Oral report background note

UNICEF follow-up to recommendations and decisions of the UNAIDS Programme Coordinating Board meetings

Introduction

1. This report summarizes the follow-up to key recommendations and decisions of the 31st and 32nd meetings of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB), which deliberated on several issues relevant to the HIV work of UNICEF. These included strategic investment, gender and the HIV response, the AIDS response in the post-2015 development architecture and the approval of the 2014-2015 Unified Budget, Results and Accountability Framework (UBRAF). The accompanying annex details select achievements in programming for children and HIV, in line with the UBRAF and the UNICEF medium-term strategic plan, 2006-2013.

Strategic investment

2. Since the adoption of the 2011 Political Declaration on HIV/AIDS by the United Nations General Assembly, the PCB has deliberated extensively on how to strategically invest HIV resources to achieve the Declaration’s ambitious goals for an AIDS-free generation, including through the application of principles set forth in the HIV Investment Framework.

3. The UNICEF vision for an AIDS-free generation is that all children are born and remain HIV free through the first two decades of life, from birth through adolescence, and that children living with HIV have access to the treatment, protection, care and support they need to remain alive and well. To achieve this, UNICEF is using the Monitoring Results for Equity System (MoRES) framework to support data-driven planning and monitoring of results in countries and applying...
strategic investment approaches to increase programme efficiency, effectiveness and impact. Programming to maximize the impact of investment requires prioritizing the roll-out of comprehensive, integrated approaches centred on high-impact interventions that reduce HIV risk, transmission and morbidity/mortality. Strengthening health and community systems and building strong linkages across services are other key elements. It also involves integrating HIV-sensitive child protection, social and economic responses into national health, welfare, and social systems. Finally, the protection of human rights of people living with HIV and excluded key populations as well as the promotion of gender equality lie at the core of these efforts.

Gender in the HIV response

4. The midterm review of the implementation of the UNAIDS Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV was presented to the PCB. The PCB tasked UNAIDS to include gender as an integrated, cross-cutting issue in guidance and documentation related to strategic investment in the response.

5. Gender inequality heightens the vulnerability of women and girls to HIV infection, particularly in the context of gender-based violence and harmful social norms. Therefore, gender is a focus across all areas of HIV programming. UNICEF has championed putting the health of women at the centre of efforts to eliminate mother-to-child transmission of HIV. It has also championed the shift from the prevention of mother-to-child transmission (PMTCT) prophylaxis (aimed solely at preventing HIV transmission to babies) to early treatment for all pregnant women who test HIV-positive (to protect their own health, prevent transmission to their babies and prevent transmission to sexual partners). UNICEF, working with the World Health Organization (WHO), leads the 32-partner Inter-Agency Task Team on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children (IATT) to coordinate technical assistance, develop guidance and tools and monitor progress in countries working towards the elimination of mother-to-child transmission (EMTCT). The engagement of women living with HIV is central to these efforts; for this reason, UNICEF is coordinating a working group on community engagement through the IATT to advance engagement of women in countries at every level of the EMTCT programme — from programme design to demand creation, service delivery and monitoring and evaluation. Civil society organizations representing women living with HIV were actively engaged in the planning of a four-country project to optimize HIV treatment access, contributing to an analysis of factors impeding progress. UNICEF has prioritized improving responses for adolescent girls that are at higher risk of HIV transmission and mortality, including providing technical assistance to seven countries gathering information around the feasibility of introducing Human Papilloma Virus vaccines to adolescent girls at the national level.

AIDS in the post-2015 development architecture

6. The UNAIDS and Lancet Commission: Defeating AIDS — Advancing global health was launched in May 2013, bringing together global leaders in development, AIDS, governance and health. The Commission aims to inform debate on the post-2015 development agenda and foster continued international commitment to the AIDS response in the post-Millennium Development Goal agenda. The findings and recommendations of the Commission will be presented in early 2014, using social media and through a special issue of The Lancet.
Geeta Rao Gupta represented UNICEF at the Commission’s first meeting, helping to keep issues of women and children and HIV at the forefront of its deliberations.

