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14 August 2009

UNICEF follow-up to recommendations and decisions of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board meetings

Oral report background document

1. The 22nd, 23rd and 24th Programme Coordinating Board (PCB) meetings, held in April and December 2008 and June 2009, discussed a number of issues of relevance to UNICEF:

- Strengthened collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria
- Gender-sensitivity of AIDS responses
- HIV prevention among injecting drug users
- The 2010-2011 Unified Budget and Workplan and 2008-2009 reports
- The second independent evaluation of UNAIDS

Strengthened collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria

2. UNICEF is supporting the implementation of the 3 June 2008 Memorandum of Understanding between UNAIDS and the Global Fund, and the development of a technical support strategy, which will draw upon existing analysis and studies commissioned by the Coordination on AIDS Technical Support Group, UNAIDS and the Global Fund. The technical support strategy consultation involves a broad range of stakeholders: country and regional partners; civil society; donors and bilateral partners; international funding mechanisms; UNAIDS Cosponsors and UNAIDS country offices, as well as potential technical support providers. A preliminary draft of the technical support strategy will be available by early autumn 2009.

3. The Global Fund provides one quarter of international financing for AIDS and is an important partner for children and AIDS. Through participation in the '70 per cent success' coalition, which aims to increase the number of successful Global Fund applications on AIDS, UNICEF has been proactively engaged in the provision of technical assistance to national Governments in both the development and implementation of Global Fund proposals. A UNICEF analysis in the East Asia and Pacific region found that where UNICEF offices engaged the country coordinating mechanisms (CCMs) and invested a considerable amount of staff time in proposal

* E/ICEF/2009/16.

development, proposals with a focus on one or more of the ‘Four Ps’ were successful. UNICEF is represented in the CCMs of 70 of the 106 countries eligible for Global Fund funding. UNICEF staff from the West and Central African region participate in most CCMs – 18 (75 per cent of eligible countries) – while the East Asia and Pacific region covers the largest proportion of the CCMs – 85 per cent (11 CCMs). As a response to the new Global Fund focus to support national AIDS strategic plans, UNICEF is developing the capacity of its technical staff to provide the needed assistance through the AIDS Strategic Action Plan (ASAP) initiative.

Gender-sensitivity of AIDS responses

4. UNICEF participated with UNAIDS in developing an inter-agency strategy to address HIV and women and girls (UNAIDS Action Framework). Substantive guidance was also provided to support the Global Fund in the development of gender strategies. UNICEF is also supporting a compilation of evidence on the links between gender-based violence and HIV in the Eastern and Southern Africa region. This work will contribute to the development of operational guidance on gender as well as an HIV and gender component for the ASAP training programmes of UNICEF, UNAIDS and the World Bank. UNICEF will further support UNAIDS, as appropriate, in developing, implementing and monitoring an operational plan of the ASAP framework.

HIV prevention among injecting drug users

5. UNICEF, the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and UNAIDS are committed to working in partnership with national and international stakeholders, providing technical support for accelerating the scale-up of programmes and tracking progress in prevention of mother-to-child transmission (PMTCT) of HIV, including the provision of care and support to the most vulnerable populations, such as women who are dependent on drugs, and their children and families. A regional consultation in Yalta, Ukraine (July 2009) organized by UNICEF in collaboration with WHO, UNAIDS and UNODC, focused on specific needs of HIV-positive female drug users and their infants, considered challenges that HIV-positive pregnant injecting drug users face in accessing ARV prophylaxis, and identified next steps and strategies to improve PMTCT access for women in Eastern Europe and Central Asia who are dependent on drugs. UNICEF, in partnership with the London School of Hygiene and Tropical Medicine, is also conducting a seven-country project in Central and Eastern Europe, focused on providing concrete evidence on adolescents’ risk-taking behaviours and access to harm-reduction services. Findings are further guiding UNICEF response around at-risk and marginalized groups.

The 2010-2011 Unified Budget and Workplan and 2008-2009 reports

6. The 24th PCB endorsed the 2010-2011 Unified Budget and Workplan action agenda, priority areas and budget. The budget is set at the same level as in 2008-2009 (\$484.4 million), but the distribution among the secretariat, Cosponsors and inter-agency resources has changed. The excellent progress of UNICEF in implementing the 2008-2009 Unified Budget and Workplan resulted in a 9 per cent allocation increase for 2010-2011. UNICEF welcomed receiving the additional funding and committed to supporting universal access to prevention, treatment, care and support.

