

**Progress report on implementation of the recommendations of the
UNAIDS Global Task Team that are of relevance to UNICEF: oral report**

1. The UNICEF Executive Board endorsed the 2005 recommendations of the Global Task Team (GTT) on Improving AIDS Coordination among Multilateral Institutions and International Donors at the Board's second regular session of September 2005 (decision 2005/19, E/ICEF/2005/5/Rev.1). At the joint meeting of the Executive Boards of the United Nations Development Programme/United Nations Population Fund (UNDP/UNFPA), UNICEF and the World Food Programme (WFP) in January 2006, delegates received an update on the implementation of the GTT recommendations. The independent assessment on progress towards implementation of the GTT recommendations will be presented at the June 2007 Programme Coordinating Board (PCB). The Secretariat and the Cosponsors of the Joint United Nations Programme on HIV/AIDS (UNAIDS), including UNICEF, have provided inputs to facilitate the above-mentioned analysis.
2. Of the 25 time-bound GTT recommendations, the following 4 have specific relevance to UNICEF:
 - (a) "UNAIDS to agree on United Nations system division of labour at the June 2005 PCB" (Recommendation 3.3.1);
 - (b) The "Secretary-General to communicate to the United Nations Resident Coordinators by September 2005; and the United Nations Development Group to ensure that joint teams with unified programmes are established in 5-10 countries by December 2005" (Recommendation 3.1.1);
 - (c) "The Global Fund, and the World Bank and other parts of the UN system to jointly report progress on addressing bottlenecks to procurement and supply management by June 2006" (Recommendation 2.2.4);
 - (d) "WHO, UNICEF, UNFPA, UNDP, the World Bank, UNAIDS Secretariat and Global Fund to take the lead and establish the joint United Nations system-Global Fund problem-solving team by July 2005" (Recommendation 3.2.2).
3. In line with the UNICEF medium-term strategic plan for 2006-2009, Unite for Children, Unite against AIDS campaign and the GTT recommendations, UNICEF is working with partners towards the achievement of the Millennium Development Goals and the scale-up towards access to HIV prevention, treatment, care and support by 2010. The UNAIDS Technical Division of Labour

* E/ICEF/2007/8

identifies UNICEF as the lead organization in prevention of mother-to-child transmission (PMTCT) of HIV, jointly with the World Health Organization (WHO); procurement and supply management, including training; and care and support for people living with HIV, orphans and vulnerable children, and affected households (Recommendation 3.3.1). In addition to the above-mentioned areas of responsibilities, UNICEF, through the UNAIDS Inter-Agency Task Team (IATT) and other mechanisms, is supporting partners, including the United Nations Educational, Scientific and Cultural Organization, UNFPA, WFP, UNDP, WHO and the World Bank, in their lead responsibilities. To date, at least 65 United Nations Theme Groups on HIV/AIDS have established joint United Nations teams on AIDS, with UNICEF participation in each of them (Recommendation 3.1.1). A number of joint teams have adapted the UNAIDS Technical Support Division of Labour to the specific country context.

4. In January 2007, UNICEF, UNAIDS and WHO issued *Children and AIDS: A stocktaking report*, which provides an overview of progress in the year since the launch of the *Unite for Children, Unite against AIDS* campaign. The report found that the world's response to protecting and supporting children affected by HIV/AIDS remains insufficient. However, critical changes are afoot.

5. Although only 1 in 10 HIV-infected pregnant women in low- and middle-income countries is receiving antiretroviral (ARV) prophylaxis for PMTCT, 7 countries¹ are on track to meet the target of 80-per-cent access coverage by 2010. In Namibia, Rwanda, Swaziland and South Africa, trends in ARV access for PMTCT are starting to show increases, largely because of collective efforts at country level. In the past four years, Mozambique has increased the number of health care sites offering PMTCT services from just 8 in 2002 to 222 in December 2006. Sixty-seven PMTCT sites received direct support from UNICEF. In Botswana, which now has a fully scaled-up programme for all public health care facilities, UNICEF and partners have contributed to strengthening community involvement and counselling skills around optimal infant and young child feeding practices. In an effort to accelerate country level action and to leverage national commitment and action to support the scale-up of nationally-driven PMTCT and paediatric HIV programmes, UNICEF and WHO are leading IATT technical missions to high-burden countries. To date, 10 joint technical IATT missions² have taken place. As a result, countries have revised their strategies and are making progress in expanding service provision using a decentralized management approach to increase the number of infants and children accessing PMTCT and paediatric treatment services. In March 2007, the UNITAID (International Drug Purchase Facility) Board voted to provide UNICEF and WHO with funding in 2007 and 2008 to support PMTCT scale-up across countries that have participated in the joint technical IATT missions. In addition, UNICEF and WHO jointly produced PMTCT guidelines, manuals and protocols, and trained health personnel in most countries of the region.

