
POSITION PAPER ON THE TRANSITION AND TRANSFORMATION OF UNAIDS

Submitted to the PCB Working Group | 3rd August 2026

Context and Framing

1. New HIV infections are rising in multiple regions. STIs are increasing. Community HIV testing rates have fallen. Retention and adherence to antiretroviral therapy are weakening. These are the measurable consequences of progressively narrowing the response to facility-based delivery while community and cross-sector systems have collapsed under sustained funding pressure.
2. In September 2025, the United Nations Secretary-General, under the UN80 reform initiative, proposed the sunsetting of UNAIDS by end-2026 and the mainstreaming of its capacity into the broader UN development system. In response, the PCB, at its 57th session in December 2025, established a Working Group mandated to develop a plan for the further transition and integration of UNAIDS — covering the transition of core functions, governance, financing, and a phased timeline with milestones. The Working Group submitted an interim report to PCB58 in July 2026 and is mandated to submit a finalised plan to a special PCB session no later than October 2026, for subsequent transmission to ECOSOC.
3. The PCB57 debate, the Working Group's Terms of Reference, and the Interim Report confirm convergence on transformation rather than dismantlement, and on rejection of the end-2026 sunsetting timeline. The Forum endorses this convergence and defines what transformation requires in practice.

The HIV Leadership Forum: Rationale for This Position Paper

4. The HIV Leadership Forum, a community of practice of Director Generals of National AIDS Commissions and Ministries of Health across Africa, Asia and Latin America, submits this paper to place country experience, needs and recommendations at the centre of the Working Group's deliberations.
5. Established in 2018, the HIV Leadership Forum brings together Director Generals of National AIDS Coordinating Authorities and Commissions, and senior health sector leaders, across Africa, Asia and Latin America. It is the only government-led, self-organising platform in the global HIV response through which country leaders with statutory authority over national HIV strategies engage collectively on policy, governance and the architecture of the response.
6. National AIDS Coordinating Authorities are legally constituted government agencies, established under Ministries of Health or Presidencies. Their mandates encompass the HIV response, with many also responsible for tuberculosis, STIs, advocacy, community services, public health communication and resource mobilisation. They translate global commitments into national

implementation, coordinate multisectoral responses across government, and sustain community and civil society engagement at country level.

7. The Forum operates as a peer-led learning and accountability mechanism, harnessing the collective expertise, mandates and authority of its members to foster coordinated responses, facilitate the exchange of evidence and innovative practices, and amplify country voices in regional and global processes.

8. Why the Forum's position matters

- i. The UNAIDS transition will be determined at the global governance level. Its consequences will be felt in the countries carrying the current HIV burden and future burdens resulting from continued new infection. Every decision on which functions are preserved, which are transferred, and on what timeline, determines what national teams can access — in technical support, in data systems, in the coordination of global partners, and in the political engagement that keeps HIV on national agendas and in national budgets.
 - ii. Countries are absorbing simultaneous transition demands: Global Fund grant redesign, bilateral funding realignment, and the UNAIDS transition process, each on its own timeline, each with different requirements for country adaptation which become responsibility of Government including Ministries of Health and AIDS Commissions and therefore impacting how countries shape and sustain their HIV responses and the epidemic outcomes.
9. **Purpose of this paper:** This position paper sets out the collective position of the Forum ahead of the October 2026 special PCB session. It addresses the four deliverables of the Working Group's Terms of Reference; functions, governance, financing and timeline from the perspective of countries. It draws on the Forum's direct country experience, the Kenya/HLF Bureau feedback of 26 May 2026, the PCB57 and PCB58 debates, and the Working Group's Interim Report. It is submitted to inform the Working Group's finalisation of its plan, and to be placed on the record for the October PCB session and subsequent ECOSOC consideration.

