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Oral report background note  

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

Introduction  

1. This report presents an overview of the follow-up to key recommendations and decisions of the 33rd and 34th meetings of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB), which took place in December 2013 and July 2014, respectively. These meetings considered a number of issues relevant to the HIV work of UNICEF as a UNAIDS Cosponsor. Of the many important issues addressed and decisions issued by the PCB, this report focuses on the four of particular relevance to UNICEF:  

(a) The strategic use of antiretroviral medicines (ARVs) for HIV treatment and prevention, including addressing the paediatric treatment gap;¹  

(b) HIV among adolescents and youth;²  

(c) Addressing the social and economic drivers of HIV through social protection;³  

(d) The UNAIDS Strategy and 2012–2015 Unified Budget, Results and Accountability Framework (UBRAF).⁴  

2. The UNICEF follow-up on each of the four issues mentioned above is summarized in the body of this background note. The attached annex describes in greater detail a broad range of key achievements in programming for children and HIV related to these decisions, as well as to  

* E/ICEF/2015/1.  
UNICEF accountabilities on HIV, as articulated in the UBRAF and the UNICEF Strategic Plan 2014–2017.

A commitment to better HIV outcomes for children – from birth through adolescence

3. The work of the PCB has drawn increased attention to issues related to HIV among children across both decades of childhood. Through its deliberations and decisions, the Board has sent a strong message: Ending the AIDS epidemic requires addressing key gaps in responses for children across their lifecycle. The UNICEF vision for an AIDS-free generation, which is one in which all children are born and remain HIV free through adolescence, and children living with HIV have access to the treatment, care and support needed to survive and thrive, is aligned with this message.

4. Appreciation expressed by the PCB for the achievements of the AIDS response for children as well as its call to address gaps that may hinder continued progress were inspired by data that show that while the world has come a long way, achieving an AIDS-free generation requires greater commitment and programming in order to reach the children that are falling through the cracks.

5. Great strides have been made in reducing the number of new infections among children under 15 years old due to vertical transmission of HIV. Across the 21 Global Plan priority countries in sub-Saharan Africa, a 43 per cent decline in new infections among children under 15 years has been achieved between 2009 and 2013. The percentage of pregnant women living with HIV not receiving antiretroviral medicines during pregnancy has also decreased from 67 per cent to 32 per cent in just five years in these 21 African priority countries.5

6. Despite this success, a number of challenges remain. Globally, an estimated 35 million people were living with HIV at the end of 2013. Of these, 3.2 million were children under 15 years old. An unacceptably low percentage of these children living with HIV are receiving antiretroviral therapy – only 24 per cent, versus 38 per cent of adults (aged 15+) globally.6

7. An estimated 2.1 million adolescents aged 10 to 19 were living with HIV in 2013.7 Of these, more than 80 per cent were living in sub-Saharan Africa, many of whom were unaware of their HIV status.8 Older adolescents aged 15 to 19 account for 29 per cent of the 4 million young people aged 15 to 24 living with HIV.9 In 2013, nearly two thirds of the 250,000 new infections among adolescents aged 15 to 19 were among adolescent girls.10

8. The difficulty that the world has faced in reaching children with HIV testing, treatment, care and support underscores the importance of utilizing cross-sectoral approaches that link health, nutrition, child and social protection, and education to achieve results. This approach is embodied in the UNICEF Strategic Plan 2014–2017, which clearly defines the contributions of each development sector to HIV, grounded in the principles of equity, gender equality and human rights.

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6 Ibid, pp. 19, 123, 126.
7 Ibid., p. 123.
8 UNICEF analysis of UNAIDS 2013 HIV and AIDS estimates.
9 UNAIDS, Gap Report, p. 17.
10 UNICEF analysis of UNAIDS 2013 HIV and AIDS estimates.
Issue 1: Strategic use of antiretroviral medicines for treatment and prevention of HIV

9. The PCB deliberated extensively on the strategic use of ARVs. The Board’s attention in this discussion to paediatric treatment was noteworthy. Responding to the alarmingly low numbers of children under 15 years receiving treatment in 2013 (globally, 24 per cent have access versus 38 per cent of adults aged 15+), the 33rd PCB requested a gap analysis on paediatric HIV treatment, care and support that would include specific, time-bound targets for getting all children living with HIV on treatment. This analysis would be accompanied by a strategy on how to achieve these targets.

