AFRICAN-LED HIV CONTROL WORKING GROUP

AHCWG 2026 Webinar Series

WEBINAR 4 OF 4 | SPECIAL FORWARD-LOOKING SESSION

The Future of HIV Control in Africa: Financing, Policy and Resilience

Shifting Global Health Architecture: HIV in the UN80 Reforms and the Future of Investment in Africa

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Report prepared by policy/strategy group on behalf of the African-led HIV Control Working Group

SESSION PARTICIPANTS

Moderator

Florence Riako Anam
Moderator | Co-Executive Director, Global Network of People Living with HIV (GNP+); Member, African-led HIV Control Working Group

Speakers

Ms. Angeli Achrekar
Deputy Executive Director and Global Practice Lead | UNAIDS (presenting on behalf of Executive Director Winnie Byanyima, Under-Secretary-General of the United Nations, who was engaged at the African Union Summit in Accra)

Mr. Brendan Kwesiga
Health Specialist, Health Economics and Financing | United Nations Office in Nairobi

Leadership Conversation

Dr. Michel Sidibe
Former Executive Director of UNAIDS and Under-Secretary-General of the United Nations

Dr. Alex Coutinho
Director, Kofi Annan Global Health Leadership Programme | Member, African-led HIV Control Working Group

EXECUTIVE SUMMARY

The fourth and concluding session of the African-led HIV Control Working Group 2026 Financing, Policy and Resilience Series convened on 22 July 2026, four days before the opening of AIDS 2026 in Rio de Janeiro. It was deliberately positioned as the outward-facing, forward-looking closing chapter of a series that had spent its preceding three webinars examining the interior architecture of the African HIV response: the domestic financing baseline, the legislative and policy frameworks that give financing decisions durability, and the supply-side systems through which legislation and money are converted into actual access to medicines, diagnostics, and care. Where those sessions examined what Africa already controls and must protect as external funding recedes, this final session turned to what is being decided externally and must be shaped by African leadership while the window remains open.

Two structural shifts defined the analytical frame. The first is institutional: the United Nations system is undergoing its most significant restructuring in decades through the UN80 reform process, with UNAIDS having already reduced its Secretariat by more than half and its country presence consolidated, and with the UN assessing a merger of UNFPA and UN Women. These changes directly affect where HIV coordination sits, which functions are preserved and which are mainstreamed, and whether the successor architecture is built with African authorship or merely around African needs. The second is financial: as PEPFAR completes its transition toward country ownership on a 2025 to 2030 runway and traditional donor funding contracts, the question of who will finance

the next chapter of the HIV response in Africa, and through which instruments, is no longer theoretical. It is a design decision with a closing window.

The session produced four interconnected findings. First, the transition is structural and permanent, not cyclical. The external financing architecture that carried two thirds of the sub-Saharan African HIV response as recently as 2024 will not reconstitute itself in its former configuration. Second, public finance is and must remain the foundational layer on which all other financing instruments are built, and no innovative financing mechanism, however well-designed, can substitute for a functioning public financial management system at the national level. Third, African leadership is the decisive variable in both the reform and the financing agendas: the institutions exist, the continental frameworks are in place, and the missing ingredient at this moment is the political and technocratic will to use them to frame the problem statement, define the successor architecture, and drive country action. Fourth, community-led and key population services represent the most acute financing and governance risk in the transition, because they are the least likely to attract private or outcome-based capital, the most likely to lose institutional support as multilateral bodies restructure, and the most essential to sustaining the response at the point where transmission remains highest.

The session closed with a AHCWG leadership conversation between Dr. Michel Sidibe, former Executive Director of UNAIDS, and Dr. Alex Coutinho, Director of the Kofi Annan Global Health Leadership Programme, which was synthesised by Florence Riako Anam into a set of advocacy positions for immediate deployment at AIDS 2026. The central analytical conclusion was stated by Dr. Sidibe: country ownership begins where dependency ends, and that transition requires not only financing reforms but a decisive shift in who holds the pen when the problem statement for Africa is written, and when the successor architecture for the global HIV response is designed.

SERIES ARCHITECTURE AND CONTINUITY

The AHCWG 2026 Financing, Policy and Resilience Series was originally conceived as a three-part analytical sequence. Following the conclusion of Webinar 3, the AHCWG Co-Chairs requested a fourth session to be convened immediately before AIDS 2026, turning the series' cumulative analysis outward and forward toward the institutional and financial changes underway in the global health architecture.

Webinar 1, convened on 22 April 2026, established the fiscal architecture of domestic resource mobilisation: the financing gap, the instruments through which protected budget lines can be built, and the criteria for assessing PEPFAR transition memoranda of understanding.

