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Oral report background note

Report on UNICEF follow-up to the recommendations and decisions of the fifty-first and fifty-second meetings of the Joint United Nations Programme on HIV/AIDS Programme Coordinating Board

Summary

This paper provides a progress update on the priorities and contributions of the UNICEF global HIV programme and its responses to the decision points of the fifty-first and fifty-second Joint United Nations Programme on HIV/AIDS (UNAIDS) Programme Coordinating Board meetings held in December 2022 and June 2023. The report also provides an overview of the current state of the HIV epidemic as it relates to children, adolescents and pregnant women, and it highlights key challenges and opportunities ahead.

* E/ICEF/2024/1.

I. Overview

1. The Joint United Nations Programme on HIV/AIDS (UNAIDS) brings together the resources and contributions of UNICEF and 10 other cosponsors[1] with the goal of ending AIDS as a public health threat. As a UNAIDS cosponsor, UNICEF co-leads efforts to eliminate vertical transmission of HIV and keep mothers, children, and adolescents alive and healthy. It also co-leads on HIV prevention among young people.

2. UNICEF does so by working to integrate HIV services with primary health care and to bring those services closer to women and children, including by strengthening community systems for health. The organization supports programmes to improve adolescent health and well-being, including by strengthening access to age-appropriate sexual and reproductive health services. The HIV programme emphasizes the empowerment of adolescents, especially adolescent girls, to lead and participate in programmes that meet their needs and drive change.

3. UNICEF works at local, national and global levels to address the structural factors that increase HIV risks, and it integrates its HIV work across all core programme areas, including health, child protection, education, social policy and emergency and humanitarian responses. That is achieved through the UNICEF Strategic Plan, 2022–2025, the Strategy for Health for 2016–2030, the Adolescent Girls Programme Strategy, 2022–2025 and the global Gender Action Plan, 2022–2025.

4. Of special note is the leading role of UNICEF in generating, analysing and using data to focus interventions where they can have the biggest impact, and its support to countries to use such data. UNICEF also brokers catalytic funding for national HIV programmes, and it is a driving force in several multi-stakeholder initiatives, including the Global Alliance to End AIDS in Children by 2030.

5. In these and other ways, UNICEF has supported countries to make remarkable gains against the global AIDS pandemic. New HIV infections and AIDS-related deaths have been reduced markedly, including among children, adolescents and young people. In 2022, half as many (53 per cent) adolescent girls and young women acquired HIV as in 2010, while the annual number of new vertical HIV infections in children (aged 0–14 years) has fallen by more than 75 per cent since 2000. Coverage of HIV testing and treatment for infants has improved dramatically, new testing tools are more widely accessible, and effective paediatric antiretroviral (ARV) formulations are finally in wide use.

6. But troubling gaps remain. In 2022, 4 in 10 infants with HIV missed out on a timely diagnosis. Both treatment coverage and viral suppression rates were much lower among children and adolescents than adults. The missed or delayed diagnosis of HIV in infants and children is a major reason for the comparatively low treatment coverage and high rates of AIDS-related deaths among children living with HIV. Adolescent girls and young women in sub-Saharan Africa continue to be at high risk of acquiring HIV.

[1] The Joint United Nations Programme on HIV/AIDS (UNAIDS) unites the efforts of 11 United Nations organizations – Office of the United Nations High Commissioner for Refugees (UNHCR), United Nations Children's Fund (UNICEF), World Food Programme (WFP), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Office on Drugs and Crime (UNODC), United Nations Entity for Gender Equality and the Empowerment of Women (UN-Women), International Labour Organization (ILO), United Nations Educational, Scientific and Cultural Organization (UNESCO), World Health Organization (WHO) and the World Bank – to end the AIDS epidemic.

7. UNICEF continued to work hard to close these gaps. It provided technical support to many of the 80 countries that have a national plan for eliminating vertical transmission of HIV. UNICEF is supporting dozens of countries to integrate point-of-care early infant diagnosis (EID) to rapidly identify and link children exposed to HIV to treatment and care. UNICEF helped to increase the uptake of paediatric dolutegravir, which 73 countries were using in 2022, up from 33 at the end of 2021.[2] Increased access to HIV testing and treatment for adolescents, improving coverage and quality HIV services for young mothers, including adolescents, were also priorities in 2022.

8. UNICEF supported efforts to reduce gender inequalities and gender-based violence, and improve access to HIV prevention and sexual and reproductive health services, and boost girls' economic prospects. It worked with communities living with HIV, especially adolescents and young people and networks of adolescents living with HIV and young mentor mothers, to reduce HIV-related stigma and discrimination, and it assisted in the scale up of HIV-sensitive social protection programmes.

9. UNICEF is also building on lessons learned from the HIV response. That includes support to community-led organizations that helped to increase the reach and quality of HIV and other health services, identify deficiencies in programmes, strengthen accountability and pioneer new approaches for protecting people's health. UNICEF partnered with community-based networks of adolescents and young people to pioneer innovative ways of ways of tackling HIV and other health threats, including through peer-led programmes that provided effective support for adolescents and young people to test for HIV, linking them to treatment services and psychosocial and mental health support.

10. The integration of HIV treatment services for children and adolescents into wider primary health care systems is another area of focus. By end-2022, 74 countries had integrated HIV services for children into primary health care, and 33 of UNICEF 37 HIV priority countries were implementing a comprehensive package for paediatric HIV treatment within primary health care systems, allowing for greater access and quality care through national health care systems.

11. Decision points adopted at the fifty-first meeting of the UNAIDS Programme Coordinating Board called for stronger promotion of the "Undetectable=Untransmittable" concept, as well country support to improve the use of granular data; to scale up comprehensive sexuality education; to provide adolescents and young people with full packages of combination prevention; and to end HIV-related stigma and discrimination. Several streams of UNICEF work are advancing the achievement of those objectives.

12. The fifty-second meeting of the Programme Coordinating Board highlighted concerns about the Joint Programme's funding shortfall. An ongoing lack of predictable funding will make it difficult for UNICEF to go "the last mile" and end AIDS. Cosponsors, including UNICEF, are redoubling their efforts to raise resources for specific HIV activities, but that does not resolve problems related to reduced staffing and other capacities for HIV work. A fully-funded Joint Programme is essential.

[2] UNAIDS, 'The path that ends AIDS', *UNAIDS Global AIDS Update 2023*, Geneva, 2023.

II. UNICEF commitments within the Joint United Nations Programme on HIV/AIDS

A. Introduction

13. The resources and contributions of 11 Cosponsors, including UNICEF, are brought together by UNAIDS, with the core goal of ending AIDS as a public health threat and sustaining that achievement.

14. The Joint Programme's multisectoral approach links that mission with wider efforts to advance international development, including the health and socioeconomic benefits that the HIV response brings to the Sustainable Development Goals.

15. The Joint Programme's division of labour[3] clarifies the roles of each Cosponsor in accordance with the UNAIDS Unified Budget, Results and Accountability Framework (UBRAF), which serves as the blueprint for the Joint Programme's work to implement the 2021–2026 Global AIDS Strategy.

16. As a UNAIDS cosponsor, UNICEF co-leads with the World Health Organization (WHO) for the elimination of vertical transmission of HIV and for keeping mothers, children and adolescents alive and well. It also co-leads on HIV prevention among young people.[4] A central objective is to protect these populations against HIV infections and to guarantee that those living with HIV receive optimal treatment and care.

17. UNICEF does so by working across sectors to integrate HIV services with primary health care and to bring those services closer to women and children, including by supporting community systems to improve health. UNICEF supports programmes to improve adolescent health and well-being, as well as strengthening access to quality, age-appropriate sexual and reproductive health services. UNICEF HIV programmes empower adolescents, especially adolescent girls, to lead, shape and participate in programmes that meet their needs and drive change. UNICEF also generates, analyses and uses data and other evidence to focus those efforts where they can make the biggest difference.

18. UNICEF works at all levels – from local communities to global forums – to apply rights-based programming approaches that address the structural factors, such as poverty, lack of education and gender-based violence, that increase the risks of HIV infection for children, adolescents and young people. It therefore integrates its HIV work across all core programme areas, including health, child protection, education, social policy and emergency and humanitarian responses. The UNICEF Strategic Plan, 2022–2025 prioritizes actions to accelerate progress towards ending AIDS as a public health threat as part of the strategic goal to ensure that every child and adolescent survives and thrives. Similarly, its Strategy for Health for 2016–2030

[3] For a detailed overview of the updated Division of Labour, refer to annex 4 of the Unified Budget, Results and Accountability Framework (pages 85–88), www.unaids.org/sites/default/files/media_asset/PCB_SS_2022_2026_UBRAF_Framework_EN.pdf.

