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Inputs to UNAIDS PCB in 2025

Plenna made interventions as an NGO Observer at the UNAIDS Programme Coordinating Board (PCB) meetings in June and October.

The intervention at the 8 October 2025 Special Session of the PCB was included on page 3 of this compilation of NGO inputs.

This is the statement at the June 2025 meeting commenting on the *Annotated outline of the next Global AIDS Strategy 2026-2031*:

Stigma and discrimination around HIV are closely related to our conscious and unconscious fear of death. Stakeholders in the HIV response have, throughout the history of the epidemic, sought to promote multisectorality. Nevertheless, Plenna suggests that there is persistent underplaying and reluctance to engage with opportunities to alleviate death-related suffering and inequalities that engage with the larger essence of humanity.

Practically speaking, the Strategy Outline makes sparse reference to out-of-pocket-expenses born by people living with HIV or those close to them. It does not mention other aspects of end-of-life care, death and dying which touch upon all aspects of the Joint Programme's mission. For example,

1. On average, women spend two and a half times more on care and domestic work than men, important in relation to the end-of-life experience.
2. Formal palliative care is much more available in developed countries than developing countries, which leads to hidden suffering for many.
3. 95% of the care of the dying is undertaken by lay communities despite the dominance of health-care systems. Support of carers giving palliative care at home was a bedrock of early HIV programmes and should remain so.
4. And finally, if we downplay palliative and community-based care options and over-emphasize treatment solutions, this can lead to huge and potentially futile out-of-pocket healthcare costs.

Four decades of the HIV response have given us abundant lessons for this issue. Plenna pays tribute to those who have died of AIDS-related illness as well as those who have and continue to support those who are living at the end of life with advanced HIV disease. We do not need to reinvent the wheel – and we should not be frightened of death.

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