

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

Additional documents for this item: Options Paper (UNAIDS/PCB (EM)CRP1);
Summary of the multi-stakeholder consultation (UNAIDS/PCB (EM)CRP2)

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

- *Approve* 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) including the final plan contained therein and requests the PCB Chair to transmit it, including the decisions of the Board related to it, to ECOSOC;
- *Request* the Executive Director and the Committee of Cosponsoring Organizations to prepare the Terms of Reference for a Joint Programme Transition Task Team composed of Secretariat and Cosponsor representatives, nominated by their respective agencies, and present them for the Programme Coordinating Board 's approval at its 59th session, to implement the final plan as agreed by the Programme Coordinating Board;
- *Request* the Executive Director and the Committee of Cosponsoring Organizations to include two NGO-nominated community representatives in the Joint Programme Transition Task Team;
- Request the Executive Director and the Committee of Cosponsoring Organizations Chair to provide an update on the implementation of the final plan at the 59th Programme Coordinating Board meeting;
- Call for the immediate initiation of the fast-track selection process for the next UNAIDS Joint Programme Executive Director;
- Request the PCB Bureau to initiate the fast-track selection process and present the process and Terms of Reference for the Search Committee for the Nomination of the UNAIDS Joint Programme Executive Director at the 59th meeting of the Programme Coordinating Board;
- Request the PCB Bureau to prepare the Terms of Reference for the UNAIDS Joint Programme Executive Director and present these Terms of Reference for the intersessional approval by the Programme Coordinating Board before 1 February 2027;

Cost implications for implementation of decisions: Cost implications for the PCB Working Group proposal for 2027 is US\$ 85 million mobilized centrally by the Secretariat.

Table of contents

Executive summary.....	3
Introduction	7
Background and context	8
Results of the Multistakeholder Consultation.....	12
Transformation, not “sunsetting”: The Working Group’s vision of a robust, fit-for-purpose Joint Programme to preserve and accelerate progress towards ending AIDS	14
Deliverable 1: A plan to preserve the multisectoral HIV capacity and expertise of the Joint Programme and the UNAIDS Secretariat’s core functions	15
Deliverable 2: A UN-mandated governance model that preserves the role of communities and civil society and ensures the continued coordination, accountability and leadership of the global HIV response.....	24
Deliverable 3: A funding model to sustain the proposed governance model structure and activities	26
Deliverable 4: Timeline with milestones for transition and integration process.....	28
Conclusion	31
Proposed decision points.....	32
Annex 1. Composition of the PCB Working Group	34
Annex 2. Strengths and risks of proposed new operating model and alternative options considered and rejected by the Working Group.....	37
Annex 3: Strengths and risks of proposed governance model and governance options considered and rejected by the Working Group.....	40
Annex 4. Detailed timeline for transition	42

Executive summary

1. As a result of unprecedented global solidarity in the response to HIV, tens of millions of lives have been saved, substantial national and community-led infrastructure has been built, and a growing array of countries are laying the foundation for durable epidemic control by reaching or approaching the 95-95-95 HIV testing and treatment targets. Aspirations to build on these gains are buoyed by increasing country commitment to leading and financing national HIV responses and the continuing emergence of ever-more effective preventive and therapeutic tools. However, as Member States determined in the 2026 Political Declaration on HIV/AIDS, progress in the fight against HIV cannot be confused with victory. Hopes for ending AIDS as a public health threat by 2030 confront numerous obstacles, including slowing progress in reducing new HIV infections and AIDS-related deaths, marked reductions in international HIV assistance, persistent inequalities and steady deterioration on human rights and gender equality.
2. At this critical juncture, the multisectoral expertise of the United Nations system remains a vital strategic resource in the HIV response. United Nations partners play roles that no other actor in the response can fulfill. Across the historic gains made in the fight against HIV, the Joint United Nations Programme on HIV/AIDS has served as a bold, courageous leader and catalyst. At the same time, reviews and evaluations, including by this Working Group, have identified unnecessary fragmentation and overlap within the Joint Programme, as well as an us-versus-them mentality rather than an emphatic embrace of an ethos of “One UN.”
3. As AIDS remains a profound global challenge—and as the leadership of UNAIDS remains vital to hopes for ending AIDS—the Working Group has rejected the idea of “sunsetting” UNAIDS. Instead, the Working Group has endorsed the Programme Coordinating Board’s call for a genuine “transformation” of the Joint Programme. In this regard, the Working Group has taken inspiration from the original 1994 resolution of the Economic and Social Council of the United Nations, which authorized “a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaborative planning and execution, and an equitable sharing of responsibility.”
4. What was a good idea in 1994 remains relevant and timely in 2026. Accordingly, the Working Group has outlined a proposed direction for a transformation plan (including different options and scenarios) to recreate and renew a truly joined-up partnership of United Nations agencies to help lead the world to the goal of ending AIDS as a public health threat. This transformed Joint Programme will be leaner, more nimble, optimally resilient and open to innovation. In developing its plan, the Working Group has kept foremost in its mind the needs and preferences of people living with and affected by HIV and the implementing countries that must lead efforts to end AIDS as a public health threat. Henceforth, the Working Group recommends that UNAIDS be branded and referred to in all instances as the UNAIDS Joint Programme.

Proposed operating model for a transformed Joint Programme

5. In accordance with its terms of reference, the Working Group is proposing a plan for the further transition and integration of UNAIDS that includes the following key elements:

- **More effectively leveraging the multisectoral implementation capacity of Cosponsors.** The cosponsoring agencies, with their expertise in diverse sectors and a presence in more than 130 countries, will be the primary implementer of the UNAIDS Joint Programme's technical work. Cosponsors will be mandated to spearhead implementation of the UNAIDS Joint Programme's work in specific results areas of the Global AIDS Strategy, including thematic advocacy, normative guidance and convening to drive progress towards achievements of these results. A pool of funding will be maintained to support Cosponsor-led and Cosponsor-facilitated work at country level. The Working Group envisages further prioritization within the Joint Programme's budget of country-level work, consistent with the vision of fully integrating HIV in the broader work of the United Nations system.
- **Country presence – Prioritizing integration and national ownership.** The Working Group envisages that the UNAIDS Joint Programme's presence in countries will evolve over time, towards the goal of integrating country-level functions into national institutions. How, and how fast, these transitions will occur will differ among countries and will need to be guided by clear criteria that would reflect not only epidemiology but also human rights and gender equality and other priority considerations, as well as each country's own preferences. Transfer of functions at country level will be guided by determinations of the readiness of receiving entities to perform these functions.
- **Regional presence.** The Joint Programme will also need to have a clear presence in all regions to carry out functions that are performed more efficiently at this level, such as monitoring and evaluation support, facilitation of south-south learning, technical or crisis capacity, and engagement with political and technical bodies. The Working Group expects the Hub to cover this regional role in the immediate term, but with the Joint Programme's regional presence integrated over time in regional United Nations institutions.
- **Community engagement: from consultation to co-creation.** The model around which the Working Group is converging will build community co-creation and co-leadership into all facets of the UNAIDS Joint Programme's work—at global, regional and country levels. Elements of the model include provisions for a limited number of remunerated community co-creation positions within the Hub; inclusion of community-led representatives in Joint UN Teams at regional and country levels; incentives to include community partners in catalytic country-level activities funded through the pooled funding mechanism; and efforts to strengthen the meaningful involvement of people and communities living with and affected by HIV across all agencies and actors involved in the UNAIDS Joint Programme. Robust, verifiable indicators on community co-creation and co-leadership will be monitored across the Joint Programme's performance monitoring and accountability system.
- **A Hub that is laser-focused on ending AIDS as a public health threat.** A Hub that is likely to be leaner than the current UNAIDS Secretariat will be responsible for “steering” a rejuvenated, streamlined UNAIDS Joint Programme. Precise sizing of the Hub should be determined following a careful, evidence-based analysis of what will be required to deliver the Hub's functions. In line with its agreed core functions, the Hub will assume a global leadership and advocacy role, develop the Global AIDS Strategy, and mobilize the high-level political and financial commitment to deliver on

global AIDS targets. Under its convening and coordination function, the Hub will administer and ensure accountability within a unified budget and workplan under the direction and authority of the Board. It will also gather and analyse multisectoral data, working closely with Cosponsors, national authorities, and communities, and it will support the institutionalization of community co-creation and co-leadership across all aspects of the UNAIDS Joint Programme and in the wider HIV response. The Hub will also support the UNAIDS Joint Programme's governance, including by helping preserve the Programme Coordinating Board as a key global agenda-setting and policymaking forum for HIV.

6. The Working Group submits that these proposed structural changes will lay the groundwork for a more effective and integrated United Nations response to HIV. However, these organizational shifts will not on their own produce the needed transformation in the UNAIDS Joint Programme. A siloed mindset within the UNAIDS Joint Programme must give way to genuinely joint ways of working, which will require not only new operating and budgetary practices but also a change in attitudes towards truly shared ownership and mutual accountability.

Governance

7. The Programme Coordinating Board should remain responsible for governance of the UNAIDS Joint Programme, as set out in Economic and Social Council Resolution 1995/2. It is the Working Group's conclusion that it is neither necessary nor advisable to seek a successor resolution regarding governance of the UNAIDS Joint Programme. Where feasible, efforts to further simplify and streamline UNAIDS governance should be explored. Further questions regarding the governance of UNAIDS should be delayed until after the transformation proposed here is in place and given an opportunity to work.

Funding model

8. Precise funding estimates will depend on decisions made by the PCB, including the staffing and resources (including country and regional presence) needed to deliver on the Hub's assigned functions, the size of the pooled funding mechanism, and the timeline for transitioning country presence. The transition will entail substantial costs, and the speed and extent of the reduction of the Hub will determine the extent to which transition costs are front-loaded in 2027. Given the costs of transition, the Working Group projects that overall spending for the UNAIDS Joint Programme in 2027 will need to be roughly equivalent to the current total budget footprint mobilized centrally by the UNAIDS Secretariat for 2026 (US\$ 85 million). As the new model is phased in, the steady-state budget for the UNAIDS Joint Programme may decline somewhat, within an annual range of US\$ 35–50 million by 2030. The Working Group opposes more drastic downsizing of the UNAIDS Joint Programme, as such rapid and severe cuts risk doing lasting damage to the global HIV response.
9. The UNAIDS Joint Programme should work with a single budget, taking into account all sources of funding (including what is currently referred to as core and non-core funding, as well as resources mobilized by Cosponsors). Resource mobilization efforts should prioritize fundraising from a broader array of potential sources, including expanding on the growing number of implementing countries that are contributing to UNAIDS, while

mobilizing sufficient non-earmarked funding to enable the UNAIDS Joint Programme to carry forward its core functions and pivot as necessary to address emerging challenges and seize new strategic opportunities.

Transition plan

10. The Working Group envisages that the transition process will proceed along two paths. The transition to new institutional architecture will occur over a 12-month period, with the possibility of a six-month extension if needed. Phases of the transition will include: foundational decisions by the Board; a phase for design and mobilization for the roll-out of the transformed Joint Programme; implementation of the transition, operationalizing new country and regional configurations, and activating the pooled funding mechanism; and a period of consolidation, review and adaptation as needed. Importantly, no core function of the UNAIDS Joint Programme will be transferred at global, regional or country levels without validation by an inclusive and evidence-based assessment that demand and capacity are in place to assume this function. In addition to the transition to a new institutional architecture, the transition of country-level presence is likely to require additional time, including differentiated approaches based on an evidence-based capacity assessment, extensive consultation with national stakeholders, and care to ensure a smooth hand-off of country-level relationships.
11. Initiating and expediting a search for a new leader of the UNAIDS Joint Programme for this transition process is an urgent priority for the Programme Coordinating Board, and recruitment should prioritize finding a new leader with demonstrated experience and skills in driving organizational change and transition. The transition process should include periodic assessments by the Board's Bureau (including in mid-2027) to identify and address bottlenecks and drive effective implementation of the new model. A Task Team that includes both Cosponsors and the Hub, with the participation of community representatives and under the direct supervision of the new Executive Director, should drive the transition process and ensure the timely satisfaction of agreed transition timeline milestones, with regular progress reports made to the Bureau. To keep the transition process on track, the Board will need to intensify its oversight of the UNAIDS Joint Programme and its monitoring of the transition process.
12. The recommendations outlined in this report reflect broad convergence within the Working Group. Given the diversity of the Working Group, not every member is fully aligned with every recommendation. Where differences of opinion have remained on various aspects of transition, the report identifies these divergences while noting the overall opinion of the Working Group and the recommended direction of travel. It is the Working Group's hope and expectation that the transformed UNAIDS Joint Programme envisaged here will be more efficient, agile and focused on supporting the countries and communities that will lead the global HIV response forward. The Working Group believes that a revitalized, transformed UNAIDS Joint Programme—focused on achieving global AIDS targets, accelerating integration of HIV within broader systems and institutions, and strategically aligned to fully leverage the multisectoral expertise and capacity of the United Nations system—can serve as an inspiration for reform of the UN system as a whole.

