United Nations Children’s Fund
Executive Board
Second regular session 2010
7-9 September 2010
Item 4 of the provisional agenda*

Oral report background document

UNICEF follow-up to recommendations and decisions of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board

Summary

The 24th, 25th and 26th UNAIDS Programme Coordinating Board (PCB) meetings, held in June and December 2009 and June 2010, discussed a number of issues of relevance to UNICEF: strengthened collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria; gender-sensitivity of AIDS responses; HIV prevention among injecting drug users; Unified Budget and Workplan reports; and the second independent evaluation of UNAIDS. At the June 2010 PCB meeting, the Executive Director of UNAIDS chose to put the progress towards virtual elimination of mother-to-child transmission in the spotlight.
Strengthened collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria

1. Closer collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria has resulted in significantly increasing the rates of acceptance of AIDS and malaria grants. For example, the Joint United Nations Regional Team on AIDS of West and Central Africa increased the success rate for HIV and AIDS proposals from 35 per cent (approximately $200 million), in Round 7 to 71 per cent (just under $2 billion) in Round 8 — bearing in mind that Round 8 represents 43 per cent of all approved budgets for the West and Central Africa region since the creation of the Global Fund. UNICEF also developed technical guidance notes on programming for the prevention of mother-to-child transmission (PMTCT), paediatric HIV care and treatment, protection of orphans and vulnerable children, and gap analysis in 2009. These guidance notes were included in the UNAIDS resource kit for the Global Fund Round 9. In addition, UNICEF supported the Global Fund’s 19th Board decision to reprogramme PMTCT funds in all countries that account for over 85 per cent of the global mother-to-child transmission, and the organization is working at the global, country and regional levels to assist in this reprogramming effort.

Gender-sensitivity of AIDS responses

2. An analysis of the survey data on HIV prevalence in eight countries shows that young women aged 15 to 24 years who were younger than 15 years old when they had their first sexual relationship are more likely to be HIV-positive. This knowledge has informed UNICEF staff on the linkages among gender-based violence, sexual coercion, exploitation and HIV. UNICEF programmatic responses are highlighting the need to promote social change so that all forms of violence against girls are condemned as socially unacceptable, and to enact and enforce laws making them punishable as crimes (an example of this programming is a new initiative on HIV and sexual violence co-sponsored by UNICEF, UNAIDS and the Clinton Global Initiative).

3. The United Nations Population Fund (UNFPA), UNICEF and UNAIDS recently released *Children and AIDS: Fourth Stocktaking Report, 2009*, which advocates the use of an “equity lens” in reviewing progress toward universal access goals; upholding a standard of care and treatment for all; and working towards an equitable distribution of resources. The report disaggregates data by age and sex, revealing disparities in: HIV infection among adolescents, knowledge and skill levels, and the disproportionate number of young women living with HIV.

4. UNICEF has drafted the first Gender and HIV Operational Guidance. The guidance was written both to address the pressing needs of gender inequalities in the “Children and HIV” response, and to fulfil the recommendations of the UNICEF gender evaluation. It is aimed at UNICEF staff, and its objective is twofold: (a) draw attention to evidence linking improvements in gender equality with the achievement of expected results on HIV and AIDS; and (b) provide specific guidelines and tools to support policy development and to promote gender equality and HIV outcomes throughout the different stages of the programming cycle. UNICEF consulted a broad range of groups while drafting the guidance, including a number of Member States, United Nations organizations and non-governmental and civil society partners, as well as networks of women and girls living with HIV. The guidance will be rolled out as part of a UNICEF institutional gender capacity-building strategy in 2010-2011.
HIV prevention among injecting drug users

5. In July 2009, UNICEF — in collaboration with the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the UNAIDS secretariat — organized a meeting in Yalta, Ukraine, under the theme “Pregnancy, Drug Use and HIV: New Viewpoints on Service Delivery in Eastern Europe and Central Asia”. Recognizing the impact that HIV and drug use have on women and children’s survival, the meeting addressed the interconnected issues of HIV, drug use and pregnancy. Use of opiate substitution treatment could prevent thousands of new HIV infections among pregnant drug-using women and their newborns. As a result of the Yalta meeting, Governments from seven countries in the Central and Eastern Europe and the Commonwealth of Independent States region1 agreed to address issues faced by pregnant drug-using women and their children and to build up systems and services for this target group. They also pledged to map out the magnitude and scope of injecting drug use and HIV among pregnant women, learn and share experiences and identify ways to strengthen services. The Government of Ukraine, UNICEF, WHO, UNODC, as well as civil society partners, are undertaking site assessments to develop model approaches for replication in the region.