10. Responding directly to a request from the 33rd PCB, UNICEF, together with the World Health Organization (WHO) and the UNAIDS Secretariat, co-led the development of the gap analysis that will be presented at the 35th PCB in December 2014.

11. In June 2014, UNICEF co-convened, along with the Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), UNAIDS Secretariat and WHO, a strategic and programmatic global consultation to accelerate scale-up of paediatric HIV treatment. UNICEF and WHO presented modelled projections for the estimated age-disaggregated number of paediatric HIV cases to 2020. This information facilitated an understanding of where these children might be identified and how best to strategize programming to accelerate actions on their behalf. From there, ambitious yet achievable targets were discussed and resulted in the endorsement of new paediatric HIV treatment targets for 2020.

12. In July 2014, UNICEF partnered with the African Society for Laboratory Medicine, the Clinton Health Access Initiative (CHAI), the United States President’s Emergency Plan for AIDS Relief (PEPFAR), UNAIDS and WHO to launch the global Diagnostics Access Initiative. A key focus of the initiative is to support the development of new diagnostic tools for infants and to galvanize more effective use of existing tools. The initiative will advocate for greater funding for laboratory services, the development of new diagnostic tools and well-coordinated partnerships to close diagnostics access gaps. This partnership complements UNICEF current partnership with CHAI and is supported through UNITAID to advance the evaluation and deployment of point of care (PoC) diagnostics, including infant testing, and dual platforms to include viral load testing, in seven countries in Eastern and Southern Africa. Together, these initiatives will increase access to new technologies that help to identify HIV infection among infants and to monitor treatment outcomes.

13. In December 2013, EGPAF, UNICEF and WHO jointly launched the Double Dividend (DD) initiative. The initiative aims to better align paediatric HIV treatment with child survival programmes, including immunization, nutrition and child health services in high HIV prevalence settings. DD is embedded within the broader efforts of the A Promise Renewed initiative to improve maternal and child health. Following ministerial endorsement by 11 countries in sub-Saharan Africa in December 2013, UNICEF, in collaboration with EGPAF and WHO, convened a follow-up meeting in Harare in April 2014. The meeting brought together delegations from Nigeria, Swaziland and Zimbabwe, as well as child survival and HIV focal points from various global organizations, to define the DD operational framework. A follow-up consultative technical meeting was convened on 24 June 2014 with maternal and child health and HIV colleagues from the Centers for Disease Control and Prevention in the United States, the Inter Agency-Task Team (IATT) Child Survival Working Group, the Office of the U.S. Global AIDS Coordinator (OGAC) and the United States Agency for International Development (USAID) in attendance. Participants focused on how to
better define the key opportunities and priorities to move the DD agenda forward at global and country level.

**Issue 2: Thematic segment on HIV, adolescents and youth**

14. During the thematic segment on HIV, the alarming situation of adolescents and youth, first highlighted by UNICEF in the publication *Towards an AIDS-Free Generation: Sixth Stocktaking Report, 2013*, was presented. While the report notes significant limitations in data, the available data illustrate that 10- to 19-year-olds are the only age group within which AIDS-related deaths appear to have increased over the past seven years. While AIDS-related deaths have decreased by nearly 40 per cent among all other age groups between 2005 and 2013, adolescents (ages 10 to 19) are the only age group in which AIDS-related deaths have not decreased.¹¹

15. As the co-convening agency on young people and HIV, with specific accountability for adolescents, UNICEF contributed to developing the agenda for the thematic segment and presented at the July 2014 PCB meeting. The many critical issues that came to light included issues surrounding transitioning out of paediatric care and treatment, the need for better age-disaggregated data on all aspects of HIV response for adolescents (HIV prevention, treatment, care and support), and the lack of attention to adolescent key populations. It was clear from the experiences shared by young participants at the meeting that the world is failing the more than 2 million adolescents living with HIV in terms of providing treatment and retaining them in care. In response, UNICEF is ramping up programmes that focus on adolescents, particularly girls, adolescents living with HIV, and adolescent key populations.

