

United Nations Children's Fund (UNICEF)

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



Contents

Achievements	2
UNICEF's main strategies and core approaches	2
Highlights of HIV programming results for children, adolescents and mothers in 2016 – 2017	3
Key achievements by Strategy Result Area	5
Innovative testing strategies programmes	5
Access to treatment cascade	5
90-90-90 for children and adolescents	6
Fast-track HIV services in high burden cities	7
HIV services in humanitarian emergencies	7
Medicines and commodities	8
Comprehensive eMTCT services	8
Combination prevention	8
Youth health and education needs	9
HIV services for key populations	9
Gender equality	10
Gender-based violence	10
Technological and service delivery innovations	10
HIV-sensitive social protection	11

Achievements

UNICEF's main strategies and core approaches

Review of the progress and the gaps in the AIDS response in 2017 allows for a more nuanced view of the HIV situation that can in turn drive a differentiated approach to programming. Across all three of UNICEF's programmatic areas – PMTCT, paediatric treatment and prevention of HIV infection among adolescents, data trends show that countries and regions are facing very different HIV epidemics in terms of scale, impact, progress and needs – underscoring the context-specific nature of the challenge and the required response.

The relative success of PMTCT service scale-up is evidenced by the fact that from 2015 to 2016, the share of pregnant women living with HIV who received effective ARVs for PMTCT increased in all six regions comprising most of the developing world. Overall however the increases were modest suggesting that we need to go beyond just focusing on initiating ART in pregnant women and extend the work of PMTCT programming to preventing incident HIV in pregnant and breastfeeding women and ensuring that, once started, women are retained and care and remain adherent to treatment for life. Children continue to acquire HIV despite prevention efforts, and their access to ART is lower than that of their mothers. Identification of these children remains challenging. Regional trends in paediatric ART coverage varied as well, but in all regions, coverage was and continues to be significantly lower among children than adults. The one exception is the Middle East and North Africa, where coverage is generally low, but rates are higher among children than among adults. A notable concern is the recent slow pace or even stalling of improvement in some regions since 2014. The share of children aged 0–14 years living with HIV who are on ART was at 53% in Latin America and the Caribbean in 2016, which was about the same share as the previous two years. The situation is similar in South Asia, where the 33% coverage level in 2016 has barely changed since 2013. In terms of the second decade of life, progress has been modest at best. Only about one third (36%) of adolescents aged 10–19 years who were living with HIV had access to ART in 2016. Prevention efforts among adolescents have struggled to show impact and the rate of new HIV infections in this age group has barely declined since 2010.

The disparities between regions and the relatively stagnant progress between 2015 and 2016 drove UNICEF in 2017 to rethink its [approach and implementing strategies with a sense of new urgency](#). UNICEF began to introduce a **needs-driven, risk-informed and differentiated HIV/AIDS programme** strategy, which was no longer business as usual. This program approach is founded on four pillars: a) data and evidence for a differentiated context-specific response, b) program integration for sustained results, c) partnership for innovation and d) knowledge leadership for global learning. UNICEF's value-add as a trusted broker with partners, especially at district and community level, moved the needle in all four of these areas to generate greater gains in HIV outcomes for children, adolescents and pregnant women at regional and national level. Through the efforts of UNICEF and partners, children and adolescents worldwide in 2017 continued to benefit from expanded access to HIV treatment and prevention services and support. The gains have been uneven, however – a situation that highlights the opportunities and challenges moving forward as countries scale up their responses.

Highlights of HIV programming results for children, adolescents and mothers in 2016 – 2017

Throughout 2017, UNICEF continued to be central to global, regional, and national efforts to strengthen, expand and sustain HIV responses among children and adolescents worldwide. Based on the priorities outlined in the UNICEF 2014–2017 Strategic Plan, the organization has focused its technical support, learning and expertise on both the first and second decades of life.

The achievements of UNICEF and partners in supporting pregnant and breastfeeding women are particularly notable. By the end of 2017, a total of 10 countries and territories had been validated by WHO for eliminating mother-to-child transmission (eMTCT) of HIV. Many others are nearing this milestone, including several countries in sub-Saharan Africa with relatively high HIV burdens.

