

INTERIM REPORT OF THE PCB WORKING GROUP ON THE FURTHER TRANSITION AND INTEGRATION OF UNAIDS INTO THE UN SYSTEM AND BEYOND

Additional documents for this item: Report of the multistakeholder consultation (UNAIDS/PCB (58)CRP4)

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

- *Consider* the Interim report of the Working Group on the further transition and integration of UNAIDS into the UN System and beyond (UNAIDS/PCB/58/26.17);
- Taking these considerations into account and recalling decision points 7.3e and 7.6 of the 57th meeting of the Programme Coordinating Board in December 2025, *look forward* to the presentation of the final plan for the further transition and integration of UNAIDS into the UN system and beyond, at a fully virtual half-day Special Session of the PCB to be held on 26 October 2026;

Cost implications for the implementation of the decisions: none

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Executive summary

1. Pursuant to decisions taken by the UNAIDS Programme Coordinating Board at its 57th session, the Board's Bureau convened an independent "Working Group on the further transition and integration of UNAIDS into the United Nations system and beyond". The Working Group's Terms of Reference¹ task it with: (1) outlining steps to transition and integrate the Joint Programme's multisectoral capacity and the inter-related core functions of the Secretariat; (2) proposing a United Nations-mandated governance model that preserves the role of communities and civil society and ensures the United Nation's continued coordination, accountability and leadership of the HIV response; (3) developing a funding model to sustain the proposed governance model; and (4) articulating a forward-looking and evidence-based timeline for transition and integration.
2. Under the Terms of Reference, the Working Group is submitting to the Programme Coordinating Board, through the Bureau, this interim report on a plan for further transition and integration of UNAIDS. The Working Group will submit a finalized plan for the further transition and integration by 20 September 2026.
3. The Working Group is undertaking its work amid important changes in the global HIV response, continuing discussions on the future of the global health architecture, and profound shifts in the broader geopolitical context. The latter include growing resistance to multilateral cooperation, a deteriorating human rights climate, and the proliferation and persistence of critical global challenges, including pandemic threats, conflicts and the climate crisis. Under the revised operating model approved by the Board², the Joint Programme has also undergone a strategic transformation, with the aim of ensuring that it is fit for the purpose of contributing towards ending AIDS as a public health threat.
4. Much has been achieved in the fight against HIV, but these gains are uneven, marked by persistent gaps and disparities, and insufficient to end AIDS as a public health threat. Cuts in international assistance have had especially dire effects on HIV prevention, HIV testing and community-led HIV responses. There is emerging evidence that progress in the HIV response may be stalling. Yet, at the same time, there is cause for optimism, with a steadily expanding array of HIV prevention and treatment tools and the substantial HIV infrastructure that has been built in countries and communities through decades of investments. Renewing and sustaining efforts to end AIDS will be essential to the future health and well-being of the world.
5. Launched in February 2026, the Working Group has held 12 meetings; consulted with key stakeholders (including the implementing countries, donors, the UNAIDS Secretariat, Cosponsors, communities and civil society, and multilateral partners such as the Global Fund; collected pertinent information related to various proposed options for further transition and integration; and benefited from a robust multistakeholder consultation convened by the PCB Bureau on 12 May 2026.

¹ Terms of Reference of the PCB Working Group:

https://www.unaids.org/en/resources/documents/2026/PCB58_Terms_Of_Reference_PCB_Working_Group

² https://www.unaids.org/sites/default/files/2025-06/PCB56_JP_Operating_Model.pdf

6. The Working Group has tracked areas under its four deliverables where there is convergence on proposed plans or options for transition and integration, as well as where further investigation, reflection and analysis are required before finalizing its recommendations to the Board (through the Bureau).
7. The Working Group is pleased with the progress made under its four deliverables. It is confident it will be able to deliver its final proposed plan within the timeline specified in its Terms of Reference. However, it is too soon to articulate clear, fully fleshed-out options or next steps for transition and integration. This interim report outlines possible directions for further transition and integration but emphasizes that additional work will be needed before final conclusions can be presented to the Board for consideration at its special session in October 2026.
8. There are several areas where there appears to be convergence within the Working Group. As the effort to end AIDS as a public health threat remains unfinished, the Working Group agrees that the United Nation's HIV mandate must continue and that a central entity will be needed for leadership and coordination of United Nation action on HIV. Instead of focusing on the "sunsetting" of UNAIDS, the Working Group aims to identify ways to transform the United Nation's work on AIDS to optimize coherence, impact and sustainability. While the Working Group is united on the importance of the transformation and reform of the United Nation's HIV work, it has also heard clearly from implementing countries, communities and civil society that the core functions of the UNAIDS Secretariat and the broader Joint Programme—all of which are inter-related— should be preserved.
9. The Working Group is continuing to interrogate different options for transitioning and integrating the Secretariat's four core functions. Options that are being explored include:
 - maintenance of a downsized Secretariat;
 - transition of the Secretariat into a leaner partnership or hub hosted somewhere within the United Nations system;
 - transition of specific Secretariat functions to individual Cosponsors;
 - possible merger (either in the intermediate term or in the post-2030 era) with another existing health partnership; and
 - potential transition of UNAIDS country-level operations into the offices of Resident Coordinators.
10. With respect to country-level coordination, the Working Group is converging around the proposition that differentiated approaches will be required to ensure the continuation of critical United Nations support to countries. All possible options for future country-level coordination must ensure that the United Nations provides safe space and proactive leadership and collaboration to sustain and expand the HIV response and human rights for key and priority populations.
11. With respect to future governance of a transitioned United Nations HIV response, the Working Group is converging on the imperative of preserving the roles of communities and civil society, remaining true to the principles of the Greater Involvement of People Living with HIV/AIDS. The governance model must also maintain coordination, leadership and accountability of the HIV response.

12. On financing a future governance model, the Working Group agrees that reviving and sustaining international solidarity in efforts to end AIDS is of critical importance. A transition model must be suitable for mobilizing the resources needed to sustain and strengthen the United Nations' work on HIV, including the four core functions of the Secretariat and the complementary work of the Cosponsors in each of these areas. The new model—and the financing model that accompanies it—must communicate a transformed, reinvigorated leadership role for the United Nations in the effort to end AIDS as a public health threat. As options emerge and are clarified, the Working Group will cost these different options, taking into account one-time costs of transition and integration, as well as recurring costs needed to sustain the recommended model.
13. The Working Group agrees that any transition of the UNAIDS Secretariat must be phased, realistic and guided by clear milestones, and must be implemented in a manner that minimizes disruption to the HIV response and UN's role. The Working Group agrees that closure of the UNAIDS Secretariat at the end of 2026 is neither advisable nor realistic, and that the transition process will take time. In finalizing recommendations for the sequencing of further transition and integration of UNAIDS, the Working Group will identify actions that are needed in the near term, as well as actions that have a longer time horizon.
14. Moving forward, the Working Group plans to continue its systematic examination and exploration of each of the issues outlined in Annex 1 of its Terms of Reference. In accordance with its Terms of Reference, the PCB Bureau will convene another multistakeholder consultation to inform the Working Group's deliberations.
15. At this stage of its work, the Working Group would benefit from the Board's guidance based on the potential directions outlined in this interim report.

Introduction

16. At its 57th meeting, the Programme Coordinating Board (PCB) requested the PCB Bureau to finalize the terms of reference for a working group to develop a plan on the further transition and integration of UNAIDS into the United Nations (UN) system and beyond. The Terms of Reference, as approved by the Board in February 2026 through the mechanism of intersessional decision-making, mandated the Working Group to:
 - a. Outline how the multisectoral capacity and expertise of the Joint Programme and UNAIDS Secretariat's core functions, as endorsed by the PCB as part of the revised operating model, can be integrated into relevant entities of the UN development system and beyond;
 - b. Propose a UN-mandated governance model that allows for the preservation of the role of communities and civil society and ensures the continued coordination, accountability and leadership of the HIV response by the UN system;
 - c. Develop a funding model for sustaining the proposed future governance structure and activities; and
 - d. Propose a timeline with milestones for the transition and integration process and the final estimated endline for the integration process.
17. The Terms of Reference provide that the Working Group will submit an interim report to the PCB, through the PCB Bureau, for consideration at the PCB's 58th meeting in June – July 2026, on the plan and timeline for further transition and integration of UNAIDS.

