia and the Pacific, requiring sustained collaboration among government, health professionals, communities, civil society, development partners, the private sector, academia, and the United Nations system. From the perspective of the medical and scientific community, we would like to highlight the following key considerations.

First, the leadership, technical coordination, and convening role of the UNAIDS Secretariat country office must be sustained.

The value of the UNAIDS Secretariat country office extends beyond the provision of technical assistance. Its ability to bring together diverse stakeholders around a common HIV agenda has been an important contribution to the national response.

For the health and scientific community, this convening function provides an important platform for government agencies, professional societies, health-care providers, researchers, civil society, communities, development partners, and other stakeholders to exchange knowledge, align priorities, and translate evidence into action.

In a complex and rapidly evolving epidemic, no single institution or sector can address the HIV response alone. The UNAIDS Secretariat country office has helped facilitate the multidisciplinary collaboration required to connect scientific and clinical expertise with public health priorities, community realities, policy development, and program implementation. Preserving this capacity for coordination and collective action will remain important to the effectiveness of the national HIV response.

Second, the UNAIDS Secretariat plays an important role in linking evidence, policy, and practice.

An effective HIV response must continuously evolve in response to emerging scientific evidence, changes in the epidemic, advances in prevention and treatment, and the realities of health systems and communities.

The UNAIDS Secretariat has provided an important link between global developments and country-level action, helping stakeholders understand and respond to evolving evidence, policies, and international commitments. It has also helped create opportunities for technical experts and professional organizations to contribute their expertise to national discussions and priorities. For the medical community, maintaining this connection is particularly important. Advances in HIV prevention, testing, treatment, monitoring, and service delivery must be translated into policies and programs that are appropriate to the Philippine context. This requires sustained dialogue among clinicians, scientists, public health practitioners, policymakers, communities, and development partners.

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Third, the transition should preserve essential country-level functions, regardless of future institutional arrangements.

From a health-system perspective, the critical question is not simply where UNAIDS functions will be situated within the future institutional architecture. What matters is whether the essential functions that have supported an effective and coordinated HIV response will continue to be delivered.

These include convening partners, facilitating technical dialogue, promoting policy coherence, supporting evidence-informed decision-making, strengthening multidisciplinary partnerships, and helping align national efforts with global HIV commitments and targets.

The UNAIDS Secretariat country office has provided an important mechanism through which these functions can come together at the country level. Any future arrangement should therefore build on existing relationships, institutional knowledge, and partnerships, while ensuring that essential technical and coordination capacities remain adequately supported and responsive to national needs.

PSMID recognizes that a successful HIV response requires the combined efforts of health professionals, government, communities, civil society, researchers, development partners, and other sectors. The UNAIDS Secretariat has played a valuable role in bringing these different constituencies together and facilitating a shared understanding of the challenges and priorities of the HIV response.

As discussions on the future of the Joint Programme continue, PSMID believes that the value of the UNAIDS Secretariat country presence and its essential functions should remain a key consideration. Whatever institutional arrangements emerge, the capacity to convene stakeholders, facilitate technical collaboration, connect evidence with policy and practice, and support a coordinated national response should be preserved.

For the medical and scientific community, sustaining these functions is essential to ensuring that the HIV response remains evidence-informed, technically sound, coordinated, and responsive to the evolving needs of the Philippine population.

Thank you.

On behalf of the National Board,

A handwritten signature in black ink, appearing to read 'Ar Roman', with a stylized flourish at the end.

Arthur Dessi Roman, MD, MTM, FPCP, FPSMID
PSMID President 2026-2027



**NETWORK OF POSITIVE ADVOCATES OF THE PHILIPPINES, INC.
(NETWORK PLUS)**

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Statement of Network Plus Philippines following the Second Multi-Stakeholder Engagement on the Further Transition and Integration of UNAIDS into the UN System and Beyond

Network of Positive Advocates of the Philippines, Inc. (also known as Network Plus Philippines), is an umbrella organization of various groups representing people living with HIV across the Philippines.

We would like to express our appreciation to the PCB Chair, the UNAIDS Executive Director, the UNAIDS Secretariat, the Joint Programme, and the Working Group for their leadership, dedication, and commitment throughout this important process of reflection and transition. We recognize the significant effort invested in ensuring that the future of the global HIV response remains responsive to the realities faced by communities.

As a country facing one of the fastest-growing HIV epidemics in Asia and the Pacific, the Philippines continues to require strong leadership, coordination, and partnership to ensure that the response remains effective, inclusive, and people-centered.

First, community-centered leadership and country presence must be preserved.

For people living with HIV, the value of the UNAIDS Secretariat country office extends beyond technical support. From the perspective of communities, it is also a trusted and accessible bridge to government, the UN system, civil society, development partners and other stakeholders.

It serves as a trusted convener that brings together government, civil society, communities, development partners, academia, and the UN system around a shared vision for ending AIDS. Its ability to facilitate dialogue, bridge perspectives, and align stakeholders has been critical in ensuring a coordinated national response.

For communities, this space is particularly important because we are often the first to see and experience gaps in HIV services, policies and programs. Having a space where these concerns can be raised, heard and brought into broader discussions is an important part of an accountable HIV response.

As discussions on transition move forward, it is essential that this convening and leadership role is maintained.

Second, sustainable transition must strengthen communities and national systems.

Any future arrangements should reinforce, rather than weaken, the partnerships that have supported the HIV response over the years. Community-led organizations remain on the frontlines of prevention, treatment support, advocacy, and accountability.

The UNAIDS country office has played an important role in connecting communities with decision-makers and ensuring that the voices of people living with HIV are reflected in policies and programmes. For this partnership to continue, communities and civil society must have meaningful opportunities to participate, the resources to contribute to the response, and clear pathways to raise concerns when gaps are identified.

Sustaining these links will be vital to maintaining progress and addressing the growing epidemic.



**NETWORK OF POSITIVE ADVOCATES OF THE PHILIPPINES, INC.
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Third, the future response must be driven by functions and impact, not by organizational structures.

For communities, the most important question is not where functions are located, but whether essential functions continue to be delivered effectively. The transition should therefore demonstrate, function by function, who will be responsible, what capacity and resources will be available, and how communities will continue to engage and hold the response accountable.

Among these, the convening role of UNAIDS remains indispensable. In a complex response involving multiple actors, there is a continuing need for an entity that can promote harmonization, foster collaboration, reduce fragmentation, and ensure collective accountability. The ability to coordinate stakeholders around common priorities is a function that must be preserved regardless of any future institutional arrangements.