Webinar 2, convened on 27 May 2026, examined the legislative and policy layer: the national strategic plans, continental frameworks, and enabling laws that determine whether financing commitments survive political transition, fiscal pressure, and the withdrawal of external partners.

Webinar 3, convened on 24 June 2026, completed the supply-side layer: continental regulatory harmonisation through the African Medicines Agency, pharmacovigilance as governance infrastructure, procurement reform, and the design principles of equitable partnership models.

Webinar 4 completed the sequence by reading the external architecture: the UN80 reforms and their consequences for HIV coordination, the future of investment in Africa

through outcome-based and blended finance, African philanthropy, and new prevention technologies, and the leadership decisions that will determine whether Africa shapes or merely inherits the successor configurations that these reforms produce. Together, the four sessions constitute an integrated advocacy resource spanning the fiscal, legislative, operational, and political economy dimensions of a sovereign HIV response.

SESSION DISCUSSIONS

Welcome, Opening Framing, and Audience Poll

Florence Riako Anam | Moderator

Florence Riako Anam, Co-Executive Director of the Global Network of People Living with HIV, opened the session by situating Webinar 4 within both the series arc and the immediate context of AIDS 2026, noting that the conversation was occurring at a moment when the landscape is changing rapidly, development assistance is evolving, countries are navigating significant fiscal pressure, and scientific advances are creating new opportunities for prevention and treatment at the same time as expectations for country ownership and African leadership have never been greater.

Her framing grounded the institutional and financing discussion in a people-living-with-HIV perspective, which she named as her practice in every discussion she moderates. She described the unfinished business of the HIV response in concrete terms: the cost of inaction is measured in new infections, in the one third of people living with HIV in many countries who continue to present with advanced disease, and in preventable deaths from treatable conditions. The argument she constructed was that this is not only a conversation about financing, nor only about institutions, but fundamentally a question about leadership, partnership, and ensuring that future HIV responses are increasingly driven by African priorities.

She opened the session with a Mentimeter poll asking participants to name in one or two words the biggest challenge facing the future of HIV control in Africa. The dominant responses captured across the poll were limited focus on prevention, complacency, Africa ownership, financing, lack of ownership, dependence on donors, and domestic financing. She noted that financing dominated the responses but that ownership, which is structurally prior to the financing question, featured with comparable prominence, and she used that observation to frame the three themes the session would address: the future of the global HIV architecture, financing the next chapter of the response, and the leadership required to ensure Africa shapes rather than inherits that future.

The Pathway to Sovereignty: Reading the UN80 Reforms and Reframing the Multilateral Architecture

Ms. Angeli Achrekar | Deputy Executive Director and Global Practice Lead, UNAIDS

Ms. Angeli Achrekar presented on behalf of Executive Director Winnie Byanyima, who was engaged at the African Union Summit in Accra leading the advance toward health sovereignty. She opened by acknowledging the historical context without which the scale of the current transition cannot be properly understood: more than 12 million people died of AIDS in Africa before the price of antiretrovirals came down and treatment finally reached those who needed it. That achievement required a massive global effort, the creation of the Global Fund, PEPFAR, the joint programme of UNAIDS and its co-sponsors, and combined community and civil society leadership over

sustained decades. The consequence of that effort was that the HIV response became the single health and development field most financed by donor grants, to the point that in 2024, two thirds of the HIV response in sub-Saharan Africa remained funded by external partners.

Her core argument was that sustainability and sovereignty in health and HIV are now not merely aspirations but achievable conditions, and that the evidence for this is visible in the responses that African governments and institutions mounted when PEPFAR funding was suspended in early 2025. Countries that had built even partial sustainability planning infrastructure were able to move quickly to sustain continuity of services in ways that would not have been possible a decade earlier. That experience demonstrated, in her framing, that the planning and institutional investment that had been made was functioning in practice under precisely the crisis conditions it was designed to address.

She organised her substantive contribution around five interconnected points. First, global health architecture is not an end in itself: its value is measured exclusively by whether political attention, financing, science, and accountability actually reach the people who need them. Strengthening country capacity and systems is the most relevant objective; ensuring peer learning and a marketplace of policy reforms comes next; and securing that global health architecture enables and financially supports those reforms is the institutional function that must be preserved through the UN80 transition.

Second, African leadership must hold the pen in designing the reforms, not simply receive and implement what others design. She identified the full ecosystem of African leadership as essential to this: country governments, African academic and scientific institutions, regional and subregional platforms including Africa CDC, the African Development Bank, the African Medicines Agency, and regional economic communities, alongside local private sector actors and above all communities and civil society.

