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Key strategies and approaches to integrate HIV into broader agency mandate

UNICEF works in over 190 countries and territories to save children's lives, to defend their rights, and to help them fulfil their potential, from early childhood through adolescence. To achieve this vision, UNICEF works across multiple sectors including health, education, child protection and social policy in order to drive optimal results for children. A fundamental principle of this work is to ensure that every child, especially the most marginalized and those living in settings of humanitarian crisis, survive and thrive.

In UNICEF's HIV programme, this translates to supporting delivery of high-impact HIV prevention and treatment interventions within a life-cycle approach. Mothers need access to HIV testing and treatment for prevention of mother-to-child transmission, and their newborns need access to infant diagnosis. Older infants and children, especially those whose mothers did not access services for preventing mother-to-child transmission of HIV (PMTCT), need to be tested for HIV as much as they need immunization, nutrition, responsive caregiving and high-quality education. Adolescents—including those living with, affected by or at risk of HIV—must have opportunities to learn and develop free from exploitation and abuse. Learning for all children is one of UNICEF's main goals.

UNICEF's HIV programme increasingly recognizes that multisectoral approaches, in addition to health system approaches, are important to achieve improved HIV outcomes. It maintained its global footprint in three main programme areas: (1) elimination of mother-to-child transmission, (2) paediatric and adolescent treatment, and (3) prevention of HIV infection in adolescents. In doing so, it devoted a lot of core HIV capacity to identify missed opportunities for better synergies with other sectors and to enhance HIV integration with the broader UNICEF mandate.

UNICEF's achievements under the UBRAF strategy results areas are positioned within the higher-level conceptual framework of its HIV/AIDS Strategic Plan and they comprise four priority HIV programming approaches:

- differentiated responses for country and programme prioritization;
- effective HIV integration with joint results and clearly defined accountability;
- intensified partnerships to leverage resources for joint action; and
- knowledge leadership and innovation to drive impact through knowledge sharing and use of novel diagnostic, treatment, prevention and information technologies and programmatic approaches.

Key examples of differentiated response approaches include the focus on western and central Africa, as a region of unmet need. UNICEF took the lead in developing guidance and tools to support data-informed, evidence-based interventions at national and district levels for PMTCT programmes and for paediatric and adolescent key population programmes.

Strengthened partnerships include those with other Cosponsors and stakeholders to better advocate for child and adolescent-centred programming in the HIV response. Under the Division of Labour, UNICEF co-convenes work on elimination of mother-to-child transmission and sustaining mother's health and well-being (SRA2) with WHO and on empowerment of young people especially adolescent girls and young women and their access to HIV combination prevention (SRA3) with UNESCO and UNFPA.

For the Global HIV Prevention Coalition and the Stay Free Partnership, UNICEF co-leads with PEPFAR work on prevention among adolescent girls and young women. Through its strategic partnerships, UNICEF supported:

- the introduction of point-of-care early infant diagnosis;
- use of HIV self-testing together with pre-exposure to prevent HIV among adolescents at risk;
- strategic use of digital innovation, including use of UNICEF's U-report SMS platform to engage, inform and engage young people on HIV prevention; and
- other innovations such as index family-based testing to identify undiagnosed children of adults living with HIV.

Although those four approaches were applied in an interlinked and complementary manner across UNICEF's HIV programme, this report focuses on integration. The complementarity and potential for double dividends is apparent for HIV and early childhood development, HIV-sensitive social protection, HIV and TB, HIV and chronic health conditions in childhood and adolescence, and HIV-responsive education services. However, the outcomes and costs of direct or indirect HIV programming within other sectors are not being systematically tracked, unless funded with HIV core resources.

To support countries to advance towards the global 95–95–95 targets for HIV treatment of children and adolescents, UNICEF in 2019 leveraged its multiple child platforms to improve access to HIV testing, link children and adolescents to HIV services, and strengthen the family and community systems to retain them in care. This included work undertaken to integrate HIV testing in child immunization services in Malawi and malnutrition clinics in Botswana, South Africa and Zimbabwe.