Our experience with community-led monitoring (CLM) demonstrates why this connection between communities and decision-makers is so important. Through CLM, communities are able to identify gaps in HIV services, document their experiences, generate evidence, and bring these concerns to government and other decision-makers for action. For people living with HIV, this is not simply a data-gathering exercise, but it is a practical way of making sure that the realities experienced by communities inform decisions about policies, programs, and resources. In the Philippines, we are grateful to the UNAIDS Country Office for its support in advancing CLM and helping create the space for this approach to be recognized and taken up within the national HIV response. This experience shows the value of having a UNAIDS presence that can connect community evidence and voices with government and other decision-makers. As UNAIDS transitions, this community-to-decision-maker connection should be protected and strengthened, regardless of where specific functions are ultimately placed within the UN system.

As people living with HIV, we believe that the strength of the HIV response lies in collective action. The UNAIDS Secretariat country office has been instrumental in helping diverse partners work together toward shared goals. Preserving this capacity to convene, coordinate, and unite stakeholders will be essential to sustaining progress and accelerating efforts to end AIDS as a public health threat.

For Network Plus and the communities we represent, the success of the transition should ultimately be measured not only by whether functions are transferred, but by whether those functions continue to work for the people and communities who rely on the HIV response.

Thank you.

In solidarity,

Manuel Velasco

President

Network of Positive Advocates of the Philippines, Inc.



Action for Health Initiatives, Inc.

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Statement of Action for Health Initiatives, Inc. (ACHIEVE) on Multi-Stakeholder Engagement on UNAIDS Transition and Integration into the UN System and Beyond

ACHIEVE, Inc. welcomes the continuing dialogue on the future of UNAIDS and the broader global HIV response. As a civil society organization working to advance the rights and well-being of communities affected by HIV, we recognize the importance of ensuring that the transition and future arrangements preserve the functions, partnerships, and capacities that have been critical to the HIV response.

The Philippines continues to face a rapidly growing HIV epidemic. In this context, the presence and role of the UNAIDS Secretariat country office remain particularly valuable. For communities and civil society organizations, UNAIDS has served as an important partner in bringing together diverse stakeholders, facilitating dialogue, strengthening collaboration, and keeping the national response focused on shared priorities.

From our perspective, we would like to highlight three key considerations.

First, the convening and coordinating role of the UNAIDS Secretariat country office must be preserved.

The value of the UNAIDS Secretariat country office extends beyond its technical contributions. Its ability to convene government, civil society, communities, development partners, the private sector, academia, and the United Nations system around a common HIV agenda has been particularly important in a complex and rapidly evolving epidemic.

For civil society and communities, this convening role provides an important space for different perspectives to be heard and brought together. It helps bridge the perspectives of communities and decision-makers, facilitate dialogue among partners, identify common priorities, and encourage collective accountability. This capacity to connect stakeholders and help align their efforts is a critical contribution that should be sustained through any future arrangements.

Second, the UNAIDS Secretariat plays an important role in ensuring that communities remain connected to national decision-making and the broader HIV response.

Community-led and civil society organizations are essential to HIV prevention, testing, treatment support, advocacy, human rights, and accountability. Yet their ability to influence policies and programs depends in part on having meaningful platforms through which they can engage with government and other stakeholders.

The UNAIDS Secretariat has helped create and maintain these spaces. It has provided opportunities for communities and civil society to bring their experiences and concerns to the attention of decision-makers, while also helping stakeholders better understand the realities faced by people affected by HIV. Preserving this bridge between communities, government, development partners, and other sectors will be essential to ensuring that the HIV response remains inclusive, responsive, and grounded in community realities.

Third, the transition should preserve essential UNAIDS functions, regardless of where they are ultimately located.

For communities, the question is not simply where responsibilities will sit within the future institutional architecture. What matters is whether the functions that have supported an effective and coordinated HIV response will continue.

These include convening stakeholders, facilitating dialogue, supporting policy coherence, strengthening partnerships, promoting accountability, and helping align national efforts with broader HIV priorities. The UNAIDS Secretariat country office has brought these functions together in a way that enables different actors to contribute their respective expertise, resources, and perspectives toward shared goals.

Any future arrangement should therefore ensure that these functions remain adequately resourced, accessible, and responsive to country needs. The transition should build on the relationships and trust developed over years of collaboration rather than risk creating further fragmentation within an already complex HIV response.

ACHIEVE believes that the strength of the HIV response lies in collective action. The UNAIDS Secretariat country office has been instrumental in creating the conditions for that collective action by bringing stakeholders together, facilitating meaningful dialogue, connecting communities with decision-makers, and helping partners work toward common objectives. As discussions on the future of the Joint Programme continue, we urge that the value of this country-level presence and its essential functions be carefully considered. Whatever institutional arrangements emerge, the ability to convene, coordinate, connect, and amplify the voices of communities must remain at the heart of the HIV response.

For communities affected by HIV, maintaining these functions is not simply an institutional consideration. It is essential to sustaining a coordinated, inclusive, and effective national response and to ensuring that no one is left behind.

Thank you.

Action for Health Initiatives (ACHIEVE), Inc. is a non-government organization that works on human rights, gender and other health and development issues affecting migrant workers, people living with and affected by HIV, and people affected by TB.

STRENGTHENING THE JOINT UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS) TO END AIDS AS A PUBLIC HEALTH THREAT IN ASIA AND THE PACIFIC REGION

This submission outlines regional key population perspectives and recommendations to ensure that the UNAIDS Joint Programme remains strong, key population-centred, and capable of driving the Asia-Pacific region toward ending AIDS.

The ongoing UNAIDS transition marks a defining moment for the global HIV response. For Asia and the Pacific, this transition is a test of whether the global HIV architecture will continue to protect the communities most affected by HIV, or whether key populations will be left more vulnerable in an increasingly hostile political and funding environment. Communities across the region emphasise that the transition must result in a stronger, more coherent, and more community-responsive UNAIDS.

Strengthening UNAIDS is a public health and human rights imperative for key populations. A stronger UNAIDS means stronger access to HIV services, stronger investment in KP-led initiatives, and stronger sustainability of KP networks that carry the weight of the epidemic in Asia and the Pacific.

A strengthened UNAIDS Joint Programme can expand access, financing, protection, and political visibility for key populations. The region's ability to end AIDS depends on whether UNAIDS can continue to perform the functions that no other global body is mandated, equipped, or politically positioned to deliver.

