



**NGO
DELEGATION TO THE
UNAIDS PCB**

57th PCB Meeting

PCB Summary Bulletin

16 until 18 December 2025
Brasilia, Brazil

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Introduction

Jeremy Tan | Asia and the Pacific Delegate

The 57th UNAIDS Programme Coordinating Board (PCB) meeting was held in Brasília, Brazil, from 16 to 18 December, during a period of growing uncertainty for the global HIV response. The meeting unfolded against the backdrop of ongoing UN80 transition and integration discussions, which have prompted questions about the future role and structure of UNAIDS. What initially began as conversations around cost-saving measures soon evolved into broader deliberations on timelines, underlying rationale, and the need for a carefully planned transition of UNAIDS within the wider UN system and beyond. These dynamics shaped the tone and substance of the meeting as a whole.

The Executive Director's report set the stage for many of the discussions, reflecting shifts in the funding landscape and heightened uncertainty surrounding the Joint Programme. The PCB also adopted the Global AIDS Strategy 2026–2031, which will guide the direction of the HIV response in the years ahead. In this context, the NGO report emphasized that while country ownership and accountability continue to increase, HIV services must remain integrated within broader health and social care systems and firmly grounded in human rights and community-led approaches. NGOs and civil society were actively engaged throughout the meeting, both in person and virtually, helping to ensure that community perspectives remained visible and influential in the discussions.

Beyond the formal agenda, the Delegation engaged in exchanges with Cosponsors, the PCB Chair, and civil society observers to support coordination and build a shared understanding of the challenges ahead. Bilateral meetings were also held with Member States to discuss pressing issues concerning the future of UNAIDS. In parallel, the NGO Delegation met with Deputy Secretary-General Amina Mohammed to convey its concerns about the risks of a rushed and insufficiently planned closure of UNAIDS in 2026. The Delegation highlighted the potential consequences of such an approach, including the reversal of progress in the HIV response, reduced community engagement, and weakened governance and accountability mechanisms.

The meeting also marked a moment of transition within the NGO Delegation itself. Kimberly Springer from the Trinidad and Tobago Network of People Living with HIV will assume the role of representative for Latin America and the Caribbean, replacing Xavier Biggs. Doreen Moracha from the National Empowerment Network of People Living with HIV/AIDS (NEPHAK), Kenya, will take on the role of representative for the Africa region, replacing Martha Clara Nakato.

Report of the Executive Director

[Martha Clara Nakato](#) | Africa Delegate

The Executive Director's [report](#) presented a sobering assessment of the current state of the global HIV response, warning that service disruptions, funding shortfalls, and persistent structural inequities are placing decades of progress at risk. Member States acknowledged the urgency of the situation and expressed strong support for protecting the Joint Programme, with many cautioning against the proposed sunset of UNAIDS by the end of 2026. The report underscored the risks of disruptions in HIV prevention, testing, and treatment services, which could reverse gains in HIV incidence and mortality, particularly in low-resource settings and among children, adolescents, women, and key populations. It also highlighted concerns that integrating UNAIDS functions into broader UN development structures could weaken strategic coordination, convening leadership, accountability, and community engagement. At the same time, widening funding gaps and declining international support were identified as serious threats to the continuity of community-led services, which remain essential for both effective programming and the protection of human rights. Ongoing governance and human rights challenges were also noted as barriers to country ownership and equitable service delivery.

The report emphasized that keeping the global HIV response on track toward the 2030 targets will require sustained political commitment and ambition, coordinated and multisectoral action, continued innovation, concrete implementation plans, strong data-driven accountability, and inclusive governance that meaningfully involves civil society.

Looking ahead, the report outlined the next phase of transformation and transition for UNAIDS. The Joint Programme is expected to complete the first phase of its transformation by April 2026, with a focus on cost reductions and the integration of certain functions into broader UN development systems. The Board reaffirmed its responsibility to ensure that this transition does not weaken the global HIV response or erode the gains achieved over decades. The newly adopted Global AIDS Strategy 2026-2031 will guide countries toward resilient, people-centered, and integrated HIV responses, with ambitious targets across prevention, testing, treatment, innovation, and equity. As this process unfolds, strengthening country-led responses, ensuring continuity during the transition, and safeguarding progress for vulnerable and key populations will remain central priorities. Civil society engagement will continue to be critical in strengthening accountability, protecting human rights, and supporting equitable access to services.

