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Unified Budget Results and Accountability Framework
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Organizational report 2018

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Key strategies and approaches

Ending AIDS as a global public health threat is a longstanding priority that has been at the centre of UNICEF work for more than three decades. Although the level and extent of the risks vary, HIV is a threat to the health and well-being of children and adolescents wherever they live. Eliminating this threat continues to be an essential part of UNICEF efforts to improve children's ability and opportunity to survive and thrive, the object of goal area 1 in the UNICEF 2018–2021 Strategic Plan.

In 2018 the UNICEF strategic approach in programming towards the eight SRAs has been to act as a convener with partners further upstream from direct service delivery. As a promoter of innovative approaches that are tailored to national and subnational contexts, UNICEF has worked in collaboration with a range of United Nations agencies and implementers, including governmental, academic and nongovernmental organization actors, to design and implement interventions in three broad categories: expanding and strengthening community-based demand and service delivery, building stronger institutions, and leveraging collective action.

In each of these, UNICEF engagement typically includes technical assistance and guidance on systems strengthening; assessment and quality improvement of programmes; support for policy-making and planning, including target-setting, data collection and analysis at national and subnational levels; data-driven advocacy; and holding countries to account and leveraging resources, such as working to convince governments, funders and other partners to redirect investment to where needs are greatest.

The holistic approach of UNICEF to ending AIDS among pregnant women, mothers, children and adolescents through integrated and intersectoral engagement models has been the foundation of its influence in a range of areas affecting HIV outcomes. Significant approaches adopted by UNICEF in 2018 relate to adolescent development and participation, a longstanding programme to create conditions for adolescents to be involved directly and extensively in all phases of the adolescent-targeted HIV initiatives it supports; the UNICEF communication for development strategy, which emphasizes changing attitudes, behaviours and norms that contribute to, and thus perpetuate, the conditions that drive vulnerability to HIV among all adolescents and among girls in particular; early childhood development and good parenting approaches that mitigate the detrimental effects of neurocognitive and developmental delays experienced by infants and children exposed to, living with or affected by HIV; and gender-responsive analysis to better understand and respond to gender drivers of HIV epidemics, including early and forced marriage, gender-based violence, unequal access to information (including sexual health knowledge), and lack of negotiating power and economic autonomy, which affect girls and women in many countries.

HIV is a fundamental component of UNICEF work to improve health and well-being from pregnancy to adolescence. UNICEF in 2018 played a crucial role in promoting, supporting

and sustaining progress in the HIV response among pregnant women, mothers, children and adolescents. It has also continued to raise awareness about and energize action in response to results and trends that indicate waning progress, setbacks and shortcomings in the HIV response.

Highlights of results

To accelerate testing and treatment for children living with HIV, UNICEF, in partnership with national governments, the Clinton Health Access Initiative (CHAI), Unitaaid, the United States President's Emergency Plan for AIDS Relief (PEPFAR), and United Nations partners, prioritized work on family-based index testing in 2018. This approach prioritizes the testing of all children and adolescents in the family of an adult living with HIV. In addition, UNICEF emphasized scale-up of early infant diagnosis of HIV in infants exposed to HIV in sub-Saharan Africa, including through the use of point-of-care technologies. Both of these interventions help to identify children and adolescents living with HIV who can then be provided with antiretroviral therapy.

To eliminate new HIV infections among children and sustain their mothers' health, UNICEF in 2018 promoted a more differentiated approach to addressing critical gaps in the prevention of mother-to-child transmission based on data analysis regarding the specific causes and contributors of new infections among children. This differentiated approach addresses critical failings in the response, including poor prevention service coverage, low antenatal care access, suboptimal antiretroviral therapy coverage for all populations, high rates of loss to follow-up during pregnancy and breastfeeding, and inadequate prevention of maternal HIV acquisition during pregnancy and breastfeeding.

In 2018 UNICEF advanced targeted and tailored behavioural, structural and biomedical interventions for HIV prevention. In eastern and southern Africa, UNICEF led the adolescent component of a Swedish-funded joint United Nations programme, 2gether 4 SRHR, to reduce unintended pregnancies, sexually transmitted infections, new HIV infections, maternal mortality, and sexual and gender-based violence across the region. In western and central Africa, UNICEF mobilized resources to develop an integrated approach to adolescent girls' vulnerability to HIV through a joint package of services on HIV, sexual and reproductive health, anaemia, menstrual health and hygiene, and gender-based violence.