[4] As a cosponsor, UNICEF HIV activities are aligned with several of the 10 Strategic Result Areas set out in the Global AIDS Strategy. It leads under Result Area 3, which calls for "Tailored, integrated and differentiated vertical transmission and paediatric service delivery." It also plays a leading role in Result Area 7, which seeks young people to be "fully empowered and resourced to set new directions for the HIV response and unlock the progress needed to end inequalities and end AIDS." In addition, UNICEF plays formative roles around Result Areas 1 and 2 (especially focus on HIV prevention for adolescents and young women, and on diagnosing and treating HIV in adolescents); Result Area 4 (on building strong community systems); Result Areas 5 and 6 (with a focus on promoting and protecting human rights and equality); and Result Area 9 (on health and social protection schemes).

integrates actions for HIV across all health interventions, along with strengthening access to quality, age-appropriate sexual and reproductive health services.

19. The UNICEF adolescent girls' strategy and global Gender Action Plan emphasize support for HIV prevention, treatment and care for adolescent girls and young women and promote the leadership, empowerment and well-being of adolescent girls. UNICEF also advocates for the removal of legal and policy barriers, including age-of-consent laws, that block adolescents and youth from accessing HIV and other vital health services.

B. Data for evidence, action and accountability

20. UNICEF acts as the custodian of global- and country-level data that track the well-being of children, adolescents and young people, including HIV, health and other relevant data, and helps to build country capacities and systems for collecting and managing those data.

21. That work provides a platform for UNICEF advocacy at all levels to build political commitment, mobilize and allocate resources and promote positive changes in laws and policies. In addition, UNICEF analyses and shares the data to inform HIV strategies and budgets. Data are disaggregated across age, sex, location and additional dimensions, and the information is used to guide programme design, implementation and improvement. For example, by identifying where and at what stages vertical transmission of HIV is occurring, countries are now able to deploy more precise strategies to eliminate paediatric AIDS.

C. Partnerships that drive advocacy and action

22. UNICEF convenes and uses partnerships to support and accelerate progress. It is a driving force in the Global Alliance to End AIDS in Children by 2030, which was launched in 2023 by the Joint Programme cosponsors, networks of people living with HIV, the United States President's Emergency Plan for AIDS Relief (PEPFAR) and the Global Fund to Fight AIDS, Tuberculosis and Malaria ("Global Fund"). It is also a leading member of the Global HIV Prevention Coalition (which focuses on adolescent girls and young women); the Global Accelerator for Paediatric Formulations Network (GAP-f, a WHO-convened group that supports the development of child-friendly medicines for children); and Education Plus (a joint initiative focusing on girls' education and empowerment). In Eastern and Southern Africa, UNICEF is partnering with the Global Fund to provide systematic technical assistance for improving the quality of HIV and sexual and reproductive health and rights programming for adolescent girls and young women.

23. UNICEF also brokers catalytic funding for national HIV programmes, by ensuring that international and domestic resources are directed towards evidence-based programmes for children, adolescents and women. Through its data-based advocacy and technical support, UNICEF helps to ensure that resources from the Global Fund and PEPFAR are allocated to end AIDS in children.

D. Supporting the adoption of forward-thinking solutions

24. Seeding, supporting and promoting innovations are some of the key strengths of UNICEF.

Diagnosing HIV in infants and children

25. The missed or delayed diagnosis of HIV in infants and young children is a major reason for the comparatively low treatment coverage and high rates of AIDS-related

deaths among children living with HIV. UNICEF is supporting the strengthening of health systems in dozens of countries so they can adopt and integrate point-of-care EID to rapidly identify and link children exposed to HIV to appropriate treatment and care services.

26. UNICEF is also promoting proven testing innovations. Over 60 per cent of children living with HIV but not on treatment are between 5 and 14 years of age. UNICEF is working with Governments, especially in sub-Saharan Africa, to use outpatient testing (e.g. linked to vaccination programmes) and index testing (e.g. of parents who are living with HIV and enrolled in care) to identify previously undiagnosed children and adolescents living with HIV and to link them to life-saving HIV care.

Enhanced child-friendly HIV treatment

27. Until recently, the absence of child-friendly, well-tolerated and clinically optimal HIV treatment has been a major drawback for children living with HIV. Working closely with WHO, UNICEF has played a key role in the regulatory approval and widening procurement and use of breakthrough, dolutegravir-based ARV regimens for children. Advocacy, policy and technical support from UNICEF has greatly increased the adoption of this treatment protocol, which is expected to dramatically improve treatment outcomes for children living with HIV. In 2022, UNICEF, as a partner of GAP-f, also hastened the development of a new HIV treatment regimen for children based on a single, fixed-dose ARV combination tablet of dolutegravir, abacavir and lamivudine.

Wider provision of pre-exposure prophylaxis for adolescent girls and young women

28. Along with making sexual and reproductive health services more accessible, UNICEF is supporting government-led efforts to achieve wider provision of pre-exposure prophylaxis (PrEP) to adolescent girls and young women, especially in Eastern and Southern Africa. It is a very effective HIV prevention tool, especially for people who are at high risk of HIV infection but struggle to consistently use other prevention methods. UNICEF also supports efforts to introduce newer options, such as long-acting injectable cabotegravir and the dapivirine ring.

Digital innovations

29. UNICEF and its partners continue to innovate and use new digital tools and strategies, especially to reach adolescents and young people. An example is the youth-friendly U-Test initiative, which combines social media, digital outreach and traditional HIV prevention methods to reach young people with HIV information and link them to support and care, including PrEP. UNICEF is supporting the deployment of chatbots, for example in Brazil and Jamaica, to improve knowledge about HIV and health issues among adolescents and young people, dispel myths and refer users to available services.[5] In Eastern and Southern Africa, the UNICEF-led U-Report model is using SMS (short messaging service) and social media platforms to improve young people's knowledge about HIV and sexual and reproductive health, as well as other concerns such as nutrition, mental health and education.

[5] UNICEF, Global annual results report: Goal Area 1: Every child survives and thrives, New York, June 2023.

III. Children and adolescents and HIV – the current situation

30. Collective action across multiple sectors has brought the global community close to reversing the global AIDS pandemic that two decades ago seemed unstoppable. There has been significant progress in preventing new HIV infections and reducing AIDS-related deaths and in expanding access to life-saving treatment. Health systems have been strengthened, along with the engagement and leadership of affected communities in HIV and related responses. The progress is especially strong in sub-Saharan Africa, which is home to approximately 78 per cent of children (aged 0–14 years) and 83 per cent of adolescents (aged 10–19 years) living with HIV.

A. Elimination of vertical transmission of HIV

31. In the early 2000s, around 420,000 children were acquiring HIV each year and over 2.1 million children were living with HIV, mostly in sub-Saharan Africa. That situation has been fundamentally transformed. The number of women acquiring HIV has fallen steeply, and vertical transmission of HIV during pregnancy and breastfeeding has been drastically reduced. The annual number of new vertical infections in children has decreased by more than 75 per cent since 2000, to 130,000 in 2022.

32. UNICEF estimates that over 3.4 million HIV infections in children have been averted since 2000. Fifteen countries and territories have been certified as having halted vertical transmission entirely.[6] Botswana is poised to become the first country with a high prevalence of HIV to match that feat, and Malawi, South Africa, and Namibia are also closing in on that goal.

33. Driving those achievements has been the expansion of HIV testing and treatment and its integration with routine maternal, neonatal and child health platforms. About 82 per cent of pregnant and breastfeeding women living with HIV now receive ARV drugs that protect their health and prevent vertical transmission of HIV to their children, up from 48 per cent in 2010. Coverage is even higher in Eastern and Southern Africa, at 93 per cent.

34. But that progress is stagnating. Challenges persist in the uneven quality of care, inadequate uptake of testing, gaps in linking women to antiretroviral therapy (ART) and faltering treatment adherence. In recent years, coverage of ART among pregnant or breastfeeding women living with HIV has levelled off in most regions. As a result, about 220,000 pregnant or breastfeeding women living with HIV were not receiving HIV treatment in 2022. Outside sub-Saharan Africa in 2022, at least one in three pregnant women living with HIV was not receiving ARVs. The approaches that contributed to the scale-up of service coverage must be adapted, and new strategies are needed to reach the most marginalized and vulnerable women and children.

