Agenda item 5

UNAIDS/PCB (59)/26.27

TRANSITION TASK TEAM IMPLEMENTATION PLAN

Initial Proposal for a Phased, Country-centred and Financially Responsible Transition

UNAIDS

8–11 December 2026 | Geneva, Switzerland
UNAIDS Programme Coordinating Board
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Additional documents for this item: N/A

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

- *Take note* of the Initial Proposal for a Phased, Country-centred and Financially Responsible Transition (UNAIDS PCB(59)/26.27) by the Transition Task Team and *look forward* to receiving the fully costed implementation plan for intersessional decision-making by end of Q1 2027 as set out in PCB decision point 3.3 of the 2026 Special Session;
- Recalling decision point 3.2 of the 2026 Special Session and taking into consideration the rationale and recommendation of the Transition Task Team, as set out in the Initial Proposal for a Phased, Country-centred and Financially Responsible Transition (UNAIDS PCB(59)/26.27), *endorses* the recommendation of the Transition Task Team to request the PCB NGO delegation to nominate one additional community representative to serve on the Transition Task Team;

Cost implications for the implementation of the decisions: none

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Background and Introduction

1. At its Special Session on 26 October 2026, the UNAIDS Programme Coordinating Board (PCB) endorsed the strategic direction set out by the PCB Working Group for the transformation of the UNAIDS Joint Programme and requested the Executive Director to establish a Transition Task Team. The Task Team was mandated to translate that direction into a fully costed implementation plan, working in close collaboration with implementing countries and in consultation with key Joint Programme stakeholders. An initial proposal was requested for consideration at the 59th PCB meeting, with the fully costed implementation plan to be submitted for intersessional decision-making by the end of the first quarter of 2027.

2. The Task Team's work starts from, and does not reopen, the strategic direction established by the Working Group and approved by the PCB.[1] First among these key strategic directions is the “returning the UNAIDS Joint Programme to the spirit of the original ECOSOC resolutions as a genuinely joined-up partnership”.[2] In its report[3], the Working Group envisages a phased and responsible transformation of the Joint Programme toward 2030, shaped by country priorities and realities, and including a milestone-driven implementation of a new organizational model to be set in place for the UNAIDS Joint Programme by the end of 2027; a strong and focused Secretariat/hub; stronger Cosponsor leadership within their respective mandates and areas of expertise; communities as partners in co-creation and co-leadership; and continued protection of human rights and gender equality to ensure access to HIV services. The transition is intended to support sustainable, nationally led HIV responses while ensuring that the capacities, partnerships and functions required by countries and communities continue to be available as institutional arrangements evolve.

3. An effective HIV response is inherently multisectoral, as reflected in the Global AIDS Strategy. Sustaining HIV outcomes requires comprehensive, coordinated efforts across biomedical, behavioural, and structural domains – addressing not only access to HIV services, but also the human rights, gender, social, economic and other factors that underpin HIV risk and vulnerability, access to services and health outcomes. The transition should therefore preserve and strengthen the Joint Programme’s ability to bring together complementary mandates, capacities and expertise in a coherent UN response in support of governments and communities.

4. Following the PCB decision, on 29 October 2026 the Executive Director invited the Committee of Cosponsoring Organizations (CCO) and the PCB NGO Delegation to nominate representatives to the Transition Task Team. With a view to maintaining a small and agile Task Team, while ensuring balanced representation across its

[1] Final report and plan of the PCB Working Group on the Further Transition and Integration of UNAIDS into the UN System and Beyond, presentation of the Working Gorup Co-facilitators; https://www.unaids.org/sites/default/files/2026-10/unaids.future.pcb_.presentation.10.25.26.pdf See in particular slide 3, “Key strategic directions proposed by the PCB Working Group”.

[2] https://data.unaids.org/pub/externaldocument/1994/ecosoc_resolutions_establishing_unaids_en.pdf

[3] https://www.unaids.org/sites/default/files/2026-10/PCBSS_PCB_WG_Final_Report%20%281%29.pdf

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constituencies and appropriate geographic and gender balance, the initial proposal provided for three Cosponsor representatives, two Secretariat representatives and the two community representatives specified in the PCB decision. The NGO Delegation submitted its nominations on 3 November, while consultations among Cosponsors on their representation continued in the following days. The CCO proposed increasing Cosponsor representation to five, citing the breadth of functions and institutional perspectives required for the transition. The Executive Director proposed four Cosponsor representatives as a balance between these considerations, with representation encompassing lead and affiliate Cosponsors and regional experience. Secretariat representation was also subsequently increased from two to three to strengthen regional perspectives. The composition was established as four Cosponsor representatives, including regional and affiliate Cosponsor perspectives; three Secretariat representatives, including regional representation; and two community representatives nominated by the PCB NGO Delegation. The Task Team convened for its first meeting on 12 November 2026 and met three times during this initial phase.

5. Meaningful community voice and influence are fundamental both to the transformation and to the way in which it is developed. The PCB decision provided for two community representatives nominated by the PCB NGO Delegation. In light of the large Cosponsor and Secretariat representation, the community representatives requested a third community seat, a proposal supported by a majority of Task Team members. After seeking advice from the PCB's independent legal counsel, and appreciating that this would require a PCB decision at the 59th meeting, the Executive Director invited the NGO Delegation to nominate an additional community representative, who participated in the Task Team's third meeting as an observer. The Executive Director invites the PCB to consider adding the third community representative as a full member of the Task Team, consistent with the principles of meaningful community co-creation and co-leadership that will guide the transition. Given the short period between the PCB Special Session and the pre-meetings of the 59th PCB meeting, the Task Team used this initial phase to begin working through the fundamental considerations that will shape the transition, grounded in the strategic directions set by the PCB Working Group. It considered and refined its Terms of Reference; developed initial transition principles; began work on criteria for country presence, capacity and transition; and considered approaches and principles for community co-creation, co-leadership and accountability. These discussions began to bring into focus an approach that starts from country realities and priorities, considers the capacities and support needed to sustain the HIV response, and allows for differentiated approaches in different contexts.

