Distr.: General
30 December 2022

Original: English
English, French and Spanish only

For information

United Nations Children's Fund
Executive Board
First regular session 2023
7–10 February 2023
Item 5 of the provisional agenda*

Oral report background note

Oral report on UNICEF follow-up to the recommendations and decisions of the forty-ninth and fiftieth meetings of the Joint United Nations Programme on HIV/AIDS Programme Coordinating Board

Summary

This paper provides a progress update on the UNICEF global HIV programme and responses to the decision points of the forty-ninth and fiftieth Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board (PCB) meetings held in December 2021 and June 2022. The report also provides an overview of the current state of the HIV epidemic as it relates to children, adolescents and pregnant women.

* E/ICEF/2023/1.

I. Overview

1. The year 2023 marks over 40 years since the discovery of HIV, the virus that causes AIDS. Since then, thanks to political commitment, financial investment, programme implementation and innovation, the world has seen tremendous progress in the HIV response and some of the most remarkable public health achievements of recent time. But over the last four decades, 40 million people have lost their lives to AIDS, including almost 8 million children under 15 years of age, and more needs to be done.

2. The AIDS response has saved lives, strengthened health systems by making diagnostics and treatment available to the hardest-to-reach populations, engaged communities, especially those living with HIV, and implemented multisectoral programme approaches. The years of investment to strengthen capacity and systems, especially in sub-Saharan Africa, have provided a foundation for many countries to respond to the coronavirus disease (COVID-19): HIV investments in laboratories for testing were used for large-scale COVID-19 testing, allowing Governments to track and respond to the pandemic; people affected by HIV – especially young people living with HIV – shared information on preventing and managing COVID-19 during lockdowns; and the expertise of HIV clinicians and programme managers was an invaluable asset in the medical management of COVID-19 cases.

3. Antiretroviral drugs can transform the lives of women, children and adolescents living with and at-risk of HIV by treating and preventing HIV infection. Treatment, when started early and taken correctly, is more than 95 per cent effective in preventing vertical transmission of HIV from pregnant women to their children. When taken regularly, antiretroviral treatment (ART) can suppress HIV viral replication to levels so low that the virus is undetectable by standard testing, which in turn makes it untransmissible.[1] Treatment is therefore also prevention and the high levels of treatment coverage globally, together with advances in combination prevention, have enabled many countries to significantly curb new HIV infections, including among at-risk adolescents and young people.

4. And yet, despite this considerable progress, the world has fallen short of the shared goals it had hoped to achieve by now. The previous targets for the end of 2020 were not met (in part due to the COVID-19 pandemic) and the world is off track to meet the Sustainable Development Goal targets and its collective commitment to end AIDS as a public health threat by the end of 2030. New strategies are needed to reach the last mile.

5. During 2022, UNICEF served as chair of the Joint United Nations Programme on HIV/AIDS (UNAIDS) Committee of Cosponsoring Organizations (CCO), the 11 United Nations agencies that together make up UNAIDS. Under the leadership of UNICEF Executive Director, Ms. Catherine Russell, UNICEF was able to bring attention to the impact of HIV on children and adolescents.

6. One of the most glaring disparities of the AIDS response is the failure to provide life-saving treatment to children and adolescents living with HIV. While 76 per cent of adults living with HIV had access to ART in 2021, only 52 per cent of children and 55 per cent of adolescents were on treatment – a stark reminder that the world is far from ending AIDS in children. To address this, UNICEF with its key partners – the World Health Organization (WHO), UNAIDS, the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the United States President's Emergency

[1] World Health Organization, Viral suppression for HIV treatment success and prevention of sexual transmission of HIV, 20 July 2018, available at: www.who.int/news/item/20-07-2018-viral-suppression-for-hiv-treatment-success-and-prevention-of-sexual-transmission-of-hiv.

Plan for AIDS Relief (PEPFAR), and community partners – launched the Global Alliance to End AIDS in Children. The Global Alliance will leverage years of learning to support and galvanize country-led efforts to meet the treatment gap and improve the health and well-being of children and adolescents.

7. The HIV programme is clearly positioned in Goal Area 1 of the UNICEF Strategic Plan, 2022–2025. The global work of UNICEF at headquarters is anchored in the Health Section, Programme Group, in order to optimize the organization's efforts to support and improve primary health-care systems for children, adolescents and women.

8. This paper further describes the strategic shifts and, in accordance with previous practice, highlights UNICEF responses to the decision points from the previous UNAIDS Programme Coordinating Board (PCB) meetings.

9. The world is at a critical moment in the AIDS response. The impact of the COVID-19 pandemic, funding shortfalls for HIV and the deprioritization of HIV in many countries threaten gains made in controlling the virus. In this context, the work of UNICEF remains vital. Its ability to convene, galvanize action and support Governments is critical if the world is to collectively fast-track the end of HIV/AIDS in children and adolescents.

II. UNICEF commitments within the Joint United Nations Programme on HIV/AIDS

10. The Global AIDS Strategy 2021–2026 has 10 result areas grouped under three strategic priorities and five cross-cutting themes:

(a) leadership, country ownership and advocacy;

(b) partnerships, multisectorality and collaboration;

(c) data, science, research and innovation;

(d) human rights, gender equality and reduction of stigma and discrimination;

(e) cities, urbanization and human settlements.

11. The result areas and cross-cutting themes were developed to align with the health and health-related objectives of the Sustainable Development Goals. The UNAIDS Division of Labour is organized by the 10 result areas.

12. Under the Division of Labour, each result area is led by one or more co-sponsors with others contributing to the work. UNICEF is one of the most active co-sponsors and has historically contributed considerable core resources from its organizational budget to invest in a robust HIV response. UNICEF played a critical role in the formulation of the strategy and is a co-convener for two result areas within the revised Division of Labour (see table 1 below).

Table 1
Result areas with UNICEF as co-convener

Result area 3	Tailored, integrated and differentiated vertical transmission and paediatric service delivery for women and children, particularly for adolescent girls and young women in locations with high HIV incidence.
Result area 7	Young people fully empowered and resourced to set new direction for the HIV response and unlock the progress needed to end inequalities and end AIDS.

Source: Joint United Nations Programme on HIV/AIDS*, Global AIDS Strategy 2021–2026: End Inequalities. End AIDS,* UNAIDS, Geneva, 2021.

13. Within all result areas where it has a co-convening or supporting role, UNICEF drives the development of guidance based on evidence and best practice and supports implementation at the national level by providing technical and programmatic support to countries. UNICEF also plays a central role in tracking national and regional HIV progress, ensuring that results for children and adolescents are disseminated and develops and shares knowledge products and learning with Governments, partners and others who implement programmes.

14. Beyond UNICEF specific accountabilities within the Division of Labour, the organization also leads in various global forums where a range of stakeholders are convened on issues related to children and adolescents. Examples include engagement in the Global HIV Prevention Coalition, where UNICEF co-leads the pillar on prevention among adolescent girls and young women;[2] the Global Accelerator for Paediatric Formulations Network, a WHO-convened network that supports the development of child-friendly drugs and formulations for children, including those living with HIV;[3] and the joint United Nations Education Plus Initiative. As co-convenor of the Global Alliance to End AIDS in Children, UNICEF will bring together stakeholders, including national partners, to revitalize the HIV response and address the challenges faced by children and adolescents and end the epidemic of HIV in children through renewed political commitment and coordinated and focused action at the country level.

15. Additionally, UNICEF plays a critical role in leveraging resources for countries to fund national AIDS responses. UNICEF identifies the needs of children, adolescents and their families, and provides technical support and guidance to ensure that resources from the Global Fund and PEPFAR help to address those gaps. Through a strategic initiative with the Global Fund, UNICEF provides timely technical support on programming for adolescent girls and young women as part of Global Fund HIV investments in 13 countries in sub-Saharan Africa.[4]

16. UNICEF extensive field presence in all HIV high-priority countries means the organization can respond rapidly to emergencies or other disruptions that threaten progress. For example, in Ukraine, UNICEF worked in close collaboration with the Government, other United Nations agencies, PEPFAR and civil society organizations to support people living with HIV. With the Global Fund, UNICEF worked to rapidly procure essential HIV commodities to ensure continuity of treatment for people living with HIV.

