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Oral report background note

UNICEF follow-up to recommendations and decisions of the UNAIDS 35th and 36th Programme Coordination Board meetings

Introduction

1. As a follow up to the 35th and 36th meetings of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB), which took place from 9 to 11 December 2014 and 30 June to 2 July 2015, respectively, this report presents an overview of key PCB recommendations and decisions relevant to UNICEF, as well as an update on UNICEF HIV and AIDS programming activities across the two decades of childhood in 2015. Among the issues addressed during the above-mentioned PCB meetings, this report focuses on the following four of particular relevance to UNICEF:

(a) Gap analysis on paediatric HIV treatment, care and support;
(b) Addressing the social and economic drivers of HIV through social protection;
(c) HIV in emergency contexts;
(d) The 2016–2021 updated UNAIDS Strategy and Unified Budget, Results and Accountability Framework (UBRAF)

2. The first part of this report highlights UNICEF follow-up to activities related to these four issues tabled at the 35th and 36th meetings of the PCB, while the attached annex provides further details on key achievements made by UNICEF in HIV programming for children in 2015.

A life-cycle approach for better HIV outcomes for children

3. UNICEF work on HIV and AIDS is guided by its vision of an AIDS-free generation, in which all children are born and remain HIV free through adolescence into adulthood, and children

* E/ICEF/2016/1.
and their families living with HIV have access to the treatment, care and support needed to survive and thrive.

4. This vision is embedded in the HIV outputs of the UNICEF Strategic Plan 2014–2017 and informed by a theory of change. The theory summarizes the causal pathways through which interventions contribute to the outcome of improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents. In line with this theory of change, UNICEF, as a UNAIDS Co-sponsor, provides leadership on HIV programming to end AIDS among children and adolescents by 2030 (in support of target 3.3 of the Sustainable Development Goals). This includes greater specificity on addressing the treatment needs of children and adolescents; the unfinished business of eliminating mother-to-child transmission (EMTCT) of HIV; integration of HIV services for families with platforms for maternal, newborn and child health (MNCH); HIV prevention among adolescents; HIV-sensitive social protection for vulnerable families; and HIV in emergencies.

5. Through this work and strong advocacy efforts, UNICEF has brought to the attention of the PCB critical issues and gaps related to HIV across both decades of childhood. During its 35th and 36th meetings, the PCB expressed appreciation for the achievements in the AIDS response for children, while recognizing that ending the AIDS epidemic by 2030 requires addressing key gaps in responses for children across their life cycle.

**Issue 1: Gap analysis on paediatric HIV treatment, care and support**

6. Paediatric HIV and EMTCT continued to be important priorities for UNICEF during 2015. UNICEF hosts the Secretariat of the Inter-Agency Task Team (IATT) on the Prevention and Treatment of HIV Infection in Pregnant Women, Mothers and Children and co-chairs the IATT Executive Committee. UNICEF is also a core member of the Global Steering Group (GSG) of the Global Plan towards the Elimination of New HIV Infections among Children by 2015 and Keeping Their Mothers Alive, which outlines a set of global, regional and country targets for reducing HIV infections in children and AIDS-related maternal deaths in 22 priority countries.¹ UNICEF provided technical support and programme guidance and tools to these countries for: (a) Accelerating the roll out of immediate offer of lifelong treatment to all pregnant women and mothers living with HIV (Option B+); (b) Strengthening the tracking and testing of HIV-exposed infants and children for early identification of HIV; (c) Increasing case finding of children who were not picked up through prevention of mother-to-child transmission (PMTCT) of HIV through “Double Dividend” approaches to integrate paediatric HIV and child health platforms; (d) Improving retention in care of mothers and infants until the end of the breastfeeding period; (e) Improving data systems to include retention, cohort and subnational programmatic data to better focus activities.

