

UNAIDS 2022

United Nations Children's Fund (UNICEF)

Unified Budget Results and Accountability Framework
(UBRAF) 2016-2021

Organizational report 2020-2021

the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 13.5 million, and the number of people in the public sector who are employed in health care has increased from 2.5 million to 3.5 million (Department of Health 2000).

There are a number of reasons for this increase. One of the main reasons is the increasing demand for health care services. The population of the UK is ageing, and there is a growing number of people with chronic conditions such as heart disease, diabetes, and asthma. This has led to an increase in the number of people who need to be treated in hospitals and other health care settings.

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Key strategies and approaches to integrate HIV into UNICEF's mandate

As part of its mission to end inequalities for all children, UNICEF envisions an AIDS-free generation where all children and their families are protected from HIV infection and are able to access high-quality treatment and care if they are living with HIV. In the past four years, progress toward addressing longstanding gaps in access to HIV treatment and prevention for mothers, children and adolescents has slowed, halted or even reversed in some contexts. To overcome these challenges, UNICEF is working to ensure that the HIV treatment and service continuum is strengthened within a rights-based programming approach that addresses structural factors—such as poverty, lack of education and gender-based violence—that increase HIV acquisition risks for children, adolescent girls and young women.

This approach enables the integration of HIV into strategic planning and programme design across all of UNICEF's core interventions, including health, child protection, education, social policy and emergency and humanitarian response. For example, UNICEF's HIV response is part of a broader effort to strengthen health systems and ensure that primary health care services, especially at the community level, are adequately supported to provide timely HIV diagnosis, treatment and care. UNICEF's social protection and social policy programmes include special consideration for structural factors, including gender inequality, that place girls and young women at higher risk of HIV infection. In addition, UNICEF strives to ensure that social protection services are HIV-responsive. These include cash transfers and education subsidies, which can help address the specific needs of children, adolescents and pregnant women living with or at higher risk of HIV. UNICEF supports governments to scale up inclusive education that takes into account the ways in which life-skills and comprehensive sexuality education can help children and adolescents keep themselves safe and prevent HIV infection.

Top achievements on HIV in 2020-2021

- **Innovation in diagnostics and leveraging HIV-based services and expertise to advance the COVID-19 response.** UNICEF and partners supported 10 countries in western and central Africa to strengthen national capacity for point-of-care early infant diagnosis and monitor viral load in patients receiving ART. This catalytic initiative responds to challenges that hinder diagnosis and treatment for children within the critical first two months of life, bringing rapid and accurate diagnosis capabilities to local health centres for the first time. UNICEF further leveraged the multidisease testing capacity of point-of-care diagnostic devices for widespread use during the COVID-19 pandemic. It is building on lessons learned for the ongoing roll-out in the region and elsewhere around the world.
- **Advances in HIV combination prevention for adolescent girls and young women.** UNICEF supported the Global Fund's Adolescent Girls and Young Women Strategic Initiative 2020–2022 to develop a sustainable, defined package of services for adolescent girls and young women (aged 15–24 years) within national strategies and budgets. In Botswana, Cameroon, the Democratic Republic of the Congo, Eswatini, Lesotho and Zimbabwe, UNICEF provided technical assistance to countries receiving Global Fund grants to advance the delivery of combination prevention interventions for adolescent

girls and young women. Key thematic areas included implementation and scale-up of pre-exposure prophylaxis (PrEP); strengthening linkages and referral pathways between community and facilities and across health and other sectors; roll-out of quality assessment frameworks for improved Global Fund grant performance; and developing and strengthening sociobehavioural change communication packages to include messaging for adolescent girls and young women, and their communities.

