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Oral report background note

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

Introduction

1. This report highlights the UNICEF follow-up to the recommendations and decisions of the 29th and 30th UNAIDS Programme Coordinating Board (PCB) meetings, held in December 2011 and June 2012, respectively. The PCB addressed a number of issues relevant to UNICEF work on HIV, including strategic investment for HIV, the ongoing refinement of the 2012-2015 UNAIDS Unified Budget, Results, Accountability Framework (UBRAF), and follow-up on the recommendations of the Second Independent Evaluation of UNAIDS (2009).

Strategic investment

2. Funding the global HIV and AIDS response was an issue of critical importance discussed at the June 2011 United Nations High-Level Meeting on AIDS. It mobilized unprecedented political commitment to ending the epidemic, reflected in the adoption of the 2011 Political Declaration on HIV/AIDS. It charts the way forward for the world to reach the UNAIDS vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. In it, the global community reaffirms its commitment to achieving universal access to HIV prevention, treatment, care and support by 2015. The Political Declaration also lays out 10 global targets, transforming the principle of universal access into concrete and measurable objectives.

* E/ICEF/2013/1.



3. Following up on the meeting, the PCB discussed how to invest HIV resources most strategically to deliver on its ambitious goals during a time of decline in funding for HIV. In particular, the PCB considered how best to apply the principles of the new HIV investment framework to help countries get maximum value for money while increasing the impact of their HIV programmes and strategies.

4. The HIV investment framework, published in *The Lancet* in 2011, serves as the basis for the UNAIDS approach to strategic investment for HIV. It calls for intensifying investment to scale up evidence-based interventions that reduce HIV risk, transmission and morbidity/mortality. These interventions, known as *basic programme activities*, include condom promotion and distribution; elimination of new infections among children; treatment, care and support for people living with HIV; voluntary medical male circumcision for heterosexual men in settings with a high HIV burden; targeted approaches for key populations at higher risk; and behaviour change programmes. The framework also recommends focused investments for *social and programmatic enablers* that increase the effectiveness and efficiency of the basic programme activities. These include community engagement in service delivery and promotion of laws and policies that protect the rights of people living with HIV, especially women and girls and key affected populations. Finally, it proposes directing a strategic proportion of HIV investment to broader *development synergies* that target the structural drivers of HIV. These include social protection, gender equality programming, education, prevention of gender-based violence and legal reform.

5. The PCB discussed how the principles and approaches of the investment framework could be put into operation globally and at country level in a way that captures both the need for increased donor commitments and greater ownership by programme countries of their national AIDS responses.

6. The PCB considered a tool called “Investing for results, results for people”. It aims to help countries apply the investment framework, identify cost-effective and efficient high-impact investment priorities, and develop investment packages that will accelerate progress towards achieving the targets of the high-level meeting. Based on the principles laid out in the HIV investment framework, this tool takes into account the importance of country ownership of the process of planning for HIV resources and the need for dialogue around investment choices, involving all key national partners, including civil society groups. The tool proposes that AIDS-related investment be based on equity, evidence and efficiency and be supported by country ownership, community engagement, shared responsibility and global solidarity.

7. The tool describes four steps to developing country investment packages: (a) understanding the epidemic in the national context; (b) designing the investment portfolio to solve the problem; (c) applying the investment portfolio at scale; and (d) sustaining for impact. “Investing for results, results for people” takes into account extensive inputs from Member States and civil society and other partners. His Excellency Tom Mboya, the Ambassador of Kenya to the United Nations in Geneva, provided vital leadership throughout the development process. The PCB expressed its broad support of the tool and its appreciation for the consultative process used in its development. The PCB noted that continued improvement of the tool will be best achieved through its implementation at country level and continued consultation over the course of the year. The PCB requested a report back on the

experiences of countries in applying the strategic investment approach. Like UNAIDS, UNICEF is using the HIV investment framework approach to increase focus on scaling up high-impact interventions to increase the efficiency, effectiveness and impact of programmes for children and adolescents.

Increasing the focus on adolescents

8. An estimated 2.2 million adolescents aged 10 to 19 were living with HIV by the end of 2011. The epidemic in adolescents reflects two contrasting realities: marginalization and opportunity. Among adolescents, the risk of HIV infection is highest among girls and key affected populations, including adolescents who inject drugs, adolescents exploited through commercial sex and adolescent males who have sex with other males. Marginalization in different forms, including discrimination, neglect and social inequality, may be experienced differently by each group, but with the same effect. It influences adolescents' choices and their access to services, care and support, and it increases their vulnerability to HIV infection.

