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Unite for Children, Unite against AIDS: an update***

1. This document is the latest in a series of updates for the Executive Board on *Unite for Children, Unite against AIDS*. This initiative was launched in October 2005 to put the missing face of children at the centre of the global HIV/AIDS agenda and to ensure a more integrated response to meeting the child-related health goals set out in the Millennium Development Goals.

2. *Unite for Children, Unite against AIDS* seeks to scale up national responses for children affected by HIV and AIDS in four priority areas (commonly known as the "Four Ps") that support the attainment of the child-related goals outlined in the 2001 Declaration of Commitment on HIV/AIDS:

(a) Prevent mother-to-child transmission of HIV (PMTCT):

- By 2010, offer appropriate services to 80 per cent of women in need

(b) Provide paediatric treatment:

- By 2010, provide either antiretroviral treatment or cotrimoxazole, or both, to 80 per cent of children in need

(c) Prevent infection among adolescents and young people:

- By 2010, reduce the percentage of young people living with HIV by 25 per cent globally

(d) Protect and support children affected by HIV/AIDS:

- By 2010, reach 80 per cent of children most in need

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* This report was submitted after the established deadline because of the need for internal consultations.

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*** This report is supplemented by the reports "Children and AIDS: A stocktaking", and "Report Card on the Prevention of Mother-To-Child Transmission (of HIV) (PMTCT) and Paediatric HIV Care (Preliminary Results)", UNICEF and the World Health Organization (WHO) on behalf of the PMTCT/Paediatric Inter-Agency Task Team (forthcoming).

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3. Originally conceived by the National Committees for UNICEF in response to the growing orphan crisis in sub-Saharan Africa, *Unite for Children, Unite against AIDS* has evolved significantly to incorporate the decisions taken at the 2006-High Level Meeting on AIDS and its corresponding commitment towards universal access to prevention, treatment, care and support.

4. UNICEF has had multiple consultations with members of the Executive Board, the Joint United Nations Programme on HIV/AID (UNAIDS) and its cosponsor agencies, national Governments and a wide range of civil society partners. These consultations, along with United Nations reform efforts and changes in the division of labour within UNAIDS, have guided the management of the campaign. National Committees also continue to play a critical role in shaping its development and management.

5. Over the past year, there has been a number of important changes for children affected by HIV and AIDS. Children and their needs are more integrated into national policy frameworks, HIV/AIDS plans of action and poverty reduction strategies. Increasing numbers of children are on treatment as a result of improved testing, lower drug prices and simpler formulations, albeit still too few. In some countries, more women have access to services for PMTCT, but too few receive the services necessary to interrupt transmission of HIV to their children or are themselves able to receive life-saving antiretroviral therapy (ART). In several countries, behavioural change has translated into declining HIV prevalence among young people. The disparity between orphans and non-orphans in access to education is being reduced in several countries. However, 25 years into the epidemic and one year after *Unite for Children, Unite against AIDS* was launched, there are huge gaps in progress:

(a) Only 1 in 10 pregnant women with HIV in low- and middle-income countries is receiving antiretroviral (ARV) prophylaxis for PMTCT;

(b) Only 1 in 10 children in need of ART receive it – the others face a bleak and short-lived future;

(c) At most, 1 in 25 children born to HIV-infected mothers receive cotrimoxazole prophylaxis, which prevents opportunistic infections that can be fatal;

(d) Children who have lost both parents – to AIDS or any other cause – are generally less likely than non-orphans to attend school;

(e) Less than one in three young people in sub-Saharan Africa has the essential knowledge of AIDS that will help protect them against the virus.

6. The world's response to protect and support children affected by HIV and AIDS remains insufficient. But, in important ways, that is beginning to change. In the year since the launch of *Unite for Children, Unite against AIDS*, the progress achieved has been shaped by four experiences: (a) intensified country support; (b) strengthened partnerships; (c) integrated responses; and (d) measurable results. These represent key lessons for moving forward.