Introduction

18. At its 57th meeting, the Programme Coordinating Board (PCB) authorized the establishment of a Working Group 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 in its final report 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 end date for the integration process.
19. In accordance with its terms of reference, the Working Group submitted in June 2026 an interim report to the PCB, via the PCB Bureau, summarizing its progress towards development of a plan for the further transition and integration of UNAIDS. At its 58th meeting, the PCB considered the interim report and called upon the Working Group to "develop a concrete, actionable and sustainable plan," taking into account transition metrics and cost estimates. The PCB looked forward to the Working Group's presentation of a final plan for consideration, discussion and decision-making by the PCB at a fully virtual half-day session in October 2026.
20. In September 2026, ahead of a two-day multistakeholder consultation convened by the PCB Bureau, the Working Group submitted a paper on options under consideration under each of the Working Group's four deliverables. Following the multi-stakeholder consultation, the Working Group reviewed the input received and took this into account in finalizing its plan for further transition and integration of UNAIDS.
21. Pursuant to PCB decisions at the Board's 57th and 58th meetings, this report outlines the Working Group's proposed plan. The Working Group has achieved substantial convergence on proposed actions under each of its four deliverables. However, ultimate decisions shaping the future of the UNAIDS Joint Programme will need to be made by the Board. In addition to proposing a new operating model for a transformed UNAIDS Joint Programme, as well as associated governance and financing models, this report identifies a process for effectuating this transition, including key decisions that need to be taken by the Board and milestones that should guide this process.
17. As this report explains, the Working Group has determined that it is much too soon to contemplate "sunsetting" the UNAIDS Joint Programme. Now is the time to renew, adapt and evolve the UN's commitment, not to weaken or dismantle a joint effort that has galvanized historic achievements in promoting human health and well-being. It is essential to preserve and adapt the core functions of the UNAIDS Joint Programme to

address urgent HIV-related challenges, seize important new opportunities, and maximize the impact and sustainability of the global HIV response.

Background and context

18. The deliberations of the Working Group constitute a formal work package (25) under the UN80 initiative.

The global HIV response: Converging crises and new opportunities

19. The global HIV response is among the most successful efforts in the history of global health. In 2025, new cases of HIV acquisition and AIDS-related deaths in 2025 were markedly lower than in 2010 (by 42% and 57%, respectively). As a result of gains made to date, the world now possesses the means to end AIDS as a public health threat, with 14 countries having already reached the 95–95–95 HIV testing and treatment targets and more than 30 other countries potentially on track to do so by 2030.
20. The UNAIDS Joint Programme has played a pivotal role in catalyzing and guiding the global HIV response. In the UNAIDS Joint Programme's early years, when the HIV crisis had yet to elicit a commensurate global response, the Programme was central to building a global movement to respond to HIV. Independent assessments have more recently confirmed the UNAIDS Joint Programme's added value, with an array of stakeholders—including national governments from both implementing and donor countries, communities and civil society, and key partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR)—informing the Working Group that they depend on a robust, effective and sustainable UNAIDS Joint Programme.
21. However, the global HIV response has arrived at a critical juncture, requiring a fresh look at the UN's HIV mandate and how it might evolve to optimize the UN's effectiveness in a rapidly changing environment. After decades of gains in the response to HIV, momentum towards ending AIDS as a public health threat is now faltering, with new HIV infections having increased since 2010 in at least 47 countries, and over half a million people still dying of AIDS-related illnesses each year. The global HIV response underwent a shock in 2025, when external HIV financing declined by 18%, leading to severe disruptions in HIV service delivery. There are also persistent inequalities, and signs of a deterioration in the human rights foundation of the HIV response, as criminalization of marginalized populations increased in 2025 for the first time since UNAIDS began tracking human rights trends.
22. While these challenges are daunting, there are also important opportunities for renewing and revitalizing the world's commitment to end AIDS. As data presented at the 2026 International AIDS Conference in Rio de Janeiro underscored, the world continues to benefit from scientific breakthroughs in the prevention, treatment and possible cure of HIV. Increases in domestic investments in 2025 partially offset the marked decline in international HIV assistance, although critical gaps remain. In addition, there is now considerable global momentum towards strengthening and sustaining national health ownership and sovereignty, as reflected by the Accra Reset, an initiative led by numerous Heads of State who are calling for a transition from vertical, siloed

programmes to a more integrated approach to health promotion and health service delivery.

23. This scientific and political momentum now needs to be translated into concrete results, ensuring sustainable, equitable access to HIV prevention and treatment tools for all—a key aim of the Global AIDS Strategy 2026–2031, launched earlier this year. In such a complex environment, which presents both enormous challenges and historic opportunities, strong and sustained leadership will be needed to drive progress towards realizing the goals and targets outlined in the Strategy. A major step towards adapting and renewing the global HIV response came in June 2026, when UN Member States overwhelmingly adopted a new Political Declaration on HIV/AIDS, which sets new targets and reaffirms global commitment to end AIDS as a public health threat by 2030.

Evolution of the UN's response to HIV

24. In 1994, the Economic and Social Council of the United Nations (ECOSOC) endorsed an undertaking by a range of UN organizations to establish “a joint and co-sponsored United Nations programme on HIV/AIDS, on the basis of co-ownership, collaboration and execution, and an equitable sharing of responsibility.” In the intervening years, the number of Cosponsoring agencies rose from the original six to 11. Funding for UNAIDS also increased substantially after Member States unanimously endorsed the 2001 Declaration of Commitment on HIV/AIDS. From its outset, UNAIDS was designed to support and collaborate with, not supplant, national leadership on HIV.
25. Since 2015, UNAIDS has experienced steady declines in financing, with annual core funding decreasing from US\$ 242.5 million to the current level of US\$ 63 million. At its 56th meeting, the PCB approved a revised operating model for the Joint Programme that substantially downsized and streamlined the Secretariat around four core functions (leadership and advocacy; convening and coordination; accountability through data, targets and strategy; and community engagement). The revised operating model also included six “lead” Cosponsors, 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 revised operating model called for a reduction in the geographic focus of the Secretariat from 85 to 54 countries, and for Senior UNAIDS Coordinators to be embedded directly in 21 UN Resident Coordinator offices.
26. The funding challenges at UNAIDS mirror those across the UN system, as total financial contributions to the UN Development System fell by 16% in 2025 alone. In March 2025, the UN Secretary-General launched a system-wide reform effort across the UN system to optimize the UN's efficiency and effectiveness at a time of enormous flux. As part of his progress report on the UN80 initiative, the Secretary-General included a proposal to “sunset UNAIDS by the end of 2026.”
27. After careful consideration, the Working Group rejected the proposal to “sunset” UNAIDS by the end of 2026, and recent statements from senior-most leaders of the UN indicate agreement that the Joint Programme will not and should not “sunset” in the immediate future. The fight against HIV is far from over, and the Working Group unanimously agrees that the UN's HIV mandate must continue. The Working Group agrees with the PCB that what is needed now is a genuine transformation of the Joint Programme to

ensure that it is fit for the purpose of supporting accelerated progress towards ending AIDS as a public health threat. This transformation must be understood as part of ongoing integration of HIV into the work of the UN system.

28. In examining how the Joint Programme can be made optimally fit for purpose moving forward, the Working Group analysed how conditions have changed since ECOSOC first created UNAIDS. Whereas in 1994 new HIV infections and AIDS-related deaths were rising at an alarming pace, and HIV prevention and treatment options were wholly inadequate, the world now can build on decades of progress and on a greatly expanded spectrum of validated prevention and treatment tools, as well as wide-ranging technical and normative guidance. Moreover, while the Joint Programme was the singular leader of the global response in the 1990s, subsequent years have seen the emergence of historic global enterprises to support HIV services in low- and middle-income countries, including the Global Fund and PEPFAR. Many countries now have legally constituted National AIDS Coordinating Authorities, with mandates to convene a strong multisectoral HIV response at national level. States that were heavily dependent on donor assistance have steadily increased their domestic investments, and many governments, with the support of the UNAIDS Joint Programme, have developed Sustainability Roadmaps to further evolve their national HIV responses towards becoming increasingly self-financed.
29. Alongside government stewardship, communities of people living with, at risk of and affected by HIV have been vital leaders, not only in delivering HIV services to people who need them, but also in building the health systems, enabling policy and legal environments, and strong structures for accountability that are so essential to ending AIDS. The UNAIDS Joint Programme must now evolve to reflect and incorporate these major evolutions in the world's fight against HIV.
30. Echoing the findings of other reviews and analyses, the Working Group has also observed that the UNAIDS Joint Programme, while widely and properly lauded for its historic achievements and continuing added value, currently suffers from excessive fragmentation, duplication and overlap, and a sense of uneven responsibility. A failure to distinguish the leadership, advocacy, coordination and accountability responsibilities of the Secretariat properly from the duties of the Cosponsors across those domains has resulted in an organization that is not optimally efficient and is not presently poised to fully leverage the multisectoral expertise and capacity across the UNAIDS Joint Programme. The Working Group has been especially concerned by the frequent lack of coherence between the Secretariat and Cosponsors that has emerged during discussions pertaining to development of a transition plan. For a genuine transformation of the UNAIDS Joint Programme to occur, a siloed mentality must be replaced with an emphatic commitment to working as "One UN."
28. In the current environment, the desire within the UNAIDS Joint Programme and among its many stakeholders for firm ground is understandable but likely unachievable. In this geopolitical era, it is almost certain that change and the need for evolution will persist. Resilience and an ability to innovate and accept change must now be the order of the day within the Joint Programme and across the broader global HIV response.

The Working Group's fulfillment of its terms of reference

29. The Working Group¹ has carefully adhered to the modalities and transition criteria outlined in the terms of reference, taking into consideration the challenging and evolving geopolitical and global health context. Members of the Working Group have served in their individual capacity, bringing a range of expertise and lived experience to the Working Group's deliberations.
30. The Working Group held 30 weekly virtual meetings to examine and analyse the issues outlined in Annex 1 of the terms of reference. In addition, it met in-person over three days in August 2026 in Geneva, Switzerland, to move towards finalizing its agreed plans under each of its four deliverables. On behalf of the Working Group, co-facilitators consulted regularly with the PCB Bureau, providing periodic progress reports and soliciting guidance on the Working Group's approach. Throughout its extensive work, the Working Group has systematically tracked where convergence on transition options and approaches is occurring and where additional investigation, reflection and analysis have been warranted. Since the 58th meeting, the Working Group benefited from consulting support for group facilitation, costing of various scenarios and options, transition planning, and background policy research.
31. During its regular meetings, the Working Group met and engaged in dialogue with the UNAIDS Secretariat, Cosponsors, implementing countries, people living with HIV, and people from all key population groups, as well as wider civil society, the Global Fund, donors and other UN and global partnerships. The Secretariat and Cosponsors separately provided the Working Group with their views of further transition and integration, and the Working Group facilitated joint meetings of the Secretariat and Cosponsors to answer key transition questions and identify where common ground exists on visions and action steps for transition and integration. The Working Group (either in whole or as represented by the co-facilitators) met with the UNAIDS Executive Director, Principals of Cosponsoring agencies who make up the Committee of Cosponsoring Organizations (CCO), the Deputy Secretary-General of the UN, the UN Under-Secretary-General for Policy, and the Executive Director of the UN Multi-Partner Trust Fund Office. The Working Group has also received and taken on board the inputs of diverse stakeholders regarding the further transition and integration of UNAIDS, including from the HIV Leadership Forum, a community of practice of national HIV directors from 38 implementing countries in Africa, Asia and Latin America, as well as a coalition of more than 400 community and civil society partners in Latin America.
32. In developing its proposed transition options, the Working Group appreciated and incorporated the guidance, perspectives and feedback provided by the PCB following the Board's discussion of the Working Group's interim report at the 58th PCB session. In addition to a multistakeholder consultation to inform the interim report, the Working Group benefited from a two-day multistakeholder consultation to provide feedback on transition options, convened by the PCB Bureau, on 28–29 September 2026.

