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

1. This report focuses on recommendations and decisions made at the 27th and 28th meetings of the UNAIDS Programme Coordinating Board (PCB), held in December 2010 and June 2011, respectively. Key issues of particular relevance to UNICEF addressed during those meetings included the adoption of the UNAIDS 2012-2015 Strategy; the UNAIDS Unified Budget and Results Accountability Framework; and follow-up on recommendations of the Second Independent Evaluation. This report complements the background document on the thematic discussion on the UNICEF medium-term strategic plan (MTSP) focus area 3: HIV/AIDS and children.

UNAIDS 2011-2015 Strategy: Getting to zero

2. The 27th meeting of the PCB officially adopted the *UNAIDS 2011-2015 Strategy: Getting to zero*. Guided by a new vision, the Strategy presents a transformative agenda for the global HIV response. The Strategy advances three strategic directions: (a) revolutionizing HIV prevention; (b) catalysing the next phase of treatment, care and support; and (c) advancing human rights and gender equality. These three strategic directions are interdependent and critical to positioning the HIV response in a global environment of severe economic restraints. Ten concrete goals have been established to support UNAIDS in achieving the

* E/ICEF/2012/1.

Strategy by 2015.¹ The Strategy and its ten goals take forward the 2009-2011 Outcome Framework. The PCB encouraged all Cosponsors to align their strategies with the new UNAIDS Strategy.

3. The UNICEF MTSP 2006-2013 is closely aligned with the UNAIDS Strategy; the Strategy will inform the development of the UNICEF MTSP 2014-2017. The UNAIDS Strategy also served as the cornerstone of the June 2011 Political Declaration on HIV/AIDS adopted at the United Nations General Assembly high-level meeting on AIDS. UNICEF is committed to supporting UNAIDS in achieving its bold Strategy goals and sees it as an opportunity to accelerate achievements in its four programmatic areas of work on AIDS (the “four P’s”): (a) preventing mother-to-child transmission of HIV; (b) providing paediatric care and treatment; (c) preventing infection among adolescents and young people; and (d) protection, care and support for children affected by HIV and AIDS.

4. All four of the UNICEF programmatic areas of work on AIDS are imbedded in the UNAIDS Strategy. A key contribution of UNICEF will be to continue using its strong field presence to leverage the capacity of Governments, civil society and national stakeholders to achieve the goals of the Strategy.

Preventing of mother-to-child transmission and providing paediatric care and treatment

5. Scale-up of comprehensive prevention of mother-to-child transmission of HIV (PMTCT) and paediatric care and treatment services are essential to realize the main goals: eliminate new HIV infections in children and reduce, by half, maternal AIDS-related deaths (a UNAIDS Strategy goal). Overall, there were continued improvements in the provision of PMTCT services in 2010, with 48 per cent of pregnant women living with HIV in low and middle-income countries receiving the most effective antiretroviral medicines (ARVs), compared to 14 per cent in 2005. Improvements were notably observed in sub-Saharan Africa, the most affected region, reaching 64 per cent of pregnant women living with HIV in Eastern and Southern Africa with ARVs,² and 18 per cent in West and Central Africa, up from 18 per cent and 4 per cent in 2005, respectively. As the new data reflect a shift away from the use of single dose nevirapine (SDN), no longer recommended and for the first time no longer calculated in coverage data, these figures are even more impressive.

6. In the first three quarters of 2011, UNICEF supported the Government of Cameroon in accelerating the expansion of PMTCT and paediatric AIDS care and

¹ The 10 goals are: (1) sexual transmission of HIV reduced by half, including among young people, men who have sex with men and transmission in the context of sex work; (2) vertical transmission of HIV eliminated and AIDS-related maternal deaths reduced by half; (3) all new HIV infections prevented among people who use drugs; (4) universal access to antiretroviral therapy for people living with HIV who are eligible for treatment; (5) Tuberculosis deaths among people living with HIV reduced by half; (6) people living with HIV and households affected by HIV are addressed in all national social protection strategies and have access to essential care and support; (7) countries with punitive laws and practices around HIV transmission, sex work, drug use or homosexuality that block effective responses reduced by half; (8) HIV-related restrictions on entry, stay and residence eliminated in half of the countries that have such restrictions; (9) HIV-specific needs of women and girls are addressed in at least half of all national HIV responses; and (10) zero tolerance for gender-based violence.