17. As the leading child rights agency, UNICEF has long-established and highly respected programmes in health, nutrition, immunization, water, sanitation and hygiene, education, early childhood education, child protection and social policy and social protection, with strong focus on gender transformative programming. As a result, the organization is uniquely positioned to support women, children and adolescents living with and affected by HIV with multisectoral approaches that can result in sustained impact.

[2] Joint United Nations Programme on HIV/AIDS (UNAIDS), Global HIV Prevention Coalition, https://hivpreventioncoalition.unaids.org/.

[3] Global Accelerator for Paediatric Formulations Network (GAP-f), www.who.int/initiatives/gap-f.

[4] Global Fund to Fights AIDS, Tuberculosis and Malaria, 2020-2022 Strategic Initiatives, July 2020, www.theglobalfund.org/media/9228/fundingmodel_2020-2022strategicinitiatives_list_en.pdf.

III. Current state of the HIV epidemic and global response for children and adolescents living with and affected by HIV

A. Global situation

18. Thanks to the commitment of Governments, donors, the United Nations and other partners, progress has been made on the prevention and control of HIV/AIDS. Most notable is the progress on vertical transmission of HIV from pregnant women to their babies (i.e., mother-to-child transmission of HIV). Over the past decade, 2010–2021, the average rate of vertical transmission has dropped from 24 per cent to 12 per cent. Seventeen countries and territories have achieved elimination of mother-to-child transmission of HIV. While many of these countries have a low prevalence of HIV, their success in eliminating mother-to-child transmission speaks to their efforts to provide integrated health services for all pregnant women. Botswana, a country with one of the highest burdens of HIV in the world, is the first African country to be certified by WHO for achieving an important milestone on the path to elimination by bringing its rate of mother-to-child transmission of HIV to less than 5 per cent.[5]

19. But to reach the target of less than 5 per cent transmission in all countries, better data, tailored approaches and strengthened linkages between communities and facilities are needed. The strategies and approaches that helped millions of pregnant women and their children to be reached will not be the ones to get to the last mile to eliminate mother-to-child transmission of HIV. The gains made are impressive but also fragile, something that was clearly seen during the COVID-19 pandemic.

20. Coverage of HIV treatment for pregnant and breastfeeding women has stagnated at just over 80 per cent. In 2021, there were an estimated 160,000 new infections among children aged 0–14 years. One of the most glaring disparities of the AIDS response is the widening gap in access to antiretrovirals between children and adolescents compared with adults in 2021, with 76 per cent of adults living with HIV receiving ART and just over half (52 per cent) of all children living with HIV and 55 per cent of adolescents living with HIV on treatment. This means that, globally, 1.2 million children and adolescents are untreated and at risk of untimely death.

21. Children living with HIV have access to a highly effective paediatric formulation, dolutegravir. The generic formulation of the drug has reduced the cost of treatment for children by 30 per cent. Yet too many children do not have access to dolutegravir due to delays in registering and procuring the drug and its slow roll-out as an effective treatment option.

22. In 2021, 410,000 children and young people between the ages of 10–24 years were newly infected with HIV, of whom 160,000 were adolescents between the ages of 10–19 years. In sub-Saharan Africa, there are three new HIV infections among 10–19-year-old girls for every one new infection among boys in the same age group. This disproportionate impact on adolescent girls and young women is most stark in Eastern and Southern Africa, where, despite accounting for about 10 per cent of the population, adolescent girls and young women account for 25 per cent of all new infections. While new infections among adolescent girls and young women have

[5] UNAIDS, ‘Botswana is first country with severe HIV epidemic to reach key milestone in the elimination of mother-to-child HIV transmission’, Press Release, 2 December 2021, www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2021/december/emtct_botswana.

decreased, the pace of decline means that the agreed targets will not be met. Epidemiological projections suggest that the slow rate of decline, coupled with a rapidly growing young population, means there will be over 180,000 new HIV infections among adolescents in 2030, well above global targets. In other regions, including Latin America and Caribbean and East Asia and the Pacific, more boys than girls acquire HIV each year due in large part to the unchecked epidemic among adolescent boys and young men who have sex with other males.

23. For prevention among adolescents, 17 countries in sub-Saharan Africa committed to provide a free universal secondary education package that empowers adolescent girls and young women, emphasizing universal access to comprehensive sexuality education, fulfilment of sexual and reproductive health and rights, freedom from gender-based and sexual violence, school-to-work transitions and economic security and empowerment.

24. While some countries are on track to meet key national targets for testing and treating HIV, others are not and access to HIV services is low. East Asia and the Pacific experienced a slight increase in new HIV infections in 2021, after over a decade of yearly declines, and Europe and Central Asia has the second highest incidence of HIV among adolescents and young people aged 15–24 years, with 6 in every 1,000 young people acquiring HIV each year.[6] While typologies can vary, region to region and country to country, the UNICEF HIV programme continues to advocate for all children and adolescents, especially the most marginalized, so that no one is left behind.

B. Vision for HIV in the UNICEF Strategic Plan, 2022–2025

25. The organization's new vision for HIV, aligned with the Strategic Plan, 2022–2025, draws on its strengths and places greater emphasis on integrated approaches, especially within the UNICEF Health Section at headquarters.

26. The HIV programme maintains focus on the three thematic areas: prevention of vertical transmission; optimizing treatment access and quality for children and adolescents living with HIV; and prevention of HIV among adolescents, and two cross-cutting areas: diagnostic optimization and reduction of antimicrobial resistance. Across these areas, UNICEF will deploy four strategic approaches to achieve its goals and meet its target indicators (see table II: Results framework).

[6] UNAIDS estimates, 2022.

Table 2
Results framework

Impact	*Fast-track the end of AIDS*			
Outcomes	Countries have accelerated the delivery of services for the treatment and care of children living with HIV		Countries have implemented HIV-prevention interventions at scale	
Outputs	Number of countries implementing a comprehensive package of interventions for paediatric HIV treatment as part of primary health care	Number of countries integrating and rolling out innovative diagnostic platforms in primary health care	Number of countries with at least dual mother-to-child treatment of HIV and syphilis elimination policies and services	Number of countries in which UNICEF is supporting combination HIV prevention interventions, including pre-exposure prophylaxis targeting adolescent girls and young women and/or adolescents and young key populations
Strategic approaches	*Differentiated programming* Data-driven, people-centred differentiated programming that is targeted to where needs and gaps are the greatest, with engagement of affected communities to drive advocacy and support programming	*Innovation* Developing forward-thinking policies, expanding innovation, including the adoption of new data systems, drugs, technologies and service delivery	*Catalytic leveraging* Catalytic leveraging of programming with other sectors to promote effective integrated services through joint initiatives	*Partnership and advocacy* Building impactful partnerships, including with the Joint United Nations Programme on HIV/AIDS, engaging in advocacy to increase political will, accountability and resources and to create and share knowledge

C. Prevention of vertical transmission

27. The global effort to prevent vertical transmission of HIV has been a flagship UNICEF programme for more than two decades. UNICEF estimates that as a direct result of the organization's support, an estimated 2 million children have been HIV-free since maternal antiretroviral drugs for prevention were rolled out in 2000.

28. The coverage of ART in pregnant women is more than 80 per cent and treatment regimens have improved considerably. But challenges remain, including supporting mothers to stay on treatment; preventing HIV in pregnant and breastfeeding women who tested HIV-negative during their first antenatal care visit; and reaching and supporting pregnant adolescent girls, who have poorer maternal and child health outcomes than older pregnant women.

29. To address these challenges, UNICEF, in partnership with UNAIDS, has developed new analytical data tools to better understand the drivers of new infections in children. Under UNICEF leadership, the "Last Mile to EMTCT" (elimination of mother-to-child transmission of HIV) framework has mobilized partners and national programmes to adopt a differentiated approach to testing, care, treatment and support

for HIV-negative mothers and for women living with HIV. The framework provides a step-by-step approach for countries to review their data, identify sources of new infections and implement data-driven, evidence-based solutions.