B. Treatment for children and adolescents living with HIV

35. Two decades ago, large proportions of children exposed to HIV were not being tested, their treatment options were extremely limited, and mortality was very high: AIDS claimed the lives of about 360,000 children across the world in 2002.[7]

[6] The following countries and territories have been certified by WHO. In 2015: Cuba; in 2016: Armenia, Belarus, Thailand; in 2017: Anguilla, Antigua and Barbuda, Bermuda, Cayman Islands, Montserrat, Saint Kitts and Nevis; in 2018: Malaysia; 2019: Maldives, Sri Lanka; in 2020: Dominica; in 2022: Oman

[7] *The Lancet HIV*, 'Declaration commits to ending AIDS in children', vol. 10, no. 4, e209, April 2023.

36. Coverage of HIV testing and treatment for infants has improved dramatically. New testing tools (including point-of-care EID and HIV self-tests) are more widely available and paediatric dolutegravir ARV formulations have been introduced, which means that children finally have treatment options that are comparable to the best adult formulations.

37. Those achievements are cause for celebration. But glaring disparities remain. In 2022, 4 in 10 infants with HIV missed out on a timely diagnosis and almost half of the 1.5 million children living with HIV were still not getting ARVs: treatment coverage was 77 per cent among adults (aged 15 years and older), but only 57 per cent among children (aged 0–14 years). Viral suppression rates were also much lower among children: 46 per cent compared with 72 per cent among adults.[8] As a result, the epidemic claimed the lives of an estimated 84, 000 children in 2022. Children accounted for 13 per cent of AIDS-related deaths in 2022, even though they comprise only about 4 per cent of people living with HIV.

38. Among adolescents living with HIV, treatment coverage was under 60 per cent in every region except Eastern and Southern Africa (where it was 70 per cent). Globally, an estimated 400,000 adolescents (aged 15–19 years) living with HIV were not receiving ART in 2022. Compared with older women, adolescent girls also tend to have poorer adherence to treatment and are less likely to be virally suppressed than adults living with HIV.[9] Missed diagnostic opportunities, HIV-related stigma (including from health-care providers), age-of-consent laws, poverty and the developmental challenges encountered during adolescence hinder the diagnosis and successful treatment of HIV in adolescents.

C. HIV infections and sexual and reproductive health among adolescent girls and young women

39. A stronger emphasis in recent years on reducing the disproportionately high HIV burden among adolescent girls and young women (aged 15–24 years) in sub-Saharan Africa is paying off. In 2022, half as many (53 per cent) adolescent girls and young women acquired HIV as in 2010.

40. However, there are still major gaps in basic HIV prevention for adolescent girls and young women. For many, the ability to control their sexual lives remains limited.[10] Long-standing gender inequalities and discrimination, marginalization and denial of rights, compounded by poverty and violence, render them vulnerable to HIV and other health threats. Consequently, in sub-Saharan Africa, HIV prevalence among adolescent girls and young women is still over three times higher than among their male peers. Programmes must do better at enabling girls and women to access quality HIV and sexual and reproductive health services and to live healthy lives.

[8] UNAIDS 2023 estimates.

[9] Brown, K, et al., ‘Status of HIV Epidemic Control Among Adolescent Girls and Young Women Aged 15-24 Years - Seven African Countries, 2015-2017’, *Morbidity and Mortality Weekly Repor*t, vol. 67, no. 1, January 2018, pp. 29–32.

[10] Based on data from 17 Demographic and Health Surveys, 2018–2022; and UNDP and UN-Women, *The Paths to Equal: Twin indices on women’s empowerment and gender equality*, New York, 2023.

D. Stigma, discrimination and other social and structural barriers

41. Stigma, discrimination, societal inequalities and violence sabotage the efforts of adolescents and young people to protect themselves against HIV and other health threats. Young key populations are especially vulnerable.[11]

42. HIV-related stigma and discrimination remain alarmingly common. Across 54 countries with recent survey data, a median of 59 per cent of people harboured discriminatory attitudes towards people living with HIV – a level that is nearly six times higher than the 2025 global target agreed to at the United Nations General Assembly in June 2021.

43. Stigma and discrimination in health-care facilities are especially pernicious. In 17 of 23 surveyed countries, at least 1 in 10 people living with HIV reported experiencing stigma and discrimination in health-care settings.

IV. UNICEF programmes are driving progress

44. In another challenging year marked by multiple humanitarian crises, shifting funding priorities and the ongoing effects of the coronavirus disease (COVID-19) pandemic, UNICEF continued to support the efforts of Governments and communities to end paediatric AIDS and to protect women, children and adolescents against HIV. Supporting and working with adolescent girls and young women, including the mothers among them, was a central focus.

A. Eliminating vertical transmission of HIV

45. Eliminating the vertical transmission of HIV (and syphilis) is a core objective for UNICEF. Working with its partners in the Joint Programme, UNICEF provides guidance and technical support to countries to refine and implement their national plans for the elimination of vertical transmission of HIV, alongside the elimination of syphilis and hepatitis B. In 2022, that included support to many of the 80 countries that had a national elimination plan, and to the 90 countries that were implementing a “treat-all” policy for pregnant and breastfeeding women living with HIV. A total of 34 out of 37 UNICEF priority countries now have policies and services for the dual elimination of HIV and syphilis.

46. Central to this work is UNICEF data gathering and analysis, which is revealing where and at what stages services are failing pregnant and breastfeeding women. This information is guiding increased HIV screening, self-testing and recency testing (to detect new HIV infection) for pregnant and breastfeeding women and their partners to find the “missing” pregnant women and young mothers who are living with HIV. In 2022, UNICEF delivered 3.7 million HIV rapid diagnostic tests to 26 countries, among them 672,000 dual HIV/syphilis diagnostic tests and 58,000 HIV self-tests. In Côte d’Ivoire, Ghana and Nigeria, for example, UNICEF worked with Governments to strengthen the diagnostic capacity of community health workers so they can encourage all household members to test for HIV. UNICEF is also supporting systems to track mother-baby pairs, as well as the development of tailored programmes for pregnant adolescents living with HIV.

47. UNICEF continued its work with peer and mentoring networks for adolescent and young mothers in Eastern and Southern Africa, helping to strengthen maternal and child health systems and improve mothers’ access to mental health and other

[11] Baggaley R., et al., ‘Young key populations and HIV: a special emphasis and consideration in the new WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations’, *Journal of the International AIDS Society*, vol. 18, no. 2, supp. 1, February 2015.

social support. In settings where HIV prevalence in the general population is low, UNICEF is focusing on integrating HIV testing in antenatal care and maternal, newborn and child health-care services.

B. Closing the HIV treatment gap for children, adolescents and young women

48. UNICEF has accelerated its activities along the entire continuum of HIV testing, treatment and care to improve treatment coverage and outcomes for children and adolescents living with HIV.

49. Wider use of multi-modality testing programmes to find and link all infants, children and adolescents living with HIV to treatment is a priority. This includes enabling countries to make more extensive use of EID technologies to identify children living with HIV in their first months of life. Coverage of EID in Eastern and Southern Africa was 83 per cent in 2022, and was above 90 per cent in six countries.[12]

50. However, EID is not sufficient on its own to close the treatment gap for children: globally, most newly diagnosed paediatric HIV cases are now among children older than 2 years of age. UNICEF and partners have introduced new testing strategies to fill that gap, including the use of outpatient testing, index testing and screening as part of vaccination services. Index testing at community level in the United Republic of Tanzania, for example, is proving to be highly efficient. In one project, 121 new HIV cases were identified among the 866 children who had been tested; all the diagnosed children were linked to care and treatment.[13] Mozambique, Nigeria and Uganda were among other countries where UNICEF supported such innovations. UNICEF has also set up a paediatric case-finding working group to assist countries to accelerate rates of paediatric testing, diagnosis and treatment linkages.

51. UNICEF is working to increase national regulatory approvals, procurement and use of paediatric dolutegravir. In 2022, 73 countries were using it, up from 33 at the end of 2021.[14] UNICEF also supported networks of women living with HIV to promote the new regimen through peer counselling; provided training and orientation packages for health-care workers (e.g. Kenya and South Africa); and facilitated training for medical doctors (e.g. in Zimbabwe) to help children and adolescents transition to the new treatment regimens.