The PCB also mandated the Working Group to provide a finalized plan for the further transition and integration of UNAIDS through the PCB Bureau for the Board's consideration at a special PCB session no later than the end of October 2026.

18. This interim report summarizes the Working Group's continuing exploration of interim options and associated timelines for the further transition and integration of UNAIDS into the UN system and beyond. It acknowledges options considered by the Working Group with respect to preservation of the multisectoral capacity and expertise of the Joint Programme and the Secretariat's core functions, noting the perspectives of the many stakeholders consulted by the Working Group. It discusses risks, benefits, strengths and weaknesses of the options for further transition and integration examined by the Working Group.
19. As requested by the Board, this is an interim report, and the conclusions of the Working Group will continue to evolve based on the discussions at the June PCB meeting and further consultations. The directions outlined in this report should not be read as mature, fully fleshed-out, immediately actionable options, but rather as possible directions which require further investigation, reflection and analysis. The Working Group is pleased with the progress it has made to date and is confident it will be able to deliver a finalized plan for further transition and integration in accordance with the timelines outlined in the Terms of Reference.

Background and context

20. Ending AIDS remains a critical global priority, and the global response to HIV will need to be sustained until the job is finished. Although important gains have been made in responding to HIV, with new HIV infections and AIDS-related deaths declining by 40% and 54%, respectively, from 2010 to 2024, these advances are uneven and insufficient to end AIDS as a public health threat by 2030.
21. New HIV infections are increasing across multiple regions; more than 9 million people living with HIV were not accessing antiretroviral therapy in 2024; and the response to HIV risks leaving many places and communities behind as a result of persisting gaps and inequalities. The Global AIDS Strategy 2026–2031 outlines a roadmap for addressing the gaps and disparities in the response and accelerating progress towards ending AIDS as a public health threat, but this new strategy now requires sustained global solidarity, clear and strong leadership, sufficient resources, robust partnerships and programmatic follow-through to ensure full and timely implementation.
22. Moreover, there is alarming evidence that progress towards ending AIDS is slowing, in part due to the emergence of an acute financing crisis for the response. Available funding for HIV responses in low- and middle-income countries in 2024 (US\$ 18.7 billion) was 13% lower than in 2020 (US\$ 21.5 billion). Evidence indicates that programmatic effects of donor cuts have been especially pronounced for HIV testing, HIV prevention, community-led responses and for programmes for key populations. In response to cuts in donor countries, numerous countries have stepped forward to increase domestic investments in HIV. However, these welcome signs of national commitment have not fully compensated for the loss of donor support, as many countries lack the means to make up for donor funding reductions.
23. Programmatic challenges associated with HIV financing shortfalls are exacerbated by a deteriorating human rights environment in many parts of the world. The surge in anti-

rights laws, policies and sentiments is occurring in tandem with expanded efforts by many countries to restrict the space for civil society to play its essential role in the response, and to block the flow of funds that support this role. In addition, further efforts towards ending AIDS will also unfold in a rapidly changing and increasingly complex global environment, as the world grapples with the continuing threat of pandemics and health emergencies; increased state-based conflicts; continuing increases in migration (both within and between countries and regions); and a worsening climate crisis that has yet to elicit an appropriate global response. This “polycrisis” will require a resilient UN response that is well prepared for future threats, and ready to support communities, governments and the wider system to adapt in ways that can sustain strong HIV responses when crises hit.

24. Beyond that, slowing progress, persistent disparities and growing headwinds for the HIV response underscore the urgent need to redouble efforts to end AIDS. The HIV epidemic is a special, if not unique, global health challenge, in that the response is inherently political. The response centres on contentious issues such as human sexuality, gender inequality, drug policy, racial/ethnic inequalities and myriad other disparities and injustices. It also requires multisectoral, coordinated action by the health, justice, labour, trade, education, social protection and other sectors.
25. While recent trends are concerning, the world has the means to renew, adapt and sustain the AIDS response to achieve the goal of ending AIDS as a public health threat. Robust domestic and donor investments have led to the building of substantial national infrastructure to respond to HIV. Despite resource constraints, communities have stepped forward as essential partners and leaders. The array of HIV prevention and treatment tools continues to expand, providing the world with the means to end AIDS even in the absence of a cure or a preventive vaccine. Enhancing the integration of HIV interventions within health systems also has the potential to improve access to holistic, people-centred care and support.
26. The United Nations Economic and Social Council (ECOSOC), which created UNAIDS through a Resolution 1994/24 adopted in 1994, reaffirmed in 2025 “the pivotal role of the Joint Programme on HIV/AIDS in galvanizing and supporting multisectoral responses in the context of broader efforts to leave no one behind.”³ However, the global HIV financing crisis jeopardizes the sustainability of the Joint Programme. Core funding for the Joint Programme has fallen by more than half since 2024, although there are promising signs of increased interest among donors in making earmarked noncore contributions. In line with PCB decisions at its meetings in June and October 2025, UNAIDS has taken steps to bring its core budget into alignment with income projections for 2026. However, those steps have resulted in a reduction of more than 50% in the capacity of the Secretariat and Cosponsors (with actual reductions even larger when inflation is taken into account). These reductions follow on several steps that were taken to adapt and downsize the Joint Programme in line with available revenues. Those processes date back to 2015 when a long-term effort was launched to reprioritize UNAIDS to preserve and focus on its core functions and include the PCB’s decision in 2021 to reduce the core UBRAF budget for 2024–2025 by 34% compared to 2015.

³ United Nations Economic and Social Council. Resolution adopted on 29 July 2025. E/RES/2025/20. Available at: <https://docs.un.org/en/E/RES/2025/20>.

Establishment of the PCB Working Group

27. The PCB, at its 53rd meeting in December 2023, requested the “Executive Director and the Committee of Cosponsoring Organizations (CCO) to continue to ensure that the Joint Programme remains sustainable, resilient and fit-for-purpose, by revisiting the operating model” and to report back to the PCB at its June 2025 meeting. In response to that request, the UNAIDS Executive Director and the CCO convened a High-Level Panel to facilitate the review.
28. At its 56th meeting, in June 2025, the PCB endorsed a [revised operating model](#) for the Joint Programme based on the recommendations of the High-Level Panel. The revised operating model, which was aimed at sustaining the Joint Programme through 2030, called for downsizing and streamlining the Secretariat around four core functions:
 - (1) Leadership and advocacy (including for global resource mobilization);
 - (2) Convening and coordinating focused on sustainability of the global HIV response;
 - (3) Accountability through data, targets, strategy; and
 - (4) Community engagement.
29. The revised operating model included six “lead” Cosponsors (out of 11), each of which would receive catalytic core funding from the Unified Budget, Accountability and Results Framework (UBRAF), and five “affiliate” Cosponsors, which continue to engage in and support the global HIV response, but without a core UBRAF allocation. The Working Group has taken these fundamental reforms of the Joint Programme mandated by the PCB into account in its work to date.
30. In September 2025, the UN Secretary-General, as part of a [progress report](#) under the UN80 initiative, included a proposal to “sunset UNAIDS by the end of 2026”, which would entail “mainstreaming capacity and expertise into relevant entities of the UN development system in 2027”. At a virtual PCB special session in October 2025, the Board recalled and reaffirmed its prior approval of a revised operating model for the Joint Programme for 2026 and beyond, and called for coherence and alignment of the PCB’s transition-related decisions with the ongoing UN80 initiative.
31. In line with the decisions taken at the 57th PCB meeting, the PCB Bureau finalized the Working Group’s Terms of Reference and oversaw the process of selecting its members, based on six criteria and complementary skills outlined in the Terms of Reference. The Working Group, which began its work in February 2026, is led by three Co-Facilitators and includes 13 additional members, all of whom are serving in their independent, individual capacities. All Co-Facilitators, members of the Working Group, and supporting Secretariat staff and consultants have signed agreements pledging to maintain the confidentiality of the Working Group’s deliberations. (The composition of the Working Group is set out in Annex 1.)

