

United Nations Children's Fund (UNICEF)

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



the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million (12.5% of the population).

There are a number of reasons why the public sector has grown so rapidly. One of the main reasons is that the government has increased its spending on health, education and social services. This has led to a large increase in the number of public sector employees. Another reason is that the private sector has not been able to absorb all the new entrants to the labour market.

The public sector has also grown because of the increasing demand for public services. As the population ages, there is a need for more health and social care services. This has led to a large increase in the number of public sector employees.

The public sector has also grown because of the increasing demand for education. As the population grows, there is a need for more schools and universities. This has led to a large increase in the number of public sector employees.

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Achievements

Introduction

UNICEF believes that promoting the rights of the child and caring for the world's children form the foundation of human development. Active in more than 190 countries, it uses its global authority to work with partners at all levels to try to ensure that children have the best start in life and can, as adolescents, flourish in an environment free from poverty, inequality, discrimination and disease. UNICEF, a founding Cosponsor of UNAIDS, is the leading voice for children in the global AIDS response. It aims for a generation in which all children are born free from HIV, and where children and adolescents living with and affected by the virus have access to the treatment, care and support they need to thrive. UNICEF's AIDS response for children strives to ensure that neither age, poverty, gender inequality nor social exclusion determines access to HIV prevention, treatment and care.

Innovative testing strategies

With UNICEF support, lessons learned from best practices in paediatric index case testing (providing HIV testing to children in a family where a father or mother has been found to be HIV-positive) in six countries in West and central Africa (Cameroon, Chad, Côte d'Ivoire, DRC, Nigeria and Togo) were shared across the region, including via a webinar organized with a Kenyan research team.

Operational research on the effectiveness of a family-centred approach in identifying children and linking them to paediatric HIV services was conducted in the DRC. Preliminary results indicate a need for increased interventions and investment to boost awareness and demand, improve uptake of services and retain more children in care. Providers were found to lack counselling skills when disclosing HIV status to children. Also emphasized was the importance of fathers/male guardians knowing their children's HIV status and supporting their lifelong care.

In East Asia and Pacific, UNICEF developed guidelines and programme documents, as well as advocacy and communication, to help adolescents access HIV testing and counselling services. Those efforts included a district municipality services manual jointly developed with UNFPA in Cambodia and the protocol for proxy consent for social workers in the Philippines. In China, UNICEF supported a youth-led HIV testing campaign, which reached 20 000 adolescents in one week.

Access to treatment cascade

In West and central Africa, UNICEF designed a monitoring and evaluation framework to introduce longitudinal monitoring (data on the same subject gathered repeatedly) and evaluation tools for paediatric HIV treatment in four countries (Central African Republic, Chad,

Côte d'Ivoire and Togo), in line with WHO's 2015 strategic HIV guide. Additional funds were mobilized to implement the tools.

In eastern and southern Africa, UNICEF provided technical and programming support to Ethiopia, Kenya, Malawi, Mozambique, Uganda, the United Republic of Tanzania and Zimbabwe to introduce point-of-care diagnostics, including developing an implementation toolkit for countries, facilitating developing country exchanges and learning, and reviewing Kenya's national point-of-care plan.

In Malawi, UNICEF worked with WHO to develop a national paediatric/adolescent HIV road map. This followed on a bottleneck analysis and data abstraction exercise (where a particular body of data is reduced to a simplified representation of the whole) done in 2016 under the "All In" initiative, a partnership for reaching adolescents with specific HIV services. The framework will guide the implementation of interventions that aim to reduce new HIV infections and accelerate access to care and treatment for children and adolescents.

90-90-90 for children and adolescents

In order to strengthen knowledge on delivering effective HIV paediatric services, UNICEF supported operational research on the family-centred approach to improving the treatment cascade, or the care continuum, in the DRC. Findings will inform scale-up in other West and central African countries.

A treatment literacy guide on prevention and treatment of HIV in pregnant women, mothers and children was disseminated in collaboration with the International Community of Women Living with HIV and the global Inter-Agency Task Team. It will equip community health and social workers and parents with knowledge and skills to promote healthy behaviours, dignity and HIV prevention interventions for women and their children. Three Fast-Track countries for child survival (Cameroon, Côte d'Ivoire and Nigeria) began implementing paediatric and adolescent HIV case-finding models, including effective, timely links to treatment. UNICEF helped the Nigerian state of Adamawa pilot the HIV/tuberculosis (TB) screening tool as part of the adapted integrated community case management of childhood illness guidelines and tools.