52. Increased access for adolescents to convenient HIV testing and treatment was another priority in 2022. Together with WHO, UNICEF developed guidance for adolescent-friendly services and for their integration with other adolescent health services, including for sexual and reproductive health and mental health.[15]

C. Closing the treatment gap for pregnant and breastfeeding adolescent girls and women living with HIV, and promoting their health and well-being

53. Improvements to the coverage and quality of HIV services for young mothers, including adolescents, remain a priority for UNICEF. The organization is leading efforts to improve understanding of the challenges and needs of pregnant and parenting adolescent girls and young women, and to integrate that knowledge into health services. Thus, it is supporting, for example, the first analytical longitudinal

[12] Eswatini, Kenya, Namibia, Rwanda, South Africa and Zimbabwe.
[13] Unpublished data courtesy of UNICEF Tanzania, 2022.
[14] UNAIDS, 'The path that ends AIDS'.
[15] UNICEF and WHO, 'Adolescent-friendly health services for adolescents living with HIV: from theory to practice', Technical Brief, WHO, Geneva, December 2019.

study in sub-Saharan Africa to assess pathways to resilience for adolescent parent families in South Africa.[16]

54. UNICEF is using this knowledge to guide the introduction of differentiated approaches that can provide adolescent girls and young women who are pregnant and living with HIV with tailored services. For example, working with academic and other partners, the UNICEF Regional Office for Eastern and Southern Africa supported a synthesis aimed at proposing actions that can help to reduce teenage pregnancies, protect adolescents against HIV infection and support pregnant and parenting adolescents with HIV. This and other support are enabling health-care facilities to offer age-differentiated pregnancy and postpartum care, with the improvements especially evident in Lesotho, Malawi, South Africa, Uganda and Zimbabwe.[17]

55. The capacities of health facilities to deliver integrated youth-friendly services are being strengthened. The changes include the deployment of adolescent peers at clinics and working to integrate them into formal community systems; training health workers to better understand and interact with adolescents and young people (in sub-Saharan Africa, Asia and Latin America and the Caribbean); and introducing protocols to assure privacy and confidentiality.

56. There is a strong focus on peer-led and mentor support for adolescent and young mothers. Through 2gether 4 SRHR (Together for sexual and reproductive health and rights), a programme that brings together the expertise of United Nations agencies in 10 countries,[18] UNICEF led efforts to train and deploy youth peer educators who provide sexual and reproductive health and HIV information and support in Eastern and Southern Africa. In Zimbabwe, for example, this has led to a young mentor mothers' initiative that brings HIV information and advice to pregnant and parenting adolescent girls who may be reluctant to approach health-care workers. Similar projects are bringing psychosocial, mental health and other assistance to young mothers in Kenya, Malawi, South Africa, Uganda, Zimbabwe and elsewhere. The support is helping to improve viral suppression rates among adolescents and young mothers, as well as increase the proportion of their children who receive an HIV test within the first two months of life.

57. An increasingly important facet of UNICEF HIV work in 2022 was its support for community-led interventions, which are crucial for helping marginalized adolescents and young people access HIV treatment and for reducing the strain on health clinics. UNICEF broadened its support for differentiated service delivery approaches for HIV treatment, including ones that combine clinic-based and community-led services.

[16] UNICEF, University of Oxford and University of Cape town, Identifying drivers and mitigators of adolescent HIV and sexual and reproductive health risk and the implications for practice, Nairobi, 2023, www.unicef.org/esa/media/12991/file/UNICEF-Synthesis-of-Evidence-to-Action-2023.pdf.

[17] UNICEF, *Addressing the needs of adolescent and young mothers affected by HIV in Eastern and Southern Africa,* September 2020.

[18] Botswana, Eswatini, Kenya, Lesotho, Malawi, Namibia, South Africa, Uganda, Zambia and Zimbabwe. The implementation of Phase II has begun, where the combined efforts of UNAIDS, UNFPA, UNICEF and WHO, in partnership with the African Union, regional economic communities and civil society, will support efforts for universal access to sexual and reproductive health and rights for all.

D. Preventing and detecting new HIV infections in adolescent girls and young women

58. In 2022, UNICEF brought new urgency to HIV prevention for adolescents and young people, including those belonging to key populations. The roll-out of combination prevention services, including condom promotion and the provision of PrEP, for adolescent girls and young women who are at high risk of acquiring HIV remains a top priority. Working with Joint Programme partners, UNICEF supported 75 countries to improve their national HIV prevention policies and strategies for adolescent girls and young women and provided technical guidance and implementation support to scale up combination prevention programmes in 71 countries.

59. UNICEF collaborated with the London School of Hygiene & Tropical Medicine to review the evidence base for 33 interventions aimed at reducing gender inequalities and improving HIV and sexual and reproductive health outcomes for adolescent girls and young women. Similar research informed the advocacy that helped to ensure the integration of gender-transformative approaches in the National AIDS Control Programme, Phase V in India. In Zimbabwe, a digital risk and vulnerability screening feature is being integrated in the DHIS2 system and is due for national roll-out.

60. The generation of disaggregated data – a key comparative advantage of UNICEF – is enabling countries to identify gaps that undermine HIV prevention among adolescent girls and young women and focus their interventions more strategically. As implementer for the Global Fund's strategic initiative on adolescent girls and young women, UNICEF acted as central provider of technical assistance and supported 13 sub-Saharan African countries to develop HIV prevention services packages for adolescent girls and young women that can be considered in national HIV strategies and budgets. Increasingly, those packages include the provision of PrEP. In South Africa in 2022, some 40,000 adolescent girls and young women were initiated on PrEP during pregnancy, with UNICEF support.

61. In Eastern and Southern Africa, UNICEF technical assistance is supporting streamlining of high-impact interventions in Lesotho, developing support packages for adolescents living with HIV in Cameroon, and boosting male engagement in HIV programmes in Zimbabwe.

62. Working with adolescent networks, UNICEF and partners helped to reach vulnerable adolescents, particularly girls, with behaviour-change interventions. In Rwanda, 20,000 adolescents received sexual and reproductive health, HIV and sexually transmitted infections prevention and life skills information and services. UNICEF also supported Governments to make HIV services more youth-friendly, including through peer-led programmes, differentiated service delivery using digital technologies, and greater access to self-testing. In three West African countries, UNICEF reached over 5 million young people, including girls, with information on HIV prevention, PrEP, self-testing and sexual and reproductive health.

63. Sexual and reproductive health for adolescents and young people was expanded through several activities, including those supported by 2gether 4 SRHR. As part of creating an enabling environment for health-promoting behaviours, UNICEF focused on multisectoral adolescent sexual and reproductive health, and the elimination of vertical transmission. The programme brings together a wide range of organizational capacity in social and behaviour change, child protection, gender and adolescents, health and communication under the leadership of the regional HIV team.

E. Reducing stigma and discrimination and removing other social and structural barriers

64. UNICEF worked with Governments, United Nations agencies and communities to strengthen gender equality and reduce gender-based violence – for example, through the Spotlight Initiative, which has provided over 1.6 million women and girls with gender-based violence services and engaged 2.5 million young people with programmes promoting gender-equitable norms and behaviours.

65. UNICEF works with communities living with HIV, especially adolescents and young people, to reduce HIV-related stigma and discrimination that prevent access to services. In Brazil and Kenya, for example, UNICEF documented the stories of young people living with HIV to help break taboos and to normalize living with HIV among their peers, families, and communities.

66. Women and girls with poor school attendance and lower educational attainment enter their adult lives at a severe disadvantage. There is also compelling evidence that they face an elevated risk of acquiring HIV. UNICEF is supporting countries to use schools as an entry point to reduce gender-based violence, broaden access to sexual and reproductive health services and boost girls' economic empowerment through school-to-work transitions, including through joint advocacy and policy advice as part of the Education Plus initiative.

67. UNICEF works in more than 140 countries to address child poverty in all its dimensions. There is evidence that social protection programmes, including cash transfers, can help to reduce the risk of HIV infection and improve treatment adherence, especially among children, adolescents and young women.[19] UNICEF assisted in the design and implementation of HIV-sensitive social protection programmes in several countries, including the United Republic of Tanzania, where it helped implement and evaluate a "cash plus" model as part of the cash transfer and livelihood enhancement programme.

V. Building on lessons and achievements

68. The HIV response has produced many rich and potentially transformative lessons for public health and development overall.