Intensifying country support

7. National AIDS programmes are receiving increasing resources to scale up their responses to the epidemic. In order to meet the goals for prevention, treatment, care and support of *Unite for Children, Unite against AIDS*, there is an urgent need for

further strengthening of national capacities and systems not only in the health sector but also, increasingly, in the areas of education and social welfare. This can be achieved through the provision of more timely and quality technical support. As a follow-up to the Global Task Team's recommendations, countries are now receiving more systematic technical support through such mechanisms as joint United Nations teams, regional technical support facilities and the Global Joint Problem-Solving and Implementation Support Team.

Strengthening partnerships

8. Whether through formal partnerships or informal networks, the focus of *Unite for Children, Unite against AIDS* on four measurable outcomes for children is increasingly relevant and effective. The scale of the problem facing children affected by HIV/AIDS, however, requires better collaboration and strengthened linkages for children across diseases and sectors. The challenge is to mobilize as many partners as possible to support and scale up nationally owned plans that address the specific needs of children affected by HIV and AIDS.

9. The initiative has also benefited from the greater clarity in roles, responsibilities and accountabilities resulting from the Global Task Team's division of labour among the UNAIDS cosponsors. Within the division of labour, UNICEF has lead responsibility for PMTCT (co-lead with the World Health Organization (WHO)); care and support for people living with HIV, orphans and vulnerable children and affected households; and procurement and supply management, including training. In addition, the expanded Inter-Agency Task Teams (IATTs) on Prevention, PMTCT and Paediatrics, Education, Young People and Children Affected by HIV and AIDS, led by cosponsors, have provided increasingly effective platforms for forging consensus, setting priorities and galvanizing action for children at country level.

10. There are increasing opportunities to use the *Unite for Children, Unite against AIDS* framework to boost advocacy efforts for children, in partnership with non-governmental organizations (NGOs), civil society, treatment activists, women's organizations and faith-based groups. Many of the gains made for children over the past few years have been directly due to increased advocacy by these organizations.

11. The challenge now is to make sure that the global initiative's platform is sufficiently inclusive to reach the critical mass needed for dramatic scaling-up of treatment, care, support, prevention and protection of children affected by HIV and AIDS. This will require changes in the way that organizations, including UNICEF, do business.

Integrating responses

12. An essential component of *Unite for Children, Unite against AIDS* is integration of responses for children affected by HIV/AIDS into child, health and nutrition interventions. This requires a commitment to forge links across diseases and sectors, and to bridge gaps among partners and programmes working towards HIV/AIDS goals and those working towards child health goals. It also requires that the considerable resources committed for HIV/AIDS benefit children, the families that care for them and the systems that support them. These factors were strongly emphasized in the various Global Partners Forums held over the past year.

13. A major challenge to reaching children – with health services in general and with HIV/AIDS services, treatment and care in particular – lies in moving beyond small-scale projects to national programmes. This requires that health systems function effectively, skilled personnel are available, and essential supplies and equipment are in place. Support must be given to communities that utilize these services. Agencies are increasingly recognizing the benefit of a more integrated approach and are coming together more frequently to ensure that children affected by HIV and AIDS are also included in broader initiatives related to child survival, education, child hunger, social protection and sustainable livelihoods.

Measuring results

14. UNICEF, on behalf of the cosponsors, developed country fact sheets to better monitor progress towards the common goals for children of *Unite for Children, Unite against AIDS* and the 2001 General Assembly Special Session on HIV/AIDS. This is in line with the "Three Ones" principles of one agreed national HIV/AIDS action framework, one national AIDS coordinating authority, and one agreed country-level monitoring and evaluation system, and in collaboration with the multi-agency Monitoring and Evaluation Reference Group on HIV/AIDS. The fact sheets compile data from existing monitoring mechanisms and systematically show, for the first time ever, how children are faring in the face of HIV and AIDS. The demographic and health surveys and multiple indicator cluster surveys remain the main monitoring mechanisms employed, but additional information and data are becoming available through tracking tools such as the UNICEF/WHO IATT "Report Card on the Prevention of Mother-To-Child Transmission of HIV and Paediatric HIV Care (Preliminary Results)" and the Orphaned and Vulnerable Children Programme Effort Index. Data consolidation will make it possible to monitor and report annually on progress towards both global and national targets, and will be an invaluable contribution to reporting on universal access.