Since 2014 UNICEF has provided technical assistance to expand and scale up HIV-sensitive social protection services within national social protection programmes to link adolescents at risk of HIV in eligible households to social and health services. Specific approaches include promoting comprehensive information on health and HIV; supporting HIV and broader sexual and reproductive health education and referrals; collaborating on efforts to provide educational assistance and financial literacy; identifying pathways to jobs; and supporting

improvements in access to other protective social assets. Across these approaches, adolescent- and gender-sensitive case management has been a central coordinating approach. This work has entailed linkages across various sectors, including health, social welfare, justice, child protection and social development, to effectively implement overlapping interventions.

Through a systems-strengthening approach, UNICEF supported integrated HIV prevention, care and treatment services in schools and health clinics. Under the All In initiative, for example, assessments in a subset of countries where HIV incidence among adolescents is high were used to inform the adolescent components of national HIV plans and programmes and health training packages. This work is part of a larger effort by UNICEF and other partners to find entry points to address the structural factors that make all adolescents, especially girls, more vulnerable to HIV.

Key achievements by SRA

SRA 1: Children and adults living with HIV access testing, know their status, and are immediately offered and sustained on affordable good-quality treatment

In 2018 UNICEF facilitated the introduction of innovative and targeted HIV testing and counselling programmes. In a number of countries (China, Côte d'Ivoire, Democratic Republic of the Congo, Eswatini, Haiti, Jamaica, Lesotho, Namibia, South Sudan, Uganda, Ukraine, Zambia), UNICEF supported development of different web-based platforms for adolescent risk assessment with linkages to online and offline counselling and testing tools; aided national level campaigns; and enabled scale-up of adolescent-responsive HIV testing and counselling services through health facilities or teen hubs, including peer support outreach programmes. In addition, investments by CHAI, UNICEF and Unitaid enabled introduction of new point-of-care technology for testing of infants in Cameroon, the Democratic Republic of the Congo, Ethiopia, Kenya, Malawi, Mozambique, Senegal, Uganda, the United Republic of Tanzania and Zimbabwe, improving understanding of how best to roll out these technologies at different service delivery points. Point-of-care platforms for early infant diagnosis are resulting in more timely testing for HIV in infants, rapid delivery of results, and timely initiation of antiretroviral therapy, ultimately saving infants' lives.

In 2018 UNICEF increased national capacity, including policies and systems, to improve access to HIV treatment and results across the treatment cascade. In the Philippines, UNICEF support to the revision of the policies on the minimum age of consent resulted in the country's AIDS Policy Law of 2018, which allows minor children aged 15–17 years to obtain HIV testing without parental consent.

The UNICEF strategic investment linking high-impact child health interventions, such as community management of acute malnutrition, with screening for HIV in Malawi contributed to a 14% increase in HIV treatment coverage for children living with HIV (from a baseline of 54% in 2017 to 68% in 2018).

In Eswatini training of doctors and nurses on second- and third-line HIV treatment and genotype testing led to initiation of third-line treatment among children failing first- and second-line treatment.

In Mozambique enhancing capacities of health providers resulted in improved HIV person-centred management, increased retention in care, and better antiretroviral therapy adherence. Also in Mozambique, the exchange of learning through the adoption of a one-stop model for youth-friendly health services was documented as a best practice.

In Côte d'Ivoire UNICEF supported and disseminated the National Guide for Family-centred HIV Testing.

UNICEF strengthened the systems that enable children and adolescents to meet the 90–90–90 targets. In Eswatini, UNICEF-supported teen clubs enabled home visits by counsellors for adolescents living with HIV, reducing loss to follow-up from 2.7% in 2017 to less than 1%, and increasing the viral load suppression rate from 81% in females and 79% in males in 2017 to 90% in females and 89% in males. Similarly, in Namibia the rollout of teen clubs offering antiretroviral therapy refills and viral load testing, combined with the UNICEF support to policy revision and development of national guidelines incorporating tracking of viral load and transition to adult care for adolescents living with HIV, led to improved viral load testing and treatment adherence.