The Forum's reflection on the Working Group: Progress and Outstanding Questions

The Working Group has made substantive progress. The Forum acknowledges the following areas of convergence, which provide the foundation for this paper

10. **Points of convergence.** The Working Group has confirmed: the goal is transformation rather than closure of the Joint Programme; the four core functions of the Secretariat; leadership and advocacy, convening and coordination, accountability through data and targets, and community engagement are interdependent and to be preserved together; differentiated approaches to country-level support will be required, as no single model fits all country contexts; community and civil society participation in governance warrants protection; and the end-2026 sunseting timeline is neither advisable nor realistic.
11. **Outstanding questions.** The Interim Report identifies several areas where further work is required before the October 2026 report. The Forum notes:
- i. There has been a focus on the structure of and institutional design of the transformed UNAIDS, and it is not clear to what extent to structure is informed by the functions that are required to effectively maintain and strengthen country level impact of the HIV response
 - ii. The regional level of the response has received only preliminary analysis, yet these levels drive country commitments

- iii. The pilot of HIV advisers within Resident Coordinator offices produced uneven results, and its scalability remains unassessed. The capacity of individual Cosponsors to absorb specific functions without creating fragmentation across co-sponsors, Resident coordinator officers and successor entities, that countries consistently identify as a primary challenge, has not been assessed.
- iv. No costed scenarios exist for any of the five structural options under consideration to effectively inform financing options.

Implications of UNAIDS reforms for Countries and the need for Form to follow Function

12. The Forum's position is that decisions being made regarding UNAIDS need to be informed by functional requirements for a coherent and effective response that will drive country level impact. Below are functions, drawn from the lived experience of countries that need to be maintained in any future transition designs.
13. **Political mobilisation.** UNAIDS's political mobilisation function has been the primary mechanism keeping HIV a priority at country, regional and global level. It has driven government commitment, sustained domestic resource allocation, and aligned international actors behind the globally agreed targets such as the 90-90-90 and 95-95-95 frameworks — that have shaped the response for over a decade. In an environment of competing global crises and contracting HIV financing, this function becomes more, not less, critical. Political mobilisation requires independence, the standing to engage governments, regional bodies and global partners as a credible, politically authoritative actor. It feeds directly into the case for preserving a successor entity anchored within ECOSOC, with a formal mandate connecting Member State commitments to global target accountability. Without this function, HIV risks losing its prioritization and resources national and international agendas as fiscal space narrows and other health priorities compete.
14. **Coordination of the global response.** Coordination in the context of the 2030 targets requires aligning donors, Cosponsors, regional bodies and bilateral partners behind country-owned national plans. The current fragmentation of global actors at country level including separate Cosponsor frameworks, separate bilateral reporting requirements, parallel implementing partner structures generates operational inefficiencies that fall entirely on government teams. National HIV teams absorb the reconciliation cost of managing multiple, uncoordinated engagement processes simultaneously. A significant share of donor resources communicated as grants to countries is consumed by these parallel overheads before reaching service delivery. Governments have no single cost reference for HIV services, impeding domestic financing planning. Coordination at the level of global targets additionally requires holding all actors — donors, Cosponsors, regional bodies — to their commitments, not only tracking country performance against targets.
15. **Normative leadership and global strategy.** UNAIDS has consistently provided globally agreed, operational HIV strategy with measurable targets that have generated political commitment and resource mobilisation across all actors. The successor model requires a central entity with the mandate and standing to set global direction and hold all actors accountable to it.
16. **Combination prevention through multisectoral delivery.** Prevention is the primary mechanism controlling future treatment costs. Twenty-seven million people are currently on lifelong antiretroviral treatment. Every new infection not prevented today adds decades of treatment expenditure to national budgets under constrained fiscal space. Prevention reaches where transmission is happening — communities, workplaces, schools — through education, social protection, justice and community platforms, in complementarity with health systems. Health

systems and non-health sectors are interdependent in delivering this. A successor model must facilitate and strengthen country capacities for community driven retention in treatment, primary and secondary prevention within communities lived experiences.