16. In 2014, UNICEF demonstrated leadership to reduce AIDS-related deaths and new HIV infections among adolescents, working with the UNAIDS Secretariat, the United Nations Population Fund (UNFPA) and WHO, as well as global investment partners, United States Government agencies, PEPFAR, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the private sector, and adolescent and youth networks. On 6 June 2014, the Executive Directors of UNICEF and UNAIDS agreed to co-lead a multi-partner effort (‘All in! Towards ending the AIDS epidemic among adolescents’). The effort aims to bring the crisis of adolescents and AIDS to the attention of policymakers, and to articulate a bold, clear and achievable plan to elevate collective actions to close the prevention and treatment gap among adolescents. In the lead up to the official launch of the initiative, which is slated for 25 February 2015, UNICEF and UNAIDS are consulting key partners and stakeholders, as well as youth networks, to agree on an agenda for action. Consultations on ‘All In!’ began at the 20th International AIDS Conference in Melbourne, Australia, from 20 to 25 July 2014. The consultations were informed by evidence, including new modelling by UNICEF and the Futures Group (*Sixth Stocktaking Report, 2013*) based on the UNAIDS Investment Framework that shows that, if implemented effectively, strategic investments in high-impact interventions could avert more than 2 million new infections among adolescents by 2020. The consultations were followed by a side event at the United Nations General Assembly on 26 September 2014, during which the Executive Directors of UNICEF and UNAIDS briefed the 25 focus country participants on the initiative. In December 2014, UNICEF and UNAIDS and other partners in the global ‘All In!’ Leadership Group will convene a strategy meeting to take stock of ongoing global efforts and challenges, agree on a strategic framework and on priority steps to jointly guide and support regional and country level action to accelerate effective responses for adolescents in the 25 lead countries. Up until the February 2015 launch, UNICEF and UNAIDS will

¹¹ UNICEF analysis of UNAIDS 2013 HIV and AIDS estimates.
continue to mobilize and build leadership at all levels, develop innovative community systems of accountability, mobilize resources, provide technical support, and improve the quality of data on adolescents and HIV to achieve high-level results that will be defined in the agreed strategic framework.

17. The strategic framework will include targets and indicators designed to deliver change for adolescents. Intensified support will be focused on 25 low- and middle-income countries that collectively account for the majority of AIDS-related deaths and new infections among adolescents globally (nearly 90 per cent of all deaths and 80 per cent of new infections).

**Issue 3: Addressing the social and economic drivers of HIV through social protection**

18. The thematic segment at the 34th PCB considered how social protection can be used to address the social and economic drivers of the HIV epidemic. UNICEF, as a co-convener on social protection, contributed to the agenda for the segment and the background paper. The PCB deliberated on a number of issues that are relevant to the work of UNICEF around care and support of children affected by and infected with HIV. The meeting made clear that strong evidence exists that social protection programmes can effectively reduce vulnerability, enhance social justice and reduce HIV risk. It also emphasized that protection is affordable. The cost of doing nothing is far greater than the investments required for social protection programmes.

19. UNICEF is building on the momentum of the thematic segment through a number of activities. The IATT on Social Protection, which is convened by UNICEF and the World Bank, is planning a follow-up to a January 2014 meeting that discussed the structural drivers of HIV. The key objectives will be to convene researchers, policymakers, programme implementers and civil society leaders to (a) present evidence around successful practices in addressing extreme poverty and other social and structural drivers of HIV, and discuss how to ensure these practices are translated into policy and practice; (b) review the gaps in evidence and come to a consensus on a research agenda that will address extreme poverty and other social and structural drivers of HIV; and (c) identify partners and resources for the research agenda designed to identify existing gaps in the evidence and ways to address them.

20. The UNICEF HIV/AIDS Section is also collaborating with regional offices, in particular in the Eastern and Southern Africa Region, to support country offices to include social protection as a part of Global Fund grant proposals, and to support impact assessments that include an analysis on how cash transfers impact on HIV and AIDS results in such countries as in Kenya, Malawi, Swaziland and Zambia. The HIV/AIDS Section also supported qualitative assessments of the role of social protection in HIV outcomes in Ghana, Kenya and Lesotho. The findings show the pathways through which cash transfers, in particular, can address specific vulnerabilities that can reduce risk. The findings of these assessments were presented at an event and webinar organized by headquarters in 2014.