9. More than 8 out of 10 adolescents living with HIV (84 per cent) are in sub-Saharan Africa. The majority were infected as infants through mother-to-child transmission. Sixty per cent of all adolescents living with HIV are girls, and 90 per cent of these girls are from sub-Saharan Africa. Social and income inequality play a marked and early role in contributing to the vulnerability of adolescent girls. This is evidenced by data on early sexual debut, child marriage and sexual violence.

10. UNICEF is making the case for increasing the focus on adolescents aged 10-19 years in the HIV response, building this effort around the evidence underpinning the HIV investment framework. The impact of successful HIV investments for adolescents will be felt through reduced HIV risk, transmission, morbidity and mortality among adolescent girls, key affected populations and adolescents living with HIV. UNICEF advocacy and programme support for these groups is directed towards scaling up services, improving leadership and coordination, strengthening evidence and innovation, and leveraging partnerships through advocacy.

11. UNICEF supported several key initiatives in 2012 targeting adolescents, particularly girls. One of these, undertaken in collaboration with the World Health Organization (WHO) and other partners, involved the development of United Nations guidelines on HIV testing and counselling of adolescents and global guidelines on providing services for adolescents living with HIV. The testing and counselling guidelines will help to improve early diagnosis of HIV infection in adolescents and address the bottlenecks and inaction resulting from contradictory age-of-consent laws and service provider guidelines. The guidelines will help improve priority-setting and strengthen efforts to help the growing cohort of adolescents in need of lifelong HIV treatment, care and support.

12. UNICEF also led global efforts to demonstrate opportunities and approaches to strengthening monitoring of access to critical HIV prevention, treatment and care services through routine systems for adolescents and young people. Working through the Shuga Radio Initiative in six countries, UNICEF has supported governments and partners to increase demand for testing and counselling as well as monitoring and reporting of HIV testing among adolescents and referral to key services.

13. In May 2012, UNICEF invited the Futures Institute to undertake a modelling and costing exercise for results for adolescents using the HIV investment framework. It focused on 23 high-burden countries representing different epidemic typologies. Preliminary findings from this work were presented at the XIX International AIDS Conference (July 2012, Washington, D.C.). The findings pointed out that implementation of this strategic shift in investment for adolescent HIV programming could reduce the number of new infections in adolescents by more than 50 per cent by 2015 and sustain the decline until 2030.

Eliminating new infections in children and keeping mothers alive

14. During the United Nations High-Level Meeting on AIDS, the Secretary-General launched the “Global Plan towards the elimination of new HIV infections among children by 2015 and keeping their mothers alive”. It sets ambitious targets for 2015: reduce the number of children newly infected with HIV by 90 per cent and reduce maternal mortality among women living with HIV by 50 per cent. Around the world, great strides have been made towards achieving these goals. For example, approximately 330,000 children were newly infected with HIV in 2011, a decline from 570,000 in 2003. It also represented a 24 per cent decline in the number of children newly infected since 2009, the baseline year for the Global Plan. However, more must be done. While half of adults who need treatment received it in 2011, barely a quarter (28 per cent) of children in need had access. Closing this gap is critical to continued success.

15. UNICEF is a member of the Global Plan steering committee, and UNICEF and WHO co-convene the Inter-Agency Task Team on prevention and treatment of HIV infection in pregnant women, mothers and their children. UNICEF houses the Inter-Agency Task Team secretariat, comprising four staff at headquarters and two positions based in UNICEF and WHO regional offices. To support national governments with implementation of the Global Plan, UNICEF is mandated to provide technical assistance and operational and normative guidance and to monitor progress in the 22 priority countries. To date, 19 of the 22 countries have undertaken national mother-to-child transmission assessments to inform the development of costed plans on eliminating mother-to-child transmission (EMTCT), and 20 countries have developed such plans. An Inter-Agency Task Team action plan has been developed to support resource mobilization, and a website is under development to improve communication among countries and partners.

16. In partnership with governments, UNICEF has led an approach to optimizing investment in HIV by conducting equity-focused bottleneck assessments. These inform the development and revision of costed national and subnational EMTCT plans. At the regional level, the Joint United Nations Regional Team on AIDS in West and Central Africa supported the development and dissemination of national technical EMTCT assistance plans based on the bottleneck analyses and other information sources.