Strong, consistent prioritization and planning in programs to deliver PMTCT services resulted in three quarters of all pregnant women living with HIV having access to effective antiretroviral medicines (ARVs) in 2016 (the latest year for which data were available at the time this report was being written). The impact has already been tremendous, driven in large part by the coordinated, collaborative work of UNICEF and partners in rolling out the “Option B+” or “Treat All” policy in which all pregnant women are tested for HIV and immediately initiated on ART if they are found HIV-positive. An estimated 1.6 million new infections have been averted since 2010 due to the direct benefits of Treat All programming, including expanded access to the most effective ARVs and other PMTCT services, such as adherence and retention support for new mothers during and after breastfeeding.

The 'last mile' of ending mother-to-child transmission of HIV worldwide is a longstanding priority for UNICEF and will present a major challenge, but the recent (and ongoing) rapid scale-up of access has put this global health goal within reach. With this in mind, UNICEF in 2017 focused considerable attention on regional gaps and differences that are often obscured by the more optimistic global figures that signal success toward many PMTCT targets and indicators. West and central Africa is one such focus region. Pregnant women's access to effective ARV regimens for PMTCT, at just 49%, lags far behind the global statistic. The West and central Africa (WCA) region also has not fared as well in other critical areas relevant to the HIV response over the first decade, including EID – as evidenced in the relatively low share (20%) of infants born to women living with HIV who received a virological test for HIV within two months of birth. That level of coverage is less than half the global coverage of 43% in 2016, a level that itself is viewed as representing a poor response.

UNICEF's efforts in this region helped to galvanize support for a WCA "Catch-up Plan", endorsed at an Africa Union Summit in July 2017, which includes several goals of direct relevance to children, pregnant women and mothers. One major goal that UNICEF and its partners greatly contributed to in 2017 – and will continue to do so in 2018 – is to double the number of children (aged 10-14) on ART by the end of 2018 compared with 2016.

Successes and progress in the second decade have been more modest in general. Only about one third (36%) of adolescents aged 10–19 years who were living with HIV had access to ART in 2016. Prevention efforts among adolescents have also struggled to show impact and the rate of new HIV infections in this age group has barely declined since 2010.

UNICEF's response is driven by a sense of urgency that is at the core of the All In to End Adolescent AIDS initiative ('All In') launched by UNICEF with UNAIDS in 2015 and ramped up in 2017. All In is aligned with a series of 'super-fast-track' targets to be reached by 2018 and 2020. Target-setting and awareness-raising have helped to stimulate additional partner and government resource allocations aimed at HIV prevention and treatment among adolescents. New and innovative technologies and interventions offer renewed hope that with increased attention and support, a wide range of options can promote substantial improvements in every context. Countries' efforts to meet the UNAIDS Fast-Track targets, with their 90-90-90 treatment targets, depend on such a trajectory.

In 2017, for example, UNICEF and partners joined efforts to expand availability of and access to point-of-care (POC) diagnostic technologies, PrEP and social media solutions. The organization has sought to use such innovative approaches, as well as improved data gathering and analysis, to better understand and respond to gaps that are associated with social, economic, legal and cultural factors.

Adolescent girls and young women are a case in point. Their heightened vulnerability to HIV is evident globally and especially in sub Saharan Africa. No country in that region can have

an effective, sustained HIV response that clearly moves toward 'ending AIDS' without aggressively tackling all the barriers that make it so difficult to safeguard the health and overall well-being of adolescent girls and young women.

UNICEF in 2017 broadened and deepened its efforts to respond to these complex challenges in multi-faceted ways. Social protection programs, many of which include cash transfers, are one approach that has been shown to lower HIV risk and vulnerability among adolescents (especially girls) and improve adherence and retention. Diversity is also seen as critical in how and where services are delivered; for example, peer-led support provided by communities can often be more acceptable and friendly for young people. By embracing and initiating cross-cutting approaches, UNICEF has been delivering on the integration that is envisaged by the SDGs. Although HIV is not a top-line target, the progress that is made toward several of the SDGs will directly affect children, pregnant women and adolescents living with or highly vulnerable to HIV.

Key achievements by Strategy Result Area

Strategy Result Area 1: Children, adolescents and adults living with HIV access testing, know their status and are immediately offered and sustained on affordable quality treatment

Innovative testing strategies programmes

In 2017, UNICEF supported national and community level efforts to increase demand for HIV testing and implement a strategic mix of facility and community-based approaches to achieve the 90-90-90 targets. For example, in East Asia and the Pacific, UNICEF supported the re-engineering of HIV testing and treatment models, including integrated national testing and service delivery approaches that increase access to HIV testing. Examples include the O2O initiative targeting adolescents in China; enhanced MNCH platforms for pregnant women, people with TB and key populations in Indonesia; mass testing initiatives at public festivals and gatherings in Myanmar; and proxy consent in Philippines.