- **Smarter use of differentiated data to target interventions where they are most needed.** Improved data collection and analysis can identify the main inequalities, gaps and vulnerabilities, showing where the greatest gains can be achieved for maternal child and adolescent HIV health. UNICEF and partners supported the development and roll-out of the Paediatric Service Delivery Framework, which defines data mapping processes to pinpoint service delivery gaps and determine optimal treatment outcomes for children. In 2021, the framework was used to advance programming for children in Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria and Uganda. The Framework has generated strong support from governments and communities alike. In addition, UNICEF, UNAIDS and WHO developed the Last Mile to EMTCT Framework. Countries, particularly in sub-Saharan Africa, are using it to improve their data and strengthen their strategies and programming for the prevention of mother-to-child transmission (PMTCT) by addressing gaps in PMTCT and contextual priorities.
- **Keeping the spotlight on elimination of mother-to-child transmission of HIV.** UNICEF and partners in the Joint Programme continued to support countries to be validated as having eliminated mother to child transmission (EMTCT) of HIV. This is an important recognition of a country's efforts to end AIDS and it helps to generate and maintain governments' attention and commitment to the HIV response. Importantly, in 2021, Botswana became the first high-burden country to be certified by WHO for achieving an important milestone on the path to eliminating mother-to-child transmission of HIV.
- **Promoting learning from COVID-19 programming to address inequities and improve quality of care.** The COVID-19 pandemic has highlighted the vulnerability of women and children living with and at risk for HIV. The sudden disruption of prevention and treatment services in many countries and communities resulted in significant negative consequences for these populations. The majority of people living with HIV live in regions of the world where COVID-19 prevention and treatment options are limited. UNICEF is working with partners to ensure that the global response to COVID-19 includes a simultaneous focus on all neglected health and development issues, including HIV, and on strengthening health systems to achieve universal health care, especially for the most marginalized populations.

Contribution to progress towards the Sustainable Development Goals

Since 2000, when the first PMTCT programmes began in the highest-burden countries, 2.5 million HIV infections and 1.2 million deaths have been averted among infants and young children (aged 0–5 years) as a result of HIV prevention efforts. The number of AIDS-related deaths among children and adolescents aged 0–19 years fell by 53% from 2000 to 2020, and younger children infected with HIV at birth are now much more likely to survive into adulthood than two decades ago.

The past two decades hold several lessons for maximizing health benefits for women and children living with and at risk for HIV. The era of siloed vertical programming for HIV is over, replaced by an emphasis on service integration. Accelerated progress on the SDGs in this “Decade of Action” to 2030 will require HIV responses to be anchored more firmly within the broader health and development efforts, placing child rights at the centre of programming and targeting the underlying inequalities that drive the HIV epidemic.

Achieving SDG 3 and the closely linked goals of improving nutrition (SDG 2) and reducing preventable disease, malnutrition and other health issues as a result of poor water, sanitation and hygiene (SDG 6), requires a global shift from treating diseases to strengthening health systems. UNICEF supports primary health care, especially at the community level, to help achieve Universal Health Coverage (UHC), as mandated by the SDGs. This includes ensuring that HIV treatment and care is delivered in an integrated way with other health services, with robust community engagement to ensure that health and HIV services reach the most marginalized children and young people.

UNICEF’s approach to strengthening education (SDG 4) includes a shift towards supporting a breadth of skills to equip children and young people to navigate personal, social, academic, economic and environmental challenges. This includes school-based programmes for HIV and sexually transmitted infection (STI) prevention, as part of comprehensive sexuality education; promotion of treatment adherence; and measures to combat stigma and discrimination. UNICEF also promotes overall health and well-being by focusing on ending child poverty (SDG 1), strengthening child protection and ensuring social inclusion for all children (SDG 10). UNICEF implements HIV-sensitive social protection measures that help to mitigate the risky behaviours associated with HIV infection and support the income of households with HIV-positive members. UNICEF works with communities to protect children from violence, exploitation and abuse, which are risk factors for HIV infection.