¹ Consistent with the terms of reference, the Working Group has been led by three co-facilitators. Membership of the Working Group is provided in Annex 1.

33. The Working Group is pleased with the progress it has made. The array of issues and decisions around which the Working Group has converged is striking, and the Working Group believes the plan it is presenting to the PCB provides clear directions for a transformed, sustainable UNAIDS Joint Programme. However, as a group of volunteers working primarily virtually and with a minimal budget, the Working Group has lacked the capacity or expertise to provide the level of detail requested on some items in Annex 1 of the terms of reference. The Working Group is comfortable with this result, having determined that its value derives not from its ability to provide detailed answers to all possible transition questions but instead from its desire to chart a clear direction which the PCB must now lead and oversee.

Results of the Multistakeholder Consultation

34. On September 28–29, 2026, the PCB Bureau convened a multistakeholder consultation to provide the Working Group with feedback on its options paper for the further transition and integration of UNAIDS. More than 400 PCB members and other stakeholders participated in the consultation, including UN Member States (both PCB members and observers, as well as robust representation of both donor and implementing countries), the CCO, nongovernmental organization representatives (including the PCB NGO Delegation, as well as observer NGOs), and other partners and stakeholders.
35. During an opening plenary session, participants in the consultation provided verbal statements regarding the options outlined by the Working Group under its four deliverables. Participants also participated in smaller breakout sessions to examine three key questions:
- a. What opportunities and challenges do you see in the proposed country presence options for advancing a more integrated “One UN” approach on the ground, while sustaining effective support to the national HIV response and the strengthened role of communities?
 - b. What do stakeholders consider essential to ensuring that UNAIDS’s transition is both responsible and financially sustainable, particularly in balancing sufficient time for the transition against the reality of a declining budget?
 - c. Within the bounds of the existing ECOSOC mandate, where do stakeholders see the greatest potential to transform decision-making at global (Hub) level, in a way that keeps all Joint Programme actors meaningfully involved and invested in decision-making, core-function implementation, and funding allocations?
36. In addition to verbal interventions during the plenary and breakout sessions, 104 PCB members and other stakeholders submitted written positions on the options outlined by the Working Group for further transition and integration of UNAIDS. (A conference room paper has been submitted to the PCB for this special virtual session summarizing the proceedings of the multistakeholder consultation.)
37. The consultation demonstrated strong agreement among stakeholders on the foundations for the proposed transition. Unequivocal support was expressed for the UNAIDS Joint Programme to work as One UN, with its HIV expertise and leadership preserved and sustained. There was agreement that intensified focus is needed to ensure that the transformed UNAIDS Joint Programme operates through shared

decisions on budget, workplan and pooled funding for country-level activities; clarity regarding leadership in each result area of the Global AIDS Strategy; and clear, transparent, criteria-based funding allocations.

38. Stakeholders agreed that there is no one-size-fits-all option for the future configuration of the UNAIDS Joint Programme's country presence. Strong support was voiced for a strong regional presence for the UNAIDS Joint Programme for regional learning, technical support and advocacy for human rights and gender equality, including restoration of a regional presence in the Middle East and North Africa. Stakeholders indicated strong support for ensuring that no core function within the UNAIDS Joint Programme moves at any level until a named receiving entity has the demonstrated mandate, capacity and resources to carry the function forward.
39. Participants agreed on the essential importance of keeping people living with and affected by HIV at the centre of the UNAIDS Joint Programme's work, including a focus on key and priority populations, supported by resourced engagement of communities and civil society in co-decision-making and shared delivery, alongside their existing role in governance. There was near-universal support for not reopening the ECOSOC resolutions and for transforming decision-making within the provisions of existing resolutions. Participants requested the Working Group to provide full costing of the proposed transformation model, including key milestones, public reporting, and differentiation between one-time transition costs and the ongoing operating budget.
40. Divergent views were expressed during the consultation on various aspects of further transition and integration. Differences of opinion emerged on the optimal length of the transition process; whether the UNAIDS Joint Programme should retain a standalone country presence or be fully integrated into existing UN or national-level institutions; and whether budgeting should be function-led or made to fit within an agreed funding envelope.
41. Questions were raised during the consultation regarding the financing model, including recommended actions if funding falls short during the transition process and the optimal home for the pooled fund for country-level work. While there was agreement on the importance of robust leadership of the UNAIDS Joint Programme during the transition process, stakeholders expressed divergent opinions as to whether a new Executive Director should be named or an interim director should manage the transition, with a permanent Executive Director named thereafter. Stakeholders also expressed the desire for greater legal clarity on what changes are permissible under the existing ECOSOC resolutions, as well as for clarification of responsibility under the transformed UNAIDS Joint Programme for work on harm reduction and the health and human rights of people who use drugs.
42. In finalizing its plan, the Working Group carefully considered the valuable input provided during the consultation, including the clear areas of convergence, areas where differences of opinion emerged, and requests for further clarification of key transition aspects. One clear and unequivocal message that emerged from the multistakeholder consultation is that the ultimate test of any model for further transition and integration of UNAIDS whether it meets the needs and preferences of people living with and affected by HIV, as well as the needs of countries as they lead and drive their respective national

responses.

Transformation, not “sunsetting”: The Working Group’s vision of a robust, fit-for-purpose Joint Programme to preserve and accelerate progress towards ending AIDS

43. While the Working Group has rejected the idea of “sunsetting” the UNAIDS Joint Programme, continuation of the status quo is not a viable option. As AIDS remains a global challenge—and as coordinated leadership and support from the UN system remains critical to further progress—the Working Group has concluded that the “transition and integration” called for by the Board should be interpreted as a genuine “transformation” of the Joint Programme. In this regard, the Working Group has taken inspiration from the original 1994 resolution ECOSOC.
44. What was a good idea in 1994 remains timely and relevant in 2026. Accordingly, the Working Group proposes a transformation to recreate and renew a truly joined-up partnership of UN agencies to help lead the world to the goal of ending AIDS as a public health threat.
45. As outlined in greater detail below, the Working Group proposes a transition to an operating model that emphasizes the longstanding roles of Cosponsors in providing technical, normative, programmatic, and political leadership across key areas within an agreed division of labour. Building on this track record, the Working Group recommends ceding all technical and programme implementation functions to the Cosponsors. It also proposes that they be mandated to take leadership of the individual result areas of the Global AIDS Strategy, setting and advocating a shared vision; coordinating actors responsible for delivering the UNAIDS Joint Programme’s contribution (and leading on key elements of delivery themselves); and ensuring robust data and accountability.
46. Alongside that, the Working Group proposes that the Joint Programme retain a Hub with a focused remit to provide cross-cutting leadership of the Global AIDS Strategy, coordination of UN joint action on HIV, and data and accountability for meeting global AIDS targets. These changes will be accompanied by an intensified push towards the integration of the UNAIDS Joint Programme’s functions into national institutions, and prioritization of community co-creation and co-leadership across all aspects of the UNAIDS Joint Programme. Recognizing the critical importance of human rights and gender equality to an effective HIV response, the UNAIDS Joint Programme’s capacity in these areas will need to be ensured at all levels.
47. A new operating model on its own can only partially achieve the transformation the UNAIDS Joint Programme requires. The “us” against “them” mentality the Working Group has so frequently encountered in its many interactions with the Secretariat and Cosponsors must end, and a new mentality must be forged across the UNAIDS Joint Programme. Working together and taking shared decisions as “one UN” to support the stakeholders whose needs matter most—people living with and affected by HIV and the countries that must lead implementation of efforts to end AIDS—is the only way the UN can deliver on the commitments it has made to contribute towards achievement of global AIDS targets. Individual and collective accountability will be essential to how this new model operates.

Deliverable 1: A plan to preserve the multisectoral HIV capacity and expertise of the Joint Programme and the UNAIDS Secretariat's core functions

48. The model around which the Working Group has converged builds on and adapts the considerable capacity and expertise on HIV that has been established across the UN system.
49. The Working Group is grateful to the Secretariat and Cosponsors for providing financial and human resource details pertinent to transition planning, although obtaining pristine clarity regarding the capacities across the Joint Programme has been challenging. Likewise, it has been beyond the capacity of the Working Group to quantify or precisely clarify the relevant capacities of all key partners and stakeholders at global, regional and country levels, such as national governments, regional bodies, donors, the Global Fund and other multilateral partners, communities and civil society, and the private sector. As described in greater detail under Deliverable 4, a critical and urgent first step in the further transition and integration of UNAIDS is a rigorous assessment of these capacities, in part to ensure that no function or activity is transitioned before an evidence-based process has validated that capacity is in place to carry it forward.
50. The 294 UNAIDS Secretariat staff, along with organizational expenditure, are distributed across the four core functions (leadership and advocacy; convening and coordination; accountability, data and targets; and community support). About 6 in 10 UNAIDS Secretariat staff work across three or four functions. Roughly 64% of current Secretariat investments focus on support to countries and regions. With respect to country-level staff, two-thirds are located in sub-Saharan Africa (eastern and southern Africa, and western and central Africa). Staffing accounts for 55% of the full US\$ 85.1 million of the Secretariat's budgetary footprint for 2026 (including both core and extrabudgetary non-core resources), with 39% devoted to activities and with management and operations serving as an enabling budgetary layer for the staffing and activity budgets. Core expenditures are heavily weighted towards staff costs, with non-core funding prioritized for activity budgets.
51. Cosponsors have a presence in 130 countries, with HIV formally recognized within each Cosponsor mandate. Cosponsors bring to the Joint Programme substantial expertise in diverse sectors that play a role in the HIV response at global, regional and country levels. Cosponsors report to their respective governing boards on their success in advancing progress within their mandates towards global AIDS goals and targets. A total of 444 Cosponsor staff focus in whole or in part on HIV—including 44% in sub-Saharan Africa—but it is not altogether clear how this sometimes-partial capacity per staff member would translate into total full-time equivalent personnel. In addition to HIV-dedicated staff, Cosponsors also employ health, social protection, education and policy staff for whom HIV work plays an integral part. Among Cosponsors, the World Health Organization has the largest number of dedicated HIV staff (117 full-time or part-time staff), followed by the UN Population Fund (75), the UN Development Programme (74), and the UN Children's Fund (more than 60). Questions remain regarding the degree to which existing Cosponsor country-level capacity matches documented needs in different countries.

Proposed model for further transition and integration

52. The model proposed by the Working Group applies a simple principle to the allocation of functions within the UNAIDS Joint Programme. Functions that depend on comparability or a single system-wide view should remain integrated within a Hub of the UNAIDS Joint Programme. Functions that depend primarily on technical mandate, thematic expertise, operational presence and proximity to national institutions should increasingly be led by Cosponsors and national actors, with functions that require proximity to communities living with and affected by HIV led by community and civil society actors.
53. The proposed model operates at three mutually reinforcing levels. At country level, the UNAIDS Joint Programme coordinates a coherent UN offer around nationally determined priorities and connects countries and communities to the technical and financial resources needed for implementation. Regional arrangements connect countries to political engagement, analysis, expertise and backstopping across the core functions that cannot efficiently be maintained in every country. The Hub provides overall political leadership, common direction, governance support and system-wide accountability. No level should duplicate functions that are more effectively performed at another level. In the transition to the proposed new model, the UNAIDS Joint Programme's capacity on human rights and gender equality is ensured at all levels.