Community antiretroviral therapy support in the United Republic of Tanzania enhanced HIV treatment literacy, and community adolescent treatment supporters in Zimbabwe led to increased antiretroviral therapy adherence. In both of these countries, these initiatives increased access to integrated HIV and sexual and reproductive health services, improved viral load monitoring, and led to better overall treatment outcomes. In collaboration with CHAI and the Elizabeth Glaser Pediatric Aids Foundation, UNICEF played a key role in strengthening coordination and scale-up of early infant diagnosis and viral load monitoring in younger children in Zimbabwe.

UNICEF supported action to address the needs of children and adolescents in high-burden Fast-Track cities. In the United Republic of Tanzania, UNICEF helped peer support groups for youth newly diagnosed with HIV link with other youth networks in poor urban areas of Dar es Salaam to create a safer space to engage and discuss issues around HIV, sexuality, safer sex, gender, relationships, self-esteem and gender-based violence.

UNICEF developed mechanisms to provide HIV-related services in humanitarian emergencies. In Uganda in 2018, UNICEF reached 4500 emergency-affected children living with HIV with antiretroviral therapy, exceeding the planned targets. In addition, more than 1.2 million people were reached in humanitarian settings with key life-saving behaviour-change messages on public health risks, including HIV.

SRA 2: New HIV infections among children are eliminated and the health and well-being of the children's mothers are sustained

In 2018 UNICEF improved the accessibility and quality of comprehensive services for elimination of mother-to-child transmission. In six countries in eastern Europe and central Asia (Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Ukraine, Uzbekistan), UNICEF country technical consultations supported development of road maps for validation of elimination of mother-to-child transmission of HIV or syphilis.

Together with partners, UNICEF developed and implemented a peer-based, facility-linked and household-linked psychosocial and health education support system in South Africa targeting adolescent girls and young women to improve their access to prevention of mother-to-child transmission services and maternal, newborn, child and women's health and nutrition services. This South African pilot project improved retention in care, early antenatal HIV testing, antiretroviral therapy initiation and exclusive breastfeeding. Similar results were also observed in Lesotho, where peer support throughout pregnancy and breastfeeding led to increased comprehensive HIV knowledge, demand for sexual and reproductive health and HIV services, and access to and use of condoms among pregnant adolescents in two districts. At a subnational level in Uganda, UNICEF strategically strengthened district health systems to improve coverage and quality of HIV care, in both development and humanitarian settings, increasing the number of facilities providing elimination of mother-to-child transmission services and reaching 94% of targeted pregnant women living with HIV with antiretroviral therapy.

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

In 2018 UNICEF defined and implemented targeted combination prevention programmes. In addition to the 2gether 4 SRHR programme, UNICEF supported six countries (Botswana, Cambodia, Cameroon, Namibia, the Philippines, Uganda) to expand their work in integrating comprehensive sexuality education models based on national priorities and local settings. In western and central Africa, the All In! framework influenced adolescent HIV programming in 11 countries (Benin, Burkina Faso, Cameroon, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Gabon, Guinea Bissau, Liberia, Nigeria, Senegal), exceeding the impact seen in

2017 (8 countries). Three countries (Cameroon, Côte d'Ivoire, Nigeria) designed adolescent HIV prevention and risk-reduction integrated packages for adolescent girls and boys. Cameroon and the Democratic Republic of the Congo modelled a specific package for HIV prevention for adolescent girls and young women. Use of the RapidPro-based U-Report platform enabled young people to increase comprehensive knowledge on HIV and sexual and reproductive health, including sexual and gender-based violence, and resulted in increased demand for combination prevention services in Brazil, Cameroon, Côte d'Ivoire, Eswatini, Jamaica, Mozambique, Uganda, Viet Nam, Zambia and Zimbabwe. In Côte d'Ivoire, this was achieved through an innovative digital interface that allowed for geolocalization of service uptake.