In eastern and southern Africa (ESA), UNICEF is introducing new POC HIV diagnostic technologies to improve access to early infant HIV diagnosis in seven countries, and is providing an opportunity to integrate infant testing with viral load testing and TB diagnosis in Malawi, Mozambique and Zimbabwe.

Access to treatment cascade

In both ESA and WCA regions, UNICEF supported policy and strategy development during 2016-2017, targeting children, adolescents (especially girls and young women) and pregnant and breastfeeding women, in collaboration with WHO. The overarching goal was to align

national HIV treatment policies with global guidelines to achieve the 90-90-90 treatment targets.

In 2017, UNICEF invested in strengthening health and community systems in both regions as well as in data quality assessment; revision, development and dissemination of HIV guidelines and standard operating procedures (especially in low performing districts); and promoting strategic service integration to improve the treatment cascade for girls and young women – through the integration of HIV into nutrition and sexual and reproductive health services (in Cameroon, Kenya, Lesotho, Malawi, Namibia, Swaziland and Zambia).

In concentrated epidemics, UNICEF supported the development of systems to monitor metrics for improving quality of care in the private sector, through an electronic Patient Management System. This resulted in increased linkages to care and reduced loss-to-follow up in Myanmar as well as enhanced linkages to peripheral antiretroviral treatment centres for quality paediatric HIV/AIDS care in India. Meanwhile, evidence informed response planning - supported through integrated bio-behavioural surveys and a better understanding of the epidemic and patterns of spread of HIV from key populations to the general public - was achieved in Pakistan and the Maldives.

In Europe and Central Asia, UNICEF continued to support capacity building of HIV Paediatric and Adolescent care providers, through horizontal cooperation seminars, which brought cutting edge knowledge on HIV care and treatment to the region.

90-90-90 for children and adolescents

In 2017, in Europe and Central Asia, UNICEF's work to engage adolescents, especially those living with HIV, in leadership programmes has increased their participation in decision-making processes and enabled enhanced peer-to-peer support and strengthened community systems. In Latin America and the Caribbean, UNICEF also collaborated with civil society organizations to strengthen mentorship and peer support programmes for 'teen mothers' to provide them with treatment literacy and other life skills needed to improve adherence to medication.

UNICEF continued to provide additional support and services for adolescents living with HIV in Russia, Ukraine and Tajikistan, by producing and translating the Adolescents & HIV manual into the local language and distributing it to health workers providing psychosocial support.

In ESA, UNICEF applied differentiated programming approaches to yield various outcomes. In Malawi male community engagement programs called 'male motivators' were put in place to increase uptake of HIV and SRH services and promote PMTCT services. In South Africa, an automated system sending customized infant HIV results enabled district program managers to track HIV positive infants and follow up on early ART initiation. The UNICEF U-

report platform was used to enable collection and communication of age and sex disaggregated data on peer educators outreach activities and the utilization of HIV and SRH services in Zambia. An HIV/TB integrated community case management model in Nigeria also demonstrated that the community is an important entry point to screen and link children-at-risk for TB and HIV.

Fast-track HIV services in high-burden cities

UNICEF assisted selected high-burden cities and urban areas to improve and expand service delivery and access for people living with and most affected by HIV, including vulnerable adolescents. In 2017, this was achieved through engagement with municipalities in urban settings. For example, through the Mayor's initiative (Kyiv-Ukraine) and the implementation of the Youth Aware Strategy (Rio de Janeiro, Brazil), where efforts were made to increase adolescents and youth access to HIV testing, immediate initiation ART and treatment retention.

UNICEF also contributed to strengthening political leadership through high-level advocacy, communication and consultations, especially with youth and adolescents, including through data-driven assessments and community mobilization (Abidjan, Cote d'Ivoire and Yaoundé, Cameroon). In 2017, UNICEF additionally provided technical support to develop service delivery models targeting vulnerable adolescents (Jakarta, Indonesia) and scaled up psychosocial support and ART retention interventions for children and adolescents living with HIV (Dar es Salaam, Tanzania).