1. A Critical Moment for Asia-Pacific

The Asia-Pacific Region is at a pivotal moment in the HIV response. The region continues to face the world's second-largest HIV epidemic, with key populations accounting for 68% of new HIV acquisitions. Several countries in the region are experiencing resurgent HIV infections, rising AIDS-related deaths, and widening prevention gaps especially where PrEP coverage remains low and community-led outreach has been disrupted by declining donor support.

Despite more than 40 years of the global HIV response and over 30 years of UNAIDS, the region is not on track to end AIDS as a public health threat. The current UNAIDS transition presents a decisive opportunity to strengthen the Joint Programme's ability to lead, coordinate, and protect the rights of communities most affected by HIV.

APCOM, regional KP networks, and country-based key population-led organisations hold the opinion that UNAIDS country presence remains indispensable. Without UNAIDS country presence the coordination, CSO engagement, and political will has weakened and national responses have become fragmented, selective, and less accountable.

2. Regional Realities: Prevention Gaps, Shrinking Civic Space, and Declining Financing

2.1. Resurgence of HIV and widening prevention gaps

Asia and the Pacific is experiencing a renewed surge in HIV infections, with several countries reporting rising new cases and high AIDS-related mortality. Prevention coverage remains dangerously inadequate, particularly for key populations who account for 68% of new HIV acquisitions in the region.

Despite global commitments to scale up combination prevention, oral and injectable PrEP are not reaching scale. Regulatory delays, cost barriers, and the absence of community-led delivery models continue to block access. Community-led organisations face interruptions in service delivery due to funding disruptions and donor withdrawal. These gaps directly undermine the ability of key populations to access lifesaving HIV prevention tools.

2.2. Declining international financing for KP-led programmes

The region is entering a period of decreasing investments and financing. Many Asia-Pacific countries are receiving their final rounds of Global Fund support, while bilateral donors have reduced investments. This trend has resulted to interruptions in community-led outreach, reduced PrEP demand generation, weakened KP-led monitoring, and loss of political visibility for key populations.

For key populations, this is a direct threat. KP-led organisations are the backbone of HIV prevention in the region, yet they remain financially vulnerable, structurally underfunded, and excluded from domestic financing systems. Without sustained investment in KP-led programmes, Asia-Pacific countries will not achieve the 2026 Political Declaration's prevention targets, nor will they be able to reverse rising epidemics.

2.3. Shrinking civic space and criminalisation

Key populations in Asia-Pacific continue to operate in hostile legal and political environments. Yet the 2026 Political Declaration does not name criminalisation of sex work, same-sex relations, drug use, and anti-trans legislation as the core drivers of the epidemic.

Shrinking civic space further undermines access to HIV services. KP-led organisations cannot deliver prevention, PrEP, or harm reduction services effectively when their existence is criminalised or politically constrained.

UNAIDS' human rights leadership has historically been essential in protecting KP communities in hostile environments. Communities warn that any weakening of this mandate will directly worsen structural barriers, reduce access to services, and increase violence and discrimination.

2.4. Weakening coordination without UNAIDS country presence

Across the region, communities consistently report that downsizing or removing UNAIDS country offices has weakened multisectoral coordination, reduced government engagement with civil society, and diminished political commitment to HIV. In several countries, KP-led organisations have lost access to national policy spaces, coordination platforms, and technical dialogues.

When UNAIDS coordination weakens, KP-led organisations lose the only UN-backed mechanism that consistently champions their leadership, rights, and financing needs. Without strong UNAIDS country presence, national HIV responses risk becoming fragmented, selective, and disconnected from community realities.

3. Strengthening UNAIDS Joint Programme Matters for Asia-Pacific

3.1. UNAIDS is the only global body with a singular mandate to end AIDS

UNAIDS remains the only global body with a singular mandate to end AIDS. It is the mechanism that keeps HIV politically visible and prevents national responses from fragmenting or deprioritising communities most affected by the epidemic. Without strong UNAIDS leadership, KP-led priorities risk being overshadowed by broader health agendas, diluted within multisectoral frameworks, or sidelined in national planning processes.

3.2. UNAIDS provides accountability mechanisms that communities rely on

UNAIDS' data systems, reporting frameworks, and target-setting processes are the only global mechanisms that consistently expose inequities in access, financing, and service delivery for KP communities. As communities have warned, without UNAIDS' independent monitoring, national reporting can become selective, political, or disconnected from community realities, leaving KP-led gaps invisible and unaddressed.

3.3. UNAIDS is the only UN body with formal PLHIV and KP representation in governance

This structural safeguard ensures that lived experience, community evidence, and rights-based perspectives shape global policy and resource allocation. Any transition that weakens or sidelines community representation would undermine the legitimacy of the global HIV response and erase the political gains KP networks have fought for over decades.

3.4. UNAIDS protects human rights in hostile political environments

UNAIDS is the only UN agency that consistently champions the rights of men who are having sex with men, sex workers, transgender people, people who use drugs, and migrants. Weakening UNAIDS' human rights mandate would directly reduce KP access to services, increase violence and inequalities, and embolden punitive laws that fuel the epidemic.

3.5. UNAIDS' regional hubs are essential for Asia-Pacific

UNAIDS' regional hubs play a critical role in Asia-Pacific by tackling human rights violations, championing KP-led interventions, supporting countries facing criminalisation, and coordinating regional advocacy and accountability. They are also essential for ensuring financing for community-led responses, guiding domestic financing transitions, and supporting the scale-up of PrEP and other prevention tools.

4. Community Recommendations to Strengthen UNAIDS in Asia-Pacific

4.1. Strengthen UNAIDS Country Presence and Regional Hubs

UNAIDS' presence is a requirement for ensuring access to services for key populations. Country offices must be maintained and expanded, especially in settings with rising epidemics or hostile legal environments. Regional hubs must lead human rights advocacy, support KP-led organisations facing criminalisation, coordinate PrEP scale-up, and ensure accountability for prevention targets. They must also support domestic financing transitions to ensure KP-led organisations are not left behind as donor funding recedes.

4.2. Institutionalise KP and PLHIV Leadership in Decision-Making

There must be an institutionalisation of formal, resourced, and structured representation of key populations and PLHIV at all levels of decision-making including country coordination mechanisms, regional platforms, Joint Programme governance, and national HIV planning, budgeting, and oversight bodies. This representation must include transgender communities, sex workers, people who use drugs, young key populations, and PLHIV networks.

KP leadership is a programmatic requirement for designing interventions that reach criminalised, underserved, and socially excluded communities. Without KP leadership embedded in governance, national responses will continue to overlook the populations driving the epidemic.