HIV services in high-burden cities

In East Asia and Pacific, UNICEF engaged in advocacy and with new partners. A five-year work plan with Government and civil society organizations in China addressed HIV prevention, treatment and care for high-risk adolescents, including service gaps, capacity building, and legal, policy and social environments.

UNICEF generated data and provided technical support for the second phase of the “All In” age- and gender-disaggregated data assessment to strengthen national and subnational evidence-informed planning. UNICEF Pacific supported the Solomon Islands in rolling out second-generation sentinel surveillance for HIV and syphilis. The new system provides strategic information to meet global reporting obligations and help guide the HIV and STI programme.

HIV services in humanitarian emergencies

Building on its strong procurement, supply and emergency capacity, UNICEF ensured the continuity of ART services, gender-based violence prevention and care of pregnant women and mothers in humanitarian and fragile settings. Maintaining its advocacy and technical assistance, UNICEF in West and central Africa kept HIV high on the agenda in existing and emerging regional emergency programmes, and provided input to a number of reference documents.

UNICEF, through its regional technical support in eastern and southern Africa, guided the country offices in Lesotho, Mozambique, Namibia, Swaziland and Zimbabwe to improve monitoring of the impact of drought on HIV prevention and treatment, bolster ART adherence and retention strategies, improve case finding by testing children at nutrition treatment centres, and enhance prevention for adolescents in high-burden drought-affected areas. UNICEF mobilized funding to support work in Mozambique and Zimbabwe, and provided technical assistance via a joint HIV and nutrition mission to Lesotho to improve monitoring and programming during a drought.

Medicines and commodities

Technical guidance and expanded partnerships at global and regional levels were used to provide seven countries (Ethiopia, Kenya, Malawi, Mozambique, Uganda, United Republic of Tanzania and Zimbabwe) with the knowledge and skills to develop a policy and regulatory framework to integrate the point-of-care HIV diagnostic technology for early infant diagnosis in national HIV laboratory systems. Supported by the global health initiative UNITAID, the point-of-care project has been extended for four years and expanded to include viral load testing. The DRC and Senegal have also joined.

Through its procurement services, UNICEF in Ukraine provided timely supplies for HIV treatment, including for PMTCT and paediatric HIV services. Savings from UNICEF’s large-quantity procurement allowed the government to reprogramme the emergency fund grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to obtain additional antiretroviral medicines (ARVs) for a total amount of almost US\$ 1.14 million, thereby increasing treatment access for patients. This included ARVs for 3,000 children who

previously lacked access to paediatric formulations. UNICEF-procured ARVs also ensured uninterrupted supplies for up to 45 000 patients receiving treatment in Ukraine.

Comprehensive eMTCT services

UNICEF in West and central Africa supported five countries (Cameroon, Chad, DRC, Mali and Sierra Leone) to expand decentralization and integrate PMTCT in maternal, newborn and child health programmes, thereby Fast-Tracking effective coverage. With additional funding from Norway and Sweden, the Option B+ project to strengthen facility-community links for access to PMTCT services and retention in care was evaluated in the former province of Katanga in the DRC and Côte d'Ivoire, with findings influencing the roll-out of Option B+.

UNICEF supported seven countries (Ethiopia, Kenya, Malawi, Mozambique, Uganda, United Republic of Tanzania, and Zimbabwe) to introduce point-of-care diagnostic technology to monitor viral load. Routine viral load tests improve treatment quality for children and adults on ART, and increase access to early infant diagnosis in hard-to-reach areas. With UNICEF guidance and policy advocacy, a national forum on eMTCT and paediatric ART was held in Cameroon, while Ghana launched a policy and guidelines review to improve HIV integration in reproductive, maternal, newborn, child and adolescent health services.

A unique ID assessment (national patient identifier system) in Cambodia, Lao People's Democratic Republic and Myanmar contributed to a regional community of practice through improved case management and longitudinal reporting across the continuum of care to address loss to follow-up, and over/under reporting. Lessons were learned in adopting sustainable information and communications technology with government buy-ins; a web-based patient management system to be tested and scaled up across Myanmar will improve HIV care and data management for ART.