15. Over the past year, there have been significant achievements in forging consensus on key indicators, baselines and fact sheets. The baseline data also show the enormity and urgency of the challenges ahead. The summary below, and in the accompanying Stocktaking and IATT PMTCT/Paediatric HIV Report Card, shows where progress is being made and the challenges ahead in meeting the internationally agreed goals for children affected by HIV/AIDS.

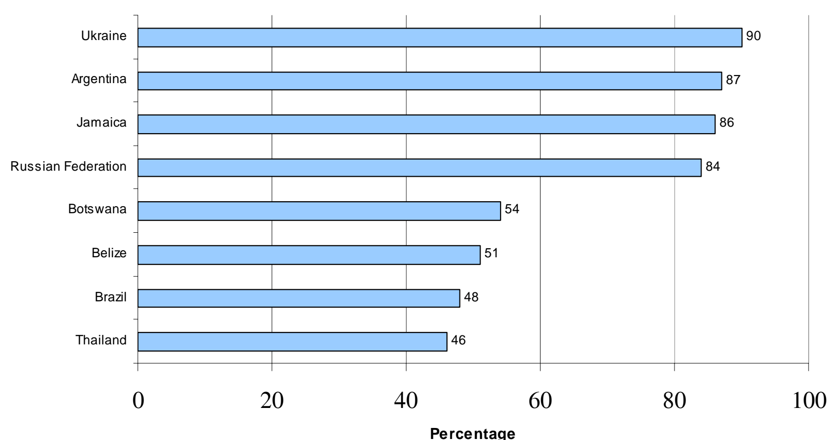
Programmes for children: The "Four Ps"

16. *Unite for Children, Unite against AIDS* provides a child-focused framework for nationally owned AIDS programmes around the "Four Ps" – the urgent imperatives of PMTCT, providing paediatric treatment, preventing infection among adolescents and young people, and protecting and supporting children affected by HIV/AIDS.

Preventing mother-to-child transmission of HIV

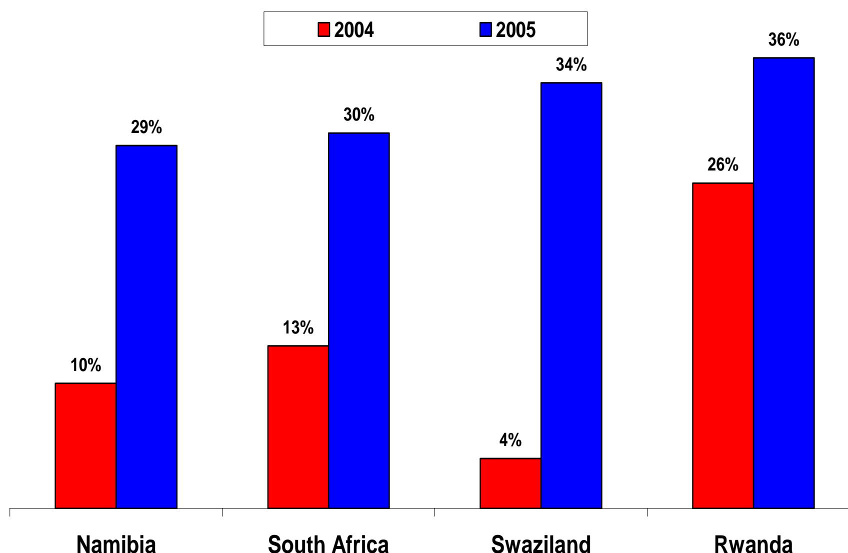
17. Although only 1 in 10 HIV-infected pregnant women in low- and middle-income countries is receiving ARV prophylaxis for PMTCT, significant progress is evident. Eight countries (Argentina, Belize, Botswana, Brazil, Jamaica, Russian Federation, Thailand and Ukraine) are on track to meet the target set by the Special Session on HIV/AIDS of 80 per cent access coverage by 2010 (see figure 1). In some high prevalence countries in Eastern and Southern Africa (Namibia, Rwanda, Swaziland and South Africa), trends in ARV access for PMTCT are starting to show remarkable increases, largely because of collective efforts at country level (see figure 2).

Figure 1: Countries with at least 40 per cent of HIV-infected pregnant women who received ARVs for PMTCT, 2005



Note: Three countries reported at least 40 per cent of HIV-infected pregnant women who received ARVs for PMTCT prior to 2005: Belarus (over 60 per cent), Bosnia and Herzegovina (54 per cent) and Suriname (44 per cent).