4.3. Protect and Expand UNAIDS' Human Rights Mandate

UNAIDS must continue to champion rights-based approaches and confront punitive laws and policies. This includes advocating for decriminalisation, protecting transgender rights, and removing administrative barriers that restrict access to HIV prevention and treatment. Rights-affirming frameworks must be fully resourced to ensure KP-led organisations have the political space and safety required to deliver services.

4.4. Strengthen UNAIDS' Accountability Role on Financing for KP-Led Interventions and Achievement of the 30-80-60 Targets

UNAIDS must systematically monitor progress, gaps, and barriers in financing for KP-led interventions. Strengthening the Joint Programme requires clear accountability mechanisms that track national investments, identify financing shortfalls, and support governments to close gaps through domestic prevention budgets, social contracting, and rights-affirming financing pathways. This accountability must be tied to enforcing the 30-80-60 targets to ensure KP-led service delivery and monitoring.

4.5. Strengthen UNAIDS' Role in PrEP Scale-Up and Prevention Innovation

UNAIDS must support fast-track regulatory pathways for long-acting and oral PrEP, advocate for KP-focused national PrEP targets, and promote community-led differentiated service delivery models. Regional market-shaping efforts are needed to reduce PrEP costs and accelerate access. Prevention targets must be monitored through community-led data systems.

4.6. Reinforce UNAIDS' Convening Power

UNAIDS' convening power remains irreplaceable in Asia-Pacific, where multisectoral coordination is essential to reaching criminalised and marginalised communities. UNAIDS must continue to bring together governments, communities, donors, UN agencies, and technical partners to sustain political commitment, strengthen regional collaboration, and ensure accountability for prevention and human rights.

This convening role ensures that KP-led organisations retain access to policy spaces, that governments remain accountable, and that regional responses remain coherent and rights-based.

Dear PCB Governance team, please find below the interventions delivered on behalf of the European Network of People who Use Drugs:

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?

Thank you, Chair.

We call on the PCB to ensure that a strong Hub can operate from the global and regional levels down to countries. This is where we need to build on the strong and trusted partnerships that have been built over time with both governments and communities. As we prepare for a responsible and phased transition, we must make sure these relationships are safeguarded, and that any shift to other stakeholders is guided by agreed markers of readiness. Countries, both governments and communities, must be prepared to lead a comprehensive response that includes all affected populations.

While we agree that technical leadership can shift to other UN agencies, we want assurances that any future shifts of the Hub's core functions are guided by system and epidemiological readiness. No efficiencies will be gained by shifting tasks within the UN for the sake of shifting. Our eyes must be on sustainable national systems that will lead the AIDS response from 2030 and beyond.

To make this concrete, we have four proposals.

First, readiness markers should be published for each country and agreed with the national AIDS authority and community networks. They should include, among other things, funded social contracting, community-led monitoring in national systems, and key populations counted in national data. The Hub should leave only after an independent review, signed off by communities, confirms these markers are met.

Second, in countries with the worst criminalisation and closing civic space, the Hub should stay, with an annual review by the PCB. Communities there should be able to ask the Hub for help directly, without waiting for the UN country team.

Third, keep the regional team in Eastern Europe and Central Asia, where new infections have grown by 17% since 2010, and restore a desk for MENA.

Fourth, no country should lose the Hub within, for example, two years of a Global Fund exit, and every handover needs a named successor.

Thank you.

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?

Thank you, Chair.

We want to raise costs that are not in the budget options yet. Paragraph 88 notes that the financing roadmap must cover assets, liabilities and financial obligations. Separation payments and staff health insurance after service are real bills. If they are not costed and funded separately, they will “eat” the programme budget in 2027.

Second, people. The Secretariat has already lost more than half its staff. The functions being handed over, especially data and human rights, depend on a few experienced people. We would ask for a retention and knowledge-transfer plan for them, so that expertise moves with the function and does not simply leave.

Third, timing and leadership. A new Executive Director will arrive in 2027. Asking someone to run a 12-month transition in their first year is a risk. We would support the 18-month option, with the new leader in place before the hardest phase begins.

Fourth, the paper mentions implementing countries that already pay to keep UNAIDS support. A clear cost-sharing formula for middle-income countries could help. But it needs a firewall: a government that co-funds a country office must not gain control over what UNAIDS says about human rights. In my region of Eastern Europe and Central Asia, that risk is real.

Finally, a new funding channel. The OECD experts in Lancet Public Health report that health aid has fallen to mid-2000s levels, and the OECD is building a method to track spending on pandemic preparedness. HIV data systems, surveillance and community networks are preparedness infrastructure. UNAIDS should make sure that its data function counts in these trackers and can be funded from that side too.

Thank you.

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?

Thank you, Chair.

We welcome that the current ECOSOC mandate stays. It does not stop us from giving communities real power over money and priorities even without voting rights.

We have several concrete proposals.

First, the proposed pooled fund. Community seats in its decisions should be binding, not advisory. We would suggest at least a third of the seats for the communities. Community-led organisations should be able to receive funds directly, with a minimum share set by the PCB.

Second, the community co-creation posts in the Hub should be selected by community constituencies, with fixed terms and written terms of reference. Then the people in them answer to the communities.

Third, one workplan with a named lead for every result. Each lead Cosponsor should report to the PCB every year on community engagement in its own work. The paper admits that Cosponsor governance does not allow meaningful engagement of people living with HIV. Result Area 8 should have a community-led lead.

Fourth, community-led monitoring should be an integral part of the Hub's data and accountability function. More data does not improve decisions unless people trust how it is governed, and it recommends designing health data policy together with citizens. For us, that means communities help decide what is measured and how it is reported.

Fifth, transparency. All pooled-fund allocations should be published within 30 days, for example. Communities should have a direct route to the PCB Bureau when delivery fails.

In Eastern Europe and Central Asia, many community organisations have lost their place in national decision-making. This Board and the pooled fund may be the only places left where they are heard.

Thank you.

Dear colleagues,

Thank you for organizing the Second Multistakeholder Consultation and for providing communities with an opportunity to contribute to this important discussion. Unfortunately, due to ongoing electricity outages and unstable internet connection in Ukraine, I was not able to submit my written responses before the deadline. I can see that the online form is now closed.

Nevertheless, I would be very grateful if you could still consider the following input from the community of people who use drugs in Ukraine as part of the consultation process.