7. In 2015, UNICEF continued to catalyse Option B+ implementation in four countries (Côte d’Ivoire, Democratic Republic of the Congo, Malawi and Uganda) with support from Sweden and Norway. Through this support, countries have shifted national policy and programme implementation approaches to optimize the benefits of the new protocol. In the Democratic Republic of the Congo, an initial pilot of Option B+ in Katanga Province by UNICEF working with the Ministry of Health is now informing practice across the country. UNICEF is also supporting

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¹ The 22 priority countries are: Angola, Botswana, Burundi, Cameroon, Chad, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, India, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.
five new focus districts in North Kivu. Through advocacy efforts by UNICEF, the Ministry of Health in Côte d’Ivoire has officially endorsed policy shifts in favour of task shifting and Option B+. To date, as a result of UNICEF interventions, only 3 of the 22 Global Plan countries are using older protocols. All others are at various stages of rolling out Option B+. In 2014, coverage of early infant diagnosis (EID) testing was nearly 50 per cent. Case-finding activities, through focused screening and testing in other child health entry points (nutrition/growth and monitoring, in-patient wards and community screening) are in the earliest of stages, and plans going forward are to gather the evidence of such integrated approaches to demonstrate impact. In Malawi and Uganda, UNICEF is continuing to support strengthened community-facility linkages for improved uptake and retention in care through enhanced male engagement, client follow-up, leveraging of community health worker cadres and community engagement, including the use of HIV-positive mentor mothers in health facilities. Across all countries, there continues to be a strong focus on better and more consultative use of data for improved decision-making. In October 2015, the IATT, under UNICEF leadership, hosted a technical country consultation in Uganda with 15 countries\(^2\) to disseminate and discuss the IATT Option B+ monitoring and evaluation (M & E) framework and to build capacity in countries for M&E systems, with a focus on cohort and retention monitoring.

8. Globally, approximately 1.8 million HIV-positive children under age 15 are not accessing treatment. In 2015, the IATT broadened its mandate to better integrate paediatric treatment and adolescent treatment and prevention into EMTCT efforts. UNICEF, as a co-convener of the 32-member IATT, continues to provide technical support and programme guidance and tools to support these efforts. For example, in West Africa, led by UNICEF, the IATT supported 10 countries to undertake paediatric HIV situational analyses to support the development of five-year national strategies. Uganda, Zambia and Zimbabwe have included two-year acceleration plans within their five-year strategies, which provide an increased focus on case-finding to identify the HIV-positive children under age 15 who are not accessing treatment, while continuing to strengthen EMTCT and EID systems. Additionally, three countries were supported to undertake EMTCT cascade analyses for the development of their next five-year strategies, with a view to aligning the national strategies with the “90-90-90” targets. The IATT paediatric working group developed operational guidance to translate normative recommendations on the release of a new pellet formulation for paediatric antiretroviral therapy (ART). The IATT also produced an instruction guide for providers and a supply chain guide for procurement systems. In response to a country request for technical assistance, the IATT provided M&E support to the United Republic of Tanzania to finalize an evaluation of EMTCT and community activities.

9. With funding from UNITAID, UNICEF, in close collaboration with the Clinton Health Access Initiative (CHAI) is supporting seven countries (Ethiopia, Kenya, Malawi, Mozambique, Uganda, United Republic of Tanzania and Zimbabwe) to evaluate and scale up new point of care (POC) technologies for CD4, EID and viral load testing. The use of a new generation of POC diagnostics is speeding up clinical decision-making by reducing test turnaround time to the same patient visit, aligned to efforts to strengthen laboratory systems. An implementation pilot for POC EID has been initiated in Malawi and Mozambique. Extensive programmatic work is ongoing to prepare the seven focus countries for pilot and scale-up of POC EID and viral load testing. (See the annex for additional details on progress made.)

\(^2\) The fifteen countries were: Botswana, Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Kenya, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.
Issue 2: Addressing the social and economic drivers of HIV through social protection

10. In 2015, UNICEF supported scale up of national social protection programmes that enhance HIV prevention, treatment, care and support outcomes for vulnerable families and individuals. Through the social protection grant funded by the Government of the Netherlands, UNICEF is providing technical and financial support to national social protection programmes in Malawi, Mozambique, Zambia and Zimbabwe, strengthening their targeting to ensure their reach includes HIV-affected populations; subnational and district-level implementation; and strengthening their monitoring and evaluation frameworks. This is leading to better access of HIV-affected populations to social protection programme benefits that reduce their vulnerability and increase their capacity to use HIV prevention and treatment services.

11. UNICEF is actively engaged with the Government of the United States of America/President’s Emergency Plan for AIDS Relief (PEPFAR) on several fronts, supporting social protection, care and support for children affected by AIDS. The UNICEF cooperative agreement with the Centers for Disease Control and Prevention (CDC) in the United States provides a global framework and funding umbrella for country offices to implement HIV activities. These include strengthening protection, care and support programme linkages with the health sector for improved prevention and treatment outcomes among children and adolescents. At the end of 2015, UNICEF submitted a proposal through this cooperative agreement for a project to test which protection, care and support interventions – such as cash, transport vouchers, and community-level support services – succeed in increasing 6- and 12-month treatment retention rates. This project, if approved, will be implemented in a high-prevalence setting in the Eastern and Southern Africa region.