² The latest data was not available when this report was drafted. The progress report on universal access will be released in late November 2011.

treatment services. This happened by training programme managers and service providers in 64 health districts, promoting central and regional-level monitoring and quality assurance, and decentralizing the provision of PMTCT commodity services. In the 64 health districts, the proportion of pregnant women tested for HIV during antenatal visits increased, from 69 per cent in 2006 to 79 per cent in 2010; at the same time, 81 per cent of HIV-positive pregnant women eligible for treatment for their own health received antiretroviral therapy in 2010, compared to 62 per cent in 2006.

7. At the high-level meeting on HIV/AIDS in June 2011, United Nations Secretary-General Ban Ki-moon launched The Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive. The goal of the Global Plan is to reduce new HIV infections among children by 90 per cent and HIV-related deaths among pregnant women by 50 per cent. UNICEF is working with the newly established Global Steering Group (GSG), led by UNAIDS and the United States Government, to support the implementation of the Global Plan. Under the new GSG architecture and as co-convenor of the Inter-agency Task Team on Prevention and Treatment of HIV in Pregnant Women, Mothers and their Children (IATT), UNICEF supports 22 high-burden countries prioritized in the Global Plan to conduct gap analyses and develop national costed elimination plans. This is done in collaboration with IATT partners and national PMTCT coordinating bodies. Integration with the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Global Fund to Fight Aids, Tuberculosis and Malaria (Global Fund) and the International Drug Purchase Facility (UNITAID) is being coordinated at regional and country levels.

8. At the global level, UNICEF, in collaboration with key partners, continued to set the global agenda, galvanize commitments, harmonize global support, and spearhead government capacity building with respect to PMTCT programme revision and nationwide roll-out. To develop elimination baselines, UNICEF is supporting PMTCT impact assessments in a number of countries, including South Africa, Swaziland and Rwanda. UNICEF has also been at the forefront of introducing and promoting innovations such as point-of-care diagnostics, bundling of PMTCT commodities, in addition to developing programming tools. For example, UNICEF worked with the Government of Lesotho to pilot a government-led mother-baby pack initiative. A major new milestone was reached in March and April 2011 in Nairobi, Kenya, and Dakar, Senegal. UNICEF and key partners in the area of HIV and AIDS, including government representatives from the priority countries, civil society organizations and donor organizations endorsed new regional frameworks for action to advance the elimination of mother-to-child-transmission of HIV in Eastern and Southern Africa and Western and Central Africa.

9. HIV care and treatment services for HIV-infected children are expanding in low and middle-income countries, although there is still a major gap in paediatric coverage of antiretroviral therapy. Of the 2 million children estimated to be in need of antiretroviral treatment in 2010, only 23 per cent had access to treatment, compared to 51 per cent of adults. Early diagnosis of HIV infection in children is critical to optimal treatment outcomes for children but, while progress has been made in identifying HIV infected infants, many of them still go undiagnosed. In 2010, 28 per cent of infants were reported to have been tested, compared to 6 per cent in 2009.

10. UNICEF is also leading the global agenda on paediatric care and treatment in collaboration with key partners, including the World Health Organization (WHO),

the Clinton Health Access Initiative (CHAI) and UNITAID. Together with UNITAID, UNICEF supported the early identification of infants infected with HIV by providing commodities for the dry blood spots and DNA PCR technology in 17 countries. In Zambia for example, UNICEF, through Project MWANA, is collaborating to use mobile technologies to strengthen health services for mothers and infants in rural health clinics. To date, more than 3,000 infant HIV test results have been relayed using Short Message Service (SMS) rapid technology, with a reduced turnaround time of about 50 per cent.

11. In collaboration with CHAI and the PEPFAR private-public partnership, remarkable progress has been made in leveraging the development of affordable and child-friendly antiretroviral drugs and diagnostics by the pharmaceutical industry.

Preventing infection among adolescents and young people

12. UNICEF supports an HIV “prevention revolution” (Strategic Direction 1) through its work around HIV prevention for adolescents and young people. In 2011, in support of the UNAIDS Strategy goal to reduce by half sexual transmission among young people by 2015, UNICEF focused on demand creation, advocacy to build accountability for prevention for young people, and technical support to decision makers and service providers to scale up high-impact interventions. In 2011, UNICEF and partners also updated the global advocacy report on HIV and young people, *Opportunity in Crisis: Preventing HIV from Early Adolescence to Early Adulthood*, which was launched and disseminated in conjunction with the United Nations General Assembly high-level meeting on AIDS.