**Issue 4: The UNAIDS Strategy and Unified Budget, Results and Accountability Framework**

21. The PCB has decided to extend the existing UNAIDS Strategy that ends in 2015 through 2017, and to present an updated UBRAF that extends for the same two-year period. Additionally, the PCB requested that UNAIDS develop the next phase strategy and UBRAF, both of which would begin in 2018, in time for the 40th PCB meeting.
22. As a UNAIDS Cosponsor, the UNICEF HIV programme is aligned with the accountabilities in the division of labour and areas of responsibility set out in the UBRAF. The instrument is structured around the 3 strategic directions and 10 goals set forth in the UNAIDS Strategy, providing outcomes, outputs and deliverables for the 11 UNAIDS Cosponsors and the UNAIDS 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.

23. The HIV results framework of the UNICEF Strategic Plan 2014–2017 is closely aligned with the UBRAF. This enables UNICEF to focus its HIV work on prevention of mother-to-child transmission; paediatric treatment; prevention, treatment and care of adolescents; and protection, care and support for children affected by AIDS, for results across both frameworks. UNICEF is committed to maintaining this coherence during the development of the next UBRAF and UNAIDS Strategy.

The way forward – an effective, efficient joint programme in the post-2015 era

24. 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 UNAIDS partnership. UNICEF is participating in a number of processes that stem from the decision to extend the UNAIDS Strategy and the UBRAF to 2017, and that aim to optimize the joint programme for the post-2015 world.

25. At the launch of the “Fast Track” strategy in September 2014, a high-level panel proposed a rapid acceleration of HIV prevention and treatment programmes to achieve the ambitious goal of ending the AIDS epidemic by 2030. UNICEF will be actively involved in the development of post-2015 HIV/AIDS targets to further this goal. In 2016, the General Assembly will convene a high-level meeting to assess the implementation of the 2011 Declaration of Commitment on HIV/AIDS. UNICEF is committed to working with the UNAIDS Secretariat and Cosponsors to prepare for the meeting. UNICEF is also committed to working with joint programme partners on the development of the next UNAIDS Strategy, and will endeavour to achieve the greatest coherence possible between the Strategy and the UNICEF Strategic Plan 2014–2017.

26. UNICEF is also a member of a working group that was established by the Committee of Cosponsoring Organizations (CCO). The group is tasked with defining and providing the CCO with recommendations on the ways in which the joint programme can improve effectiveness and efficiency in the post-2015 era. It is anticipated that there will be a great need for strengthening integration and convergence of HIV efforts with broader development priorities, including maternal and child health, gender equality, human rights and social change. At an October 2014 retreat, jointly organized by the CCO Chair and the UNAIDS Secretariat, UNAIDS Cosponsors and the UNAIDS Secretariat agreed to develop a roadmap that would move the process forward and link the group’s work with the development of the next UNAIDS Strategy.

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12 UNAIDS brings together the efforts and resources of 11 United Nations System organizations in the AIDS response. The UNAIDS CCO serves as the forum for the Cosponsor heads of agencies to meet on a regular basis to consider matters of major importance to UNAIDS, and to provide input from the Cosponsoring organizations into the policies and strategies of UNAIDS. The CCO is a standing committee of the PCB.
Annex

HIV programming across the two decades of a child’s life

Decade 1: Elimination of mother-to-child transmission of HIV, paediatric HIV treatment, and alignment of paediatric HIV care and treatment efforts to broader child survival initiatives

1. Keeping mothers alive and healthy is a critical goal in itself, and also one of the most important prerequisites for child survival. UNICEF has played a pivotal role at global, regional and country levels in the implementation of the “Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive” (the Global Plan), including by hosting the Secretariat of the Inter-Agency Task Team (IATT) on the Elimination of Mother to Child Transmission (EMTCT), which is co-chaired with the World Health Organization (WHO). The IATT secretariat is the driving force in coordination of the provision of technical assistance, development of guidance and tools and tracking of progress against indicators and targets.

2. As of July 2014, all 22 Global Plan priority countries had adopted policies to initiate pregnant and breastfeeding women on antiretroviral therapy (ART).