Methodology and work to date

32. The Working Group has followed the modalities outlined in the Terms of Reference. From February through the end of May 2026, the Working Group held 12 meetings, using a virtual format. As stipulated in the Terms of Reference, the Working Group is

pursuing a deliberative process, tracking where convergence is occurring and where further investigation, reflection and analysis are warranted. In accordance with the Terms of Reference, the Co-Facilitators provided regular briefings to the PCB Bureau on the progress of the Working Group's work.

33. During its deliberations the Working Group began assessing the four inter-related Secretariat core functions as well as the roles, mandates and capacities of Cosponsors. The Working Group also assessed the capacities of actors beyond the UN system, including country governments, the Global Fund, civil society organizations and other institutions. At the request of the Working Group, the Secretariat and the CCO separately provided written comments outlining their perspectives on options for the further transition and integration of UNAIDS. The Working Group also collected information regarding various partnership models across the multilateral system, protocols of various UN bodies and global health institutions with respect to the inclusion and engagement of communities and civil society in governance decision-making, and the broader work of the UN80 initiative, including UN80-related work towards development of a unified UN data platform.
34. As provided in the Terms of Reference, the Working Group has used a consultative approach to gather pertinent information and understand the perspectives of diverse stakeholders on the further transition and integration of UNAIDS. The Working Group began its work with a joint induction session, [held on 26 February 2026](#), with the PCB Bureau, the UN Deputy Secretary-General and the UNAIDS Executive Director. During its regular meetings, the Working Group met and engaged in dialogue with the UNAIDS Secretariat, Cosponsors, implementing countries, communities and civil society, the Global Fund and donors. Following each consultation, partners were encouraged to provide written contributions based on the guiding questions and any further reflection that they wished to bring to the Working Group's attention (for a summary of feedback received from consultation with different constituencies, please see Annex 2.)
35. In line with the Terms of Reference, the PCB Bureau on 12 May 2026 convened an inclusive consultation with PCB members and stakeholders to inform and guide the Working Group's deliberations. Immediately after the multistakeholder consultation, the Working Group devoted three consecutive days of meetings to reflect on the feedback received from stakeholders and to take those views into account in developing this internal report. The full summary of the multistakeholder consultation is included as a conference room paper.
36. At [its meeting on 27 May 2026](#), Bureau members reviewed the draft interim report based on the Terms of Reference and provided feedback which the Co-Facilitators drew on to finalize the interim report. During the meeting, the Chair informed the Co-Facilitators of [the latest UN80 Initiative progress report](#), published on 26 May, and welcomed its greater alignment with the PCB Working Group's approach, including the shift to a transition of UNAIDS, rather than sunseting.

Feedback from multistakeholder consultation on 12 May

37. A total of 251 individuals participated in the multistakeholder consultation, including Member States (both implementing and donor countries), people living with HIV, communities and civil society, and multilateral partners such as the Global Fund. Following the consultation, 26 written submissions were received.

38. Both implementing countries and civil society speakers expressed concerns about a swift “sunsetting” of UNAIDS and the dismantlement of a model for coordinated UN action that has proven effective in driving progress in the HIV response. Implementing countries (from sub-Saharan Africa, Asia and the Pacific, Latin America and the Caribbean, eastern Europe and central Asia) emphasized the importance of preserving the UN’s expertise and capacity on HIV. Countries are leading their respective national responses and expect that UN support will be aligned with national HIV strategies. Countries placed particular emphasis on the Joint Programme’s coordinating and convening role, citing the value of having a single, coordinated point of entry for communications with, and technical support from, UN partners. Countries also noted the value of the UNAIDS governance model, including the meaningful, regularized engagement of communities and civil society, including people living with HIV. Communities play a growing, pivotal role in national HIV responses, but the environment for community-led responses is becoming much more difficult due to funding cuts and policy obstacles. The critical leadership role of the Joint Programme in the context of the ongoing deterioration of the human rights climate was noted as important for safeguarding HIV responses for key and priority populations.
39. Community and civil society representatives from all regions, including people living with HIV, spoke at the consultation. They underscored the importance of a coordinated response that is community-led, rights-based and accountable to the communities most affected by HIV. They cited several examples of the added value which the Joint Programme provides, including: enhanced access of community-led responses to financial and technical resources; the advocacy and convening roles of UNAIDS; the strategic data function; the Joint Programme’s support for processes of the Global Fund; and the multisectoral breadth of the UNAIDS model.
40. With respect to the transition of UNAIDS’ country presence into the Resident Coordinator system, civil society informants cautioned that such a move should not weaken the levels of dedicated HIV expertise, community engagement or accountability. With respect to governance, community representatives noted the unique nature of the UNAIDS model, the value that an ECOSOC-endorsed engagement of society has for civil society’s engagement with national governments, and the importance of preserving the ability of communities and civil society, including people living with HIV, to influence HIV-related decisions.
41. During the multistakeholder consultation, the Global Fund cited UNAIDS as its primary strategic partner on HIV. The Global Fund noted the benefits of UNAIDS’ unique governance model, which brings together Member States and civil society on its governing board. Regarding the transition of the Joint Programme, the Global Fund encouraged the exploration of options to preserve or adapt the Joint Programme’s ECOSOC mandate. The Global Fund also recommended that a new model for UN action on HIV should consider having in place set-aside financing to support the engagement of key and priority populations and broader civil society.

Progress to date of the Working Group

42. In the limited time between the Working Group’s formation and its submission of this interim report, the Group addressed all four deliverables, but focused most of its attention on Deliverables 1 and 2: identifying ways forward to transition and integrate

the UN system's expertise and capacity on HIV, and the four inter-related core functions of the UNAIDS Secretariat within the UN system and beyond.

43. The emphasis on Deliverable 1 (and associated governance implications) was supported by the bulk of comments at the multistakeholder consultation on 12 May, which similarly focused on the central challenge of preserving and effectively transitioning the UN's leadership on AIDS. The Working Group recognizes that the four deliverables are interlinked. For example, possible options for transition and integration might succeed in preserving the UN system's capacity and core functions, but might do so at an unacceptable cost, such as requiring unfeasible resource mobilization scenarios, undermining coordination or diminishing the critical role of communities and civil societies in global HIV governance. Further progress on governance, financing and sequencing of any transition plan, in line with the expectations outlined in Annex 1 of the Terms of Reference, constitutes an essential part of the Working Group's work after the 58th PCB meeting as it finalizes its findings and recommendations.

Deliverable 1: Transition and integration of the Joint Programme and the UNAIDS Secretariat's core functions

44. The Working Group recognizes that the inter-related core functions of the Joint Programme must continue. It therefore is actively exploring actionable strategies for further transition and integration. No definitive consensus on next steps has been reached, but members of the Working Group have expressed concerns about the notion of "sunsetting" and the use of such terminology with respect to the further transition and integration of UNAIDS. The fight against AIDS is not yet ending: many countries are not on-track to reach the global AIDS targets, and the progress made to date is under significant threat. A central entity will be needed to ensure robust, UN leadership and well-coordinated UN action on HIV, which remain essential if the world is to end AIDS as a public health threat.
45. The Working Group is analysing the four core functions of the UNAIDS Secretariat, including by drawing on real-world experiences of the benefits of those functions to the HIV response.
46. The leadership and advocacy function focuses on sustaining political commitment and supporting decision-making for an effective response, as reflected by experience in Uganda and the United Republic of Tanzania, where UNAIDS engagement with Cabinets and Parliaments supported accelerated prevention scale-up.
47. The Secretariat's convening and coordination function focuses on aligning multiple stakeholders around shared HIV priorities in complex environments, including through special, focused initiatives at the global level and support to countries for achieving service continuity in the face of disruptions caused by funding cuts and other challenges.
48. The Secretariat promotes accountability in the response through support to countries to generate, validate and use multisectoral data. That function enables the Global Fund, advocates and other stakeholders to base HIV-related decision-making on reliable evidence. It also facilitates the establishment and monitoring of time-bound targets for the response.

