UNAIDS 2021

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

Organizational report 2020

Contents

Key strategies and approaches to integrate HIV into broader agency mandate

Integration is a key pillar of the UNICEF HIV Strategic Plan (2018–2021) and is central to the long-term sustainability of HIV services. Yet mainstreaming or integrating HIV programmes across sectors has not always been successful. For example, when earmarked HIV funds become exhausted, HIV technical capacity gets drawn into other organizational areas, too often resulting in the HIV programming focus fading away. This has been a major challenge for many smaller UNICEF country offices over the past two to three years due to limited resources to retain HIV-specific technical leadership.

Since 2020 UNICEF, has been trying to combine its integration strategy with a “catalytic leveraging” approach that is multisectoral. This involves a bi-directional leveraging of partnerships and resources for mutual results across sectors. There is intentional alignment of common approaches and outputs, joint indicators are identified, and there is strong commitment and accountability to shared results towards multiple SGDs.

In 2020, UNICEF worked with Joint Programme partners and networks of young women and girls living with HIV to improve access to effective integrated service delivery models. These improve results for pregnant mothers, infants, children and adolescents, and there is a growing commitment to expand access to integrated HIV testing and ART services for infants and children, and within broader maternal, new-born and child health (MNCH) services. Additional components include expanding or incorporating adult ART clinics, in-service wards, outpatient services for sick children, immunization clinics, nutrition services and community care points. Figure 1 highlights examples of integration through UNICEF activities.

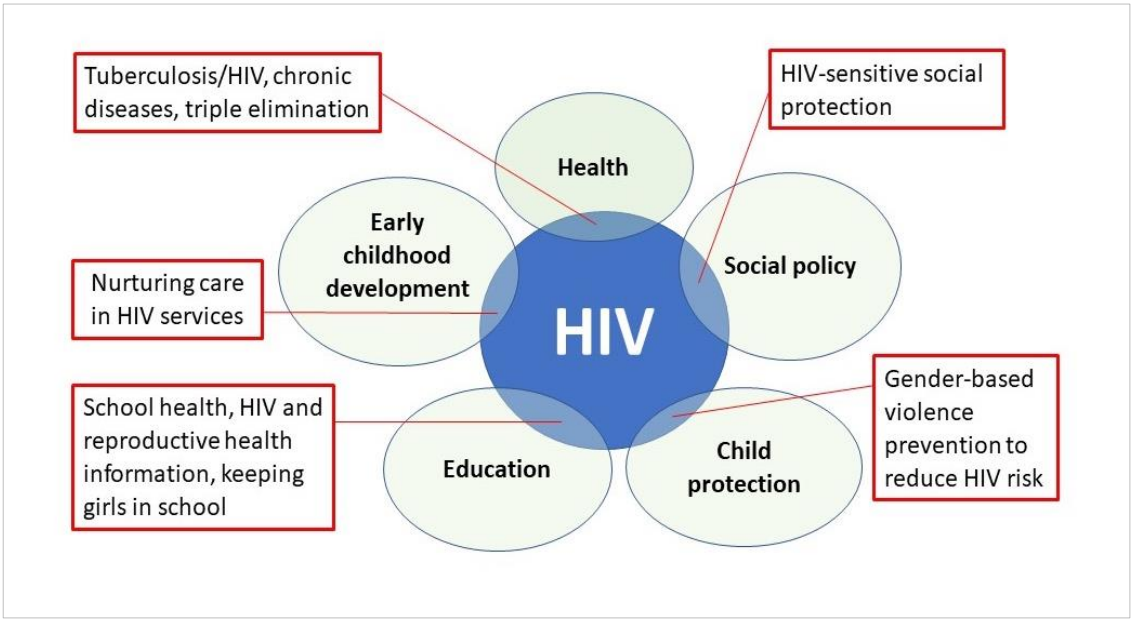

Figure 1: Examples within UNICEF of HIV integration with the other sectors

Efforts within the health sector include linking HIV, syphilis and, increasingly, hepatitis B testing and treatment during pregnancy, to move towards the dual and triple elimination agenda in 14 countries.[1] In the paediatric and adolescent treatment space, UNICEF has emphasized integrating HIV screening and TB case management into severe acute malnutrition treatment and care programmes in countries, including Chad, Guinea-Bissau and Zimbabwe. Integrating HIV within early childhood development education materials was prioritized in Malawi and in Zimbabwe early infant diagnosis, paediatric HIV testing, and HIV treatment and care services were integrated into MNCH platforms and the management of childhood illnesses programmes.

Multisectoral integration with gender responses, adolescent health and child protection systems was scaled up, including the roll-out of multilayered combination prevention interventions to prevent sexual and gender-based violence and female genital mutation in Djibouti, Egypt, Ethiopia, Kenya, Mali and Somalia. Case management of gender-based violence and school-based sexual abuse prevention programmes were enhanced in Bangladesh, Guatemala, India, South Africa and Uganda.