3. UNICEF contributed to a three-year initiative on “Optimizing HIV Treatment Access for Pregnant Women living with HIV” (OHTA) in four Global Plan priority countries to accelerate HIV testing and access to simplified (one pill daily) lifelong treatment. UNICEF support to this initiative has included assisting project planning and implementation through bottleneck analysis, establishing routine monitoring systems at sub-national and primary service-delivery levels, and developing implementation plans and a framework for strategic learning and knowledge management.

4. UNICEF, with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and WHO supported the collation and analysis of data on prevention of mother-to-child transmission of HIV (PMTCT). UNICEF also provided support to countries to implement and roll out Option B+. In May 2014, UNICEF supported evaluation protocol development and data analysis to assess early performance of Option B+ (test and treat) in the United Republic of Tanzania. Findings indicated substantial increases in uptake of ART by pregnant women, similar to what had been observed in Malawi, the first country to adopt Option B+.

5. UNICEF, in collaboration with the PMTCT IATT monitoring and evaluation (M&E) working group, developed a M&E framework for Option B+ that outlines monitoring issues for consideration in countries implementing lifelong treatment for pregnant and breastfeeding women and their children, and evaluations that are specific to understanding processes, systems, outcomes and effectiveness of treatment for maternal and infant pairs. Technical assistance was provided to Zimbabwe to develop an M&E framework for an Option B+ operational plan. Technical assistance was also provided to Mozambique for revising and integrating maternal and child health, reproductive health and HIV M&E tools.

6. Through a partnership with the M.A.C AIDS Fund, UNICEF is promoting the scale-up of paediatric and adolescent HIV testing, treatment and retention in care in BRICS countries [Brazil, Russian Federation, India, China and South Africa] by supporting M&E systems, innovative programming and capacity-building. The lack of 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 CD4, early infant diagnostics and viral load markets. HIV point of care (PoC) diagnostics are a critical component of a shift in PMTCT/ART policies and programming, in line with Treatment 2.0, enabling decentralization and integration of PMTCT/ART at the primary care level, using the maternal and child health platform. UNICEF, UNITAID and the Clinton Health Access Initiative (CHAI) initiated the HIV PoC Diagnostics Project in 2013. UNICEF is also supporting the ongoing assessment on early infant medical circumcision in 14 priority countries.

7. Leveraging Global Fund resources to advance HIV responses for children is a priority for UNICEF. Following signature of a Memorandum of Understanding between the Global Fund and UNICEF in 2014 to better align Global Fund commodity support with broader investments in maternal and child health commodities, UNICEF developed a set of tools and guidance to facilitate in-country dialogue during the Global Fund new funding model processes. Two capacity-building workshops on Global Fund processes were held in Dakar and Ouagadougou, in which tools and guidance were disseminated and a pool of consultants and UNICEF staff trained. A meeting with the IATT on HIV in Emergencies and the Global Fund on the $30 million Emergency Fund resulted in the development of 10 case studies that provided the Global Fund with insights into different country scenarios and how the emergency funds can be used. UNICEF will now submit an expression of interest to the Global Fund to become an implementer for the emergency fund.

Decade 2: Focusing on adolescents

8. In addition to helping to initiate ‘All in! Towards ending the AIDS epidemic among adolescents’, as mentioned in the body of this report, in 2014 UNICEF also developed operational guidance on adolescent HIV programming. Along with key partners, UNICEF developed four technical briefs on young key populations to help ensure better consideration of the unique provisions for children included within the broad definition of young key populations (ages 10 to 24), based on the Convention on the Rights of the Child.

9. UNICEF has expanded its role in scale up of voluntary medical male circumcision (VMMC), which is a proven high-impact HIV prevention intervention. In March 2014, UNICEF convened the first global meeting on Early Infant Male Circumcision and participated in the mid-term review of the Joint Strategic Action Framework for Scale Up of VMMC. UNICEF, in collaboration with the United States Agency for International Development (USAID) is mobilizing government commitment in South Africa, the United Republic of Tanzania, Zambia and Zimbabwe to conduct VMMC evaluations that will inform improved age-appropriate counselling in VMMC programmes.