49. Through its community leadership and engagement function, the Secretariat works to ensure that the experience and priorities of people living with and affected by HIV shape decisions.
50. While the revised operating model describes the four core functions of the Secretariat, Cosponsors also contribute to these functions. Cosponsors reiterated to the Working Group their continued commitment to the UN's HIV mandate and to the broader goal of ending AIDS as a public health threat. In addition to supporting global- and regional-level strategizing, coordination and decision-making, Cosponsors also have varying levels of country presence. At country level, Cosponsors provide technical support for national HIV responses, serve as programme implementers in many cases, provide administrative and technical support for the implementation of Global Fund grants, and support and engage with communities and civil society.
51. Numerous stakeholders who provided information to the Working Group expressed deep concerns regarding the dangers of a too-rapid move away from a model of joint UN action that has proven critical to the progress achieved to date and that is an important example of UN reform in action. Indeed, appreciation for the Joint Programme's added value to country responses has prompted a growing number of middle-income countries to allocate domestic resources to underwrite UNAIDS' country presence. During Working Group discussions, country representatives described the valued role of the UNAIDS Secretariat in coordinating Cosponsors at national level, alongside other key functions, including generating strategic information, strengthening political leadership and mobilizing resources.
52. Among UN entities, UNAIDS is unique in the degree to which it involves communities and civil society in global AIDS governance and enhances access of nongovernmental actors to decision-makers in countries, in line with principles for the Greater Involvement of People Living with HIV/AIDS (GIPA). Community and civil society representatives questioned whether another arm of the UN possesses the capacity to engage with people living with HIV, communities and civil society in a manner comparable to the Joint Programme, or to promote and defend rights and access for key and vulnerable populations in a deteriorating human rights context. Reflecting on the continued importance of these functions, stakeholders consulted by the Working Group have generally agreed on the need to transform rather than "sunset" the UN system's joint action on HIV.
53. At the same time, the Working Group recognizes that continuation of the status quo is neither advisable nor feasible. Several factors make it imperative to evolve the Joint Programme to meet new challenges and seize opportunities as they arise, while remaining financially feasible. Those factors include the increasing resistance among some actors to multilateral cooperation; the growing withdrawal of international HIV assistance; an intensifying focus on strengthening country ownership and financing of national responses; a marked expansion in country-level capacity on HIV that has been achieved since creation of the Joint Programme in 1994, and the continued evolution of the HIV epidemic and response.
54. Below, the Working Group outlines several possible directions for the UN system's HIV efforts. It looks forward to reactions and guidance from the PCB. The scenarios should not be regarded as fully fleshed-out options, but rather as strategic directions that are potentially fruitful for the further transition and integration of UNAIDS. It is also too soon

to state that the Working Group has reached consensus on any of these possible avenues for transition and integration. Rather, this section describes the Working Group's deliberations to date, noting potential benefits, risks and weaknesses of various possible directions for change.

55. The potential directions outlined below also should not be understood as discrete, "siloed" options. Instead, they could inform a hybrid, phased model that borrows different elements from the proposed directions. In exploring these and other options which may emerge through further work and investigation, the Working Group seeks to ensure that the UN continues to provide effective support to people-centred national responses and to sustain and strengthen global efforts to end AIDS as a public health threat. Consistent with the broader UN80 initiative, any model for further transition and integration should be demonstrably stronger than the current one, as well as more cost-effective.

UN-based hub for coordination

56. The Working Group is aware that the four core functions are interdependent. Secretariat and Cosponsor staff commonly work across multiple technical functions. Multisectoral data, for example, underpin effective advocacy, including community-led advocacy. Community engagement and support are critical in their own right but also contribute to effective collection and leveraging of strategic data and to leadership and accountability in the response. Maintaining the coherence and coordination of these functions is a non-negotiable criterion as the Working Group explores the various possible options for further transition and integration of UNAIDS. In support of this, efforts to retain and strengthen the convening function and build more effective coordination and cooperation will be important across each of the following directions.
57. One direction being explored by the Working Group would be to further downsize and transform the Secretariat (while maintaining its independence as a UN programme, as well as its key strengths, such as its institutional leadership on AIDS and its ability to mobilize high-level political support, among others). Stakeholders consulted by the Working Group suggested that UNAIDS had already transitioned well in advance of the UN80 initiative, through the revised operating model approved by the PCB, with further changes to the model and size already anticipated by the Board.
58. Another possible direction, yet to be fully explored, could involve transitioning the Secretariat to a smaller, streamlined "hub" or partnership that could be hosted somewhere within the UN system. Under this second option, the "hub" would serve as the "brains and heart" of the UN's HIV mandate and would provide a centralized place where donors could contribute to the UN's global HIV response. In transitioning to a smaller "hub", the core functions of the current Secretariat would be mapped and transferred, with the aim of ensuring that gains on multisectoral HIV data analysis, political leadership and accountability, advocacy, coordination and support to communities are maintained.
59. The "hub" would strategically link global-level strategy and coordination with UN support at regional and country levels, and would strengthen synergies within the UN system, including cosponsors. This approach has the potential to sustain the valuable aspects of the current Joint Programme model while further streamlining and sharpening the UN's collective work towards ending AIDS as a public health threat.

60. Under both proposed directions, the model might continue to rely on an agreed division of labour among Cosponsors, with “lead” agencies identified for key result areas, in alignment with the Global AIDS Strategy. Depending on the model deployed, “lead” agencies could be responsible for coordinating the Joint Programme’s work in those specific thematic areas, or leadership could be shared with designated staff located within the Secretariat, the “hub” or a hosted partnership. Whether individual Cosponsors possess the capacity to assume leadership on strategic pillars of the HIV response in the absence of the Secretariat remains a topic of discussion within the Working Group. In addition, the Secretariat currently undertakes active work across key result areas in the Global AIDS Strategy. That underscores the need to preserve its expertise and capacity in the event of the transition of specific roles and functions to individual Cosponsors, and to ensure that designated Cosponsors possess the capacity to undertake an expanded work agenda in the respective thematic areas.
61. The Working Group also discussed, though without reaching consensus, the possibility of a hybrid approach that would include transferring to one or more Cosponsors certain core functions currently performed and/or coordinated by the Secretariat. Questions have arisen about the feasibility or advisability of transferring some core functions, such as advocacy and leadership, to the Cosponsors.
62. The Working Group will continue to explore the advisability and feasibility of transferring other core functions. For example, it is actively exploring the future of the multisectoral data function, which has been identified as one of the most critical roles played by the Joint Programme in strengthening and guiding the global HIV response.
63. Currently, the Secretariat works with countries to build national capacity to collect and report data on key epidemiological and programme and policy indicators; supports national strategic planning and resource allocation through modelling exercises (increasingly focused on sub-national levels); leverages data collected and analysed by the Secretariat, WHO, UNICEF, UNFPA and UNDP; and synthesizes and packages strategic data for different audiences, including national health decision-makers, donors, communities and global health advocates. Accountability functions are also presently carried forward by special UNAIDS initiatives, such as the Global HIV Prevention Coalition and the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination, among others.
64. In examining possible scenarios for a future landing place for the multisectoral data function, the Working Group is in agreement that the multisectoral breadth and publicly available nature of global HIV data must be retained, as UNAIDS currently collects and disseminates information not only from health ministries and AIDS coordinating bodies but also from numerous other sectors (e.g. communities, education, justice, labour, etc.). The Working Group has asked the Secretariat to collaborate with WHO, UNICEF, UNFPA and UNDP to develop possible options for ensuring the continuation of the multisectoral data of the Joint Programme.
65. With respect to the data function, one challenge noted by the Working Group is the reality that funding for national data systems is declining in many countries due to cuts in international HIV assistance, potentially undermining the ability to achieve evidence-based decision-making that optimizes the impact and effectiveness of the HIV response. In addition to helping countries collect, report and manage their data, any evolution or transition of the Secretariat’s data function should, to the greatest extent

possible, preserve UNAIDS' important work to help countries use data effectively to optimize the strategic impact and sustainability of HIV investments.

