Mubina (name changed), 19, receives advice from Dr. Irina Subotina at the Day Care Centre at the Research Institute of Virology of the Ministry of Health in Tashkent in Uzbekistan. Dr. Subotina is one of the first paediatricians who started treating children with HIV in Uzbekistan. It is believed that Mubina contracted HIV during a surgery. She discovered her HIV status when she was 16 years old. In November 2013 UNICEF invited Mubina to attend a training for adolescents with HIV who were aware of their HIV status. The training was a turning point for Mubina. From that point on, her attitude toward the infection changed. She began to take antiretroviral therapy regularly and started to attend a support group. She also became an active member of the Peer-Support Group for Adolescents Living with HIV. Now she helps her peer to deal with stigma and discrimination. She also conducts information sessions in schools and colleges of Tashkent on the prevention of HIV.
A dolescents have been neglected in the international AIDS response and are too often overlooked in global, national and local programmes and budgets. 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.
Situational analysis/context

An AIDS-free generation means a generation in which all children are born free of HIV and remain so for the first two decades of life, from birth through adolescence. It also means that children living with and affected by HIV have access to and utilize the treatment, care and support they need to remain alive and well. With focus and resolve, the global community has the knowledge, experience and tools to achieve an AIDS-free generation.

The major components of the HIV response for children – elimination of mother-to-child transmission (eMTCT) of HIV, prevention among adolescents, treatment of children and adolescents living with HIV and reducing the sociocultural and economic drivers of HIV among children and their families – are well established. The challenge today is to apply existing knowledge and pursue new opportunities and programmatic innovations – while using finite resources as efficiently and effectively as possible – to ensure that children survive and thrive AIDS-free in their first two decades of life.

The path to an AIDS-free generation is clear. The world must now strongly commit to sustaining the hard-won gains and to fast-track addressing the remaining inequities and gaps in the response to HIV among children.

Problem statement

Considerable progress has been made in recent years: For example, with improved access to antiretroviral treatment (ART) by pregnant women living with HIV, the number of new HIV infections in children under 15 years of age has continued to decline. In 2014, it had reached 220,000 – fewer than half of the 575,000 infections in 2001. Achieving an AIDS-free generation will require fast tracking efforts in line with the UNAIDS 90 90 90 treatment targets for epidemic control by 2020 and ending the epidemic by 2030.1

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 to 41 per cent of adults. In the absence of timely HIV testing and ART initiation, about one third of infants living with HIV die before their first birthday, and half die before the age of 2 years.2 Initiating ART before the twelfth week of life reduces HIV-related mortality in children by 75 per cent. Three quarters of all deaths associated with HIV among children under 5 occur in just 11 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.4 Alarmingly, adolescents are the only age group where deaths due to AIDS are not decreasing. During the period 2005–2012, AIDS-related deaths among adolescents increased by about 50 per cent (from 71,000 in 2005 to 110,000 in 2012), in contrast with a 32 per cent decrease among all other age groups during the same period. About two thirds of the 224,000 new infections among adolescents aged 15–19 years were among adolescent girls in 2014.5 Social and economic inequalities play a marked role in the vulnerability of adolescent girls and their disproportionate levels of HIV infection.

A number of gaps exist for HIV-related data. More systematic and better quality disaggregated data are needed to understand differences by sex, age, geography and socio-economic factors and to address equity and human rights obligations, especially for key populations. Even where data exist, disaggregation, sample size and

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1 The 90-90-90 is UNAIDS’ treatment target aiming that 90 per cent of all people living with HIV will know their HIV status by 2010; 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy by 2020; and 90 per cent of all people receiving antiretroviral therapy will have viral suppression by 2020. UNAIDS web page, available at www.unaids.org/en/resources/documents/2014/90-90-90, accessed 14 January 2016


interpretation of those data are often inadequate. For example, basic disaggregation by sex and age can help to understand factors such as social and economic inequalities and age-disparate sexual interactions, which are key factors in the epidemic affecting young women and girls. Disaggregation of HIV care and treatment data for adolescents is not currently possible because of the way they are collected. In addition, the indicators, data collection methodologies and age disaggregation levels are not standardized across countries, making comparative analysis within and between countries even more difficult.