HIV services in humanitarian emergencies

An area of focus for UNICEF in 2017 was addressing HIV in humanitarian settings in Eastern and Southern Africa, to meet its Core Commitments for Children in Emergencies. Comprehensive HIV programming during a drought in Zimbabwe, including an integrated vulnerability assessment, led to cross-sectoral programming with other UNICEF Sectors (including Health, Water, Sanitation and Hygiene, Nutrition and Protection).

UNICEF supported HIV testing while providing nutrition treatment services, traced lost-to-follow-up cases in ART clinics and continued HIV education in communities. Furthermore, UNICEF's Nutrition and HIV Sectors have been collaborating to improve both health and nutrition outcomes of children, including in emergency settings.

In Malawi, support has been provided to the institutionalization of HIV testing and linkage to HIV treatment in community nutrition rehabilitation centres. As part of post-disaster support in Malawi, UNICEF also used communication for development approaches to address sexual abuse, transactional sex, forced marriage and parental neglect among adolescent girls and boys affected by floods. In Nigeria UNICEF provided procurement of HIV test kits for

pregnant women and returnees in camps. Support was also provided to link them to care and treatment. A multi-sectoral collaboration was facilitated to address HIV vulnerabilities of adolescents and youth and the “Adolescent Kit for Expression and Innovation in Emergencies” was rolled out in 2017.

Medicines and commodities

During 2017, UNICEF continued supporting the provision of life-saving HIV treatment and diagnostics for people living with HIV in the non-government-controlled areas of Ukraine. UNICEF delivered 56 tonnes of antiretroviral treatment and commodities, valued over USD 4.7 million, in order to support the development of national procurement and supply management systems for ARVs and ensure continuity of services for populations in need.

Strategy Result Area 2: New HIV infections among children eliminated and their mothers’ health and well-being is sustained

Comprehensive eMTCT services

In response to renewed efforts driven by the UNAIDS Start Free Stay Free AIDS Free Framework, UNICEF and partners are supporting 23 high-burden countries in sub-Saharan Africa, India and Indonesia, to align national and global targets as well as to define how to reach them. In these countries, UNICEF is supporting better use of data to advance differentiated PMTCT responses to further drive down infections. For example, in South Africa, with over 95% of pregnant women living with HIV receiving effective ARVs in 2016, UNICEF supported introduction of district level monitoring of key PMTCT indicators, through data dashboards to identify low performing areas, to address programme bottlenecks.

To improve retention of women in PMTCT care, UNICEF is also supporting the use of SMS clinic appointment reminders (MomConnect) in South Africa to improve retention in care. In Cote d’Ivoire, DRC, Malawi and Uganda, UNICEF, supported intensification of peer support and defaulter tracing through community mentor mothers. These efforts have demonstrated increased uptake of services and better retention in care.

Strategy Result Area 3: Young people, especially young women and adolescent girls, access combination prevention services and are empowered to protect themselves from HIV

Combination prevention

In order to advance targeted combination prevention among adolescents in ESA, in Zambia, UNICEF supported a bottleneck analysis of the 'condom use cascade', followed by condom

campaigns through radio, U-report and other platforms as well as distributing condoms through a peer education system.

UNICEF also supported governments to leverage specific funding from the Global Fund to operationalize programmes for adolescent girls and young women who are at risk of HIV in 13 countries in Africa. UNICEF supported applications, country level analysis and prioritization and is supporting implementation of evidence-based prevention, treatment and care for adolescent girls and young women.

In East Asia and the Pacific, UNICEF co-hosted a capacity development workshop for government health policymakers, community outreach workers, adolescents/young key populations and health service staff from China, Indonesia and the Philippines. The workshop contributed to improving knowledge and understanding on innovative technologies and novel service-delivery approaches, including PrEP, HIV self-testing and community-based testing to reach at-risk adolescents.

Youth health and education needs

In 2017, based on the result of the “All In” analyses, UNICEF continued to work with countries to provide policy and technical support to revise national and subnational HIV response plans and define evidence-based service delivery packages. These packages are tailored to the needs of adolescents and young people and gaps in the response. Examples of such support include Cash Plus Programmes in Tanzania, to improve access to and retention in services and support to Teen Hubs in Jamaica.

UNICEF also engaged in mass communication in 2017, reaching over 500 000 young people in South Asia, including in Afghanistan, Bangladesh, India, Nepal and Pakistan with HIV-related messages, through digital social media using the #WetheFuture platform on Facebook and Twitter.

