NGO DELEGATION TO THE UNAIDS PCB

58th PCB Meeting

PCB Summary Bulletin

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Introduction

Todd Theringer | North America Delegate

The 58th UNAIDS Programme Coordinating Board (PCB) meeting was held in Geneva, Switzerland, from 30 June to 2 July 2026, amid significant uncertainty for the global HIV response. Declining international HIV funding, the UN80 reform process, and discussions on the future structure and role of UNAIDS shaped the meeting. Member States, UNAIDS Cosponsors, and civil society considered strategies to sustain the HIV response while keeping human rights, community leadership, and accountability central.

Key agenda items included the Executive Director's report, the Committee of Cosponsoring Organizations Report, the Interim Report of the PCB Working Group on UN Reform and Transition, the Performance and Finance Report, the follow-up to the 57th PCB thematic segment on "Beyond 2025: Long-acting antiretrovirals: potential to close HIV prevention and treatment gaps," and the 58th PCB thematic segment on sustaining the HIV response through human rights and harm reduction for people who use drugs. The follow-up to the 57th thematic segment was subject to intense negotiations, resulting in decision points aimed at advancing equitable access to affordable long-acting antiretrovirals, strengthening community leadership, and addressing barriers to prevention and treatment.

UNAIDS Executive Director Winnie Byanyima highlighted the impact of funding reductions, including declines in HIV testing, reduced prevention resources, and closures of community-led service centres supporting key populations. Despite these challenges, she reaffirmed that the recently adopted Political Declaration on HIV provides renewed momentum toward ending AIDS as a public health threat by 2030.

A major focus was the future of UNAIDS within the UN80 reform process. Delegates stressed that reforms must strengthen, rather than weaken, the global HIV response, including meaningful civil society participation, strong governance and accountability, reduced bureaucracy, and continued global coordination through UNAIDS. Final recommendations on governance reforms are expected in October 2026.

The Board also emphasized that sustainability requires more than domestic financing. Continued international investment, political commitment, and partnerships with community-led organizations remain essential. The NGO Delegation met with United Nations Deputy Secretary-General Amina Mohammed to advocate for meaningful civil society participation and the protection of UNAIDS' unique role within the UN system.

The thematic segment on human rights and harm reduction highlighted the need to expand evidence-based services and shift from punitive drug policies toward public health approaches. Participants also highlighted equitable access to new HIV prevention technologies, including long-acting lenacapavir.

Throughout the meeting, Member States and civil society reaffirmed that communities must remain at the center of the HIV response. Ending AIDS by 2030 will require sustained investment, evidence-based policies, equitable access to innovation, strong global coordination, and continued leadership from communities and civil society.

Report of the Executive Director

Shamin Mohamed Jr. | North America Delegate

When the Executive Director presented her report to the 58th PCB, the ink was barely dry on the 2026 Political Declaration, adopted by the UN General Assembly one week earlier. She called it a "strategic victory", and it is. But beneath the celebration, our Delegation's three interventions returned to a harder question: who gets to remain visible in this response?

Erasure was attempted in the negotiating rooms on the road to New York, where some Member States sought to strip agreed language on community leadership, resisted naming key populations, and even objected to the words "adolescent girls", in a world where 4,000 adolescent girls acquire HIV every week. Erasure is written into law, from the escalating repression of LGBTQIA+ people in parts of Africa to the 529 anti-trans bills introduced in state legislatures across the United States, pushing people out of clinics and into hiding. And erasure creeps into the data: the latest estimates suggest AIDS-related deaths and new HIV transmissions declined in 2025, yet services for key populations are closing and communities on the ground report the opposite. People may be going uncounted.

The same vigilance must extend to the future of UNAIDS itself. A leaner "central hub" will only work if it has real authority to lead and coordinate the multisectoral response: it cannot become a monitoring platform. And, if it preserves what makes the Joint Programme unique: civil society, whose formal role in governance is anchored in the ECOSOC mandate. With the response in crisis, 1,027 civil society organizations demanded that restructuring strengthen rather than weaken it. The Working Group presents its final recommendations in October. We will be at the table.