Cosponsors as strategic and thematic leads for the UNAIDS Joint Programme

54. One or more Cosponsors should be designated to lead implementation of the UNAIDS Joint Programme's work under each of the result areas of the Global AIDS Strategy. Members of the UNAIDS Joint Programme should collaboratively review and adapt the UNAIDS division of labour, maximizing its simplicity and transparency to enable stakeholders to know where to turn for support on key issues.
55. The Working Group also encourages the PCB to consider a community-led lead for Result Area 8 of the Global AIDS Strategy, which focuses on community leadership. In carrying forward work in their respective thematic result areas, "lead" Cosponsors will set a shared direction or vision for each area and champion strong thematic advocacy and policy influencing within their leadership remit; convene strategic partners and coordinate the efforts of other actors within the UNAIDS Joint Programme and the broader UN system that work in each of the thematic areas, as well as lead on key areas of strategic delivery themselves; ensure robust data and accountability for impact; and support community co-creation and co-leadership, collaborating with the Hub to ensure coherence of thematic work with the broader work of the UNAIDS Joint Programme. While the Hub will provide guidance, leadership and coordination for the UNAIDS Joint Programme as a whole, Cosponsors will serve as the implementation arm of UNAIDS and as the primary leaders, drivers and convenors of the UN's work within their sectoral mandates across thematic result areas.
56. As explained below under Deliverable 3, a pool of funding will be available to support catalytic Cosponsor-led or Cosponsor-facilitated activities to implement the UNAIDS Joint Programme's joint workplan.
57. As part of the transition process, the Working Group also recommends that the PCB ensure that the transformed Joint Programme is effectively positioned to fully leverage

the comprehensive capacity of the broader UN system, including consideration of whether additional Cosponsors might be appropriate.

Country presence

51. The Working Group anticipates that the UNAIDS Joint Programme's presence in countries will continue to transition over time, with functions ultimately absorbed over the long term in national institutions and systems. As countries strengthen ownership of the HIV response, build sustainable institutions and community-led capacities, and achieve greater integration within broader systems, the UNAIDS Joint Programme's footprint can progressively diminish and become more targeted. However, this will not happen overnight and it should not be applied uniformly across countries. The Working Group has agreed that a differentiated approach will be required to tailor country and regional transition arrangements to the needs of different settings.
52. The Working Group has been informed by both Cosponsors and the Secretariat that some form of HIV-focused country-level presence for the UNAIDS Joint Programme will be needed in more than 50 countries. Transparent criteria to guide the differentiation of approaches among countries will need to be further elaborated as part of the process of transition and should be used to determine individual country models for the Joint Programme's presence and support. Those criteria should be aligned to the Global AIDS Strategy and its targets and results areas, as well as to the HIV burden, HIV incidence, civic space and legal environments (including laws and policies regarding human rights and gender equality), access to services and decision-makers among key and priority populations, national capacity, financial sustainability, progress towards integration, and the existing partner presence.
53. Recognizing that individual countries determine their own health priorities and the support arrangements that work best, no decision regarding the UNAIDS Joint Programme's presence in any country should be made without close consultation with the National AIDS Authorities and other key country partners and stakeholders, including people and communities living with or affected by HIV, and wider civil society. Nor should transition occur before a careful analysis has been conducted on existing capacity among relevant stakeholders with respect to the performance or absorption of the UNAIDS Joint Programme's country-level functions. In all cases, country-level transitions will need to be aligned and harmonized with outcomes of the UN80 process with respect to the reconfiguration of UN Country Teams (Work Package 5). Country-level transitions should also take account of and adapt to the broader contraction and transition of external HIV financing, including countries transitioning from Global Fund support.
53. Within the Working Group, there are divergent opinions regarding whether the Hub should retain a formal presence in any country following the transition. The Working Group as a whole has opted for the differentiated approach that prioritizes the needs and preferences of national governments and community partners, without adopting a unified position on the number of countries where the Hub might be present. A growing number of implementing countries are now making financial contributions to the UNAIDS Joint Programme in order to sustain its country-level presence. Use of a differentiated approach to determine country-specific configurations that meet individual country needs aligns with the many interventions made by the implementing countries and community and civil society stakeholders at the two-day multistakeholder consultation. While

country-level transitions will occur along timelines that work best for individual countries, the ultimate, longer-term goal is to integrate the UN's HIV-related functions in national systems and institutions. The Hub should coordinate and manage the required country-level transitions over time, ensuring that no function is withdrawn until another member of the UNAIDS Joint Programme is prepared to assume these responsibilities.

54. Financing should follow function in the determination of country presence, and care will be needed to avoid disruption, chaos or fragmentation of relationships between UN partners and national governments and stakeholders that have been forged over decades.
55. Steps should be taken to preserve country ownership, country-level functions of data and strategic information, leadership and advocacy (including adapting and implementing the Global AIDS Strategy and addressing barriers to progress), convening and coordination (including coordinating HIV actors, supporting accountability, advising Resident Coordinators on HIV-related matters), and community leadership (through institutionalized community engagement within country arrangements, including dedicated financial support for sustainable community engagement mechanisms).
56. Communities should be interpreted holistically, to include people living with HIV, key populations, women and girls, and adolescents and young people, among other relevant populations, with representation that reflects the full epidemiological and social context of each country and includes the communities most affected by HIV. The Working Group encourages the expansion of Joint UN Teams to include national governments, communities and civil society, towards the aim of ensuring co-creation and co-leadership of strategies that will drive the strongest and most sustainable progress in implementation of the Global AIDS Strategy.
55. Ensuring that countries retain clear access to the UNAIDS Joint Programme is essential both during the transition process and after the transformation is completed. Any country should be able to identify the responsible lead agency on any given HIV-related issue, the route for making the request, the expected response time, the applicable quality standard and the route for escalation if support is not provided.
56. Relevant countries should have one clearly identified HIV coordinator and entry point to the UNAIDS Joint Programme, and this entry point must represent the UNAIDS Joint Programme as a whole. The Working Group has opted not to prescribe a particular home for ongoing UNAIDS Joint Programme presence in all countries, as decisions in this regard should be the result of the proposed transparent, criteria-based, differentiated approach. Within the Working Group, there is strong support for the Resident Coordinator's office having an important role in ensuring the coordination and coherence of UN support for national HIV responses. Written terms of references should outline clear responsibilities and accountability for the entry-point function, and the Joint UNAIDS Programme at country level must remain a welcoming, affirming place to support community co-creation and co-leadership, as well as a source of leadership and support to communities facing human rights or other crises, as both are essential elements of delivery at national level. Priority should be given to embedding strategic information capacities within national institutions and community leadership capacities within community and national structures.

Regional presence

56. The UNAIDS Joint Programme will need to have a clear regional presence in all regions, including in the Middle East and North Africa, where the UNAIDS Regional Support Team was discontinued due to budget constraints. The Working Group as a whole expects that the Hub in the near term is likely to serve as the regional presence for the Joint Programme. The Working Group anticipates that the Hub's regional presence will, over time, be transitioned to existing UN regional institutions and capacities. There are divergent opinions within the Working Group on the optimal regional presence moving forward, with a minority of Working Group members proposing the creation of small regional "desks" within the Hub, while transitioning the functions of the Secretariat's current Regional Support Teams to existing capacity within Cosponsors.
57. Regional arrangements should reflect epidemiological and institutional realities rather than administrative convenience. Functions that are more efficient at regional level, such as monitoring and evaluation support, facilitation of south-south learning and technical or crisis capacity, should be organized regionally. Regional structures should also engage political and technical bodies operating at regional level, supporting advocacy, coordinating participation in regional processes, and promoting involvement of and co-creation with people living with and affected by HIV and of civil society, as well as providing a vehicle through which communities and other key stakeholders can escalate national-level concerns. Greater collaboration between the Hub and Cosponsors at the regional level will be essential. In accordance with efforts underway under the UN80 regional re-set (Work Package 6), which emphasizes "expertise on demand," the proposed regional configuration of the Joint Programme has the opportunity to strengthen the UN system's overall offer to countries.

Hub of the Joint Programme

58. The Working Group recommends that the Joint Programme retain a Hub that will be smaller than the current UNAIDS Secretariat. Led by an Executive Director, the Hub should be designed as a platform for stewardship rather than a parallel implementation structure.
59. The Hub will have the following functions:
- a. **Leadership and advocacy**, including political mobilization, development and stewardship of the Global AIDS Strategy; evidence-based global political advocacy to keep HIV on the political and financial agenda; engagement in ongoing discussions regarding reform of the global health architecture; high-level intervention when a barrier or a major challenge to human rights or gender equality arises in a country; country-level political advocacy with governments (when requested by the UN country team); ensuring that the needs, perspectives and priorities of people living with HIV and of key and priority populations are central to the UNAIDS Joint Programme's policy, financing, accountability and implementation arrangements; and resource mobilization (with Cosponsors also encouraged and incentivized to mobilize funding for country-level activities).
 - b. **Coordinating, convening and governance**, including support for governance of the UNAIDS Joint Programme by the PCB, convening experts on key issues, coordination of the UNAIDS Joint Programme's strategy and workplan, cultivation of

strategic partnerships, geographic coordination and regional oversight, performance monitoring, and ensuring that the UNAIDS Joint Programme is accountable for clear results under the agreed joint workplan.

- c. **Data, accountability and targets.** This function should be led and coordinated by the Hub, together with Cosponsors. This function includes collection of multisectoral data from communities, partners and countries (recognizing, consistent with current practice, that countries retain ownership of and responsibility for validating and approving national data); analysis and processing of data; global estimation, including comparability over time; ensuring the quality of data; the establishment of targets; reporting and accountability on global progress; building national data capacity (as a shared activity with Cosponsors) and support for community-led monitoring and other community-generated evidence as an important source for monitoring and accountability. The Working Group notes that the multisectoral data function has been widely cited by diverse partners and stakeholders as among the most valuable contributions of the UNAIDS Joint Programme.
 - d. **Community engagement and leadership,** including preservation of the role of communities and civil society in global HIV governance. The Hub can also play a key role in strengthening the meaningful involvement of communities—to include people living with HIV, key populations, women and girls and adolescents and young people, among other groups—across all levels and actors involved in the UNAIDS Joint Programme, in line with the GIPA principles. One transformative step in such efforts would involve the institutionalization of community co-creation and co-leadership of the UNAIDS Joint Programme's core functions, including the creation of a limited number of community-held positions within the Hub, in accordance with applicable UN employment rules and regulations. The Hub will also ensure regular, structured channels through which the Hub and the wider UNAIDS Joint Programme systematically engage with communities.
60. The proposed Hub is intended to be lean, innovative and agile. The Hub will be laser-focused on accelerating progress towards ending AIDS and responsible for coordinating and providing strategic direction for a rejuvenated, streamlined Joint Programme. There will be diminished need within the Hub for thematic expertise across specific result areas of the Global AIDS Strategy and enhanced need for expertise in advocacy and communications, leadership, coordination, partnership cultivation and accountability. The Hub also has a unique role to play in supporting the UNAIDS Joint Programme's governance, including helping preserve the PCB as a key global agenda-setting and policymaking forum for HIV.
61. At the outset, the Hub will likely have a visible presence in all regions, although decisions regarding the precise regional configuration for the UNAIDS Joint Programme should be determined based on a function-led analysis and in collaboration with regional partners and stakeholders. The Working Group expects that regional presence will be transitioned over time to existing UN regional institutions. With the anticipated transitions of country-level and regional presence, the Hub will need to lead the UNAIDS Joint Programme in devising new ways of doing business to ensure coherence across the UNAIDS Joint Programme and between global-, regional- and country-level work. The Hub must also spearhead the revival of a spirit of mutual accountability and shared mission across the entire Programme. The Hub will ensure accountability for results across the UNAIDS Joint Programme as well as the meaningful engagement, co-creation and co-leadership

of communities in all aspects of work at global, regional and country levels. Consistent with the revised operating model, the Hub will relinquish technical and implementation roles in thematic result areas, handing these over to Cosponsors and avoiding duplication and overlap within the Joint Programme.