7. UNICEF was also represented on Working Group 3 of the Commission on the question: “How must the global health and AIDS architecture be modernized to achieve sustainable global health?” The working group considered the architecture required to address AIDS and global health in the post-2015 era. UNICEF has advocated for a strong, smaller UNAIDS Secretariat at global and country levels, focused on advocacy and resource mobilization, with HIV programming undertaken by the relevant Cosponsors. The response to HIV/AIDS in the post-2015 era requires greater integration and synergies with other health and development priorities. Within the United Nations system, individual Cosponsors, including UNICEF, should take greater accountability for programme support to countries in their areas of responsibility within the Division of Labour. To this end, UNICEF and other Cosponsors have called for a process to refine the UNAIDS partnership model, including the core funding allocations made through the UBRAF (see below).

**UBRAF**

8. As a UNAIDS Cosponsor, the UNICEF HIV/AIDS programme is informed by the responsibilities set forth in the UBRAF. The UBRAF aims to improve the accountability of UNAIDS and strengthen monitoring for results. It is structured around the three strategic directions and 10 goals set forth in the UNAIDS Strategy, providing outcomes, outputs and deliverables for the 11 UNAIDS Cosponsors and the Secretariat. It also includes a set of indicators to monitor progress and an accountability framework that measures the achievements of the Joint Programme and provides a clear link between investment and results. In 2013, the PCB approved a total core UBRAF of $485 million for the 2014-2015 biennium, 70 per cent of which is allocated to the UNAIDS Secretariat. From the remaining 30 per cent, split among 11 Cosponsors, the PCB approved an allocation of $24 million to UNICEF during the same period.

9. The UNICEF medium-term strategic plan, 2006-2013 is closely aligned with the UBRAF instrument, focusing the work of the UNICEF HIV/AIDS programme on elimination of mother-to-child transmission; paediatric treatment; prevention, treatment and care for adolescents; and protection, care and support for children affected by AIDS. In the new UNICEF Strategic Plan, 2014-2017, HIV is one of the seven core outcomes. By including specific reference to UNAIDS in its new Strategic Plan, UNICEF has taken significant steps to align strategic planning and maximize the coherence, coordination and impact of the United Nations response to HIV and AIDS.

**The way forward**

10. The new UNICEF HIV/AIDS vision and direction for action will be realized through the implementation of the HIV Results Framework in the UNICEF Strategic Plan, 2014-2017. This includes applying the normative principles of gender equality and human rights as core elements of equity. It also means driving forward six implementation strategies: (a) monitoring results for equity; (b) integration and service delivery at decentralized levels; (c) innovation for simplified and optimized service delivery to accelerate results; (d) strategic partnerships and community engagement; (e) evidence utilization and promotion of South-South cooperation; and (f) policy dialogue, advocacy and communication.
Annex

Programming for results across a child’s life cycle

1. The following is a selection of achievements in programming for children and HIV, in line with the UBRAF and the UNICEF medium-term strategic plan, 2006-2013.

Women and children under five

2. The world has seen remarkable shifts in the epidemic among pregnant and breastfeeding women and children in their first decade of life. The number of pregnant women tested for HIV has increased significantly, as has the uptake of antiretrovirals (ARVs) for PMTCT, in low- and middle-income countries, for those women in need; this has resulted in fewer children being born with HIV and led to more women than ever accessing the treatment they need for their own health. In 2012, 62 per cent of pregnant women living with HIV received ARVs for PMTCT and we have seen a 52 per cent decline in new infections among children between 2001 and 2012. However, a more modest increase has been observed in early testing (in the first weeks of life) of infants born to mothers living with HIV — from 34 per cent in 2011 to only 39 per cent in 2012. There remains an unacceptable gap in treatment coverage among children, with only 34 per cent of children living with HIV on treatment, compared to 64 per cent of adults. In this context, programmes targeting pregnant and breastfeeding women living with HIV, children living with or affected by HIV, and children exposed to HIV are a priority for UNICEF.