Report by the NGO representative

Amanita Calderón-Cifuentes | Europe Delegate

The 57th Programme Coordinating Board meeting took place amid considerable uncertainty for the global HIV response, shaped by shrinking financing, the UN80 reform agenda, and debate over the future of UNAIDS. In this context, the NGO Delegation presented its annual report, "[Community-led integrated HIV services: The future of a sustainable HIV response](#)," drawing on a global study that included 151 survey respondents, 33 key informant interviews, and six case studies. The findings documented the service models communities consistently prefer, delivered by trusted peers and tailored to their biomedical and psychosocial needs, including safety, dignity, continuity of care, and social support.

The report framed community-led integrated services as foundational to achieving the Global AIDS Strategy 2026–2031. It highlighted the importance of linking HIV services with mental health and psychosocial support, peer navigation, social protection, legal support, trans-specific and gender-affirming healthcare, harm reduction, comprehensive sexuality education, and SRHR. Communities were positioned as indispensable actors whose leadership, governance, financing, and legal protection must be embedded in national responses.

The adopted [decision points](#) reflected many of these recommendations. Decision point 4.2 formally recognised the central role of communities in achieving the Global AIDS Strategy and the 30-80-60 and 10-10-10 targets, closely mirroring language proposed by the Delegation. Negotiations on population language resulted in "particularly key populations, as well as other priority populations taking into consideration the national context," preserving recognition of populations at high risk while allowing flexibility that will require careful interpretation to ensure marginalised communities are not overlooked.

Decision points 4.5.a and 4.5.b establish expectations that, amid UN reform and potential UNAIDS transitions, continuity of community engagement and meaningful involvement of people living with and affected by HIV remain central to implementing the Global AIDS Strategy and preparing for the 2026 High-Level Meeting. Overall, the 57th PCB provided important political recognition of community leadership while underscoring the need to safeguard rights-based commitments as the HIV response navigates reform and uncertainty.

Leadership in the AIDS response

Shamin Mohamed Jr. | North America Delegate

Agenda Item 2 focused on leadership in the AIDS response at a time when the global HIV landscape reflects both notable progress and growing fragility. The discussion offered a critical opportunity to examine what leadership means amid political backsliding, shrinking civic space, and attacks on human rights.

Several interventions highlighted that recent gains, including reductions in HIV infections and AIDS-related deaths, expanded access to prevention and treatment, and strengthened recognition of key and priority populations, result from sustained global coordination, political leadership, and clear standards and roles, which UNAIDS helps to coordinate. Delegates acknowledged that progress is neither linear nor permanent, and that rights-based advances can rapidly erode without ongoing commitment. The NGO Delegation emphasized that leadership must be measured not only through policy frameworks or legal reforms but through implementation, accountability, and consistent support for civil society.

Drawing on examples from Brazil, the Delegation noted the paradox between strong legal protections for LGB and trans people and persistently high levels of violence, particularly against trans people, women, adolescents, and girls. This disconnect illustrates that rights on paper do not automatically translate into protection or access without adequate resources and political will. The discussion also reflected broader global patterns, from the criminalization of LGBT communities to increasingly hostile political discourse targeting trans youth worldwide.

The central takeaway was clear: weakening international leadership weakens the HIV response. Cuts to UNAIDS undermine global coordination, exacerbate service gaps, and disproportionately affect key and priority populations. As the NGO Delegation stressed, civil society's presence in the Joint Programme is itself a recognition that sustaining progress requires listening to communities, treating them as leaders, and ensuring they are resourced.

Progress update on the sustainability in the HIV response

Fionnuala Murphy | Europe Delegate

The 57th PCB included an update on sustainability in the HIV response, presented by Jaime Atienza Azcona of UNAIDS, who highlighted the severe impact of recent funding cuts on

sustainability efforts, with particularly serious consequences for the most marginalized communities.

Jaime described the UNAIDS process for developing Sustainability Roadmaps with country governments. Part A, launched before the funding cuts, focused on defining national sustainability visions and building political commitment for the transformations required to achieve them. To date, 25 countries have developed or are close to finalizing these national commitments.

The next phase was intended to begin in early 2025 and translate these visions into costed, time-bound transformation plans. However, funding cuts forced UNAIDS to adapt, integrating this phase with the development of national health and financing plans. This enabled governments to identify gaps, mobilize emergency resources, and respond to immediate crises while advancing longer-term sustainability goals. The work has contributed to increased domestic financing in several countries, progress in integrating HIV responses into health insurance and primary health care, and identification of more efficient service delivery models. Community leadership has also received growing recognition, with most roadmaps committing to establish or expand social contracting.