13. UNICEF is encouraging the use of innovative media-based HIV education to reach young people at scale and influence conversations and attitudes. Examples include: *Pasión por la Vida* [‘Passion for Life’], a regional initiative in Latin America challenging stigma; *Brothers for Life*, in Eastern and Southern Africa, promoting male involvement and behaviour change in men; and *Shuga*, a three-part TV drama produced by MTV with UNICEF and PEPFAR). In 2011, UNICEF worked with PEPFAR and MTV in Kenya and Nigeria to develop and launch a follow-up multimedia drama series.

Protection, care and support for children affected by HIV and AIDS

14. The 2011-2015 UNAIDS Strategy calls for all national social protection strategies to address people living with HIV and households affected by the virus and to facilitate their access to essential care and support (a UNAIDS Strategy goal). UNICEF continues to support the scale-up of care protection and support for children affected by AIDS through its country programming. UNICEF is co-convening with the World Bank in social protection, care and support, and has been playing a lead role in generating evidence and guidance on how social protection programmes can be more responsive to HIV-affected households — by providing more comprehensive care, protection and support, and promoting better access to treatment and improved adherence and prevention outcomes. UNICEF has commissioned new operational research to learn from countries in sub-Saharan Africa how broad-based social protection programmes can contribute to HIV and AIDS outcomes. Thailand, with technical support from UNICEF, is scaling up efforts on social protection programmes that are more inclusive of HIV-affected households and children as part of a \$42 million grant by the Global Fund. Other countries, including India and Nigeria, are looking at ways to ensure social protection programmes are more HIV-sensitive.

15. In 2010 and 2011, UNICEF supported the development of nationally owned social protection schemes in more than 20 highly HIV-affected countries. In East and Southern Africa, UNICEF, with funding from the Australian Agency for International Development and the United Kingdom Department for International Development, worked intensively through the Children and AIDS Regional Initiative (CARI) to scale up services and sustainable systems for delivering care, protection and support for children affected by AIDS to ensure sustainable national responses in nine priority countries. The 2011 external review of the programme showed that CARI surpassed the original milestones set for service delivery and systems strengthening. In 2011, UNICEF, with the Inter-Agency Task Team on Children and AIDS, developed new normative guidance on children affected by AIDS. *Taking Evidence to Impact* was launched at the Global Partners Forum, jointly hosted with PEPFAR and UNAIDS. This meeting provided an excellent opportunity to build a consensus on key issues, including the importance of scaling up HIV and child-sensitive social protection, strengthening national and community systems for more sustainable responses, and achieving greater cost-effectiveness in care, protection and support initiatives.

16. As a co-convener and partner on several “Division of Labour” areas across the ten Co-sponsors and the Secretariat of UNAIDS, UNICEF is accountable for achieving the Strategic Goals related to the four P’s. Therefore, it is important for UNICEF to keep the four P’s a priority. An in-depth analysis of achievements, challenges and future directions in each of these areas can be found in the background document on the thematic discussion on the UNICEF MTSP focus area 3: HIV/AIDS and children.

17. UNICEF also contributes to *Getting to Zero* through its work with the Global Fund. UNICEF engages strategically across the twelve points of the Global Fund grant life cycle. UNICEF provides technical support to the Country Coordinating Mechanism, principal recipients and local-level implementers in improving the performance and functionality of the Global Fund grants. UNICEF also supports the grant application signature and renewal process, as well as the process for monitoring and evaluating the Global Fund’s impact on national health and AIDS strategy goals. In addition, the UNICEF Supply Division has been procuring increasing amounts of AIDS commodities (funded by Governments) — approximately \$100 million in 65 countries during 2010.

Second Independent Evaluation

18. The 27th PCB meeting endorsed the Report of the Task Force on the Second Independent Evaluation follow-up related to all aspects of governance and its recommendations for action. As the 2011 Committee of Cosponsoring Organizations (CCO) Chair, UNICEF collaborated with the PCB Task Force to develop a new format for the CCO report. In addition to agreeing on a template for the annual CCO report to the PCB, the Task Force discussed the need to better engage the CCO and individual Cosponsors in the implementation of PCB decisions, especially those that require action at the country level. It was agreed that a written CCO report to the PCB would provide an opportunity for such reporting, since the new template allows for reporting by agency. The Executive Director of the United Nations Office on Drugs and Crime, Yury Fedotov, presented the report on behalf of UNICEF. Several board members commented favourably on the CCO report and recommended that the next report focus on joint programming results, reflecting the challenges faced and the added value and impact of joint programming.