One of my fellow delegates asked the Board: who remains committed when everything collapses? The people most affected; the communities who, in the Executive Director's words, "refuse to be invisible." We cannot end AIDS as a public health threat while people must choose between their safety and their care. Visibility is not a favor to be granted; it is the precondition of the response.

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Report of the Chair of the Committee of Cosponsoring Organizations

Keren Dunaway | Latin America and the Caribbean Delegate

The Committee of Cosponsoring Organizations presented its report at a time when the future of the Joint Programme continues to take shape through the transition process. Cosponsors reaffirmed their commitment to protecting the core functions of the HIV response while maintaining support for countries and communities, with continued attention to human rights, gender equality, accountability and community engagement throughout this period.

The NGO Delegation welcomed much of what was presented because protecting the Joint Programme matters, though we also reminded the Board that communities did not arrive with the Cosponsors and have never waited to be invited into the HIV response. Community leadership has been part of the response from day one and has shaped its greatest achievements, so this transition should recognize that reality instead of treating communities as another stakeholder to consult once the heavy lifting has already been done.

The discussion also touched on differentiated and country-led approaches, which the Delegation supports, although that cannot become a free pass to weaken independent accountability or human rights protections. The report itself recognizes that structural barriers remain firmly in place, yet no country is on track to remove them, making community led monitoring and strong civil society engagement more important than ever if promises are going to match reality.

One thing became clear during the exchange. Good collaboration is welcome, though communities are asking for more than examples of partnership that look good on paper. The Delegation called for communities to be part of governing bodies, program design and decision making from the very beginning because that is where the rubber meets the road and where trust is built. Community expertise should be recognized, respected and properly supported instead of being brought in after the fact.

As discussions on the transition continue, the Delegation will keep making the case that the Joint Programme should come out of this process stronger, with communities sitting at the table as equal partners and with accountability, participation and human rights remaining front and center.

Leadership in the AIDS response

Ulrich Mvate | Africa Delegate

This item provided a strategic space to reflect on the leadership required to sustain the global AIDS response amid significant political, financial and institutional transition. A central message was that leadership must go beyond political declarations and be demonstrated through concrete actions to safeguard progress, sustain community-led responses and keep human rights at the center of the HIV response.

A major concern was the growing influence of anti-rights and anti-gender movements, particularly across Africa and Asia. Interventions highlighted increasingly hostile environments with persistent discrimination against LGBTI communities in Africa and particularly transgender and gender-diverse people in Asia. The experience of India illustrated both progress through legal recognition and inclusion in national HIV programs and the fragility of these gains.

Debates reaffirmed that criminalization, stigma and discrimination are not only human rights concerns but direct threats to public health. Key populations and community-led organizations remain indispensable to preventing new HIV infections, expanding access to services and bringing the epidemic under control. For transgender and gender-diverse people, HIV services should also serve as an entry point to comprehensive healthcare and social protection.

A striking theme was the gap between global commitments and communities' lived realities. While Member States continued to reaffirm commitments to human rights, inclusion and community leadership, interventions continuously stressed that many communities are simultaneously experiencing shrinking civic space, increased criminalization and growing hostility. Leadership should therefore be measured not only by declarations adopted, but by whether people can safely access services, community organizations can operate freely and affected communities can meaningfully influence decisions.

The discussions reaffirmed the need for bold, inclusive, accountable and adequately resourced leadership grounded in human rights. Protecting civic space, confronting anti-rights movements and investing in meaningful community leadership will be essential to sustaining progress and ensuring that no one is left behind.

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Follow-up to the thematic segment from the 57th PCB meeting

Amrita Sarkar | Asia and the Pacific Delegate

The discussion on long-acting antiretrovirals (ARVs) at the 58th PCB reflected growing recognition that scientific innovation alone will not close HIV prevention and treatment gaps. The agenda item followed the 57th PCB thematic segment, where Member States, communities, Cosponsors and partners highlighted the potential of long-acting prevention and treatment options, alongside the urgent need to address access, affordability and implementation barriers.