UNICEF strengthened country capacity to meet the HIV-related health and education needs of adolescents. UNICEF undertook interventions relating to adolescent health and education in three areas: awareness-raising and counselling services; development of guidelines, policy documents and models for services provision; and capacity development of service providers. In 2018 millions of adolescents were reached through awareness-raising activities by different UNICEF-supported programmes, such as adolescent-responsive health services, teen clubs and U-report in Botswana, Burundi, Cameroon, China, Eswatini, India, Indonesia, Iran (Islamic Republic of), Lesotho, Mozambique, Zambia and Zimbabwe. In addition, UNICEF supported national responses to develop new service delivery models and relevant guidance and protocols in Eswatini, Jamaica and the Philippines. To enhance the quality of HIV services for adolescents, UNICEF supported capacity-development interventions for youth-friendly approaches for service providers in Eswatini, India, Jamaica and Ukraine.

SRA 4: Tailored HIV combination prevention services are accessible to key populations, including sex workers, men who have sex with men, people who inject drugs, transgender people, people in prison, and migrants

UNICEF contributed to the availability of reliable data on adolescent key populations and advocated for the rights and services for these populations in many countries, including China, Indonesia and the Philippines. In the first respondent-driven sampling of its kind globally among men who have sex with men, UNICEF conducted a survey among adolescents aged 15–19 years in China by using the WeChat platform. Study findings provided the national programme with valuable information about HIV risk and protective factors among this key population and will enhance public health surveillance. In the Philippines, UNICEF contributed to wider and easier access of adolescents from key populations to HIV services through the Protocol on Proxy Consent. UNICEF also supported different interventions for improving the knowledge and testing coverage in adolescent key populations in Brazil, Indonesia, Kenya and the Philippines. In Indonesia a social media campaign targeting young men who have sex with men resulted in an increase in HIV testing of 62.05%.

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

UNICEF undertook strategic action to advance gender equality and include and sufficiently resource women and girls in HIV responses. In Ethiopia and Namibia, UNICEF supported the national response in planning, designing and monitoring and evaluating programmes for girls and young women. UNICEF also supported projects for knowledge improvement of girls and young women in Botswana, Brazil and Eswatini. Shuga Radio in Botswana reached approximately 25 000 young people, improving their knowledge about sexual health, enabling them to make informed decisions on sexual matters and reducing their risks of contracting HIV. In Brazil UNICEF ran an empowerment life-skills workshop for 500 adolescent girls, who successfully advocated for the adoption of gender-responsive municipal health policies in 3 urban centres.

UNICEF applied various approaches to prevent and address gender-based violence based on the contextual situation in different countries. These approaches included mapping of available services for referral (Zimbabwe), helpline services (Burundi), and adolescent empowerment on gender-based violence (United Republic of Tanzania). In Zimbabwe the mapping exercise identified cases, coverage and capacity of service provision for survivors of gender-based violence, enhancing service availability by facilitating linkages from different services providers and sites to referral centres. Burundi's Government Child Help Line, supported by UNICEF, continued to play an important role in documenting trends of violence, abuse and exploitation of children, and reporting and referral of child protection and survivors of gender-based violence to appropriate services. In poor urban areas of Dar es Salaam, adolescent peer educators trained in community-based HIV treatment services were also trained in gender-based violence, equipping them with the skills to provide a safe space to engage and discuss issues pertaining to HIV, sexuality, safer sex, gender, relationships, self-esteem and violence.

SRA 7: The AIDS response is fully funded and efficiently implemented based on reliable strategic information

Leveraging increased availability of electronic devices, especially for adolescents, UNICEF supported national programmes to develop innovative e-health approaches to reach target populations through various social media and messaging platforms. UNICEF supported innovations in China (Secret Client mobile app), India (mobile-based interactive application) and Kenya (online-integrated-digital-platform) to help national programmes reach adolescents with key messages on HIV prevention. Use of e-health has gone beyond providing information to target populations. In Indonesia UNICEF expanded this innovation to health facilities and services providers to facilitate the sharing of HIV indicators (e.g. viral load) through a text-based model to help health authorities closely monitor progress towards the

90–90–90 targets. In addition, UNICEF used new technology-driven models to improve data management systems (e.g. collection of disaggregated data, improved data quality, assessment of impact and effectiveness in elimination of mother-to-child transmission, adolescent prevention, care and treatment) in Angola, Botswana, China, Eswatini, Malawi, Myanmar, the Philippines, Rwanda, South Africa, Uganda and Zambia. These innovations have improved service equality, service access for target populations, and planning of HIV country responses.