66. During the Working Group session with community and civil society representatives and in the multistakeholder hearing, civil society speakers also challenged the Working Group to consider how to enhance the multisectoral function further, by elevating community-generated data and strengthening accountability mechanisms, as well as the inclusion of communities in accountability processes. Indeed, this important proposal reflects the wider need for the Working Group to hear more from people living with HIV, communities and civil society on how to ensure that their substantial capacities and core functions are recognized in transition discussions and are more explicitly embedded in any new structures that are created going forward.
67. Where a proposed new "hub" might be housed has been a topic of considerable deliberation within the Working Group. Suggested possible hosts for such a new, streamlined entity include the UN Office for Project Services (UNOPS), WHO, UNDP or the Office of the UN Secretary-General, although the proposal for a smaller Secretariat would presumably maintain its status as a standalone programme hosted by WHO. Each of the potential host entities entails distinct considerations, which the Working Group will examine, based on the costs, governance and mandate implications.
68. Further exploration of the proposed "hub" will include a thorough analysis of governance implications. Those include consideration by the PCB of possible implications for ECOSOC resolutions; the future of the PCB itself as a unique, multisectoral governing body; and preservation of the role of communities and civil society, including people living with HIV, in governance.
69. Another key area for exploration in the next phase will be the interaction between global presence and structures that may be recommended at national and regional levels. The concern here is to ensure that any global approach is informed and shaped by what is needed at country and regional levels, and supports impact at those levels.
70. The Working Group will explore donors' appetite for funding separate UN entities to undertake different HIV-related functions currently led by the Secretariat, as well as other models for joint UN action on HIV. The Working Group intends to investigate these questions further in the coming weeks and months.

Integrated model

71. The Working Group agrees that integration of the HIV response within the broader health agenda is critical. Integration of HIV interventions and HIV-related health and community systems with primary healthcare, broader health systems, and key non-health sectors is one of eight result areas in the Global AIDS Strategy 2026–2031.
72. One direction being considered by the Working Group would be for the Joint Programme to merge with an existing health partnership, potentially including Stop TB and Roll Back Malaria. Consideration of this option is in an early phase, as the Working Group has yet to have discussions with those entities. A variation of this direction would be to continue the Joint Programme as an HIV-focused entity until the end of 2030 and to use the time before expiration of the current global AIDS targets to lay the foundation for such a merger in the post-2030 era or when current initiatives on wider reform of the global health architecture are concluded.

73. Such a general strategic direction has yet to be fully investigated or analysed by the Working Group. The option raises a number of questions which the Working Group will examine in the coming weeks and months. Unlike UNAIDS, the health partnerships proposed as a possible partner in a merger do not have the UN's governance mandate. Thus, while communities and civil society are often represented on the governing boards of those entities, their membership is not mandated or protected by an ECOSOC resolution. The same holds for Member States, which participate in their individual capacities in the governance processes but without an ECOSOC mandate. Strategies for continuing a UN mandate in the event of a merger with an existing partnership will be explored by the Working Group.
74. The Working Group acknowledges that closer coordination between the HIV response and other health movements is both desirable and inevitable. However, concerns have been expressed that a merger with another disease-focused partnership would diminish the visibility and potency of the HIV response for purposes of advocacy and resource mobilization. As the epidemiology of HIV differs in striking ways from other leading health threats, the added value or workability of such an "HIV-plus" partnership must be clarified and will be explored further by the Working Group.

Future of the UNAIDS brand

75. The Joint Programme's leadership over more than three decades has positioned UNAIDS as a recognized, compelling brand across the world. UNAIDS has played a central role in ensuring that the effort to end AIDS retains political traction. Whether or how to continue the UNAIDS brand, at least through 2030, remains an ongoing topic of discussion within the Working Group
76. Arguments in favor of retaining the brand note the challenges of maintaining a global focus on AIDS when one of the premier global champions of the response disappears or is absorbed into a larger, non-HIV-specific entity, with some Working Group members seeing no material benefit in re-branding UNAIDS. By contrast, arguments favouring a change or evolution in the brand note that a new brand could communicate that the UN's approach to AIDS is changing in step with the evolving epidemic and response. Any effort to re-brand will require time and an inclusive, participatory approach.
77. There is general agreement within the Working Group that the UNAIDS brand can also be confusing to some. For many, the UNAIDS brand refers to the Secretariat rather than the Joint United Nations Programme on HIV/AIDS. The Working Group agrees that options should be considered to adapt the brand to better communicate the joint nature of the Programme. (In early years, the UNAIDS logo included the names of Cosponsors; UNAIDS is sometimes referred to as the "UNAIDS Joint Programme," although this term is not consistently used.)

Country-level coordination and support

78. Through its work to date, the Joint Programme has supported governments to develop substantial national leadership, infrastructure and expertise, and to put in place strong country strategies that support effective national HIV responses. Implementing countries, civil society organizations and representatives of the Global Fund participating in the Working Group's information-gathering exercises have all noted their successful collaboration with individual Cosponsors. However, country

representatives consistently emphasized the important role the Secretariat has played in coordinating the HIV-related activities of diverse UN agencies and in ensuring their alignment with national strategic plans. National partners report that it is challenging to deal with multiple UN agencies on a single issue. While Cosponsors provided examples of successful coordination, for example in Fiji, country representatives were vocal about their reliance on the Secretariat and the Joint UN Teams to streamline communication and enhance the coherence and user-friendliness of the UN system's support to countries.

79. Working Group discussions also underlined the key role the Secretariat plays in mobilizing high-level political leadership on HIV (often referring to spaces which “only UNAIDS can occupy”) and in strengthening Global Fund investments, mobilizing further resources and enabling access to innovations at affordable prices.
80. The Working Group agrees that differentiated approaches will be needed to ensure the continuation of UN support to countries: no “one-size-fits-all” approach is suitable for all countries with respect to the transfer of regional and country-specific functions into a successor UN-based entity. Differentiated options for country-level coordination and support must be subjected to country-specific “reality tests” that identify what will work in different country contexts. In addition to considering differences in HIV burdens, national capacities and other factors, some Working Group members noted that differentiation could also reflect countries' current level of alignment with the key result areas set out in the Global AIDS Strategy. Those result areas include sustainable financing, integration, data and information, prevention, testing and treatment, stigma, discrimination, rights violations and gender equality, access to innovations, and community leadership.
81. One option for country-level coordination, which UNAIDS has already piloted in five countries, involves placing HIV advisers within Resident Coordinator Offices. However, a recent evaluation of a pilot undertaking reported uneven results, though the innovation is still evolving. Implementation of the pilot was found to have suffered in some settings from inadequate resources and the absence of the Secretariat as a technical, administrative and policy support “backstop”. Possible downsides to the transition of the UNAIDS function into Resident Coordinator Offices include the risk of diluting an HIV-specific focus due to the many competing priorities which Resident Coordinators must address. Discussions within the Working Group noted the importance of ensuring that HIV advisers have sufficient resources and technical capacity to provide coordination of UN system efforts and support national responses, as well as the need for effective leadership and advocacy support from the Resident Coordinator where needed.
82. Alongside the Resident Coordinator model, the Working Group briefly discussed the possibility of moving towards a better resourced and more effective regional presence. Under this model, Regional Offices would have responsibility for both strategic leadership at the regional level and flexible roving support to countries, which can be rapidly deployed when needed. This option will be explored further after the PCB's deliberations.
83. Moving forward, the Working Group will seek to ensure that its examination of these options is aligned with ongoing work under UN80 Work Product 5, which focuses on the reconfiguration and transformation of the UN system's country presence.

