

# REPORT OF THE COMMITTEE OF COSPONSORING ORGANIZATIONS

**Additional documents for this item:** N/A

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

- *Take note* of the Report by the Chair of the Committee of Cosponsoring Organizations (CCO);

**Cost implications for the implementation of the decisions:** none

1. Chair, Executive Director Winnie Byanyima, distinguished PCB Members, colleagues, it is an honour to present this report on behalf of UNAIDS Cosponsors.
2. On behalf of all Cosponsors, we would like to thank PCB members for their continued engagement and contributions at many levels—financial and otherwise—and to our PCB Chair, Kenya; Vice-Chair, Brazil; and Rapporteur, The Netherlands, for their leadership. At the Structured Funding Dialogue held on 26 March 2024 we indicated that we align with the value proposition (which states the benefits supporting the Joint Programme) presented by the Secretariat, and we are working together to explore all avenues for resource mobilization.
3. We also agree that there is unfinished business for the Joint Programme. We have all had to adapt over the past few years and we know we must continue to be agile to work through the “last mile” to end AIDS as a public health threat, and also work towards ending HIV.
4. Before talking about the evolving response, this report will provide reflections from the 57th Committee of Cosponsoring Organizations (CCO) meeting held in Santiago de Chile on May 1, which focused on the societal and structural factors that are fueling vulnerability to HIV.
5. The CCO meeting also considered the proposal to develop a high-level panel. Being aware of the need to address decision point 6.5 of the 53rd Programme Coordinating Board (PCB) meeting to revisit the operating model, to the extent possible, Cosponsors used the CCO meeting to provide some initial reflections on a detailed proposal which the UNAIDS Executive Director had shared the day before the meeting.
6. Cosponsors and the Secretariat subsequently discussed this further and we are looking forward to engage constructively and support the process of revisiting the operating model. We stress that the establishment of a new high-level panel must build on the lessons from the many other reviews and processes that have been conducted in relation to the Joint Programme in recent years and it should be highly cognizant of today’s context. We join the Secretariat in working towards establishing a panel that is realistic, representative and well-planned.
7. To a large degree, for Cosponsors the necessary adaptations to the current context have entailed integrating HIV with other work and adjusting to reduced HIV-specific funding and dedicated human resource capacities. To ensure positive engagement in this important work and in other major processes underway this year, UNESCO as CCO Chair stressed the need for clear forward planning, advanced communication and openness.
8. Several Cosponsors—including UNHCR, UNICEF, UNDP, ILO and WHO—are undertaking structured internal processes in 2024 to consider how their engagement in the Joint Programme might evolve. That work will help inform the panel’s deliberations.
9. The 2023 ECOSOC resolution on the Joint Programme noted the need for “reinvigorated efforts to protect human rights and promote gender equality in the context of HIV and to address social risk factors, such as insufficient protection of sexual and reproductive health as well as social and economic determinants of health, with the aim of reducing health inequities within and between countries.” This provided a basis for discussions at the 57th CCO meeting, which recognized gender equality, human rights, community-leadership and overall enabling legal and policy

environments as integral to both the progress and sustainability of the global HIV response.

10. The CCO meeting recognized that there is a requirement to collectively strategize on how to navigate the global HIV response in increasingly challenging and complex contexts and environments. Persecution, conflict, violence, human rights violations and “push-backs”, as well as events disturbing public order, have resulted in historically high numbers of displaced people. The global climate emergency was noted as a key factor, along with the fact that many of the countries experiencing debt distress are being pushed to cut public spending on health and education.
11. Thanks to global solidarity and country-led actions, supported by the leadership of the Joint Programme, we can celebrate significant progress—including, for example the decline of AIDS-related deaths by almost 70% since the peak in 2004 and the reduction of new HIV infections by almost 60% since the peak in 1995.
12. However, the gains are fragile, progress is slowing, and the HIV funding gap in low- and middle-income countries is widening. We are still well off track from reaching the 2025 and 2030 targets. For people living with and vulnerable to HIV, significant barriers still hinder equal and non-discriminatory access to HIV prevention, testing and treatment services. Barriers such as stigma and discrimination, criminalization, violence, gender inequalities, lack of confidentiality, parental consent requirements to access services also increase HIV risk. Added to that is the failure, in many instances, to ensure that essential medicines and services are available and accessible to all who need them.
13. Progress on the 10–10–10 targets is slow. Improvements in some countries are shadowed by the expansion of discriminatory laws, including the introduction of severe punishments, in others. The leadership of communities in the HIV response, as affirmed in the 30–80–60 targets, is being held back by funding shortages, policy and regulatory hurdles, capacity constraints, and crackdowns on both civil society and the human rights of marginalized communities.
14. To reduce new HIV infections and ensure the health and longevity of all people living with HIV, the goal of ending AIDS as a public health threat by 2030 necessitates achieving near-universal awareness of HIV status, access to prevention options uptake of HIV treatment, and viral load suppression by 2025 (the 95–95–95 targets), alongside meeting the 10–10–10 and 30–80–60 targets.
15. Efforts to tackle the social and structural issues that drive unacceptable rates of new infections and deaths and block service access are vital parts of the Joint Programme’s work and are bolstered by a UNAIDS governance structure that facilitates critical dialogue and amplifies the voices of people living with, at risk of, and affected by HIV. The Global AIDS Strategy’s focus on inequalities provides the strategic framing for what needs to be done in the HIV response.
16. The Joint Programme’s multisectoral approach has been amplified through initiatives such as the Global Partnership for action to eliminate all forms of HIV-related stigma and discrimination; the Education Plus initiative; the follow-up to the Global Commission on HIV and the Law in over 90 countries; and the Global HIV Prevention Coalition.
17. Collectively, the Joint Programme commands a powerful voice. At the March 2024 session of the Commission on the Status of Women, the Joint Programme issued a