6. This report reflects the progress possible during this short initial phase. It presents an initial framework for the transition, recognizing that the detailed arrangements will need to be further developed with programme countries and communities and through consultation with other Joint Programme stakeholders.

7. The transition will also need to be financially realistic. The PCB has approved a two-tier programmatic workplan and budget for 2027, based on core resource levels of US$63 million at the lower level and up to US$80 million, while also requesting that the Task

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Team develop a scenario based on available core resources.[4] Non-core resources mobilized by the Secretariat and HIV-related resources mobilized or allocated by Cosponsors will also form an important part of the overall resource base for the Joint Programme and will need to be considered in developing the funding model and implementation scenarios. The longer-term trajectory will be developed within the strategic direction established by the PCB Working Group, including its envisaged resource range for 2030, and will be addressed through the fully costed implementation plan.

8. This report sets out proposed principles to guide the transition; initial thinking and approaches to embedding community co-creation and co-leadership; and criteria and an assessment process to inform differentiated decisions on country presence and transition. Together, these provide a foundation for the fully costed implementation plan to be submitted in Q1 of 2027, which will translate the strategic direction approved by the PCB into practical transition pathways and resource scenarios, including a scenario based on available core resources. The report also outlines the proposed approach to stakeholder engagement and key milestones for the work ahead, and the development of a more comprehensive approach to risk assessment and mitigation. The elements proposed for further development and inclusion in the fully costed implementation plan are set out below. The plan will be submitted to the PCB for intersessional decision-making by the end of the first quarter of 2027. The Task Team's Terms of Reference are included in the annex.

Elements of the fully costed implementation plan

9. Building on the initial proposal set out in this report, the Task Team proposes that the following elements be further developed and brought together in the fully costed implementation plan to be submitted for intersessional decision-making by the end of the first quarter of 2027:
   - **Purpose and framing**: A concise statement of the common direction and the approach taken to translate the strategic direction approved by the PCB into a phased and sequenced implementation plan.
   - **Transition principles:** A refined set of principles to guide transition design, country assessment, costing and implementation decisions.
   - **Community co-creation, co-leadership and accountability:** Further develop the approach to community co-creation, co-leadership and accountability in the future model, including arrangements for community and civil society representation, roles and sustainable resourcing at different levels and across the UNAIDS Joint Programme.

[4] The PCB requested "the Executive Director, immediately after the consideration by the Programme Coordinating Board at the 59th PCB meeting of the initial proposal prepared by the Transition Task Team and adoption of any resulting decisions, to provide the Board with a revised 2027 Workplan and Budget, for intersessional decision-making." https://www.unaids.org/sites/default/files/2026-10/PCB2026SS_Final_Decision_Points_EN.pdf

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- **UNAIDS Joint Programme capacity:** Assess relevant capacities across the Secretariat/hub and Cosponsors, as well as other relevant parts of the UN system and beyond, to inform the evolving division of labour and delivery of functions.
- **Division of labour:** Review and adapt the division of labour among the Secretariat, Cosponsors, communities and civil society organizations at country, regional and global levels.
- **Funding model and catalytic pooled funding mechanism:** Develop the funding model, including core and non-core allocations of the UNAIDS Joint Programme, and options for catalytic pooled funding mechanisms.
- **Country presence and transition:** Further develop and apply criteria and an assessment process to inform differentiated decisions on country presence and transition, including the capacities of the Joint Programme, national institutions and communities to sustain relevant functions, with appropriate safeguards.
- **Regional presence and transition:** Develop a plan for the Joint Programme's regional presence to ensure that core functions are provided for in all regions and support their transition over time to regional UN institutions and capacities, taking into account the UN80 regional reset.
- **Stakeholder engagement:** A description of the collaboration with programme countries and communities and consultation with key Joint Programme stakeholders undertaken in developing the implementation plan, including how their inputs have informed its development.
- **Costing and resource scenarios:** Detailed costing of different transition scenarios, including one based on available core resources, in line with the criteria in the final report of the PCB Working Group, and including the resources required to implement and sustain the transition.
- **Risk assessment and mitigation:** Develop risk assessment and mitigation as an integral part of the implementation plan, particularly in relation to continuity, doing no harm, and avoiding the premature transfer or discontinuation of essential functions without the resources and capacities needed to sustain them.
- **Milestones and roadmap:** Set out a sequenced roadmap, drawing on the PCB Working Group report, with key milestones for implementation during 2027 and the subsequent phases of the transition towards 2030.