1. Country and regional presence of UNAIDS

From the perspective of communities in Ukraine, it is very important to maintain a strong UNAIDS presence at the country level. UNAIDS in Ukraine is an important bridge between communities, civil society, government and the UN system. It helps bring communities to the decision-making table and supports dialogue and advocacy on difficult issues. A more integrated “One UN” approach can create opportunities for better coordination and more efficient use of resources. However, there is also a risk that HIV and the voices of communities, especially key populations, may receive less attention within broader UN structures. Therefore, any new model should preserve direct access of communities to UNAIDS and ensure their meaningful participation in the national HIV response.

2. Responsible and financially sustainable transformation

We understand that the UN system needs to change and that UNAIDS is facing serious financial constraints. However, HIV has not been defeated, and the transformation should not weaken the HIV response or remove mechanisms that already work. For Ukraine, this is especially important during the war. UNAIDS provides not only financial support, but also organizational and advocacy support and an important connection between communities, government and international partners. The transformation should therefore be gradual and responsible, with sufficient time to protect essential functions and country-level capacity. If we dismantle effective structures now, we may need to rebuild the same or very similar structures in several years. Transformation may be necessary, but we should not lose what already works.

3. Decision-making and meaningful community participation

The transformation of UNAIDS should strengthen, not reduce, the role of communities in decision-making. Communities should be meaningfully represented not only in consultations, but also in decisions about priorities, implementation of core functions and funding allocation,

at global, regional and country levels. Communities should not only be beneficiaries of decisions made by others. People living with HIV and key populations should be partners in making those decisions. Whatever model is chosen for the future of UNAIDS, meaningful community participation and an independent community voice should remain a core part of the Joint Programme. Thank you for considering this input despite the late submission. It is very important for us that the voice and experience of the community of people who use drugs in Ukraine are reflected in this process.

Best regards,

Igor Kozak

Charitable Organization “Charitable Fund Network of People Who Use Drugs” (VOLNA)

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Joint Statement by Civil Society and Community Organizations in Ukraine
on the Future of UNAIDS

Dear Members of the Programme Coordinating Board and the Working Group,

We, the undersigned civil society and community organizations in Ukraine, welcome the Working Group's commitment to transforming UNAIDS while preserving its essential functions and strengthening community leadership. We support a more effective and sustainable Joint Programme. For the people we represent, its success will depend on continued access to services, protection of their rights and the ability to influence decisions affecting their lives.

We call for a dedicated and adequately resourced UNAIDS presence in Ukraine throughout the war and post-war recovery. UNAIDS provides a trusted connection between communities, government, donors and the UN system. Its country-level engagement helps us bring forward concerns, address sensitive issues and secure attention to needs that might otherwise remain overlooked.

War has increased displacement, disrupted services and placed exceptional pressure on institutions and communities. Civil society and community-led organizations have helped sustain HIV prevention, treatment support, harm reduction and humanitarian assistance under these conditions. The end of hostilities will not immediately resolve these challenges. Recovery will bring substantial competing demands on public resources, making continued advocacy essential to ensure that people living with HIV and key populations are included in reconstruction priorities and can access the support they need.

We are concerned that dispersing HIV responsibilities across agencies with broader mandates could reduce the attention given to these populations. Integration should therefore be accompanied by dedicated capacity, identifiable responsibilities and predictable financing. Communities need an accessible partner with the mandate and ability to convene institutions, raise concerns about discrimination and help resolve barriers that span health, social protection and humanitarian systems.

The Options Paper's commitment to community co-leadership offers an important opportunity. We ask that this commitment be translated into funded participation and clearly defined roles in decisions on priorities, programme design, resource allocation and accountability at global, regional and country levels. People living with HIV and key populations must be able to exercise meaningful influence, including when their perspectives differ from those of other partners. Accessible decision-making processes and transparent feedback on community recommendations will be essential.

This influence must extend to the evidence used to plan and fund programmes. Community experience and community-led monitoring help identify people who are not being

reached and explain why services may be inaccessible or unsuitable. These findings should shape prevention and support programmes so that resources respond to the actual needs of different key populations. Continued financing and technical support for community-led organizations are necessary to sustain both this contribution and their work with people facing the greatest barriers.

We urge the PCB and the Working Group to make armed conflict, displacement, humanitarian vulnerability and recovery demands explicit criteria in decisions on country presence and transition arrangements. Decisions concerning Ukraine should be developed with national authorities, civil society and communities, with their timing guided by demonstrated readiness and risks to continuity of support.

Before any function is transferred, receiving arrangements should have verified capacity, adequate resources and clear accountability. Communities should know whom to approach and how to seek action when problems arise. The effects of the transition on access to services, protection of rights and community influence should be regularly reviewed, with scope to adjust arrangements if these are weakened.

The partnerships and trust built through UNAIDS are valuable assets for Ukraine's HIV response. We ask that the transformation preserve and strengthen them. A continued country presence would help ensure that the voices of people living with HIV and key populations remain part of the decisions shaping Ukraine's response, recovery and future.

Спільна заява організацій громадянського суспільства та спільнот України щодо трансформації UNAIDS

Шановні члени Координаційної ради програми та Робочої групи!

Ми, організації громадянського суспільства та спільнот України, що підписали цю заяву, вітаємо намір Робочої групи здійснити трансформацію UNAIDS зі збереженням її основних функцій та посиленням лідерства спільнот. Ми підтримуємо підвищення ефективності та сталості Об'єднаної програми. Для спільнот, чиї інтереси ми представляємо, успіх цих змін визначатиметься збереженням доступу до послуг, захистом їхніх прав і можливістю впливати на рішення, що стосуються їхнього життя.

Ми закликаємо зберегти окрему присутність UNAIDS в Україні, належно забезпечену необхідними ресурсами, протягом війни та післявоєнного відновлення. UNAIDS є надійною ланкою між спільнотами, державними установами, донорами та системою ООН. Її робота на рівні країни допомагає нам доносити проблеми до тих, хто ухвалює рішення, порушувати чутливі питання та привертати увагу до потреб, які інакше можуть залишитися поза увагою.

Війна посилила внутрішню та зовнішню міграцію, спричинила перебої в наданні послуг і створила надзвичайне навантаження на заклади, організації та спільноти. За цих умов організації громадянського суспільства та організації, очолювані спільнотами, продовжують забезпечувати профілактику ВІЛ, підтримку лікування, зменшення шкоди та гуманітарну допомогу найбільш вразливим групам. Завершення бойових дій не усуне цих викликів одразу. Відновлення потребуватиме значних державних та донорських ресурсів на закриття різноманітних нагальних потреби, які конкуруватимуть між собою. Тому постійна адвокація буде вкрай необхідною, щоб інтереси людей, які живуть з ВІЛ, та ключових груп враховувалися у визначенні пріоритетів відбудови, а самі вони мали доступ до потрібної підтримки.