Deliberations on the follow-up decision points were lengthy and difficult, reflecting differing views among Member States on issues including affordability, intellectual property, market access, financing, manufacturing and the role of communities. The final decision points nevertheless reaffirmed the importance of making affordable long-acting ARVs available as an option within national HIV prevention and treatment programs, while ensuring that access is equitable and grounded in WHO guidance and the goals of the Global AIDS Strategy 2026–2031.

A central message was that long-acting ARVs should expand, not narrow, people's choices. Participants stressed that daily oral medicines will remain an important option for many people, while long-acting PrEP and treatment may be particularly valuable for those facing stigma, mobility challenges, adherence difficulties or barriers to regular access to health services, particularly key populations and other communities disproportionately affected by HIV.

The decision points called for action across the access and delivery ecosystem, including exploring pooled procurement and market-shaping mechanisms, strengthening regulatory systems, supporting local and regional pharmaceutical manufacturing, and integrating affordable long-acting ARVs into national health systems and differentiated service delivery. They also emphasized combination prevention and equitable access to quality-assured medicines, while recognizing the importance of appropriate incentives for research and development and the use of existing flexibilities under the TRIPS Agreement to protect public health.

Participants further stressed that new technologies could deepen existing inequities if introduced only in wealthier settings or through limited pilot projects. Legal, policy and structural barriers, including stigma and discrimination, must be addressed alongside efforts to improve access to sexual and reproductive health services and HIV prevention and treatment.

A strong and recurring message throughout the negotiations was the need for communities and civil society to be engaged as equal partners. The decision points specifically recognize community leadership in program and policy design, implementation, accountability and demand creation, supported through domestic and international funding.

The final direction was clear: progress should not be measured simply by the introduction of new products, but by whether long-acting ARVs expand meaningful choice, reduce inequities, and become affordable, accessible and sustainable components of comprehensive, people-centered HIV responses.

Update on strategic human resources management issues & Statement by the representative of the UNAIDS Secretariat Staff Association

Kimberly Springer | Latin America and the Caribbean Delegate

The discussion on strategic human resources management and the statement by the UNAIDS Secretariat Staff Association (USSA) took place against the backdrop of one of the most significant organizational transformations in UNAIDS' history. The Secretariat's restructuring is being driven by severe financial constraints and aims to establish a leaner, more decentralized organization, while the discussions at the PCB highlighted the need to ensure that these changes do not compromise UNAIDS' institutional capacity or the effectiveness of the global HIV response.

The Secretariat reported that its core workforce would decrease by approximately 57%, from 671 staff to 296 positions by mid-2026, alongside greater reliance on consultants, affiliates and other flexible workforce arrangements. The restructuring includes measures intended to support a fair and transparent process, including transparent recruitment procedures, career transition support, staff counseling and revised performance management systems. The changes are also intended to clarify roles and strengthen the organization's ability to operate effectively within a significantly reduced resource envelope.

During the discussion, however, several delegations questioned how such a substantial reduction in staffing would affect UNAIDS' ability to provide technical support, coordinate the Joint Programme and accompany countries through an increasingly challenging HIV landscape. While recognizing the difficult financial realities facing the organization, speakers emphasized that workforce reductions should not undermine UNAIDS' comparative advantages. Maintaining technical expertise, institutional knowledge and organizational memory was seen as particularly important as UNAIDS simultaneously undergoes broader UN reform and considers its future role within the UN system.

The discussion also highlighted the need to ensure that the new workforce model is sustainable. Greater reliance on consultants and other flexible arrangements raises questions about continuity, institutional knowledge, accountability and the organization's ability to retain the expertise required to deliver its mandate. Delegations stressed that human resources should therefore be considered not simply as an administrative or budgetary issue, but as a strategic component of the global HIV response.