3. UNICEF has played a pivotal role at the global, regional and country levels in the implementation of the United Nations Secretary-General’s Global Strategy for Women’s and Children’s Health and the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping their Mothers Alive (Global Plan), including hosting the IATT on EMTCT. UNICEF plays a significant role on the IATT on EMTCT.

4. UNICEF provides substantial support to the IATT. UNICEF co-chairs two key IATT technical working groups on child survival, and monitoring and evaluation. UNICEF supported 13 IATT country focal points to manage the provision of technical assistance. Support was also provided to share and disseminate knowledge on EMTCT in countries and wider HIV communities. Together with WHO, UNICEF co-led the adaptation of community health worker materials for sick child, newborn and well-child services and care as part of optimizing early identification of HIV-exposed children within broader child survival platforms.

5. To support acceleration of EMTCT implementation, UNICEF provided technical assistance to conduct evidence-based planning at decentralized levels using the MoRES framework. At the global level, UNICEF contributed to the development of WHO antiretroviral therapy (ART) guidelines and UNAIDS reports on EMTCT, reflecting the leadership role of UNICEF around EMTCT within the UNAIDS family.

6. Demonstrating its commitment to making lifelong ART available to all pregnant and breastfeeding women, UNICEF is contributing to a three-year initiative, Optimizing HIV Treatment Access of Pregnant Women, in four Global Plan priority countries to accelerate HIV testing and access to simplified (one pill
daily) lifelong treatment. UNICEF support to the project has included assisting project planning and implementation through bottleneck analysis, establishing routine monitoring systems based on the Level 3 MoRES approach, development of implementation plans and a framework for strategic learning and knowledge management.

7. There is now global consensus on the need to improve linkages and integration of HIV with maternal newborn and child health responses, PMTCT, and paediatrics. UNICEF is leading a renewed agenda for paediatric HIV by convening a high-level ministerial meeting on the issue in December 2013. Through its partnership with the MAC AIDS Fund, UNICEF is promoting the scale-up of paediatric and adolescent HIV testing, treatment and retention in care in the BRICS countries (Brazil, Russia, India, China and South Africa) by supporting monitoring and evaluation systems, innovative programming and capacity-building.

8. The availability and appropriate use of diagnostic testing is a major bottleneck to timely, high-quality HIV treatment. Access to diagnostics is constrained by the expensive and complex laboratory-based technologies that currently dominate the early infant diagnostics and viral load markets. HIV point-of-care diagnostics are a critical component of a shift in PMTCT/ART policies and programming, enabling decentralization and integration of PMTCT/ART at the primary care level, using the maternal newborn and child health platform. UNICEF, UNITAID and the Clinton Health Access Initiative initiated the HIV point-of-care diagnostics project in 2013.

9. UNICEF is also supporting the ongoing assessment on early infant medical circumcision in 14 priority countries.

HIV prevention, treatment care and support for adolescents

10. An estimated 2.1 million adolescents (aged 10-19 years) were living with HIV in 2012. Among those, nearly 82 per cent (1.7 million) reside in sub-Saharan Africa. Globally, adolescent girls continue to be at high risk of HIV infection. Girls make up approximately 60 per cent of all adolescents living with HIV. Among adolescent key populations at higher risk of HIV exposure (adolescent boys who have sex with other males, adolescents who inject drugs, and children exploited in the sex industry and older adolescents involved in sex work), discriminatory and prohibitive policies and legislation act as barriers to accessing services. Sadly, despite the burden among adolescents, the world did not meet the United Nations General Assembly Special Session on HIV and AIDS target of reducing HIV prevalence in young people (15-24 years) by 25 per cent globally by 2010. UNICEF is committed to strengthening advocacy and programme support for adolescents, with a particular focus on adolescent girls, adolescent key affected populations and adolescents living with HIV.