Under this agenda item, the NGO Delegation urged countries to act on these commitments, integrate community-led services into health systems, and meaningfully involve communities in the journey toward sustainability. Our advocacy helped secure decisions reflecting these priorities. The Delegation also advanced decision point 5.4.c, calling for legal and policy reforms to enable community-led delivery, end stigma and discrimination, and uphold human rights and gender equality. This represents an important win, given that similar language was rejected in PCB discussions a year ago, and demonstrates growing recognition that sustainable HIV responses must be grounded in rights.

Consideration of the Global AIDS Strategy 2026–2031

[Keren Dunaway | Latin America and the Caribbean Delegate](#)

The discussion on the [Global AIDS Strategy 2026–2031](#) at the 57th PCB took place amid financial uncertainty, pressure on multilateralism, and concern about sustaining gains in the HIV response long enough to reach the 2030 targets. The UNAIDS Secretariat presented the final draft for adoption, noting that it reflects multiple rounds of consultations with governments, civil society, communities, and technical partners. The Strategy responds to a changing global context marked by declining external funding, widening inequalities, and resistance to rights-based approaches. It aims to sustain HIV responses over the long term by strengthening country leadership, integrating HIV into broader health and social systems, and reinforcing community leadership as central to effectiveness and accountability.

Member States broadly supported the Strategy, noting that its emphasis on sustainability, domestic financing, and integration reflects the realities faced by national HIV programmes. Several delegations highlighted the pressures on national budgets and the difficulty of meeting ambitious HIV targets amid crises such as debt, climate impacts, and humanitarian emergencies. Some questioned how financing gaps could realistically be closed if international assistance continues to shrink and UNAIDS were to sunset in 2026.

Civil society interventions focused on the conditions needed for the Strategy to work in practice. The NGO Delegation, representing Asia Pacific and LAC, stressed that country leadership cannot be reduced to government ownership and that community leadership, protection of civic space, and respect for human rights are essential for reaching those most affected. Integration of HIV services into broader systems was described as a double-edged sword, with repeated warnings that integration without safeguards risks sidelining community-led organizations, weakening peer-led services, and eroding decades of trust. Many community organizations are already under pressure due to restrictive laws, criminalization, and funding cuts, and the Strategy cannot succeed if these realities are ignored.

Accountability and follow-up were central to the discussion. Civil society asked how progress would be monitored while the future structure of UNAIDS is under discussion, who would provide sustained technical support to countries, and how community-generated data would retain a formal role in global monitoring. Without clear answers, the Strategy risks becoming a paper commitment, particularly in contexts where community-led monitoring is the only way to capture what is happening on the ground.

The PCB formally adopted the Global AIDS Strategy 2026–2031, recognizing that its success depends on predictable financing, community leadership, and continued political commitment at both global and national levels.

Update on the implementation of the revised operating model of the Joint Programme

[Xavier Biggs | Latin America and the Caribbean Delegate](#)

Under this agenda item, the Programme Coordinating Board (PCB) considered the Executive Director's response to the June 2025 request to define a review process for the revised operating model by the 57th PCB. In response, the Executive Director convened a representative group, including Cosponsors, civil society representatives, and the Executive Office of the UN Secretary-General, to provide input. The PCB Bureau subsequently finalized the [document](#), which outlined the proposed review process, key content areas, and a phased

timeline with defined milestones. It addressed core domains including programmes, governance, operations, transition arrangements, and financing.

The Deputy Secretary-General participated, highlighting the Secretary-General's perspective and linking the discussion to the UN80 reform process. Central to her intervention was the proposal to close UNAIDS by December 2026.

The NGO Delegation and civil society partners emphasized the critical role of UNAIDS in the global HIV response. They called for a clear, evidence-based transition plan, stressed the importance of continued community involvement in governance and co-production, and voiced strong opposition to a 2026 closure. The Delegation requested that the DSG use her office to protect human rights programs and ensure zero disruption in services. The agenda item concluded with a silent visual protest by the NGO Delegation, featuring messages such as "2026 is too soon" and "cuts = deaths."

Key decisions included the establishment of a Working Group on UNAIDS' transition and integration into the UN system by February 2026, tasked with delivering an interim report to the 58th PCB in June 2026 and final recommendations no later than October 2026.