Strategy Result Area 4: Tailored HIV combination prevention services are accessible for key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people and prisoners, as well as migrants

HIV services for key populations

UNICEF provided support to programming for vulnerable adolescents and young key populations through different context-specific projects. In Indonesia, LOLIPOP improved linkages to services, including HIV testing for young key populations. In Myanmar, UNICEF supported increased access to HIV testing, prevention and treatment services among adolescents and young key populations, including those who identified as transgender.

Meanwhile, in Malawi, the “I am clever, intelligent, and sharp” campaign encouraged young men who have sex with men to practice safe sex and take actions to know their HIV status. In Iran, Adolescent Wellbeing Clubs known as ALL IN Centres provided SRH and HIV testing services and offer substance abuse prevention and life skills education. In Bangladesh, UNICEF in partnership with CBO conducted HIV awareness sessions for migrant workers and tackled the HIV issue in the context of migration.

Strategy Result Area 5: Women and men practice and promote healthy gender norms and work together to end gender-based, sexual and intimate partner violence to mitigate risk and impact of HIV

Gender equality

Highlighting the importance of programming for economic empowerment to reduce vulnerability among adolescent mothers, UNICEF’s technical and financial support in 2017 to initiatives such as “I Am Alive” (Jamaica) resulted in improvements in knowledge and contraceptive use, improved self-reported quality of life and feelings of empowerment amongst its beneficiaries. Similarly, the provision of girls’ sports for development programmes, psychosocial and treatment adherence support through 'Teen clubs' in Malawi and Namibia improved HIV, SRH knowledge, skills and service uptake. Results also included use of modern contraceptives and decreased alcohol and drug use among HIV positive adolescent girls. With UNICEF’s support, Cote d’Ivoire, DRC, Malawi and Uganda documented promising practices for enhancing positive male partner involvement in PMTCT/SRH.

Gender-based violence

In ESA and WCA, UNICEF support included GBV prevention and skills building in humanitarian setting as well as GBV prevention and life skills education for out-of-school adolescents through peer education programmes. Development of core packages for GBV and violence prevention services was also undertaken as part of the HIV combination prevention strategy targeting adolescent girls and young women.

Strategy Result Area 7: AIDS response is fully funded and efficiently implemented based on reliable strategic information

Technological and service delivery innovations

In WCA, five countries adapted innovative mHealth approaches (U-Report SMS) to bridge knowledge gaps and increase uptake of HIV services. In Cameroon, Côte d’Ivoire, the DRC

and Nigeria, UNICEF advocated for increased allocation of resources towards high-burden geographic areas, through its “All In” Initiative. In subnational operational plans, these countries have introduced innovative approaches to identify adolescents and young people who are most vulnerable and at higher risk of HIV and track their utilization of high-impact HIV prevention services.

In Thailand, the digital platforms Love Care Station and LINE, as well as We Chat in China, were used to provide adolescent friendly knowledge on sexual reproductive health, HIV and counselling. A respondent-driven sampling (RDS) survey also used We Chat as a platform to collect data on adolescent men who have sex with men aged between 15-19 in China. In ESA, UNICEF continues to expand and improve U-Report platforms for interactive HIV and SRH support for adolescents and young people in several countries.

Strategy Result Area 8: People-centred HIV and health services are integrated in the context of stronger systems for health

HIV-sensitive social protection

Building on promising evidence that unconditional cash transfers can have an impact on sexual behaviour and risk-taking when poverty is a driving factor, UNICEF is supporting governments in ESA to strengthen linkages between social protection programmes and HIV outcomes for prevention, treatment and care. HIV-Sensitive Social Protection programmes (funded from non-core UBRAF funds) provided an opportunity to integrate HIV-sensitive interventions (C4D, case management and referral systems, community peer approaches) within existing cash transfer programming in Malawi, Mozambique, Zambia and Zimbabwe.

In Tanzania, UNICEF has conceptualized and is supporting implementation of a “cash plus” programme, which builds on the national government cash transfer programme, with additional components for livelihoods and economic empowerment education on SRH, HIV, GBV prevention; and linkages to services.

Using UNICEF’s comparative advantage in broader issues affecting adolescents, it promoted integrated case management as an entry point to reach children affected by or living with HIV, in order to offer a comprehensive package of services and referrals. In West Africa, technical guidance to promote HIV-sensitive social protection policy, contributed to the development of HIV-sensitive social protection policies in ten countries

UNAIDS

20 Avenue Appia
CH-1211 Geneva 27
Switzerland

+41 22 791 3666

unaids.org