Нас турбує, що розподіл відповідальності за відповідь на ВІЛ між агенціями ООН з ширшими мандатами може призвести до зменшення уваги до проблематики ВІЛ та потреб ключових спільнот. Тому інтеграція має супроводжуватися збереженням спеціалізованого потенціалу, чітким визначенням відповідальності та передбачуванним фінансуванням. Спільнотам потрібен доступний партнер, який має мандат і спроможність об'єднувати зусилля різних партнерів, порушувати питання дискримінації та допомагати долати бар'єри у доступі до послуг, що одночасно стосуються охорони здоров'я, соціального захисту й гуманітарного реагування.

Передбачене спільне лідерство за участю спільнот в Options Paper з варіантами подальшої трансформації UNAIDS відкриває важливі можливості. Ми просимо втілити цей намір у забезпечену фінансуванням участь і чітко визначені ролі спільнот в ухваленні рішень щодо пріоритетів, розроблення програм, розподілу ресурсів та забезпечення

підзвітності на глобальному, регіональному й національному рівнях. Люди, які живуть з ВІЛ, та ключові групи повинні мати реальний вплив, зокрема тоді, коли їхні погляди відрізняються від позицій інших партнерів. Для цього необхідні доступні процедури ухвалення рішень і прозорий зворотний зв'язок щодо врахування рекомендацій спільнот.

Цей вплив має поширюватися й на дані, на основі яких плануються та фінансуються програми. Досвід спільнот і моніторинг під їхнім керівництвом допомагають виявляти людей, яких не охоплено послугами, та пояснювати, чому послуги можуть бути недоступними або не відповідати наявним потребам. Ці результати мають враховуватися під час розроблення програм профілактики та підтримки, щоб ресурси спрямовувалися відповідно до реальних потреб різних ключових груп населення. Подальше фінансування та технічна підтримка організацій, очолюваних спільнотами, необхідні для збереження як цього внеску, так і їхньої роботи з людьми, які стикаються з найбільшими бар'єрами.

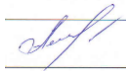
Ми закликаємо Координаційну раду програми та Робочу групу прямо включити збройний конфлікт, переміщення населення, гуманітарну вразливість і потреби відновлення до критеріїв ухвалення рішень щодо присутності в країнах та умов переходу. Рішення стосовно України мають розроблятися спільно з національними органами влади, громадянським суспільством і спільнотами, а строки їх реалізації визначатися підтвердженою готовністю та ризиками для безперервності підтримки.

До передачі будь-якої функції структури, які її прийматимуть, повинні мати підтверджену спроможність, достатні ресурси та чіткі механізми підзвітності. Спільноти мають знати, до кого звертатися та як домагатися реагування, коли виникають проблеми. Наслідки переходу для доступу до послуг, захисту прав та впливу спільнот слід регулярно оцінювати, передбачивши можливість коригувати відповідні рішення, якщо ці складові послаблюються.

Партнерства та довіра, сформовані завдяки UNAIDS, є важливим надбанням відповіді на ВІЛ в Україні. Ми наполягаємо на їх збереженні та зміцненні у процесі трансформації. Подальша присутність UNAIDS на рівні країни допоможе забезпечити, щоб голоси людей, які живуть з ВІЛ, та ключових груп й надалі впливали на рішення, що визначатимуть відповідь на ВІЛ, відновлення та майбутнє України.

The undersigned civil society and community organizations in Ukraine

Організації громадянського суспільства та спільнот України, що підписали цю заяву

NGO Constituency	Signature
Igor Kozak Director Charitable Organization "Charitable Fund "Ukrainian Network of People who Use Drugs"	
Alla Khodak Head of Board CO '100 Percent Life. Odesa'	
Andrii Chernishev Head of the department of external communication and advocacy CO "Alliance.Global"	
Iryna Parakhonko Leader of Public Organization "Public Health and Positive Actions 'Chas Zhyttya'"	
Anzhela Moisienko Chairperson of the Board ChO "Chernihiv Network"	
Vielta Parkhomenko Chair NGO «Club Eney»	
Nataliia Hapienko Acting Executive Director / Programme Director CO "Club 'Chance'"	
Oleksandr Kolesnik CO CS 100 PERCENT LIFE DNIPRO	
Euhenia Lysak President CF "Mangust"	
Oleksandr Li Deputy Chair of the Board Charitable Organization "Non-Profit Foundation 'Public Health' in the City of Kryvyi Rih"	
Yevhen Skliarenko Chairperson NGO "Return to Peaceful Life"	
Natalia Dotsenko Founder and President Charitable Organization "Charitable Foundation Spodivannya"	
Anna Kazus President of the Charitable Organization "Kharkiv Charitable Foundation 'Blago'"	
Olena Sviatiuk Chair of the Board Charitable Organization "100 Percent Life Kyiv Region"	

Participación en Segunda consulta multipartita sobre la transición e integración de ONUSIDA en el sistema de las Naciones Unidas y más allá

Organismo Andino de Salud-Convenio Hipólito Unanue

Primera pregunta: What opportunities and challenges do you see in the proposed country presence options for advancing a more integrated “One UN” approach on the ground - while sustaining effective support to the national HIV response and the strengthened role of communities?

Desde el Organismo Andino de Salud-Convenio Hipólito Unanue¹ (ORAS-CONHU), organismo de integración subregional que coordina y apoya los esfuerzos de los seis países andinos para mejorar la salud de sus poblaciones observamos que los países andinos respaldaron activamente la Declaración Política de 2026, que reconoce el liderazgo y la experiencia del Programa Conjunto, y destaca expresamente la contribución de las instituciones y organizaciones regionales y subregionales.

Para nuestra subregión, una capacidad regional de ONUSIDA ha permitido conectar las prioridades de los países con espacios de decisión ministerial y con procesos andinos compartidos. Esa colaboración ha contribuido a posicionar la eliminación del estigma y la discriminación, la prevención combinada, el acceso a innovaciones y la participación comunitaria dentro de la agenda sanitaria andina.

Reconocemos que los coordinadores residentes, los equipos de país y los copatrocinadores son fundamentales. Sin embargo, sus mandatos nacionales o sectoriales no sustituyen plenamente un interlocutor regional capaz de articular necesidades compartidas, comunidades y agendas ministeriales, y conectarlas con las decisiones mundiales.