84. In Working Group discussions, stakeholders at every level cited how valuable UNAIDS Country Offices are for convening responses that are inclusive of community and civil society partners, in particular key and priority populations, and for promoting rights-based responses and protecting access to services in a context of anti-rights opposition. Questions were raised about whether dismantling UNAIDS Country Offices and moving the country-level convening and coordination function either to Resident Coordinator Offices or to Cosponsor agencies might undermine existing relationships of trust and partnership, and dilute critical support to key and priority populations and other communities. A dedicated Working Group session with Cosponsors revealed valuable work on HIV, law and human rights at UNDP; on the health and human rights of people who use drugs, led by the HIV team at UNODC; and with young key populations at UNICEF. Also noted were examples where Cosponsors were implementing coordinated responses to anti-rights mobilization.
85. At the same time, representatives of key populations have informed the Working Group that UNAIDS Country Offices frequently serve as the only UN space where these populations can engage safely and without fear of exposure to government actors, including in settings where key populations are criminalized and/or where organized attacks on human rights and access to services for key and priority populations are occurring.
86. Recognizing the importance of a differentiated approach to country-level coordination, leadership and engagement, the Working Group will further study and analyse possible options for different country settings as it finalizes its findings and recommendations. The Working Group will examine the risks and benefits of differentiated approaches in avoiding fragmentation in UN support to national HIV responses; continuing and safeguarding the gains to date against HIV; and preserving the visibility and political salience of HIV at country level.
87. Notwithstanding the option that we have flagged above for a better resourced and more effective regional presence, the Working Group has only begun its work examining options for the transition and further integration of UNAIDS at regional level. However, this already has highlighted examples where regional structures are inadequately resourced either by the Secretariat or Cosponsors, with real detriment to the HIV response in those regions. The Working Group recognizes that clearer definitions of regional functions and interactions with national and global structures, as well as ways to overcome regional support inadequate coverage in some regions, will require careful attention ahead of the Working Group's final report to the PCB for consideration in October 2026.

Risks to consider in analysing possible future directions

88. The Working Group is actively taking account of potential risks to the global AIDS response associated with the many possible directions for the further transition and integration of UNAIDS. Concerns about the possible fragmentation of the UN's response to HIV have been expressed, with Working Group members stressing the need to preserve a multisectoral approach and the convening and coordination function of the Joint Programme. Some Working Group members were concerned that the prominence of AIDS as a political issue at global, regional and country levels might suffer in the event of further transition and integration. There is agreement within the

Working Group on the need to protect against reducing countries' access to technical support from UN partners.

89. Communities and civil society, including people living with HIV, play central roles in the work and governance of UNAIDS. Indeed, the multistakeholder consultation convened by the PCB Bureau underscored that many communities and civil society partners regard UNAIDS as an essential lifeline. Any transition or evolution of the UN's response to HIV must be conducted carefully to preserve the trusting relationship that has been built between the Joint Programme and community partners as a precursor to co-created and inclusive, participatory action to respond to HIV. The Working Group agrees on the imperative of safeguarding the UN's ability to support community-led and rights-based interventions at scale and further strengthening the inclusion of communities in decision-making at all levels.

Deliverables 2–4: Governance, funding and timeline/milestones

90. The Working Group has made some progress in tackling the governance, financing and timeline questions associated with the further transition and integration of UNAIDS. However, substantial additional work awaits as the Working Group finalizes its findings and recommendations on those issues, especially as clarity emerges regarding transition models that are most promising for preserving the UN's expertise and capacity on HIV. This section of the report summarizes the work undertaken to date for each of the deliverables, areas where consensus within the Working Group is emerging, and areas where further work and discussion are needed in the coming weeks and months.

Governance

91. Two issues have emerged as non-negotiable requirements for any future governance model:
- The governance model must preserve the meaningful participation and engagement of people living with HIV, communities and civil society, including their ability to have input on key decisions regarding policies and strategies pertaining to the UN system's response to HIV; and
 - The governance model must maintain coordination, leadership and accountability of the HIV response.
92. The Working Group is also conscious of the imperative of aligning any future governance model with UN system reforms and processes, including but not limited to outcomes of the UN80 initiative.
93. HIV continues to require political solutions in an increasingly difficult global political environment. As models for the further transition and integration of UNAIDS are clarified and as consensus emerges around finalized findings and recommendations, the Working Group will carefully examine the governance implications of different models and propose a governance model that is suited to the approach we ultimately recommend to the PCB through the PCB Bureau.
94. UNAIDS is unique within the UN in its formalized engagement of civil society in governance decision-making, backed up by a mandate from ECOSOC. Member States also benefit from the mandate of ECOSOC for their governing role on the PCB. The

Working Group is aware of no other existing partnership model that has a UN mandate for meaningful, institutionalized community and civil society participation. To inform the development of an appropriate governance model, the Working Group is exploring governance arrangements in other partnership models (such as Stop TB and Roll Back Malaria) and it has collected evidence on the role of communities and civil society in the governance of other multilateral partnerships and UN agencies. Additional work is required to enable the Working Group to fully understand and analyse these other non-HIV-focused partnership models, particularly with respect to the degree to which they formalize and institutionalize the engagement of people living with HIV, communities and civil society in governance. The Working Group is also examining how different governance models might affect the future ability of the Joint Programme to engage meaningfully with ECOSOC and the UN General Assembly.

Financing issues

95. Reviving and sustaining international solidarity to end AIDS is essential. As consensus on the Working Group coalesces around specific options for the further transition and integration of UNAIDS, those options (including hub-based, distributed and blended funding arrangements) will be costed, taking into account the one-time costs of transition and integration, as well as recurring costs of sustaining the recommended model. Any future financing model must be realistic and sustainable and must address potential risks of mobilizing resources for a fragmented, rather than centralized, approach. Those risks include reduced oversight and increased transaction costs associated with multiple grants and funding channels.
96. A transition model must be suitable for mobilizing the resources needed to sustain and strengthen the UN's work on HIV. The new model—and the financing model that accompanies it—must communicate a transformed, reinvigorated leadership role for the UN in ending AIDS as a public health threat. The new financing model should provide sufficient financing for a central leadership and coordinating body, as well as for the complementary contributions of Cosponsors towards delivering on the UN's HIV mandate.
97. Moving forward, the Working Group will engage with current and emerging donors on the advantages, disadvantages and feasibility of a continued centralized, multisectoral funding model embedded with multisectoral accountability. The Working Group will explore noncore funding arrangements,⁴ such as the increased desire of middle-income countries to fund (in whole or in part) the UN's HIV role in their national responses, and how such arrangements might fit into any future funding model.

Timeline and sequencing

98. The transition of the UNAIDS Secretariat must be phased, realistic and guided by clear milestones, and it must be implemented in a manner that minimizes disruption to the HIV response and the UN's role in that response. The UN Secretary-General's proposal to "sunset" UNAIDS by the end of 2026 does not have the Working Group's support. A rushed or under-resourced transition risks doing serious damage to the global HIV

⁴ Noncore financing is extra-budgetary, complementary financing that is typically earmarked for specific activities or geographic settings.

response and undermining the UN's credibility as a trusted, long-term partner for communities and governments that have invested in the HIV response for decades.

99. The timeline for the transition will be guided by the organizing of core functions, including any further downsizing of the Secretariat or the possible establishment of a "hub" and decision on where it should be hosted, taking into account all associated operational requirements. Consideration has already been given to segmenting recommendations according to (a) transition steps that can happen immediately or in the very near future, and (b) steps that will require more time to plan and implement.

Next steps/ timeline

100. The Working Group is continuing to work towards meeting all four deliverables in accordance with timelines set out in the Terms of Reference. From July to September 2026, the Working Group will build on the feedback and guidance from this PCB meeting to develop a finalized plan for consideration at a special intersessional PCB session in October 2026. To inform the finalization of that plan, the Working Group will benefit from another multistakeholder consultation, in accordance with the Terms of Reference.
101. The Working Group has discussed various approaches to enable it to satisfy its deliverables and timelines in the coming months. In addition to continuing to meet regularly as a group to drive towards consensus, it might consider smaller convening smaller subgroups to focus on specific issues. It might also consider using analytical tools that have proven effective in diverse contexts for identifying and clarifying where consensus has been reached and for resolving issues where consensus may be more difficult to achieve. Further consultations with experts and key stakeholders will be undertaken as needed.
102. The Working Group will systematically address each of the issues identified under the four deliverables in Annex 1 of the Terms of Reference. We look forward to obtaining updates on the UN80 process, continuing to feed into the UN80 initiative (including by drawing on ongoing work on pertinent UN80 work packages), and aligning the final findings and recommendations with the UN80 process. As the Working Group has primarily focused on work at the global and country levels, it will also intensify its study and analysis of transition options of the regional presence of the Joint Programme.