Statement by the representative of the UNAIDS Secretariat Staff Association (USSA)

[Todd Theringer | North America Delegate](#)

The NGO Delegation expressed solidarity with the UNAIDS Secretariat Staff Association (USSA) and endorsed the concerns raised in their statement. While the USSA statement is usually delivered at the June PCB meetings, this year's extraordinary circumstances, including the substantial reduction in UNAIDS Secretariat staff of approximately 54 percent, led the Board, during the 56th PCB, to provide space for the USSA to present an update again at this meeting.

The Delegation shared a deep unease about whether the new Global AIDS Strategy, in its current form and process, can realistically deliver on its commitments, particularly for communities most affected by HIV. These concerns reflect lived realities on the ground rather than abstract risks.

Like the USSA, civil society and community-led organizations were not meaningfully consulted during the development or announcement of the UN80 proposals. The changes appear to have been imposed from the top, with limited transparency and no structured engagement with those expected to implement or absorb their consequences. This lack of

consultation undermines trust and risks weakening the very community systems that the Global AIDS Strategy is intended to strengthen.

The Delegation noted the absence of clear follow-up and coherent communication from senior leadership. With no dedicated space for dialogue with civil society and mixed messages from different parts of the system, uncertainty grows. For communities and organizations at the frontlines, this uncertainty directly affects planning, partnerships, and service continuity at a moment when focus must remain on ending AIDS by 2030.

Joining the USSA, the NGO Delegation called on the PCB to guide UNAIDS through a process that is realistic, transparent, and inclusive. Such a process must protect the gains achieved to date, ensure uninterrupted services to communities, and commit to comprehensive engagement with staff, civil society, and community-led organizations. Inclusion is not optional. It is essential to sustaining the HIV response and upholding the principles upon which UNAIDS was founded.

Evaluation report and management response

Ulrich Mvate | Africa Delegate

The PCB reviewed the Annual Report on Evaluation 2025 and the Evaluation Work Plan 2026, presented by the Independent Evaluation Office (IEO) in line with its mandate for annual reporting and planning. Despite institutional restructuring and resource constraints, the Evaluation Office delivered substantial outputs and maintained its commitment to accountability and learning.

Under the 2024-2025 Evaluation Plan, six of nine evaluations were implemented. Completed evaluations examined the Joint Programme's contribution to UN Sustainable Development Cooperation Frameworks and the role of Multi-Country Offices and HIV Advisors. Findings highlighted that while UNAIDS is well integrated into UN systems, structural barriers, fragmented governance, and variable funding limit impact. Evaluations called for streamlined planning cycles, stronger accountability, improved funding, and clearer operational frameworks for MCOs and HIV Advisors. Overall, the reviews underscore the need for UNAIDS to shift toward strategic influence, acting as convener, connector, and advocate.

Ongoing evaluations on sustaining the HIV response focus on operationalizing the new UNAIDS model with attention to human rights, community-led responses, and multisectoral action. Budget constraints have prompted integration of two planned evaluations into this work.

The NGO Delegation welcomed the strategic recalibration of the evaluation function and supported the 2026 plan, aligned with the Global AIDS Strategy 2026-2031. However, it

flagged concerns that reduced capacity and resources could undermine independent evaluation and organizational learning. More broadly, the Delegation emphasized the fragility of the global HIV response amid declining funding and global instability. With the UN80 proposal to sunset UNAIDS by 2026 looming, the Delegation stressed that communities must remain central to reform or transition processes, and that evaluations are essential safeguards to protect progress, ensure equity, and sustain a resilient HIV response.

Thematic Segment: Beyond 2025 – Long acting antiretrovirals: potential to close HIV prevention and treatment gaps

Amrita Sarkar | Asia and the Pacific Delegate

At the fifty-seventh PCB meeting, a thematic segment examined the role of long-acting antiretroviral (LA-ARV) medicines in strengthening HIV prevention, treatment, and care beyond 2025. The discussion took place amid persistent service gaps and inequities affecting key populations, adolescents, young people, and specific regions. Participants explored how LA-ARVs could improve adherence, retention, and continuity of care, while addressing stigma and service delivery constraints.