17. **Data, surveillance and evidence as a public good.** UNAIDS synthesises multisectoral HIV data, drawing on health, education, justice, community and financial sources — and produces independent, globally validated epidemiological and programmatic evidence. This function underpins Global Fund grant allocation, national strategic planning, global target monitoring and HIV epidemic surveillance. National data systems are losing financing at the point when sharper prioritisation demands stronger evidence. The successor model requires this function to be preserved as a trusted, technically independent mechanism.
18. **Safeguarding community and civil society space.** Community-led responses — peer testing, adherence support, retention follow-up, demand creation for prevention technologies were sustained via engagement of communities of persons living with HIV, key and vulnerable populations. Any successor model needs to safeguard the community, and this may include through integration with country social and health delivery systems, and in policy and decision-making spaces. The ECOSOC mandate for formal civil society participation in UNAIDS governance facilitates global level engagement while National AIDS Commissions provide the space for community engagement in national policy processes.

The Forum's Position on Transition Design

19. The Forum's position is urges that the Working Group's use the following questions drawn from country experience, from the Forum's engagement in the PCB process, and from the gaps identified in the Interim Report as a guiding compass for any design.
 - i. *Does the successor model operationalise the core functions that facilitate country response and drive impact with increased treatment coverage and adherence, while reducing new infections, morbidity and mortality among adults and children?*
 - ii. *Does the model reduce the coordination burden by global actors including donors, technical partners, UN agencies and bi-lateral programmes on countries to deliver coherence behind national plans and optimize available resources?*
 - iii. *Does the model strengthen country agency, implement mechanisms for country participation in global decision-making and establish mutual accountability, holding global partners, donors and Cosponsors accountable to countries and to the outcomes they contribute to at country level?*
 - iv. *Does the outcome demonstrably strengthen the HIV response at the country level?*

20. The Forum proposes the following considerations in the transition design:

- i. **On political mobilisation.** The successor model requires a Secretariat with the political standing and independence to generate and sustain the political will necessary for resourcing and continued prioritization, with the legitimacy to engage heads of state, regional bodies, Finance Ministries and global partners on behalf of the HIV response.
- ii. **On coordination.** Fragmentation of global actors at country level is the dominant operational failure of the current model. Countries have consistently documented this in the PCB Working Group consultations and in the PCB57 and PCB58 debates. Separate Cosponsor, donor and

bilateral workplans and frameworks, each with disparate and parallel implementing partner structures arrive at national teams simultaneously, each requiring separate engagement and reporting, each with its own theory of what the country needs. No actor is currently accountable for whether the aggregate delivers a coherent and effective national response. The successor model requires one accountable convenor with specified authority to align Cosponsors, donors and partners behind national HIV plans and country led responses.

- iii. **On collective accountability.** Accountability in the current model runs in one direction: countries are measured against the global targets set by UNAIDS, while the decisions most directly shaping country outcomes such as financing levels, programme priorities, implementation frameworks are made by donors and global actors. Global partners currently face no equivalent accountability for whether their investments reach service delivery, align with national plans, or facilitate countries to contribute to the targets they have jointly endorsed. The successor model requires that a Secretariat can implement a collective accountability mechanism with defined indicators covering all actors, a tracking and reporting system for collective accountability.
- iv. **On country agency.** Country ownership is a stated principle of the transition process. Its operationalisation requires defined mechanisms. Countries require specified channels through which they set priorities for UN support and hold the successor entity accountable for coherent, aligned delivery. The Forum's consistent position in the PCB process has been that ownership expressed in principle, without these mechanisms, does not constitute genuine country agency. The transition is the opportunity to correct this in the architecture of the successor model.

21. The Forum reflects on the options proposed by the Working Group as follows:

- i. **On the hub option.** The Forum notes the Working Group's convergence around a hub model. The Forum's recommends that the option retains all core functions as highlighted by countries intact and interconnected; holds genuine authority to align Cosponsors; preserves the ECOSOC governance mandate of UNAIDS; the hosting arrangement preserves operational autonomy; and the host is selected on the basis of published, country-informed criteria. These criteria have not yet been provided by the Working Group. The Forum urges their development before October 2026.
- ii. **On Cosponsor-led models.** Cosponsor commitments to absorb specific functions require capacity and willingness assessments for delivery of HIV functions, especially at country levels. Additionally, individual Cosponsors operate within existing mandates and governance structures that are sector-specific and do not carry the cross-sectoral convening authority, political independence for HIV prioritisation, or the resourcing and policy mandate required to sustain the response. At country level, National AIDS Commissions offer an established and accountable structure to strengthen coordination and Cosponsor alignment where UNAIDS presence contracts.
- iii. **On Resident Coordinator integration.** RC integration pilot conducted in 5 countries produced uneven results. Implementation suffered from inadequate resources. RC offices carry multiple development priorities and require dedicated HIV technical support and strong country-level coordination through National AIDS Commissions to deliver effectively on HIV-specific coordination and advocacy functions.
- iv. **On regional architecture.** Regional bodies are where political commitments to the HIV response are made, sustained and reviewed. Strengthening regional UNAIDS presence connects global normative guidance to national implementation and peer accountability. The