Third, a new financing compact for HIV is needed urgently. The old model of scarce domestic financing supplemented by abundant donor grants is not the future, and waiting for it to reconstitute is not a strategy. A new compact must draw on domestic resources, innovative instruments, and reformed partnership arrangements in which African countries are the conveners of partnerships rather than simply the recipients of projects.

Fourth, the new prevention science creates an unprecedented opportunity that must be seized before cost and access barriers solidify. Long-acting injectable prevention, particularly twice-yearly lenacapavir now approved for prevention, offers for the first time a technology with the potential to alter the epidemic's trajectory if it can be accessed at scale. Africa has the scientific infrastructure in virology, immunology, clinical trials, genomics, and epidemiology to be a partner in that science rather than only a recipient of it.

Fifth, integration and people-centred primary healthcare are not only efficiency measures but structural requirements of sustainable systems. An integrated system is one that treats the whole person, that connects HIV to non-communicable disease management, reproductive health, mental health, and broader primary care, and that is governed through community participation rather than through siloed programme structures. The UNAIDS joint programme, she argued, has a distinctive role in this

transition because its co-sponsor architecture uniquely spans the full range of sectors on which an integrated response depends.

> *"Global solidarity cannot end before AIDS does. But this stronger collaboration and leadership needs to bring in people living with and impacted by HIV and communities into the collaboration and investment. African leadership must hold the pen, shape the design, and lead the reforms in terms of standards that are sustainable." | Ms. Angeli Achrekar, UNAIDS*

Charting the Future of HIV Investment: Public Finance as Anchor and the Toolbox of Options

Mr. Brendan Kwesiga | Health Specialist, Health Economics and Financing, United Nations Office in Nairobi

Brendan Kwesiga opened his presentation with three framing propositions that structured everything that followed. The first is that the structural changes in the financing landscape are permanent: the aid architecture that carried the HIV response is not returning in its former configuration, and every planning decision must begin from that premise. The second is that public finance is the indispensable foundation on which all other financing instruments are built, and no innovative mechanism can substitute for a functioning public financial management system at the national level. The third is that there are real financing options available, but those options must be selected and designed in response to clearly defined problems, not adopted because of deal volume excitement or the novelty of the instrument.

On the public finance foundation, his argument was structural. The fragmentation that had historically characterised HIV financing in many African countries, with multiple funding streams flowing outside national treasury systems through parallel mechanisms, was itself a governance and sustainability problem. Integration of HIV financing through public financial management systems, including where national health insurance schemes are maturing, is not only an efficiency measure but a sovereignty measure. It ensures that the response sits within the accountability architecture of the state, subject to parliamentary oversight and domestic audit, rather than within the accountability architecture of donor programme managers. He also addressed the practical dimension of public finance performance, acknowledging that leakage through corruption and structural weaknesses in collection and expenditure systems are real constraints that must be named and addressed through system design as part of the sovereignty agenda.

His toolbox of financing options was organised by function: instruments that raise new money, instruments that expand budget space, and instruments that improve effectiveness and risk-sharing. Within the first category, he identified earmarked levies modelled on Zimbabwe's AIDS levy as performing strongly on both equity and scale parameters. Philanthropic and diaspora capital represent additional sources but require deliberate de-risking and directionality design, since capital flows to where it is attracted rather than where it is most needed, and without structural intervention, the equity risk of private financing is that it systematically avoids the hardest-to-reach services and populations.

Within the budget-expansion category, he identified debt swaps and debt buydowns as particularly relevant given the high debt distress levels across most African countries. The Global Fund's ongoing conversations with countries on this mechanism represent

a concrete channel through which debt obligations can be restructured or cancelled in exchange for domestic health investment commitments. These instruments score well on both equity and scale.

Within the effectiveness and risk-sharing category, he addressed outcome-based instruments including development and social impact bonds and blended finance structures. He was direct about the preconditions these instruments require: functioning data systems for outcome measurement, deal-structuring capacity, and investable programme pipelines. His position on sequencing was precise: governments should not wait for perfection before engaging with these instruments, but they must have basic measurement systems working before commitments to pay for results can be defensible. The Kenya social and development impact bond, in which the United Nations supported the inbuilt design of learning systems to address capacity gaps during implementation, was presented as a concrete model for how countries can build as they learn.