3 Proposed solutions

To accelerate results for pregnant women, children and adolescents, UNICEF and partners support countries with the evidence-based approaches and interventions discussed below.

First decade of life:

Acceleration of eMTCT efforts: Launched in 2011, the The Global Plan Towards the Elimination of New HIV Infections Among Children by 2015 and Keeping Their Mothers Alive (Global Plan) has focused efforts on 22 priority countries with a goal of reducing new infections in children by 90 per cent and HIV-related mortality in infants by 50 per cent by 2015. In the 22 Global Plan priority countries, the proportion of pregnant women living with HIV accessing antiretroviral medicines has more than doubled (32 per cent in 2009 to 77 per cent in 2014) and the number of new paediatric infections has dropped by almost 50 per cent (from more than 360,000 in 2009 to 190,000 in 2014). Key interventions to accelerate progress towards the goals of the Global Plan include: scale-up of ART for pregnant and breastfeeding women with HIV (Option B+); decentralized data analysis to identify geographical areas of greatest need; data systems to monitor retention in care; and strengthening of linkages between facilities and communities to enhance both demand for and delivery of services.

Expand integration of eMTCT and paediatric HIV care and treatment services and programmes: Countries have been strengthening alignment between management, messaging and services for HIV and broader maternal, newborn and child health. For example, the Double Dividend is an approach to catalysing accelerated action towards the dual goals of ending paediatric HIV and AIDS and improving child survival. This initiative seeks to better align and integrate child and maternal survival (including nutrition, immunization and child health programmes) with HIV programmes and services.

Develop child-friendly drug formulations: ART services for children remains much more centralized than adults – partly due to current paediatric formulations, which have special cold chain and storage requirements. The Paediatric HIV Treatment Initiative is championing new solid dosing forms of ARV for children. These medicines, which are currently in the pipeline, will allow for simpler storage, transport, distribution and administration, which will facilitate task shifting and decentralization to expand access to these life-saving drugs for children.

Second decade of life:

Strengthen the focus on adolescents: By investing in high-impact interventions and innovative approaches, 2 million new infections among adolescents could be prevented by 2020. The All In to #EndAdolescentAIDS agenda is an opportunity for improved data, greater engagement of adolescents in programme planning and service delivery and innovation to bring proven interventions to scale. Between 2015 and 2020, All In aims to achieve at least 75 per cent reduction in new infections among adolescents and at least 65 per cent reduction in AIDS deaths among adolescents by combining effective HIV interventions; quality testing; treatment and care; and social change. Underpinning this effort is the commitment to work with countries to strengthen data collection and data disaggregation on adolescents to inform programme planning and monitor national responses.

Use social media to engage adolescents as agents of change: The use of social media is a powerful way to get adolescents talking about HIV, to address stigma and to create demand for services. For example, the #ShowYourLove anti-stigma campaign generated thousands of positive messages through an anti-discrimination video that went viral. The making of the video joined the voices of adolescents and young people – both HIV-positive and HIV-negative – with the social media presence.

6 www.emtct-iatt.org/global-plan/
7 www.emtct-iatt.org/priority-countries/
of UNICEF and UNICEF Goodwill Ambassador Katy Perry to amplify the trend against discrimination. Young people then used Instagram, Twitter and Facebook to share the messaging.

Expand access to new prevention interventions: Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of infection to prevent HIV by taking daily antiretroviral medicines. Working to understand how best to provide PrEP for sexually active older adolescents at high risk of HIV infection is important.