The statement by USSA provided an important staff perspective on these broader organizational changes. Drawing on consultations through town halls, regional outreach and direct engagement, USSA acknowledged improvements in communication from management and the establishment of the PCB Working Group on the future of UNAIDS, while highlighting continued concerns around uncertainty, workload, staff burnout, transparency and the fair treatment and future opportunities of staff affected by the restructuring.

Taken together, the discussions reinforced that organizational transformation must remain people-centered. Staff well-being, meaningful dialogue, transparency and participation are essential alongside financial sustainability and structural reform. As UNAIDS navigates this transition, the challenge will be to build a sustainable organization while preserving the expertise, institutional memory and human capacity needed to continue supporting countries and communities effectively.

Unified Budget, Results and Accountability Framework (UBRAF) 2022- 2026

Jeremy Tan | Asia and the Pacific Delegate

On paper, the numbers looked good. 79 countries got prevention support, treatment coverage held steady, and the budget came in at 106 percent of what was planned. But for communities on the ground, those numbers do not tell the full story.

In the corridors and drafting sessions, we kept circling back to the same question: where is the follow through? We already have the Global AIDS Strategy 2026-2031. We already have the sustainability roadmap. What we need is for these plans to actually mean something, not just sit on a shelf while communities struggle to survive.

The report notes that the Part B Companion Guide was released in 2025, with nine countries receiving technical support to advance their roadmaps. But this came right when the funding crisis hit hardest. Countries were just trying to keep clinics open. While 25 countries finalized their Part A commitments, turning those political pledges into concrete action with cost steps and domestic financing targets has barely begun.

But what really weighed on everyone was the erosion of human rights. The report itself acknowledges that for the first time since UNAIDS started tracking this, more countries are criminalizing key populations. Not fewer. This regression showed up in the Political Declaration on HIV/AIDS too, with some Member States pushing back on including key population, comprehensive sexuality education, and harm reduction, etc.

The report also highlights that more than 60 percent of women-led HIV organizations surveyed had lost funding or suspended services by early 2025. Yet while the PCB discusses the transition of UNAIDS, no one is talking about how this funding gap will be managed. You cannot just fold community engagement into WHO or UNDP and expect the same openness.

Organizational oversight reports and Management response

Doreen Moracha | Africa Delegate

The 58th PCB came at an interesting moment in UNAIDS' history, as the organization continues to navigate one of its most significant periods of transition. Reduced staffing, a smaller country presence, restructuring, office closures, and tightening financial resources are reshaping how the Joint Programme operates. It was within this context that the Internal and External Auditors presented their reports, acknowledging progress in strengthening governance and accountability while identifying areas requiring continued attention, including procurement processes, program funding agreements, asset management, and risk management.

During the discussions, Member States and constituencies expressed strong support for the work of the oversight functions, emphasizing that effective governance becomes even more critical during periods of organizational transition. There was broad recognition that oversight is not just about compliance with policies and procedures, but about protecting the integrity, credibility, and effectiveness of the Joint Programme at a time when every resource counts and confidence and trust in the institution is essential.

From the NGO Delegation's perspective, one issue stood out clearly: oversight systems must evolve as rapidly as the organization itself. As restructuring continues, important questions arise about whether institutional knowledge, organizational memory, and program evidence could be lost during the transition, and what implications this may have for accountability and program delivery. Equally important is the need for continuous reassessment of organizational risks throughout this transformation. The observation that some regional risk registers had not yet fully reflected the new operating environment illustrated how governance systems must continually adapt to changing realities rather than relying on assumptions from previous operating models.

The NGO Delegation also encouraged the Secretariat to consider how responsible applications of artificial intelligence could strengthen oversight beyond investigative work. AI-supported continuous risk monitoring, procurement oversight, financial anomaly detection, and tracking implementation of audit recommendations could improve efficiency while allowing limited human resources to focus on higher-risk areas, provided appropriate safeguards and human oversight remain in place.