He gave particular attention to long-acting prevention technologies, specifically lenacapavir, as an area where innovative financing and procurement reform intersect. South Africa's exploration of local manufacturing linked to lenacapavir was presented not merely as a procurement strategy but as a point of convergence between the health financing agenda, the industrial policy agenda around local manufacturing and job creation, and the sovereignty agenda more broadly. Making the return on investment case for new prevention technologies to finance and health ministries is, in his framing, the entry point for securing the political commitment needed to move these instruments from pilot to population scale.

> *"The changes are structural and potentially permanent, and we must start from that premise. Public finance is the anchor and the foundation. The tools exist and there are real options, but they must be led from what problem we are trying to solve, not from what deal volumes are exciting or what innovation is fashionable. The instrument cannot come ahead of the thought." | Mr. Brendan Kwesiga*

MODERATED CONVERSATION

Following the two presentations, Florence Riako Anam convened a moderated conversation with both speakers, integrating live audience questions and building toward the leadership segment.

What Is the Single Greatest Opportunity for Africa over the Next Five Years?

Florence posed this question first to Ms. Achrekar, framing it within the reality of significant ongoing transition. Achrekar's answer was unambiguous: the greatest opportunity is leadership stepping into the change. Her formulation was direct: change is going to keep happening, the space is opening, and the question is whether African government and civil society leadership steps into that space to define what the future looks like, to design what it looks like, and to deliver it. She described this as a broad response but insisted on its precision: the design decisions being made now about the successor multilateral architecture, the new financing compact, and the institutional arrangements of the next phase of the HIV response are not decisions that will wait for African leadership to find consensus. They are being made now, and the window for African authorship is open but not permanently so.

Kwesiga built on this by connecting the leadership opportunity to the institutional momentum already present on the continent. He cited the African Leadership Meeting Declaration as a concrete example of the mechanism through which country-level commitment can be mobilised, noting that the Abuja Declaration's most lasting legacy was not the 15 percent target itself but the momentum it generated and the accountability conversation it sustained. The institutions that have been built since then, including those examined in Webinar 3, are now taking shape to drive country action rather than simply to declare intent. His framing: leadership declarations without institutions are aspirations, but the institutions now exist and the opportunity is to bring leadership and institutional capacity together to drive country-level commitment.

Florence added a dimension that neither speaker had fully named: the importance of African leadership framing the problem statement rather than inheriting frames designed externally. She argued that Africa has for too long implemented what others have framed, and that genuine leadership requires defining what the problem is before designing the solution. She also called for visible recognition of the leadership that already exists and has already demonstrated its capacity, including the rapid mobilisation of governments and civil society networks in early 2025 to sustain treatment continuity under the PEPFAR disruption.

What Role Should UNAIDS Play as Countries Assume Greater Ownership?

Florence directed this question to Ms. Achrekar from her position as a community representative and GNP+ leader, making explicit the direct dependence of community-led organisations on UNAIDS-supported financing and direction. Achrekar identified three areas where UNAIDS retains a distinctive and irreplaceable role in the transition. The first is data: epidemiological, financial, policy, and legal infrastructure data that guides investment decisions, tracks the response, and ensures that accountability is grounded in evidence rather than in donor reporting requirements. She situated UNAIDS's data function not as a bureaucratic output but as the evidentiary infrastructure on which every other accountability mechanism depends.

The second area is sustainability planning and operationalisation. She drew directly on the 2025 experience of countries absorbing the PEPFAR disruption, noting that the governments that moved most quickly and effectively were those that had been building sustainability planning infrastructure over prior years and were able to activate it under emergency conditions. UNAIDS's role in supporting that forward planning, she argued, must continue through the transition rather than being assumed to be complete when a sustainability plan document is produced.

The third area is community and civil society centrality. The sustainability of the HIV response will not be achievable without community leadership in designing, delivering, and monitoring the response. UNAIDS's joint programme structure, spanning its eleven co-sponsors, provides a unique capacity to bridge the gap between governments and civil society and to ensure that community leadership is not marginalised in the institutional consolidation that the UN80 reforms require.

How Can African Countries Mobilise Investment for New Prevention Tools?

Florence directed this question to Kwesiga, connecting it to both the lenacapavir opportunity and the broader agenda of financing innovation access for people living with and affected by HIV. Kwesiga's response addressed three dimensions. The first is the return on investment argument: the financial case for new prevention technologies must be packaged in the language of investment return and future cost avoidance rather than immediate budget cost, and this packaging must be designed specifically

for finance ministry audiences rather than only for health ministry counterparts. The second is the link to the manufacturing and industrial policy agenda: South Africa's local lenacapavir manufacturing exploration is a model because it connects the health access argument to a jobs and economic development argument that is persuasive to treasury and trade ministry stakeholders who are not primarily motivated by disease burden. The third is procurement reform: pooled procurement mechanisms at the regional level can alter price dynamics for new technologies in ways that no single-country system can achieve, and this argument is available now, ahead of the scale-up of lenacapavir, to negotiate pre-approval access arrangements and pricing structures that protect equity at scale.