Figure 2: Percentage of HIV-infected pregnant women who received ARVs for PMTCT, 2004-2005 (selected countries)



Source for both graphs: UNICEF and WHO, "Report Card on the Prevention of Mother-To-Child Transmission of HIV and Paediatric HIV Care (Preliminary Results)", UNICEF and WHO on behalf of the PMTCT/Paediatric Inter-Agency Task Team (forthcoming)

18. However, much remains to be done to reach the Special Session targets and universal access in all high-prevalence countries. There are still too many countries where progress is slow or government capacity and human capital need strengthening. Making testing routine, expanding PMTCT services, ensuring a family-centred approach and providing additional HIV care and treatment are prerequisites for a scaled-up response and increase in access to services.

19. The consideration by the UNITAID[1] Board to include PMTCT in its next funding phase and the announcement of the Round Six grants of the Global Fund to Fight AIDS, Tuberculosis and Malaria for PMTCT demonstrate increased international commitment to PMTCT. They also ensure that additional resources will be made available to further scale up PMTCT services in 2007. The IATT for PMTCT and Paediatric AIDS[2] has become an increasingly valuable mechanism for

[1] UNITAID is the International Drug Purchase Facility recently launched by the Governments of Brazil, Chile, France, Norway and the United Kingdom and funded by levies on airline tickets. An estimated $300 million annually will provide drugs for malaria, tuberculosis and HIV/AIDS, including paediatric drugs. Since the official launch in September 2006, Cambodia, Cameroon, Congo, Côte d'Ivoire, Cyprus, Gabon, Guinea, Jordan, Luxembourg, Madagascar, Mauritius, Mali, Nicaragua and South Korea have all taken steps to implement an airline levy.

[2] IATT members are UNICEF, WHO, the United Nations Population Fund (UNFPA), UNAIDS, the United States Agency for International Development, Centers for Disease Control and Prevention (United States), Family Health International, the Elizabeth Glaser Pediatric AIDS Foundation, the Clinton Foundation, the Catholic Medical Mission Board, the Academy for Educational Development and the World Bank.

enhancing global coherence and response. Additional partners, like the "Mothers 2 Mothers Programme", are ensuring that individual HIV- positive women and community members are fully involved in the scaling-up of PMTCT programmes.

Providing paediatric treatment

20. For the first time, UNICEF and WHO are in a position to measure treatment access rates for HIV-infected children. At the global level, access to paediatric treatment remains very low, with only 75,095 children (or about 11 per cent of children in need of ART) receiving the medicines in 2005. Although the rate of coverage of ART access is as high as more than 95 per cent in Thailand and more than 80 per cent in Botswana, in such large-population countries as the Democratic Republic of the Congo, India and Nigeria, treatment is largely out of reach for most children (see figures 3 and 4). UNICEF and WHO report that the median level of access to HIV treatment among children is 8 per cent in Africa, 8 per cent in Latin America and 5 per cent in Asia.

21. Prices and supplies of paediatric ARVs remain a significant challenge. The UNICEF Supply Division's focus in the area of HIV/AIDS-related supplies continues to be on the availability of improved PMTCT-related products and paediatric ARVs, with the latter group representing 5 per cent of the total value of procurement services in the first half of 2006. The prices of most ARVs for children are a significant barrier to access. However, since 2004, prices of generic formulations for children have been significantly reduced, by as much as 76 per cent in some cases.