10. Following the December 2013 launch of the HIV testing and counselling guidelines, UNICEF, WHO and the United States President’s Emergency Plan for AIDS Relief convened a planning meeting in April 2014 to define the roll-out of the new global WHO guidelines on HIV testing and counselling and care for adolescents. They agreed to jointly support dissemination of the guidelines. UNICEF also contributed to a virtual global toolkit on HIV testing and counselling and care of adolescents.

11. UNICEF supported South Africa, the United Republic of Tanzania and Zambia to establish better age-disaggregated data on HIV testing and treatment, and to identify barriers to the use of services. A simple matrix of indicators was developed as part of a draft toolkit on the Monitoring
Results for Equity System for HIV, to guide regional and country teams in adaptation and implementation of data-driven planning exercises.

12. UNICEF and the National Institutes of Health (NIH) in the United States supported a synthesis of evidence on adolescents and HIV, which was released in a special supplement of the Journal of AIDS at the 20th International AIDS Conference in Melbourne, Australia, in July 2014. An article outlining operational research questions relevant to HIV prevention and treatment programme effectiveness in adolescents was also included in the supplement. The supplement highlights the complexity of the adolescent HIV epidemic, and illustrates opportunities to improve the response through effective scale up of interventions that address biological, economic, social and cultural determinants of HIV risk and vulnerability in adolescents. UNICEF and the NIH have also agreed to launch a multi-year, multi-country operational research agenda on HIV testing and counselling and linkages to prevention, treatment and care in adolescents.

Across decades one and two: The importance of critical enablers

13. UNICEF provided leadership in this area of work by convening the IATT for Social Protection, Care and Support and its working groups. This included convening, with the Coalition for Children Affected by AIDS, a meeting in May 2013 to discuss integration of HIV and other development sectors and to present new evidence around children affected by HIV and AIDS. Findings from the meeting were reflected at the Global Partners Forum, which was held during the 20th International AIDS Conference.

14. Along with the IATT on Children Affected by AIDS, UNICEF led the development of a costing model for children affected by HIV and AIDS, which replaces the 2005 model. The new model reflects current and updated evidence-based interventions and provides updated resource estimates. The IATT also led the development of a paper on synergies between child protection systems and programmes and HIV and AIDS, which proposed specific child protection interventions that respond to the unique needs of children affected by HIV and AIDS.

15. Following up on the meeting on the structural drivers of HIV that was organized by UNAIDS and the World Bank in January 2014, UNAIDS, UNICEF and the World Bank launched a Global Network on Structural Drivers of HIV at the 20th International AIDS Conference. This will facilitate the exchange of research and innovation and accelerate implementation progress in this field. The Global Network will bring together, on an annual basis, key researchers and implementers involved in the field, and will strive to stimulate debate and promote cross-fertilization of interventions and lessons learned.

HIV in emergencies

16. Together with the UNICEF Nutrition and Health Sections, the HIV/AIDS Section co-led the development of the overarching framework for the “Basic Package for Risk Informed Programming” and led the development of a chapter on HIV that will include useful tools as part of the “how to” guide. The Basic Package will also focus on the need for, and the importance of, integrated and intersectoral programming. To ensure that this area of work is integrated into the work of its partners and donors, UNICEF will lead a reference group that will include the United States Centers for Disease Control and Prevention, the United Nations High Commissioner for Refugees (UNHCR), Save the Children and other members of the UNAIDS IATT to address HIV in Humanitarian Emergencies.
17. During the Ebola emergency, securing continuity of access to antiretroviral medicines for children and their families and essential HIV prevention interventions, including PMTCT, is critical to reduce morbidity and mortality among people living with HIV and to prevent new infections. To this end, the IATT to address HIV in Humanitarian Emergencies, of which UNICEF is a member, is advocating for a minimum HIV service package as part of efforts to restore public health services during the Ebola emergency.

18. The IATT has developed an advocacy brief/guidance document on HIV in the Ebola crisis, which outlines the recommended minimum HIV package of interventions and actions required to ensure continuity of HIV services, including through community platforms. The brief was developed by a small working group made up of Save the Children, UNAIDS, UNHCR, UNICEF, WHO and the World Food Programme. While containing Ebola remains the priority in the affected countries, the impact of the Ebola crisis on health systems is of grave concern; routine services, including HIV/tuberculosis services, have been compromised and people living with HIV are increasingly vulnerable.