Proposed Transition Principles

An initial set of principles to guide subsequent design, country assessment, costing and implementation decisions.[5]

[5] The PCB Working Group report envisages the progressive transition and integration of HIV functions according to country context, readiness and capacity. In these principles, integration is understood as progressively embedding and sustaining HIV-related functions and outcomes within national institutions and systems, community-led institutions and the mandates and work of relevant UN entities, while maintaining dedicated HIV

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Principle	Practical implication
Country leadership, with continued UN accompaniment	Progress on HIV is driven by governments and communities. The UNAIDS Joint Programme will support and accompany them to accelerate and sustain progress, aligned to national priorities and the needs of people living with, at risk of and affected by HIV. As countries strengthen the institutions, financing, community leadership and other foundations needed to sustain their HIV responses, the UNAIDS Joint Programme will adapt its role and support accordingly. Country-level functions will progressively be integrated into national systems and community-led institutions as readiness allows, with continuing UN support shaped by country needs and delivered by those best placed to provide it. Community-led organizations and networks should be recognized as independent actors and leaders in shaping, implementing and monitoring HIV responses, with meaningful influence in decision-making, financing, governance, and accountability.
Community and civil society leadership	Community leadership is a key principle for an effective, equitable, and sustainable HIV response. Communities are agents of change who drive advocacy, accountability, service delivery, and social justice. The diversity of communities and community-led organizations, including networks of people living with HIV, women and girls, key populations, and other priority populations, brings different lived experiences, perspectives and needs that must inform the HIV response. Advancing community leadership requires ensuring diverse constituencies are meaningfully engaged and appropriately supported to contribute to decision-making processes, implementation, and accountability.
Functions first, with sustainable integration	Responsible and effective transition and integration of the Joint Programme must focus on the needs and priorities of governments and communities, and ensure that key functions address those needs. Functions should transition only where the capacities, financing and accountability arrangements required to sustain them are in place. Any transition or integration process must ensure that communities and civil society have designated roles in the design and delivery of the strategic results areas, meaningful

capacities where they continue to be required. This builds on integration already underway in many countries, including through health systems, community systems and sexual and reproductive health services, while recognizing that integration must be adequately resourced, context-specific and responsive to the needs and rights of people living with and affected by HIV, including women and girls, and key populations.

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	participation in Joint UN Teams and other country coordination arrangements, and a role in decisions on the allocation of country-level resources. Determining how best to deliver these functions should be informed by consultation and dialogue, ensuring ownership and accountability of national and community systems. Effective transition and integration within the UN system and beyond will require institutional ownership and leadership, taking account of the nature of the functions concerned, UN agency mandates and capacities. The objective is sustainable national and community leadership, ownership and accountability for the HIV response.
Differentiated and adaptable support	The scope and depth of support must be differentiated and tailored to national contexts, based on epidemiology, capacity to sustain HIV outcomes, financing, human rights and civic space, community capacities, and the broader country, health and development context. Communities and civil society will contribute community-led data, monitoring and perspectives to the development of localized workplans and results. Country support will reflect these factors and be reviewed as the epidemic and country circumstances evolve, allowing it to be adapted, sustained, strengthened or reduced based on evidence and need.
Do no harm and maintain continuity	Transition and integration must protect what matters most: people, rights and hard-won gains. Leadership and coordination must be sustained, including to protect access to HIV prevention, treatment, care and support, with community leadership, human rights and gender equality at the core. The pace and approach will be responsive, with timing and support adapted where risks or gaps emerge. Continuity should include preserving essential institutional knowledge, expertise and partnerships, as well as the sustainability of community-led responses, organizations and networks, including their access to predictable financing, institutional support and meaningful participation in decision-making and accountability mechanisms.
Delivering as One Joint UN Programme	The Secretariat and Cosponsors will work through clear and complementary roles and joint planning and delivery, with transition and integration arrangements for Joint Programme functions determined jointly on the basis of mandates, comparative advantage and country needs, under established Joint Programme governance and accountability arrangements. Implementation of the transition is an

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	opportunity to strengthen the collective coherence of UN support to countries and communities, leverage the respective strengths of Cosponsors and other UN agencies, and avoid parallel or overlapping responsibilities. Community co-creation and co-leadership should be supported by clear representation and accountability arrangements at global, regional and country levels.
Financially realistic and responsive to an evolving HIV epidemic and implementation environment	Implementation plans will be based on resources that are available or reasonably foreseeable, with transition costs clearly identified. Integration within the UN system and beyond will be planned and implemented through country engagement and in line with agreed criteria. Increasing the share of resources allocated to country-level implementation, including community-led responses, will be critical. The pace and scope of transition will be adjusted if available resources fall short. Financial constraints should not lead to the premature discontinuation of essential functions or the transfer of responsibilities without the resources and capacities required to sustain them.

Community Co-Creation and Co-Leadership

10. The transformation provides an opportunity to move from community engagement towards co-creation and co-leadership that strengthens the power, influence and sustainability of communities in the HIV response. People living with and affected by HIV and community-led organizations should be partners in shaping priorities and decisions from the outset, and in monitoring and holding the UNAIDS Joint Programme and the wider HIV response accountable. The objective is to progressively embed community leadership more deeply across the work of the UNAIDS Joint Programme, while strengthening the community-led institutions and functions on which sustainable national HIV responses depend.

11. As an initial step, the UNAIDS Joint Programme will **work with community partners to co-create practical options for taking this commitment forward**, building wherever possible on existing community-led institutions, networks and mechanisms.

12. The co-creation process could explore two mutually reinforcing areas of change: how community co-leadership is institutionalized within the UNAIDS Joint Programme itself; and how the Joint Programme can use its leadership, convening, advocacy and resource mobilization roles to help amplify community power and sustain community-led action across the wider HIV response. These areas should remain distinct but connected: resourcing participation within Joint Programme mechanisms is not a substitute for sustained support to independent organizations, networks and community-led functions.