12. With funding from the Swedish International Development Cooperation Agency and the Norwegian Agency for Development Cooperation, UNICEF is strengthening the linkages between community social service delivery mechanisms and facility-based treatment services to scale up lifelong treatment programmes in Côte d’Ivoire, Democratic Republic of the Congo, Mali and Uganda, through the Optimizing HIV Treatment Access for Pregnant and Breastfeeding Women (OHTA) Initiative. The 2015 mid-term evaluation concluded that OHTA funding at facility and community levels has closed service delivery gaps, catalysed community involvement and increased demand for services. In Malawi, for example, activities in this result area included technical and material support to community-level health agents, formalized community-facility referral mechanisms, male involvement campaigns and supervisory facility reviews that included traditional and community leaders. Findings from the evaluation conducted in Malawi, for example, were that OHTA revitalization of the community agent cadre as a crucial link between communities and health facilities had improved treatment uptake, quality and retention, with six-month retention rates increasing from 72 per cent to 79 per cent; and 12-month retention rates increasing from 66 per cent to 74 per cent between 2013 and 2015, respectively. District level M&E support provided by the OHTA grant to strengthen community-level planning and real-time monitoring was found to be a successful strategy and fostered a culture of local ownership and understanding of data, with consequent implications for health system strengthening beyond the PMTCT programme.

13. Through the Inter-Agency Task Team for Social Protection, Care and Support, the International Labour Organization, the United Nations Development Programme, the World Bank, UNAIDS and UNICEF are jointly developing a participatory assessment tool that will involve key stakeholders in assessing the reach and coverage of national and subnational social protection, care, and support services. The draft of the assessment tool and related skills-building workshops are being presented and conducted at regional HIV and AIDS conferences, and piloting will be
completed in early 2016. This assessment effort is expected to facilitate the development of national plans to ensure social protection, care and support services reach the most vulnerable HIV-affected populations.

14. UNICEF has also been instrumental in strengthening existing efforts to advance research in social protection and promote the use of evidence-based, action-oriented recommendations that address the social and economic drivers of HIV. UNICEF is partnering with Oxford University to develop papers and advocacy briefs reviewing: (a) the impact on HIV-affected populations of combining social protection and social services (“Cash Plus”); (b) the impact of social protection on ART adherence, HIV prevention, adolescent sexual and reproductive health and other sectoral outcomes in child protection and education; and (c) the impact of different service delivery models (incentives, conditional cash transfers and unconditional cash transfers). In January 2015, UNICEF, UNAIDS and the World Bank convened the Social and Structural Drivers of HIV Research Meeting to review the evidence, identify research gaps and support joint research efforts to strengthen the evidence base underlying HIV-sensitive social protection programming. UNICEF developed and published a compendium of best practices, which documents the impact of strengthened linkages between community social service delivery networks and facility-based services in the health sector.

To support its reporting responsibilities against standardized social protection indicators for the UNICEF Strategic Plan, the Sustainable Development Goals and the UNAIDS Global AIDS Response Progress Reporting, UNICEF is piloting a social protection module in Kenya, Zimbabwe, and Viet Nam for the Multiple Indicator Cluster Surveys (MICS). Inclusion of this module in future MICS, as well as other national household surveys, will ultimately enable countries to report on key social protection indicators in the UNAIDS reporting system.

**Issue 3: HIV in emergency contexts**

15. UNICEF, working with the United Nations High Commissioner for Refugees (UNHCR) and UNAIDS, estimated the number of people living with HIV (PLHIV) affected by emergencies in 2013 at 1.7 million people. This represents approximately 4.7 per cent of the total number of PLHIV in 2013. Additionally, approximately 6.5 per cent of all children living with HIV, and 6 per cent of all pregnant women living with HIV were affected by emergencies. Estimates are currently being revised to reflect the 2014 UNAIDS data. The 2013 data were used to develop a background paper for the thematic segment of the 36th PCB, outlining the need to include humanitarian settings in HIV programming as well as to influence the development of the new UNAIDS Strategy.