AIDS, security and humanitarian response

19. Other items discussed at the 27th PCB meeting focused on AIDS, Security and Humanitarian Response. UNICEF has been working with partners to address HIV/AIDS in humanitarian emergencies. In June 2011, the Security Council, in resolution 1983, requested that the UNAIDS family strengthen programmes that address HIV and sexual violence in conflict settings. UNICEF is committed to HIV-related programming in humanitarian action and works closely with gender-based violence colleagues to address sexual violence, including in conflict-affected countries. UNICEF is an active member of the sub-working group on gender, HIV and disarmament, demobilization, reintegration (DDR). Through this global group and on the ground, UNICEF works with other entities (United Nations Population Fund (UNFPA) and United Nations Development Programme (UNDP) — co-chairs of the sub-working group) to ensure the inclusion of HIV within DDR programmes. The sub-working group has commissioned operational research on HIV and DDR, which is scheduled to begin at the end of 2011. In October 2011, UNICEF — along with United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), the Department of Peacekeeping Operations (DPKO), UNDP and UNFPA — participated in an inter-agency mission on gender and HIV in DDR in Côte d'Ivoire. Deployed under the auspices of the United Nations Inter-Agency Working Group on DDR at the invitation of the Government of Côte d'Ivoire, the mission had the following mandate: (a) assess the current gender and HIV dimensions of the DDR process in the country; (b) identify gaps and opportunities to ensure that these dimensions would be taken into account in the DDR process moving forward; and (c) formulate concrete recommendations for national and international actors. The recommendations of the mission report will inform upcoming national planning workshop on DDR to take place in early 2012.

Gender sensitivity and HIV

20. The 28th meeting of the PCB discussed the follow-up on implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010-2014. Some 55 countries launched the initiative; activities remain ongoing in 45 countries. The Agenda aims to ensure that national AIDS responses meet the needs of women and girls. UNICEF has contributed to achieving the Agenda through the *Together for Girls* initiative,³ a global public-private partnership dedicated to eliminating sexual violence against girls and highlighting the link between violence and HIV.

21. The partnership focuses on three pillars: conducting and supporting national surveys on the magnitude and impact of violence against children, particularly focused on sexual violence against girls; supporting coordinated programme actions

³ Launched at the Clinton Global Initiative in 2009, *Together for Girls* brings together five United Nations agencies (UNICEF, UNAIDS, UN-Women and UNFPA and WHO), the United States Government (PEPFAR, the United States Agency for International Development, the Centers for Disease Control and Prevention [CDC], the Department of Defense and the Peace Corps, the Office of Global Women's Issues of the United States Department of State and the CDC Violence Prevention Division in the United States Department of Health and Human Services) and the private sector (the Nduna Foundation, Becton, Dickenson and Company, the CDC Foundation and Grupo ABC).

in response to the data; and leading global advocacy and public awareness efforts to draw attention to the problem and promote evidence-based solutions. In addition, developing and strengthening the capacity of individuals and institutions is an important cross-cutting element of the partnership. In 2011, Tanzania completed a nationwide household survey on violence against children and launched the four-year National Plan of Action to Prevent and Respond to Violence against Children (2011-2015). Field work for national surveys has been completed in Kenya and Zimbabwe, and is now under way in Haiti. Planning for national surveys is also underway in a number of other countries in Africa and East Asia and the Pacific. At the global level, technical leadership and advocacy efforts have moved ahead through the launch of a website and the development of a technical framework to support countries in their policy and programme response to sexual violence against children.

UNAIDS Division of Labour revised

22. Delegates at the 28th PCB meeting also looked at progress on the implementation of the Second Independent Evaluation, which, in addition to the development of a new UNAIDS strategy, mission and vision, called for a new unified budget, results and accountability framework and a revision of the “Division of Labour”. Building on the UNAIDS Outcome Framework for 2009-2011, the revised Division of Labour consolidates technical support to countries within 15 areas. Each area has one or two convening agencies — each with relevant mandates and technical expertise. The Division of Labour accentuates the comparative advantages of the Joint Programme as a whole — Cosponsors and Secretariat — to enhance efficiency and effectiveness. It aims to leverage individual organizational mandates and resources to deliver results, strengthen collaboration and maximize partnerships. The revised Division of Labour is unique since it is all-encompassing, covering policy, advocacy, guidance and standards, as well as tool development and management, to deliver high-quality technical support.