11. A range of adolescent-focused initiatives was undertaken in 2013. Modelling, done in partnership with the Futures Institute, examined the impact and cost of implementing HIV investment approaches on the epidemic in adolescents. The findings were reviewed at a global validation meeting and set to be published at the end of 2013.

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1 Côte d’Ivoire; Democratic Republic of the Congo; Malawi and Uganda.
2 Botswana, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Uganda, Tanzania, Zambia and Zimbabwe.
12. UNICEF, together with the London School of Hygiene and Tropical Medicine, undertook a systematic review of evidence related to the effectiveness of interventions for HIV prevention, treatment and care in adolescents, aimed at identifying effective approaches for delivery of interventions to adolescents. The review presents recommendations for scale-up of interventions based on the evidence for impact and shows the relative strength of evidence of each of the interventions covered in this review.

13. UNICEF also supported the development of the Joint United Nations Guidelines on HIV Testing and Counselling and Care in Adolescents, finalized in collaboration with WHO and cleared for dissemination by the WHO guidelines review committee.

14. The documentation of lessons learned on service provision for adolescents living with HIV, led by UNICEF, was finalized based on review of 19 models of care for adolescents living with HIV representing all regions. The report was disseminated and lessons were incorporated into new global guidance on HIV Testing and Counselling and Care in Adolescents.

15. UNICEF supported three countries\(^3\) in their efforts to model the impact and cost of implementation of the HIV Investment Approach on the HIV epidemic in adolescents, as a contribution to national investment cases being developed by government with UNAIDS. Together with UNAIDS, UNICEF has developed and shared a report, *Lessons Learned on Strengthening National Responses to HIV and Adolescents in Emergency Situations in Côte d’Ivoire and Haiti*, released in April 2013.

**Protection, care and support**

16. Evidence of what predicts poor outcomes in children and on which approaches work to protect, care and support children and families affected by AIDS has increased significantly in the past decade. Progress in the area of care and support has included the expansion of economic safety nets to include vulnerable households affected by HIV. Broader social protection responses, such as cash transfers for vulnerable children, have contributed significantly to mitigating the impact of AIDS. There is now growing evidence that shows how national cash transfer programmes are having an impact on HIV treatment and prevention outcomes. Furthermore, parity in education between orphans and non-orphans is nearly achieved; in sub-Saharan Africa, the school attendance ratio of orphans to non-orphans is 0.93.

17. UNICEF provided leadership on HIV protection, care and support through convening the IATT and its working groups. This included co-convening a meeting with the Coalition on Children Affected by AIDS, focusing on children born into families affected by HIV and AIDS, to discuss integration and present new evidence around children affected by HIV and AIDS. Findings from this meeting will be reflected in the Symposium for Children Affected by AIDS, the Global Partners Forum, and in a special issue journal in 2014.

18. With the IATT on Children Affected by HIV and AIDS (CABA), UNICEF led the development of a costing model for children affected by HIV and AIDS, to replace the 2005 model and provide estimates of resource needs for protection, care

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\(^3\) Indonesia, Thailand, Zambia.
and support of children affected by HIV and AIDS. This costing model reflects current and updated evidence-based interventions. The IATT CABA also led the development of a paper on building resilience through synergies between child protection systems for children affected by HIV and AIDS, which proposed specific child protection interventions that respond to the unique needs of children affected by HIV and AIDS, as well as HIV and AIDS interventions that benefit children in need of protection.

19. In 2012, UNICEF initiated operational research with the Economic Policy Research Institute in 2012, which will continue over the next two years, focusing on HIV-sensitive social protection for improved prevention, treatment and care outcomes in five countries.  

20. In 2013, UNICEF led the development of policy briefs analysing national social protection strategies and policies with an HIV-sensitive lens and, together with the United Nations Development Programme (UNDP), on cash transfers and HIV prevention and targeting. UNICEF also launched a report, based on an eight-month study of children’s palliative care in South Africa, Kenya and Zimbabwe, estimating the numbers of children in need of palliative care at global and country levels.