30. UNICEF is prioritizing the unique needs of pregnant adolescents and young women with tailored care and support and multisectoral linkages. With UNICEF support, health facilities are offering age-differentiated pregnancy and post-partum care, while peers, mentor mothers and community health workers are providing psychosocial and other support, such as parenting and early childhood development.

D. Paediatric and adolescent HIV treatment

31. UNICEF works across the paediatric continuum of care to improve testing, treatment and retention in care for children living with HIV. This includes working across different sectors to address child health and well-being, including programmes for early childhood development, to ensure access to community-based services for children exposed to HIV that cover age-appropriate developmental needs.

32. UNICEF work on HIV point-of-care testing has been tremendously successful and has helped to transform paediatric diagnostic capacity. In West and Central Africa, UNICEF-supported investments strengthened national capacity on HIV testing and viral load monitoring for patients on ART, but also strengthened capacity and the ability to test for the Ebola virus disease, human papillomavirus (HPV), hepatitis B virus and, most recently, severe acute respiratory syndrome coronavirus 2, the virus that causes COVID-19.

33. With UNICEF Supply Division, the HIV programme is working to scale up HIV treatment strategies among children and to facilitate the introduction of dolutegravir as the preferred first-line treatment option for children with HIV. Dolutegravir is remarkably well-tolerated and very effective in controlling viral replication with a high genetic barrier to resistance. It is taken once daily and is safe to use in all children, including those as young as four weeks of age.

34. Across three countries, in partnership with a coalition of implementers and community organizations, UNICEF has been using its innovative paediatric service delivery framework to promote a model of differentiated services for infants, children and adolescents living with HIV through interventions such as testing the children of adults with HIV; testing sick children in outpatient, inpatient, tuberculosis and malnutrition services; scaling up HIV testing services for infants born to mothers living with HIV; and strengthening systems for linking those diagnosed with HIV to treatment.

E. Adolescent prevention

35. In order to reduce HIV infections among adolescents at risk of HIV, especially adolescent girls and young women, UNICEF promotes a prevention package of biomedical, behavioural and structural interventions. Embedding HIV prevention within primary health, including school health, and leveraging investments in gender programming are key strategies.

36. In high-burden countries, especially in Eastern and Southern Africa, strengthening and scaling up a multisectoral package includes improved access to integrated sexual and reproductive health and HIV services, including access to information to support healthy decision-making; HIV-sensitive social protection, with a particular focus on keeping girls in school; developing adolescent leadership and supporting capacity-building of youth-led networks to influence decision-making, drive advocacy, address stigma and discrimination and shift social and gender norms;

and strengthen linkages and referral across sectors, including health, child protection, education and other social services to ensure the delivery of a comprehensive package.

37. As part of a strategic initiative with the Global Fund, UNICEF provides technical support and guidance to countries receiving Global Fund resources to reduce new infections among adolescent girls and young women.

38. In partnership with other United Nations agencies (UNAIDS, the United Nations Development Programme (UNDP) and the United Nations Population Fund, and led by global youth networks, UNICEF supports efforts to strengthen the capacity of youth networks to engage with data and science, policy and service delivery in order to scale up interventions tailored for young key populations. The focus of the young key populations partnership is the Latin America and Caribbean, Middle East and North Africa, Europe and Central Asia and East Asia and the Pacific regions.

39. In West and Central Africa, UNICEF is supporting efforts to expand access to biomedical prevention tools among underserved adolescents with digital/offline approaches. This has been scaled up in Côte d'Ivoire and in high-HIV burden districts in Cameroon and Nigeria, bringing community-led service provision and private sector care delivery together with conventional public sector delivery to expand flexibility and choice in scaling up HIV self-testing and access to pre-exposure prophylaxis.

40. The focus on an integrated package of primary health-care services for pregnant and parenting adolescents is a key area of work for UNICEF. This package brings together a programme of essential services across nutrition, mental health, safe motherhood, education, social protection, violence prevention and promotion of family planning services to address the holistic prevention and well-being needs of adolescent girls and young mothers.

F. Integrating HIV work within UNICEF

41. The alignment between UNICEF health and HIV programmes offers new opportunities for integrated programming with health and other sections in UNICEF. This strategic shift will enable identification of novel entry points and approaches to enhance HIV outcomes while at the same time strengthening health services for the prevention and care of other conditions in children and adolescents, including hepatitis, syphilis, non-communicable diseases and chronic conditions.

42. Both HIV and health programmes stand to benefit from working more closely together. Lessons learned from HIV, including the importance of provider continuity, peer support and strengthening community-facility linkages, using data for differentiated services, good record-keeping and engaging with communities, can make an important contribution to the primary health-care strengthening agenda. Primary health-care services need trained staff and a robust supply chain to deliver on comprehensive care but these other elements of care are especially important for the management of chronic conditions.

43. UNICEF HIV response has always leveraged the work of programmes in other sectors. In 2023, four specific areas will be prioritized for collaboration with the Health Section:

(a) Integrating learning from HIV into primary health-care systems, strengthening and capacity-building to enhance the ability of primary care services to manage children with chronic illnesses.

(b) Linkage with maternal health to promote the synergies that exist between prevention of vertical transmission of HIV and other infectious diseases, specifically hepatitis B and syphilis.

(c) Building on existing work on HIV diagnostics to expand into point-of-care diagnostics for COVID-19, Ebola virus disease, HPV, anaemia and other common conditions. This collaboration with health also encompasses addressing the rising tide of antimicrobial resistance, which accounts for a substantial proportion of childhood deaths across the world, through a combination of diagnostic testing and rational use of antibiotics.

(d) UNICEF programming for adolescent health and well-being offers important opportunities to expand and integrate HIV prevention with sexual and reproductive health services.

IV. UNICEF work on Programme Coordinating Board priority issues

Excerpted decisions of the UNAIDS Programme Coordinating Board forty-ninth and fiftieth meetings

44. With both the new Global AIDS Strategy 2021–2026 and the 2022–2026 Unified Budget, Results and Accountability Framework (UBRAF) approved,[7] the forty-ninth and fiftieth PCB meetings called on the Joint Programme to implement and report on the new UBRAF and follow up on decision points (see annex 1). The PCB decision topics relevant to UNICEF HIV efforts are as follows:

Forty-ninth Programme Coordinating Board meeting

(a) 10-10-10 societal enablers and actions to reduce stigma and discrimination;

(b) HIV in prisons and other closed settings;

(c) 2022–2026 UBRAF outputs and indicators and revised workplan 2022–2023;

(d) COVID-19 and HIV (follow-up from the forty-eighth PCB).

Fiftieth Programme Coordinating Board meeting

(e) Regional and country-level data (follow-up from the forty-ninth PCB)

(f) UBRAF – performance monitoring and financial reporting

A. 10-10-10 societal enablers and actions to reduce stigma and discrimination

45. There are seven commitments articulated in the Political Declaration on HIV and AIDS on the reduction of stigma and discrimination around HIV, including (a) removing discriminatory laws and practices; (b) adopting and enforcing legislation, policies and practices that prevent violence and other rights violations against people living with, at risk of and affected by HIV; (c) expanding investment on societal enablers; (d) ending impunity for human rights violations against people living with, at risk of and affected by HIV; (e) ensuring that less than 10 per cent of people living

[7] UNICEF worked closely with the UNAIDS secretariat and the Joint Programme (UNAIDS co-sponsors) to develop and ensure endorsement of both documents with an emphasis on prevention, treatment and care for adolescents, children and their families, with a strong equity and gender focus.

with, at risk of and affected by HIV experience stigma and discrimination by 2025; (f) ensuring political leadership at the highest level to eliminate all forms of HIV-related stigma and discrimination; and (g) ensuring that all services are designed and delivered without stigma and discrimination, and with full respect for the rights to privacy, confidentiality and informed consent. Within the framework of these commitments, in 2021 the Joint Programme aimed for an ambitious plan focusing on several high-level actions.