Cross-cutting areas:

Apply a cross-cutting approach: Creating an AIDS-free generation is more than a biomedical endeavour. Economic and social drivers of HIV need to be addressed concurrently as part of a multi-sectoral approach. For example, social protection programmes reduce poverty and vulnerability while strengthening a broad range of developmental impacts. A growing evidence base suggests that social protection – especially cash transfers – can help address structural drivers of risk behaviour and reduce the risk of HIV infection.
Bring testing services closer to communities: Diagnostic testing is critical for determining HIV infection and monitoring responses to treatment. A new generation of point-of-care HIV diagnostic technologies is under development, which will enable same day test results, facilitating timely, life-saving care.

Build resilient programmes: As access to treatment and support services is scaled up, it is critical to take into account potential risks that can hinder progress, such as flooding, drought and armed conflict. Risk-informed programming to mitigate the impact of shocks will help to ensure that HIV prevention, treatment, protection, care and support services are not disrupted in the wake of a crisis. Adapting HIV programming to fragile and humanitarian situations is especially important for ensuring that at-risk and emergency-affected populations are not excluded from programming in times of greatest need.

Collect age- and sex-disaggregated data: There is a need for age- and sex-disaggregated data to inform programme planning, monitor results and address disparities in access, coverage and quality of high-impact HIV interventions. Age-appropriate questions for surveys are also needed to conform to sound ethical foundations related to research on minors.

Support community engagement: From a demand and utilization perspective, it will be crucial to support community engagement interventions that maximize community collaboration and participation. Addressing harmful social norms, stigma and discrimination, and fostering community cohesion and empowerment are critical for behaviour change. Interventions will also focus on uptake of protection, care and support practices for children infected and affected by HIV/AIDS, particularly by empowering caregivers with information and skills to address psychosocial care and ensure social protection measures for the well-being of children. Creating and maintaining enabling environments that encourage individuals, families and communities to act positively for their health, reduce stigma and discrimination and advocate for quality health services will also be essential.
UNICEF’s comparative advantages include:

- **Integrated programming grounded in the principles of equity, gender equality and human rights;**

- **A strong country presence that allows for close working relationships with ministries of health, at national and sub-national levels and with communities;**

- **Strong programming experience and technical leadership in HIV.**

### 4 UNICEF’s role

For more than two decades, UNICEF has played a leading role in galvanizing global commitment, action and resources to mount a comprehensive response to HIV among children. While significant progress has been achieved in the global response with regard to children and AIDS, it has become increasingly clear that vertical approaches to HIV programming are no longer tenable.

**UNICEF’s comparative advantage:**

- **Integrated programming across childhood.** UNICEF’s HIV programme has adopted a more integrated approach to programming, organized around the first and second decades of life and grounded in the principles of equity, gender equality and human rights.

- **Strong country presence,** including in fragile and conflict-affected countries or in high-burden countries where the needs are greatest. This allows for close working relationships with ministries of health, at national and sub-regional levels and with communities to support the achievement of HIV goals.

- **Strong programming experience and technical leadership** in HIV enables UNICEF to efficiently work with national governments and partners to achieve results for the most disadvantaged and excluded children, families, and communities. This happens through the well-balanced implementation of strategies described below:

1) **Monitoring results for equity:** Monitoring results for equity with a focus on assessing and responding to disparities in access, coverage and quality of high-impact HIV interventions.

2) **Integration and service delivery at decentralized levels:** Building capacities at the national and sub-national levels to integrate HIV and other health, education and child and social protection services, and implement decentralized management and service delivery.

3) **Innovation for simplified and optimized service delivery:** Accelerating results through technological and programmatic innovations that simplify approaches to increase coverage, access and quality of high-impact treatment and prevention interventions.

4) **Strategic partnerships and community engagement:** Building effective partnerships to leverage resources and action and to strive for participation of communities in programmatic design, service delivery, demand creation and monitoring and evaluation.

5) **Evidence utilization and promotion of South-South cooperation:** Supporting the generation, dissemination and utilization of knowledge by staff and partners, positioning UNICEF and Southern partners as knowledge leaders on children and AIDS.