strong statement calling “on Member States [...] to end the social, economic, racial and gender inequalities”. The Joint Programme also ensured that the Commission’s Resolution 60/2 on Women, the Girl Child and HIV and AIDS was updated while building on, rather than eroding, previous gains.

18. In another recent example, UNODC, WHO, UNDP, UNHCR, OHCHR, the UNAIDS Secretariat and community-led organizations worked together during the Commission on Narcotic Drugs in Vienna March 2024 to promote the health and rights of people who use drugs and people in prisons. For the first time, that Commission adopted a resolution recognizing harm reduction as an important part of an effective public health response.
19. Cosponsors and the Secretariat were also active at the 77th World Health Assembly, which included updates on the first two years of progress in implementing the global health sector strategies on HIV, viral hepatitis and sexually transmitted infections. Learnings from HIV were applied to many key agenda items at the Assembly.
20. Looking ahead, Cosponsors are also pleased to be engaged in other activities, such as WFP and UNHCR’s efforts with the Secretariat to drive progress in addressing HIV in humanitarian settings—work that includes the revival of the Global Inter-Agency Task Team on HIV in humanitarian emergencies. UNICEF, ILO, WFP, UNDP, the World Bank and others are continuing to work systematically to remove the barriers faced by key and priority populations in accessing social protection services.
21. As the HIV response continues to develop pathways to a sustainable and multisectoral response, human rights, gender equality and community leadership must remain at the core of the response: they are foundations for progress and sustainability. The HIV movement and the Joint Programme have led the way in demonstrating that these are more than guiding principles: they require practical, implementable programmatic actions.
22. However, progressive reductions in capacity at the Secretariat and across the 11 Cosponsors in recent years are an ongoing concern and have impacted the scale and responsiveness of the UN’s HIV response at all levels.
23. The CCO agreed to decision points that included reaffirming support to the Joint Programme’s unique, inclusive and multisectoral model to joint actions that include: HIV prevention, treatment, care and support that promotes human rights, gender equality, women’s empowerment, enabling legal and policy environments, and community leadership; and strengthened joint action on the societal and structural factors that fuel vulnerability to HIV.
24. At the Structured Funding Dialogue on 26 March 2024, as CCO Chair, UNESCO, presented a case study showing how the Joint Programme contributed tangibly to improved outcomes in Zimbabwe, a country that has made extraordinary progress responding to HIV. Yet funding sustainability remains an issue for the country, which relies on external assistance for 70% of its HIV financing.
25. Zimbabwe is one many examples where the Joint Programme is making a demonstrable difference. Collectively, the 11 Cosponsors and the Secretariat have a presence in more than 150 countries. As noted, however, particularly in the [Joint Programme Capacity Assessment of August 2022](#), reduced dedicated human

resources capacities have restricted joint working and required the adoption of more integrated and nuanced approaches.

26. Cosponsors also took careful note of the Multilateral Organisation Performance Assessment Network's (MOPAN) evaluation, which was delivered at the end of 2023. Cosponsors were pleased to note a number of positive remarks, including support for the Secretariat (and Joint Programme) role with a "clear mandate and comparative advantage to provide global leadership on the AIDS response". Conversely, Cosponsors were concerned about the evaluation's critique that the Joint Programme had paid inadequate attention to long-term planning for the future of the HIV response. Cosponsors also noted that the evaluation highlighted the need to "strengthen relations with the Cosponsors and the functioning of the Joint Programme" as an area for improvement for UNAIDS Secretariat.
27. The Joint Programme's financial trends show a clear and continued decline of resources since 2015 and we are ready to engage in exercises as soon as possible that encompass and consider worst- and best-case scenarios. That goes beyond simply "revisiting" the operating model or focusing on financial scenarios alone, as if we are expecting business as usual.
28. Across the Joint Programme, we emphasize the importance of collaboration and "jointness" among all members—not just UN entities, but also governments, civil society and affected communities. It is also vital to continue a "One UN" approach that encourages coherence and avoids duplication along the path of UN reform. We were also pleased that UN Plus was re-launched in May, after several years of inactivity, and that all Cosponsors value their staff living with HIV.
29. We remain committed and passionate in our support for the HIV response and in our focus on the people who at risk of, affected by and living with HIV. UNAIDS was born in turbulent times; today, some of those challenges remain, though the overall context, like the pandemic itself, has evolved.
30. We remain positive and confident that, by pulling together, we can adapt, evolve and succeed in ending AIDS as a public health threat and support countries on the road to a sustainable response that encompasses health, development and social protection.

*[End of document]*