An audience question pressed Kwesiga on the sequencing dilemma: given that deal-structuring capacity, outcome-measurement systems, and investable pipelines take years to build while the financing transition is already underway, should countries wait for preconditions to be in place before engaging with innovative instruments or treat the instruments as the vehicle through which they build the capacity? His answer drew the distinction clearly: if the basic public financial management foundation is not functioning, waiting is appropriate, because result measurement is impossible without data systems and accountability structures. But if the basics are working, there is no reason to wait for perfection. Building as you learn is both possible and necessary, with the crucial proviso that the instrument must be selected to address a named problem rather than adopted for its novelty or its deal volume.

AHCWG LEADERSHIP CONVERSATION

The concluding segment brought Dr. Michel Sidibe and Dr. Alex Coutinho into a facilitated leadership conversation moderated by Florence Riako Anam. The conversation was explicitly framed as a forward-looking reflection on what kind of leadership Africa needs to sustain and ultimately end AIDS, drawing on the full arc of the series to generate positions for deployment at AIDS 2026.

What Must Africa Do to Ensure Country Ownership Becomes More Than an Aspiration?

Dr. Michel Sidibe | Former Executive Director, UNAIDS

Dr. Michel Sidibe opened by grounding his response in historical confidence rather than historical nostalgia. He observed that over 40 years, every prediction that Africa could not succeed in the HIV response has been proven wrong, and that the continent has, through sustained effort, built something it did not have 30 years ago: stronger institutions, scientific excellence, community leadership that is among the best in the world, political experience, and above all, confidence in its own capacity. His framing was deliberate: the future of HIV is no longer being decided by the virus, as it was in the early epidemic. It is being decided by politics and economics, and whether Africa has the willingness to lead in those domains.

On the operational question of how country ownership becomes real rather than aspirational, his analysis identified four requirements. Setting national priorities through an African-led problem framing rather than inheriting externally defined frameworks. Building capable institutions that can sustain the response through political transitions and fiscal shocks. Mobilising domestic resources with accountability for results rather than accountability to donor reporting requirements. And using African data to drive African decisions, so that the evidentiary base for the response is generated and owned domestically rather than produced for and owned by external partners.

The formulation he offered as the sharpest analytical statement of the ownership agenda was direct: countries must become the conveners of partnership, not simply the recipients of projects. He described most externally designed projects as feel-good exercises: present today, gone tomorrow, applauded but not sustained. A response that is owned is one in which communities are at the centre, not because they are consulted in programme design but because citizens recognise the HIV response as their own responsibility and actively participate in it. He cited the history of the HIV response as proof that this is achievable: the epidemic's progress was broken when communities claimed ownership of the response, and the next chapter requires the same quality of ownership at the governmental and institutional level.

> *"Ownership begins where dependency ends. Countries must become the conveners of partnership, not simply the recipients of projects. Community must remain at the centre. Anything we do that is not done with communities will not be sustainable, and will not be owned by ourselves." | Dr. Michel Sidibe*

How Can Countries Sustain HIV Gains While Building Integrated Health Systems?

Dr. Alex Coutinho | Director, Kofi Annan Global Health Leadership Programme; Member, AHCWG

Dr. Alex Coutinho opened with a parallel historical framing, noting that Africa is not where it was: the continent demonstrated during the AIDS treatment scale-up that it can deliver antiretroviral therapy to millions even when scepticism was profound, and demonstrated again during COVID that it can endure, survive, and adapt under conditions of acute global pressure. The geopolitical changes underway may isolate Africa further, he argued, but in that isolation lies the opportunity to achieve the sovereignty the continent has sought.

His analytical contribution centred on the relationship between HIV programme sustainability and health system integration. He argued that the appropriate health system architecture for Africa is government-led, but that the best-performing version of such a system incorporates an all-of-society approach encompassing private sector, civil society, and communities in genuine co-production rather than in advisory roles. HIV integration into primary healthcare and universal health coverage frameworks is not a technical merger but a governance decision: it requires deliberate design choices about how accountability for the HIV response is maintained within a broader health system architecture, and how HIV-specific knowledge, community relationships, and programme structures are carried into the integrated system without being diluted or lost.