Perhaps the strongest message emerging from the discussion was that accountability requires investment. Robust audit, investigation, ethics, and oversight functions should not be viewed as administrative costs but as essential safeguards that protect scarce resources, maintain donor confidence, and help ensure that every dollar invested in the HIV response ultimately reaches the communities it is intended to serve.

Interim report of the Working Group on the further transition and integration of UNAIDS into the UN System and beyond

Fionnuala Murphy | Europe Delegate

The discussion opened with a presentation by the co-facilitators of the Working Group on the future transition of UNAIDS. They highlighted a strong emphasis within the group's discussions so far on renewal rather than "sunsetting" — and argued for treating this moment as an opportunity for a new dawn in the HIV response, rather than the winding-down proposed by the UN Secretary-General last year.

The co-facilitators described four possible directions for future transformation, with an analysis of the strengths and weaknesses of each. PCB members and observers then had the chance to feedback, through breakout groups and plenary.

A consistent message across both fora was that any future model must retain a strong, independent central entity — described variously as a hub, a coordinating body, and the "brains and heart" of the UN HIV mandate. The structure of that entity should be guided by a focus on preserving the core functions of UNAIDS, with speakers highlighting key functions including maintaining political leadership to keep AIDS high on global, regional and national agendas; preserving a coordinated UN role that convenes governments, cosponsors, communities and other partners, and avoids fragmentation; protecting a strong data function to track progress, support evidence-based decisions, and drive accountability (including through community data), and institutionalizing the meaningful involvement of people living with HIV and key and priority populations. The NGO delegation worked to expand the discussion from communities' role in governance, which is already a red line for

the working group, into how communities and civil society become co-leaders in the design, delivery and monitoring of the Joint Programme.

In line with PCB decisions, the working group must now develop a transition proposal that safeguards these functions, along with a governance structure, funding model and clear plan to guide future transition. These will be consulted on at a multistakeholder meeting in September before final decisions at a PCB special session in October.

Thematic Segment: Beyond 2025: Addressing health inequities through sustained HIV response, human rights, and harm reduction for people who use drugs

Amanita Calderon-Cifuentes | Europe Delegate

This year's thematic segment framed harm reduction not only as an evidence-based public health intervention, but also as an essential component of equitable and sustainable HIV responses.

One of the most encouraging aspects of the discussion was the broad recognition that drug use cannot be understood through a single lens. Speakers repeatedly highlighted the diversity of people who use drugs and the need to address the intersecting realities of women, young people, transgender and gender-diverse people, sex workers, migrants, people in prisons, and those living in humanitarian settings. Rather than approaching drug use solely through the lens of criminal justice, discussions consistently emphasized the structural determinants that shape health outcomes, including stigma, discrimination, poverty, criminalization and shrinking civic space.

This broader understanding was reflected in the preparations leading up to the thematic segment. An important milestone was the informal pre-meeting, Understanding Harm Reduction, Drug Use and HIV, organised by the NGO Delegation in collaboration with INPUD and facilitated by Álvaro Morales Aser. The session provided an accessible introduction to the principles of harm reduction, including the concepts of drug, set and setting, the diverse contexts in which drug use occurs, and the intersections between HIV, mental health, criminalization and human rights, helping to establish a shared foundation for the discussions that followed.

Perhaps the most powerful reflection emerging from the thematic segment was that the debate is ultimately not about drugs, but about the kind of public health systems we choose to build. Throughout the discussions, it became clear that harm reduction challenges

policymakers to move beyond fear-based approaches towards evidence, care and human rights. Speakers reminded the Board that drug use exists in every society, while the harms associated with it are profoundly shaped by policy choices. Countries that have invested in community-led, evidence-informed and health-centered responses continue to demonstrate better health outcomes than those relying primarily on criminalization and punishment. The thematic segment therefore reinforced a simple but fundamental lesson for the global HIV response: if our collective goal is to end AIDS as a public health threat while leaving no one behind, then harm reduction is not an obstacle — it is a Must.