UNICEF supports SDG 5 by recognizing that gender inequalities affect children everywhere, every day. While harmful gender norms, discrimination, gender-based violence and forced and early marriage all heighten the risk of unwanted pregnancy, HIV infection and malnutrition, many girls cannot access the information and products they need to stay healthy and safe. UNICEF has prioritized improvements in the quality of maternal health care and nutrition, and of HIV testing, counselling and care for pregnant women. Targeted actions for adolescent girls include promoting health, nutrition and pregnancy care, as well as the prevention of HIV. UNICEF works to ensure that children and adolescents, as well as pregnant and breast-feeding mothers of all ages, have access to interventions that fast-track progress towards ending AIDS as a public health threat.

HIV in the context of the COVID-19 response

COVID-19 has shown that without a health system that is fit for purpose, hard-fought gains in HIV, immunization, antenatal care and child and adolescent health are at risk when a global pandemic occurs. Many people living with HIV quickly found themselves unable to access care, treatment refills and other essential services. This was compounded by broader health, social and economic disruptions related to the COVID-19 response, including school closings, travel restrictions, loss of formal and informal income-generating activities, and upsurges in domestic violence.

UNICEF and partners worked with governments to rapidly introduce innovations, including multimonth antiretroviral (ARV) prescriptions, virtual consultations and community-based treatment posts, to sustain services and support treatment continuity for people living with HIV. For example, in Guatemala UNICEF, the UNAIDS Secretariat and the Association for Educational and Cultural Services worked to overcome mobility restrictions by piloting a radio programme to reach 1.6 million vulnerable adolescents and young people with HIV and prevention information, across nine less-privileged northern regions, spanning six different local languages. In Thailand, UNICEF and partners supported communities using digital platforms, generating a 42% increase in psychosocial support each month during COVID-19 lockdowns and mobility restrictions.

Case study: Leading the way forward to an AIDS-free generation: Botswana certified as on the path to elimination of mother-to-child HIV transmission

2021 saw a landmark achievement in the global effort to end mother-to-child transmission of HIV. Demonstrating the power of strong partnerships between the government, the Joint Programme, and front-line health service providers, Botswana became the first country in the world with a high HIV burden to be certified by WHO as being on the path to EMTCT. Although new HIV infections among children aged 0–9 years have fallen globally by 52% since 2010 due to prevention efforts, high-burden countries face enormous challenges to reduce vertical transmission further. Botswana has the third highest HIV prevalence among pregnant women in the world (20%, compared with 27% in Eswatini and 23% in Lesotho). HIV prevalence among pregnant women in Botswana used to be as high as 30%.

To date, 15 countries have been validated for EMTCT of HIV and/or syphilis. To recognize the considerable achievements of high-burden countries (defined as HIV maternal seroprevalence >2% and syphilis maternal seroprevalence >1%), the Path to Elimination framework was introduced in 2017, with progressively higher targets, representing “bronze”, “silver” and “gold” tiers on a continuum towards full validation. Botswana has now achieved the “silver tier” status, bringing the country closer to EMTCT. WHO awards this certification to countries that have reduced their mother-to-child HIV transmission rates to under 5%; provided antenatal care and ARV treatment to more than 90% of pregnant women; and achieved an HIV case rate of less than 500 per 100 000 live births.

Botswana's achievement is the result of government leadership, including a national, domestically funded response strategy spanning two decades, and strong political commitment at the highest levels. UNICEF, WHO, technical agencies and national and global civil society groups have supported the country's policies, guidelines and strategic plans in line with WHO recommendations, and helped to ensure a well-implemented PMTCT service delivery model that is integrated with health and HIV services at all levels of the health system.

UNICEF and WHO worked with the Government of Botswana to prepare for the certification exercise by ensuring quality of HIV data and providing technical expertise for data analysis. UNICEF and partners also developed strategies and methods to complete this process remotely, given restrictions due to the COVID-19 pandemic, with regional and global experts coordinating virtually with colleagues in Botswana. Botswana's certification is an important recognition of the country's efforts to end AIDS, and it can serve as an example for other high-burden countries in the region. This will help to generate and sustain governments' commitments to the HIV response by demonstrating concrete progress towards 95–95–95 goals by 2030.

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