On the specific question of what sustains HIV gains through health systems integration, he identified five requirements. Government-led systems that recognise health as everyone's business and actively create space for private sector, civil society, and community participation. Investment in data and innovation, including digital health infrastructure, so that the evidence base for decision-making is domestic, current, and actionable. Investment in community and civil society organisations as delivery partners, not as recipients of project funding that can be withdrawn at the discretion of external actors. Deliberate use of the geopolitical opening to negotiate for the technologies, intellectual property access, and partnership terms that Africa needs on Africa's terms. And leadership at every level, from head of state to community level, that is committed to results and accountability rather than to presence in high-level meetings.

His closing argument connected leadership to the survival of community-led services in the transition. He observed that community organisations, like governments, need to move away from dependency on external project funding and toward sustainable financing arrangements that give them organisational agency. This transition for civil society mirrors the country ownership transition for governments, and must be designed alongside it rather than as an afterthought.

> *"Leadership drives resilience, adaptation, and change, which is what we need right now. Leadership ensures synergy and a common vision. Leadership facilitates innovation and entrepreneurship so that new ways of service delivery can be explored. It all comes back to leadership, but it must be leadership focused on delivering results, because it is results that will save the lives of our people." | Dr. Alex Coutinho*

Financing, Governance, or Partnership: Which Represents the Greatest Opportunity for Transformation?

Florence posed this synthesis question to both leaders, asking Sidibe to respond from a governance perspective and Coutinho from an implementation perspective. The responses, as she had anticipated, converged on leadership as the category that subsumes and enables the others.

Sidibe's governance response was precise: none of the three can function without the others, but the precondition for all three is accountability, and accountability is a function of leadership quality. Without proper leadership, human rights are not protected, and the right to health is the structural foundation on which ownership becomes real. The accountability question he identified as most urgent is not accountability to donors or to monitoring frameworks but accountability to results, to equitable decisions, and to the fight against inequity. On financing specifically, he argued that it is not a technical issue but a political one: it requires leaders who are willing to hold themselves and their governments accountable for whether health resources reach the communities that need them, and who are willing to be judged by that standard.

Coutinho's implementation response named leadership explicitly as the answer rather than choosing among the three offered categories. Results-driven leadership at every level is what drives financing commitments, makes governance frameworks accountable, and converts partnership declarations into delivered services. He identified five things that leadership specifically enables in the implementation context: resilience and adaptation in the face of external shocks; a common vision and coordinated commitment across actors; innovation and entrepreneurship in service delivery models; uptake and adaptation of digital technology; and early warning systems that identify when the response is diverging from plan and create the institutional conditions for course correction.

CLOSING REFLECTIONS AND AIDS 2026 POSITIONS

Florence Riako Anam synthesised the session and the series in a closing reflection that she named explicitly as a challenge to the AHCWG and to all participants. She identified the central analytical argument: if the burden of HIV is in Africa, and if the region is currently facing the most significant transitions in the history of the response, then African leaders, including the leadership of people living with HIV and those most impacted, must be bold enough to frame what the problem statement is for Africa. The mechanisms for addressing that problem must be led from that leadership. The

organisations of movement and advocacy must be structured around that leadership. And the collaboration with governments and regional leaders must be deepened and made more strategic, not more deferential.

She closed the series with five positions she described as the AHCWG's contribution to AIDS 2026.

First: African leadership must frame the problem. For too long, external actors have defined what the HIV problem in Africa is and what solutions are appropriate, and African institutions have implemented those externally framed solutions. The shift required is not incremental but structural: African governments, scientific institutions, civil society, and communities must assert their right and their capacity to define the problem statement, and partners must accept that this reframing changes the terms of engagement.

Second: Ownership begins where dependency ends. This applies equally to governments, to community-led organisations, and to civil society networks. Any transition in financing arrangements or multilateral architecture that does not deliberately build the organisational and financial independence of community-led organisations is an incomplete transition that reproduces the structural dependency it claims to be solving.

Third: The UN80 reforms are a design moment, not only a disruption moment. The restructuring of UNAIDS, the assessed merger of UNFPA and UN Women, and the relocation of UN development capacity present a genuine opportunity to insist that the successor architecture is built with African authorship. The proposals to anchor more UN capacity in Nairobi and across the continent represent an opening that African governments and the AHCWG should advocate for with full force at AIDS 2026 and in the intergovernmental processes that will determine the reform outcome.

Fourth: Community-led services must be deliberately financed, not incidentally reached. The most consistent finding across all four webinars is that services for key populations, adolescent girls, children, and other marginalised groups are the services most exposed in every financing and governance transition. Innovative instruments, domestic financing frameworks, and partnership designs must name these services explicitly and create protected financing channels for them, not leave their survival to the residual of whatever other financing can be mobilised.