SRA 8: People-centred HIV and health services are integrated into stronger health systems

In 2018 UNICEF provided technical and financial support for social policy interventions for adolescents living with HIV and adolescent key populations in Botswana, Malawi, Nigeria, the Philippines, Uganda, the United Republic of Tanzania and Zimbabwe. The type of social protection support by UNICEF varied based on the needs and context. In Botswana and the United Republic of Tanzania, UNICEF provided technical support for data collection on social protection for adolescents living with HIV. In Malawi, Uganda and Zimbabwe, UNICEF supported national programmes in cash plus and cash transfer initiatives. In the Philippines, UNICEF provided technical support for creating the Outpatient HIV/AIDS Treatment Package to improve financial risk protection of people living with HIV and their access to services through PhilHealth. The Tanzania Social Action Fund was supported by UNICEF to continue implementation and evaluation of the cash plus programme model, reaching 100% of target coverage in intervention sites. In Malawi UNICEF established peer support groups and facilitated access to information, condoms, lubricants and HIV testing services to reach people from marginalized populations, including adolescents in cash-transfer households, men who have sex with men, and adolescents living with HIV.

Financial information

Table 1

Funds available in 2018 (US\$)

Fund available in 2018	
2018 Core Global	2,000,000
2017 Carry-forward funds	3,755,950
Sub-total	5,755,950
2018 country envelope	4,924,100
TOTAL	10,680,050

Table 2

Expenditure and encumbrances by Strategy Result Area (US\$)

Strategy Result Area (SRA)	Core *	Non-core	TOTAL
SRA 1: HIV testing and treatment	1,335,067	27,518,373	28,853,440
SRA 2: eMTCT	44,236	11,220,887	11,265,123
SRA 3: HIV prevention and young people	2,118,600	10,497,156	12,615,756
SRA 4: HIV prevention and key populations	-	575,179	575,179
SRA 5: Gender inequalities and gender-based violence	-	455,367	455,367
SRA 6: Stigma, discrimination and human rights	-	6,083,100	6,083,100
SRA 7: Investment and efficiency	111,228	-	111,228
SRA 8: HIV and health services integration	517,977	12,244,353	12,762,331
TOTAL	4,127,108	68,594,415	72,721,524

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 3

Expenditure and encumbrances by region (US\$)

Region	Core *		Non-core	TOTAL
	Core global	Core-country envelope		
Asia and Pacific	896,952	385,646	5,606,683	6,889,281
Eastern Europe and central Asia	329,585	314,295	4,312,337	4,956,216
Eastern and southern Africa	855,126	1,058,733	23,246,564	25,160,423
Latin America and the Caribbean	266,729	356,850	1,476,409	2,099,988
Middle East and North Africa	124,610	91,756	651,114	867,480
Western and central Africa	454,095	1,409,232	28,897,178	30,760,505
Global	1,200,011	-	4,404,132	5,604,143
TOTAL	4,127,108	3,616,511	68,594,415	76,338,035

* includes expenditures and encumbrances against 2018 budget and 2017 carry-forward funds

Table 4

Core expenditure and encumbrances by category (US\$)

Cost Category	Core Global	Core Country Envelope	TOTAL
Staff and other personnel costs	1,981,331	65,297	2,046,628
Contractual services	694,946	136,005	830,951
General operating expenses	150,401	204,616	355,017
Transfers and grants to counterparts	515,672	2,218,066	2,733,738
Equipment, furniture and vehicles	21,969	135,077	157,046
Travel	348,301	136,517	484,818
Programme Support cost	297,010	229,493	526,502
Total Expenditure	4,009,630	3,125,070	7,134,700
Encumbrances	117,478	491,441	608,920
TOTAL	4,127,108	3,616,511	7,743,619

Case study: pooling expertise on behalf of adolescent girls and young women in Africa

Several UNICEF Strategic Plan priorities are addressed in 2gether 4 SRHR, a new Swedish-funded joint United Nations programme to reduce unintended pregnancies, sexually transmitted infections, new HIV infections, maternal mortality, and sexual and gender-based violence across eastern and southern Africa. The initiative is a collaboration involving UNAIDS, UNFPA and WHO, pooling the collective expertise of the Joint Programme to ensure United Nations partners deliver as one for adolescents.