Proposed decision points

The Programme Coordinating Board is invited to:

103. Considers the Interim report of the Working Group on the further transition and integration of UNAIDS into the UN System and beyond (UNAIDS/PCB/58/26.17);
104. Taking these considerations into account and recalling decision points 7.3e and 7.6 of the 57th meeting of the Programme Coordinating Board in December 2025, *looks forward* to the presentation of the final plan for the further transition and integration of UNAIDS into the UN system and beyond, at a fully virtual half-day Special Session of the PCB to be held on 26 October 2026;

Annex 1: Composition of PCB Working Group

Co-Facilitators:

- Fionnuala MURPHY
- Joe PHAAHLA
- Bob RAE

Members:

- Anurita BAINS
- Xavier BIGGS
- Erika CASTELLANOS
- Aeneas CHUMA
- Dirceu Bartolomeu GRECO
- Yiyun HU
- Michel KAZATCHKINE
- Binod MAHANTY
- Alicia Piñeirúa MENÉNDEZ
- Katayoun TAYERI
- Safiatou THIAM
- Piotr WYSOCKI
- Mamadi YILLA

Annex 2: Summary of feedback from regular PCB Working Group meetings

The feedback from different stakeholder constituencies at the multistakeholder consultation convened by the PCB Bureau on 12 May 2026 is summarized within the body of the report provided by the PCB Working Group to the PCB through the PCB Bureau. In addition to this multistakeholder consultation, the Working Group itself convened presentations and discussions with different groups of stakeholders as part of its information-gathering exercise during its weekly meetings between February and May 2026. This annex to the Working Group's report summarizes the input obtained from these stakeholders during regular Working Group meetings.

UNAIDS Cosponsors

3rd PCB Working Group Meeting

26 March 2026

Cosponsors highlighted the nature of UNAIDS as a joint programme. This model has enabled Cosponsors to unlock HIV-relevant funding in different sectors, with every dollar from the Unified Budget, Results and Accountability Framework (UBRAF) resulting in seven dollars leveraged from other sources. Core UBRAF resources have declined over time for both Cosponsors and Secretariat, leading to a diminishment of Cosponsors' HIV capacities. These pressures on Cosponsor capacity are occurring at the same time that civic space is declining in many countries and punitive laws and policies are on the rise.

Cosponsors submitted that multisectoral coordination and robust civil society engagement in the AIDS response must be preserved and strengthened. Cosponsors agreed to provide the Working Group with an exploration of models for civil society engagement in other UN bodies. Funding for preservation of core functions is essential and must be both flexible and predictable.

Cosponsors expressed continued commitment to the UN's HIV mandate and noted that HIV has been incorporated as part of each Cosponsor's institutional mandate. Cosponsors have varying degrees of presence at country level. In addition to participating in Joint UN Teams, Cosponsors contribute to the global HIV response through implementation of programmes at country level, provision of technical support to country partners, normative and technical guidance, and in some cases as stewards and facilitators of Global Fund financing for HIV programmes. Cosponsors noted that they have extensive experience in and commitment to engaging with people living with HIV, communities and civil society at global, regional and country levels.

In the context of possible models for transition and integration, one mentioned during the discussion focused on placement of HIV officers in Resident Coordinators' offices. At the request of the Working Group, Cosponsors agreed to provide examples of other models that encourage both country-level multisectoral coordination and robust civil society engagement, including articulation of the pros and cons of different arrangements. It was suggested that the Working Group examine the UNAIDS evaluation of the placement of HIV advisors in Resident Coordinators' offices in six countries. An analysis of country coordination models by WHO, UNDP and UNICEF suggests that optimal coordination models may vary from country to country and that in some settings "lighter" models of coordination may be ideal.

Recent experience in Ghana, where the Resident Coordinator asked for multisectoral assistance in responding to the country's anti-homosexuality legislation, was cited as one innovative, context-specific approach to promote coordinated action.

UNAIDS Secretariat
4th PCB Working Group Meeting
9 April 2026

The UNAIDS Deputy Executive Director described the four core functions of the UNAIDS Secretariat – leadership and advocacy, convening and coordination, accountability and community engagement, providing examples of how UNAIDS has carried forward its work in each of these areas. It was noted that while each of the core functions is distinct, the work to advance these functions is interrelated, at global, regional and country levels.

Three “deep dive” presentations were provided to illustrate the Secretariat's work. In Uganda, UNAIDS played an important role in responding to the country's 2023 anti-homosexuality law, including submission of an *amicus* brief that was cited by the country's Constitutional Court in invalidating key aspects of the legislation.

A second “deep dive” focused on how the Secretariat's multisectoral strategic information work promotes the accountability function, with a spotlight on how UNAIDS supported Fiji's response to an HIV outbreak in 2024 and aided Viet Nam in strengthening its expenditure tracking and costing and scenario modeling. The third “deep dive” examined the Secretariat's work to promote sustainable national HIV responses, including support for the United Republic of Tanzania to develop new sources of domestic HIV financing and assistance to 20 countries to develop concrete HIV response sustainability roadmaps.

The UNAIDS Director of Management described UNAIDS budgeting and resource mobilization, noting that the wholly voluntarily funded Joint Programme mobilizes both core and non-core resources. The presentation described how UNAIDS resources are distributed among the four core functions. It was noted that the roughly 50% reduction in UNAIDS funding from 2024 to 2026 prompted the Secretariat to refocus its efforts on its four core functions.

The Working Group and the Secretariat staff discussed various “homework” that might aid the Working Group in developing recommendations for transition and integration. The Secretariat agreed to provide the Working Group with relevant PCB decisions pertaining to the mobilization and use of both core and non-core resources. The Working Group invited the Secretariat to provide information on the “ingredients” that contributed to successful outcomes – such as, for example, insight on how and why the Secretariat was able to take the lead on responding to anti-rights legislation in Uganda. The Working Group asked the Secretariat to advise on the key action steps that might be needed to ensure that the transition/integration of various core functions is successful.

Implementing countries
5th PCB Working Group Meeting
16 April 2026

The Working Group heard from six leaders of national HIV responses (Brazil, Cambodia, Kenya, Malawi, Moldova, South Africa). National representatives were invited to address three strategic questions on the further transition and integration of UNAIDS into the UN system and beyond:

- 1) From your perspective, leading the national response and as actively engaged in the global response and governance of it, what would you consider the most important contribution that the UN needs to deliver for the HIV response through 2030 and which of the core functions are most critical?
- 2) How can these functions best be safeguarded and delivered in light of the ongoing changes in the UN system and reduced resources for HIV within the UN? What alternative delivery models could you see as the Joint Programme transitions?
- 3) If further prioritization would be required, which functions could countries best absorb and what would be the most unique contribution the UN can bring to the response?

A number of countries noted the convening and coordinating roles of UNAIDS in national HIV responses, with particular emphasis placed on the leadership and engagement of civil society organizations and affected communities. It was noted that the multisectoral coordinating role of UNAIDS helps national HIV authorities avoid having to engage and coordinate with 11 different UNAIDS Cosponsors. Several countries stressed the advocacy and leadership of UNAIDS in keeping AIDS on the political agenda at global and country levels. A number of country speakers welcomed further transition and integration of UNAIDS but encouraged the UN to adopt responsible timelines that take country perspectives into account.

Country representatives suggested that further improvements in the Joint Programme model could be warranted, including proactive steps to ensure that national governments are in the “driver’s seat” of their national HIV response. As efforts quicken to integrate HIV responses into broader national health systems, it was suggested that the UN might focus on preserving key elements of a sustainable response, guarding the people-centred nature of national responses, serving as a neutral political broker and ensuring optimal coordination of support to national HIV responses. The value of UNAIDS in promoting and centring human rights in national HIV responses and in convening and elevating the voices and engagement of people living with and affected by HIV was also emphasized.