46. UNICEF is an active technical member of the Global Partnership (UNAIDS, UNDP and the United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women)) for action to eliminate all forms of HIV-related stigma and discrimination. Regular technical guidance on stigma and discrimination-related policy advocacy and programmatic support is provided through this platform.

47. As part of Global Partnership, UNICEF provided guidance on policy reform and programme activities to the Governments of Angola, Côte d'Ivoire, the Democratic Republic of the Congo and the Gambia.

48. UNICEF provided technical and advocacy support to the UNAIDS Solidarity Fund project that was implemented in five countries to create more effective access to health and HIV services. The fund provided support to communities, especially young key population-led microenterprises, as a tool to fight stigma and discrimination through economic empowerment and protection.

B. HIV in prisons and other closed settings

49. While UNICEF does not work in prisons as part of the HIV programme, the UNICEF child protection programme does. During 2022, UNICEF convened United Nations agencies and partners to advocate for the release of children from detention. In more than half of the 152 reporting countries, Governments have implemented measures to release children from detention since the start of the pandemic. The largest proportion of countries reporting such release initiatives are in the West and Central Africa, Eastern and Southern Africa and South Asia regions. Governments in more than one third of reporting countries have put in place alternatives to detention in response to the pandemic.

C. 2022–2026 Unified Budget, Results and Accountability Framework outputs and indicators and revised workplan 2022–2023

50. During a special session in October 2021, the PCB approved the 2022–2023 workplan and the budget allocation of the cosponsors and the UNAIDS secretariat at a base of $187 million per annum, up to a threshold of $210 million per year. At the forty-ninth PCB in December 2021, the PCB took note of the indicators, milestones, targets and data sources for the 2022–2023 workplan and budget (UNAIDS/PCB (50/22.14)) and requested it be annexed to the 2022–2026 UBRAF framework, noting the cosponsors and secretariat will be accountable for delivering against the respective indicators, milestones and targets within corresponding results areas.

51. UNICEF is committed to the Joint Programme and its accountabilities under the 2021–2026 Global AIDS Strategy and the 2022–2026 UBRAF. However, delivering against milestones and targets has become increasingly challenging as funding to the Joint Programme continues to decline. In 2016, the core central funds, which UNICEF uses to support its work in countries and regions, decreased by 30 per cent. In 2022, the Joint Programme had a funding shortfall of $25 million against the core UBRAF base level of $187 million for 2022–2023, which will result in reduced allocations to UNICEF. Funding shortfalls have been exacerbated by the COVID-19 pandemic, the

ongoing war in Ukraine, fluctuating exchange rates for European currencies and unforeseen climate-related and humanitarian needs.

52. In June 2022, it was communicated to cosponsors that only $1.6 million of the committed central core allocation of $2 million per cosponsor for 2022 would be disbursed. Core funding is the critical funding UNICEF receives in order to deliver on its accountabilities in the Joint Programme. Anything less than $2 million leaves the Joint Programme, and the UNICEF HIV programme, unable to meet the needs of children, adolescents and pregnant women.

53. The funding outlook for 2023 is bleak and in late 2022, UNAIDS communicated that only $1.5 million would be disbursed – hopefully as a first tranche, contingent on additional resources being mobilized. In the October 2022 CCO meeting chaired by UNICEF Executive Director Ms. Catherine Russell all cosponsors were unanimous in their view that $1.6 million was a minimum amount required by each agency to deliver on the AIDS response. Dwindling resources compromise the ability of UNICEF to meet its accountabilities and reach children, adolescents and pregnant women with HIV services, treatment and care. Greater clarity is needed on the criteria used to determine how funds (core and non-core) received for the Joint Programme are allocated. Given the nature of the ongoing funding crisis and concerns about the collective ability to deliver, the principals called for a rapid and thorough scenario-planning exercise in terms of implications for short- and medium-term efforts to deliver on the Joint Programme.

D. COVID-19 and HIV (follow-up from the forty-eighth Programme Coordinating Board meeting)

54. Many lessons learned from decades of the HIV response helped to inform countries during the COVID-19 pandemic. UNICEF HIV efforts continued to innovate and adapt programmes to mitigate the impacts of COVID-19 while sustaining HIV services for people living with or affected by HIV. Lockdowns, school closures, fear and misinformation during the height of the COVID-19 pandemic created new obstacles to the continuity of basic health services, including for HIV diagnosis, treatment and prevention. UNICEF, with Governments, other United Nations agencies, partners in country and young people, ensured that people had access to information and access to ART and applied innovations to reach, support, listen to and empower adolescents and their families.

55. UNICEF leveraged existing technologies to not only strengthen decentralized COVID-19 diagnostics, but also improve diagnostics of HIV and tuberculosis. Lastly, UNICEF supported Governments to procure and administer COVID-19 vaccines, using lessons from HIV programming to ensure that the hardest to reach had access to the vaccine.

56. These and additional learnings continue to be documented, shared and will be used to inform UNICEF ongoing programming in both HIV and health.

E. Regional and country-level data (follow-up from forty-ninth Programme Coordinating Board meeting)

57. UNICEF supports countries to incorporate and align their targets to the UNAIDS Global AIDS Strategy through the update of their HIV national strategic frameworks, national monitoring and evaluation frameworks, triple elimination plans, and through global initiatives such as the Global Alliance to end AIDS in Children by 2030.

58. On an annual basis, government colleagues receive training and support to report on their HIV epidemic estimates and AIDS response through update of their

epidemic model (Spectrum) and through the Global AIDS Monitoring system coordinated by UNAIDS. UNICEF and WHO are closely involved in the training of staff and validating of national data. To understand the structural barriers that impede implementation of HIV and AIDS programmes, countries are requested to provide updates on their WHO policy questionnaire and the UNAIDS National Commitments and Policy Instrument. Inequalities are tracked through reporting of age-, sex- and geography disaggregated data of programme and household-based surveys (i.e., Demographic and Health Surveys, multiple indicator cluster surveys and population-based HIV impact assessments) by countries.

59. UNICEF continues to regularly collate country data, to make these data available to stakeholders and to provide detailed reports to the international community on global progress towards the 2025 and 2030 targets, including:

(a) Generation of key dashboards with collated country data, which is made available on UNICEF, UNAIDS and WHO portals and shared with stakeholders through various forums and channels;

(b) Support through the Global Alliance to generate country fact sheets, which other countries are now also requesting for use in Global Fund applications.

F. Unified Budget, Results and Accountability Framework – Performance monitoring and financial reporting

60. UNICEF uses UNAIDS annual performance monitoring reports to meet reporting needs and as a basis for programme planning and implementation. Non-core funds raised by UNICEF support activities in the UBRAF workplan under strategic result areas 3 and 7.

61. UNICEF, as part of the UNAIDS joint team at the country level, works with national Governments to support multisectoral combination prevention measures for children and adolescents though increased financial and non-financial investments. Additional prevention interventions are also addressed through UNICEF work with Governments in education and keeping girls in school, and its work on adolescent mental health.

62. As a member of the UNAIDS Programme Coordinating Board as the Chair of the Committee of Cosponsoring Organizations, UNICEF participated in the PCB Bureau. The Bureau convened an informal and inclusive task team of interested PCB members, observers, cosponsors, the PCB non-governmental organization delegation and other stakeholders on options for resolving the immediate funding crisis for the 2022–2023 biennium, which would report to the PCB on its discussions and provide recommendations. The task team reported their findings and draft recommendations during the UNAIDS structured funding dialogue on 3 November 2022. The Bureau will report on the work and recommendations of the task team at the PCB meeting in December 2022.

Annex I

Excerpted decisions of the forty-ninth and fiftieth UNAIDS Programme Coordinating Board meetings (with annotations)

Virtual forty-ninth session of the UNAIDS Programme Coordinating Board 7–10 December 2021

Agenda item 1.4: Report by the NGO Representative

4.5 In order to reach the 10/10/10 targets by 2025, *calls on* the Joint Programme to:

(a) Harmonize existing Joint Programme and Cosponsor policies and guidance to support scaling up of programmes on societal enablers;

(b) Advocate for laws and policies that protect the rights and health of all;

(c) Support countries to ensure that indicators for societal enablers are integrated into national monitoring and evaluation systems and routinely monitored, including through community-led monitoring;

(d) Upon request, support countries and communities to reach the target, by 2025, of 60 per cent of programmes to support the achievement of societal enablers are delivered by communities.