A. Agency, leadership and engagement among adolescents, including adolescent girls

69. The world is home to 1.8 billion young people, the largest generation of young people in history. Even though their huge potential – and desire – for achieving positive change is mostly undervalued, they are a driving force in efforts to bring about more just societies. They have proved especially indispensable in the HIV response, investing it with the people-centred and rights-based principles that set it apart from any previous attempt to end a global public health crisis.

70. Adolescents and young people continue to pioneer collaborative, decentralized and innovative ways of ways of networking and organizing around HIV. At community, national and global levels, UNICEF is working to empower, support and learn from them and to remove obstacles to their participation and leadership in decision-making processes, especially adolescent girls.

[19] Handa S., et al., 'Can unconditional cash transfers raise long-term living standards? Evidence from Zambia', *Journal of Development Economics*, vol. 133, July 2018, pp. 42–65.

71. In several countries in sub-Saharan Africa, UNICEF is using mentorship and training to build adolescent girls' capacities to advocate for their needs and rights in national arenas. It is prioritizing activities that empower adolescents and young people to participate in the design, implementation and monitoring of HIV and other health programmes. UNICEF works with Y+ Global (the Global Network of Young People Living with HIV) to implement the Ground Up! initiative, which promotes the leadership of youth-led HIV and sexual and reproductive health networks in six countries in Eastern and Southern Africa. In collaboration with UNAIDS, the United Nations Development Programme and the United Nations Population Fund, UNICEF supports the efforts of young LGBTIQ+ advocates to access information, provision of services and to eliminate stigma and discrimination.

B. Strong community health systems

72. A key lesson from the HIV response is that public health programmes are more effective when they are shaped and driven by the needs, knowledge and active involvement of affected communities. The COVID-19 pandemic underscored the importance of community-led organizations, which helped to sustain health and other services for marginalized populations, a role they have excelled at throughout the AIDS epidemic. These organizations help to increase the reach and quality of HIV and other health services, identify deficiencies in programmes, strengthen accountability, and pioneer new approaches for protecting people's health.[20] Community-led organizations also serve as crucial providers of HIV services for young people belonging to key populations in all regions.

73. Peer-led and similar community support are highly effective for supporting adolescents and young people to test for HIV, for linking them to treatment services and supporting strong adherence, and for providing psychosocial and mental health support. In Jamaica and Uganda, for example, UNICEF-backed peer-support projects have enabled adolescents and youth living with HIV to reduce their viral loads.

74. The contributions of community-led organizations are relevant across health systems, including for overcoming discrimination and other inequities that prevent people from realizing their right to health. They highlight the value of linking community systems with resilient primary health care systems, along with the need for funding and capacity-building so that community organizations can operate effectively. UNICEF and partners have a big opportunity to steer funding, capacity development and technical assistance in a coordinated way to strengthen community health systems so that quality and trusted services are brought closer to the people who need them.

C. Integrated services

75. The integration of HIV testing and treatment with maternal care and childcare has been key to the massive expansion of ART coverage among women and the prevention of millions of new HIV infections in children. Treatment outcomes for both HIV and non-HIV-related conditions are often better when integrated services are delivered.[21] Integration can also save expenses for people using the services (by reducing the costs of repeat clinic visits) and achieve cost-savings for service providers (if services can be delivered simultaneously and using the same platforms).

[20] Ayala G., et al., 'Peer- and community-led responses to HIV: A scoping review', *PLoS One*, vol. 16, no. 12, 2021, e0260555.

[21] Bulstra C. A., et al., 'Integrating HIV services and other health services: A systematic review and meta-analysis', *PLoS Medicine,* vol. 18, no. 11, November 2021, e1003836.

76. The integration of HIV treatment services for children and adolescents into wider primary health care systems is therefore a priority for UNICEF. By end-2022, 74 countries had integrated HIV services for children into primary health care, and 33 of UNICEF 37 HIV priority countries were implementing a comprehensive package for paediatric HIV treatment within primary health care systems. In addition, adolescent health priorities, including for sexual and reproductive health, were being integrated in primary health care services or through schools and digital platforms in 37 countries in 2022, up from 27 in 2021.

77. Fragmented services require adolescents and young people to navigate multiple services and attend numerous appointments when trying to manage their health, nutrition, HIV-related needs and well-being. Integrating those services would make it much easier to receive comprehensive care and support. UNICEF is working with national Governments, partners, communities and other stakeholders to integrate diagnostic services, especially at community health level, for HIV, tuberculosis, malaria and human papillomavirus. Those changes are especially important for women living with HIV, who have a sixfold higher risk of developing invasive cervical cancer compared with women without HIV.[22]

VI. UNICEF work in response to Programme Coordinating Board decision points

78. Decision points agreed to at UNAIDS Programme Coordinating Board meetings frequently include actions for Joint Programme cosponsors.

79. At the fifty-first meeting of the Programme Coordinating Board, agenda item 1.4 called on the Joint Programme to clearly define and promote the concept of "Undetectable = Untransmittable" (U=U), which refers to the scientifically confirmed fact that a person with an undetectable HIV viral load cannot transmit the virus to another person.

80. Several streams of UNICEF work are promoting U=U, including its support for new diagnostic approaches to identify the "missed" adolescents and young people who are living with HIV; the peer and mentor programmes that are linking adolescent and young mothers to treatment and improving their retention in care (like the Zvandiri-Africaid model with community adolescent treatment supporters; technical assistance for strengthening procurement and supply management systems (to avoid ARV stock-outs); and a range of projects that tackle structural hindrances (by improving social protection programmes or advocating for the removal of user fees for essential health services).

Sustaining programmes in emergencies

In all regions, humanitarian crises and other emergencies are making it more difficult to sustain HIV responses. UNICEF is devoting special efforts to help countries to deal with these adversities. As part of an emergency memorandum of understanding with the Global Fund to Fight AIDS, Tuberculosis and Malaria in Ukraine, UNICEF assumed the role of principal recipient and worked with the Public Health Centre of Ukraine to procure HIV commodities, such as diagnostics, for several hundred thousand people (including children and pregnant women) and monitor the progress of people receiving HIV treatment.[23] Under the Global Fund

[22] Stelzle D., et al., WHO internal analysis. Cited in: WHO, Global strategy to accelerate the elimination of cervical cancer as a public health problem, Geneva, 2020.

[23] UNICEF, Global Annual Results Report: Humanitarian Action 2022, New York, July 2023.

emergency grant, UNICEF is supporting the provision of HIV testing services to approximately 625,000 people and the monitoring of treatment for approximately 200,000 people.

In Zimbabwe, UNICEF partnered with the National AIDS Council and the Ministry of Health to ensure continuity of HIV treatment for 30,000 pregnant and breastfeeding women affected by droughts and floods. In Mozambique, UNICEF ensured that the drought response included supplies to support the continuity of HIV treatment. UNICEF procured 47,000 emergency HIV medications, including paediatric medicines, to overcome stock-outs in Kenya due to coronavirus disease (COVID-19)-related supply chain disruptions.

During an outbreak of Ebola virus disease in Uganda in 2022, UNICEF supported coordination of the response, including through assistance to disease surveillance, diagnostic services, and supply chain management. It also drew on lessons from the COVID-19 response to safeguard continuity of HIV services for women and children. That included community engagement and supporting district health facilities to monitor service access and use. There was minimal disruption to HIV and other essential health services across the nine affected districts. HIV testing during antenatal care was sustained, as were the early infant diagnosis services for HIV-exposed infants. The numbers of people receiving antiretroviral therapy remained steady and viral load suppression rates were sustained.

81. A further decision point (agenda item 2) called on the Joint Programme to support countries to improve the use of granular data; scale up comprehensive sexuality education; provide adolescents and young people with full packages of combination prevention services; and integrate them with sexual and reproductive health services. Also required (agenda item 5) was stronger, better-funded and more coordinated support to countries to scale up interventions to end HIV-related stigma and discrimination.

82. UNICEF continues to support the collection and analysis of nuanced data that programmes can use to remove service barriers and enhance service quality. The work includes the introduction and management of data dashboards to track epidemic trends, medicine and other supply stocks and programme performances at local levels. UNICEF was involved in the development and roll-out of the Paediatric Service Delivery Framework, which lays out data-mapping processes to pinpoint gaps in treatment services for children. The framework is being used to enhance programming in Côte d'Ivoire, Ethiopia, Kenya, Mozambique, Nigeria and Uganda. Along with UNAIDS and WHO, UNICEF also developed the Going the "Last Mile" to EMTCT [elimination of mother-to-child transmission of HIV] framework that countries are using to improve programming for the elimination of vertical transmission. To help to overcome a paucity of data and the absence of services for young key populations, UNICEF has prepared two regional reports (for Asia and the Pacific, and Middle East and North Africa) that include recommended actions for Governments and donors.