The 2010-2011 Unified Budget and Workplan and 2008-2009 reports

6. The four programmatic areas of Unite for Children, Unite against AIDS are reflected in the 2010-2011 Unified Budget and Workplan as well as the UNAIDS Outcome Framework and its 10 priority areas. UNAIDS is confident that bold action in each of these 10 priority areas will make a difference in the AIDS response. UNICEF is convinced that a generation of children free from AIDS is possible.

Virtual elimination of mother-to-child transmission is achievable

7. Supported by a growing body of scientific and programmatic evidence, UNICEF and the global community can now say that the effective elimination of mother-to-child transmission is possible and protection of future generations against HIV is in our hands. There is now a steady increase in the coverage of services for PMTCT and paediatric care. Global financial support came from donor Governments; public-private partnerships, particularly the Global Fund; private sector sources; the United States President’s Emergency Plan for AIDS Relief (PEPFAR); the World Bank; and the International Drug Purchase Facility.

8. A new joint partnership initiative signed with the Centers for Disease Control and Prevention in 2009 is now enabling UNICEF to strengthen its technical and financial support to PMTCT programmes in 14 high-burden countries funded by PEPFAR.2 In support of the new WHO guidelines, in 2009, UNICEF, together with partners, developed the “Mother-Baby Pack”, an innovative package containing co-trimoxazole along with the most efficacious regimens for PMTCT. Building on the growing global commitment for the virtual elimination of HIV in children in

1 The seven CEE/CIS countries are Belarus, Georgia, Kazakhstan, Kyrgyzstan, Moldova, Russia and Ukraine.

2 The 14 high-burden countries are Cameroon, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, India, Kenya, Malawi, Mozambique, Nigeria, South Africa, Tanzania, Uganda, Zambia and Zimbabwe.
In low-income and middle-income countries, UNICEF will introduce the Mother-Baby Pack as a means of making available HIV-related medicines, without the need for frequent replenishments, to the majority of women with poor access to health care.

9. On 6 June 2010, the Executive Directors of UNICEF and UNAIDS invited principals from UNFPA, WHO, the Global Fund, the Children’s Investment Fund Foundation, the Elizabeth Glaser Paediatric AIDS Foundation, PEPFAR and Columbia University to discuss strategies and actions for the effective elimination of mother-to-child transmission and paediatric HIV by 2015. All recognized that universal access requires an equitable approach. The participants agreed that a reduction to less than 5 per cent of HIV infections in children born to HIV-positive mothers is the goal for effective elimination of mother-to-child transmission by 2015.

**Child-sensitive social protection is key to reaching children affected by AIDS**

10. Poverty and social exclusion are key aspects to address when tackling vulnerability to AIDS. This has led the global community to recognize that we need, not an AIDS-exclusive, but an AIDS-sensitive approach to social protection. In 2009, UNICEF, through the Inter-Agency Task Team, convened a social protection working group to look at what key agencies and members were doing in enhancing AIDS-related social protection that focused on children. Findings show that an increasing number of agencies are now using social protection as a mechanism for reaching orphans and vulnerable children; these findings were later fed into the UNAIDS social protection business case. UNICEF work ensured that the needs of orphans and vulnerable children were better integrated within the broader national poverty and social protection strategies.

11. By the end of 2009, social protection initiatives had a direct impact on children affected by AIDS in 29 countries. In eastern and southern Africa, UNICEF collaborated with Save the Children United Kingdom, to complete the design phase of a multi-country operational research project on the impact of social cash transfers, which is to increase knowledge on how to scale up cash transfers in low-income settings and maximize their impact on orphans and vulnerable children. The regional and country offices are now moving forward with the review.