6) **Policy dialogue, advocacy and communication:** Enhancing programme and policy results for children through strategic communication and effective advocacy efforts.

7) **Cross-sectoral collaboration:** Supporting a strong multi-sectoral response to HIV across UNICEF’s programming – child protection, education, nutrition, social protection, water and sanitation, wider health issues and emergencies.
Areas of focus and expected results

UNICEF aims to contribute to the following outcome-level results under the Strategic Plan by 2017:

• Antiretroviral coverage of at least 80 per cent of children and adolescents in 38 priority countries (2012 baseline: 0–14: 4 countries; 10–19: 0 countries);

• At least 80 per cent coverage of lifelong ART for all pregnant women living with HIV in 22 priority countries (2012 baseline: 0 countries);

• At least 50 per cent of the overall HIV and AIDS budget funded through domestic resources in 144 countries (2012 baseline: 61 countries);

• At least 60 per cent coverage in condom use among adolescents in 38 priority countries (2012 baseline: males – 10 out of 14 countries with data; females – 1 out of 13 countries with data);

• At least 80 per cent of target population in humanitarian situations have access to HIV prevention and treatment (baseline: N/A).

This will be accomplished through UNICEF’s focus on achieving results in three priority areas for HIV, detailed below.

1. In the first decade of life, UNICEF’s programming efforts will focus on infants and children, pregnant women and mothers. Strengthening maternal and child health is at the forefront of EMTCT, with an emphasis on expanding access to treatment for pregnant and breastfeeding women living with HIV and improving access to early infant diagnosis and paediatric treatment. Specific results related to EMTCT and paediatric HIV include:

• Twenty-two priority countries supported in offering HIV testing and ART in at least 80 per cent of antenatal care settings and other health facilities in targeted areas based on decentralized disparity analysis and programme data dashboards (baseline: 10 countries);

• Twenty-two priority countries supported in training non-physician health-care providers and providing ART (task shifting) in at least 80 per cent of antenatal settings and other health facilities (baseline: 11 countries);
By 2017, UNICEF aims to contribute to the following results:

- **Antiretroviral coverage of at least 80 per cent among children and adolescents in 38 priority countries** (2012 baseline: 0–14: 4 countries; 10–19: 0 countries);

- **At least 80 per cent coverage of lifelong ART for all pregnant women living with HIV in 22 priority countries** (2012 baseline: 0 countries);

- **At least 50 per cent of overall HIV and AIDS budget is funded through domestic resources in 144 countries** (2012 baseline: 61 countries);

- **At least 60 per cent coverage in condom use among adolescents in 38 priority countries** (2012 Baseline: males- 10 out of 14 countries with data; females – 1 out of 13 countries with data);

- **At least 80 per cent of target population in humanitarian situations have access to HIV prevention and treatment** (baseline: N/A).

- Supported 38 countries in putting in place national policies to implement sexuality or life-skills-based HIV education in upper primary schools (baseline: 28 countries);

- Supported 38 countries in putting in place national HIV/AIDS strategies that include proven high-impact, evidence-based interventions to address HIV/AIDS among adolescents (baseline: 26 countries).

3. For cross-cutting areas, as part of wider efforts to strengthen national social protection systems, UNICEF works with national governments and development partners to expand HIV-sensitive social protection, economic support and family-based care to strengthen resilience and promote sustained access to HIV services. Adapting UNICEF’s HIV programming to fragile and humanitarian situations is especially important in ensuring that at-risk and emergency-affected populations are not excluded from programming in times of greatest need. Specific examples include:

- Eighty per cent of UNICEF-targeted populations of HIV-positive pregnant women in humanitarian situations supported either in continuing or starting to receive ART to prevent mother-to-child transmission of HIV;

- Eighty per cent of HIV-positive children in humanitarian situations supported in receiving ART;

- Thirty-eight countries supported in establishing either a national child protection strategy or national social protection strategy that includes elements focused on HIV (baseline: 22 countries);