6. At the global level, while access to paediatric HIV treatment has improved considerably in the last 12 to 18 months, overall access remains unacceptably low. UNICEF, WHO, and UNAIDS estimate that approximately 15 per cent of children in need, received antiretroviral treatment by end 2006. This ranges from coverage estimates of 13 per cent for children in sub-Saharan Africa, where the largest numbers of children in need of HIV treatment live, to coverage estimates of 67 per cent for children in Latin America. In China, UNICEF supported the development of national guidelines

¹ Argentina, Botswana, Brazil, Jamaica, Russian Federation, Thailand and Ukraine

² Botswana, Burkina Faso, Cameroon, Cote d'Ivoire, India, Lesotho, Malawi, Rwanda, the United Republic of Tanzania and Zambia

for the treatment of children living with HIV. India developed and instituted a national paediatric HIV/AIDS framework in 2006 and has begun to train doctors and medical staff in HIV diagnostics and treatment for infants and children. In Botswana, Kenya, Rwanda, Lesotho and South Africa, as a result of the successful pilots on improved methods of infant diagnosis (such as the use of filter paper-based 'dried blood spot' to collect and transport samples to virological testing sites), more infants and small children are being safely and efficiently tested and treated. Throughout East and Southern Africa, UNICEF has also provided technical support for improving the integration of paediatric treatment and care into other health services, with particular attention to decentralization, bringing paediatric care closer to rural and isolated families and communities. Gabon, Senegal and Burkina Faso, have decided to eliminate or decrease fees for paediatric care for children affected by HIV and AIDS. UNICEF also supported partners in the establishment of universal guidelines on the care of children infected with HIV, including provision of cotrimoxazole prophylaxis for HIV-exposed and infected children, and protocols for infant diagnosis. UNICEF and WHO will work together with the Clinton Foundation, which has received UNITAID funding to support paediatric HIV care and treatment in 40 countries to ensure coordination and synergy of activity at country level.

7. The 2006 Global Partners Forum on Children affected by HIV/AIDS recommended a greater focus on education and social protection priority interventions. Throughout 2006, children affected by HIV/AIDS featured more systematically in health and education services, social protection measures and budgetary and development instruments. More than 20 sub-Saharan countries now have coordinated national plans of action to support children affected by HIV/AIDS. Ethiopia's national plan of action is supporting vulnerable children through a community-based approach looking at access to health, education, psychosocial support and counselling, and financial support for caregivers through micro-credit revolving funds and cash grants. In Kenya, Malawi and Zambia, UNICEF is working with partners to support pilot programmes of cash transfer to families with orphans and vulnerable children. Preliminary results in Kenya and Malawi indicate that the grants are associated with children returning to school, greater investment in capital goods to improve income, and declining dependency levels among the poor, leading to psychological improvement in households and communities. Evidence also suggests that the nutritional status of children in these households improved. Of 24 sub-Saharan countries that measured the school attendance ratio of orphans to non-orphans over time, 15 showed a decline in disparity. The disparity declined strikingly in Kenya, where policy interventions are in place to abolish school fees and provide additional support to caregivers and communities caring for orphans. In 14 countries in East and Southern Africa, UNICEF and partners are joining efforts to improve the capacity of schools to go beyond their education mandate by offering psychosocial support and other forms of care, along with special measures to reduce violence in schools, improve safety and sanitation facilities, and reach out to parents.

8. UNICEF is also leading a collaborative effort on procurement and supply management (PSM), including training in the area of HIV/AIDS programming. Since technical assistance in PSM in the area of HIV/AIDS is a multifaceted endeavour, an inter-agency working group was established to ensure coordination of activities within the United Nations, and to facilitate engagement of key development partners through existing networks rather than duplicating efforts (Recommendation 2.2.4). Core members of the working group include the Global Fund to Fight AIDS, Tuberculosis and Malaria, UNFPA, UNDP, UNICEF, WHO and the World Bank. Countries in need of assistance were identified through various mechanisms, including the Global Implementation Support Team (GIST), direct requests for assistance to any of the agencies, and

through the Global Fund, as a means of referral of countries with potential PSM problems after the approval of Global Fund proposals. Technical support varied from short-term advice, to in-depth assistance through joint missions (e.g., India, Zambia, United Republic of Tanzania, Central African Republic and Sudan) and intensive training courses (e.g. Pakistan, Nepal, Kenya, United Republic of Tanzania and Ethiopia). Direct assistance on specific areas of PSM was provided to Mali, Niger, Guinea Bissau, Sierra Leone, Swaziland, Lesotho, Botswana, Uganda, Malawi, Angola, Ethiopia, Benin, Democratic Republic of the Congo, China, Tajikistan and Sudan. By end 2006, more than 20 countries had received technical assistance in PSM. In addition to responding to specific country needs, the UNICEF regional offices, in collaboration with regional partners, are also in the process of mapping out the PSM needs. This will provide an overview of the status of supply in the regions. The (United States) President's Emergency Plan for AIDS Relief/Supply Chain Management System (SCMS) consortium is providing significant additional procurement and technical assistance in the area of PSM. While some progress is being made in PSM, significant challenges remain, particularly in ensuring coherence among existing mechanisms, providing appropriate technical assistance at country level, and strengthening urgently needed national capacity in PSM. UNICEF and partners are working on addressing these issues.

9. As part of the Global Implementation Support Team, UNDP, UNFPA, UNICEF, WHO, the UNAIDS Secretariat, the Global Fund, the World Bank, and representatives of the United States Government, the Department for International Development (United Kingdom), the German Agency for Technical Cooperation, the Global AIDS Alliance and the International Council of AIDS Service Organizations have undertaken joint rapid analysis of major implementation bottlenecks to large HIV/AIDS grants (mainly Global Fund grants at present) in 28 countries (Recommendation 3.2.2). Direct action has been required in 13 countries. Bottlenecks have chiefly occurred in procurement and supply management, governance, policy issues, management capacity, monitoring and evaluation, and occasionally specific programme areas. In the countries where the GIST has actively intervened, approximately \$39 million worth of Global Fund grants have been successfully dispersed. Nine countries are currently on the monthly agenda of the GIST for continued active monitoring so that a successful outcome can be assured.