Presentations from WHO and UNAIDS highlighted the current evidence base and disparities in access. Community representatives emphasized the importance of choice, dignity, and meaningful involvement of affected populations, while policymakers stressed integrating LA-ARVs early into health systems, including workforce, supply chains, and monitoring frameworks. Discussions noted that without deliberate action, new technologies could exacerbate inequities.

Access, equity, and implementation emerged as central themes. Barriers identified included affordability, regulatory delays, limited manufacturing, and financing constraints. Global health partners, donors, and industry were recognized as essential to support market shaping, pooled procurement, and country readiness. Human rights-based and gender-responsive approaches were emphasized, particularly for women, girls, and marginalized groups. Community-led approaches were highlighted as crucial for advocacy, service delivery, accountability, and evidence generation.

The NGO Delegation stressed the need for population-specific research on LA-ARVs, including for adolescents, key populations, and pregnant women, and called for context-sensitive strategies to ensure equitable access. Integration into existing HIV services is essential for efficiency and community-centered care. Sustainable financing and strengthened

community-led monitoring are critical to track effectiveness, resistance, and safety while reinforcing accountability and trust.

Overall, LA-ARVs were recognized as a promising innovation, but realizing their potential requires coordinated, people-centered action. The Joint Programme, Member States, civil society, global partners, and industry must work together to ensure equitable, sustained access, bringing the global HIV response closer to ending AIDS.

Reflections from incoming delegates

Doreen Moracha | Incoming Africa Delegate

Attending the 57th Programme Coordinating Board meeting as a new delegate was both exciting and full of learning, but also slightly unsettling. As 2026 begins, I carry the weight of the conversations we held bilaterally with countries, civil society, and the UNAIDS Secretariat, particularly on the future of UNAIDS and the continued defunding of civil society. What unfolded in the room was not just policy debate, but a deeper reckoning with the kind of HIV response we choose to sustain.

One discussion that lingers for me was on the transition structure of UNAIDS. Though framed as technical governance, it raised urgent questions: What happens to community leadership? Who safeguards UNAIDS' political and moral mandate? How will accountability to people living with and most affected by HIV be protected during and after this transition? These were not abstract concerns; they reflected a system at a crossroads.

The thematic segment on long-acting treatment and prevention beyond 2025 offered both promise and unease. In my intervention, I stressed that scientific innovation alone will not end AIDS. Without deliberate investment in community-led systems, rights-based delivery, and equitable access, long-acting options risk reinforcing the very inequities they are meant to address.

These issues made it onto the agenda because of sustained civil society advocacy, from insisting on equity to demanding meaningful community engagement. Yet in drafting room conversations, I felt how fragile this influence has become. Funding cuts, shrinking civic space, and donor fatigue are no longer distant threats; they are actively weakening the community infrastructure that has driven progress.

As a new delegate, the 57th PCB left me both inspired and concerned. I was inspired by the collective commitment I witnessed, and concerned that without protecting civil society and clarifying UNAIDS' future, we risk dismantling the architecture that made progress possible. Beyond 2025, the challenge is not just scientific, it is political, ethical, and profoundly human.

Kimberly Springer | Incoming Latin America and the Caribbean Delegate

Participating in my first UNAIDS Programme Coordinating Board meeting as an incoming NGO delegate was both grounding and illuminating. Entering a space where global HIV priorities are debated, negotiated, and shaped in real time offered a deeper understanding of how community voices interact with institutional decision-making.

What stood out most was the complexity of the PCB ecosystem. Discussions moved fluidly between technical detail, political realities, and lived experience. Agenda items such as leadership in the AIDS response, sustainability, and the development of the Global AIDS Strategy 2026–2031 highlighted both progress made and the persistent gaps communities continue to navigate, particularly around equity, access, and long-term accountability.

As a newcomer, the support and guidance from experienced delegates was invaluable. Informal conversations, drafting room exchanges, and quiet check-ins between sessions helped demystify procedures and build confidence to engage meaningfully. These moments reinforced that institutional knowledge within the NGO Delegation is actively shared and renewed.

One of the most striking observations was how community perspectives shape not only statements, but the framing of issues themselves. Debates around sustainability and long-acting antiretrovirals repeatedly returned to questions of access, choice, and real-world implementation. These exchanges underscored that civil society presence at the PCB is not symbolic, but essential.

This experience affirmed the importance of mentorship, transparency, and collective accountability within the NGO Delegation. It also reinforced the responsibility that comes with holding this space: to listen carefully, speak intentionally, and ensure the realities of communities remain central to global HIV decision-making.