- Supported 38 countries in collecting national household-survey-based data on HIV disaggregated by age and sex (baseline: 18 countries);

- Supported 38 countries in undertaking a gender review of the HIV policy/strategy of current national development plans with (baseline: 18 countries).
Evidence generation, cross-cutting programming and advocacy:

Complementing the focused programme areas described above, UNICEF recognizes that progress in HIV/AIDS also requires investment in relevant cross-cutting issues and systems. Robust evidence and data are critical to achieving the results outlined in this case for support. National statistics organizations require support from UNICEF in their data collection efforts, including household surveys, as well as support in the analysis and use of such data in advancing the understanding of correlations between different outcomes and sectors. Some key research and evaluation efforts to strengthen the evidence base for HIV/AIDS programming must focus on the cross-cutting needs of particular regions or social groups, rather than on HIV/AIDS alone. Focusing on the critical stages of a child’s life – in early childhood and the adolescent period – and on cross-cutting issues such as gender, disability and social or ethnic origin emphasizes the need to work on a multi-sectoral basis to enhance results for the most excluded children. Most of the specific programme areas described above will include specific communication for development (C4D) and/or advocacy efforts, but progress in HIV/AIDS also requires cross-cutting C4D and advocacy, such as efforts to strengthen community dialogue and catalyse child participation in community decision-making, or to increase the overall focus on children in national budgeting.

6 Key assumptions, risks and mitigation measures

To achieve the outcome of improved and equitable use of proven HIV prevention and treatment interventions by children, pregnant women and adolescents, it is important to acknowledge a series of assumptions and their associated key risks and mitigation measures. For HIV/AIDS, these include:

• **Political commitment** and the accompanying resource allocations will not decline. An emerging issue (e.g., a global pandemic or geopolitical conflict) could divert significant attention from HIV. This will require advocating for the continued need to invest in the HIV response.

• **New technology** will not revolutionize the response to HIV. The development of a new product to combat HIV, particularly a vaccine, would have a dramatic effect on the global response and would require considerable reorientation of the organization’s work. Although this would be a welcome development, there is not a high probability of a major breakthrough occurring over the course of the 2014–2017 period. The main mitigation measure would be to support countries to prepare for the roll-out of new technologies.

• **Stigma and discrimination** will not increase significantly. Considerable progress has been made in addressing stigma and discrimination. If stigma and discrimination were to increase dramatically around the world, they could undermine the HIV response globally. Key mitigation measures would include communicating regularly on the importance of using a human-rights-based approach to addressing HIV and responding rapidly in the event of any scandals.

• **Natural disasters or conflict** in high-prevalence settings will not disrupt services. Shocks, such as flooding, drought and armed conflict, can impact supply chains and hinder progress. UNICEF will promote risk-informed analysis and planning at the national level to support the development of national plans, policies and strategies for HIV, to plan for and implement alternative delivery mechanisms and platforms both to keep patients on treatment and to provide prevention and treatment services and patient education.
Overall funding gap for HIV and AIDS (in US$):

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum</td>
<td>740,200,000</td>
<td>257,677,906</td>
<td>482,522,094</td>
</tr>
</tbody>
</table>

Details of funding gap by programme area 2015–2017 (in US$):