In support of *Start Free Stay Free AIDS Free*, UNICEF supported several countries in eastern and southern Africa to review programmes and develop plans to move towards eMTCT. UNICEF and WHO conducted a joint mission to Rwanda to support the Government in developing its 2016–2018 eMTCT plan. Remote support was provided to Kenya, Lesotho, Malawi and the United Republic of Tanzania. UNICEF also continued to give technical and programming assistance to Malawi and Uganda to strengthen Option B+ programming, including retaining more pregnant women and mothers living with HIV and their babies in care, through innovative community-facility links, male involvement and longitudinal monitoring. This work will be documented and shared throughout the region during 2017.

Combination prevention

UNICEF worked with UNITAID on the provision of pre-exposure prophylaxis (PrEP) for older adolescents who are at substantial risk of HIV infection, through a US\$ 38 million grant for

Brazil, South Africa and Thailand. At demonstration sites, service providers were trained in expanding services for adolescent girls and men who have sex with men, and in strengthening prevention among key populations. They were also familiarized with clear guidelines to ensure that PrEP is delivered safely in accordance with the latest global recommendations.

UNICEF technical input on generating data led to an HIV biobehavioural survey focusing on adolescents and youth in four countries in South Asia (Bangladesh, Maldives, Nepal and Pakistan) and generated new data in an adolescent assessment and decision-maker tool in Nepal.

In UNICEF's Middle East and North Africa region, the "All In" initiative to reach young people in Djibouti, Iran, Morocco, Tunisia and the United Arab Emirates resulted in national strategic frameworks based on the adolescent and HIV situation assessments. Eight countries in West and central Africa (Burkina Faso, Cameroon, Chad, Côte d'Ivoire, DRC, Gabon, Guinea-Bissau and Nigeria) endorsed the initiative in 2016, and rolled out the adolescent assessment and decision-makers tool, part of "All In"'s global toolkit. UNICEF in eastern and southern Africa worked to empower and engage adolescents, especially girls, through the "All In" process. The work entailed pre-consultations and induction sessions to equip leaders of adolescent networks to have air their views in public health forums in the Tanzanian mainland and Zanzibar (with UNFPA and UNAIDS), as well as bottleneck analyses in Namibia (with UNAIDS). Adolescents took part in "All In" processes in Kenya and Rwanda with support from UNICEF country offices.

Youth health and education needs

With UNICEF technical and financial support, Youth LEAD, an Asia Pacific network of young key populations, developed the TeenGen leadership curriculum for at-risk adolescents aged 13–17 years. Training is being rolled out during 2017 in priority countries in Asia and the Pacific. In 2016, on Chinese Valentine's Day, UNICEF, UNAIDS and UNFPA partnered with the China Center for Health Education to mobilize youth and community organizations to conduct an online survey, which generated more than 5,700 responses. Findings were analysed and shared via youth networks, informing community action to promote condom use. In addition, more than 140 student volunteer groups provided HIV and SRH education, bringing the safe sex message to 30 000 rural teens and helping dispel myths about HIV.

Responding to increasing concern about HIV among adolescents in Mongolia, UNICEF introduced adapted training modules on STIs and HIV prevention, enabling peer educators to reach 4,000 students with key messages. The outreach experience was presented at a regional forum and selected for replication in six provinces with local government support. In Thailand, the joint UNICEF-Path2Health e-platform provided SRH information to more than 20 000 adolescents, and online counselling to 4,600.

UNICEF Philippines and various partners rolled out a prevention strategy to improve knowledge, access to testing and condom use among young key affected populations in that country. The strategy formed part of the “All In” initiative and was piloted in Quezon City. It included integrating HIV discussions in grade 8 health classes at four schools, using reference material developed by the national Education Department’s Division of City Schools, the Quezon City Health Department, the Department of Health, UN agencies, civil society and youth groups. Teachers and counsellors received HIV training to reduce their discomfort with discussing certain topics with students. They were also briefed on conducting risk assessments, making referrals for accessing condoms and free HIV testing and counselling.

