UNAIDS PROGRAMME COORDINATING BOARD WORKING GROUP

First meeting of the PCB Working Group on the Thematic Segment of the 59th PCB meeting

Addressing the impact of funding cuts on people living with, affected by and at risk of HIV, and on the response to HIV and AIDS

Meeting Summary
Date: 14 October 2026
Venue: Teams

Agenda:

- Welcome and introduction
- Presentation of the draft outline of the background note
- Discussion on the draft outline of the background note
- Presentation of the zero-draft agenda
- Discussion on the zero-draft agenda
- Next steps

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SUMMARY

1. Welcome and introduction

Morten Ussing, Director of Governance, UNAIDS Secretariat, welcomed participants to the first meeting of the PCB Working Group preparing the thematic segment of the 59th PCB meeting "*Addressing the impact of funding cuts on people living with, affected by and at risk of HIV, and on the response to HIV and AIDS*." He recalled that thematic segments are established under the PCB Modus Operandi to allow the Board to examine selected policy issues in greater depth and to help shape subsequent PCB discussion and decisions.

He noted that the present theme originated from a proposal by the PCB NGO Delegation and received broad support in the PCB Bureau. Given that the 59th PCB thematic segment will be held virtually and over a shorter period than a traditional in-person thematic day, the Working Group was asked to help sharpen the focus and prioritize the most strategic issues for the background note and agenda.

Two Working Group meetings are anticipated. The first meeting focused on the draft outline, key messages and broad agenda framing. The second meeting will review the full draft background note, a more developed agenda and proposed speakers. Members were invited to provide additional written comments after the meeting.

2. Presentation of the draft outline of the background note

Charles Birungi, UNAIDS Secretariat, presented the draft outline on behalf of the team co-leading the preparation of the background note. He explained that the purpose of the thematic segment is to establish a shared global picture of the effects of the changing funding environment, understand how people living with, affected by and at risk of HIV have been impacted by the funding cuts, examine how countries, communities and partners have responded, and identify priorities for sustaining an effective and equitable HIV response.

The presentation emphasized that the 2025 funding cuts accelerated an already ongoing contraction in HIV financing. The challenge is therefore not simply to replace lost resources, but to sustain HIV outcomes through responsible transition, integration and shared responsibility, while protecting equity, rights and community capacity.

The proposed analytical approach would triangulate financing, programme and epidemiological data with published research, community-generated evidence and country and community case studies. The background note would distinguish documented impacts from reported experiences, emerging evidence and modelled future consequences, recognizing that the financing transition is still evolving.

- Pillar 1: What has happened: Impact on people, services and systems. Assess who and what have been most affected, understand the additional challenges for people living with, affected by and at risk of HIV, identify disruptions to treatment, combination prevention, community functions and supporting systems and examine what was protected or lost, where and for whom, including consequences for equity, rights and future HIV transmission.
    - Pillar 2: How have countries and communities responded? The pillar examines community-led and civil-society responses; government reprioritization, domestic financing and absorption of functions; integration and consolidation across primary health care, health and social systems; responses by partners; bridge financing and emergency arrangements; and changes to sustainability and transition plans. It will also consider what worked, what could not be replaced, the costs and trade-offs involved, and what constitutes an emergency adaptation versus a genuinely sustainable response.
    - Pillar 3: Protect, Adapt and Transform: protect treatment continuity, effective prevention, essential systems and functions, equitable access, rights and community capacity; adapt through transparent prioritization, functional substitution, safe integration and consolidation, and bridge arrangements where needed; and transform financing, institutions, community capacity, governance, accountability and shared responsibility for long-term sustainability.

The Secretariat invited Working Group members to advise whether the outline was asking the right questions, whether important perspectives were missing, and which consequential choices and key messages should be reinforced so that the final paper could support actionable PCB discussion.

3. Discussion on the draft outline of the background note

Participants welcomed the proposed direction and raised a number of issues for stronger treatment in the full draft:

Member States:

- Country contexts differ significantly. The paper should distinguish between countries that were highly dependent on external financing and those with stronger domestic financing, and should highlight examples of countries and communities that adapted effectively to the sudden funding shock.

Cosponsors:

- The analysis should capture the broader effects of the financing contraction on integrated services and health systems, including sexual and reproductive health, mental health and psychosocial support, TB, malaria, immunization and the wider humanitarian ODA environment. The humanitarian-development-peace nexus and implications for future investment should also be considered.

- The financing landscape should be presented as evolving rather than as a one-off cut. Even where funding remains, modalities, priorities, services and populations covered may have changed, with particular concern for key and vulnerable populations and for services that governments may not readily absorb.