16. UNICEF includes HIV in its Core Commitments to Children in Humanitarian Action. In 2015, UNICEF provided an integrated emergency response to flooding in Malawi. In the three most flood-affected districts of Chikwawa, Nsanje and Phalombe, there were an estimated 52,137 people living with HIV in need of ART, including 9,215 pregnant women and 842 children. Ensuring that people on ART continued to have access to their medicines was a priority for UNICEF and by working closely with national and district officials, the organization was able to quickly identify and address gaps in service delivery. Additionally, UNICEF has supported HIV-related procurement and supply management in Malawi over the past decade, and in late-2014 handed over responsibility for the distribution of ARVs and HIV commodities to the Ministry of Health. As a result, at the onset of the emergency, all health facilities had adequate stock levels. Non-governmental organization (NGO) partners focused on providing people living in tented camps with HIV-related information and support, including HIV testing and counselling, condoms, family planning and screening and treatment for sexually transmitted infections. At the same time,
UNICEF supported the flood-affected districts to establish mobile clinics, which are typically used in Malawi only during health campaigns or emergency situations.

17. Following the outbreak of Ebola in Sierra Leone in May 2014, a rapid assessment of health facilities undertaken in October 2014 found a significant decline in the uptake of maternal and child health services, including a 23 per cent decline in the number of PMTCT visits, a 50 per cent decline in HIV testing and a 21 per cent increase in patients lost to follow up. UNICEF worked with a local NGO, the HIV and AIDS Prevention Project for Youths, to mitigate the impact of AIDS on the lives of affected children and adolescents by ensuring access to quality care, treatment and support. Given the general reluctance of the population to seek care at health facilities due to Ebola, UNICEF supported the NGO to launch a Patient Tracing Project. The project helped to ensure ongoing treatment and support for people living with HIV during the Ebola outbreak and helped to prevent loss to follow up through direct outreach to patients to continue supplying them with ART and provide HIV services at the facilities of local NGOs where health facilities were closed.

18. UNICEF also undertook similar work in the Central African Republic and South Sudan in 2015, to ensure the continuation of HIV services during emergencies. Additionally, in countries like Somalia and South Sudan, UNICEF works on gender-based violence in emergencies, which has an impact on HIV incidence as well as on social norms and community-based care.

19. Following a UNICEF assessment in Ukraine in March 2015, it became clear that stock-outs of life-saving ARVs and interruptions in treatment in the non-government-controlled areas presented a serious threat to the lives of children and families living with HIV, and a public health risk to the entire country. UNICEF worked with key partners and the health cluster in Ukraine to develop and submit an application for funding to the Emergency Fund of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The agreement enabled the continuation of ART for one year for more than 8,000 adults and children living with HIV, as well as HIV testing for more than 31,000 pregnant women and their children. Close cooperation between UNICEF and the Medicines Patent Pool, the All Ukrainian Network of People living with HIV and selected ARV manufacturers also resulted in major costs savings and accelerated procurement.

Issue 4: The UNAIDS Strategy 2016–2021 and Unified Budget, Results and Accountability Framework (UBRAF)

20. UNICEF worked closely with UNAIDS and the other 11 Cosponsors during the drafting process for the 2016–2021 Strategy and UBRAF to ensure that both documents contain targets for children and adolescents, and reflect a life-cycle approach to fast-track the global HIV response to 2020 in order to end the AIDS epidemic by 2030 (target 3.3 of the Sustainable Development Goals). UNICEF welcomes the call of the Strategy and the UBRAF for continued determination, investment and focus on EMTCT, including scaling up of maternal and paediatric testing and treatment though integration with broader MNCH platforms. Adolescent prevention and treatment and the UNICEF commitment to saving lives and reducing infections among adolescents through the ‘All In!’ platform are well embedded in both documents. HIV-sensitive social protection, as well as HIV in emergencies and risk-informed programming towards enhancing resilience of communities and systems are clearly positioned. UNICEF advocated for the inclusion of age- and sex-disaggregated subnational data as key for strengthening programme performance.
21. The UNAIDS Strategy is firmly anchored within five core Sustainable Development Goals. The Strategy has ten 2020 targets and eight result areas that will lead to ending the AIDS epidemic by 2030. The UBRAF operationalizes the UNAIDS Strategy and has a lean structure with a limited set of outputs. UNICEF is engaged in 16 out of the 27 UBRAF outputs.