17. UNICEF and the Global Fund to Fight AIDS, Tuberculosis and Malaria co-convene the Global Fund EMTCT working group, which leveraged over \$130 million during 2011-2012. Moving forward, the working group will serve as a model for convening around other high-impact interventions such as antiretroviral therapy, male circumcision and key populations. It will also work to enable interventions such as community mobilization, stigma reduction and health system strengthening

in selected groups of countries. UNICEF is also implementing a \$2 million grant from the United States President's Emergency Plan for AIDS Relief (PEPFAR) in seven countries.¹ It aims to improve the effectiveness of over \$400 million in global grants focused on improving EMTCT outcomes. It also works with members of the board of the Global Fund to improve the efficiency and effectiveness of Global Fund grants.

18. UNICEF and WHO co-hosted a leadership forum on innovation in eliminating new HIV infections in children at the XIX International AIDS Conference. The forum was a strategic opportunity to advocate for more effective and innovative policies, products and practices to simplify HIV treatment and integrate it with antenatal primary health care. It provided participants a platform to discuss the advantages and challenges of moving from prevention of mother-to-child transmission (PMTCT) Options A and B to immediate offer of treatment to all pregnant women living with HIV to protect their own health and to prevent mother-to-child transmission and transmission to HIV-negative sexual partners.²

19. In collaboration with the Clinton Health Access Initiative, UNICEF is leading work to mobilize and scale up point-of-care diagnostic technologies at lower levels of care. This will help to shape markets and improve access to various types of testing and early infant diagnosis to improve treatment initiation and monitoring at lower levels of the health-care system. This project, supported by UNITAID, will be implemented in seven sub-Saharan African countries.³

20. With WHO, UNICEF conducted a multi-country paediatric assessment in October 2012.⁴ The assessment included bottleneck analyses to support national and subnational planning to scale up early infant diagnosis and treatment. Scaling up paediatric HIV treatment is a critical element of the Global Plan to eliminate new infections in children, which, in turn, is part of the overall child survival agenda under the umbrella of "A Promise Renewed".⁵

21. In November 2012, UNICEF in collaboration with WHO, USAID and Save the Children led a multi-agency consultation on integrating paediatric HIV into community case management of newborns and young children. The aim was to optimize early identification, referral and treatment initiation and adherence support

¹ Cameroon, Democratic Republic of the Congo, Malawi, Mozambique, Nigeria, South Africa and United Republic of Tanzania.

² Option A includes twice daily zidovudine (AZT) for the mother and infant prophylaxis with either AZT or nevirapine (NVP) for six weeks after birth if the infant is not breastfeeding. If the infant is breastfeeding, daily NVP infant prophylaxis should be continued for one week after the end of the breastfeeding period. Option B includes a three-drug prophylactic regimen for the mother taken during pregnancy and throughout the breastfeeding period, as well as infant prophylaxis for six weeks after birth, whether or not the infant is breastfeeding.

³ Ethiopia, Kenya, Malawi, Mozambique, United Republic of Tanzania, Uganda and Zimbabwe.

⁴ It was conducted in Swaziland, Uganda, United Republic of Tanzania and Zimbabwe.

⁵ "A Promise Renewed" is a global movement to hasten declines in preventable child deaths. Under the leadership of national governments, partners from the public and private sectors are working together to accelerate achievement of Millennium Development Goals 4 and 5 by stepping up efforts to reach the world's most marginalized children with life-saving interventions. In support of A Promise Renewed, UNICEF is hosting a small secretariat to facilitate collective action on three fronts: (a) sharpening evidence-based country action plans; (b) promoting transparency and mutual accountability for maternal, newborn and child survival; and (c) mobilizing broad-based social support for the principle that no woman or child should die of preventable causes.

for HIV-infected children. UNICEF is driving the integration agenda forward, co-hosting the Child TB subgroup meeting with the Stop TB Partnership in New York in 2013. A new \$4.2 million partnership with the MAC AIDS Fund was signed in July 2012. It focuses on innovative solutions to scale up paediatric HIV treatment and care, and aims to foster South-South collaboration to support exchange of experiences among countries from four continents.⁶

Social protection, care and support

22. UNICEF has been leading the inter-agency working group on social protection, care and support. It has also been building and disseminating evidence on the importance of social protection as a critical development synergy to strengthen HIV results. UNICEF commissioned the Economic Policy Research Institute in South Africa to review the state of the evidence on HIV and social protection. This work was completed and discussed at a meeting of policymakers and researchers in Johannesburg in March 2012. The Institute is now undertaking research in Ghana, Kenya, Lesotho, Malawi and South Africa. It will examine the extent to which HIV-affected households are covered through a range of social protection programmes. It also aims to gain a better understanding of how social protection reduces risk and transmission of HIV and improves treatment outcomes.