It was noted that the traditional “national AIDS council” model has evolved over time, including in Kenya, where HIV is now integrated with other syndemic conditions such as sexually transmitted infections and tuberculosis. With respect to civil society engagement, it was observed that Global Fund Country Coordinating Mechanisms serve as a decision-making model that includes community representation and engagement.

Particular discussion focused on the potential of UN Resident Coordinator’s offices to coordinate UN action in support of national HIV responses. It was noted that Resident Coordinator’s offices are most typically present in HIV-related political fora but play a less prominent role in technical discussions.

23 April 2026

The Working Group heard from five community and civil society leaders in the global HIV response, including representatives from civil society groups from Asia and the Pacific, sub-Saharan Africa, eastern Europe and central Asia, and Latin America and the Caribbean. Community and civil society representatives were invited to address two strategic questions on the further transition and integration of UNAIDS into the UN system and beyond:

- 1) In your experience, which core functions provided by the UNAIDS Secretariat or country teams are most critical to preserve?
- 2) Do you have any perspectives or recommendations on transitioning these core functions to other actors, either within the UN system or beyond it?

The global leadership of the HIV response was cited by community and civil society representatives, with informants noting that UNAIDS is the only UN entity with a mandate to end AIDS. Concerns were raised regarding the possibility of fragmentation and diminished accountability in the absence of the UNAIDS Secretariat. The importance of a coordinated, multisectoral response to HIV was emphasized, including a cross-cutting commitment to human rights, especially at a time when marginalized communities are experiencing greater and more severe challenges. In this regard, it was noted that UNAIDS has demonstrated a particular expertise in convening governments, communities, donors, the private sector and other stakeholders.

The presence of NGO representatives on the PCB was noted as a unique feature of the Joint Programme, enabling the lived experiences of affected communities to influence HIV-related decision-making. Civil society informants cited examples of how NGO representatives on the PCB have influenced the outcome of Board decisions. Any transition, it was submitted, should include mechanisms for support for communities and embed civil society as a formal and meaningful partner in governance and decision-making. One way to improve the existing UNAIDS governance model, it was offered, would be to provide civil society representatives with formal voting rights.

It was noted that UNAIDS has taken a leading role in opposing punitive laws that undermine HIV responses. Civil society informants acknowledged that UNAIDS Cosponsors often play important roles in promoting a rights-based, non-discriminatory response to HIV, but it was suggested that the Secretariat has frequently played a decisive role in promoting community efforts to align country laws and policies with human rights norms. It was suggested that the UNAIDS Secretariat may sometimes be able to bolder in its political advocacy than individual Cosponsors.

The multisectoral data which UNAIDS collects, analyzes, and disseminates was cited as a critical function that needs to be retained. It was noted that no other entity currently tracks the HIV response, across the cascade of diverse interventions, in the manner UNAIDS currently does.

The role of UNAIDS in setting and monitoring HIV targets was noted, with one informant citing UNAIDS as “a unique platform that catalyzes political leadership.” UNAIDS was also

cited for its success in helping take normative technical guidance “off the shelf” by aiding in the translation of guidance into meaningful action in countries.

The Working Group expressed appreciation for the presentations and engaged in dialogue with community and civil society informants. On certain punitive laws, such as laws criminalizing drug use, it was noted that UNAIDS speaks on behalf of diverse Cosponsors and a unified UN position. In response to a question about possible strategies for streamlining UNAIDS, community and civil society informants agreed that possible strategies exist to strengthen the Joint Programme, but it was suggested that caution is warranted to avoid fragmentation, loss of coherence, weakening of community participation, a reduced emphasis on human rights and disruption of a globally recognized, multisectoral dataset.

Global Fund to Fight AIDS, Tuberculosis and Malaria
8th PCB Working Group Meeting
7 May 2026

Co-Facilitators welcomed the Global Fund’s Director of Strategy and Global Policy, who was asked to address the following questions:

- Which functions/roles of the UN system are the most critical for the Global Fund to preserve towards 2030 at global, regional and country levels?
- Do you have views on how these critical functions of the UN system are best implemented from different parts of the UN system than currently?
- What should be prioritized that only the UN can do in case of further reduction of available resources for the multilateral leadership role on HIV?
- Are there any functions currently implemented by the UN that the Global Fund could take on (or that other actors in the global landscape might absorb)?

The Global Fund leans heavily on the Joint Programme as its technical partner on HIV. Concern was expressed by the Global Fund regarding the reduction in the Joint Programme’s capacity in recent years, and the value of the UN system’s objectivity and independence was highlighted. Collaboration between UNAIDS and the Global Fund is lightest at the regional level, but the Joint Programme plays a key role in supporting countries to use Global Fund grants effectively. At the global level, UNAIDS supports the Global Fund board and committees. It was noted that the level of donor support for UNAIDS represents a small fraction of donor support for the Global Fund, in part due to the different mandates of the two organizations. It was also observed that the country presence of the UN system contrasts with the lack of country-level presence of the Global Fund.

UNAIDS’ data function is especially critical to the Global Fund’s work, including the modeling work at the sub-national that has enabled more strategic and evidence-based focusing on finite resources. The Global Fund noted that the breadth and quality of UNAIDS data have already begun to suffer due to countries’ reduced access to external support (especially from the U.S.) for data collection and reporting.

Working Group members engaged in a dialogue with the Global Fund. It was noted that the multisectoral expertise of the Joint Programme helps countries (and partners such as the Global Fund) ensure that HIV responses are holistic rather than narrow or siloed. The Global

Fund cited the UN system's expertise in packaging and using data, noting that scientific advances (such as the validation of voluntary medical male circumcision or the recent emergence of lenacapavir) do not automatically translate into rapid uptake of new HIV prevention or treatment tools. The Co-Facilitators thanked the Global Fund for its participation and agreed to follow up in writing with for additional information and perspectives based on the session.

HIV Donors
8th PCB Working Group Meeting
7 May 2026

On behalf of the Friends of UNAIDS, Canada aided in assembling a group of representatives of HIV donors to participate in the Working Group's second session. The Working Group asked donor representatives to address the following questions pertaining to the further transition and integration of UNAIDS:

- The Working Group has heard from implementing countries as well as communities that HIV continues to be a political issue that requires political solutions, where there is a key role for the UN's leadership. Do you agree with this?
- What is the appetite for funding the UN's political leadership and accountability role on HIV through 2030?
- Do donors prefer a continued centralized funding model for donor support for the UN's HIV-related activities, with catalytic funding provided to Cosponsors?
- Were the Secretariat's core functions to be integrated into multiple existing UN entities, would donors fund these HIV-related functions separately? Would these HIV-related allocations to existing UN entities be in addition to their current allocations, or would donors expect these entities to absorb these HIV-related functions without additional funding?
- Do donors remain committed to ensuring that civil society has a decision-making role in the UN's governance function on HIV?
- Are donors committed to providing financial support for the introduction and uptake of future scientific breakthroughs on HIV prevention and treatment?

During initial remarks, various donor representatives offered a range of perspectives on the further transition and integration of UNAIDS. It was suggested that it would be helpful for donors to know the perspectives of countries regarding whether UNAIDS' added value was primarily political or technical. It was also submitted that UN leadership will continue to be needed in the response to HIV but that the prevailing challenge is determining where this leadership should be placed going forward. One donor representative suggested that there remains appetite among donors for funding efforts to introduce and scale up access to medicines and other innovations. Another donor representative cautioned against proposing a continuation of the status quo, submitting that proposals for further transition and integration of UNAIDS must take into account financial realities.

The Working Group engaged in dialogue with the donor representatives. Donor representatives expressed ongoing commitment to robust civil society engagement in the response. It was noted that clarity regarding donors' further appetite for funding the UN's HIV

activities would help the Working Group in coming up with options for transition and integration that will be embraced and supported by donors.

Co-Facilitators expressed appreciation to donor representatives for participating in the session, with special thanks to Canada for coordinating this part of the meeting. It was agreed that the Friends of UNAIDS would consolidate further written input from the donor community. Donors were requested to provide the Working Group with additional written feedback by Thursday, 14 May 2026.

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