The “Cash Plus” initiative, supported by UNICEF, continued in 2020, promoting inclusive HIV-sensitive social protection programming. The core of this approach includes strengthening the linkages between national cash transfer programmes and HIV services by adding a “plus” component to existing cash transfer programmes to ensure greater numbers of vulnerable

[1] Bangladesh, Botswana, China, Dominican Republic, Equatorial Guinea, Eswatini, Kenya, Mozambique, Papa New Guinea, Thailand, Uganda Ukraine, Uzbekistan and Zambia.

children and adolescents have access to and utilize social services. In 2020 the “Cash Plus” element was further expanded in the United Republic of Tanzania, Angola and Lesotho, with additional funding from Irish Aid and the Government of Canada.

Contributing to progress towards the Sustainable Development Goals (SDGs)

From 2000 to 2019, 2.2 million HIV infections among children aged 0-14 years were averted globally through global efforts to invest in the prevention of vertical transmission of HIV. This was supported by UNICEF’s collaborative work with WHO at the country level. Since 2010, the benchmark year of the Global Plan to prevent new infections in children and keep their mothers alive, new HIV transmissions from mothers to their children have fallen by 52%. However, since 2015, progress towards the 2020 prevention and treatment targets has slowed, and even stalled in some countries, impeding the goal of ending AIDS as a public health threat in children and adolescents by 2030. With almost 1 million children and adolescents living with HIV not on treatment, 160 000 new infections annually among children, and close to 300 000 adolescents acquiring HIV annually, there is a need to streamline and intensify response.

Prevailing social exclusion reflects and reinforces the inequalities that undermine efforts to end AIDS among children and adolescents—especially girls and young women and young key populations—while also impacting a number of SDG outcomes. Within the framework of the broader right to health (SDG 3), UNICEF’s HIV programme to end AIDS in children, adolescents, and pregnant women, is integrated with efforts to end poverty (SDG 1) and hunger (SDG 2) and, through the lens of gender equality, reducing stigma, discrimination and marginalization of those adolescents—especially young women and girls who are being left behind (SDG 5).

By promoting comprehensive sexuality education (CSE), including for adolescent and young key populations, UNICEF’s work contributes to SDG 4—fostering inclusive and equitable quality education for all. In 2020, UNICEF worked with governments, including networks of people living with HIV, adolescent girls and young women, and adolescent and young key population networks, to help countries ensure that HIV programmes—especially prevention interventions—contribute to the broader SDG goals.

In 24 Fast-Track countries, UNICEF’s intensified HIV support, has mobilized, leveraged, and incentivized political leadership to translate global HIV strategies for the prevention of mother-to-child-transmission, paediatric and adolescent HIV testing and treatment, and prevention, into national evidence-informed commitments and people-centred programmes, thereby amplifying synergies across SDG goals and address multiple overlapping vulnerabilities within communities. UNICEF’s presence and convening capacity in these countries facilitated

support to transformative peer-mediated programmes that delivered results for children and adolescents, making communities and networks of girls and young women living with HIV more resilient.

Recognizing how inequities, social and structural barriers, and underlying weaknesses of systems affect prevention outcomes, UNICEF's specific efforts to reinforce and strengthen national capacities for second decade programming in 2020 led to improved coordination among the health, education, and social service sectors. This increased community support for adolescents, girls and young women and young key populations, improving access to combination prevention and empowerment of adolescent and young people while keeping girls in school.

Through strategic positioning of limited HIV technical expertise across countries and regions in 2020, UNICEF was able to foster sustainable financing for stronger health systems within national HIV responses through robust domestic investments and external funding, including from the Global Fund, the United States President's Emergency Plan for AIDS Relief (PEPFAR), and Unitaid. Investments were leveraged to support sustainable civil society and community-led responses that target children and adolescents—especially those left behind—in Botswana, Cameroon, Eswatini, Kenya, Lesotho, Mozambique, United Republic of Tanzania, Uganda and Zimbabwe.

Contribution to the COVID-19 response

The COVID-19 pandemic has exposed weaknesses in health systems, social protection and public services, underscoring and exacerbating inequalities, including in relation to gender. While COVID-19 impacts children and adolescents everywhere, contexts where HIV prevail involve deepened stigma, contributing to more severe co-morbidities and socioeconomic vulnerabilities for children and their families.

In the early phase of the pandemic, UNAIDS HIV Service Disruption data showed declining access to HIV testing, treatment and care among children and pregnant women. Health facility deliveries and maternal treatment were reduced by 20–60% during the second quarter of 2020 and maternal HIV testing and ART initiations decreased by 25–50%. To address disruptions to HIV testing and counselling services in 2020, UNICEF supported the use of digital technologies in Botswana, Chad, Cuba, Ghana, Guatemala, Indonesia, Mozambique, Nepal and the United Republic of Tanzania, and by using multimodal approaches to reach vulnerable adolescents in situ. UNICEF supported home-based services for early infant diagnosis and HIV viral load monitoring for everyone on treatment through mentor mothers in Uganda. The use of multidisease testing platforms and point of care technologies supported early infant diagnosis of HIV and the diagnosis of COVID-19 in remote areas and refugee camps.