23. UNICEF has been supporting innovative community-based and family-based interventions in support of EMTCT. With support from the Hilton Foundation, UNICEF is promoting linkages between early childhood development and clinical services, using early childhood development as an entry point to identify HIV-exposed children and connect them with testing and treatment. In 2012, UNICEF also embarked on a new partnership with the International Children's Palliative Care Network. It will support mapping of needs and gaps in comprehensive HIV palliative care responses, including pain management, psychosocial support and economic support, in three sub-Saharan African countries.

24. The UNICEF child protection team has also been building evidence on gender-based violence as a key driver of HIV risk, highlighting this as a neglected area in terms of HIV investments. The Together for Girls partnership is working to bring attention to the issue of sexual violence against girls in support of country-driven efforts for change. The partners include five United Nations agencies (UNICEF, WHO, the United Nations Entity for Gender Equality and the Empowerment of Women [UN-Women], UNAIDS and the United Nations Population Fund), along with PEPFAR, the United States Department of State, the Violence Prevention Division of the United States Centers for Disease Control and Prevention, the Nduna and CDC Foundations, as well as the private sector through Becton, Dickinson and Company and Grupo ABC. Analysis from Malawi, Swaziland, United Republic of Tanzania and Zimbabwe has revealed startling levels of sexual violence against boys and girls, which is leading to greater awareness among policymakers and new policy and programmatic responses.

HIV and emergencies

25. UNICEF and the UNAIDS Secretariat commissioned work on HIV and adolescents in emergencies that will result in recommendations on how to improve

⁶ Brazil, Commonwealth of Independent States, India and South Africa.

preparations for and responses to the needs of adolescents in humanitarian contexts. The UNICEF HIV, child protection and health sections are working with the Women's Refugee Commission to develop a training tool for community-based management of sexual violence in humanitarian settings. It will train community health workers on referring survivors of sexual violence and providing direct care for them where referrals are not possible. The project aims to advance and implement approaches to primary prevention of and response to gender-based violence, especially sexual violence against women and girls affected by conflict and disaster, which will include the development of evidence-based "good practices". An important focus will be on strengthening positive social norms that protect women and girls from violence and leveraging societal dynamics to change social norms that serve to hide or encourage forms of violence. The social norms perspective applied throughout the project will promote the establishment of self-sustaining social rules that are upheld by social rewards and punishments that will eventually be further reinforced through legislation, policies and the concrete activities that support communities. The project will be piloted, monitored and evaluated by a partnering research institution in two countries in sub-Saharan Africa.

26. UNICEF also co-planned and facilitated a workshop by the inter-agency working group on gender-based violence and HIV in emergencies for East and Central Africa on the Horn of Africa Response. This was an opportunity to collect lessons learned and share experiences from Djibouti, Ethiopia, Kenya, Somalia and South Sudan. Each country developed a draft preparedness plan as the output of the meeting. The regional team will follow up with countries to refine and implement their plans. UNICEF headquarters drafted a terms of reference for addressing PMTCT in emergencies to better address the bottlenecks to accessing and continuing treatment. The work will begin in Kenya in early 2013.

2012-2015 UNAIDS Unified Budget, Results and Accountability Workplan

27. The 2012-2015 UBRAF is intended to improve the accountability of the joint programme and strengthen monitoring for results. It is structured around the UNAIDS Strategy's 3 strategic directions and 10 goals. It provides outcomes, outputs and deliverables for the UNAIDS family (the Cosponsors and the Secretariat) as well as a set of indicators to monitor progress. Annual performance reviews and midterm assessments provide the PCB with an overview of the Joint Programme's achievements. The results and accountability framework is the part of the UBRAF that measures the achievements of the Joint Programme and provides a clear link between investment and results.

28. As follow up to the Second Independent Evaluation of UNAIDS (2009), the PCB considered a strengthened results, accountability and budget matrix, which was developed through a consultative process undertaken with all constituencies. The Cosponsor Evaluation Working Group, chaired by UNICEF, ensured alignment between indicators in the UBRAF, Cosponsor results frameworks and existing global indicators. Independent advice was provided by the UNAIDS Monitoring and Evaluation Reference Group. The revised results matrix provides a balanced set of core UBRAF indicators, including on new priorities, and establishes clear links between results of the Joint Programme and global targets; it is fully aligned with

the latest global indicators. Cosponsor and Secretariat accountability are captured by indicators at the output level.