Fifth: The series must generate a lasting resource, not a final report. The four webinars have produced an integrated analytical architecture spanning the fiscal, legislative, operational, and political economy dimensions of a sovereign HIV response. That resource must be converted into practical tools: model legislative provisions, procurement frameworks, partnership negotiating templates, and advocacy briefings that African governments, parliamentarians, and civil society organisations can use in their immediate work.

AUDIENCE ENGAGEMENT: PARTICIPANT QUESTIONS AND MENTIMETER RESULTS

Questions from Participants

Participant contributions across the session addressed three themes that deepened and extended the panel discussion.

On sequencing and capacity building: A participant question to Brendan Kwesiga asked whether innovative financing instruments should be held back until the preconditions

of deal-structuring capacity, outcome measurement, and investable pipelines are in place, or whether the instruments themselves are the vehicle through which countries build that capacity. Kwesiga's response distinguished between countries with functioning public financial management foundations, for which building as you learn is possible and appropriate, and countries without basic data and accountability systems, for which attempting to implement outcome-based instruments before the foundation is working would be counterproductive. The Kenya social impact bond experience, in which capacity gaps were identified and addressed within the design of the instrument itself, was presented as a replicable model.

On community-led services and private capital: Multiple participant contributions raised the structural gap between the services most likely to attract private and outcome-based capital and the services most needed to reach key populations and marginalised groups. Both Kwesiga and Achrekar acknowledged this as the central equity challenge in the innovative financing agenda, and the session generated consensus that de-risking mechanisms, outcome funds with blended public and private capital, and explicit programmatic earmarking for community-led services are necessary structural interventions rather than optional enhancements.

On the UNAIDS transition and community data: A participant noted the centrality of UNAIDS-supported instruments, including the People Living with HIV Stigma Index and community-led monitoring frameworks, to the accountability architecture that has made community experience visible in formal decision-making systems. Achrekar affirmed that these instruments are designed to be institutionalised within government and Global Fund structures, and described their sustained availability as a condition of the accountability function that UNAIDS must preserve through the UN80 transition regardless of what organisational form that function takes.

Mentimeter Poll Results

Two Mentimeter polls were conducted across the session. The opening poll established the audience's diagnostic of the central challenge; the closing poll captured the priority reform orientations the session had generated.

Opening Poll: In one or two words, what is the biggest challenge facing the future of HIV control in Africa?

Response Option	Participant Ranking
Financing and dependence on donors	**Highest**
Africa ownership and lack of ownership	Second
Limited focus on prevention and complacency	Third
Domestic financing and country leadership	Fourth

Closing Poll: What is the highest priority for sustaining and transforming Africa's HIV response?

Response Option	Participant Ranking
Strengthening African leadership and country ownership	**Highest**
Mobilising domestic resources and innovative financing	Second
Reforming multilateral architecture with African authorship	Third
Protecting and sustainably financing community-led services	Fourth

POLICY OUTPUTS AND SERIES CONCLUSIONS

The four-part series, taken together, has generated five consolidated advocacy positions that constitute the AHCWG's contribution to the AIDS 2026 agenda and to the sustained reform work the Working Group will carry forward.

The Problem Statement Must Be Owned by Africa

The series established a consistent diagnostic across all four sessions: the structural gap in the African HIV response is not primarily one of technical knowledge, institutional design, or financial instruments. The gap is in the political and governance decision to use the institutions, instruments, and frameworks that Africa has built on African terms, in service of African-defined priorities. This begins with the problem statement. A response designed around externally framed problems will perpetuate the structural dependencies it is trying to transcend. The AHCWG's role, as articulated by both Dr. Sidibe and Florence Riako Anam in the closing session, is to assert that African governments, scientific institutions, civil society, and communities have the standing and the capacity to define what the HIV problem in Africa is, what solutions are appropriate, and what success looks like.

Country Ownership Requires Deliberate Architectural Decisions

Ownership is not achieved by declaration. Across all four webinars, the sessions established the specific architectural decisions required: protected domestic budget lines and earmarked levies at the fiscal layer; enabling legislation that binds successive administrations to financing and rights commitments at the legislative layer; AMA-anchored regulatory harmonisation, collective procurement, and pharmacovigilance governance at the operational layer; and reframed partnership terms, African authorship of the UN80 successor architecture, and community-centred financing design at the political economy layer. Each layer reinforces and depends on the others. Financing architecture without legislative protection does not survive political transition. Legislative protection without supply-side sovereignty does not convert into access. Supply-side sovereignty without equitable partnership terms reproduces dependency at the operational level. The series has articulated all four layers in an integrated framework.