- Broader health-system impacts should be differentiated from direct HIV programme impacts, particularly where HIV services are being integrated into routine or primary health-care delivery.

- Disaggregated data should be used across all pillars, where available, to show who is most affected. UN Women offered to share studies and reports on the impact of funding cuts on women, including in humanitarian settings.

- Data gaps themselves must be recognized as an impact. Participants noted that weakened information systems and reduced data-collection capacity can make apparent declines in reported cases or service use misleading and can lead to underestimation of the true impact.

NGO Delegation:

- Community-level evidence should be explicit, including the loss or reduction of peer-led and community-based services, community mobilization, one-stop centres, networks and psychosocial support, as well as organizations that have closed, reduced activities or lost the capacity to collect and report data.

- Greater attention should be given to health integration and its implications for people living with HIV, including potential loss of continuity of care and increased stigma where services are moved into general outpatient or primary health-care settings.

- Clarification was requested on the scope of the evidence being considered, including the distinction between funding for community networks of people living with HIV and broader funding for the HIV response.

The Secretariat welcomed the additional evidence and reports offered by Working Group members and confirmed that the paper would seek to incorporate disaggregated data and community inputs wherever possible.

4. Presentation of the zero-draft agenda

Charles Birungi presented an initial conceptualization of the zero-draft agenda for the virtual thematic segment. Because the session will be shorter than a traditional in-person thematic day, the proposed structure is intended to create a clear progression from human experience, to evidence, to lessons and finally to actionable solutions and shared priorities.

- **The human reality:** an introductory video presenting country voices and key facts to establish the human consequences and urgency of the financing contraction.

- **Political framing:** opening remarks and keynote voices to set the political purpose and frame the discussion around a human rights-based and people-centred HIV response.

- **The evidence:** a concise presentation of the key findings from the background note, including what changed, who was most affected, what was maintained or lost, and what remains uncertain.

  Panel 1 – Impacts: perspectives on the funding shifts and their impacts on people, systems and organizations, including how communities, governments and partners responded and what can be learned.

  Panel 2 – Action: a forward-looking discussion on what must be protected immediately, what delivery and financing arrangements should adapt, and what must be transformed for durable sustainability.

- **Closing synthesis:** conclusions and way forward.

At this stage, the agenda was presented as a conceptual framework rather than a final programme. Proposed speakers will be brought to the Working Group at the next meeting.

5. Discussion on the draft agenda

Morten Ussing reminded members that, unlike an in-person thematic day, the virtual session cannot accommodate three full panels. The agenda will therefore require greater prioritization to avoid panels becoming so broad that key issues cannot be examined in sufficient depth.

NGO Delegation:

- Asked that the evidence section explicitly capture reductions in community-based services and the loss of organizational capacity, so that impacts are not assessed primarily through facility-based statistics.

- Called for health integration to be addressed explicitly. They noted that integration is increasingly being used as a response to funding constraints, but may create risks such as loss to follow-up, reduced access and increased stigma where health-care workers are not adequately prepared to serve people living with HIV and key populations.

- Requested clarity on the scope of the financing analysis, including the distinction between funding for networks of people living with HIV and the wider HIV response affected by recent donor funding changes.

- The NGO Delegation indicated that consultations with the Civil Society Advisory Group were still ongoing and requested additional time to submit consolidated feedback.

The Secretariat thanked members for the guidance and noted that the comments would help sharpen both the paper and the agenda. It also reiterated the importance of maintaining a manageable number of themes within the limited virtual session time.

6. Next steps

Morten Ussing summarized the agreed follow-up. Working Group members were invited to submit written comments on the draft outline and zero-draft agenda by close of business on Monday, 19 October 2026. Additional data, reports and evidence relevant to the background note were also welcomed.

A call for country good practices and case studies will be circulated to PCB members, permanent missions and, with support from the NGO Delegation, broader civil society. The submissions will inform both the background note and a separate conference room paper, and may also contribute to broader UNAIDS reporting and advocacy products.

The Secretariat will seek to capture examples from countries that have responded particularly effectively to the financing changes, including by reaching out directly where useful. Relevant good practices may be reflected both in the conference room paper and in the main background note.

At the second Working Group meeting, members will review the full draft background note and a more developed agenda and will discuss proposed speakers. Members were encouraged to suggest several strong candidates from different regions and constituencies so that gender, regional and constituency balance can be achieved. The Secretariat will circulate a proposed date for the second meeting shortly.

Mr Ussing closed the meeting by thanking participants for their contributions and encouraging further written inputs by the deadline.

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