21. UNICEF finalized a multi-country study on determinants of childhood vulnerability in the context of HIV and AIDS. Findings were used to define a denominator to cost the Children Affected by AIDS response and were presented at the annual Population Association of America meeting.

Prioritizing women and girls

22. Gender inequality heightens the vulnerability of women and girls to HIV infection, particularly in the context of gender-based violence, harmful social norms and where access to age-appropriate HIV information and sexual and reproductive health services necessary to prevent HIV infection are unavailable or inaccessible. Therefore, gender equality and human rights must remain a focus across all areas of programming.

23. The United Nations Interagency Task Force on Adolescent Girls, co-chaired by UNICEF and UNFPA (and including the International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women) and WHO), supports governments and civil society in developing countries to advocate for targeted, comprehensive key policies and programmes to empower the hardest-to-reach girls, especially marginalized adolescent girls aged 10-14 years. Joint programmes are underway in four countries.

24. The Together for Girls Initiative, a global private-public partnership including UNICEF, UNAIDS, UNFPA, UN-Women, WHO, the United States Government and members of the private sector, works to bring an end to violence against children and, in particular, sexual violence against girls. A hallmark of the initiative’s work are nationwide, population-based household surveys designed to determine the prevalence of and circumstances surrounding emotional, physical and sexual violence against males and females under 18 years of age as well as the prevalence of violence in the last 12 months.

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4 Ghana, Kenya, Lesotho, Malawi and South Africa.
5 Ethiopia, Guatemala, Liberia and Malawi.
25. The United Nations Inter-Agency Working Group on Women, Girls, Gender Equality and HIV, continues to work in partnership with the Men Engage Alliance, the Sonke Gender Justice Network and the ATHENA Network to organize multi-stakeholder consultations to address gender-based violence and engage men and boys for gender equality. UNICEF co-organized a regional consultation in West and Central Africa that aimed to realize the goals of the Agenda for Accelerated Country Action for Women, Girls, Gender Equality and HIV 2010-2014.

26. ILO, UNFPA, UNAIDS, UNDP, UNESCO, UNICEF, the United Nations Office on Drugs and Crime (UNODC) and WHO are partnering to improve guidance and policy cohesion on young people from key populations, including girls who are survivors of human trafficking and commercial sexual exploitation.

**HIV in humanitarian action**

27. A pilot programme on social norms and community-based care for survivors of sexual violence was developed; a package will be piloted in Somalia and South Sudan starting in early 2014. UNICEF has finalized guidance on HIV and nutrition in emergencies; plans are under way to disseminate the guidance in early 2014. A risk-informed package was developed for health, HIV and nutrition in order to build capacity of health, HIV and nutrition colleagues in UNICEF country offices in order to build the health, safety and resilience of communities in high-risk and fragile settings.

28. With the critical issue of resilience now included in the UNICEF Strategic Plan, 2014-2017, the HIV Programme will prioritize building more flexible, context-informed programmes to mitigate the impact of shocks. This approach will help to ensure that HIV prevention, treatment and care services are not disrupted in the wake of a crisis. This will be done by adapting risk-informed approaches into the HIV response at the global, regional and country levels. Regional offices and headquarters will support country offices with technical assistance, guidance, advocacy, resource mobilization and partnership building.

**The promise of an AIDS-free generation**

29. The beginning of the end of AIDS starts with children and their right to an equitable start in life. Making this promise a reality requires strong political leadership from governments. Participation by civil society and affected communities in planning, implementation and advocacy are also essential. Finally, robust partnerships will enable stakeholders to prioritize their efforts around common objectives, giving the AIDS response the direction and focus needed to accelerate the pace of progress. As the HIV response crystallizes around an integrated approach to ending AIDS across the two decades of childhood, UNICEF will intensify support to countries and improve collaboration with a range of implementing partners to improve programme efficiency and effectiveness, guided by the vision of an AIDS-free generation.

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