<table>
<thead>
<tr>
<th>Programme Area</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV and AIDS</td>
<td>80,420,349</td>
<td>201,050,873</td>
<td>201,050,873</td>
<td>482,522,094</td>
</tr>
<tr>
<td>EMTCT and infant male circumcision</td>
<td>21,207,296</td>
<td>53,018,241</td>
<td>53,018,241</td>
<td>127,243,779</td>
</tr>
<tr>
<td>Care and treatment of children affected by HIV/AIDS</td>
<td>7,801,756</td>
<td>19,504,389</td>
<td>19,504,389</td>
<td>46,810,533</td>
</tr>
<tr>
<td>Adolescents and HIV/AIDS</td>
<td>12,000,208</td>
<td>30,000,519</td>
<td>30,000,519</td>
<td>72,001,246</td>
</tr>
<tr>
<td>Protect, care and support children and families affected by HIV/AIDS</td>
<td>2,352,090</td>
<td>5,880,226</td>
<td>5,880,226</td>
<td>14,112,542</td>
</tr>
<tr>
<td>HIV general (strengthening systems and programming)</td>
<td>29,016,964</td>
<td>72,542,410</td>
<td>72,542,410</td>
<td>174,101,784</td>
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<tr>
<td>Evidence, advocacy and cross-cutting programming</td>
<td>8,042,035</td>
<td>20,105,087</td>
<td>20,105,087</td>
<td>48,252,209</td>
</tr>
</tbody>
</table>
On 13 August 2012, Lovelie Jourdain, 14, stands on the roof of her home in the Cité Plus neighbourhood of Port-au-Prince, Haiti. She lives with her siblings and her parents, who are currently unemployed. Lovelie is part of a team of adolescents canvassing the neighbourhood to digitally map and then photograph – using mobile phones equipped with UNICEF-GIS – areas of the community where they are at greater risk of, or can be protected from, contracting HIV. “It is a good activity. I was able to learn a job and increase my knowledge on HIV and about my neighbourhood as well. This activity is a great thing for the community because most people are unaware about HIV and its methods of transmission. When we walk through the streets, we speak with [community members]; we share what we have learned. People need to know,” she says. Lovelie presently attends a public school and wants to become a psychologist.
Additional information:

First decade documents


Second decade documents


• ‘All In to #EndAdolescentAIDS’ brochure; open PDF from <allintoendadolescentaids.org/wp-content/uploads/2015/02/ALL-IN-Launch-Document.pdf>.

Cross-cutting documents


Multimedia


“I think people are afraid of HIV but now I’m here to tell them not to be afraid,” says 11-year-old Elijah Zachary Lemein Simel from Nairobi, Kenya. Elijah’s mother unknowingly transmitted HIV to him when he was a baby, but through treatment and a supportive environment at school, Elijah is living a full and happy life. Wise beyond his years, Elijah is just one of the many extraordinary 2.1 million children living with HIV around the world who rely on access to life-saving medication to reach adulthood.
Animation: Life long treatment for all pregnant women living with HIV; open from <www.youtube.com/watch?v=U2v1VnpJhJk>.

Told through the voices of a range of African characters, this short animated video illustrates the trajectory a woman would ideally follow once she finds out she is pregnant and living with HIV.

Animation: An AIDS-Free Generation; open from <www.youtube.com/watch?v=fyRcnjcyQ4A>.

For an AIDS-free generation, we must understand and implement the protection, care and support services that are so critical to ensuring all children around the world thrive.

Animation: Strengthening Communities to Respond to Crises; open from <www.youtube.com/watch?v=NR3wcMOtUIE&index=1&list=PLzfcpxK7Y8rROIbGxExCNAT7VzK>.

Individuals, communities and systems must be adaptable and strong enough to withstand any number of shocks, both natural and man-made, in our unstable world. Considering risk when planning to ensure the continuation of services is especially crucial for those affected by HIV and AIDS where prevention and treatment is necessary and lifesaving.

Video: HIV + | Evelyn’s Story; open from <www.youtube.com/watch?v=sdYXVCMPMww&index=3&list=PLzfcpxK7Y8rROIbGxExCNAT7VzKb>.

Meet Evelyn, 18 years old, diagnosed with HIV nine years ago. Evelyn is among thousands of adolescents living with HIV in Ghana. Globally, an estimated 2.1 million adolescents were living with HIV in 2012. Discrimination, poverty, inequalities and harsh laws prevent many of these children from seeking and receiving testing, health care and support. With your help, UNICEF is caring for those already living with HIV and preventing new infections from happening.

Key contact for more information:

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