62. While the Hub will likely be smaller over time than the current Secretariat, the precise staffing required for the Hub should be determined following a rigorous exercise to map and quantify the staffing that will be needed to carry forward the core functions of the Hub.
63. UNAIDS currently benefits from a “light” arrangement with WHO, whereby the Secretariat pays agreed fees for certain management services, such as payroll, contracting, auditing, investigations, travel and the like. In 2026, administrative costs associated with the Secretariat’s arrangement with WHO are projected to amount to US\$ 2.9 million. Overhead costs of the Joint Programme have already been substantially reduced, and further efforts to optimize efficiencies are recommended.
64. With respect to a home for the Hub, there is no precise definition of the term “hosting” within the UN system. The UNAIDS Secretariat is not technically hosted at present, instead relying on an administrative services agreement with WHO, in line with governing ECOSOC resolutions. The Working Group has seen no compelling reason to change from the current administrative services agreement UNAIDS has with WHO, but it encourages the UNAIDS Joint Programme to continue exploring options to minimize overhead costs and optimize its ability to fulfil its mission. One option which should be explored is the negotiation of a new hosting arrangement with the UN Office for Project Services (UNOPS), but the Working Group recommends that the UNAIDS Joint Programme make no change that would increase administrative or overhead costs to the organization.

Division of labour under the proposed new operating model

65. The formal UNAIDS division of labour focuses on the distribution and clarification of roles and responsibilities within the UNAIDS Joint Programme across key thematic areas of the global HIV response. The Working Group anticipates that the thematic division of labour will be revisited to clarify the roles of Cosponsor “leads” and contributors to the UN’s work in each of the result areas of the Global AIDS Strategy, recognizing that more than one Cosponsor is likely to contribute in each thematic result area. While the revised division of labour should focus on existing Cosponsors, it should also take account of opportunities to engage other UN partners beyond the Cosponsors. As appropriate, the PCB may decide to recruit additional Cosponsors to the UNAIDS Joint Programme. Additionally, the Working Group recognizes that some key areas of work cut across multiple strategic priorities and may require a shared leadership approach, such as the health and human rights of people who use drugs, as noted during the multistakeholder consultation.
66. Under the new operating model proposed by the Working Group, clarity will also be needed with respect to the distribution of roles and responsibilities across each of the Joint Programme’s core functions. Table 1 outlines how the work within the Joint Programme would flow within a transformed Joint Programme.

Table 1. Division of responsibilities under proposed new operating model

Core function	Hub role	Cosponsors' role	Shared or cross-cutting roles
<i>Leadership and advocacy</i>	The Hub will coordinate the UNAIDS Joint Programme's work on leadership and advocacy, including development and stewardship of the Global AIDS Strategy. The Hub should speak for the response as a whole, lead global resource mobilization, anchor advocacy in evidence, and fill the identified gaps where key or priority populations are not being reached or heard.	Cosponsors will take the lead in implementing in individual result areas of the Strategy within their respective sectoral mandates. That would include setting a shared direction or vision for each area and leading strong thematic advocacy at the global, regional and national levels; influencing policies and normative documents of relevance to their mandates; mounting effective resistance in processes or spaces where engagement is needed to prevent roll-back; and working with governments and other actors to support integration of normative standards into national frameworks.	As Cosponsors will set the direction and lead thematic advocacy on the result areas that they lead, coordination will be needed between the Hub and Cosponsor "leads" to ensure coherence across the Strategy and to minimize duplication and maximize impact in advocacy processes or spaces that cut across multiple themes.
<i>Coordinating, convening and governance</i>	The Hub will provide high-level convening and coordination, including nurturing partnerships with communities, civil society, governments, the Global Fund, PEPFAR, the private sector and other actors. The Hub will be responsible for shepherding development of the agreed joint workplan, monitor results; intervene as necessary to identify and address gaps or weaknesses in implementation of the workplan; and support governance of the UNAIDS Joint Programme. It will also play an important role in geographic coordination and regional oversight.	Cosponsors will be responsible for coordinating the different actors responsible for delivering the UNAIDS Joint Programme's contribution to the results areas that they lead. They may report to the PCB on these areas and will continue to contribute to the overall governance of the UNAIDS Joint Programme through their role on the PCB. Joint UN Teams will manage relationships at country level. Cosponsors will implement country-level activities financed by the pooled funding mechanism.	Members of the UNAIDS Joint Programme, accepting reciprocal obligations for participation should commit to a common workplan; accept named responsibility for agreed results; report against those commitments on a defined cycle; and participate in an agreed escalation process where delivery falls short.
<i>Data, accountability and targets</i>	Global estimation, comparability over time, the setting and monitoring of targets, and public reporting should remain integrated within the Hub. Countries continue to own, validate and approve national data.	Cosponsors contribute specialized indicators, validation and analysis in their areas of mandate and on the results areas that they lead, as well as collaborating with countries, communities and civil society, and the Hub to strengthen data.	The proposed new model prioritizes a fuller integration of community-led data, monitoring and perspectives at all levels. Communities and civil society will contribute community-led data, monitoring and perspectives to help strengthen and transform the accountability framework.

<i>Community engagement and leadership</i>	The Hub will play a supporting role in ensuring that communities and civil society retain their established roles in global governance (with continued resourcing of this an essential prerequisite). Communities and civil society will also have designated roles within the Hub to help shape the design and future development of the core functions (for example co-deciding on priorities and messaging for global leadership spaces under the advocacy function), and they will have an important role in co-defining global resource allocation. Any community role in the working of the Hub will be in accordance with applicable UN rules and regulations regarding employment.	Cosponsors must ensure that communities and civil society have designated roles in the design and delivery of the strategic results areas, and in Joint UN Teams or other country coordination arrangements led by them, including allocating country-level resources. They will also continue to engage and collaborate communities in the development of normative and technical resources that fall within their areas of leadership. Differentiated country models for the UNAIDS Joint Programme will all prioritize engagement of communities and civil society, including people living with HIV and key and priority populations, and the pooled funding mechanism will afford a new means to support partnerships and consortia that include community-led activities. Cosponsors will also work to strengthen community engagement and leadership within the delivery and governance structures of their wider institutions and will help to make the case for a stronger role for communities and civil society across the UN system.	Community engagement will move towards a model of co-leadership, where communities are involved from the earliest stages in shaping, driving and monitoring the UNAIDS Joint Programme's strategy and activities, as equal partners. This move must be underpinned by the inclusion of a limited number of designated and formal roles for communities and civil society, alongside decision rights, as well as access to resources for expert work performed in these roles, rather than through consultation alone. The inclusion and resourcing of these positions present an opportunity to set the standard for what community leadership and engagement really mean and how these can be strengthened across the UNAIDS Joint Programme and beyond.
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Branding

67. The current UNAIDS brand is both highly recognizable and valuable but also potentially confusing, as the term UNAIDS in the mind of some has come to refer to the Secretariat rather than the Joint Programme. The Working Group recommends that the brand be transitioned to refer in all instances to the UNAIDS Joint Programme.

68. For discussion of the strengths and risks of the proposed new operating model and of the alternative options that were considered and rejected by the Working Group, see Annex 2.

Deliverable 2: A UN-mandated governance model that preserves the role of communities and civil society and ensures the continued coordination, accountability and leadership of the global HIV response

Current UNAIDS governance

69. As a unique programme within the UN system, the UNAIDS Joint Programme uses an innovative approach to governance. In 1995, ECOSOC (1995/2) established a joint UN programme with a Secretariat (led by an Executive Director) and the CCO as a standing committee and subsequently defined the composition of the PCB (22 Member States, Cosponsors and five representatives of NGOs). The PCB was authorized by ECOSOC to establish broad policies and priorities for the UNAIDS Joint Programme and to make recommendations to Cosponsoring organizations. Under prevailing ECOSOC resolutions, Cosponsors and NGO representatives are allowed a voice on the PCB but do not have voting rights.
70. The original ECOSOC resolutions establishing the UNAIDS Joint Programme have been reaffirmed and adapted over the last three decades, as these resolutions allow a degree of flexibility in making changes to the Joint Programme. The current ECOSOC framework has permitted the reduction or termination of some activities of the UNAIDS Joint Programme, modification of the funding model and the balance of resources between the Secretariat and Cosponsors, changes to the list of Cosponsors and the level of individual Cosponsor involvement in the UNAIDS Joint Programme, and redistribution of functions between the Secretariat and other UN agencies at regional and country levels.
71. Certain changes to the UNAIDS Joint Programme, however, cannot be implemented without a new resolution from ECOSOC. For example, the PCB's legal counsel has advised that it would be impermissible within the provisions of current ECOSOC resolutions to do away with a UN Secretariat that holds responsibility for coordinating the HIV-related work of all UN agencies; forego the coordinating function for the UN's HIV response; transfer the coordination role to another UN programme or agency; eliminate the PCB; or modify the current makeup of and voting rights within the PCB. The PCB retains ultimate authority on policy and budgetary matters.
72. The Working Group has extensively assessed the value of an ECOSOC mandate for the UN's joint work on HIV. These benefits include having a formal link between the global HIV response and the UN system (which distinguishes the HIV response from the responses to TB, malaria or non-communicable diseases), a mandate from member states, and express recognition of the role of communities and civil society in governance of the UN's HIV response.

Proposed UN-mandated governance model

73. The Working Group recommends that the PCB remain the governing body for the UNAIDS Joint Programme. The Working Group also recommends continuation of the current ECOSOC mandate on governance. As noted earlier, the Working Group is not currently recommending a change in the global structure's hosting or administrative arrangement, although further study of feasible, cost-effective options is advised.

74. The Board should remain responsible for approving the UNAIDS Joint Programme's budget and workplan and for ensuring oversight and accountability of the Programme. As approved by the Board, the budget would include both core operating costs for work at global, regional and country levels, as well as guidance for allocation of funding for catalytic country-level work through a pooled funding mechanism.
75. Accountability for the transformed UNAIDS Joint Programme should rest on a single results framework and workplan covering the Hub, regional and country arrangements, and commitments undertaken by Cosponsors. Greater emphasis must be placed on mutual accountability within the UNAIDS Joint Programme, not solely on accountability within individual institutions. The workplan should identify a responsible party for each agreed result, the resources attached to it, the expected contribution of other partners and the reporting schedule.
76. The Executive Director should remain individually accountable to the Board for stewardship of the common workplan, the integrity of global functions and the performance of the UNAIDS Joint Programme as a whole. The PCB should monitor the performance of the new Executive Director of the UNAIDS Joint Programme, in line with standard practices under the UN's performance monitoring process. Cosponsors should be accountable for the commitments they accept within that workplan and for resources allocated through Joint Programme mechanisms. Members of the Board should have standing to escalate concerns where commitments have not been delivered, including members representing communities and civil society, drawing on community-led monitoring and community-generated evidence.

Table 2. Proposed accountability chain

Level	Primary accountability	Core instrument	Accountability channels
PCB	Strategic direction; approval of budget and workplan; oversight of the Joint Programme and pooled financing.	Approved strategy, common workplan, budget, performance and financial reports.	Requests corrective action; commissions independent review; addresses persistent system-level underperformance.
Executive Director / global structure	Stewardship of common functions; coordination of collective workplan; integrity of data and reporting.	Results framework; agency and country performance view; consolidated annual report.	Raises unresolved constraints with agency leadership and reports material issues to the PCB.
Cosponsors	Strategic contribution to the Joint Programme; Delivery of named technical and implementation commitments and use of allocated resources.	Agreed deliverables, indicators, service standards and financial reporting.	Corrective plan; elevation through agency leadership; visibility to PCB where non-delivery persists.
Regional / country leads	Coordination; access to expertise and financing; community voice and agency; reporting and escalation.	Written terms of reference; Joint UN Team workplan; country review.	Regional or global backstopping; referral to agency leadership or global structure.
Communities / civil society	Co-creation, monitoring and contribution to delivery within agreed roles.	Governance participation; community-led monitoring; feedback and grievance routes.	Direct reporting into country review, pooled-fund governance and PCB accountability processes.

77. For a discussion of strengths and weaknesses of the proposed governance model and other governance options considered and rejected by the Working Group (including possible changes in voting rights on the PCB), see Annex 3.