Forum, through its regional membership and peer structures, offers an existing channel for this regional engagement that the successor model can build on directly.

- v. **On the timeline.** The Forum endorses rejection of the end-2026 sunseting deadline. The October 2026 report requires a quarter-by-quarter operational roadmap for 2027 and a year-by-year roadmap through 2030. Transition steps are to be gated by defined milestones and capacity thresholds, with countries participating in the evaluation of whether thresholds have been met before any function transfer proceeds.

The HIV Leadership Forum as a Structural Component of the Successor Model

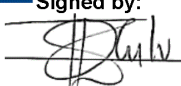
- 22. The HIV Leadership Forum brings a distinctive and irreplaceable contribution to any UNAIDS successor model. It is the only government-led, self-organising platform through which country leaderships, those with statutory authority for national HIV responses including Global Fund and bi-lateral engagements, parliamentary and Cabinet advisories, private sector, civil society and communities, implementation and for the translation of global commitments into country-level delivery.
- 23. The Forum's formal embedding within the successor model's technical, implementation and advocacy architecture as a standing delivery and accountability mechanism advances the following: partner (donor, co-sponsor) alignment at country level through a government-led peer structure; space for community response within national coordination systems; political advocacy reaching Health, Finance Ministries and Cabinets, regional bodies and global partners; and peer accountability for domestic financing commitments and programme performance. These are delivered through an existing, operational structure with established relationships, mandates and institutional credibility across the regions most affected by HIV.
- 24. The Forum further represents the Forum's countries' interests in the governance of the successor model. Its formal inclusion in technical and implementation architecture directly addresses the country agency question that implementing countries have consistently raised throughout the PCB transition process.

Financing

- 25. The financing question related to transition decisions needs to consider what under-investing in the architecture required to drive implementation across countries including: one accountable coordination mechanism at country level; combination prevention investment through a multisectoral approach; protected community systems and key population service delivery; independent multisectoral data and surveillance; and the political mobilisation capacity required to sustain global prioritisation of HIV through 2030.
- 26. The Forum recommends that UNAIDS's advocacy function be inclusive of advocacy targeting regional commitments and national financial systems supporting countries to embed HIV expenditure across sectoral budgets. In country HIV is not a standalone budget line. Integration of the response requires integration of resources across the sectors through which the response is delivered.
- 27. The Interim Report contains no costed scenarios for any of the structural options under consideration. The Forum urges the Working Group is urged to present indicative cost ranges for each option in the October 2026 report.

The Forum's recommendation to the PCB working group

28. The HIV Leadership Forum recommends that the Working Group's final plan provide for a downsized, operationally independent UNAIDS Secretariat, maintained within the ECOSOC governance framework. This Secretariat is to be focused on the functions that drive country-level impact as the basis of design, mechanisms that are shaped by country priorities and with mandate to coordinate and establish collective accountability across cosponsors, partners and other global actors and for country level achievement. As UNAIDS country presence diminishes, the HIV Leadership Forum should be considered within the successor model's technical, implementation and advocacy architecture, leveraging its government-led peer structure to backstop country coordination, community engagement and political advocacy. The measure of success is a model that is demonstrably stronger in its delivery to countries, reduces the fragmentation burden on governments, sustains the political and operational infrastructure required to end AIDS as a public health threat by 2030.

Signed by:

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Copy to: Director Generals and Ministries of Health of the HIV Leadership Forum



*A peer learning and accountability platform of
Director Generals of National AIDS Coordinating
Authorities of Africa, Asia and Latin America*

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