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13. Initial areas for exploration could include:

Within the UNAIDS Joint Programme	Across the wider HIV response
Embed community influence in decision-making and accountability. Develop meaningful and appropriately resourced community roles in Joint Programme priority-setting, planning, resource allocation, implementation and monitoring, from global to country level. Clarify where community representatives have formal decision-making influence, how their input is reflected in decisions and budgets, and how recommendations not taken forward are documented and addressed.	**Amplify community power and influence in national HIV responses.** Galvanize political commitment and support meaningful community roles in national planning, priority-setting, budgeting, implementation and accountability, including influence over the decisions and resources that affect communities. Support an enabling environment for community leadership, including the sustainability of community-led organizations and networks. Ensure that engagement with national authorities does not compromise community independence, particularly where civic space is restricted or communities face criminalization, discrimination or reprisals.
Resource community expertise and co-leadership. Develop appropriate approaches to remuneration and other support for community contributions, including the time and resources needed for representatives to engage with and remain accountable to their constituencies. Distinguish resources for participation and representation from longer-term, predictable financing for independent community-led organizations, networks and responses. Both are necessary and should be budgeted explicitly.	**Scale and sustain community-led functions that are essential to the HIV response.** Advance sustainable approaches for community-led HIV prevention and other services, community-led monitoring and quality assurance, advocacy, movement building, human rights and action against stigma and discrimination. Recognize that these functions depend on durable organizational capacity, community networks and independent leadership, not only project-based service delivery or short-term contracts.
Make the Joint Programme accountable for community co-leadership. Develop approaches to track whether the Secretariat and Cosponsors are putting co-creation and co-leadership into practice, potentially including a community marker or other common accountability mechanism linked to planning,	**Mobilize sustainable financing for community action.** Promote social contracting and other domestic financing mechanisms, alongside international and other financing where domestic financing is not yet feasible, particularly for criminalized or marginalized communities and in settings with restrictive civic space. Do not assume

implementation, reporting and resources. Ensure that any marker measures whether community input influences priorities, decisions, resource allocation and implementation—not simply the number of consultations or participation opportunities.	domestic financing will always be available, adequate, accessible or safe. Maintain international and alternative financing pathways where state financing is unavailable, politically constrained or may undermine independence and safety.
Use Joint Programme resources and capacities to strengthen community leadership. Consider how Secretariat and Cosponsor financing, Joint Teams on AIDS and other Joint Programme mechanisms can support community-led institutions and co-created priorities rather than creating parallel structures.	**Strengthen and sustain community systems and organizations.** Support durable institutional and financing arrangements and stronger partnerships between community-led organizations, governments and other actors, while safeguarding the independence communities need to advocate, generate evidence, monitor services and hold institutions accountable. Include safeguards against undue influence, restrictions on advocacy or loss of autonomy, and support the diversity of community-led organizations and networks.
Establish community positions within the Hub. Ensure meaningful and remunerated community co-creation positions within the Hub, with clearly defined roles, links and accountability to community constituencies, access to relevant information and strategic discussions, and appropriate support and autonomy to contribute meaningfully to strategic direction, decision making and accountability across the Joint Programme.	**Strengthen self-determined community representation.** Ensure community representatives are selected through transparent, constituency-led processes and remain accountable to the communities they represent. Support diverse representation, including people living with HIV, key populations, women and young people, particularly those whose voices are often underrepresented in decision-making. Provide resources for constituency consultation, communication, accessibility, interpretation, connectivity and safe participation. Accountability to constituencies should be distinct from accountability to institutions.
Clarify institutional responsibilities for community co-leadership. Define and maintain the respective responsibilities of the Hub and Cosponsors for ensuring	**Protect the independence and safety of community leadership.** Ensure that community representatives and community-led organisations can participate

community participation, co-creation and co-leadership across global, regional and country-level structures, including through designated roles in strategic result areas and coordination mechanisms.	independently, raise concerns and advocate for human rights without fear of intimidation, discrimination or reprisals. Strengthen safeguards for community participation, particularly in contexts of shrinking civic space and restrictive legal environments.

14. These options and approaches would be co-created with communities and adapted to different regional and country contexts rather than imposed as a uniform model. Early work should identify functioning approaches that can be strengthened and scaled, as well as gaps and challenges that may require new solutions. A package of approaches could be progressively developed and refined through implementation, informing the fully costed implementation plan, subsequent UNAIDS Joint Programme workplans and budgets, and the development of country transition pathways. The process should distinguish three complementary accountability relationships: the Joint Programme's accountability to communities; community-led monitoring and accountability of the wider HIV response; and the accountability of community representatives to their constituencies. Progress should be assessed against demonstrable changes in community influence, autonomy and resourcing, not participation activity alone.

15. Community co-leadership should be embedded across all Result Areas and institutional functions. A possible community-led leadership role for Result Area 8 could be one concrete expression of this commitment, but should not become its primary or exclusive institutional location.

Criteria and Assessment Plan for Country Presence and Transition

16. The criteria and assessment plan for country presence will align with the criteria set out in the PCB Working Group report and go beyond a purely resource-driven approach.
17. In line with PCB decision 3.2, the Task Team will work in close collaboration with programme countries and communities and consult other key Joint Programme stakeholders as it undertakes a rapid assessment to determine the country context and identify transition opportunities, risks and support needs to inform the development of a differentiated country transition plan. It will draw on existing evidence, including available country typology data, and include a validation process with programme countries and communities. The assessment will also examine opportunities to strengthen the integration of HIV within the mandates, programmes and financing mechanisms of both Joint Programme Cosponsors and national institutions, thereby reducing reliance on stand-alone HIV structures while safeguarding HIV outcomes and ensuring continued attention to populations most affected by HIV.
18. The assessment should be evidence-based, differentiated and function-specific. It should not presume that all countries require the same transition pathway or that resource considerations alone determine the future level or type of Joint Programme presence. Decisions should be informed by the needs of the HIV response, country context,

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institutional and community capacities, human rights conditions and the risks associated with transferring or discontinuing specific functions.