22. At its 37th meeting in October 2015, the PCB approved the UNAIDS Strategy 2016–2021, along with the UBRAF, including the core budget of $485 million, as well as budget allocations for the Cosponsors and Secretariat at the same levels as in 2014–2015 (UNICEF received $24 million in 2014–2015). Furthermore, the PCB urged full funding of the 2016–2021 UBRAF. Nevertheless, ongoing fundraising challenges may affect the actual allocations for 2016–2017 and beyond.

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3 Goals 3: Good health and well-being; 5: Gender equality; 10: Reduced inequalities; 16: Just, peaceful and inclusive societies; and 17: Global partnerships.
Annex: HIV programming across the two decades of a child’s life

Status of the epidemic

1. Considerable progress in the AIDS response has been made in recent years. For example, with improved access to ART by pregnant women living with HIV, the number of new HIV infections in children under age 15 has continued to decline. In 2014, the estimated number of new HIV infections in children under age 15 had reached 220,000 – fewer than half the 530,000 new infections in 2001. Achieving the Global Plan target of reducing the number of new HIV infections among children to less than 40,000 by 2015 would require an 82 per cent decline in new paediatric HIV infections in 2015 and a nearly 70 per cent reduction in the average MTCT rate among the Global Plan countries.

2. Despite progress on EMTCT, expansion of access to ART by HIV-infected children has been considerably slower than for adults: only 32 per cent of eligible children received ART in 2014, compared with 41 per cent of adults. Based on the 2014 UNAIDS Gap Report, in the absence of timely HIV testing and ART initiation, about one third of infants living with HIV die before their first birthday, and about half die before reaching age 2. Initiating ART before the twelfth week of life reduces HIV-related mortality in children by 75 per cent. In 2014, nearly three quarters of all deaths associated with HIV among children under five occurred in just a dozen countries.

3. Adolescents have been neglected in the international AIDS response and are too often overlooked in global, national and local programmes and budgets. Coverage of HIV testing and counselling is low among adolescents, especially among key populations in most parts of the world. AIDS is the leading cause of death among adolescents in Africa and the second highest cause of death among adolescents globally. Alarmingly, adolescents are the only age group where deaths due to AIDS are not decreasing. During the period 2005–2014, AIDS-related deaths among adolescents aged 10–19 increased by nearly 50 per cent (from 41,000 in 2005 to 60,000 in 2014), while all other age groups saw decreases during the same period. In 2014, more than 60 per cent of the 220,000 new infections among 15-19-year-olds were among adolescent girls. Social and economic inequalities play a marked role in the vulnerability of adolescent girls and their disproportionate levels of HIV infection.

UNICEF response

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

4. Following the IATT restructuring of its working groups, the maternal working group has been developing a document on key considerations for an integrated service delivery model, which will be finalized by the end of 2015. The child survival working group has been focusing its efforts on streamlining the paediatric ARV formulations list. The group is updating the paediatric HIV toolkit to reflect areas of integration within routine child health services, improving ART access through leveraging Option B+ systems and case finding. The community engagement working group developed and finalized community engagement indicators, which will be piloted in Côte d’Ivoire in 2016. The IATT M&E working group facilitated and provided technical assistance in eight national PMTCT and paediatric assessments, to help countries direct their next five-year strategies, including through two-year paediatric acceleration plans.
5. To continue the successful project with CHAI on new POC technologies for early infant diagnosis and viral load testing, UNICEF submitted a proposal to UNITAID for an extension of funding beyond February 2016 for the next four years (Phase 2b). The proposal is in the final stages of review. The UNICEF Supply and Programme Divisions are working closely together to orchestrate both the supply and the demand side of this innovative initiative in seven high-burden countries.\(^4\) Phase2b will include three additional countries.\(^5\) UNICEF Supply Division has also entered into a memorandum of understanding with the Children’s Investment Fund Foundation for procurement of POC EID commodities.