Deliverable 3: A funding model to sustain the proposed governance model structure and activities

Working Group's methodology for costing new model

78. The Working Group has obtained consulting assistance for the cost estimates of the various models and options under consideration and has also received budgeting information from both UNAIDS Secretariat and Cosponsors. The Working Group is providing estimated ranges for resourcing of the transformed UNAIDS Joint Programme, with expectations that the PCB will determine ultimate budgeting and resource mobilization goals following its deliberations on and oversight of the transition process.
79. Key determinants of the cost of the new model include (a) the size of the pooled funding for country-level work; (b) the function-determined size of the Hub, including the Hub's presence at country and regional levels; and (c) associated staffing costs, as staffing currently accounts for the overwhelming majority of costs for the UNAIDS Joint Programme. Affordability of the transformed UNAIDS Joint Programme will depend in large measure on the agreed functions, staffing levels, transition timing, and confirmed financing.
80. The degree of downsizing and the pace of the transition have important bearing on costs associated with the new model, as separation payments are legally required, contractual obligations. A swifter and more extensive downsizing of the Secretariat would be associated with greater transition costs in 2027, as separation and transition costs would be concentrated in the early phases of transition, whereas a phasing-in of the integration of current Secretariat functions at country and regional levels would spread transition costs over a longer period and mitigate the financing required in 2027. (Comparable transition and downsizing exercises within the UN indicate that severance costs per staff member average about US\$ 100 000, although actual separation costs will depend on accrued entitlements as well as on the viability of other cost-saving measures, such as retirement, reassignment, contract expiry, or uptake by other agencies.)

Proposed financing model

81. The Working Group advises that the PCB will need to manage three sets of a costs: one-off expenses associated with the change process, phased interim operating requirements, and longer-term annual operating costs.
82. The financing that will be required for the transition process will need to cover separation and reassignment; administrative services and funding-arrangement set-up; leadership recruitment and change support; systems, data and reporting; premises and legal requirements; capacity building and handover; and limited overlap.
83. Using for planning purposes the assumed estimate of US\$ 100 000 per paid separation, it is estimated that 50 paid separations would incur transition costs of US\$ 5 million, 100 would cost US\$ 10 million and 150 would cost US\$ 15 million, with each 10 additional separations requiring outlays of US\$ 1 million. To reiterate, these are indicative figures only. They do not seek to anticipate decisions regarding the size of the Hub, which will be determined by the PCB through a systematic, evidence-based analysis of functions and associated resource needs. Due to the substantial costs that could be associated

with the transition process, the Working Group projects that it would be prudent to assume that spending in 2027 is likely to be within range of the current total budget blueprint for the UNAIDS Joint Programme of US\$ 85 million. Depending on the pace at which staffing separation occurs, monthly expenditure needs may begin to decline towards the end of 2027. A US\$ 20 million reserve is in place requiring PCB approval.

84. To support sound decision-making by the PCB on the budgeting that will be required for transition, ongoing operations during the transition process, and the post-transition steady-state, the Secretariat and Cosponsors should jointly prepare a detailed costed plan showing annual operating costs, staffing by function, verified liabilities, implementation timing and capacity needs. This joint effort should make reports to the PCB that identify confirmed financing and projected shortfalls and establish rules for adjusting the pace and scope of the change process if funding falls short. Independent verification and clear Board decisions should support approval of staffing, funding arrangements and transition commitments, ensuring continuity of delivery.
85. Some donors in the multistakeholder consultation proposed annual funding for the UNAIDS Joint Programme as low as US\$ 25–35 million. The Working Group as a whole believes that such a low budget envelope is not viable, as it would not allow the UNAIDS Joint Programme to fulfill its core functions or meet the needs and expectations of implementing countries, people living with and affected by HIV, or strategic global partners.
86. As efficiencies are realized through the transition process, the size of the budget will decline over time. The Working Group anticipates that the post-transition, steady-state, ongoing budget for the UNAIDS Joint Programme may be within the range of US\$ 35–50 million annually by 2030.
87. While the Working Group expects the UNAIDS Joint Programme's funding envelope will eventually be smaller than the current US\$ 63 million annual budget (and the total budget footprint of US\$ 85 million mobilized centrally by the Secretariat), it cautions against adopting a mentality of scarcity and downsizing. The Working Group believes the transformed UNAIDS Joint Programme, with a streamlined structure, refocused approach and a new commitment to working as "One UN," will represent a compelling value proposition among traditional UNAIDS donors.
88. The new model also provides an opportunity to diversify the donor pool for the UNAIDS Joint Programme, especially in light of the growing commitment of implementing countries to contribute financially towards the Programme's work. The Working Group reminds Member States that the total funding required to implement the transformation would roughly equal a mere 0.5% or less of total amounts spent on HIV in low- and middle-income countries in 2025. Given the indispensable strategic value of the UNAIDS Joint Programme, the Working Group believes this amount represents an excellent return on investment and is eminently achievable. Although future annual budgets may be smaller than the 2026 budget, the Working Group encourages the PCB and the UNAIDS Joint Programme to plan in advance for the mobilization and strategic use of additional revenues if and when these become available.

89. The Working Group proposes that the UNAIDS Joint Programme work within a single annual budget, taking account of all resources, including those mobilized by Cosponsors.
88. The Working Group proposes that a pool of funding be in place to support country-level activities of the UNAIDS Joint Programme. Consistent with the ECOSOC mandate, the PCB should provide strategic direction and oversight of the pooled funding mechanism. The pooled funding could be provided through a revised UBRAF. Another option which might be explored by the PCB would be to place the pooled mechanism within the UN Multi-Party Trust Fund Office, the UN Centre of Expertise on Pooled Financing, which in 2025 transferred US\$ 1.06 billion to 42 UN entities to support programmes in 115 countries.
89. Regardless of which mechanism the PCB elects to endorse, distribution and allocation of pooled funding must be determined through the evidence-based application of clear, transparent criteria. The Working Group recommends that, subject to strategic direction and approval from the Board, decisions regarding the awarding and disbursement of funds from the pooled mechanism should be made collaboratively by the Hub, Cosponsors, and community and civil society representatives, with the PCB retaining ultimate authority over how pooled funds are allocated. Reflecting wider commitments to support community leadership and engagement in the Global AIDS Strategy and the 2026 Political Declaration on HIV/AIDS, the pooled fund should explicitly allow for direct financing of community-led organizations and initiatives, alongside activities led by Cosponsors, national governments or others.
90. The Executive Director should remain responsible for reporting accurate and timely financial and performance information to the PCB, including regarding the pooled funding mechanism. Internal and external audits should be performed and reported transparently in accordance with applicable accounting and accountability rules and standards. The PCB will need to pay particular attention to financial governance, transparency and accountability during the transition period.
91. The Secretariat has also informed the Working Group of other revenue-generating and efficiency-promoting measures it has taken, including the transfer of a substantial number of staff to less expensive venues outside Geneva and the rental of the bulk of the Geneva headquarters to other UN partners. The Working Group encourages continued exploration of efficiency-promoting measures, including potential administrative services options for the Hub that might further minimize overhead costs and leadership by a new Executive Director to create a culture that prioritizes efficiency.

Deliverable 4: Timeline with milestones for transition and integration process

92. A process of transformation has already begun within the Joint Programme, with the adoption by the PCB of the revised operating model. The Working Group proposes that its recommended process for further transformation should start immediately, but it needs to be understood that the process will take time. The Working Group envisages 2027 as a critical year of transition. In this regard, the Working Group is mindful of the maxim that we should “do no harm” as we work to further evolve a programme that has proven so successful. The global HIV response is continuing to recover from the acute disruption of services associated with reduced donor HIV assistance, and several

countries face the prospect of upcoming Global Fund-related financing transitions. In this context, the process for transforming UNAIDS should take care to avoid injecting further chaos into the response.

93. The transition should be sequenced according to functional readiness rather than a uniform organizational timetable. Country needs, capacities and priorities should serve as the primary consideration in determining the pace and nature of further transition and integration of UNAIDS. Existing capacity should not be withdrawn until the agreed arrangement has a named owner, an agreed mandate, sufficient resources, an operational service standard and an accountability route. Particular attention should be given to technical support; country coordination; community financing; safeguards for the voice, agency and human rights of people living with HIV and key and priority populations; and the leadership of key strategic areas (for example, sustainable national responses and financing), especially where a gap between institutional transfer and operational readiness would be felt most directly by countries and communities. Further evolution in the Joint Programme's country presence should be considered only with the active participation of governments, communities and other national stakeholders in shaping this process.
94. The Working Group envisages that the transition will unfold along two tracks. Transition to a new institutional architecture (organizational transition) will occur in phases over a 12-month period, with the new model expected to be fully in place by the end of 2027. (If necessary, the transition period may be extended by six months.) Transitions in country-level arrangements will occur along a different timeline, with national capacity assessments and outreach to national stakeholders beginning in Q1 2027. The Working Group expects that the transfer of country-level functions in alignment with the proposed new direction will be effectuated in many and perhaps most countries in 2027, but that country-level presence in other settings will continue to evolve. To reiterate, the manner and timeline for country-level transition will depend substantially on the expressed needs and preferences of national governments and community partners in countries.

Transition to new architecture for a transformed UNAIDS Joint Programme

95. Annex 4 provides a detailed description of the transition process envisaged by the Working Group, noting key actions needed by quarterly period. The organizational transition to a new architecture for the UNAIDS Joint Programme will occur in the following phases:
 - **Phase Zero (Q4 2026 – Q1 2027).** In this phase, the PCB will take the decisions required to endorse and initiate the transition process. Key decisions (such as name, administrative services) for the Hub will be needed; recruitment of a new leader must start; a transition budget will need to be approved; criteria must be agreed on for the recommended capacity assessment; a Transition Task Team (including Cosponsors, the Hub and key Joint Programme stakeholders) should be created; future directions for regional presence should be agreed; and an inclusive, evidence-based process for determining future country-level presence should be initiated.
 - **Phase One (Q1 – Q2 2027).** In early 2027, the leadership of the strategic results areas complemented by a new division of labour within the Joint Programme will be agreed; a new leader of the UNAIDS Joint Programme should be in place; budget scenarios should be costed; country presence criteria and the entry-point model should be

agreed; and the capacity assessments of Cosponsors and national systems should get underway.

- **Phase Two (Q2 – Q3 2027).** In mid-2027, the Hub will become operational, the pooled funding mechanism will be activated and the process for filling community and civil society positions within the Hub will be agreed and initiated. Criteria-based transitions of regional presence will occur; where feasible, capacity assessments for country-level presence will be completed; and the first country transitions will occur once readiness has been confirmed and transition plans have been agreed with governments and communities.
- **Phase Three (Q3 – Q4 2027).** Governance and accountability arrangements will be confirmed, a new steady-state budget will be approved, the processes for transitions of regional and country presence will continue and the onboarding of community co-creation roles at the Hub will begin.

Readiness-based country-level transition

96. The process of transitioning the UNAIDS Joint Programme's country-level presence will start in Q1 2027, but the end date for this transition process will vary by country context. PCB leadership in this process will be essential, ensuring the naming of Cosponsor commitments and a published division of labour in each country, and identifying additional expertise or capacity within the UN system that can support the global HIV response.
97. As transitions proceed country by country, capacities will be configured to preserve key relationships to ensure an effective HIV response. Functions will be transferred only when there is validation that a named receiving entity has the mandate, capacity, resources and accountability standards to carry the function forward. Every country will have a named HIV lead, and monitoring of country experiences will inform the adaptation of the steady-state model as needed. Perspectives from both implementing governments and from communities and civil society will be critical for effective monitoring and adaptation, highlighting the need for early introduction of the proposed community engagement mechanisms at country level.

Key considerations for transition/transformation process

98. The transition will require clear, firm, bold leadership. The term of the current UNAIDS Executive Director expires at the end of 2026. Working at a time of great challenge, the Executive Director deserves thanks and appreciation for beginning the process of transforming the Joint Programme. The Working Group also expresses genuine gratitude for the high level of cooperation and assistance it has received from the Executive Director and her exceptionally capable staff.
99. The Working Group recommends that a new Executive Director be appointed under clear terms of reference and a new mandate from the PCB to oversee the process of further transformation. The Working Group takes no position as to whether the transition leader should be a permanent Executive Director or an interim leader for the transition process, as there is a diversity of opinions within the Working Group on this question, which will need to be decided by the PCB.