83. UNICEF continues to prioritize large-scale HIV combination prevention activities for adolescents and youth, especially adolescent girls, and young women. This includes wider use of self-testing and recency testing and expanded access to PrEP (and the introduction of long-acting versions, such as injectable cabotegravir and the dapivirine ring). Also prioritized are programmes to remove barriers to crucial services (such as age-of-consent laws that obstruct access to sexual and reproductive health and HIV services and tools) and to reach and support highly marginalized

adolescents (including those belonging to key populations). UNICEF HIV programmes are also improving sexual and reproductive health and rights for adolescents and young people, including through activities supported by the 2gether 4 SRHR programme. Building on the technical assistance facilitated by UNICEF, in partnership with the Global Fund's strategic initiative on adolescent girls and young women, several countries have overhauled national plans to improve the quality of their sexual and reproductive health and HIV programmes.

84. UNICEF social protection and social policy programmes are tackling underlying factors – such as income and gender inequalities – that put some adolescents girls and young people at very high risk of HIV infection. The interventions include cash transfers and "cash-plus" programmes, that support adolescent girls and young women at risk of HIV. Of special note is UNICEF extensive education programmes, some of which seek specifically to increase adolescent girls' enrolment and attendance in secondary education, which can reduce their risk of acquiring HIV. UNICEF also supports Governments to scale up inclusive education that includes curricula on life skills and comprehensive sexuality education.

85. In Eastern and Southern Africa, UNICEF supports adolescents living with HIV, peer mentors and networks of young people to speak out against stigma and discrimination. In Zimbabwe, UNICEF supports adolescents living with HIV who work as CATS (community adolescent treatment supporters). CATS is a peer-driven model to support adolescents in their communities to achieve better HIV, health and protection outcomes. The programme has been taken up as a national programme by the Government and is being adopted in other countries. In all regions, UNICEF engages young advocates, decision-makers and influencers through social media to share messages of acceptance and hope and to campaign against HIV-related stigma and discrimination.

86. Although the fifty-second meeting of the Programme Coordinating Board yielded no decision points specifically directed at the UNAIDS cosponsors, it highlighted issues of great salience to the Joint Programme's future. Among them were concerns about the Joint Programme's funding shortfall, which is undermining its capacity to deliver on its mandate and could have a detrimental impact on the cosponsors' HIV work. An ongoing lack of predictable funding will make it difficult for UNICEF to go the "last mile" and serve the children, adolescents and young people who are being missed by current programmes; this requires fresh strategies, new approaches and dedicated resources. Cosponsors, including UNICEF, are stepping up efforts to raise non-core funding for specific HIV activities, but this does not resolve the problems related to reduced staffing and other capacities for HIV programmes. Intensified resource mobilization is urgently needed, along with the development of contingency financing plans.

87. UNICEF is fully committed to the Joint Programme and reiterates its unique value; it remains an unrivalled example of how the infrastructure, resources and diverse expertise of 11 United Nations entities can be marshalled to achieve a shared goal to end the global AIDS pandemic. UNICEF also acknowledges the findings of the 2023 Multilateral Organisation Performance Assessment Network review, in particular the calls for ensuring a fully funded UBRAF and for safeguarding the unique contributions of cosponsors to the global HIV response.

Annex I

Decisions of the fifty-first and fifty-second UNAIDS Programme Coordinating Board meetings

Decision points from the fifty-first meeting of the UNAIDS Programme Coordinating Board, 13–16 December 2022, can be found here: https://www.unaids.org/en/resources/documents/2022/PCB51_Decisions.

Decision points called on the Joint Programme to harmonize the definition of Undetectable=Untransmittable (U=U); support countries to incorporate granular data disaggregated by sex into their national HIV response plans; and support countries, upon request, to scale up age-appropriate comprehensive education and information, as set out in the Global AIDS Strategy, among other requests.

Decision points from the fifty-second session of the UNAIDS Programme Coordinating Board, 23–28 June 2023, can be found here: https://www.unaids.org/en/resources/documents/2023/PCB52_Decisions.

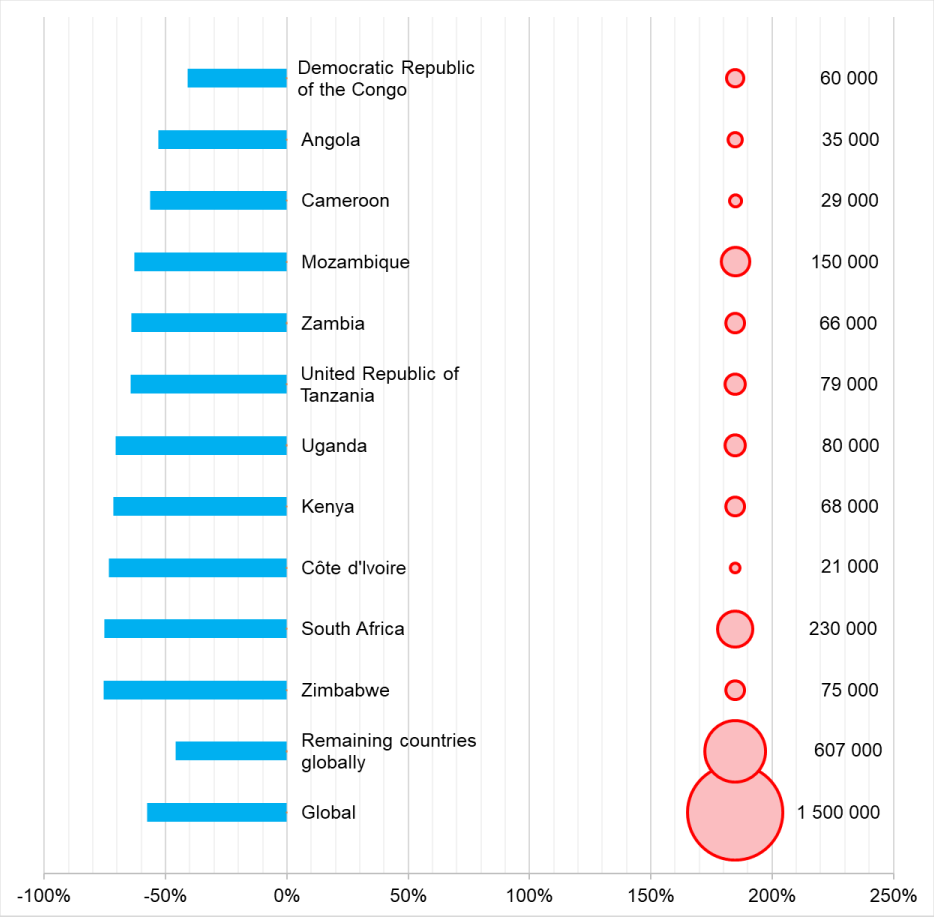
Annex II

State of the AIDS pandemic among children, adolescents and pregnant women

1. There has been significant progress since 2010 in preventing new HIV infections, expanding access to life-saving treatment and reducing AIDS-related deaths. The progress is especially strong in sub-Saharan Africa, which has borne the brunt of the global AIDS pandemic and is home to approximately 78 per cent of children (aged 0–14 years) and 83 per cent of adolescents (aged 10–19 years) living with HIV.

2. While the achievements are commendable, progress is stalling in some areas and children and adolescents fare worse than adults in many respects. The following graphics illustrate the current situation for children, adolescents and pregnant women living with HIV.