23. The guidance on the Division of Labour clearly defines roles and responsibilities at the global, regional and country levels. Under the revised Division of Labour, the co-convening and partnership roles of UNICEF are well aligned to its medium-term strategic plan as well as the Unite for Children, Unite against AIDS campaign programmatic areas (the four P’s). UNICEF co-convenes on PMTCT — paediatric care, treatment and support; provision of care and support to children affected by AIDS; and prevention of HIV among adolescents and young people — with WHO, the World Bank and UNFPA, respectively. The organization partners on all other Division of Labour areas, except the following two: (a) empower men who have sex with men, sex workers and transgender people to protect themselves from HIV infection and to fully access antiretroviral therapy; and (b) scale up HIV workplace policies and programmes and mobilize the private sector. The UNAIDS Secretariat will have overall responsibility for functions and accountabilities across all areas of the Division of Labour. The Secretariat’s focus will be on leadership and advocacy; coordination, coherence and partnerships; and mutual accountability. The adoption of the revised Division of Labour presents opportunities to further strengthen the collective performance and effectiveness of the UNAIDS family’s response at the country level.

2012-2015 Unified Budget, Results and Accountability Workplan

24. The 28th meeting of the PCB approved the 2012-2015 Unified Budget, Results and Accountability Workplan (UBRAF). The UBRAF has become one of the important funding sources of UNICEF HIV programmes at headquarters and regional levels.

25. The development of the UBRAF was guided by the revised Division of Labour and the new UNAIDS Strategy that aims to achieve “zero new infections, zero AIDS-related deaths and zero discrimination” by 2015. The UBRAF is structured around the Strategy’s three strategic directions and 10 goals. It provides outcomes, outputs and deliverables for the UNAIDS family, the Cosponsors and the Secretariat, as well as a set of indicators to monitor progress. An annual performance review will provide the PCB with an overview of the Joint Programme’s achievements. An executive dashboard will track progress on each goal against key indicators.

26. The UBRAF includes three interrelated and mutually reinforcing components:

(a) A **business plan** that captures the Joint Programme’s contributions to the operationalization of the UNAIDS 2011-2015 Strategy. Informed by regional priorities, the business plan describes the rationale, objectives and expected results of the Joint Programme. Annual rolling workplans will be developed for the detailed implementation of the UBRAF. The business plan also provides the linkages to the planning processes and results frameworks of the Cosponsors. Given the changing nature of the epidemic and the need for focus, the UNAIDS family will intensify its support to over 20 priority countries — as identified in the UNAIDS Strategy.

<ul style="list-style-type: none"> • Brazil • Cambodia • Cameroon • China • Democratic Republic of the Congo • Ethiopia • India • Kenya • Malawi • Mozambique • Myanmar • Nigeria • Russian Federation • South Africa • Thailand • Uganda • Ukraine • United Republic of Tanzania • Zambia • Zimbabwe 	<p>Would address:</p> <ul style="list-style-type: none"> • Over 70% of new global HIV infections • Over 80% of the global gap in ART for eligible adults • Over 70% of the global gap in prevention of vertical transmission • Over 95% of the global burden of HIV-associated TB • Major HIV epidemics driven by injecting drug use (over half of the 20 low- and middle-income countries estimated to have more than 100 000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%) • Laws that affect the HIV response, including laws that restrict travel for people living with HIV (14 of these countries have 3 or more such law) <p>Would boost Aid effectiveness</p> <ul style="list-style-type: none"> • Enhance the implementation of more than \$5.1 billion in active HIV grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria • Leverage funding from the United States President’s Emergency Plan for AIDS Relief (more than \$7.4 billion for 2007-2009) <p>Would engage</p> <p>All five BRICS countries (Brazil, Russian Federation, India, China and South Africa)</p>
<ul style="list-style-type: none"> • These countries meet three of the following five criteria according to independent data sources: (1) >1% of the people newly infected with HIV globally; (2) >1% of the global gap in antiretroviral therapy for adults (CD4 count >350/ml); (3) >1% of the global burden of HIV-associated TB; (4) estimated to have more than 100,000 people who inject drugs and an estimated HIV prevalence among them exceeding 10%; and (5) the presence of laws that impede universal access for marginalized groups, including sex workers, men who have sex with men, transgender people and people who inject drugs 	

(b) A **results and accountability framework** that measures the achievements of the Joint Programme and provides a clear link between investment and results. The PCB requested the Joint Programme to strengthen the framework through a consultative process with all constituencies, the results of which will be reported to the 29th PCB meeting in December 2011. Implications for the Secretariat and the Cosponsors, including UNICEF, include the review and refinement of indicators, in line with decisions taken by the Cosponsor Evaluation Working Group and the UNAIDS Monitoring and Evaluation Reference Group. Progress on the implementation of the framework will be reported to the PCB annually.