Agenda item 4: 2022–2026 UBRAF Outputs and Indicators and revised 2022–2023 Workplan[1]

6.3 *Requests the Joint Programme* to finalise the indicators, milestones, targets, and data sources for the 2022–2023 Workplan aligned with the core budget base of US$187 million up to the threshold of US$210 million annually, for consideration by the Programme Coordinating Board in June 2022, noting that the Cosponsors and Secretariat will be accountable for delivering against the respective indicators, milestones, and targets within corresponding results areas;

6.4 *Requests* the UNAIDS Joint Programme to report annually to the Programme Coordinating Board on the implementation of the 2022–2026 Unified Budget, Results and Accountability Framework through the related performance and financial reporting agenda items from June 2023.

Agenda item 6: Follow-up to the thematic segment from the 48th Programme Coordinating Board meeting

8.3 *Calls* on the UNAIDS Joint Programme to:

(a) Continue to monitor the impact of COVID-19 pandemic on the global HIV response and on people living with and affected by HIV;

(b) Support countries and communities upon their request to build on practices and innovations introduced and/or accelerated during COVID-19, including through timely policy guidance, technical assistance and platforms to counter stigma and discrimination against people living with and affected by HIV;

(c) Apply the lessons from the HIV response to promote equitable access to effective, quality, affordable diagnostics, therapeutics, medicines, and vaccines for COVID-19 and any other future pandemics that would disrupt the HIV response;

[1] Virtual 49th session of the UNAIDS Programme Coordinating Board, Decisions, www.unaids.org/sites/default/files/media_asset/PCB49_Decisions_EN_.pdf; 50th Session of the UNAIDS Programme Coordinating Board, www.unaids.org/sites/default/files/media_asset/PCB50_Decisions_EN.pdf

(d) Contribute to the application of the lessons learned from the HIV pandemic and its response to improve pandemic preparedness and to prevent, detect and respond to future global public health threats;

(e) Apply and build on lessons learned from the response to COVID-19 to protect the HIV gains and achieve the Global AIDS Strategy 2025 targets;

(f) Advocate for increased domestic and global investments in the responses to HIV and COVID-19.

Agenda item 7: Report of the progress on actions to reduce stigma and discrimination in all its forms

9.3 *Requests* the Joint Programme to:

(a) support countries to improve data systems and to collect and analyse data on HIV-related stigma and discrimination in health-care, employment, education, emergency and humanitarian, justice and community settings, and to strategically use such data to increase access to, and use of, HIV services and care and to protect human rights in the context of HIV;

(b) further continue to support community leadership and build partnerships between governments, public institutions, private sector, civil society, networks of people living with HIV and of key populations and other relevant partners to reduce HIV-related stigma and discrimination;

(c) continue to support the Global Partnership for Action, as specified in decision 8.2b of the 45th Meeting of the Programme Coordinating Board, and increase funding and intensify interventions proven to reduce or end HIV related stigma and discrimination;

(d) continue to update guidance for the removal of HIV-related stigma and discrimination and support their implementation at country level, and to advocate for domestic and international funding for stigma and discrimination programming, including for the creation of an enabling legal environment; and

(e) report to the Programme Coordinating Board on progress towards reaching the 2025 targets related to HIV-related stigma and discrimination.

Fiftieth session of the UNAIDS Programme Coordinating Board
21–24 June 2022

Agenda item 2: Follow-up to the thematic segment from the 49th PCB meeting

["What does the regional and country-level data tell us, are we listening, and how can we better leverage that data and related technology to meet our 2025 and 2030 goals?"]

5.3 *Requests* the Joint Programme to:

(a) Support countries to incorporate evidence-informed national targets that reflect the scope and granularity of the 2025 targets laid out in the Global AIDS Strategy into their national HIV response plans and monitor progress against these targets;

(b) Recognizing national capacity, encourage and support countries, upon their request, to develop and implement plans for the collection of data for HIV service coverage, societal enablers, integration, financing and impact, and support efforts to establish enabling legal and policy environments for quality and comprehensive HIV services that address inequalities;

(c) Continue to regularly collate country data, and make those data available to stakeholders and produce detailed reports to the international community on global progress towards 2025 and 2030 targets.

5.4 *Calls* on all stakeholders to safeguard at all times and under any circumstances the confidentiality of personal data collected and used in the response to HIV and AIDS in accordance with internationally recognized data protection and privacy frameworks, given the sensitivity of all data related to HIV and AIDS.

Agenda item 4: UNAIDS Unified Budget, Results and Accountability Framework 2016–2021

Agenda item 4.1: Performance Monitoring Reporting

6.2 *Encourages* all constituencies to use UNAIDS' annual performance monitoring reports to meet their reporting needs and as a basis for programme planning and implementation;

6.3 Noting the limited progress in HIV prevention, *urges* UNAIDS Joint Programme to support countries to increase financial and non-financial investments in and implementation of all the necessary multisectoral combination prevention measures.

Agenda item 4.2 Financial Reporting

6.7 *Requests* the PCB Bureau[2] to urgently convene an informal inclusive task team of interested PCB members, observers, cosponsors, the PCB NGO delegation and other stakeholders on options for resolving the immediate funding crisis for the 2022–2023 biennium and report back to the PCB electronically by 30 July 2022 on outcomes and recommendations of these discussions;

6.8 In advance of the next UNAIDS Structured Financing Dialogue, *calls* on the PCB Bureau to utilize the informal multistakeholder task team to develop recommendations on voluntarily based sustainable funding of the UBRAF, to be presented and discussed at the December 2022 PCB meeting.

[2] UNICEF was a Programme Coordinating Board Bureau member in June 2022 as Chair of the Committee of Cosponsoring Organizations.

Annex II: State of the HIV epidemic

A. Reduction in new infections in children and adolescents

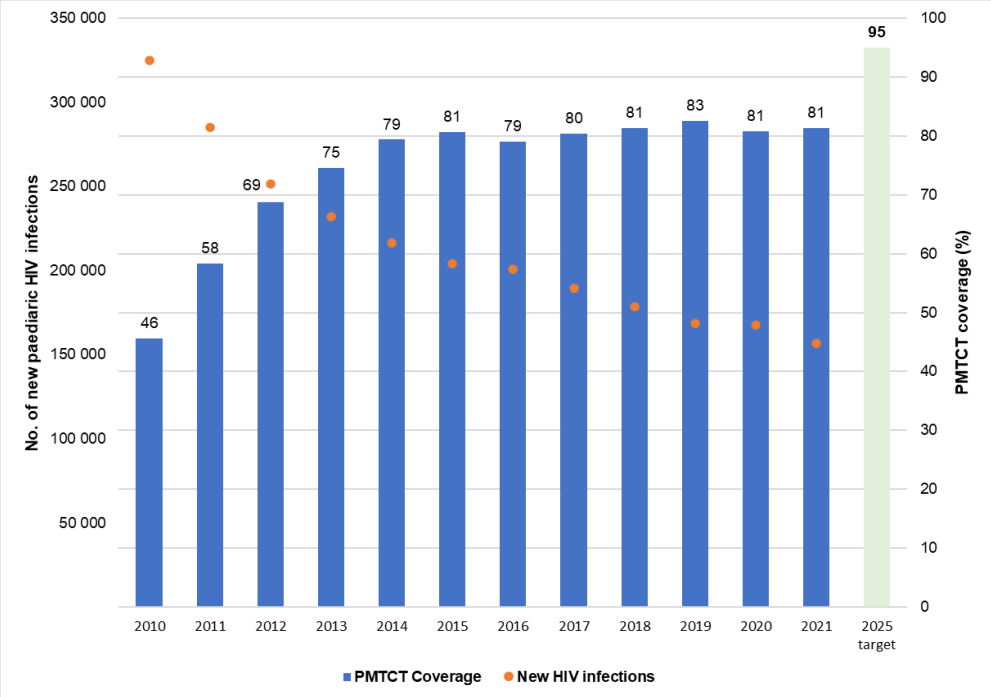
1. Despite the progress made in advancing access to HIV antiretroviral treatment (ART) for pregnant women living with HIV, to reduce the rate of vertical transmission of HIV and improve their health, the Joint United Nations Programme on HIV/AIDS (UNAIDS) estimated that in 2021 there were 160,000 new infections among children aged 0–14 years, more than eight times the 2020 global target of 20,000. Eighty-five per cent of these new infections in children occurred in sub-Saharan Africa.