29. Reporting against the UBRAF differs in both process and scope from prior reporting against the Unified Budget and Workplan. Most importantly, the UBRAF, unlike its predecessor, will allow for reporting at country level. United Nations Joint Teams on AIDS will report on the outcomes and outputs relevant to their epidemic context, which are derived from the indicators used for global AIDS progress reporting. Baselines and targets on core UBRAF indicators form the basis against which to measure progress in implementing joint programmes of support at country level. UBRAF results matrices and reporting are sufficiently flexible to allow tailoring of the core indicator set to national contexts and epidemic profiles.

The role of UN-Women

30. The 30th PCB meeting approved UN-Women as the 11th Cosponsor of UNAIDS. In follow-up to this decision, the UNAIDS Executive Director established a working group to reflect on UN-Women responsibilities vis-à-vis others within the Division of Labour and consider how to incorporate its participation in the UBRAF. UN-Women will participate as a Cosponsor in the 31st meeting of the PCB in December 2012. UNICEF looks forward to collaborating with UN-Women to strengthen HIV responses for women and girls.

The way forward

31. The beginning of the end of AIDS starts with children, and the world has made great progress towards achieving an AIDS-free generation. However, the work is not yet completed. To make this promise a reality, UNICEF will make a commitment in the 2014-2017 medium-term strategic plan to protect children, adolescents and mothers from HIV infection and enable them live free from AIDS.

32. Looking beyond 2015, the investment framework will continue to inform the UNICEF approach to HIV programming. Programmes that scale up high-impact interventions for EMTCT and adolescents will be at the core of the UNICEF contribution to the HIV response. An important element is continued focus on social protection, care and support. It will emphasize improved results in terms of reducing HIV risk, transmission and morbidity and mortality as well as impact mitigation. UNICEF will work to build synergies across sectors, simplify interventions, innovate, strengthen partnerships and focus on results.

33. UNICEF will work to link its HIV response with other sectors for better responses where appropriate. Eliminating new HIV infections in children requires strengthening links between health and community-based services to optimize effectiveness and efficiency. This includes integrating HIV testing, PMTCT and antiretroviral therapy services within the maternal, newborn and child health platform at decentralized levels.

34. Expanding HIV services for adolescents requires links between various health services, such as drug dependency programmes, sexual and reproductive health services, and community services. It will also require strengthening the synergies

within UNICEF between HIV, health, protection and education as part of expanded comprehensive programming for adolescents.

35. Social protection programming should expand in the next medium-term strategic plan as a core element of achieving equitable results for children and adolescents in a world of increasing disparities. Many of the fledgling social protection programmes in poor countries, particularly in sub-Saharan Africa, have been built up through HIV programming for orphans and vulnerable children. It will be important to integrate HIV social protection work with the social protection agenda and ensure that these broader programmes are HIV sensitive.

36. UNICEF will pursue simplified approaches to achieve better results for children at risk of or living with HIV. The simplification of high-impact interventions that reduce HIV risk, transmission and morbidity/mortality has greatly contributed to their success. Fixed-dose combinations of three antiretroviral drugs, available in regimens of one pill, once per day, improve patient adherence, reduce costs and make it easier for less qualified cadres of health and community workers to deliver. Similarly, standardized first- and second-line treatment regimens, harmonized for use by children or adults, will help to increase children's access to treatment. Moving from complicated PMTCT protocols to expanded treatment options for all pregnant women living with HIV can simplify programmes and facilitate wider access and better results. Point-of-care diagnostic technologies can facilitate the delivery of HIV testing and treatment at lower levels of the health-care system.

37. Technological and programmatic innovations have and will continue to help achieve equitable results for children. Instant messaging and social networking technologies, point-of-care diagnostic and monitoring tools, convergence and/or integration of HIV and other health services, and support for decentralized management and service delivery will be central to the work of the HIV programme at UNICEF.

38. The AIDS response has created some of the strongest multi-sectoral partnerships in the history of public health, including UNAIDS. These groundbreaking partnerships have speeded up development and improvements in medicines and diagnostics, lowered costs, expanded access and increased political leadership. Strategic partnerships between UNICEF and other organizations — such as the UNITAID/Clinton Health Access Initiative/UNICEF partnership to pilot and evaluate new point-of-care diagnostic technologies — will help us realize better, faster results for children and their families. By championing A Promise Renewed, UNICEF has an opportunity to connect efforts to eliminate new HIV infections in children and achieve universal access to treatment for them with the broader movement for improved child survival.