(c) A **budget** to fund the core contributions of the Secretariat and the Cosponsors in 2012-2013. The core budget of the UBRAF (\$485 million) remains at same level as the previous budgets in 2010-2011 and 2008-2009. Holding the core budget to zero nominal growth means a decrease in real terms, underscoring the importance of the UBRAF as a catalytic and leveraging instrument to support the AIDS response at the country level. Some \$164 million goes towards the 10 UNAIDS Cosponsors and \$320 million to the UNAIDS Secretariat. Core budget allocations to Cosponsors are intended to leverage other budgets to be raised by Cosponsors for AIDS-related work. Over the next two bienniums, the aim is to increase the amount of core UBRAF resources spent at regional and country levels to 70 per cent, to maximize the impact of all Cosponsor and UNAIDS Secretariat resources dedicated to the AIDS response — a policy already applied by UNICEF.

27. The UBRAF has a tremendous leveraging effect at the country level, ensuring that HIV programmes are financed. This is why it is important for the UBRAF to be fully funded. An under-funded UBRAF would jeopardize the ability of UNICEF to respond to the needs of women and children living with and affected by HIV.

The way forward

28. UNICEF is committed to supporting UNAIDS in achieving the goals outlined in the Strategy and to co-convening in key areas: elimination of mother-to-child transmission; prevention of HIV among adolescents and young people; and care and support for children affected by AIDS.

29. Elimination of mother-to-child transmission is not only one of the UNAIDS Strategy goals but also the AIDS-related strategic result area for UNICEF work around equity. UNICEF is redoubling efforts to achieve an ‘AIDS-free generation’ through the Unite for Children, Unite against AIDS campaign. This effort mobilizes global leaders and Goodwill Ambassadors, development networks and community organizations in both industrialized countries and programme countries in support of the global targets related to the elimination of mother-to-children transmission and to halving new infections among young people by 2015.

30. In June 2011, *The Lancet* published an article, “Towards an improved investment approach for an effective response to HIV/AIDS”,⁴ which outlines an investment framework that attempts to create conceptual clarity for HIV investments in three categories: basic and core programme activities; critical programme

⁴ Dr. Bernhard Schwartländer et al., “Towards an improved investment approach for an effective response to HIV/AIDS”, *The Lancet*, Volume 377, Issue 9782 (11 June 2011), pages 2031-41.

enablers; and synergist areas with wider development sectors. Its premise is that simpler metrics and clearer incentives at the country level will help optimize programme efforts. The investment framework recognizes the importance of high-impact interventions to halt and reverse the epidemic on the ground. UNICEF areas of work in HIV are integrated in the investment framework. Together with partners, UNICEF will apply the investment framework to strengthen guidance on HIV investments.

31. Recognizing that 41 per cent of new infections are occurring in young people, UNICEF, UNFPA and other partners will continue to advocate and provide increased support so that HIV-prevention programmes for young people (aged 10-24 years) prioritize high-impact interventions. This will include strengthened guidance development, monitoring and technical support to priority countries in several key areas: HIV testing and counselling; programming for young people living with HIV; advocacy for condoms; harm reduction; comprehensive sexuality education; and strategic information.

32. A strong commitment to strengthening national social and child protection systems and care and support programmes for families will remain critical to reaching the most vulnerable HIV-affected families. UNICEF, the World Bank and other partners will continue to support the scale-up of national social protection programmes that are inclusive of HIV-affected households. This will be done through expanded equitable health financing, cash transfers and comprehensive care and support, which can mitigate the impact of the epidemic on vulnerable households and overcome barriers to access to life-saving treatment and other social services.

33. The current flatlining of resources and changes in the donor architecture are threatening hard-won gains obtained over the last few years. Continuing to build on these successes will require mutual accountability from international donors, national stakeholders and the United Nations.