6. During the reporting period in 2015, noteworthy progress has been made across the seven project countries for evaluations of new POC products and policies, programmatic work for implementation and optimization of quality assured HIV diagnostics. As part of the knowledge sharing of experiences and lessons learned from the roll-out of POC diagnostics, regular webinars have been conducted and their recordings can be accessed through YouTube.\(^6\) UNICEF has worked closely with CHAI and government ministries in selected countries to improve access and service delivery by operationalizing POC CD4 testing, reducing test turnaround times and improving linkages to treatment. More specifically, POC policies are now in place in six of the seven focus countries, with POC policies in progress in the seventh country. One evaluation was completed for POC CD4 in Kenya and three evaluations are ongoing (two for POC CD4 in Ethiopia and Zimbabwe; and one for POC EID for testing at birth in Mozambique). The POC CD4 product selection for the evaluation process has been finalized in all seven focus countries. A combined product and site selection tool has been developed for POC EID and viral load and is being piloted in one focus country. One of the seven focus countries conducted a training of trainers for implementation of POC CD4 testing and four of the seven have conducted activities designed to improve clinic workflow in sites conducting POC testing. All seven of the focus countries have rolled out connectivity to wirelessly transmit data to the central data management system on the CD4 POC (Pima platform). All seven focus countries have implemented external quality assessment programmes for Pima sites.

7. With the support of the Conrad N. Hilton Foundation, UNICEF is providing technical and financial support to implementing partners in Kenya, United Republic of Tanzania and Zambia to enable early childhood development (ECD) services implemented through community-based protection, care, and support services to reach children affected by AIDS. An approved follow-on agreement will expand support to Malawi and Mozambique in 2016. During 2015, the project supported the establishment of a multi-stakeholder regional technical ECD advisory group to support decentralized design and supervision of ECD programmes in Kenya; trained providers in the United Republic of Tanzania; and mobilized community health workers and social workers in eastern Zambia to enable community social service delivery networks to reach HIV-affected children with ECD programmes.

**Decade 2: Focusing on adolescents – ‘All In!’**

8. In February 2015, UNICEF and UNAIDS launched ‘All In!’ to fast-track global and country efforts to end the AIDS epidemic among adolescents. This multi-stakeholder effort for and with

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\(^4\) The seven high-burden countries are: Ethiopia, Kenya, Malawi, Mozambique, Uganda, United Republic of Tanzania and Zimbabwe.

\(^5\) The three additional countries are: Cameroon, Democratic Republic of the Congo and Senegal.

\(^6\) <https://www.youtube.com/playlist?list=PLBmFt9_ZeUk8uW20JaZ20_7W7vFAFqgM>. 
adolescents has brought the crisis of adolescents and AIDS to the attention of policy makers, towards achieving the goals of a 65 per cent reduction in AIDS-related mortality and a 75 per cent reduction in new infections among adolescents by 2020. ‘All In!’ comprises four workstreams: (a) engaging adolescents for social and policy change; (b) improving programming through strengthened data for decision-making; (c) innovation in technologies and approaches; and (d) advocacy, communication and resource mobilization.

9. To engage adolescents for social and policy change in ‘All In!’ (workstream 1), UNICEF introduced adolescent participation in national assessments. A global partnership was also established to review and develop a toolkit to support countries in addressing legislative barriers to accessing HIV testing, counselling and care. UNICEF led a global inter-agency partnership to strengthen the adolescent components of national programmes. This led to the development of a guidance document to conduct country assessments (workstream 2). Between March and June 2015, as part of the ‘All In!’ agenda for adolescents, five countries – Botswana, Cameroon, Jamaica, Swaziland and Zimbabwe – initiated country assessments to identify programme priorities and bottlenecks affecting effective delivery of key interventions for HIV prevention, treatment and care in priority adolescent populations. Lessons from these assessments are being synthesized into a global report to support Governments and partners in other countries as they initiate the same approach. To date, three countries, Côte d’Ivoire, Haiti and Ukraine, have also initiated these adolescent assessments with UNICEF support and a further 12 countries (China, Democratic Republic of the Congo, Gabon, Indonesia, Lesotho, Mozambique, Namibia, Nigeria, Philippines, Rwanda, United Republic of Tanzania and Thailand) are set to begin within the next three to six months. The second phase of this work will see countries applying the Monitoring Results for Equity System (MoRES) framework7 in strategic subnational areas to study inequities and performance gaps and inform joint action planning and monitoring of programming for adolescents. In the lead up to the biennial International Conference on AIDS and STIs in Africa, which will be held in Zimbabwe from 29 November to 4 December 2015, UNICEF, in partnership with UNAIDS, the United Nations Population Fund, the Y+ Young People Living With HIV Programme and the PACT, a coalition of youth organizations, organized an ‘All In!’ consultation with adolescent and youth leaders to rally and engage stakeholders in the four workstreams.