Assessment dimensions

Dimension	Key question	Key data and sources
1. HIV Epidemic context	What is the epidemic profile and does it indicate an ongoing need for focused HIV support?	UNAIDS epidemiological estimates, national HIV strategies, programme reports
2. Human rights, gender equality, legal environment	Are legal, social, and structural barriers likely to disrupt HIV outcomes?	Legal and policy reviews, gender analyses, human rights assessments
3. Joint Programme capacity and engagement	Does the Joint Programme have the capacities and architecture needed to sustain HIV outcomes and further integrate HIV within Cosponsor mandates during transition?	Recent capacity assessments of Cosponsors and Secretariat, Joint Team reports, UN country planning documents, agency strategic plans, updated division of labour, assessment of future capacity needs
4. National institutions	Are national institutions positioned to progressively enhance ownership, coordination, accountability, and integration of HIV within broader national systems over time?	National AIDS strategy reviews, governance assessments, Common Country Assessments
5. Community leadership and civic space	Will communities continue to have both the civic space and capacities to participate, influence decisions and hold stakeholders accountable?	Community-led monitoring, PCB NGO reports, relevant civil society and civic space analyses, human rights assessments, community consultations
6. Sustainable financing	Is there a credible pathway (i.e. sustainability road map) to sustain HIV outcomes and enabling functions over time?	HIV expenditure analyses, financing sustainability assessments, national budget data

Key assessment areas

1. HIV epidemic context

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- HIV incidence and prevalence trends.
- Progress towards the 95-95-95 targets.
- Burden among key populations and adolescent girls and young women.
- Geographic hotspots and risk of resurgence.

2. Human rights, gender equality and legal environment

- Criminalization, stigma and discrimination.
- Gender inequality and gender-based violence.
- Legal and policy barriers to HIV services.
- Participation of affected populations in decision-making.
- Civic space and enabling environment for rights-based responses.

3. Joint Programme capacity and engagement

A. Cosponsor capacity and engagement

- HIV-related technical and programmatic expertise.
- Country presence and engagement.
- Capacity to support human rights, gender equality, community engagement and accountability.
- Capacity to integrate HIV into broader health, development and gender equality programming.
- Partnerships with government, civil society and communities.
- Commitment of agency leadership to assume enhanced HIV-related responsibilities and to embed HIV-related outcomes within agency programmes and results frameworks.

B. Secretariat/Hub support capacity

- Strategic leadership, political engagement and policy advocacy.
- Strategic information, monitoring and accountability functions.
- Convening and coordination.
- Support for human rights, gender equality and community leadership and engagement priorities.
- Coordinating and brokering access to global expertise, partnerships and knowledge networks.

Additional consideration: Country support already takes different forms according to context and need, including dedicated Secretariat country presence or multi-country coverage, HIV leadership and coordination capacity embedded in Resident Coordinator Offices, and support coordinated through Joint UN Teams and Cosponsors, with regional and global support and back-up. The transition should build on this differentiated approach, assessing which combination of national, community and UN capacities is best placed to

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sustain the functions required in each context. Where dedicated in-country HIV leadership and coordination capacity remains necessary, different arrangements, including temporary arrangements (e.g. capacity anchored in the Resident Coordinator Office), may be appropriate to maintain continuity while readiness and capacity are strengthened. Over time, functions should be progressively integrated into national systems and community-led institutions as readiness allows, with continuing UN support shaped by country needs and delivered through those best placed to provide it.

4. National institutional foundations

- Capacities of national HIV coordination mechanisms.
- Government commitment and multisectoral engagement.
- Strategic information systems.
- Integration of HIV into broader national frameworks.
- Capacity to engage communities and civil society
- Integration of HIV within broader health, development, social protection, education and gender equality frameworks

Additional consideration: Assess whether national institutions can enable meaningful, safe and sustained participation by diverse communities and civil society, protect their independence, and respond to community-generated evidence and accountability findings. Government commitment should not be treated as a proxy for an enabling environment where civic space or the rights of key and priority populations are restricted.

5. Community leadership, civic space and accountability

- Strength of networks of people living with HIV, women's organizations and key population-led groups.
- Community-led monitoring and accountability mechanisms.
- Participation of affected communities in governance and decision-making.
- Access to financing for community-led responses.
- Freedom of association, assembly and expression.
- Evidence that community perspectives influence policies, programmes and resource allocation.

Additional consideration: The assessment should also examine the autonomy, institutional sustainability, geographic reach and representativeness of community-led organizations and networks. It should consider their capacity to participate in governance and priority-setting, influence resource allocation, deliver community-led monitoring and advocacy, and hold institutions accountable. The assessment should identify risks that transition decisions may weaken these capacities or compromise the independence of community actors.

6. Sustainable financing

- Domestic financing trends and prospects.
- Reliance on external funding.

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- Donor transition risks.
- Financing sustainability plans.
- Financing for human rights, gender equality and community-led responses.