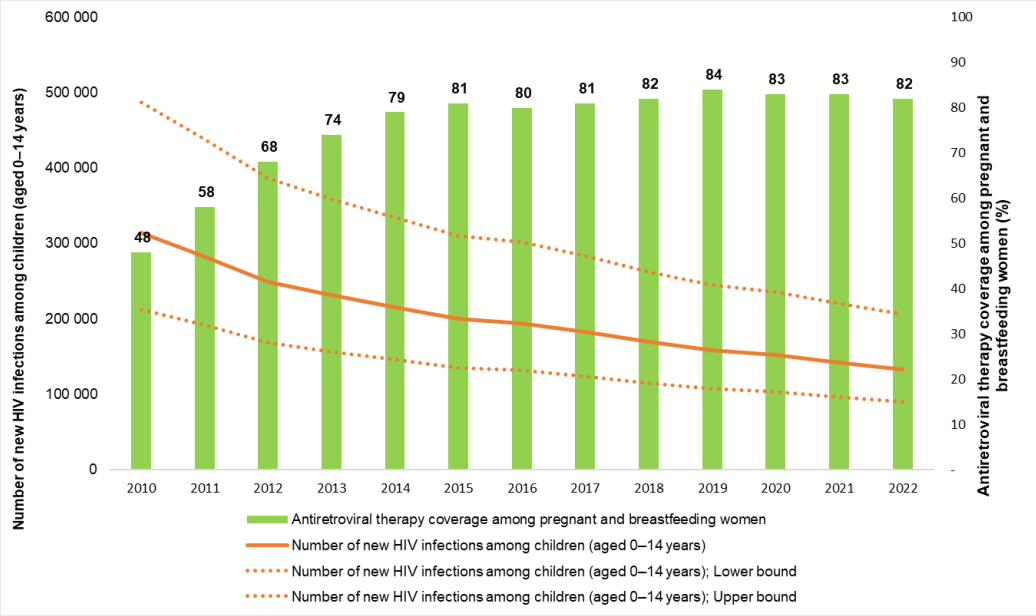
Figure I
Some countries with high HIV prevalence have reduced new HIV infections in children (aged 0–14 years) by more than 70 per cent since 2010, including South Africa, Uganda and Zimbabwe



Source: UNAIDS 2023 estimates.

3. Some countries with very high HIV burdens have succeeded in reducing new infections in children by over 70 per cent since 2010.

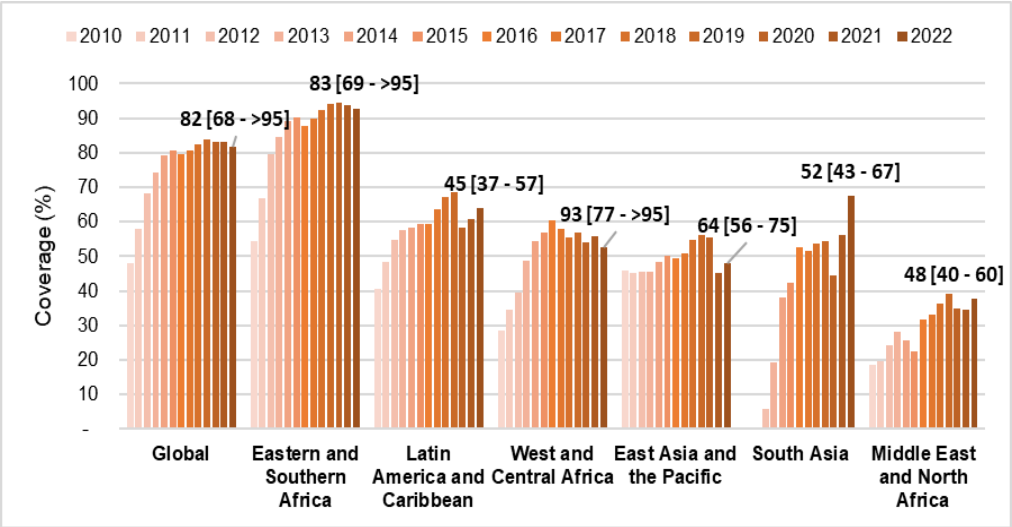
Figure II
Global maternal antiretroviral therapy coverage exceeds 80 per cent, but about 1 in 9 HIV-exposed infants acquired HIV in 2022



Source: UNAIDS 2023 estimates.

4. About 82 per cent of pregnant or breastfeeding women living with HIV were receiving antiretroviral therapy (ART) in 2022. Progress has stagnated, however, with limited coverage gains occurring in the past five years. As a result, approximately 130,000 children acquired HIV in 2022.

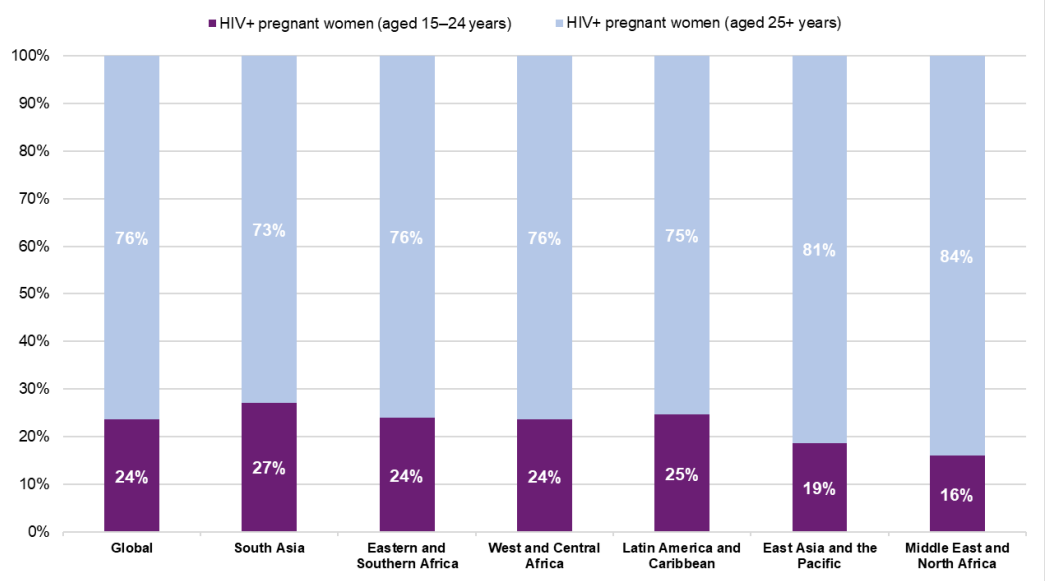
Figure III
Eastern and Southern Africa is the only region achieving sustained progress in preventing vertical transmission of HIV; other regions lag behind



Source: UNAIDS 2023 estimates.
Note: Data are not available for Eastern Europe and Central Asia, North America and Western Europe. Effective antiretrovirals exclude single-dose nevirapine.

5. Global progress in ART coverage among pregnant and breastfeeding women living with HIV is due largely to achievements in Eastern and Southern Africa. Progress in most other regions has either stalled or is being reversed.

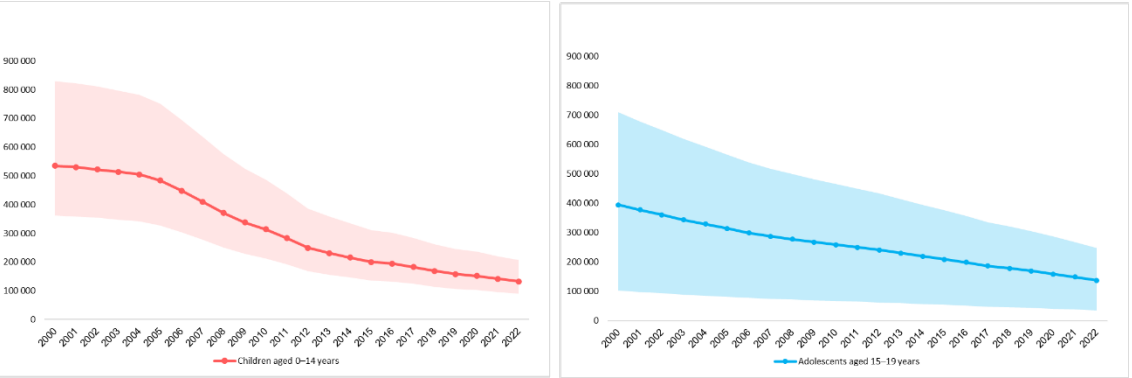
Figure IV
About one quarter of all pregnant women or mothers living with HIV and needing antiretroviral treatment are aged 15–24 years



Source: UNAIDS 2023 estimates.
Note: Data are not available for Eastern Europe and Central Asia, North America and Western Europe.