10. As part of scaling up innovation (workstream 3), UNICEF led a global consultation on pre-exposure prophylaxis (PrEP) for adolescents, gathering researchers and technical specialists together to discuss and formulate a set of key clinical, ethical and operational considerations for the implementation of PrEP in sexually active older adolescents. The considerations identified have been disseminated globally and will contribute to the upcoming global implementation guidelines for PrEP to be released in early 2016. In addition, UNICEF has consulted with country offices in Brazil, South Africa and Thailand, and with partners in multiple countries to design a proposed five-year demonstration project to inform the introduction of PrEP as a component of a comprehensive HIV-prevention programme for adolescents at particularly high risk of infection. UNICEF is also working with the global innovations team and country offices to establish partnerships to introduce or strengthen the links between the use of U-Report – the SMS youth engagement platform – and similar engagement platforms, country assessments and programme monitoring efforts.

7 The determinants are: an enabling environment, supply, demand and quality.
11. The global launch of ‘All In!’ with the Government of Kenya, as well as the Global Fund, PEPFAR and UNAIDS in February 2015, was facilitated by UNICEF advocacy and communication efforts (workstream 4). A global portal8 was designed and launched to profile the issue of HIV among adolescents and provide a platform to mobilize partners to support action through ‘All In!’ globally and nationally. Since then, UNICEF has supported the MTV Staying Alive Foundation to prepare and launch a fourth season of their media series Shuga, a communication initiative that focuses on adolescents and youth, combining traditional, mobile and social media.

12. The M.A.C AIDS Fund has provided more than $2.4 million to support ‘All In’ in seven focus countries for one year ending in 2016, specifically Brazil, China, India, Indonesia, South Africa, Thailand (East Asia and Pacific Region) and Ukraine. The funds are being utilized to apply innovative technologies and programmes to improve access to HIV testing, as well as to link adolescents living with HIV with follow-up treatment and support services. Interventions will focus specifically on adolescents living with HIV and adolescents at highest risk for HIV infection, such as adolescent girls in generalized epidemics; adolescents who inject drugs; adolescent males who have sex with other males; sexually exploited adolescents who sell sex; and transgender adolescents. Each programme will be tailored to the country context. Brazil and Ukraine received funding from 2013–2015 to address adolescent AIDS. The extension of funding from the M.A.C AIDS Fund in Brazil will explore scale-up of mobile HIV testing services for vulnerable adolescent populations; and in Ukraine, will give particular attention to addressing retention in treatment of adolescents living with HIV.

Across decades one and two

13. As part of the UNICEF work on HIV in emergencies, in July 2015, UNICEF, Save the Children and UNHCR finalized and disseminated a lessons learned document on PMTCT in humanitarian action. In countries with a high HIV burden, humanitarian emergencies can cause considerable PMTCT ARV treatment interruption. The risk of drug resistance is increased, efficacy of treatment compromised and the effective scale-up of ART for pregnant and breastfeeding women living with HIV impeded. Strategies are therefore needed to ensure the uninterrupted supply of ARVs for PMTCT during crises. The paper highlights lessons learned from PMTCT implementation in emergencies based on literature reviews and key informant interviews. It provides recommendations to help to improve the implementation of PMTCT services in humanitarian settings. The recommendations focus on PMTCT health service delivery and specifically on continuation, or, where possible, initiation of lifelong ART during PMTCT.

14. In 2015, UNICEF also drafted an HIV chapter for a risk-informed programming guide that has been circulated to key respondents in country and regional offices for review. The next steps will include a broader review to ascertain the utility and relevance of the information and tools provided. The final draft of the risk-informed programming guide is expected to be piloted in Ethiopia in December 2015.

15. Through the Emergency Fund of $30 million established by the Global Fund in 2014 to allow for continuity of services in situations of humanitarian crisis, UNICEF was able to continue its critical work on HIV in emergencies, an issue that is rarely prioritized during humanitarian crises.

8 http://allintoendadolescentaids.org/
16. UNICEF also continued its important work on HIV and social protection in 2015, and has been actively engaged in advocacy promoting both the provision and utilization of HIV-sensitive social protection. A UNICEF policy brief on social protection and HIV prevention has been widely disseminated, and two additional briefs on targeting of social protection initiatives and on the impact of social protection on HIV outcomes are being finalized.

17. UNICEF is also collaborating with the Coalition for Children Affected by AIDS on the development of advocacy materials supporting (a) social protection, care and support programmes addressing children and adolescents affected by AIDS; and (b) protection, care and support related impacts on ART adherence and HIV prevention among adolescents.