

W4GF Statement for the 56th UNAIDS Programme Coordinating Board Meeting

As Women4GlobalFund, we reaffirm our commitment to advancing the rights, health, and leadership of women and girls in all their diversity in the global HIV response. As the UNAIDS 56th PCB meeting meets to shape the Global AIDS Strategy¹ (GAS) 2026–2031, we raise critical concerns and bold recommendations grounded in the realities women and girls face today. Gender cannot remain a rhetorical commitment, it must be operationalized, funded, measured, and politically defended across all pillars of the HIV response.

1. A gender-transformative strategy is non-negotiable : Even amid financial constraints

W4GF is alarmed by the lack of gender prioritization in the Annotated Outline of the next Global AIDS Strategy². Global backsliding on gender equality, the rise of anti-rights movements, digital surveillance, conflict, and the rollback of sexual and reproductive health rights threaten decades of progress. These are not secondary risks, they are core drivers of HIV vulnerability for women and girls, particularly adolescent girls, sex workers, transgender women, women who use drugs, women in human mobility, racialised women and girls, and women living with HIV.

We remind UNAIDS and PCB members: gender is not a thematic issue, it is a systemic determinant. Whether or not donor environments shrink, the commitment to a gender-transformative HIV response must hold.

Drawing from the 53^a Global Fund Board Meeting, we echo the call to all the Global Fund Partnership, for gender to be integrated across governance, implementation, funding, and measurement, not sidelined in a single pillar. Strategies that fail to center gender will continue to fall short in prevention, treatment access, and the elimination of stigma and discrimination.

To us, [life-saving means more than survival](#). It means dignity, autonomy, safety, and justice in every aspect of our lives. It means ensuring that women and girls in all our diversity can access services free from violence, criminalisation, and judgment. It means transforming the systems

¹ https://www.unaids.org/sites/default/files/media_asset/2024-unaids-global-aids-update_en.pdf

² https://www.unaids.org/sites/default/files/2025-06/PCB56_Annotated_Outline_GAS_2026-2031_0.pdf

that continue to marginalize and endanger us. We do not ask for add-on services—we demand a reimagining of power and priorities within HIV, TB and malaria responses.

2. Recognize the role of women health workers and feminist movements in sustaining the HIV response

Women, especially community health workers, peer educators, and frontline caregivers continue to hold up underfunded health systems. Yet they remain underpaid, unsupported, and often excluded from strategy discussions. This invisibility must end.

We demand:

The recognition of community health workers as essential infrastructure in the HIV response.

- Resources for women-led organizations to monitor service equity and lead social accountability efforts.
- Structural support and protection for women human rights defenders, many of whom are targeted for their activism in the HIV space.

From East Africa to the MENA region, we have seen how women's organizing, from harm reduction outreach in Morocco, to SRHR advocacy in Zambia, to digital solidarity efforts in Ukraine, fills gaps left by under-resourced public systems. These actors must be at the decision-making table, not just as beneficiaries but as co-creators of the strategy.

3. Reshape the UNAIDS structure with true community and gender accountability

W4GF welcomes the restructuring of UNAIDS³ to improve delivery and efficiency. However, structural reform without community-led and women-led oversight, gender justice, and funding gender equity will only reproduce existing gaps.

We stress that regional and country offices must be preserved and strengthened, not diluted. These offices are essential to ensure that technical support and policy implementation reflect context-specific needs, particularly in countries with fragile health systems, conflict settings, or where key populations face criminalization like the MENA regional office. The closure or weakening of regional offices risks further marginalizing communities already underserved by national health infrastructure.

³[https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/may/20250510_unaids#:~:text=The%20restructuring%20of%20the%20UNAIDS,focused%20model%20for%20the%20S](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/may/20250510_unaids#:~:text=The%20restructuring%20of%20the%20UNAIDS,focused%20model%20for%20the%20Secretariat)
[ecretariat](https://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2025/may/20250510_unaids#:~:text=The%20restructuring%20of%20the%20UNAIDS,focused%20model%20for%20the%20S)

UNAIDS' in-country technical assistance has played a vital role in shaping national strategic plans, ensuring gender responsiveness, and guiding inclusive implementation. Any restructuring must guarantee continued access to this expertise, especially for civil society and government partners that rely on UNAIDS support to navigate complex funding and policy processes.

We urge:

- Dedicated funding streams for civil society, including women-led and LGBTQI+ groups, with transparent, equitable access mechanisms.
- A formal community advisory mechanism to monitor UNAIDS performance on gender equality.
- Full integration of community-led indicators and **gender- and sex-disaggregated KPIs** into the GAS results framework.

It is unacceptable that current progress reports lack clarity on the gender impact of policies or funding flows. Without this, any strategy will be blind to the differential effects of interventions.

4. Challenge the overreliance on “country ownership” without justice-based conditionalities

We are deeply concerned by the growing trend of shifting primary responsibility to governments under the banner of “country ownership.” In many contexts — especially in regions like MENA, LAC or Eastern Europe — state health systems are inequitable, criminalize key populations, and restrict civil society.

A strategy that places all responsibility on national primary healthcare (PHC) systems without tackling:

- criminalization of gender identities, sex work, drug use, and same-sex relationships;
- Insufficient sanitary and health infrastructure and shortage of healthcare human resources
- legal barriers to SRHR and HIV treatment, and
- lack of budget transparency and community participation will fail those most at risk.

The new GAS must include enforceable commitments to fund community-led monitoring, legal reform, and gender equity, not just isolated services.

5. Demand specific, time-bound gender and community-led targets

We call on UNAIDS to:

- Ensure the 2026–2031 Strategy includes bold, time-bound targets for gender equality and community leadership.
- Require gender-transformative approaches that challenge power imbalances, not just include women nominally.
- Disaggregate all data by age, gender identity, and key population status, and make it publicly accessible.

6. Strengthen and fully operationalize the global partnership to eliminate stigma and discrimination

W4GF urges Member States and UNAIDS to fully finance and operationalize the Global Partnership to Eliminate HIV-Related Stigma and Discrimination⁴, especially in healthcare, education, employment, and justice systems. Despite growing commitments, many women and girls in all their diversity, including sex workers, transgender women, women who use drugs, and adolescent girls, continue to face institutionalized stigma that directly undermines their access to prevention, treatment, and care.

This partnership must move beyond normative commitments to concrete, country-level implementation, with accountability indicators, legal reform targets, and dedicated resources to dismantle structural and gendered stigma. Communities must be recognized not only as beneficiaries but as co-leaders in designing, monitoring, and implementing anti-stigma strategies that are feminist, intersectional, and rooted in lived realities.

Conclusion: we cannot win this fight without women and girls in all of their diversity

⁴ <https://www.unaids.org/en/topic/global-partnership-discrimination>

The HIV response is at a crossroads. Political will is waning, funding is tightening, and global health is shifting toward pandemic preparedness. Amid this, the unique needs and leadership of women and girls risk being deprioritized.

W4GF calls on the PCB to affirm gender justice not as an optional add-on, but as the foundation of an effective HIV response. Women's movements must not be left outside the room. We must build a new strategic vision that not only ends AIDS but transforms the systems that made it a crisis to begin with.

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