2. Countries have adopted lifelong ART for all pregnant and breastfeeding women. By 2021, global ART coverage for the prevention of mother-to-child transmission (PMTCT) of HIV stagnated at 81 per cent, 14 points lower than the 2025 target of 95 per cent. The ART treatment coverage level has remained static since 2015, long before the service-delivery disruptions due to the impact of COVID-19.

3. Huge disparities exist among regions, countries and within countries. Coverage of ART in 2021 among pregnant women living with HIV in West and Central Africa, for example, was only 60 per cent, compared with 89 per cent in Eastern and Southern Africa. To catalyse action, UNICEF has focused on analysing the sources of new child infections using the novel UNAIDS stack bar framework to inform more differentiated programmes, programme redesign and efficient allocation of resources (see figures I and II).

Figure I

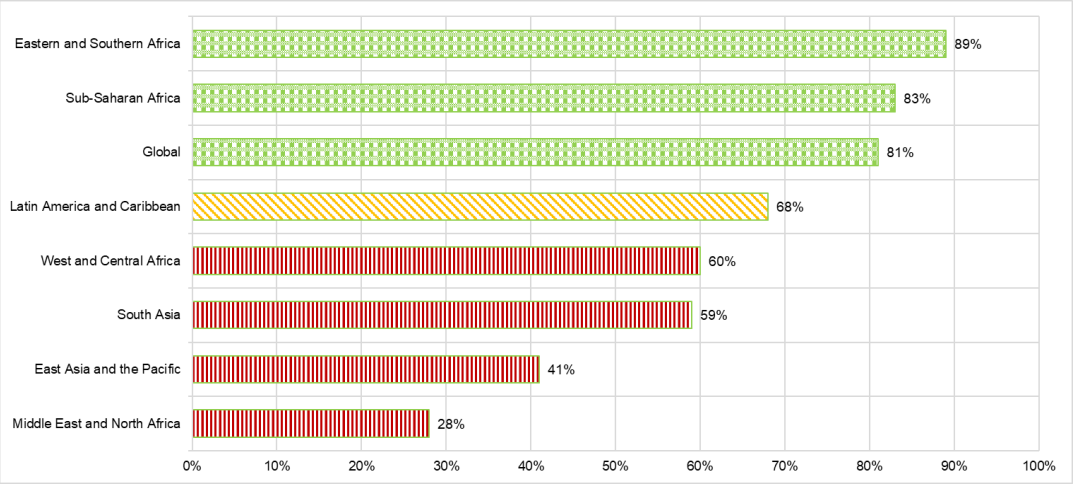
Prevention of mother-to-child transmission (PMTCT) of HIV coverage of effective antiretroviral drugs and number of new paediatric HIV infections among children aged 0–14 years, 2010–2021



Source: Global AIDS Monitoring 2022 and UNAIDS 2022 estimates.

Figure II

Percentage of pregnant women living with HIV receiving antiretroviral treatment for prevention of mother-to-child transmission of HIV, by region , 2021

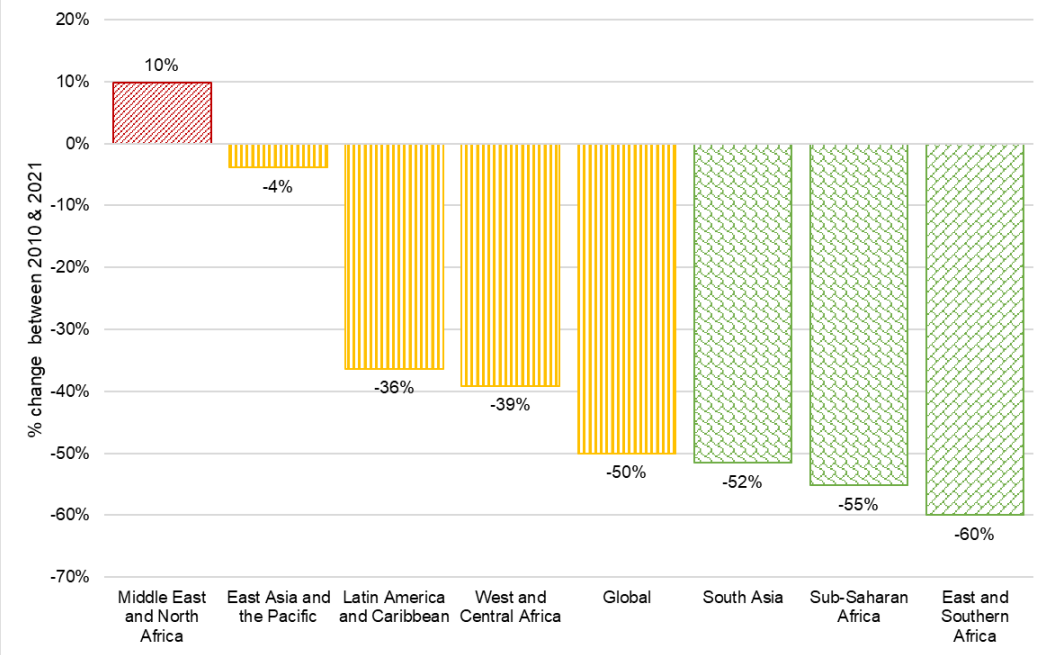


Source: Global AIDS Monitoring 2022 and UNAIDS 2022 estimates.
Data are not available for Eastern Europe and Central Asia, North America and Western Europe; excludes single dose nevirapine.

4. The regional differences in ART coverage for PMTCT translate into stark variations in the reduction of new HIV infections. Globally, there was a 50 per cent decrease in new HIV infections in children from 2010 to 2021 compared to declines of 60 per cent in Eastern and Southern Africa and 39 per cent in West and Central Africa. In the Middle East and North Africa, new infections may be on the rise, although this estimate is based on small numbers and limited data sets (see figure III).

Figure III

Percentage change between 2010 and 2021 in the estimated number of new HIV infections among children (aged 0–14 years), by region



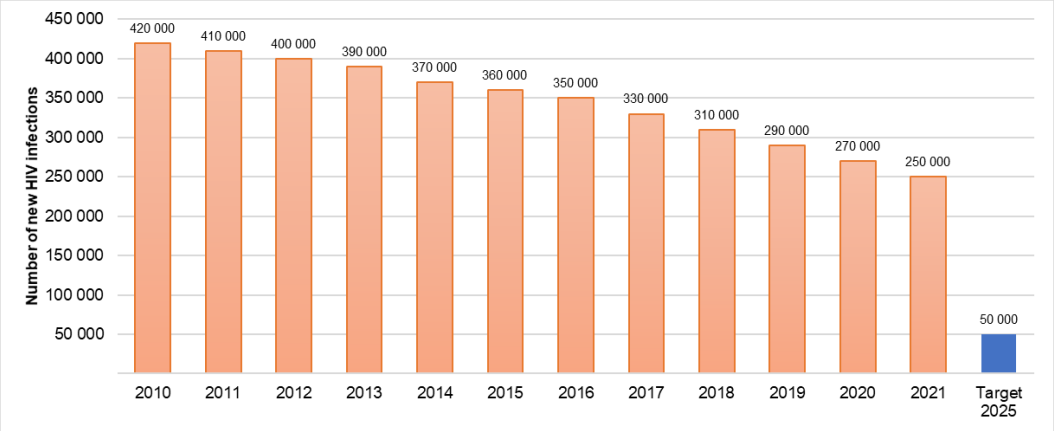
Source: UNAIDS 2022 estimates.