Through the 2gether 4 SRHR initiative, UNICEF works to make it easy and convenient for adolescents to obtain the full range of support and services they need. The package of services offered at each clinic might include counselling and information on family planning options; prevention, screening and treatment of sexually transmitted infections; HIV counselling and testing; HIV treatment initiation, monitoring and follow-up; maternal health services, including antenatal care, prevention of mother-to-child transmission, and management of obstetric and neonatal complications and emergencies; safe abortion services, where legal, and access to post-abortion care; counselling and post-exposure

prophylaxis for sexual violence; and active discouragement of harmful practices such as female genital mutilation. Through such comprehensive work, UNICEF is contributing to accelerated action on two SDGs—SDG 3 (Ensure healthy lives and promote well-being for all at all ages) and SDG 5 (Achieve gender equality and empower all women and girls).

The ambitious four-year initiative was launched in 2018. UNICEF is using different approaches in each country, as determined by context and needs. Because the project is new, it is too early to obtain a full picture of the impact, but preliminary results indicate where and how the initiative is making a difference. In Lesotho, for example, 2gether 4 SRHR is working directly with the Ministry of Health to institutionalize community health and community facility linkages through the Village Health Worker programme. This pilot peer support programme operates in two districts to increase uptake of timely antenatal care and prevention of mother-to-child transmission services among adolescent girls and young women. More than 150 pregnant adolescents have been reached in the 2 target districts through 15 village support groups established in different communities. Improvements have been documented in comprehensive knowledge of HIV (increase from 36% to 87%) and access to and use of condoms (increase from 37% to 83%).

In Zimbabwe, UNICEF's work in 2gether 4 SRHR is supporting a Young Mentor Mother initiative in five districts. By December 2018, 195 young mothers aged 15–24 years living with HIV and their babies had been recruited. The mentorship approach is also a key component of the initiative in Malawi, where it is supporting the expansion of a partnership with Mothers to Mothers to provide tailored support from young mentors to pregnant and breastfeeding adolescents and young women.

Knowledge products



Strengthening Point-of-care Early Infant Diagnosis Towards The Elimination Of Paediatric AIDS



Expanding Access to Point-of-care Early Infant Diagnosis: Implementation Approaches and Testing Strategies



Sensitizing Health Workers to Providing Responsive Care for Adolescents and Young People Living with HIV



A Child-centered Approach for HIV Programs



Providing Peer Support for Adolescents and Young People Living with HIV



Providing Differentiated Delivery to Children and Adolescents



Family-based Index Case Testing to Identify Children with HIV



Point-of-care Testing as a Solution for Timely Early Infant Diagnosis



Meaningful Engagement of Adolescents and Young People in National and Local HIV Programming



Addressing Service Delivery Needs of Children of Key Populations



Complementary and Connected: Engaging Community and Faith-based Organizations to Deliver PMTCT and Pediatric HIV Services



Innovative Approaches for Eliminating Mother-to-child Transmission of HIV



Breastfeeding and HIV: Global Breastfeeding Collective



HIV-sensitive Social Protection: With Focus on Creating Linkages Between Social Cash Transfer Programmes and HIV Services



All In in Eastern and Southern Africa: Catalysing the HIV Response for Adolescents



HIV and Infant Feeding in Emergencies: Operational Guidance



Innovative Approaches for Eliminating Mother-to-child Transmission of HIV: Engaging Men as Change Agents to Prevent Mother-to-child Transmission of HIV: Experiences from Côte d'Ivoire, Democratic Republic of the Congo, Malawi, and Uganda



Toolkit for Scaling up HIV Prevention Programmes for and with Adolescent and Young Key Populations.



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