El año 2027 será especialmente importante para los países andinos, que prepararán nuevas solicitudes de financiamiento al Fondo Mundial. Una capacidad regional puede facilitar el intercambio de aprendizajes, la incorporación de prioridades compartidas y la articulación de estas solicitudes con los compromisos nacionales y regionales, respetando el liderazgo de cada país.

La transformación de ONUSIDA no tiene que conservar necesariamente todas las estructuras actuales, pero sí debe preservar una capacidad regional que facilite la cooperación entre países, traduzca la evidencia en decisiones políticas y acompañe la aplicación de los compromisos mundiales. En una región donde las nuevas infecciones aumentaron 25% respecto de 2010, retirar prematuramente esa capacidad podría ampliar la distancia entre los compromisos adoptados y su implementación.

¹ <https://www.orasconhu.org/>

Por ello, consideramos necesario mantener una función regional claramente definida, eficiente y evaluable, capaz de trabajar con los organismos intergubernamentales, los ministerios de Salud y las comunidades, sin sustituir las responsabilidades nacionales ni duplicar las funciones de otras entidades.

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.

Segunda Pregunta: 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?

Desde ORAS-CONHU, organismo de integración subregional que coordina y apoya los esfuerzos de los seis países andinos para mejorar la salud de sus poblaciones, consideramos

que la pregunta central no es únicamente cuánto debe durar la transición, sino cómo asegurar que la integración deje a los países en mejores condiciones para responder al VIH. América Latina llega a esta transformación en un momento epidemiológico complejo: las nuevas infecciones aumentaron un 25% respecto de 2010. Al mismo tiempo, los países andinos deben traducir la Declaración Política de 2026 en acciones nacionales y continuar avanzando en prioridades compartidas como la eliminación del estigma y la discriminación, la prevención combinada, el acceso a innovaciones y la participación comunitaria.

Además, durante 2027, cuatro países andinos estarán preparando o presentando solicitudes de financiamiento al Fondo Mundial. La transformación de ONUSIDA coincidirá, por tanto, con decisiones críticas sobre prioridades programáticas, sostenibilidad financiera y protección de los servicios comunitarios. Una reducción acelerada del acompañamiento podría afectar la calidad de estos procesos y ampliar la distancia entre los compromisos mundiales y su implementación nacional.

Desde esta perspectiva, una transición de 12 meses podría resultar insuficiente para evaluar capacidades, consultar a los países y las comunidades, acordar responsabilidades y comprobar que las nuevas estructuras pueden ejercer las funciones que recibirán. La opción de 18 meses ofrece un espacio más razonable para realizar este proceso sin interrumpir la cooperación regional ni debilitar el acompañamiento a las prioridades nacionales.

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.

Tercera pregunta: 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?

Para ORAS-CONHU, el mayor potencial de transformación está en establecer una conexión más clara y sistemática entre las decisiones globales del Programa Conjunto y las prioridades identificadas por los países en los espacios regionales y subregionales.

Las instituciones subregionales reúnen a las autoridades nacionales, facilitan acuerdos políticos y permiten identificar desafíos que varios países comparten. Sin embargo, su experiencia y sus decisiones no siempre llegan de manera estructurada a los procesos mundiales de planificación, asignación de recursos y seguimiento. El nuevo Hub podría corregir esta desconexión sin necesidad de modificar el mandato actual de ECOSOC ni la composición del PCB.

Proponemos que las decisiones globales sobre prioridades, planes de trabajo y distribución de recursos estén precedidas por consultas regionales organizadas, en las que participen gobiernos, comunidades y otros actores pertinentes. El Hub debería informar posteriormente cómo incorporó esos aportes o explicar las razones cuando no hayan sido incluidos.

También debería existir un mecanismo de retorno: las regiones necesitan conocer qué decisiones se adoptaron, qué institución será responsable de implementarlas y qué resultados se esperan. Esa información permitiría a los organismos subregionales acompañar la implementación, facilitar la cooperación entre países y alertar al PCB cuando se presenten brechas.

La transformación de la toma de decisiones no depende únicamente de cambiar quién vota. También puede lograrse mejorando cómo se genera la evidencia, cómo circulan las prioridades entre los niveles nacional, regional y mundial y cómo se responde por las decisiones adoptadas.

Para ORAS-CONHU, el principal avance sería institucionalizar esta relación entre el Hub y los mecanismos regionales y subregionales, de manera que las decisiones globales reflejen mejor las realidades de los países y puedan traducirse efectivamente en acción política nacional.

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.

RCM-COMISCA. Central America and Dominican Republic.

Monday, 28 September

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

As the MCR SE-COMISCA—a technical and executive platform that supports the Council of Health Ministers of Central America and the Dominican Republic and promoting regional health integration regarding HIV, tuberculosis, and malaria—we believe that the transformation of UNAIDS must strengthen, rather than weaken, the link between global commitments, regional integration mechanisms, and national decisions. The 2026 Political Declaration recognizes both the role of the Joint Programme and the importance of regional and sub-regional institutions for sustainability, cooperation, and accountability. Regarding sustainability, the region has been working for years with the support of UNAIDS and, previously, USAID; while this has improved public financing, it remains insufficient.

In Central America and the Dominican Republic, the HIV response faces challenges requiring coordination that extends beyond individual countries: financial sustainability, integration into health systems, the protection of community-based services, human rights, stigma and discrimination, and the continuity of the response during external funding transitions. UNAIDS’ regional support has helped link these issues to instruments such as Sustainability Index and sustainability roadmaps, as well as to dialogue between health authorities and other stakeholders. Political advocacy has been crucial; UNAIDS has supported the MCR in presenting these issues to Ministers of Health and securing binding resolutions that are implemented by the countries.

The year 2027 will be particularly critical. In the SICA region, five of the eight countries will be preparing their final funding requests to the Global Fund (GC8), while four countries will be implementing memoranda of understanding (MOU) with the United States government. The coexistence of these processes offers opportunities but can also lead to fragmentation. With technical assistance from UNAIDS, regional capacity can help align commitments, funding sources, national plans, and sustainability roadmaps, thereby avoiding duplication and safeguarding service continuity. A future configuration should maintain a regional capacity that links evidence, policies, and funding, and facilitates cooperation among countries. This capacity must operate with clear responsibilities, avoiding duplication and complementing the work of national teams, co-sponsors, and the United Nations system through comprehensive coordination.

Second Question: 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?

Based on the monitoring and support provided by the MCR–SE-COMISCA to SICA region countries, we observe that several processes requiring particularly careful coordination will coincide in 2027.