Integration of point-of-care machines in primary clinics in 8 sub-Saharan African countries (Cameroon, Côte d'Ivoire, Eswatini, Kenya, Lesotho, Mozambique, Rwanda and Zimbabwe) reduced turnaround time for infant test results from an average of 55 days to zero days and improved timely HIV treatment initiation rates (92%) in child care facilities. This evidence is informing the introduction of these technologies in western and central Africa, a region with very low paediatric treatment coverage.

UNICEF collaboration with other Cosponsors in Mongolia helped to integrate HIV in an intervention package to improve adolescent mental health and wellbeing. UNICEF worked with the National Social Protection programme in the United Republic of Tanzania to address HIV-related vulnerability in the poorest households and supported work with the education sector in the Democratic Republic of Congo, Myanmar and Namibia to enhance adolescents' access to combination prevention services and culturally sensitive comprehensive sexuality education. UNICEF supported child protection services in Kenya, Lesotho, Malawi, Uganda, Zambia and Zimbabwe to reduce violence against children and gender-based violence.

To better serve adolescent girls and young women, UNICEF's HIV programme closely aligned its support in 2019 to the priorities of the organization's Gender Action Plan. This alignment was facilitated by technical support for the equality and empowerment of adolescent girls and young women. It focused efforts to address key issues in each and every prevention and treatment programme, such as UNICEF-supported cash transfer programmes, which reduce HIV vulnerability, empower girls, address harmful gender norms, keep girls in school and increase girls' economic potential—outcomes that are central to gender equity. The cash transfer programmes combine social protection, economic empowerment, health education for HIV and sexual and reproductive health and adolescent-friendly services.

UNICEF's actions in the aftermath of Cyclone Idai in March 2019 (which hit Malawi, Mozambique and Zimbabwe) exemplify the scope and value of its HIV-related efforts and partnerships in humanitarian crises. UNICEF worked to preserve and sustain access in those countries to basic HIV services, achieving tangible results for people.









In Malawi, mobile units reached 249 695 individuals (134 835 females) with emergency health services including consultations for common illnesses, reproductive health, immunization, family planning and HIV. In Mozambique, 110 404 people in transit centres, mainly adolescents and youth, were reached with essential health, HIV, nutrition and water, sanitation and hygiene services messages. UNICEF also supported the birth registration of 26 924 people. In Zimbabwe, UNICEF reached 1152 (691 females) with psychosocial support and 2152 pregnant women living with HIV with ART; identified and assisted 6 survivors of violence; reached 644 parents/caregivers of children with parenting support initiatives; reached 1475 children and adults (885 females) with awareness messages on child protection; and assisted 37 children living with HIV and with a disability (including 22 girls).

During 2019, UNICEF used [childrenandaids](#) as a knowledge platform, supporting and hosting a wide range of knowledge products and tools, disseminating learning on what works and where for HIV and children, adolescents and pregnant women. However, resource constraints are jeopardizing UNICEF’s capacity to maintain this global role.

Contributing to progress towards the SDGs

Since the launch of the current strategic priorities in 2017, UNICEF’s HIV programme has intensified its efforts to meet its accountabilities for children and HIV. Specifically, UNICEF’s HIV programme is focused on two high-level, interdependent SDG goals:

- Fast-Track the HIV response by 2020 for pregnant women, mothers, children, and adolescents (SDG 3 [health] and SDG 2 [nutrition]); and
- Resilient government and community systems decrease HIV service inequities among pregnant women, mothers, children and adolescents and reduce gender, age and socio-economic HIV-related vulnerabilities (SDG 5 [gender equality], SDG 10 [reduced inequalities] and SDG 16 [peace, justice and strong institutions], as well as SDG 1 [poverty]; 4 [quality education]; 17 [partnerships for the Goals]).

UNICEF HIV programme contributions to the SDGs									
Goal 1: Fast Track the HIV response by 2020 for pregnant women, mothers, children and adolescents			Goal 2: Build resilient government and community system to decrease HIV service inequities among pregnant women, mothers, children and adolescents and reduce gender, age and socio-economic HIV-related vulnerabilities						
Primary		Good health	Primary		Gender equality		Reduced inequalities		Peace and justice
Secondary		Zero hunger	Secondary		No poverty		Quality education		Partnership for the goals

Adolescent girls and young women who live in high HIV transmission settings experience overlapping challenges. Recent evidence¹ highlights key development “accelerators” that extend beyond specific proven interventions to amplify synergies and contributions to address multiple, overlapping vulnerabilities across the SDGs. Taking on board the lessons learned,

¹ Improving lives by accelerating progress towards the UN Sustainable Development Goals for adolescents living with HIV: a prospective cohort study.

the UNICEF HIV programme is committed to pioneering programming that layers prioritized interventions across other multiple aligned targets (e.g. parenting supports, social welfare programme, cash transfers and safe schools programmes) to contribute to several SDGs at the same time.