Additional consideration: Financing analysis should distinguish between domestic and international financing for the HIV response; resources required to sustain Joint Programme functions and support to countries, as well as community engagement and co-leadership within Joint Programme mechanisms; and resources required to sustain independent community-led organizations, networks and responses. It should assess the availability, adequacy and accessibility of domestic financing, recognizing that this may be constrained for some community actors, particularly in restrictive civic environments. Where domestic financing is not feasible or sufficient, alternative or transitional financing arrangements should be considered so as to ensure continuity of community-led services and community engagement.

Output

Country Transition Profile, developed and validated with governments and communities, identifying capacities, readiness, sustainability risks, and support requirements to inform the transition plan.

Assessment process

Step 1: rapid desk review

Compile existing evidence across the six dimensions. No new studies or extensive data collection should be required.

Output: A concise Country Transition Profile (3-5 pages) highlighting:

- Strengths
- Risks
- Gaps
- Priority opportunities

Step 2: Validation and prioritization dialogues across key stakeholders

Purpose: Validate findings, identify priorities and agree key transition actions

The resulting Country Transition Profile should inform decisions at the level of individual functions, not produce a single binary classification of a country as 'ready' or 'not ready'. For each function, it should identify the proposed receiving entity, evidence of readiness, outstanding capacity or financing gaps, risks to service continuity and community-led responses, mitigation measures, and the conditions and timeline for any transition. Options should include maintaining or strengthening Joint Programme support where readiness is not established.

The assessment and validation process should involve, at a minimum, national authorities, the UNAIDS Secretariat, relevant Cosponsors and UN country team actors, community-led and key population-led organizations, networks of people living with HIV, women and young

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people, and other relevant civil society actors. Participation should be inclusive, accessible, safe and adequately supported, with sufficient time for constituencies to consult internally. Communities should contribute throughout the assessment, including the assessment of risks, readiness and transition options, and validating findings. The process should document how differing views have been considered.

Stakeholder Engagement and Roadmap

19. The next phase of work will be undertaken in close collaboration with programme countries and communities, alongside consultation with Cosponsors, development partners and other key Joint Programme stakeholders. This engagement will inform and shape the fully costed implementation plan, including the further development and validation of the transition principles, country assessment approach and differentiated country pathways set out in this initial proposal.

20. Engagement with programme countries and communities will be central to understanding country circumstances and priorities, the capacities and support needed to sustain effective HIV responses, and the opportunities and risks associated with different transition pathways. Community participation will be guided by the co-creation and co-leadership principles set out in this report, with meaningful opportunities for diverse communities to shape priorities, identify risks and influence proposed approaches. Country assessments and transition pathways will be developed and validated with countries and communities and adapted to different contexts rather than applying a uniform model.

21. The process will also provide an opportunity to understand relevant capacities across the Joint Programme, other parts of the UN system, national institutions and beyond, and where additional capacity, financing or other support may be required to sustain the HIV response through transition.

22. The work will proceed in stages, beginning with preparatory work and the compilation of existing evidence, followed by a rapid desk review and development of initial country profiles. These will provide a basis for engagement with programme countries and communities to validate and refine the analysis, identify priorities, opportunities and risks, and shape proposed transition pathways. This will be a central input to determining how the Joint Programme's capacities and resource requirements can evolve from 2027 towards 2030, in step with and in support of the broader transition towards sustainable national HIV responses. The findings from this engagement will inform the further development and costing of the implementation plan.

23. Community-led and key population-led organizations should have access to relevant information and sufficient time to develop their inputs, with feedback provided on how those inputs have informed the resulting analysis and transition pathways.

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The fully costed implementation plan is expected to be completed by 12 March 2027, for intersessional PCB decision-making by 25 March 2027. Progress updates will be provided to the PCB Bureau ahead of the submission of the implementation plan.

Risk Assessment and Mitigation

24. Risk assessment and mitigation will be developed as an integral part of the fully costed implementation plan and subsequent country transition pathways. The approach will focus on continuity and doing no harm, including avoiding the premature transfer or discontinuation of essential functions where the capacities, financing or accountability arrangements required to sustain them are not yet in place.

25. Risks will be considered in the specific country context and with programme countries and communities, including risks to HIV outcomes, community leadership, human rights and gender equality, civic space, and the capacities needed to sustain the response. Transition arrangements should remain adaptable where circumstances change or risks emerge, including maintaining or strengthening Joint Programme support where needed.

Conclusion

26. The work undertaken to date provides an initial foundation for a phased, country-centred and financially responsible transition of the Joint Programme, guided by the strategic direction established by the PCB Working Group and the resource trajectory towards 2030 outlined in its report. The next phase will translate this framework into practical transition pathways, informed by country priorities and realities, community co-creation and co-leadership, the capacities of the Joint Programme and national and community institutions, and careful assessment of risks to the continuity and sustainability of the HIV response. Through engagement with programme countries, communities and other key stakeholders, the Transition Task Team will further develop and cost these arrangements for inclusion in the fully costed implementation plan to be submitted to the PCB for intersessional decision-making by the end of March 2027.