Countries will be preparing or submitting funding requests to the Global Fund for Cycle 8, simultaneously, Memoranda of Understanding with the United States government—set to expire in September 2028—are being implemented across the SICA region. These processes will have implications for funding, epidemiological surveillance, information systems, supply chains, clinical laboratory services, and service delivery continuity. Added to this is the need to progressively increase domestic funding and safeguard community-based functions and the participation of populations vulnerable to HIV as external cooperation scales down.

Concentrating the UNAIDS transformation into a 12-month period would entail carrying out institutional transfers precisely while countries are renegotiating and reorganizing fundamental components of their responses. Therefore, we believe an 18-month timeframe offers a safer operational option, allowing countries the opportunity to receive technical assistance from UNAIDS during these processes.

This additional time should be utilized according to a specific sequence: first, identifying the functions and financial risks associated with each transfer; second, agreeing on which institution will assume each responsibility and with what resources; and third, verifying functionality before phasing out existing capacity. A statement of institutional intent does not, in itself, demonstrate operational capacity.

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?

The Hub should be led by the UNAIDS Secretariat—with a streamlined staff but retaining its capacity to drive the global response in line with its key functions of leadership and advocacy, coordination and governance, evidence generation and data systematization, and ensuring adherence to strategies agreed upon in the Political Declaration 2026 while supporting countries in achieving the 2030 goals. The allocation of roles vis-à-vis the Cosponsors must be clearly defined, as these functions—while established at the inception of the Joint Programme—have not been fully realized in practice. Given its expertise and credibility with Member States, it is crucial to maintain the Secretariat's leadership role; at the same time, the central Hub could establish regional offices to facilitate monitoring and country support, thereby preventing the Hub from being perceived as disconnected from the realities of specific global regions or sub-regions.

Furthermore, the other Cosponsors must be open to enabling community participation and recognizing community leadership in the activities implemented within their respective countries.

RCM COMISCA, Central America and Dominican Republic.

Tuesday, 29 september

Question: 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?

From the perspective of MCR SE-COMISCA—the technical and operational body for HIV, Tuberculosis, and Malaria within the platform supporting the Council of Health Ministers of Central America and the Dominican Republic (COMISCA)—we consider it crucial to first define the functional structure of the Hub and its "mini" regional or sub-regional offices (organized according to the number of countries in each region; for instance, Latin America and the Caribbean comprises four sub-regions: the Caribbean, Mesoamerica, the Andean Region, and the Southern Cone) in a way that enables the monitoring of established actions. To this end, a roadmap must be created to complete the transformative transition in an orderly fashion, allowing sufficient time—at least 18 months—to ensure the process is not rushed. The Hub must possess specific functions to steer the global response and should operate with a Joint Programme Coordinating Board that includes civil society organizations with both voice and vote. The budget will depend largely on staffing levels and the priority actions to be implemented globally—aiming to avoid any loss of progress made to date—as well as on the allocation of functions among co-sponsors. UNAIDS's support at the country level is key to influencing high-level national authorities to gradually assume responsibility for comprehensive HIV care as international cooperation is withdrawn.

Question: 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?

The ECOSOC mandate remains valid, and the UNAIDS Programme Coordinating Board must continue; however, its composition should be reviewed to ensure balanced representation across all regions. This ensures the representation of Member States, co-sponsors, and civil society organizations as they discuss, analyze, make strategic decisions, and oversee the implementation of those decisions to achieve the proposed goals—ideally by 2030, as planned.

The transition must also be participatory and entail shared responsibility among all members, with clearly defined and actively assumed roles; simply assigning functions without subsequent follow-up is insufficient. States must step up to meet the commitments agreed upon in the Political Declaration and work hand-in-hand with all stakeholders and sectors to ensure evidence-based, comprehensive care for people living with HIV. The Hub must serve as a robust structure capable of driving consensus-based, multisectoral changes, measuring results, and ensuring accountability. Communities and vulnerable populations must be included from the very beginning of the process, with actions prioritized based on their specific needs.

September 28, 2026

Re: Second formal multistakeholder consultation on the work of the PCB Working Group/Statement (not delivered) for WG 3

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?

Thank you, Madam Chair, for the opportunity.

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

The possibility 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.

Juliana Givisiez, Advocacy Manager

Grupo Asesor de la Sociedad Civil y Academia (GASCA)
Programas del Fondo Mundial en Venezuela

Caracas, 29 de septiembre de 2026

Señores
Co-facilitadores del Grupo de Trabajo para el
Proceso de Transformación e Integración de
ONUSIDA
Su despacho. -

Asunto: Solicitud de mantener la presencia de ONUSIDA en Venezuela

Distinguidos señores:

Reciban un cordial saludo en nombre del *Grupo Asesor de la Sociedad Civil y Academia (GASCA)* para los programas del Fondo Mundial en Venezuela.

Este grupo fue creado con el propósito de incorporar la participación de expertos de la academia y de la sociedad civil en el asesoramiento sobre la ejecución de los programas de VIH, tuberculosis y malaria implementados en Venezuela en el marco de la subvención del Fondo Mundial. Con este objetivo, durante la subvención actual (2024-2026), el GASCA ha mantenido una serie de reuniones y ha presentado recomendaciones al principal implementador para garantizar el acceso a tratamientos, pruebas e insumos para las personas afectadas por estas tres condiciones de salud.

En nombre del GASCA, deseamos plantear la necesidad e importancia de mantener la presencia de ONUSIDA en el país, debido al papel fundamental que ha desempeñado en la gestión de la Secretaría Técnica, la articulación con las autoridades nacionales, la sociedad civil y la academia. Su participación resulta esencial para apoyar las gestiones dirigidas a conformar en Venezuela el Mecanismo de Coordinación, establecido por el Fondo Mundial para asegurar que los recursos financieros y humanos se utilicen de manera eficaz y eficiente en beneficio del país.

Asimismo, deseamos destacar que esta es la única subvención y el único recurso —tanto económico como de acompañamiento— con que cuenta Venezuela para afrontar los retos relacionados con el VIH. Para el GASCA, ONUSIDA ha sido un aliado clave para fortalecer la coordinación y la supervisión estratégica de la subvención.

En nombre del GASCA agradecemos sinceramente el tiempo dedicado a evaluar esta solicitud, la cual consideramos de vital importancia en el país.

Respetuosamente,


Feliciano Reyna Ganteaume
Integrante del GASCA


Mario Comegna
Integrante del GASCA