Public Finance Is the Non-Negotiable Foundation

The most consistent technical finding across the series, and most sharply articulated in Webinar 4, is that no innovative financing instrument can substitute for a functioning public financial management foundation. Deal-structuring capacity, outcome

measurement systems, and investable pipelines are all built on top of national systems that can collect resources, allocate them accountably, and track their use. Countries that attempt to import innovative instruments before that foundation is working will not achieve the equity, scale, or accountability that the instruments promise. Investment in that foundation, including the legal and regulatory frameworks, the data infrastructure, and the institutional capacity to design and oversee complex financing structures, is the precondition on which all other options rest.

Community-Led Services Require Protected Financing, Not Residual Access

Every session in the series identified community-led and key population services as the most acutely exposed services in every financing and governance transition, and the most essential to sustaining the response at the point where transmission remains highest. The evidence is consistent across fiscal, legislative, operational, and political economy analysis: these services are the least likely to attract private or outcome-based capital without deliberate de-risking structures, the most likely to lose institutional support as multilateral bodies restructure under the UN80 reforms, and the most essential to the epidemic control objectives that all other investment is intended to serve. Protected financing for these services, through domestic budget lines, Global Fund programmatic earmarks, and blended instruments with explicit community-led service provisions, is not a marginal equity consideration but a core programme design requirement.

The Series Generates a Platform, Not a Conclusion

The four webinars have produced an integrated analytical resource. The policy outputs, advocacy positions, and analytical frameworks generated across the series are intended to function as a living resource for adaptation by African governments, civil society organisations, regional institutions, and the AHCWG's ongoing work. The series has demonstrated both the urgency and the practical achievability of the architecture it has described. Translating that architecture from analytical outputs into legislative decisions, procurement reforms, partnership renegotiations, and advocacy positions at AIDS 2026 and beyond is the work the AHCWG carries forward.

CONCLUSION

The fourth and final session of the AHCWG 2026 Financing, Policy and Resilience Series closed on the eve of AIDS 2026 with a conclusion that Florence Riako Anam stated as the central challenge to the continent's leadership: the HIV response has been built by Africa, has succeeded because of African leadership, science, and community commitment, and must now be led by Africa in every dimension, not only in programme delivery but in problem framing, architecture design, financing negotiation, and partnership terms.

The session's analytical contribution was to connect the institutional changes underway in the global health architecture, specifically the UN80 reforms and the contraction of traditional donor financing, to the financing and governance options that are available and the leadership decisions that will determine whether those options produce sovereign, community-centred, and durable outcomes. Dr. Sidibe's formulation named the operative principle of the full series: ownership begins where dependency ends. That transition, from a response built on donor architecture to a response built on African institutional, fiscal, and governance foundations, is the work that all four webinars have been designed to support.

The AHCWG's contribution to AIDS 2026 is a coherent analytical framework, a set of consolidated advocacy positions, and a demonstrated capacity to convene the continent's most experienced voices in HIV leadership, governance, and financing around a shared agenda. The next chapter will not simply be implemented in Africa. It will be shaped by Africa.

EVENT DETAILS

Webinar Title	The Future of HIV Control in Africa: Financing, Policy and Resilience
Sub-Title	Shifting Global Health Architecture: HIV in the UN80 Reforms and the Future of Investment in Africa
Series Title	AHCWG 2026 Financing, Policy and Resilience Series | Webinar 4 of 4 (expanded)
Date	22 July 2026 at 14:00 EAT
Format	Virtual Webinar with AI-Powered Multilingual Interpretation
Duration	90 Minutes
Convener	African-led HIV Control Working Group (AHCWG)
Supported By	Policy Strategy Group (PSG)
Convened Ahead Of	AIDS 2026, Rio de Janeiro, 26-31 July 2026 (Theme: Rethink. Rebuild. Rise.)
Preceding Sessions	Webinar 1: Protecting Core Services with Domestic Investments (22 April 2026); Webinar 2: Policy Frameworks for Sustainable HIV and Healthcare Financing (27 May 2026); Webinar 3: Regulatory Environments and Resilience Partnership Models (24 June 2026)
Moderator	Florence Riako Anam, Co-Executive Director, GNP+
Speakers	Ms. Angeli Achrekar (UNAIDS); Mr. Brendan Kwesiga (UNON); Dr. Michel Sidibe (Former Executive Director, UNAIDS); Dr. Alex Coutinho (Kofi Annan Global Health Leadership Programme)