100. Regardless of the decision the PCB makes, recruitment should prioritize finding a leader or leaders who are able to serve effectively as both transition manager and director for the substantive work of the UNAIDS Joint Programme during the transition process. Reviving a genuine ethos of shared ownership and accountability within the Joint Programme must be prioritized by the new leader. Moving forward, the performance of the leader of the UNAIDS Joint Programme should be regularly assessed by the PCB in accordance with standard practices under the UN performance assessment process.
101. The Working Group proposes that a Transition Task Team—including participation by Cosponsors, the Hub and key Joint Programme stakeholders, particularly communities and civil society and implementing governments, and under the leadership of the new Executive Director—oversees and drives the internal process of transition and transformation. This Task Team will undertake the necessary analyses (including mapping of functions and associated staffing requirements; developing detailed costing of different scenarios; proposing methods for joint administration and ownership of the new pooled funding mechanism; development of criteria for country transitions; design of new community co-leadership roles and mechanisms, etc.) to enable the Board to take key decisions in a timely manner. The Task team should report regularly to the PCB Bureau.
102. Not only will this Task Team drive the transition process, but it will also serve as an important first step towards forging a culture shift within the UNAIDS Joint Programme that prioritizes joint ownership, collective accountability and working seamlessly as “One UN”. In particular, the Task Team, under the active support and leadership of the new leader, can help ensure that the organizational transition leads to a true transformation of the UNAIDS Joint Programme.
103. No new Executive Director, no matter how talented or committed, can drive the transformation of the UNAIDS Joint Programme on their own. Both the PCB and the UN Secretary-General will need to provide clear, unwavering support for the transformation of the Joint Programme. Senior leaders of Cosponsoring agencies must be actively engaged in the transition process.

Conclusion

104. A new day has dawned for the global HIV response. After decades of historic progress in reducing new HIV infections and AIDS-related deaths, countries and communities continue to recover from the disruptions and chaos associated with recent, abrupt funding reductions and deteriorating conditions for human rights and gender equality. At the same time, the world’s ability to end AIDS has never been greater, with powerful new HIV prevention and treatment tools and substantial capacity having been built among countries and communities. The end of AIDS as a public health threat is in sight, but the world will reach this milestone only if it makes optimal use of the resources at its disposal, including the leadership of people living with and affected by HIV.
105. Over more than 30 years, the UNAIDS Joint Programme has served as a pivotal leader and catalyst for a stronger, more evidence- and human rights-based, and more people-centred and gender-just HIV response. But the dawn of a new day in the global HIV response also means that the UNAIDS Joint Programme itself must evolve to be fit for the purpose of leading global efforts to end AIDS.
106. The Working Group believes that its transformation plan will enable the UNAIDS Joint Programme to rise to this challenge. The new model prioritizes country-level work; streamlines and refocuses the Hub to deliver where it adds the greatest value;

strengthens leadership on key results areas set out in the Global AIDS Strategy; eliminates overlap and duplication within the Programme; accelerates integration of the UN's HIV-related work into national and community-led systems; and builds community co-creation and co-leadership into all elements of the UN's work on HIV. The new model provides the opportunity to fully harness the UNAIDS Joint Programme's unmatched breadth of multisectoral expertise to support countries, communities and other strategic partners in achieving the global AIDS targets. While the Working Group includes a diversity of expertise and opinion and every member of the Working Group does not fully align with every recommendation, this report captures the broad convergence within the Working Group on the way forward.

107. The new institutional arrangements outlined in this report are, in the view of the Working Group, a key step towards optimizing the effectiveness and efficiency of the UNAIDS Joint Programme. But the promise of these proposed changes will only be realized fully if there is also a genuine culture change within the UNAIDS Joint Programme itself. This is a critical moment to revive the original ethos of UNAIDS, to ensure that the entire UN system works together as one to deliver on its HIV-related commitments.
108. The Working Group's central focus has been on charting a path forward to optimize the UN system's ability to lead global efforts to end AIDS. At the same time, the Working Group believes that a transformed UNAIDS Joint Programme can serve as an inspiration beyond the HIV field. With the broader UN system engaged in an historic effort of reform and re-imagining, the Working Group believes the transformed, streamlined and strategically focused UNAIDS Joint Programme can function as a pioneer and model for solidarity in global health governance and for a fairer and more efficient UN.

Proposed decision points

The Programme Coordinating Board is invited to:

109. *Approve* 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) including the final plan contained therein and requests the PCB Chair to transmit it, including the decisions of the Board related to it, to ECOSOC;
110. *Request* the Executive Director and the Committee of Cosponsoring Organizations to prepare the Terms of Reference for a Joint Programme Transition Task Team composed of Secretariat and Cosponsor representatives, nominated by their respective agencies, and present them for the Programme Coordinating Board's approval at its 59th session, to implement the final plan as agreed by the Programme Coordinating Board;
111. *Request* the Executive Director and the Committee of Cosponsoring Organizations to include two NGO-nominated community representatives in the Joint Programme Transition Task Team;
112. *Request* the Executive Director and the Committee of Cosponsoring Organizations Chair to provide an update on the implementation of the final plan at the 59th Programme Coordinating Board meeting;

113. Call for the immediate initiation of the fast-track selection process for the next UNAIDS Joint Programme Executive Director;
114. Request the PCB Bureau to initiate the fast-track selection process and present the process and Terms of Reference for the Search Committee for the Nomination of the UNAIDS Joint Programme Executive Director at the 59th meeting of the Programme Coordinating Board;
115. Request the PCB Bureau to prepare the Terms of Reference for the UNAIDS Joint Programme Executive Director and present these Terms of Reference for the intersessional approval by the Programme Coordinating Board before 1 February 2027;

[Annexes follow]

Annex 1. Composition of the PCB Working Group

Members of the Working Group serve in their individual capacities.

Working Group co-facilitators

MURPHY, FIONNUALA

Fionnuala is a civil society leader with more than two decades experience working at the intersection of HIV, health justice and human rights. Currently, she holds the role of Associate Director of Advocacy at Frontline AIDS, a global partnership of civil society and community organizations working together to end AIDS, having previously worked at Harm Reduction International, ActionAid, and Youth STOPAIDS, among others. She joined the PCB NGO Delegation in January 2024, initially leading the delegation's work on sustaining the HIV response beyond 2030. Since early 2025, she has served as the delegation's focal point on UNAIDS' transition. She works to safeguard essential Joint Programme functions during a challenging period for frontline communities and the global HIV response.

PHAAHLA, JOE

Dr M.J. Phaahla is Deputy Minister of Health in South Africa, appointed in July 2024, and previously served as Minister of Health from 2021 to 2024. A medical doctor with a long career in public service, he led major national health efforts during and after the COVID-19 pandemic and oversaw key national health reforms and the strengthening of public health systems. Before entering national government, he worked for a decade in frontline clinical practice, rising to Senior Medical Superintendent, and served as MEC for Health in Limpopo from 1994 to 1997. Dr Phaahla has held multiple senior positions in the health sector, including two terms as Deputy Minister of Health from 2014 to 2021, and was also a leader in health-sector anti-apartheid organizations such as NAMDA.

RAE, BOB

Bob Rae was the Ambassador and Permanent Representative of Canada to the United Nations in New York from 2020–2025. He served as President of ECOSOC 2024–25. He was also Special Envoy of Canadian Prime Minister Justin Trudeau, on Myanmar and as well as on Refugee and Humanitarian Issues from 2017–2020. Mr. Rae served as Premier of Ontario from 1990–1995, and interim Leader of the Liberal Party of Canada from 2011–2013.

Working Group members

BAINS, ANURITA

Anurita Bains is a senior global-health leader with more than 20 years of experience in global, regional and country roles in the United Nations and development sector. Currently, Anurita is Associate Director in UNICEF's global Health programme, leading the organization's efforts to end AIDS in children and adolescents, and strengthening sexual and reproductive health and rights for adolescents and young people. Her career spans senior roles with UNICEF, the Global Fund, CHAI (Rwanda), and the UN Envoy on AIDS in Africa. She is a Trustee of the Graça Machel Trust and a former award-nominated journalist. In

every leadership role she has held, she has championed gender equality, health equity, and social justice with passion and determination.

BIGGS, XAVIER

Xavier Biggs is a Monitoring & Evaluation specialist and global HIV advocate with extensive experience in strategic information, programme performance management, and community-led accountability systems. As Monitoring & Evaluation Manager at Jamaica AIDS Support for Life (JASL), he leads data-driven systems that strengthen service delivery, improve client outcomes, and align national programming with global targets. He served as an NGO Delegate to the UNAIDS PCB for LAC (2023–2025), advancing community engagement and rights-based HIV policy.

CASTELLANOS, ERIKA

Erika Castellanos is a trans woman living with HIV from Belize residing in the Netherlands. A social worker by profession, Erika joined GATE in April 2017 as Director of Programs. In 2022, she was appointed Interim Executive Director, and in 2023, she became the Executive Director.

CHUMA, AENEAS

Aeneas C. Chuma, a national of Zimbabwe, has over 30 years of service with the UN System. During this period, he served in various regions and countries in different capacities, the highlights of which included serving as Assistant Secretary General and Deputy Special Representative of the Secretary-General for the UN Mission in Liberia (UNMIL) (2012–2014), Assistant Director-General and Regional Director for Africa, ILO (2014–2016), and Regional Director for East and Southern Africa, UNAIDS (2020–2021).

GRECO, DIRCEU BARTOLOMEU

Dirceu Bartolomeu Greco, MD, PhD, is a Professor Emeritus of Bioethics and Infectious Diseases, Federal University of Minas Gerais (UFMG), Brazil. With over 40 years of experience in HIV/AIDS and other infectious diseases, he served as Director of the Brazilian Department of STI, AIDS and Viral Hepatitis at the Ministry of Health (2010–2013). He chaired the Brazilian Society of Bioethics (2017–2021) and was a member of UNESCO's International Bioethics Commission (2018–2025).

HU, YIYUN

Yiyun Hu, MD, is serving as Director, Division of Exchange and Cooperation, National Center for AIDS/STD Control and Prevention, Chinese Center for Disease Control and Prevention (NCAIDS). He has more than 20 years working experience on national and international programs on AIDS control and prevention.

KAZATCHKINE, MICHEL

Michel Kazatchkine is a French physician, diplomat and advocate who is best known for his work in international AIDS treatment issues. From February 2007 to March 2012, he was director of The Global Fund to Fight AIDS, Tuberculosis and Malaria. On July 20, 2012, UN

Secretary-General Ban Ki-moon appointed him as his United Nations Special Envoy for HIV/AIDS in Eastern Europe and Central Asia.

MAHANTY, BINOD

Binod Mahanty is a science-trained public health expert with extensive experience in HIV prevention and care, epidemiology, and monitoring and evaluation (M&E). He has worked with national governments, the United Nations, bilateral agencies (German Agency for International Cooperation (GIZ), the U.S. Centers for Disease Control and Prevention (CDC) and United States Agency for International Development (USAID), PEPFAR, as well as Civil Society Organizations and academic institutions.

PIÑEIRÚA MENÉNDEZ, ALICIA

Alicia Piñeirúa Menéndez, MD, MPH, is an infectious disease physician and public health researcher with over 13 years of progressive experience at the intersection of HIV clinical care, national program implementation, evidence generation, and institutional governance in Mexico. She has been working as Associate Researcher & Technical President of the Health Research Consortium (CISIDAT) since 2023.

TAYERI, KATAYOUN

Katayoun Tayeri is a consultant at the Ministry of Health of Iran, with 22 years of experience working in the field of HIV/AIDS (clinically and administrative). As a member of the national scientific HIV/AIDS care and treatment committee, she has been closely involved in developing and revising national and global HIV/AIDS care and treatment guidelines.

THIAM, SAFIATOU

Safiatou Thiam is a Medical Doctor with a Master in Public Health, with over 25 years of professional experience in public health administration and policy making at national and international levels as Senegal's Minister of Health and Executive Secretary of the National AIDS Council.