5. While less than optimal, the decline in the number of new HIV infections in children between 2010 and 2021 was still far greater (52 per cent) than the decline in adults (29 per cent) and adolescents (40 per cent).

6. The UNAIDS 2021–2026 Global AIDS Strategy has called for a reduction in new infections among adolescent girls and young women by 2025 to 50,000. In 2021, there were 250,000 new HIV infections among adolescent girls and young women, about five times the 2025 target and a number that represents a 40 per cent reduction from 2010 (see figure IV).

Figure IV

Estimated number of new HIV infections among adolescent girls and young women (aged 15–24 years), 2010–2021 and 2025 target

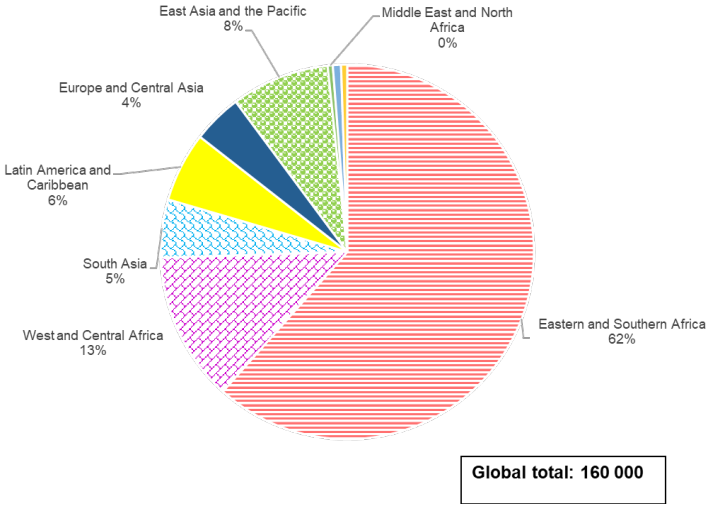


Source: UNAIDS 2022 estimates.

7. While new HIV infections among adolescents are an issue for all regions, sub-Saharan Africa accounts for 79 per cent of the total global infections of 160,000 (see figure V). Three quarters (74 per cent) of these global infections are among adolescent girls and young women.

Figure V

Proportion of new HIV infections among adolescents (aged 15–19 years), by UNICEF region, 2021



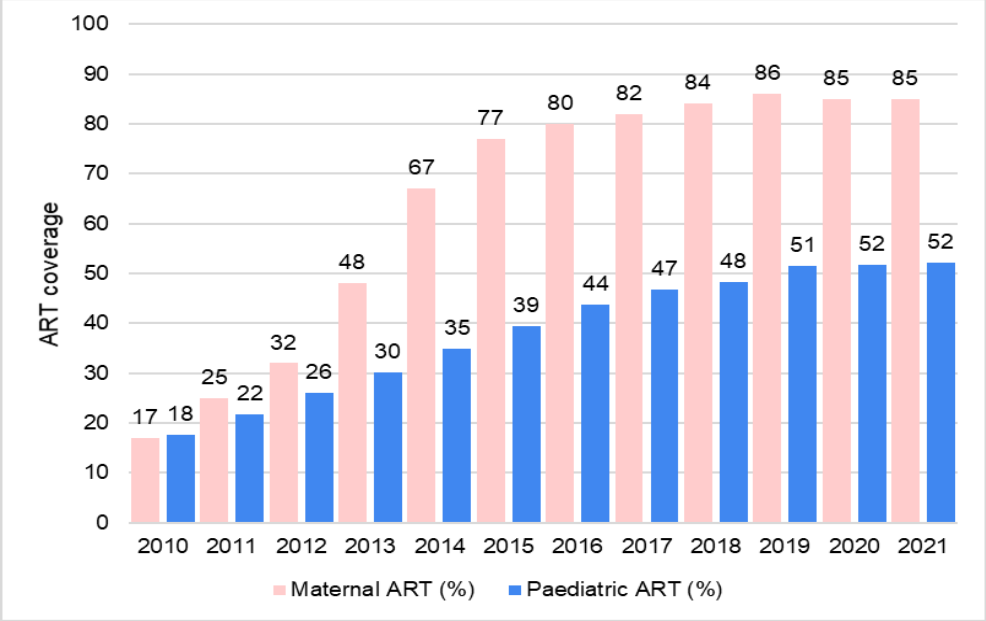
Source: UNAIDS 2022 estimates.
Note: Due to rounding, the percentages do not add up to 100 per cent.

B. HIV-related mortality and access to antiretroviral treatment

8. Incremental progress continues to be made in treatment access for children (aged 0−14 years). In 2021, just over half (52 per cent) of all children living with HIV in this age group were accessing ART. By contrast, 84 per cent of pregnant and breastfeeding women with HIV and 76 per cent of adults with HIV were accessing treatment (see figure VI).

Figure VI

Paediatric antiretroviral treatment coverage (children aged 0–14 years) and maternal antiretroviral treatment coverage (prevention of mother-to-child transmission of HIV), 2010–2021



Source: Global AIDS Monitoring 2022 and UNAIDS 2022 estimates.

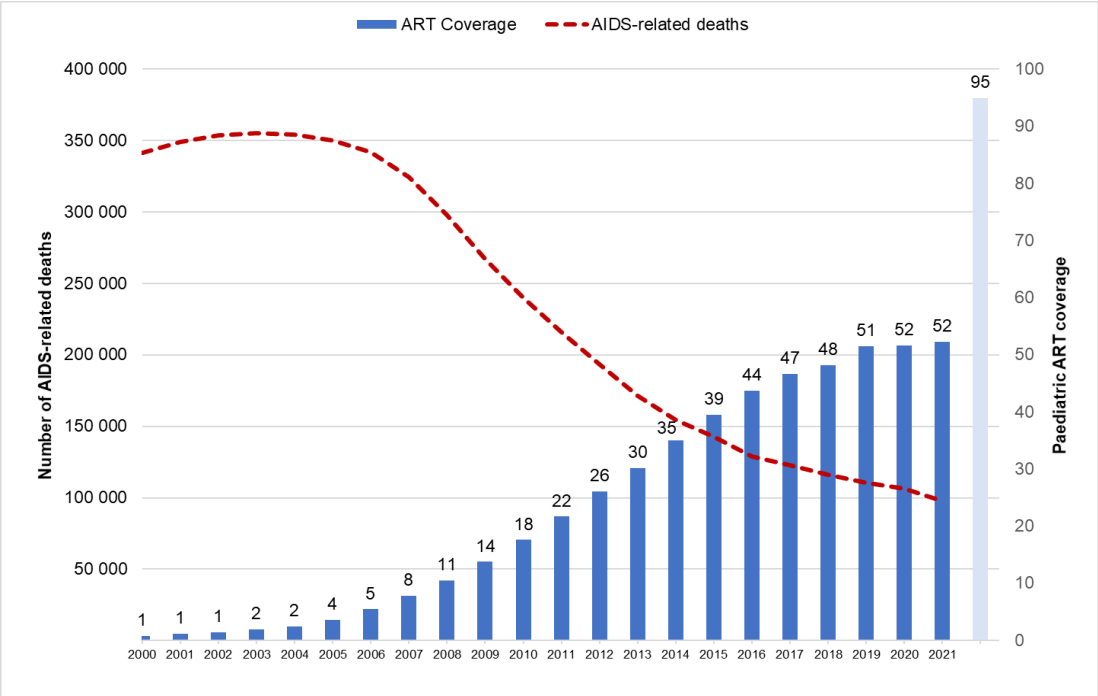
9. HIV is an aggressive infection in children who contract it during pregnancy and childbirth. Without treatment, 30 per cent will die by the age of 1 year, 50 per cent by age 2 and 80 per cent by age 5.

10. In 2021, there were 1.7 million children aged 0–14 living with HIV. Fortunately, ART initiated early greatly reduces the risk of illness or death from AIDS, and there has been a steady decline in HIV-associated mortality (see figure VII).

11. In 2021, coverage of eligible children under age 15 receiving ART varied widely, ranging from under 10 per cent in some countries to over 95 per cent in others. Regionally, coverage of ART for children ranged from 35 [28–41] per cent in West and Central Africa to 92 [74–>95] per cent in South Asia (see figure VIII).

