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HIV/AIDS: oral report
Background note

1. The UNICEF medium-term strategic plan (MTSP) for 2002-2005 provides a clear and strategic basis for engagement in the fight against HIV/AIDS. In particular, the MTSP is stimulating such important cross-sectoral interventions as advocacy for the abolition of school fees to ensure access to schooling for children affected by HIV and AIDS; the strengthening of health system capacities to provide care, support and treatment for children infected by HIV; and increasingly, social mobilization for the prevention of HIV infection among adolescents; and the introduction of child protection interventions to start to establish norms for the care and support of children deprived of normal family care.
2. UNICEF continues to urge national authorities and international partners to be more responsive to the needs of children affected by HIV and AIDS. In 2004, 16 sub-Saharan African countries completed rapid assessments and action plans for national responses to this growing problem, with support from the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, the World Food Programme (WFP) and the United States Agency for International Development (USAID). However, the challenge in many countries is for the Government to implement nationwide responses.
3. As a measure of improved support to national efforts, the revitalized and expanded Inter-Agency Task Team on Children and AIDS has been focusing on action and impact at the country level and has developed a work plan to support the implementation of the recommendations of the second Global Partners' Forum, convened by jointly by UNICEF and the World Bank in December 2004. Participants from a wide range of stakeholder organizations agreed to focus on some key joint actions: abolishing school fees; tracking of resources and programmes for and with children affected by HIV and AIDS; and setting treatment targets for children. In Eastern and Southern Africa, UNICEF and its partners are learning from the use and potential of social protection mechanisms, for example the use of cash transfers in Kenya, for AIDS-affected households and children. Burkina Faso, Cameroon, the Central African Republic, Gabon, Ghana and Senegal have completed draft national strategies or policies for children affected by HIV/AIDS. Based in large part on lessons learned, at the end of 2005 UNICEF will launch a global campaign to increase and accelerate global responses, resources and advocacy in the area of children and AIDS.

* E/ICEF/2005/7.

4. In 2004, UNICEF also contributed to increasing international attention to issues surrounding paediatric care, support and treatment. This included a series of consultative meetings with its partners to review programming experiences, promote the development of paediatric drug formulations and model the burden of disease in children. UNICEF Supply Division provided procurement services for antiretroviral drugs and test kits for prevention of mother-to-child transmission (PMTCT) of HIV and treatment programmes in 38 countries. Supply Division also established a \$1.6 million stockpile, partly at its warehouse in Copenhagen and partly through stand-by arrangements with manufacturers, to prevent stock-outs and to respond to small requests from NGOs. In view of funding limitations, UNICEF continues to play a supportive role in this area, providing procurement and logistical services for drugs and diagnostics paid for by national sources or international mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and the World Bank's Multi-Country AIDS Programme for Africa.

5. By the end of 2004, UNICEF was supporting PMTCT implementation in 79 of 101 countries with established PMTCT programmes. The challenge in most of the high-burden countries is not a shortage of funds, but a lack of adequate technical capacity for taking PMTCT coverage to sufficient scale. This and other important issues are receiving more attention from the global Inter-Agency Task Team on PMTCT, which increasingly provides a forum for UNICEF and its partners to work together on strategic issues and to build on the expertise and comparative advantage of each partner. UNICEF also has contributed extensively to the overall United Nations effort to improve awareness of HIV among staff at headquarters locations. This included support for the initiation of a programme on HIV/AIDS in the workplace as a common service under the United Nations Development Group.

6. An especially significant challenge for UNICEF is the need to continue to give priority to prevention of HIV with and for adolescents, and to focus on the reduction of risk among especially vulnerable groups. Across all regions, 63 country offices are supporting peer education work, with a focus on children and adolescents who are out of school. Also, approximately 79 countries are supporting school-based life-skills education interventions, in either primary or secondary classes. In 2004, 52 UNICEF country offices reported that they were supporting "youth-friendly" services in collaboration with other United Nations agencies and stakeholders. In total, 26 country offices have been assisting Governments and NGOs to provide voluntary confidential counselling and testing for young people.

7. Given the strategic importance of partnerships, UNICEF is an active member of the Inter-Agency Task Teams on HIV and Young People, and on HIV and Education, and the Inter-Agency Working Group on HIV attributed to injecting drug use and within prisons settings. UNICEF and the United Nations Population Fund (UNFPA) jointly published and disseminated the results of a consultation with young people in 15 countries, entitled "Young People Speak Out on Access to HIV Prevention and Care". A seminal conclusion was that young people need to participate much more than at present in the assessment, analysis, planning, implementation and monitoring of prevention and care responses. In support of the "three ones" principle, UNFPA and UNICEF are working together to increase young people's involvement in the Common Country

Assessment, the United Nations Development Assistance Framework and in national HIV/AIDS coordination bodies. In 2005, the major challenge is to scale up prevention efforts in high-prevalence countries. With many countries facing a differentiated epidemic, there is a need to provide a variety of programming options and clearer policy guidance suitable to varying country situations.

8. In response to the challenge that all partners need to respond to national HIV trends with programmatic support, UNICEF continues to work closely with national authorities and other stakeholders to monitor the changing profile of national epidemics and responses. This includes improving estimates and projections of age- and gender-specific HIV prevalence rates, integrating prevention and treatment, measuring the effects of unsafe sex, trends in average age at sexual initiation, the impact of HIV on child mortality rates, patterns of orphanhood and monitoring drug resistance. UNICEF also produced cost estimates for a comprehensive global response to the needs of orphans and vulnerable children and worked with different partners to establish a set of indicators of progress in this area. UNAIDS, UNICEF and USAID published "*Children on the Brink 2004*" and launched it at the XV International AIDS Conference in Bangkok. Agencies still face the challenge of ensuring that programmes respond to trends identified in disaggregated epidemiological data

9. UNICEF continues to work with key international partners so that partnerships do better in trying to leverage results and resources for Children and AIDS from sources such as the Global Fund, the World Health Organization (WHO) "3 by 5" Initiative, the World Bank and a range of bilateral partners. Following the "making the money work" meeting in March 2005, UNICEF and its partners are actively involved in the Global Task Team on Improving Coordination among multilateral institutions and international donors. UNICEF and WHO are representing the UNAIDS cosponsors on the steering committee on resource needs. UNICEF is also committed to helping the United Nations system to respond better to opportunities and challenges in the international environment, for example in the area of United Nations reform for simplification, harmonization and effectiveness, in combating AIDS. As a cosponsor of UNAIDS, UNICEF welcomes the opportunity to collaborate with the new cosponsoring organizations, WFP and the Office of the United Nations High Commissioner for Refugees.