12. In 2010, UNICEF commissioned work on the state of the evidence on social protection and universal access; outcomes show how social protection can positively impact on vulnerable households and children affected by AIDS. These findings were presented at a meeting convened jointly by UNAIDS, UNICEF and the Institute of Development Studies. The meeting also highlighted the importance of transformational approaches for social protection and in overcoming barriers to access, including stigma and discrimination, faced by people living with AIDS.

**HIV prevention must remain top priority**

13. Universal access to prevention services is still far from being a reality. Girls in sub-Saharan Africa are still more vulnerable to HIV infection than boys. UNICEF is supporting national partners to specifically address factors of vulnerability. In Eastern and Southern Africa, particularly in Malawi, Tanzania and Namibia,
UNICEF and its partners are supporting the testing of the “Life Skills Plus” package. This initiative focuses on older girls (15 to 17 years of age), providing relevant risk avoidance and risk reduction information and skills. The model has also been introduced for testing in Botswana, Lesotho and Swaziland.

14. In 2009, the global community presented strong evidence to show that there are benefits, but even more importantly, that there is no downside to sexuality education in schools. The publication of the first United Nations International Guidance on Sexuality Education — led by the United Nations Educational, Scientific and Cultural Organization — presented a strong rationale for comprehensive sexuality education in and out of schools.

15. In the lead-up to the FIFA 2010 World Cup, UNICEF, in partnership with Futbol Club Barcelona and Johns Hopkins University, rolled out a prevention campaign, “Brothers for Life”, across eastern and southern Africa. The campaign delivered multimedia messages on HIV-related issues addressing men and boys. It showcased football players and celebrities as role models for other men to emulate healthy sexual behaviours. “Brothers for Life” is an excellent example of how sports can be used to reach men and boys with effective positive messages on prevention.

16. In May 2010, UNICEF, in partnership with WHO and other global partners, hosted in Uganda a second Global Consultation on Service Provision for Adolescents Living with HIV. Outcomes of the meeting indicate that PMTCT and early infant diagnosis are key steps towards an AIDS-free generation. Prevention of infection and reduction of unintended pregnancies are vital issues that need more support and momentum. Remaining challenges include restrictive national policies on testing of adolescent for HIV; access to comprehensive quality services; limited support to transition from paediatric to adult care; and stigma and discrimination.

The Second Independent Evaluation of UNAIDS

17. UNAIDS is on track to deliver on the Second Independent Evaluation (SIE) as requested by the Executive Board. The UNAIDS Implementation Plan is guiding the process of changes as recommended by the SIE. The 24 SIE recommendations are divided into eight work streams: (a) mission statement and strategy development; (b) partnerships; (c) global programmatic mechanisms; (d) delivery at the country level; (e) financial architecture; (f) knowledge management; (g) organizational issues; and (h) governance.

18. The 26th PCB Board endorsed the new UNAIDS mission and vision statements. Broad consultation with co-sponsors, including UNICEF, and external partners lies at the foundation of both statements. UNICEF is committed to supporting UNAIDS to achieving “Zero new HIV infections. Zero discrimination. Zero AIDS-related deaths”.

19. Efforts continue to support UNAIDS in carrying out its SIE implementation plan. The unique experience of UNICEF in developing its Strategic Framework for Partnerships and Collaborative Relationships serves as an excellent stepping stone for the development of the UNAIDS Strategy Plan and Partnership Strategy. UNICEF is also part of the Health Systems Strengthening Working Group that focuses on leveraging HIV programming to improve health systems and other priority health conditions. UNAIDS has also started the process of reviewing its
division of labour to support programming at all levels. In April 2010, the Committee of Co-sponsoring Organizations endorsed the core principles and processes to be followed in defining a revised division of labour matrix. UNICEF is looking forward to fully cooperating with the comparative assessment of the Interagency Task Teams. UNICEF is also actively involved in the UNAIDS Capacity Needs Assessment, which aims to take stock and prepare recommendations for a collective rationalization of staff at global, regional and country levels.