Figure VII

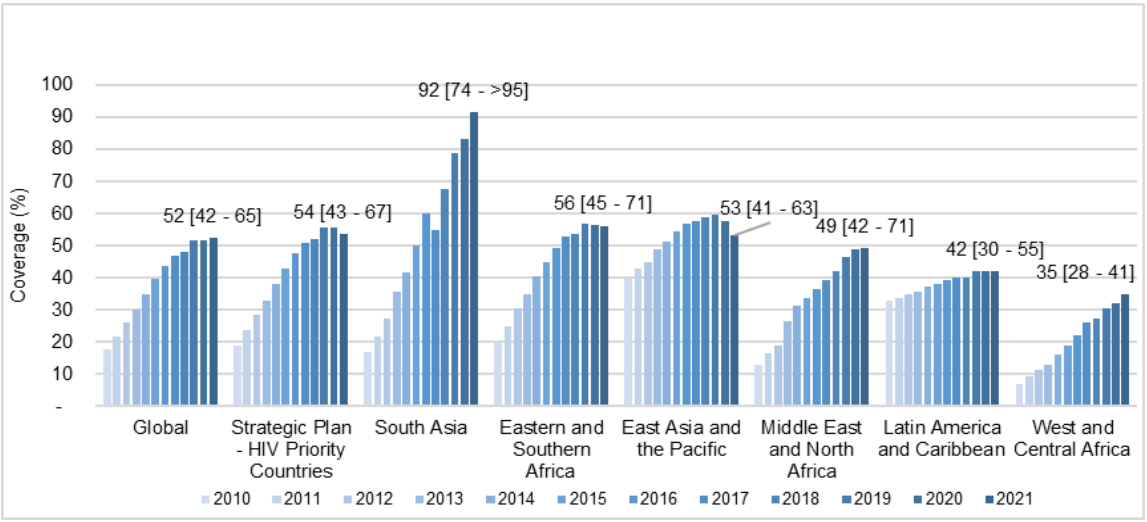
Trends in paediatric antiretroviral treatment coverage and number of AIDS-related deaths among children (aged 0−14 years), global, 2000−2021



Source: Global AIDS Monitoring 2022 and UNAIDS 2022 estimates.

Figure VIII

Percentage of children (aged 0–14 years) living with HIV receiving antiretroviral therapy (ART), by region, 2010–2021



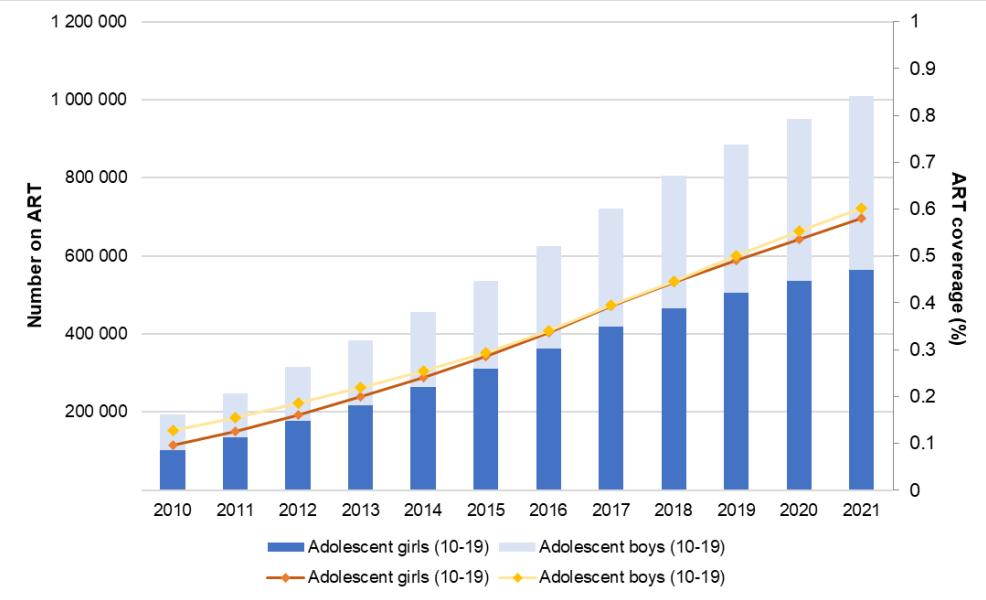
Source: Global AIDS Monitoring 2022 and UNAIDS 2022 estimates.

12. In 2021, the estimated global ART coverage level among adolescents aged 10–19 was 59 per cent. This is a nearly five-fold increase since 2010, when it was just 11 per cent. There was no significant variation in ART coverage among adolescent girls (58 per cent) and adolescent boys (60 per cent). It is worth noting that adolescent coverage for ART is significantly lower than the 76 per cent level globally among

adults (see figure IX). Overall, HIV is a leading cause of death in adolescents in sub-Saharan Africa. One major reason is that the majority of adolescents who contracted HIV during pregnancy, childbirth or breastfeeding were not identified early and treated earlier in life. Other reasons include poor support to maintain adolescents in care and treatment adherence.

Figure IX

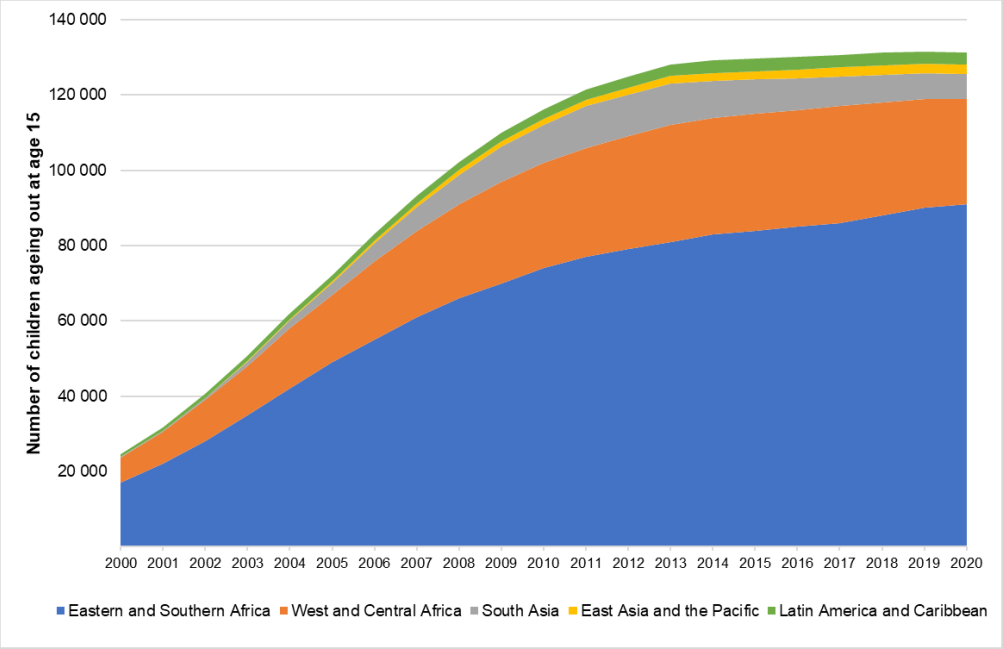
Percentage of adolescents aged 10–19 years, by gender, living with HIV who are receiving antiretroviral treatment, 2021



Source: Global AIDS Monitoring 2022 and UNAIDS 2022 estimates.

13. With progress in expanding access to early infant HIV-testing services and antiretroviral treatment for children, more young children are surviving and aging out of childhood into adolescence. In 2021, nearly 140,000 children aged out at age 15 globally – 86 per cent of whom were living in the 35 UNICEF HIV priority countries. More than 67 per cent of these children aging out at age 15 are found in Eastern and Southern Africa, followed by 20 per cent in West and Central Africa. However, the gains that were made in the early 2000s have begun to plateau in recent years (see figure X).

Figure X
Number of children aging out at 15 years old, by UNICEF region, 2000–2021



Source: UNAIDS 2022 estimates.