To improve the continuity of access to ART during pandemic lockdowns for children and pregnant women, UNICEF worked with Ministries of Health and National AIDS Councils to modify guidelines in Namibia, Botswana, and Uganda to make use of multimonth drug dispensing (MMD). Stock assessment of antiretroviral medicines (ARVs), improved forecasting and better procurement and delivery of commodities was supported in Botswana. MMD included community distribution strategies to ensure treatment continuity during lockdowns and curfews, including assigning new ART distribution points in Namibia and Uganda. Community networks of women living with HIV were empowered in Kenya to promote treatment continuity in hard-to-reach areas.

To address impacts on HIV prevention exacerbated by increases in sexual and gender-based violence, early and unintended pregnancies, disruptions to SRHR service delivery and education, UNICEF introduced innovative ways to continue its critical peer-led programmes supporting adolescents and young people. Text messages were used to raise awareness and health adherence reminders were sent to clients on ART in Eswatini. In Lesotho, person-to-person phone calls provided counselling and support while WhatsApp groups enabled peer sharing, care and support in many other countries, including South Africa, United Republic of Tanzania and Zimbabwe. Crowd-sourced health education was provided, including combined HIV and COVID-19 information, through UNICEF's U-Report and tele-peer support groups. In Botswana, UNICEF and the MTV Staying Alive Foundation adapted peer education sessions into COVID-19 prevention audio visual materials for use through WhatsApp groups and on social media platforms such as Facebook.

Actions to build better and more resilient health programmes in settings with high burdens of HIV in sub-Saharan Africa, especially those with poor health infrastructure and remote rural clinics, have focused on community-based health workers—many of whom continue to be poorly paid or are facing the double burden of fighting HIV while also tackling COVID-19. This ongoing work requires more effort and investment, including from other sectors.

Case study: Collaborative support for joint monitoring and advocacy—Assessing the impact of COVID-19 on the well-being of adolescents living with HIV and young key populations in Asia and the Pacific

Young key populations are often marginalized due to stigma, discrimination, punitive laws, prohibitive policies and lack of livelihood opportunities—all of which contribute to constrained access to health and social services. COVID-19 exacerbates these factors.

In partnership with the Inter-Agency Task Team on Young Key Populations[2] in Asia Pacific, UNICEF co-lead a rapid assessment in collaboration with the Asia Pacific Council of AIDS Service organizations and “Youth Lead” to better understand challenges, gaps, and barriers among youth communities during the pandemic and to develop recommendations for mitigation. Assessment themes were shared between UN agencies, and UNICEF led the mental health component.

COVID-19 contributed to anxiety among young key populations in the region. Worries about physical and mental health, the health of family members, and loss of income were prominent concerns. Almost half of the respondents had lost jobs or income during the pandemic and 45% did not have adequate access to food. Half of the participants who were LGBTI+ people reported stigma and discrimination and two in five reported experiences of violence. Among young people who reported needing mental health services, 34% had experienced delays or disruption in access to mental health medications due to COVID-19, and 47% had experienced delays or disruption in accessing psychosocial support.

The assessment findings, along with thematic blogs, were published by UNAIDS in April 2020.[3] UNICEF used the findings to advocate with governments and civil society to support targeted programming and policy changes in support of young key populations. Together with Youth LEAD, UNICEF developed a regional website for the -Agency Task Team on COVID-19 and young key populations, providing a regular updated repository of available information and guidance on COVID-19 for young key populations and young people living with HIV from Asia and the Pacific through a creative, interactive and youth-friendly interfaces.[4]

[2] The IATT for YKP was established in 2009 as a joint platform composed of UN agencies and civil society partners to meet the HIV prevention and treatment needs of young key populations, including young gay men and other men who have sex with men, young transgender people, young people who use drugs, young sex workers and young people living with HIV.

[3] https://unaids-ap.org/2020/04/30/assessing-the-needs-of-young-key-populations-during-covid-19-outbreak-in-asia-and-the-pacific/

[4] https://www.ykptaskteam.org

Knowledge products

	International Technical and Programmatic Guidance on Out-of-School Comprehensive Sexuality Education (CSE)		UNICEF's HIV Programming in the Context of COVID-19
	UNICEF mental health during COVID-19 in East Asia and the Pacific		Nurturing care for children affected by HIV
	Addressing the needs of adolescent and young mothers affected by HIV in Eastern and Southern Africa		Tips for engaging communities during COVID-19 in low-resource settings, remotely and in-person
	No Time To Wait Strategic Framework - English		New Evidence and Programming: Implications for Adolescent Pathways in HIV Care in Sub-Saharan Africa

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