Figure 3: Countries providing ART to at least 20% of children in need, 2005

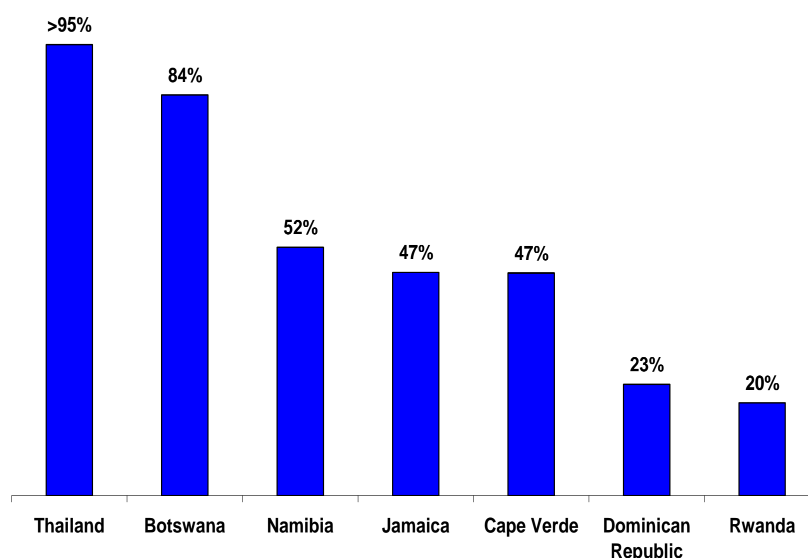
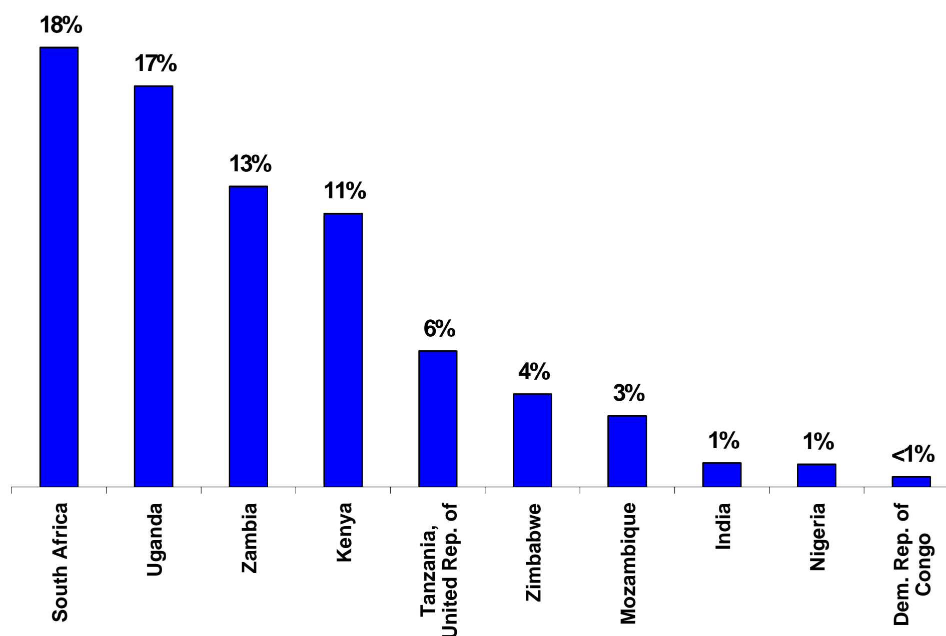


Figure 4: Percentage of HIV-infected children receiving ART in 10 countries contributing to two thirds of all MTCT infections, 2005



Source for both graphs: UNICEF and WHO, "Report Card on the Prevention of Mother-To-Child Transmission of HIV and Paediatric HIV Care (Preliminary Results)", UNICEF and WHO on behalf of the PMTCT/Paediatric Inter-Agency Task Team (forthcoming).

22. The provision of cotrimoxazole prophylaxis to prevent opportunistic infections that can be fatal in HIV-infected children has been slow in many countries. While many countries are beginning to adopt such policies, only 4 per cent of HIV-exposed children received the drug in 2005. Countries in Central and Eastern Europe and the Commonwealth of Independent States have successfully provided about 20 per cent of HIV exposed infants with the antibiotic, compared with approximately 1 per cent in all other regions, including Eastern and Southern Africa.

23. Diagnosing HIV in young children remains a formidable challenge. The innovation of using Dried Blood Spot specimen collection technology as seen in Botswana, Rwanda, South Africa, Uganda, Zambia and other countries, demonstrates that barriers to diagnosing HIV in children can be overcome in resource-poor settings. The leadership of WHO in developing child-focused policies and guidelines has also facilitated increased country responses for infected children.