7. UNAIDS identified nine priority areas in which joint action will make a significant difference to the AIDS response. The nine priority areas cover the ‘Four Ps’ of Unite for Children, Unite against AIDS. As the co-lead agency on PMTCT – together with WHO – UNICEF is

dedicated to supporting the UNAIDS call for virtual elimination of mother-to-child transmission of HIV worldwide by 2015. At a regional consultation on accelerating PMTCT and paediatric treatment in Eastern and Southern Africa (May 2009), UNICEF and partners agreed on a regional PMTCT and paediatric care acceleration agenda to reach 80 per cent coverage of PMTCT services by 2010 and a 50 per cent reduction of new paediatric infections by 2015.

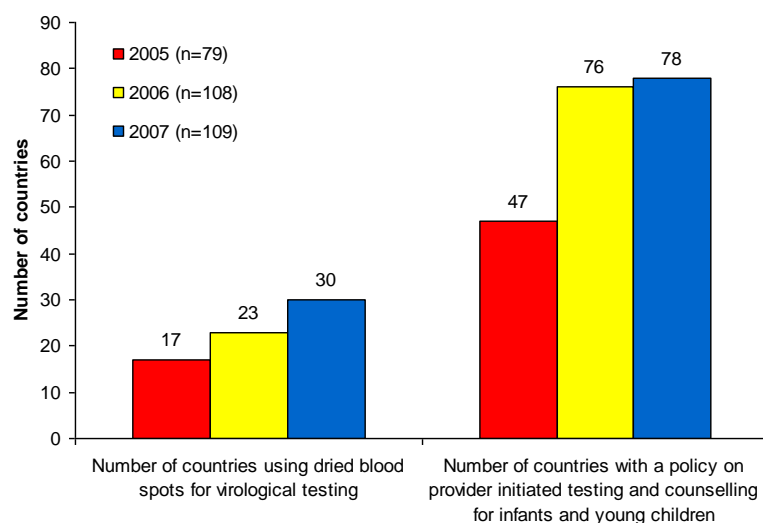
The second independent evaluation of UNAIDS

8. The evaluation team has completed the evidence-gathering phase, including 12 country visits; regional consultations; interviews and meetings with Member States, civil society, the UNAIDS secretariat and all 10 Cosponsors at global, regional and country levels; meetings with UNAIDS senior management; and web-based surveys of PCB members and general stakeholders. UNICEF participated in the June 2009 stakeholder consultations on preliminary evaluation findings. The evaluation team is now writing the draft final report. The report was sent to the Oversight Committee on 7 August, and will be reviewed at its meeting, scheduled for 2-4 September 2009. The final report will be sent directly to the PCB Chair on 30 September. The Evaluation Report, the UNAIDS response and the Oversight Committee report on the quality of the evaluation will be discussed at the 25th PCB meeting, scheduled for 8-10 December 2009.