WYSOCKI, PIOTR

Piotr Wysocki is currently Head of the International Cooperation Unit at the National AIDS Centre, the Agency of the Ministry of Health of Poland. He has been involved in the healthcare sector for the last 20 years, with a particular focus on infectious diseases and HIV/STIs. Since 2014, he has been a representative of Poland in the UNAIDS Programme Coordinating Board.

YILLA, MAMADI

Dr. Mamadi Yilla, PhD, is a member of the Senior Executive Service of the U.S. government and is currently the Deputy Assistant Secretary for Health Policy and Health Diplomacy. Prior to joining the Dept. of State, Dr. Yilla served the U.S. Centers for Disease Control (CDC) and Prevention as a research fellow in immunology, improving diagnostic tools for vaccine-preventable childhood diseases.

Annex 2. Strengths and risks of proposed new operating model and alternative options considered and rejected by the Working Group

Strengths and potential weaknesses and risks of proposed operating model options

1. Although the revised operating model approved by the PCB refers to the four core functions as belonging to the Secretariat, the Working Group agrees that these four core functions properly belong to the Joint Programme as a whole. In preserving the four core functions, the proposed new model distinguishes coordination and leadership from implementation.
2. The options outlined here with respect to the size and scope of the Hub present both opportunities to streamline and strengthen integration across the UNAIDS Joint Programme as well as a range of potential risks. While the Working Group agrees on the importance of further streamlining the Hub, this structure will require sufficient staffing, resourcing and gravitas to undertake the key functions underlined by the Working Group. As budget envelopes are inevitably finite, the Working Group also recognizes that resourcing of the Hub will need to be balanced with resourcing for catalytic country-level activities and technical support by participating agencies.
3. Through its extensive consultations with stakeholders, the Working Group has been advised that the proposed transition model must be innovative and not merely appear as a downsized version of the status quo. The Working Group is confident that the proposed model meets this criterion. Declines in donor support for HIV and other health and development priorities pose a risk to the viability of the proposed model, although the Working Group (as explained below in its discussion of Deliverable 3) believes the proposed model will represent a compelling value proposition for existing and new donors to the Joint Programme.
4. The proposed model is aligned with ongoing UN reform efforts. As with the broader UN80 initiative, the direction outlined here aims to make the most of the UN system's capacities by working together in simpler, more efficient and more coherent ways, and to enable the UN system to meet the challenges and seize emerging opportunities in a rapidly changing world. At country level, Joint UN Teams will continue to work to embed HIV in relevant UN frameworks, both to accelerate progress towards ending AIDS and to ensure that HIV is fully integrated within the UN's broader work to promote human health and development. The Working Group believes that the Joint Programme can serve as a model for the broader UN system, demonstrating how entrenched and siloed ways of working can be adapted to changing circumstances and how the UN system can be made even more efficient, participatory, coherent and effective.

Other options explored by the Working Group

5. As described in its interim report to the PCB, the Working Group considered a variety of possible models for the further transition and integration of UNAIDS. These were explored, analysed and ultimately rejected, although various aspects of those alternative models informed the hybrid approach recommended by the Working Group.

6. The Working Group considered but rejected a possible further downsizing of the Secretariat as an option for transition, preferring to essentially maintain current structures within the Joint Programme but with a smaller budgetary footprint. This approach would potentially minimize disruptions to the global HIV response and preserve in current form the Programme's core functions. The Working Group concluded, however, that a simple further downsizing of the Secretariat would represent an attempt to retain the status quo rather than transform the UN's response to HIV for a new and rapidly changing environment.
7. Another approach considered but rejected by the Working Group was to end UNAIDS as it is currently constituted, with a wholesale transfer of core functions among the Cosponsors. While arguably most consistent with the UN80 vision, it is unclear how all core functions of UNAIDS could be transferred effectively, as Cosponsors do not currently hold mandates for certain core functions, such as advocacy and leadership, and their governance structures do not allow for the meaningful engagement of people living with and affected by HIV.
8. A further approach explored but rejected by the Working Group would involve the merger of UNAIDS with an existing health partnership. The Working Group had extremely productive interactions with the UNOPS-hosted Stop TB Partnership and with the WHO-hosted Partnership for Maternal, Newborn and Child Health, which informed the Working Group's deliberations with respect to expanded partnerships, simplified governance, and models of community- and country-level support. While the Working Group encourages and anticipates further progress in integrating the HIV response with TB, malaria and the broader health agenda, it was determined that it would be premature to recommend an immediate merger between UNAIDS and one or more existing health partnerships, none of which are joint UN programmes. Concerns were raised regarding this option's potential effects on the visibility of HIV advocacy and resource mobilization, especially prior to the 2030 deadline for the global goal of ending AIDS as a public health threat. No existing health partnership has a mandate from the ECOSOC or the UN General Assembly, which was another aspect considered by the Working Group in rejecting as premature the possibility of an immediate merger.

Annex 3. Strengths and risks of proposed governance model and governance options considered and rejected by the Working Group

Strengths and risks of proposed governance model

1. The Working Group encourages further exploration of ways to simplify and reduce costs associated with governance of the UNAIDS Joint Programme. Reducing the size of the Programme Coordinating Board is one option that emerged during the Working Group's discussions, but this would likely require obtaining a new governance resolution from ECOSOC. Reducing the number of Member States on the Board also has the potential to curtail participation by the very national governments whose leadership will be central to implementation of the Global AIDS Strategy. As a result, the Working Group rejected this option.
2. The Working Group considered changes in voting rights on the Board, but ultimately decided to recommend that voting rights remain unchanged (with both Cosponsors and NGO representatives retaining a voice but not voting rights). The sentiment was broadly shared within the Working Group that voting rights for the NGO Delegation would be welcome, and the CCO also recommended that Cosponsors be provided with voting rights on the Board as well. However, rather than recommend changes to voting rights on the Board, which would require a new ECOSOC governance resolution, the proposed new operating model provides a new avenue for strengthening the input of Cosponsors and civil society in the operations of the UNAIDS Joint Programme. As proposed by the Working Group and explained below under Deliverable 3, the model would embed decision-making authority for funding decisions for the pooled mechanism with the Hub, Cosponsors and communities and civil society, in line with strategic direction provided by the Board.
3. The primary strength of the Working Group's approach to governance is that it retains the Board as a recognized forum for high-level policy leadership of the global HIV response. The PCB will continue to bring around the same table Member States from both implementing and donor countries, the UNAIDS Hub and Cosponsors, and representatives of communities and civil society, consistent with the principles of the meaningful and greater involvement of people living with HIV. Retaining the Board preserves the Joint Programme's formal relationship with the UN system and recognizes, preserves and consolidates current mandates within the Joint Programme.
4. The Board will need to be both active and vigilant to ensure implementation of the vision recommended by the Working Group. In particular, the Board's decisions and modus operandi must clearly differentiate between the coordinating and implementing functions, to realize the full potential of a transformed UNAIDS Joint Programme.
5. The primary risk associated with the Working Group's governance proposals is that the proposed approach might appear like a continuation of the status quo. However, the Working Group believes the current governance approach provides sufficient flexibility and inclusivity to enable the transformation of the Joint Programme. Further changes to the Joint Programme's governance model may be needed, including a

new ECOSOC resolution at some point in the future, but the Working Group advises that consideration of further governance changes be delayed until the new, transformed operating model has had a chance to work.

Other governance options considered by the Working Group

6. The Working Group examined a range of other options for governance of the Joint Programme but ultimately rejected each of those, determining that the current PCB model is superior. One option explored but rejected was to adopt another existing governance model presently used within the UN system. Currently, UN organizations and agencies provide various means for input on governance matters from communities and civil society, but the Working Group is aware of no UN body that formalizes community participation in the manner of the PCB. Preserving the role of communities and civil society in both the governance of UNAIDS and in all aspects of the global HIV response is an overriding priority for the Working Group (and also for the Board itself, as the Working Group's terms of reference stipulate a continuation of the governance role of communities and civil society).
7. The Working Group also examined other models for UN-hosted partnerships. These include partnerships hosted by UNOPS (such as Stop TB Partnership, RBM Partnership to End Malaria, and the Scaling Up Nutrition movement) as well as by WHO (Unitaid and the Partnership for Maternal, Newborn and Child Health (PMNCH)). As noted, the Working Group met with senior leadership of the Stop TB and PMNCH partnerships. The Working Group agreed that these partnerships provide useful lessons that should be taken on board by the Joint Programme, including an openness to working with a broad diversity of partners. However, the Working Group opted not to recommend such a model for a transformed Joint Programme, as none of these partnerships has a formal link with ECOSOC or the UN General Assembly.

Annex 4. Detailed timeline for transition

Organizational transition

Phase Zero – Foundational decisions Q4 2026 – Q1 2027

Phase	Global	Regional	Country	Decision milestone
Phase 0 PCB foundational decisions follow-up Q4 2026 – Q1 2027	• PCB decisions on WG Final Report in place • Confirm Hub terminology and function-first sizing principle • Confirm Hub hosting arrangement • Develop and confirm transition-period budget • Recruitment measures put in place for new leader. • Establish a mechanism to support and drive the transition process (Transition Task Force) • Process agreed to develop and agree on transparent capacity assessment criteria, • Other PCB Decision follow-up, TBD	• Confirm direction for regional presence, including a visible presence in every region (e.g. MENA)	• Engage country-level participation in developing the capacity assessment approach • Initiate an inclusive process to develop agreed milestones and country-level readiness criteria • Initiate a process to review experience in countries where UNAIDS offices closed in the past year • Substantially progress and where possible complete capacity assessments at country level, where feasible	PCB decision package approved

Phase One – Design & mobilization
Q1–Q2 2027

Phase	Global	Regional	Country	Decision milestone
Phase 1 Design & mobilization Q1 – Q2 2027	• Division of labour and thematic leads confirmed with Cosponsor agencies • Select pooled fund host / funding channel • Leadership arrangements in place (Executive Director or interim) • Cost essential functions against the budget scenarios	• Approve regional presence criteria	• Approve country presence criteria and entry-point model options • Begin capacity assessment of Cosponsors and national systems • Review experience in countries where UNAIDS offices closed in the past year (functions, capacities, effectiveness of follow-up)	Design approved; mobilization begins

**Phase Two – Phased implementation
Q2 – Q3 2027**

**Phase Three – Consolidation & review
Q3 – Q4 2027**

Phase	Global	Regional	Country	Decision milestones
Phase 2 Phased implementation Q2 – Q3 2027	- Stand up the Hub - Activate the pooled fund, following PCB budget approval (Q2) - Process for filling community/CSO positions in Hub are agreed and initiated	Begin regional presence transitions on a criteria-based, phased basis	- Complete capacity assessments in countries where criteria allow - Agree country-specific transition plans with governments and communities - First country transitions begin only where readiness is confirmed (see Phase 4)	Mid-point readiness review
Phase 3 Consolidation & review Q3 – Q4 2027	- Confirm governance and accountability arrangements - Phase in the budget following the time-bound organizational transition, as efficiencies are demonstrated - Onboarding of community/CSO co-creation positions in the Hub	Confirm regional arrangements as steady-state	- Country transitions continue on a readiness basis (Phase 4) - Feed country-level lessons into the steady-state model	Gate 4: Organizational transition closure; handover to steady-state governance

Country-level transition (readiness-based)

Phase	Global	Regional	Country	Decision milestone
Phase 4 (Q1 2027 to end-date defined by country context) Country-level transition	• PCB oversight of country transitions against agreed milestones and readiness criteria • Named Cosponsor commitments and a published division of labour per country • Identifying additional expertise/capacity required in UN system that can support response, including on rights-based issues • Regular reporting on what has moved where	• Regional capacity provides technical support, cross-country learning and rights advocacy to countries in transition	• Transitions proceed country by country: criteria-based, phased, and consulted with governments and communities, under national ownership • "No one-size-fits-all": systems, relationships, capacities and budget in place to ensure an effective HIV response • Functions transfer only when a named receiving entity has the mandate, capacity, resources and accountability standards; no unfunded handovers • A named HIV lead in every country; monitoring after transition, with lessons feeding the steady-state model	Readiness confirmed per country before each transfer; periodic PCB review of progress

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