HIV services for key populations

UNICEF in western and central Africa sustained its technical assistance and advocacy in 2016, and succeeded in positioning the human rights of migrants and asylum seekers high on the agenda of a European Asylum Support Office conference in Malta. Office staff members were sensitized to the issues, based on events and experiences from the West and central Africa region. UNICEF also presented on the practice of child marriage in the region, and its impact on the SRH of girls and migrants. As a result, the research group on asylum seekers from West and central Africa in Europe was made aware of human right issues pertaining to child marriage, its prevalence in western and central Africa (among the highest in the world) and on related vulnerability to HIV.

UNICEF, along with the Global Fund, UNAIDS and UNFPA, supported a fifth round of integrated biological and behavioural surveillance (IBBS) in Pakistan. Mapping was completed in 2015, and surveillance and field-team training was conducted in 23 cities in 2016. For the IBBS, the minimum age of respondents was reduced to 13 years to generate data on adolescent key population, and inform evidence-based HIV services.

Rapid tests for HIV are being introduced at youth-friendly centres targeting at-risk adolescents in the Islamic Republic of Iran, with support, advocacy and capacity building from UNICEF. A community-based model programme was designed with the Iranian Red Crescent Society for adolescents at higher risk of sexual transmission of HIV associate with the use of amphetamine-type stimulants.

Women and girls

In Thailand, UNICEF supported national partners to develop a web-based surveillance system and database to track teenage pregnancy. In western and central Africa, an innovative family-centred approach was included in the national HIV paediatric plans of six countries (Cameroon, Chad, Gabon, Ghana, Liberia and Nigeria) to involve men in the health care of family members, particularly mothers during pregnancy and breastfeeding.

Gender-based violence

In 2016, UNICEF, together with the U.S. Centers for Disease Control and Prevention, provided technical support to countries in eastern and southern Africa for national prevalence surveys on violence against children, including analysing links between violence and HIV. In Botswana, voluntary HIV testing was part of the survey. UNICEF provided significant technical assistance for training interviewers and team leaders, and in Uganda, also in the preliminary analysis of results. The survey included oversampling of adolescent girls to correct for bias in the original dataset. Findings will be used as part of an advocacy tool to increase access to prevention and response services related to violence against children, and to make referrals to HIV services.

Technological and service delivery innovations

UNICEF used mobile technologies to increase demand for HIV services and to monitor their use. Its “U-Report”, for example, is a ground-breaking social messaging tool that encourages young people globally to speak out on what matters to them. “U-Report” has 2.4 million registered users and is live in more than 25 countries.

The use of digital platforms appears to be encouraging young people to engage more openly about sexual health issues. Other projects include Mwana in Zambia and MomConnect in South Africa, as well as mobile health clinics for gay and transgender boys and girls in Brazil, and the HIM project for gay and bisexual adolescent boys in Bangladesh. They are strong examples of how UNICEF’s innovative work has provided the proof of concept that governments need to adopt and scale up effective HIV prevention and treatment for adolescents.

In Ukraine, UNICEF supported the development of an online app featuring a virtual reality sexual encounter between two adolescents. It was developed as part of efforts to promote safer sex and HIV testing among adolescents, and led to more than 100 000 requests for information on HIV and/or an HIV test. Lesotho has also used information and communications technology to encourage young people to donate blood and take an HIV test.

In India, UNICEF continues to support a virtual paediatric HIV telemedicine initiative (remote diagnosis and treatment), by linking paediatric centres of excellence with peripheral ART centres in Maharashtra and Karnataka states, leveraging government capacity. A proof-of-concept study, carried out with technical support from UNICEF, has shown significant differences in the quality of paediatric HIV care between ART centres that are linked to telemedicine and those that are not linked.

HIV-sensitive social protection

In an effort to guide dialogue on HIV-sensitive social protection, UNICEF in eastern and southern Africa has collaborated with the University of Oxford in England to produce six policy briefs on social protection outcomes for children infected and affected by HIV.

On social protection programming, UNICEF's work in eastern and southern Africa helped strengthen inclusive, HIV-sensitive systems in Malawi, Mozambique, Zambia and Zimbabwe. In East Asia and the Pacific, the UNICEF regional office supported multisectoral visits in Indonesia to monitor the implementation of HIV law and a national action plan for children affected by AIDS, with a focus on education. Recommendations addressed inadequate sectoral coordination, inconsistent data and limited awareness of HIV law, and the need for inclusive education for affected children.

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org