24. There is increased recognition of the specific treatment needs of children and how they have been missing from the global response. Although prices of many paediatric medications remain high, the past year has seen dramatic price declines – as much as 50 per cent for some first-line products. The recent announcement by the Clinton Foundation of a fixed-dose combination appropriate for paediatric use priced under $60 is a remarkable development in the international effort to rapidly scale up treatment for children.

25. The September 2006 announcement by UNITAID of its intention to provide paediatric ARV treatment was a major breakthrough in mobilizing additional resources for children infected with HIV and AIDS. Through its support of national programmes, and as part of the international partnership against AIDS, the United States President's Emergency Plan for AIDS Relief (PEPFAR) reports that as of September 2006, it prevented HIV infections in about 101,500 infants, through its support of PMTCT services for women during more than 6 million pregnancies and ARV prophylaxis for women during 533,300 pregnancies. PEPFAR also supported care for more than 2 million orphans and vulnerable children, and trained or retrained 75,000 care providers in 15 focus countries in Africa, Asia and the Caribbean during fiscal year 2005.

26. The United States Government's Public-Private Partnership for Pediatric AIDS Treatment has provided a new mechanism for increasing the range of HIV drugs available for the treatment of children. Numerous other agencies, including Médecins Sans Frontières, Baylor International Pediatric AIDS Initiative, Columbia University, the Elizabeth Glaser Pediatric AIDS Foundation and others, are playing a pivotal role in support of national Governments' scaling-up of paediatric treatment of HIV/AIDS.

Preventing infection among adolescents and young people

27. Worldwide, HIV infections continue to rise and young people – especially young women and girls – are disproportionately represented in these numbers. Efforts to reach adolescents and young people with the knowledge, services and skills necessary to prevent new infections are resulting in changed behaviours and measurable improvements. According to the UNAIDS' 2006 Report on the Global AIDS Epidemic, condom use has increased or held steady in all reporting countries. National survey data for 2005 from six of the most affected countries show a 25 per cent reduction in HIV prevalence among young people aged 15-24 years. In 11 of 24 reporting countries, the percentage of girls having sex before age 15 years has declined. In 58 surveyed countries, AIDS education was provided in 74 per cent of primary schools and 81 per cent of secondary schools.

28. Unfortunately, the clear majority of young people in many countries are still without basic information regarding HIV infection. UNICEF and the United Nations Educational, Scientific and Cultural Organization (UNESCO), as part of the Education for All movement, are working with national Governments to provide life skills-based education in the classroom, which includes information about HIV prevention.

29. In some countries in Latin America, Central and Eastern Europe and the Commonwealth of Independent States, South Asia and East Asia and the Pacific where HIV prevalence remains low, *Unite for Children, Unite against AIDS* is focusing on focus on prevention in particular as a key component of national AIDS plans. This year, the UNICEF East Asia and the Pacific Regional Office took stock of all activities surrounding the "Four Ps" at regional and country level. The results of the regional review were published late in 2006 and include, for example, an analysis of recent commitments by the Government of Viet Nam to scale up prevention education responses in schools and communities and to establish ways of reaching more vulnerable or isolated adolescents and young people.

30. In these countries with relatively low HIV prevalence, some Governments are revising prevention programmes to better target populations most at risk of infection (e.g., commercial sex workers, injecting drug users and men having unprotected sex with other men).Young people often comprise a large proportion of these populations. There have been efforts recently in India, Pakistan, Syrian Arab Republic and Ukraine to scale up the focus and coverage of HIV prevention programmes aimed at high-risk adolescents and young people as part of larger national plans of action.

31. UNICEF actively supports UNAIDS, UNFPA, UNESCO and other cosponsor agencies in their prevention efforts through participation in the IATTS as well as through common programmes at country level. UNICEF participated in the development of the UNAIDS policy position paper on intensifying HIV prevention and has joint lead responsibility with WHO on PMTCT within the agreed division of labour on prevention. The procurement of HIV/AIDS test kits increased by 30 per cent over 2005 to $5 million in the first half of 2006, as demand for testing services increased.

32. *Unite for Children, Unite against AIDS* is a reminder that prevention is necessary and that additional efforts to staunch the spread of infection in young people are needed. The best possible intervention for children and adolescents at risk for HIV is to prevent infection from occurring in the first place.