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Proposed Draft Decision Points

The Programme Coordinating Board is invited to:

27. *Take note* of the Initial Proposal for a Phased, Country-centred and Financially Responsible Transition (UNAIDS PCB(59)/26.27) by the Transition Task Team and *look forward* to receiving the fully costed implementation plan for intersessional decision-making by end of Q1 2027 as set out in PCB decision point 3.3 of the 2026 Special Session;
28. Recalling decision point 3.2 of the 2026 Special Session and taking into consideration the rationale and recommendation of the Transition Task Team, as set out in the Initial Proposal for a Phased, Country-centred and Financially Responsible Transition (UNAIDS PCB(59)/26.27), *endorses* the recommendation of the Transition Task Team to request the PCB NGO delegation to nominate one additional community representative to serve on the Transition Task Team;

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ANNEX

Terms of Reference

UNAIDS Joint Programme Transition Task Team

1. Background and purpose

The establishment of the Transition Task Team follows a process initiated by the PCB at its 53rd meeting[6] to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose, including through a revised operating model. This included the work of the High-Level Panel[7], the revised operating model[8] endorsed by the PCB in June 2025, and the subsequent work of the PCB Working Group on the further transition and integration of UNAIDS into the UN system and beyond[9].

At its Special Session on 26 October 2026, the UNAIDS Programme Coordinating Board (PCB) decided as follows:

> *"Takes note, with appreciation, of the final report of the PCB Working Group on the further transition and integration of UNAIDS into the UN System and beyond (UNAIDS/PCB/(EM)/6.2), approves the overall strategic direction for the transition of UNAIDS set out in the report and requests the PCB Chair to transmit it, including the decisions of the Board related to it, to ECOSOC;"*
>
> *"Requests the Executive Director to establish a Transition Task Team composed of Secretariat and Cosponsor representatives nominated by their respective agencies and two community representatives nominated by the PCB NGO delegation, which will work in close collaboration with implementing countries and in consultation with key Joint Programme stakeholders, and will be accountable to the PCB for the delivery of the implementation plan, throughout the transition process."*
>
> *"Requests the Executive Director to submit the transition Task Team's fully costed implementation plan, with detailed costing of different scenarios including one based on available core resources, in line with the criteria mentioned in the final report of the Working Group, with an initial proposal to be submitted at the 59th PCB meeting, and a final plan to be submitted for intersessional decision-making by end of Q1 2027."*[10]

In accordance with these decisions, the Executive Director is establishing the Transition Task Team to develop the fully costed implementation plan requested by the PCB in line with the final report of the Working Group and support its delivery for a transformed Joint Programme. These Terms of Reference set out the Task Team's objectives, composition, deliverables and ways of working.

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[6] See decision point 6.5: https://www.unaids.org/sites/default/files/media_asset/PCB53_Decision%20Points_14Dec_Final.pdf

[7] https://www.unaids.org/sites/default/files/2025-05/high-level-panel-resilient-fit-for-purpose-unaids-report_en.pdf

[8] https://www.unaids.org/sites/default/files/2025-06/PCB56_Revised_Operating_Model_rev2.pdf

[9] https://www.unaids.org/sites/default/files/2026-10/PCBSS_PCB_WG_Final_Report%20%281%29.pdf

[10] https://www.unaids.org/sites/default/files/2026-10/PCB2026SS_Final_Decision_Points_EN.pdf

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2. Composition

The Transition Task Team will be chaired by the UNAIDS Executive Director, or her alternate, and will comprise:

- four representatives of the UNAIDS Cosponsors, nominated by the Cosponsors, including representatives working at regional level and at least one representative of an affiliate Cosponsor;
- three representatives of the UNAIDS Secretariat, including two representatives working at regional level; and
- two community representatives nominated by the PCB NGO delegation.[11]

The Task Team also proposes the inclusion of a third community representative as a full member, subject to PCB endorsement and confirmation of the applicable governance and legal arrangements.

In nominating and appointing members of the Transition Task Team, due consideration will be given to geographic and gender balance.

If a representative steps down from the Task Team, leaves the position or organization on the basis of which they were nominated, or is otherwise unable to continue serving on the Task Team, the seat will become vacant. The Executive Director will invite the relevant nominating group, either the Committee of Cosponsoring Organizations (CCO) or the PCB NGO Delegation, as applicable, to nominate a replacement for appointment by the Executive Director.

3. Objectives

The implementation plan will set out the phased and sequenced implementation of the PCB Working Group's strategic direction, guided by country priorities and progress towards the goals and targets of the 2026–2031 Global AIDS Strategy and the 2026 Political Declaration on HIV and AIDS. The Task Team will build from and not reopen the strategic direction set out by the PCB Working Group in its final report and presentation to the PCB Special Session in October 2026.

The Task Team will:

a. Develop and deliver a fully costed implementation plan for the transition[12].

b. Present detailed costings for different transition scenarios up to 2030, one that outlines structural changes of a transformed Joint Programme by Q4 2027 and other extensions as necessary. Costing scenarios should explicitly account for the

[11] The PCB decision of 26 October 2026 provides for two community representatives nominated by the PCB NGO Delegation. Following a request from the community representatives, supported by a majority of Task Team members, the Executive Director is inviting the PCB at its 59th meeting to consider adding a third community representative as a full member. The Terms of Reference will be amended accordingly should the PCB endorse the proposal.

[12] Detailed organizational design and implementation within individual Cosponsors and the Secretariat will remain the responsibility of the respective entities, consistent with their mandates, governance and applicable regulations, rules, policies and procedures.