To advance those goals, UNICEF has forged partnerships to transform and enhance HIV responses targeting children and adolescents. For example, as co-lead with the US President's Emergency Plan for AIDS Relief (PEPFAR) for HIV prevention among adolescent girls and young women in the Global HIV Prevention Coalition and the UNAIDS Stay Free Partnership, UNICEF is maximizing impact in key countries through enhanced coordination of partner responses for more cohesive layering of interventions.

Case study: Reaching adolescent and young mothers through peer mentors in South Africa

The rollout and prioritization of prevention of mother-to-child transmission has averted an estimated 2 million new infections in children worldwide since 2000, 1.6 million of them since 2010. Yet progress across regions and countries has been uneven, and challenges remain in some subpopulations such as adolescents.

In 2016, a multiyear initiative scheduled to run to 2020 was launched in South Africa to address treatment challenges experienced by adolescents living with HIV. At the time, an estimated 36% of the 2.1 million adolescents (10–19 years) living with HIV were accessing HIV treatment services. New infection rates in South Africa have declined but remain unacceptably high, with up to 2000 new high infections among adolescent girls and young women every week. Adolescent girls and young women in South Africa are 8 times more likely to be living with HIV than their male counterparts. Risk factors include age-disparate sex with older partners, early sexual debut, inability to negotiate for safer sex and poor access of young men to HIV testing and treatment. These vulnerabilities are exacerbated by adolescent girls' and young women's inadequate access to information and prevention services in school and at clinics.






UNICEF in South Africa has invested in a novel, integrated programme that provides peer-based facility and community psychosocial and health education support to adolescent girls and young mothers to access PMTCT services, maternal and newborn child health, SRH and nutrition services. Through this initiative, 150 young peer mentors provided important non-clinical, complementary services for PMTCT and maternal and newborn health at 75 facilities.









The peer mentors—some of whom are living with HIV—are recruited from their communities. After two weeks of training and on-site mentoring by supervisory staff, the mentors are paired with clinic nurses and community health workers. The initiative promotes a package of





services, including one-to-one education and psychosocial support on contraceptive use; HIV testing; TB pre-screening; adherence support for ART and follow-up support for retention in care; nutritional assessment and promotion of breastfeeding and non-clinical services, including supporting girls to return to school.

Over a 21-month period, the project enrolled 883 adolescent girls and young women, who were followed for at least 24 months post-delivery. The project improved rates of retention in care (93% compared to 50% baseline); early HIV testing during antenatal care (an average of 79% of first antenatal visits before 20 weeks, which was above the district performance of 59.9% and national performance of 66% during the same period); infant HIV testing at birth (86%, which is above the district rate of 59.8% and national rate of 68.9%) and exclusive breastfeeding.

Knowledge products

	<p>Improving Service Delivery for Infants, Children and adolescents. UNICEF, in collaboration with partners, has developed a framework to help countries around the world improve service delivery for children and adolescents. The framework focuses on service delivery as one of three pillars of an effective HIV response, along with diagnostics and drugs</p>
	<p>Evidence-based practices for retention in care of mother-infant pairs in the context of eliminating mother-to-child transmission of HIV in Eastern and Southern Africa: A summary with guidance for scale-up. This study was commissioned by UNICEF Eastern and Southern Africa Regional Office to document and disseminate evidence-based practices and learning to improve retention in care</p>
	<p>Adolescent-friendly health services for adolescents living with HIV: From Theory to Practice. This technical brief will be useful to HIV programme managers in health ministries and other adolescent-related line ministries, especially those in low- and middle-income countries in sub-Saharan Africa, in implementing, monitoring and evaluating peer-based and adolescent-responsive and -friendly services for adolescents living with HIV</p>
	<p>Advocacy Brief: Breastfeeding and HIV Global Breastfeeding Collective. Led by UNICEF and WHO, the Global Breastfeeding Collective is a partnership of more than 20 prominent international agencies calling on donors, policymakers, philanthropists and civil society to increase investment in breastfeeding worldwide.</p>
	<p>Eliminate mother of child transmission of HIV: An investment opportunity for the private sector. The private sector has a critical role in helping to improve the lives of children around the world, leveraging its expertise and assets to better serve the needs of hard-to-reach children. The private sector has and continues to be much more than a key donor in the response, bringing innovation, efficiency and know-how</p>