Protecting and supporting children affected by HIV/AIDS

33. As HIV continues to spread, millions of children have been left in its wake. The problem is most severe in sub-Saharan Africa, home to 80 per cent of the world's children orphaned by AIDS. From international agencies to individual community members, all are united in their struggle to adequately protect and support these children affected by HIV/AIDS.

34. A key call of *Unite for Children, Unite against AIDS* has been for national strategic plans to focus on communities and families who spearhead the response at country level. Following country-level rapid assessment, analysis and action planning, over 20 countries have drawn up national plans of action for orphans and vulnerable children. But as of May 2006, the international community had funded only 35 per cent of the total budget for these plans.

35. There is an increased focus on measures to ensure that children affected by HIV and AIDS feature more prominently and systematically in health and education services, social protection measures and budgetary and other development instruments. The third Global Partners Forum on Children Affected by HIV/AIDS, held in early 2006 and jointly hosted by UNICEF and the United Kingdom Department for International Development (DFID), along with the United Kingdom orphans and vulnerable children working group, recommended a greater focus on education and social protection priority interventions for children affected by HIV/AIDS.

36. One proxy measure for protection of children affected by HIV/AIDS is the ratio of double orphans (children who have lost both parents) who are able to regularly attend school in relation to children with at least one parent alive. Of 24 sub-Saharan African countries that have measured the school attendance ratio of orphans to non-orphans over time, 15 countries show a decline in disparity. The

disparity has declined strikingly in Kenya and is likely related to policy interventions to abolish school fees and provide additional support to caregivers and communities caring for orphans. The Fast Track and School Fee Abolition Initiatives are galvanizing support for the removal of barriers to education in several countries.

37. Pilot programmes to provide direct cash transfers to families and caregivers on a regular basis have been shown to have a positive effect on nutritional status, school enrolment and sustainable livelihoods in a number of countries the hardest hit by HIV/AIDS in sub-Saharan Africa. Unconditional and conditional cash transfer programmes are viable even in resource-constrained countries. As part of *Unite for Children, Unite against AIDS*, UNICEF is working closely with the DFID, the World Food Programme, the International Labour Organization and others to assist national Governments to develop social transfer programmes. There is a growing interest in taking to scale some of the early lessons learned from the pilot programmes in Kenya, Malawi and Mozambique.

38. There continue to be challenges in measuring services for children affected by HIV and AIDS. The recent launches of the Joint Learning Initiative, the Envisioning the Future pre-Toronto conference on children affected by HIV and AIDS, as well as the joint UNAIDS, UNICEF and PEPFAR publication, “Africa’s Orphaned and Vulnerable Generations: Children affected by AIDS”, represent efforts to clarify and strengthen the evidence base around critical interventions for vulnerable children, including those affected by HIV and AIDS. The work of numerous groups is noteworthy, in particular the NGO community (which according to one self-reporting survey this year reaches between 3 million and 5 million children affected by HIV/AIDS in sub-Saharan Africa), in promoting endorsement of the Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a world with HIV and AIDS.

Mobilizing resources

39. In the coming year, *Unite for Children, Unite against AIDS* needs to consolidate the initial gains it has achieved in mobilizing and leveraging resources. Several Governments have earmarked a minimum of 10 per cent of their HIV/AIDS resources for children, including those of Ireland, the United Kingdom and the United States.

40. Estimates prepared for the launch of *Unite for Children, Unite against AIDS* and based on 2005 UNAIDS resource needs assessments suggest that nearly $30 billion will be needed by the end of the decade to provide a dramatically scaled-up response to the needs of children. UNICEF has pledged a total of $1 billion by the end of the decade to reach the “Four P” goals. This figure is consistent with the financial projections in the current medium-term strategic plan. While still short of the goal of 14 per cent of total programme expenditure, UNICEF budgetary allocations to HIV/AIDS programmes have been increasing steadily. A number of National Committees for UNICEF are working successfully with the private sector to mobilize additional support and resources for children affected by HIV and AIDS.

41. Global spending for HIV/AIDS increased from approximately $4.2 billion in 2003 to $8.3 billion in 2005, but it will be impossible to determine what proportion of these funds is allocated to children until funders begin to track allocations by sex and age group. This will be a major advocacy priority in the coming years, and will

be the only clear way to measure whether resources are reaching children and families most affected by the disease.