6. Almost one quarter (24 per cent) of pregnant women or mothers needing ART are aged 15–24 years.

Figure V
The steep decrease in new HIV infections in children (aged 0–14 years) is slowing down

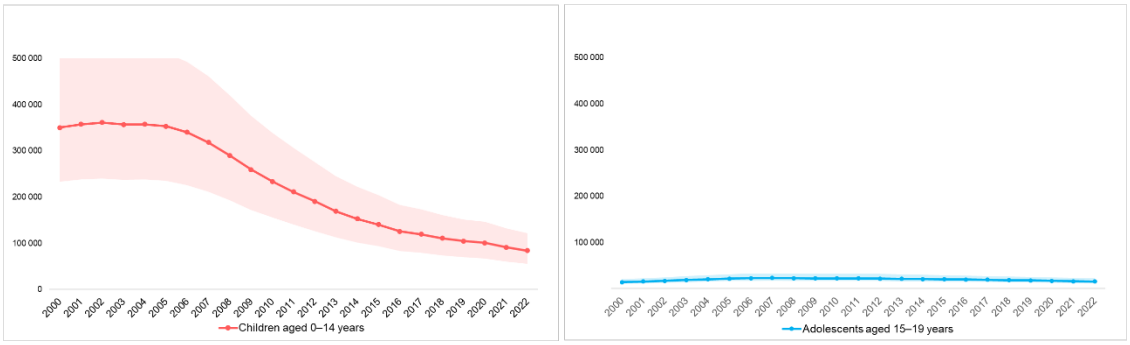


Source: UNAIDS 2023 estimates.

7. Since 2010, new HIV infections have decreased by more than half (58 per cent) among children and by 47 per cent among adolescents. The decline in the number of new HIV infections among children has been steepest in Eastern and Southern Africa and less so in high-burden countries in West and Central Africa. In recent years, however, the rate of the decrease in new infections among children has slowed down.

Figure VI

There has been tremendous progress in improving early childhood survival for children living with HIV, but the number of AIDS-related deaths in adolescents has barely changed

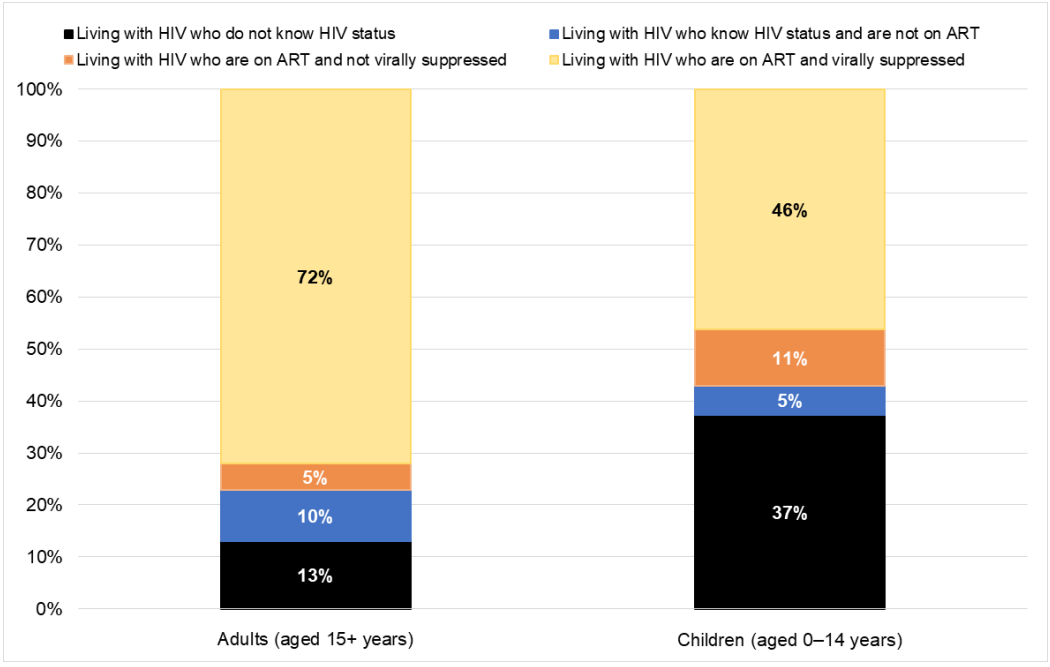


Source: UNAIDS 2023 estimates.

8. While AIDS-related mortality has fallen by 77 per cent since 2002 among children younger than 15 years, mortality among adolescents aged 15–19 years has decreased by a mere 8 per cent.

Figure VII

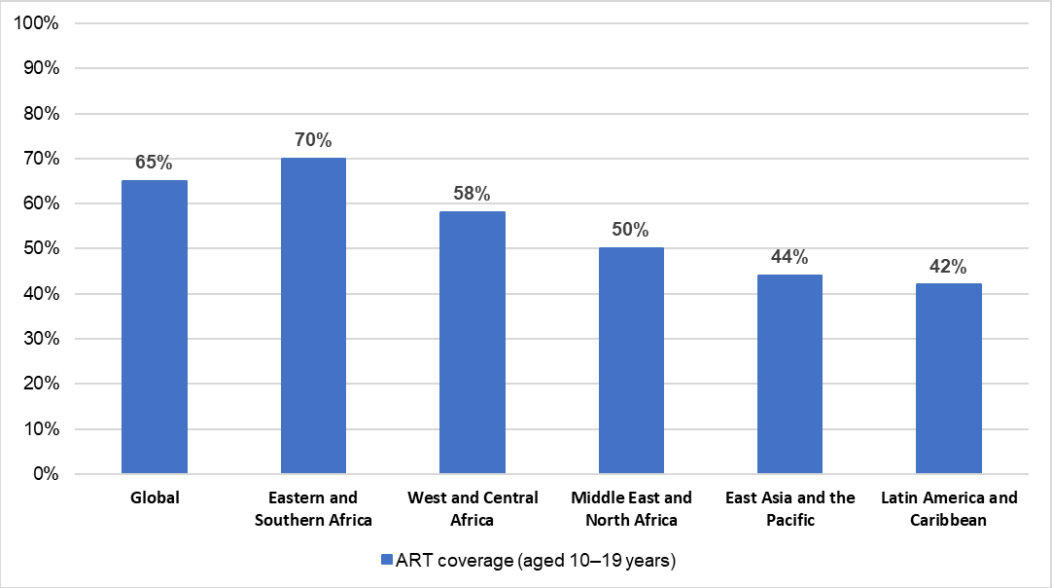
HIV testing and treatment programmes are missing large proportions of HIV-infected children



Source: UNAIDS 2023 estimates.

9. Globally, more than one third of all children living with HIV have not been diagnosed and linked to HIV treatment and care. Only 46 per cent of children living with HIV are virally suppressed, compared with 72 per cent of adults.

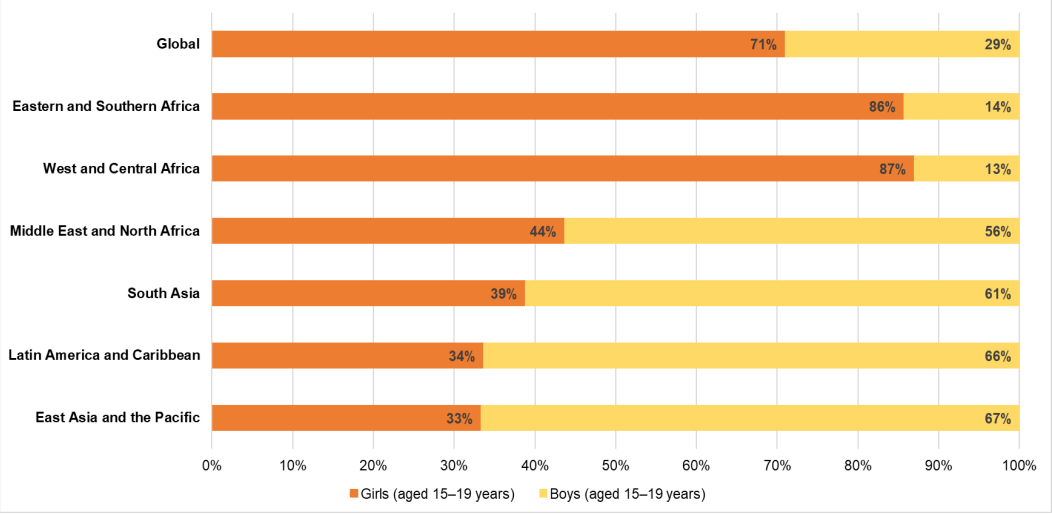
Figure VIII
Adolescent antiretroviral programmes must be scaled up across all regions



Source: UNAIDS 2023 estimates.

10. About one third of adolescents (aged 15–19 years) living with HIV were not receiving ART in 2022.

Figure IX
Gender disparities related to HIV emerge in adolescence



Source: UNAIDS 2023 estimates.
Note: Data not available for North America and Western Europe

11. The global sex distribution of new HIV infections among adolescents is shaped largely by trends in sub-Saharan Africa.