	<p>Cyclone Idai: Integration of HIV into the humanitarian response in Malawi, Mozambique and Zimbabwe Case study. In March 2019, Cyclone Idai brought death and destruction to Malawi, Mozambique and Zimbabwe. Each of these countries has a high burden of HIV, which required a priority HIV response. This case study highlights important HIV-specific interventions that were successfully integrated into the emergency cyclone response.</p>
	<p>Prevent HIV in adolescents; An investment opportunity for the private sector. With a proven track record in partnering effectively with the private sector, UNICEF achieves sustainable results for children and adolescents. UNICEF supports a 4T approach—"target, test, treat and train"—for youth at risk of HIV infection.</p>
	<p>Close the HIV treatment gap for children; An investment opportunity for the private sector. With a proven track record in partnering effectively with the private sector, UNICEF achieves sustainable results for children and adolescents. Children and adolescents living with HIV must receive treatment to suppress the virus. UNICEF makes sure interventions are tailored and adapted to the needs of children affected by HIV, and integrates strategies for prevention, treatment and care of HIV into existing health-care systems.</p>
	<p>Key considerations for programming and prioritization Going the “last mile” to eMTCT: A roadmap for ending the HIV epidemic in children. The Last Mile to EMTCT represents a structured and coordinated approach to dramatically reduce the number of new infant HIV infections at the country level.</p>
	<p>Innovative approaches for eliminating mother-to-child transmission of HIV Empowering Clients through peer support: Experiences from community mentor mothers in Malawi and Uganda. The mentor mother approach provides education, psychosocial support, tracking, and follow-up to women living with HIV who discontinue their care, in order to decrease mother-to-child transmission and support women’s right to health.</p>
	<p>Integrated testing for TB and HIV using GenExpert devices expands access to near-point-of-care testing: Lessons learned from Zimbabwe / (French version). This brief summarizes the key findings and lessons learned from Zimbabwe’s pilot implementation, while also highlighting the benefits of integrated testing for clients, health providers and the health system.</p>
	<p>Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV Male Study Circles: Men as Change Agents in Malawi. Male involvement has been shown to increase attendance at antenatal care visits, increase ART initiation, and increase the retention of pregnant women living with HIV on ART. Therefore, male partner involvement strategies have been identified as a promising practice to support PMTCT outcomes.</p>
	<p>Accelerating access to point-of-care viral load testing for pregnant and breastfeeding women living with HIV / (French version). Increased access to ART and treatment monitoring for pregnant and breastfeeding women living with HIV is a priority for promoting health during the pregnancy and post-partum periods, and to minimize the risk of vertical transmission of HIV to their infants.</p>

	<p>Innovative Approaches for Eliminating Mother-to-Child Transmission of HIV “CPN Papa”: Men as Change Agents in the Democratic Republic of the Congo. Male partner involvement strategies have been identified as a promising practice to support PMTCT outcomes in the Democratic Republic of the Congo</p>
	<p>Social Protection and HIV: Research Implications for Policy. This document outlines findings to research on which form of social protection (i.e. cash, care or combinations) reduces HIV risk behaviour.</p>
	<p>HIV-sensitive Social Protection: with focus on creating linkages between social cash transfer programmes and HIV services. UNICEF conceived an intervention, aiming to strengthen the linkages between HIV services and national social protection programmes.</p>
	<p>Dakar Call Renewed Commitment: For the elimination of mother-to-child transmission of HIV and universal coverage for paediatric HIV testing and treatment in West and Central Africa by 2020. At a high-level meeting in Dakar, Senegal in January 2019, UNAIDS, UNICEF and WHO urged countries in Western and Central Africa to strengthen their commitments towards EMTCT and universal coverage for paediatric testing and treatment for HIV.</p>

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