42. Round 6 funding from the Global Fund provided an opportunity to put children more prominently on the international HIV/AIDS agenda. More than a dozen countries prepared successful proposals for PMTCT and paediatric AIDS programmes, a significant increase from previous rounds. UNICEF and several other agencies provided significant technical assistance to Country Coordinating Mechanisms in their preparation of Round 6 proposals.

Advocacy for action

43. The "Call to Action" accompanying the launch of *Unite for Children, Unite against AIDS* stressed the need for increased resources to meet the "Four P" targets and other child-related goals set by the General Assembly Special Session on HIV/AIDS. These goals include fostering greater corporate social responsibility; dramatically increasing coverage to reach universal access to treatment, strengthening education and health services; and prioritizing the care and protection of children. *Unite for Children, Unite against AIDS* is an ideal way of conveying a clear, child-focused message and mobilizing action for results for children affected by HIV and AIDS.

44. Over the past year, these advocacy concerns have gathered increasing momentum and attention, from diverse voices in many corners of the world. The Organization of African First Ladies Against HIV/AIDS, for example, launched a campaign entitled "Treat Every Child as Your Own" in September 2005. The Global AIDS Alliance has organized several coalition-based campaigns, including the Global Movement for Children's "Saving Lives" campaign. The Ecumenical Advocacy Alliance's campaign, "Keep the Promise", advocates for further efforts and resources to fight HIV and AIDS. UNICEF alliances with international sports bodies, in particular, are paying dividends. These are only a few of the numerous calls to action from organizations large and small speaking out on behalf of children as the "missing face" of AIDS.

Management of *Unite for Children, Unite against AIDS*

45. The *Unite for Children, Unite against AIDS* management team consists of senior UNICEF senior staff from various divisions, National Committee representatives and external partners. The inclusion of representatives from external organizations honours the principle of strengthening partnerships. The external membership consists of Ms. Kate Harrison of the Global AIDS Alliance, Prof. Alan Whiteside of the University of Natal, Ms. Nataliya Leonchuk of the East European and Central Asia Association of People Living with HIV Organizations, and a representative from UNAIDS.

46. In addition, the four working groups – in programme, advocacy, resource mobilization and communications – are underway. They are co-chaired by senior UNICEF staff and representatives from various National Committees and include staff from across the organization.

Conclusion

47. *Unite for Children, Unite against AIDS* is off to a good start, but much remains to be done. While some progress has been achieved in the first year, more is required to overcome some of the technical barriers related to paediatric treatment and PMTCT services, and to put plans and policies into practice for HIV prevention among adolescents and the protection of orphans and vulnerable children. The accompanying report on "Children and AIDS: a Stocktaking report" illustrates some of the ways in which *Unite for Children, Unite against AIDS* has shown relevance and promise as well as some of the ways it has failed to spin the global, regional and country mobilization required to address the problems facing children affected by AIDS.

48. Partnerships are not just add-ons, to be listed at the end of reports. They must become a central part of the core business of UNICEF. *Unite for Children, Unite against AIDS* is increasingly bringing partners together around pressing priorities for children, fostering common approaches within and beyond the United Nations in supporting scaling up of the "Four Ps". Strengthened and more effective partnerships are a fundamental prerequisite in order to collectively support national Governments' efforts to scale up programmes for children affected by AIDS.

49. UNICEF, through *Unite for Children, Unite against AIDS*, can and is beginning to make a discernable difference in how the world responds to children infected with and affected by HIV and AIDS. The organization has aggressively added its voice so that the global community recognizes that children are missing from the global response. It has commissioned and disseminated evidence on the situation of children affected by HIV and AIDS and outlined what needs to and can be done. Through the global initiative, UNICEF has convened a wide range of stakeholders to ensure better international coherence and coordination, and is learning to become a better partner with others in the fight against HIV/AIDS.

50. The groundwork that has been laid includes not only progress in each of the "Four Ps", but systems and baselines against which future progress can be anticipated and tracked. The mechanisms put in place in the past year by UNICEF and its partners in *Unite for Children, Unite against AIDS* have been such that expect significant progress can be expected in the next year and beyond.