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resources required to build and sustain meaningful community co-creation, co-leadership and accountability mechanisms at global, regional and country levels, including support for community-led organizations and participation processes.

c. Develop criteria for a capacity assessment and a decision-making process for determining country presence, including the capacities of the Joint Programme, national institutions and community readiness to sustain relevant functions, with appropriate safeguards, and propose indicative timelines for transition to the Cosponsors, other UN entities, communities and national institutions.

d. Develop a community co-creation, co-leadership and accountability model for engagement with the Joint Programme at country, regional and global levels, including roles, representation, accountability and sustainable resourcing for meaningful community engagement and to support community-led responses.

e. Outline a plan for the Joint Programme's regional presence, both to ensure that required core functions are provided for in all regions, as recommended in the Working Group's report, and to transition over time to regional UN institutions and capacities able to sustain them, taking into account the UN80 regional reset.

f. Develop a plan for transitioning Secretariat technical functions to Cosponsors, specifying the functions and responsibilities concerned, consistent with their mandates and comparative advantages, as part of the broader integration of HIV across the work of the UN system, with the longer-term goal of integration into national systems and institutions, taking account of country context, readiness and capacity. Prepare a risk analysis and mitigation strategy to accompany the transition plan, including an assessment of potential impacts on community-led responses, meaningful community participation, human rights advocacy and access to HIV services, particularly for populations disproportionately affected by HIV and in contexts of shrinking civic space.

g. Review and adapt the division of labour among the Secretariat, Cosponsors, communities and civil society organizations based on the new model at country, regional and global levels, explicitly addressing the Working Group's recommendation for Cosponsor leadership of Result Areas in the Global AIDS Strategy and potential community leadership of Result Area 8. Develop the proposed funding model, including core and non-core allocations of the UNAIDS Joint Programme and options for pooled funding mechanisms, to ensure that the majority of resources support country-level implementation.

h. Collaborate with implementing countries from all regions and consult with key Joint Programme stakeholders at every step of the process. This should include structured and inclusive consultation with communities and civil society organizations at global, regional and country levels, ensuring that their perspectives inform the development of the implementation plan. Inputs received through these processes should be documented and considered, with feedback provided on how they have informed the Task Team's work.

i. Provide regular progress updates and decision-ready proposals to the PCB.

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4. Deliverables and timeline

Deliverable	Requirements	Deadline
Initial proposal for the implementation plan	Includes provisional costing of different scenarios, in line with the criteria mentioned in the final report of the Working Group.	**23 November 2026**, for document production and dissemination ahead of the 59th PCB meeting, 8–11 December 2026
Final fully costed implementation plan	Includes detailed costing of different scenarios, including one based on available core resources, in line with the criteria in the final report of the PCB Working Group.	**12 March 2027**, for intersessional decision-making by 25 March 2027
Progress updates	Regular updates on implementation provided to the PCB Bureau, and at the PCB's regular meetings.	Throughout the transition process

5. Ways of working

In the spirit of One UN and the UNAIDS Joint Programme, the Task Team will work collaboratively to advance practical solutions, build consensus, and facilitate the effective and timely delivery of its mandate. The Executive Director, as Chair, will guide the Task Team's work and deliberations, drawing on members' collective expertise and perspectives in developing proposals for consideration by the PCB. The work of the Task Team should be guided by the principles of transparency, meaningful participation, inclusiveness and accountability.

In line with the PCB's decisions, the Task Team will work in close collaboration with implementing countries and in consultation with key Joint Programme stakeholders, ensuring that the implementation plan is informed by country realities, the capacity and readiness of national institutions and systems, and community priorities. Meaningful engagement with communities and civil society organizations, particularly community-led and key population-led organizations, should be integrated throughout the Task Team's work. This should include opportunities for broader community and civil society constituencies to provide input into the development, review and refinement of proposals, ensuring that their experiences, priorities and recommendations meaningfully inform the Task Team's deliberations and outcome.

The Task Team is expected to meet up to twice weekly during intensive periods of work, with members allowing sufficient time to review materials and consult between meetings.

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Relevant materials should be shared with the Task Team members sufficiently in advance of meetings to facilitate internal discussions and consultations with their respective constituencies, where appropriate.

Consistent with the arrangements proposed by the PCB NGO Delegation in nominating its representatives, the community representatives are expected to maintain regular communication with the NGO Delegation, including by consulting it on matters under consideration by the Task Team and sharing updates on the Task Team's work, as appropriate. The relevant Task Team members should facilitate regular communication with the broader NGO delegation and relevant community and civil society organizations, providing opportunity for them to share perspectives, raise concerns and submit recommendations on matters within the Task Team's mandate. Cosponsor representatives will consult the CCO and take feedback into account, share drafts for review with sufficient time, and refer proposals affecting Cosponsor mandates, resources or responsibilities to the CCO and relevant agencies before PCB submission. More generally, all Task Team members are expected to consult across their respective entities and constituencies and to contribute perspectives that extend beyond those of their individual organizations or institutions.

The Chair may invite relevant external expertise or perspectives to inform particular aspects of the Task Team's work. The Chair will be supported by a small secretariat. The Task Team will be supported by relevant capacities from across the Joint Programme, as needed. This should include opportunities for community-led organizations, civil society networks and affected communities to directly contribute their expertise and lived experiences to relevant discussions, including through consultations, technical discussions or other appropriate engagement mechanisms.

6. Accountability and reporting

The Transition Task Team works under the leadership of the Executive Director. It will be accountable to the PCB for delivery of the implementation plan throughout the transition process, as stipulated by the PCB. The Executive Director will keep the PCB informed of progress in accordance with the milestones established by the Board.

The PCB has separately requested an update at its 60th meeting in June 2027 on actions to support communities and civil society organizations and their participation in accountability mechanisms throughout the transition, with community accountability remaining integral to the broader transition plan.

[End of document]

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