Annex: Summary on progress around children and AIDS

1. The Unite for Children, Unite against AIDS initiative has been instrumental in putting children more centrally on the AIDS agenda. Launched in 2005 by UNICEF, UNAIDS and partners, the initiative focused on four programmatic interventions (the 'Four Ps'): (a) preventing mother-to-child transmission of HIV (PMTCT); (b) providing paediatric treatment; (c) preventing HIV infection among adolescents and young people; and (d) protecting and supporting children affected by HIV and AIDS. In June 2009, the initiative's management meeting found Unite for Children, Unite against AIDS to be on track and requested options for sustaining this work for the remainder of the UNICEF medium-term strategic plan 2006-2013.
2. Over the past year, UNICEF demonstrated global leadership in strengthening the knowledge and evidence base on HIV and children and in using this evidence to inform policy and planning. Coverage of antiretrovirals (ARVs) for PMTCT in low- and middle-income countries increased from 10 per cent in 2004 to 33 per cent in 2007. While 2008 data will not be published until late September 2009, sustained progress is evident from nationally reported figures. UNICEF emphasized support to countries that shoulder the heaviest burden of HIV. South Africa, home to more than 200,000 pregnant women living with HIV in 2007, witnessed substantial increases in the coverage of ARVs for PMTCT – from 15 per cent in 2004 to 57 per cent in 2007. Coverage also increased in Mozambique, from 3 per cent to 46 per cent, and in Kenya, from 25 per cent to 69 per cent, during the same time period. To sustain and further increase progress in the area of PMTCT and paediatric care, support and treatment, UNICEF and partners supported the development and pilot testing of an innovative packaging of PMTCT-related commodities. This original 'Mother-Baby Pack', designed to be user-friendly and affordable, will simplify PMTCT commodity delivery and accelerate service scale-up of more efficacious ARV prophylactic regimens for PMTCT and cotrimoxazole prophylaxis in resource-limited settings.
3. At the end of 2007, nearly 200,000 children under the age of 15 living with HIV received ARV treatment, up from 75,000 in 2005. While 2008 data will be available only in late September 2009, it is anticipated that updates will confirm sustained progress in paediatric care, support and treatment. In 2008, Unite for Children, Unite against AIDS strategically focused its efforts on early infant diagnosis scale-up and on strengthening the continuum of care system for children and mothers. UNICEF provided new equipment, making dry blood spot testing a more widespread practice in many countries (see figure 1). In Zambia, documentation of HIV status on child health cards began in 2006. Since then, the number of HIV-positive children accessing ARV treatment has more than doubled. Following the inclusion of this information, the number of HIV-exposed children benefiting from a virological test increased dramatically, from 1,931 in 2006 to 7,664 in 2007 and 17,138 by the end of 2008. The ability to track progress has helped build country-level and global support, interest and visibility, which in turn favored increased capacity to influence and leverage resources to scale up programmes. UNAIDS, WHO and UNICEF developed a joint reporting tool for PMTCT and paediatric care, support and treatment to harmonize data collection and reporting.

Figure 1. Number of low- and middle-income countries with virological testing and policies for provider-initiated testing and counselling for infants and young children, 2005–2007



4. In 2008, UNICEF procured HIV/AIDS commodities worth \$68.7 million. ARVs represented 80.9 per cent of total commodities procured, followed by HIV tests (16.4 per cent) and sexually transmitted infection tests (2.7 per cent). Paediatric ARV treatments still account for a very small portion of that (less than 1 per cent of the total). The majority (95 per cent) of ARVs procured for PMTCT in 2008 continued to be for first-line treatment. In 2009, there has been significant procurement activity for HIV/AIDS commodities. This is mainly because some of the high-burden countries UNICEF supports through procurement services confirmed their orders for ARV medicines in January. ARV orders worth \$34.8 million, including orders for PMTCT and paediatric care, were placed during the first two months of 2009.

5. The generation of evidence in 2008 by key partners, such as the Joint Learning Initiative for Children and HIV/AIDS and the Interagency Task Team, underscored that protection, care and support programmes should be AIDS-sensitive. This means that within geographical areas where HIV prevalence is higher (communities, districts, provinces, states and countries), broader targeting is appropriate to reach all vulnerable children. The 4th Global Partners Forum on children affected by AIDS (Dublin, October 2008), co-convened by Irish Aid of the Government of Ireland, UNAIDS and UNICEF, established global consensus around a firm evidence base for children affected by AIDS. Findings recommend that investments should be directed towards increasing access to basic services, ensuring appropriate alternative care and providing social support and protection from abuse and neglect. Social transfers were also shown to be effective, especially in the context of rising food prices. By the end of 2008, 32 countries had developed or finalized national plans of action benefiting children affected by AIDS.

6. Recognizing the need for prevention efforts that address the specific risks and vulnerabilities of young people and also take local realities into consideration, UNICEF in 2008 strengthened the evidence base for more effective programming for HIV prevention among adolescents and young people in all regions. The analysis of disaggregated data from the Demographic and Health Survey conducted by the UNICEF regional office in Eastern and Southern Africa showed that in most

countries in Southern Africa, HIV prevalence was still quite low among girls aged 15-17, compared to young women aged 23-24. As a result, the UNICEF regional office in Eastern and Southern Africa led a multinational process to accelerate HIV prevention programming to reach all girls aged 15-17 in countries in Southern Africa. Burkina Faso, Central African Republic, Cameroon, the Democratic Republic of Congo and Nigeria formalized strategies in 2008 to work with the youngest adolescents. UNICEF also engaged in efforts to promote HIV-prevention life skills education throughout all regions. By the end of 2008, 79 countries had integrated HIV and AIDS education into their national curricula at the secondary level, up from only 56 countries in 2005. This result is significant because evidence shows that too few young people have the life skills or the comprehensive knowledge about HIV on which to base informed decisions regarding sexual and reproductive health and substance use.
